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Short Communication

Nursing Students' Attitudes and Experiences Toward End-of-Life Care: A Mixed Methods Study Using Simulation

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KEYWORDS

simulation;
end-of-life;
nursing;
education

Abstract

Background: The lack of discourse regarding end-of-life care is noted in nursing education although nurses are expected to provide end-of-life care. Patient deaths are a cause of distress and impact nurses' provision of quality care. Simulation can improve comfort regarding providing end-of-life care.

Sample: Participants in the study were 17 nursing students enrolled in a BSN program in the southeast United States.

Method: Qualitative data generated an understanding of nursing students' provision of care in a simulated environment to an individual who was actively dying. A 12-item Likert scale survey provided quantitative data.

Results: Identified themes were (a) unknown territory, (b) dignity by knowing the patient, (c) preparation, and (d) communication. Quantitative data supported the themes.

Conclusions: End-of-life care is multifaceted as this study identified concerns regarding caring for an individual and the family member. These concerns may prevent the provision of best practice care. The identification of students' concerns can assist a nurse educator plan and convey best practice for end-of-life care.

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Background

Death and dying are not everyday topics for discussion. The lack of discourse regarding death and dying is also noted in nursing education although nurses are expected to provide end-of-life nursing care. Patient deaths are a cause of distress for nurses and impact their ability to provide quality care. Nursing students reported the lack of end-of-life care in their pre-licensure education (Adesina, DeBellis, & Zannettino,

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2014) and are not prepared to deliver discerning and excellent end-of-life care (Gillan, van der Riet, & Jeong, 2016). Nurses in an acute medical unit reported inadequacy in supporting patients who had experienced sudden unexpected death and feelings of helplessness toward the family members (Mak, Chiang, & Chui, 2013). Novice nurses indicated a lack of preparation and feeling of weakness with increased negative emotions such as helplessness and guilt when sudden unexpected patient death occurred (Anderson, Kent, & Owens, 2015).

Key Points

- End-of-life care is expected of all nurses.
- Students may not have experience providing end-of-life care.
- Increase comfort can result with learning through simulation.
- Simulation is an opportunity to learn end-of-life care and increase comfort.

Improved preparation for working with patients who are experiencing end-of-life events, both expected and unexpected, can assist nurses to cope with the death occurrence (Anderson et al.,

2015). Nurses and physicians identified the need for palliative care continuing education to improve their teamwork and collaboration in providing patient care (White, McClelland, VanderWielen, & Coyne, 2013). Recommended competencies for nurses in multiple specialty areas where end-of-life care is common include pain and symptom management, grief and loss, interprofessional teamwork, and ethics (Lippe & Becker, 2015). Lippe and Becker identified end-of-life simulation as an effective strategy to assist nursing students to develop competence in caring for dying patients and communicating compassionately with families of dying patients. The use of debriefing after the simulation allowed students to develop alternatives to the care they thought was ineffective during the simulation, helping them to develop their clinical judgment and reasoning skills. The positive feedback by the nurse educator provided a safe place for the student to think about their response to death and what it meant to care for someone who was dying (Fabro, Schaffer, & Scharton, 2014; Powell-Laney, Keen, & Hall, 2012).

Providing end-of-life care can be intimidating for a nursing student who does not feel adequately prepared. Hesitancy, discomfort, helplessness, anxiety, distress, and guilt were emotions reported by students and could inhibit providing quality end-of-life care (Ek et al., 2014; Peterson, Johnson, Scherr, & Halvorsen, 2013; Smith-Stoner, 2009). The purpose of the study was to identify concerns of nursing students when providing end-of-life care to patient and family members and learn how to improve their comfort in caring for these patients. The research question was “Will students report improved comfort in providing end-of-life care to patients and family members after a simulation experience?”

Sample

Students enrolled in a Bachelor of Science in Nursing (BSN) program were invited to participate in the study. Convenience and snowball sampling were used to recruit participants. Seventeen nursing students agreed to participate. Students ranged in age from 19 to 50 years. Three students were male and 14 were female. All students had completed their first semester of this upper division nursing school, located in Southeast United States, which included the fundamental nursing course. Fifteen of the students had also completed the second-semester courses including their first medical—surgical course. One student had completed the third-semester courses that contained a second medical—surgical course. The university’s Institutional Review Board approved the study, and informed consent was obtained from the students prior to participation. Students could withdraw any time during the study without consequences.

Method

The methodology was mixed methods. Qualitative data were collected using a descriptive phenomenology approach to generate an understanding of the lived experiences of nursing students as they provided care through a simulated experience to an individual who was actively dying and the family member. A 12-item Likert scale survey, using the Frommelt Attitude Toward Care of the Dying (FATCOD) (Frommelt, 1991), was administered presimulation. The FATCOD is a 30-item scale that measures nurses’ attitudes toward caring for dying patients. The reliability and validity of the FATCOD have been established. A Pearson coefficient range of 0.90-0.94 has been computed. The content validity index was 1.00 (Lange, Thom, & Kline, 2008). The survey used in this study was modified to 12 items addressing the students’ attitudes of providing end-of-life care. A certified hospice nurse reviewed the survey for content validity. The quantitative survey data were compared with qualitative statements during the analysis phase to identify congruence of verbal and thought attitudes.

Smith-Stoner’s (2014) Silver Hour Model was used as the template for the simulation. The patient was a high-fidelity simulator, and a standardized patient played the role of the patient’s wife. The patient was currently in hospice care in a nursing home setting. The students were informed of the patient’s manifestations and that death was a likely outcome. The expected nursing behaviors were to complete the assessment; identify problems such as changed respirations, dry mucus membranes, and distraught family member; communicate with the patient and family member; and provide appropriate comfort care. The one-scene simulation ranged between 12 and 20 minutes depending on the nursing students’ response of providing care.

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