



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 life span & 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).

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.

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?



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

Caring for the Patient

- A. Providing Comfort
- B. Dying with Dignity
- C. Conscious vs Unconscious
- D. Giving Medication at EOL
- E. Communication

Caring for the Family

- A. Providing Family comfort
- B. Family desire for Aggressive Tx
- C. Communication



Caring for the Nurse

- A. Array of Emotions
- B. Supported vs Unsupported
- C. Debriefing
- D. Recommend to Nursing Schools

Being Prepared

- A. Personal experiences
- B. Education/Training
- C. Role Models
- D. Experience

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

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

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

Lack of Education or Training

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

Conclusion

1. Despite lack of experience or formal ELOC 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

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