Nurse-identified Barriers and Facilitators to Delivering End-of-Life Care in Cardiac Intensive Care: An Exploratory Qualitative Study

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End-of-Life in the Intensive Care Unit

Limitations of life-sustaining therapy occur in the majority of patients dying in European ICU settings (Sprung et al, 2003)

Mortality in cardiac ICU reported to be as high as 28% (Zobel et al, 2012)

92% of ICU nurses reported direct involvement in end-of-life care (Latour et al, 2009)
Challenges of End-of-Life Care

Variation in practice leading to uncertainty in decision-making (Latour et al, 2009)

Timely communication with families about prognosis (Carlet et al, 2004)

Addressing family expectations and managing disagreements between medical teams (Brooks et al, 2017)
Study Aims and Objectives

Identify the barriers and facilitators that cardiac ICU nurses face in delivering end-of-life care

Explore whether any of the identified barriers/facilitators are specific to the cardiac ICU setting
Study Method

Exploratory qualitative study

Specialist cardiac ICU with an average 50 level 2-3 beds; mortality of 35% (September 2016 - August 2017)

Participant selection - convenience sampling

Data collection - semi-structured individual interviews, audio-recorded, transcribed verbatim, written consent

Data analysis - thematic analysis, rigour
Participant Characteristics

6 nurse participants recruited

- 5 participants were female
- 4 participants were staff nurses
- 4 participants had received specialist critical care training
- 2 participants had received end-of-life care training

Mean length of service at host CICU was 1-3 years
Results

5 key themes identified:

- patient-centred care
- emotional challenges
- reaching concordance
- nursing contribution
- end-of-life care in ICU
Patient-Centred Care

Facilitators:
tender, loving care
acting in the patients’ best interest
enabling family presence

Barriers:
prolonging treatment
inflicting undue suffering

“I would like the focus to be solely on that patient. They shouldn’t want for anything. Be clean, tidy, comfortable, pain free.” Sarah

“There’s been a couple of cases when we’ve done interventions which felt inappropriate and it was prolonging someone’s suffering in a way.” Rachel
Emotional Challenges

Facilitators:
support from nursing colleagues
emotional detachment
rationalising death

“I think if you thought about it too much, you’d just be depressed all the time.”
Emma

Barriers:
coping with death
witnessing families’ grief
lack of debriefing opportunities

“You’re in the room, watching people say their goodbyes. It’s very hard, to watch and not get emotional.”
Sarah
Reaching Concordance

Facilitators:
- Timely multidisciplinary decision-making
- Family involvement in decision-making

Barriers:
- Slow or disjointed decision-making
- Families who disagree with clinical opinion
- Avoidance of responsibility

“The ICU consultant making a decision on their own. The cardiothoracics on their own. And the family, they get mixed information.” Ellie

“The family, they are the expert in that person. They know their mum, their dad very well. So they should always be there.” Jo
Nursing Contribution

Facilitators:
- Acting as the patient’s advocate
- Supporting the patient’s family

Barriers:
- Lack of formal end-of-life care guidance
- Being a junior member of staff

“Quite a large part of the role of the nurse is to say: ‘Hang on, what are we doing here?’” Jo

“I wouldn’t know how to broach this with a doctor. I don’t know if I’m allowed to. I don’t feel comfortable talking to them.” Emma
End-of-Life Care in ICU

Facilitators:
Access to comfort measures

Barriers:
Curative ethos of intensive care
Medicalised environment
Lack of specialist training in end-of-life care
Differences in professional beliefs

“It is entirely possible for us to keep patients comfortable, pain-free... and ensure their dignity.” Jo

“In a critical care environment, people don’t like to think that they can’t fix the patient.” Emma
Implications for practice

Emotional labour: what comes first - emotional challenges or emotional resilience?

Education: ICU nurses want to, and need to, have access to specialist end-of-life training.

Teamwork: “Nurses are part of the team, please discuss it with us.”
Concluding Remarks

End-of-life care is a challenging element of cardiac ICU practice.

Delivering end-of-life care in surgical ICU poses challenges that are specific to the surgical ICU setting.

Effective, inclusive team-work aids the provision of good-quality end-of-life care in ICU settings.

Families are perceived by nurses to be a vital part of the team.