



Nurses' experiences with catastrophic upper gastrointestinal bleeding in patients with hepatocellular carcinoma: A qualitative study



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A B S T R A C T

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Purpose: To explore how nurses experienced catastrophic upper gastrointestinal bleeding in hepatocellular carcinoma (HCC) patients.

Methods: A qualitative descriptive method was used. Data were collected by semi-structured interviews. Twenty-one registered nurses who had taken care of HCC patients with catastrophic upper gastrointestinal bleeding were purposely recruited from the Department of Hepatobiliary Cancer, Tianjin Medical University Cancer Institute and Hospital located in mainland China.

Results: Four themes explicated from the study were: feelings expressed during the process of rescuing the lives of patients, feelings expressed from succeeding or failing to save the lives of patients, feelings expressed from family members response to nurses' actions, the impact of the experience on the personal life, work and philosophy of life of the nurse subjects.

Conclusions: The findings of this study indicate that it is necessary for nursing leaders to take effective measures to improve nurses' nursing skills, to provide more education in care of the dying, to offer nurses services that address their psychosocial health and to provide them with emotional support.

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Introduction

Hepatocellular carcinoma (HCC) is one of the most common neoplasms and the second cause of cancer death in mainland China (Chen et al., 2011). In 2000, there were 24.6 out of every 10,000 people who had been diagnosed with HCC (Chen and Song, 2005). In 2007, the incidence of HCC in mainland China was reported to have increased to 27.11 out of every 10,000 people, and the mortality was high at 25.91/10,000 (Chen et al., 2011). The majority of the patients with HCC were diagnosed as being infected by Hepatitis B Virus (HBV) (Shi et al., 2005; Chen et al., 2011). Underlying liver cirrhosis, portal hypertension and upper gastrointestinal (UGI) hemorrhage results in one of the most common and severe complications in these patients (Okusaka et al., 1997; Al-Fraij et al., 2011; Alharbi et al., 2012; Wilkins et al., 2012). The overall incidence of UGI bleeding associated with HCC patients is between 15% and 30% (Anthony, 1973; García-Pagán et al., 2012), and in some cases, catastrophic UGI bleeding becomes the immediate cause of their death (Pereira and Phan, 2004; Al-Fraij et al., 2011; Alharbi et al., 2012).

As yet there is still no accurate or accepted medical definition for catastrophic UGI bleeding and it is still an under-researched area

(Prommer, 2005; Harris and Noble, 2009). Based on a large amount of clinical research, Harris gave a definition for catastrophic bleeding as 'a major bleeding, which is likely to result in death within a period of time which may be as short as a few minutes, because of the rapid internal or external loss of circulating blood volume' (Harris and Noble, 2009). Harris and others further described catastrophic bleeding as usually seen from artery ruptures or a result of UGI variceal ruptures due to the HCC and liver cirrhosis (Harris and Noble, 2009; McGrath and Leahy, 2009; Byun et al., 2012).

Although catastrophic bleeding is actually quite rare, it is always a distressing and sometimes even an all-consuming experience for those involved including nurses, doctors, patients and family members (Harris and Noble, 2009; Harris et al., 2011; McGrath and Leahy, 2009; Johansson and Lindahl, 2012). After studying the coping and support mechanisms for nurses involved in managing terminal bleeding, Harris concluded that this is one of the most fearful situations in palliative care (Harris et al., 2011). Other research into health professionals' coping skills when faced with a catastrophic bleeding incident has mainly focused on providing useful clinical and supportive care in these situations (McGrath and Leahy, 2009). There has been but a few research studies done (Harris et al., 2011; Frawley and Begley, 2006; Briones, 1984) that examines how nurses experience the catastrophic bleeding.

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In general, nurses' emotional burden, perceived stress, and job burnout when caring for cancer patients are widely and consistently described in the international literature (Fenga, 2007; Ekedahl and Wengstrom, 2007; Grunfeld et al., 2000; Dougherty et al., 2009; Liu et al., 2009). Managing catastrophic bleeding of patients might create even more emotional exhaustion, stress and job burnout among nurses in these positions (Harris et al., 2011; McGrath and Leahy, 2009; White et al., 2004) because of the limited clinical and supportive care available to them. Although this is a very rare occurrence in the clinical setting, there is still need for more research about how nurses experience catastrophic UGI bleeding in patients with HCC. There is a particular need of qualitative studies to increase knowledge and to provide a deeper understanding about how nurses manage catastrophic bleeding, especially for those oncology nurses who work with cancer patients and see their suffering on a daily basis.

Method

In this study, we interviewed, analyzed and reported findings from the nurses who had experienced managing catastrophic bleeding in HCC patients. The purpose of this study was to describe how oncology nurses experienced managing catastrophic bleeding with HCC patients in a cancer hospital and its impact on the nurses. A descriptive qualitative approach was selected because rich descriptive data, not available through quantitative methods (Watts et al., 2010), were desired to document the nurses' experiences on managing catastrophic bleeding. Phenomenology seeks knowledge on the basis of the genuine, human experience and aims to describe the phenomena by trying to elucidate the hidden meaning of life experiences. The meaning is subjective; and thus understanding other human beings has to involve their experiences of the situation.

Subjects

Twenty-one registered nurses who had experienced managing catastrophic UGI bleeding of HCC patients at Tianjin Medical University Cancer Institute and Hospital that provides oncology/

liver cancer services in mainland China were recruited through purposive sampling. The inclusion criteria were that the subjects had one or more experiences in managing catastrophic UGI bleeding and were willing to participate in this study. The majority of the subjects had catastrophic bleeding experiences occurring between 2009 and 2012 and two of them had their first experience two weeks prior to the interview. The subjects ranged in age from 23 to 48 years, with a mean age of 29.86 ± 6.02 . The years of clinical experiences of the subjects ranged from 0.5 to 26 years with the mean year being 7.83 ± 6.89 . Table 1 provided the demographic data on the 21 subjects.

Data collection

Data were collected from January 2012 to April 2012. All the subjects received oral and written information about the aims of the study before they agreed to participate. All the researchers were nurses with experience and knowledge in crisis events such as catastrophic bleeding and resuscitation of cancer patients. Two researchers (the first and second authors) who have had previously received qualitative research education and training were responsible for interviewing, data collection and data analysis. They met ahead of time and together reviewed all the questions relating to the experiences and practiced the interview process. The first author did all the face to face interviews and tried to be an active, patient, thoughtful and nonjudgmental listener with an empathetic understanding of and a profound respect for the perspectives of the subjects. The second author was solely responsible for taping the interviews. Before interviewing, each subject was told about the aim of this study and the importance of taping interviews. A verbal consent was then obtained. The interviews took place at a pre-arranged dates and time in a private room. Each interview lasted approximately 30–60 min. Interviews were guided according to the previously developed structured questionnaire (Table 2) with content that was first discussed by the four researchers and used among themselves in a pilot test. It was revised three times before it became accepted as the interview questionnaire. An example in the questionnaire was 'How many times, as a nurse, have you experienced catastrophic bleeding of HCC patients? Please describe how

Table 1
Demographic data of the 21 subjects who managed catastrophic UGI bleeding.

Subjects	Age	Professional titles	Years of clinical experiences	Basic nursing education ^a	Numbers of catastrophic UGI bleeding managed
Nurse A	25	Nurse	3	Higher Diploma	4
Nurse B	26	Charge nurse	4	Bachelor	5
Nurse C	31	Charge nurse	12	Higher Diploma	8
Nurse D	40	Charge nurse	21	Diploma	>10
Nurse E	48	Associate Professor of Nursing	26	Diploma	>10
Nurse F	23	Nurse	0.5	Higher Diploma	1
Nurse G	27	Charge nurse	5	Higher Diploma	2
Nurse H	28	Charge nurse	5	Higher Diploma	4
Nurse I	30	Charge nurse	7	Bachelor	5
Nurse J	25	Charge nurse	1.5	Bachelor	3
Nurse K	26	Charge nurse	3	Bachelor	2
Nurse L	30	Nurse	8	Higher Diploma	5
Nurse M	37	Charge nurse	17	Diploma	>10
Nurse N	27	Nurse	6	Higher Diploma	2
Nurse O	27	Charge nurse	2	Higher Diploma	3
Nurse P	29	Nurse	5	Bachelor	4
Nurse Q	29	Charge nurse	7	Higher Diploma	8
Nurse R	36	Charge nurse	16	Diploma	>10
Nurse S	31	Charge nurse	9	Higher Diploma	6
Nurse T	29	Charge nurse	6	Bachelor	3
Nurse U	23	Nurse	0.5	Higher Diploma	1

^a Note: In mainland China, nurses with diploma nursing education are those nurses who study nursing in a professional nursing school for 3 years after her or his middle school. Nurses with higher diploma are those who study nursing in a college for 3 years after her or his high school. Nurses with bachelor degree are those who study in a college or a university for 4 or 5 years after her or his high school.

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