It Hurts! Experiences of student and novice nurses providing palliative care

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INTRODUCTION

Providing palliative and end-of-life care is difficult to cope with for nurses. This might be especially the case for nurse students and novices, and may be related to preliminary drop-out. Distress is an important risk factor for drop-out. Knowledge about palliative care related distress of young professionals and about the supportive interventions is important to prevent preliminary drop-out.

METHODS

Research Question: What is the emotional impact on nursing students and novices (< 2 yrs post-graduate) of providing palliative care and what are the opportunities for support? **Design:** Parallel and serial qualitative and quantitative research, by individual and focus group interviews, questionnaires, and content analysis of reflective case studies. **Setting and population:** The Rotterdam University of Applied Sciences, Faculty of Nursing (39 and respectively 13 3rd year bachelor students) and the Erasmus MC Cancer Institute Rotterdam, department of Medical Oncology (12 students and novices).

Period: September 2015 – February 2018.

RESULTS

Providing palliative and end-of-life care is emotionally burdensome. Most reported were distress and psychological pain. Students experienced difficulties feeling empathy, handling emotions, communication with terminally ill patients and their family and with colleagues, and handling bad news.

Table 1 Reported emotions					
Happiness	E.g. affection, strength, love, satisfaction, self-fulfilment				
Sadness	E.g. inability to cope with suffering, emotional exhaustion and psychological pain, distress				
Fear	E.g. feeling scared or guilty, despair, feeling emotionally detached, and again emotional exhaustion and psychological pain, distress				
Anger	E.g. lack of effectiveness, frustration, anger, despair, feeling neglected, feeling negative connotations regarding cancer				

Personal and organisational risk factors for distress were found in clinical practice and in the case studies.

Table 3 Risk factors for distress related to palliative care					
Personal factors	Organisational factors				
Insufficiënt theoretical knowledge	Shortness in guidance and mentoring				
Lack of clinical experience	Shortness in emotional support				
Lack of discussion of emotions, worries or sadness	Workload				
Striving to provide best care	Combination of palliative and curative care				

During internships students rarely discussed their experiences with palliative care and corresponding feelings, thoughts, and emotions, which contributed to distress. They reported on various needs of support. In literature interventions were found that may (partly) meet these needs.

Table 4 Opportunities for support							
Interventions (literature) → ↓ Needs for support practice	Simulation Programme	Intervision Programme	Supervision Programme	Psychological training	Palliative Care Companion		
Simulation	\checkmark	-	-	-	-		
Working experience	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark		
Intervision	-	\checkmark	-	-	\checkmark		
Professional support	-	-	-	-	-		
Observation and guidance	- /√	- /√	- /√	- /√	- /√		

During their internship in clinical practice students frequently face patients in need of palliative care and the complexity of providing good palliative care. However, they feel insufficiently prepared.

Table 2 Preparation nursing students (N=39)					
Students' characteristics					
Female	100%				
Age < 30 years	95%				
Current internship in hospital	74%				
Experiences in palliative care					
≥ 1 palliative patient per week	44%				
Previously cared for dying patients > 5 per intenship 2-5 per internship	39% 46%				
Knowlegde and preparation					
Correctly answered knowledge statements (max 20)	9 (sd 2)				
Feeling sufficiently prepared for providing palliative care	21%				
Believing that palliative care should be important part of the nursing curriculum	69%				

CONCLUSION

Personal and organisational characteristics increase the risk of preliminary drop-out of students and novice nurses dealing with patients in the palliative phase. To prevent young professionals for moral distress preparation and mentoring are required, both at school and in clinical practice.

DISCUSSION

Providing palliative care is an emotional rollercoaster for student and novice nurses. They feel inadequately prepared and have poor knowledge on palliative care. Furthermore they show unhealthy behavior while feeling intense involved in the patients' situation. More emphasis on palliative care during the initial nursing education programme may improve students' preparedness to palliative care. In clinical practice intervision and the palliative care companion (PCC) programme seem the most promising and feasible interventions to improve novice nurses' resilience.

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