



Review

How new graduate nurses experience patient death: A systematic review and qualitative meta-synthesis



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ABSTRACT

Background: Patient death is an emotional and demanding experience for nurses, especially for new graduate nurses who are unprepared to deliver end-of-life care. Understanding new graduate nurses' experience of death and dying will inform the design of training programs and interventions for improvements in the quality of care and support of new graduates.

Objective: To summarize new graduate nurses' experience with patient death by examining the findings of existing qualitative studies.

Design: Systematic review methods incorporating meta-synthesis were used.

Methods: A comprehensive search was conducted in 12 databases from January 1990 to December 2014. All qualitative and mixed-method studies in English and Chinese that explored new graduate nurses' experience of patient death were included. Two independent reviewers selected the studies for inclusion and assessed each study quality. Meta-aggregation was performed to synthesize the findings of the included studies.

Results: Five primary qualitative studies and one mix-method study met inclusion and quality criteria. Six key themes were identified from the original findings: emotional experiences, facilitating a good death, support for family, inadequacy on end-of-life care issues, personal and professional growth and coping strategies. New graduate nurses expressed a variety of feelings when faced with patient death, but still they tried to facilitate a good death for dying patients and provide support for their families. The nurses benefited from this challenging encounter though they lacked of coping strategies.

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What is already known about the topic?

- Patient death is a harsh reality and demanding for nurses, especially for new graduate nurses.
- New graduate nurses with limited practice experience and without exposure to death, feel uncomfortable and

unprepared to care for dying patients and their family and cope with patient death.

- Nursing education and training on end-of-life care issues provided to new graduate nurses is inadequate.

What this paper adds

- This review has increased our awareness of the specific emotional and clinical practice challenges new graduates face with patient death as they begin their nursing career.
- Professional and organizational support is required to support new graduate nurses otherwise they may be at

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risk of burnout and adverse well-being due to overwhelming demands of patient death.

- New graduate programs should revise knowledge and skill related to end-of-life care and encourage reflective practices to nurture meaning making and resilience.

1. Background

Patient death is a harsh reality in clinical work (Dunn et al., 2005; O'Shea and Kelly, 2007; Wilson and Kirshbaum, 2011). Facing the death of a patient can create significant professional and personal stress and initiate a myriad of emotions for nurses, especially with new graduate nurses who experience their early patient death (Anderson et al., 2015; Hopkinson and Hallett, 2002; O'Shea and Kelly, 2007). New graduate nurses, with limited practice experience and with little or no exposure to death and dying during their nursing education, may feel uncomfortable and under-prepared to care for dying patients and family members (Caton and Klemm, 2006; Sherman et al., 2005).

Research indicates that most new graduates have rarely been adequately educated about death and dying before they began clinical practice (Hopkinson et al., 2003; Kent et al., 2012; Sherman et al., 2005). Their education and training during school and clinical practice mainly focused on illness prevention and interventions to restore health, not death or the nurse's role in a patient's death. Although some centers and hospitals have tried to provide interventions and training to prepare new graduates for care of dying patients, new graduates reported they did not feel competent to deal with patient death (Hopkinson et al., 2003; Kent et al., 2012; Sherman et al., 2005).

Nursing knowledge and skill regarding end-of-life care are essential in improving the care of dying patients (Kent et al., 2012). Thus, developing competence in end-of-life care might make new graduate nurses more comfortable with care of dying patients and their families (Mathieson et al., 2011; Sherman et al., 2005). In 2004, the American Association of Colleges of Nursing developed 15 end-of-life care competency statements for undergraduate nursing students, including information related to population dynamics, comfort care, communication, cultural diversity, respect, collaboration, use of standardized assessment tools, symptom management, evaluation of interventions, holistic treatment, grief, legal and ethical issues, resource utilization, plans of care, and application of knowledge (American Association of Colleges of Nursing, 2004; Caton and Klemm, 2006). Mathieson et al. suggest these competencies might provide a blueprint for the development of job descriptions and performance evaluations for nurses involved in end-of-life care, however this may complicate new graduate employment opportunities. Nevertheless, it is clear that learning to deal with patient death and knowing what to expect is essential for new graduate nurses, which are not only critical to patient care but also to a nurse's self-care (Anderson et al., 2015; Kent et al., 2012; Wilson and Kirshbaum, 2011).

Understanding current new graduate nurses' experience of death and dying can help nursing experts design training programs or interventions and better prepare new

graduates to face patient death. After searching the Cochrane Library and Joanna Briggs Institute (JBI) Systematic Review Databases, no systematic review was identified that addressed this issue; therefore, the authors undertook a systematic review regarding new graduate nurses' experience of patient death.

2. Methodology

The aim of this systematic review was to synthesize the existing qualitative and mixed-method evidence to get a deeper understanding of the experiences and emotions that new graduate nurses might have when facing patient death. Meta-synthesis, an approach used to combine and present qualitative findings (Jirojwong et al., 2011) was performed to preserve the meaning of the individual studies but produce a new and integrated interpretation of findings and help enhance the development of clinical practice, intervention design and theory development (Finfgeld, 2003). The goal of this systematic review is to provide guidance on how to improve new graduate nurses' ability to cope with patient death, and inform undergraduate nursing education. In this review we focused on the following questions: (1) What are new graduate nurses' experiences (both positive and negative) of patient death? (2) What are the attitudes to caring for dying patients? (3) What are the impacts of patient death on new graduate nurses? and (4) What recommendations for clinical practice and future research can be derived from these included studies?

2.1. Search strategy

Electronic searches were conducted to identify journal articles published in English in Medline, EMBASE, CINAHL Plus, ProQuest Health & Medical Complete, AMED (Allied Complementary Medicine) and PsycINFO; and journal articles published in Chinese in the Chinese National Knowledge Infrastructure (CNKI) and Wanfang Databases. These databases were selected because they are considered to include the most relevant articles. The search was limited to papers published from January 1990 to December 2014. Studies published from 1990 onwards were included because new graduates in nursing began to get the attention of nursing researchers and were provided support in their practice from the late 1980s (Nayak, 1991; Schempp and Rompre, 1986). Grey literature were also searched in databases including Google Scholar, Thesis Online and CareSearch using a similar search strategy. Unpublished dissertations were searched in ProQuest Dissertations & Theses Global. Search terms were developed, and subject headings were used where possible and adjusted for different databases. Three groups of terms were combined: (1) new graduate nurs*, new nursing graduate*, newly graduated nurs*, newly registered nurs*, newly hired nurs*, newly qualified nurs*, recently graduate nurs*, graduate nurs*, novice nurs*; (2) death, first death, dying, terminally ill patient, terminal care, critically ill patient*, critical care, near-death, end-of-life, palliati*, hospic*; (3) experience, perception*, attitude*, emotion*.

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