Helping Nurses Cope with Patient Death

Courtney Yankelitis BSN, RN
Lehigh Valley Health Network, Courtne_L.Yankelitis@lvhn.org

Brittany Esgro BSN, RN
Lehigh Valley Health Network, Brittany_C.Esgro@lvhn.org

Kate Saunders BSN, RN
Lehigh Valley Health Network, Kate_M.Saunders@lvhn.org

Amy Gust BSN, RN
Lehigh Valley Health Network, Amy_C.Gust@lvhn.org

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Brittany Esgro RN, BSN (ICU-M)
Amy Gust RN, BSN (RHCM)
Kate Saunders RN, BSN (RHCM)
Courtney Yankelitis RN, BSN (ICU-M)

Background/Significance

Caring for patients at the end of life is an inevitable part of nursing. As new nurses who see our colleagues care for dying patients and care for dying patients ourselves, our eyes have been opened to the fact that nurses tend to put themselves last or even forget about self-care when dealing with difficult patient situations (e.g. patient death). No established resource currently exists on our units that offers support for nurses caring for dying patients. Therefore, we developed the "Coping Bundle" and trialed it on our units to facilitate self-care and healthy coping strategies for nurses caring for dying patients. This project was important to us because we want to support healthy lifestyles for nurses, avoid burnout, and ultimately provide best care for ourselves so we can provide best care for our patients each and every day.

PICO QUESTION

In nursing staff (RNs), how does an available *Coping Resource Bundle*, available post patient death, compared to having no available resources impact nurses' ability to cope and provide best patient care?

P: Nursing Staff (RNs)

I: Coping Interventions/Resources [Coping Resource Bundle (RN choice) – 15 min break post patient death, debrief/reflect with pastoral care, having fellow RNs available for support, lower acuity assignment if caring for dying patient (if unit census allows)]

C: No Available Resources

O: Nurses feel more support on their unit in order to effectively cope with patient death and ultimately provide best patient care

TRIGGER?

- Knowledge v. Problem
  - List from the IOWA Model which trigger
  - Describe the significance of this trigger and the problem

EVIDENCE

- Search engines used
  - CINHAL, EBSCO, PEPID
- Key words used
  - Death and Dying, Coping, Nurses, Bereavement

EVIDENCE

- "Those who allow themselves to go through the grieving process are healthier overall, those who do not allow it struggle more with personal care, relationships and reluctancy of getting close to other patients." (Domrose)
- "The frequency of moral distress situations that are futile or lead to death has a significant relationship to the experience of emotional exhaustion, which eventually can lead to burnout." (Susana et al)
- "Nurses need to recognize and confront their own reactions to death before they can help their patients do so effectively." (Spencer)
- "Nurses relationship with SELF is a "core concept" in managing compassion fatigue, they need to express their personal needs and values." (Lombardo)
- According to Attia et al:"Nurses' heavy workload was perceived as the greatest barriers to providing EOL care as it limits the time allowed to care for the dying patients and their families" and "it is essential for nurses to support each other through attentive listening and by the redistribution of assignment when the nurse has a death in the shift." The article also pointed to coping strategies such as taking a break, discussing the experience with a colleague, and taking a moment to reflect on one's feelings after the event.
- "One of the key ways of coping identified by critical care nurses was the support and understanding of nurse co-workers before, during, and/or after a death experience … The nurses all surmised that emotional distancing had been essential in order to cope with everyday life after they had experienced death." (Hinderer) The study also discussed that helping nurses to cope in a healthy way (as opposed to emotional distancing) could improve care given to patients and families.
- Several articles suggested that the type of death experienced (e.g. traumatic with multiple life-saving measures vs. expected with comfort care initiatives) can directly affect the nurse's emotional response and must be taken into account.

EVIDENCE

- "What, when superficially observed, appeared as frantic activity in the hours or minutes before a patient's death is more likely a representation of death anxiety, denial and withdrawal, where nurses focus on care tasks and disengage as a way of coping." (Bloomer et al)
- "Death and dying can have a profound personal and emotional impact … an environment of share and care with regular debriefing, grief counseling sessions, support from assigned preceptors, and so on can achieve positive outcomes with better staff satisfaction." A verbatim comment about self-care from the study follows: "I think I do okay caring for patients and family at the time, it's afterward processing it, it can really have an effect on my mood for quite awhile after." (Powazki et al)
- "Perception by the nurses of an acceptable death were the availability of a written protocol for end-of-life care in the department, a higher ratio of nurses to patients." (Ferrand et al)
- "Nurses feel uncomfortable and difficult to confront these occurrences (death)." (Browall)
- "The most common clinical stressors experienced by nurses are; watching a patient suffer; death of a patient; and, listening to or talking with a patient about their imminent death" (Peterson et al).
- Nurses exercise self care by seeking support from colleagues, praying, engaging in enjoyable activities or taking time off (Mak et al).
- Nurses often face consequences of not going through the grieving process including burn out (Brunelli).
- Nurses feel that in order to provide the patient with a dignified death and best patient care it is vital to work as a team with the physician when planning the prerequisites to palliative care (Nordgren & Olsson).

EVIDENCE

- Common Themed Coping Strategies
  - Voluntary debriefing at time of death
  - Utilizing self care
  - One on one support
  - Talking with co-workers
  - Self help groups
  - Pastoral care

Current Practice at LVHN

Currently at LVHN, there are no **established** resources available to nurses to help them cope in a healthy way immediately after a patient dies.

IMPLEMENTATION

1. Process Indicators and Outcomes
    1. There was no set “coping bundle” for nurses to utilize when experiencing a patient death
2. Baseline Data
    1. See Mid-Point results in next slides
3. Design (EBP) Guideline(s)/Process
4. Implemented EBP on Pilot Units
    1. Project implemented on ICU-M and RHCM
5. Evaluation (Post data) of Process & Outcomes
    - A survey was used to retrieve the post-data results
    - See Final Results slides
6. Modifications to the Practice Guideline
    1. Will continue to utilize Coping Bundle on units and provide nurses with more education on coping with patient death
7. Network Implementation
    - The Coping Bundle has not yet been provided to more units in LVHN

ICU-M Mid Point Results

- Nurses need to care of themselves in order to provide good patient care
  - 97% of nurses answered yes
- Are there resources available on the unit?
  - Yes – 23%
  - No – 41%
  - Unsure – 33%
- Can the nurses benefit from implemented resources?
  - Yes – 69%
  - No – 7%
  - Unsure – 20%

RHCM Mid Point Results

- "Nurses need to take care of themselves in order to effectively care for their patients."
  - 96.67% agree
- Resources available on your unit?
  - 50% think there are resources for nurses to deal with patient death while
  - 50% think there are either none at all (36.67%) or they are unsure if there are any (13.33%)
- Can the nurses benefit from implemented resources?
  - 60% think RNs would benefit from an established set of resources
  - 10% thinks they would not
  - 30% are unsure.

ICU-M Final Results

- Total response rate
  - 75%
- Coping bundle utilized post patient death
  - Y- 41%
  - N – 23%
  - No death experienced – 36%
- Interventions listed in order of preference
  - Support from fellow nurses
  - 15 minute break
  - Lower acuity assignment
  - Debriefing with pastoral care
- Does the coping bundle enhance ability to cope
  - 100% answered yes
- Are there established resources on the unit
  - Y – 59%
  - N – 5%
  - Undecided 36%
- Would you like to see the coping bundle continue?
  - Y- 97%
  - N – 3%

RHCM Final Results

- Total response rate
  - 29.4%
- Coping bundle utilized post patient death
  - Y- 30%
  - N – 0%
  - No death experienced – 70%
- Interventions listed in order of preference
  - Support from fellow nurses
  - 15 minute break
  - All coping strategies provided
- Does the coping bundle enhance ability to cope
  - 100% answered yes
- Are there established resources on the unit
  - Y – 60%
  - N – 0%
  - Undecided -40%
- Would you like to see the coping bundle continue?
  - Y- 100%
  - N – 0%

Practice Change

The “Coping Bundle” becomes available to nurses as an established resource post patient death on all units throughout the network

Implications for LVHN

Nurses feel more supported post patient death with the "Coping Bundle" in place. By making the "Coping Bundle" an established nursing resource, there is increased potential for happier and healthier nurses, decreased incidence of nurse burnout, increased nurse retention, and higher patient satisfaction scores.

Strategic Dissemination of Results

The coping bundle is still available for nurses to utilize when experiencing a patient's death. We will continue to provide nurses with education on how to take care of themselves while providing care for these patients. We will also continue to urge the charge nurses to participate in the Coping Bundle to make sure the nurses are using it on a regular basis. We will share our results with other units in hopes that they too will adapt the bundle for their nurses as well. In the grand scheme sharing these results network wide will help all nurses to take better care of themselves and provide better care of their patients in the long run.

Lessons Learned

This project has helped us make nurses on our units more aware of their current coping practices when caring for dying patients, which for some may be that they are not currently coping in a healthy way, if at all. With this project, healthy coping strategies are made available to nurses with positive feedback from most RN's that they would like to see the "Coping Bundle" become an official resource in the future. The hope is that happier nurses make for happier patients ☺

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Make It Happen

- Questions/Comments:

Contact Information: