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Nursing Knowledge in Providing Palliative Care Services: Impact of a Brief Educational Intervention

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Abstract

Background: Palliative care (PC) improves quality of life and symptom management for patients with chronic or serious illnesses. Despite its benefits, PC remains underutilized, and nurses frequently report inadequate preparation in symptom management, communication, and end of life care.

Objective: To evaluate whether a brief educational session improves registered nurses' knowledge and confidence in providing PC services.

Methods: A pre/post quality improvement design was used in a small hospital in South Carolina. Registered nurses completed the Palliative Care Quiz for Nursing (PCQN) and a Likert scale confidence measure immediately before and after a 20 minute educational session. Descriptive statistics summarized outcomes, and paired t-tests compared pre and post intervention scores.

Results: Significant improvements were observed in both knowledge and confidence. Mean PCQN scores increased from 10.75 (SD = 2.67) to 14.14 (SD = 2.23) ($p < 0.001$). Confidence increased from 34.6% to 55.8% ($p = 0.023$).

Conclusions: A brief educational intervention significantly improved nurses' knowledge and confidence in providing PC services. Integrating short, structured PC education into routine nursing development may strengthen symptom management, communication, and overall quality of care.

Keywords: palliative care; PC; nursing knowledge; PCQN; education; symptom management; quality improvement.

Introduction

PC is an interdisciplinary approach focused on improving quality of life and alleviating symptoms for individuals with chronic or serious illnesses. PC involves collaboration among nurses, physicians, pharmacists, social workers, and spiritual care providers to address physical, emotional, social, and spiritual needs. Despite its benefits, PC remains underutilized worldwide, with only 14% of individuals who need PC receiving it (World Health Organization, 2020).

Nurses frequently report limited preparation in symptom management, communication about goals of care, and end of life discussions. These gaps contribute to mismanaged symptoms, decreased quality of care, and reduced patient and nurse confidence. Prior studies have shown that nurses often lack formal PC training and benefit from structured educational interventions aimed at improving competency [24].

This quality improvement project was developed to address these gaps by providing a brief, targeted educational session for hospital based nurses. The goal was to improve baseline knowledge and confidence in delivering PC services.

The PICOT question guiding this project was: In a small hospital in South Carolina, does a 20 -minute educational session for registered nurses improve baseline knowledge and confidence in providing PC services, as measured by pre/post PCQN scores and a confidence Likert scale?

Materials and Methods

Study Design

A pre /post intervention quality improvement design was used to evaluate the impact of a brief educational session on nurses' knowledge and confidence in providing PC services.

Setting

The project was conducted in a small hospital in South Carolina on medical surgical units where registered nurses routinely care for patients with chronic or serious illnesses.

Participants

A convenience sample of registered nurses was recruited. Inclusion criteria consisted of actively employed RNs who agreed to participate. Exclusion criteria included non RN staff, nursing students, nurses serving as preceptors, and nurses on leave (sick leave or vacation). A total of 84 registered nurses participated in the project.

Instruments

Knowledge was measured using the PCQN, a validated 20 item instrument assessing PC knowledge. Confidence was measured using a 5 point Likert scale questionnaire evaluating perceived comfort with providing PC, ranging from strongly disagree to strongly agree.

Intervention

Participants attended a 20 minute educational session that covered PC principles, symptom management, communication strategies, and the role of nurses in providing PC services

Results

A total of 84 registered nurses participated in the educational intervention. Improvements were observed in both knowledge and confidence following the 20-minute PC education session. Pre-intervention PCQN scores demonstrated limited baseline knowledge, with a mean score of 10.75 (SD = 2.67). Post-intervention scores increased to a mean of 14.14 (SD = 2.23), indicating a statistically significant improvement in knowledge ($p < 0.001$).

Nursing confidence in providing PC also increased following the intervention. Pre-intervention confidence averaged 34.6%, while post-intervention confidence increased to 55.8%. This improvement was statistically significant ($p = 0.023$). These findings suggest that even a brief educational session can positively impact nurses' knowledge and confidence in delivering PC services.

Discussion

The results of this project demonstrate that a brief, focused educational intervention can significantly improve nurses' knowledge and confidence in providing PC services. The increase in PCQN scores indicates that nurses benefited from targeted content addressing common gaps in symptom management, communication, and the role of PC in chronic illness. These findings align with previous studies showing that nurses often lack formal PC training and that structured educational sessions can effectively enhance competency [20,22,24]. The improvement in confidence scores further supports the value of the intervention. Confidence is an essential component of nursing practice, particularly when caring for patients with complex needs or engaging in sensitive conversations about goals of care. Increased confidence may lead to improved communication, earlier identification of PC needs, and more effective symptom management. These outcomes ultimately contribute to better patient experiences and may reduce healthcare burden.

This project had several limitations. The small sample size may limit generalizability, and the absence of long term follow up prevents assessment of knowledge retention over time. Additionally, confidence was measured using a single Likert scale item, which may not fully capture the complexity of nurses' perceived competence. Despite these limitations, the findings support the integration of brief PC educational sessions into routine nursing development to strengthen knowledge, confidence, and overall quality of care.

Conclusion

This project demonstrated that a brief educational intervention can significantly improve nurses' knowledge and confidence in providing PC services. The increase in PCQN scores and confidence levels indicates that even short, focused training can address common gaps in PC understanding among hospital based nurses. Strengthening nursing knowledge and confidence is essential for improving symptom management, communication, and overall quality of care for patients with chronic or serious illnesses. Continued education and reinforcement of PC principles may further enhance nursing practice. Future studies should evaluate long term retention of knowledge and its impact on clinical outcomes.

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None

Conflict of Interest

The authors declare no conflicts of interest. The authors alone are responsible for the content and writing of this manuscript.

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