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Stressors experienced by nurses providing end-of-life care in intensive care unit (ICU): A Qualitative study

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Abstract
Background of Study: Palliative care is unique in that the service focuses on the needs of dying patients and their families as opposed to focusing on maintaining critical bodily functions, as in critical care nursing, or on improving functional capacity, as in rehabilitation nursing (Martens, 2009). The philosophy of palliative care nursing includes providing care to patients using medical science combined with compassion and caring. Patients may be cared for in hospital wards in acute care settings, in specialist hospice or palliative care units, in aged care homes, or in their own home. Palliative care specialist nurses primarily have generalist nursing skills with various levels of specialisation and post-registration education, including palliative care certification. (International Journal of Palliative Nursing 2012).
Aims and Objectives: Purpose of the study is to gain a deeper understanding of the stressors experienced by ICU nurses providing End of Life Care and to describe stressors experienced by nurses working in ICU providing End of Life Care.
Materials and Methods: Phenomenological research design was used.10 nurses working in ICU and giving End of life Care were selected using purposive sampling technique as per the pre-determined inclusion criteria. Semi-structured interview schedule was used for data collection. Voice recording of the conversation was done, the transcript was then thematically analysed using Open Code Software.
Results: By the findings of the study themes emerged as Emotional Stressor, Personal Stressor, Professional Stressor, Anticipatory Stressor and Experiential Stressor.
Conclusion: Limited research has been undertaken on the provision of End of Life care by nurses in the Intensive care setting and thus a need arises to conduct a study in this area. Identification and development of strategies to support nurses in the provision of End Of life care is required to ensure quality care and to minimise stress and eliminate burnout.

Keywords: Critical care nurses, stressors, end of life care

Introduction
Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO 2017).
Palliative Care, by definition to palliate, and Palliare, *i*s a type of health care that focuses on alleviation of clients symptoms not on a cure. The National Hospice and Palliative Care Organization (NHPCO) states that the goals of palliative care include improvement of the quality of life of those who are seriously ill and helping the family during and after any treatment they receive (Black and Hawks 2015) [4].
Palliative care approach aims to provide physical, psychosocial and spiritual well-being. It is a vital and integral part of all clinical practice, whatever the illness or its stage, informed by a knowledge and practice of palliative care principles (Indian Association of Palliative Care 2009) [15].
Palliative Medicine is the appropriate medical care of patients with active, progressive and advanced diseases for whom the prognosis is limited and the focus of care is the quality of life. Palliative medicine includes consideration of the family's needs before and after the patient's death (Indian Association of Palliative Care 2009) [15].

Objectives: Purpose of the study is to gain a deeper understanding of the stressors experienced by ICU nurses providing End of Life Care and to describe stressors experienced by nurses working in ICU providing End of Life Care.

Assumption: Nurses providing End of Life care in ICU are susceptible to multiple stressors.

Operational definitions

End of Life Care: Nursing services rendered to patients who have advanced terminal conditions that have progressively gotten worse and have been made incurable by doctors and are receiving care in Intensive Care Unit (ICU) of selected hospitals. e.g. Cancer patients.

- **Stressor:** In this study stressors refers to the impediments faced by the nurses working in Intensive Care Unit (ICU), which will be identified by semi structured interview schedule.
- **Intensive Care Unit (ICU):** A specialized unit in hospitals where patients who require intensive care or life sustaining treatment are cared for.
- **Intensive care nurses**: Registered nurses with qualification of (G.N.M/B.Sc/M.Sc Nursing) working in ICU to care for patients needing many life sustaining care modalities.

Delimitation

The study is delimited to nurses working in ICU at selected hospitals of Indore

Review of literature

The literature that was undertaken for the purpose of conducting the study has been presented under the following headings:

- Literature related to perception, beliefs and attitude of critical care nurses towards End of Life Care.
- Literature related to stressors experienced by nurses in providing End of Life care in ICU.
- Literature related to death anxiety and compassion fatigue among ICU nurses.
- Literature related to burnout among critical care nurses.

Review of literature related to perception, beliefs and attitude of critical care nurses towards end of life care

A study was done by Badır A, Topçu İ, Türkmen E, Göktepe N, Miral M, Ersoy N, Akın E in 2015 to investigate the views and practices of critical care nurses in Turkey on the end-of-life (EOL) care. The research was conducted in 32 second- and third-level ICUs of 19 Ministry of Health research hospitals in Turkey. The Views of European Nurses in Intensive Care on EOL Care tool was used for data collection. The total sample size was 602. While half of the nurses stated that the withholding and withdrawal of life support were ethically different decisions, 40% felt both decisions were unethical. The expected quality of life as viewed by the patient, the medical team, the family and the nursing team (90·4%, 85·4%, and 83·4%, respectively) was an important factor in EOL decision making. The majority of the nurses (75·7%) were not directly involved in the EOL decision making and 78·4% of nurses were committed to family involvement in EOL decisions. When withdrawing treatment, 87·2% of ICU nurses agreed that the patient and family members should perform their final religious and spiritual duties. Further results showed that after withdrawing treatment, a majority of nurses (86%) agreed to continue pressure sore prevention, effective pain relief (85·5%), nutritional support (77·6%) and hydration (64·8%). Almost half (48·2%) indicated that keeping the patients in the ICU was un-necessary. ICU nurses expressed a range of experiences and practices regarding EOL care. ICU nurses should be more involved in the decision-making process about EOL care.

Review of literature related to stressors experienced by nurses in providing End of Life care in ICU

According to Ryan, Lucy; Seymour, Jane (2013) Intensive care unit (ICU) nursing is associated with emotional labour. ICU nurses regularly care for dying patients. End-of-life care (EoLC) can be a major cause of stress in ICU, particularly in relation to the withdrawal of life-sustaining treatment, managing the transition from curative care to EoLC and dealing with the distress of patients, relatives/loved ones. However, ICU nurses receive varying levels of emotional support and education in relation to EoLC. As such, they may lack confidence and skill in EoLC provision, potentially leading to the development of negative attitudes towards caring for dying patients, relatives/loved ones and the adoption of protective coping strategies, such as distancing techniques. This article explores the emotional labour of ICU nurses when caring for dying patients and their relatives/loved ones, including the difficulty nurses experience when managing the transition from curative care to EoLC. It will discuss the emotional and grief reactions experienced by ICU nurses, before considering the education and support nurses need in order to prepare them better to provide high-quality EoLC.

Review of literature related to death anxiety and compassion fatigue among ICU nurses

A comprehensive search was conducted in 12 databases from January 1990 to December 2014 by. Zheng R, Lee SF & Bloomer MJ in 2016. Qualitative and mixed-method studies in English and Chinese that explored new graduate nurses' experience of patient death were included. Two independent reviewers selected the studies for inclusion and assessed each study quality. Meta-aggregation was performed to synthesize the findings of the included studies. Five primary qualitative studies and one mix-method study met inclusion and quality criteria. Six key themes were identified from the original findings: emotional experiences, facilitating a good death, support for family, inadequacy on end-of-life care issues, personal and professional growth and coping strategies. New graduate nurses expressed a variety of feelings when faced with patient death, but still they tried to facilitate a good death for dying patients and provide support for their families. The nurses benefited from this challenging encounter though they lacked of coping strategies.

Review of literature related to burnout among critical care nurses

An article published in 2017 by Crowe S. States that Doctors and nurses who work in PICUs often deal with emotionally difficult events. These events take a toll. They can cause long term psychological problems that, if not addressed, can impair the ability of doctors and nurses to care for patients in a competent and compassionate manner. Furthermore, effective treatment is available. But there is a paradox. To get treatment, one must acknowledge the problem. Acknowledgment of the problem may not be encouraged, or may be discouraged and stigmatized, in the intensive care culture. This article describes a case in which

a physician has classic signs of overwhelming grief and burnout, and it discusses the appropriate response.

Research methodology

Research approach

A qualitative, phenomenological descriptive approach was employed to explore and describe the stressors experienced by nurses working in ICU towards End of Life Care.

Sampling technique

A non-probability purposive sampling was used to select the sample from the population. During selection eligibility, feasibility, convenience and willingness of samples were considered by the researcher.

Inclusion criteria

Registered Nurses who got involved in care of terminally ill patients.

- Registered Nurses who work in all the 3 shifts.
- Registered Nurses who are willing to participate in the study.

Development and Description of tool

The tool used in the study comprises of three sections:

Section I: Socio demographic variables

Section II: Semi structured questionnaire regarding stressors experienced by nurses working in ICU towards End of Life Care.

Data analysis and Interpretation

The data findings were organized under following headings:

Section I: Socio-demographic characteristics of Participants

Section II: Emerged Themes.

Section 1: Socio Demographic Characteristics

Table 1(a): Frequency and percentage distribution of Socio-demographic variables

S. No.	Socio-demographic variables	Frequency	Percentage
1.	**Age in Years**		
	20-30 yrs.	10	100
	30-40 yrs.	0	0
2.	**Gender**		
	Male	0	0
	Female	10	100
3.	**Educational Status**		
	G.N.M	0	0
	B.Sc. Nursing	10	100
4.	**Religion**		
	Hindu	4	40
	Muslim	0	0
	Christian	6	60
5.	**Marital Status**		
	Married	0	0
	Un-married	10	100
6.	**Experience in ICU**		
	6 months-1year	6	60
	1year-2 year	3	30
	2 year-3year	1	10
7.	**Duty hours/day**		
	8 hours	3	30
	12 hours	7	70
8.	**No. of patients cared in ICU/day**		
	2	2	20
	3	8	80

Section 2: Emerged Categories and Themes

The various subthemes (categories) developed were

- Deteriorating Condition
- Sympathetic approach
- Grief of family members
- Staff Crisis
- Excessive Documentation
- Prolonged Duty Hours
- Lack of End of Life Care competencies
- Inter-professional difficulty
- Lack of Palliative Care approach
- First Experience
- Impact of Past Experiences
- Counter-Transference
- Duration of Care
- Age factor
- Fear of committing mistakes

During data analysis total 6 themes have emerged. They are

- Emotional stressor
- Conflicting demands
- Professional stressor
- Experimental stressor
- Personal stressor
- Anticipatory stress

Major findings, discussions, conclusions, implications, limitations & recommendations

Major findings

1. One of the theme emerged was Emotional Stressor, involved 3 categories namely sympathetic approach, deteriorating condition and grief of family members. It was found that most of the respondents were emotionally stressed on seeing death dying and deteriorating condition of the patient who are counting last days of their lives. Respondents developed sympathetic and empathetic attitude toward the terminally ill patient instead of being compassionate.
2. The theme Conflicting demands comprises of categories like excessive documentation, staff crisis and prolonged duty hours. It was found that all the respondents overburdened which further leads to burnout and decreased efficacy that causes frustration and dissatisfaction among them.
3. Based on the finding another theme emerged was Professional Stressor. It included Lack of Palliative Care Approach, Lack of End of Life Care Competencies and Inter-professional difficulty. Majority of the respondents accepted that during their initial months/years they were more stressed because they were not competent enough to work in ICU and deal with critical patients.
4. The theme Personal Stressor involved categories like age factor, Counter-transference and duration of care. It was found that most of the respondents feel more stress if a young patient dies or has terminal condition as compared to the elderly patients.
5. Another theme emerged was Experiential Stressor which included first experience, impact of past experiences, anticipatory stressor. Majority of the respondents had past painful memories witnessed by them while caring for terminally ill patients which they

can never forget in their life and when similar situations comes past memories gets recalled.

6. Based on the findings another theme emerged was Anticipatory Stressor which included Fear of Committing Mistakes. Most of the respondents expressed their anticipated fear of committing mistakes while caring a terminally ill patient and doing End of Life Care.

Discussion

On analysis of the transcript themes emerged. Based on the emerged theme it was found that most of the respondents develop empathetic attitude towards the patient. They said that an emotional bond develops and it leads to feeling of helplessness when condition of the patient deteriorates day by day. Respondents further expressed that it becomes very difficult for them to communicate with family members as they keep asking about any hope and they are in panic state when the patient is counting his/her last days.

It was found that majority of the respondents were stressed due to personal stressors. They felt more stress if a young patient dies or has terminal condition as compared to the elderly patient's. They also expressed that they get attached to the patients during long duration of care and then when patient dies it leads to distress.

Conclusion

Nursing is generally perceived as demanding profession. Along with the increased demand and progress in the nursing profession, stress among the nurses has also increased. Stress is experienced when demands made on us outweigh our resources. It is usually observed that nursing profession undergoes tremendous stress which effect on work performances of nurses and ultimately affects the patient care. Chronic stress takes a toll when there are additional stress factors like home stress, conflict at work, inadequate staffing, poor teamwork, inadequate training, and poor supervision. Stress is known to cause emotional exhaustion in nurses and lead to negative feelings toward those in their care. Burnout and low Job satisfaction indeed contributes into the nurse's inefficiency and affects their dedication to job quality and care given (Mohite, Shinde, Gulvani, 2014).

Implication of the study

The findings of the study have implications for nursing practices, nursing education, nursing research and nursing administration. Nursing practice of nurse reflects in the image of nursing profession. Better nursing practices towards terminally ill patients not only improves the satisfaction level of the patient in the last days of life but also leads to immense satisfaction within the nurse herself. Nurses should neither have emotional nor mechanical but a compassionate attitude towards the terminally ill patients. Nurses should understand the importance of End of Life Care not only towards the patient but to the entire family. Nurses should emphasize on palliative care towards critically ill patients and should also provide psychological support to the family members so that they can cope up with the grief process.

There should be orientation programme for critical nurses on End of Life Care. The nurse educator should emphasize towards care which needs to be given to the patients who are terminally ill and counting last days of their lives. Nurses should be made confident enough to provide care to the patients who are in dying condition. Proper technique of dead body care need to be taught to the nurses so that the dignity of a dead body could be maintained and nurses also are not stressed out when they first time encounter death and dying condition.

Nurse administrator plays a key role in preventing the stressors experienced by ICU nurses towards End of life Care. As a nurse administrator the major responsibility is to do adequate staff recruitment to prevent staff crisis and prolonged duty hours which leads to burnout and decreased efficacy among staff nurses. It's the responsibility of nurse administrator to conduct staff development programmes on End of Life Care so that the nurses can gain skills in Palliative Care nursing.

Recommendations for further research

1. A similar study can be replicated on a large scale.
2. A similar study can be conducted on nurse working in NICU.
3. A similar study can be replicated with more subjects using quantitative methodology
4. A mixed method study can be done using triangulation design
5. A comparative study between stressors experienced by nurses working in wards and ICU can be done.

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