Promoting End-of-Life Care and Healthcare Worker Well-Being: Implementing the 3 Wishes Project in an **Oncology Intensive Care Unit**

Meagan L. Gallagher, DNP, RN, CCRN, Jeanette P. Brown, MD, PhD, FCCP, Douglass B. Clapp, BSN, RN, and Scott S. Christensen, PhD, MBA, APRN, ACNP-BC

This scholarly project implemented the 3 Wishes Project (3WP), which aims to fulfill the final wishes of dying critically ill patients, in a 16-bed tertiary intensive care unit (ICU). The project assessed outcomes through surveys, mortality, and intervention records. The initial implementation involved 11 patients and 49 fulfilled wishes. A comparison of pre- and postintervention data showed statistically significant increases in perceptions of end-of-life care, services, and interprofessional communication. All found the 3WP valuable for patients and families, and 61% reported boosted morale.

AT A GLANCE

- Oncology ICU workers can experience distress from patients' cancer diagnoses or treatments, leading to fatigue, burnout, and attrition.
- The 3WP fulfills the final wishes of dying critically ill patients, potentially supporting the well-being of oncology nurses.
- Implementing the 3WP may enhance end-oflife care and healthcare worker morale in an oncology ICU.

intensive care unit; critical care; palliative care; job satisfaction; oncology nursing

DIGITAL OBJECT IDENTIFIER 10.1188/24.CJON.257-262

ancer is the second leading cause of death in the United States (Hong et al., 2022), accounting for 15% of all intensive care unit (ICU) admissions (Martos-Benítez et al., 2020), and is a global health concern. Healthcare workers (HCWs) in oncology and ICU settings may feel inadequate in addressing pain and suffering in patients and families dealing with terminal diagnoses, which can contribute to clinician stress, burnout, compassion fatigue, and attrition (Arimon-Pagès et al., 2019; Xie et al., 2021).

Palliative care initiatives, such as the 3 Wishes Project (3WP, 2017), aim to dignify death, enhance patients' quality of life, ease suffering, and improve HCWs' experiences (Neville et al., 2019). Although systematic processes for dignified end-of-life (EOL) care in the ICU are limited (Day et al., 2021), the 3WP addresses this gap by providing structured approaches to fulfilling the final wishes of critically ill patients (Neville et al., 2019). Originating in 2013, the 3WP is used in more than 20 ICUs across the United States (Vanstone, Neville, Swinton, et al., 2020), improving EOL care by humanizing the clinical environment and offering to fulfill simple last wishes for things like music, blankets, and mementos (Cook et al., 2015).

The 3WP can positively affect the emotional health of patients, family members, and oncology and ICU clinicians, and it can promote HCW job satisfaction, teamwork, and morale (Day et al., 2021; Neville et al., 2019). These positive effects were noted at a University of Utah Hospital medical ICU that adopted the 3WP program, highlighting an important opportunity for expansion (Nelson et al., 2023).

This DNP scholarly project examined the 3WP adopted at the affiliated University of Utah Hospital medical ICU and modified it to be used at an oncology ICU within the same organization to promote improved EOL care and potentially decrease oncology HCW compassion fatigue. The project's practice question asked how expanding the 3WP could decrease compassion fatigue and improve EOL practices among HCWs in the oncology ICU compared to current EOL practices.