



Faculty Publications

2003-12-19

Analysis of End-of-Life Content in Critical Care Nursing Textbooks

Karin T. Kirchhoff

University of Wisconsin - Madison

Renea L. Beckstrand

Brigham Young University - Provo, renea@byu.edu

Prashanth Reddy Anumandla

University of Wisconsin - Madison

Follow this and additional works at: <https://scholarsarchive.byu.edu/facpub>



Part of the [Critical Care Nursing Commons](#), [Other Nursing Commons](#), and the [Palliative Nursing Commons](#)

Original Publication Citation

Kirchhoff, K. T., Beckstrand, R. L., & Anumandla, P. R. (2003). Analysis of end-of-life content in critical care nursing textbooks. *Journal of Professional Nursing*, 19(6), 372-381.

BYU ScholarsArchive Citation

Kirchhoff, Karin T.; Beckstrand, Renea L.; and Anumandla, Prashanth Reddy, "Analysis of End-of-Life Content in Critical Care Nursing Textbooks" (2003). *Faculty Publications*. 5297.
<https://scholarsarchive.byu.edu/facpub/5297>

This Peer-Reviewed Article is brought to you for free and open access by BYU ScholarsArchive. It has been accepted for inclusion in Faculty Publications by an authorized administrator of BYU ScholarsArchive. For more information, please contact ellen_amatangelo@byu.edu.

Analysis of End-of-Life Content in Critical Care Nursing Textbooks

KARIN T. KIRCHHOFF, PhD, RN, FAAN,* RENE L. BECKSTRAND, PhD, RN,†
AND PRASHANTH REDDY ANUMANDLA, BScN, RN‡

Nurses have identified a need for improving their knowledge and skills in providing end-of-life care. Critical care nursing textbooks can serve as an important source of information on end-of-life care for critical care nurses. Hence, an analysis of end-of-life content in 14 critical care nursing textbooks was conducted. Critical care nursing textbooks used for review were published in 1995 or later and identified from the libraries at the University of Wisconsin-Madison and Brigham Young University. The end-of-life content areas identified by the American Association of Colleges of Nursing (AACN), under which the AACN end-of-life competencies for undergraduate nursing students can be taught, were used as a framework for assessing the presence or absence of end-of-life content in the textbooks. When end-of-life content was present, two reviewers judged whether the information was helpful. Four additional end-of-life content areas were identified in some textbooks during the study, and reviewers also judged whether these were helpful. None of the textbooks had end-of-life content in all the content areas used for the analysis. Three textbooks did not contain any end-of-life content. (Index words: Terminal care; End-of-life care; Textbooks; Critical care; Textbook review; Nursing) *J Prof Nurs* 19:372-381, 2003. © 2003 Elsevier Inc. All rights reserved.

COMPARED WITH OTHER HEALTH care providers, nurses spend the most time with patients and their families at the end of life (Ferrell, Grant, & Virani, 1999). Because they provide direct care to terminally ill patients and their families, nurses have an important function and responsibility at end of

life. Ideally, nursing care should aim to promote the comfort of both patient and family at the end of life. Nurses serve as advocates for terminally ill patients and their families, collaborate with interdisciplinary-care team members regarding patient outcomes, and provide nursing care based on patient care goals developed by working with the patient and family. Hence, nursing care of terminally ill patients and their families is an important part of interdisciplinary, holistic, end-of-life care.

Nurses, however, continue to identify the need for improving their knowledge and skills in end-of-life care. Ferrell, Grant, and Virani (1999) surveyed members of the National Council of State Boards of Nursing and found that the respondents rated themselves as being only moderately knowledgeable in end-of-life content, a mean of 6.0 on a scale of 0 (not knowledgeable) to 10 (very knowledgeable). White, Coyne, and Patel (2001) found that 21 percent of the oncology nurses in their study had little or fair education in providing effective care for patients and families at the end of life. Ersek, Kraybill, and Hansberry (1999) assessed the end-of-life educational needs of licensed nurses (registered nurses and licensed practical nurses) working in nursing homes. They found that nurses identified a greater need for education in dealing with family-staff conflicts, advanced pain-management protocols (for cognitively impaired patients), the use of "high-tech" interventions, and nonpharmacological symptom management. They also noted that licensed nursing staff indicated difficulty in communicating with patients and their families about goals of care and code status without destroying hope.

Although it is commonly thought that patient deaths occur more frequently in hospice, acute care units account for a large percentage of deaths in the United States. According to one report, about 20 to 50 percent of all deaths in the United States occurred in acute care hospitals (Dartmouth Atlas of Health Care Working Group, 2000). The same report also mentions that 6.3 to 30 percent of deaths in the United States occur in intensive care units. Statistics for death

*Rodefer Chair and Professor, University of Wisconsin School of Nursing, Madison, WI.

†Brigham Young University, College of Nursing, Salt Lake City, UT.

‡Master's student, University of Wisconsin School of Nursing, Madison, WI.

Address correspondence and reprint requests to Dr. Kirchhoff: University of Wisconsin School of Nursing, K6/358, Clinical Science Center, 600 Highland Avenue, Madison, WI 53792-2455. E-mail: ktkirchhoff@wisc.edu

© 2003 Elsevier Inc. All rights reserved.

8755-7223/03/1906-0000\$30.00/0

doi:10.1016/S8755-7223(03)00141-8

rates in intensive care units in the United States vary by source and region. Most deaths in intensive care units result from the withholding or withdrawing of life-support measures. In a multi-institutional study conducted by Faber-Langendoen (1996), 84 percent of patient deaths were preceded by decisions to withdraw or withhold some form of life-sustaining treatment. Hence, critical care nurses bear the burden of providing care to a large percentage of patients dying in acute care units.

Not only are critical care nurses unsatisfied with current practices in end-of-life care (Kirchhoff & Beckstrand, 2000; Kirchhoff et al., 2000), but families express dissatisfaction with the end-of-life care provided in intensive care units (Abbott, Sago, Breen, Abernethy, & Tulsky, 2001; Azoulay et al., 2000; Baker et al., 2000). One approach to improving family satisfaction would be to help critical care nurses gain knowledge and skills in end-of-life care. A major source of knowledge on end-of-life care is the critical care nursing textbook.

End-of-life content in health care textbooks has been minimal. Two studies have evaluated end-of-life content in medical textbooks: one studied 50 textbooks from multiple specialties (Rabow, Hardie, Fair, & McPhee, 2000), and the other evaluated four commonly used medical textbooks (Carron, Lynn, & Keaney, 1999). The researchers in both studies found inadequate coverage of end-of-life content.

Recently, Ferrell, Virani, and Grant (1999), Ferrell, Virani, Grant, and Borneman (1999), and Ferrell, Vi-

rani, Grant, and Juarez (2000) analyzed end-of-life and palliative care content in 50 nursing textbooks currently used in nursing programs. Nine main categories were identified under which end-of-life content ideally would be included in nursing textbooks. Four critical care textbooks were included in the analysis. End-of-life content in the textbooks was then judged "absent/no mention" (0), "present" (1), or "helpful" (2). An analysis of the results showed major deficiencies in end-of-life content in current nursing textbooks.

With a high incidence of deaths in critical care units and the need to help critical care nurses enhance their knowledge and skills in end-of-life care, we decided to review all readily available critical care nursing textbooks for end-of-life content. We were interested in determining coverage of end-of-life content in critical care nursing textbooks and in determining whether that content would be helpful to nurses caring for dying patients. Practicing critical care nurses and nursing students who aspire to specialize in critical care should be able to use these textbooks as ready sources of information on end-of-life care.

Framework for Analysis

End-of-life competency statements were developed after the American Association of Colleges of Nursing (AACN; 1998) convened a roundtable of health care ethicists and palliative care experts (Table 1). The competency statements were designed to assist nurse edu-

TABLE 1. AACN's End-of-Life Competencies for Undergraduate Nursing Curriculum

1. Recognize dynamic changes in population demographics, health care economics, and services delivery that necessitate improved professional preparation for end-of-life care
2. Promote the provision of comfort care to the dying as an active, desirable, and important skill, and an integral component of nursing care
3. Communicate effectively and compassionately with the patient, family, and health care team members about end-of-life issues
4. Recognize one's own attitudes, feelings, values, and expectations about death and the individual, cultural, and spiritual diversity existing in these beliefs and customs
5. Demonstrate respect for the patient's views and wishes during end-of-life care
6. Collaborate with interdisciplinary team members while implementing the nursing role in end-of-life care
7. Use scientifically based standardized tools to assess symptoms (e.g., pain, dyspnea, constipation, anxiety, fatigue, nausea/vomiting, and altered cognition) experienced by patients at the end of life
8. Use data from symptom assessment to plan and intervene in symptom management using state-of-the-art traditional and complementary approaches
9. Evaluate the impact of traditional, complementary, and technological therapies on patient-centered outcomes
10. Assess and treat multiple dimensions, including physical, psychological, social, and spiritual needs, to improve quality at end of life
11. Assist the patient, family, colleagues, and oneself to cope with suffering, grief, loss, and bereavement in end-of-life care
12. Apply legal and ethical principles in the analysis of complex issues in end-of-life care, recognizing the influence of personal values, professional codes, and patient preferences
13. Identify barriers and facilitators to patients' and caregivers' effective use of resources
14. Demonstrate skill at implementing a plan for improved end-of-life care within a dynamic and complex health care delivery system
15. Apply knowledge gained from palliative care research to end-of-life education and care

Source: AACN. (1998). Peaceful death: Recommended competencies and curricular guidelines for end-of-life nursing care. From <http://www.aacn.nche.edu/Publications/deathfin.htm>. Reprinted with permission.

cators in incorporating end-of-life content throughout the existing curriculum. The AACN (1998) has also identified eight content areas (Table 2) under which the 15 competencies outlined in Table 1 could be taught. Because the competencies are broad, the AACN has identified topics that can be taught under each content area (Table 3).

Although the AACN competencies and content areas were developed for undergraduate students, the content areas were used as a framework for this study because they demonstrate the basic knowledge that nurses must have of end-of-life care. For this reason, it was expected that critical care nursing textbooks would contain information pertaining to the AACN competencies and content areas because these are considered essential and now are part of the National Council Licensure Examination-Registered Nurse (NCLEX-RN) test plan (Wendt, 2001).

For this study, the AACN content areas were used as a framework for analysis (Table 3). The AACN content area of "nursing research" was removed from the analysis because the AACN suggested the incorporation of only studies on end of life in nursing research courses and did not provide a competency for the purpose of this study. The topic "discussion of hospice as a type of health care model" under the content area of "professional issues/health care settings" was eliminated because it was irrelevant to this study. Initial analysis of the findings from the first few textbooks reviewed indicated that using the AACN content areas was effective in evaluating end-of-life content in the textbooks.

During review and analysis of textbook content, four additional end-of-life content areas were identi-

fied that were not in the initial list of AACN competencies and content areas (Table 4).

Method

TEXTBOOK SELECTION

A decision was made by the investigators to review all available critical care nursing textbooks published since 1995. The reasons for this decision were that (1) textbooks published before 1995 would be out of date and less likely to be in use by critical care nurses, (2) the most recent editions of multi-edition textbooks were published after 1995, and (3) textbooks published after 1995 would be more likely to contain end-of-life content as a result of being influenced by the recent surge in interest and research in end-of-life care. Critical care nursing textbooks were identified at two nursing libraries, the University of Wisconsin-Madison, and Brigham Young University, College of Nursing, Provo, Utah.

At the University of Wisconsin-Madison, an electronic search was made with *critical care nursing*. At Brigham Young University, critical care nursing textbooks were identified in the library by hand search. A total of 14 critical care nursing textbooks meeting study criteria were identified. To assess whether the critical care nursing textbooks identified from the libraries were representative of those available in print, websites of publishing companies (Mosby, Saunders, Churchill Livingstone, Butterworth-Heinemann, Lippincott Williams & Wilkins, Aspen, and Springer) were searched. Some textbooks identified were study guides or had critical care nursing content for patients with specific disease conditions and were thus excluded. A total of 16 textbooks were eligible; the 14 textbooks reviewed in this study made up 87.5 percent of all critical care nursing textbooks available in print.

TEXTBOOK EVALUATION

To identify end-of-life content in the textbooks, primary keywords and key phrases such as *death*, *dying*, *end of life*, *terminal care*, and *withdrawal of life support* were used. Secondary keywords and phrases such as *advance directives*, *durable power of attorney*, *brain death*, *organ donation*, *culture*, *family*, and *spirituality* were used to augment the search for related topics. The primary keywords and key phrases were effective in identifying desired content. Content and index listings of each textbook were scanned to identify keywords. Page numbers with end-of-life content were noted, and the content was browsed for relevance.

TABLE 2. Eight Content Areas Recommended by AACN for Teaching Competencies for End-of-Life care in Undergraduate Nursing Curriculum

1. Health assessment (competency 7^a)
2. Pharmacology (competency 8)
3. Psychiatric-Mental health (competencies #s 3, 4, 5, 10, 11)
4. Nursing management courses (competencies 2, 6, 7, 8, 9, 14^b)
5. Ethical/Legal issues (competencies 4, 12)
6. Cultural Issues (Competency 5)
7. Nursing research (competency 15)
8. Professional issues/Health care settings (competencies 1, 10, 11, 13^b)

^aSee Table 1 for list of competencies.

^bCompetencies 13 and 14 added by authors.

Source: AACN. (1998). Peaceful death: Competencies and curricular guide for end-of-life nursing care. From <http://www.aacn.nche.edu/Publications/deathfin.htm>.

TABLE 3. Results of Analysis of AACN's End-of-Life Content Areas and Related Topics in 14 Critical Care Nursing Textbooks

Content Area	Absent (0)	Mentioned (1)	Helpful (2)
Health assessment			
Tools to assess common problems at end-of-life	14	0	0
Importance of initial and ongoing assessment	14	0	0
Pharmacology			
Pharmacologic management of symptoms	9	5	0
Focus on palliative care	10	3	1
Equianalgesic tables	14	0	0
Negative impact of myth and misconceptions about the use of analgesics	13	1	0
Assessment and management of side effects of analgesics	14	0	0
Psychological care			
Communication with patient and family	7	6	1
Eliciting patients' and families' wishes for end-of-life care	8	3	3
Identifying and assessing nurses' attitudes, feelings, and expectations about death	9	5	0
Preparing the patient's family for his/her decline in emotional and cognitive status	12	2	0
Assisting the patient, family and colleagues to cope with suffering, grief, and loss.			
Assisting the patient and family to cope with crisis in the family including bereavement support for family after death.	7	4	3
Patient's and family's responses on being informed about patient's imminent death	10	3	1
Spiritual care of the patient	13	1	0
Spiritual care of the family	11	3	0
Nursing care			
Provision of comfort care to the dying as an active, desirable, and important service	8	4	2
Collaboration with interdisciplinary team members while implementing the nursing role in end-of-life care	7	7	0
Assessment and management of symptoms that occur near the end of life in end-stage cardiac, pulmonary, and renal disease and in cancer, dementia, immunosuppression, and other conditions	12	2	0
Evaluation of the impact of nursing interventions on patient outcomes	14	0	0
Implementation of end-of-life care with appropriate use of technology as desired by patients and their families	11	3	0
Continuity of care by the same nurse	12	2	0
Ethical/Legal issues			
Respect for others' attitudes and values	6	2	6
Information on state and federal laws regarding informed consent, advance directives, portable (community based) do-not-resuscitate orders, etc.	6	2	6
Common legal myths and professional misperceptions regarding end-of-life care	13	1	0
Differences between laws, institutional policies, and personal, family, and professional values and ethics	7	6	1
Cultural issues			
Cultural influences on attitudes and beliefs about death and dying in the cultures represented in the surrounding community	10	3	1
Professional issues/Health care settings			
Professional issues surrounding providing care in the intensive care unit	11	3	0
Role of the family	11	3	0
Role of the nurse in supporting the family	7	4	2
Professional issues surrounding provision of palliative care within traditional acute and clinic settings	13	1	0

End-of-life content in each textbook was identified as part of the relevant content area, and, when necessary, to specific topics in the content area. Content was then judged "absent" (0), "mentioned" (1), or "helpful" (2). A judgment of "mentioned" meant that the topic was only alluded to or not discussed at length in the textbook. A judgment of "helpful" meant that the topic was discussed in some detail in the textbook.

Two critical care nurses each reviewed and judged the end-of-life content. There was an initial 78-percent

agreement on rating between them. The authors discussed any lack of agreement and came to a consensus. Afterward, a 99.8-percent agreement on rating was reached between them.

Results

AACN CONTENT AREAS

Of a total of 14 critical care nursing textbooks, none had information on all of the content areas outlined in

TABLE 4. Results of Analysis of Additional End-of-Life Content Areas and Related Topics in 14 Critical Care Nursing Textbooks

Additional content areas	Absent (0)	Mentioned (1)	Helpful (2)
1. Family presence during resuscitation			
Generic information	11	1	2
Assessment of family for appropriateness of being present at resuscitation	11	1	2
2. Organ donation			
Generic information	6	3	5
Requesting organ donation of the family	9	3	2
Care of the patient's organs	7	3	4
Care of the family	10	1	3
Family reaction to requests for organ donation	12	1	1
Stress to health care providers in requesting organ donation	12	1	1
Tissue donation	7	6	1
3. Brain death	6	2	6
4. Withdrawal or withholding of treatment	9	4	1

Tables 2 and 3. Three textbooks had no end-of-life content. Findings are presented by content area and related topics.

Health Assessment

None of the critical care nursing textbooks had any information on health assessment at end of life. There was no discussion on assessment tools and physical findings for dying patients.

Pharmacology

Pharmacology at end of life was not discussed in most of the textbooks. Helpful content on the topic "focus on palliative care" was found in only one textbook (Kinney, Dunbar, Brooks-Brunn, Molter, & Vitello-Cicciu, 1998). Content on this topic was related to patients' fear of having intractable pain and the families' fear of watching loved ones suffer at the end of life. The discussion emphasized promoting patient comfort by using medications to achieve adequate symptom control even at the expense of life.

Psychological Care

Psychological care at end of life is minimally covered in the textbooks. Only one (Hudak, Gallo, & Morton, 1998) was judged to have helpful content on "communication with patient and family." The discussion stressed that communication at the end of life among patient, family, and health care providers should be open, honest, empathetic, compassionate, and caring. Appropriate nonverbal communication and a cheerful attitude by nurses while providing care was advocated.

Three textbooks (Adam & Osborne, 1997; Hudak et al., 1998; Kinney et al., 1998) had helpful content

on "eliciting patients' and families' wishes for end-of-life care." The discussion stressed the responsibility of nurses in facilitating informed decision-making by the patient and the family. It also discussed eliciting the patient's and family's wishes at end of life, including the need for privacy, the need for spiritual leaders or rituals, the family's wish to stay with the patient and participate in patient care, and the family's interest in seeing the patient's body after death.

Three textbooks (Adam & Osborne, 1997; Alspach, 1998; Hudak et al., 1998) had helpful content on the related topics "assisting the patient, family, and colleagues to cope with suffering, grief, and loss" and "assisting the patient and family to cope with crisis in the family including bereavement support for family after death." Providing information, offering hope, facilitating relationships with family, and allowing the patient to talk about his or her feelings was recommended in dealing with patients at end of life (Clochesy, Breu, Cardin, Whittaker, & Rudy, 1996). The importance of learning to comfortably express compassion to the patient and family was identified (Hudak et al., 1998). Nursing care of patients with different types of emotional responses to the inevitability of death was discussed (Alspach, 1998).

On assisting the families to cope with the end-of-life experience, constant preparation of the family for death is stressed. Offering to contact people identified to provide spiritual support for the family is suggested. Facilitating viewing of the body after death and avoiding euphemisms for death during communication with family were suggested. Follow-up services for bereaved family members were also recommended (Adam & Osborne, 1997; Hudak et al., 1998).

Regarding care of nurses who provide end-of-life

care, recommendations include an open, accepting environment in the unit to enable nurses to express their feelings, peer-group support, and support groups inside or outside the hospital to help nurses cope with end-of-life experiences (Adam & Osborne, 1997). It was suggested in one textbook that nurses should stop viewing the patient's death in the intensive care unit as a failure (Hudak et al., 1998).

End-of-life content on "patient's and family's responses on being informed about patient's imminent death," "spiritual care of the patient," and "spiritual care of the family" was minimally covered.

Nursing Care

Nursing care at end of life was modestly discussed in the textbooks. Two textbooks (Hudak et al., 1998; Kinney et al., 1998) had helpful information on "provision of comfort care to the dying as an active, desirable, and important service." It was clear from the content that the primary goals of nursing care at end of life are patient comfort and relief of pain. It was advocated that adequate pain medications be administered on a predetermined schedule rather than on an "as needed" basis while considering patient tolerance. The authors cautioned that nurses' attitudes toward addiction to pain medication must not affect adequate administration of pain medications. Dryness, drooling, odor, and poor nutrition were also identified as causing pain and discomfort. Mouth care, proper positioning, skin care, and massage were suggested for comfort. It was advocated in two textbooks (Adam & Osborne, 1997; Hudak et al., 1998) that the same nurses who were previously caring for the patient provide end-of-life care.

Ethical/Legal Issues

Almost half of the books had helpful content on ethical and legal issues. Five textbooks (Chulay, Guzzetta, & Dossey, 1997; Clochesy et al., 1996; Hartshorn, Sole, & Lamborn, 2001; Hudak et al., 1998; Kinney et al., 1998; Thelan, Urden, Lough, & Stacy, 1998) had helpful content on "respect for others' attitudes and values." The discussions stressed the importance of eliciting and respecting the client's decisions regarding resuscitation and life-sustaining measures conveyed either verbally or by living will. In the absence of a living will for incompetent or never-competent patients, respecting the decisions of a legally assigned, durable power of attorney or family member was advocated. The implications of the Patient Self-Determination Act of 1991 for health care were discussed. An ongoing assessment was advocated.

Almost half of the textbooks (Alspach, 1998; Chulay et al., 1997; Clochesy et al., 1996; Hartshorn et al., 2001; Hudak et al., 1998; Kinney et al., 1998) had helpful content on "information on state and federal laws regarding informed consent, advance directives, portable (community-based) do-not-resuscitate orders" Content included the Patient Self-Determination Act, the meaning and implications of a living will, Natural Death Act of 1988, and durable power of attorney for health care. Also included were the implications of the Patient Self-Determination Act in requiring hospitals, nursing facilities, home health care services, hospice programs, and certain health maintenance organizations to provide information on the rights of adults to make decisions, on legal advance directives, and, in the case of incompetent patients, on decision-making by family members. Hudak et al. (1998) had helpful content on "differences between laws, institutional policies, and personal, family, and professional values and ethics." How these elements influence decision-making regarding resuscitation or treatment for the patient at end of life was discussed.

Cultural Issues

Helpful content on cultural issues was present in only one textbook (Thelan et al., 1998). The authors advocated recognizing cultural factors and incorporating them into the plan of care at the end of life. Information was provided about the cultural practices and behaviors of seven groups.

Professional Issues/Health Care Settings

"Role of the family" and "role of the nurse in supporting the family" were seldom covered in textbooks, although Clochesy et al. (1996) and Hudak et al. (1998) had helpful content on "role of the nurse in supporting the family." Helpful content included discussion of the importance of eliciting the family's wishes about participating in the patient's care, being present at the patient's bedside or frequently visiting the patient, being present at the patient's death, and viewing the body after death. The importance of establishing an atmosphere congenial to patient-family communication, helping the family provide support to one another, providing emotional support to the family, and providing clear, concrete medical information were discussed. A caring, compassionate, empathetic nursing approach and an appropriate expression of a sense of humor at the end of life were advocated. The importance of a nondefensive, tolerant attitude and a willingness to continue working with the family was

also discussed. Appropriate nonverbal communication while conveying the message of the patient's death was advocated. Preparing the family for the condition of the body and providing grief education by teaching family members what to expect in the few months after death were discussed.

ADDITIONAL END-OF-LIFE CONTENT AREAS IDENTIFIED DURING THE STUDY

During the study, four content areas not included in the AACN competencies and content areas were identified (Table 4).

Family Presence During Resuscitation

Family presence during resuscitation was advocated in three textbooks (Chulay et al., 1997; Hartshorn et al., 2001; Kinney et al., 1998), and two of the three had helpful content in this area. The topics discussed were the benefits of allowing family at the resuscitation site and the steps involved in enabling family to be present at the resuscitation site.

Organ Donation

Helpful information on topics relating to organ donation was present in 6 of 14 textbooks (Adam & Osborne, 1997; Clochesy et al., 1996; Hudak et al., 1998; Kinney et al., 1998; Stillwell, 1996; Urban, Greenlee, Krumberger, & Winkelman, 1995). Maintenance of patients to promote optimum organ function was discussed. Detailed information was provided on organ-donor criteria, organ-transplant evaluation tests, and the nursing care involved. The process of asking the family for organ donation, the nursing care of the family when an organ-donation decision had been made, the providing of emotional support to the family, and the coordination with organ-procuring organizations and their personnel were discussed. Tissue donation was minimally discussed, with only five textbooks (Alspach, 1998; Hartshorn et al., 2001; Kinney et al., 1998; Stillwell, 1996; Urban et al., 1995) having information on tissues used for transplantation.

Brain Death

Six textbooks (Alspach, 1998; Catalano, 1995; Clochesy et al., 1996; Hudak et al., 1998; Stillwell, 1996; Urban et al., 1995) had helpful content on brain death, and the topic was mentioned in two textbooks. Helpful content included information on criteria and tests for determining brain death, problems in determining brain death, difference between brain death

and persistent vegetative state, and management of patients with brain death.

Withdrawal or Withholding of Treatment

One textbook had helpful information in the content area of withdrawal or withholding of treatment (Hartshorn et al., 2001), and it was mentioned in three textbooks. Hartshorn et al. (2001) had information on the treatments withdrawn, the ethical and legal issues affecting withdrawal or withholding of treatment, and related court cases.

Discussion

The fact that none of the critical care nursing textbooks contained information on all the content areas is of concern and underscores the need for comprehensive inclusion of end-of-life content. The content areas of ethical and legal issues, organ donation, and brain death were extensively discussed in the highest number of books, yet half of the textbooks did not mention them.

At the end of life, nurses frequently administer medications to patients for symptom management and comfort. Except for one textbook, which had helpful information on palliative care, information on pharmacology at the end of life was either just mentioned or absent. Inclusion in nursing textbooks of comprehensive information on medications used at the end of life, symptom-specific medications and their use in promoting comfort, and possible side effects and their management would be helpful. Including equianalgesic tables and identifying the negative impact on care arising from myths and misconceptions about analgesics would also be helpful to nurses.

About half of the textbooks had helpful or some information on communication with patient and family. At the end of life, communication with patient and family can be a difficult task for nurses. Nurses would benefit from textbook content on the principles of communicating with patients and families because communication is important for patient and family satisfaction. The role of effective communication in eliciting the patient's and family's wishes on patient care decisions such as resuscitation, life-sustaining equipment, nutrition, and hydration should be discussed in the textbooks. Case studies promote good understanding of the practical use of effective communication.

Nurses have an important role in supporting the patient, family, and colleagues at end of life as they

cope with suffering, grief, and loss. Many textbooks did not have adequate information on this area. To be helpful to nurses, textbooks must include the psychological processes that patient, family, and colleagues experience so that they can be helped with their suffering, grief, and loss. Authors must discuss ways in which nurses can assist with the coping process. Assisting with coping is a major responsibility of nurses when dealing with patients, families, and even nurse colleagues. Information on how to prepare the family for the decline in a patient's cognitive and physical status would help nurses facilitate the coping process. Discussion in the textbooks on the psychological responses of patients and families to impending death would help nurses understand and be prepared for these responses. Nurses must understand the varied responses of patients and families so that they can interact with them therapeutically. Nurses are the ideal health personnel to offer bereavement support to families because they have had considerable interaction with the family in the hospital. Information on ways nurses can offer bereavement support would be helpful.

Since many patients and families turn to spirituality for answers about suffering and death or for comfort and peace, authors should deal with this topic. Few books had information on this area. Content on spirituality should deal with providing information on assessing the spiritual needs of patient and family, different religious practices at death, and the role of clergy and others who provide spiritual support.

The whole focus of nursing care at the end of life is to promote patient comfort. About half of the textbooks had either some information or helpful information in this area. A detailed discussion on comfort care would complement the provision of end-of-life care by nurses. Authors should discuss the importance of comfort, the assessment and management of symptoms, and the pharmacological and nonpharmacological methods for promoting comfort.

A few textbooks referred to the need for continuity of nursing care. Textbooks should advocate this practice by discussing the benefits associated with it, namely, families and patients have already formed a relationship with the nurses who regularly cared for them. Half of the textbooks mention the need for collaboration with interdisciplinary team members as a part of providing nursing care. Authors should discuss the roles of various health care providers in complementing the nursing care role.

The content area of ethical and legal issues is, by far, the most frequently discussed. Authors should discuss the various federal and state regulations associated with

end of life and their implications for clinical practice. Case studies would further help nurses understand their practical applications and their roles in implementing them. Textbooks should also discuss the role of advance directives in patient care and the importance of the role of nurses in promoting advance-care planning for patients.

With nurses having to care for an increasingly multicultural population, tailoring care to accommodate cultural differences at the end of life is important. *The Journal of Hospice and Palliative Nursing* has published a series of articles on the end-of-life cultural beliefs and practices of people from different countries who live in the United States. New textbooks are being published on cultural aspects of care at the end of life. Textbooks should include information on the various practices of prominent cultural and religious groups in the United States and the ways in which nurses can identify cultural needs as part of holistic patient care. For example, information on cultural practices could include rituals, types of clergy and others who provide spiritual support, the use of prayer, and the use of sacred amulets.

Family plays a vital role in end-of-life care; however, most of the reviewed textbooks did not discuss the family's role. Nurses must facilitate the wishes of the family because of the limited time the family has with the patient. The role of family in assisting with patient care, as by providing physical care or help in assessing comfort level and emotional, cultural, and spiritual needs, should be discussed in textbooks.

Because cardiopulmonary resuscitation is associated with an uncertain prognosis, families can experience severe stress when they cannot see what the patient is going through. Allowing families to stay at the site of resuscitation was advocated in a few textbooks. However, textbooks should include studies conducted in this area and the associated advantages and disadvantages. They should also identify methods that would make family presence at resuscitation a possibility.

Terminal patients are increasingly looked on as potential organ and tissue donors. It has become mandatory, by federal regulation, for hospitals to offer the option of organ donation to the families of terminal patients. In this context, it is important for critical care nurses to know about the process of organ donation and to have the skills necessary for asking the family to make decisions regarding donation. Organ and tissue donation were not mentioned in seven textbooks. Because 6.3 percent to almost 30 percent of all deaths in the United States occur in intensive care units (Dartmouth Atlas of Health Care Working Group, 2000), these units can serve as important sites for organ and

tissue donors, and nurses would benefit if this topic was more extensively covered. Textbooks should include information on which organs and tissues can be donated, communicating with the patient and/or family about organ donation, how the family might react to the request, the care of the family, the care of the donor patient, and the stresses the health care providers can experience.

Care of the patient from whom life-support measures are withdrawn or withheld requires unique nursing skills. Some of the textbooks had information about the withdrawal process, which is conducted differently across various intensive care unit settings. Content would be helpful to critical care nurses on the different styles of performing withdrawal, the role of nurses and other health care personnel in the process, the medications administered, the equipment that will be discontinued (and in what order), and the care of the family during the withdrawal process.

Findings of this study agree with the findings of Ferrell, Virani, and Grant (1999); Ferrell, Virani, Grant, and Borneman (1999); and Ferrell et al. (2000). The frameworks for analysis were different, but their content was similar. This study's framework for analysis was originally "end-of-life competencies for undergraduate students," and it is important to consider that the results of this study involved analysis of end-of-life competencies and content areas for undergraduate students. This gives us an estimate of the deficiency in end-of-life content in the textbooks and the scope for improvement.

Critical Care Nursing Clinics of North America published a comprehensive issue on end-of-life care in the intensive care unit in June 2002. This issue can serve as a valuable resource for critical care nurses because it contains reviews on important end-of-life nursing care issues in the intensive care unit. Two recently published textbooks also have helpful information on end-of-life care in the intensive care unit (Campbell, 1998; Curtis & Rubenfeld, 2001).

Limitations

Textbooks that could be obtained from the two university libraries were used to analyze end-of-life content. The libraries did not have all the critical care nursing textbooks used by nurses; however, most published textbooks were reviewed. The end-of-life competencies identified by the AACN were not comprehensive for end-of-life care in critical care units, and so additional content areas had to be included in the analysis. This study only assessed the presence or helpful nature of end-of-life content in the textbooks, and no attempt was made to verify the accuracy of the content or whether the references were up to date.

Implications

The findings of this study identify the significant need for improving end-of-life content in critical care nursing textbooks. Critical care nurses' organizations like the American Association of Critical Care Nurses may find this study of value because it identifies a need for tailoring the present end-of-life literature to the critical care setting and nursing care.

There is also the question of whether the editors and authors of critical care nursing textbooks find a dearth of information or research on end-of-life nursing care in critical care settings. Perhaps a set of end-of-life competencies for critical care nurses should be developed. These competencies would also serve as the basis for chapters on end-of-life care in critical care nursing textbooks. With the competencies and content areas published by the AACN and the additional content areas identified in this study, there could be sufficient content to require a separate chapter on the patient dying in the intensive care unit. With the publication of an entire book on death in the intensive care unit (Curtis & Rubenfeld, 2001), most critical care nursing textbooks will include a chapter on this area in the near future.

References

- Abbott, K. H., Sago, J. G., Breen, C. M., Abernethy, A. P., & Tulskey, J. A. (2001). Families looking back: One year after discussion of withdrawal or withholding of life-sustaining support. *Critical Care Medicine*, *29*, 197-201.
- Adam, S. K., & Osborne, S. (1997). *Critical care nursing: Science and practice*. Oxford: Oxford University Press.
- Alspach, J. G. (1998). *Core curriculum for critical care nursing* (5th ed.). Philadelphia: Saunders.
- American Association of Colleges of Nursing 1998 *Peace-*
- ful death: Recommended competencies and curricular guidelines for end-of-life nursing care*. Retrieved March 21, 2001, from <http://www.aacn.nche.edu/SpecProj/deathfin.htm>.
- Azoulay, E., Chevret, S., Leleu, G., Pochard, F., Barboteu, M., Adrie, C., et al. (2000). Half the families of intensive care unit patients experience inadequate communication with physicians. *Critical Care Medicine*, *28*, 3044-3049.
- Baker, R., Wu, A. W., Teno, J. M., Kreling, B., Damiano,

- A. M., Rubin, H. R., et al. (2000). Family satisfaction with end-of-life care in seriously ill hospitalized adults. *Journal of the American Geriatric Society*, 48(Suppl. 5), S61-S69.
- Campbell, M. L. (1998). *Forgoing life-sustaining therapy: How to care for the patient who is near death*. Aliso Viejo, CA: AACN.
- Carron, A. T., Lynn, J., & Keaney, P. (1999). End-of-life care in medical textbooks. *Annals of Internal Medicine*, 130, 82-86.
- Catalano, J. T. (1995). *American nursing review for critical care nursing certification*. Springhouse, PA: Springhouse.
- Chulay, M., Guzzetta, C., & Dossey, B. (1997). *AACN handbook of critical care nursing*. Stamford, CT: Appleton & Lange.
- Clochesy, J. M., Breu, C., Cardin, S., Whittaker, A. A., & Rudy, E. B. (1996). *Critical care nursing* (2nd ed.). Philadelphia: Saunders.
- Curtis, J. R., & Rubenfeld, G. D. (2001). *Managing death in the intensive care unit: The transition from cure to comfort*. Oxford: Oxford University Press.
- Dartmouth Atlas of Health Care Working Group. (2000). *The quality of care in the last six months of life*. Retrieved May 8, 2001, from http://www.dartmouthatlas.org/99US/chap_6_sec_1.php.
- Ersek, M., Kraybill, B. M., & Hansberry, J. (1999). Investigating the educational needs of licensed nursing staff and certified nursing assistants in nursing homes regarding end-of-life care. *American Journal of Hospice and Palliative Care*, 16, 573-582.
- Faber-Langendoen, K. (1996). A multi-institutional study of care given to patients dying in hospitals: Ethical and practice implications. *Archives of Internal Medicine*, 156, 2130-2136.
- Ferrell, B., Virani, R., & Grant, M. (1999). Analysis of end-of-life content in nursing textbooks. *Oncology Nursing Forum*, 26, 869-876.
- Ferrell, B. R., Grant, M., & Virani, R. (1999). Strengthening nursing education to improve end-of-life care. *Nursing Outlook*, 47, 252-256.
- Ferrell, B., Virani, R., Grant, M., & Borneman, T. (1999). Analysis of content regarding death and bereavement in nursing texts. *Psychooncology*, 8, 500-510.
- Ferrell, B., Virani, R., Grant, M., & Juarez, G. (2000). Analysis of palliative care content in nursing textbooks. *Journal of Palliative Care*, 16, 39-47.
- Hartshorn, J. C., Sole, M. L., & Lamborn, M. L. (2001). *Introduction to critical care nursing* (3rd ed.). Philadelphia: Saunders.
- Hudak, C. M., Gallo, B. M., & Morton, P. G. (1998). *Critical care nursing: A holistic approach* (7th ed.). Philadelphia: Lippincott.
- Kinney, M. R., Dunbar, S. B., Brooks-Brunn, J. A., Molter, N., & Vitello-Cicciu, J. M. (1998). *AACN's clinical reference for critical care nursing* (4th ed.). St. Louis: Mosby.
- Kirchhoff, K. T., & Beckstrand, R. L. (2000). Critical care nurses' perceptions of obstacles and helpful behaviors in providing end-of-life care to dying patients. *American Journal of Critical Care*, 9, 96-105.
- Kirchhoff, K. T., Spuhler, V., Walker, L., Hutton, A., Cole, B. V., & Clemmer, T. (2000). Intensive care nurses' experiences with end-of-life care. *American Journal of Critical Care*, 9, 36-42.
- Rabow, M. W., Hardie, G. E., Fair, J. M., & McPhee, S. J. (2000). End-of-life care content in 50 textbooks from multiple specialties. *Journal of the American Medical Association*, 283, 771-778.
- Stillwell, S. B. (1996). *Mosby's critical care nursing reference* (2nd ed.). St. Louis: Mosby.
- Thelan, L. A., Urden, L. D., Lough, M. E., & Stacy, K. M. (1998). *Critical care nursing: Diagnosis and management* (3rd ed.). St. Louis: Mosby.
- Urban, N. A., Greenlee, K. K., Krumberger, J. M., & Winkelman, C. (1995). *Guidelines for critical care nursing* (1st ed.). St. Louis: Mosby.
- Wendt, A. (2001). End-of-life competencies and the NCLEX-RN examination. *Nursing Outlook*, 3, 138-141.
- White, K. R., Coyne, P. J., & Patel, U. B. (2001). Are nurses adequately prepared for end-of-life care? *Journal of Nursing Scholarship*, 33, 147-151.