

Title:

Lived Experience of Emergency Service Personnel in Pediatric Resuscitation and Unexpected Death: A Phenomenological Study

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Session Title:

Research Poster Session 3

Slot (superslotted):

RSC PST 3: Sunday, 30 July 2017: 9:45 AM-10:15 AM

Slot (superslotted):

RSC PST 3: Sunday, 30 July 2017: 12:00 PM-1:15 PM

Slot (superslotted):

RSC PST 3: Sunday, 30 July 2017: 2:00 PM-2:30 PM

Keywords:

death, pediatric and provider

References:

American Academy of Pediatrics, Committee on Pediatric Emergency Medicine; American College of Emergency Physicians, Pediatric Committee; Emergency Nurses Association, Pediatric Committee. (2013). Joint policy statement: guidelines for care of children in the emergency department. *Journal of Emergency Nursing*, 39(2), 116-131.

O'Malley, P. Barata, I., Snow, S. (2014, July) Death of a child in the emergency department. *Pediatrics*. 134 (1). E313-e330.

Abstract Summary:

There is a cost to caring and emergency health care providers are exposed to patients experiencing trauma and family distress on a regular basis. This cost may be amplified with children. It is important to understand the emotional and psychological costs to health care providers caring for children who die.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be gain an understanding of the affects the unexpected death of a child has on emergency health care providers.	Results of this study will help the learner to meet this objective. Van Manen's existentials and the 12 subthemes will be presented.
The learner will be able to describe interventions that may assist emergency health care providers deal with the death of a child.	Conclusions of this study will help the learner to meet this objective as well as statement made my the participants.

Abstract Text:**Purpose:**

The purpose of this study was to understand the experiences of health care professionals who have encountered an unexpected pediatric death after an unsuccessful resuscitation in an emergency care setting. There is an emotional cost to caring and emergency health care providers are exposed to trauma

and family distress on a regular basis. It is important to understand the emotional and psychological costs to health care providers, especially emergency service personnel who care for children who are dying or may have died. The research question asked of the participants was "What is it like for you when a child dies after an unsuccessful resuscitation effort?"

Methods:

This was a qualitative Hermeneutic Phenomenological study guided by the philosophy of Max van Manen to uncover meaning and structures inherent in the experiences of emergency service personnel who experienced an unexpected death of a child. Study participants were recruited by snowballing, flyers and presentations. Using an open-ended format, participants (n=8-4 physicians, 3 registered nurses, and 1 respiratory therapist) were interviewed at a place of their choice and convenience. Interviews were transcribed verbatim with no identifying information. Madison's nine principles were used to ensure rigor.

Results:

Van Manen's four existentials guided this study-Spatiality (lived space), Corporeality (lived body), Temporality (lived time), and Relationality (lived other). 12 subthemes emerged from the existentials that included: "what if", "dying before my eyes", "team", "what if it was my child?/being a parent", "brutality of a resuscitation", "being trapped", "wounded healer", "education", "anger", "failure", and "coping".

Conclusion:

Findings from this study identified that these health care professionals experience a sense of anger, failure, and a lack of preparation to cope with an unexpected pediatric death and the unknowns of life. Implications include gaining an in-depth understanding of this experience from the perspective of those involved and developing a cadre of coping and grieving interventions for emergency service personnel. Implications for education include: pediatric end-of-life training including education on communication, relaying "bad news", debriefing, and self-care. Findings may also provide guidance for the implementation of revised emergency personnel standards, practices, and policies.