Nursing and Life Research Literatures

Ma Hongbao [1], Margaret Young [2], Yang Yan [1]

[1] Brookdale Hospital, Brooklyn, New York 11212, USA; [2] Cambridge, MA 02138, USA
ma8080@gmail.com

Abstract: Nursing is a professional work within the health care system on the care of individuals, families, and communities so that they may attain, maintain, or recover optimal health and quality of life. Nurses provide care within the ordering scope of physicians. In the postwar period, nurse education has undergone a process of diversification towards advanced and specialized credentials, and many of the traditional regulations and provider roles are changing. In the fifth century BC, for example, the Hippocratic Collection in places describes skilled care and observation of patients by male attendants, who may have been early nurses. This article introduces recent research reports on nursing and life researches as references in the related studies.

[Ma H, Young M, Yang Y. **Nursing and Life Research Literatures**. *Biomedicine and Nursing* 2015;1(2):34-50]. ISSN 2379-8211. http://www.nbmedicine.org. 5. doi:10.7537/marsbnj010215.05.

Key words: nursing; cell; life; research; literature; hospital; medicine; patient

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in a wide diversity of practice areas with a different scope of practice and level of prescriber authority in each. Many nurses provide care within the ordering scope of physicians, and this traditional role has come to shape the historic public image of nurses as care providers.

The aim of the nursing community worldwide is for its professionals to ensure quality care for all, while maintaining their credentials, code of ethics, standards, and competencies, and continuing their education. There are a number of educational paths to becoming a professional nurse, which vary greatly worldwide; all involve extensive study of nursing theory and practice as well as training in clinical skills.

There is a shortage of academically qualified instructors to teach at schools of nursing worldwide. The serious need for educational capacity is not being met, which is the underlying most important preparation resource for the nurses of tomorrow. The decrease in faculty everywhere is due to many factors including decrease in satisfaction with the workforce, poor salaries, and reduction in full-time equivalent.

The following introduces recent reports as references in the related studies.

Abrahamson, K., T. Lewis, et al. "The influence of cognitive impairment, special care unit placement, and nursing facility characteristics on resident quality of life." J Aging Health. 2013 Jun;25(4):574-88. doi: 10.1177/0898264313480240. Epub 2013 Mar 18.

OBJECTIVE: We examined the (a) influence of nursing facility characteristics on resident quality of life and (b) the impact of cognitive impairment and residence on a dementia special care unit(SCU) on QOL after controlling for resident and facility characteristics. METHOD: Multilevel models (resident and facility) were estimated for residents with and without cognitive impairment on conventional units and dementia SCU. Data came from the 2007 Minnesota Nursing Home Resident Quality of Life and Consumer Satisfaction Survey (N = 13,983). RESULTS: Level of resident CI was negatively related to QOL, although residing on a dementia SCU was positively related to QOL. Certified Nursing Assistant and activity personnel hours per resident day had a positive relationship with resident QOL. DISCUSSION: Our results highlight the need to ensure adequate levels of paraprofessional direct care staff and the availability of dementia-focused (SCU)s despite current constraints on long-term care funding.

Al Aqqad, S. M., L. L. Chen, et al. "The use of potentially inappropriate medications and changes in quality of life among older nursing home residents." Clin Interv Aging. 2014 Jan 22;9:201-7. doi: 10.2147/CIA.S52356. eCollection 2014.

BACKGROUND: Nursing home residents are mainly older people with multiple diseases and taking multiple medications. The quality use of medication and its association with health related quality of life (HRQoL) have not been reported in Malaysia. This study aims to investigate the association between the use of potentially inappropriate medications (PIMs) and the changes observed in the HRQoL among older nursing home residents. METHODS: A prospective follow up study was conducted at four nongovernmental organization nursing homes in Penang, Malaysia. Older residents (>/=65 years old) taking at least one prescribed medication were included. Residents with PIMs were identified by using Screening Tool of Older Person's potentially inappropriate Prescriptions (STOPP) criteria. HRQoL was assessed using EuroQol-5 dimension (EQ-5D) and EuroQol-visual analog scale (EQ-VAS) at baseline and after a 3-month follow up. The association of PIMs with HRQoL was analyzed using Mann-Whitney U test. RESULTS: The median age of the 211 participants was 77 years (interquartile range 72-82 years) and the median number of prescription medicines was four (interquartile range three to six). The prevalence of PIMs was 23.7% and 18.6% at baseline and 3 months later, respectively. The most commonly prescribed PIMs in decreasing order were first generation antihistamine, prescriptions of duplicate drug class, glibenclamide with type 2 diabetes mellitus, and anticholinergic to treat extrapyramidal side effects of neuroleptic medications. At baseline, there was no significant difference among residents with or without PIMs in each bracket of EQ-5D, EQ-5D index, or EQ-VAS scores. Comparison of the differences in the mean score index of EQ-5D between baseline and after 3 months also showed no statistically significant differences. CONCLUSION: PIMs were found to be relatively common among older nursing home residents. However, no significant changes were observed in HRQoL among these residents. Further studies with a bigger sample size and longer follow up period are required to establish this association.

Almomani, F. M., J. M. McDowd, et al. "Health-related quality of life and physical, mental, and cognitive disabilities among nursing home residents in Jordan." Qual Life Res. 2014 Feb;23(1):155-65. doi: 10.1007/s11136-013-0461-2. Epub 2013 Jun 29.

PURPOSE: To describe the physical, cognitive, psychological, and medical status of nursing home residents in Jordan. We also investigated the perceived health-related quality of life of this population. METHODS: A sample of 221 nursing home residents in Jordan was recruited to participate in this study. Demographic variables and medical history were collected. In addition, all participants were assessed using health-related quality of life items (HRQOL), mini-mental state examination (MMSE), Geriatric Depression Scale (GDS), Tinetti assessment battery for gait and balance (TAB), and disability of arm, shoulder, and hand assessment (DASH). RESULTS: TAB and DASH scores were related to the following HRQOL items: self-reported general health status, the need for personal care, the need for help from others in handling routine needs, the number of days of pain, feeling sad, depressed, worried, and not getting enough sleep, and the number of days feeling very healthy and full of energy. MMSE scores were related to self-reported need for personal care, the need for help from others in handling daily routine needs, and the number of days feeling pain, sad, worried, and depressed. GDS scores were related to self-reported general health status, the need for personal care, the need for help from others for handling daily routine needs, the number of pain, sad, worried, and not getting enough sleep days, and the number of days feeling healthy and full of energy. CONCLUSIONS: This study revealed a substantial impact of physical, cognitive, and psychological disabilities on HRQOL of nursing home residents in Jordan.

Alvarez-Barbosa, F., J. del Pozo-Cruz, et al. "Effects of supervised whole body vibration exercise on fall risk factors, functional dependence and health-related quality of life in nursing home residents aged 80+." Maturitas. 2014 Dec;79(4):456-63. doi: 10.1016/j.maturitas.2014.09.010. Epub 2014 Sep 30.

OBJECTIVE: To test the feasibility and effectiveness of whole-body vibration (WBV) therapy on fall risk, functional dependence and health-related quality of life in nursing home residents aged 80+ years. DESIGN: Twenty-nine 80-95 years old volunteers, nursing home residents were randomized to an eight-week WBV intervention group) (n=15) or control group (n=14). Functional mobility was assessed using the timed up and go (TUG) test. Lower limb performance was evaluated using the 30-s Chair Sit to Stand (30-s CSTS) test. Postural stability was measured using a force platform. The Barthel Index was used to assess functional dependence and the EuroQol (EQ-5D) was used to evaluate Health-Related Quality of Life. All outcome measures were assessed at baseline and at a follow-up after 8 weeks. RESULTS: At the 8-week follow up, TUG test ($p<0.001$), 30-s CSTS number of times ($p=0.006$), EQ-5Dmobility ($p<0.001$), EQ-5DVAS ($p<0.014$), EQ-5Dutility ($p<0.001$) and Barthel index ($p=0.003$) improved in the WBV intervention group when compared to the control group. CONCLUSIONS: An 8-week WBV-based intervention in a nursing home setting is effective in reducing fall risk factors and quality of life in nursing home residents aged 80+.

Bahrami, M., R. Parnian, et al. "The effect of nursing consultation involving cancer survivors on newly diagnosed cancer patients' quality of life." Iran J Nurs Midwifery Res. 2012 Jul;17(5):338-42.

INTRODUCTION: Cancer and its treatments have a significant effect on the Quality of Life (QoL) of people who suffer from cancer. Nursing consultation involving cancer survivors might be beneficial for other patients as they successfully managed and lived with cancer. But controversies still exist in the research findings as how nursing consultation involving cancer survivors might influence other cancer patients' QoL. Therefore, a research study was done to determine the effect of nursing consultation with the presence of cancer survivors on cancer patients' QoL. MATERIALS AND METHODS: The study was a quasi-experimental research using a pre-post test design, which was conducted in Sayyed- AL-Shohada Hospital affiliated to Isfahan University of Medical Sciences, Iran, in 2010. Twenty-two adult patients who suffered from acute leukemia who were receiving chemotherapy were selected. They participated in a nursing consultation group in which cancer survivors were actively engaged. The patients' QoL was assessed before, 1 week, and 1 month after the nursing consultation using the European Organization for Research and Treatment of Cancer Quality of Life Core-30 Version 3 (EORTC QLQ-C30-V3) questionnaire. RESULTS: Comparing QoL mean scores of patients in the symptom, performance, and the general health status scales showed that there was not any significant change in the QoL scores before, 1 week, and 1 month after the consultation. CONCLUSION: It seems that the nursing consultation with the presence of cancer survivors couldn't enhance patients' QoL, although it might prevent worsening the patients' QoL. Cancer has deleterious impacts on patients' QoL and nursing consultation may not improve QoL in a short period of time. It is recommended that the study be conducted with a larger sample, in a longer time and with a case-control design.

Bailey, C. and A. Hewison "The impact of a 'Critical Moments' workshop on undergraduate nursing students' attitudes to caring for patients at the end of life: an evaluation." J Clin Nurs. 2014 Dec;23(23-24):3555-63. doi: 10.1111/jocn.12642. Epub 2014 Jun 18.

AIMS AND OBJECTIVES: To evaluate the impact of an educational workshop on nursing students' attitudes to caring for dying patients. BACKGROUND: The quality of end-of-life care education provided in preregistration nursing programmes has been criticised. The lack of attention to the emotional content results in nursing students feeling ill-prepared to care for the dying and bereaved. This article reports the findings of a study conducted to evaluate the impact of an educational workshop on undergraduate nursing students' attitudes to caring for patients at the end of life. DESIGN: A pre- and postintervention survey was used to determine nursing students' attitudes and feelings concerning end-of-life care prior to and following their involvement in an educational workshop. METHODS: Third-year undergraduate nursing students completed two questionnaires incorporating the Frommelt Attitude Toward Care of the Dying Scale, before and after attending a 'Critical Moments' workshop. RESULTS: The data revealed a statistically significant increase in positive attitudes to end-of-life care amongst the respondents. Free text responses confirmed the development of positive attitudes and indicated that the workshop was regarded as a valuable learning opportunity. CONCLUSIONS: Workshops that use case studies based on 'real-life' episodes of end-of-life care can provide an effective learning opportunity that significantly improves the attitudes of nursing students to caring for the dying. RELEVANCE TO CLINICAL PRACTICE: Identifying emotional labour is an important stage in the development of emotionally intelligent nurses. It may reduce the risk of occupational stress, burnout and potential withdrawal from nursing practice in the longer term. Timing, expert facilitation and peer support are important considerations for an educational workshop that aims to enable nurses to remain healthy whilst delivering high-quality care to patients and their relatives near the end of life.

Bayram, Z., Z. Durna, et al. "Quality of life during chemotherapy and satisfaction with nursing care in Turkish breast cancer patients." Eur J Cancer Care (Engl). 2014 Sep;23(5):675-84. doi: 10.1111/ecc.12185. Epub 2014 Jan 23.

This descriptive cross-sectional study aimed to evaluate quality of life for breast cancer patients (n = 105) undergoing chemotherapy, and to assess their satisfaction with nursing care. It also explored relationships between quality of life, satisfaction with nursing care, and demographic and disease-related characteristics. Ethics approval for this study was provided. The research was carried out between October 2011 and June 2012. Quality of life and satisfaction with nursing care were assessed using the Functional Assessment of Cancer Therapy-General Scale, the Memorial Symptom Assessment Scale and the Newcastle Satisfaction with Nursing Scale. We found that emotional well-being was the area most negatively affected, with patients reporting being afraid of death, feeling sad and being worried about their health. Patients were overall quite satisfied with the nursing care they received at the hospital. We found a positive correlation between total scores on the Newcastle Satisfaction with Nursing Scale and social and family well-being scores. Breast cancer patients have fears and concerns about their health and need support during chemotherapy for coping with negative changes in their emotional well-being, physical and functional well-being.

Bollig, G., E. Gjengedal, et al. "They know!-Do they? A qualitative study of residents and relatives views on advance care planning, end-of-life care, and decision-making in nursing homes." Palliat Med. 2015 Sep 22. pii: 0269216315605753.

BACKGROUND: Residents living in long-term care facilities are a vulnerable population. For many residents, a nursing home is their place of death. Palliative care and end-of-life decisions are important components of their care provision. AIM: To study the views of cognitively able residents and relatives on advance care planning, end-of-life care, and decision-making in nursing homes. DESIGN: A qualitative study with in-depth interviews with nursing home residents and focus group interviews with relatives of nursing home residents. Analysis is based on interpretive description. SETTING/PARTICIPANTS: In total, 43 informants from nine nursing homes participated in the study (25 nursing home residents and 18 relatives). All included residents had capacity to provide informed consent and lived in long-term care. RESULTS: The main findings of this study were the differing views about decision-making and advance care planning of residents and relatives. Residents do trust relatives and staff to make important decisions for them. The relatives are in contrast insecure about the residents' wishes and experience decision-making as a burden. The majority of the residents had not participated in advance care planning. None of the residents stated challenges connected to end-of-life care or mentioned the wish for euthanasia. CONCLUSION: Although most residents seem to be satisfied with decision-making and end-of life care, there is a need for systematic advance care planning. Advance care planning could help to explore future wishes for care and ease decision-making for the relatives, physicians, and staff and should be offered to all cognitively able nursing homes residents.

Brandenburg, H., R. Adam-Paffrath, et al. "[Aspects of quality of life of residents of a nursing oasis from the perspectives of relatives and nurses- qualitative results of an evaluation study]." Pflege. 2014 Apr;27(2):69-80. doi: 10.1024/1012-5302/a000347.

A nursing oasis (NO) can be understood as a version of special care units. The focus is on a constantly living arrangement for people with severe dementia in nursing homes (multiple person room). Nurses are permanently present during the day shift. The question has to be raised which characteristics of quality of life (QoL) are mentioned and how nurses and relatives do assess this concept. Qualitative Results of a two-year evaluation study of 15 people living in NOs are presented. Data were collected during four (five) group discussions with 8 nurses (15 relatives). Additionally problem-based interviews were realized. Data evaluation was oriented to the grounded theory. The findings show that primarily the focus of QoL in NOs was on psychophysical well-being. Assessments of relatives and nurses were prevailing positive and could be interpreted in the light of the Festingers' social-psychological "Theory of Cognitive Dissonance". Comparisons between the situation before and after the implementation of the NOs were shown to be relevant for the overall assessments. All in all we have to deal with the construction of "care worlds of everyday life" in long term care institutions.

Broom, A., E. Kirby, et al. "Nursing futility, managing medicine: Nurses' perspectives on the transition from life-prolonging to palliative care." Health (London). 2015 Jul 24. pii: 1363459315595845.

The shift from life-prolonging and palliative care can be fraught with interpersonal complexities as patients face dilemmas around mortality and the dying process. Nurses can play a central role in managing these moments, often with a focus on promoting and enhancing communication around: the meaning of palliative care, the nature of futility and the dying process more broadly. These sites of nurse-patient communication can be highly charged and pose unique challenges to nurses including how to balance nursing perspectives versus those of other stakeholders including doctors. Here, drawing on interviews with nurses, we explore their accounts of communication about futility and the process of transitioning to palliative care. The interviews reveal nurses' perspectives on the following: the art of conversing around futility and managing patient resistance, the influence of guilt and individual biographies in shaping communication, the importance of non-verbal and the informal in communication, the impact of conflicting organisational expectations on nurses and the process of learning to effectively communicate. We argue that these transitional moments articulate important, and at times problematic, aspects of contemporary nursing and nurse-medical relations.

Chang, A. K., J. Park, et al. "Relationships among self-efficacy, depression, life satisfaction, and adaptation among older korean adults residing in for-profit professional nursing facilities." J Nurs Res. 2013 Sep;21(3):162-9. doi: 10.1097/01.jnr.0000432047.93802.df.

BACKGROUND: Adapting to a new environment is especially difficult for older adults relocating into professional nursing facilities or other specialized care centers. This relocation is a prominent life stressor in older adults. PURPOSE: This study examined the self-efficacy, depression, life satisfaction, and adaptation and the relationships among these four variables of older Korean adults residing in for-profit professional nursing facilities to provide preliminary information necessary to improve nursing interventions. METHODS: This was a cross-sectional and descriptive correlation study. The 322 participants were all over the age of 65 years and resided in one of three different for-profit professional nursing facilities in Seoul and Gyeonggi-do, South Korea. Measures used included a demographic characteristics form, Self-Efficacy Instrument, Korean Simple Depression Scale, Standard Life Satisfaction Instrument, and Facility Adaption Scale. RESULTS: Results found positive self-efficacy, depression, life satisfaction, and adaptation among participants. We found significant positive correlations among self-efficacy, life satisfaction, and adaptation and significant negative correlations among depression, life satisfaction, and adaptation. Moreover, we found noticeable differences in the degree of adaptation to professional nursing facility placement in several variables, including gender, age, level of education, religious background, perceived health status, presence of a spouse, presence of a nonprofessional caregiver(s), and decision maker. CONCLUSIONS/IMPLICATIONS FOR PRACTICE: This cross-sectional study provides preliminary evidence that older Korean adults in for-profit professional nursing facilities generally maintain a healthy level of well-being. However, nursing interventions to improve self-efficacy and life satisfaction and decrease depression in older adult residents are needed to help these older adults adapt to life in such facilities.

Chitnis, X. A., T. Georghiou, et al. "Effect of a home-based end-of-life nursing service on hospital use at the end of life and place of death: a study using administrative data and matched controls." BMJ Support Palliat Care. 2013 Dec;3(4):422-30. doi: 10.1136/bmjspcare-2012-000424. Epub 2013 Jun 6.

OBJECTIVE: To assess the effect of routinely delivered home-based end-of-life care on hospital use at the end of life and place of death. DESIGN: Retrospective analysis using matched controls and administrative data. SETTING: Community-based care in England. PARTICIPANTS: 29,538 people aged over 18 who received Marie Curie nursing support compared with 29,538 controls individually matched on variables including: age, socioeconomic deprivation, prior hospital use, number of chronic conditions and prior diagnostic history. INTERVENTION: Home-based end-of-life nursing care delivered by the Marie Curie Nursing Service (MCNS), compared with end-of-life care available to those who did not receive MCNS care. MAIN OUTCOME MEASURES: Proportion of people who died at home; numbers of emergency and elective inpatient admissions, outpatient attendances and attendances at emergency departments in the period until death; and notional costs of hospital care. RESULTS: Intervention patients were significantly more likely to die at home and less likely to die in hospital than matched controls (unadjusted OR 6.16, 95% CI 5.94 to 6.38, p<0.001). Hospital activity was significantly lower among intervention than matched control patients (emergency admissions: 0.14 vs 0.44 admissions per person, p<0.001) and average costs across all hospital services were lower (unadjusted average costs per person, pound610 (intervention patients) vs pound1750 (matched controls), p<0.001). Greater activity and cost differences were seen in those patients who had been receiving home nursing for longer. CONCLUSIONS: Home-based end-of-life care offers the potential to reduce demand for acute hospital care and increase the number of people able to die at home.

Chouiter, L., W. P. Wodchis, et al. "Resident health-related quality of life in Swiss nursing homes." Eur Psychiatry. 2015 Jul;30(5):549-54. doi: 10.1016/j.eurpsy.2014.10.001. Epub 2015 Mar 21.

BACKGROUND: Health-related quality of life (HRQOL) levels and their determinants in those living in nursing homes are unclear. The aim of this study was to investigate different HRQOL domains as a function of the degree of cognitive impairment and to explore associations between them and possible determinants of HRQOL. METHOD: Five HRQOL domains using the Minimum Data Set - Health Status Index (MDS-HSI) were investigated in a large sample of nursing home residents depending on cognitive performance levels derived from the Cognitive Performance Scale. Large effect size associations between clinical variables and the different HRQOL domains were looked for. RESULTS: HRQOL domains are impaired to variable degrees but with similar profiles depending on the cognitive performance level. Basic activities of daily living are a major factor associated with some but not all HRQOL domains and vary little with the degree of cognitive impairment. LIMITATIONS: This study is limited by the general difficulties related to measuring HRQOL in patients with cognitive impairment and the reduced number of variables considered among those potentially influencing HRQOL. CONCLUSION: HRQOL dimensions are not all linearly associated with increasing cognitive impairment in NH patients. Longitudinal studies are required to determine how the different HRQOL domains evolve over time in NH residents.

Drageset, J. and G. Haugan "Psychometric properties of the Orientation to Life Questionnaire in nursing home residents." Scand J Caring Sci. 2015 Aug 29. doi: 10.1111/scs.12271.

AIM: Older residents of nursing homes have several illnesses and face various challenges regarding losses of physical and mental functioning. Thus, coping and the quality of life are vital aspects in long-term care. Sense of coherence is considered an important resource for coping and the quality of life, and sense of coherence therefore needs to be validly and reliably measured in this population. We investigated the dimensionality, reliability and construct validity of the Orientation to Life Questionnaire in assessing sense of coherence among cognitively intact nursing home (NH) residents. METHODS: We collected cross-sectional data from 227 cognitively intact NH residents (30 NHs) with one-on-one interviews. We performed confirmative factor analysis and correlations with the selected construct. RESULTS AND CONCLUSION: In accordance with the salutogenic theory of sense of coherence, the three-factor model revealed the best fit to our data. In particular, item OLQ2, defined as 'concerns the experience of being surprised by the behaviour of people whom you know well', seemed troublesome. Removing this item resulted in good fit to the present data. Rewording or deleting item OLQ2 seems needed to get a reliable instrument measuring sense of coherence among nursing home residents.

Fosse, A., M. A. Schaufel, et al. "End-of-life expectations and experiences among nursing home patients and their relatives--a synthesis of qualitative studies." Patient Educ Couns. 2014 Oct;97(1):3-9. doi: 10.1016/j.pec.2014.05.025. Epub 2014 Jun 12.

OBJECTIVE: Synthesize research about patients' and relatives' expectations and experiences on how doctors can improve end-of-life care in nursing homes. METHODS: We systematically searched qualitative studies in English in seven databases (Medline, Embase, PsycINFO, CINAHL, Ageline, Cochrane Systematic Reviews and Cochrane Trials). We included 14 publications in the analysis with meta-ethnography. RESULTS: Patients and families emphasized the importance of health personnel anticipating illness trajectories and recognizing the information and palliation needed. Family members who became proxy decision-makers reported uncertainty and distress when guidance from health personnel was lacking. They worried about staff shortage and emphasized doctor availability. Relatives and health personnel seldom recognized patients' ability to consent, and patients' preferences were not always recognized. CONCLUSION: Nursing home patients and their relatives wanted doctors more involved in end-of-life care. They expected doctors to acknowledge their preferences and provide guidance and symptom relief. PRACTICE IMPLICATIONS: High-quality end-of-life care in nursing homes relies on organization, funding and skilled staff, including available doctors who are able to recognize illness trajectories and perform individualized Advance Care Planning.

Fougere, B., E. Kelaiditi, et al. "Frailty Index and Quality of Life in Nursing Home Residents: Results From INCUR Study." J Gerontol A Biol Sci Med Sci. 2015 Aug 21. pii: glv098.

BACKGROUND: Frailty is a common clinical syndrome in older adults that carries an increased risk for poor health outcomes. The aim of this study was to examine the relationship between frailty and health-related Quality of Life (QoL) in older nursing home patients. METHODS: The study sample consisted of 590 patients aged 65 years or older. QoL was measured with the Visual Analogue Scale. Frailty was assessed using the Frailty Index as proposed by Rockwood and colleagues. RESULTS: Mean age of the participants was 85.9 (standard deviation [SD] 7.6) years, with 73.6% being female. The mean Frailty Index was 0.40 (SD 0.07) and the mean value of QoL was 67.4 out of 100 (SD 25.9). Before and after adjusting for age, and stratification for sociodemographic, and health-related variables, no significant associations between frailty and QoL were reported. CONCLUSION: In our study, the Frailty Index was not associated with QoL in nursing home residents.

Godin, J., J. Keefe, et al. "Nursing home resident quality of life: testing for measurement equivalence across resident, family, and staff perspectives." Qual Life Res. 2015 Oct;24(10):2365-74. doi: 10.1007/s11136-015-0989-4. Epub 2015 Apr 17.

PURPOSE: This study explores the factor structure of the interRAI self-report nursing home quality of life survey and develops a measure that will allow researchers to compare predictors of quality of life (QOL) across resident, family, and staff perspectives. METHODS: Nursing home residents (N = 319), family members (N = 397), and staff (N = 862) were surveyed about their perceptions of resident QOL. Exploratory factor analyses were conducted on a random half of the staff data. Subsequently, confirmatory factor analysis was used to test for measurement equivalence across the three perspectives. RESULTS: The final model had a four-factor structure (i.e., care and support, food, autonomy, and activities) across all three perspectives. Each factor had at least two items that were equivalent across all three perspectives, which suggests at least partial measurement equivalence. CONCLUSION: The finding of partial measurement equivalence acknowledges there are important differences between perspectives and provides a tool that researchers can use to compare predictors of QOL, but not levels of agreement across perspectives. Targeting these four aspects is likely to have the additional benefit of improving family and staff perceptions of resident QOL in addition to the resident's own QOL.

Halek, M., M. N. Dichter, et al. "The effects of dementia care mapping on nursing home residents' quality of life and staff attitudes: design of the quasi-experimental study Leben-QD II." BMC Geriatr. 2013 Jun 1;13:53. doi: 10.1186/1471-2318-13-53.

BACKGROUND: The main objective of care for people with dementia is the maintenance and promotion of quality of life (Qol). Most of the residents in nursing homes have challenging behaviors that strongly affect their Qol. Person-centered care (PCC) is an approach that aims to achieve the best possible Qol and to reduce challenging behaviors. Dementia Care Mapping (DCM) is a method of implementing PCC that has been used in Germany for several years. However, there are no data on the effectiveness of DCM or the challenges of implementation of DCM in German nursing homes. METHODS/DESIGN: In this quasi-experimental non-randomized cluster-controlled study, the effects of DCM will be compared to 2 comparison groups. 9 nursing homes will take part: 3 will implement DCM, 3 will implement a comparison intervention using an alternative Qol assessment, and 3 have already implemented DCM. The main effect outcomes are Qol, challenging behaviors, staff attitudes toward dementia, job satisfaction and burnout of caregivers. These outcomes will be measured on 3 data points. Different quantitative and qualitative data sources will be collected through the course of the study to investigate the degree of implementation as well as facilitators of and barriers to the implementation process. DISCUSSION: This study will provide new information about the effectiveness of DCM and the implementation process of DCM in German nursing homes. The study results will provide important information to guide the national discussion about the improvement of dementia-specific Qol, quality of care in nursing homes and allocation of resources. In addition, the study results will provide information for decision-making and implementation of complex psychosocial interventions such as DCM. The findings will also be important for the design of a subsequent randomized controlled trial (e.g. appropriateness of outcomes and measurements, inclusion criteria for participating nursing homes) and the development of a successful implementation strategy. TRIAL REGISTRATION: Current Controlled Trials ISRCTN43916381.

Handley, M., C. Goodman, et al. "Living and dying: responsibility for end-of-life care in care homes without on-site nursing provision - a prospective study." Health Soc Care Community. 2014 Jan;22(1):22-9. doi: 10.1111/hsc.12055. Epub 2013 May 29.

The aim of the study was to describe the expectations and experiences of end-of-life care of older people resident in care homes, and how care home staff and the healthcare practitioners who visited the care home interpreted their role. A mixed-method design was used. The everyday experience of 121 residents from six care homes in the East of England were tracked; 63 residents, 30 care home staff with assorted roles and 19 National Health Service staff from different disciplines were interviewed. The review of care home notes demonstrated that residents had a wide range of healthcare problems. Length of time in the care homes, functional ability or episodes of ill-health were not necessarily meaningful indicators to staff that a resident was about to die. General Practitioner and district nursing services provided a frequent but episodic service to individual residents. There were two recurring themes that affected how staff engaged with the process of advance care planning with residents; 'talking about dying' and 'integrating living and dying'. All participants stated that they were committed to providing end-of-life care and supporting residents to die in the care home, if wanted. However, the process was complicated by an ongoing lack of clarity about roles and responsibilities in providing end-of-life care, doubts from care home and primary healthcare staff about their capacity to work together when residents' trajectories to death were unclear. The findings suggest that to support this population, there is a need for a pattern of working between health and care staff that can encourage review and discussion between multiple participants over sustained periods of time.

Hartle, G. A., D. G. Thimons, et al. "Physician Orders for Life Sustaining Treatment in US Nursing Homes: A Case Study of CRNP Engagement in the Care Planning Process." Nurs Res Pract. 2014;2014:761784. doi: 10.1155/2014/761784. Epub 2014 Apr 29.

This case study describes changes in Physician Orders for Life Saving Treatment (POLST) status among long-stay residents of a US nursing home who had a certified registered nurse practitioner (CRNP) adopt the practice of participating in nursing home staff care plan meetings. The CRNP attended a nonrandomized sample of 60 care plan meetings, each featuring a review of POLST preferences with residents and/or family members. Days since original POLST completion, Charlson Comorbidity Index score, number of hospitalizations since index admission, and other sociodemographic characteristics including religion and payer source were among the data elements extracted via chart review for the sample as well as for a nonequivalent control group of 115 residents also under the care of the medical provider group practice at the nursing home. Twenty-three percent (n = 14) of the 60 care conferences attended by the CRNP resulted in a change in POLST status after consultations with the resident and/or family. In all cases, POLST changes involved restated preferences from a higher level of intervention to a lower level of intervention. Fifty-nine percent of the CRNP-attended conferences resulted in the issuance of new medical provider orders. CRNP participation in care conferences may represent a best practice opportunity to revisit goals of care with individuals and their family members in the context of broader interprofessional treatment planning.

Hedinger, D., O. Hammig, et al. "Social determinants of duration of last nursing home stay at the end of life in Switzerland: a retrospective cohort study." BMC Geriatr. 2015 Oct 1;15:114. doi: 10.1186/s12877-015-0111-3.

BACKGROUND: Due to demographic ageing and increasing life expectancy, a growing demand for long-term nursing home care can be expected. Stays in nursing homes appear to be more socially determined than hospital stays. We therefore looked at the impact of socio-demographic and health care variables on the length of the last nursing home stay. METHODS: Nationwide individual data from nursing homes and hospitals in Switzerland were linked with census and mortality records. Gender-specific negative binomial regression models were used to analyze N = 35,739 individuals with an admission age of at least 65 years and deceased in 2007 or 2008 in a nursing home. RESULTS: Preceding death, men spent on average 790 days and women 1250 days in the respective nursing home. Adjusted for preceding hospitalizations, care level, cause of death and multimorbidity, a low educational level, living alone or being tenant as well as a low care level at the admission time increased the risk for longer terminal stays. Conversely, a high educational level, being homeowner, being married as well as a high care level at the admission time decreased the risk for longer stays. DISCUSSION: The length of the last nursing home stay before death was not only dependent on health-related factors alone, but also substantially depended on socio-demographic determinants such as educational level, homeownership or marital status. The support of elderly people at the admission time of a presumably following nursing home stay should be improved and better evaluated in order to reduce unnecessary and undesired long terminal nursing home stays. CONCLUSIONS: Health policy should aim at diminishing the role of situational, non-health-related factors in order to empower people to spend the last years before death according to individual needs and preferences.

Heggestad, A. K. and A. Slettebo "How individuals with dementia in nursing homes maintain their dignity through life storytelling - a case study." J Clin Nurs. 2015 Aug;24(15-16):2323-30. doi: 10.1111/jocn.12837. Epub 2015 Apr 20.

AIMS AND OBJECTIVES: The aim of this article was to present and discuss findings on what individuals with dementia do by themselves to maintain or promote their dignity of identity when they live in a nursing home. BACKGROUND: The majority of residents living in Norwegian nursing homes suffer from dementia. Individuals who suffer from dementia are particularly vulnerable, and their dignity of identity is at risk. It is therefore of great importance to explore how we can maintain their dignity of identity. DESIGN: The study builds on a phenomenological and hermeneutic design. METHODS: The article reports three cases or life stories based on participant observation in two different nursing homes and interviews with five residents with dementia living in these nursing homes. Fifteen residents with dementia from these nursing home wards were included in the overall study. RESULTS: Individuals with dementia living in nursing homes may use life storytelling or narratives to manage chaos and to find safety in their lives. Storytelling is also used as a way to present and maintain identity. We can see this as a way of maintaining dignity of identity or social dignity. CONCLUSION: Life storytelling can be seen as an important way of preserving dignity for people with dementia. It is of great importance that health care professionals are open to and listen to the life stories people with dementia tell. RELEVANCE TO CLINICAL PRACTICE: As nurses we have an obligation to ensure that dignity is enhanced in care for people with dementia. Knowledge about how residents with dementia use life storytelling as a way to maintain dignity is therefore of great importance to health care workers in nursing homes.

Johnstone, M. J., A. M. Hutchinson, et al. "Nursing Roles and Strategies in End-of-Life Decision Making Concerning Elderly Immigrants Admitted to Acute Care Hospitals: An Australian Study." J Transcult Nurs. 2015 Apr 21. pii: 1043659615582088.

PURPOSE: There is a lack of clarity regarding nursing roles and strategies in providing culturally meaningful end-of-life care to elderly immigrants admitted to Australian hospitals. This article redresses this ambiguity. METHOD: A qualitative exploratory descriptive approach was used. Data were obtained by conducting in-depth interviews with a purposeful sample of 22 registered nurses, recruited from four health services. Interview transcripts were analyzed using content and thematic analysis strategies. RESULTS: Despite feeling underprepared for their role, participants fostered culturally meaningful care by "doing the ground work," "facilitating families," "fostering trust," and "allaying fear." DISCUSSION AND CONCLUSION: The Australian nursing profession has a significant role to play in leading policy, education, practice, and consumer engagement initiatives aimed at ensuring a culturally responsive approach to end-of-life care for Australia's aging immigrant population. IMPLICATIONS FOR PRACTICE: Enabling elderly immigrants to experience a "good death" at the end of their lives requires highly nuanced and culturally informed nursing care.

Kessler, E. M. "[Life review of nursing home residents with depression : Qualitative study of experiences from behavioral therapists within a pilot study]." Z Gerontol Geriatr. 2015 Sep 24.

AIM: There is a need to develop and implement psychotherapeutic approaches to treatment for nursing home residents with depression. In addition to existing quantitative outcome studies, this qualitative study provides an in-depth look at therapists' work in providing outreach ambulatory cognitive-behavioral treatment with elements of a life review intervention in a pilot project. The goal was to generate action-guiding knowledge that can improve the care of nursing home residents with depression. DESIGN AND METHODS: The study provides a triangulation of data collection from participant observation and focused group interviews. The analysis of a group discussion with six psychotherapists and two supervisors followed the framework of grounded theory and included various discussions with experts from the fields of psychology, sociology and public health. RESULTS: Normalizing situations and managing current challenges appeared to be central therapeutic elements, whereas the purpose in life and coming to terms with the past were of minor importance. IMPLICATION: Preliminary results suggest that a modified version of cognitive-behavioral therapy using elements of simple reminiscence and individualized biographical work may be an effective treatment approach for nursing home residents with depression. Making the unique experiences of psychotherapists into the object of research opens up the possibility to bring about discussion of the benefits and limitations of psychotherapy under the real conditions of the healthcare and nursing system.

Kogien, M. and J. J. Cedaro "Public emergency department: the psychosocial impact on the physical domain of quality of life of nursing professionals." Rev Lat Am Enfermagem. 2014 Jan-Feb;22(1):51-8. doi: 10.1590/0104-1169.3171.2387.

OBJECTIVES: to determine the psychosocial factors of work related to harm caused in the physical domain of the quality of life of nursing professionals working in a public emergency department. METHOD: cross-sectional, descriptive study addressing 189 nursing professionals. The Job Stress Scale and the short version of an instrument from the World Health Organization to assess quality of life were used to collect data. Robert Karasek's Demand-Control Model was the reference for the analysis of the psychosocial configuration. The risk for damage was computed with a confidence interval of 95%. RESULTS: In regard to the psychosocial environment, the largest proportion of workers reported low psychological demands (66.1%) and low social support (52.4%), while 60.9% of the professionals experienced work situations with a greater potential for harm: high demand job (22.8%) and passive work (38.1%). CONCLUSIONS: low intellectual discernment, low social support and experiencing a high demand job or a passive job were the main risk factors for damage in the physical domain of quality of life.

Krist, L., F. Dimeo, et al. "Can progressive resistance training twice a week improve mobility, muscle strength, and quality of life in very elderly nursing-home residents with impaired mobility? A pilot study." Clin Interv Aging. 2013;8:443-8. doi: 10.2147/CIA.S42136. Epub 2013 Apr 23.

PURPOSE: To determine the effects of progressive resistance training on mobility, muscle strength, and quality of life in nursing-home residents with impaired mobility. METHODS: Nursing-home residents aged 77 years and older with impaired mobility were recruited in Berlin, Germany. The eight-week exercise program consisted of progressive resistance training twice a week. Mobility (primary outcome) was assessed with the Elderly Mobility Scale (zero = worst, 20 = best) at baseline and after 8 weeks. Muscle strength (secondary outcome) was determined by the eight-repetition maximum. The Short Form-36 Health Survey was used to assess quality of life. RESULTS: Of the 15 participants (mean age 84 years, range 77-97 years), ten completed the 8-week program. Mobility (Elderly Mobility Scale mean +/- standard deviation pre 14.1 +/- 3.2 and post 17.5 +/- 3.6; P = 0.005) as well as muscle strength of upper and lower limbs improved (from 62% at chest press up to 108% at leg extension machine), whereas most quality of life subscales did not show considerable change. CONCLUSION: Resistance training twice a week over 2 months seemed to considerably improve mobility and muscle strength in persons aged 77-97 years with impaired mobility.

Kutney-Lee, A., C. W. Brennan, et al. "Organization of nursing and quality of care for veterans at the end of life." J Pain Symptom Manage. 2015 Mar;49(3):570-7. doi: 10.1016/j.jpainsymman.2014.07.002. Epub 2014 Aug 10.

CONTEXT: The Veterans Health Administration (VA) has improved the quality of end-of-life (EOL) care over the past several years. Several structural and process variables are associated with better outcomes. Little is known, however, about the relationship between the organization of nursing care and EOL outcomes. OBJECTIVES: To examine the association between the organization of nursing care, including the nurse work environment and nurse staffing levels, and quality of EOL care in VA acute care facilities. METHODS: Secondary analysis of linked data from the Bereaved Family Survey (BFS), electronic medical record, administrative data, and the VA Nursing Outcomes Database. The sample included 4908 veterans who died in one of 116 VA acute care facilities nationally between October 2010 and September 2011. Unadjusted and adjusted generalized estimating equations were used to examine associations between nursing and BFS outcomes. RESULTS: BFS respondents were 17% more likely to give an excellent overall rating of the quality of EOL care received by the veteran in facilities with better nurse work environments (P </= 0.05). The nurse work environment also was a significant predictor of providers listening to concerns and providing desired treatments. Nurse staffing was significantly associated with an excellent overall rating, alerting of the family before death, attention to personal care needs, and the provision of emotional support after the patient's death. CONCLUSION: Improvement of the nurse work environment and nurse staffing in VA acute care facilities may result in enhanced quality of care received by hospitalized veterans at the EOL.

Oliveira, L. K., A. Almeida Gde, et al. "Temporomandibular disorder and anxiety, quality of sleep, and quality of life in nursing professionals." Braz Oral Res. 2015;29. pii: S1806-83242015000100265. doi: 10.1590/1807-3107BOR-2015.vol29.0070.

To evaluate the association between temporomandibular disorder (TMD) and anxiety, quality of sleep, and quality of life in nursing professionals at the Hospital de Clinicas de Uberlandia of the Universidade Federal de Uberlandia--HCU-UFU (Medical University Hospital of the Federal University of Uberlandia), four questionnaires were given to nursing professionals. The questionnaires were completed by 160 of these professionals. The Fonseca's questionnaire was used to evaluate the presence and severity of TMD, the IDATE was used to evaluate anxiety, the SAQ was used to evaluate quality of sleep, and the SF-36 was used to evaluate quality of life. Forty-one nurses (25.6%) reported having no TMD (Fonseca's questionnaire score </= 15), 66 (41.3%) had mild TMD (Fonseca's questionnaire score 20-40), 39 (24.4%) had moderate TMD (Fonseca's questionnaire score 45-65), and 14 (8.8%) had severe TMD (Fonseca's questionnaire score >/= 70). According to Fonseca's questionnaire, the presence of TMD was associated with trait anxiety, but the TMD severity was associated with state anxiety classification (mild, moderate, severe). The SAQ score differed significantly from Fonseca classification. The Fonseca's questionnaire score correlated negatively with the score of each dimension of the SF-36 (r = -0.419 to -0.183). We conclude that TMD is common among nursing professionals; its presence was associated with trait anxiety, and its severity was associated with state anxiety. Hence, the presence of TMD may reduce quality of sleep and quality of life.

O'Shea, E. R., S. H. Campbell, et al. "Effectiveness of a perinatal and pediatric End-of-Life Nursing Education Consortium (ELNEC) curricula integration." Nurse Educ Today. 2015 Jun;35(6):765-70. doi: 10.1016/j.nedt.2015.02.015. Epub 2015 Mar 5.

BACKGROUND: Educational practices and national guidelines for best practices of providing palliative care to children and their families have been developed and are gaining support; however, the dissemination of those practices lags behind expectations. Incorporating education for pediatric palliative care into nursing pre-licensure programs will provide guidelines for best practices with opportunities to enact them prior to graduation. OBJECTIVE: To evaluate the effect of an integrated curriculum for palliative care on nursing students' knowledge. DESIGN: Matched pretest-posttest. SETTING: One private and one public university in the northeastern United States. PARTICIPANTS: Two groups of baccalaureate nursing students, one exposed to an integrated curriculum for palliative care and one without the same exposure. METHODS: Pre-testing of the students with a 50-item multiple choice instrument prior to curriculum integration and post-testing with the same instrument at the end of the term. RESULTS: This analysis demonstrated changes in knowledge scores among the experimental (n=40) and control (n=19) groups that were statistically significant by time (Wilks' Lambda=.90, F(1, 57)=6.70, p=.012) and study group (Wilks' Lambda=.83, F(1, 57)=11.79, p=.001). CONCLUSIONS: An integrated curriculum for pediatric and perinatal palliative and end-of-life care can demonstrate an increased knowledge in a small convenience sample of pre-licensure baccalaureate nursing students when compared to a control group not exposed to the same curriculum. Future research can examine the effect on graduates' satisfaction with program preparation for this specialty area; the role of the use of the curriculum with practice-partners to strengthen transfer of knowledge to the clinical environment; and the use of this curriculum interprofessionally.

Oudman, E. and B. Veurink "Quality of life in nursing home residents with advanced dementia: a 2-year follow-up." Psychogeriatrics. 2014 Dec;14(4):235-40. doi: 10.1111/psyg.12062.

BACKGROUND: Quality of life (QOL) in dementia has become increasingly recognized as an important clinical and policy concern, but little is known about the progression of QOL in patients with advanced dementia on psychogeriatric units of nursing homes. Therefore, the primary goal of the current study was to assess the evolution of QOL in advanced dementia patients on a psychogeriatric unit. METHODS: The QUALIDEM scale, a reliable and validated QOL instrument developed for patients with advanced dementia in residential settings who are unable to self-report, was assessed at baseline and 2 years later. Of the 75 patients with advanced dementia included at baseline, 32 patients participated at follow-up. RESULTS: Average QUALIDEM QOL scores did show a trend towards a significant improvement over a 2-year period. For 61.8% of the subjects at follow-up, the average scores improved. On the subscales that assessed 'feeling at home', 'social isolation' and 'negative affect', improvement was significant. CONCLUSIONS: Although it could be expected that QOL would decline over time in advanced dementia patients, results of the current study suggest that QOL is stable or improves despite the global cognitive deterioration, particularly in the more advanced stages of dementia. QOL is a distinctive domain of disease severity that should receive more attention in the advanced stages of dementia.

Ozdemir, G. and H. Kaya "Midwifery and nursing students' communication skills and life orientation: correlation with stress coping approaches." Nurs Midwifery Stud. 2013 Jun;2(2):198-205. Epub 2013 Jun 27.

BACKGROUND: Methods learnt by nursing and midwifery students' such as communication skills, optimisim and coping with stress would be used in their profeesional life. It is very important to promote their positive thinking and communication skills to raise coping with stress. OBJECTIVES: This cross sectional study was performed to examine the nursing and midwifery students' communication skills and optimistic life orientation and its correlation with coping strategies with stress. MATERIALS AND METHODS: The study population included 2572 students who were studying in departments of nursing and midwifery in Istanbul. The sample was included 1419 students. Three questionnaires including Communication Skills Test, Life Orientation Test and Ways of Coping Inventory were used for data collection. The data were evaluated by calculating frequency, percentage, arithmetic mean, standard deviation and Pearson correlation coefficient. RESULTS: Students' total mean score from the Communication Skills Scale was 165.27 +/- 15.39 and for the Life Orientation Test was 18.51 +/- 4.54. There was a positive correlation between their Life Orientation scores and the scores for self confidence ($r = 0.34$, $P < 0.001$), optimistic approach ($r = 0.42$, $P < 0.001$), and seeking social help ($r = 0.17$, $P < 0.001$). Also there was a significant positive correlation between Communication skill scores and self confidence ($r = 0.46$, $P < 0.001$), optimistic ($r = 0.37$, $P < 0.001$) and seeking social help approaches ($r = 0.29$, $P < 0.001$), but there was a significant negative correlation between communication skill scores and scores for helpless ($r = -0.29$, $P < 0.001$) and submissive approaches ($r = -0.36$, $P < 0.001$). CONCLUSIONS: As scores of students in optimistic life orientation and communication skills increased self confidence approach, optimistic, and social support seeking scores increased, whereas helpless, and submissive scores decreased.

Palhares Vde, C., J. E. Corrente, et al. "Association between sleep quality and quality of life in nursing professionals working rotating shifts." Rev Saude Publica. 2014 Aug;48(4):594-601.

OBJECTIVE: To analyze the association between sleep quality and quality of life of nursing professionals according to their work schedules. METHODS: A prospective, cross-sectional, observational study was conducted between January and December 2010, with 264 nursing professionals, drawn from 989 subjects at Botucatu General Hospital and stratified by professional category. The Pittsburg Sleep Quality Index and the WHOQOL-bref were administered to evaluate sleep quality and quality of life, respectively. Self-reported demographic data were collected with a standard form. Continuous variables were reported as means and standard deviations, and categorical variables were expressed as proportions. Associations were evaluated using Spearman's correlation coefficient. The association of night-shift work and gender with sleep disturbance was evaluated by logistic regression analysis using a model adjusted for age and considering sleep disturbance the dependent variable. The level of significance was $p < 0.05$. RESULTS: Night-shift work was associated with severe worsening of at least one component of sleep quality in the model adjusted for age (OR = 1.91; 95%CI 1.04;3.50; p = 0.036). Female gender was associated with sleep disturbance (OR = 3.40; 95%CI 1.37;8.40; p = 0.008). Quality of life and quality of sleep were closely correlated (R = -0.56; $p < 0.001$). CONCLUSIONS: Characteristics of the nursing profession affect sleep quality and quality of life, and these two variables are associated.

Sirisawasd, P., N. Chaiear, et al. "Validation of the Thai Version of a Work-related Quality of Life Scale in the Nursing Profession." Saf Health Work. 2014 Jun;5(2):80-5. doi: 10.1016/j.shaw.2014.02.002. Epub 2014 Mar 22.

BACKGROUND: Currently available questionnaires for evaluating the quality of worklife do not fully examine every factor related to worklife in all cultures. A tool in Thai is therefore needed for the direct evaluation of the quality of worklife. Our aim was to translate the Work-related Quality of Life Scale-2 (WRQLS-2) into Thai, to assess the validity and reliability of the Thai-translated version, and to examine the tool's accuracy vis-a-vis nursing in Thailand. METHODS: This was a descriptive correlation study. Forward and backward translations were performed to develop a Thai version of the WRQLS. Six nursing experts participated in assessing content validity and 374 registered nurses (RNs) participated in its testing. After a 2-week interval, 67 RNs were retested. Structural validity was examined using principal components analysis. The Cronbach's alpha values were calculated. The respective independent sample t test and intraclass correlation coefficient were used to analyze known-group validity and test-retest reliability. Multistate sampling was used to select 374 RNs from the In- and Outpatient Department of Srinagarind Hospital of the Khon Kaen University (Khon Kaen, Thailand). RESULTS: The content validity index of the scale was 0.97. Principal components analysis resulted in a seven-factor model, which explains 59% of the total variance. The overall Cronbach's alpha value was 0.925, whereas the subscales ranged between 0.67 and 0.82. In the assessment results, the known-group validity was established for the difference between civil servants and university employees [F (7.982, 0.005) and t (3.351; $p < 0.05$)]. Civil servants apparently had a better quality worklife, compared to university employees. Good test-retest reliability was observed (r = 0.892, $p < 0.05$). CONCLUSION: The Thai version of a WRQLS appears to be well validated and practicable for determining the quality of the work-life among nurses in Thailand.

Smeltzer, S. C., N. C. Sharts-Hopko, et al. "Work-life balance of nursing faculty in research- and practice-focused doctoral programs." Nurs Outlook. 2015 Apr 27. pii: S0029-6554(15)00165-7. doi: 10.1016/j.outlook.2015.04.008.

OBJECTIVES: The growing shortage of nursing faculty and the need for faculty to teach doctoral students to address the shortage call for examination of factors that may contribute to the shortage, including those that are potentially modifiable, including work-life balance.This descriptive study examined work-life balance of a national sample of nursing faculty teaching in research-focused and practice-focused doctoral programs. METHODS: Data were collected through an online survey of 554 doctoral program faculty members to identify their perceptions of work-life balance and predictors of work-life balance. RESULTS: Work-life balance scores indicated better work-life balance than expected. Factors associated with good work-life balance included higher academic rank, having tenure, older age, years in education, current faculty position, and no involvement in clinical practice. Current faculty position was the best predictor of work-life balance. CONCLUSIONS: Although work-life balance was viewed positively by study participants, efforts are needed to strengthen factors related to positive work/life in view of the increasing workload of doctoral faculty as the numbers of doctoral students increase and the number of seasoned faculty decrease with anticipated waves of retirements.

Smith, M. and N. Khanlou "An Analysis of Canadian Psychiatric Mental Health Nursing through the Junctures of History, Gender, Nursing Education, and Quality of Work Life in Ontario, Manitoba, Alberta, and Saskatchewan." ISRN Nurs. 2013 Apr 28;2013:184024. doi: 10.1155/2013/184024. Print 2013.

A society that values mental health and helps people live enjoyable and meaningful lives is a clear aspiration echoed throughout our Canadian health care system. The Mental Health Commission of Canada has put forth a framework for a mental health strategy with goals that reflect the virtue of optimal mental health for all Canadians (Mental Health Commission Canada, 2009). Canadian nurses, the largest group of health care workers, have a vital role in achieving these goals. In Canada, two-thirds of those who experience mental health problems do not receive mental health services (Statistics Canada, 2003). Through a gendered, critical, and sociological perspective the goal of this paper is to further understand how the past has shaped the present state of psychiatric mental health nursing (PMHN). This integrative literature review offers a depiction of Canadian PMHN in light of the intersections of history, gender, education, and quality of nursing work life. Fourteen articles were selected, which provide a partial reflection of contemporary Canadian PMHN. Findings include the association between gender and professional status, inconsistencies in psychiatric nursing education, and the limitations for Canadian nurse practitioners to advance the role of the psychiatric mental health nurse practitioner.

Stephens, C., E. Halifax, et al. "Provider Perspectives on the Influence of Family on Nursing Home Resident Transfers to the Emergency Department: Crises at the End of Life." Curr Gerontol Geriatr Res. 2015;2015:893062. doi: 10.1155/2015/893062. Epub 2015 Aug 24.

Background. Nursing home (NH) residents often experience burdensome and unnecessary care transitions, especially towards the end of life. This paper explores provider perspectives on the role that families play in the decision to transfer NH residents to the emergency department (ED). Methods. Multiple stakeholder focus groups (n = 35 participants) were conducted with NH nurses, NH physicians, nurse practitioners, physician assistants, NH administrators, ED nurses, ED physicians, and a hospitalist. Stakeholders described experiences and challenges with NH resident transfers to the ED. Focus group interviews were recorded and transcribed verbatim. Transcripts and field notes were analyzed using a Grounded Theory approach. Findings. Providers perceive that families often play a significant role in ED transfer decisions as they frequently react to a resident change of condition as a crisis. This sense of crisis is driven by 4 main influences: insecurities with NH care; families being unprepared for end of life; absent/inadequate advance care planning; and lack of communication and agreement within families regarding goals of care. Conclusions. Suboptimal communication and lack of access to appropriate and timely palliative care support and expertise in the NH setting may contribute to frequent ED transfers.

Tabali, M., T. Ostermann, et al. "Does the care dependency of nursing home residents influence their health-related quality of life?-A cross-sectional study." Health Qual Life Outcomes. 2013 Mar 11;11:41. doi: 10.1186/1477-7525-11-41.

BACKGROUND: Studies on health-related quality of life (HRQOL) are missing for nursing home residents independent from their health conditions or interventions after admission. Our aim was to analyse if the care dependency of nursing home residents influence their HRQOL and to describe HRQOL of nursing home residents at the time of admission. METHOD: Eleven German nursing homes were randomly selected for a cross-sectional multicentre study from April 2008 until December 2009. HRQOL was measured with the Nottingham Health Profile (NHP) in the six domains "Physical Mobility", "Energy", "Pain", "Social Isolation", "Emotional Reaction" and "Sleep". Domain scores range from zero (good subjective health status) to 100 (poor subjective health status). Care dependency was evaluated using the Care Dependency Scale, age, sex, cognitive status and diseases were documented by the research assistants. Multivariate regression analysis was performed to quantify the influence of care dependency on HRQOL. RESULTS: 120 residents were included in total. HRQOL was mostly reduced in the domains "Physical Mobility" and "Energy" (mean scores >43.0), while impairment differences in the domains "Pain", "Social Isolation", "Emotional Reaction" and "Sleep" were only moderate (</=25.0). HRQOL was not influenced by the age. Women (n = 85) had a significantly poorer HRQOL in the domain "Pain" than men (mean score women: 29.5 +/- 31.5; males: 14.9 +/- 17.2; p = 0.011). Care dependency had an influence on the domain "Sleep" (ss = -0.195, p = 0.031), while the other domains were not influenced by care dependency. Residents with a low care dependency scored significantly lower (better HRQOL) in the domain "Sleep" than residents with a high care dependency (mean score 15.3; SD +/- 19.0 versus mean score 32.8 SD +/- 33.2; p < 0.02). CONCLUSION: The level of care dependency has no influence on the HRQOL from the nursing home residents' perspective apart from the domain "Sleep". High care dependency residents have a lower HRQOL in the domain "Sleep" compared to moderate and low care dependency residents. We found a significantly lower HRQOL in women compared to men in the domain "Pain".

Tawalbeh, L. I. and A. Tubaishat "Effect of simulation on knowledge of advanced cardiac life support, knowledge retention, and confidence of nursing students in Jordan." J Nurs Educ. 2014 Jan 1;53(1):38-44. doi: 10.3928/01484834-20131218-01. Epub 2013 Dec 18.

This study examined the effect of simulation on nursing students' knowledge of advanced cardiac life support (ACLS), knowledge retention, and confidence in applying ACLS skills. An experimental, randomized controlled (pretest-posttest) design was used. The experimental group (n = 40) attended an ACLS simulation scenario, a 4-hour PowerPoint presentation, and demonstration on a static manikin, whereas the control group (n = 42) attended the PowerPoint presentation and a demonstration only. A paired t test indicated that posttest mean knowledge of ACLS and confidence was higher in both groups. The experimental group showed higher knowledge of ACLS and higher confidence in applying ACLS, compared with the control group. Traditional training involving PowerPoint presentation and demonstration on a static manikin is an effective teaching strategy; however, simulation is significantly more effective than traditional training in helping to improve nursing students' knowledge acquisition, knowledge retention, and confidence about ACLS.

Veronese, A. M., D. L. de Oliveira, et al. "[Life risk and nature of SAMU: users' perspectives and implications for nursing]." Rev Gaucha Enferm. 2012 Dec;33(4):142-8.

The article is part of a qualitative study analisys developed in 2009 aiming at investigating the demand of emergency calls to the Emergency Mobile Attendance Service/Porto Alegre (SAMU) that classifies it as non-pertinent. The information was gathered from 16 semi-structured interviews with the subjects of that demand by utilizing as a methodological guideline the Grounded Theory. The article approaches the content of the sub-category "Entering into conflict with SAMU regulation in the evaluation of life-threatening", by focusing the divergences between the regulation and the users' perception about the operation of the service and the meaning of "life-threatening", factors implied in the construction of the non-pertinent demand. The importance of Nursing within this scenery is in its competence to perform education actions about first aid and to participate in projects among sectors which are able to intervene in situations that generate vulnerability.

Wilson, E., H. Morbey, et al. "Administering anticipatory medications in end-of-life care: a qualitative study of nursing practice in the community and in nursing homes." Palliat Med. 2015 Jan;29(1):60-70. doi: 10.1177/0269216314543042. Epub 2014 Jul 28.

BACKGROUND: In the United Kingdom, an approach to improving end-of-life care has been the introduction of 'just in case' or 'anticipatory' medications. Nurses are often responsible for deciding when to use anticipatory medications, but little is known about their experiences. AIM: To examine nurses' decisions, aims and concerns when using anticipatory medications. DESIGN: An ethnographic study in two UK regions, using observations and interviews with nurses working in community and nursing home teams (n = 8). FINDINGS: Observations (n = 83) and interviews (n = 61) with community nurses. Nurses identified four 'conditions' that needed to be established before they implemented anticipatory medications: (1) irreversibility; (2) inability to take oral medication; (3) where the patient was able, they should consent and (4) decision had to be independent of demands or requests from patient's relatives. By using anticipation medications, nurses sought to enable patients to be 'comfortable and settled' by provision of gradual relief of symptoms at the lowest dose possible. They aimed to respond quickly to needs, seeking to avoid hospital admission or medical call-out, while adhering to local prescribing policies. Worries included distinguishing between pain and agitation, balancing risks of under- and over-medication and the possibility of hastening death. CONCLUSION: Nurses take a leading role in the administration of anticipatory medications. Nurses apply consideration and caution to the administration of anticipatory medications but some experience emotional burden. Education, training and experience played a role in the nurses' confidence and should continue to be central to efforts to improving the quality of palliative care in the community and nursing homes.

Yoshioka, S., M. Moriyama, et al. "Efficacy of the end-of-life nursing care continuing education program for nurses in general wards in Japan." Am J Hosp Palliat Care. 2014 Aug;31(5):513-20. doi: 10.1177/1049909113491133. Epub 2013 Jun 16.

This study aimed to examine effectiveness of the End-of-life nursing care continuing education program for general ward nurses. A nonrandomized, before-after trial was conducted. The program was implemented for 25 nurses. The contents of the program consisted of the family assessment, general symptom management and practical use of theories and models regarding end-of-life nursing care. The primary outcome, implementation ability of end-of-life nursing care, was significantly improved after the program; improvements continued even at 2 months after. Similar results were obtained for nurses' confidence and knowledge concerning end-of-life nursing care. As for attitude toward end-of-life care, participants' scores were further elevated after the program. The participants rated the usefulness of the program as high. The effectiveness of the program was suggested from these results. In the future, this program should be widely used for in-service training.

Zavala, M. O. and T. M. Klijn "[Quality of work life in nursing staff]." Rev Bras Enferm. 2014 Mar-Apr;67(2):302-5.

This article deals with aspects that are related to work, quality of life, and its relationship with the nursing staff within the Mexican context. Professionals in health areas present alterations that are commonly overlooked and barely dealt with, especially when the person is a woman and, the care they give to patients, families, and/or friends, or community members, precede their own self care. In the case of institutions or work areas, even when the job provides human beings with several benefits, it usually lacks the proper conditions to perform the job, carries negatives aspects or pathological conditions, all which can relate to poor levels of Quality of Life at Work. Members of the nursing team need to perform their work in the best possible conditions in order to maintain their physical and mental health.

Zimmerman, S., L. Cohen, et al. "Measuring end-of-life care and outcomes in residential care/assisted living and nursing homes." J Pain Symptom Manage. 2015 Apr;49(4):666-79. doi: 10.1016/j.jpainsymman.2014.08.009. Epub 2014 Sep 6.

CONTEXT: The two primary residential options for older adults who require supportive care are nursing homes and residential care/assisted living. More than one-quarter of all deaths in the U.S. occur in these settings. Although the information available on end of life in long-term care has been growing, the comparative suitability of various measures to guide this work is unknown. OBJECTIVES: To determine the optimal measures to assess end-of-life care and outcomes in nursing homes and residential care/assisted living. METHODS: A total of 264 family members of decedents from 118 settings were interviewed and provided data on 11 instruments that have been used in, but not necessarily developed for, long-term care populations; Overall, 20 scales and subscales/indices were evaluated. Measures were compared on their psychometric properties and the extent to which they discriminated among important resident, family, and setting characteristics. RESULTS: Prioritizing measures that distinguish the assessment of care from the assessment of dying, and secondarily that exhibit an acceptable factor structure, this study recommends two measures of care-the Family Perceptions of Physician-Family Caregiver Communication and the End of Life in Dementia (EOLD)-Satisfaction With Care-and two measures of outcomes-the EOLD-Symptom Management and the EOLD-Comfort Assessment in Dying. An additional measure to assess outcomes is the Mini-Suffering State Examination (MSSE). The care measures and the MSSE are especially valuable as they discriminate between decedents who were and were not transferred immediately before death, an important outcome, and whether the family expected the death, a useful target for intervention. CONCLUSION: Despite these recommendations, measurement selection should be informed not only on the basis of psychometric properties but also by specific clinical and research needs. The data in this manuscript will help researchers, clinicians, and administrators understand the implications of choosing various measures for their work.

The above contents are the collected information from Internet and public resources to offer to the people for the convenient reading and information disseminating and sharing.

References

1. Abrahamson, K., T. Lewis, et al. "The influence of cognitive impairment, special care unit placement, and nursing facility characteristics on resident quality of life." J Aging Health. 2013 Jun;25(4):574-88. doi: 10.1177/0898264313480240. Epub 2013 Mar 18.
2. Al Aqqad, S. M., L. L. Chen, et al. "The use of potentially inappropriate medications and changes in quality of life among older nursing home residents." Clin Interv Aging. 2014 Jan 22;9:201-7. doi: 10.2147/CIA.S52356. eCollection 2014.
3. Almomani, F. M., J. M. McDowd, et al. "Health-related quality of life and physical, mental, and cognitive disabilities among nursing home residents in Jordan." Qual Life Res. 2014 Feb;23(1):155-65. doi: 10.1007/s11136-013-0461-2. Epub 2013 Jun 29.
4. Alvarez-Barbosa, F., J. del Pozo-Cruz, et al. "Effects of supervised whole body vibration exercise on fall risk factors, functional dependence and health-related quality of life in nursing home residents aged 80+." Maturitas. 2014 Dec;79(4):456-63. doi: 10.1016/j.maturitas.2014.09.010. Epub 2014 Sep 30.
5. Bahrami, M., R. Parnian, et al. "The effect of nursing consultation involving cancer survivors on newly diagnosed cancer patients' quality of life." Iran J Nurs Midwifery Res. 2012 Jul;17(5):338-42.
6. Bailey, C. and A. Hewison "The impact of a 'Critical Moments' workshop on undergraduate nursing students' attitudes to caring for patients at the end of life: an evaluation." J Clin Nurs. 2014 Dec;23(23-24):3555-63. doi: 10.1111/jocn.12642. Epub 2014 Jun 18.

7. Bayram, Z., Z. Durna, et al. "Quality of life during chemotherapy and satisfaction with nursing care in Turkish breast cancer patients." Eur J Cancer Care (Engl). 2014 Sep;23(5):675-84. doi: 10.1111/ecc.12185. Epub 2014 Jan 23.
8. Bollig, G., E. Gjengedal, et al. "They know!-Do they? A qualitative study of residents and relatives views on advance care planning, end-of-life care, and decision-making in nursing homes." Palliat Med. 2015 Sep 22. pii: 0269216315605753.
9. Brandenburg, H., R. Adam-Paffrath, et al. "[Aspects of quality of life of residents of a nursing oasis from the perspectives of relatives and nurses- qualitative results of an evaluation study]." Pflege. 2014 Apr;27(2):69-80. doi: 10.1024/1012-5302/a000347.
10. Broom, A., E. Kirby, et al. "Nursing futility, managing medicine: Nurses' perspectives on the transition from life-prolonging to palliative care." Health (London). 2015 Jul 24. pii: 1363459315595845.
11. Chang, A. K., J. Park, et al. "Relationships among self-efficacy, depression, life satisfaction, and adaptation among older korean adults residing in for-profit professional nursing facilities." J Nurs Res. 2013 Sep;21(3):162-9. doi: 10.1097/01.jnr.0000432047.93802.df.
12. Chitnis, X. A., T. Georghiou, et al. "Effect of a home-based end-of-life nursing service on hospital use at the end of life and place of death: a study using administrative data and matched controls." BMJ Support Palliat Care. 2013 Dec;3(4):422-30. doi: 10.1136/bmjspcare-2012-000424. Epub 2013 Jun 6.
13. Chouiter, L., W. P. Wodchis, et al. "Resident health-related quality of life in Swiss nursing homes." Eur Psychiatry. 2015 Jul;30(5):549-54. doi: 10.1016/j.eurpsy.2014.10.001. Epub 2015 Mar 21.
14. Drageset, J. and G. Haugan "Psychometric properties of the Orientation to Life Questionnaire in nursing home residents." Scand J Caring Sci. 2015 Aug 29. doi: 10.1111/scs.12271.
15. Fosse, A., M. A. Schaufel, et al. "End-of-life expectations and experiences among nursing home patients and their relatives--a synthesis of qualitative studies." Patient Educ Couns. 2014 Oct;97(1):3-9. doi: 10.1016/j.pec.2014.05.025. Epub 2014 Jun 12.
16. Fougere, B., E. Kelaiditi, et al. "Frailty Index and Quality of Life in Nursing Home Residents: Results From INCUR Study." J Gerontol A Biol Sci Med Sci. 2015 Aug 21. pii: glv098.
17. Godin, J., J. Keefe, et al. "Nursing home resident quality of life: testing for measurement equivalence across resident, family, and staff perspectives." Qual Life Res. 2015 Oct;24(10):2365-74. doi: 10.1007/s11136-015-0989-4. Epub 2015 Apr 17.
18. Halek, M., M. N. Dichter, et al. "The effects of dementia care mapping on nursing home residents' quality of life and staff attitudes: design of the quasi-experimental study Leben-QD II." BMC Geriatr. 2013 Jun 1;13:53. doi: 10.1186/1471-2318-13-53.
19. Handley, M., C. Goodman, et al. "Living and dying: responsibility for end-of-life care in care homes without on-site nursing provision - a prospective study." Health Soc Care Community. 2014 Jan;22(1):22-9. doi: 10.1111/hsc.12055. Epub 2013 May 29.
20. Hartle, G. A., D. G. Thimons, et al. "Physician Orders for Life Sustaining Treatment in US Nursing Homes: A Case Study of CRNP Engagement in the Care Planning Process." Nurs Res Pract. 2014;2014:761784. doi: 10.1155/2014/761784. Epub 2014 Apr 29.
21. Hedinger, D., O. Hammig, et al. "Social determinants of duration of last nursing home stay at the end of life in Switzerland: a retrospective cohort study." BMC Geriatr. 2015 Oct 1;15:114. doi: 10.1186/s12877-015-0111-3.
22. Heggestad, A. K. and A. Slettebo "How individuals with dementia in nursing homes maintain their dignity through life storytelling - a case study." J Clin Nurs. 2015 Aug;24(15-16):2323-30. doi: 10.1111/jocn.12837. Epub 2015 Apr 20.
23. Johnstone, M. J., A. M. Hutchinson, et al. "Nursing Roles and Strategies in End-of-Life Decision Making Concerning Elderly Immigrants Admitted to Acute Care Hospitals: An Australian Study." J Transcult Nurs. 2015 Apr 21. pii: 1043659615582088.
24. Kessler, E. M. "[Life review of nursing home residents with depression : Qualitative study of experiences from behavioral therapists within a pilot study]." Z Gerontol Geriatr. 2015 Sep 24.
25. Kogien, M. and J. J. Cedaro "Public emergency department: the psychosocial impact on the physical domain of quality of life of nursing professionals." Rev Lat Am Enfermagem. 2014 Jan-Feb;22(1):51-8. doi: 10.1590/0104-1169.3171.2387.
26. Krist, L., F. Dimeo, et al. "Can progressive resistance training twice a week improve mobility, muscle strength, and quality of life in very elderly nursing-home residents with impaired mobility? A pilot study." Clin Interv Aging. 2013;8:443-8. doi: 10.2147/CIA.S42136. Epub 2013 Apr 23.
27. Kutney-Lee, A., C. W. Brennan, et al. "Organization of nursing and quality of care for veterans at the end of life." J Pain Symptom Manage. 2015 Mar;49(3):570-7. doi: 10.1016/j.jpainsymman.2014.07.002. Epub 2014 Aug 10.
28. Ma H, Chen G. Stem cell. The Journal of American Science 2005;1(2):90-92.
29. Ma H, Cherng S. Eternal Life and Stem Cell. Nature and Science. 2007;5(1):81-96.
30. Ma H, Cherng S. Nature of Life. Life Science Journal 2005;2(1):7 - 15.

31. Ma H, Yang Y. Turritopsis nutricula. Nature and Science 2010;8(2):15-20. http://www.sciencepub.net/nature/ns0802/03_1279_hongbao_turritopsis_ns0802_15_20.pdf.
32. Ma H. The Nature of Time and Space. Nature and science 2003;1(1):1-11.Nature and science 2007;5(1):81-96.
33. National Center for Biotechnology Information, U.S. National Library of Medicine. http://www.ncbi.nlm.nih.gov/pubmed. 2015.
34. Oliveira, L. K., A. Almeida Gde, et al. "Temporomandibular disorder and anxiety, quality of sleep, and quality of life in nursing professionals." Braz Oral Res. 2015;29. pii: S1806-83242015000100265. doi: 10.1590/1807-3107BOR-2015.vol29.0070.
35. O'Shea, E. R., S. H. Campbell, et al. "Effectiveness of a perinatal and pediatric End-of-Life Nursing Education Consortium (ELNEC) curricula integration." Nurse Educ Today. 2015 Jun;35(6):765-70. doi: 10.1016/j.nedt.2015.02.015. Epub 2015 Mar 5.
36. Oudman, E. and B. Veurink "Quality of life in nursing home residents with advanced dementia: a 2-year follow-up." Psychogeriatrics. 2014 Dec;14(4):235-40. doi: 10.1111/psyg.12062.
37. Ozdemir, G. and H. Kaya "Midwifery and nursing students' communication skills and life orientation: correlation with stress coping approaches." Nurs Midwifery Stud. 2013 Jun;2(2):198-205. Epub 2013 Jun 27.
38. Palhares Vde, C., J. E. Corrente, et al. "Association between sleep quality and quality of life in nursing professionals working rotating shifts." Rev Saude Publica. 2014 Aug;48(4):594-601.
39. Sirisawasd, P., N. Chaiear, et al. "Validation of the Thai Version of a Work-related Quality of Life Scale in the Nursing Profession." Saf Health Work. 2014 Jun;5(2):80-5. doi: 10.1016/j.shaw.2014.02.002. Epub 2014 Mar 22.
40. Smeltzer, S. C., N. C. Sharts-Hopko, et al. "Work-life balance of nursing faculty in research- and practice-focused doctoral programs." Nurs Outlook. 2015 Apr 27. pii: S0029-6554(15)00165-7. doi: 10.1016/j.outlook.2015.04.008.
41. Smith, M. and N. Khanlou "An Analysis of Canadian Psychiatric Mental Health Nursing through the Junctures of History, Gender, Nursing Education, and Quality of Work Life in Ontario, Manitoba, Alberta, and Saskatchewan." ISRN Nurs. 2013 Apr 28;2013:184024. doi: 10.1155/2013/184024. Print 2013.
42. Stephens, C., E. Halifax, et al. "Provider Perspectives on the Influence of Family on Nursing Home Resident Transfers to the Emergency Department: Crises at the End of Life." Curr Gerontol Geriatr Res. 2015;2015:893062. doi: 10.1155/2015/893062. Epub 2015 Aug 24.
43. Tabali, M., T. Ostermann, et al. "Does the care dependency of nursing home residents influence their health-related quality of life?-A cross-sectional study." Health Qual Life Outcomes. 2013 Mar 11;11:41. doi: 10.1186/1477-7525-11-41.
44. Tawalbeh, L. I. and A. Tubaishat "Effect of simulation on knowledge of advanced cardiac life support, knowledge retention, and confidence of nursing students in Jordan." J Nurs Educ. 2014 Jan 1;53(1):38-44. doi: 10.3928/01484834-20131218-01. Epub 2013 Dec 18.
45. Veronese, A. M., D. L. de Oliveira, et al. "[Life risk and nature of SAMU: users' perspectives and implications for nursing]." Rev Gaucha Enferm. 2012 Dec;33(4):142-8.
46. Wikipedia. The free encyclopedia. http://en.wikipedia.org. 2015.
47. Wilson, E., H. Morbey, et al. "Administering anticipatory medications in end-of-life care: a qualitative study of nursing practice in the community and in nursing homes." Palliat Med. 2015 Jan;29(1):60-70. doi: 10.1177/0269216314543042. Epub 2014 Jul 28.
48. Yoshioka, S., M. Moriyama, et al. "Efficacy of the end-of-life nursing care continuing education program for nurses in general wards in Japan." Am J Hosp Palliat Care. 2014 Aug;31(5):513-20. doi: 10.1177/1049909113491133. Epub 2013 Jun 16.
49. Zavala, M. O. and T. M. Klijn "[Quality of work life in nursing staff]." Rev Bras Enferm. 2014 Mar-Apr;67(2):302-5.
50. Zimmerman, S., L. Cohen, et al. "Measuring end-of-life care and outcomes in residential care/assisted living and nursing homes." J Pain Symptom Manage. 2015 Apr;49(4):666-79. doi: 10.1016/j.jpainsymman.2014.08.009. Epub 2014 Sep 6.

9/5/2015