Guiding the Process of Dying: The Personal Impact on Nurses

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Aim

The purpose of this secondary analysis was to explore the personal impact on acute care nurses that provide care to patients during transition to comfort-focused care.

Background

- As individuals and their families grapple with the challenging undertaking of making end-of-life (EOL) decisions, nurses find themselves embedded in a process that is often morally distressing (McAndrew & Leske, 2015)
- Professional nurses may lack education and experience in the specialized knowledge and skills needed to provide quality palliative and EOL care to patients and their families (End-of-Life Nursing Education Consortium, 2016)

Method

- Qualitative descriptive study of acute care nurses' views of caring for patients and families during transition to comfort care
- Analyzed using the coding and category building techniques of grounded theory
- Data was derived from twenty-six semi-structured, audio-recorded, and transcribed interviews

Demographics

- Average age - 31
- Race - 85% Caucasian
- Years of employment – most employed for less than 9 years

Results

Sources of Distress

- **Moral Distress** – occurred when nurses:
  - Believed patient treatment continued beyond the point when a cure was probable
  - Feared inflicting unnecessary harm to patients
  - Felt limited by scope of practice concerns

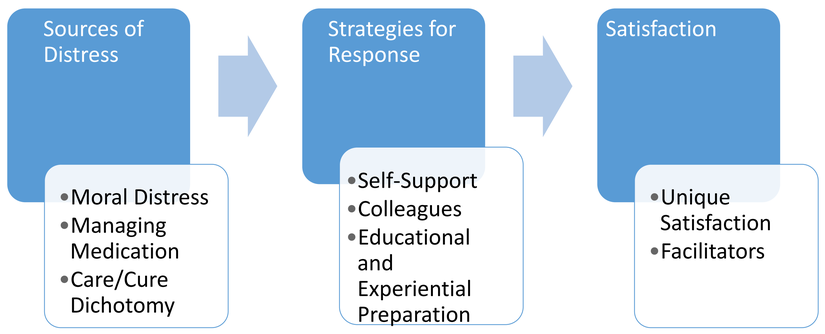
    It's horrible; it's sad, because we do these things to these patients, and you hope they don't feel it. Am I torturing this person?

- **Managing Medication** – distress occurred when nurses:
  - Dealt with uncertainty as they administered end-of-life (EOL) pain medication for relief of suffering

    You've got to follow what you think is right, but you have to remember that this person may be suffering, and you may not be doing something about it.
  - Strived to achieve the delicate balance between calm, comfort AND as much mental clarity as possible.
  - Feared hastening death

    But really it's all about what's keeping them calm, what's keeping them comfortable. You don't want it to be a scary experience for them, but at the same time, you don't want to keep them in a fog.
  - Were pressured by family to increase or decrease medications contrary to patient need.
- **Care/Cure Dichotomy** – distress occurred when nurses:
  - Experienced the need to "flip a switch" as they moved between patients who needed comfort-focused care vs. those with cure-focused treatment
  - Experienced competing demands for their time and attention

Conceptual Model



Strategies for Response

- **Self-Support**
  - Learned to appreciate the privilege of providing quality EOL care
  - Disconnected at times to maintain their own emotional stability
  - Often used humor as a coping mechanism
- **Support of Colleagues**
  - Nurse-to-nurse support
    - Teamwork
    - Decision making consultations
    - Debriefing and reflective conversation

      I feel like a terrible person. I have a duty to him, to advocate for him… he has written down three pages of directives. I have a duty to make sure that these are taken care of. So we would have debriefings
  - Effective nurse managers
  - Specialist palliative care providers
- **Educational and Experiential Preparation** – nurses:
  - Reflected on their own experience and feelings of inadequacy as new nurses
  - Experienced significant angst when observing the delivery of inadequate care

    What do I need to do here? I was googling things; I don't want this to go badly for them or the loved one because I'm new, and the only thing I've done is an online competency about how to take care of someone dying. These are precious moments. I think there are just so many more things that we could do.
  - Recognized a significant need for EOL preparation for nurses, physicians and others
  - Recommended classroom and situational training
  - Promoted the use of strong, highly trained mentors

Satisfaction

- **Unique Satisfaction** – nurses:
  - Recognized the unique satisfaction found in providing EOL care
  - Viewed it as an honor to advocate for and protect patient wishes

    Being there when they're passing out of this world… making sure they keep their dignity, their loved ones are supported, they're comfortable, and it's not prolonged unnecessarily, I think it is one of the greatest gifts that I receive as a nurse, if not THE greatest
- **Facilitators**
  - Early decision making
  - Family consensus and support
  - Interdisciplinary communication

Conclusions

- Strong nurse-to-nurse support as well as inter-professional collaboration reduced moral distress arising around comfort-focused care.
- Mentoring and education are needed to support successful assimilation to comfort-care nursing for novice nurses.

Acknowledgements

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