

Title: Learning needs and perceived barriers and facilitators to end-of-life care: A survey of frontline nurses on acute medical wards

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Appendix 2.

Helping patients die well: Enhancing end-of-life care practices on the medical units

Thank you for taking the first step and opening our survey! Your participation is entirely voluntary, and your responses are anonymous.

On behalf of the 3 Wishes Project team, we're interested in learning about your experiences with end-of-life care. Research shows there are important challenges in providing end-of-life care, including complex symptoms, grieving families, and varying perspectives about goals of care among family members. We'd like to understand the challenges you encounter so we can build capacity and enhance practices to help patients have a good death. As a nurse caring for patients on these units, your insights are critical.

We anticipate the survey will take approximately 20-minutes. But don't worry, if you start and run out of time, you can always close and resume later (just don't forget to write down your password!). There are also paper copies available in your staff lounge if you'd prefer.

We know you're very busy, so as a token of our appreciation, on completion, **you'll receive a \$10 Tim Hortons gift card**, and be entered to win **one of two pairs of Apple AirPods, or one of two \$75 Amazon gift cards!** Also, the unit with the highest completion rate will **enjoy lunch for the whole team!**

Thanks again for your participation. For further information on confidentiality, any associated risks or harms, or withdrawal procedures, please see the accompanying [letter of information](/limesurvey/upload/surveys/539762/files/EOL%20survey%20LOI-(final)FINAL.pdf) (/limesurvey/upload/surveys/539762/files/EOL%20survey%20LOI-(final)FINAL.pdf).

There are 50 questions in this survey.

Demographics

Legend: CTU - clinical teaching unit; NP - nurse practitioner; NRT - nursing resource team; RN - registered nurse; RPN - registered practical nurse

What is your age group?

● Choose one of the following answers

Please choose **only one** of the following:

- <=25 years
- 26 to 30 years
- 31 to 40 years
- 41 to 50 years
- >=51 years

With which gender do you self-identify?

● Choose one of the following answers

Please choose **only one** of the following:

- Female
- Male
- Trans, transgender, two-spirit, gender non-conforming, gender variant, or analogous term
- Prefer not to say

What is your current unit affiliation?

● Choose one of the following answers

Please choose **only one** of the following:

- CTU-central
- CTU-West
- CTU-North
- Medical step-down
- NRT

What is your highest level of education?

● Choose one of the following answers
Please choose **only one** of the following:

- Diploma
 Bachelors
 Masters
 Doctorate
 Other

What is your professional background?

● Choose one of the following answers
Please choose **only one** of the following:

- RPN
 RN
 NP
 Other

Where did you receive your professional training?

● Choose one of the following answers
Please choose **only one** of the following:

- Canada
 Outside of Canada (please specify)

Make a comment on your choice here:

How long have you been practicing nursing?

● Choose one of the following answers
Please choose **only one** of the following:

- <1 year
 1-5 years
 6-10 years
 11-14 years
 >=15 years

How long have you been in your current position?

● Choose one of the following answers

Please choose **only one** of the following:

- <1 year
- 1-5 years
- 6-10 years
- 11-14 years
- >=15 years

With which religious/spiritual beliefs do you identify?

● Choose one of the following answers

Please choose **only one** of the following:

- Catholic
- Protestant
- Other Christian
- Jewish
- Muslim
- Hindu
- None
- Prefer not to say

Other

Have you received formal training in end-of-life care?

Please choose **only one** of the following:

- Yes
- No

How did this formal training occur?

(Please provide a brief description of the training, including type (e.g., e-learning, lectures, in-services, simulation-based, etc.) and duration (e.g., 4-hour session, 2-week course, etc.))

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '10 [D11]' (Have you received formal training in end-of-life care?)

Comment only when you choose an answer.

Please choose all that apply and provide a comment:

As part of my professional degree or diploma training

Additional courses outside of degree or diploma training

On-the-job training

Other:

Before starting the survey, we would like to understand your level of comfort with end-of-life care.

Please choose the appropriate response for each item:

	Completely uncomfortable	Moderately uncomfortable	Somewhat uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Moderately comfortable	Completely comfortable
How comfortable are you with your role delivering end-of-life care to dying patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your role in end-of-life care

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
My role in end-of-life care is clear and I understand what is expected of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I sense a patient is deteriorating and dying, I have a responsibility to help facilitate end-of-life care planning with the medical team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for me to be actively engaged in end-of-life care discussions and planning for my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning more about end-of-life care interests me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End-of-life care knowledge and practice

End-of-life care is the practice of helping to prepare patients and their loved ones for the last stages of life.

After hours, I would contact the on-call physician or resident for the following:

🗖️ Check all that apply

Please choose **all** that apply:

- Physical symptom management
- Behavioural management
- Family concerns about patient status
- Change in goals of care
- Palliative care consult
- None of the above

Other:

After hours, I am hesitant to contact the on-call physician or resident because:

🗖️ Check all that apply

Please choose **all** that apply:

- I am not sure what information they will need
- I feel they do not know my patient as well and may not be able to assist over the phone
- I perceive they will be annoyed and would prefer that I wait for rounds the next day
- I have no concerns about contacting the on-call physician or resident after hours

Other:

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
I am comfortable discussing issues related to end of life with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable discussing issues related to end of life with families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable discussing issues related to end of life with the healthcare team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable engaging in discussions about end-of-life care with families even when the patient is unable to make their own goals of care or end-of-life decisions (e.g., due to decreased level of consciousness).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable providing information to families on how the dying process might look for their loved one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable providing families with information on the processes that need to occur after a patient dies (e.g., contacting the physician, morgue, directing family to contact funeral home, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to support family members in their grief.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it challenging when family members have strong emotional reactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to engage with families who have strong emotional reactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you encounter the following ethical issues and how comfortable are you dealing with them if encountered?

Please choose the appropriate response for each item:

	Frequency					Comfort				
	Never	Rarely	Sometimes	Often	Always	Completely uncomfortable	Somewhat uncomfortable	Neutral	Somewhat comfortable	Completely comfortable
Conflicts between patient and family regarding goals of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflicts among family members regarding goals of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Differing views among clinical team members about treatment plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions about which interventions to continue at the end of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requests for MAID (Medical Assistance in Dying) from patients or families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prior to this survey, did you know that patients can request MAID (Medical Assistance in Dying) at St. Joe's? While MAID is not performed on site, MAID assessments and referrals are available at patients' request.

Please choose **only one** of the following:

- Yes
 No

Resources

These may include informational resources (e.g., online learning, pamphlets, etc. for staff and/or for patients/families), stock of non-hospital blankets or other items for person-centered care, personnel, etc. Please use the free text boxes to provide any additional information you feel is important for us to know.

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
There are adequate resources for end-of-life care available on the unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources for end-of-life care are easily accessible when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What *existing resources* (e.g., physical, electronic, personnel) are most helpful for you to provide end-of-life care?

Please write your answer here:

What *additional resources* (e.g., physical, electronic, personnel) would you find most helpful to provide end-of-life care?

Please write your answer here:

End-of-life symptom management

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
In general, I am uncomfortable approaching physicians if I feel that a patient needs more of, or a change in medications to manage symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orders received from residents are generally not adequate or appropriate to manage symptoms of dying patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not know how to manage symptoms when patients can no longer speak or tell me what symptoms they are experiencing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When medications are ordered as a range of doses, I am uncertain about which dose to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am uncomfortable giving 'PRN' medications at the end of life, as it may cause the end to come sooner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am uncomfortable giving <i>scheduled</i> medications (e.g., dilaudid or versed) at the end of life when the patient is drowsy or sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am uncomfortable using IV pumps for continuous subcutaneous infusion of medications (e.g., versed).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unsure of what to do when families are asking for more pain medications for their loved one, but the patient is barely conscious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unsure of what to do when families want their loved one to be more awake, but having them more awake is not consistent with effective symptom management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hydromorphone (dilaudid) and other opioids can be useful in palliative care or at the end of life for several reasons. My practice is to administer these medications at the end of life for (please select all that apply):

● Check all that apply

Please choose **all** that apply:

- Pain
- Shortness of breath or respiratory distress
- Cough
- Anxiety
- Restlessness
- Agitation
- Bedside procedures (e.g., dressing changes)

Other:

Midazolam (versed) and other benzodiazepines can be useful in palliative care or at the end of life for several reasons. My practice is to administer these medications at the end of life for (please select all that apply):

● Check all that apply

Please choose **all** that apply:

- Pain
- Shortness of breath or respiratory distress
- Cough
- Anxiety
- Restlessness
- Agitation
- Bedside procedures (e.g., dressing changes)

Other:

When I notice that a patient is agitated or restless, I check the following issues for potential causes:

● Check all that apply

Please choose **all** that apply:

- Respiratory distress
- Pain
- Positioning
- Bladder
- Bowel
- Sleep
- If patient is receiving home pain or anti-anxiety medications (or equivalent in hospital)

Other:

Delivering end-of-life care

Communication

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
In general, our healthcare team's communication facilitates inclusive end-of-life care discussions and planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With few exceptions, end-of-life care discussions that have taken place between the medical team and patients/families are well documented and communicated to all other team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most physicians trust my judgment when it comes to delivering end-of-life care (e.g., utilizing appropriate PRN doses of medications, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I call the physicians or residents to notify them that a patient has acutely changed and is likely nearing the end of their life, I feel they are responsive and that I have been heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Logistics

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
Usually, if I need another nursing colleague's assistance to provide end-of-life care to a patient, I will not have trouble getting it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, when I am caring for a patient at the end of life, I tend to be given another busier patient assignment because the needs of the dying patient are perceived to be low.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logistics on the unit (e.g., staffing, acuity of patients, etc.) make it difficult to implement consistent, high-quality end-of-life care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable engaging family in the care of their loved one at the end of life (e.g., repositioning, bathing, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have participated in a debriefing (either organized or informal) after the death of a patient in the last year.

Please choose **only one** of the following:

- Yes
 No

Please select the response(s) regarding debriefing that best align with your practice and views:

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '28 [SS4]' (I have participated in a debriefing (either organized or informal) after the death of a patient in the last year.)

🔴 Check all that apply

Please choose **all** that apply:

- I have participated in an **organized** debriefing after the death of a patient in the last year
 I have participated in **informal** debriefings with my colleagues
 Organized debriefings are generally not offered on my unit
 Informal debriefings with colleagues rarely occur
 I do not have time to participate in debriefings
 Other:

Please select the response(s) regarding debriefing that best align with your practice and views:

Only answer this question if the following conditions are met:

Answer was 'No' at question '28 [SS4]' (I have participated in a debriefing (either organized or informal) after the death of a patient in the last year.)

🔴 Check all that apply

Please choose **all** that apply:

- Organized** debriefings are not offered on my unit
 Informal debriefings with colleagues rarely occur
 I do not have time to participate in debriefings
 Other:

Debriefing

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
Having the opportunity to debrief after a death would be helpful to increase my knowledge, skills, confidence, and comfort with end-of-life care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Organizational Support

In general, St. Joe's culture is supportive of end-of-life care that extends beyond solely symptom management (that may include personalized care such as transferring to a private room if available, allowing pet visitation, allowing patients to wear their own clothes, etc.):

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
My nursing colleagues are supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My charge nurse is supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My interdisciplinary colleagues are supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians are supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical learners (e.g., residents) are supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The educators are supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My manager is supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital administration is supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Palliative and spiritual care

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
Palliative care is a needs-based concept aimed at optimizing quality of life for patients with life-limiting illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I routinely suggest palliative care consultations for dying patients.

Please choose **only one** of the following:

- Yes
 No

I routinely suggest palliative care consultations for management of the following:

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '34 [SS7]' (I routinely suggest palliative care consultations for dying patients.)

● Check all that apply

Please choose **all** that apply:

- Pain
- Dyspnea
- Delirium
- Goals of care discussions
- Family dynamics
- Place of care or disposition (e.g., palliative care suite, home, hospice)
- Other:

Please identify any barriers that prevent you from suggesting palliative care consults:

● Check all that apply

Please choose **all** that apply:

- I do not perceive any barriers
- The role of palliative care is unclear to me
- The healthcare team misunderstands what palliative care means
- Families misunderstand what palliative care means
- I am reluctant to involve another service
- The palliative care team is very busy
- Other:

I routinely suggest or offer spiritual care consultations for dying patients.

Please choose **only one** of the following:

- Yes
- No

I routinely suggest or offer spiritual care consultations for the following:

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '37 [SS8]' (I routinely suggest or offer spiritual care consultations for dying patients.)

● Check all that apply

Please choose **all** that apply:

- Only** if the patient and/or family has requested spiritual care
- Only** if I know the patient and/or family or loved ones have specific religious beliefs
- Psychological support for the patient
- Psychological support for the patient's loved ones
- Other:

Please identify any barriers that prevent you from suggesting or offering spiritual care consultations:

● Check all that apply

Please choose **all** that apply:

- I do not perceive any barriers
- The role of spiritual care is unclear to me
- General practice on my unit is not to engage spiritual care very often
- Spiritual care clinicians are very busy
- Other:

Interprofessional roles in end-of-life care

The following professions or people are routinely involved in caring for patients at the end of life:

● Check all that apply

Please choose **all** that apply:

- Dietician
- Occupational therapist
- Pharmacist
- Physiotherapist
- Recreational therapist
- Respiratory therapist
- Social work
- Speech language pathologist
- Volunteers
- Wound care specialist
- Other:

Emotional impact of end-of-life care

Please choose the appropriate response for each item:

	1 - Strongly disagree	2	3	4 - Neither agree nor disagree	5	6	7 - Strongly agree	N/A
The healthcare team perceives patients dying as a failure or giving up hope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I perceive decisions to transition patients to comfort care and not offering active medical interventions as a failure or giving up hope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel overwhelmed when I must care for patients who are dying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find that providing end-of-life care is challenging, often leading me to feel fatigue and burnout.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find that providing end-of-life care is uplifting, often leading me to feel joy and comfort knowing that patients and families are well cared for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What would be most helpful to you to increase your confidence and comfort with end-of-life care?

*The choice you would find the most helpful should be at the top right

① All your answers must be different and you must rank in order.

② Please select at most 5 answers

Please number each box in order of preference from 1 to 7

Formalized on-the-job training

Simulated learning for end-of-life care discussions

Electronic resources for staff (e.g., education modules, medication information sheets, etc.)

Information resources for patients/families (e.g., on the dying process, what happens after, etc.)

End-of-life care champions on your unit

Symptom assessment and management tool

I do not feel I need anything further to increase my comfort or confidence currently **(*if yes, please rank only this option)**

What else, not listed above, would be helpful to increase your confidence and comfort with end-of-life care?

Please write your answer here:

The 3 Wishes Project

I am aware of the 3 Wishes Project from:

● Check all that apply

Please choose **all** that apply:

- From the ICU
- From patients who have been enrolled on my unit, cared for by others
- From knowledge translation, such as information sessions, in-services on the units, or publications
- I am not aware of the 3 Wishes Project
- Other:

I have been involved with patients enrolled in the 3 Wishes Project:

● Check all that apply

Please choose **all** that apply:

- In ICU
- On the unit
- I have not been directly involved with any patients enrolled in 3 Wishes, but indirectly witnessed this
- I have not been directly or indirectly involved with any patients enrolled in 3 Wishes
- Other:

I am able to initiate the 3 Wishes Project on my own and do not require a specific consult.

● Choose one of the following answers

Please choose **only one** of the following:

- Yes
- No
- I don't know

With training, would you be willing to be an end-of-life care champion on your unit?

Please choose **only one** of the following:

- Yes
- No

Would you be willing to participate in a follow-up focus group to gather more information on learning needs, barriers, and facilitators?

Please choose **only one** of the following:

- Yes
 No

Thank you for your willingness to participate in a follow-up focus group. So that we may contact you, please provide your name and email address: *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '48 [Q01]' (Would you be willing to participate in a follow-up focus group to gather more information on learning needs, barriers, and facilitators?)

Perceptions of end-of-life care

Is there anything else you would like to tell us about caring for patients at the end of life that has not been captured in this survey?

Please write your answer here:

You will receive your electronic Tim Hortons gift card within 1 week of completion. If you have not received your card in this time, please email jureid@stjosham.on.ca.

Thank you for taking the time to complete this survey. Your answers are vital to enhancing end-of-life care practices.

Submit your survey.

Thank you for completing this survey.