

FACTORS INFLUENCING END-OF-LIFE DECISIONS REGARDING LIVING WILL AND DURABLE POWER OF ATTORNEY: AN APPLICATION OF ROY'S ADAPTATION MODEL

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Purpose: The purpose of this quantitative study was to identify the variables that influence the decision-making responses related to Advance Directives (ADs). Roy's Adaptation Model was used to provide a theoretical framework and isolate potential significant factors that influence whether ADs were signed or not.

Method: A path model applying Roy's concepts was developed for the study. Publicly accessible survey and interview data collected for the Longitudinal Study of Aging by the National Center for Health Statistics, Centers for Disease Control, and the National Institute on Aging from 1984 to 2000 constituted the study sample. The sample consisted of a matched set of 938 participants. Items were extracted and scales were constructed from survey questions to correspond to study variables. The independent variables were age, gender, ethnicity, education level, health insurance status, income, satisfaction with health care, number of hospital and nursing home admission, physical impairment, self-perception about health, role function, and family structure. The dependent variable was the decision-making responses to the completion of ADs or not.

Findings: The final path model showed that age and gender significantly contributed to the number of hospital and nursing home admissions (age: $\beta = -.08$, $p = .04$; and gender: $\beta = .08$, $p = .03$). The number of hospital and nursing home admission was significantly associated with physical impairment ($\beta = .28$, $p = .00$). Physical impairment had the greatest effect ($\beta = .19$, $p = .00$) on the decision-making responses. Thus, more physical impairment predicts that AD completion will be more likely (direct effect). The degree of physical impairment also had indirect effects on AD completion through its influence on self-perception about health and role function. Although the indirect effect was very small ($-.02$), more physical impairment was related to poorer perceptions about one's health ($\beta = -.24$, $p = .00$) which in turn predicted that individuals were less likely to work or do volunteer work (role function) ($\beta = -.16$, $p = .00$). Those who were less likely to continue working or do volunteer work were also less likely to complete ADs ($\beta = .07$, $p = .04$). In addition, those who perceived their health as poorer were more likely to get help from their children or family ($\beta = -.09$, $p = .01$) and were less likely to sign an AD ($\beta = -.11$, $p = .00$). The soundness of the final path model was confirmed by the decomposition of the bivariate correlations.

Discussion: The study indicated that physical impairment, self-perception about health, role function in work or volunteer work, and family structure explained 5% of the variance on decision-making responses for AD completion. The factors identified by this study could provide useful strategies for nurses in order to improve end-of-life care. These findings also provide an initial direction for further theory refinement and the development of interventions to increase AD completion.

