

Exploring staff perspectives of supporting the process of dying, death and bereavement in critical care settings

Ms. Elsa Joyce ¹, Prof. Suzanne Guerin ¹, Dr. Lindi Synman ², Dr. Melanie Ryberg ^{1, 2}

UCD School of Psychology, University College Dublin, Ireland
Tallaght University Hospital, Ireland



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Introduction

- 14% of ICU admissions end in death (NOCA, 2019)
- For families, experiencing death of a loved one in ICU is particularly difficult
- Dying, death and bereavement in the ICU also has an impact on staff
- Providing bereavement support to families throughout the dying process identified as important (Walker et al., 2018)
- Lack of sufficient and consistent bereavement support in ICU identified internationally



Current Study

To explore the perspectives of critical care staff, across the multidisciplinary team, in supporting the process of dying, death and bereavement in critical care settings in Ireland, and their role relating to patients and their families



Method

Design:

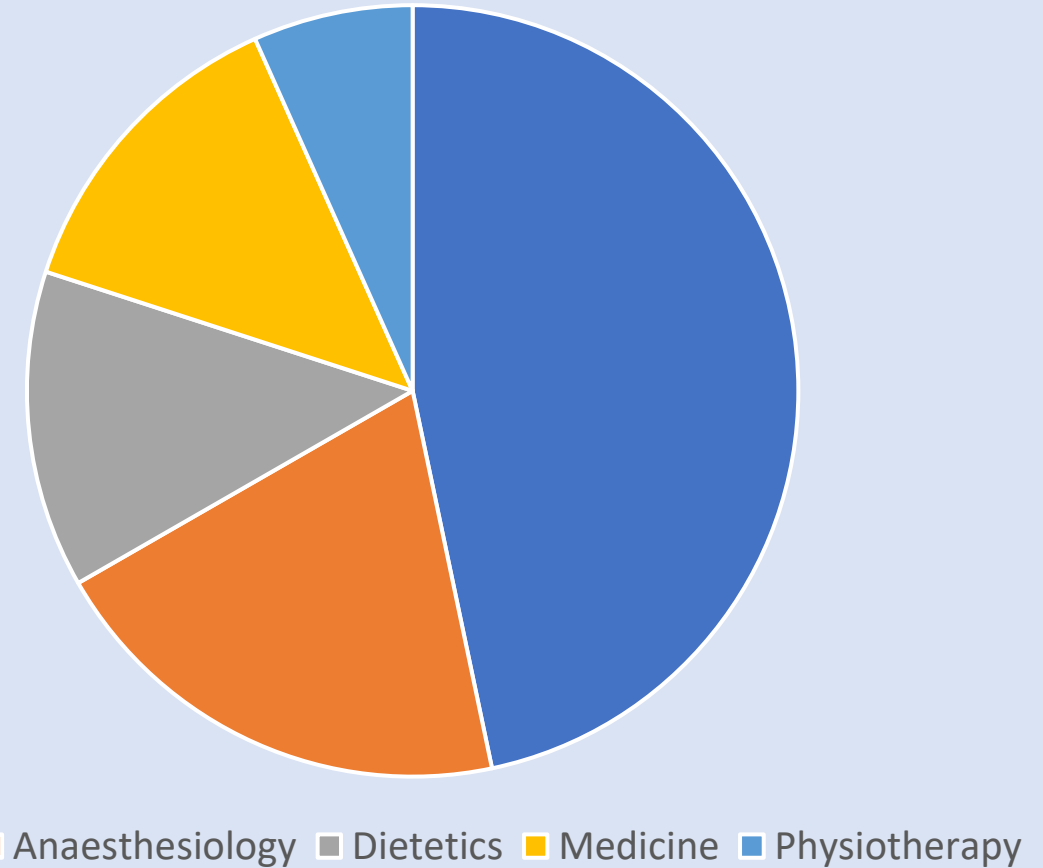
- Descriptive exploratory design
- Qualitative semi-structured interviews

Participants:

- N=15
- 5 Hospitals represented
- 6 Months – 23 years ICU experience
- 73% Female

Data Analysis:

- Reflexive thematic analysis with an inductive approach



Key Themes

Desire to support a 'nice death' is undermined by challenges in the environment

This desire can cause staff to experience professional, ethical, and psychological challenges

Staff and families need better support to endure the 'tough' nature of death, dying and bereavement

Supporting the process of dying, death and bereavement in Ireland has changed in light of multicultural diversity

Desire to support a ‘nice death’ is undermined by challenges in the critical care environment

- ‘Nice death’ seemed to add to ‘good death’, and reflects a wish to create a more positive experience of the dying process (e.g. personalised care practices, ensuring patient comfort, attuned communication)
- Environmental and organisational barriers prevent providing the care they feel patients and families deserve at end-of-life
 - Restrictions in bereavement support staff after hours
 - Lack of practical resources for families (e.g. family rooms)
 - Critical care environment itself added to the traumatic nature of their experience

“it’s really hard to provide... to provide holistic, person-centred, kind of nice end-of-life care in like a setting replete with depersonalising devices”

Professional, ethical and psychological challenges

- Professional conflicts arising from care decisions and diverging goals within teams
- Need to appropriately withdraw treatment at the “*point of futility*” to ensure patient comfort and allow for a nice death
- Burnout and other psychological challenges for staff
- Ethical challenge: the experience of witnessing resuscitation

“often times as the nurse there is that moral and ethical challenge sometimes, the nurse providing the treatment might feel like it’s futile and that can be conflicting from like an ethical and moral perspective”

“those things take their toll if you don’t talk about them”

Staff and families need better supports

- Better, more specific, and more consistent supports in critical care
- Practical and emotional supports for staff (e.g. debriefing spaces, showers – noted as less available during Covid-19)
- Practical and emotional supports for families (e.g. individual family rooms, psychological support including follow-up, bereavement liaison officers, bereavement-specific services)
- Bereavement support and communication training for staff

“I think because of the nature of you know, how sick they were, it’s going to be very different to you know, okay maybe they were old age and it was kind of expected. Whereas in ICU, most of the time, it’s not an expected death”

I don’t think I felt, and just I know from speaking to my peers, we’ve had detailed conversations about this, that our training has been adequate in providing end-of-life care”

Providing support at end-of-life in a Multicultural Ireland

- Chaplaincy-based bereavement services are main support to families in Ireland
- Queries as to whether this was sufficient to support multicultural, multifaith Irish population, including no faith
- Wish to have greater awareness of other religions through cultural education
- Desire to be culturally competent in different presentations of grief

“I mean a booklet, definitely a booklet would be useful on different religions and their you know their cultural I suppose beliefs and, you know, what they expect I suppose or what they, what their traditions are in their, with their own religions”

“As we became multicultural, our ability to understand the needs of other people – our Indian and Filipino nursing and our African nursing colleagues have been amazing in teaching us those different aspects of what’s needed and what’s expected”

Discussion

- Staff recognise the gravity of the issue, both for the families, and for themselves: a *nice* death (i.e. person-centred) seems to go beyond a *good* death (i.e. patient is kept comfortable)
- Notable challenges in critical care settings at end-of-life include ‘futile care’, and the degree to which family members are facilitated to witness life-saving efforts such as resuscitation
- They see the need for additional training, support for themselves, improved environments of care and the potential value of related disciplines (i.e. palliative care, chaplaincy services, psychology)
- The need for supports for families, both during the ICU experience, and at follow-up is acknowledged

Strengths & Limitations

- Participants representing variety of disciplines involved in critical care
- Lack of cultural diversity among study participants



Conclusions

- Adds to the evidence-base exploring perceived challenges and offers potential solutions
- Provide insight into supporting the process of dying, death and bereavement in critical care from a multidisciplinary perspective
- Bereavement supports in ICU in Ireland are insufficient, inconsistent and not specific enough *despite* the development of the Hospice Friendly Hospitals Programme
- Echoes research conducted in the UK looking at bereavement care practices and supports (Berry et al., 2017; Hewison et al, 2020; Pattinson et al., 2021)

Future Directions

- What is the experience of families at end-of-life in critical care in Ireland?
- An examination of the perceived need for education of other cultures in ICU from a more culturally diverse critical care staff population
- Further exploration of the concept of a *'nice death'* vs. a *'good death'*
- Development of our understanding of the impact of witnessing resuscitation on families
- The perceived need for input into critical care multidisciplinary teams from disciplines such as psychology and social work to support patients and staff at end-of-life





Thank you!

Contact: Dr. Melanie Ryberg

Melanie.Ryberg@tuh.ie

t @melanieryberg