

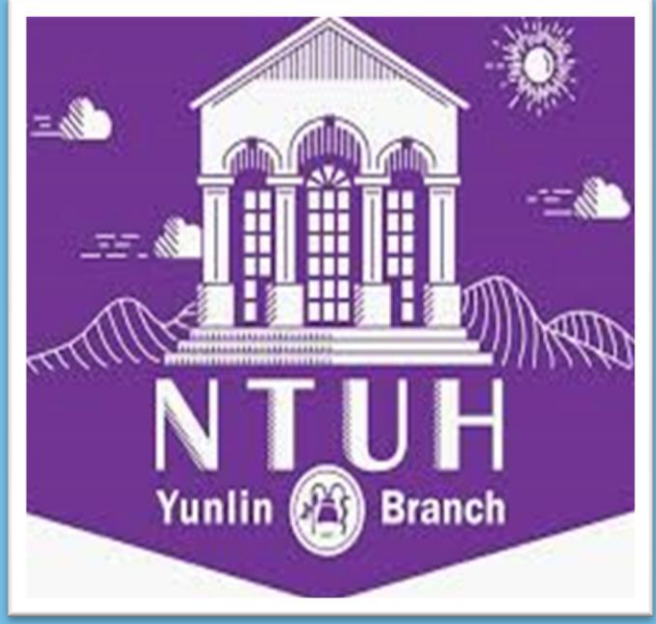


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Relationship between knowledge, attitudes, and behavioral intentions of advance directives among clinical nurses



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INTRODUCTION

In 2000, the Hospice–Palliative Care Act was promulgated in Taiwan, which aims to respect the medical autonomy of terminal ill patients. Section 5 of this Act states that an adult with legal capacity may have an Advance Directive and allows the signatory to receive medical treatment in accordance with his/her wishes until death and retain control and autonomy at the end of life. clinical nurses needs to be prepared when patients or family members raise questions regarding advance directive.

AIM

This study aims to explore the relationship between knowledge, attitude and behavioral intentions of advance directive among clinical nurses; and factor affecting the signing of advance directives.

METHOD

This study was approved by the institutional review board (file number: 202009017RINA). A cross-sectional study was designed and convenience sampling was used. A total of 267 participants (clinical nurses) were recruited from a regional teaching hospital in central Taiwan. The questionnaires comprised the three scales of knowledge, attitudes, and behavioral intentions of advance directive. Data analysis was performed using descriptive statistics, independent t-test, one-way ANOVA, and Pearson correlation. Multiple regression analyses were used to identify predictors of behavioral intention of advance directive.

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RESULTS

It was found that 97.8% of the participants refuse first aid when the disease does not respond well to treatment and the condition is critical. Approximately 96.9% of them are willing to sign an advance directive on the national health insurance card; however, only 1.8% of the respondents (n = 5) No significant difference was observed between behavioral intentions and knowledge of advance directive. Regarding attitude, age ($P = 0.039$), seniority ($P = 0.027$), and marital status ($P = 0.004$) were significantly different, Furthermore, a positive correlation was observed between being younger, having shorter years of accumulated work, and being unmarried.

Age, years of work experience, and marital status were significantly negatively correlated with attitude. A positive correlation was observed between attitude and behavioral intention ($r = 0.384$, $P = 0.000$). Also, respecting one's own will for end-of-life medical treatment and care ($r = 0.250$, $P = 0.000$), representing domestic human rights progress ($r = 0.138$, $P = 0.024$), avoiding conflicts among family members ($r = 0.219$, $P = 0.000$), dying peacefully without regrets($r = 0.248$, $P = 0.000$), and avoiding pain in family decision-making ($r = 0.160$, $P = 0.009$) were positively correlated with behavioral intention.

Multiple regression analysis revealed the predictors of the behavioral intention to sign an advance directive. It was found that the overall regression model reached a significant level ($F = 13.728$, $P = 0.000$, $R^2 = 0.241$, adjusted $R^2 = 0.223$).

The explanatory power of the overall recall pattern was 22.3%; among them, attitude toward advance medical directives ($\beta = 0.357$, $P = 0.000$), willingness to choose one's own end-of-life medical treatment and care ($\beta = 0.357$, $P = 0.000$), and avoidance of family conflicts ($\beta = 0.127$, $p = 0.047$) were predictors of the behavioral intention to sign an advance directive.

CONCLUSIONS

The increase in the age and working experience of clinical nurses will not increase the willingness to sign an advance directive. The more positive the attitude toward the advance directive, the higher the behavioral intention to sign it. Even if the nurses are willing to sign the advance directive, the actual number of nurses signing the directive is still low. It is recommended to take diversified and cross-team learning courses according to the learning needs, attributes, and qualifications of nursing staff. When promoting the message of advance directives, they should understand the spirit and connotation to improve the signing of advance directives will.

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