

Effect of High-Fidelity End-of-life Simulation on Nursing Students' Death Anxiety

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DISCLOSURES

Conflict of Interest

- Christy Dubert, Rose Mary Gee, and Linda Upchurch report no conflict of interest
- Julia Greenawalt (INACSL Conference Administrator & Nurse Planner) reports no conflict of interest
- Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest

Successful Completion

- Attend 90% of session
- Complete online evaluation

OBJECTIVES

Upon completion of this presentation, participants will be able to:

- 1. Discuss need for End-of-Life education to decrease nursing students' death anxiety**
- 2. Discuss End-of-Life simulation protocol/ methodology in End-of-Life simulation study**
- 3. Discuss implications for nursing education**

PROBLEM/BACKGROUND

- **Caring for patients who are dying is essential in nursing practice.**
- **End-of-life care (EOL)**
 - Nursing care provided to patients and families in the last stages of terminal illness, encompassing physical, mental, social, and spiritual needs. Emphasis is placed on relieving distressing symptoms so that patients and families may experience quality of remaining life (NHPCO, 2000).
- **Institute of Medicine recommends a call for action for improving dignified care at EOL (IOM, 2003).**



PROBLEM/BACKGROUND

- **Lack of progress made in implementing EOL competencies recommendations into nursing curricula (AACN, 2013).**
- **Research suggests that undergraduate nursing students are not adequately trained in the area of EOL care (Schlairet, 2009).**
- **AACN's *The Essentials of Baccalaureate Education for Professional Nursing Practice* encourages faculty to provide simulation experiences in the ethical treatment of dying patients and their families (AACN, 2008).**



STUDENT CHALLENGES

- **GSU School of Nursing curricula currently addresses these recommendations:**
 - In-class orientation to Hospice through videos and instruction by faculty and hospice staff
 - Nursing students complete 8 – 12 hours of hands-on clinical practice at local area hospices
- **Course evaluation of previous GSU nursing students' clinical hospice experiences:**
 - Anticipatory *anxiety* and fear related to the care of a dying patient
 - How to support patient and family members
 - What do I say? (L. Upchurch, personal communication, August, 25 2013).



STUDENT CHALLENGES

- **Many nursing students report having high anxiety about death and feel less comfortable providing care for patients who are at the end of their life (Smith-Stoner, 2009).**
- **Many young adult nursing students do not have personal experience with death and dying of close family members or friends (Barrere, Durkin, LaCrousier, 2008).**
- **Student nurses who have strong anxiety about death may be less comfortable providing nursing care for dying patients (Peters et al., 2013).**



END-OF-LIFE SIMULATION

- **Opportunity to care for a dying patient without the risk of saying or doing the wrong things.**
- **Integrating simulation experiences may provide the necessary pedagogy for students to decrease students anxiety related to caring for dying patients (Ladd, 2013).**
- **Research supports the use of experiential practice to permit student nurses to overcome the emotionally charged obstacles that inhibit compassionate interventions for EOL care (Hamilton, 2010).**



END-OF-LIFE SIMULATION

- **Simulation can be an effective teaching strategy to identify anxiety levels prior to clinical hospice experiences (Hamilton, 2010).**
- **There is a lack of empirical evidence examining how simulation experience influence nursing students' ability to manage anxiety prior to providing care for a dying patient.**
- **Therefore, a need to examine the effectiveness of a simulated clinical experience in decreasing nursing students' death anxiety/ fear of providing care to a dying patient.**

PURPOSE OF STUDY

- **Examine the impact of an End-of-Life high-fidelity simulation on undergraduate nursing students' death anxiety and concerns about caring for dying patients.**

METHODOLOGY

- **Quasi-experimental study design**
 - Repeat Measures
- **Pre-licensure baccalaureate (BSN) program**
- **Convenience sample from 2nd Semester pre-licensure medical-surgical course**
- **Sample size: n = 86**
- **End-of-Life simulation included in clinical hours**
- **IRB approval through Georgia Southern University**



INSTRUMENT

- ***Concerns About Dying (CAD)* instrument**
 - Mazor, Schwartz, & Rogers, 2004
- **Measures health professionals' death attitude, anxiety and concerns about working with dying patients**
 - Likert scale
 - 10 questions
 - Cronbach alpha 0.83
- **Time 1: Immediately prior to EOL simulation**
- **Time 2: Immediately after the EOL simulation**
- **Time 3: Immediately after the hospice clinical rotation**

Concerns About Dying

Please indicate the extent to which you agree or disagree with the following:	Disagree Completely	Disagree Somewhat	Neutral	Agree Somewhat	Agree Completely
1) I get anxious or uncomfortable when I think about my own death					
2) I sometimes worry that I will die young					
3) I believe that my soul or spirit will continue after death					
4) I get anxious or uncomfortable when I think about someone I care about dying					
5) My religious and/or spiritual beliefs and practices help me think about death					
6) I'm worried that my own death may be painful					
7) I think that when it's time for me to die, I will be able to "let go"					
8) I am worried about how I will react emotionally to dying patients					
9) I think that I will feel powerless with dying patients					
10) I think I will find it hard to work with dying patients					

Describe your thoughts and feelings regarding death and dying prior to participating in the End-of-Life simulation clinical experience.



Data Collection T1	End-of-Life Simulation	Data Collection T2	Hospice Clinical	Data Collection T3
End-of-Life Pre-Simulation Reflection Questionnaire	<ul style="list-style-type: none"> • 4-5 students/group • Briefing (10-15 min) • High fidelity Simulation – Direct patient care of pt and wife (1 hr) • Debriefing (1 ½ - 2 hrs) • Total Time: 3 hrs 	End-of-Life Post-Simulation Reflection Questionnaire	<ul style="list-style-type: none"> • End-of-Life Clinical at Hospice • 8-12 clinical hospice hours • Within 1 week of EOL simulation 	End-of-Life Post-Hospice Reflection Questionnaire



EOL SIMULATION PROTOCOL: BRIEFING

- **Setting the stage and expectations**
 - Confidentiality and safe learning environment
 - Flow of the clinical experience
 - Instructor will also be present in the simulation room and will role play the voice of the patient and other people they may work with (i.e. physician, rabbi, patient's son).
 - Work as a team in providing care to the patient
 - Think out loud with each other when problem solving and making decisions
 - Instructor can be their “Nurse Whisperer” if they need help
- **Nursing report given**



EOL SIMULATION PROTOCOL: NURSING CARE

- **Care provided over 1 hour**
- **Patient progresses through 5 states of dying**
 - Active dying
 - Terminal secretions
 - Restlessness/Agitation
 - Death is near
 - Death
- **Perform assessments of patient and wife**
- **Perform nursing interventions**



EOL SIMULATION PROTOCOL: DEBRIEFING

- **Debriefing process format adapted from Pivec (2011)**
 - Vent thoughts and feelings
 - Correct any mistakes in thinking or intervening; explore alternatives
 - Correct assumptions
 - Explore how their thoughts and feelings of death and dying impact their nursing care
 - Specific questions in each phase to help facilitate discussion/dialogue
- **Introduction Phase**
- **Middle Phase**
- **Summary Phase**



DATA ANALYSIS

- **A 2 x 2 factorial mixed-model ANOVA**
- **(Semester: Fall, Spring) x (Treatment: Simulation, Hospice)**
- **Assess the effects of semester and treatment on students' *Concerns about Dying (CAD)* scores.**

RESULTS

Overall:

- Neither the semester x treatment type interaction nor the main effect for semester reached statistical significance; all p -values > 0.90 .

Fall group:

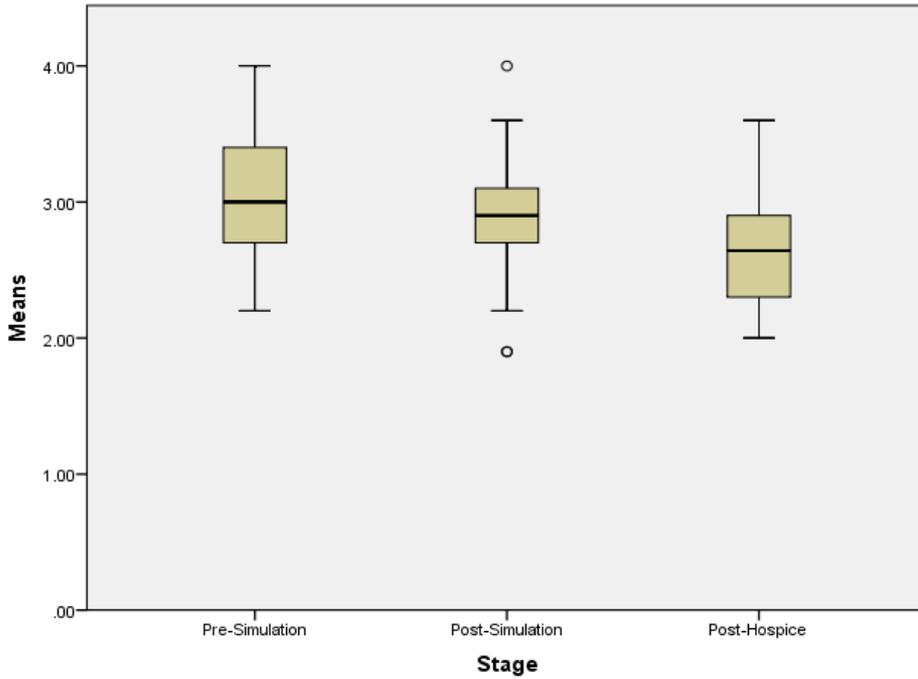
- The CAD mean scores significantly decreased from pre- ($M = 3.02$, $SD = 0.51$) to post-simulation ($M = 2.86$, $SD = 0.45$) and from post-simulation to after hospice ($M = 2.64$, $SD = 0.44$), with a large effect, $\eta^2 = 0.39$.

Spring group:

- CAD means scores did decrease from pre- ($M = 3.01$, $SD = 0.40$) to post-simulation ($M = 2.88$, $SD = 0.39$); however, they were not significantly different ($p = 0.142$).
- However, there was a significant decrease in CAD score between post-simulation ($M = 2.88$, $SD = 0.39$) and after hospice ($M = 2.68$, $SD = 0.46$), with a large effect, $\eta^2 = 0.16$.



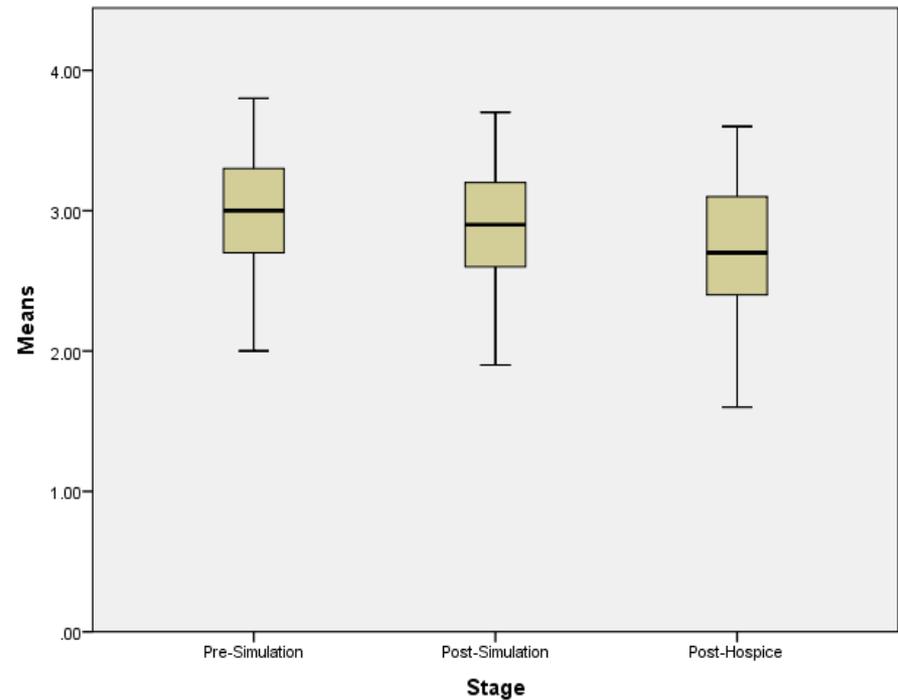
Means of Total CAD



Fall 2013

Fall

Means of Total CAD



Spring 2014

Spring



CONCLUSION

- **Students reported:**
 - less concern and anxiety about working with dying patients after the EOL simulation.
 - further decline in their death anxiety after EOL hospice clinical experience.
- **Nurse educators may consider incorporating an EOL simulation into their curricula to educate nursing students about EOL nursing care to decrease their anxiety in caring for patients who are dying.**



ANTIDOTAL RESPONSES

For some, anxiety increased because:

- They didn't know what they don't know
- Didn't think it would be that hard emotionally because it was a simulator
- Realized that they had a difficult time providing support to patient's wife
- Difficult watching a patient die; curative vs palliative role

IMPLICATIONS

- **Integrating EOL Simulation into curriculum addresses putting theory into practice**
- **Assessing EOL competencies in the curriculum and validate effectiveness of efforts**
- **Provides opportunity to reflect on or explore feelings or experiences related to death, dying, and grief (emotional work)**
- **Time necessary to implement**
- **Requires faculty who are trained comfortable with facilitating an End-of-Life Simulation**

QUESTIONS?

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