Improving Attitudes and Perceived Competence in Caring for Dying Patients: An End-of-Life Simulation

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Purpose: End-of-life care education is critical for nurses, especially in today’s healthcare climate. The End of Life Nursing Education Consortium (ELNEC) has established clear competencies for professional nursing practice regarding the care of patients at the end of life. Yet, undergraduate education about end-of-life care seems to be inadequate. Student’s knowledge and attitudes about caring for dying patients have been shown in the literature to be positively impacted by education on end-of-life care. Although didactic education can improve students’ end-of-life care knowledge and skills, real-world experiences/approximations are still needed to translate the content into practice to ensure quality patient care is provided. Simulations serve as a reliable proxy for real-world experiences, and can be useful in providing end-of-life care experiences. Current studies describe how hospice focused simulations can positively impact student learning about end-of-life care, but no studies have explored learning outcomes from simulations of adult patients who have unexpectedly become ill and are at the end of life. The purpose of this study was to assess learning outcomes from a simulation emphasizing communication, assessment, and basic nursing skills in providing care to a critically ill patient from whom care is ultimately withdrawn.

Methods: A simulation was created in which three different cohorts of undergraduate nursing students provided care for a critically ill patient and his family whose rapidly declining condition results in the decision to withdraw care. The simulation consisted of four parts: continuation of care for a stable patient in critical care, assessment and communication with physician regarding a change in status, withdrawal of care, and a final cumulative debriefing. A pretest–posttest design compared perceived competence and attitudes in caring for dying patients with students performing the simulation.

Results/Findings: After the simulation, the cohorts had significantly improved scores on the perceived competence ($p < .001$) and attitude ($p < .01$) measures. Reliability for a new instrument to assess perceived competence in caring for dying patients, Perceived Competence in Meeting ELNEC Standards, was established, $r_{diff} = .93$ (pretest Cronbach’s $\alpha = .94$, posttest Cronbach’s $\alpha = .93$, and $r = .04$). Factor analysis of the PC-ELNEC showed that the first component accounted for 53 percent of the variance, suggesting that the measure can be considered a unidimensional construct.

Conclusions: All three cohorts had improved competence, and two cohorts had improved attitudes toward caring for dying patients after completing the end-of-life simulation. Students also expressed positive comments following the simulation, particularly highlighting how useful the simulation was in providing them with the opportunity to care for a dying patient before entering professional practice. The outcomes of this study indicate that the simulation is robust in improving students’ perceived competence and attitudes about caring for dying patients. The simulation seems to have achieved its objective of providing students with a safe, real-world-like experience to explore attitudes and perceived competence about caring for dying patients.

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