Evidence informed generalist palliative care content for undergraduate nursing curriculum: An integrative review

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Background
Research evidence shows that there is a lack of palliative care knowledge and education among healthcare professionals, particularly at the point of professional healthcare registration upon entering the workforce (Palliative Care Australia, 2018). Palliative care is an area of practice undergraduate nurses feel inadequately prepared for (Malone, Anderson, & Croxon, 2016).

Methodology
An integrative systematic review was conducted and reported in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Keywrods were searched in six electronic databases CINAHL, Medline, APA PsycINFO, SCOPUS, Cochrane Library and ProQuest Nursing & Allied Health Database, between January 2000 to February 2022. A critical appraisal of the included studies was performed using the Mixed Methods Appraisal Tool (MMAT). Data extraction was performed followed by thematic analysis and narrative synthesis.

Results/Findings
1,892 references were retrieved, 13 studies met the inclusion criteria, see Table 1. Of the 13 papers, eight were classified as quantitative descriptive, five were classified as mixed method. There was an absence of papers which gathered qualitative data alone however, given the range of study designs this is an emerging field. Overall, the methodological quality of the eight quantitative descriptive papers was good. Methodological quality of the five mixed-method papers varied, due to incomplete information on study method and data analysis.

The studies included represent nursing schools United States of America (n=6), Canada (n=2), United Kingdom (UK) (n=1), Sweden (n=1), Portugal (n=1) and Italy (n=1). Multiple topics were identified with varying levels of detail, differing use of terminology and no two studies presented topics using the same format. Papers reflecting what is taught in curriculum presented topics as a list ranking frequency of topics taught (discussed/cited) (n=1). Papers designed to inform curriculum development presented topics as a list of national consensus based competencies (n=2) (Betty Ferrell et al., 2016; Jacono et al., 2011) and a list of national undergraduate nursing curriculum modules (n=1) (B. Ferrell et al., 2018).

Table 1: Topic Synthesis

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Patient Care</th>
<th>Organisational</th>
<th>Global</th>
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<tbody>
<tr>
<td>Patient care</td>
<td>Knowledge and skills</td>
<td>Communication</td>
<td>Education</td>
</tr>
<tr>
<td>Pain and symptom management</td>
<td>Palliative care principles and philosophy</td>
<td>Interprofessional collaboration</td>
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<tr>
<td>Communication</td>
<td>Terminology</td>
<td>Care plan</td>
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<td>Ethics</td>
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Conclusion
Despite the global demographic trends primary research evidence on generalist palliative care content in undergraduate nursing curriculum is minimal, of varying methodological quality, with visible inconsistencies. Primary research is mostly limited to high income countries with visible disparities between generalist palliative care topics outlined in studies designed to inform curriculum verses studies reflecting what is taught in curriculum with a strong focus on topics related to patient care. This integrative review extends present knowledge by identifying and synthesising the available evidence in the field and has for the first-time identified educational topics that exist within international generalist palliative care curriculum content research. More research is required to create an evidence base on which generalist palliative care content within undergraduate nursing curriculum can be based upon and integrated into teaching content.

References


Further details and examples can be found in the reference list provided. Contact: Sylvia Nilsson, Email: Sylvia.Nilsson@canberra.edu.au