Title
Exploring nursing students of the undergraduate programme their learning about caring communication in palliative care: A mixed-methods study (preliminary)
More patients in need of long-term palliative care (Snowden et al., 2011).
- owing to global aging (Etkind et al., 2017)
- a growing increase of chronic illness
- prolonged survival from advancements of medical treatments

The need for nurses’ competence to holistically assess and address the needs of people with palliative care needs is hence paramount (Chover-Sierra, Martinez-Sabater, & Lapeña-Moñux, 2017).

Newly graduated nurses often found themselves lacking the confidence to engage palliative persons in caring communication (Betcher, 2010; C. W. Wang & Chan, 2015).

Preparation of graduating nurses for their palliative care education is needed more than ever (Institute of Medicine, 2015).
Students’ self-awareness, value, attitude and knowledge development (Wang, Li, Zhang, & Li, 2018) are antecedents of high-quality palliative care.

There is also growing evidence showing that simulations as an educational intervention has increased students' efficacy levels, i.e., their perceived confidence in their ability to “organize and execute the courses of action required to produce given attainments” (Bandura, 1997, p. 3).

More motivated individuals could be predicted by their perceived self-efficacy rather than by their actual performance (Bandura, 1997; Shapka & Ferrari, 2003).
Background

- **Vicarious experience** as seeing others successfully mastering the skills can also promote self-efficacy (Bandura, 1986, 1997).

- Opportunities for students to engage in their **values clarification** on death and dying, to identify the values that they find most meaningful and significant (Steel, 1979) in palliative care is important as part of the Simulation-based Education (SBE).

- Given the need to prepare our graduating nurses for the challenges faced in palliative care, this research is designed to explore the impact of the SBE through the different phases of students’ preparation: vicarious observations and debriefings, demonstrations and reflective learning, in their values clarifications and identification of knowledge levels.
Research Questions

- What are the impacts of simulation-based education (SBE) on caring communication in helping nursing students' development of the knowledge, skills and attitude to work with patients of palliative care?

- Could communication education using simulation enhance nursing students' perceived self-efficacy in caring communication in palliative care?
Methods

- This is a **descriptive study using a mixed-methods** concurrent triangulation design (Creswell & Plano-Clark, 2011) for a more robust evaluation of students’ learning.

- **Participants** - a convenient purposive sampling.
  - Senior students of Year 4 and/or final year of the undergraduate programme of nursing were recruited.

- Given the sample size of similar study, 25-30 students were recruited (Hertzog, 2008).
Sampling

- At this point, a total of 29 students in their senior (Year 4) and final year (Year 5) of the undergraduate programme in nursing were recruited as planned.

- Owing to the COVID 2019, the next batch of students would not be able to visit the hospital until July. The current findings were based on fifteen students.
Fifteen of them have completed their briefing sessions, hospital visits, simulation sessions, and focus group sessions from June 2019 to the end of January 2020.

Utilizing a small group pedagogical approach, the students participated in batches of three for their hospital visits and attended the simulation sessions in groups of six.
In the recruitment of actors, members of the Institute of Active Ageing on campus were invited to act as patients in the simulated sessions.

The roles for the actors were distributed randomly and kept constant in each simulated session.
Design

Phase 1
Values clarification on palliative care and reflections on caring communications
Questionnaire surveys

Phase 2
Observations of nurse experts in real clinical settings
Debriefings with nurse experts

Phase 3
Communication skills demonstrations through simulation with standardized patients (videotaped)

Phase 4
Focus groups for reflections of simulated performances and the overall learning process
Data analysis

- Descriptive statistics and paired-sample T-tests were used to detect pre- and post-mean differences of the instruments of the CES (Coates, 1997), the PQCN (Ross et al., 1996) and the FATCOD (Frommelt, 1991)

- Videotaped conversations/interactions from the simulation sessions and focus groups were analyzed with content analysis (Heish & Shannon 2005)
Findings from Quantitative Data (questionnaires)

- **Knowledge** of the student participants on palliative care from the questionnaires

- Differences in mean scores, particularly on knowledge of pain and symptom management, were observed.

- The preliminary findings reveal an increase in the student participants' knowledge of medications.

- E.g. They changed their understanding about the use of medications (such as morphine) and its appropriateness in treating patients in palliative care.
Findings from Quantitative Data

- **Attitudes of student participants towards PC**

  The mean attitude scores for the top five items demonstrated that the student participants had developed a more positive attitude toward caring for dying patients and their family members.

  The student participants also tended to involve nonfamily caregivers to help the dying patients preparing for their deaths. This may imply potential collaboration between the nurses and nonfamily caregivers in dealing with issues of dying.

  A certain amount of tension was noted however, as the student participants found it difficult to form a close relationship with the dying patients, and were not willing to be the one to talk about death with the patients.
Findings from Quantitative Data

- **Caring efficacy** of the student participants towards PC

- They felt more confident about listening to the patients and considering different aspects about caring for them and providing multi-faceted care, e.g., assessing their pain, considering issues with breathing and the patient’s problem with sleeping, along with family situations for social subsidies.

- They had also gained more strength in listening to the fears and concerns of different patients.
Findings from Quantitative Data

- While there were some variations in the students' performance in communicating with the patient and family actors in the hospital and in the home settings during the simulations, the overall ratings on their performance from the theoretical (verbal) and the SOLER (non-verbal) matrixes in both the home and hospital settings were as follows.

- Over 50% gave the student participants a positive rating on establishing a trusting relationship (Trusting), avoiding assumptions (Knowing), being physically/emotionally present (Presence), and sharing feelings (Presence).

- Over 60% of the responses were positive with regard to their promoting comfort (Trusting), conveying empathy (Trusting), and engaging in mindful communication (Knowing).

- Over 70% of the responses were positive in the area of assessing thoroughly (Knowing), and over 80% of the responses were positive in the aspects of providing support/assisting with needs (Trusting & Presence), anticipating needs and attending to family (Knowing).
For the non-verbal components of SOLER the overall ratings for the home and hospital were as follows.

Over 60% gave the student participants a positive rating on their demonstration of interest in the patient’s story (S), in sitting at eye level to the patient (S), maintaining a comfortable distance from the patient (S), and showing intimacy (L).

Over 70% gave a positive rating to the students in the areas of paying attention (E) and focusing on the patient (E). The majority of participants seemed to be able to convey empathy to the patients by using non-verbal behaviour in providing comfort to them.
Findings from the Qualitative Data

1. **Knowledge and skill development** of the student participants in PC

   ▶ Students displayed an application and integration of what they had learnt about palliative care from the hospital during their simulations.

   ▶ They have: 1a. Increased their understanding of treatments and follow-up

   ▶ 1b. Recognized the significant role played by family members

   ▶ 1c. Made *skilled* use of communication frameworks as a guide for gaining more confidence
Findings from the Qualitative Data

- 1d. Recognized the importance of the psychosocial domain along with physical care for patients with palliative needs.

- 1e. Became more comfortable in using non-verbal communication.
1a. Increased their understanding of treatments and follow up

Students were proactive in checking the pain and symptom management of the patient-actors and in taking subsequent follow-up actions.

Many also came up with creative measures to deal with issues, e.g., to mitigate potential depression in a chronic obstructive pulmonary disease (COPD) patient and to instill hope in him through the possible loan of a wheelchair, so that he would be able to ‘stroll’ in the garden rather than being house-bound.
Findings from the Qualitative Data

1b. Recognized the significant role played by family members in palliative care.

- Students demonstrated the acquired knowledge and skills from the advanced practice nurses (APNs) at the hospital and from their own experiential learning through simulations, by encouraging patients and families to share their feelings with each other in the face of stress.

- In the scenario of the hospital setting, although the patient felt scared and resisted in telling the bad news about her condition to family members, the students reassured her that they and the patient would relay the bad news to her family together.
1c. Made skilled use of communication frameworks as a guide for gaining more confidence

The student participants described the value of having a framework or tool acquired from the hospital for simulations (e.g., the strategies of ask, tell, and ask), so that they could feel better equipped in their communication with patients with palliative care needs and their families.

Many attempted to apply the sequence of learning in their communication during the simulations. This, in turn, gave the students more confidence, and their efforts were positively acknowledged by the patient and family actors.
Findings from the Qualitative Data

- However, some students also recognized the importance of not following the communication guide religiously, but modifying it as their assessment of the situation unfolded while listening and talking to the patients and family actors.

- Many commented on the difference between the theoretical knowledge (from reading) and practical knowledge (from observations, role modelling, and debriefings at the hospital, and put this understanding into practice in their simulation).

- The personal practical knowledge came from what they had learned based on their critical reflections during the focus group discussion and from listening to patient feedback.
Findings from the Qualitative Data

- Recognized the importance of the psychosocial domain along with physical care for patients with palliative needs

- In dealing with the importance of understanding the patients’ psychosocial issues, the students also learnt to go beyond simply carrying out tasks. For example, in managing the back pain of the patient-actor, one could also assess the possible stress to the patient arising from his/her back pain, to show more care through the psychosocial domain.

- Others also looked at what they had learnt from the simulations to determine how they could combine science and art in their practice of nursing e.g. for the administration of medications, which should not simply seem to be a task but to convey caring through asking patients about the effect of the medications, how they felt etc.

- This thought was supported by the feedback from the patient-actors. Along with relearning the importance of psychosocial aspects (value changes) in care, students commented about the benefits of 'stepping out from one’s comfort zone'.
Findings from the Qualitative Data

- Stepping out from the student participants’ comfort level refers to their ease and confidence in focusing on physical care vs their relative discomfort in dealing with any kind of emotional care.

- Turning from responding to the patients’ emotions to talking about the physical also seems to be one way in which the students are taking refuge from facing emotions when they are not sure what to say or are trying to fill dead air in communication.

- Hence, despite learning from theories about the knowledge and skills involved in palliative care communication, it is not until they can step out from their comfort zone (i.e., by having the courage to take risks and put themselves in a vulnerable position) that they will be able to better communicate with palliative care patients.

- Practising through experiential learning and making observations through their vicarious learning from the experts have helped in this regard.
Findings from the Qualitative Data

- Their values also shifted to be more patient/person-centred.

- Became more comfortable using non-verbal communication.

  - Students learnt about the practice of non-verbal skills from the APNs and senior nurses and became more comfortable about getting close to the patients, such as moving closer, making eye contact, and physically touching the patients during their own experiential learning in the simulations.
  - This conveyed support and reassurance to patients as expressions of caring, which facilitated the communication process in simulations.

- The value of these non-verbal gestures were also reinforced by positive feedback from the patients and family member in the focus groups.
2. Attitudes of the student participants towards PC

- Their attitude changed from thinking that the often absence of caring conversations and verbal and non-verbal expressions of care were simply about a lack of time that busy nurses can spend with the patients, to thinking that it was more related to nurses' commitment and priority in nursing care.

- While some added that leadership was important to creating such a culture in the ward, many still believed that they could try to incorporate this understanding in their care, and not only in palliative care settings.

- Others thought that they would eventually be senior nurses who will show leadership. Hence, they could promote this culture.
3. An increase in student level of confidence was reported, which related to the knowledge and skills that they have acquired from vicarious learning, reflections, and experiential understanding.

Students also learnt about their much-needed areas of improvement through the feedback from the patient and family actors.

- To anticipate needs from patients
- Not to overload the patient with information but allow time and space for questions
- Understand the importance and a need for readiness, with emotional preparation, before the introduction of advanced care planning.
Conclusion

The importance of students’ values clarifications for death and dying issues

- Despite students' understanding that
  - patients in palliative care do often refer to death given the suffering in pain and their perceived burden to the families along with their observations of nurses who would explore with patients rather than avoiding this topic

- In the students' own SBE in caring communication in palliative care, some would still steer patient to see the “positive” such as the love from the family and suggest to patient “not to think negatively”

- There is perhaps their learning about the tension between instilling hope and to live the everyday moment and confronting reality in the preparation for the quality of death
Conclusion

Through SBE, students came to appreciate/understand how they could possibly translate their theoretical insights into practice:

- In their areas of trusting - through providing support, comfort, respect and needed information with time and space for patients to ask questions
- In their relationship building - it is through the trust from the patient and family actors based on their perceived helpfulness of and confidence in the students
- Their emotional presence is observed through their non-verbal touch and their distance created with the patients and these were also appreciated by the actors.
- Students have become more aware of their assumptions made during the debriefings and developed more self understanding of their values in death and dying and the need to step out from the comfort zone/develop courage in communication with patients and family with palliative care needs beyond the scripted skills.
Conclusion

- SBE has a positive impact on the students’ palliative care communication.

- *This first of its kind design of SBE*, based on the partnership between clinicians and academics, input from the patient and family actors, and an emphasis on the importance of debriefings in the nursing student’s learning and reflections on their practice of palliative care communication, may help to develop student participants’ knowledge, skills, and attitudes in palliative care communication.

- A better understanding of palliative care communication with the *acquired framework of knowledge and skills* has given the student participants an increased level of confidence and self-efficacy in the midst of uncertainty during the simulations while recognized the theory and practice dialectic.

- The student participants’ translations of their continuous theoretical understanding from vicarious learning and the practical and experiential learning from SBE and reflections into their personal practical knowledge.
Their implementation of the physical along with the psychosocial and aspects of palliative care shifted the students' old ways of being, which were technically focused and task-oriented in their nursing practice, to a more sensitive and compassionate way of caring.

The students' increased knowledge and skills alongside their changes in attitude and awareness of the meaning of care have allowed them to gradually become more caring, confident, and literate in palliative care.


References


