

# ACUTE CARE NURSES IDENTIFY END-OF-LIFE EDUCATION FOCUS AREAS

Dianne White, MS, RN

Assistant Professor

State University of New York, Empire State College

PhD Nursing Student

State University of New York, University at Buffalo

 University at Buffalo  
School of Nursing



# QUALITATIVE RESEARCH STUDY

Dianne White, MS, RN

MaryAnn Meeker, DNS, RN, CHPN



## Purpose

- Acute care nurses
- Examine views
- Describe the personal impact on nurses
- Strategies for self-support
- Development of competence



# Background

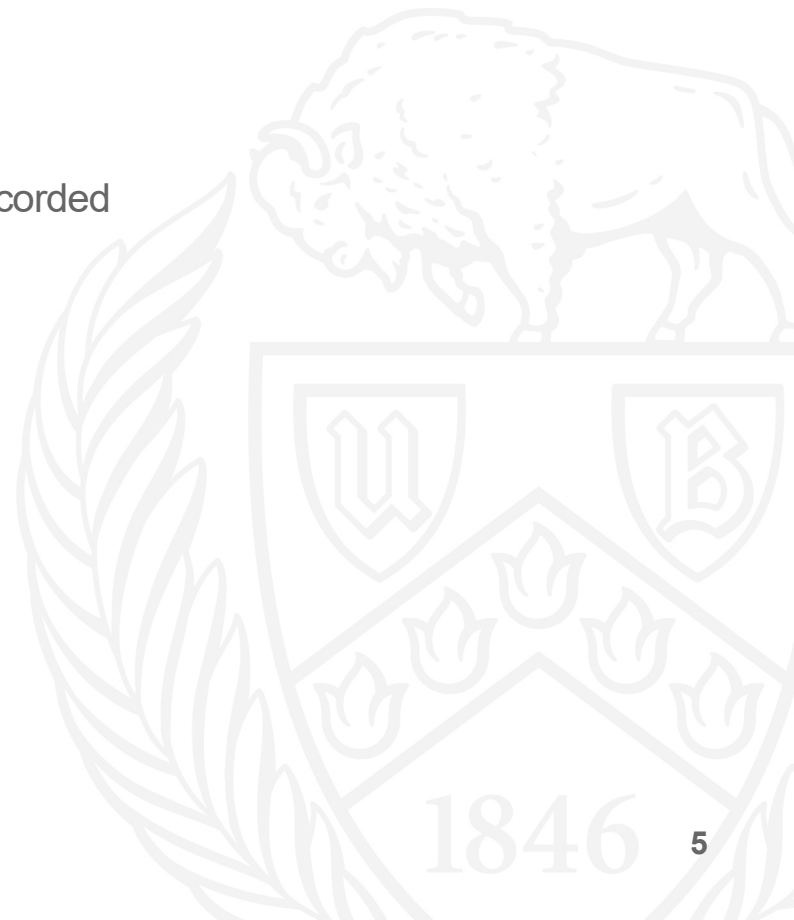
- End-of-life (EOL) decision making
- Nurses embedded in morally distressing process (McAndrew & Leske, 2015)
- May lack education and experience in EOL specialized knowledge

(Nouvet, Strachan, Kryworuchko, Downar, You, 2016).



## Method

- Qualitative descriptive analysis
- Acute care nurses view of EOL care experiences
- University Listservs and network sampling
- Data derived from twenty-six, semi-structured, audio-recorded interviews



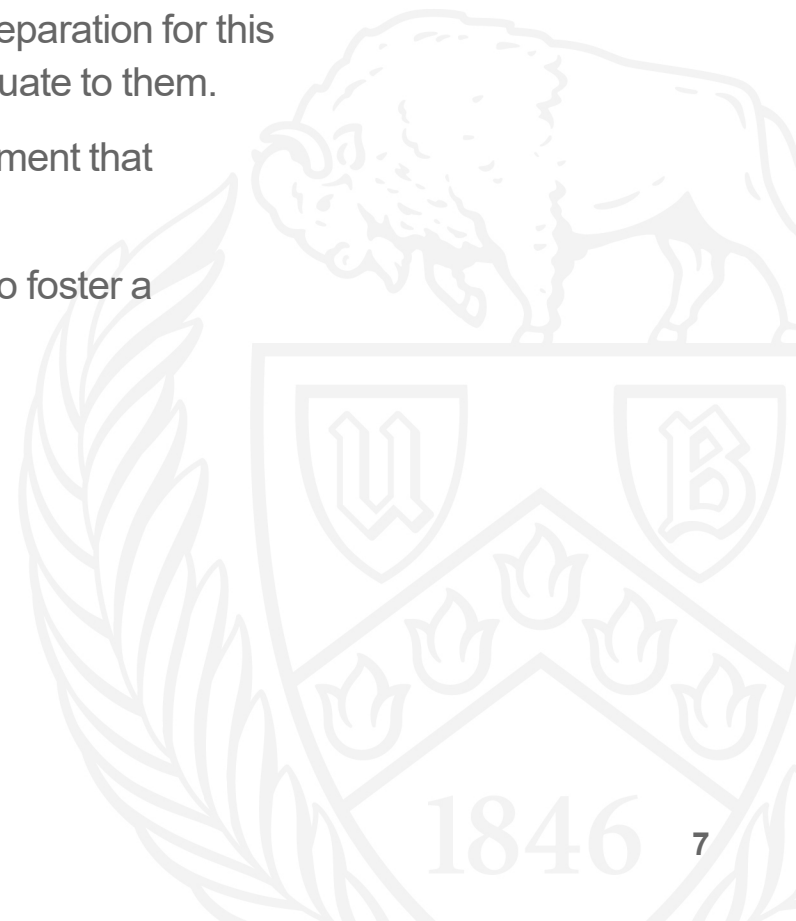
## Learning Objective

- Identify data driven strategies to enhance end-of-life curriculum utilizing nurse identified education focus areas.



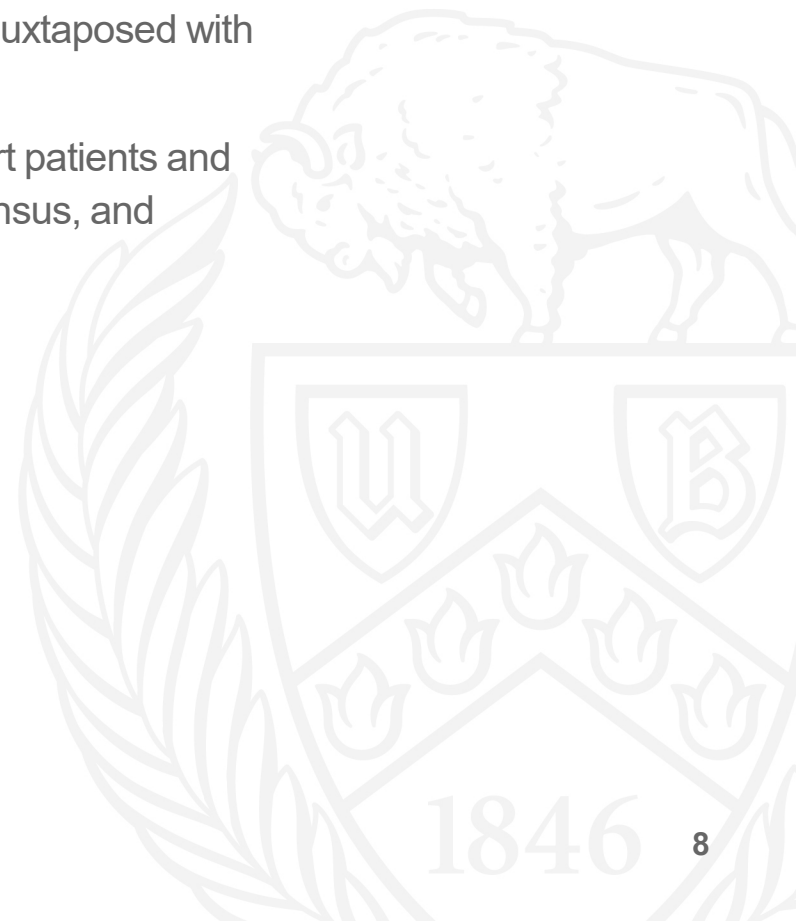
## Results

- Nurses reflected on their fears as new nurses caring for end-of-life (EOL) patients, the inadequacy of their pre-licensure preparation for this role, and their angst when the care provided felt inadequate to them.
- Nurses experienced moral distress in situations of treatment that continued when a cure was unlikely.
- In managing symptoms for patients, nurses struggled to foster a balance of patient comfort and calm.



## Results

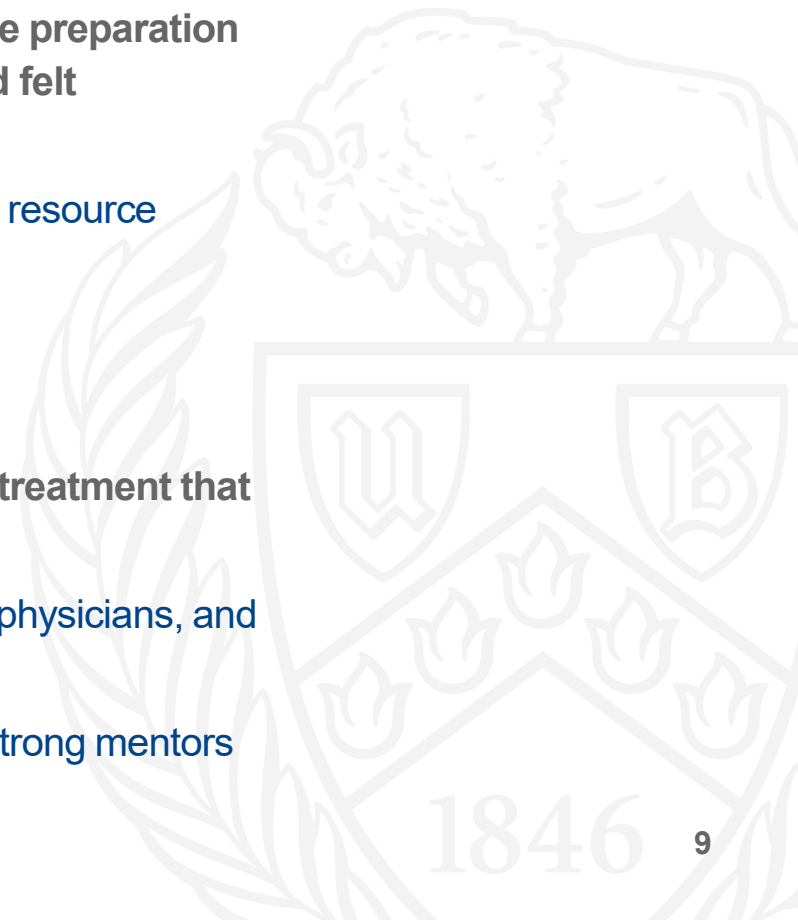
- Nurses were challenged to manage the competing demands of a workload that included patients receiving curative care juxtaposed with those receiving comfort care.
- Nurses recognized the need to develop skills to support patients and families with early decision making, foster family consensus, and facilitate interdisciplinary communication.





## Strategies for Response

- **Nurses reflected on their fears as new nurses caring for end-of-life (EOL) patients, the inadequacy of their pre-licensure preparation for this role, and their angst when the care provided felt inadequate to them.**
- Incorporate specialist in education, training, and use as resource (Kaup, Hoog, Carlsson, 2016).
- Diverse clinical sites (Jeffers, 2014).
- Simulations (Shaw, 2017)
- **Nurses experienced moral distress in situations of treatment that continued when a cure was unlikely.**
- Need for palliative care and EOL education for nurses, physicians, and others who deliver care
- Need for classroom and situational training as well as strong mentors



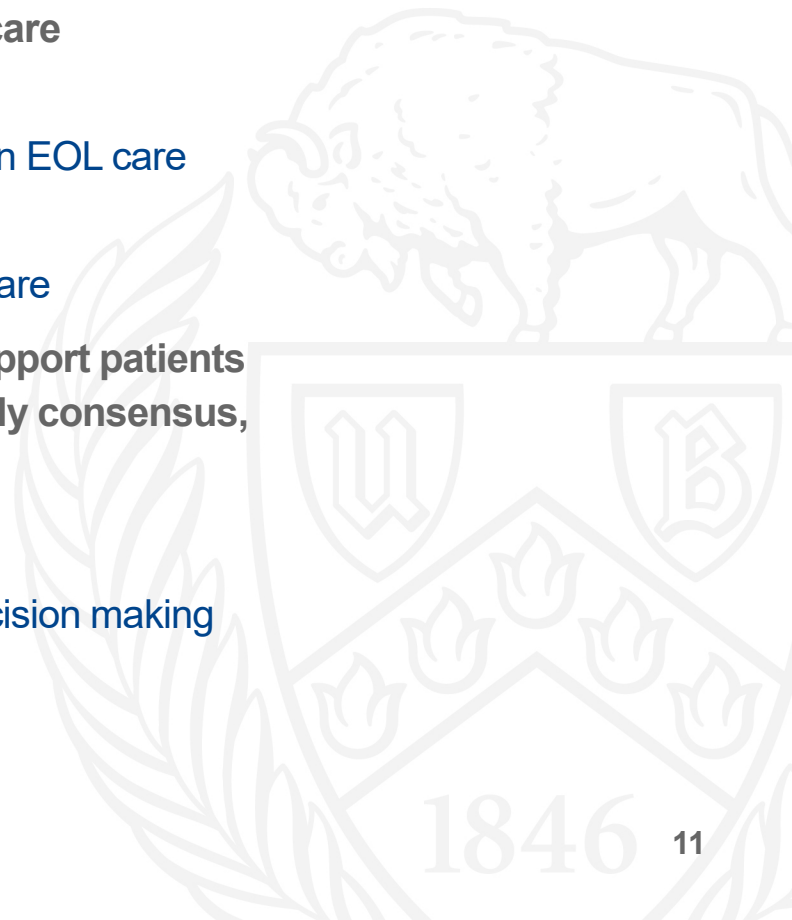
## Strategies for Response

- **In managing symptoms for patients, nurses struggled to foster a balance of patient comfort and calm.**
- Interdisciplinary team of pharmacist, physician, and staff development educators can address challenges of managing analgesia (Donovan et al., 2018).
- Experience with hospice team



## Strategies for Response

- **Nurses were challenged to manage the competing demands of a workload that included patients receiving curative care juxtaposed with those receiving comfort care.**
- **Need for adequate staffing that allows nurse presence in EOL care** (Efsthathiou & Walker, 2014).
- **Effective leaders to recognize time intensive nature of care**
- **Nurses recognized the need to develop skills to support patients and families with early decision making, foster family consensus, and facilitate interdisciplinary communication.**
- **Preceptors seek EOL care experiences for new nurse**
- **Introduce communication models and practice EOL decision making conversations in pre-licensure and transition programs**



## Personal Fulfillment

- Unique satisfaction
- Honor to advocate for and protect patient wishes
- Pride achieved while caring well for dying patients and their families



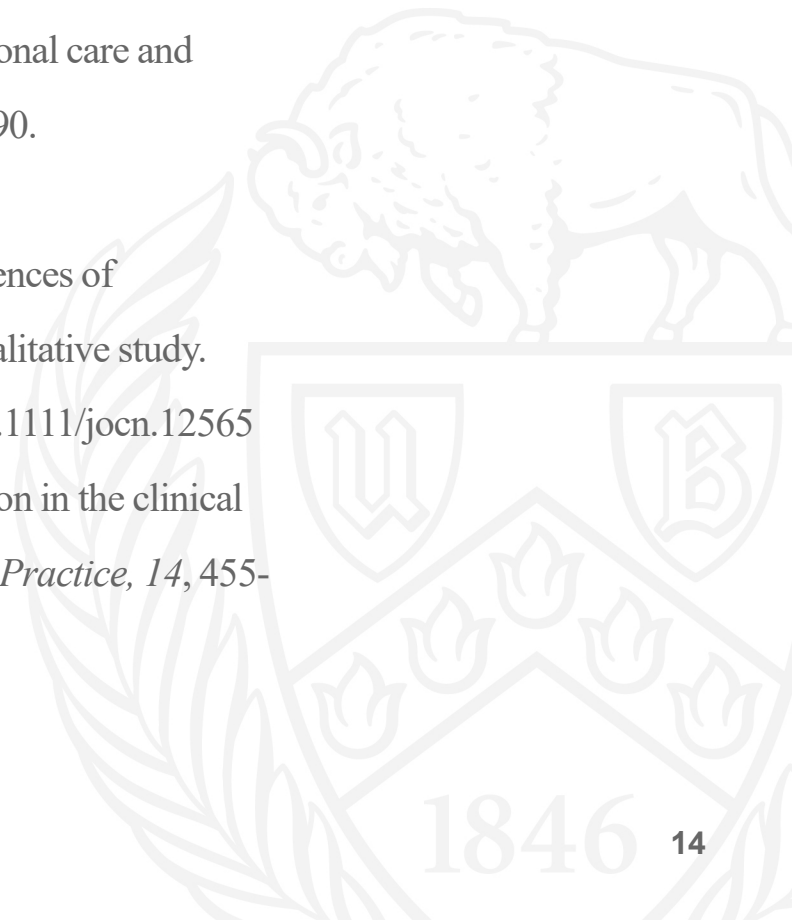
# Acknowledgements

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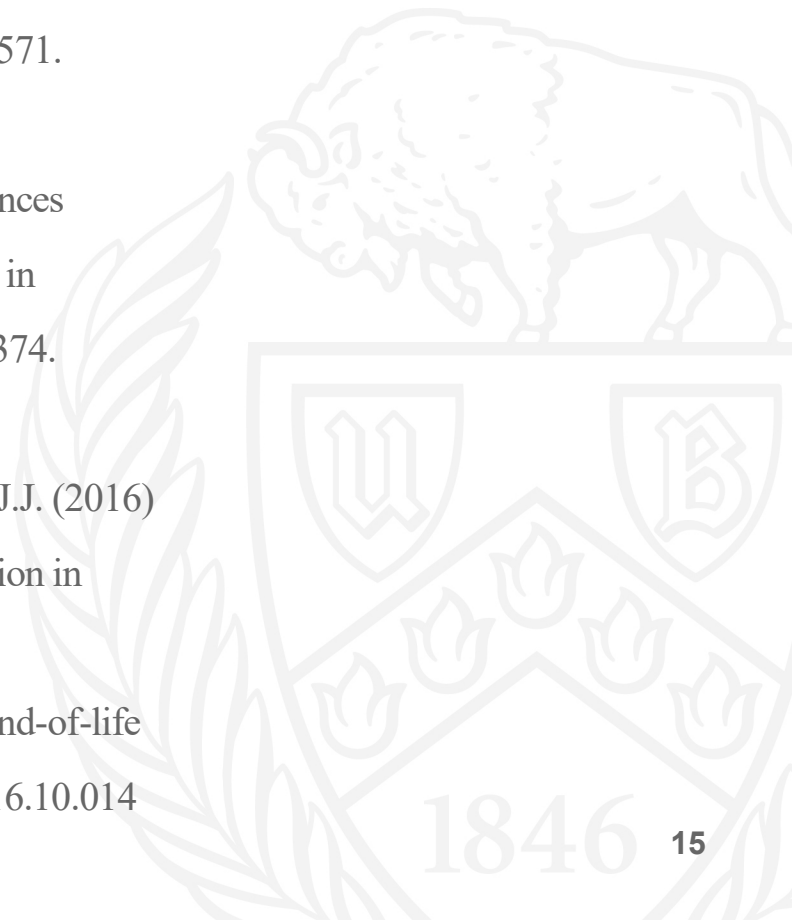
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# Questions?

