



Experiencing patient death in clinical practice: Nurses' recollections of their earliest memorable patient death



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ABSTRACT

Background: Death and dying are inevitable life encounters, but a nurse's first experience with patient death may pose considerable cognitive, emotional and clinical challenges. This paper reports the findings of the second phase of a study; the first has been reported elsewhere. This phase explored the earliest memorable patient death experiences of New Zealand registered nurses.

Method: A purposeful, self-selected sub-sample of a larger study of New Zealand registered nurses, took part in individual face-to-face semi-structured interviews. Interpretative phenomenological analysis was utilised to seek to understand participants' experiences. Thematic analysis was undertaken to identify emerging themes, with participants' own words used as theme headings, where their phrases provided succinct or powerful descriptors.

Results: A diverse participant group of twenty, currently practising, New Zealand registered nurses provided rich and detailed descriptions of their earliest memorable experience with patient death. Participants from a variety of training backgrounds described patient deaths, which occurred in a range of settings – some only a few months prior, others – more than thirty years ago. Seven emergent themes, and features of more positive, or negative experiences were identified: Event Significance; Emotional Challenges; Sharing the Experience; Learning; Feeling Unprepared, Responses to Death and Finding Benefits.

Conclusion: For participants in this study, there was considerable evidence that their earliest memorable patient death was a significant event. Furthermore, although most participants' experiences were characterised by emphatic or poignant description, there was most often a balance of challenges and rewards.

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What is already known about the topic?

- Research suggests there is significant variability in preparation of undergraduate nursing students for patient death and dying.

- Initial encounters with patient death and dying can be highly anticipated events for student nurses.

What this paper adds

- Nurses' earliest memorable experiences with patient death can be significant, vividly recalled events, with the potential to exert a lasting impact.
- Distressing or negative patient death experiences are often characterised by unexpected elements, lack of

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acknowledgement and feeling inadequately prepared or helpless.

- The most positive patient death experiences are characterised by learning, the supportive influence of a nursing role model and feelings of inclusion and acknowledgement.

1. Background

Nursing is a stressful job, with high rates of turnover and attrition, which can have serious implications for all health consumers (Needleman et al., 2002). A significant investment is made in nursing education, and arming students with sufficient knowledge and technical skills to safely care for patients is only part of the preparation and support required. New nurses must also find ways to cope with, and make sense of, the intimate, emotional and potentially upsetting aspects of their professional role (Buurman et al., 2011; McQueen, 2004).

This research focuses on one aspect of nursing preparation and support; that of nurses' early experiences with patient death. For decades, researchers have suggested that student nurses' first experiences with patient death can have a significant influence on practice, and attitudes regarding death and dying can be firmly established by the time nurses qualify (Chen et al., 2006; Hurtig and Stewin, 1990; Khader et al., 2010). Nurses who find early encounters with death and dying very difficult can experience feelings of inadequacy, helpless, defensiveness or distress and coping mechanisms such as suppression, distancing and avoidance may be adopted (Cooper and Barnett, 2005; Kent, 2004; Terry and Carroll, 2008; Wilson and Kirshbaum, 2011). This can potentially impact on the quality of care delivered, job satisfaction, turnover and attrition.

Quint (1967) highlighted the pivotal role of nurses, in end-of-life care, and advocated for adequate preparation and support for nurses through their early clinical encounters with death and dying. More recent studies have highlighted that newly qualified nurses can feel anxious, overwhelmed, ill-prepared, inadequate and unskilled when faced with the challenges of caring for dying patients (Allchin, 2006; Beck, 1997; Gillan et al., 2014). Today, there is significant attention on improving the quality of end-of-life care through effective death education for undergraduate nurses (Cavaye and Watts, 2014) and particular focus on offering placements that enable students to be exposed to developments in palliative care and hospice settings (Allchin, 2006; Gillan et al., 2014; Mallory, 2003). Experiential learning, role play and simulation are also more widely used, which appear to be effective ways of teaching nurses about caring for dying patients and their families (Hurtig and Stewin, 1990; Khader et al., 2010; Kopp and Hanson, 2012).

Despite these changes, little is known about the impact of nurses' early experiences with patient death. Thus a two-phase study was undertaken to address this in New Zealand. It began with an online survey of 174 New Zealand registered nurses (Kent et al., 2012) which was followed by the interview phase of the study. This applied

the principles of interpretative phenomenological research to answer a number of key questions, namely:

1. What is the nature of nurses' earliest memorable experiences with patient death?
2. Do nurses' earliest memorable patient deaths have an impact on them, personally or professionally?
3. What cognitive, emotional and clinical challenges do nurses face when they experience patient death for the first time? How do nurses cope with these demands?
4. Do nurses recall positive, rewarding and satisfying aspects to their earliest memorable patient death experiences? What factors are associated with such aspects?
5. Do nurses feel that they were adequately prepared for early nursing encounters with death and dying?

2. Methodology

Interpretative phenomenological analysis, an explicitly interpretative approach to analysis of identified descriptive themes and engagement with existing theory, was used for this phase of the study. Interpretative phenomenological analysis has been widely applied in health research, including explorations of patient and family experiences of health events, and experiences of health professionals (Smith, 2011). Interpretative phenomenological analysis has roots in psychology, and draws from phenomenology, hermeneutics and ideography (Brocki and Wearden, 2006). Interpretative phenomenological analysis is regarded as an accessible, user-friendly approach to understanding human experiences (Pringle et al., 2011). The researcher attempts to move beyond a third person, descriptive, account of participants' experiences, interpreting the meaning of the cognitive, behavioural and emotional components that have been described (Larkin et al., 2006; Smith, 1996). This has been described as a double hermeneutic, with both researcher and participant working in partnership, to make sense of experiences (Smith, 2011).

2.1. Sampling

Participants were recruited from a sample of registered nurses, all of whom were currently practicing in a major metropolitan region in New Zealand and enrolled in postgraduate nursing papers at the University of Auckland. This convenience sample included a number of recently graduated nurses as well as more experienced nurses undertaking advanced nursing qualifications. All had volunteered to take part in this interview phase of the study after completing an online survey, the details of which are described elsewhere (Kent et al., 2012).

2.2. Data collection

The volunteers were sent a participant information sheet via email, consent was sought and subsequently, an interview time was scheduled. The first author (NA), who was a Registered Nurse with experience of conducting sensitive interviews, undertook one face-to-face interview

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