# Marketing and Branding Strategies for Palliative Care Nurse Champions

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## SCHOOL of NURSING

#### Background

- ❖National cancer organizations recommend early palliative
- Demand for palliative care > availability of trained specialists
- Nurses are well positioned to provide primary palliative care
- Nurses express a lack of skills and self-efficacy in palliative care.
- Multi-faceted branding and marketing campaigns can improve selfefficacy, awareness and positive behavior change in healthcare.

#### **Project Objectives**

Aim 1: Determine effects of marketing and branding intervention on oncology nurses' perceived self-efficacy in palliative care (SEPC)

Aim 2: Feasibility of implementing a nurse champion-marketed communication framework by measuring level of nurse engagement with and utilization of marketed content and interest in additional palliative care content.

#### Methods

#### Design

Pre-post design QI Project

#### Setting

Outpatient regional site of a major cancer center in NYC

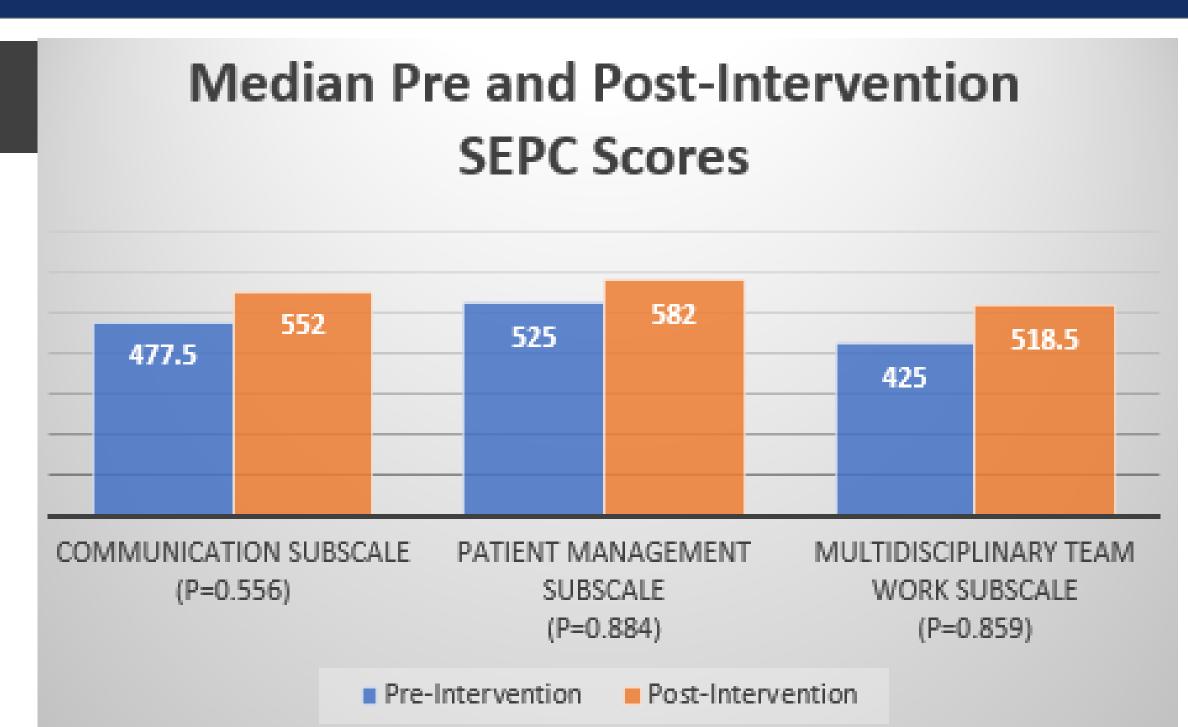
#### Sample

- Medical oncology registered nurses (n=12)
- ❖ Exclusion: nonmedical oncology nurses, per diem or new hire nurses

Demographic characteristics	(N = 14)
Age, n (%)	
30-39 years old	5 (35.7%)
40-49 years old	4 (28.6%)
50 years or more	5 (35.7%)
Sex, n (%)	
Male	0 (0%)
Female	14 (100%)
Years of Nursing Practice, n (%)	
6-10 years	3 (21.4%)
11-20 years	7 (50%)
> 20 years	4 (28.6%)

#### Results & Data Analysis

- No significant differences in pre- and postintervention SEPC scores
- Low engagement with marketed videos
- **\$** 83% framework utilization, facilitated by champion support, simplicity and e-mails
- ❖ 75% of nurses want more palliative care content via videos, e-mail or e-learning.



Engagement with Marketed Videos	(N=12)	Utilization of Marketed	(N=12)	Interest in Additional Palliative Care	(N=12)
Number of Videos Watched	N (%)	Communication Framework		Content	(01)
0-1 videos	5 (42%)	Use of Communication Framework	N (%)	Desire for Additional Content	n(%)
		0 times	2 (17%)	Strongly Disagree	2 (17%)
2 videos	2 (17%)	1-3 times	5 (42%)	Disagree	1 (8%)
3 videos	1 (8%)	4-6 times	4 (33%)	Agree	4 (33%)
4 videos	1 (8%)	7-10 times	1 (8%)	Strongly Agree	5 (42%)
5 videos	0 (0%)	Communication Framework Barriers		Preferred Learning Method	
6 videos (all of them)	3 (25%)	Lack of Time	8 (67%)	Videos	8 (67%)
, ,	3 (23/0)	Lack of Knowledge	3 (25%)	Text Messages	1 (8%)
Perceived Helpfulness of Videos		Lack of Confidence	3 (25%)	E-mail	5 (42%)
Strongly Disagree	0 (0%)	Lack of Benefit	0 (0%)	Unit Meetings	4 (33%)
Disagree	0 (0%)	Communication Framework Facilitators		E-Learning Platform	7 (58%)
Agree	8 (67%)	Simplicity of Framework	5 (42%)	Role Play	1 (8%)
Strongly Agree	4 (33%)	Nurse Champion Support	6 (50%)	Frequency of Communication	
Reasons for Not Watching Videos	. (5575)	Peer Support	2 (17%)	Never	1 (8%)
		E-mails	5 (42%)	Weekly	1 (8%)
Watched Them All	3 (25%)	Text Messages	3 (25%)	Every Other Week	1 (8%)
No Time	8 (67%)	Videos	4 (33%)	Monthly	8 (67%)
Not Interested	1 (8%)	Practice	1 (8%)	Quarterly	1 (8%)

#### The 6-Week Branding and Marketing Intervention

# The Champions

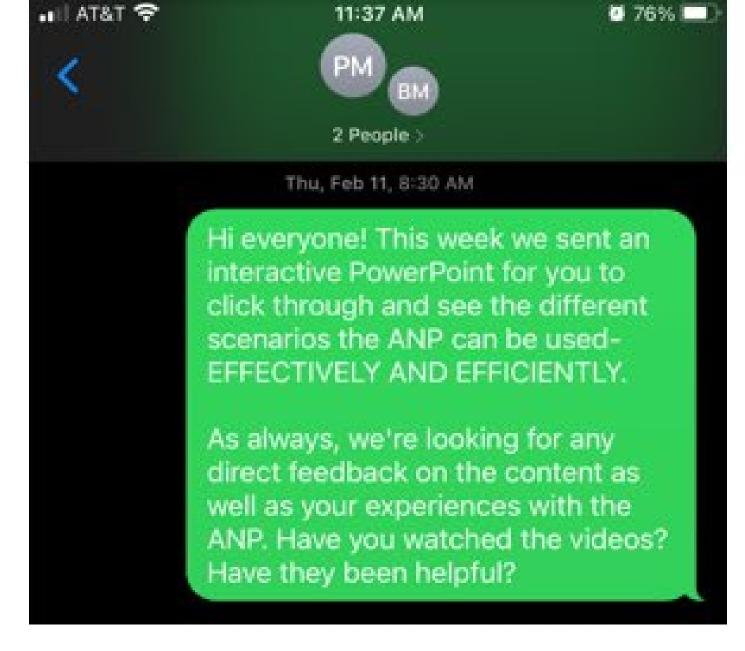
I'm Your (Supportive Care) Person



# The E-mail Messages Acknowledging emotion...



# The Text Messages



## The Videos





#### **Project Strengths and Limitations**

- **Strengths**: Innovative project, collaboration with nurse champions
- **❖Limitations**: COVID-19 induced stress and time restrictions, emphasis on one framework rather than multiple palliative care competencies

#### **Conclusion and Implications for Practice**

- Increase in median scores across all three subscales indicates some level of improvement in self-efficacy for most participants and practical significance
- Innovative marketing and branding strategies may increase nurse self-efficacy and role promotion in primary palliative care and should be explored further