

Strategies to Improve End-of-Life Care in the Intensive Care Unit as Perceived by Nurses



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Background

Nurses are facing organizational, professional and personal sources of stress when providing end-of-life (EoL) care¹ in the Intensive Care Unit (ICU)^{3,6}. One of their major challenges is to shift from curative care to EoL care in a short period of time^{3,6}. While sources of stress are well described^{2,4,5}, less is known about nursing strategies to improve EoL care in this critical environment. This study aimed to describe strategies to improve EoL care in the ICU from the perspective of nurses.

Methods

A total of 42 nurses working on different shifts (days, evening, and night) in ICUs of five clinical settings from three regions of the province of Quebec participated in this descriptive qualitative study. Ten focus groups with a duration of 40 to 60 minutes were completed using a semi-structured interview guide. The content was audiotaped, transcribed, double coded, and analyzed using InVivo software. Themes were identified and classified according to strategies related to 3 categories of sources of stress: organizational, professional and personal.

Results: Identified Strategies to improve EoL care in ICU

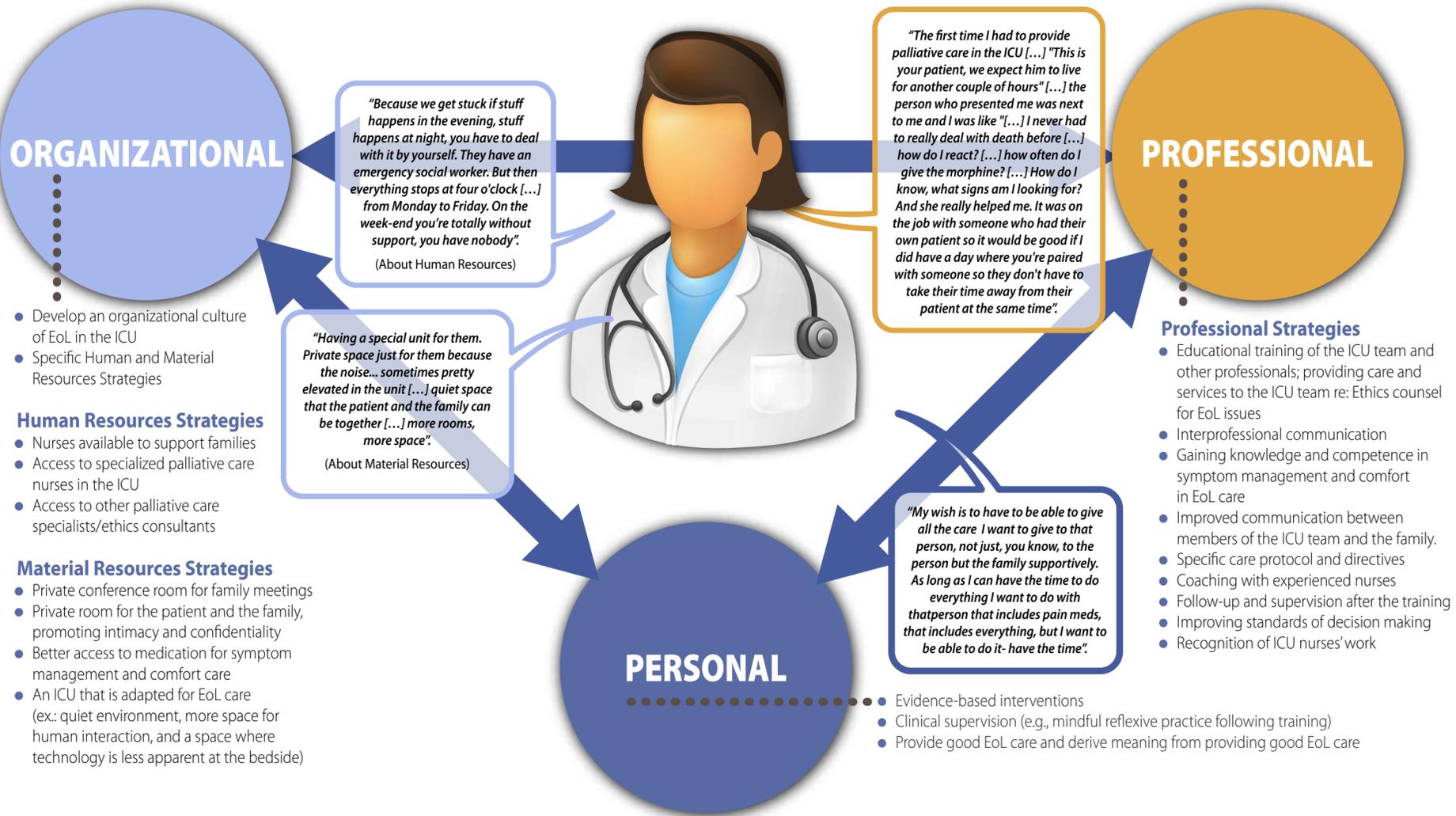


Table 1: Sample characteristics

| Sites | N | μ Years of experience | μ Age |
|--------------|-----------|-----------------------|-------------|
| A | 7 | 10.7 | 37.3 |
| B | 6 | 14.1 | 43 |
| C | 9 | 10.6 | 36.2 |
| D | 12 | 14.0 | 45.1 |
| E | 8 | 6.6 | 35 |
| TOTAL | 42 | 11.3 | 39.1 |

Discussion and Conclusions

Providing EoL care is stressful for ICU nurses. When interviewed, nurses proposed relevant strategies to help reduce organizational, professional and personal sources of stress that could contribute to improve their well-being and satisfaction at work. These suggestions are consistent with clinical recommendations made by the American College of Critical Care Medicine to improve end-of-life care in the ICU⁷ which includes the development of ICU clinicians' competencies in providing this type of care, improved communication with family, and the development of bereavement programs. Research is needed to further adapt, implement and evaluate programs to better support ICU nurses in EoL care. The impact of such programs on retention of nurses, on nurses' well-being and job satisfaction as well as organizational and patients' clinical outcomes, needs to be documented.

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