

**TOPIC:** **IN SUPPORT OF INCREASED CULTURAL COMPETENCE AMONG NURSES IN END OF LIFE (EOL) CARE**

**SUBMITTED BY:** **San Diego State University Student Nurse Association  
San Diego, California**

**AUTHORS:** **Molly Shay**

WHEREAS, in 2016, the National Student Nurses' Association (NSNA) House of Delegates adopted the resolution "In Support of Improving Nursing Education Curricula Related to End of Life (EOL) Care" which recognizes the need for an enhanced emphasis towards the death and dying process in a nurse's education (NSNA, 2016, p.104); and

WHEREAS, while the elderly population is rapidly growing, so is the proportion of elderly citizens who belong to an ethnic or religious minority, and "the population of older Non-Hispanic whites is expected to grow 59% compared to 160% for older minorities" (Johnson, 2013, p. 1329); and

WHEREAS, minority patients continue to experience worse healthcare outcomes in comparison to nonminority patients, and a healthcare provider's knowledge about the preferences of ethnic and religious minorities are continuously underrepresented in EOL care (Lee, 2016, p. 9); and these minority patients' ethnic and religious views pertaining to EOL care are nearly absent from healthcare providers' education (Partain, et. al, 2017, 10); and

WHEREAS, Mayo Clinic states that, "Although 87% of patient reported religious/spiritual (RS) care from their physician to be important in end-of-life care, 94% of patients with advanced terminal illness report receiving no spiritual care from their physicians" (Partain, et. al, 2017, p. 148), and

WHEREAS, it has been found that, "Minorities are less likely to have advance directives, are more likely to receive high-intensity care at the end of life, and are less likely to receive care consistent with stated preferences" (Lee, et. al, 2016, p. 9); and

WHEREAS, end of life goals vary greatly depending on a patient's cultural and religious background, and if ignored has shown to have a significant and negative effect on a patient and their family's experience with EOL care (Partain, et. al, 2017, p. 147-149); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) encourage its constituents to support increased awareness for nursing cultural competence EOL care by providing a breakout session regarding this topic at the annual Convention, if feasible; and be it further

RESOLVED, that CNSA promote further research into the topic of end of life care disparities amount religious and ethnic minorities, if feasible; and be it further

RESOLVED, that the CNSA support a tool such as the "5-part framework" to initiate conversations about preferences for EOL care and to ensure competent and consistent care for

patients of all belief systems and cultural backgrounds through articles in the *Range of Motion* newsletter, website information, and through an article in San Diego State's *Vital Signs Newsletter*, if feasible; and be it further

RESOLVED,

that the CNSA send a copy of this resolution to American Nurses Association California (ANAC), Association of California Nurse Leaders (ACNL), University of California Board of Regents, California Association of Colleges of Nursing, the Hospice and Palliative Nurses Association, and all others deemed appropriate by the CNSA Board of Directors.