

# 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

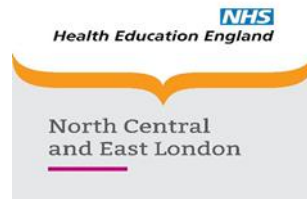


Identify the barriers and facilitators that cardiac ICU nurses face in delivering end-of-life care

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



**Barts Health**  
NHS Trust



North Central  
and East London

# 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

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

## Barriers:

prolonging treatment  
inflicting undue suffering

“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:

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

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

# Nursing Contribution



## Facilitators:

Acting as the patient's advocate  
Supporting the patient's family

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

## Barriers:

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

“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

