

Nurse Clinician's Experience of Inpatient's Death

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Abstract

This study was attempted to identify nurse clinician's awareness of inpatient's death. In-depth interview was carried out in fifteen (15) nurses in active service who were willing to participate in the study after convenience sampling and then data were investigated. Data analysis was carried out with the method provided by Colaizzi (1978), among phenomenological methods. As a result, 17 themes and 4 categories were drawn from 119 meaning constructs. The findings from this study are expected to be useful for helping to understand the experience of nurses and patients who are in the process of death and preparing a strategy for effective terminal care by increasing nurse clinician's awareness of inpatient's death.

Keywords: nurse clinician, inpatient's death, phenomenological methods.

1. Introduction

Death happens to all men alike. It is an event that gives a big shock even to families and people who were present in the hour of death. But one gets hard and feel mixed emotions because it is not possible to experience the moment of death and what will happen after death in advance [1][2]. With the recent increasing number of nuclear families, more and more people are meeting their death at medical institutions and therefore, more often than ever, health care providers watch the patients who are about to die up close. Especially nurses are entrusted tasks to help ease the pain of patients and help them meet their death with dignity in peace [3][4]. Nurses who are placed in such a situation should fulfill doctor's prescription and simultaneously provide patients with direct care, which is necessary for them. In such a process, they lack communication with doctors and suffer from sensitive guardians. Especially the death of dying patients who are in a close rapport with them is reported to be a stressful factor [5][6]. Accordingly, this study aims to solve the problems of nurses taking care of dying patients effectively, explore their experiences in depth to develop quality terminal care, apply a phenomenological method to provide beneficial base line data, and reveal the experiential structuralism and its components.

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2. Methodology

2.1. Design

This study is a qualitative research to explore the meaning of death of inpatients among nurse clinicians by applying a phenomenological method.

2.2. Data collection and ethical considerations

In this study, in-depth interviewing was conducted from Jun. 1, 2016 to Feb. 28, 2017 to collect data and all interviews are conducted by getting participant's voluntary consent.

2.3. Participants

The subjects of this study are 15 participants who agreed to participate in this study as nurses who are working in hospitals, by the recommendation of Hospital P, City D.

2.4. Data analysis

The data analysis of this study is based on Colaizzi(1978)'s phenomenological method and follows the procedure [7].

2.5. Reliability and validity

To establish the reliability and validity of this study, our evaluation is executed based on truth value, applicability, consistency, and neutrality [8], according to the evaluation criteria presented by Guba and Lincoln (1985).

3. Results

As a result of analyzing the meaning of death after life for the elderly in Korea, it was found that 17 theme clusters and 4 categories were drawn from 119 meanings. The results are shown in [Table 1].

Table 1. Theme cluster

Meanings	Theme cluster	Category
Become a ray of hope in pain	Nurse's preparation for terminal care	Warrior who struggles under inner conflicts
Consideration that one can rely on the other emotionally		
Comfortable smile		
Trust		
Sense of independence		
Civic virtues		
Listening courteously		
Professional knowledge		
Ear to listen to the needs of patients		
Time to say goodbye that is not enough	Immature terminal care	
Facing the last moment without patient's consent		
Uncomfortable as a person who harasses patients		
Absence of a right to die well		

Lack of common courtesy or consideration about the deceased		
Patient's cleanliness	Patient's hope to receive terminal care	
Pain relief		
Comfortable posture		
Communication means		
Lack of service for families at the moment of death		
Need family nursing before the moment of death		
Psychological stability		
Total pain relief		
Need spiritual support at the moment of death		
Helping mind to meet one's death comfortably		Fulfilling a duty as a nurse at the scene of death
Patient becomes a person who relies on.		
Decides that I will take good care of.		
Be helpful at the last time of life.		
Give help to realize the meaning and value of life.		
Give help to physical limitations.		
A person who supports next to patient.		
A person who makes patient's mind comfortable		
A person who can be relied on		
Helper who can give help so that patients can meet their death comfortably		
Mind to do my best at the last moment	Returning to work without time to be sad	
Give help so that patients can spend time with their families		
Try to forget because one has to work even if one is sad		
Endure the predicted sorrow of parting and do my duties	Conflict that floods due to ambivalence	
Hurry to make up one's mind		
Vague sense of guilt flooded vaguely.		
Uncomfortable mind that I did not do my best		
Sense of shame that floods with sorrow		
Difference in degree of sorrow due to the degree of having a close rapport		
Regret about not having expressed the sign of dying.		
Uncomfortable about transsexual.		
Sense of guilt due to ambivalence in seeing death		
Sense of guilt about terminal care that is not enough		
Sense of guilt that the patient seemed to die due to my fault	Defense against expected sadness	
Death is caused by my insufficient behavior		
Feel more sadness about the death of patient whom I became fond of, and regretful		
Try to treat patients for business purposes only	Broad-mindedness due to repeated	
Reluctant to have a rapport with patients due to fear of sorrow after death		
Trying not to become fond of DNR patients.		Endure under the whirlpool of chaos
Experience dying patients several times		
Surprised at my calm attitude		

I became calm due to repeated experience of death	experience of death	Growing at the scene of death
Sorrow blunted		
Surprised at my calm attitude		
See death from the third-party perspective		
Think death as part of my work		
Think death insignificantly		
Filled with emotions enough to lose appetite	Struggle due to sorrow that is difficult to cope with	
Feel that patient's pain is my pain		
Wound that I received from a sensitive guardian		
Filled with sadness when I saw a young child dead		
Felt vain and pessimistic about life		
Sadness started, due to preparation for predicted parting		
Sadness that appears on nurse's face	Separation that is not prepared in front of sudden death	
Wound that did not recover		
Felt unfortunate about the patient who died in a day		
Felt more sad and hard with the patient who I had a closer rapport		
More surprised and sadder, in case it is not DNR.	First memory of chaos and fear	
Heavy heart due to sudden death		
Felt chaotic and fearful due to unfamiliar death situations		
Dreadful and frightened	Mature mind about life	
Meeting death, embarrassed		
Reluctant, due to lack of conviction of terminal care		
Felt how precious families were		
Peace of mind when dealing with people		
Look back on my life by experiencing my death		
Realize after death that my current life is more important		
Look back on people around me, getting out of my selfish life		
Expect that I will live a life without regrets.		
People around me are felt significant to me.		
Look back on my role as parents.		
Think about my death.		
I have to live well for comfortable death.		
My personality that was negative changed.		
Pursued a meaningful life.		
My everyday life changed to thankful heart.		
I deserted my obsession and lingering attachment to life.	Terminal care level growing up	
I began to take exercise because my attachment to life occurred.		
I saw death comfortably.		
The hero of my life is me.		
Professional terminal care nursing education is required.		
Terminal care that develops with accumulating years of work experience	Efforts to overcome	
Need continuous education about terminal care.		
Endure with the power of families.		

Take my time and decide my mind while waling or reading	sorrow	
Muster up while taking care of another patient again		
My families were surprised at my calm attitude.		
Tried to see the death of patients as part of my work.		
Hope to stay with families		
Curiosity about life after death		
Life after death that can be guessed from a facial expression	Curiosity about life after death	
Hope that patients be comfortable after death		
Hope that patients be out of pain		
Hope to stay with families without leaving them.		
There is nothing after death.		Experience beyond human limitations
Cannot determine one's own death.		
Regretful about abnormal death.		
Inevitable death	Facing human limitations	
Felt helpless against death.		
Lamentable that I have nothing to do.		
Felt helpless in front of death.		
Predicted life after death.		
The patient who died appeared in my dream.	Surrealistic experience	

4. Conclusion

As a result of analyzing the findings from this study, especially as a result of analyzing the awareness of death of inpatients in nursing clinicians, it was found that 17 theme clusters and 4 categories were drawn from 119 meanings and the 4 categories included 'warrior who struggles under inner conflicts', 'endure under the whirlpool of chaos', 'growing at the scene of death', and 'experience beyond human limitations'. The findings from this study are expected to be helpful for establishing a strategy to help understand the experience of nurses who are present in the dying process and patients and effective terminal care by improving the understanding of awareness of death of inpatients in nursing clinicians.

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