

*Self-described Nursing
Roles Experienced During
Care of Dying Patients
and Their Families: A
Phenomenological Study.*

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Study Purpose

- Answer the question:
 - “What are the activities and roles experienced by bedside clinicians as they provide care for dying patients and their families?”
- Improve understanding what that experience means for the clinician.

Methods

- Descriptive phenomenological study and purposive sampling strategy.
- 19 critical care nurses with experience caring for dying patients and their families.
- Individual interviews were conducted, recorded and transcribed verbatim.
- Open-ended questioning about experiences and roles encountered caring for dying patients/their families.
- Colaizzi method: Inductively determine themes, clusters and categories.

Educating The Family

- *Optimal when perceived as sensitive, respectful, patient-specific and empathetic.*
 - *In discussing morphine administration:
“They were very worried that the morphine would kill him and so they like got nervous when you went in to give him morphine.”
The nurse understood that the family
“wanted him to be comfortable but didn’t want to feel they were hastening death.”*

Encourage/Support Family Presence

- *Family coming to terms with death.*
- *One described, “Every family member just went around and wanted to say something...to tell a story.....I think that actually helped a lot with the family. That was a happy moment that was a happy death and dying.”*
- *Another nurse mentioned, “....having family presence at end-of-life was an opportunity to help family understand what was happening.”*

Patient Advocacy

- *One nurse described, “The patient said: “”please, no more!”” Once the family understood what that (please no more) meant, there was a peace in the room. The whole atmosphere changed from being very tense to actual peace, the patient was put on hospice, he got the pain medication and we did no more. We could see calm in the room, it was amazing.” This helped the patient and family dynamic come to terms with death.*

Managing Symptoms

- *Effectiveness of symptom management was tied to self-appraisal of individual performance and how they felt after work.*
- *In one instance, ... “When we see the patient die comfortably, on their own terms, it’s a more pleasant experience for everybody, for people to watch. That is (good symptom management/comfortable death) what you would want for anyone as a human being.”*

Protecting Families and Creating Positive Memories

- *One participant shared frustration with transferring a dying patient to a floor bed stating: “...I feel that’s very rude to the family...it’s rude to the patient and it’s a disservice to the patient.....”*
- *As stated by another, ...”If the family wants to see, let them come in...if the family wants to hold their hand, let them hold their hand.” This helps family be there, seeing a comfortable and dignified death and being able to say their final good-byes.*

Family Support

- One nurse “felt” death was imminent and supported family by non-judgmental caring as ...”they rescinded the DNR, I put myself in their position....what would I do at a time like this if a dying family member rallied and became lucid. It was important to support the family.....I didn’t have to agree because it was ultimately their decision.” Support kept a rapport rather than create barriers.*

Mentoring and Teaching

- *A novice nurse participant shared: “I was fortunate to have her with me as a mentor. I had my first patient here who died and she was explaining a lot of that stuff to me, the gurgling, the fluids, like what it all meant. I think (in orientation) it would be a good idea to sit with them (the novice) and talk about death and whether they had experienced death before with family members.”*

Conclusions

- Nurses may be unprepared for roles/feelings encountered during end-of-life care.
- Teaching these roles in nursing education and orientation classes is essential.
- Mentoring/role-modeling can better teach & prepare nurses for optimal end-of-life care.
- Future research: Identify best practices, teaching strategies and timing of teaching during orientation/educational path.

QUESTIONS???