Critical Care Registered Nurses Preparedness in the Provision of End-of-Life Care
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The Phenomenon
• Half of all annual deaths, approximately 2.5 million, occur in hospitals and over 500,000 of those deaths occur in intensive care units.
• Critical care registered nurses are in a particularly challenging situation because they work in an environment aimed towards providing life-saving treatment; therefore, they are required to refocus their goals of treatment when providing EOL care to patients and families; rendering preparedness in the provision of EOL care a key component.
• Combining the stressful situation of EOL care, with feelings of unpreparedness may leave registered nurses with limited opportunity to allow patients and their families a quality, peaceful death.
• A quality, peaceful death is the goal for all EOL patients, yet registered nurses are unable to ensure each patient has the best opportunity to allow patients and their families a quality, peaceful death.
• While it may be impossible to completely eliminate the stressfulness of an EOL care situation, enhancing registered nurses’ preparedness in the provision of EOL care may diminish stress, allowing for a better opportunity for a quality, peaceful death.

Objective
• To understand and find meaning of critical care registered nurses’ preparedness in the provision of end-of-life care.

Methodology
• Qualitative Interpretive Description design
• Purposive sampling
• 14 Critical Care RNs
• Semi-structured individual interviews
• Constant comparative analysis

Findings
• Participants identified that preparedness to provide EOL care was highly individualized and dependent on various elements.
• Data analysis revealed 5 themes.

Discussion
• While preparation may never fully be obtained, critical care registered nurses need more resources and support than what is currently provided as EOL care preparation is inadequate.
• Kolcaba’s Comfort Theory can be used to serve as a guiding framework for the provision of EOL care both in nursing education and nursing practice.
• The regularity of EOL care in critical care units warrants enhanced nurse preparation through education, experience, enhanced resources, and support.

“and I think I’ve learned there’s, in my words, there’s worse things than dying sometimes.”

Key References
• Todare-Franceschi, V. (2013). Critical care nurses’ perceptions of preparedness and ability to care for the dying and their professional quality of life. Dimensions of Critical Care Nursing, 32, 184-189. doi:10.1097/DCC.0b013e31829580ef

Themes
• Being aware of personal beliefs to understand EOL care
  • Realizing it “is okay” for patients to die
  • Creating a Personal Dialogue to Reflect on the Patient’s Quality of Life

Subthemes
• Shifting the Emphasis to Accommodate the Dual Role of the Nurse in EOL Care
• Weaving Education, Experience, and Support for Quality EOL Care
• Balancing the Dialectic of Professional and Personal Self
• Making Sense of the EOL Care in a Personal Way