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End of life care in physicians' and nurses' education

Zagadnienia dotyczące opieki nad umierającym pacjentem w edukacji lekarzy i pielęgniarek

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ABSTRACT

Introduction. Appropriate vocational education should focus on making nurses and physicians aware of the need to change the priorities of their actions when facing a patient's death, as in such cases the emphasis should be shifted from fighting death to ensuring that the patient dies in dignity.

Aim. The aim of the research was to compare the end-of-life education of physicians and nurses and indication of areas of their educational needs regarding this topic.

Methods. The study was conducted in year of 2007 with the use of a diagnostic survey on the sample of 222 (100%) medical personnel (124 nurses and 98 physicians) working in Poland.

Findings and conclusions. Half of the nurses think that their professional training prepared them sufficiently for end of life care (49,19%). Physicians are of the opposite opinion (43,87%). According to both groups of the respondents, their education has prepared them predominantly for taking care of the physiological functions of the dying. The respondents mentioned lack of education regarding cooperation with the dying patient's family and supporting the family members, or dealing with own emotions facing someone's death.

Key words: end of life education, end of life care

STRESZCZENIE

Wstęp. Właściwe kształcenie dyplomowe w zakresie opieki nad umierającym pacjentem powinno uwzględniać uświadomienie pielęgniarkom i lekarzom konieczność zmiany priorytetów ich działań w obliczu jego śmierci. Nie chodzi wówczas o walkę ze śmiercią, ale wysiłek, aby uczynić śmierć pacjenta śmiercią godną.

Cel. Celem pracy była analiza porównawcza kształcenia dyplomowego lekarzy i pielęgniarek w przedmiocie opieki nad umierającym pacjentem, jak również analiza ich potrzeb edukacyjnych w tym zakresie.

Materiał i metoda. Badania przeprowadzono metodą sondażu diagnostycznego, wykorzystując kwestionariusz ankiety własnej konstrukcji i objęto nimi 222 (100%) aktywnych zawodowo pielęgniarek (n=124) i lekarzy (n=98) pracujących w szpitalach miasta Lublina oraz okolic. Materiał badawczy zebrano w okresie styczeń – maj 2007 roku. Zebrane dane poddano analizie statystycznej.

Wyniki i wnioski. Blisko połowa pielęgniarek uważa, że kształcenie przeddyplomowe przygotowało je do opieki nad pacjentem u kresu życia (49,19%). Przeciwnego zdania są lekarze (43,87%). W opinii obu grup respondentów, w ramach edukacji przygotowano ich szczególnie do opieki nad fizyczną sferą umierającego pacjenta. Respondenci wskazali na brak przygotowania do współpracy z rodziną umierającego pacjenta, wspierania członków rodziny umierającego oraz na temat radzenia sobie z własnymi emocjami w obliczu śmierci.

Słowa kluczowe: edukacja na temat opieki nad umierającym pacjentem, opieka nad umierającym pacjentem

Introduction

The review of literature proves that preparation of physicians and nurses for end of life care is not satisfactory and needs to be improved [1, 2, 3, 4, 5, 6, 7]. Presumably it is connected with the fact that education of the subject concerning end of life care within the medical syllabuses as well as the increase of the number of education hours of these issues are seen as relatively new tendency [8].

The undergraduate education of physicians and nurses in Poland is realised on the basis of the curricular minima contained in the standards of education prepared by the group of experts worked for the Ministry of Science and Higher Education. In Polish nursing education standards for first degree level the palliative care has been included into basic education content with minimum hours of teaching: theory – 45 h., practice – 40 h., vocational practice – 40 h. The content of this study subject are as follows: palliative and hospice care; occurring symptoms in patients with advanced cancer diseases; communication with a patient and his/her family; support for a family of a patient during a disease process and mourning period. The competence and skills that students should achieved are "Identification of the forms of palliative care; recognition and resolving of health problems of a patient with cancer; accompanying a patient and his/her family during disease, dying and death" [9].

Analysing physician education standards, there is no study subject called palliative care/medicine but the syllabus includes oncology (60 hours of theory) that contains palliative care. Among competence and skills which are the aims of this study subject is "terminal caring including contact with an oncological patient and his/her family". There is also family medicine (105 hours of theory) where one can find the issue of palliative medicine. Among other skills that are concerned on this study subject „monitoring of somatic and psychological symptoms of dying patients" is mentioned. There is no issue of palliative medicine within vocational practice but it might be expected that problems of end of life care are undertaken inside the realisation of practice in other subjects, e.g. practice in internal diseases [10]. Both education standards are adjusted to the European regulations. It is necessary to remember that standards described by the curricular minima may be increased by particular universities.

Speaking of postgraduate education in Poland, in both medical and nursing programmes, different forms of palliative education has been implemented. Nursing education in that domain offers nursing specialisation, qualifying or specialist course [11, 12]. Medical education, similarly gives the opportunity of getting palliative medicine specialisation [13]. Apart from that, the content about problems of end of life care are also included in postgraduate education programmes of the other medicine and nursing domains.

Aim

The aim of the research was to compare the end-of-life education of physicians and nurses and indication of areas of their educational needs regarding this topic.

Material and methods

Methodological design and justification

Intention of the study is to show the self-evaluation of physicians and nurses concerning their education in the end of life domain as an indication of their needs in the areas, where the respondents feel the lack of preparation and would like to get knowledge during postgraduate education. The study might be treated as the element of the evaluation of the end of life education and became the base for updating the education programmes in the mentioned domain in order to adjust them to the educational needs of nurses and physicians. This research is a part of the bigger project which results have been partly published [14, 15, 16].

Ethical approval

The study was approved by the appropriate Ethical Committee of the Medical University of Lublin No. KE-0254/244/2006. Participants of the research were informed about study described above.

Research methods

The research was conducted using the diagnostics survey method. The questionnaire including 20 fundamental questions and 10 questions about respondents' characteristics was utilized in the study. Among the data about the characteristics of participants were: sex, age, marital status, place of living, education, work experience, name of work institution and type of ward of the current work. The fundamental questions in the questionnaire were constructed into three subgroups concerning: 1 – the experience of care of a dying patient at work – 10 questions; 2 – the assessment of self preparation for care of a dying patient achieved during vocational education – 5 questions; 3 – the interest of respondents in development of their competence for caring a patient in his/her end of life stage – 5 questions. All questions in the fundamental part of the questionnaire had four degree scale, from absolutely yes (4) to absolutely no (1). In three questions the respondents had additional possibility of choice of "no opinion" (0) because of their reflective nature. To collect more specific opinions for the study, for some basic questions participants had the opportunity to choose a few answers for the same question.

Participants

Participants were recruited from general hospitals located in the city of Lublin and smaller hospitals in the neighbourhood area of the south-eastern part of Poland. The research was conducted among 150 physicians and

Table 1. Socio-demographic features of the respondents

No.	Socio-demographic features of the respondents		N	%
1	Sex*	Female	166	74,77
		Male	52	23,42
2	Average age	38,42		
3	Marital status*	Miss /Bachelor	35	15,76
		Married	177	79,72
		Widow/Widower	5	2,25
		Divorced	4	1,80
4	Type of school completed	Nursing (old system of education)	88	39,63
		Licentiate	15	6,75
		Master	21	9,45
		Physician	98	44,14
5	Place of residence	Countryside	37	16,66
		The city of 150 000 inhabitants	72	32,43
		The city above 150 000 inhabitants	113	50,90
6	Work experience	to 3 years	23	10,36
		3-5 years	15	6,75
		5-10 years	42	18,91
		10-20 years	88	39,63
		More than 20 years	54	24,32
* there is no 100%, because not everyone responded to these questions				

200 nurses working in the following hospital wards: Internal Medicine, Surgical, Neurological, Cardio-surgical, Cardiological, Cardiology Intensive Care, Hospice, Neonatological. From the total number of 350 surveyed people 124 (62%) questionnaires in the group of nurses and 98 (65.33%) questionnaires in the group of physicians were collected. The incompletely fulfilled questionnaires were expelled from further analysis.

Data collection

A research assistants were trained to collect the data. The assistant approached the physicians and nurses in the workplace and explained the purpose of the study; and those who agreed to participate received the questionnaire with a cover letter that explained the study, and written consent was obtained. Questionnaires were also left with the head nurse for distribution among nurses and physicians on other shifts.

Respondents were assured that their participation was voluntary and that they could quit from study at any time.

Data analysis

Data were analysed using Statistical Package v. 5.5. Descriptive statistic: frequencies, percentages, mean, range and SD and correlation were used to describe the sample and answers to the research questions. The relations between the variables were analysed by the use of Chi-square test. Statistically significant result assumed in the test was $p<0.05$.

Results

The examined group characteristics

The detailed data concerning the surveyed group are contained in table 1. The examined personnel of health care service sector consisted of 166 women (74.77%) and 52 men (23.42%). The respondents' bracket amounted of 23 – 53 years of age, the average of age was 38.42, the deviation – 7.49.

The nurses that took part in the study mostly held a vocational degree (registered nurse) – 88 (39.63%). The examined physicians in 100% held a medicine doctor education.

The majority of the physicians and the nurses had a long-standing work experience.

The most representative wards of the respondents were: neurology (19.81%), surgery (16.66%), internal medicine (16.66%), cardiosurgery (5.85%), cardiology (4.05%). The most seldom units were cardiology intensive care, neonatal and hospice – each 0.45%.

Self assessment of the respondents' preparation for end to life care

Nearly half of the nurses think that their professional training has prepared them sufficiently to end of life care (49.19%); the higher the degree of education of the nurses, the more likely the answer is to be positive ($p=0.000060$). Physicians, on the other hand, are of the opposite opinion – 43 people (43.87%). It happens at the high percentage of physicians who do not remember if such content had appeared during their vocational education – 35 respondents (35.71%).

Table 2. The scope of the material carried out in preparation of physicians to care for the dying patient*

The scope of material		YES		NO		TOTAL	
		N	%	N	%	N	%
1	Care of biological sphere of dying	**18**	**94,73**	1	5,26	19	100
2	Care of psychological sphere of dying	**10**	**52,63**	9	47,36	19	100
3	Care of spiritual sphere of dying	9	47,36	**10**	**52,63**	19	100
4	Cooperation with the dying patient' family	7	36,84	**12**	**63,15**	19	100
5	Support for patient' family members	6	31,57	**13**	**68,42**	19	100
6	Communication with the dying patient	**10**	**55,55**	8	44,44	18	100
7	Dealing with own emotions facing death	7	36,84	**12**	**63,15**	19	100
8	Organizational tasks- creation of decent conditions of dying	**10**	**52,63**	9	47,36	19	100
9	Cooperation in the team in the therapeutic care of the dying	9	47,36	**10**	**52,63**	19	100
10	Moral aspects of dying and death	**11**	**57,89**	8	44,44	19	100
11	Others	0	0	0	0	0	100

* results in the table refer to those physicians who found that the content in undergraduate education prepared them for working with the dying patient 20 = 100%.
Because physicians have not always been approached for all ranges of education, 100% has been treated as a total response in each row.

Table 3. The scope of the material carried out in preparation of nurses to care for the dying patient*

The scope of material		YES		NO		TOTAL	
		N	%	n	%	N	%
1	Care of biological sphere of dying	**54**	**94,73**	3	5,26	57	100
2	Care of psychological sphere of dying	**42**	**76,36**	13	23,63	55	100
3	Care of spiritual sphere of dying	**30**	**52,63**	27	47,36	57	100
4	Cooperation with the dying patient' family	26	48,14	**28**	**51,85**	54	100
5	Support for patient' family members	24	45,28	**29**	**54,71**	53	100
6	Communication with the dying patient	**37**	**67,27**	18	32,72	55	100
7	Dealing with own emotions facing death	22	38,59	**35**	**61,40**	57	100
8	Organizational tasks- creation of decent conditions of dying	**41**	**77,35**	12	22,64	53	100
9	Cooperation in the team in the therapeutic care of the dying	**33**	**62,26**	20	37,73	53	100
10	Moral aspects of dying and death	**42**	**76,36**	13	23,63	55	100
11	Others	0	0	0	0	0	100

* results in the table refer to those nurses who found that the content in undergraduate education prepared them for working with the dying patient 61=100%.
Because nurses have not always been approached for all ranges of education, 100% has been treated as a total response in each row.

According to both groups of the respondents, their education has prepared them predominantly for taking care of the biological sphere of the dying – 94.73% of physicians' and nurses' answers; and for taking care of the patient's psychological sphere – 52.63% of physicians' answers and 76.36% of the nurses' answers. However, the both groups of respondents mentioned lack of education regarding cooperation with the dying patient's family and regarding the support for the family members – 51.85% of nurses and 63.15% of doctors; as well as how to deal with their own emotions facing someone's death – 63.15% of physicians' and 61.40% of nurses'. The detailed numbers and differences between the nurses and the physicians are included in tables 2 and 3.

The need of competence improvement in the area of end of life care

More than a half of the examined respondents – 119 (53.60%) would not be able to take a job in a palliative institution or a hospice. There were 45.96% of the nurses and 63.26% of the doctors in this group of the respondents.

More than 50% of the respondents – 154 persons (69.36%) are interested in taking part in the specialisation courses that prepare them for working with a patient at the end of his/her life. The biggest interest of such education was declared by the groups of the registered nurses and the nurses with master degree education ($p = 0.01$). The statistical correlation was also stated between the respondents' age and the examined issue ($p = 0.034$). The younger healthcare personnel the bigger interest in postgraduate education in studied area.

Table 4. Physician demand for postgraduate training in preparation for working with dying*

	The scope of material	YES		NO		TOTAL	
		N	%	N	%	N	%
1	Care of biological sphere of dying	37	86,04	6	13,95	43	100
2	Care of psychological sphere of dying	**48**	**97,95**	1	2,04	49	100
3	Care of spiritual sphere of dying	**45**	**95,74**	2	4,25	47	100
4	Cooperation with the dying patient' family	**47**	**97,91**	1	2,08	48	100
5	Support for patient' family members	44	91,66	4	8,33	48	100
6	Communication with the dying patient	**47**	**97,91**	1	2,08	48	100
7	Dealing with own emotions facing death	39	86,66	6	13,33	45	100
8	Organizational tasks- creation of decent conditions of dying	**47**	**100**	0	0	47	100
9	Cooperation in the team in the therapeutic care of the dying	**41**	**95,34**	2	4,65	43	100
10	Moral aspects of dying and death	39	92,85	3	7,14	42	100
11	Others	0	0	0	0	0	100

* results in the table refer to those physicians who reported an interest in postgraduate training, preparing for work with the dying patient 53 = 100%.

Because physicians have not always been approached for all ranges of education,100% has been treated as a total response in each row.

The issues that are in the spectrum of the respondents' interests most of all concern are included in tables 4 and 5.

Discussion

The study by Field and Wee [8] done in 23 medical schools in the UK shows that the issue of care of a dying patient was realised in all education syllabuses of those schools but in a different scopes. Some schools realise it in a frame of a few lectures only, some treat it as a larger course or a separate course. The number of hours devoted to this problems fluctuated between 6 and 100. Similar study which was focused on the presence of end of life education in the nursing schools in the UK was conducted by Dickinson et al. [7] Average number of teaching hours for palliative and end of life care was 44.71. For a change, the report from the 580 American baccalaureate nursing programmes shows that end of life education covers average of 14 hours [17].

In the presented study nearly half of the nurses think that their undergraduate education prepared them for looking after a dying patient. The opposite proportions can be seen among the group of the examined physicians (43.87%).

The research done by White et al. [18] on a group of 750 nurses from different regions of the USA shows that for the most of them (98%) end of life education is important because end of life care is part of professional practice (94%). But from 737 responses to this question, 188 (26%) said they had excellent level of preparation for taking care for dying patient and his/her family, 400 (54%) reported a good level of such preparation, 122 (17%) indicated a fair level of preparation, and 27 (4%) reported a little preparation.

The other researchers in their studies show that nurses have not been given the adequate preparation for professional caring of the dying and his/her family. Labuzek et al. [19] in 100 nurses study reveal that only 8% of them have got knowledge of palliative care during their education at nursing school and the majority (68%) have learned it through self-education. Kolonko et al. [20] in their research conclude frankly that nurses openly admit their deficit of knowledge regarding these issues.

The research conducted by Sullivan et al. [21] made on the large group of medicine students (1.455), residents (296) and teachers (287) from the 62 accredited medical schools of the USA shows that both, students and residents do not feel well prepared for taking care of a dying and the great number of teachers is not prepared to educate these issues.

Among the issues which were realised during the undergraduate education and had prepared to end of life care of the Polish physicians and nurses, most of all indicated care of biological and psychological sphere of a dying person, communication with him/her and moral aspects of a dying process and death. These issues seem to be mostly realised in end of life education. Their presence in education programmes are confirmed in the study of Dickinson et al. [7] concerning education programmes of end of life education in the British nursing schools and in the study of Field and Wee [8] concerning end of life education programmes in the UK medical schools.

Slightly different tendency might be found in some Polish research. Pirogowicz et al [22] who analysed the data gathered among last year medicine students of the Wroclaw Medical University, Poland (n=133) point out that the most of them declare the luck of practical and theoretical preparation for talking with a patient or a patient's family about an uncured disease or the upcoming death. About 90% of the students admit that the reason for it is the luck of theoretical classes that could help to face such situation in a daily practice. In the current

Table 5. Nurses demand for postgraduate training in preparation for working with dying*

	The scope of material	YES		NO		TOTAL	
		N	%	N	%	N	%
1	Care of biological sphere of dying	45	83,33	9	16,66	54	100
2	Care of psychological sphere of dying	72	92,30	6	7,69	78	100
3	Care of spiritual sphere of dying	**72**	**96,00**	3	4,00	75	100
4	Cooperation with the dying patient' family	**80**	**100**	0	0	80	100
5	Support for patient' family members	**69**	**98,57**	1	1,42	70	100
6	Communication with the dying patient	**73**	**96,05**	3	3,94	76	100
7	Dealing with own emotions facing death	80	94,11	4	5,88	85	100
8	Organizational tasks- creation of decent conditions of dying	66	92,95	5	7,04	71	100
9	Cooperation in the team in the therapeutic care of the dying	58	92,06	5	7,93	63	100
10	Moral aspects of dying and death	54	91,52	5	8,47	59	100
11	Others	0	0	0	0	0	100

* results in the table refer to those nurses who reported an interest in postgraduate training, preparing for work with the dying patient 101=100%.

Because nurses have not always been approached for all ranges of education, 100% has been treated as a total response in each row.

study communication with the dying patient, it is also pointed out as the lacking skill among the doctors who are interested in acquiring it in their further education, despite the presence of such issues in the programme of undergraduate education.

The missing topic in end of life education which was shortlisted by doctors and nurses concerning cooperation with a dying person's family and care of such family was also preparation for coping with own emotions when facing a patient's death.

The US study report [23] shows that nearly half the respondents rated ability of health care workers to provide emotional support for dying patient and patients' family members as fair or poor. In the study of White et al [18], the issue: "how to talk to patient's family that their relative is dying" locates it on the first place among core competencies that nurses wish they had learned in nursing school. Seventh place (among specified 12 competences) is dealing with bad emotions, such as anger among patients and their families. The analysis of the study also illustrates that skill of coping with own emotions in the situation of patient's death is often undertaken issue in end of life education. Both, studies of Dickinson et al. [7] as well as Field and Wee [8] confirmed that each of education programmes that were analysed (100%) included the subject concerning attitudes towards death and dying, considering topics of coping with emotions in a face of death. The need of realisation of this matter in their education and achievement of the skill of coping with emotions when patient is dying is underlined by Thompson [4] as well. The study of White et al. [18] locates the problem of dealing with own feelings at the seventh place among competences that nurses are willing to be taught.

Over 50% of the respondents, mostly the physicians (63.26%) admit that they would not make the decision to work in the palliative care or hospice institutions. The results of Pirogowicz's study [22] show out that 36.8% of students make such medical specialisation impossible to undertake. According to Beckstrand et al. [6] research conducted among nurses and physicians showed that often death of the patient is treated as their own defeat instead of treating it as the part of life. Similar opinion is argued by Feinberg [24] analysing the reasons of failure of the 5-year project SUPPORT (the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments) accomplished in the USA.

The optimistic results can be found in the area of the medical personnel's interests in participation in the postgraduate education in the caring of the dying domain. More than 50% of them – 154 people (69,36%) would be interested in participation in courses preparing them for working with the dying. It is obvious that a physician and a nurse must take into account the death of their patient regardless of the type of medical institution they work in. Therefore the Recommendation of the European Council concerning the organisation of the palliative care - RE (2003) 24, orders that the healthcare personnel has the basic knowledge and skills in palliative care [25].

The biggest demand of the examined people of healthcare sector most of all concerning cooperation with the dying patient's family, communication with the dying patient, dealing with own emotions facing someone's death, caring of the psychological and spiritual spheres of the patient and creating dignifying conditions for dying. These issues can be found in the syllabus of the nursing specialisation of the palliative care [12] and the specialisation of the palliative medicine for the physicians [26]. They are also included in the syllabus of the qualification and the specialisation courses for nurses

in this field [27, 28]. The demand for mentioned issues in education process might be found in other studies, e.g. White et al. [18], where competence concerning conversation with a patient and his/her family about dying assembled the highest note to be learned by nurses. Among others, the competence concerning pain control techniques and comfort care in nursing interventions also took the important place.

Study limitations

The limitation of the research method which examines the end of life education is the possibility of analysis from the only one perspective. The analysis of the previously realised educational programmes should be done to check the outcomes with reference to the obtained opinion of physicians and nurses.

Another limitation is too small surveyed group participating in the study.

Conclusions

Nurses' and physicians' opinion about their end of life education is not clear. Half of the nurses stand that their undergraduate education prepared them sufficiently for end of life care. Nearly half of physicians say that their undergraduate education has not included the content of preparation to end of life care. Even though end of life care is difficult for respondents, 50% of them claimed their good preparation for caring of the dying.

More than 50% of the respondents are interested in taking part in the specialisation courses that will develop their preparation for end of life care. The demand in particular concerns the cooperation with the dying patient's family and support for the family members, communication with the dying patient, dealing with own emotions facing someone's death – emphasizing the lack of sufficient subjects regarding the end of life education.

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