Title:
Qualitative Exploration of Undergraduate Nursing Student Perceptions of End-of-Life Care of Families of Dying Patients

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References:


**Abstract Summary:**
Nurses spend the most time with dying patients and their families. Nursing school is an optimal place to provide this information, which is not well-developed. The purpose is to examine nursing students need to feel confident and competent in their ability to provide care to family of dying patients.

**Learning Activity:**

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learning will understand what families want/need from nursing staff.</td>
<td>Information garnered from the literature regarding family’s needs and wants at end-of-life will be discussed.</td>
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<tr>
<td>The learner will understand the factors that affect nurses in providing care to the families of dying patients.</td>
<td>Information garnered from the literature affecting nurses in caring for families of dying patients will be discussed.</td>
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**Abstract Text:**
One of the most stressful encounters a nursing student could have is to face death (Edo-Gual, Tomas-Sabado, Badallo-Porras, & Monforte-Royo, 2014). Students learn about end-of-life care of patients and families from the curriculum in their courses that cover the continuum from birth to death. However, many
nurses do not feel prepared to care for patients and families at the end of life (Cronin, Arnstein, & Flanagan, 2015; Kurz & Hayes, 2006; Schlairet, 2009; Wallace, Grossman, Campbell, Robert, Lange, & Shea, 2009). Nursing students have much anxiety regarding end-of-life and have a perceived low competence (Lippe & Becker, 2015). Nursing students do not feel they are competent or confident in delivery care at the end-life (Wallace et al., 2009). The attitude of the nurse is another factor that can affect the care (Adesina, DeBellis, & Zannettino, 2014, Edo-Gaol et al., 2014; Cronin et al., 2015; Dunn, Otten, & Stephens, 2005; Jafari, Rafiei, Nassehi, Soleimani, Arab, & Noormohammadi, 2015; Kurz & Hayes, 2006; Mahiro, Takashi, & Satoka, 2014; Marco, Buderer, & Thum, 2005).

Nursing school is an optimal place to prepare nurses for providing end-of-life care (AACN). In 2000, The End-of-Life Education Consortium (ELNEC) was developed to train undergraduate and graduate nursing faculty, staff developers, and others to better prepare nurses in palliative care. A core curriculum was developed and imparted to over 21,000 nurses so far (AACN). At the same time, this is new territory that has not been well researched. Lewis (2012) notes that palliative and end-of-life care is one of the national priorities that should be incorporated into nursing curricula. If educators could identify what education is needed and provide that to students, nurses would be more knowledgeable about, have a more positive attitude toward, and be more comfortable in the care of patients and families. Research on care of the family of dying patients has been limited in scope.

Overall, the literature reveals that there is a lack of preparation in nursing education regarding end-of-life care. The values and beliefs regarding death and dying by nurses, patients, and families are important concepts when caring for patients and their families at the end-of-life. Communication among caregivers and between patients and their families is vital in order to provide quality care that fits with the values and beliefs of the patient and family. Educational programs have been shown to be useful whether it is a module in a course, an entire course, or a workshop to improve the knowledge, attitudes, and comfort level of caring for patients and their families at the end-of-life.

The literature reveals that nurses do not feel prepared to care for end-of-life families (Schlairet, 2009; Wallace et al., 2009). Feeling prepared for caring for end-of-life families relates to the level of knowledge as well as the comfort level of the nurse during the end-of-life experience. The attitude of the nurse also affects care. (Adesino et al., 2014, Edo-Gaol et al., 2014; Cronin et al., 2015; Dunn et al., 2005; Jafari et al., 2015; Kurz & Hayes, 2006; Mahiro et al., 2014; Marco et al., 2005). Attitude is a common concept in reports related to student nurse development (Adesino et al., 2014, Edo-Gaol et al., 2014; Cronin et al., 2015; Dunn et al., 2005; Jafari, et al., 2015; Kurz & Hayes, 2006; Mahiro et al., 2014; Marco et al., 2005) and was featured as a necessary component to be addressed in nursing education in the seminal work by Benner, Sutphen, Leonard and Day (2010). Research related to nursing curricula demonstrates that students who received information during their educational program felt more comfortable caring for end-of-life patients and families (Bailey & Hewison, 2014; Barrere, Durkin, & LaCourseire, 2008; Brien, Legault, & Tremblay, 2008; Dobbins, 2011; Fabro, Schaffer, & Scharton, 2014; Kruse, Melhado, Convertine, & Stecher, 2008; Kurz & Hayes, 2006; Wallace, Grossman, Campbell, Robert, Lange, & Shea, 2009).

The proposed qualitative study will examine what senior nursing students need to feel confident and competent in their ability to provide care to family, friends, and significant others of dying patients. This qualitative study will also examine the perceived challenges and facilitators to providing care to families, friends, and significant others of dying patients. First semester senior nursing students will be recruited to participate in the study. All potential recruits will be given information regarding the study. Once the student has expressed interest in participating, arrangements for the simulation time will be made. No more than 4 and no less than 2 students will enter the simulation suite at a time. The process begins with a review of the study objectives, their role in the study, and signing the consent form. Pre-briefing consists of a brief discussion of the issues and the students’ perception of their knowledge, comfort level, attitude, and experience. The pre-briefing will be recorded. Students will then enter the simulation room and begin the Simulation Based Experience (SBE). The simulation will be a patient dying from a terminal illness and the patient's daughter is at the bedside. The father is at the airport picking up the son who lives out of town. As the patient progresses through the dying process, the daughter requires more comfort and
assistance in understanding what is going on with her mother. After the patient dies, the daughter breaks down and requires even more comfort and care. During the simulation, the students will be assessed by the researcher using the LCJR. Debriefing is an opportunity for reflecting on what occurred in the SCE, what feelings the participant had, what to carry forward into their nursing career, and to receive feedback on the performance during the simulation. Debriefing is where the learning occurs. The debriefing will be audiotaped, with permission, so there is the potential for some qualitative data may be gathered and used in the future. A pastor, counselor, or a theology or psychology professor will be on hand in case a student becomes upset by the simulation and requires professional assistance to resolve any problems or issues.