Adequacy of End-of-life Care Knowledge & Skills in Nursing Education: Investigation into Family and Nurse’s Experiences in the Critical Care Setting, Educational Needs of Nurses and Barriers to Adequate Education

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Introduction

- Death and dying in the US is a taboo topic
- US healthcare culture is hyper-focused on curative medicine
- Majority of people will die in the hospital, particularly an ICU
- Across the nation nurses get minimal EOLC education
- Studies have shown that nurses feel they need to have EOLC education to better their practice
- Family satisfaction is directly related to the amount of EOLC education a nurse receives
- Communication is the foundation of EOLC education a nurse receives

Definitions

- End-of-Life Care (EOLC): care to all patients with a terminal illness or terminal disease condition that has become advanced, progressive, and incurable
- Palliative Care: an approach to care that improves the quality of life of patients and their families facing problem associated with life-threatening illness, through prevention and relief of suffering by means of early identification, and impeccable assessment and treatment of pain and other problems – physical, psychological, and spiritual
- ICU (Intensive Care Unit): specialty unit in the hospital

Problem Statement

- A majority of people will die in ICUs in the US
- Nurses are not mandated to have any EOLC education or training across the nation
- Patients are getting treatments that will increase the quantity of life, but mostly decrease the quality of life
- The concerns, needs, and wishes of the patients and their family are not adequately being addressed; which leads to decreased satisfaction among them

Research Questions:

- How do BSN students report their satisfaction and skill confidence of EOLC?
- How do families and/or patients report their satisfaction with nurses who have had EOLC training versus nurses who have not had any EOLC training?

Family Experiences to EOLC in Critical Care Setting

- Families experience increased levels of distress and anxiety when they receive care from a nurse who has not had any EOLC education or training (Holms et al., 2014)
- Communication that is honest, therapeutic, in a manner that the patient’s family can understand, and consistent within the interdisciplinary care team is essential in order to limit exposure of stress on the family (Wong et al., 2014)

Nurse’s Experiences to EOLC in Critical Care Setting

- Nurses are relying on years or experience or the mistakes if others to guide their care of end-of-life patients (Holms et al., 2014)
- Nurses do not feel confident in their ability to provide EOLC, as a consequence the quality of care that they provide is hindered. The family and patient are victim to not having their concerns addressed (McCourt et al., 2013)

Literature Review

- Studies have shown that nurses feel they need to have EOLC education to better their practice
- Across the nation nurses get minimal EOLC education
- A majority of people will die in ICUs in the US
- Death and dying in the US is a taboo topic
- US healthcare culture is hyper-focused on curative medicine

Theoretical Framework

- Hildegard Peplau’s Interpersonal Relationships Theory

Problem Statement

- Experimental quantitative research study, using a survey designed for this study
- Population will be Senior nursing students enrolled in accredited BSN programs
- Sample size will be 100 Senior nursing students in BSN programs who will be assigned to a EOLC educational group and a Non-EOLC educational group, via random selection
- Sampling technique will be random selection into control and variable groups using quota & stratified sampling techniques
- Instrument created for this study, please see Appendix A and Appendix B handout
- Procedures: please see Procedures handout

Proposed Methods

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References

- Available upon request – please email requests to krystal.s.yeager@gmail.com