

WHEN SOMEONE DIES IN THE EMERGENCY DEPARTMENT: PERSPECTIVES OF EMERGENCY NURSES

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CE Earn Up to 9.5 CE Hours. See page 291.

Introduction: Emergency nurses work in a clinical area where treatment measures usually are provided quickly, and they have little time to establish relationships. In addition to performing life-saving interventions, emergency nurses provide care for patients who are dying. Little is known about the experiences of emergency nurses who care for patients who die in the emergency department in the Canadian context.

Methods: This study used a qualitative design with an interpretive descriptive approach. Semistructured interviews were conducted with 11 ED nurses from a large Canadian academic health sciences system.

Results: In-depth analysis of the data resulted in 3 major themes: "It's not a nice place to die," "I see the grief," and "Needing to know you've done your best." Findings revealed that emergency nurses believed the environment made it difficult to care for dying patients and their families because of unpredictability, busyness,

noise, lack of privacy, and the need to manage many patients simultaneously. These nurses were also put in the position of caring for the suddenly bereaved family members, which was viewed as an especially challenging aspect of their role.

Discussion: Caring for adults who die in the emergency department is a difficult and challenging aspect of the emergency nursing role. Emergency nurses believed they did their best to provide end-of-life care interventions, which brought a sense of professional satisfaction. Recommended future interventions include advocating for ED design and physical layout to support compassionate end-of-life care, provision of policies and training to support families and family presence, and support of nursing staff.

Key words: Emergency nursing; Interpretive description; End-of-life care; Debriefing

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Each year, approximately 15 million visits are made to Canadian emergency departments,¹ and approximately 70% of persons in Canada die in hospitals.² ED visits create a temporary state of crisis for patients and their family members. When a patient arrives in the emergency department without vital signs or with a life-threatening illness or injury, urgent initiation of life-saving interventions is the priority for the health care team. However, some patients die in the emergency department as a result of factors such as advanced age, chronic disease processes, or traumatic events. Caring for dying patients in all contexts is identified as one of the most stressful aspects of nursing practice.³ How dying patients and their family members are cared for depends on whether the death was unanticipated—for example, as a result of a traumatic injury—or anticipated, as a result of advancing age or disease progression.⁴

A patient's death in the emergency department creates many additional challenges for nurses because of the constant care demands of acutely ill patients, lack of resources, lack of time to prepare for a death, the immediacy of decision making and interventions, and lack of an established relationship with

the patient and family. For family members, death in the emergency department usually occurs in crisis, regardless of whether the patient's death was expected or unexpected,⁴ and emergency nurses bear witness to the intense pain and suffering of suddenly bereaved families. Because of the volume of other patients in the department, time to provide care to the bereaved family members is limited because nurses are expected to move on to care for the next patient.⁵⁻⁷

Although death is a common occurrence in the emergency department, it remains under-researched.⁸ The purpose of this study was to describe the experience of emergency nurses who provide care for adult patients who die in the emergency department to better understand the factors that facilitate care or challenge nurses as they care for these patients and their grieving families.

Methods

An interpretive descriptive approach was used to explore the experience of nurses who care for adult patients in the emergency department. Interpretive description is a relatively new qualitative method developed in the 1990s to provide a credible approach to research questions that cannot be answered using traditional research methods.⁹ This type of research design aims to capture themes and patterns within the participants' perceptions of a phenomenon and to generate a description that can inform practice through greater clinical understanding. Using a naturalistic paradigm, the intended products of interpretive design are to provide the profession with a "tentative truth claim" about what is common within a clinical phenomenon (such as adults who die in the emergency department) and have application potential, such as being able to use these findings as a basis for implementing change in clinical practice.

A convenience sample of study participants were recruited from 2 emergency departments of a multisite university teaching hospital located in Ottawa, Ontario, Canada. Each of these emergency departments reports more than 60,000 visits and more than 200 deaths annually. Both emergency departments aim to practice compassionate family-centered care and encourage family members to be present at the bedside of a dying patient as much as possible. The hospital has a policy that allows families the option of being present with the patient during critical moments, such as during resuscitation procedures. During these critical events, support staff are required to stay with the family throughout the event and must not have a clinical role in patient care.

The physical layout of the departments includes several separate treatment areas in which patients are seen according to their level of acuity and their treatment needs. Both emergency departments have an ambulatory care area where minor injuries and illnesses are managed, observation areas for patients who

require close or frequent assessment, and a resuscitation room where critical and unstable patients are treated. The majority of patients who die in the emergency department are cared for in the resuscitation room.

Individual audio-recorded interviews lasting from 30 to 60 minutes were conducted with the participants and transcribed verbatim. Examples of the 9 questions used in the semistructured interview were "Can you tell me what it is like to care for someone who dies in the emergency department?" and "What are some factors that facilitate or hinder caring for someone who dies in the emergency department?"

Field notes were recorded during (and after) the interview and described nonverbal communication and parting words that were not captured on the digital recorder. This information was embedded in text in the transcript and contributed to the analysis. The researcher also maintained a reflective journal that recorded decision-making steps and personal thoughts to ensure the objectivity of the analysis. All steps of the data analysis were assisted by and reviewed by the co-investigators. Five steps of thematic analysis¹⁰ were used to analyze the data: (1) reading the transcribed interviews and identifying patterns of experience; (2) identifying all the data that related to these classified patterns; (3) moving the related patterns into subthemes and building emerging themes; (4) building a justification for choosing the themes; and (5) formulating theme statements into a story line.

Rigor and credibility are important components of interpretive description⁹ and were attained through in-depth knowledge of the phenomenon by the primary researcher, the maintenance of a reflexive journal, and consensus of the developing categories and subsequent themes by the research team. This study was approved by the Research Ethics Board of the participating institution and the educational institution of the first author.

Results

Six female and 5 male nurses who had experienced multiple deaths in the emergency department volunteered to participate in this study. The mean age of participants was 37.4 years, with an average of 13.6 years of experience in nursing and 6.6 years of experience working in an emergency department. Five of the participants had previous intensive care experience, whereas 3 had worked exclusively in the emergency department. None had worked on a palliative care unit or received any formal end-of-life care education.

Findings revealed 3 major themes: "It is not a nice place to die," "I see the grief," and "Needing to know you've done your best" (see the [Figure 1](#)). The overriding message of

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