Introduction of Novice Oncology Nurses to End-of-Life Care

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Dying patients and their families often have unique physical, psychosocial, social, and spiritual needs that require specialized end-of-life (EOL) skills. EOL preparation of nurses has been inconsistent. Novice nurses need guidance to develop the knowledge, clinical skills, and coping strategies to provide high-quality and compassionate EOL care. Inadequate preparation for providing EOL care can lead to anxiety, stress, and burnout. Barriers that prevent adequate preparation and support of novice nurses in EOL care include lack of education, financial constraints, poor staffing, and major life changes. However, opportunities are available to support novice oncology nurses as they develop the skills necessary to provide competent EOL care. Nurse extern programs and individually tailored orientation plans that include EOL care should be developed. Careful selection of mentors and preceptors is an important aspect in planning orientation for novice oncology nurses. The presence of peers experienced in EOL care is crucial. Educational materials, standards of practice, and continuing education on EOL care should be available to novice nurses as well. EOL competencies may provide a blueprint to help with performance evaluations. Adequate preparation of novice oncology nurses for EOL care will improve patient outcomes, increase job satisfaction, and promote longevity in the specialty.

At a Glance
✦ Nurses are uniquely positioned to provide high-quality end-of-life (EOL) care.
✦ Novice oncology nurses who are not adequately prepared to provide EOL care may experience burnout.
✦ Clinical mentors can help to improve novice nurses’ ability to cope with EOL care.

Maintaining trust while providing patients and families with physical, emotional, and spiritual support during prolonged illness can be very challenging for nurses. This is especially true for oncology nurses provide care for patients and families along the illness trajectory from diagnosis to death.

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Digital Object Identifier: 10.1188/06.CJON.604-608
An Overview of Current Nursing Education Trends in End-of-Life Care

Nurses are expected to address EOL issues as they arise during interactions with patients (Ferrell, Virani, Smith, & Juarez, 2005). However, nurses often have had little or no formal EOL education (Block, 2002). Nursing programs have not been consistent in their provision of EOL education, with only 3% reporting EOL courses in 2002 (Wells et al., 2003). Nurses have indicated that EOL issues such as pain control, how to talk to patients and families about dying, and EOL interventions usually were not included in their undergraduate education (White, Coyne, & Patel, 2001). Most experienced oncology nurses eventually develop the attitudes, knowledge, and skills that enable them to care for the dying. However, those qualities often are the result of years of experience, in addition to “on the job” education (Levy, 2001).

One of the most successful EOL education projects is the End-of-Life Nursing Education Consortium ([ELNEC], 2005). ELNEC is a national program designed to improve EOL care. The train-the-trainer program provides nurses with core content on EOL issues. As of September 2005, ELNEC training had been provided to 646 undergraduate nursing faculty, 220 graduate nursing faculty, and 19,000 nursing students from 460 nursing programs (American Association of Colleges of Nursing, 2005). Thus far, about one-third of nursing programs in the United States have participated in ELNEC training. In August 2003, a grant from the National Cancer Institute, supported by the Oncology Nursing Society (ONS) and the American Association of Colleges of Nursing, provided funding for an ELNEC oncology course specifically created to train, prepare, and support oncology nurses to disseminate EOL education to their peers. ELNEC courses have been conducted for oncology nurses in 111 of the 204 ONS chapters throughout the country.

Another effective EOL training program is the Toolkit for Nursing Education at End-of-Life Transition (TNEEL) (Wilkie, Judge, Wells, & Berkley, 2001). The toolkit is provided free of charge via CD-ROM and offers six modules (comfort, connections, ethics, grief, well-being, and impact) that address basic competencies necessary to provide EOL care to patients and families. Implementation of ELNEC and TNEEL education into nursing curricula and nursing orientation will help improve EOL education for new nursing graduates. However, many hospitals, nursing homes, and long-term care facilities have yet to offer programs of this nature to their staffs.

Barriers to Nurse Education in End-of-Life Care

Although nursing leaders recognize the need for EOL training, barriers prevent the adequate preparation and support of novice oncology nurses. Even though oncology nurses are well intentioned, they cannot include in their practice what they do not know (ELNEC, 2005). The curricula of many nursing schools do not routinely include EOL education, and many nursing texts cover a limited number of EOL topics. The developers of ELNEC found that only 2% of the leading nursing texts contained topics related to EOL care (Ferrell, Virani, & Grant, 1999).

The pressures placed on oncology nurses providing care at the bedside may prevent them from attending educational programs on EOL care. For example, nurses may experience excessive demands on their time secondary to high levels of patient acuity. In addition, poor staffing and unanticipated emergencies may preclude attendance at educational programs during work hours. Nurses with excessive personal demands may be reluctant to participate in educational opportunities during their scheduled days off (Lafer, Moss, Kirtner, & Rees, 2003). Past experiences with personal and professional grief and loss can negatively impact nurses’ desire to pursue EOL education. Unresolved grief issues can compromise the ability to cope with patients and families at the EOL (Vachon, 2001). Major life changes, including divorce, illness, and financial difficulties, may trigger grief responses, making confronting EOL issues with patients difficult for some nurses (Vachon).

Administrators of hospital and outpatient facilities may emphasize financial and productivity issues over other, less tangible assets. Therefore, resources and training dedicated to the care of the dying may be more susceptible to budget cuts, because quantifying and reimbursing EOL care may be difficult (Teno, Byock, & Field, 1999). Healthcare systems generally are not organized around the care of chronically ill patients but rather focus on curative modalities (Lynn, 2004). In 2000, only 14% of hospitals had palliative care programs, 23% offered hospice programs, and only half had pain management programs (Last Acts, 2002).

Opportunities for Nurse Education in End-of-Life Care

Nurse Extern Programs

Although EOL training may be difficult to find, opportunities for providing the information to novice oncology nurses do exist. Senior nurse externships may offer opportunities to practice EOL nursing skills on oncology or hospice units. A study of third-year nursing students who completed a palliative care module indicated that they developed a greater understanding of pain and symptom control and were more knowledgeable about adjuvant therapies and opioid use (Arber, 2001).

Nursing Orientation and Unit-Based Skills

Prior to designing orientation plans for nurses new to oncology practice, EOL education and job responsibilities should be assessed. Nurses who have experience in specialties other than oncology may have had little education or experience in EOL care. Orientation plans that take into account prior clinical experience and formal education in EOL care should be considered. In addition, novice oncology nurses should be encouraged to identify their own perceived professional and
personal strengths and areas for growth in EOL care as a part of the orientation program (Santucci, 2004).

Some skills that are needed when preparing for EOL care may be developed best through group discussions and role playing (Maguire, 2003; Weissman & Blust, 2005). Role-play situations that deal with EOL issues help novice nurses develop much-needed support systems and foster cohesiveness with their more experienced coworkers. For example, novice nurses might practice communicating bad news, discussing do-not-resuscitate orders and advanced directives with patients and families, or talking about hospice care to dying patients (Weissman & Blust).

**Mentoring**

The careful selection of mentors or clinical preceptors is an important consideration in the orientation of novice oncology nurses (McMahon, 2005; Smith & Chalker, 2005). Clinical mentors can help to improve novice nurses’ ability to cope with EOL care (Harper, 1994). Mentors should possess the knowledge, attitudes, and communication skills that will facilitate novice nurses’ training (Neumann et al., 2004; Vance, 2002). To ensure that mentors are adequately prepared to guide novice nurses in their training, ELNEC training for mentors should be considered. In addition to ELNEC oncology training, mentors may benefit from obtaining hospice and palliative care certification (the CHPN credential) (Head, 2000). Certification serves to help mentors remain current with changes and advances in EOL care and provides tangible evidence of competence in EOL care (Stromborg et al., 2005). More than 8,000 nurses are certified in hospice and palliative care (National Board for Certification of Hospice and Palliative Nurses, 2005).

**Educational Resources**

Anxiety and fear of the unknown may plague patients, families, and caregivers as they try to cope with the physical aspects of EOL care. Psychosocial and spiritual issues associated with dying are important to address but often are overlooked when people confront the physical realities of dying (Vachon, 2001). Educational resources (e.g., brochures, handouts, videos, CDs) that focus on all aspects of EOL care should be available to patients, families, caregivers, and novice nurses (Coleman, Coon, Mattox, & O’Sullivan, 2002). Such resources help those caring for dying people to address common EOL issues related to pain control, dyspnea, and psychological and spiritual distress. In addition, educational materials provide direction to novice nurses when guiding patients, caregivers, and family members through the dying process (ELNEC, 2005).

**Standards of Practice**

Clinical practice guidelines, symptom management tools, and protocols should be in place to provide direction for novice nurses in patient evaluation and care. Reference information, materials, and resources that are readily available can guide new nurses while they develop competence and confidence in their practice. At a minimum, practice guidelines should include those related to the nursing management of nausea, dyspnea, depression, constipation, oral secretions, and anxiety (Weissman & Blust, 2005). Protocols for postmortem care, ventilator withdrawal, opioid conversion, and infusion titration can provide additional references for novice nurses in clinical practice.

**Continuing Education**

Continuing education in EOL care is essential to help nurses further develop and refine the skills necessary to care for patients and families. Continuing education programs may be a means to help novice nurses develop competence and confidence in performing EOL care. Vachon (2001) reported that feeling a lack of control with regard to pain control and symptom management was a major stressor for nurses. Ongoing palliative care education may help increase nurses’ sense of control and also improve pain and symptom management for patients. Although most nurses believe that education is important, a survey indicated that one-third of nurses had less than two hours of continuing education on EOL care in the prior two years (White et al., 2001). Other reports have indicated that EOL care, especially pain and symptom control, and psychosocial issues need to be addressed (McCahill, Ferrell, & Virani, 2001; Meraviglia, McGuire, & Chesley, 2003; O’Keefe & Crawford, 2002).

Nurse educators need to be innovative when developing and implementing educational programs to meet the diverse needs of nurses, while also taking into consideration institutions’ financial constraints (Ferrell, Virani, & Sherman, 2005). Lunch-and-learn programs, telephone conferences, online Web conferencing, online learning modules, and self-directed study modules are practical alternatives to consider (Weissman & Blust, 2005).

**Peer Support**

Support for novice nurses is crucial when patients are actively dying (Vachon, 2001). Novice nurses may experience difficulty implementing appropriate caring behaviors for patients during the dying process or after death ensues. Some nurses may become fearful when they are alone with dying people or those who died recently. The presence of mentors or peers with experience in EOL care may help provide emotional support for novice nurses during such potentially difficult experiences (ELNEC, 2005).

**Expression of Feelings**

Each death is different and unique. Novice nurses may experience uncomfortable feelings (e.g., anxiety, loss, grief), which are difficult to articulate, as a result of patients’ deaths. Mentors and experienced coworkers may encourage the expression of feelings associated with death events (Weissman & Blust, 2005). Cumulative loss may occur when oncology nurses do not have time to resolve feelings of loss and grief between patient deaths (Feldstein & Gemma, 1995). Coworkers and mentors who recognize and respond to novice nurses’ grief are essential. Harper (1994) identified six stages of adaptation for nurses caring for dying patients and their families. Similar to other conceptual models that describe the stages and tasks of grief, each phase of adaptation builds on the next as novice nurses learn to cope with EOL care in clinical practice. In the first stage of adaptation, anxiety may present itself in novice nurses who have limited experience with EOL care. In this stage, the needs of patients and families are perceived more intellectually than personally. In stage 2, feelings of frustration and guilt may be present as novice nurses recognize that death is inescapable.
regardless of the quality of care provided. Working through stage 3 involves coping with grief and mourning. This period may determine whether novice nurses can move beyond the doubts and frustrations inherent in EOL care and remain in oncology. Although not free from the feelings and frustrations of stage 3, stage 4 marks the time when novice nurses develop the capacity to grieve effectively and the flexibility to recover emotionally. Empathy and self-awareness characterize stage 5. They are reflected in the ability to accept the fact that living can be more agonizing than dying for patients and families. Finally, in stage 6, deep compassion toward dying patients and families begins to manifest itself in novice nurses. Although private pain and grief still are present, novice nurses experience personal and professional satisfaction in helping patients and families through the final stages of life. Mentors should support novice nurses as they move through each of the stages of adaptation. Emotional support from mentors and peers increases the chances that new nurses will be able to adapt and cope with loss and grief (see Figure 1). In addition, novice nurses may need to express their feelings or tell stories of patients’ deaths. “Telling the story” can facilitate the search for meaning in the deaths of patients (Byock, 1997; Steeves, 1996).

Journaling may help novice nurses process reactions and express feelings associated with patient deaths while providing more private time for self-reflection (ELNEC, 2005). Writing letters of condolence to families can provide novice nurses with a way to convey feelings and reflect on the rewards of their work. Other, more formal activities that may help novice nurses cope with loss and grief include planned memorial services for patients who have died, caregiver support groups, and monthly group sessions on nursing units.

End-of-Life Competencies

Competency statements may provide a blueprint for the development of job descriptions and performance evaluations for nurses involved in EOL care. In an effort to address some of the deficiencies in EOL education, a panel of expert nurses and palliative care professionals, organized by the American Association of Colleges of Nursing, developed 15 EOL competency statements for undergraduate nursing students (American Association of Colleges of Nursing, 2004). Topics covered in the competencies include information related to population dynamics, comfort care, communication, cultural diversity, respect, collaboration, use of standardized assessment tools, symptom management, evaluation of interventions, holistic treatment, grief, legal and ethical issues, resource utilization, plans of care, and application of knowledge (see Figure 2).

The competencies were designed with the intent of integrating EOL care throughout nursing curricula, while taking into account that most nursing programs do not have dedicated EOL courses.

Long-Term Benefits of Preparing Novice Oncology Nurses for End-of-Life Care

Ultimately, novice nurses caring for terminally ill patients have opportunities for tremendous personal and professional growth (Ferrell et al., 2003). Providing quality EOL care and witnessing death can help nurses overcome fear and denial of death. Oncology nurses can learn from patients and families who allow them to be present and share one of the most critical and important times of their lives: death (O’Connor, 1993). Patients and families who deal positively and gracefully with death can help novice nurses overcome the sense of helplessness and failure that may be present during EOL care (Hinshaw, 2004). Acceptance of death and the dying process as natural parts of the circle of life is one of the first lessons for novice nurses to learn. Over time, novice nurses may come to view death as an achievement rather than a failure (ELNEC, 2005). The careful training and selection of mentors, improved EOL education strategies, and emotional guidance will help to foster competence and confidence in novice oncology nurses. Today’s novice nurses are tomorrow’s experienced oncology nurses, provided that they are given the support, caring, and direction of their mentors and peers.

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References

