



Research paper

Developing graduate student competency in providing culturally sensitive end of life care in critical care environments – A pilot study of a teaching innovation



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ARTICLE INFORMATION

Article history:

Received 1 September 2014

Received in revised form

19 December 2014

Accepted 22 December 2014

Keywords:

Critical care
 Communication
 Cultural competency
 Education
 End-of-life
 Multicultural
 Multi-disciplinary
 Pilot study

ABSTRACT

Background: Australia's immigration policy has generated a rich diverse cultural community of staff and patients in critical care environments. Many different cultural perspectives inform individual actions in the context of critical care, including the highly sensitive area of end of life care, with nurses feeling poorly prepared to provide culturally sensitive end of life care.

Purpose: This article describes and evaluates the effectiveness of an educational innovation designed to develop graduate-level critical care nurses' capacity for effective interpersonal communication, as members of a multi-disciplinary team in providing culturally sensitive end-of-life care.

Methods: A mixed method pilot study was conducted using a curriculum innovation intervention informed by The Excellence in Cultural Experiential Learning and Leadership Program (EXCELL),¹ which is a higher education intervention which was applied to develop the nurses' intercultural communication skills. 12 graduate nursing students studying critical care nursing participated in the study. 42% ($n=5$) of the participants were from an international background. Information about students' cultural learning was recorded before and after the intervention, using a cultural learning development scale. Student discussions of end of life care were recorded at Week 2 and 14 of the curriculum. The quantitative data was analysed using descriptive statistical analysis and qualitative data was thematically analysed.

Results: Students demonstrated an increase in cultural learning in a range of areas in the pre-post surveys including understandings of cultural diversity, interpersonal skills, cross cultural interactions and participating in multicultural groups. Thematic analysis of the end of life discussions revealed an increase in the levels of nurse confidence in approaching end of life care in critical care environments.

Conclusion: The EXCELL program provides an effective and supportive educational framework to increase graduate nurses' cultural learning development and competence to manage culturally complex clinical issues such as end of life care, and is recommended as a framework for health care students to learn the skills required to provide culturally competent care in a range of culturally complex health care settings.

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1. Introduction

This paper describes a pilot study of an intervention designed to develop graduate nursing students' competency to deliver culturally sensitive end of life care in critical care environments. The

intervention was instigated in response to one universities' graduate nursing students identified need to learn more about how to provide family centred culturally sensitive end of life care for patients in emergency and intensive care settings. The students' needs had been previously identified through reflective journals and workshop discussions about caring for critically ill patients as well a review of the curriculum content by the academic lecturer.

Critical care nurses are required to effectively communicate and act in sensitive and complex situations, such as in the provision

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of safe, culturally appropriate end of life care in technologically complex environments. Johnstone² identifies the importance of recognising the influence of cultural difference in the provision of end of life care. The provision of culturally competent health care improves equity and safety for patients, ensures appropriate resource utilisation³ and helps address power imbalance.⁴ Critical care nurses who practice in countries with substantial cultural diversity require a high level of intercultural communication skills as well as a willingness to examine one's own, and be open to others' cultural beliefs, experiences, and practices around death and dying. Therefore, they require education to develop the skills required to address the needs of patients and families, in an ethically and culturally sensitive manner and to meet practice competencies.^{3,5–7} Cultural sensitivity and competence are crucial for nurses supporting patients and families through emotion-laden end-of-life issues involving difficult decisions, where mistrust may contribute to suffering.^{4,8} Cultural sensitivity is particularly relevant to contemporary Australian health care settings where almost 28% of the resident Australian population are born overseas.⁹

Studies have shown that critical care nurses feel unprepared to provide supportive care for dying patients and their families in the critical care environments^{10–12} and have sought more education on this topic.^{13,14} Shannon et al.¹⁵ built on existing health care communication tools to provide strategies to assist nurses in approaching conversations at end of life, whilst others have developed a interdisciplinary learning program to address issues of moral distress and other challenges in providing end of life care.¹⁶

Crump et al.¹⁷ sought to identify nurses' perceived barriers to providing quality end of life care, and found that knowledge and skills of cultural competency were ranked amongst the highest educational need sought by critical care nurses. To the authors' knowledge there are no educational interventions that specifically integrate strategies to teach cultural competency together with sensitive family centred end of life care. Enhancing health professionals' cultural competency contributes to improved outcomes for patients and their families³ and supports effective professional communication and teamwork which may contribute to improved safety and quality of care in intensive care units.¹⁸

In this article, we will outline how we structured an intervention using components of EXCELL¹ together with Thomas'¹⁹ approach to culturally competent nursing practice, to frame the philosophy and teaching of cultural sensitivity in end of life care for nurses in complex health care environments. We will describe how, as nurse educators in a graduate nursing program on critical care, we encouraged and modelled culturally sensitive practice in the classroom, which in turn provided a safe and supportive group environment for explicit teaching and learning of key intercultural communication competencies relevant for end of life care, over a 14-week period. We will report the preliminary findings of a pilot trial of this educational innovation in terms of a cohort of graduate nursing students' self-reports of cultural learning before and after the intervention. While this article report results from a small sample size ($n = 12$), this study contributes to knowledge about the provision of safe and high quality end of life care in Australian acute care environments.²⁰

2. Methods

A pilot mixed method interventional study was conducted with all graduate nursing students in critical care ($n = 12$) enrolled in two consecutive clinically based units of study, which spanned semester one and semester two of one year at one university. Nurse educators incorporated an innovative teaching and learning intervention based on the Excellence in Cultural Experiential Learning and Leadership (EXCELL) Program¹ into the graduate critical care nursing

Table 1
Alignment of the EXCELL skills with Thomas'¹⁹ cultural learning approach.

The EXCELL skills	Thomas (2001) cultural learning approach used to structure the unit teaching and learning.
Seeking information	Sharing personal story around end of life care for own cultural group: "learn their own history and culture" (Thomas, 2001, p. 44).
Making a social contact	Linking personal expectations to context of how end of life care is delivered in their clinical experience: "Develop a helping relationship with the terminally ill individual and his or her support network" (Thomas, 2001, p. 44).
Participating in a group	Exploring the support within the team: "Care in acquiring translation services" (Thomas, 2001, p. 44).
Refusing a request	Uncovering personal and professional power to advocate and challenge: "Helping people to live a quality life and have a quality death is the goal" (Thomas, 2001, p. 45).
Expressing disagreement	Developing a personal set of tools to engage and empower families, challenge paradigms and seek feedback and support. "a personal understanding of the role that culture plays throughout the course of one's life." (Thomas, 2001, p. 45).

course. A survey instrument²¹ was used to evaluate student learning before and after the intervention and data was analysed using descriptive statistical analysis. Qualitative data of students' views about culture and end of life care collected before and after the intervention were thematically analysed.²²

This study was approved by the University's Human Research Ethics Committee (Project number 11-70) and was part of a larger action research project funded by the Australian Learning and Teaching Council (ALTC PP10-1080), the "Internationalising at Home or IaH Project"²³ an innovation designed to enhance the intercultural capability of staff and students by embedding intercultural competency development in the curriculum. The project aims to internationalise the learning and teaching practices of teachers and students in Business and Health higher education.²³ An important IaH project outcome is the development and dissemination of adaptable intercultural curriculum involving the integration of discipline-specific critical incident scenarios with existing intercultural competency development tools based on the EXCELL Program.¹ For more IaH project information, visit <https://sites.google.com/site/internationalisationathome>.

The EXCELL Trainers Manual²⁴ provides structure for teaching innovation to enable the students to develop skills in identifying a "key sociocultural framework", to participate in "alliance building" and "cultural mapping" within their clinical practice environments and communication networks of patients, families and their nursing and multidisciplinary colleagues. The EXCELL tools build student confidence in 'seeking information, making a social contact, participating in a group, refusing a request, expressing disagreement and getting feedback'. Theory to guide culturally sensitive end of life care¹⁹ was embedded in the unit teaching, learning and assessment plan. The curriculum change involved restructuring the unit content to deliver the intervention and align it to curriculum content. The curriculum content which underpinned the students learning of theory of culturally sensitive end of life care, was used as a vehicle to 'carry' the introduction and embedding of the EXCELL skills. The EXCELL skills and Thomas'¹⁹ strategies are listed in Table 1.

A research assistant (RA) distributed written information about the study to all the students during class in the previous semester. The information sheet invited students to participate in the study and the RA answered any student questions. The students were

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