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Nursing Faculty Perceptions and Integration of Primary Palliative Care Content in Undergraduate Education

National and Local Institution Assessments

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Undergraduate nursing students require adequate primary palliative care education in their formal education to prepare them to care for the growing population of individuals living with serious illness and their families. This paper aggregates results from 3, nationwide cross-sectional, descriptive, needs assessment studies and one single-institution needs assessment study to explore faculty perceptions and the integration of primary palliative care content in undergraduate nursing programs in the United States. Each study's design and needs assessment survey are described, followed by aggregated results from 137 respondents related to faculty demographics, nursing program details and primary palliative care integration, and faculty perceptions of primary palliative care education. Results from the local needs assessment are presented independently. Findings identify strengths related to faculty perceptions and preparedness. Key curricular gaps and opportunities in primary palliative care education pertain to alignment with competence expectations, supporting the need for academic-practice partnerships.

KEY WORDS
faculty needs assessment, nursing curriculum, nursing education, nursing faculty, palliative care nursing

The prevalence of serious illness in the United States (U.S.) has been increasing exponentially, with 37% of adults diagnosed with 2 or more, and 12% with 5 or more conditions.[1] Persons with chronic and serious illness need person-centered care to support their quality of life and reduce symptom burden.[2] As the largest sector of the healthcare workforce, nurses play a pivotal role in delivering quality, patient-centered care.[2] They address the holistic needs of individuals with serious illnesses and their families from diagnosis through death while also supporting families during bereavement. Individuals with serious illnesses receive care in various settings, including community, inpatient, and long-term care, emphasizing the need to equip all nurses with education in primary palliative care (PPC). However, evidence shows that many nurses lack essential competence and knowledge in primary palliative and end-of-life care skills.[2,3]

PRIMARY PALLIATIVE CARE

PPC education equips nurses with the knowledge and skills to competently manage pain and other symptoms associated with serious illness, provide psychological and spiritual support, and engage in meaningful communication with patients and their caregivers about goals of care preferences.[4] Palliative care has become an essential component of nursing education

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in recent years. The 2017 joint Call to Action by the American Nurses Association and Hospice and Palliative Nurses underscored the need for nurses to transform palliative care, including through adequate education.[5] The call to action recognized curricula developed by the End-of-Life Nursing Education Consortium (ELNEC), which has been a leader in palliative and end-of-life education for nurses and other healthcare professionals for over 25 years, as the premier source of PPC education content.[6] ELNEC developed national competencies, Competencies And Recommendations for Educating nursing Students (CARES, 2nd. ed.) and specialized curricula for entry- and advanced-level nursing students designed to prepare them to provide high-quality PPC to individuals with serious illness.[4,6] The goal is to provide evidence-based, standardized education that equips new nurses with the knowledge to deliver PPC, moving this training upstream.

PRIMARY PALLIATIVE CARE EDUCATION IN SCHOOLS OF NURSING

In 2021, a longstanding ELNEC collaborator, the American Association of Colleges of Nursing (AACN) placed emphasis on primary palliative education in their publication of *The Essentials: Core Competencies for Professional Nursing Education (The Essentials)* in which hospice/palliative/supportive care was named as 1 of 4 spheres of care.[7] Nursing programs now are encouraged to examine their curricula for integration of PPC and potentially redesign to ensure adequate instruction is provided to students across courses and throughout programs. Curricular assessment efforts require knowledge of PPC, which may necessitate access to palliative care specialists, evidence-based materials, and instructional experts.[8]

Assessing faculty perceptions of their personal capabilities to teach PPC is essential for understanding their capacity to prepare high-quality, practice-ready nurses equipped to care for patients with serious illness. For the past several years, expert palliative care educators have worked with schools of nursing to support such integration,[9] recognizing that faculty may not have the professional knowledge or expertise in primary palliative and end-of-life care best practices needed for sufficient curricular integration. However, limited evidence exists regarding the status of faculty preparedness to teach palliative nursing care. In addition, uptake of palliative care education in a standardized integrated manner has varied across programs and faculty continue to cite ongoing barriers to preparing practice-ready nurses.[10]

A major limitation in advancing PPC education is the lack of recent evidence regarding curricular best practices. Much of the existing research was conducted before the release of the most recent version of *The Essentials,* limiting its applicability to current nursing education standards.[7] Given ongoing advancements in the field of palliative care, and even changes in the definition of palliative care,[11] older education-focused literature may not reflect current palliative care practices or respond to healthcare needs posed by an aging population and increased prevalence of chronic illnesses and multimorbidity.[1] Nurse educators need current evidence to guide faculty efforts to ensure nursing students are well-prepared to meet the growing demands for PPC across diverse settings.

Over the past several years, a team of palliative care educators, researchers, leaders, and clinicians has sought to address these gaps in the literature by (1) assessing nursing educators' perceptions on how palliative care is integrated into undergraduate nursing programs across the U.S., (2) seeking a better understanding of nationwide trends and commonalities across nursing programs, and (3) identifying key factors that may vary between individual programs and necessitate local assessment. This paper describes the development and use of needs assessment surveys in 4 cross-sectional descriptive studies to assess faculty perceptions and the integration of PPC in undergraduate nursing programs in the U.S.

METHODS

Despite the varying aims of the 4 studies, identical or similar questions assessed faculty perceptions and integration of PPC. The team aggregated and analyzed data from these projects to obtain a national-level examination of PPC nursing education in undergraduate programs. Table 1 provides a full list of variables included in each survey, broadly classified as faculty demographic variables, nursing program and curriculum variables, faculty perspectives variables, and open-ended question variables.

Curricular Variables

Three nationwide surveys focused on whether programs integrated any palliative care content, including ELNEC courses, into the curriculum. The Long-Form and Short-Form Surveys asked faculty to respond separately for each undergraduate nursing track (traditional BSN, accelerated BSN, and RN to BSN). The Short-Form and Workshop Application surveys assessed the extent of PPC integration in the curriculum, categorized as well-developed, moderately developed, poorly developed or missing, and unsure.

Faculty Perspectives Variables

All surveys included 5 questions designed to assess participants' personal perceptions of PPC education (0–10 Likert scale; higher scores indicate more positive perceptions). These questions measured aspects such as comfort level in teaching the content. Three surveys—the Long Form, Faculty Workshop, and Local Needs Assessment—included 15 additional questions evaluating faculty preparedness to teach palliative care concepts (0 = unprepared and 10 = most prepared). Of these, 7 items aligned with the National Consensus Project's domains of palliative care (excluding "Structure and Processes of Care"), and 8 were based on ELNEC Undergraduate/New Graduate module content.[2,12]

TABLE 1 Variables Assessed in Nationwide Faculty Surveys

Survey Variables	Long Form	Short Form	Workshop Application	Local Assessment
Faculty Demographic Variables				
State where program located	X	X	X	
Professional title	X	X	X	X
Type of faculty position	X	X		
Specialty certifications	X			
Previous PC training	X	X		X
Years of nursing experience	X	X	X	
Years of academic experience	X	X	X	
Highest degree earned		X	X	
Nursing Program and Curriculum Variables				
Undergraduate programs and tracks	X	X		
ELNEC curriculum used	X	X	X	
Average cohort size	X		X	
Content delivery in program	X		X	
Who teaches PPC in program	X		X	
Types of courses that teach PPC	X		X	X
Strategies to teach each PPC concept	X			
Alignment with course objectives	X		X	X
Degree of curricular integration		X	X	
Faculty Perspectives Variables				
Perceptions of PPC education	X	X	X	X
Preparation to teach PPC concepts	X		X	X
Single-Program Curriculum Variables				
PPC concepts taught across curriculum				X
General strategies to teach				X
Barriers to PPC education				X
Curricular priorities (open-ended)				X

Abbreviation: ELNEC, End-of-Life Nursing Education Consortium; PC, palliative care; PPC, primary palliative care.
X indicates Empty rows indicate the variable was not assessed in the respective survey.

The institutional review boards of 2 authors' institutions (M.L. and A.D.) reviewed and approved the 3 national studies as exempt research. A separate institution's review board (A.W.) approved the local assessment. Teams stored data securely in an encrypted cloud folder accessible only to the research team.

Project and Survey 1: An Initial Nationwide Needs Assessment

The purpose of this cross-sectional descriptive study was to assess how nursing faculty across the U.S. were currently teaching PPC within undergraduate curricula. The Long-Form Needs Assessment survey, designed by 2 authors (M.L. and A.D.) and reviewed by the remaining coauthors, collected data on most faculty demographic variables (except highest degree earned), most nursing program and curriculum variables (except the degree of curricular integration), and both faculty perceptions variables. The team recruited nursing faculty through email announcements, ELNEC newsletters, discussion boards, and professional contacts. Eligible participants were full-time faculty in undergraduate nursing programs.

The survey, administered via Qualtrics, included a consent-to-participate question and took approximately 20 minutes to complete, but could be longer if faculty reported on 2 or more programs within the institution.

Project and Survey 2: Refining and Streamlining the Nationwide Needs Assessment

Like project 1, this study aimed to assess how nursing faculty teach PPC, with modifications based on project 1 outcomes. Revision of the Short-Form Needs Assessment addressed issues with item formatting and response rates identified in project 1. This revised survey included most faculty demographics (excluded specialty certifications), 2 nursing program and curriculum variables (ELNEC curriculum used and degree of curricular integration), and 1 faculty perspectives variable (perceptions of PPC education). Recruitment efforts mirrored those of project 1, targeting full-time faculty in undergraduate nursing programs. The survey, also administered via Qualtrics, had an estimated completion time of 10 minutes.

Project and Survey 3: Professional Development Workshop in Primary Palliative Care

This quasi-experimental study aimed to develop, implement, and evaluate an educational workshop for faculty teaching in undergraduate nursing programs focused on competency-based education in PPC. The Faculty Workshop Needs Assessment combined selected items from the Long- and Short-Form Needs Assessments, including many faculty demographic variables (except type of faculty position, specialty certifications, and previous palliative care training), almost all nursing program and curriculum variables (except strategies to teach PPC concepts), and both faculty perspectives variables. The team recruited participants through email, ELNEC newsletters, webinars, and the ELNEC website for faculty. Eligible participants were full-time faculty with at least 2 years of experience in undergraduate nursing programs. The survey, administered via Qualtrics, took approximately 15 minutes to complete.

Project and Survey 4: A Local Needs Assessment

One author (A.W.) requested permission to adapt the needs assessment surveys for a curricular redesign of the accelerated BSN program at their northeastern U.S. institution, with the aim of assessing faculty's attitudes, experiences, and perceptions of PPC. The researcher combined items from both the Long- and Short-Form Needs Assessments to capture faculty demographics (professional title, prior palliative care training), program and curriculum characteristics (course types, alignment with objectives), and faculty perspectives on PPC education. The researcher expanded 1 Long-Form Assessment question into several items to gather more detailed information about PPC concepts taught and teaching strategies used across the curriculum. Additional questions included a multiple-answer item on barriers to PPC education and an open-ended question on curricular priorities: "What topic(s) related to palliative care, hospice, and end-of-life care do you feel are the most important for prelicensure nursing students to learn about?". The researcher aimed to use survey findings to make recommendations for curricular revisions.

Data Analysis

The research team used Microsoft Excel for initial data coding and cleaning and IBM statistical software SPSS (version 29) for analysis. The team included responses with missing data if they provided information regarding PPC education in undergraduate programs or faculty perceptions. Analysis included only the first response from participants who completed multiple surveys. The team removed personal identifying information before analysis to ensure confidentiality. One team member (M.L.) combined responses for identical items across the 3 nationwide project surveys to create a complete dataset for analysis. One researcher (A.W.) analyzed the Local Needs Assessment separately.

Multiple-answer survey items asked respondents to select all applicable options, such as the ELNEC curriculum, content delivery, and PPC course types. The team used special coding in Microsoft Excel to separate response options. PivotTables quantified response frequencies, and the team calculated percentages based on the total sum of options.

The remaining multiple-choice survey items asked respondents to select 1 option. The team calculated frequencies and percentages for categorical variables, including professional title, highest degree achieved, average cohort size, PPC taught in the curriculum, who teaches it, and whether PPC topics aligned with course objectives. The team recoded states into regions for easier review and reporting (see Table 2 for state classification into regions). Researchers calculated means and standard deviations for all continuous variables, including years of experience in nursing and academia, perceptions of PPC education, and perceptions of preparation to teach PPC concepts.

RESULTS

Faculty demographics for the 3 nationwide surveys are presented in aggregate (local assessment excluded to prevent an over-representation of 1 school). Tables identify the survey sources for each reported variable in italics. The final dataset included 111 Workshop Application responses, 13 Long-Form responses, and 13 Short-Form responses, for a final sample size of 137 participants. The Local Needs Assessment had 32 responses by faculty at a single institution.

Nationwide Surveys Faculty Demographics

The average years of experience in nursing was 26.7 (SD = 11.2) and in academia was 11.4 (SD = 7.9). Table 2 presents

TABLE 2 Faculty Demographic Variable Results for Nationwide Surveys

Survey Variable (Source Surveys)	Frequency (%)
Professional Title (all 3 surveys)	
Adjunct	4 (2.9)
Assistant clinical professor	2 (1.5)
Assistant professor	43 (31.4)
Assistant teaching professor	2 (1.5)
Associate clinical professor	1 (0.7)
Associate instructor	1 (0.7)
Associate professor	28 (20.4)
Associate teaching professor	1 (0.7)
Clinical assistant professor	9 (6.6)
Clinical associate professor	6 (4.4)
Professor	13 (9.6)
Director	4 (2.9)
Instructor	16 (11.7)
Senior lecturer	2 (1.5)
Simulation manager	4 (2.9)
Highest Degree Earned (SFNA and FWNA)	
DNP	31 (22.6)
EdD	2 (1.5)
MS, MSN	48 (35.0)
Other	5 (3.6)
PhD	38 (27.7)
Regional Representation (all 3 surveys)	
Northeast	26 (19)
Southeast	16 (11.7)
Midwest	37 (27)
Southwest	19 (13.9)
West	38 (27.7)
Online Program	1 (0.01)

Abbreviations: FWNA, Faculty Workshop Needs Assessment; SFNA, Short-Form Needs Assessment.
Regions: States with frequency counts are as follows: Northeast: ME (1), VT (0), NH (0), MA (3), CT (3), RI (2), NY (6), PA (1), NJ (3), MD (4), DE (2), DC (1). Southeast: WV (0), VA (0), NC (5), KY (0), TN (0), SC (2), GA (0), FL (4), AL (2), MS (0), LA (2), AR (1). Midwest: MI (2), OH (3), IN (2), IL (3), WI (2), MN (4), IA (8), MO (2), KS (4), NE (2), SD (3), ND (2). Southwest: OK (1), TX (12), NM (2), AZ (4). West: HI (2), AK (0), MT (0), WY (0), CO (0), UT (3), ID (1), NV (0), CA (10), OR (11), WA (11).

faculty demographics calculated as frequency and percent (eg, professional title, highest degree earned, and regional representation). For the highest degree earned, over 1/3 of the participants reported having a masters-level degree (35%), followed by a PhD (27.7%) or a DNP (22.6%). Professional titles ranged from Instructor (11.7%) to Professor (9.6%). Regional representation across the U.S. was West (27.7%), Midwest (27%), Northeast (19%), Southwest (13.9%), and Southeast (11.7%).

Nationwide Nursing Program and Curriculum Variables

Table 3 summarizes the different aspects of the undergraduate programs reported in the Long-Form and Workshop Application surveys. Faculty participants reported teaching cohorts with mostly smaller class sizes, namely 25 to 50 students (37.7%) and less than 25 (23.8%). Program content delivery was predominantly in-person (66.3%), followed by hybrid (18.1%), online asynchronous (12.7%), and online synchronous (3%). Most of the participants reported that their programs include PPC content, and that they taught some of the content in conjunction with other faculty members (61.9%). Programs integrated PPC content across a variety of courses, including theory (44.4%), clinical (25.6%), simulation (26.6%), and skills laboratory (3.4%), with most respondents identifying a combination of these strategies. When asked if PPC topics aligned with course objectives, many of the respondents (52.1%) believed they did partially, with some selected topics aligning and others added to ensure content coverage.

The ELNEC curricula utilized within undergraduate programs varied across academic institutions. Respondents primarily identified the ELNEC Undergraduate/New Graduate curriculum (39.2%), which ELNEC specifically developed to teach PPC content to entry-level (undergraduate) nursing students.[6] Secondarily, respondents reported that their undergraduate nursing programs did not integrate any of the ELNEC curricula (28.5%). A subsample of respondents (10.8%) reported being unsure of which, if any, ELNEC curricula their undergraduate program used.

Table 4 presents the extent of curricular integration of PPC content in undergraduate programs as reported in Short-Form and Workshop Application surveys. Well-developed concepts included patient- and family-centered care (63%), pain assessment/management (47.6%), and similarities and differences in palliative and hospice care concepts (41.3%). Respondents identified a majority of PPC topics as being as moderately developed in the curriculum, including cultural considerations (59.1%), loss, grief and bereavement (57.9%), end-of-life care (57.9%), symptom assessment and management (48%), communication (45.7%), ethical and legal considerations (45.7%), spiritual, religious and existential aspects of care (44.4%), social aspects of care (42.5%), and psychological

TABLE 3 Nationwide Nursing Program and Curriculum Variable Results

Variable With Response Options (Source Surveys)	Frequency (%)
Average cohort size (LFNA[a] and FWNA)	
<25	31 (23.8)
25–50	49 (37.7)
51–100	31 (23.8)
101–150	13 (10)
>150	6 (4.6)
Content delivery in program (LFNA[a] and FWNA)	
In-person	110 (66.3)
Hybrid	30 (18.1)
Online asynchronous	21 (12.7)
Online synchronous	5 (3)
Who teaches PPC in program (LFNA[a] and FWNA)	
Yes, and I teach all the content	19 (15.1)
Yes, and I teach some of the content and others teach too	78 (61.9)
Yes, but other faculty teach the content.	13 (10.3)
No, it is not offered in our program.	11 (8.7)
I am not sure.	5 (4)
Types of courses that teach PPC (LFNA[a] and FWNA)	
Theory courses	92 (44.4)
Clinical courses	53 (25.6)
Laboratory	7 (3.4)
Simulation	55 (26.6)
Alignment with course objectives (LFNA[a] and FWNA)	
Yes, all selected topics align	40 (33.1)
Partially, some topics align but others are added to ensure coverage	63 (52.1)
No, selected topics do not align but are added to ensure coverage	12 (9.9)
Unsure	6 (5)
ELNEC curriculum used (all 3 surveys)	
ELNEC undergraduate/new graduate	62 (39.2)
ELNEC graduate	3 (1.9)
ELNEC core	15 (9.5)
ELNEC pediatric	3 (1.9)
ELNEC communication	5 (3.2)
ELNEC geriatric	2 (1.3)
ELNEC critical care	1 (0.6)
ELNEC resources	4 (2.5)
None	45 (28.5)
Unsure	17 (10.8)

Abbreviations: ELNEC, End-of-Life Nursing Education Consortium; FWNA, Faculty Workshop Needs Assessment; LFNA, Long-Form Needs Assessment; PPC, primary palliative care.
The FWNA respondents to consider all undergraduate tracks collectively for their response.
[a]The LFNA and SFNA permitted respondents to report information separately for different undergraduate program tracks.

TABLE 4 Curricular Integration of Primary Palliative Care Concepts in Undergraduate Programs

Palliative Care Concept	Degree of Integration (Short-Form and Workshop Application) Frequency (%), n = 124			
	Well Developed	Moderately Developed	Poorly Developed	Unsure
Advance care planning	24 (18.9)	38 (29.9)	49 (38.6)*	16 (12.6)
Caring for caregivers	14 (11.1)	39 (31)	55 (43.7)*	18 (14.3)
Communication in serious illness	23 (18.1)	58 (45.7)*	38 (29.9)	8 (6.3)
Cultural considerations in caring for patients with serious illness	21 (16.5)	75 (59.1)*	26 (20.5)	5 (3.9)
End-of-life care	28 (22.2)	73 (57.9)*	20 (15.9)	5 (4)
Ethical and legal considerations in caring for patients with serious illness	24 (18.9)	58 (45.7)*	30 (23.6)	15 (11.8)
Pain assessment/management	60 (47.6)*	52 (41.3)	13 (10.3)	1 (0.8)
Patient- and family-centered care	80 (63)*	37 (29.1)	7 (5.5)	3 (2.4)
Preparing the patient and family for death	8 (6.3)	50 (39.4)	56 (44.1)*	13 (10.2)
Principles of palliative care	45 (36)	47 (37.6)*	28 (22.4)	5 (4)
Psychological and psychiatric aspects of caring for patients with serious illness	14 (11)	52 (40.9)*	47 (37)	14 (11)
Similarities and differences in palliative and hospice care	52 (41.3)*	48 (38.1)	22 (17.5)	4 (3.2)
Social aspects of caring for patients with serious illness	10 (7.9)	54 (42.5)*	45 (35.4)	18 (14.2)
Symptom assessment/management	49 (38.6)	61 (48)*	14 (11)	3 (2.4)
Spiritual religious and existential aspects of caring for patients with serious illness	17 (13.5)	56 (44.4)*	37 (29.4)	16 (12.7)
Loss grief and bereavement	20 (15.9)	73 (57.9)*	24 (19.1)	9 (7.1)

** Degree of integration with greatest responses per palliative care principle. Percentages calculated from total responses for each concept. Multiple responses permitted per respondent.*

and psychiatric care (40.9). Principles of palliative care were closely divided between well-developed (36%) and moderately developed (37.6%). Less-developed concepts included caring for caregivers (43.7%), preparing the patient and family for death (44.1%), and advance care planning (38.6%).

Nationwide Faculty Perspectives on Primary Palliative Care Education

As seen in Table 5, respondents responded with generally positive perceptions, indicating PPC content was important (mean = 9.9), nurses have a responsibility to provide PPC in their practice (mean = 9.2), and undergraduate students are able to learn the content (mean = 8.3). Furthermore, respondents felt comfortable overall teaching PPC content (mean = 8.6). While still positive, faculty evaluated their competence in teaching PPC the lowest (mean = 7.7).

Respondents reported high levels of feeling prepared to teach all PPC concepts, particularly communication (mean = 8.9), similarities and differences in hospice and palliative care (mean = 8.3), pain assessment and management (mean = 8.1), and caring for patients in the final hours of life (mean = 8). Faculty also reported positive perceptions, but with slightly lower averages, of their preparedness to teach symptom assessment and management (mean = 7.8), loss, grief, and bereavement (mean = 7.8), and principles of palliative care (mean = 7.6).

TABLE 5 Nationwide Faculty Perspectives

Survey Variable (Source Surveys)	Mean	SD
Faculty Perceptions of Palliative Care Education (all 3 surveys)		
Comfort in teaching the content (0–10, 10 being very comfortable)	8.6	1.8
Competence in teaching the content (0–10, 10 being very competent)	7.7	1.9
Importance of teaching the content (0–10, 10 being very important)	9.9	0.4
Ability of students to learn the content (0–10, 10 being completely able)	8.3	1.6
Responsibility of nurses to provide primary palliative care in their practice (0–10, 10 being completely responsible)	9.2	1.5
Faculty Perceptions of Preparedness to Teach Palliative Care Concepts[a] (LFNA and FWNA)		
Principles of palliative care	7.6	2.3
Similarities and differences in palliative and hospice care	8.3	1.9
Pain assessment/management	8.1	1.8
Symptom assessment/management	7.8	1.8
Compassionate, patient-centered, empathetic communication in serious illness	8.9	1.4
Loss, grief, and bereavement	7.8	1.7
Caring for a patient in the final hours of life	8	2
Ethical and legal considerations in caring for patients with serious illness	7.4	2
Cultural considerations in caring for patients with serious illness	7.1	2
Psychological and psychiatric aspects of caring for patients with serious illness	7.1	1.9
Spiritual, religious, and existential aspects of caring for patients with serious illness	7.2	2
Social aspects of caring for patients with serious illness	7.2	1.9
Caring for caregivers	7.6	2.1
Advance care planning	7.3	2.2
Preparing the patient and family for death	7.5	1.9

Abbreviations: FWNA, Faculty Workshop Needs Assessment; LFNA, Long-Form Needs Assessment.
[a]All faculty perceptions of preparedness used a 0–10 scale: 0 = not at all prepared and 10 = being most prepared.

Local Needs Assessment

Faculty teaching in the accelerated BSN program reported the following roles: Clinical Instructor (38%), Assistant Professor (34%), and Instructor (19%). The majority of faculty reported some degree of previous palliative care education (81.2%), with many reporting it was informal education or instruction (46.9%). Respondents identified the most common courses for PPC content delivery as didactic (46.7%) and clinical (40%). The most common learning activities were lecture (43.3%), bedside clinical teaching (36.7%), and informal discussion (33.3%), with one respondent identifying a simulation activity.

Approximately one-third of the faculty reported not teaching PPC concepts (34.4%). Across the few who reported teaching PPC, the most frequent concepts were cultural considerations (31.2%), communication (28.1%), pain management (25%), and social aspects of care (25%). The least frequently identified topics were caring for patients in the final hours of life (12.5%), similarities and differences in hospice and palliative care (9.4%), and principles of palliative care (6.3%). Faculty identified important topics such as end-of-life care, communication, and self-care and coping. Faculty recommended incorporating more simulations to teach PPC, providing more student opportunities to provide PPC to patients, and integrating PPC concepts throughout the program. Barriers included time constraints (65.6%), competing curriculum demands (59.3%), lack of clinical opportunities (56.2%), and lack of faculty training and experience (53.1%).

DISCUSSION

The survey data obtained from the nationwide projects illustrated the high regard for PPC held by many nursing educators, especially given their positive perceptions of PPC education and high levels of preparedness to teach various PPC concepts. There was some alignment between current PPC education initiatives and curricular expectations. For example, AACN's *Essentials* named Person-Centered Care as a core domain of nursing education and practice,[7] and most respondents (63%) identified patient- and family-centered care as well developed in their curricula.

The survey responses also suggested ongoing gaps and opportunities for PPC integration in many undergraduate nursing programs. One noteworthy gap was the incongruence between high faculty perceptions and preparedness and lower reports of curricular integration for many PPC concepts. For example, faculty felt prepared to teach advance care planning (mean = 7.3), caring for caregivers (mean = 7.6), and preparing the patient and family for death (mean = 7.5); however, they reported that these concepts were primarily poorly developed within undergraduate curricula. These concepts are considered core behaviors in PPC competence.[13]

Communication had the highest perceptions of faculty preparedness (mean = 8.9), yet one-third of the programs reported this concept as poorly developed (29.9%) or being unsure of integration (6.3%). One CARES competence calls for entry-level professional nurses to "Communicate effectively, respectfully, and compassionately with patients, families, interprofessional team members, and the public about palliative care."[4(p252)] Therefore, communication is critical for PPC competency.

Addressing the spiritual care of patients and families has long been an expectation in nursing, as reflected in nursing's *Code of Ethics*,[14] yet nurses often lack confidence in addressing the spiritual needs of their patients and families.[15] Less than half of faculty respondents identified aspects of spiritual, religious, and existential care are moderately developed in curricula (44.4%). The AACN *Essentials* emphasizes the importance of holistic care,[7] which includes addressing the spiritual needs of patients and families. Nursing education programs should prepare students to assess and respect patients' and families' spiritual beliefs as part of delivering person- and family-centered care. Incorporating deeper spiritual care education into nursing training at all levels, along with comprehensive training focused on spirituality, may provide entry-level nurses with the confidence and competence needed to integrate this aspect of care.

Addressing these gaps will require ongoing professional development using structured educational trainings, such as ELNEC, for faculty to improve their knowledge of PPC.[6] Furthermore, consistent incorporation of PPC content across all nursing education levels is warranted, and undergraduate programs can use CARES competencies to guide their curricular efforts in competency-based education.[4] Programs might benefit from conducting their own needs assessment, similar to the accelerated BSN program reported, with consideration of curricular integration and faculty perceptions of PPC. Academic-practice partnerships can support PPC curricular efforts to develop practice-ready nurses by ensuring curricula align with current evidence-based PPC practice.[7,8]

Limitations

The results may include a response bias such that faculty with an interest in PPC education may have been more likely to respond to the surveys or apply for the workshop.

CONCLUSION

Before entering the professional workforce, nurses require robust education in PPC to ensure they can competently care for individuals living with serious illness and their families. Nursing programs throughout the country employ faculty members who have positive perceptions of and feel prepared to teach PPC. Academic programs should harness this existing expertise and develop other faculty members' knowledge to drive curricular change that ensures they integrate critical PPC concepts and competencies throughout their program, including across didactic, clinical, laboratory, and simulation settings. Communication, spiritual care, advance care planning, caring for caregivers, and preparing the patient and family for death in particular warrant careful consideration for integration. These efforts can help develop nurses who are practice-ready to provide PPC.

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