



The Lived Experience of Novice Nurses Caring for Patients at the End of Life

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Background



Purpose of the Study

- Explore the lived experience of novice registered nurses caring for dying patients and their families in acute care settings



Methods

- IRB Approval – Widener University
- Purposive and snowball sampling
- Office setting
- Data Collection & Analysis

Results: Demographic Data

- 10 Novice Registered Nurses
- Experience: 6 months – 2 years
- Mean age: 26 years
- Gender: 90% female, 10% male
- Specialty areas:
 - Medical Surgical – 1
 - Telemetry – 2
 - Maternity – 1
 - Pediatrics - 1
 - Float Pool – 1
 - Step Down – 1
 - ER – 1
 - Long term care – 1
 - ICU – 1

Major Themes



- *Acknowledging Comfort in Communication*
- *Feeling Powerless to Provide Comfort*
- *Recognizing Experiences Which Facilitated Their Own Comfort*

Theme 1: Acknowledging Comfort in Communication

- Subtheme 1: *Being Conscious of Communication Pitfalls*

“I didn’t really feel comfortable bringing anything up, if they asked me a question I would answer to the best of my ability but I wasn’t suggesting anything to them.”

“I’m not sure which lines to cross.”

Theme 1: Acknowledging Comfort in Communication

- Subtheme 2: *Normalizing Death and Dying*

“Talking about anything like you were talking to anyone else. Laughing and joking with them. It took them somewhere else when they were joking and laughing....”

“Don’t go in and say ‘oh you are dying!’ It’s how you approach it.”

Theme 1: Acknowledging Comfort in Communication

- Subtheme 3: *Creating a Comfort Zone*

“I don’t think people realize, they just need to talk. They want to reminisce, remember and just want to have someone to be there to talk.”

“Just being there, listening. If you don’t know what to say, just be there in silence.”

“Every baby that was a stillborn or passed after, I have cried with the family. I think if I held it in and didn’t cry with them, it would make it seem like I was heartless and didn’t care.”

Theme 1: Acknowledging Comfort in Communication

- Subtheme 4: *Supporting Families with Education*

“Make sure the family is prepared. I think it should be a group effort to prepare the families, but we are there most of the time. So we should be educating them.”

“I think we should make sure the family is educated, some people have unrealistic expectations.”

Theme 2: Feeling Powerless to Provide Comfort

- “...I just felt that his poor little soul was always being tortured.”
- “The family was there and kept him a full code for awhile and I genuinely worried that I would have to do chest compressions cause he was so skinny and he’s already in pain and getting morphine every 4 hours...it made it really rough to deal with.”
- “I feel so inhumane right now. I felt terrible. I felt so powerless too, but I was still trying to be respectful of what the family wanted.”
- “I feel like I shouldn’t be doing this to 90 year olds! This is so wrong! Still trying to find that balance.”

Theme 3: Recognizing Experiences Which Facilitated Their Own Comfort

- Subtheme 1: *Reflecting on Intimate Experiences*

“I had a traumatic experience where I lost a family member and I remember those nurses, they were huge for me. Just the way they communicated with me, seeing the way they handled everything, they cried with me. If I could act the way they did and give back to somebody else, what they did for me....”

“I am more aware so I can help other family members go through it. I look back and think ‘what was I feeling and what would I have wanted’ in that situation.”

Theme 3: Recognizing Experiences Which Facilitated Their Own Comfort

- Subtheme 2: *Learning in the Moment*

“I think all nurses should be educated on death and dying, because you really don’t know what to do until it happens.”

“Nurses need to be educated and we need to be more outspoken to tell patients options. But it comes back to education – if you aren’t educated you can’t tell someone something cause you don’t know what to say.”

Discussion

- Communication is essential, yet novice nurses feel inadequate.

(Croxon, Deravin & Anderson, 2017)

- Powerlessness, moral distress continues to be an issue
(Zheng, Lee & Bloomer, 2016)

- Relating their own experiences of death with care they are currently providing

(Hussin, Wong, Chong & Subramanian, 2018)

Limitations

- Sample size
- Diverse sample
- Participants known to researcher

Implications

Nursing Education

- Improve education on end-of-life topics in prelicensure programs
- Continuing education for new RNs during first 2 years

Nursing Research

- Further research focusing on novice RNs
- Survey novice RNs about moral distress and effects

Thank You!



- Questions?
- Comments?
- References
available upon
request