

Experiential Palliative Care Immersion: Student Nurse's Narratives Reflect Care Competencies

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Abstract

Many nurses report a lack of confidence providing care for patients facing a life-threatening illness. Palliative care leaders have devised primary palliative nursing care competencies (CARES [Competencies And Recommendations for Educating undergraduate nursing Students]) that all students should achieve. In this study, nursing students participated in an innovative palliative care immersion experience, the Comfort Shawl Project. We performed a reliable content analysis of their narrative reflections. The goal was to evaluate whether reflections on their interactions with patients/families were consistent with CARES competencies. Nine female students wrote reflections after gifting each of the 234 comfort shawls to patients. Four CARES-related categories were analyzed: *Individual Values and Diversity*, *Compassionate Communication*, *Fostering Quality of Life*, and *Self-Insight and Emotion*. Reflections were highly representative (41%) of recognizing *Individual Values and Diversity*, representing sensitivity for patients' unique differences in values, an integral component of palliative care. The Comfort Shawl Project shows promise as an experiential immersion for introducing nursing students to CARES competencies.

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Given the aging of the Baby Boomers, nearly 20 million American older adults will die over the next 10 years (National Center for Health Statistics, 2015). An increase in the number of patients of all ages facing serious illness warrants the need for palliative care (Institute of Medicine, 2015). Caring for this growing number of seriously ill or dying individuals provides a challenge that the nursing profession has been working to address. Nurses were historically at the forefront of bringing hospice care to the United States and have continued to be leaders in palliative care research and practice (Adams, 2010; Lunney, 2011). Thus, it is somewhat surprising that many nurses report a lack of knowledge or confidence regarding their abilities to address the physical and psychosocial needs of patients facing a serious or life-threatening illness (Shaw & Abbott, 2017; White & Coyne, 2011).

In the 2015 Institute of Medicine report, *Dying in America*, palliative care is defined as “care [that] provides relief from pain and other symptoms, supports quality of life, and is focused on patients with serious advanced illness and their families (p. 59). Primary palliative care, also referred to as generalist palliative care, is palliative care provided by members of the health care team who do not have advanced practice certification in palliative care (National Consensus Project for Quality Palliative Care [NCP], 2018). Primary palliative care skills include the assessment and management of symptoms of serious illness, communication skills to help patients and families understand and cope with illness throughout the disease trajectory, advocacy skills to ensure patient-centered care aligned with individual goals and values, and skills to provide respectful care for the dying patient and support for the bereaved (NCP, 2018). The breadth of these skills, requiring physical, psychosocial, and emotional responsiveness, is challenging to deliver through regular nursing education. Inconsistency in palliative care content across nursing curricula, as well as lack of faculty preparedness to teach this content, contributes to nurses’ knowledge deficit in palliative care (Ferrell, Mazanec, Malloy, & Virani, 2018).

In response, the American Nurses Association (ANA; 2017) recommends the adoption of the End-of-Life Nursing Education Consortium (ELNEC) curricula as the standard for primary palliative nursing education. Even more specific to addressing this issue, the American Association of Colleges of Nursing (AACN) developed a comprehensive list of palliative care nursing competencies, known as CARES (Competencies And Recommendations for

Educating undergraduate nursing Students), to be used as a guiding framework for nurse educators to develop content that allows students to successfully attain primary palliative care knowledge (Ferrell, Malloy, Mazanec, & Virani, 2016). In addition to the didactic education included in the ELNEC undergraduate program, clinical experiences in palliative care settings can foster socioemotional learning, increasing nursing students' positive attitudes toward primary palliative nursing care and solidifying their knowledge (Kaasalainen, Brazil, & Kelley, 2014). The challenge now is for nurse educators to integrate new innovative methods into the curriculum to facilitate students' achievement of the CARES competencies prior to graduation.

With this goal in mind, we developed the Comfort Shawl Project, an experiential service-learning project that immerses senior nursing students in a hospital-based palliative care consult service (Glover, Horgas, Castleman, Turpening, & Kittelson, 2017). Kolcaba's (2003) Comfort Theory, with its focus on comfort as a central tenet and desirable outcome, of nursing care informed the development of Comfort Shawl Project. Furthermore, the Comfort Theory posits that the comfort of nurses is essential to their recruitment and retention (Kolcaba, Tilton, & Drouin, 2006). The Comfort Shawl Project began with three primary goals: collaborate with the palliative care team at the academic medical center to provide comfort shawls to patients receiving palliative care, provide an experiential immersion in palliative care for pre-licensure nursing students, and foster community involvement and intergenerational engagement between nursing students and volunteers (Glover et al., 2017).

The handcrafted comfort shawls used in the project are made by volunteers, including community members, alumni, and nursing students. In brief, students attend the interdisciplinary team meetings of the palliative care consult service at a large university hospital and participate in gifting handcrafted shawls to patients and families receiving palliative care. The interaction between the student nurse and the patient/family during this exchange, though sometimes brief, allows the student to engage in a warm, personal interaction, thereby emphasizing the human caring aspect of the nursing profession. In each interaction, the student has to effectively explain the details of the project to the patient and their family. The Comfort Shawl Project provides an opportunity for the student to interact with dying persons in an informal setting, where the focus is not necessarily on medical treatment but rather on compassionate communication and support. These interactions provide an experience likely to improve the student's ability to recognize a patient's social and spiritual needs in a palliative care context. As part of the program, students also participate in extracurricular education on palliative care, including examining their own attitudes toward death and dying, discussing

advance care planning, sharing gifting experiences, and directed reads in palliative care in a group facilitated by the faculty mentor (T.L.G.). In the current study, after gifting each shawl, the student nurse engaged in a written reflection of gifting the shawl to the patient/family.

The program thus allows students to hone their palliative care competencies, especially recognizing their own beliefs about serious illness and death, respecting patient diversity, practicing compassionate and competent communication, and collaboration with an interdisciplinary team (Ferrell et al., 2016). The aim of this study was to examine the content of those gifting reflections for evidence that nursing students were indeed learning aspects of the CARES competencies in interaction with patients receiving palliative care.

Method

Participants reported on their experience gifting shawls to patients in palliative care through completing a written narrative Gifting Reflection. Narratives were content-coded for themes related to relevant CARES competencies that nursing students were expected to develop. Content analysis is a method of analyzing the frequency of specific themes or concepts in a narrative (Seale, 2012). Content analysis is a common analytical tool in the social sciences. It is not a qualitative method per se. Instead content analysis is a way to categorize narrative material to tap the frequency of instances of particular types of information (Adler et al., 2017; Smith, 2000)—in this case, information relating to care competencies. Its potential to reveal beliefs and self-understanding makes content analysis an ideal strategy for assessing students' learning in the Comfort Shawl Project. The study was conducted at a large academic medical center in the southern United States. All procedures were approved by the University of Florida Institutional Review Board.

Participants

Participants were nine female senior nursing students who voluntarily participated in the Comfort Shawl Project and this study. Between June 2016 and April 2017, the students gifted a total of 234 comfort shawls to patients receiving palliative care in the hospital.

Procedures

Each week over the yearlong project, two of the nine students attended the hospital's interdisciplinary palliative care team meeting to discuss patient care and determine patients who might like to receive a shawl. As such, the

number of shawls gifted each week varied. Students went on rounds in pairs to gift the shawls, visiting with each patient for 5 to 15 minutes. Patients were shown multiple shawls and asked whether they would like to choose one. Patients most often selected shawls based on their favorite color, texture of the shawl, or the name of the shawl (e.g., Lilac Garden, Tranquility). If the patient was unresponsive, students interacted with any family members who were present or, in a few cases, with the nurse caring for the patient. Students were instructed to complete the Gifting Reflection during, or immediately after, their rounds. Although students made gifting rounds in pairs, one student took the lead in each interaction with the patient and/or family. The lead student wrote the gifting reflection.

Measures

Gifting reflections. Initially, the instructions for writing the reflection were simply to comment on their experience of gifting a shawl to the patient and/or family. Over time, the instructions gained specificity to focus on the topics that students naturally tended to address in their reflections. The instructions were as follows:

In your reflection on gifting this shawl, address the following three areas:

1. Room environment: Who was there? How did they respond?
2. What did you feel during gifting?
3. Was there anything that you learned that will influence your nursing practice?

The handwritten Gifting Reflection narratives were generally one to two paragraphs. Most students described the social interaction, commenting on such things as who was in the room, the patient's condition, patient demographics, and the patient or family's response to receiving a gifted shawl. In many cases, students reflected on something they learned in the gifting interaction. They also sometimes wrote about their increasing confidence in interacting with seriously ill patients and their families.

Coding Procedures: Identifying Palliative Care Competencies

To increase trustworthiness, the CARES competencies were used as a basis for the content coding system. This assured that the trained coders focused on characteristics integral to the palliative care education. The Comfort Shawl Project was developed as an educational immersion to teach socioemotional aspects of caring for patients. As such, those CARES competencies involving

such processes were used in the codebook. Reflection narratives were coded to see whether, without prompting regarding competencies, students would describe their experiences in a way that suggests certain competencies. Nine CARES competencies aligned with the goals of the Comfort Shawl Project (Table 1).

The written narratives underwent content analysis, with the coding process supervised by one of the coauthors (S.B.), who has extensive experience in this methodology. The first step was the development of a content analytic codebook operationalizing categories based on the relevant CARES competencies. Training of the content coders in using the codebook was completed using pilot Gifting Reflection narratives of students previously involved in the Comfort Shawl Project. After multi-week training, reliability between two coders was attained using a subsample of 13% of the study data ($\kappa = .70$). In the context of content analysis, trustworthiness is demonstrated through the kappa statistic. Reliability refers to interrater reliability established as part of the content analysis procedure used in this study and reported by the kappa statistic. To prevent development of bias regarding any specific participant, the reflections were randomized for coding, and any identification of the student nurse was removed.

All reflections were content-analyzed by two trained coders, strictly following the codebook. The unit of analysis for coding was each Gifting Reflection written by a nursing student. Before assigning codes to each narrative, the coders read the whole reflection to consider it in its entirety. Each narrative reflection could receive as many coding categories as applied. Each category was coded as either present or absent. That is, when a student exhibited more than one competency in her reflection, all were coded. Coders focused on the student nurse's own competencies (i.e., not references to competencies of other health care staff or family who may sometimes have been mentioned in reflections). To assure maintenance of reliability across coding of all data, coders began each coding session by reviewing the codebook. They also met to discuss any differences, resolve discrepancies, and prevent coder drift.

Through team discussion and inspection of the pilot narratives, nine of the 17 competencies appropriate to the scope of the Comfort Shawl Project were selected for inclusion in the Care Competencies Codebook. Eight CARES competencies were not included because they either had a clear technical focus that would not appear during shawl gifting or concerned issues that refer to a longer time frame than a single patient visit. For example, the first CARES competency, *promotes the need for palliative care* (see Table 1), was not included as the students in the Comfort Shawl Project gifted shawls to patients who were already receiving palliative care support so that there was no chance for them to promote the need for such care.

Table 1. The CARES Competencies and Their Relevance to the Comfort Shawl Project.

American Association of Colleges of Nursing (AACN) CARES Competencies ^a	Reflection Coding Category
1. Promote the need for palliative care for seriously ill patients and their families, from the time of diagnosis, as essential to quality care and an integral component of nursing care	NA
2. Identify the dynamic changes in population demographics, health care economics, service delivery, caregiving demands, and financial impact of serious illness on the patient and family that necessitate improved professional preparation for palliative care	NA
3. Recognize one's own ethical, cultural, and spiritual values and beliefs about serious illness and death	Self-Insight and Emotion
4. Demonstrate respect for cultural, spiritual, and other forms of diversity for patients and their families in the provision of palliative care services	Individual Values and Diversity
5. Educate and communicate effectively and compassionately with the patient, family, health care team members, and the public about palliative care issues	Compassionate Communication
6. Collaborate with members of the interprofessional team to improve palliative care for patients with serious illness, to enhance the experience and outcomes from palliative care for patients and their families, and to ensure coordinated and efficient palliative care for the benefit of communities	Compassionate Communication
7. Elicit and demonstrate respect for the patient and family values, preferences, goals of care, and shared decision making during serious illness and at end-of-life	Individual Values and Diversity
8. Apply ethical principles in the care of patients with serious illness and their families	NA
9. Know, apply, and effectively communicate current state and federal legal guidelines relevant to the care of patients with serious illness and their families	NA
10. Perform a comprehensive assessment of pain and symptoms common in serious illness, using valid, standardized assessment tools and strong interviewing and clinical examination skills	NA
11. Analyze and communicate with the interprofessional team in planning and intervening in pain and symptom management, using evidence-based pharmacologic and nonpharmacologic approaches	NA

(continued)

Table 1. (continued)

American Association of Colleges of Nursing (AACN) CARES Competencies ^a	Reflection Coding Category
12. Assess, plan, and treat patients' physical, psychological, social, and spiritual needs to improve quality of life for patients with serious illness and their families	Fostering Quality of Life
13. Evaluate patient and family outcomes from palliative care within the context of patient goals of care, national quality standards, and value.	NA
14. Provide competent, compassionate, and culturally sensitive care for patients and their families at the time of diagnosis of a serious illness through the end of life	Individual Values and Diversity
15. Implement self-care strategies to support coping with suffering, loss, moral distress, and compassion fatigue	Self-Insight and Emotion
16. Assist the patient, family, informal caregivers, and professional colleagues to cope with and build resilience for dealing with suffering, grief, loss, and bereavement associated with serious illness	Fostering Quality of Life
17. Recognize the need to seek consultation (i.e., from advanced practice nursing specialists, specialty palliative care teams, ethics consultants, etc.) for complex patient and family needs	NA

Source. Used with permission from American Association of Colleges of Nursing (2016).

Note. CARES = Competencies And Recommendations for Educating undergraduate nursing Students; NA = not applicable.

Four CARES-related categories were content-analyzed: *Individual Values and Diversity*, *Compassionate Communication*, *Fostering Quality of Life*, and *Self-Insight and Emotion*. Throughout the pilot coding, it became clear that some of the CARES competencies tapped into similar thematic concepts (e.g., compassionate communication or recognizing diversity). For the coder to have a brief but clear concept of the coding category's central theme, a *summary of code theme* was included in the codebook. The *summary of code theme* is a concise modification or combination of each category's relevant CARES competencies used by the coder to recognize certain CARES competencies in the Gifting Reflection narrative. Coding the four sum categories instead of all nine individual competencies was more parsimonious with these narrative data. The consistent application of the *summary of code theme* is used to produce results that could be reproduced by other researchers using the same codebook. The quantitative data (i.e., frequency with which each coding category appears in the reflections) allow for descriptive statistical analysis as presented in this article.

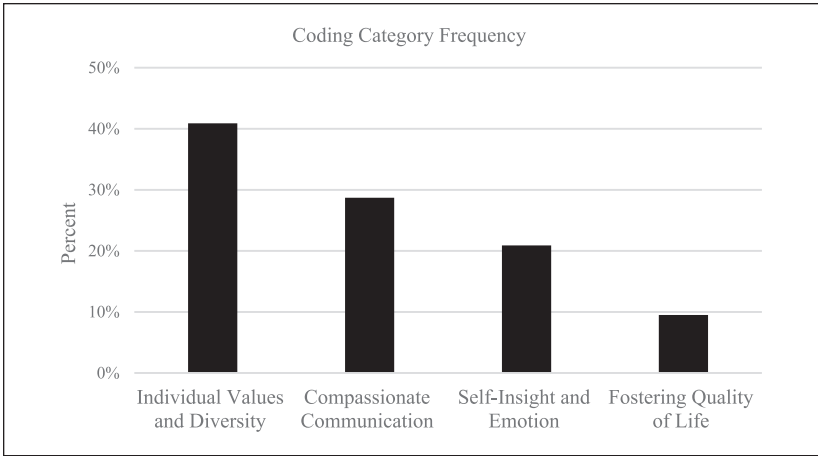


Figure 1. Frequency of each CARES competency code.

Note. CARES = Competencies And Recommendations for Educating undergraduate nursing Students.

Data Analysis

The pilot data on the Gifting Reflections were compiled in an Excel workbook. The study data were entered using SPSS software (IBM SPSS, Version 25) and the content was verified by a second member of the research team.

Results

Participants were nine female senior nursing students between 20 and 23 years of age who voluntarily participated in the Comfort Shawl Project and this study. A gifting reflection was written for all 234 comfort shawls. Shawl recipients included 122 women and 110 men (two instances of gender not reported), ranging in age from 9 days to 103 years. Patients were hospitalized for a variety of illnesses, including cancer, heart disease, dementia, stroke, and congenital conditions.

Content Analysis: Gifting Reflections and the CARES Competencies

The Care Competencies Codebook includes four content categories that consist of two or three CARES competencies combined to represent a shared central theme. Frequencies appear in Figure 1. The four categories representing the CARES competencies are as follows:

1. *Individual Values and Diversity* (CARES Competencies 4, 7, and 14)
Summary of code theme: Student nurse demonstrates sensitivity or respect for patients'/families' personal individual differences in values or preferences when providing care for, or interacting with, them.
2. *Compassionate Communication* (CARES Competencies 5 and 6)
Summary of code theme: Student nurse communicates compassionately with patients and family members or collaborates with any member of interprofessional team to provide effective and compassionate palliative care.
3. *Fostering Quality of Life* (CARES Competencies 12 and 16)
Summary of code theme: Student nurse refers to any way that she or he tried to improve patients'/families' quality of life or to support their coping efforts or help them be resilient to personal suffering or loss.
4. *Self-Insight and Emotion* (CARES Competencies 3 and 15)
Summary of code theme: Student nurse expresses her or his own values, beliefs, or how she or he manages or recognizes emotions in interacting with dying persons.

The category *Individual Values and Diversity* was most prevalent, appearing in 40.9% ($n = 151$) of nursing students' reflections. *Compassionate Communication* (28.7%, $n = 106$) and *Self-Insight and Emotion* (20.9%, $n = 77$) were also well-represented categories with a smaller number of nurses' reflections, including *Fostering Quality of Life* (9.5%, $n = 35$).

Comfort Shawl Gifting Reflections: Examples of the CARES Competencies

The following reflections exemplify and support the CARES competencies identified in the Gifting Reflections content coding. The narratives provided below do not represent a qualitative analysis, but rather exemplars of the content coding process. Each exemplar is presented, followed by a short description of how specific competencies are represented in the Gifting Reflection narrative. Some examples may include several CARES competencies. For clarity, only one competency present in the reflection narrative is described.

Individual values and diversity. Patient: A young woman with cystic fibrosis

The student nurse wrote,

The patient was on a breathing machine. She was on her phone playing a game. She would not speak to us at all but nodded that she wanted the shawl. I figure

that she is probably very angry at the world for her disease, so she probably doesn't want to talk to hardly anyone. I can't imagine what she is going through.

In CARES Competency 7, it is emphasized that the nurse should be able to effectively “elicit and demonstrate respect for . . . values, preferences, and goals of care.” The example above illustrates how the student nurse is actively trying to put themselves in the patient’s shoes. The student shows a willingness to demonstrate respect for the patient’s preferences, including her preference not to interact. She thereby appears to develop a deeper understanding for the role of individual differences (i.e., personal traits or emotions) patients experience when facing illness.

Compassionate communication. Patient: A woman in her 80s with osteomyelitis
The student nurse wrote,

The patient is hard of hearing, so we very carefully explained to her about the shawl. She has lost the ability to control her facial muscles and produce facial expressions, but she did verbally express her deep gratitude and joy at receiving the shawl. We hope it keeps her comfortable as she prepares to move into a long-term facility.

CARES Competency 5 concerns the student nurse’s ability to “communicate effectively and compassionately with the patient . . . about palliative care issues.” In the above example, the student nurse shows compassion for the patient by carefully considering the patient’s current state, including her hearing difficulty and her impending move to a long-term care facility. The student nurse reports changing her behavior accordingly to maintain communication. The experience of explaining the Comfort Shawl Project and its purpose to the patient supports the student in developing applicable communication skills in an end-of-life care setting.

Fostering quality of life. Patient: A man in his 60s with congestive heart failure
The student nurse wrote,

When she [patient’s aunt] found out that it was hand made by a student from the Comfort Shawl Project, she was touched and even more excited about it. Even though I was not able to speak directly with the patient I think this shawl will not only bring him comfort, but also his family which was evident in his aunt’s reaction. After our conversation the aunt told me to have a “blessed day” and I could tell this shawl had put her in an entirely better mood.

CARES Competency 12 focuses on the nurse's ability to "assess and treat patient's physical, psychological, social and spiritual needs." This competency is shown above through the student nurse's focus on how the simple act of bringing the shawl could improve the patient's psychological state. The student reflected on how the experience was beneficial not only to the patient but also to his family members. In this regard, the above example also relates to CARES Competency 16 which stresses the need to "assist the patient, as well as the family . . . to cope and build resilience."

Self-insight and emotion. Patient: A woman in her 60s with cancer

The student nurse wrote,

This patient and her family were extremely warm and kind. She was so cheerful and joyful. If she wasn't connected to wires and tubes, I would have never known how sick she was. I enjoyed seeing her family there because I truly think family makes such a huge difference during times of need.

In this final example, a student nurse evaluates her own emotions and values through interacting with dying persons. CARES Competency 3 concerns the nurse's willingness to "recognize their own ethical, cultural, and spiritual values and beliefs about serious illness and death." As implied in the narrative, the experience of gifting the shawl elicited emotions and reflections about personal beliefs regarding family and potential coping strategies (e.g., warmth and kindness) in dealing with a distressing situation.

Discussion

This study highlights how an experiential immersion in palliative care can foster palliative care competencies in senior nursing students. The results of this study demonstrate that students' narrative reflections are often consistent with the CARES competencies as a result of their participation in the Comfort Shawl Project. The most frequently reported CARES competencies in the narratives pertained to *Individual Values and Diversity*. This theme relates to demonstration of sensitivity or respect for patients'/families' personal individual differences in values or preferences when providing care for or interacting with them. Other care competencies of *Compassionate Communication* and *Self-Insight and Emotion* were reported in approximately one fourth to one third of narrative responses. These competencies are the cornerstones of palliative care but are challenging to teach to new nurses. After gifting the shawl, many of the students expressed that they felt motivated to provide compassionate care to the patient and their families.

This desire to communicate compassionately with the patient often occurred in tandem with personal self-reflection on their own beliefs about serious illness and death. Being aware of one's own beliefs and values is an essential competency in providing health care, but perhaps even more so when providing end-of-life care. Although students may at first be concerned or anxious about their ability to interact with dying persons, they appeared to find that such interactions can be positive and meaningful (Mackay & Bluck, 2010). The care competency *Fostering Quality of Life* appeared the least frequently in the students' reflections. As the patient was already receiving palliative care with an overall goal of improving quality of life, and due to the brief nature of the gifting interaction, it is not surprising that the frequency of this category is low.

In short, our findings support the research demonstrating student nurses' experience in caring for dying patients is influenced by the extent to which they have a supportive learning environment (Anderson, Kent, & Owens, 2015). They are also in line with a meta-analysis of the positive impact of service learning on students' attitudes and skills (Celio, Durlak, & Dymnicki, 2011). Clinical experiences in palliative and end-of-life care, particularly ones offered by the Comfort Shawl Project, encourage direct interaction between palliative care patients and nurses and are important supplements to didactic education in that they provide active learning experiences in providing compassionate care.

There are several limitations in applying these findings to clinical practice. First, the sample size is small and not representative of all nursing students. The CARES competencies were released in 2016; thus, research on nursing students' attainment of the competencies and the long-term impact on patient care is an emerging field of study. A systematic review of palliative care education in nursing curricula finds only indirect evidence that patient care is improved and demonstrates the need for additional research within controlled settings and with long-term follow-up (Centeno & Rodriguez-Nunez, 2015). Second, the study took place at one academic medical center and may not apply to other care settings. Third, student participants were limited to senior students due to curricular requirements of the academic institution. Thus, it is possible that some of the competencies evaluated were due to maturation as student nurses alone. However, the opportunities for engagement with dying patients and their families associated with this project are unique and specific and go beyond usual patient–nurse communication. In future iterations of the project, we hope to involve students earlier in their education and to be able to evaluate this aspect of competency attainment. The fourth limitation is methodological. The instructions for the Gifting Reflections were general and nondirective. Although the students were

instructed to write their reflection after visiting each patient, they sometimes waited until they had finished gifting all shawls in a day to write their reflections. In future research, this should be modified as it may compromise the reporting of exact feelings due to memory bias. Finally, although students' reflections were elicited as part of their immersion in palliative care learning through the Comfort Shawl Project, we cannot definitively attribute these findings to the program itself without a control group. These are issues that we seek to address in future work.

In conclusion, students who participated in an experiential immersion program spontaneously commented on several of the CARES palliative care competencies in their narrative reflections. The experience of directly interacting with seriously ill patients and families, by gifting them with a handmade comfort shawl, provided nursing students with the opportunity to recognize individual differences in values and priorities and to practice providing compassionate and patient-centered nursing care to those facing serious illness. Caring and compassion are key nursing concepts (Pazar, Demiralp, & Erer, 2017). Comfort care is included in most undergraduate nursing curricula, but its importance may be undervalued as students strive to learn hands-on psychomotor skills (e.g., drawing blood, inserting a Foley catheter). Providing immersion experiences in providing comfort to palliative care patients, such as the current Comfort Shawl Project, may help students to connect with the fundamental human importance of providing care and comfort as central to their role as a nurse. Innovative education initiatives in training the next generation of nurses, particularly given the rising numbers of patients experiencing serious illness, are consistent with the nursing profession's strong commitment to palliative care across its history in America.

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