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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 in 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

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 problems 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?

Literature Review

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 of 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)

Figure 1: How confident are you that you can recognize (and acknowledge) patient cues?



Figure 2: How confident do you feel about working with the patients or relatives agenda before integrating your own?

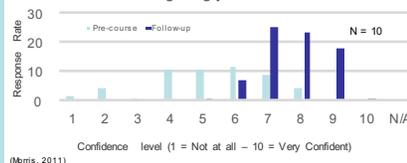


Figure 3: Available BSN Program EOLC Courses in SF Bay Area

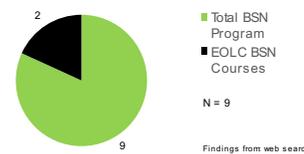
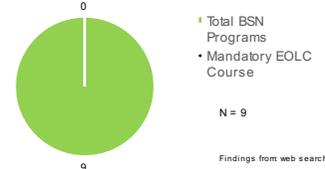


Figure 4: Mandatory EOLC Courses in BSN Programs in SF Bay Area



Literature Review

Barriers to Adequate EOLC Education

- Healthcare culture is hyper-focused on curing, therefore putting EOLC education as an integral topic to be mandated in any healthcare program is not of an immediate priority (Khalaila, 2014)
- Healthcare providers have difficulty transitioning between care of curative patient to care of a dying patient (McCourt et al., 2013)

Summary

- Healthcare providers who get even a minimum of 2-day course in EOLC training report having more confidence in their ability to provide care to patients and families in the ICU setting (Morris, 2011)
- With the advances in technology and the focus on curing there needs to be a balance of the humanistic approach to care (Jo & An, 2015)

Theoretical Framework

Hildegard Peplau's Interpersonal Relationships Theory

- **ORIENTATION PHASE:** Rapport is established, roles are defined, parameters and boundaries are set
- **IDENTIFICATION PHASE:** Patient identifies problems to be addressed within the relationship, promote self-responsibility
- **EXPLORATION PHASE:** Nurse and patient work together to achieve patient's full potential, and meet the goals of the relationship. Patient fully trusts nurse and makes full use of services and professional abilities
- **TERMINATION PHASE:** Begins after the goals have been met. Termination occurs with discharge or death

Proposed Methods

- 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

Acknowledgements

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References

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