Newly graduated nurses working in isolation with palliative patients

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Abstract

Aim: This paper highlights the experiences of new graduate nurses working in rural areas, as they face the task of working with palliative care patients in rural health settings with limited assistance and mentoring.

Background: There are a number of complicating factors that will influence how and where a person with a life limiting illness is cared for during the palliative stage of their condition. Nurses need to be mindful of these factors and their ability to offer quality care, which is dependent on the extent of their preparation for this area of practice. Although literature exists about how to provide end of life education to undergraduate nurses, there is little published about the experiences of new graduate nurses working in remote or isolated geographical regions.

Method: Participants who had graduated 1-2 years previously received invitations to be interviewed through the University Alumni. Interviews were analysed thematically.

Results: This paper describes the experiences of new graduate nurses working in isolation with palliative patients.

Conclusions: Palliative care is viewed as an important feature of undergraduate nursing education, but is often identified as an area of practice where undergraduate nurses feel inadequately prepared. This paper describes the experiences of new graduate nurses in rural areas in their role of caring for patients with life limiting illness.

Introduction

Nurses are playing an important role in the care of palliative patients with approximately half of the deaths in Australia occurring in hospitals (1). Although a range of health professionals are involved in the provision of this care, nurses spend more time with people who have a life limiting illness than other health professionals. For this reason, it is important that graduate nurses feel prepared to care for these patients in the workplace and support is provided to them in this demanding area of practice (2-6) Nursing students express a view that palliative care is an significant element of their curriculum (7, 8). However, studies indicate that graduates often feel unprepared to practice in this area (8, 9) suggesting that increasing the amount of palliative care education in undergraduate nursing curricula and support for nurses in new graduate roles to provide care for patients with life limiting conditions is needed (6, 8, 10, 11).

Background

People with life limiting illness face a range of factors that will influence how and where they are cared for. Nurses need preparation in both undergraduate education and in new graduate roles to be able to perform in this role. In Australia, national bodies provide direction and support to nurses caring for people with life limiting conditions. Palliative Care Australia, and the PCC4U website for education of the public, nurses and other health professional (12, 13) are notable examples. The local resources

and services, legislation, and population needs play a role in determining the model of palliative care used in practice (1). In this study the focus was primarily on rural hospital and community nursing settings.

A review of the literature examining the experiences of newly graduated nurses dealing with end of life care revealed the following themes: the significance of palliative care as a component of undergraduate nursing education, preparedness for nurses to deal with death and dying, the experience of death for different patient populations; and, education strategies (6). Although end of life care was perceived to be important in undergraduate nursing education, both undergraduate and new graduate nurses often feel less prepared for this area of work (8, 9, 14). Although substantial literature exists regarding how to provide education of end of life issues to undergraduate nurses there is little in the literature that explores the experiences of new graduate nurses in this area of practice (6, 15). This article explores the perceptions of new graduate nurses around their preparedness for practice in the area of palliative care, primarily in rural hospital and community nursing settings.

Method

A qualitative interpretative methodology was used in this study. Semi-structured interviews were used to collect data, describing the perceptions of recently graduated nurses regarding their preparedness for practice in the palliative care area. Only female graduates from a single university volunteered to participate in this study. Ethics approval was obtained through the University Human Research Ethics Committee. Nurses that had completed their course within two years were invited to participate. The participants worked in various rural settings (base hospitals, Multi-purpose services and small hospitals). When data saturation was reached sampling ceased (n=7).

Five participants were completing their first year of practice and two were in their second year as Registered Nurses. Two participants previously worked as enrolled nurses prior to completing the Bachelor of Nursing. All participants had experienced caring for people with life limiting conditions, although none were employed in designated palliative care units. Participants completed consent forms and were provided with information sheets about the research. Semi-structured interviews of approximately one hour each were digitally recorded. Interview transcripts were thematically analysed using the six step process described by Braun and Clarke (16). This consisted of familiarising yourself with the data, generating initial themes, searching for themes, reviewing themes, defining and naming themes and producing the report. All team members assisted with this process independently until the step of reviewing the themes. At this point the team members discussed the themes until consensus was achieved. Pseudonyms were assigned to each participant in order to maintain their confidentiality. This paper focuses on one theme being the experience of newly graduated nurses working in geographically isolated areas.

Results

All of the newly graduated nurses participating in this study recounted experiences of caring for people who experienced life limiting conditions. Although none of the participants were working in the specialty area of palliative care, they all expressed the view that it was an important aspect of their role as new graduates in a variety of settings. The participants indicated how important a part of their workload this was especially in small rural facilities:

> I think we always seem to have palliative care … we seem to have a lot of care for. Patients who come in quite frequently just being unwell and then they get a bit better and go back to the

> community for a little while until they just get to the extent when they can't be in the community anymore and they come in … Yeah, so it is a big part of nursing out there actually (Sarah)

Fiona confirms that in smaller hospitals all new graduates are likely to be exposed to the same environment. Although Fiona and Sarah worked in different hospitals they both had similar experiences suggesting that any new graduates who may be employed at a site of a similar size would have comparable experiences.

> The Hospital is so small that you, that'll be a placement that students will go to or the new grads will go to on their rotation (Fiona)

The participants in this study expressed surprise that they had such a central role in nursing palliative care patients as new graduates. They had presumed that there would be more practiced staff to guide their actions, but the responsibility was recurrently theirs.

> I found that, obviously that nurses play a very, very big role in palliation of the patient … So the palliative CNC's come in … do their assessment … but we're the ones that have to actually … implement it, and we're the ones that make the decision of we'd be giving that infusion right now … and I clearly remember even speaking to senior nurses and them not knowing when will be appropriate because it was a lot on our clinical judgment, but it was not something that I had experience in, so I didn't have clinical judgment to know that (Jane)

As the participants indicated their level of responsibility was greater than they had anticipated. Jane's comments highlight her sense of isolation and lack of support to make decisions which she felt were important. Even in facilities where there was assistance available, it was limited to outside normal office hours.

> Ultimately it comes back to you, and it's never a perfect time where they're going to pass away. It's going to be when you're under resourced, there's not enough people there. It's probably on a weekend, you don't have a doctor present, and you're the only one there, and you have to make that decision; oh do we give them—do we start this infusion, do we give them one last stat dose, you know, to let them go, because we know that they're about to, they're probably within five minutes of, you know, really—or when do we call the family (Jane)

Participants felt the weight of responsibility of making decisions with little experience behind them, was concerning.

> I just thought if anything happens I've got no idea how to deal with this, I'm literally going to be running around thinking oh my gosh, how do I stop this situation from getting worse, how do I de-escalate this? (Sarah)

> You're the stop gate, so you're the person who's got to fight for your, for what you believe in. So and that, that's fine too but no it is quite a big (Fiona)

Although none of the participants described situations where things had been out of their control the possibility was a concern for several of them. Sarah attributed some of her fear of being unsupported to the size of her employing hospital.

> I don't know what it's like for other hospitals, but I do know in [town] it is a big part of—we had one stage, we had three palliative patients there at a time and we're meant to be an acute care facility … three palliative patients there at one time which I mean it's really difficult as a new grad RN or even a second year out one when you're the only RN there (Sarah)

Participants felt that the workload and responsibility was often very heavy for a new graduate. However, they did not always feel unsupported, it was more likely that they lacked support at some times, rather than all the time. Jane, after expressing her concern that she was under resourced and unsupported at times, went on to say that she did receive some support.

> I was quite fortunate that in my experience they did tell me what they foresaw was going to happen to our patient and because I was a new grad I think that gave me a little bit of leverage because you can ask, you can ask an appropriate question you know, like why am I doing this, and when do I do this and that kind of stuff (Jane)

There was a common thread that the participants would have liked to know more about the resources available for them in their role of nursing palliative patients and caring for families. However, there was also a recognition that palliative care was a specialist area and that as new graduates these participants did not expect to have extensive skills in the area.

> the big thing is the knowledge of what's available and what we can do to make people more comfortable …but I mean we can't come out of uni knowing everything and I mean even the nurses that work regularly on wards and stuff don't and that's why we have a palliative care team. And so I may not know everybody and know everything but I do know that there is a team out there that you can ring and say hey, what do you think or can you come out and review this person (Donna)

However, although advice and reviews which do not take long to complete were available in rural areas, participants were also aware of a lack of services, particularly in relation to providing ongoing support to people while they are living in the community.

> he probably could've stayed at home longer [in a city] because he would've had more services because he lived with his brother; they were two bachelor brothers and his brother had had both legs amputated so there was no way that he was going to be able to care once he couldn't take himself to the bathroom and all that sort of thing and needed help in the bathroom, there was no way that he was going to be able to cope with him at home because I think he would've like to have stayed at home longer (Donna)

Dealing with death and dying can be challenging. Participants articulated that support from other registered nurses through role modelling and ideas for coping strategies was greatly appreciated. Although participants stated they struggled to deal with all of the demands of palliative care in the role as a new graduate, most felt prepared to provide physical care. In contrast they were concerned with communication, particularly with family.

> As a new grad straight out I felt that's what I was probably most underprepared for was conversation and communication—what to say and when to say it (Alex)

> I feel I was prepared in order to step in and take on that patient care responsibility. But [university] didn't over prepare you for certain things: that would be how to deal with it emotionally for some patients. Especially ones who were quite active beforehand, and it might be a new—newer diagnosis, or they've had a stroke which has come out of nowhere. So dealing with the emotional side to help the patients I think is something that isn't touched on at university (Anne)

In learning how to manage with their own grief in losing a patient the participants recognised the value of the support provided by other experienced staff who they looked upon for direction.

> I think we had really good nurturing mentors, as in more senior RN's, more senior staff, so they helped you in regards to the emotional side of things and gave you tips about … burn out because you take so much of it on in regards to caring for the families (Fiona)

Although nurturing was important for participants as they learned how to manage their own grief, Jane also identified the benefit of talking to someone who had been through it themselves. Hearing about their lived experience made it more possible for her to relate their advice to her own situation.

> I like it when people talk about their own sort of experiences because it's a bit more relatable, … she [other more experienced RN] spoke realistically about how she originally coped with sort of things that she found quite confronting, and I found that really, really good (Jane)

Sarah elaborated on other things that were different in smaller hospitals. Although she did not have issues with all of these differences, they did take some getting used to.

> I don't know what the bigger hospitals are like but I know with us I can … the staff on the ward has to certify the death and stuff, we don't have a doctor there 24/7 so if someone passes away on the ward the nurses do the certification of the death and then the doctor comes in and signs the certificate for us … so it's still something that I'm getting used to (Sarah)

Factors that participants identified as being different in rural areas were also aspects that they valued about living in a small community.

> we always have community nurses coming in and out of the building for our supplies and that for people out in the community and quite often they steal one of us off the ward to go and do house calls … sometimes because I know one of the community guys used to be someone that we were looking after on the ward, so it was nice just to get updates on how they were going and I mean he did pass away, but it was nice to hear how he was going and that he was comfortable and then they do the same to us when they've been nursing someone in the community for years and then they bring them up to us and they'll call in to get something else and say how are they going, are they alright, are they comfortable? (Sarah)

> they actually moved this lady out of the emergency down into a room so they could have a bit of privacy and a bit of space which you would never get at a bigger hospital it just wouldn't happen … but the nurses didn't think anything of it; yeah, it made more work but they just did it because I think ultimately it's what we all want. So yeah, it's pretty good (Donna)

As well as recognising the benefits of working in rural settings, several participants recognised their own educational requirements and spoke of seeking further professional development to increase their skills and knowledge in the area of palliative care.

> [There was a] problem where there was a particular woman who had … she passed away and I just didn't feel as though she had a particularly nice death and I don't think the family had very good memories of it … It was really awful so it was after that that I sort of did the PEPA course (Alex)

> I've done … a couple of palliative care just one day refresher courses … I haven't specifically wanted to work in palliative care … but it's not something that I shy away from all the same, because it's getting very much part of our daily work now (Jo)

Generally, the participants indicated that they were worked with people at the end of their lives relatively frequently and particularly in rural facilities felt isolated. They felt that they were making decisions in isolation and were grateful for what support was available to them, especially emotionally. However, participants recognised that the differences related to rural practice were not all negative, they identified positive aspects of the context. Several participants identified their lack of preparedness for the role and made conscious efforts to expand their knowledge in this area.

Discussion

Newly graduated nurses in this study were frequently caring for palliative patients even though they were not working in designated palliative care positions. They expressed their perceptions that they were insufficiently prepared to provide palliative care when working in isolation (6, 17, 18). They recognised that even when more experienced staff worked within a facility, their availability could not be guaranteed when it was required. Some participants related this lack of support particularly to smaller rural facilities. This was not unexpected as there would be fewer staff available to provide such support in smaller health services (19-21).

These newly registered nurses have reported that they felt prepared to provide physical care to palliative patients. They did, however find that they were not prepared for the responsibility that the registered nurse role entailed in terms of dealing with family dynamics and specific questions from families around the dying process. Communicating with families was reported as the most confronting aspect of care for the dying person (6, 8). The need to develop skills and knowledge in this area of practice is apparent in order to prepare graduates more effectively for this aspect of care. Literature suggests that role modelling of how to engage in conversations and communicating effectively with patients and families experiencing end of life issues is a useful tool (6, 8, 22). Participants in this study identified the need for support people who were regarded as experts in the workplace to offer advice and guidance and respond to questions that new graduates had and for professional development to enhance their skills and knowledge. Participants acknowledged the benefits of sharing real life experiences, particularly when addressing how to deal with their own personal stress and reactions to the loss of a patient.

In the workplace, senior staff can take the lead in supporting and being a role model for new graduates. Zheng, et al., (23) support the practice of reflection on practice and recommend that new graduate nurse programs should provide participants with an opportunity to evaluate their knowledge and skill concerning palliative care through reflection, to encourage their understanding of its meaning and to nurture resilience.

The nature of rural and remote nursing as described by these participants is such that support and advice can be available on the end of the telephone or through a visiting service e.g. palliative care review, so that existing staff can provide better services. However, ongoing services were identified as being less common. Home care services, for example, struggle to acquire sufficient numbers of clients in these areas to make them sustainable (19-21).

Conclusion

The findings of this study highlight the need for health services to prepare and support new graduates in rural and remote health facilities in their role in caring for these people and their families. As most deaths in Australia occur in health care facilities, it is important that new graduate nurses are supported in caring for people with a life limiting illness, particularly in rural and remote health care where they frequently work in isolation. Palliative care is an important aspect of undergraduate nursing education yet it is an area of practice that newly graduated nurses feel they are unprepared for. There is a need to provide more support and professional development for new nurse graduates particularly in rural areas. Access to and the support of experienced nursing staff for new graduates around this area of nursing practice is seen to be a vital point.

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Presenter

Dr Judith Anderson has been a registered nurse in rural Australia for more than 20 years, working in a variety of settings. Her background has been strongly focussed on improving health outcomes for people living in rural and remote areas and the provision of nursing education. In 2010, she completed her PhD on change management in small rural health services. Judith has also had a history of working in mental health services, aged care, management and in community engagement in rural health services. Currently Judith works for Charles Sturt University, as a Senior Lecturer for the School of Nursing, Midwifery and Indigenous Health, where she coordinates undergraduate and postgraduate nursing courses. She is currently supervising several PhD students, including one studying the development of caring behaviours in recently graduated nurses. At Charles Sturt University, Judith has been involved in teaching nursing and paramedic students for several years and has undertaken research about student experiences in learning and how this can be improved. This overall history has led to a further interest in researching the impact of teaching methods, particularly the need to prepare students for the provision of palliative care in rural areas.