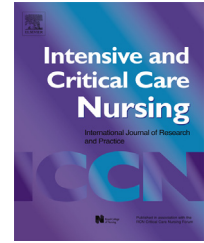




Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/icc



Nurses' experiences of caring for the suddenly bereaved in adult acute and critical care settings, and the provision of person-centred care: A qualitative study



Wendy Walker*, Kate Deacon

University of Wolverhampton, Centre for Health and Social Care Improvement, Faculty of Education, Health and Wellbeing, ML116, Deanery Row, Off Molineux Street, Wolverhampton, WV1 1DT England, United Kingdom

Received 12 March 2015; received in revised form 5 November 2015; accepted 21 December 2015

KEYWORDS

Death;
End-of-life;
Family;
Nurses;
Person-centred care;
Qualitative research;
Sudden bereavement

Summary

Aim: To explore nursing interventions for person-centred bereavement care in adult acute and critical care settings.

Design: A descriptive exploratory study, involving focused, face-to-face interviews. Participants comprised nine registered nurses and one auxiliary nurse, working in environments where sudden death was known to occur, i.e. emergency, cardiac and critical care. Interviews were transcribed verbatim and data subjected to directed content analysis. The provision of person-centred care was examined by applying a validated Person-Centred Nursing Framework.

Findings: Five main themes were identified. Participants' accounts contained descriptions of bereavement care and the presence of person-centred interventions. Contextual, professional and attitudinal factors influenced the degree to which person-centred care operated.

Conclusion: Caring for suddenly bereaved families was important to nurses, but also a source of tension and unrest. An important consideration for person-centred practice is movement away from sudden bereavement as a 'here and now' event, towards a pathway of supportive care that envisions the longer-term. Further research is required to gain a deeper understanding of person-centred care for the suddenly bereaved and the perceived effectiveness of nursing interventions.

© 2016 Elsevier Ltd. All rights reserved.

* Corresponding author. Tel.: +44 01902 321594; fax: +44 1902321161.

E-mail addresses: w.m.walker@wlv.ac.uk (W. Walker), k.deacon@wlv.ac.uk (K. Deacon).

Implications for Clinical Practice

- The concepts of dignity, compassion and respect characterise the presence of person-centred bereavement care in practice.
- Caring for suddenly bereaved families in a person-centred way was important to acute and critical care nurses, but ambivalence was also felt.
- A combination of formal education and experiential learning are essential to developing nurses' confidence and competence to care for the suddenly bereaved.
- Further research is needed to determine the outcomes of person-centred nursing care. Bereaved families' experiences are an important marker of quality care.

Introduction

In recent years, the nature and provision of end-of-life care (EoLC) for the dying and bereaved has become the focus of national service improvement in the United Kingdom (UK) (DH, 2008; LACDP, 2014; NCP, 2014). Despite growing regard for community care and a non-institutional death, the majority of all deaths take place in hospital [58%] and this figure is predicted to rise to around 65% by 2030 (Leadbeater and Garber, 2010). For acute and critical care nurses, the death of a patient may be sudden following a life-threatening illness or event. A sudden death is generally ≤ 1 hour from the onset of symptoms (Zipes and Wellens, 1998), although a 24-hour definition may be used if the death was unwitnessed and the victim was known to be alive and functioning normally prior to being found (Myerburg and Wellens, 2005). Williams et al. (2003) also described sudden or unexpected death with less than six weeks of warning in the context of intensive care.

The reality of a sudden death can be challenging for the experiencing family (Worden, 2009) and for the healthcare professionals involved (Purves and Edwards, 2005). Families are bereft of preparation and the resultant grief may be more pronounced (Deranieri et al., 2002) and prolonged (Kent and McDowell, 2004). Nurses are in a unique position to meet the needs of the suddenly bereaved and skilled interventions are essential for healthy adaptation (Walker, 2010). Quality Standards for End of Life Care for Adults (statements 7 and 14) emphasise the importance of timely support, appropriate to the needs and preferences of those closely affected by death (NICE, 2011). Person-centred care is a core component of UK health policy that places patients and families at the heart of care decisions (DH, 2010, 2012). It has the potential to enhance the care experiences of the dying and bereaved (Ball et al., 2013), yet little is known about its application in the context of care for the suddenly bereaved.

Research to support the caring practices of acute and critical care staff who encounter sudden death and bereavement is scarce. The evidence base of research published in the last decade (2005–2015) is limited to a small number of published studies specific to the experiences of suddenly bereaved families (Brysiewicz, 2008; Dale et al., 2013; Rejnö et al., 2013; Rodger et al., 2006). Research into the needs of the suddenly bereaved is both sparse and dated (Fanslow, 1983; Fraser and Atkins, 1990; Li et al., 2002; Tye, 1993). This also applies to existing studies of qualified nurses' experiences of caring for the suddenly bereaved (Saines, 1997a,

1997b; Socorro et al., 2001). Despite an evolving body of research into intensive care nurses' experiences of providing EoLC, the phenomenon of sudden death and bereavement is typically implied. A marked absence of up-to-date research, with qualified nurses in the UK, and beyond the environment of accident and emergency (A&E) underlined the need for further inquiry.

The overall aim of this study was to explore nursing interventions for person-centred bereavement care in adult acute and critical care settings. Specific objectives were to:

1. Provide insight into nurses' experiences of care for the suddenly bereaved;
2. Examine the provision of person-centred bereavement care;
3. Inform the development of person-centredness in practice.

Methods

The study employed a descriptive exploratory design, suitable for investigating little-understood phenomena (Marshall and Rossman, 1999). The research setting was an inner-city hospital providing acute and critical care services. Purposive sampling gave preference to Registered Nurses (RNs) working in environments where sudden death was known to occur, i.e. emergency, cardiac and critical care. A Divisional Matron for each environment of care identified eligible participants on behalf of the Principal Investigator (PI). In the UK, employees are placed on one of nine pay bands using a job evaluation scheme that determines the pay band for each post. This system, known as Agenda for Change (NHS Employers, 2015), was used to identify a sample of participants with variable levels of knowledge, skills and responsibility, as determined by their pay band and associated post. Eighteen RNs received a letter of invitation, an information sheet and a reply slip for completion if willing to participate in the study. The aim was to recruit 12–18 RNs to participate in a focused, face-to-face group interview, comprising 4–6 people in each group.

Participants

A total of nine RNs, employed in pay bands 5–7 and working in the posts of Staff Nurse, Sister or Senior Sister were

Download English Version:

<https://daneshyari.com/en/article/2652087>

Download Persian Version:

<https://daneshyari.com/article/2652087>

[Daneshyari.com](https://daneshyari.com)