Exploring the Management of Death: Emergency Nurses' Perceptions of Challenges and Facilitators in the Provision of End-of-Life Care in the Emergency Department

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Introduction: The importance of end-of-life (EOL) care for dying patients and their families is well described; however, little research has been performed in emergency settings. The purpose of this study was to explore emergency nurses' perceptions of challenges and facilitators in the care of patients at the EOL.

Methods: A mixed-methods design using survey data (N = 1,879) and focus group data (N = 17). Data were collected on questions regarding care of the EOL patient in the emergency department, specifically nurses' perceptions of the care of these patients; educational content needs; barriers to safe and effective care; and the availability of resources.

Results: High scores on the quantitative survey showed a high mean level of consistently positive attitudes and beliefs toward caring for dying patients and their families and loved ones (131.26 ± 10.88). Analysis of the focus group transcripts uncovered 9 themes, reflecting concerns around comfort and challenges with EOL care, appropriate training for nurses, and the availability of resources to provide this type of care in the emergency setting. Also noted was dissonance between the nature of emergency care and the nature of EOL care.

Discussion: Emergency nurses are comfortable providing EOL care in the emergency setting but note that challenges to providing good care include lack of space, time, and staff. Other challenges involve the mismatch between the goals of emergency care and those of EOL care, as well as the emotional burden of caring for the dying, especially when the appropriate resources are lacking.

Key words: Mixed methods; End-of-life care; Emergency department; Nursing.

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Nurses are there when the last breath is taken and nurses are there when the first breath is taken. Although it is more enjoyable to celebrate the birth, it is just as important to comfort in death.

Christine Bell

The emergency department is a care setting where patients are essentially unknown and potentially acutely ill or injured, and the emergency nurse can be the driver of care and advocacy for these patients. Because rapid assessment and delivery of resources are crucial to reduce morbidity and mortality rates, the impetus is to "do something." However, the process of providing end-of-life (EOL) care for dying patients and their families is understudied, and there is little research available to support the role of the emergency nurse in caring for this population.[1] Relationships that can be built up over days and weeks in the inpatient or hospice setting must be formed in hours or minutes in the emergency department. The fast-paced, resource-challenged ED setting can compromise the EOL experience for patients seeking emergency services and the nurses who care for them. To address these concerns, the 2011 Improving Palliative Care in the ICU and Emergency Medicine Project (IPAL-EM) developed a consensus statement on necessary competencies for EOL care that includes recognition of the appropriate patient, as well as provision of respectful, scientifically based palliative care for both the patient and the family.[2] Though offering a useful framework in the intensive care unit and inpatient or hospice settings, the time, space, and resource constraints of the emergency department may make implementation of this part of EOL nursing practice challenging. Specific to EOL emergency care is the Trauma End-of-Life Optimum Support (TELOS) model of best practices for providing EOL support for trauma patients seen in the emergency department.[3] It is composed of 6 domains: decision making, communication, physical care, psychological care, spiritual care, and culturally sensitive social care. What is still lacking, however, is a process for caring for the acutely ill dying patient who presents to the emergency department with chronic, life-limiting illness.[4] In these cases the patient's condition is not new, as with the trauma patient; the patient may be a hospice patient who is dying or whose pain cannot be controlled and is brought to the emergency department by family members. In these situations, challenges to optimal EOL care are potentially magnified by the constraints of the ED setting.

In an observational ethnographic study on EOL care in a large, urban emergency department in the United Kingdom,[5] 2 distinct trajectories of care for dying patients were identified: the sudden, or "spectacular," death in which the focus was on life-saving, heroic measures and the "subtacular" death in which patients with terminal illness received less attentive care. Through corollary research, the authors explain how these care trajectories were influenced by clinicians' attitudes and practices toward death and dying[6] and by their "emotional intelligence"—the ability to manage emotions and develop the interpersonal and therapeutic skills necessary for quality EOL care.[7] These capabilities can influence the nurse/patient experience.

Other research that focused on nurses' perceptions of obstacles and supportive behaviors in critical and emergency care settings identified similar challenges to the provision of quality EOL care, including nurse workload and availability of support services (eg, social workers and clergy); family issues (eg, unrealistic expectations and distraught family members); environmental constraints (eg, poor space design and lack of privacy); and concerns about honoring patients' wishes (eg, uncertainty about decisions regarding desired treatment and advance directives).[8–10] The literature includes suggestions from emergency clinicians, patients, and family members on how to address these challenges to EOL emergency care, such as integration of EOL curricula in nursing school education[11–14]; increased time and adjunct resources (eg, social workers and palliative care)[8,9,15]; cultivation of positive clinician-patient interactions and nurse-physician communication[7–9,15]; and changes to the ED environment to provide privacy and support for grieving families.[6,10,15] In addition, the IPAL-EM group put forward a series of guidelines for providing palliative care in the emergency department that align well with the aforementioned issues identified by patients, families, and health care providers.[16] Our research goals are consistent with these previous research recommendations, specifically regarding our study's aim to further examine emergency nurses' attitudes/beliefs, educational needs, and resource allotment regarding EOL emergency care.

Methods

This study used an exploratory mixed-methods design incorporating a self-report survey and focus group interviews for additional context and explanation. A demographically diverse sampling method was chosen to increase the range of clinical experiences captured. Data were collected and analyzed concurrently with equal weight initially given to survey and focus group results. The mixed-methods approach was chosen because of the complex nature of the research question, for which the use of combined quantitative and qualitative data provides a more complete understanding than either approach alone.[17]