

High-Quality Hospice Care is Main Component of an Educational Programme in Hospice Care that Aims to Raise Nursing Standards

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Abstract

Nurses are constantly positioned at the heart of hospice care, providing relief to the dying on a medical, psychological, social, and spiritual level. There is a universal and urgent need for qualified nurses to provide compassionate care and provide dignity for terminal patients because of the ageing population and the increasing morbidity of chronic illnesses. The purpose of this study was to assess how nursing students' opinions, knowledge, and attitudes towards palliative care changed as a result of their education. It was discovered that the students' knowledge and attitudes had improved as a result of the palliative care instruction they received. Yet, it was shown that postgraduate students' motivation to serve as palliative care nurses was decreased by schooling.

Keywords: Palliative care; Dying; Nursing; Hospice care

Introduction

The majority of nursing schools fall short of producing adequate education, despite the international champion for includes hospice education in the nursing bachelor's degree [1]. Many reasons, such as short programme duration, insufficient practise units, too cautious clinical instructors, high levels of stress in actual hospice situations, and students' difficulties bringing theory to the clinic, led to the poor instruction. Since hospice clinical practise could not always be guaranteed, hospice speculative learning was blended into other topics. Students with shy schooling were unprepared for hospice care. Via an online survey, Chover-Sierra et al. discovered that the data on hospice care for 619 nursing students was moderately low [2].

According to the descriptive research, 187 junior nursing students were shy and self-sufficient in providing hospice care [3,4]. Students' negative perceptions of hospice care were caused by secretive data, which is likely what reduced the availability of high-quality hospice treatment. Nursing standards are lowered as a result of insufficient education for nurses. According to Marchan's analysis, few nursing personnel feel comfortable caring for the terminally ill [5]. Educational approaches in hospice care benefited from the efforts of educators. For instance, a research that supported medical students' knowledge and perspective on hospice medications [6] verified the beneficial benefits of hospice education, which consists of sixteen hours of lectures. In order to improve participants' perceptions of hospice, attitudes towards death, and ways of living, Choi employed a hospice programme consisting of 10 3-hour sessions. Choi's teaching methods included lecture, video watching, presentation, and discussion [7]. With the use of standardised patients in a hospice simulation, Tamaki et al. increased the data, ability performance, and authority of their pupils [8]. In earlier research, a wide range of instructional techniques, including clinical practise, instructive instructions, and simulation-based activities, were used [9]. While the clinical application offered students real-world engagement, the instructional guidelines were effective at imparting knowledge. The limited options for hospice clinical practise put less emphasis on the simulation-based approach. As AN experiential learning methodology, the simulation was progressively accepted as a preparation, substitute, or supplement for hospice clinical applies. Simulator-based activities were the initial instructional technique and were regarded as beneficial and helpful for learning in end-of-life teaching programmes, according to one systematic evaluation that covered the programmes from 2008 to 2018 [10]. Turkey's demographic statistics indicate that the average

life expectancy is 78 years, and the top three leading causes of death are chronic illnesses including cancer, circulatory system disorders, and respiratory system diseases. In addition, the country's population is ageing every other day¹ due to the 8.2% senior population that it now has. Moreover, patients who require palliative care typically get treatment in emergency rooms and critical care units for symptom management. These results demonstrate that palliative care is becoming increasingly necessary in Turkey. The four primary subjects for hospice and palliative care have been the focus of the worldwide association for these two fields. They include methods for providing palliative care that is affordable, gaining access to medications, implementing health policy, and providing such services. A comprehensive strategy that includes a group of skilled professionals, hospital collaboration, required legal arrangements, and well-coordinated home care services may deliver high-quality palliative care.

Palliative care seeks to enhance patients' quality of life by easing their emotional, spiritual, and physical pain. Several studies in the literature have found that educational interventions have a favourable impact on students' attitudes and understanding of palliative care. The End of Life Nursing Education Consortium (ELNEC) was founded by the American Association of Colleges of Nursing (AACN) in 2010 to further the advancement of palliative care. The organisation offers instruction all around the world. In one research, students' accurate answers to questions on the philosophy of palliative care, symptom management, communication, and the grief process greatly increased after receiving the ELNEC education. Palliative care providers' education is anticipated to increase patient and family members' quality of life and result in financial savings⁶. Palliative care is said to lessen patients' symptom load, decrease hospitalisations, and allow them to safely remain at home. Nurses who are comfortable

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reflecting on their feelings and views about death and end-of-life care can offer high-quality care for patients who are nearing the end of their lives in palliative care. The attitudes of nursing students about dying patients and death are significant determinants influencing the standard of care. Also, this is essential for providing services in a sympathetic and supportive manner. According to recent study, healthcare professionals feel unable to handle their patients' spiritual needs and must continue their education in this area. In order for pupils to develop insight into their unique impacts and sentiments in the face of death and finally achieve a good/honorable dying process, it is important to talk about death and preserve the continuation of education. The majority of simulation-based studies in the past dealt with one or two simulation scenarios that supported advanced hospice cases [11] and completed three simulation scenarios at some point to train students' communication abilities in challenging hospice situations [12,13]. Hospice simulation was added to the community health nursing curriculum. The 30-minute simulation featured a few terminal cancer patients. The Sarabia-Cobo study employed two cancer patient simulation scenarios, each of which consisted of a condition of affairs (15 minutes) and an interrogation (25 min). Lippe created a 2-hour simulation with four sections: questioning, amendment in standing, continuation of care, and withdrawal of care. In Mahan's investigation, two hypothetical situations and a 6- to 8-hour real hospice stay were contrasted. In order to run an inter-professional hospice simulation lasting 1.5 hours, Saylor et al. teamed nursing and medical students to form the hospice care team. In Kopka's study, an integrated teaching approach was applied in a three-credit medical specialty course, and the simulated state of affairs was used as the course's conclusion. Ten minutes were spent simulating the patient's death, and then twenty minutes were spent questioning them. Due to the educational intervention in a highly randomised controlled study, Tamaki selected a 30-minute simulation. Almost no previous research, according on our analysis of the literature, provided students with adequate hospice information prior to simulated scenarios. Also, there were limitations on the amount of time students could access data and apply skills throughout simulated scenarios. Each theoretical learning and simulation apply have their advantages, producing them unable to swap one another [14,15].

Experiential learning was effective in bridging the gap between theory and practise, although theoretical understanding was crucial as the cornerstone of the educational methodology. The delivery of hospice care was distinguished by in-depth, complex information and shrewd nursing abilities. Poor data preparation and limited eventualities will not have a significant and lasting impact on nursing students' proficiency in providing hospice care. One of the key determinants of learning outcomes is the teaching approach. Throughout this session, participants define and encourage acceptable learning methods [16-20]. They described the informative lecture as AN appropriate way to gather theoretical data, pointing out in particular that simulation required data. Mini-simulations that allowed for instant application of learnt information were lauded by participants.

Discussion

Whilst the mini-simulation wasn't as advanced because the simulation state of affairs, pupils considered it supplied them options to accomplish and get acclimated the simulation studying. Due to the combination of terminal symptoms and the presence of role-played families in the simulated scenarios, participants experienced additional difficulties. They welcomed input from instructors when they questioned students about how they performed in various

situations, including affirmations of what was correct and corrections of what was incorrect. They reported that by trying again in the reran simulation, they acquired confidence. Through helping and sharing with one another, participants demonstrated that the interrogation was beneficial for nurse-inward building.

Conclusion

The study sought to determine how nursing students' understanding of a simulation-based curriculum in hospice care. Pupils said that the instructional methods helped them learn useful things. Instructive lectures provided them with the necessary information, mini simulations allowed them to apply the information right away, simulation eventualities gave them a complete mental image of a few dying/death scenarios, and interrogation assisted them in providing support for themselves and their colleagues. Students reported feeling more competent in hospice care. They may provide more information, better symptom management, a luxury offer, and more acceptable communication to care for the dying and their families.

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Conflict of Interest

Author declares no conflict of interest.

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