A PATIENT’S LAST BREATH:
AN ANALYSIS OF HOSPICE CLINICAL VS HOSPICE SIMULATION

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Background

- Death and dying in acute care
- What are the components of end-of-life care?
- Registered nurses report feeling inadequate
Knowledge: Registered Nurses

- Process of dying
- Knowledge Deficits
- Symptom Management
- Communication
Attitudes: Registered Nurses

- Age
- Experience level of the nurse
- Types of patients in nurse’s care
- Personal attitudes
Knowledge: Student Nurses

Classroom

Simulation

Improved Knowledge
Attitudes: Student Nurses

- Pre-Post Interventions
- Didactic
- Clinical
End-of-Life Nursing Education: Pre-Licensure Programs

• Faculty preparation

• What do nursing students want?

• Teaching Strategies: SIMULATION

• Lack of research on hospice clinical
Purpose

• Compare two strategies to teach undergraduate nursing students about end-of-life nursing care: hospice simulation and a hospice clinical experience.

• Describe the attitudes and perceptions of nursing students who experience caring for a simulated dying patient and their family or a dying patient and their family in a hospice environment.
Method

• Mixed method design: Quasi-experimental, Descriptive Comparative and Qualitative Descriptive

• IRB Widener University

• Medical-Surgical Nursing III course
Data Collection

Demographics
- Age, gender, religion
- Experience with dying patients or family members
- Formal education

FATCOD
- 30 Likert-type items
- Higher scores, more positive attitudes

Reflection Journal
- Qualitative data
- Pre/post intervention
Data Analysis

• Descriptive statistics, Independent T-Tests

• Qualitative: Thematic analysis
Results: Demographic Data

- N = 134
- Mean age: 22
- Female: 91.8%
- Caucasian: 87%
- Asian: 4.5%
- Hispanic: 1.5%
- Other: 3%

- Christian: 85%
- Jewish: 3%
- Atheist: 2%
- Other: 9%
Results: Demographic Data

- Clinical experience: 61%
- Personal experience: 55%
- Lived through death: 91%
- No Formal education: 83%
Results: Quantitative

- FATCOD Pre-Test (N=134): $M=4.13$, $SD = .29$
- FATCOD Post-Test (N=100): $M=4.24$, $SD = .28$
- $t = 3.06$, $df = 232$, $p = .003$
- Cronbach’s Alpha pre-test: .803
- Cronbach’s Alpha post-test: .811
Results: Qualitative

- Pre-Reflection Data

- **Major Theme:** Reflecting on Emotions Surrounding End-of-Life Care
  - **Subthemes:**
    - Feeling Intimidated by the Dying Process
    - Confronting One’s Emotions
    - Embracing End-of-Life Care
    - Feeling Inadequately Prepared to Provide Comfort Through Communication
Pre-Reflection Subtheme 1: Feeling Intimidated by the Dying Process

• Students expressed concern about the dying process
  “…I am anxious for what the reality of taking care of a dying patient entails.”

• “Every time I have had a dying patient in clinical, I have honest to God prayed ‘Please don’t die on me today’”
Pre-Reflection Subtheme 2: Confronting One’s Emotions

- Reflection on feelings regarding death and dying
- Managing emotional reactions
- “I am scared that my emotions will take over, either from the shear sadness of the situation or from it reminding me of my personal experience with family members.”
- “I am nervous that I will be too emotional and maybe form an attachment to the patient.”
- “I am very sensitive person and I cry easily. I know I can’t do this in the patient’s room but I feel like it will have an effect on me after I leave the patient’s room.”
Pre-Reflection Subtheme 3: Embracing End-of-Life Care

- Welcoming the experience to care for the dying

“People who are dying deserve the same care as people who are looking to recover from an illness.”

“I feel as though it is an honor to be able to help someone feel more comfortable as they live out their last moments.”

“I feel privileged to be able to care for a dying patient. It is a very special opportunity to be able to connect and care for someone in the final days of their life.”
Pre-Reflection Subtheme 4: Feeling Inadequately Prepared to Provide Comfort Through Conversation

• COMMUNICATION
• Finding the “right” words
• Patients and families
• “I fear that a dying patient will look to me to convey understanding in their turmoil towards the end of their life and I will not be able to comfort them when time is a major factor.”
• “I feel it is hard and tricky to pick appropriate wording when speaking to these patients.”
• “I am afraid I won’t know what to say to a patient or their family when they begin to talk about death, end of life or spirituality.”
Results: Qualitative

- Major Theme: Transforming Perspectives on End-of-Life Care
- Subtheme 1: Identifying Mixed Emotions

- “My feelings changed…I was no longer in fear of the patients.”
- “Although it was sad, it made me happy to see how well the family appeared to be coping and involved….”
- “I felt sad about what the patient and family were going through but I also felt empowered by their strength.”
Post-Reflection Subtheme 2: Communicating Comfort to Patients and Families

- Improved confidence and ability
- Providing comfort through verbal and non-verbal communication
- “We talked with one of the patient’s wives who is scared about her husband’s impending death. Although we can’t change the situation, I think we helped her by just listening to her.”
- “I was concerned that I would not know what to say, or that I would say the wrong thing. Looking back on my experience, I learned that finding the right words to use just comes in the moment.”
Post-Reflection Subtheme 3: Becoming Enlightened About Providing End-of-Life Care

- Enlightened
- Increased awareness of the value of end-of-life nursing care
- “My confidence regarding my ability to care for an end-of-life patient grew.”
- “I look at hospice care in a different light.”
- “I went in sensing it would be a cold, heartless place where people went to die. I was pleasantly surprised my predetermined thoughts were wrong or misguided.”
Anecdotal Data

• Preference to learn about end-of-life care in a CLINICAL setting
• Students prefer hands-on experience
• “As much as simulations can be helpful, I always have it in the back of my mind that this isn’t real.”
• “The simulations are helpful for practicing, but it is the actual real and raw moments that really give more insight into the situations.”
• “I don’t think having a simulation is going to help us practice in the field when it comes to dying….I don’t think you should apply the same techniques to each case and I don’t think death should become a routine procedure.”
Discussion

• Attitudes towards EOL care
  (Dame & Hoebeke, 2016)

• Fear of being emotional, communication
  (Colley, 2016)

• Transformative experience in the clinical setting vs. simulation
  (Bloomfield, O’Neill & Gillett, 2015; Price, Dornan & Quail, 2013; Spicer, Heller & Troth, 2013; Venkatasalu, Kelleher & Shao, 2015)
Limitations

• Convenience sample from one university
• Only two hospice clinical sites
Implications for Nursing Education

• Hospice clinical sites
• Clinical vs Simulation
• Increase communication content
Implications for Nursing Research

- Student perceptions of simulation
- Lived experience of student in hospice clinical
- Repeat study, larger sample
- Focus on communication interventions
Questions?

• References available upon request

• THANK YOU!