INTRODUCTION

The concern that the patient receive at the end of life period in the intensive care unit (ICU) is greatly dependent on the ICU nurse's knowledge, skill, and comfort level in caring for the dying patients and their families. On the other hand, official nursing education wires the acute care culture with slight or no core curriculum presented at end of life care ***(Nelson, 2013).***

Nursing care includes mention of general well being of our patients, the prerequisite of periodic acute care and rehabilitation, and when a come back to health is not probable and provide a peaceful death. Dying is an insightful transition for the individual. As health care providers, become skilled in nursing and medical science, but the care of dying person encompasses much more. Definite aspects of this care are taking on more significance for patients, families, and health care providers ***(Vera, 2013).***

Regardless of having new years of experience and specialist level critical care backgrounds, nurses at rest articulated their challenges with communication associated with cultural, spiritual, end of life, and bereavement issues and the impact on them emotionally ***(Powazki, Walsh &Cothren, 2013 & Franceschi, 2013).***

A small number of nurses obtain formal teaching in end of life care; nurses might distinguish the care they offer for their patients and families as insufficient or less than best. Moreover, the spotlight of the intensive care unit (ICU) setting is on life preserving efforts, making it complex for health care providers to modify their treatment goals from curative to palliative or comfort measures. The conversion from cure to comfort care requires excellent clinical and communication skills from all caregivers. For the reason that nurses are the caregivers who give the mainly direct care and use up the most time with patients and their families, it is necessary, they believe empowered and are known the essential education and maintain to provide better end of life care ***(Harris, Gaudet & Reardon, 2014).***

Caring for people approaching the end of life is one of the mainly significant things at the doctors, nurses, clinicians, managers and, at a human level, as people. By the ageing population, primary care is on the face line in the growing need for provision of care for this mainly risky group of people. Even though the therapeutic team definitely cares a grant contract for the patients, things can still too often go incorrect, and some of these things are avoidable with better practical teamwork and planning. The collaborative team desires to reorganize our extra reactive approach, which can sometimes by evasion lead to

insufficient care, and start to identify people earlier and plan ahead. ***(Royal College of General Practitioners, 2013).***

Self Learning package (SLP) is a learner initiate the process. It involves identification of learning needs, formulation of objectives, choice of resources, accomplishment of strategies, and assessment of learning outcomes regarding to reward of the SLP, the self learning package offers elasticity and accessibility to suit the nurse's schedules, it also promotes additional participation in ongoing education as nurses gain knowledge to define their own learning needs and search for resources. The self learning package enables educators to maintain large numbers of nurses and increases their capability to perform as professional and capital to individual nurses ***(Bertino, 2011).***

The facilitator's role in self directed learning is important, make contact with the learner might increase component use, opportunity for significant feedback and learning justification is crucial. Rather than, grads, adults seek feedback that is motivating and constructive, and gives direction for additional references ***(Collins, 2008).***

Significance of the study:

More than half (58%) of all deaths occur in emergency hospitals are anticipated, and larger percentage of patients who die in any one year will have had at least one admission to an

emergency hospital in the year before death **(National Audit Office, 2008).** Overall mortality rates in patients admitted to adult ICUs average 10% to 29% as reported by **(World Health Organization (WHO)**, **2015**).

In Egypt the last statistical report about the adult mortality rate (the probability of dying between 15 & 60 years / 1000 population) is males 284.2 and females 227 case of death of the annual increase in the number of deaths. The critical care death represents the majority of hospital deaths, with more than half a million deaths each year **(World Health Organization**, **2014**).

By reviewing the medical records and the statistical data on the critical care death of Ain shams University Hospitals it was found that the percentages of patients who were dying in the ICU approximately 4.5% of total inpatient cases admitted to the ICU **(Report of Statistical Administration and Medical Records Department at Critical Care Department Ain Shams University Hospital, 2015).**

The nurses receive inadequate information and support and not enable to participate in the provision of care for end of life patient to the degree that they would desire Therefore, an assessing and improving of the knowledge, attitude and practices of critical care nurses regarding end of life nursing care is necessary. Thus, this study carried out to determine the effect of

the self learning package on critical care nurses' performance regarding the care for end of life patient and finally, the study may create an interest and motivation for conduction of further studies in this area.

AIM OF THE STUDY

The current study aims to assess the effect of the self learning package on critical care nurses' performance regarding end of life patient.

Research hypothesis

Exposure of critical care nurses to self learning package regarding end of life care improves their knowledge, practice and attitude toward this type of care.

Operational Definitions

Performance: Means knowledge, practice and attitude of the nurse about care for end of life patient.

Self learning package: is an education process applied for orientation and continuing teaching course for nurses in the intensive care unit.

End of life care: refers to patient care, in the final hours or days of their lives, and patients with a terminal disease condition that has become advanced, progressive and incurable.

REVIEW OF LITERATURE

Critical Care Nurses (CCN) are well qualified to care for critically ill patients; yet, several critical care nurses believe insufficiently prepared to give end of life care to patients in the intensive care unit. The nurses attribute this to lack of support and training on end of life care **(Alvaro, 2014)**.

The Critical Care Nurse has an essential and important donation to make in the provision and improvement of end of life (EOL) care throughout their different roles. Due to the reality that EOL care is raising as a widespread area of knowledge in the intensive care unit (ICU), these contributions may be provided during direct practice, research, education, administration and policy. Also, end of life care shipment the similar level of knowledge and experience as all other areas of ICU practice (**Awad, Yossef, Hussien & Zaghlah, 2012**).

Nurses are innermost numbers in advocating for interventions that reduce the burden and distress and progress worth of life for patients who are fatally ill. Known these very important responsibilities, novice to expert nurses should be effectively prepared to provide responsive, quality care for patients at the end of life. Achievement of an educational needs through nursing curriculum as well as other strategies to prepare nurses for caring about death, dying and bereavement has been

extended in coming. Also, educators have to focus on improving nurses' knowledge and attitudes to minimize their concerns about caring for dying patients in array to provide quality care (**Fox, 2013**).

Palliative care is described as a means to maintain physical, mental, and spiritual well being of people who are incurably ill and dying. Given that good palliative care requires a private loyalty from nurses who are concerned, so as to depend on how these nurses sight death and people who are dying (**Peters et al., 2013**).

Palliative care is specific medical care for people with severe illness. This type of care is alert to give that patient's relief from the pain and stress of a severe illness in any diagnosis. The aim of palliative care is to develop the quality of life for both the patient and the family. Palliative care is provided by a panel of doctors, nurses and other specialists who employment collectively to give a further level of support. Palliative care is suitable for all ages and at every stage in a severe illness, and provide curative treatment (**Center to Advance Palliative Care, 2011**).

As stated by **Center to Advance Palliative Care, (2012),** The specialty of Palliative care should be skilled in assessing and managing the critically ill patient from pain and other symptoms

of end of life.The palliative care team collaboratively with each other and from multidisciplinary which include physician, professional nurse, social workers, spiritual specialist and should be well trained and certified. Also, the team in palliative care spotlights their obligation on: Assessing and managing of a patient's signs and symptoms regarding end of life and of the family suffer exhaustion and tiredness.

Palliative care is a come up for nurses to advance the quality of life for patients who are in front of a life threatening illness and their families. All patients deserve to care for a human nature when one is impending death. There are constant deficiencies and factors in end of life nursing care performance and the education is extremely essential to sustain that care. Exact end of life curricula have been developed, but are being used incompatibly to teach nurses in undergraduate studies and practicing nurses. For that reason, it is a social and ethical responsibility of practitioners to get knowledge of efficient end of life practices, and alertness of one's perceptions to bring quality palliative care to patients **(Fox, 2013)**.

According to **World Health Organization (WHO), (2009)** palliative cares is a care given to patient with not curable disease and aims to provide good care at the end of life for those patients and their families, managing symptoms of end of life, integrate the death as a natural process of life and confirm on it

all over the time and help the family to cope with her grief and loss and also give emotional & religious support. Also, encourage the dignity and autonomy of dying patients in their care.

End of life care is the term used to describe the support and medical care given during the time surrounding death. Such care does not happen just in the moments before breathing finally stops and a heart ceases to beat. The patient has often lived, and dying, with one or more chronic illnesses and needs a lot of care for days, weeks, and sometimes even months **(National institutes of health, 2012).**

General Medical Council, (2010) defined the end of life care as; People are 'approaching the end of life' when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with: advanced, progressive, incurable conditions, General frailty and co-existing conditions that mean they are expected to die within 12 months, Existing conditions if they are at risk of dying from a sudden acute crisis in their condition and Life-threatening acute conditions caused by sudden catastrophic events.

Specifies end of life curriculums have been developed, but are being used inconsistently to train health care

professionals and lacking evaluation of the outcomes (**National Institutes of Health, 2014**). Evidence suggests persistent shortcomings of health care professionals and educators to meet the needs of the dying (**Mallory, 2010**).

Providing end of life care requires a nurse's complete attention. However, it is not until the nurse becomes aware of his or her attitudes towards death that complete attention can be devoted. Patients have identified the nurse presence as the most important intervention at the end of life; presence in this case is defined as making one's whole being available to the patient. Part of the awareness process includes appropriately grieving on a personal level (**Brosche, 2003**).

As people live longer, increasing numbers of patients have long-term, advanced conditions requiring more complex support towards the final stages of life. There is good progress for many cancer patients; the majority of people who die have non-cancerous conditions such as heart failure, chronic obstructive pulmonary disease (COPD), dementia, frailty and multiple co-morbidities. Many patients may still not be receiving the best level of support and care as they near the end of life. This is in part because it is harder to identify them early enough, their course of decline is erratic, unpredictable or protracted, and they may require complex health and social care provision in a

number of settings, crossing the boundaries of care **(Thomas & Lobo, 2011).**

Death in the intensive care environment can seem unnatural and difficult to deal with for the nurses. It is thought to be a very painful and stressful process for the nurses who provide continuous care to the patients **(Beckstrand and Kirchhoff, 2009)**. Unlike other healthcare providers, nurses, stay with the patient and family on a constant basis. According to Watson's Theory of Human Care, nurses are the caring agents in healthcare; nurses have a commitment to care for the patient in both life and death **(Watson, 2012).**

END-OF-LIFE CARE EDUCATION

The education and preparation for end of life care have been identified as an important means of enhancing the quality of care given to the dying patient **(Hopkinson, Hallett, & Luker, 2005)**. As the American population ages and diseases increase in prevalence, education on end of life care will become more and more necessary **(Durkin, 2003).** One key barrier to teaching end of life care may be that some educators lack the comfort and competence needed to effectively teach the content (**Brajtman, Bourbonnais, Casey, Alain, & Fiset, 2007**).

Death is the greatest certainty of life; therefore, it is intriguing that nurses fail to receive adequate education on death and dying in their undergraduate curriculums. **(American Association of Colleges of Nursing, 2004).** The preparation for end of life care for nurses has been inconsistent, even neglected at times, in the nursing curricula and less than 2% of contents in nursing texts touched on end of life care **(Duke and Thompson, 2007)**.

Many recommendations have been made for end of life, educational content; according to **Ciccarello**, **2003,** content should include "needs assessment, therapeutic communication, grief and loss, managing prognostic uncertainty, spiritual dimensions of life and illness, and complementary therapies. In

addition **Wessel and Rutledge (2015)**, suggest including goals of care and an overview of hospice ideals.

According to **Frommelt (2003)**, end of life education can be accomplished via videos, lectures, readings, discussions, and clinical exposure to dying patients. Although the content of this thesis focuses on nurses, many feel that education on end-of-life care should be taught to all members of the healthcare team, including physicians, respiratory therapists, and dieticians (**Beckstrand, 2006**).

Fifteen end of life competencies has been established by the American Association of Colleges of Nursing for guiding nursing education; although there may not be a particular course devoted to care of the dying, the information can be dispersed throughout courses such as health assessment, psychiatric nursing, and pharmacology **(Peaceful Death, 2004**). For instance, teaching end of life care in a psychiatric nursing course along with therapeutic communication content may be an effective way to teach nurses how to communicate with dying patients and their families (**Durkin, 2003**).

According to **Matzo, Sherman, Penn, & Ferrell (2003)**, national educational efforts were initiated in 1999 to address educational inadequacies in end of life nursing care. Among those efforts there is a well-known curriculum known as the End

of Life Nursing Education Consortium (ELNEC). The curriculum is a series of eight learning modules designed to teach knowledge, attitudes, and skills for effective end of life care. This course teaches nursing faculty, staff development nurse educators, and practicing specialty nurses about end of life care, and how to teach that care to students and practicing nurses and the first course was taught in the United States in 2001, and has since expanded internationally. Currently, 750 undergraduate nursing faculty and 800 staff development educators have been trained in the program.

Researches suggest that the end of life education should include both clinical and didactic elements. According to one research study, nursing students desire to have clinical experiences caring for a dying patient; they feel they have a lot to gain by working with seasoned nurses who can support them in their end-of-life experience. The students, who did receive some education on end of life care in their undergraduate curriculums, were not content with their learning; they felt that more subject matter on death and dying should have been covered to adequately prepare them for their role post graduation (**Brajtman et al., 2007**).