Newly Licensed Nurses’ Experiences with Death and Dying in the Pediatric Intensive Care Unit

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The purpose of this qualitative descriptive study was to explore the newly licensed nurses’ experience with death and dying in the PICU setting.
Objectives

- Understand what newly licensed nurses identified as stressful
- Identify what strategies newly licensed nurses perceived to be helpful during the death and dying process in the PICU
Background

- Those in the discipline of nursing spend more time with dying patients than any other profession (Bloomer & O’Connor, 2012).
- Abundant literature on the care giving experiences of expert nurses on adult oncology or critical care units at the time of death and dying.
- Only a paucity of information related to the newly licensed nurses’ experience with death and dying in the PICU.
- More than 400 PICU’s in the USA (Society of Critical Care Medicine, 2017).
90% of newly licensed nurses begin their careers in the hospital (Kovner, 2014).

Newly licensed nurses are not ready to deal with the stress associated with death and dying and experience a wide range of emotions including being scared, sad, helpless, trapped, and useless (Beck, 1997).

Increased number of newly licensed nurses are choosing to start their careers in the critical care environment (Thompson, Austin & Profetto-McGrath, 2010).
Methods

Design: Qualitative Descriptive Study, IRB approved
Site: Two general intensive care units at a quaternary free standing children’s hospital in the northeastern USA
Sample
• Newly licensed nurses with <3 years experience
• Inclusion Criteria
  - English speaking, Completed the standard 6 month PICU orientation
  - Experienced the dying process and death of at least one patient
Data Collection:
• 1:1 interviews of 45-60 minutes with nurse scientist, transcribed verbatim
• All identifiers eliminated-replaced with pseudonyms
Data Analysis: Colaizzi’s 7-step method (1979)
• Significant phrases extracted, clustered and organized into categories
• Rigor demonstrated by credibility, trustworthiness, reliability and confirmability
Results

Data organized into 2 categories with sub-categories

• The Journey
• Recommendations to prepare for the Journey
Results

The Journey
• Doesn’t seem real until you’re there
• Technology: A blessing and a curse
• Nurse’s role and response to death
• Timing of death in trajectory of care
• Empathic Presence
• Taking care of self

Recommendations related to the Journey
• Support/resources
• Additional Education-school/clinical
The research question: What has been your experience with death and dying in the pediatric intensive care unit setting?

The Journey is best described as the on-going process of reflecting, interpreting and gaining perspective from experiences with death and dying in the pediatric intensive care unit setting.

“You’re with them for 12 hours. You’re literally running around trying to keep them alive for 12 hours” (Alice).
The Journey

Doesn’t seem real until you’re there
-The overwhelming reality of the first death experience

“Five days off orientation, my patient had a PEA arrest like at 0745 in the morning, so that’s when it all started” (Betsy).

“When I was hired here I was told we average about one death a week. I’m thinking how is that even possible, but I mean I believed her and wondered how I would deal with that, but still couldn’t fully grasp that I guess. I mean there was the death, what’s today? Monday. On Sunday morning....and I’m going about my day and two doors down it’s happening again. (Betsy)
The Journey

Technology: A blessing and a curse

- The dilemma presented by advanced medical capabilities that can keep children alive for extended periods of time with a good ending versus unnecessarily prolonging a child’s life.

“Having patients die in a traumatic event...that could have been avoided...but the parents want to do everything. Then you find yourself in this awful dying experience where you’re coding someone until you call it when you could have withdrawn earlier...and it’s gonna be ugly but nobody wants to say those words to them so they’re offering everything they can to save their child” (Betsy).
The Journey

Role and response to death

- The emotionally taxing time interval following death

“It doesn’t really get easier or harder; it just all depends on what your relationship is with the family. I had one patient that passed away a couple of months ago that I had taken care of for almost five months” (Elizabeth).
The Journey

Timing of Death

-The sad and emotional time of death which can be described as expected or unexpected

“The patient I took care of that passed away, um unexpectedly, he, just got really sick really fast. He was an oncology teenager who had relapsed a few times. By the time he got to me in the ICU, he had an acute hypotensive episode and they needed to push some code meds...so I walked into that...Next, we had to go to MRI and that was awful. He was hypotensive in MRI. We’re pushing Epi into him and we got back and we had to intubate him emergently so it was a lot of chaos” (Delila).
The Journey

Empathic Presence
-Co-experiencing the feelings of loss and death

“I’m not a mom yet, but I cannot imagine how hard it is” (Alice).
The Journey

Taking care of self
- To identify what a mind and body need for sustenance

“When I get home, I like to take a really long hot shower and then I just pass out. I also like to light the candle in my room and make it smell really good and I can’t talk to anybody” (Cherie).
Recommendations

Participant subthemes-
Support- a time out or a debriefing
Additional education-more exposure to death and dying during nursing training.

“The majority of nursing students never confront a death as a student” (Alice).
Discussion

• Study participants revealed a plethora of emotions and reflective thoughts regarding their experiences with death and dying in the PICU.

• All concluded that death was universally emotionally taxing and its timing was never easy and always sad.

• Just as the nature of pediatric critical care is dynamic, so is the process of preparing the next generation of PICU nurses.
Discussion
Future Implications

• Served to enlighten our understanding of newly licensed nurses’ experiences.
• Help us understand the unmet needs
• Guide curriculum changes
• Novel information for the new graduate orientation class and additional training
A Simulation Pilot is Born..

35 newly licensed nurses met inclusion criteria of less than 3 years experience as a nurse, employed in a PICU, and cared for a child who was dying or had died.

The pilot involved 3 simulation scenarios presented in an unfolding manner (meeting a family at end of life, medication administration/redirection of care and saying farewell).

Professional actors were utilized as “Standardized Patients” to play the role of grieving parents to lend authenticity to the learning experience.

Incorporated into the new graduate critical care orientation program
And on a lighter note from our newly licensed nurses...

“You can get drinks with your friends; that always helps” (Betsy)

“You can treat yourself to a $12 cab ride home” (Cherie)

Or in some rare, circumstances Delila stated “You might even get to go home early”
A Final Thought...

The ability to provide peaceful high quality end-of-life care for the child and the family is the most intimate act of nursing care. (Ronaldson, 2006)
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