

NURSE INTERACTION WITH FAMILIES FOLLOWING SUDDEN DEATH OF THEIR CHILD IN INTENSIVE CARE: AN INTERPRETIVE APPROACH

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**SHAPING THE MEMORIES OF THE BEREAVED REDUCES SURVIVOR
MORBIDITY**

INTENSIVE CARE SOCIETY 1998



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BACKGROUND

- Nurses play a key role in bereavement care. Communicating with families in a way that allows them to manage the process of after death care is increasingly recognised as a set of competencies which are thought to shape the memories of the bereaved to reduce ‘survivor morbidity’ (Intensive Care Society 1998; Darzi 2008).
- Current literature is generally located around how families are supported in emergency departments; palliative and hospice care settings prior to death and long term follow up.
- Very little exists that identifies ways in which practitioners support families through decisions relating to care of the body immediately following death.

AIMS

This study aimed to widen the research in this area of bereavement care, the central research questions being

‘How do paediatric intensive care nurses interact with families in dealing with the process and options of bereavement care after the sudden death of a child?’

LITERATURE

- The impact on *families* of expected versus sudden death: implications for practice;
- Skills in bereavement care following sudden death
- The development of training and education for health professionals.

METHODS

- It examined the experiences of seven nurses who were working or had worked in a critical care setting. The study was located in Western Australia.
- Qualitative methodology. Framing of the questions that reflect how nurses 'interact' with families is consistent with the theoretical position of *symbolic interaction*.
- An interpretivist paradigm informed the research approach - *Symbolic interaction* examined how individuals 'handle', 'cope', 'deal with' a particular phenomenon within a given situation (Clarke 2000).
- Semi-structured interviews were employed. Reflective accounts

GUIDING QUESTIONS

- What issues and influences do nurses face as they engage in bereavement care after the sudden death of a child?
- What strategies do nurses adopt to deal with the complexities of bereavement care after the sudden death of a child and why do they adopt these strategies?
- How might the process of bereavement care after sudden death of a child be conceptualized?

DATA ANALYSIS

- The data generated in this study were analysed according to grounded theory methods.
- Theory analysis using three steps, in which data can be categorised, analysed and conceptualised was employed (Punch 2000).
- The processes used to achieve this model of data analysis include coding data, writing memos, and diagramming (Punch 2000).

FINDINGS

Findings offered a view of the *lived experience* of nurses' participating in this process, particularly where the framework of after death care extends beyond the critical care setting.

They include:

- Nurses can identify *cues* from parents indicating a state of *readiness* to participate in the child's afterdeath care.
- Religion and parental request involving disposal of the body influenced afterdeath care planning.
- The importance of memorialisation was highlighted.
- Senior colleagues' behaviours influenced establishing new practices.

DISCUSSION

- Shock and Crisis – I am with you.
- The Skilled Helper – Doing things that help.
- Professional Role – Beyond the here and now
- Managing Change – Front or Back parlour

Shock & Crisis – I am with you

- **Befriending**

'I don't know the family at all and I feel like an impostor really moving in on such a monumental part of their life'.(2)

- **Assumptive world is gone**

'its just completely out of their realm of what their life has been like and what they expected to do today, they didn't expect to be in the ICU with their child with us saying something like 'I am awfully sorry, despite everything we did she died' (5).

- **Helpless and hopeless**

You have to be precise with them because their total grasp of the thing is not there. Unless to say we need to do this now' it just goes over their head' (4)

A shift away from oppressive to liberating interactions as those assigned to mutuality (Watson 1988).

The Skilled Helper – Doing things that help

- **Reclaiming parenthood**

'For me it's almost a process of giving their child back to them because I think we are so intervening and we've just taken more and more away from them' (3).

- **State of readiness**

'.....I'm waiting to take their lead (3).

'You just have to tell them, often I found that parents are in such a state of shock, making decisions at that point is a really difficult thing to do' (6).

- **Time - the missing ingredient**

We've never hurried them out of the unit (ICU) (3)

.....and just the process of popping your head in. I think is enough to prompt people that 'Have you been here long enough now?', and I have had colleagues who have said to me 'but they (the parents) have been in there for hours'. (6)

Finley and Dallimore (1991); Dent (2002); Wijngaards-De-Meij et al (2008) Standards in Paediatric Intensive Care (2002)

Professional Role – Beyond the here and now

■ **Memorialisation**

We have had families that have said 'no way, forget it and you can't do it (take hand and foot prints) (1).

.....have had occasions where you have done it and the family haven't known, and being as they have progressed through their crucial (grieving) period and have come back and said 'I wish' (they had had and footprints as keepsakes) to which the nurse said 'actually we have' (taken some) (7).

■ **Emotional Labour**

'I detach myself so that I can work to the best of my ability (4)

■ **Continuing the bonds of care**

The thought of your baby lying down there in a strange place (mortuary) on its own – you don't want to let go, you need time to adjust to let go (of your child) (4).

NMC (2008), Riches and Dawson (2000); Leddy and Pepper (1993)

RECOMENDATIONS

- Changes in guidelines for the support of the bereaved and reconfiguration of death education curricula were key recommendations of this study.
- New ideas as to how nurses identified cues useful in determining parental participation in afterdeath care.

Findings are of particular relevance in light of the Darzi's End of Life report calling for more innovative ways reduce survivor morbidity (DH 2008).



Thank you

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