



# To be involved — A qualitative study of nurses' experiences of caring for dying patients



Erika Andersson<sup>a,1</sup>, Zivile Salickiene<sup>b,2</sup>, Kristina Rosengren<sup>c,\*</sup>

<sup>a</sup> Department of Surgery, Norra Älvsborg County Hospital, SE-461 85 Trollhättan, Sweden

<sup>b</sup> Department of Surgery, Sahlgrenska University Hospital, SE-41345 Gothenburg, Sweden

<sup>c</sup> Sahlgrenska Academy, Institute of Health and Care Sciences, University of Gothenburg, SE-405 30 Gothenburg, Sweden

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## SUMMARY

**Objective:** The aim of this study was to describe nurses' experiences (>two years) of caring for dying patients in surgical wards.

**Background:** Palliative care is included in education for nurses. However, the training content varies, and nurse educators need to be committed to the curriculum regarding end-of-life situations. A lack of preparation among newly graduated nurses regarding dying and death could lead to anxiety, stress and burnout. Therefore, it is important to improve knowledge regarding end-of-life situations.

**Setting, Participants and Method:** A qualitative descriptive study was carried out in two surgical wards in the southern part of Sweden. The study comprised six interviews with registered nurses and was analysed using manifest qualitative content analysis, a qualitative method that involves an inductive approach, to increase our understanding of nurses' perspectives and thoughts regarding dying patients.

**Results:** The results formed one category (caring—to be involved) and three subcategories (being supportive, being frustrated and being sensitive in the caring processes). Nurses were personally affected and felt unprepared to face dying patients due to a lack of knowledge about the field of palliative care. Their experiences could be described as processes of transition from theory to practice by trial and error.

**Conclusion:** Supervision is a valuable tool for bridging the gap between theory and practice in nursing during the transition from novice to expert. Improved knowledge about palliative care during nursing education and committed nursing leadership at the ward level facilitate preparation for end-of-life situations.

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## Introduction

Hospital care includes palliative and curative care, but the focus is most often on curing patients and why the end of patient care could be described as a failure (Dunn et al., 2005). Feeling powerless is often experienced during work in surgical departments with high workloads and split duties (James et al., 2010). Moreover, nurses have difficulties in handling emotional issues in nursing, such as life-and-death issues (McGillis Hall and Kiesners, 2005; Tan et al., 2006; James et al., 2010; Johansson and Lindahl, 2012). Therefore, palliative care plays a central role in hospital care and is included in education for nurses. However, the training content varies, and nurse educators need to be committed to the curriculum regarding end-of-life situations (Dobbins, 2011). Therefore, it is important to highlight nurses' experiences in caring for

dying patients in surgical wards to improve knowledge regarding end-of-life situations.

## Background

High workloads and lower educational levels negatively influence the quality of care, patient safety and patient mortality (McGillis Hall and Kiesners, 2005; James et al., 2010; Johansson and Lindahl, 2012; Aiken et al., 2014), and nursing education is crucial to promoting health, preventing disease, restoring health and alleviating suffering (ICN, 2012). However, hospital care includes palliative and curative care but focuses on curing patients, even though nurses play a central role in addressing existential questions about life and death (Tan et al., 2006). Palliative care is grounded in a humanistic philosophy, regarding management strategies that encourage life until death as rewarding and emotional tasks. This caring philosophy and person-centred care (Ekman et al., 2011; Jones, 2011; Morgan and Yoder, 2012; Ekman et al., 2015) can be described as a protest against the medicalisation of dying and death by technological developments that can be provided in parallel with life-extending care. Palliative care integrates psychosocial and spiritual aspects to help patients to live as actively as possible

\* Corresponding author. Tel.: +46 31 7866059; fax: +46 31 7866050.

E-mail addresses: [erika.k.andersson@vgregion.se](mailto:erika.k.andersson@vgregion.se) (E. Andersson), [Zivile.Salickiene@vgregion.se](mailto:Zivile.Salickiene@vgregion.se) (Z. Salickiene), [kristina.rosengren@gu.se](mailto:kristina.rosengren@gu.se) (K. Rosengren).

<sup>1</sup> Tel.: +46 10 4350620.

<sup>2</sup> Tel.: +46 31 3435150.

until death and to help relatives during the illness and with their grief. A lack of preparation among nurses regarding dying and death could lead to anxiety, stress and burnout (Caton and Klemm, 2006; Laal and Aliramaie, 2010). Though palliative care is described as “part of the job” or something “to get used to”, it is helpful to be prepared for difficult nursing tasks (Gagnon and Duggleby, 2013). Therefore, pain management and palliative care are included in education for nurses. However, the content varies, and nurse educators need to be flexible and creative in their curricula (ELNEC, 2015) to find space to discuss end-of-life situations (Dobbins, 2011). Coaching by experienced staff members is a valuable resource to improve skills (Dunn et al., 2005; Abu Hasheesh et al., 2013), especially when less-experienced nurses are caring for dying patients for the first time; these caring activities can remain in the consciousness for long time and affect future work (Thompson et al., 2010; Kent et al., 2012).

Many countries and health organisations have diverse beliefs about ethical or legal issues related to palliative care, such as decision making and patient autonomy (Ferrell et al., 2010; James et al., 2010). Therefore, coping strategies such as adopting routines, acquiring knowledge of the environment (experienced colleagues), engaging in self-reflection, and interacting with patients and colleagues are described as useful tools (Benner, 1993; Benner, 2012; Zamanzadeh et al., 2014). Moreover, research has shown that nurses who use coping strategies ensure professional care without being emotionally overloaded (Sandgren et al., 2006; Laal and Aliramaie, 2010; Gomes et al., 2013). In addition, nurses who learn to address different care situations develop both closeness and distance in nursing, which enables them to leave their thoughts about patients at work (Wallerstedt and Andershed, 2007). Moreover, communication, cooperation and decision-making skills within a team (for example, a physician, a nurse, the patient and family members) facilitate palliative care (Mohan et al., 2005; Gagnon and Duggleby, 2013). Such preparedness decreases nurses' stress, uncertainty and frustration (Hopkinson, 2001; Hopkinson et al., 2003; Weissman and Blust, 2005). However, nurses who work in surgical departments feel more anxiety and powerlessness regarding dying patients than nurses who work in palliative care units do (Fortin and Bouchard, 2009). In addition, there is a gap between skills and end-of-life situations, as many nurses receive little or no education in palliative care (Dobbins, 2011). Therefore, the aim of this study was to describe nurses' experiences (>two years) of caring for dying patients in surgical wards.

## Method

### Design

We used content analysis, a qualitative method that involves an inductive approach, to increase our understanding of nurses' voices, views and thoughts regarding dying patients. This method reveals conflicting opinions and unsolved issues regarding the meaning and use of concepts, procedures and interpretation. Content analysis illustrates the use of several concepts related to the research procedure to achieve trustworthiness: credibility, dependability and transferability (Graneheim and Lundman, 2004). A qualitative research design that relies on trustworthiness, transparency, verification, and reflexivity and that is “informant driven” can be helpful when developing insightful and artful interpretations within nursing education processes (Polit and Beck, 2012).

### Setting and Data Collection

The study was conducted in two surgical wards: one was at a university hospital with 600 beds and 5000 staff members, and the other was at a regional hospital with 500 beds and 4000 staff members. These two hospitals were within two municipalities (150 000 and 105 000 inhabitants) in the southern part of Sweden. A small convenience sample related to qualitative methods was used (Polit and Beck, 2012). The

inclusion criteria were being a registered nurse, having up to two years of experience and working in a surgical ward. Ethical approval and permission for the study were obtained from the managers of the two surgical departments. No other ethical approval was needed because of Swedish rules and guidelines (Swedish Code of Statutes, 1982; Codex, 2015) regarding research when staff are included in data collection. However, respect for the individuals was a main concern during the study. All participants were informed about voluntary participation and consented to participate in the study, knowing their right to withdraw at any time and that their answers would be kept confidential. In addition, the data analysis consisted of a scientific systematic analysis to ensure the trustworthiness of the results. Ethical guidelines for human and social research were considered throughout the study (Codex, 2015).

Participants who agreed to participate were contacted, and a time and place for the interview were planned. Data were collected in December 2014 and January 2015. The study comprised a total of six interviews, and the participants were informed about the aim and study procedures and assured of confidentiality. The interviews (in Swedish) started with background questions, including questions on age, education, employment and experiences in healthcare. Furthermore, the data collection focused on six perspectives: care for palliative and curative patients, nursing skills, supporting activities, preparation for end-of-life situations, use of strategies and emotional aspects in nursing. The interviews started with “Tell me about your experience of caring for a dying patient in the surgical ward.” Based on the answer, related questions were asked. Examples of situations, such as positive and negative aspects of caring at the end of life, were explored, and clarifications and further elaborations were performed. The interviews, which lasted between 30–60 min, were performed individually by two of the authors (EA and ZS; three each) and were recorded and then transcribed verbatim. The participants consisted of five women and one man, aged between 22 and 42 years, all of whom had a bachelor's degree in nursing. Their experience as a registered nurse ranged between six months and two years.

### Data Analysis

The interviews were analysed using manifest qualitative content analysis via a step-by-step procedure. Examples of the codes, subcategories, and categories and a theme are given in Table 1, as suggested by Graneheim and Lundman (2004). Nurses' experiences of caring for dying patients was extracted and brought together into one text divided into meaning units that were condensed. Examples of meaning units, condensed meaning units and codes are shown in Fig. 1. Transcripts of the interviews were used for the analysis. Texts were read to acquire a first impression of the content about caring for dying patients in the surgical ward. The manifest analysis addressed questions about newly graduated nurses' experiences and was performed in the following steps: (1) written words were read and re-read to obtain an understanding of and familiarity with the text about care in the surgical ward. (2) Meaning units (words, sentences or paragraphs) corresponding to the content areas were selected for (a) curing and (b) caring. The unit of analysis in this interview text was about experiences of caring for dying patients in surgical wards, and the analysis was performed to address various aspects of caring. (3) Each condensed meaning unit was abstracted into a description of caring for dying patients in the surgical ward. A process of reflection and discussion resulted in agreement by three researchers about how to sort the codes. The whole context was considered when condensing and labelling meaning units with 29 codes. (4) The various codes were compared based on differences and similarities and were sorted into one category, or “Caring — to be involved”, and three subcategories, namely, “being supportive-”, “being frustrated-” and “being sensitive in the caring processes”.

The emerging findings are illustrated by quotations.

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