



## Original research

## Undergraduate nursing students' attitudes and preparedness toward caring for dying persons – A longitudinal study



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## ABSTRACT

Nursing education needs to prepare students for care of dying patients. The aim of this study was to describe the development of nursing students' attitudes toward caring for dying patients and their perceived preparedness to perform end-of-life care. A longitudinal study was performed with 117 nursing students at six universities in Sweden. The students completed the Frommelt Attitude Toward Care of the Dying Scale (FATCOD) questionnaire at the beginning of first and second year, and at the end of third year of education. After education, the students completed questions about how prepared they felt by to perform end-of-life care. The total FATCOD increased from 126 to 132 during education. Five weeks' theoretical palliative care education significantly predicted positive changes in attitudes toward caring for dying patients. Students with five weeks' theoretical palliative care training felt more prepared and supported by the education to care for a dying patient than students with shorter education. A minority felt prepared to take care of a dead body or meet relatives.

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## 1. Introduction

Taking care of a dying person is a complex matter (Lindqvist et al., 2012), as the focus is on meeting the patient's physical, psychological, social and spiritual needs, as well as on improving the quality of life of someone who is affected by life-limiting illnesses (WHO, 2002). To be able to meet patients' palliative care needs, nurses know that they have a responsibility to establish meaningful relationships with patients who are nearing the end of their lives (Browall et al., 2010). It is also important to develop relationships of trust with effective communication skills (Johnston

and Smith, 2006; Mok and Chiu, 2004), and to provide comfort and knowledge (Johnston and Smith, 2006). Nurses' and professional caregivers' commitment to providing good care depends on their views and attitudes toward death and the dying individuals they are caring for (Dunn et al., 2005). In a much earlier study, American nursing students were found to have developed significantly more positive attitudes toward the care of dying patients after completing an educational program based on the hospice concept of care (Frommelt, 1991), however, the relationships between students' attitudes and their end-of-life care education still need further exploration.

## 2. Background

Nursing students will be exposed to dying patients during their education and it is the responsibility of nurse educators to prepare

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the students to cope with this experience, providing a meaningful assemblage between the student, course content, practical experience, and the dying patient. The educators need to encourage the students to explore their fears and expectations of caring for a patient at the end of their life (Poultney et al., 2014). The American Association of Colleges of Nursing (AACN) has recommended seventeen necessary competencies in palliative care, each of which must be included in nursing education programs. Some of these competencies relate to communication skills and acting in an ethical and respectful way (Ferrell et al., 2016). Communicating with patients and families is important in end-of-life care, a feature that was acknowledged in a focus group study of nursing and medical students in which both facilitators and barriers to communication were described (Gillett et al., 2016). Barriers to communication included difficulty in coping with emotions, educational legitimacy, gatekeeping, professional culture, lack of discussions, and uncommunicative patients. A study of third-year nursing students revealed that some students were content with their education, while others indicated that they were not adequately prepared for end-of-life care and would need more education in this area (Adesina et al., 2014). Another study showed that junior and senior students had different needs in that the junior students needed more basic knowledge, while the more senior students wanted to gain more specific experience and be provided with examples of caring for patients who are close to death (Wallace et al., 2009). When exploring nursing students' first encounters with dying patients, Parry (2011) found that the students were emotionally influenced by the situation, but lacked the necessary skills to cope with it. Feelings of anxiety were triggered by the caring role, having to take care of the dead body and knowing what to do or say. Nursing students' reasoning about death and dying have also been related to both the nurse's duty to care for dying patients and their own insufficiency and lack of experience in this matter, as well as death and dying as being a frightening experience (Ek et al., 2014; Strang et al., 2014a). Students perceived that caring for dying people was distressing (Allchin, 2006) because it can awaken thoughts of their own death (Smith-Stoner et al., 2011), which implies that students need more preparation for end-of-life care (Ballesteros et al., 2014; Mutto et al., 2010). Without preparation, they might even try to withdraw from the patient to protect themselves emotionally (Mallory, 2003; Mutto et al., 2010).

Various options have been described in the literature for education in end-of-life care and palliative care, and one example is an educational workshop with the aim of engage nursing students in scenarios based on real situations and making them reflect on the emotional components of each case (Bailey and Hewison, 2014). When the workshop was evaluated, it was found that the students who participated had a more positive attitude toward caring for dying patients. One way of engaging students in palliative care education is the use of simulation, which has the potential to prepare nursing students for end-of-life care (Gillan et al., 2014). In a study describing nursing students' opinions of participating in an optional palliative care course it was found that the course helped students to know how to better communicate with and understand patients (Ballesteros et al., 2014). When undergraduate nursing students were enrolled in an education program that included self-reflection in palliative care, their attitudes toward the care of dying patients improved (Mallory, 2003). Reflection on written biographs of patients' and carers' experiences of end-of-life situations can also be used as a teaching tool (Read and Spall, 2005). In a study of 371 students at the beginning of their nursing education, it was found that attitudes toward caring for dying patients were more positive for older students, for students who were not immigrants, and

students who had taken earlier care education, had earlier care experiences, or earlier experiences of meeting a dying person (Hagelin et al., 2016; Chow et al (2014)) found that only clinical experience influenced competence in end-of-life care and attitudes.

To be able to perform excellent end-of-life care in practice, nursing students need to be prepared during their undergraduate education. The quality of nursing practice depends on the quality of the nursing education provided, and on the students having qualified. Thus, to explore the development of students' attitudes toward caring for dying patients during their undergraduate education, this study will give an indication of the ability of the education program to prepare students for end-of-life care.

### 3. Aim

The aim of the present study was to describe the development of nursing students' attitudes toward caring for dying patients during their undergraduate education and to describe how they perceived their preparedness to perform end-of-life care.

#### 3.1. Hypotheses

For the first part of the aim, two hypotheses were formulated. For the second part of the aim, only a descriptive presentation was made. The hypotheses were:

1. Attitudes toward caring for dying patients change positively from the beginning of the education program to its end.
2. Changes in attitudes toward caring for dying patients are due to:
  - a. Differences at baseline;
  - b. Differences in education:
    - i. Differences in theoretical education;
    - ii. Differences in practical education;
  - c. Differences in practical experiences.

### 4. Research design

In order to follow the students' development of attitudes toward caring for dying patients, the most appropriate approach was to perform a longitudinal study exploring this development during the course of their education, i.e., first, at the beginning of their education (Time 1), second, at the beginning of the second year (Time 2), and, finally, at the end of the third year of education (Time 3).

#### 4.1. Setting and sample

In Sweden, registered nurses (RN) currently must complete a three-year Bachelor of Science program in nursing, which is required before their registration as nurses by the National Board of Health and Welfare. Nursing education in Sweden is quality assured by the Swedish Higher Education Authority, which sets national targets for education standards. Although the Swedish Higher Education Authority has defined learning objectives for nursing education, the curricula for the theoretical elements of palliative care education differ between universities in Sweden, in that the universities can choose to have longer or shorter courses in palliative care and whether to include clinical placement in palliative care units. The students have a variety of clinical placements during their education program in which they could meet dying patients, such as hospitals, nursing homes, or home health care, but very few of the universities have placements that are dedicated to palliative

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