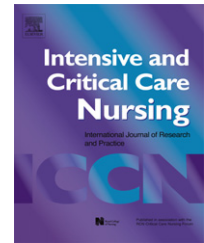




available at www.sciencedirect.com



journal homepage: www.elsevier.com/iccn



ORIGINAL ARTICLE

Doing one's utmost: Nurses' descriptions of caring for dying patients in an intensive care environment

Isabell Fridh*, Anna Forsberg, Ingegerd Bergbom

Sahlgrenska Academy at Gothenburg University, Department of Health and Care Sciences,
PO Box 457, SE 405 30 Göteborg, Sweden

Accepted 22 June 2009

KEYWORDS

Intensive care
nursing;
End-of-life care;
Families;
Environment

Summary

Aim: The aim of this study was to explore nurses' experiences and perceptions of caring for dying patients in an intensive care unit (ICU) with focus on unaccompanied patients, the proximity of family members and environmental aspects.

Method: Interviews were conducted with nine experienced ICU nurses. A qualitative descriptive approach was employed. The analysis was performed by means of conventional content analysis [Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res* 2005;15:1277–88] following the steps described by e.g. Elo and Kyngas [Elo S, Kyngas H. The qualitative content analysis process. *J Adv Nurs* 2008;62:107–15].

Findings: The analysis resulted in a main category; Doing one's utmost, described by four generic categories and 15 sub-categories, comprising a common vision of the patients' last hours and dying process. This description was dominated by the nurses' endeavour to provide dignified end-of-life care (EOLC) and, when relatives were present, to give them an enduring memory of their loved one's death as a calm and dignified event despite his/her previous suffering and death in a high-technological environment.

Conclusion: This study contributes new knowledge about what ICU nurses focus on when providing EOLC to unaccompanied patients but also to those whose relatives were present. Nurses' EOLC was mainly described as their relationship and interaction with the dying patient's relatives, while patients who died alone were considered tragic but left a lesser impression in the nurses' memory.

© 2009 Elsevier Ltd. All rights reserved.

Introduction

Relatives' satisfaction with end-of-life care (EOLC) in the intensive care unit (ICU) is strongly associated with the quality of care provided by nurses (Fridh et al., 2009; Wall et al., 2007; Warren, 2002). Another factor linked to satisfaction is the time spent with the dying loved one and

* Corresponding author. Tel.: +46 31 786 6059;
fax: +46 31 786 5723.

E-mail address: isabell.fridh@fhs.gu.se (I. Fridh).

being present at the moment of his/her death (Kjerulf et al., 2005). Studies have demonstrated families' needs for proximity and privacy in these situations (Kirchhoff et al., 2002) and that nurses' behaviour sometimes hinders proximity e.g. by preventing close relatives from being present during resuscitation (Wagner, 2004). Simpson (1997) stated that the intensive care environment separates patients from their families and, in the case of patients for whom there is no hope, nurses attempt to overcome the dehumanising aspects of dying in a technological environment by reconnecting the patient with his/her family.

It should also be noted that many patients die without a close family member present. In a study by Fridh et al. (2007), 76 (40%) out of 192 patients had no relative at their bedside at the moment of death. Of these 76 patients, 15 (11 of whom died during resuscitation or in other emergency situation) had relatives present elsewhere in the ICU. The above-mentioned study also revealed that a total 46% of all patients died in multi-bed rooms. For unaccompanied patients the number of patients that died in multi-bed rooms was 63%, but this number dropped to 37% if a close relative was present when death occurred. It is therefore important to gain greater knowledge about how nurses look after patients who die alone in the ICU as well as the way in which they promote family presence at the end of life.

EOLC in the ICU has similarities with EOLC in other contexts however there are some differences (Street et al., 2005). In most cases the patient has been admitted to the ICU because of a life-threatening condition and the goal of the care is primarily to save the patient's life and not to provide EOLC. This implies that ICU patients and their close relatives are rarely prepared for a final separation in a high technological environment with little or no privacy. Hodde et al. (2004) investigated nurses' assessment of factors associated with the quality of dying and death in an intensive care unit. The results indicated that having someone present at the moment of death and not undergoing cardiopulmonary resuscitation in the last 8 h of life were associated with higher quality of dying and death. Beckstrand et al. (2006) collected suggestions for improving EOLC in ICUs from critical care nurses. Providing patients and families with a "good death" was the major theme identified. The suggestions comprised ways of ensuring a peaceful and dignified death such as promoting family presence, making environmental changes, managing patients' pain and discomfort and not letting patients face death alone.

Aim

The aim of the study was to explore nurses' experiences and perceptions of caring for dying patients in an ICU, focusing on unaccompanied patients, the proximity of family members and environmental aspects. The design was developed to answer the following research questions:

- How do ICU-nurses experience EOLC for unaccompanied patients?
- How do ICU-nurses experience and describe environmental aspects and the meaning of proximity of family members during EOLC?

Method

Design and participants

A qualitative approach based on interviews and an explorative design were used (Sandelowski, 2000). Nine experienced intensive care nurses working in three Swedish ICUs were interviewed. The inclusion criteria were more than three years' experience of intensive care nursing including night shifts. After permission had been granted by the ICU leaders, the ICUs received both verbal and written information before the recruitment of participants. In addition, in one ICU an information meeting was held at the request of the unit. A form was attached upon the information letter on which nurses interested in the study could consent to an interview.

The first author then contacted the nurses to agree a time and place for the interview. Two of the ICUs were general and one was thoracic-surgical. The participants' mean age was 49 years (range 33–58 years). Their experience of intensive care nursing varied from 7 to 35 years with a mean of 20. Seven participants were women and two were men.

Interviews

The first author conducted all interviews, six of which took place in her office, two in the nurses' workplace and one in a participant's home. After nine interviews, it was considered that the content was sufficiently rich and extensive and, as no new information emerged, no further interviews were held. Each interview lasted from 30 to 60 min and was audio-taped and transcribed verbatim. The interviews took the form of a dialogue in which the interviewer tried to create a safe atmosphere for the participants to narrate as freely as possible.

The interviews followed an interview guide and started with the following two open questions: "Could you please tell me about how you care for dying ICU-patients?" and "How do you care for dying patients who have no relatives present?" The interview guide also contained questions concerning;

- The participants' perceptions and experiences of family presence in resuscitation situations.
- The ICU environment as a place to die and in which to provide end-of-life care.
- Nurses' experiences of follow-up meetings with bereaved relatives.

Analysis

Conventional content analysis was employed. This is a suitable method when the aim is to describe a phenomenon and existing theory or research literature is limited (Hsieh and Shannon, 2005). Even though there are several studies concerning ICU-nurses experience of EOLC in general there are limited theories described, especially concerning unaccompanied patients. Therefore the analysis was performed in an inductive way and followed the steps described by e.g.

Download English Version:

<https://daneshyari.com/en/article/2653395>

Download Persian Version:

<https://daneshyari.com/article/2653395>

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