Personal Characteristics and Learning Preferences in End-of-Life Decision Making of Chronically Ill Community Dwelling Elders
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Background:
- Clear decision making about end-of-life needs contributes to a good death (American Nursing Association, 2001)
- Lack of knowledge is a barrier to decision making (Heyland et al., 2006).
- Patient decision aids can increase knowledge, but elders’ preferred learning method is unknown.

Purpose & Research Questions:
- The purpose of this study was to explore patient characteristics that contribute to decisional conflict and preferences for type of decision aid to assist learning about EOL care.
- Research questions:
  1. What patient characteristics contribute to decisional conflict about EOL decisions?
  2. What patient characteristics contribute to preferences for type of decision aid to assist learning about EOL care?
  3. What is the feasibility of using an online survey methodology?

Conceptual Model:
- Ottawa Decision Support Framework

Methods:
- Descriptive exploratory study using paper or online survey in a convenience sample of chronically ill elders > 75 years old living in the community [N=115]
- Measures include:
  - Decisional Conflict Scale
  - Newest Vital Sign
  - Demographics assessment
  - Symptom Distress Scale

Results—Sample Demographics:
- N = 115 [100 completed paper survey; 15 online]
- Average age = 81.6 [SD=4.97, range 75-92]
- Women (68.7%); Caucasian (97.4%); Widowed or single (55.7%); 12th grade or under education (53.6%)
- Rated themselves in good or excellent health
- Average SD Score = 16.40
- Symptom Distress Scale: mean 21.99 (SD = 5.92)
- Health Literacy Scale: 34 (29.5%)- limited literacy; 14 (12.2%) - possible limited literacy; 67 (58.3%) – adequate

Results:

Question 1: Personal Characteristics Associated with Decisional Conflict:
- Stepwise multiple linear regression with independent variables: Gender, relationship status, education, chronic illness type, health literacy, income, SDS score and dependent variable: DCS score
- One significant predictor = education (those who had 12 years and under compared to those with a master’s degree) (R^2=.05; B=-11.49; SE (B) =4.73; β=-.22; p<.05).
- Finding indicates that individuals with a master’s degree had lower decisional conflict

Question 2: Variables Associated with Preferences for Type of Decision Aid:
- Most popular decision aids were personal discussions with healthcare workers (n = 49; 42.6%) and booklets/pamphlets (n=19; 16.5%)
- Multivariate logistic regression to identify significant predictors of choice of decision aid:
  - Personal Discussions—female gender was single predictor achieving significance [OR 0.39; C.I. 0.17-0.93; p = 0.032]
  - Booklets/Pamphlets—SDS score [indicating disease burden] approached but did not achieve significance [OR 1.07; C.I., .99-1.16; p = 0.089]
- Findings indicate women prefer personal discussions with healthcare providers as a decision aid

Question 3: Feasibility of Online Surveys with Older, Chronically Ill Elders
- Online survey was opened 74 times, but in 40 cases no data was entered
- Of the remaining 34 cases, 19 had partial data, and 15 had complete data. The 15 with complete data, the average completion time was 30.5 minutes.
- Findings indicate that this survey methodology did not work well with this population.

Conclusions:
- This sample of much older participants [81.6 yrs] had a surprisingly low mean decisional conflict score. This could reflect their overall high comfort with knowledge of EOL options & treatment , and past EOL discussions. They may accept that EOL is near, and they are comfortable with their decisions.
- They were well-educated, so could be more inclined to research information until they feel comfortable with decision
- Few had prior discussions re: EOL using video or the internet as a decision aid and few completed the online survey. They grew up in a time when the primary form of communication was personal & face to face versus texting or online.

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