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

Stephanie Jeffers, PhD, RN
Assistant Professor
Widener University
School of Nursing

Sigma Theta Tau International Honor Society of Nursing®
NFLA Nurse Faculty Leadership Academy
THE ELSEVIER FOUNDATION

Acknowledgements

- Sigma Theta Tau International
- Nurse Faculty Leadership Academy
- Elsevier Foundation
- Team: Dr. Rose Schwartz, Prof. Jon Esposito, Prof. Dawn Ferry

Sigma Theta Tau International
Honor Society of Nursing®

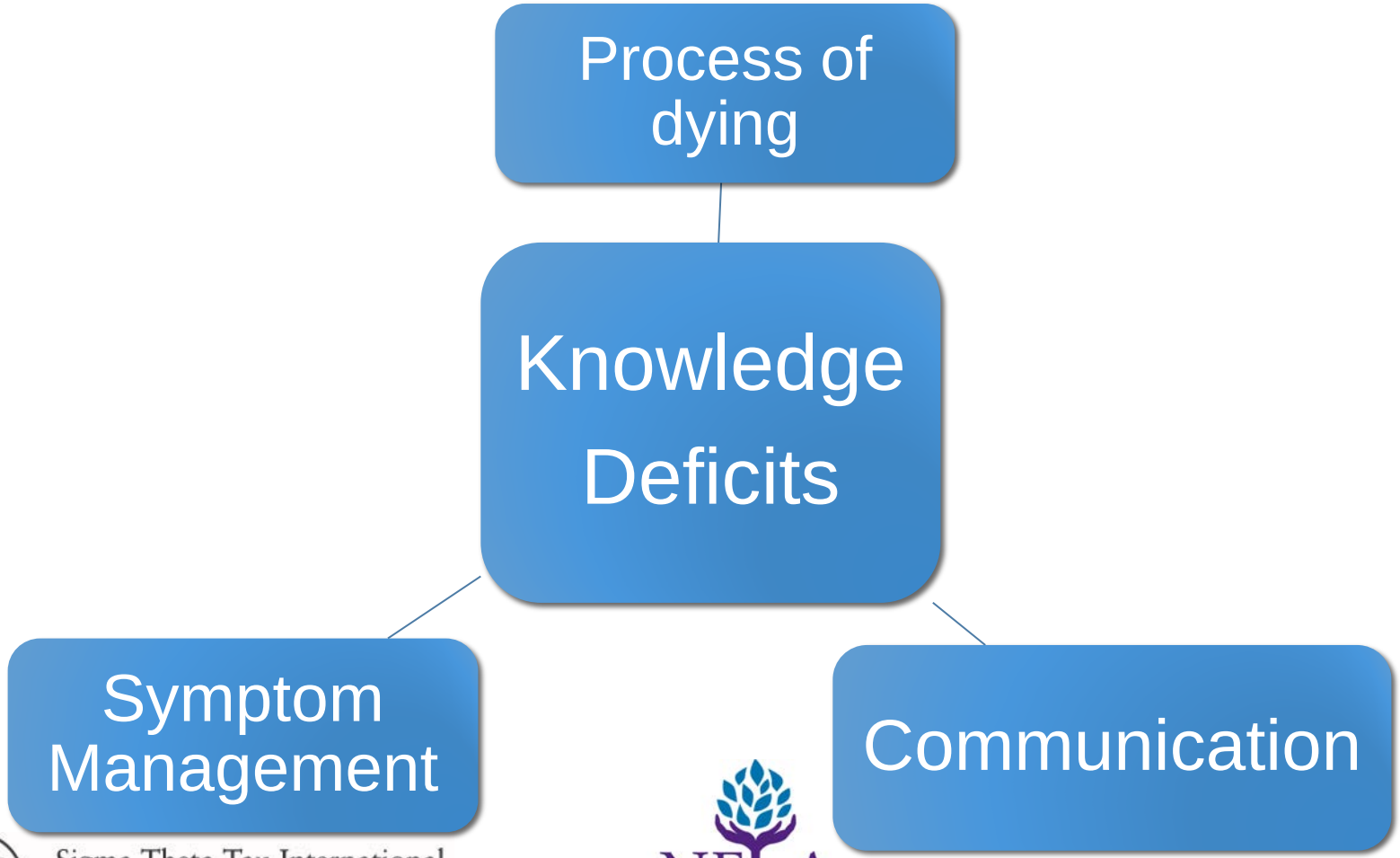
NFLA
Nurse Faculty Leadership Academy

THE ELSEVIER FOUNDATION

Background

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

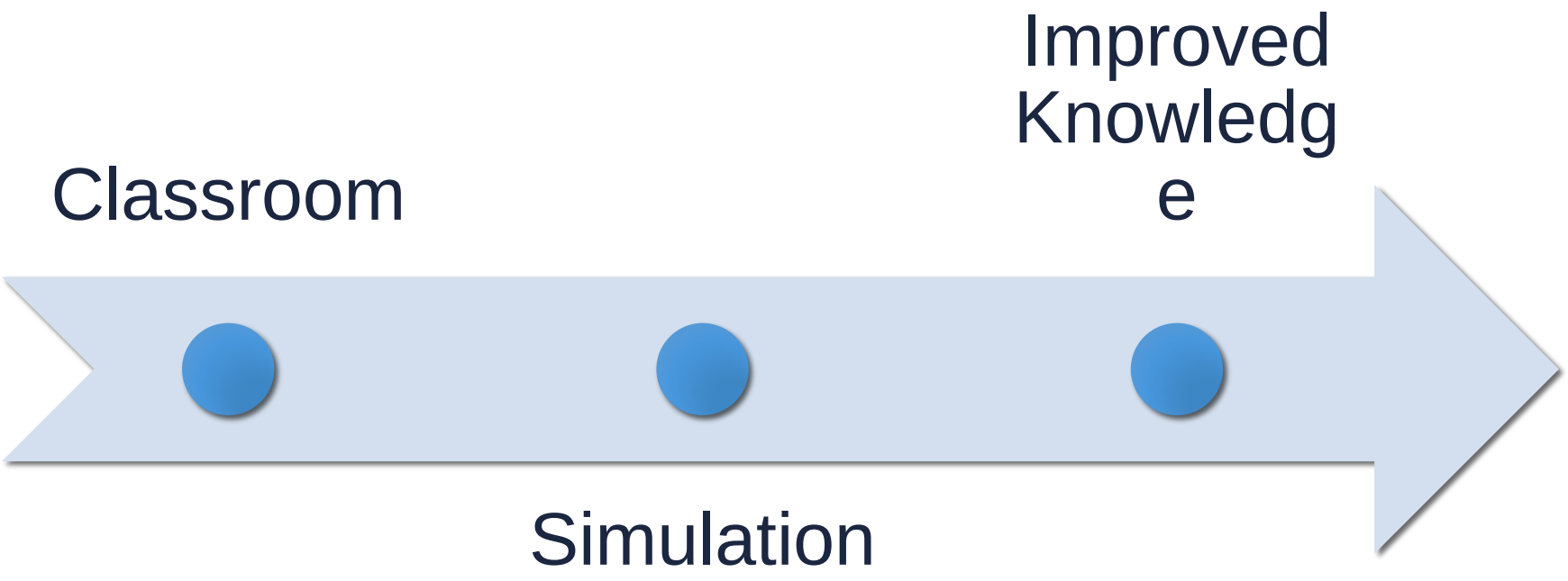
Knowledge: Registered Nurses



Attitudes: Registered Nurses

- Age
- Experience level of the nurse
- Types of patients in nurse's care
- Personal attitudes

Knowledge: Student Nurses



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 famly 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 though 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!