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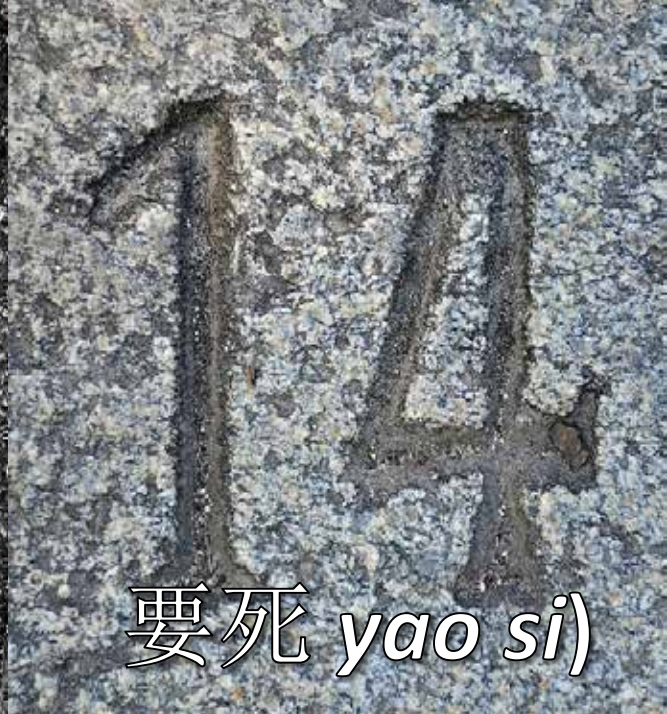
Intensive Care Nurses' Lived Experience of Supporting End-of-life Care in the Adult Intensive Care Unit in Hong Kong: A Descriptive Phenomenological Study

Chan Tsz-nga Michelle & Martin Christensen



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Opening Minds • Shaping the Future
啟迪思維 • 成就未來



四 *sì* 死 *sǐ*.

要死 *yào sǐ*



送钟 — *sòng zhōng*

送终 — *sòng zhōng*



IF YOU HURT MY CAT

**I CAN MAKE
YOUR DEATH
LOOK LIKE AN
ACCIDENT**





Beautiful, Peaceful

What does
end-of-life
mean to you
?



Acceptance

孝

/xiào/

Filial Piety

noun [fill-ee-ul pi-eh-ty]

The virtue and primary duty of respect, obedience, and care for one's parents and elderly family members.

'Protect' loved one

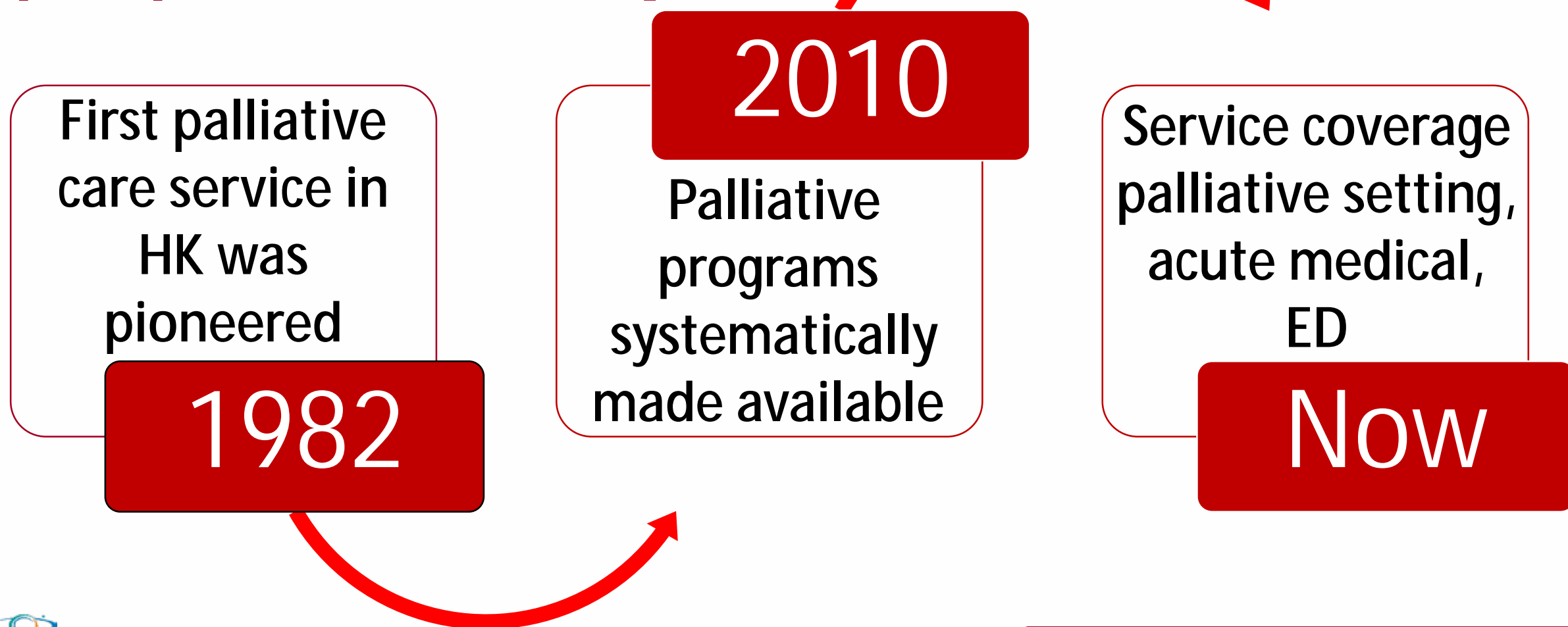


End-of-life
In
Chinese Culture

Unacceptable
Taboo

'There is relatively **NO** strong culture of making end-of-life care (EOLC) in Asia compared with western countries'

EOLC in Hong Kong (HK) Public Hospital



The Study

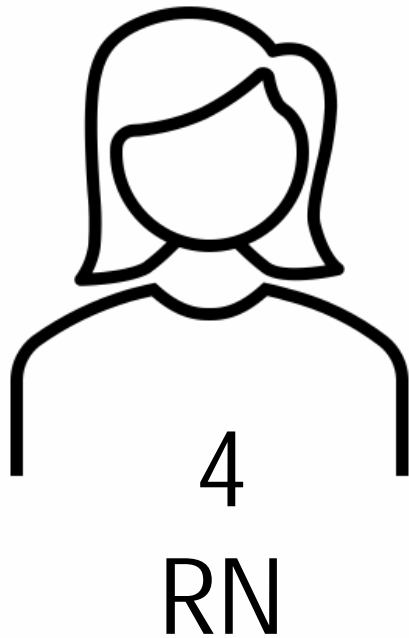
Aim:

To explore and better understand HK ICU nurses' lived experience supporting EOLC in the adult ICU.

Design:

Draw upon the key principles of Husserl's descriptive phenomenology

Findings – Background Information

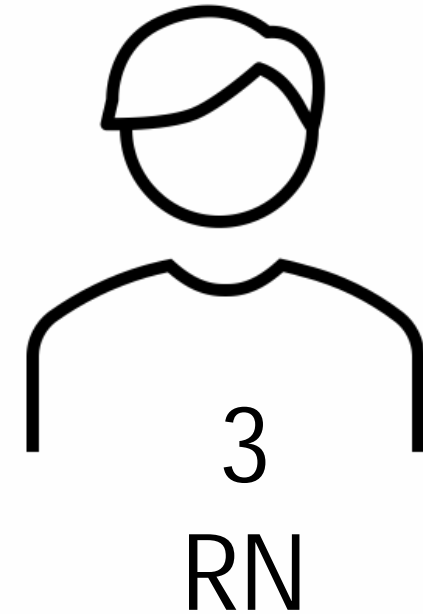


Education level:

- Degree: 3
- Master: 4

Years of working:

- 1-2: 4
- 2-3: 2
- > 7: 1



Findings – Themes Identified

Not Wanting the
Patient to Suffer

Caring for the
Family

ICU nurses' lived
experience in
supporting EOLC

Feeling like a
Passive Bystander

The Reality of EOL

Findings – Themes Identified

'Not Wanting the Patient to Suffer'

- Communication with patient
- Promote comfort for patient

Findings – Themes Identified

'Not Wanting the Patient to Suffer'

- Promote comfort for patient

“Minimize blood taking as the patient is very weak.” (Participant 2)

“We will [try] avoid physical restrain as [much] possible.” (Participant 3)

Findings – Themes Identified

'Not Wanting the Patient to Suffer'

- Promote comfort for patient
 - "However, when looking after end-of-life cases, we will focus more on maintaining pain score to zero. It is different in the goal of care." (Participant 3)*

Findings – Themes Identified

'Caring for the Family'

- Communication with family
- Family psychological support

Findings – Themes Identified

'Caring for the Family'

- **Communication with family:**
“Therefore, we always communicate with family... For end-of-life cases will even more frequent. Meanwhile, nurses will phone contact family daily to update patient’s status.” (Participant 1)

Findings – Themes Identified

'Caring for the Family'

- **Communication with family:**
"We will look for someone who is easier to communicate with... [those not] easily driven by their emotion, they may misunderstand... Eventually cannot reach a compromise of the treatment plan." (Participant 4)

Findings – Themes Identified

'Caring for the Family'

- Family psychological support:
"We will use gauze to cover patient's eyes to make relative feel better." (Participant 4)

Findings – Themes Identified

'Caring for the Family'

- Family psychological support:
"I will sit by her side and hold hands when having a conversation... give her some encouragement to do something for the patient." (Participant 6)

Findings – Themes Identified

'Feeling like a Passive Bystander'

- Medical dominance
- Passive nurse role
- Task orientated
- Lack of autonomy
- Nurse mixed emotion
- Ways to deal with emotion

Findings – Themes Identified

'The Reality of EOL'

- ICU goal of care
- Lack of manpower
- Heavy workload
- Lack of training
- Lack of standard guideline
- Usual practice

Findings – Themes Identified

'The Reality of EOL'

- EOLC define
- ICU environment
- Patient short length of stay
- Less attention for EOL patients

Findings – Themes Identified

'The Reality of EOL'

- EOLC define:

“But I think end-of-life care doesn't mean at the moment of handling a dead body. It is a whole process.” (Participant 6)

Findings – Themes Identified

'The Reality of EOL'

BUT.....

EOLC define: **Wait to be informed of EOLC**

"I think supporting means, we will provide nursing intervention when the doctor and the patient have made a medical decision."

(Participant 5)

Findings – Themes Identified

'The Reality of EOL'

- ICU environment: Suitable for EOL
 - “One of the ICU strengths is that nurses can notice DNR cases needs immediately as the nurse-to-patient ratio usually is 1:1 or 1:2.” (Participant 1)*

Findings – Themes Identified

'The Reality of EOL'

- Short length of stay

“Cases in the ICU are active; it is very difficult for them to pass away. Even the case stays longer than usual, they will be transfer back to the general ward at last.” (Participant 6)

Findings – Themes Identified

'The Reality of EOL'

- Less attention for EOL patient:
"We will easily neglect them as they will not have many changes within a short period of time...we will not interfere the case. We believed that too much interference will speed up the process of dying." (Participant 4)



Final Thoughts