

**The Experience of Undergraduate Nursing Students with End of  
Life Care and End of Life Care Simulation**

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**A thesis submitted in fulfilment of the  
requirements for the degree of  
Doctor of Philosophy**

**March 2019**

**School of Nursing & Midwifery, University of Newcastle  
Australia**

This research was supported by an Australian Government  
Research Training Program (RTP) Scholarship



## **Statement of Originality**

I hereby certify that the work embodied in the thesis is my own work, conducted under normal supervision. The thesis contains no material which has been accepted, or is being examined, for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968 and any approved embargo.

Name:            Pauline Gillan

Signature:

Date:        22/2/19

## Acknowledgement of Authorship

I hereby certify that the work embodied in this thesis contains published papers/scholarly work of which I am a joint author. I have included as part of the thesis a written declaration endorsed in writing by my supervisor, attesting to my contribution to the joint publications/scholarly work.

By signing below I confirm that Pauline Gillan made a significant contribution to the design, writing and revision and co-authorship of the publications entitled:

- 1) Gillan, P. C., van der Riet, P. J., & Jeong, S. (2014a). End of life care education, past and present: A review of the literature. *Nurse Education Today*, 34(3), 331–342.
- 2) Gillan, P. C., Jeong, S., & van der Riet, P. J. (2014b). End of life care simulation: A review of the literature. *Nurse Education Today*, 34(5), 766–774.
- 3) Gillan, P. C., van der Riet, P. J., & Jeong, S. (2016). Australian nursing students' stories of end-of-life care simulation. *Nursing & Health Sciences*, 18(1), 64–69.

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# Acknowledgements

As I sit down to write my final, and for me, the most important words of my thesis, I am sure my family will collectively take a big deep sigh of relief thinking: FINALLY! It has after all taken me nine years to complete my doctoral studies, adversity and all. But here we are, my family, friends, colleagues and supervisors have all been faultless in their support for me along this very long journey.

Firstly, I must acknowledge and thank my very special and inspiring research participants who selflessly participated in the simulation and gave their time to share their stories of experiences with end of life care and end of life care simulation. Without you all, this thesis would not have been possible.

Secondly, my research journey would not have been possible without the dedication and unbridled support of my supervisors, Associate Professor Pamela van der Riet and Associate Professor Sarah Jeong, who kept me going in my darkest hours when self-doubt almost overtook me, and encouraged me to continue to the very end.

To Pamela, my primary supervisor, thank you for your knowledge and expertise, your support and encouragement, you are the only person who truly understood my journey, with its rollercoaster ride of emotions. You challenged me and gave me courage to dig deeper and explore those difficult experiences that have shaped who I was and who I was becoming along this journey. You have never given up on me, despite the ups and downs and I feel very privileged and proud to have had you as my supervisor. Thank you from the bottom of my heart!

To Sarah, thank you for your co-supervision, your attention to detail made me question and delve deeper in my analysis, helping me co-construct my narratives of students' experiences. You have challenged my thinking on so many levels. Thank you!

Finally, I must acknowledge the most important people in my life who have got me through this journey. The love and support of my husband Greg, forever my rock of support, without your unfailing love and confidence in me, I would not have been able to complete this journey. Through the most difficult times of our lives together, experiencing so many shared losses, you encouraged me so selflessly. Without your love and support this would not have been possible, Thank you, with all my heart! Of course, I must thank my beautiful daughters, Lara and Eamer and their respective partners, Dipayan, and Fynn. Your love and support have meant so much to me and inspired me to keep moving toward the end of my journey.

Last, but of course not least, I would like to thank you, the reader for taking the time to read my thesis. I hope that this thesis inspires you too to work towards improving the end of life experiences for all those who are involved.

Pauline Gillan

# **Publications, Conference and Other Presentations During Enrolment**

## **Publications**

- Gillan, P. C., van der Riet, P. J., & Jeong, S. (2016). Australian nursing students' stories of end-of-life care simulation. *Nursing & Health Sciences*, 18(1), 64–69. doi:10.1111/nhs.12233
- Gillan, P. C., van der Riet, P. J., & Jeong, S. (2014). End of life care education, past and present: A review of the literature. *Nurse Education Today*, 34(3), 331–342. doi:10.1016/j.nedt.2013.06.009
- Gillan, P. C., Jeong, S., & van der Riet, P. J. (2014). End of life care simulation: A review of the literature. *Nurse Education Today*, 34(5), 766–774. doi:10.1016/j.nedt.2013.10.005
- Gillan, P. C., Parmenter, G., van der Riet, P. J., & Jeong, S. (2013). The experience of end of life care simulation at a rural Australian university. *Nurse Education Today*, 33(11), 1435–1439. doi:10.1016/j.nedt.2012.11.015

## **Conference Presentations**

- Gillan, P. C., van der Riet, P., & Jeong, S. (2015, October). *Narrative Inquiry Employing Word Images and Poetics*. Poster presented at the “2nd Australian Nursing and Midwifery Conference: Aspiration, Inspiration, and Imagination – nursing and midwifery quality, research and education”. Newcastle, NSW. 15–16 October, 2015. (poster presentation).
- Gillan, P. C., van der Riet, P., & Jeong, S. (2014, November). *Australian Undergraduate Nursing Students' Experiences of “Being With Someone Who is Dying” in Real and Simulated Environments*. Paper presented at the 11<sup>th</sup> Global Conference, Making Sense of: Suffering, Dying and Death. Prague, Czech Republic. 1–3 November, 2014. (oral presentation).
- Gillan, P. C., van der Riet, P., & Jeong, S. (2014, October). *Undergraduate Nursing Students' Experiences with End of Life Care Simulation*. Paper presented at Compassion and Care in a Changing World: The 3<sup>rd</sup> Asia-Pacific International Conference on Qualitative Research in Nursing and Midwifery, Newcastle City Hall, 1–3 October, 2014. (oral presentation).

Gillan, P. C., & Parmenter, G. (2011, September). *End of life care Simulation: The Experience of a Rural Australian University*. Sim Health 2011: Innovation, Education, Research. Sydney, 12–15 September, 2011. (oral presentation).

Gillan, P. C., & Parmenter, G. (2011, May). *End of Life Care Simulation: A Rural Australian University Perspective*. Asia Pacific Meeting on Simulation in Healthcare “New Horizons”. 19–22, May, 2011. Hong Kong (poster presentation).

## **Other Presentations**

Gillan, P. C. (2016, May). *Narrative inquiry employing word images*. University of New England, School of Health Research Seminar Series Presentation. Armidale, 25<sup>th</sup> May, 2016. (oral presentation).

Gillan, P. C. (2015, October). *Implementing and evaluating an Unfolding Palliative Care Simulation*. Invited speaker at “Snapshots of Simulation” showcase. University of Newcastle, NSW. 1<sup>st</sup> October, 2015. (oral presentation).

Gillan, P. C. (2014, February). *Undergraduate Nursing Students’ Experiences with End of Life Care Simulation, preliminary findings from research*. University of Newcastle Seminar Series, 26<sup>th</sup> February, 2014. (oral presentation).

Gillan, P. C. (2014, February). *Presentation of recently published journal article- End of Life Care Simulation: A Review of the Literature (Nurse Education Today)*. University of New England, School of Health Lunch Presentation, 13<sup>th</sup> February 2014. (oral presentation).



## Glossary and Definitions of Key Terms

**Assistant in Nursing (AIN):** a person who has gained a basic nursing qualification (Certificate 3 in Health Services Assistance) through Technical And Further Education Colleges (TAFE) (TAFE Queensland, 2018).

**End of Life Care:** the term end of life care (physical, spiritual and psychosocial care) refers to the timeframe up to the last 12 months of a person's life, includes when death is imminent, and incorporates care of the patient's body after death (Australian Institute of Health and Welfare [AIHW], 2016). However, for the purposes of this research, end of life care specifically relates to the final phase of life when death is imminent (within hours or days).

**End of Life Care Simulation:** the use of simulation to provide opportunities for nursing students to care for the patient at the end of life, and an opportunity for students to explore their own beliefs about death and what it means to care for dying patients and their families (Smith-Stoner, 2009a).

**Enrolled Nurse (EN):** a person who has an appropriate educational preparation and the requisite qualification to be an enrolled nurse with the NMBA, working under the direction and supervision of the registered nurse (Australian Nursing and Midwifery Federation, 2016).

**Epistemology:** theory of "knowledge and the assumptions and beliefs that we have about the nature of knowledge" and "what is the relationship between the inquirer and the known?" (Robert Wood Johnson Foundation, 2008, para 2).

**Fidelity:** "the degree to which a simulated learning experience approaches reality" (Meakim et al., 2013, p. S7), this includes the physical environment, conceptual fidelity and psychological fidelity (Smith et al., 2018).

**High Fidelity Simulation:** uses "technologically lifelike manikins with provision for a high level of realism and interactivity" (Jeffries, 2007, p. 28).

**Intensive Residential School:** a mandatory designated period of time (2–6 days) for externally enrolled students at the University of New England to attend face-to-face lectures, tutorials, clinical labs and clinical simulations.

**Master of Nursing Program (MNP):** a Master's degree, specific to the University of New England, attracting international registered nurses to gain qualification as RNs in Australia.

**Ontology:** philosophy of "existence and the assumptions and beliefs that we hold about the nature of being and existence" (Robert Wood Johnson Foundation, 2008, para 3). It is "the worldview or representation of reality" (Jennings, 2005, p. 211).

**Palliative Care:** “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (World Health Organization [WHO], 2018).

**Psychological Fidelity:** The degree of perceived realism, including psychological factors, emotions, beliefs, and self-awareness of participants in scenarios (Meakim et al., 2013).

**Psychological Safety:** An implicit or explicit feeling where in simulation “participants can speak up, share thoughts, perceptions, and opinions without the risk of retribution or embarrassment” (Meakim et al., 2013, p. 6S).

**Reflection:** the “conscious consideration of the meaning and implication of an action” that assimilates “knowledge, skills, and attitudes with pre-existing knowledge” (International Nursing Association for Clinical Simulation and Learning [INACSL], 2011, p. S16).

**Registered Nurse (RN):** a regulated health professional who demonstrates competence in providing nursing care as specified by registration requirements, standards and codes, relevant legislation and contexts of care (Nursing and Midwifery Board of Australia [NMBA], 2006). An RN in Australia must have successfully completed an approved Bachelor of Nursing degree (three years full time or up to six years part-time) that meets educational standards of the NMBA (2016).

**Simulation:** “an event or situation made to resemble clinical practice as closely as possible” (Jeffries, 2007, p. 28), through interacting with people, simulators, computers, or task trainers (Smith et al., 2018).

**Simulation Debriefing:** a facilitator-led activity that immediately follows a simulation experience that encourages participants’ reflective thinking, exploration of emotions, and provides feedback on participants’ performance (Meakim et al., 2013). The purpose is to move toward assimilation and transfer of knowledge to future similar situations (Meakim et al., 2013).

**Simulation Pre-briefing:** “an information session before the simulation scenario with suggested activities or orientation to the environment” (Chamberlain, 2015, p. 318), and set the stage for the simulation scenario/s and assist participants in achieving simulation objectives (Meakim et al., 2013).

**Standardised Patients:** actors specifically trained to portray individuals with health conditions, which increases the fidelity or realism of the simulation experience (Fink, Linnard-Palmer, Ganley, Catolico, & Phillips, 2014).

**Storied Fragments:** fragments of stories derived from participants' field texts; "narrative fragments enacted in storied moments of time and space" (Clandinin & Connelly, 2000, p. 17).

**Threads:** particular plotlines and patterns that are threaded or woven over time and placed through a participant's narrative account (Clandinin, 2013). In Clandinin's narrative inquiry framework the term threads replaces the term themes.

**Undergraduate Nursing Student:** a student who is enrolled to undertake studies in a Bachelor of Nursing degree in Australia.

# Key to Transcripts

The following abbreviations and conventions have been used throughout the thesis, where excerpts from the participants' transcripts have been used.

Names:	Pseudonyms are used to refer to participants.
(p. )	Indicates page numbers of individual participant transcripts
[sic]	indicates a word or phrase that may appear strange or incorrect has been written intentionally or has been quoted verbatim and indicates that it exactly reproduces the original.
...	ellipsis indicates intentional omission of a word, sentence, or whole section from a text without altering its original meaning.
( )	contains material that serves to clarify or is aside from the main point.
<b>Bold</b>	indicates words, phrases, or sentences relevant to the narrative(s) and thread(s)

# Table of Contents

Statement of Originality .....	i
Acknowledgement of Authorship.....	ii
Acknowledgements .....	iii
Publications, Conference and Other Presentations During Enrolment.....	v
Glossary and Definitions of Key Terms .....	vii
Key to Transcripts .....	x
Table of Contents .....	xi
List of Tables.....	xix
Abstract.....	1
<b>1 Chapter One: Introduction.....</b>	<b>3</b>
1.1 Introduction.....	3
1.2 Background to the Study .....	4
1.3 Narrative Beginnings: My Ontology of Experience.....	6
1.4 My Research Puzzle.....	8
1.5 The Significance of the Study.....	8
1.6 Organisation of the Thesis .....	9
1.7 Conclusion .....	10
<b>2 Chapter Two: Positioning an Inquiry Within the Scholarly Literature.....</b>	<b>11</b>
2.1 Introduction.....	11
2.1.1 Rationale for the Two Literature Review Papers .....	11
2.2 End of Life Care Education, Past and Present: A Review of the Literature.....	12
2.3 End of Life Care Simulation: A Review of the Literature .....	36
2.4 Updated Literature Review.....	59
2.4.1 Review Methods: Literature Search Strategy .....	59
2.4.2 Findings of Updated Literature Search .....	61
2.5 The Current Landscapes of End of Life Care Simulation.....	61
2.6 Recommendations and Justifications of Study.....	61
2.7 Conclusion .....	62

<b>3</b>	<b>Chapter Three: Research Design.....</b>	<b>63</b>
3.1	Introduction.....	63
3.2	Definition of Narrative Inquiry.....	63
3.3	Justifying My Work .....	65
3.4	Shaping Design Considerations (My Research Puzzle).....	66
3.4.1	Setting the Simulation Scene.....	67
3.4.2	Pilot Testing the Scenario .....	67
3.4.3	The Doris Scenario .....	68
3.4.4	The Simulation Landscapes .....	69
3.4.5	Simulation Pre-brief.....	70
3.4.6	Simulation Debrief .....	70
3.5	Relational Ethics .....	71
3.6	Finding Participants and Co-composing an Inquiry Field .....	72
3.7	Collection of Field Texts .....	72
3.7.1	Phase One: Part One – Video of Simulation Scenario 5: The Dying Scene.....	73
3.7.2	Phase One: Part Two – Debriefing Audio Recording .....	73
3.7.3	Phase Two: Participant Interviews and Items of Meaning .....	74
3.8	Imagining a Narrative Inquiry from Field Texts to Research Texts (Field Text Analysis).....	75
3.8.1	The Three Dimensional Space of Narrative Inquiry (Conceptual Framework).....	75
3.8.2	Analysis of Field Text .....	77
3.9	Ensuring Methodological Trustworthiness .....	78
3.10	Reflexivity.....	80
3.11	Relational Ontological and Epistemological Commitments .....	81
3.12	Conclusion .....	82
<b>4</b>	<b>Chapter Four: Findings.....</b>	<b>84</b>
4.1	Introduction.....	84
4.2	Meeting Holly .....	85
4.2.1	Holly's Background Story .....	86
4.2.1.1	Thread 1: The role of others in shaping death experiences (death can be beautiful)...	86
4.2.2	Holly's Simulation Story.....	88
4.2.2.1	Thread 2: Attending to family at the end of life .....	88
4.2.2.2	Thread 3: Theory, practice and experience become synergised .....	89
4.2.3	Holly's Intertwining Threads.....	90

<b>4.3</b>	<b>Introducing Noah .....</b>	<b>90</b>
4.3.1	Noah's Background Story.....	91
4.3.2	Noah's Simulation Story.....	91
4.3.2.1	Thread 4: Managing self amidst negotiating difficult conversations at the end of life	91
4.3.2.2	Thread 3: Theory, practice and experience become synergised .....	92
4.3.3	Noah's Intertwining Threads.....	92
<b>4.4</b>	<b>Getting to Know Luke .....</b>	<b>93</b>
4.4.1	Luke's Background Story.....	93
4.4.1.1	Thread 1: The role of others in shaping death experiences (negative personal experiences versus positive peaceful deaths) .....	93
4.4.1.2	Thread 4: Managing self amidst negotiating difficult conversations at the end of life	94
4.4.2	Luke's Simulation Story.....	95
4.4.2.1	Thread 4: Managing self amidst negotiating difficult conversations at the end of life (taking on responsibility) .....	95
4.4.2.2	Thread 3: Theory, practice and experience become synergised .....	96
4.4.3	Luke's Intertwining Threads.....	97
<b>4.5</b>	<b>Introducing Renee.....</b>	<b>97</b>
4.5.1	Renee's Background Story .....	98
4.5.1.1	Thread 5: Managing self amidst an unfamiliar landscape of death and dying .....	99
4.5.1.2	Thread 1: The role of others in shaping death experiences (beautiful).....	100
4.5.2	Renee's Simulation Story .....	101
4.5.2.1	Thread 7: Real versus unreal landscapes in simulation .....	101
4.5.2.2	Thread 6: Defining moments in time (looking to the future).....	101
4.5.3	Renee's Intertwining Threads .....	102
<b>4.6</b>	<b>Meeting Louise .....</b>	<b>102</b>
4.6.1	Louise's Background Story .....	102
4.6.1.1	Thread 1: The role of others in shaping death experiences.....	102
4.6.2	Louise's Simulation Story .....	103
4.6.2.1	Thread 5: Managing self amidst an unfamiliar landscape of death and dying .....	103
4.6.2.2	Thread 4: Managing self amidst negotiating difficult conversations at the end of life	103
4.6.3	Louise's Intertwining Thread/s.....	104
<b>4.7</b>	<b>Getting to Know Bree .....</b>	<b>104</b>
4.7.1	Bree's Background Story .....	104
4.7.1.1	Thread 1: The role of others in shaping death experiences (humour) .....	105
4.7.2	Bree's Simulation Story .....	105

4.7.2.1	Thread 7: Real versus unreal landscapes in simulation .....	105
4.7.2.2	Thread 6: Defining moments in time (looking to the future) .....	106
4.7.3	Bree's Intertwining Threads .....	106
<b>4.8</b>	<b>Meeting Sarah .....</b>	<b>107</b>
4.8.1	Sarah's Background Story .....	107
4.8.1.1	Thread 5: Managing self amidst an unfamiliar landscape of death and dying.....	107
4.8.2	Sarah's Simulation Story .....	109
4.8.2.1	Thread 4: Managing self amidst negotiating difficult conversations at the end of life 109	
4.8.3	Sarah's Intertwining Threads.....	109
<b>4.9</b>	<b>Getting to Know Hannah .....</b>	<b>110</b>
4.9.1	Hannah's Background Story.....	110
4.9.1.1	Thread 2: Attending to family at the end of life .....	110
4.9.2	Hannah's Simulation Story .....	111
4.9.2.1	Thread 7: Real versus unreal landscapes in simulation .....	111
4.9.3	Hannah's Intertwining Threads .....	111
<b>4.10</b>	<b>Introducing Lauren.....</b>	<b>112</b>
4.10.1	Lauren's Background Story .....	112
4.10.1.1	Thread 1: The role of others in shaping death experiences .....	112
4.10.2	Lauren's Simulation Story .....	114
4.10.2.1	Thread 3: Theory, practice and experience become synergised .....	114
4.10.2.2	Thread 8: Finding comfort amidst learning and working together .....	114
4.10.2.3	Thread 6: Defining moments in time: Looking to the future .....	115
4.10.3	Lauren's Intertwining Threads.....	115
<b>4.11</b>	<b>Meeting Millie .....</b>	<b>116</b>
4.11.1	Millie's Background Story .....	116
4.11.1.1	Thread 1: The role of others in shaping death experiences (will never forget) .....	116
4.11.2	Millie's Simulation Story .....	118
4.11.2.1	Thread 4: Managing self amidst negotiating difficult conversations at the end of life (humour) 118	
4.11.2.2	Thread 3: Theory, practice and experience become synergised .....	119
4.11.3	Millie's Intertwining Threads.....	119
<b>4.12</b>	<b>Introducing Claire.....</b>	<b>119</b>
4.12.1	Claire's Background Story .....	120
4.12.1.1	Thread 1: The role of others in shaping death experiences (feeling protected) ....	120
4.12.2	Claire's Simulation Story .....	121



4.12.2.1	Thread 8: Finding comfort amidst working and learning together.....	121
4.12.3	Claire’s Intertwining Threads .....	121
<b>4.13</b>	<b>Getting to Know Grace .....</b>	<b>121</b>
4.13.1	Grace’s Background Story .....	122
4.13.1.1	Thread 5: Managing self amidst an unfamiliar landscape of death and dying (a dehumanising clinical landscape) .....	122
4.13.1.2	Thread 2: Attending to family at the end of life .....	122
4.13.1.3	Thread 1: The role of others in shaping death experiences .....	123
4.13.2	Grace’s Simulation Story .....	123
4.13.2.1	Thread 2: Attending to family at the end of life .....	123
4.13.2.2	Thread 8: Finding comfort amidst working and learning together (it wasn’t just you) 124	
4.13.3	Grace’s Intertwining Threads .....	124
<b>4.14</b>	<b>Introducing Simon .....</b>	<b>124</b>
4.14.1	Simon’s Background Story .....	125
4.14.1.1	Thread 6: Defining moments in time – looking to the future .....	125
4.14.2	Simon’s Simulation Story .....	126
4.14.2.1	Thread 4: Managing self amidst difficult conversations at the end of life (saying the right words) 126	
4.14.2.2	Thread 3: Theory, practice and experience become synergised (hands on learning) 126	
4.14.3	Simon’s Intertwining Threads .....	127
<b>4.15</b>	<b>Meeting Poppy.....</b>	<b>127</b>
4.15.1	Poppy’s Background Story .....	128
4.15.1.1	Thread 5: Managing self amidst an unfamiliar landscape of death and dying (gaining confidence) 128	
4.15.2	Poppy’s Simulation Story .....	129
4.15.2.1	Thread 5: Managing self amidst an unfamiliar landscape of death and dying .....	129
4.15.2.2	Thread 7: Real versus unreal landscapes in simulation (not a real person) .....	129
4.15.3	Poppy’s Intertwining Threads .....	129
<b>4.16</b>	<b>Getting to Know James.....</b>	<b>130</b>
4.16.1	James’s Background Story.....	131
4.16.1.1	Thread 5: Managing self amidst an unfamiliar landscape of death and dying .....	131
4.16.1.2	Thread 1: The role of others in shaping death experiences (beautiful).....	132
4.16.2	James’s Simulation Story.....	132
4.16.2.1	Thread 2: Attending to family at the end of life (it was about him as well) .....	132

4.16.2.2	Thread 5: Managing self amidst an unfamiliar landscape of death and dying (touch)	
	133	
4.16.2.3	Thread 3: Theory, practice and experience become synergised (reflection) .....	134
4.16.2.4	Thread 8: Finding comfort amidst learning and working together .....	135
4.16.3	James's Intertwining Threads .....	135
<b>4.17</b>	<b>Introducing Emily .....</b>	<b>136</b>
4.17.1	Emily's Background Story .....	136
4.17.1.1	Thread 1: The role of others in shaping death experiences (sad and confronting)	136
4.17.2	Emily's Simulation Story .....	137
4.17.2.1	Thread 7: Real versus unreal landscapes in simulation (disrupted spaces in time)	137
4.17.2.2	Thread 3: Theory, practice and experience become synergised .....	139
4.17.3	Emily's Interlinking Threads .....	139
<b>4.18</b>	<b>Getting to know David .....</b>	<b>140</b>
4.18.1	David's Background Story .....	140
4.18.1.1	Thread 1: The role of others in shaping death experiences (walking through the experience together) .....	140
4.18.1.2	Thread 5: Managing self amidst an unfamiliar landscape of death and dying .....	141
4.18.2	David's Simulation Story .....	141
4.18.2.1	Thread 1: The role of others in shaping death experiences (playing role of son close to home)	141
4.18.2.2	Thread 4: Managing self amidst negotiating difficult conversations at the end of life (what do you ask?) .....	142
4.18.2.3	Thread 3: Theory, practice and experience become synergised .....	143
4.18.3	David's Intertwining Threads .....	144
<b>4.19</b>	<b>Introducing Ashley .....</b>	<b>144</b>
4.19.1	Ashley's Background Story .....	145
4.19.1.1	Thread 5: Managing self amidst an unfamiliar landscape of death and dying (surreal)	145
4.19.2	Ashley's Simulation Story .....	146
4.19.2.1	Thread 6: Defining moments in time (disruptions in time) .....	146
4.19.2.2	Thread 4: Managing self amidst negotiating difficult conversations at the end of life (humour)	146
4.19.3	Ashley's Intertwining Threads .....	147
<b>4.20</b>	<b>Summary of Findings .....</b>	<b>147</b>
<b>5</b>	<b>Chapter Five: Discussion and Conclusion .....</b>	<b>149</b>
<b>5.1</b>	<b>Introduction .....</b>	<b>149</b>

<b>5.2</b>	<b>Part 1: Discourse on Death and Dying .....</b>	<b>150</b>
5.2.1	The Death Taboo Discourse .....	150
5.2.2	Discourses of Embodied Good Death and Disembodied Bad Death .....	153
5.2.3	Embodied Knowing Reflected in Personal Items of Meaning (Spirituality; Beliefs About Death) .....	158
<b>5.3</b>	<b>Part 2: Transformative and Translational Landscapes of End of Life Care (Personal, Professional, Simulation) .....</b>	<b>159</b>
5.3.1	The Sociality Commonplace of End of Life Care Simulation .....	159
5.3.2	The Temporal Commonplace of Simulation .....	161
5.3.2.1	Temporal continuity (moments in time surrounding death) .....	161
5.3.2.2	Temporal discontinuity .....	163
5.3.2.3	Liminal spaces of looking to the future (Imagining new possibilities amidst the professional landscape of end of life care) .....	164
5.3.3	The Commonplace of Simulation Landscapes of Death and Dying.....	164
5.3.3.1	Real versus unreal simulation landscapes .....	164
5.3.3.2	Simulation crossing borderlands of clinical and personal landscapes .....	165
5.3.3.3	Simulation debriefing landscapes – spaces for reflection.....	166
5.3.4	Theory, Practice and Experience Synergised .....	167
<b>5.4</b>	<b>Strengths and Limitations of the Study .....</b>	<b>170</b>
<b>5.5</b>	<b>Implications and Recommendations for End of Life Care Education, Simulation and Clinical Practice Landscapes .....</b>	<b>174</b>
<b>5.6</b>	<b>Directions for Future Research .....</b>	<b>177</b>
<b>5.7</b>	<b>Reflections on my PhD Journey.....</b>	<b>178</b>
<b>5.8</b>	<b>Conclusion .....</b>	<b>179</b>
<b>6</b>	<b>References .....</b>	<b>182</b>
<b>7</b>	<b>Appendices .....</b>	<b>204</b>
7.1	Appendix A: Gillan, van der Riet, & Jeong, 2014a .....	205
7.2	Appendix B: Gillan, Jeong & van der Riet, 2014b .....	214
7.3	Appendix C: Doris Scenario Background.....	221
7.4	Appendix D: University of Newcastle Human Research Ethics Committee (HREC) Notification of Expedited Approval .....	222
7.5	Appendix E: University of New England Ratification of HREC Expedited Approval .....	224
7.6	Appendix F: Letter of Invitation to Participate in Research Project.....	225
7.7	Appendix G: Participant Information Statement for Research Project .....	226

<b>7.8</b>	<b>Appendix H: Research Consent Form .....</b>	<b>230</b>
<b>7.9</b>	<b>Appendix I: Reminder Letter .....</b>	<b>231</b>
<b>7.10</b>	<b>Appendix J: Demographics of Participants .....</b>	<b>232</b>
<b>7.11</b>	<b>Appendix K: Participant Interview Schedule.....</b>	<b>233</b>
<b>7.12</b>	<b>Appendix L: Table of Threads Decision Trail .....</b>	<b>235</b>
<b>7.13</b>	<b>Appendix M: Table of Threads .....</b>	<b>239</b>
<b>7.14</b>	<b>Appendix N: Metaphorical Quilt .....</b>	<b>240</b>

## List of Tables

<u>Table 2.1: Search Terms used in Initial Search Strategy.....</u>	<u>15</u>
<u>Table 2.2: PRISMA Flow Diagram.....</u>	<u>16</u>
<u>Table 2.3: Summary of Research Studies.....</u>	<u>23</u>
<u>Table 2.4: Search Terms and Databases used in Initial Search Strategy.....</u>	<u>39</u>
<u>Table 2.5: PRISMA Flow Diagram.....</u>	<u>40</u>
<u>Table 2.6: Types of Publications.....</u>	<u>41</u>
<u>Table 2.7: Summary of Literature Findings.....</u>	<u>46</u>
<u>Table 2.8: Literature Search Flow Diagram.....</u>	<u>61</u>



## **Abstract**

End of life care is a daunting experience for undergraduate nursing students who are largely unprepared to undertake quality care for the dying person and their families. Undergraduate nursing curricula often do not provide adequate education on critical aspects of care at the end of life. End of life care simulation is an emerging, innovative and student centred approach that aims to improve nursing students' preparedness for end of life care.

The aims of this research were to: 1) Explore the end of life experiences, personal and professional, of undergraduate nursing students prior to end of life care simulation; 2) Explore experiences of undergraduate nursing students with end of life care simulation; and 3) Investigate the impact of end of life care experiences and end of life care simulation on the undergraduate nursing student.

The research methodology of narrative inquiry was used to address the research aims and unpack the research puzzle of understanding undergraduate nursing students' experiences with end of life care and end of life care simulation. Data were collected from video recorded end of life care simulation, audio taped simulation debriefing, individual semi-structured interviews, and items of meaning brought to interviews. Eighteen undergraduate nursing students enrolled in one rural university in New South Wales, Australia participated in this study. The three dimensional conceptual framework described by Clandinin and Connelly, underpinned by Dewey's philosophy of experience, guided this research and was used to analyse participants' stories.

Students' stories of experience revealed eight significant threads which include: the role of others in shaping death experiences; attending to family at the end of life; theory, practice and experience synergised; managing self, amidst difficult conversations at the end of life; managing self, amidst unfamiliar landscapes of death and dying; defining moments in time; real versus unreal landscapes in simulation; and finding comfort amidst learning and working together.

Arising from this research recommendations are made across four landscapes including clinical practice, end of life care education, end of life care simulation, and research on end of life care simulation. Firstly, it is recommended that students are supported during their first death experiences in clinical practice through clinical supervision and reflection and that students be prepared for undertaking post mortem care and the possibility of bad death experiences. It is recommended that end of life care education be commenced early in the undergraduate nursing degree and before the first nursing clinical placement. For end of life care simulation, it is recommended that students be given the opportunity to experience a range of roles involving the family and RN. Furthermore, end of life simulation needs to

include all three moments of time across the time continuum (before death, at the time of death, and post mortem) providing a comprehensive and holistic end of life care experience. Additionally, simulation needs to include standardised patients in roles to enhance realism and provide students the opportunity to engage in difficult conversations at the end of life. Finally, it is recommended that simulation include an unfolding scenario approach utilising small group sizes. Recommendations for research include to investigate the best practice for pre-briefing and debriefing of end of life care simulation to ensure psychological safety of students, and research that compares different simulation models of teaching end of life care simulation, for example, comparing unfolding simulation with stand alone cases.

Each and every one of us will at some time in our lives be touched by death in its many forms. Nurses, especially student nurses, our registered nurses of the future, need to be emotionally and conceptually prepared to provide sensitive and quality end of life care. Nurse educators and nursing clinicians play a large role in ensuring nursing students are prepared and supported to provide this care during this important time of life.

To conclude, through narrative inquiry a deep understanding of undergraduate nursing students' experiences with end of life care and end of life care simulation has been gained. This understanding informs nursing educators and nursing clinicians who have the power and the ability to transform experiences for nursing students and, therefore, improve the quality of care for patients and their families at the end of life. Additionally, nursing educators, through the use of end of life care simulation, can improve undergraduate nursing students' preparedness to undertake end of life care in clinical practice. The study reported in this thesis makes an important and original contribution to the scholarly literature on simulation at the end of life and is the first narrative inquiry study that has provided comprehensive insight into undergraduate nursing students' stories of experience with end of life care and end of life care simulation. This study indicates that end of life care simulation is a strong pedagogical and transformative approach to help prepare undergraduate nursing students to provide quality end of life care in clinical practice.