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Review Article

# Palliative Care Simulations in Undergraduate Nursing Education: An Integrative Review

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## KEYWORDS

palliative care;  
end of life;  
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undergraduate;  
student

**Abstract:** This integrative review summarized the findings from 19 studies about the known effects of simulation on nursing students' preparation for delivery of palliative care (PC), identified gaps in the literature, and provided directions for future research. Three mixed method studies, 10 quantitative studies, and 6 qualitative studies were reviewed. The outcomes support PC simulation in developing nursing student competence by providing meaning and context to the care they deliver to seriously ill patients. Future investigations examining the relationships between PC simulation, students' role in simulation, and effects on student knowledge, self-awareness, and clinical performance in providing PC are warranted.

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The American Association of Colleges of Nursing (AACN, 2016) released 17 new palliative care (PC) competencies and recommendations for educating undergraduate nursing students. According to the AACN (2008), nursing faculty must prepare students to deliver high-quality PC to seriously ill and dying patients. Several reports by the

Institute of Medicine (IOM, 2000, 2001, 2011) call for innovative and evidence-based solutions, such as simulation-based learning experiences (SBLEs), to be implemented for the delivery of safe and high-quality nursing care, especially in the face of the current shortage of nurses and nursing faculty.

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## Problem Identification

A literature review conducted by Gillan, van der Riet, and Jeong (2014a) revealed that undergraduate nursing students

are inadequately prepared to deliver PC, especially to dying patients, and many view end-of-life (EOL) care as an unpleasant task and source of stress. Gillan et al. (2014a) cited lack of content in nursing textbooks and undergraduate curricula as issues that contribute to inadequate preparation of these students.

### Key Points

- This integrative review includes (a) a synthesis of evidence regarding the benefits of and special considerations for implementing palliative care (PC) nursing simulations in nursing programs, (b) identification of limitations of current studies, and (c) directions for future research.
- Among other findings, quantitative and qualitative studies indicate that PC simulation results in positive student outcomes including improved confidence, communication, reassurance, emotional preparedness, and understanding of PC principles.
- The most significant gaps in study findings include establishing correlations among (a) the controlled effects of PC simulation alone, (b) the student's role in PC simulation, (c) clinical performance of PC behaviors, and (d) self-awareness in the provision of PC and end-of-life care.

Although some nursing programs provide didactic PC content, lecture format does not often provide the opportunity for students to reflect on their own emotions and experiences in caring for the dying patient (Gillan et al., 2014a; Smith-Stoner, 2009). Experiential teaching strategies, specifically SBLE, are recommended in the delivery of palliative and EOL content because they allow opportunities for student engagement and learning in all three domains of learning: cognitive, affective, and psychomotor (Gillan et al., 2014a; Leighton & Dubas, 2009). SBLE enable students to communicate and provide quality care for simulated patients and their families at the EOL without fear of doing or saying the “wrong thing.” When followed by debriefing, SBLE allow students the opportunity to examine their own feelings and reactions to the experience (Gillan, Parmenter, van der Riet, & Jeong, 2013; Gillan et al., 2014a; Leighton & Dubas, 2009). Despite these known advantages, a limited body of research on EOL simulation exists. In a review of published literature from 2009 to 2013 by Gillan, van der Riet, and Jeong (2014b), only 16 articles on EOL simulation used in undergraduate nursing education were identified.

Nine of these primary research articles are in this integrative review. The purpose of this integrative review was to summarize the known effects of SBLE on nursing students' preparation for delivery of PC, identify gaps in the literature, and provide directions for future research.

## Methods

### Search Strategies

A systematic literature search was conducted using library databases and ancestry searches of articles' reference lists. Use of search term variations included “Hospice Nursing,” “Palliative Care,” and “Terminally Ill” resulting in 42,155 articles from the Web of Science, Medline/PubMed, ERIC, Google Scholar, EBSCOhost, and CINAHL databases. The terms “Simulations,” “Patient Simulation,” “Computerized Clinical Simulation,” and “Vignettes” resulted in 15,430 articles from these databases. The terms “Students, Nursing” and “Education, Nursing” resulted in 52,457 articles. The combination of these terms narrowed the results to only 41 articles. No limitations were set for publication date, but a limiter was set for English-only language. The identification and selection of research studies for this review are detailed in the PRISMA flow diagram in Figure. Exclusions included poster abstracts, simulation studies involving implementation of life-saving measures such as cardiopulmonary resuscitation, and inter-professional PC simulation studies in which nursing student sample size and outcomes were not easily discerned. Nineteen articles (from 2011 to 2016) met the inclusion criteria for this integrative review: three mixed method studies, ten quantitative studies, and six qualitative studies. The qualitative methods included one phenomenological study, one phenomenographic comparative study, and six studies classified as qualitative descriptive designs. The quantitative methods included quasi-experimental pre/posttest research design (six single-group, one multisite study, and two multigroup studies), one true experimental study, and three descriptive studies. Sample sizes ranged from 12 to 128 students, with one multisite study with 336 students. Table 1 and Table 2 describe the aims, study design, instrumentation, and major findings of the quantitative and qualitative studies, respectively.

### Literature Synthesis

#### Simulation Design: High-fidelity Manikins Versus Standardized Persons

Table 3 describes the SBLE used in the studies. Although high-fidelity manikins were used alone in most studies, use of live actors and role play were shown to be effective in increasing student knowledge and self-efficacy in the delivery of PC (Fink, Linnard-Palmer, Ganley, Catolico, & Phillips, 2014; Saylor, Vernoooy, Sekelman, & Cowperthwait, 2016; Tuxbury, McCauley, & Lement, 2012; Wyrostok, Hoffart, Kelly, & Ryba, 2014). Students reported higher engagement and satisfaction with high-fidelity simulators and/or use of real actors for the patient and family members versus stationary manikins (Eaton, Floyd, & Brooks, 2012; Gillan et al., 2013; Leighton & Dubas,

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