



Supporting pre-registration nursing students in their exploration of death and dying



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ABSTRACT

Student nurses will be exposed to dying patients from the very start of their education. The authors believe that nurse lecturers have a duty of care towards both the student and the patient in preparing them to cope with this experience. End of life care deserves further emphasis within the forum of nurse education. Within this article the authors outline their introduction of a new teaching session at the beginning of the pre-registration nursing curriculum at Birmingham City University to help prepare student nurses from all four fields of nursing to participate in end of life care. This flexible session entitled 'perceptions of dying' allows the students to explore their fears, anxieties and expectations of caring for a patient at the end of their life and discusses the mechanisms available for seeking support. The purpose of this article is to raise debate about the teaching of the subject of death and dying within pre-registration nurse education and to show case the lesson concept that the authors believe could be disseminated further to address this student need.

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Background

Every year in England approximately 500,000 people die (DH, 2013). Despite this number and the raising profile of end of life care (highlighted by the End of Life Care strategy, Liverpool Care Pathway and National Service Frameworks) end of life care is often poorly enacted (DH, 2008, DH, 2013). Around 55% of adult deaths occur in hospital while over 74% of children and 98% of babies with palliative care needs die in hospital (DH, 2008, DH, 2007; ACT, 2009).

Birmingham City University has an annual intake of approximately 750 pre-registration student nurses. It is inevitable with these large numbers and the increasing complexity of clinical care environments that a proportion of these students will be involved in end of life care during their first clinical placement. Malkin et al. (2011) in a study at our institution found that of 177 nursing students 14 had taken an active role in cardiopulmonary resuscitation within the first 6 months of training, 10 of these within the first 3 months. This is supported nationally by the study by Terry and Carroll (2008) which indicated many students have to cope with patient death on their first clinical experience. At Birmingham City

University an adult, child or mental health field student nurse will experience their first placement in the hospital environment, where it is clear the largest proportion of patients die. Jenkins (2011 p. 1) suggests that 'nursing students are often ill-prepared for the emotional impact a death may have on them' whilst Cooper and Barnett (2005) identify that nurse educators have a duty to support the student in this aspect of care. Terry and Carroll (2008) concur, suggesting if this support is inadequate it may affect not only the students' coping strategies, but also their future behaviour towards the dying patient.

End of life care is defined by the Department of Health (2008 p. 47) as care that 'Helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support'. While the World Health Organisation (2013 p. 1) define palliative care as 'An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual'.

The dichotomy of terms that surround end of life care, including palliative care and care of the dying can serve to cause mystery and confusion for student nurses. Students have reported that

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delivering the very best standards in end of life care is a daunting prospect. It however must be achieved in order to provide the best possible experience for the patient, family and the nurse themselves. The authors believe that nurse educators have a duty of care towards their students and patients alike and must ensure that the student nurses that enter the clinical area are adequately prepared for the challenges they will face. The Nursing and Midwifery Council's (NMC) Standards for pre-registration nursing education (2010) state that on entry to the register all student nurses should 'promote health and wellbeing, self-care and independence by teaching and empowering people and carers to make choices, coping with the effects of treatment and the on-going nature and likely consequences of a condition including death and dying' [Nursing and Midwifery Council \(2010 p. 114\)](#). The NMC does not stipulate where in the three year course a student should start to receive education on end of life care to equip them for that final goal on entry to the register. Within the nursing curriculum at our institution end of life care has been explored with increasing complexity within years two and three. Coupled with exposure in clinical placement this input should ensure student nurses are able to deliver this NMC expectation. A concern for the authors however is highlighted in [Mason and Ellershaw's \(2010\)](#) report that although training time for palliative medicine has increased, there are still questions as to whether it is sufficient in preparing clinicians to competently care for the dying patient and their family.

The authors believe that there should be a staged introduction to end of life care to enable the student to grow and develop their skills in this area. At present there is no stand-alone module in the pre-registration nursing curriculum to deliver this. It could be argued that continual education alongside supported clinical experience may offer the best opportunity for students to become involved in end of life care in accordance with their confidence and competence.

The [Dying Matters Coalition \(2010\)](#) aims to raise awareness of death and dying amongst society, reducing the stigma associated with death and bereavement whilst celebrating a good death. By encouraging communication and openness they believe this can be achieved. Although the concept of a 'good death' changes with individuals, for most it would involve no pain, being with loved ones in familiar surroundings and being treated with respect and dignity ([DH, 2013](#)). This is a philosophy supported by the authors and is a catalyst for the development of end of life education to ensure student nurses are able to actively promote and participate in this principle.

[Spouse \(2003\)](#) reports that student nurses harbour fears and anxieties of caring for the dying before their first placement. [Kubler-Ross' \(1970 p. 7\)](#) seminal text outlines 'the trip to the hospital is the first episode of dying'. Literature shows us that student nurses are anxious about breaking bad news or caring for a patient at the end of their life without support ([Allchin, 2006](#); [Carson, 2010](#); [Sanford et al., 2011](#)). A student with limited life experiences or no experience of death, whether personal or professional, may be especially susceptible to this anxiety. A first year student nurse at Birmingham City University summarises:

"I've never experienced death and don't know how I'll feel"

First year student nurse.

As authors and nurse educators we agree with [Terry and Carroll \(2008\)](#) who highlight the importance of preparing student nurses to cope with death and dying early in their career as a negative experience may impact on their ability to cope and affect their future practice. [Hurtig and Stewin \(1990\)](#) identify that it is whilst undertaking education that attitudes towards death and dying are formed and suggest that nurses need to confront their own feelings

about death as without this insight they may not be able to nurse dying patients' effectively. The authors concur and believe this should be achieved within the protection of the classroom, not on clinical placement.

Session design

In light of the discussion above the authors felt that nursing students needed more preparation earlier in their programme to equip them to cope with end of life care. To meet this need a new session entitled 'perceptions of dying' was designed. Its purpose was to enable students to recognise their individual concerns and coping strategies while participating in end of life care, as well as exploring procedures and practicalities. The session takes place within a small group of 15–20 students. Students are divided into their fields to ensure discussion content will be most pertinent to their placements. The session is led by a lecturer/facilitator who is clinically experienced in end of life care within that field. To ensure psychological safety and support participation students, together with the facilitator, identify ground rules at the beginning of the session. These include maintaining confidentiality, anonymity of contributors and respecting the views of others. The students are advised the content of the session well in advance so that any issues, such as a recent bereavement, could be discussed with a facilitator outside the session and support offered. The student would also be offered the option to opt out of the session if they felt this would be most appropriate.

After a preliminary introduction the students are invited to discuss their experiences or anxieties in small groups of 3 or 4 and identify individual concerns which they write, anonymously, on sticky 'post-it' type notes. These are placed around the walls of the room for all students to walk around, view and discuss. This technique allows the students to recognise that their own concerns and anxieties are shared with many others in the group. The students are then invited to group the comments and questions into themes. This interaction allows the students to explore experiences and reflections in a non-threatening manner.

Although the wording often changes, the four broad themes which have been consistently identified by 6 student cohorts (which equates to approximately 2500 students undertaking this activity) are:

- Dealing with the patient's family and answering their questions.
- Practical issues.
- Emotions.
- Guilt or blame.

A subsequent group discussion is facilitated by the nurse lecturer by using the comments and questions on the 'post-its' as a trigger. Every session is therefore individualised to each student group ensuring no-one's questions are left unanswered. The most commonly occurring questions are displayed in [Fig. 1](#).

The themes identified have been preceded by various leading authors within the forum of death and dying. 'Students suggested the expected difficulty of the emotional care of dying patients, the pain of seeing them suffer, the shock of seeing a dead body, and the difficulty of dealing with bereaved relatives' ([Kiger, 1994 p. 680](#)). [Loftus \(1998 p. 642\)](#) study highlights the need of educators to prepare the student nurse 'to face the reality of death and dying'. Although her study was of third year student nurses, the themes identified by them were similar to those identified by the first year nursing students at our institution.

[Cooper and Barnett \(2005\)](#) identify that these worries are still an issue within clinical practice. Their study of 'Aspects of caring for dying patients which cause anxiety to first year student nurses'

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