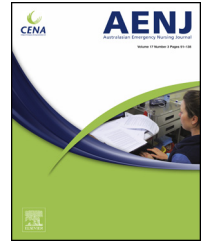




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RESEARCH PAPER

# The experiences of emergency nurses in providing end-of-life care to patients in the emergency department



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## KEYWORDS

Emergency department;  
Emergency nurses;  
End-of-life care;  
Dying patients

## Summary

**Background:** Managing death in the emergency department is a challenge. Emergency nurses are expected to provide care to numerous patient groups in an often fast-paced, life-saving environment. The purpose of this study was to describe the experiences of emergency nurses in providing end-of-life care, which is the care delivered to a patient during the time directly preceding death.

**Method:** Data were collected from 25 emergency nurses during three focus group interviews. The interviews were transcribed and analysed using the qualitative techniques of grounded theory.

**Results:** Ten categories emerged from the data that described a social process for managing death in the emergency department. The categories were linked via the core category labelled 'dying in the emergency department is not ideal', which described how the emergency department was an inappropriate place for death to occur. To help manage the influence of the environment on end-of-life care, nurses reported strategies that included moving dying patients out of the emergency department and providing the best care that they could.

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*Conclusion:* The results of this study highlight nurses' belief that the emergency department was not an appropriate place for death to occur. Despite being frequently exposed to death and dying, the actions and attitudes of emergency nurses implied the need or desire to avoid death in the emergency department.

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## What is already known

- End-of-life care in the emergency department is a challenge due to department layout, emergency nursing workload, and the life-saving nature of emergency work.
- With advances in medical technologies, people are growing older and living longer with their chronic illnesses and co-morbidities. Consequently emergency departments are increasingly caring for patients in need of palliative and end-of-life care.
- However little is known about how people die and the care provided to patients at the end-of life in emergency departments in Australia.

## What this paper adds?

- The major finding of this study was that dying patients were moved out of the ED as soon as practicable because it was believed that the ED environment could not support the elements of a 'good death'.
- The findings from this study highlighted that despite being frequently exposed to death and dying in the ED, the actions and attitudes of emergency nurses implied the need or desire to avoid death in the ED.

## Introduction

The care of dying patients in the Emergency Department (ED) is an important and challenging issue.<sup>1–5</sup> EDs are high-stress, fast-paced and often chaotic environments. The role of contemporary EDs is to provide treatment for people following a traumatic or acute injury or illness. Such an environment creates a unique set of challenges that impacts emergency nurses' ability to provide quality end-of-life (EOL) care. With advances in medical technologies, people are growing older and living longer with their chronic illnesses and co-morbidities. Consequently EDs are increasingly caring for patients in need of palliative and EOL care.<sup>2–4</sup> However, little is known about how people die and the care provided to patients at the EOL in EDs in Australia.

## Background

EDs are commonly perceived as the scene of care where patients present suddenly and unpredictably following a traumatic or acute event with life-threatening illnesses or

injuries. Subsequently, death in the ED is typically associated with sudden and traumatic circumstances or as a result of a failed resuscitation. However, with advances in medical technologies, people are growing older and living longer, and an increasing number of the elderly and people with advanced chronic illnesses are seeking care in the ED. It has been argued that the ED is an accessible front door into the health care system for many people whose chronic disease symptoms are not being adequately managed outside the acute care setting.<sup>4,6,7</sup> Thus, EDs are being increasingly used by older adults who are frail and unwell, who require medical assistance with existing health problems from which they are likely to eventually die.<sup>3,8</sup> Within the context of the changing demands that contemporary EDs are expected to fulfil, the dynamics of death and dying are also changing.

EDs are required to care for patients who are in need of palliative and EOL care on a more frequent basis, with 4855 people dying in Australian EDs in 2012–2013 (0.07% of all patients seen).<sup>9</sup> The terms 'palliative care' and 'EOL care' are often used interchangeably to describe the care of the dying patient. However, important differences exist between palliative care and EOL care. EOL care describes the care delivered in the time directly preceding death.<sup>10</sup> Alternatively, palliative care aims to "improve the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life and bereavement".<sup>11 (para 3)</sup>

EOL care is generally considered successful when the patient experiences a 'good death'.<sup>12</sup> A good death has been defined as "one that is: free from avoidable distress and suffering for patients, families and caregivers; in general accord with patients' and families' wishes; and reasonably consistent with clinical, cultural, and ethical standards".<sup>12(p277),13</sup> The attributes of a good death were identified by physicians, nurses and patients as: being in control, being comfortable, a sense of closure, value of the dying person recognised, trust in care providers, recognition of impending death, beliefs and values honoured, burden minimised, relationships optimised, appropriateness of death, and leaving a legacy and family care.<sup>5,12–14</sup> In a busy ED, with competing demands, a good death may be difficult to achieve.

## Aim

This study aimed to describe the experiences, attitudes and beliefs of emergency nurses in providing EOL care to patients. In particular, this study aimed to examine how emergency nurses managed EOL in the ED and responded to the needs of dying patients in facilitating a good death.

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