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Original research article

Support of family members within the nursing intervention *Dying Care*

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ABSTRACT

The intervention *Dying Care* from the Nursing Intervention Classification (NIC) includes six activities to support family members. The aim of the study was to find out if nurses perform these activities, and whether they consider their introduction into contemporary nursing practice in the Czech Republic to be feasible. We used a quantitative approach in which we carried out a cross-sectional study, which incorporated a non-standardised structured questionnaire with two Likert scales. The 468 participants in the study were nurses from hospices, oncology departments, geriatric departments, long-term care facilities, homes for the elderly and home care agencies.

The results showed that the nurses most often employ the activity *Support the family's efforts to remain at the bedside* (scale average 1.72) and *Facilitate obtaining spiritual support for patient and family* (scale average 2.06). The nurses also consider the introduction of these two activities into contemporary nursing practice to be feasible. One fifth of the nurses stated they always use the activity *Include the family in care decisions and activities, as desired* (scale average 2.38) and *Encourage patient and family to share feelings about death* (scale average 2.51). All the above mentioned activities were most frequently used by nurses in hospices.

The results suggest that the importance of these activities is recognised by nurses across settings. However, they see the actual feasibility differently. This confirms the need to include family support in care for the dying even in the settings which primarily do not provide specialised palliative care.

Introduction

A dying person needs the presence of a close individual who could help to cope with the desperation, loneliness and other emotional distress of the end-of-life phase. The international Nursing Interventions Classification (NIC) in the 3rd domain (behaviour) in class R (coping) features the intervention *Dying Care*. It is defined as ''the promotion of physical comfort and psychological peace in the final phase of life''. It consists of

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24 defined activities of a somatic and psycho-socio-spiritual dimension. There are six activities focusing not on the patient, but on the support of family members [1]:

- Support the family's efforts to remain at the bedside;
- Respect the patient's and family's specific care request;
- Facilitate obtaining spiritual support for patient and family;
- Include the family in care decisions and activities, as desired;
- Encourage patient and family to share feelings about death;
- Support patient and family through the stages of grief.

The aim of the cross-sectional study was to find out if nurses use these activities directed to support the dying patient's family members within the intervention *Dying Care*. Furthermore, the study wanted to ascertain which of these activities the nurses subjectively consider to be implementable in contemporary Czech nursing practice.

Materials and methods

The research sample was comprised nurses with at least one year's work experience in the following settings: hospice, oncology department, geriatric department, long-term care facility (LTCF), home for the elderly (HFE) and home care agencies (HCA). To determine the sample size, a method by Žiaková [2] was used. When the basic group is smaller than 50 000, she recommends a sample size of 2.5%. This resulted in 750 questionnaires being distributed among 34 health care and social institutions. Geriatric departments, oncology departments and hospices were selected using data from the Institute of Health Information and Statistics of the Czech Republic. Home care agencies whose nurses had taken part in a seminar ''*Dying in the home setting*'' were addressed. Nurses from homes for the elderly and from long-term care facilities were addressed through their representatives who took part in the 2009 international conference ''Dying with Dignity II'', where the issue of institutionalised dying in follow-up nursing care was widely discussed [3]. This approach of selecting the sample group eliminated the risk of bias caused by the fact that the questionnaires would be completed by nurses who have no experience in caring for the terminally ill.

To gather the empirical data, we used a quantitative method in which we carried out a cross-sectional study incorporating a non-standardised structured questionnaire, which is part of a set of questionnaires focusing on the nursing issue of death anxiety in the Czech Republic. The questionnaire contained batches of questions corresponding to each of the activities in the NIC intervention *Dying care*, which also includes activities aimed at family members. Two Likert scales followed each question, investigating the frequency of each of the activities and the nurse's subjective opinion on the feasibility of incorporating these activities into contemporary practice. The internal consistency was tested in pre-research on 20 nurses from a clinical environment (Cronbach's alpha = 0.92). The tool's content validity was given by the fact that an international classification of nursing interventions was used. The data were processed using SPSS v. 15 statistical software, descriptive characteristics, the chi-square test with Bonferroni correction and adjusted residuals analysis, as well as the Mann-Whitney and Kruskal-Wallis tests. The hypotheses were tested at a significance level of $p = 0.05$. The survey research was approved by the Ethical Committee of the Faculty of Health Sciences of the Palacký University in Olomouc and was carried out in 2011.

Theory/calculation

Today's highly technological, secularised and consumer society taboos death. Dying is shifting from the home setting into the anonymous health care and social institutions [4]. The existential questions on the end of life are pressing only in life-threatening moments or in confrontations with dying and death of close people. The person suddenly clearly realises the predictability of human existence. This arouses insecurity and a feeling of helplessness, caused by the psychological distress of the ill person and the family [5,6]. Therefore, the dying desire the presence of close people who support her/him and help to sustain the feeling of closeness, respect, dignity and reconciliation [7,8]. Better understanding of these facts facilitates the assessment of the patient's needs and those of her/his family [9]. Interventions focused on family members benefit the patient, mainly in the area of depression and anxiety, and in connection with the relationship with the people closest to her/him [10].

Therefore, nursing activities should be targeted at enhancing social support from the patient's family members and assurance that the nursing staff consider them as active participants in care provision. This approach involves listening and reassurance, provision of sufficient information, access to the patient and offer of spiritual support. The inclusion of the activities supporting family members in the international classification of nursing interventions confirms their importance in the care for a patient at the end of life.

Results

Demographic characteristics of the research sample

The average age of the respondents was 38.6 years of age. The lowest average age was recorded in the oncology departments (37.0 years), the highest in homes for the elderly (42.3 years). As for the education, the majority of respondents had secondary education (58.8%). The average work experience was 15.5 years. The longest work experience was recorded in homes for the elderly (21.7 years), the shortest in home care agencies (12.1 years). 42.7% respondents described themselves as religious persons (see Table 1). The questionnaire return rate was 62.4% (468 out of 750 distributed).

Using the activities supporting family members

The respondents marked the frequency of using each activity as defined in the NIC intervention *Dying Care* on a scale from ''always'' to ''never''. The most frequently listed activity was *Support the family's efforts to remain at the bedside* (scale average 1.72). The percentages and scale average in activities including