



Widener University

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

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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, Colaiezzi'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

Question	t	df	Sig (2-tailed)
Initiate a discussion with a client about concerns	-2.364	43	0.023
Encourage a client to talk about emotional concerns	-2.845	43	0.007
Explore a client's intense feelings like anger	-2.158	43	0.037
Address symptoms of anxiety and depression	-2.574	43	0.014
Break bad news to a client	-3.221	42	0.002

Results: Quantitative

Question	t	df	Sig (2-tailed)
Appropriately challenge a client who denies illness	-3.480	43	0.001
Manage collusion (withholding of medical information)	-0.743	42	0.462
Help a client deal with uncertainty of situation	-3.311	43	0.002

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
- (Gillett, 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.
- Thank you!

