THE EFFECT OF AN END-OF-LIFE COMMUNICATION SIMULATION ON NURSING STUDENTS’ PERCEIVED SELF-EFFICACY

STEPHANIE JEFFERS, PHD, RN
DAWN FERRY, APRN, CNP, CHSE
CERA CONNELLY, BSN
KARA BOROWIK, BSN
Acknowledgements

- Widener University
- Eta Beta Chapter, Sigma Theta Tau International
- Megan Lippe, PhD, RN
- Cera Connelly, BSN
- Kara Borowik, BSN
Background

- Communication education in prelicensure programs
- End-of-life education in prelicensure programs
- Strategies to teach communication skills related to end-of-life care
Purpose

- Examine the effect of an End-of-Life Nursing Education Consortium (ELNEC) Communication module on students’ communication self-efficacy following a simulated end-of-life scenario.
- Explore the perceptions of end-of-life communication following a simulation on end-of-life care, focused heavily on communication.
Method

- Mixed methods: Descriptive, comparative and qualitative descriptive designs
- IRB Widener University
- Medical-Surgical Nursing III course
- Required end-of-life simulation
Quantitative Data Collection:
Modified Self-Efficacy in Communication Scale (SCES)

- Initiate discussion with a client
- Encourage client to talk about emotions
- Explore client’s intense feelings
- Conclude interview with plan of action
- Assess symptoms of anxiety and depression
- Break bad news
- Challenge a client who denies illness
- Manage collusion
- Help client deal with uncertainty of situation
- (Parle, Maguire & Heaven, 1997)
Data Collection: Qualitative

- Demographic Survey
- Focus groups
# Data Analysis

## Qualitative
- Thematic analysis, Colaizezzi’s method
- 131 significant statements

## Quantitative
- Descriptive statistics
- Independent samples T-Tests
Results: Demographics

- N=68
- 31% Female, 2% Male
- Mean age: 22
- Caucasian 31%, African-American 2%
Results: Demographics

- Experience caring for a dying family member/friend: Yes 22%, No 11%
- Lived through the death of a family member/friend: Yes 31%, No 2%
- Formal education on death/dying: Yes 31%, No 2%
## Results: Quantitative

<table>
<thead>
<tr>
<th>Question</th>
<th>t</th>
<th>df</th>
<th>Sig (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate a discussion with a client about concerns</td>
<td>-2.364</td>
<td>43</td>
<td>0.023</td>
</tr>
<tr>
<td>Encourage a client to talk about emotional concerns</td>
<td>-2.845</td>
<td>43</td>
<td>0.007</td>
</tr>
<tr>
<td>Explore a client’s intense feelings like anger</td>
<td>-2.158</td>
<td>43</td>
<td>0.037</td>
</tr>
<tr>
<td>Address symptoms of anxiety and depression</td>
<td>-2.574</td>
<td>43</td>
<td>0.014</td>
</tr>
<tr>
<td>Break bad news to a client</td>
<td>-3.221</td>
<td>42</td>
<td>0.002</td>
</tr>
</tbody>
</table>
### Results: Quantitative

<table>
<thead>
<tr>
<th>Question</th>
<th>t</th>
<th>df</th>
<th>Sig (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriately challenge a client who denies illness</td>
<td>-3.480</td>
<td>43</td>
<td>0.001</td>
</tr>
<tr>
<td>Manage collusion (withholding of medical information)</td>
<td>-0.743</td>
<td>42</td>
<td>0.462</td>
</tr>
<tr>
<td>Help a client deal with uncertainty of situation</td>
<td>-3.311</td>
<td>43</td>
<td>0.002</td>
</tr>
</tbody>
</table>
Results: Qualitative

Major Theme: *Delivering Bad News is Difficult*

Subthemes:

- Reflecting on communication at end of life
- Getting comfortable with feeling uncomfortable
- Calling for more exposure to end of life communication
- Fostering a supportive environment for patients and family
Subtheme I: Reflecting on Communication at the End of Life

- “When I looked down...I was like ‘OK, I need to be more inviting’ and I opened my arms up.”
- “Using terminology the family understood. I tried to break it down and be as simple and clear and straight to the point as possible.”
- “I was trying to think of different ways to say the same things…”
- “…it’s like you don’t know what to say to comfort them.”
- “I was like...do I go and hug her? What do I do?”
Subtheme II: Getting Comfortable with Feeling Uncomfortable

- “We don’t want to say the D word”
- “That’s a harsh word”
- “I felt it on the tip of my tongue and I just couldn’t get through it”
- “It’s hard not to be emotional cause she looked like she was about to cry in here and I was like ‘Oh God, uh oh’.”
Subtheme III: Calling for More Exposure to End-of-Life Communication

- “It’s one of those things that we can’t just learn off a power point. This needed to be an experience.”
- “…we’ve been taught death and dying so many times that we know the information…we don’t have the experience of delivering the information.”
- “Experience is a good teacher”
- “…I think the end-of-life course should be mandatory and not an elective….”
Subtheme IV: Fostering a Supportive Environment for Patients and Families

- “I think the communication part with the family is harder after a patient passes away than dealing with the actual death itself, because now they’re people who you have to support. . . .”
- “Not rushing out the door and waiting until all their questions were answered.”
Discussion

- Nursing students express a desire and need to learn more about EOL care and communication.  
  
  (Helse, Wing & Hullinger, 2018)

- Nursing students report not knowing what to say or having the tools to provide comfort with words or gestures

  (Gillettt, O’Neill & Bloomfield, 2016)
Limitations

- Unequal number of pre and post survey participants (pretest: 18, posttest: 27)
- Sample size
- Attrition
Implications for Nursing Education, Practice & Research

- Simulation and clinical teaching strategies to promote communication skills
- Interprofessional communication
- Instruments to measure communication self-efficacy and attitudes
- Multi-site studies
- Families asking for more support from nurses
- (Odgers, Penney, Fitzpatrick & Shee, 2018; Smith, Macieira, Bumbach, Garbutt, Citty, Stephen, Ansell, Glover & Keenan, 2018)
Questions?

 References available upon request.
 References available upon request.
 Thank you!