
Background: Nurse Practitioners can play a key role in the care of patients who are living with chronic disease and those who are nearing death. These authors examined NP students’ personal definitions of “good” and “bad” deaths and sought to determine their thoughts surrounding end of life care in terms of treatment goals: prolonging life versus maintaining quality of life. The graduate nursing faculty was interested in finding out what experienced nurses returning for an advanced practice degree already knew about providing palliative care for patients and their families and their intent was to use this information to inform palliative care curriculum development.

Methods: Mixed methods; descriptive study design developed as a component of a program evaluation.

➢ Qualitative methods included an interview questionnaire while quantitative methods included a multiple-choice examination.
➢ The interview questionnaire focused on 6 open-ended questions designed to capture in-depth information about each participant’s description of palliative care, the role of the NP in delivering palliative care, personal or professional experiences related to palliative care, and descriptions of “good” and “bad” death.
➢ The quantitative multiple-choice examination (a validated tool) consisted of 106 questions which were aimed at assessing the participants’ baseline knowledge of palliative care.
➢ 36 female graduate student participants ranging in age from 27-54 years
➢ Participants represented four graduate specialty streams within the faculty of nursing: Family, Psychiatric, Health Management, and Nurse Anesthesia.
➢ Participants ranged from having completed 0 to 38 program credits, with the majority (61.5%) having 6 credits or less.
➢ Participants ranged from having 4 to 32 years of nursing experience with a mean of 18 years.
➢ Majority of participants had no palliative care experience or education.

Results:

➢ Multiple choice examination mean score 68.72% (range 49% to 90%) representing an unsatisfactory evaluation of the participants’ grasp of palliative care.
➢ There was a decline in scores on palliative care knowledge as age and years of nursing experience increased.
➢ Positive correlation between completed program credits and palliative care knowledge.
Description of Palliative Care: 1) End of Life Care, 2) Comfort Care, 3) Holistic Care, and 4) Care when all curative measures have been exhausted

Essential Elements of Palliative Care: 1) Pain Control, 2) Comfort, 3) Respect, 4) Family Needs

Role of the NP in Palliative Care: 1) Coordinator, 2) Counselor, 3) Pain Control

Personal or professional experiences with Palliative Care: 1) Pain Control, 2) Family Support

Requirement for NP Education: 1) Nursing Course, 2) Pharmacology, 3) Adequate Supervision/Preceptorship

“Good death” versus “Bad death”: Good death described the experience of comfort (69%), peace and calmness and “not being alone” as being key to a “good death”. The experience of pain was noted to be in relation to a “bad death”. Deaths driven by the health care team were also reported as being “bad deaths”.

Discussion:

Participation in this study increased some of the students’ motivation to learn and study in palliative care.

The four essential elements of palliative care as identified by participants are consistent with the WHO’s definition of palliative care and the domains of quality care that emerged from the National Consensus Project for Quality Palliative Care (2004).

Direct implication for curriculum development.

Role confusion for NPs (i.e. “coordinator” versus “deliverer” of care).

Curricula need to be flexible to address generational issues of graduate students and comprehensive enough to meet the needs of the various specializations.

Strengths:

- Addresses a knowledge gap in that research in the area of NP education is not plentiful
- Used validated tool to collect quantitative data
- Can directly inform curriculum development in North America
- Student perspective vital in terms of educational experiences, policy development, and creativity in further developing the role of the NP.

Weaknesses:

- Small sample size
- Homogeneous sample
- Majority of participants were in the early phase of their graduate education
- Data collected during first week of university
- Influence of religion not known (study conducted at a Catholic University).