The practical wisdom from the transformation of the hospice nurses

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Introduction

- The last moments of a person’s life is a suffering.
- End of life will face the unavoidable truth that medical care cannot stop the patient from going towards death.
- Death force nurse and patient deal with the issue of human existence. Both of them will evolve into symbiotic relationship.

(Arman, 2007; Cowling, Smith, & Watson, 2008)
Introduction

- Caring for end-of-life patients is kind of death works for hospice nurses. Furthermore, they encountered suffering in daily practice.
- Death is uncontrollable, unpredictable and inevitable in end-of life. It rises existential issues not only in patients but also in nurses who giving care.
The purpose

- What is the experience when nurses care for their dying patients?

- If the commitment to clinical practice is the process of shaping the nursing profession, whether the experience is the very chance to make nurses transform and grow or not?

- The study aims to use the concept of practical wisdom to understand the experience, and hope that it can improve the quality of care during the end-of-life and not only for patients but nurses.
Method

- The study’s intention was to learn from hospice nurse’s experiences, upon this perspective, *phenomenological method* is approaching which believes that a person’s lived experiences give meaning to the person’s perception of particular event.
Data collection

- Using the in-depth interviews to collect data.
- Each interview held 90-120 minutes and was tape recorded and transcribed by the researcher.
Data collection

- Purposive sampling was conducted
- Inclusion criteria held that participants must have the experience of working in the hospice settings, including palliative care unit, and home-base hospice.
- 7 female registered nurses (RN) and one male RN from 3 different hospitals were recruited in Taiwan
- The participants’ age from 22-45 years, working years in hospice settings were from 2-12 years.
Data analysis

- Data analysis began in conjunction with data collection. When interview ended, the analysis continued by using interpretive hermeneutic analysis (IPA).
Data analysis

- Interpretive hermeneutic analysis (IPA).
- Aims to explore the lived experience of participants and find general themes which are consistent across the participants, but the level of detail also provided that can capture specific details about the individual’s accounts of the topic.
- Such detailed analysis is facilitated by small sample size, with 10 participants representing the higher end of recommended sample size.
Ethical considerations

- Ethical approval was gained from the institution review board in hospital. All participants are invited by researcher and informed the details and rights.
Findings

- The findings presented in this study are those themes which relate to the practical wisdom within the care work.
- We found that nurses commit to caring for dying patients have the chance to help themselves transform and generate the wisdom of caring as the following:
  1. **Being aware of “throwing a stone“ at the patient**
  2. **Recognizing and acceptance of one’s limitations**
  3. **Turning over the dying trajectory**
(1) **Being aware of “throwing a stone“ at the patient**

- When nurses first encounter their dying patients, they usually try to comfort them but they don’t know what they to say because they are afraid of talking about the death or dying.

- In Chinese culture, a slang says: 「throwing a stone down to a well」, means do something harm to people. Usually people can draw water from a well, when you drop down stone to well, it can not draw water anymore.
(1) **Being aware of “throwing a stone” at the patient**

- For example, a nurse told a dying patient to keep going, not to give up, and to keep hoping. Perhaps at that time, she further explained, she did not know how to comfort those patients, so she said some words to comfort herself to relieve her own anxiety.

- The nurse said: 「*When you do that (say some inappropriate words), it’s like you are throwing a stone at the patient, or if you don’t have enough sensitivity or self-awareness, you do something hastily to patients, It could a cruel thing, and you will experience the deep ethical struggle between “doing” and “not doing.”*」
(2) Recognizing and acceptance of one’s limitations

- When nurse encounter the dying patient for times, nurse knew patients more deep and contextual, including personal narratives. The symbiotic relationship will occur. Nurses gradually realized that their attitudes toward what they do for patients is based on their own perspective rather than for the patient’s good.
(2) Recognizing and acceptance of one’s limitations

- This predicament make nurses start to reflect on their care and find their limitations in caring.
- One nurse shared: 「Actually, I felt I could not do anything. The challenge is that every single patient is unique. You can get different experiences from different patients. Then you will reflect on how can I better care for patient？」
(2) Recognizing and acceptance of one’s limitations

- Another nurse shared: 「I found they (dying patients) teach me about one thing, That is: I don’t need to afraid of do nothing to patients, but what I can do that would bring something good to the patient. That is a matter. When I think about this, I start to adjust my steps and I also gained the reason to keep myself in nursing.」
(2) Recognizing and acceptance of one’s limitations

- Caring for dying patients is a chance from facing the other to look into our inner self.
- Through reflection, one can be aware of the limitation in oneself during giving care. Then one can surpass the old skill to generate the new knowledge bearing more ethical responsibility in caring relationship.
(3) Turning over the dying trajectory

- Palliative care, as caring, means both giving and receiving. The caring wisdom is developed with openness and sensitivity from caring dying patients. Sensitivity make nurse realize the patient having their own trajectory towards the death. Openness enlightened nurse spiritual way and realize nurse only as a media but not to facilitate the process.
(3) Turning over the dying trajectory

- A nurse said: 「I felt that they can find their own trajectory towards death, no one can intervene for them. May some nurses will say we are leading them (patients), but I don’t want to say it’s leading, I feel that patients can find the way, and you just accompany them. You can’t direct them.」
(3) Turning over the dying trajectory

○ Another nurse shared:

「I won’t say that I helped them (dying patients), we only acted as a catalyst....the process is, from beginning you thought you know much, but gradually, you realize that you don’t know much about dying. It doesn’t matter how much you know, the important thing is the true relationship with patients and being there. Whatever the patient wants me to know, I will follow. 」
Discussion

- When nurse give care for the dying patients, who is challenged to learn again, to reexamine our own meaning of life and death.

- As we do so, We engage in a more authentic process to cultivate and sustain caring healing practices for self and others (Watson, 2003). Such care and practices elicit and call upon profound wisdom. It is beyond knowledge or skill.
Discussion

- Practical wisdom, Aristotle calls hexis or phronesis, it can be understood as embodied practical competence to adapt to one’s actions to the situation also it will be manifested as virtues shown in the behaviors or qualities of care.
Discussion

- Practical wisdom is not hands-on skill knowledge which acquires from outside training course. It is always developed from inner self through human relationship and practical practice of being with other (Ohlen, 2002)
Conclusion

- Palliative Care gives nurses a chance to be aware and reflect on their practice and that could be a chance to transform and grow spiritually for both dying patients and nurses.

- Palliative care can inspire nurses to be aware of the ethical responsibility towards their patients, generate the practical wisdom for care-giving with compassion attitudes.