New Nurses’ Experiences Caring for Patients & Their Families at The End-of-Life (EOL)

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Background
End-of-Life Care (EOLC) takes place across the lifespan & a variety of practice settings (Fabro, Schaffer & Scharton, 2014). Many nurses perceive themselves to be incompetent providing EOLC due to lack of adequate education & preparation in nursing school (Ladd, Grimley, Hickman, & Touhy, 2013). Numerous studies related to nursing student’s experiences caring for dying patients & the need for nursing programs to teach EOLC (Fabro, Schaffer, & Scharton, 2014; Peterson, Johnson, & Scherr, 2013; Watts, 2014).

Research Questions
Q1. What are the experiences of Novice & Advanced Beginner RNs caring for dying patients & their families? Q2. What are the thoughts, feelings, emotions & reactions that Novice & Advanced Beginner nurses experience while caring for dying patients & their families? Q3. Do Novice & Advanced Beginner nurses feel that their RN program prepared them to care for dying patients & their families?

Specific Aims
A qualitative approach, gain new knowledge of how new nurses experiences and feelings caring for dying patients & families. How prepared new nurses feel their nursing program taught them about EOLC.

Theoretical Framework

Benner’s Skill Acquisition Theory (1984)
Novice, Advanced Beginner, Competent, Proficient, & Expert
• Differences between practical & theoretical knowledge
• Theory claims clinical knowledge builds over time & through nurses’ experiences, relationships and situations.

Ruland & Moore’s Peaceful EOL Theory (1998)
• Theory focuses on meeting all the needs of dying patients, physical, emotional, social, psychological, & financial.

Qualitative Method of van Manen (1990)

Criteria: New grad. RN <1year, cared for dying patient
Flyer Email: Hospitals, Rehabs, LTC & Snowball affect
Semi-structured interviews: In person & telephone
Described: Their experience from their own perspective

Results

Demographics
• N=17 Nurses
• BSN 100%
• Female 88% Male 12%
• Work: Rehab, MICU, Burn Unit, BM Transplant, ICU, ED, CCU, Ortho-Neuro, Cardio-Thoracic, & Surgical-Trauma
• Employed: MA, NC, NH, PA & TX
• Colleges: MA, NH, OH, & PA
• Working as RNs between 3-13 months
• N=8 had little to no EOLC ed. in nursing school or work

Conclusion
1. Despite lack of experience or formal EOLC education the majority of participants aimed to provide dying patients with compassionate comforting care. 2. Debriefing & Support aided in learning & dealing with the sensitivity of caring for dying patients. 3. Support & Mentorship helped with the transition from a Novice nurse to an Advanced Beginner nurse.

References

Quotes
Caring for the Patient
Comfort: *KH: It is the little things we do as nurses. I know she loved when I sprayed the perfume and when I stayed and held her hand.
Dying with Dignity: *CT: Who else gets to do that at work? You get to sit there and hold someone’s hand while they die and make him or her comfortable.
EOL Medications: *GB: I wanted him to pass away, but I did not want him to pass away because I pushed Morphine. I did not want to be the one to end his life.

Caring for the Family
Aggressive Treatment: GB: We struggle a lot with DNR status of the elderly patients.

Caring for the Nurse
Lack of Education or Training

Array of Emotions: *AG: I had never seen a dead body before, let alone prepare one for the morgue and it freaked me out. He was bleeding and the smell, I do not think I will ever unsmell the smell.

Being Prepared

*GB: They do not even know how to talk about it themselves.
*AK: I feel that the instructors don’t talk about death b/c they do not even know how to talk about it themselves.

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References