Narratives of Caring for Patients and Families during the Dying Process among The ICU Nurses

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Background

• High mortality rate in intensive care unit (ICU)
  ◦ American: 10-20% mortality rate
    (Angus, et al., 2004; Mosenthal, 2002)
  ◦ Taiwan: 22% mortality rate within 5 days of transferring to the ICU
    (Chen et al., 2001)

• Palliative and quality of end-of-life care in the ICU
  ◦ Focus on curative and comfort care
  ◦ Emphasize the quality of end-of-life care in ICU
    (Campbell, 2006; Curtis & Engelberg, 2006; Mularski, 2006; Nelson, 2006)
Experiences of caring dying patients in the ICU

- The ICU nurses experienced emotional conflict and exhaustion during the process of caring for dying patients.
  (Halcomb, Daly, Jackson, & Davidson, 2004; Meltzer & Huckabay, 2004)

- The ICU nurses’ grief and suffering were invisible for maintaining their professional role.
  (Halcomb, Daly, Jackson, & Davidson, 2004)
Significances

• Over 1/3 of ICU nurses suffer from burnout syndrome
  ◦ Caring for dying patients and participating in withdrawing life support are the major reasons.
  (Poncet et al., 2007)

• Sharing experiences is an important process to learn how to be a good nurse and getting support from peers
  (Benner, 1984; Chen & Lin, 2004)
Research purposes

• To explore the experiences of the ICU nurses caring for dying patients and their families.
• To describe the obstacles of the ICU nurses caring for dying patients and their families.
• To describe the needs of the ICU nurses caring for dying patients and their families.
Research design

- Narrative inquiry

(Riessman, 2000)
Participants

- Purposive sampling
- Inclusive criteria
  - With the experiences of caring for dying patients and families in the ICU
  - Working in the ICU at least one year
- Procedure
  - Introduced the study to staff nurses in the ward meeting of the eight adult ICUs
Results
Ten ICU nurses participated the study.
Working years in critical nursing: 8.4(±6.3)
“Witness the suffering, unbearable feeling”

- The ICU nurses saw the suffering of the patients and families during the aggressive treatment procedures

  - More aggressive treatment, more conflicts
  
  - Can’t bear witness of the suffering of families
“Being there with patients and family, accomplish the wish”

- the ICU nurses wish they can provide more emotional and spiritual care for the patients and families.
  - Empathy the grief, give support through being with them
  - Against obstacles, accomplish the wish
“Feeling conflict, struggle and exhaustion”

- The ICU nurses felt emotional conflict, struggle, powerlessness and exhaustion.
  - Emotional conflict, self-contradiction
  - Struggle with the dilemma, feel powerless
  - Feel exhaustion all the time, and try to hide and escape
“Having a positive attitude and planning for future life”

- After the feeling of depression, self-reflection helped the ICU nurses change their attitudes and reorganize their lives.
  - Optimistic attitude, positive thinking
  - Take precautions, make advance planning of future life
“Getting support and looking forward to the future”

- Support from colleagues and relatives empowered the ICU nurses to look positively to the future.
  - Obtained empathy from significant others, refill the energy
  - Looking forward to the future, keep enhance the professional competence
Discussion

• To Witness the suffering and have positive attitudes were relatively disclosure (Badger, 2005; Beckstrand, Callister, & Kirchhoff, 2006; Beckstrand & Kirchhoff, 2005; Espinosa, Young, Symes, Haile & Walsh, 2010; McMillen, 2008)

• Emotional conflict, suffering, powerlessness, and exhaustion were most common experiences. (Espinosa, Young, Symes, Haile & Walsh, 2010; Halcomb, Daly, Jackson, & Davidson, 2004)

• The ICU nurses provide not only physical care, but also emotional and spiritual care. (阮、黃，2004；Beckstrand & Kirchhoff, 2005)
**Discussion**

- **Witness the suffering were also seen among nurses in general wards.**  
  (Evans & Hallett, 2007; Iranmanesh, H´aggstr¨om, Axelsson, & S¨avenstedt, 2009)

- **Emotional distress among nurses in ICU and those in general wards.**  
  (蔡、蔡、劉，2006;Hopkinson, Hallett, & Luker, 2003, Wu & Volker, 2009)

- **Emotional and spiritual care and having positive attitudes were seen in previous studies.**
  (Evans & Hallett, 2007; Iranmanesh, Dargahi, & Abbaszadeh, 2008 ; Dunn, Otten, & Stephens, 2005)

- **Emotional isolation and acceptable attitudes were both seen in other studies.**
  (Beckstrand, Smith, Heaston, & Bond, 2008; Hopkinson, Hallett, & Luker, 2003;  
  Iranmanesh, H´aggstr¨om, Axelsson, & S¨avenstedt, 2009)
Discussion

- Communication and end-of-life care training were the most common obstacles for the ICU and other nurses during caring dying patients.

  (Beckstrand, Callister, & Kirchhoff, 2006; Espinosa, Young, & Walsh, 2008; Espinosa, Young, Symes, Haile, & Walsh, 2010)

- Educational training programs were suggestions from nurses to improve quality of end-of-life care.

  (Beckstrand, Callister, & Kirchhoff, 2006; Espinosa, Young, & Walsh, 2008; Hansen, Goodell, Dehaven, & Smith, 2009)
Suggestions

- Educational training programs
  - Mood regulation
  - Grief counseling
  - Communicational skills
  - End-of-life care

- Administrations
  - Support group
  - Case conference
  - Critical palliative team
  - Nursing standard
Limitation

- Lack of samples diversity
- Limited on positive experiences
Conclusions

- Emotional distress were the common experiences of the ICU nurses.
- The ICU nurses change to positive attitudes of their lives after caring dying patients and their families.
- Lack of communication and end-of-life care skills were the major obstacles.
- Educational training programs were helpful to increase the quality of end-of-life care.
Thanks for your attention!
Semi-structure interview outline

- Could you talk about what is the most impressive experiences when you caring dying patients?
  ◦ How do you interact with the family?
  ◦ How do you interact with the medical team?
- Were there any change happened to you when you caring dying patients and their family?
- What is the most difficult part when you caring dying patients and their family?
- What kind of help or education do you think it will help you face your difficulties?