Transforming Nursing Students' Attitudes Toward End-of-Life Care

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Disclosures

➢ The presenters have no actual or potential conflict of interest
Learner Objectives

➢ The learner will be able to define end-of-life (EOL) care.

➢ The learner will be able to identify the results, conclusions, and implications for nursing practice and research.

➢ The learner will be able to identify methods to incorporate EOL education and skills into the curriculum.
“There is nothing more calming in difficult moments that knowing there is someone fighting with you”

~ Mother Teresa
Problem Statement

➢ Undergraduate nursing students have limited experience with end-of-life care.
Significance of the Problem:

- End-of-Life Nursing Education Consortium (ELNEC) curriculum initiated in 2000 (AACN, 2009; 2017)
- Limited end-of-life experiences in undergraduate nursing programs (ANA, 2016; Pullis 2013).
- Nurses have a responsibility to provide care and support at the end-of-life (ANA, 2016; IOM, 2014)
- End-of-life education may positively impact nursing students’ attitudes in caring for dying patients (Frommelt, 2003)
Purpose

➢ To examine the effect of an actual compared to a simulated hospice clinical experience on nursing students’ attitudes toward end-of-life care.
Research Questions

➢ Is there a change in nursing students’ attitudes toward care of the dying as measured by the FATCOD?

➢ Is there a difference in nursing students’ scores on the FATCOD between the hospice clinical and simulated clinical experience?
Definitions

➢ End of life

The period prior to death when it is expected that life-extending measures will not be effective. (IOM, 1998; 2014; 2015).
Methods: Design

- Pretest and Posttest nonequivalent 2-group design.
  1. 32 students in experimental group
  2. 33 students in control group
- Frommelt Attitudes Toward Care of the Dying Scale (FATCOD) (Frommelt, 2003).
- Convenience sample
Methods: Setting

- Baccalaureate nursing program
  1. Community health nursing course
    a) Community home health clinical settings
    b) Classroom simulation
Methods: Sample

- Fourth semester Baccalaureate community health nursing students.
- 65 students
  1. 33 hospice clinical
  2. 32 simulated hospice
Methods: Data collection tools

- Frommelt Attitudes Toward Care of the Dying Scale, Form B (Frommelt, 2003).

  1. 30 questions

  2. 5-point Likert scale
### Demographic Descriptive Statistics

Table 1. Demographics descriptive statistics and $\chi^2$ results

<table>
<thead>
<tr>
<th></th>
<th>Actual Hospice Clinical</th>
<th>Simulated Hospice</th>
<th>$p$ for group by factor $\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N = 65</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-21</td>
<td>7 (21.2%)</td>
<td>7 (21.9%)</td>
<td>0.69</td>
</tr>
<tr>
<td>22-24</td>
<td>10 (30.3%)</td>
<td>14 (43.8%)</td>
<td></td>
</tr>
<tr>
<td>25-30</td>
<td>6 (18.2%)</td>
<td>6 (18.8%)</td>
<td></td>
</tr>
<tr>
<td>31-51</td>
<td>10 (30.3%)</td>
<td>5 (15.6%)</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>25 (75.8%)</td>
<td>28 (87.5%)</td>
<td>0.22</td>
</tr>
<tr>
<td>Male</td>
<td>8 (24.2%)</td>
<td>4 (12.5%)</td>
<td></td>
</tr>
<tr>
<td><strong>Experience with terminally ill</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>20 (60.6%)</td>
<td>19 (59.4%)</td>
<td>0.92</td>
</tr>
<tr>
<td>Yes</td>
<td>13 (39.4%)</td>
<td>13 (40.6%)</td>
<td></td>
</tr>
</tbody>
</table>

*a* Fisher’s exact test was utilized as at least one expected cell count was less than 5.
### Demographic Descriptive Statistics

Table 1. Demographics descriptive statistics and $\chi^2$ results

<table>
<thead>
<tr>
<th></th>
<th>Actual Hospice Clinical</th>
<th>Simulated Hospice</th>
<th>p for group by factor $\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous experience with loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3 (9.1%)</td>
<td>5 (15.6%)</td>
<td>0.34 $^a$</td>
</tr>
<tr>
<td>Yes</td>
<td>30 (84.4%)</td>
<td>27 (84.4%)</td>
<td></td>
</tr>
<tr>
<td>Present experience with loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>32 (97.0%)</td>
<td>29 (90.6%)</td>
<td>0.29 $^a$</td>
</tr>
<tr>
<td>Yes</td>
<td>1 (3.0%)</td>
<td>3 (9.4%)</td>
<td></td>
</tr>
</tbody>
</table>

$^a$ Fisher’s exact test was utilized as at least one expected cell count was less than 5.
Results

- Positive changes in FATCOD scores
  1. Hospice clinical ($p < 0.001$)
  2. Simulated hospice ($p = 0.416$)
  3. Standardized patient preference
## FATCOD Score Statistics

### Table 2. Pre and post FATCOD score statistics

<table>
<thead>
<tr>
<th></th>
<th>Pre-scores</th>
<th>Post-scores</th>
<th>Post - Pre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>n</td>
</tr>
<tr>
<td>Actual Hospice</td>
<td>124.2 (10.7)</td>
<td>132.8 (9.3)</td>
<td>33</td>
</tr>
<tr>
<td>Simulated Hospice</td>
<td>128.1 (9.4)</td>
<td>129.8 (13.4)</td>
<td>32</td>
</tr>
</tbody>
</table>
Limitations

- Small sample size
- Convenience sample
- Simulation issues
Conclusions

➢ The end-of-life clinical can be a transformative experience allowing nursing students to develop greater compassion and increased decision-making in care of the end-of-life patient.
Implications for Practice

➢ Incorporate didactic and clinical components of end-of-life care throughout the undergraduate nursing curriculum.

➢ End-of-life decision making can improve quality of care for the patient and family.

➢ The clinical hospice experience can increase student comfort with caring for end-of-life patients and their families.
Recommendations for Further Research

➢ Larger sample size

➢ Incorporate throughout undergraduate curriculum

➢ Use two standardized patients
References

References


References
