

Nursing Students' Proficiency and Confidence in Hospice Care: A Simulation-Based Curriculum Evaluation

Austin Lynn*

School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, United Kingdom

Abstract

Nurses play a central role in hospice care, offering comprehensive support to individuals at the end of life on medical, psychological, social, and spiritual fronts. Given the growing elderly population and the rising prevalence of chronic illnesses, there is a pressing and universal demand for qualified nurses capable of delivering compassionate care and upholding the dignity of terminal patients. This study aimed to evaluate the impact of palliative care education on nursing students' opinions, knowledge, and attitudes. The findings indicated an enhancement in students' knowledge and attitudes following palliative care instruction. However, it was observed that postgraduate students' enthusiasm to pursue roles as palliative care nurses diminished as a consequence of their educational experiences.

Keywords: Nursing students; Hospice care; Dying scenarios; Symptom management; Palliative care

Introduction

Despite the global advocacy for hospice education in nursing bachelor's degree programs, a significant number of nursing schools fail to provide adequate education [1]. Various factors contribute to this shortfall, including program duration, limited practical experience, cautious clinical instruction, high stress levels in actual hospice settings, and challenges in applying theoretical knowledge to clinical practice. The absence of guaranteed hospice clinical practice often leads to the integration of hospice theoretical learning into other topics, leaving students ill-prepared for hospice care. An online survey conducted by Chover-Sierra et al. revealed that the knowledge of hospice care among 619 nursing students was moderately low [2]. Descriptive research highlighted that 187 junior nursing students exhibited hesitancy and self-doubt in delivering hospice care [3,4]. Negative perceptions of hospice care were attributed to limited and secretive information, likely contributing to the inadequacy of high-quality hospice treatment. The lack of proper education has been linked to lowered nursing standards, with only a few nursing personnel feeling comfortable caring for the terminally ill [5]. Educators' efforts to enhance hospice education have shown promise, such as a study supporting medical students' knowledge and perspectives on hospice medications [6], emphasizing the positive outcomes of hospice education with sixteen hours of lectures. Educational strategies in hospice care have evolved, with Choi's program consisting of ten 3-hour sessions proving beneficial in improving participants' perceptions of hospice, attitudes towards death, and ways of living [7]. Tamaki et al. employed standardized patients in a hospice simulation, effectively enhancing their students' knowledge, skills, and confidence [8]. Earlier studies utilized a range of instructional techniques, including clinical practice, didactic instruction, and simulation-based activities [9]. While clinical application provided real-world engagement, instructional methods successfully imparted knowledge. However, limited opportunities for hospice clinical practice have shifted the focus towards simulation-based approaches. Palliative care aims to improve patients' quality of life by addressing their emotional, spiritual, and physical pain. Existing literature highlights the positive impact of educational interventions on students' attitudes and comprehension of palliative care. The End of Life Nursing Education Consortium (ELNEC), established by the American Association of Colleges of Nursing (AACN) in 2010, plays a

pivotal role in advancing palliative care education worldwide. Research indicates significant improvements in students' understanding of palliative care philosophy, symptom management, communication, and the grief process following ELNEC education. Education for palliative care providers is expected to enhance the quality of life for patients and their families while yielding cost savings [10]. Palliative care has been associated with reduced symptom burden, decreased hospitalizations, and the ability for patients to remain safely at home. Nurses comfortable with reflecting on their feelings about death and end-of-life care are better equipped to provide high-quality care in palliative settings. Nursing students' attitudes toward dying patients and death significantly influence the standard of care and are crucial for delivering empathetic and supportive services. Recent studies indicate healthcare professionals may feel ill-equipped to address their patients' spiritual needs and emphasize the need for ongoing education in this area [11]. To foster students' understanding of their personal reactions to death and facilitate a dignified dying process, open discussions about death and continuous education are imperative. Simulation-based studies in hospice care have typically focused on advanced scenarios, and recent research has explored the incorporation of hospice simulation into nursing curricula [12-15]. These simulations, varying in duration and complexity, contribute to enhancing students' communication skills in challenging hospice situations. However, the literature reveals limited exposure to hospice information before simulated scenarios, emphasizing the importance of balancing theoretical learning and simulation practice. Experiential learning effectively bridges the theory-practice gap, with theoretical understanding serving as the educational foundation for imparting in-depth, nuanced nursing skills in hospice care. The choice of teaching approach significantly influences learning outcomes, with participants

*Corresponding author: Austin Lynn, School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, United Kingdom, E-mail: austin.l@hotmail.com

Received: 04-Dec-2023, Manuscript No. jpcm-23-123229; **Editor assigned:** 06-Dec-2023, PreQC No. jpcm-23-123229(PQ); **Reviewed:** 11-Dec-2023, QC No. jpcm-23-123229; **Revised:** 15-Dec-2023, Manuscript No. jpcm-23-123229(R); **Published:** 20-Dec-2023, DOI: 10.4172/2165-7386.1000594

Citation: Lynn A (2023) Nursing Students' Proficiency and Confidence in Hospice Care: A Simulation-Based Curriculum Evaluation. J Palliat Care Med 13: 594.

Copyright: © 2023 Lynn A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

favoring informative lectures for theoretical knowledge and mini-simulations for immediate application of learned information. This comprehensive approach aims to equip nursing students with the necessary knowledge and skills to provide high-quality palliative care.

Discussion

While the mini-simulation may not have been as intricate as the full simulation scenario, students perceived it as an opportunity to engage, familiarize themselves with simulation learning, and build their confidence. The inclusion of terminal symptoms and the introduction of role-played families in simulated scenarios presented additional challenges for participants. They appreciated guidance from instructors, including feedback on their performance in various situations acknowledging correct actions and correcting mistakes. Students reported that redoing the simulation bolstered their confidence. Additionally, participants demonstrated that the debriefing session was valuable for building camaraderie and sharing insights through mutual support and collaboration.

Conclusion

The research aimed to assess nursing students' comprehension of a simulation-based curriculum in hospice care. According to the students, the instructional methods proved effective in facilitating meaningful learning. Informational lectures equipped them with essential knowledge, mini-simulations enabled immediate application of information, simulation scenarios provided a comprehensive understanding of dying/death scenarios, and debriefing sessions helped them offer support to themselves and their peers. Students expressed increased confidence in their ability to provide hospice care, anticipating improved provision of information, enhanced symptom management, compassionate care, and more effective communication when caring for the dying and their families.

Acknowledgement

Not applicable.

Conflict of Interest

Author declares no conflict of interest.

References

1. Kamal AH, Bausewein C, Casarett DJ, Currow DC, Dudgeon DJ, et al. (2020) Standards, Guidelines, and Quality Measures for Successful Specialty Palliative Care Integration into Oncology: Current Approaches and Future Directions. *J Clin Oncol* 38: 987-99.
2. Hui D, Bruera E (2016) Integrating palliative care into the trajectory of cancer care. *Nat Rev Clin Oncol* 13: 159-171.
3. Lippe M, Johnson B, Mohr SB, Kraemer KR (2018) Palliative care educational interventions for prelicensure health-care students: an integrative review. *Am J Hosp Palliat Care* 35: 1235-1244.
4. Mathew-Geevarughese SE, Corzo O, Figuracion E (2019) Cultural, Religious, and Spiritual Issues in Palliative Care. *Primary care* 46: 399-413.
5. Rangachari D, Smith TJ, Kimmel S (2013) Integrating Palliative Care in Oncology: The Oncologist as a Primary Palliative Care Provider. *Cancer J* 19: 373.
6. Radbruch L, De Lima L, Knaut F, Wenk R, Ali Z, et al. (2020) Redefining Palliative Care-A New Consensus-Based Definition. *J Pain Symptom Manag* 60: 754-764.
7. Lopes IM, Guarda T, Oliveira P (2020) General Data Protection Regulation in Health Clinics. *J Med Syst* 44: 1-9.
8. Schenker Y, Arnold R (2015) The Next Era of Palliative Care. *JAMA* 314: 1565.
9. Schenker Y, Crowley-Matoka M, Dohan D, Rabow MW, Smith CB, et al. (2014) Oncologist Factors That Influence Referrals to Subspecialty Palliative Care Clinics. *J Oncol Pract* 10: e37.
10. Muroya Y, He X, Fan L, Wang S, Xu R, et al. (2018) Enhanced renal ischemia reperfusion injury in aging and diabetes. *Am J Physiol Renal Physiol* 315: 1843-1854.
11. Palevsky PM (2018) Endpoints for Clinical Trials of Acute Kidney Injury. *Nephron* 140: 111-1115.
12. Zuber K, David J (2018) The ABCs of chronic kidney disease. *JAAPA* 31: 17-25.
13. Moresco RN, Bochi GV, Stein CS, De Carvalho JAM, Cembranel BM, et al. (2018) Urinary kidney injury molecule-1 in renal disease. *Clin Chim Acta* 487: 15-21.
14. Crabbs TA (2018) Acute Kidney Injury (AKI)-The Toxicologic Pathologist's Constant Companion. *Toxicol Pathol* 46: 918-919.
15. Chawla L, Bellomo R, Bihorac A (2017) Acute kidney disease, and renal recovery: consensus report of the Acute Disease Quality Initiative (ADQI) 16 Workgroup. *Nat Rev Nephrol* 13: 241-257.