

Nebraska Veterans' Preferences for End-of-Life Care

**Shanna L. Freeman, MSN, APRN-NP, CCRN,
and Ann M. Berger, PhD, RN, AOCN®, FAAN**

More than 1,800 veterans die in a variety of healthcare settings each day, illustrating a need to improve their end-of-life (EOL) care. In 2006, the Nebraska End-of-Life Survey was mailed to 2,713 urban and rural Nebraskan adults' homes; 44 of 324 first-time respondents (14%) were veterans. This article compares survey responses from veterans and nonveterans and discusses four issues: personal desires during the dying process, fear of dying, completion of advance directives, and communication preferences. Compared to nonveterans, veterans were significantly less likely to want friends or family visiting at EOL, less likely to place importance on being at peace spiritually, less afraid of dying alone, more likely to turn to a spouse to initiate EOL conversations, and less trusting of primary physicians on EOL issues. In addition, veterans had higher rates of completion of advance directives. Examining the survey responses can help guide clinical oncology nurses in delivering EOL care to veterans.

As the largest healthcare provider in the United States, the Veterans Affairs Medical System (VAMS) cares for an increasing population of older adults. To date, VAMS serves 9.2 million veterans older than 65 (more than 39% of the total veteran population) (National Center for Veterans Analysis and Statistics, 2009). By 2010, the number of veterans aged 75 years and older will increase by an estimated 12% from four million to 4.5 million, and the number of veterans aged 85 years and older is expected to triple from 422,000 to 1.3 million (National Hospice and Palliative Care Organization [NHPCO], 2008b). More than 1,800 veterans die in a variety of healthcare setting each day; therefore, improving end-of-life (EOL) care is particularly important for veterans (Department of Veterans Affairs, 2008). Sharing and discussing veterans' views on EOL may help improve healthcare services; as a result, this article explores the views of Nebraskan veterans regarding EOL issues based on findings from a mailed statewide survey. The authors sought to raise awareness among clinical oncology nurses about veterans' views on EOL issues, such as personal desires during the dying process, fear of dying, completion rates for advance directives, and communication preferences. Although the results may not be generalizable to veterans in other states, an awareness of these issues may help educate clinical oncology nurses who deliver EOL care to veterans.

Background

The first statewide EOL survey in the United States was mailed to a random sample of Nebraskans in 2003. The cross-sectional survey was repeated in July 2006 with another random sample of Nebraskans with an additional question added to discern veterans from nonveterans. Nebraskan residents aged 18 and older (N = 2,713) were selected by an independent list broker (Accudata

At a Glance

- ◆ The 2006 Nebraska End-of-Life Survey identified that veterans' preferences for end-of-life care differ from nonveterans, particularly regarding visitation, fear of dying alone, and trust in healthcare professionals.
- ◆ Efforts are needed to increase completion rates for advance directives, with rates of 44% for veterans and 36% for nonveterans reported in Nebraska.
- ◆ Nurses are in a unique position to advocate for patients and families and ensure that end-of-life preferences are honored.

American, Cape Coral, FL) and received a letter inviting participation in the survey. Specifications included a sample with half rural and half urban individuals. Demographic information collected included gender, area code, length of time at residence, county of residence, education, ethnicity, income, and marital status. Each survey was coded with no identifiers to maintain confidentiality.

In collaboration with the Nebraska Coalition for Compassionate Care and the Robert Wood Johnson Foundation, the Nebraska Hospice and Palliative Care Partnership ([NHPCP], 2007) used the Life's End Institute's Missoula Demonstration Project as a model

Shanna L. Freeman, MSN, APRN-NP, CCRN, is an RN at Veterans Affairs Medical Center in Omaha, NE; and Ann M. Berger, PhD, RN, AOCN®, FAAN, is a professor, the Dorothy Hodges Olsen Endowed Chair in Nursing, and an advanced practice nurse in the College of Nursing at the University of Nebraska Medical Center in Omaha. (Submitted November 2008. Accepted for publication December 31, 2008.)

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