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UNDERSTANDING THE ICU NURSES' EXPERIENCES ON DEATH AND DYING: AN INTEGRATIVE REVIEW

Trishia Janine Atienza[1], Jeffrey Dela Cruz[1], Cherry Lyn Mallabo-Peregrino[1] & Mark Donald C. Reñosa2*

[1] *Master of Science in Nursing Student, St. Paul University Philippines*
[2] *Graduate School Faculty, St Paul University Philippines*

**Corresponding Author Email: drmarkdonaldrn@gmail.com*

ABSTRACT

Aim and Background: To understand and explore the available published literatures regarding ICU Nurses Experience on Death and Dying. Death and Dying has been a common scenario at the ICU, but the depth of experience, perception and response to the current issues are still being established and explored for further studies. The literature review describes the responses of ICU nurses in all these aspects mentioned.

Design: We conducted an integrated literature review and included 31 articles in both qualitative and quantitative studies, in the English language, based on PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) method.

Methods: Electronic searches of related articles were pooled using a comprehensive search terms.

Results: From the articles gathered, the information were saturated into three major themes that represented the experiences of ICU Nurses.

Conclusion: Positive and negative responses were noted as ICU nurses experience caring for dying patients. Responses differ depending on their age, experience, belief and attitude as well as the longevity of experience. As we continue to establish and understand the caring experience of nurses related to death and dying patients, a need for further studies should be initiated to enlighten concerns on this aspect such as issues on limited educational supplementation, variation of reaction of nurses in death and dying, and delve more into the importance and impact of their reflection as they experience caring for a dying patient.

Keywords : ICU Nurses; Nurses Experiences, Death and Dying.

INTRODUCTION

Death and dying is a universal human experience throughout the globe (ElGindy, 2015). As nurses and part of the healthcare team, we are vulnerable to be exposed in this situation. In a study of Dracup and Bryan-Brown in 1995, 20% of intensive care unit (ICU) patients die while hospitalized. Furthermore, with the study of Anderson and Dimond (1995), they found that both dying patients and their families were most likely to impact the healthcare professionals including nurses. Thus, providing nursing care caring for dying patients is regarded as highly stressful, intense and difficult (French, *et al.,* 2000). In addition, the experience of ICU nurses caring for a dying patient will not that only involve the patient and the family members but also the other members of the healthcare team (Naidoo and Sibaya, 2014). On the other hand, there are several issues revolving in the aspect of death and dying. Like in a study of Charlton in 1995, he pointed out that end-of-life care is often neglected in both health promotion and education for health professionals. This can be for the reason that people can experience fear and anxiety when faced with a dying patient (Belsky, 1999) or it is related to an inadequacy in the mastery of related social skills (Boyle and Carter, 1998).

Whether we acknowledge it or not, most Filipinos fear death and the concept of dying. Family, religion

and interpersonal harmony are noted as key concepts in understanding different Filipino perspectives on death and dying (Doorenbos, *et al.,* 2011). Death remains a mystery being one of central issues with which religion and philosophy and science have wrestled since the beginning of human history. Even though dying is a natural part of existence, Filipino culture is unique in the extent to which death is viewed as a taboo topic. The emergence of this unplanned and feared phenomenon posed a threat on nursing care since this is an excruciating scenario one has to bear. Nurse's play a vital role in this respect, as caring for the dying and dead are considered as crucial aspect of nursing. Little is known about how nurses experience caring for dying patients. Yet, entering the patient's world often involves dealing with death and dying and is a major challenge to all nurses. Knowing the feelings of the nurses to this phenomenon will lead to a progressive and comprehensive empathetic care for the entire health care system.

AIM

This integrative literature review seeks to understand ICU nurses' experiences related to death and dying especially their perception, their exposure or experiences to death and dying. The review also analyzes the desirability of the nurses to talk about and their interest in the end-of-life preparations for the development of a consciousness plan in psychology of Filipino death and dying concept.

METHOD

Since Death and Dying in ICU is a diverse issue, an integrative literature review was considered to be the most appropriate method to investigate, scrutinize and delve into this topic utilizing different scholarly journals and books. An integrative literature review was used to determine the current state of knowledge and identify any knowledge gaps through the investigation of literature (Whittemore, 2005). Through combining and re-analyzing different studies, this integration has the potential to build nursing science, inform future research, care delivery and policy (Whittemore & Knafl 2005).

Reliability on literature searches was essential in enhancing the credibility of the integrative review. According to Brown (2006) there are five criteria for the evaluation of the validity of literature review: purpose, scope, authority, audience and format. Accordingly, each of these criteria have been taken into account and were appropriately addressed during the whole process of literature review. Literature sources were carried-out using Elsevier, Google, Google Scholar, Medscape, National Council of State Board of Nursing, PubMed, Sage Publications published in English dated from 2001-2015. However, references from 2001 onwards were included for its relativity to the study. The search terms were limited to "Death and Dying", "Death and dying in the ICU", "End of life", "Death", "Dying" were collated in response to the focus of the study. The inclusion criteria were published in English, quantitative and qualitative study, full research article, and published thesis. Numerous articles were excluded because after reading those articles it was found not to synchronize with death and dying related to caring and nursing science.

Identifying the quality of sources in a comprehensive review of literature was tedious due to the complexity of studies and publications (Whittemore & Knafl, 2005). A total of 51 publications were pooled but only 31 were included in the literature review. The publications were chosen based on its relevance and importance to the study. The study only covers general ICU setting that catered to adult patients. Moreover, the study doesn't consider the manner of dying such as sudden or expected death and it doesn't focus on palliative and hospice care.

RESULTS AND DISCUSSION

The literature review has been summed up through certain key concepts that are consequential from the studies. They are classified according to the common themes that have been identified similarly or related with other studies.

Perception, attitudes & behavior towards death and dying

Being exposed to a dying patient gives nurses an experience that they never forget (Edo-Gaul, *et al.,* 2014). While relating to their first encounter on death and dying in a patient, the nurses feel anxious (Iedema and Sorensen, 2009; Weinzeimmer, *et al.,* 2014) and fearful. But they have realized that the thought of death is more frightening than the actual experience (Ek, *et al.*, 2014) as nurses appeared to engage more with the human consequences of serious illness and death

(Iedema and Sorensen, 2009). Moreover, in a study conducted by Bloomer *et al.,* in 2013 in an acute hospital setting, they have observed that nurses have difficulty in recognizing between an acutely ill patient and a dying patient. Despite these untoward reactions, in a study by Dunn *et al.,* (2005), they discovered that nurses have reported to develop a positive attitude towards providing care for dying patients. Furthermore, Carper in 1978 found that the more skilled the nurses become in perceiving and empathizing with patients, then they become more knowledgeable and understanding and the care provided to individual will be enhanced. While younger and less experienced nurses, i.e. those with less than 2 years' experience, are at particular risk of grief reactions as they may feel that the patient has died because they have done something wrong, or have difficulty coming to terms with the fact that the cure is no longer a possibility for any patient (Peters *et al.,* 2013).

In addition, Sinclair (2011) revealed that hospice care professionals had a positive experience where death and dying was acknowledged, normalized and integrated into the continuum of life. These nurses had a desire to make patients comfortable during terminal care. Thus, they felt that they are responsible for the patient as they die (Espinosa *et al.,* 2010). But on the contrary, some nurses have increased their distance from patients because they usually focus on technical care (da Silva, *et al.,* 2011). Moreover, Dunn, *et al.,* (2005) showed in their findings that there were no significant relationships found between the nurses' feelings about death and their feelings about providing care for terminal or dying patients and their families because most of the nurses reported feeling that death was a part of life and an acceptable means to relieve from pain and suffering. In the literatures gathered, there were different views when it comes to perception of nurses in Death and Dying. Attitude to death and dying are shown to be multidimensional and complex, originating from personal, professional and organizational sources. Therefore strategies to address them must also be multidimensional (Rooda, *et al.,* 1999). More so, behaviors of nurses towards death and dying play a key role in patient care response. As with the study of Naidoo and Sibiya (2014), the nurses who engaged in verbal and nonverbal communication with her patients, allowed them to become more in tune with the needs of the patient and their desires as they approached death. Furthermore, according to Peters, *et al.,* (2013) nurses also need to consider their own race and spiritual beliefs (as well as those of the dying patient) because these may affect their objectivity in caring for a patient. Dunn, *et al.,* (2005) exemplified that nurses who had more contact with terminally ill or dying patients also reported more positive attitudes toward providing care for dying patients than nurses with less contact. Moreover, in a study by Bloomer *et al.,* (2013), ICU nurses demonstrated a dedication to patient care. Patient care even extended to families, even when organizational, environmental or cultural impedances exist. In these collations of results from different studies, we have found out that nurses show distinct attitudes and behaviours in terms of dealing with death and dying.

Coping mechanisms and Reflection on death and dying

Nurses in the ICU utilize various coping mechanisms in dealing with death and dying. As cited by Leiderman and Grisso (1985), Lief and Fox (1963), nurses uses defensive behaviours. Consequently depersonalization, detachment and denial are common. Defensive practices protected clinicians from confronting the discomfort of death, but they also impeded the articulation of practice limitations. Many nurses expressed ambivalence about showing emotion to family members. As a result nurses were reported of undergoing a range of responses including denial of feelings, suppression of emotion and open display of feelings. These reactions suggested that display rules modified nurses' behaviour contrary to their inner emotions (Grandey, 2003; Yang and McIlfatrick, 2001). The need to maintain professionalism means that they have to constantly manage and suppress their emotions. Suppression of feelings can also occur as nurses perceive themselves as 'coping' individuals and consequently they do not want to admit that they cannot deal with their feelings following a stressful episode at work. In addition, by using the coping mechanism of self-discipline, some of the nurses employed a strategy of self-control. Moreover, intellectualization was used by nurses because it separates their emotions from the situation of treatment by concentrating on the theoretical information related to the process. The

nurse gives a rational explanation for the situation he/she is in and, thus provides a verbal means of coping with the anxiety he/she is experiencing.

On the contrary, in a study of Wilson and Kniesl in 1988, they emphasized that nurses sometimes cope with such situation by turning into a comforting person. The therapeutic effect for family members in avoiding suppressed, anticipatory grief emerges when nurses empathize with their patients (Youll, 1989).

In this section, we have identified that there are different coping styles that nurses utilize in response to death and dying. However, these coping styles vary. It may entail a positive or a negative coping results. With all of these, it only proves that coping is indeed an integral part to venture when it comes to their experiences.

As ICU nurses have experienced death and dying through their patients, certain realizations and understanding have flourished amongst them. They have realized the need of preparing the patient to face the inevitable reality that is death and dying. As Naidoo and Sibiya (2014) have indicated in their study, apart from playing the role of being a patient advocate, they say that critical nurses felt ethically responsible to do his or her best towards patient care. Feelings of preparedness allowed the nurse to foresee or predict a situation, using their nursing knowledge in turn helping with the prognosis of the critically ill patient in their care. While according to da Silva (2011), caring for a patient in death and the dying process should be considered as gratifying, as resuscitating a patient who has suffered cardiac arrest demands tremendous mental stability. Enabling someone to embrace death gracefully is to provide nursing care with dignity and respect with a minimum of suffering and pain. As nurses care for dying patients, it was revealed in various studies that certain reflections have been identified in them. Such as the importance of preparedness, ethical aspect and provision of nursing care with dignity to a dying patient (Beckstrand, 2006).

In support to this, lack of involvement is an important issue as treatment discussions and decisions can exacerbate ICU nurses' feelings of powerlessness and stress. Also in the study, they highlighted the barriers in death and dying such as staffing pattern and shortage of nurse, communication challenges and treatment decisions based on physician's needs rather than patient needs. Inconsistent messages between healthcare team members can frustrate nurses' abilities to work with patients or families concerning goals of care, leading to prolonged lengths of stay, escalations in treatment and nursing moral distress.

Issues in caring and educational implications of death and dying

Care for the most seriously ill patients require special knowledge and training for all health care professional. Based on the existing literatures, certain challenges have been magnified when it comes to the relationship of education and provision of nursing care in the death and dying. Although patient care skills may be taught and learned in undergraduate nursing curriculum, comportment, or "being toward death" (Rittman *et al.,* 1997), is acquired through practical knowledge. Also, nursing programs does not emphasize issues related to emotion and spirituality; rather they focus on technical and practical aspects of nurses' education (da Silva *et al.,* 2011). Nursing as an academic discipline and should be concerned with the generation of new research about nursing practices. But this statement will remain meaningless if not integrated into learning and teaching especially in the clinical practice and setting. End-of-life or death education should be emphasized in undergraduate nursing curriculum and continue to be integrated to post-graduate or post basic nurse training (Naidoo and Sibiya, 2014).

CONCLUSION

ICU Nurses act as a patient advocate and provides emotional and physical support to the patient and their families. The nurses' perception, attitude and behaviour towards death and dying are relevant in the study because it reveals their personal experience of caring in that concept evokes a roller coaster ride of emotions and realizations. Therefore, based on the literature review, positive and negative responses were noted among nurses as they gained experience while caring for dying patients. Responses differ depending on their age, experience, belief and attitude as well as the longevity of experience.

It is also a big hint that we researchers, should look into while dealing with the coping strategies of ICU

nurses as they experience the death and dying in their patients. It was noted in the literature review that it can be emotionally strenuous for nurses to care for dying patients. The responses of the nurse in the studies vary positively and negatively depending on their approach and perception of death. Therefore, our study is a good avenue in exploring this aspect in terms of ICU nurses who are frequently exposed with this situation. Their reflection towards death and dying is also vital to express their concern and needs as they experience while caring for dying patients. It was also noted in the literature review that educational supplementation regarding care for death and dying patients is limited with regards to the appropriate response, preparation and coping. First-hand experience of death and dying patients usually becomes the baseline of learning and re-learning for the nurses. Thus it is also essential to look into the needs on the educational aspect for this study.

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