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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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# 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 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?

## 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)

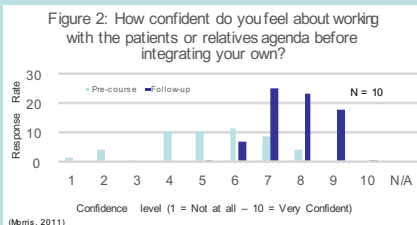
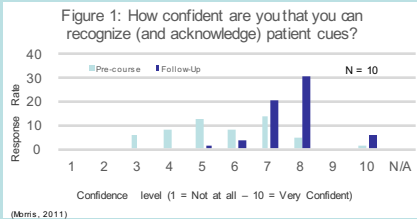


Figure 3: Available BSN Program EOLC Courses in SF Bay Area

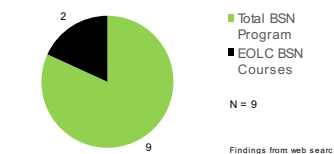
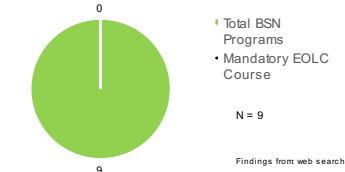


Figure 4: Mandatory EOLC Courses in BSN Programs in SF Bay Area



## 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