

Recognitions of Terminal Care among Clinical Nurse Managers

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Abstract: *When it comes to recognitions of terminal care among hospital nurse managers, this study was conducted with focus interviews targeting 15 nurse managers with over 10 years of experience at hemato-oncological centers, hospice wards, and intensive care units of three general hospitals with more than 300 wards in 3 cities of Korea, in order to explore the nature of experience using a phenomenological research methodology. Data analysis was based on Colaizzi(1978)'s phenomenological analysis method and 19 themes and 4 theme clusters were extracted from 64 meaning formations following the in-depth interviews with the subjects. It is supposed that the study findings would help in understanding the structure of nursing students' recognition on artistic aspects of care.*

Keywords : *terminal care, hospital nurse managers.*

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I. INTRODUCTION

The advancement in medical technology and science has been extending the human lifespan and this is leading to an increase in patients with terminal cancers and chronic conditions. In the light of this tendency, the importance of terminal care for helping patients spend the rest of their lives more comfortably and meaningfully is being highlighted(1). But existing terminal care in hospitals is not founded on a specific definition of the role of nurses and mostly, it is passive under the doctor's directions. Notwithstanding this realistic difficulty, most of the previous studies on terminal care have focused on the factors influencing terminal care practice, such as nurses' perception of death(2,3), spirituality(4), and empathic ability(5), rather than fundamental experience of nurses performing terminal care. Humans have special significance in society all the time and it is impossible to study the nature and sociality of humans properly without taking human subjectivity into account(6). It is, therefore, very meaningful to study the nature of terminal care experience of nurses. This study was conducted to understand the nature of experience by looking into recognitions of terminal care among hospital nurses using a phenomenological research methodology.

II. PROPOSED ALGORITHMS

2.1 Research Design

This is a qualitative study to explore recognitions of terminal care among nurse managers using a phenomenological research methodology.

2.2. Subject Selection and Ethical Consideration

This study targeted 15 nurse managers, who have over 10 years of experience at hemato-oncological centers, hospice wards, and intensive care units of three general hospitals with more than 300 wards in 3 cities of Korea and agreed to take part in the study after hearing a full explanation of the study purpose and method.

2.3. Data Collection

The study was conducted with focus group interviews from October 1st 2018 to March 31st 2019. The interviews took place in quiet areas of the school so the subjects could feel easy and friendly.

2.4. Data Analysis

The statements of the subjects were analysed, based on Colaizzi(1978)'s phenomenological approach.

2.5. Researchers' Preparation

Researchers mastered the qualitative research method in the graduate courses to comprehend the nature of experience stated by the subjects, attended several academic conferences on qualitative research methods, and published a number of qualitative research papers in domestic and overseas journals.

III. EXPERIMENTS AND RESULTS

The answers of the subjects in the in-depth interviews were analysed to examine recognitions of terminal care among nurse managers. As a result, 19 themes and 4 theme clusters were acquired from 64 meaning formations[Table 1].

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Table- I: Theme Construction

Meaning Formation	Theme Cluster	Category	
Feel sorry for caregivers, who are not prepared.	Death education for caregivers is required.	Future terminal care strategies	
Education is required for caregivers lacking terminal care experience.			
Feel sorry for caregivers, who do not give up patients.			
Assignment of role to notifying of the death time is needed.	Differentiated terminal care is required.		
Terminal care strategies considering characteristics of departments must be provided, since individual departments define the death time differently.			
Terminal care education for hospital nurses is required.	Terminal care education is required.		
Hospice nursing class for nursing students must be invigorated.			
Feel thirsty due o unsatisfactory terminal care.			
Dying patients taken to requirements of caregivers	The needs of patients to prioritize		
Intentions of dying patients are ignored.			
Juvenile dying patients to read parents' countenance			
Want to help to improve psychological difficulties.	Spiritual care to reinforce		
It is unimaginable to provide emotional care.			
Be aware of spiritual needs, but there is a limit.			
Feel rewarded, thanks to fellow doctors, who express gratitude.	Feeling of reward by the expression of gratitude		Factors encouraging terminal care
Be encouraged to work by receiving greetings of caregivers.			
Feel satisfied by doing the best to offer terminal care.	Satisfaction with fully provided terminal care		
Feel rewarded for belief-based terminal care.			
Realize the meaning of nursing after terminal care.	Giving a positive meaning to nursing		
Feel satisfied when getting cursed because of the help for patients.			
Feel cold-hearted to follow the ward guidelines.	Losing humanity	Obstacles to terminal care	
Lose humanity following the rules.			
Feel indifferent to repeated death.			
Feel confused by sudden death.	Difficulty in providing consistent terminal care		
It is difficult to provide terminal care when death is just around the corner.			
Become care-oriented after sudden death.			
Family doctors' different ways of handling death			
Watch a patient's death at a ward with general patients.	Poor environments for terminal care		
There is no ward for dying patients.			
Other patients of a ward blame a dying patient.			
Feel confused by ambiguous DNR regulations.	A lack of awareness of palliative care		
Doctors avoid in the legally unprotected situation.			
There is a lack of confidence about medical practice.			
Have difficulties due to doctors' inconsistent attitudes.			
Feel confused by a lack of trust in a doctor's patient treatment.			
Uncertainty of life-sustaining treatment	Confusing terminal care performance		
Terminal care begins late.			

Read a doctor’s countenance.		
Miss the time for terminal care.		
Feel sorry for a doctor, who does not give up a patient.		
Have difficulties in controlling caregivers.		
Feel confused, because I do not know the range of help.		
Lack confidence about informing of the death time.		
Lose confidence due to a lack of knowledge of terminal care.		
Doctors avoid the death situation.	Difficulty in leading terminal care	
Doctors shift responsibility onto other shoulders in a difficult situation.		
Feel helpless, because I cannot do anything for patients suffering from pain.		
Proposal for patient treatment is not accepted.		
Face a limitation in providing belief-based care.		
Have difficulties in taking care due to blind faith in substitute food.		
Feel sorry to watch a patient’s suffering.	A low level of terminal care	
Terminal care practice, which is not absurdly enough to meet the needs of patients		
Have no time for terminal care due to busy working schedules.		
Have no leisure to think of anything except nursing due to busy working schedules.		
Feel hungry, because terminal care is not fully provided.		
Trauma from unsolved death experience		
Want to avoid expected emotional difficulties.	Avoidance of emotional conflicts	
Avoid rapport building with DNR patients.		
Have no leisure to think of spiritual care.	Absence of spiritual care	
Spiritual care, which is dependent on the demands of patients		
Spiritual care, which is not fully provided		
Feel skeptical, because I fail to fully perform terminal care.	Skepticism about nursing	Reality of terminal care to improve
Regret doing this thing.		
Feel confused at myself losing humanity due to the burden of work.	Settlement of ethical dilemma	
The death time not to be notified to patients		

IV. CONCLUSION

When it comes to recognitions of terminal care among nurse managers, this study was attempted to explore the nature of experience using a phenomenological research methodology. 19 themes and 4 theme clusters were extracted from 64 meaning formations following the in-depth interviews with the subjects. It is considered that the study findings above would help in understanding the structure of nurse managers’ recognition on terminal care. In the future, there would be a need to develop a program to train nurse managers for enhancing a level of terminal care in the field of nursing, based on the recognitions of terminal care among nurse managers revealed in this study.

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