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Coronary care unit nurses' outlook on death – their own thoughts as well as those of their patients: A pilot study

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Introduction

The primary task of nurses working in a coronary care unit (CCU) is to monitor and treat life-threatening conditions (1). Another task, and one that is just as important, is to care for and understand the cardiac patient's mental condition following an acute cardiac event (1,2). Admission to a CCU involves not only chest pain but also an existential crisis (1,3,4). Recovery can be facilitated by good nursing care (1,5), which requires knowledge and experience of reflecting, not only on cardiology but also on cardiovascular nursing (6). CCU nurses are confronted on a daily basis by cardiac patients who have thoughts about as well as fear of death. A review of the appropriate literature revealed no studies that examined the level of preparedness of CCU nurses for answering questions about death or whether they had reflected on these issues, which are of major importance in order to understand a seriously ill or dying patient in his/her existential crisis. However, there is a need for CCU nurses to study and learn more about the death process in order to understand a dying patient, as inability to do so may lead to anguish, guilt and agony for the latter (7). A cardiac event threatens the foundations of life; self-image, life itself and everything that is considered important (1). Patients in the final stage of heart failure think about death mainly in connection with complications in their condition (8). Although some are in favour of euthanasia or suicide, all patients nevertheless want life-prolonging treatment. There are different opinions about when to initiate a conversation about death (9). Physicians' and nurses' attitudes affect patients and their families. The physician is responsible for informing about the patient's condition, but the nurse has a closer relationship with the patient,

which makes it easier for the latter to confide his/her innermost thoughts in the nurse (9,10). This close relationship may imply that the nurse is the most appropriate person with whom to discuss questions and thoughts about death (10). CCU nurses consider communication with dying patients to be an effective therapeutic resource (11), but they have difficulties dealing with their own feelings, leading to dissociation in the dialogue about death (11,12). Very few physicians talk to their patients about the latter's end-of-life wishes (13). Nor is it a matter of course for seriously ill patients to discuss their wishes with relatives. It is therefore important that the members of the seriously ill patient's social network are sensitive to whether he/she wants to talk about death. It is important to identify not only the patients' perception of good and bad death but also how these factors contribute to a death that is consistent with the patient's wishes (14). Due to insufficient knowledge of patients' thoughts about death, it is particularly important to ascertain the attitude of CCU nurses towards the need of cardiac patients to discuss thoughts about death. Accordingly, the aim of this pilot study was to explore and describe the outlook of CCU nurses on their own as well as their patients' thoughts about death.

Material and methods

Design and setting

A pilot study with a descriptive design was employed, which had been approved by the Institutional Review Board of a University Hospital in southern Sweden. The fact that a pilot study was used was due to methodological limitations, in particular a small sample as well as a lack of data collection instruments. The pilot study was conducted in spring 2005 at a 19-bed CCU and involved registered and assistant nur-

ses, all of whom were informed verbally and in writing that participation was voluntary, in line with the Helsinki declaration, and that confidentiality was guaranteed (15).

Participants

All 68 nurses at the CCU were invited to participate, and 63 (37 registered and 26 assistant nurses) agreed after one reminder. The dropout rate of five (7%) was due to lack of time.

Questionnaire

A questionnaire addressing the outlook of CCU nurses on their own and their patients' thoughts about death was designed specifically for the study by an experienced CCU nurse research team and initially comprised 55 items at ordinal level (from 1=totally agree to 4=totally disagree) in the areas of socio-demographics, personal and professional outlook on death. In order to ensure measurability and manageability in clinical practice (i.e. thus avoiding a time-consuming questionnaire), the items were reduced to around 5 per area. One key item: 'I think the patient often entertains thoughts about death' was formulated, in addition to another 12 items, for the purpose of further testing the construct validity (explorative factor analysis) and internal consistency reliability (Cronbach's alpha co-efficient) by means of tests on three experienced CCU colleagues (registered as well as assistant nurses) and negotiated consensus (16) within the CCU research team. The factor analysis revealed four factors with factor loadings >.4, labelled to the essence: plan of action, 4 items; personal standpoint, 3 items; openness towards patients, 3 items; and educational adequacy, 2 items, which cumulatively explained 61% of the total variance and had an overall Cronbach's alpha coefficient of .66 (Table 1). Five further socio-demographic items were inclu-

ABSTRACT

No studies have examined the level of preparedness of CCU nurses to deal with cardiac patients' death issues. Accordingly, the aim of this pilot study was to explore and describe CCU nurses' outlook on their own as well as their patients' thoughts about death. A pilot study was conducted in 2005 at a University Hospital in southern Sweden. The 63 (93%) nurses answered a newly established 18-item questionnaire regarding their own and their patients' thoughts about death. Descriptive statistics revealed that 90% of nurses believed that patients often thought about death. Regarding their outlook on death issues, 41% were aware of their personal standpoint, 63% were clear about their plan of action, 34% showed openness towards their patients and 26% expressed educational adequacy. These low figures pertaining to both personal and professional awareness indicate a lack of knowledge and competence. Clinical implications are the provision of various forums at CCUs on this subject and the creation of awareness at all levels of nursing education. Research implications are to further develop the instrument and implement an intervention at the CCU of how to care for dying cardiac patients in a professional manner.

KEYWORDS: cardiac care, death, education, nursing, outlook

Table 1: The development of the coronary care unit nurse outlook questionnaire by means of a factor analysis comprising principal component analysis with varimax rotation (construct validity) and Cronbach's alpha coefficient (internal consistency reliability)

Outlook/item	Communalities	Factor loading	Per cent explained variance per area	Cronbach's alpha
<i>Plan of action</i>			24,5	0,71
I have a clear viewpoint concerning my thoughts about my own death	0,540	0,683		
I feel comfortable talking about death	0,790	0,661		
I think there are good opportunities for dealing with ones feelings after a case of death during work	0,703	0,687		
I know where to turn to talk to somebody when I am having a difficult time after a case of death during work	0,601	0,754		
<i>Personal standpoint</i>			14,3	0,54
I usually talk about death in private life	0,335	0,466		
It is important for me to say goodbye to deceased patients that I have cared for	0,637	0,785		
I willingly talk to dying patients since I find it interesting to hear their view concerning death	0,649	0,711		
<i>Openness towards patients</i>			11,9	0,55
I often start a conversation that shows the patient that I am willing to talk about death	0,602	0,775		
I often consider what has been good or bad about the care after a case of death	0,637	0,715		
I find that patients often want to talk about death	0,463	0,568		
<i>Educational adequacy</i>			10,0	0,37
I do not think there is a need for education/therapy groups at work in the form of «conversations about death»	0,588	0,522		
I think that I have gotten enough knowledge from school education to know how to deal with dying patients	0,738	0,850		
Total (all items)			60,7	0,66

ded: age, marital status, profession, sex, and number of years of CCU experience; thus the final questionnaire consisted of a total of 18 items.

Data collection

The CCU nurses, who received the questionnaire together with a pre-addressed envelope in their letter box at the CCU, were asked to fill it in and place it in the first researcher's letter box within the space of a week.

Data analysis

This pilot study only used descriptive statistics derived from SPSS™ to illustrate the prelimi-

nary information (frequency tables and cross tables). Items were dichotomized (totally agree/agree=yes and totally disagree/disagree=no) in order to better assess the outlook of the CCU nurses. Furthermore, number and percentage were calculated at both factor and item level for each factor, resulting in a total score for the factor as a whole as well as a specific score for each item in order to obtain a comprehensive overview and capture the dignity of each item, thus enhancing clinical relevance.

Results

Socio-demographic characteristics of CCU nurses and their outlook on patients' thoughts about death

As shown in Table 2, the typical CCU nurse was a cohabiting female registered nurse, under 40 years of age with around 10 years of clinical practice. A total of 57 (90%) considered that the patient often had thoughts about death.

Plan of action

In total 40 (63%) of the CCU nurses were clear about their plan of action regarding death issues. Four out of five (n=51;81%) had

clear views concerning their own death while two thirds felt comfortable talking about death (n=40;64%) as well as knowing where to turn if they needed to talk to somebody due to a difficult time surrounding death at work (n=42;67%). Two out of five (n=26;42%) thought they had good opportunities for dealing with their feelings after a death at work.

Personal standpoint

In total, 26 (41%) of the CCU nurses were aware of their personal standpoint regarding death issues, while nearly half (n=31;49%) often discussed

Table 2: Socio-demographic background of the coronary care unit (CCU) nurses (n=63)

Variable	Number	%
<i>Age</i>		
<40 yrs	35	56
>40yrs	28	44
<i>Profession</i>		
registered nurse	37	59
assistant nurse	26	41
<i>Sex</i>		
man	11	17
woman	52	83
<i>Work experience at CCU</i>		
<10 yrs	32	51
>10 yrs	31	49
<i>Civil status</i>		
cohabiting	47	75
living alone	16	25

death in their private life. A similar number (n=34;55%) considered it important to say goodbye to a deceased patient they had cared for, while around one in five (n=14;22%) welcomed the opportunity to talk to dying patients since they found it important to hear the latter's views concerning death.

Openness towards patients

In total, 21 (34%) of the CCU nurses exhibited openness towards their patients regarding death issues. After a death, around three in four (n=48;77%) reflected on what had been good or bad about the care, while slightly more than one in ten (n=8;13%) often initiated a conversation showing the patient that he/she was willing to talk about death. The same number (n=8;13%) considered that patients often wanted to talk about death.

Educational adequacy

A total of 16 (26%) CCU nurses stated that they had had an adequate training regarding death issues. Approximately one in three (n=23;37%) considered that

there was no need for education/therapy groups at work, while one in seven (n=10;16%) reported that he/she had sufficient knowledge from his/her initial education in order to deal with dying patients.

Discussion

Methodological issues

To our knowledge, this pilot study is the first attempt to study CCU nurses' outlook on thoughts of death, and for this reason the findings must be considered of importance for clinical practice. However, there are several limitations that must be taken into account before any generalisations can be made (17): firstly, applicability in terms of the design and sample can be questioned, due to the fact that this was an explorative and descriptive pilot study with a small and disparate sample comprising both registered and assistant nurses. With a larger sample it would have been possible and also necessary to take care of any influence of socio-economic factors. Secondly, the questionnaire was specially designed for this study and needs to be fur-

ther scrutinised by means of validity and reliability tests in order to establish safety. So far, however, the figures are promising, comprising a total variance explaining >60%, satisfactory factor loadings >.4, in addition to a Cronbach's alpha coefficient of just below the recommended .70 (18), in addition to the fact that we also employed a pilot study and reached negotiated consensus (16). The addition of further items, especially in the educational adequacy factor, could possibly increase the internal consistency reliability value by means of a higher Cronbach's alpha coefficient. Furthermore, experienced CCU nurse researchers developed the questionnaire, and the number of items was reduced to facilitate use in clinical practice. Thirdly, proper accuracy in terms of precision and carefulness was achieved, as the items were designed to be answered easily and quickly by means of a Likert scale by CCU nurses with vast experience of the subject in question, which also explains the very high response rate of 93%.

Outlook on death issues

As many as 90% of the CCU nurses gave an affirmative response to the key item, namely the belief that patients often think about death. At the same time it is obvious that the CCU nurses do not actively engage patients in discussions about their psychological reactions and experiences on admission to a CCU, an issue van Elderen et al. (19) conclude is of importance for facing up to and working through the trauma of the cardiac event. Two thirds of the CCU nurses had an action plan, especially with regard to their own death. At the same time, less than half reported satisfactory opportunities for dealing with their feelings at work in order to alleviate anguish, guilt or agony, a fact highlighted by Civetta (7). Jonsson and Segesten (20) also consider that conversations and discussions are necessary in order

to be able to internalise traumatic experiences. This indicates that the methods for dealing with these issues on the ward are in need of improvement. Only two fifths were aware of their personal standpoint, as indicated by their willingness to talk to dying patients in order to ascertain the latter's viewpoints concerning death. Communication would be facilitated if CCU nurses were to adopt such an approach, as dealing with psychological aspects of the disease should be a part of their professional duties (9,10). Crafoord (2) deplores the physician's lack of time and considers that the psychological reactions to death ought to be dealt with in a doctor-patient relationship characterised by a dialogue that continues by means of follow ups. Lack of time is a factor that contributes to the low level of trusting relationships. One in three CCU nurses, a fairly low figure, reported being open towards their patients. This reveals that most nurses neither initiated a conversation showing their willingness to talk about death nor considered that the patients wanted to talk about it. Nevertheless, a cardiac event threatens the foundation of life (1), which is the reason CCU nurses must act more openly in order to provide patients with a better opportunity to discuss their thoughts and thus obtain help to deal with their feelings. It is the CCU nurses' own feelings of fear and insecurity that hinder conversations about death (11). At the same time, it is important to be sensitive to and respect the patient's integrity (13, 21). However, psychological discomfort is common after a cardiac event, while stress is a contributing factor in recurrence (22). If CCU nurses were to employ suitable conversational techniques, it could result in less stress and fewer recurrences. With regard to educational adequacy, there is a great need for education in this area, as only one in four of the CCU nurses were satisfied. This is

in line with findings in other healthcare areas and indicates that university colleges do not support end-of-life care, which means that this aspect must be taken seriously and receive greater attention (23–25). Students imply that caring for dying patients can only be learned through clinical practice (24), which strengthens this study's finding regarding the need for in-service therapy groups. Education at the workplace by well-trained supervisors and by specialists during nursing studies is probably the best option.

Conclusions and implications

This pilot study has produced promising figures regarding the questionnaire's validity and reliability. However, further improvement by expanding the questionnaire as well as using larger samples are necessary in order to make any generalisations. Nevertheless, the CCU nurses' outlook (n=63) on their own as well as their patients' thoughts about death showed that nine out of ten considered that the patient often had such thoughts. Furthermore, two out of three had a clear action plan, two out of five were aware of their personal standpoint, one out of three were open towards their patients, while one of four expressed educational adequacy regarding thoughts of death. The low figures pertaining to both personal and professional outlook indicate a lack of knowledge and competence on the part of these highly experienced CCU nurses. The clinical implications are to provide different forums in CCUs in order to address the subject, as well as highlighting the insufficiency in this area at all levels of nursing education. A nursing research implication is to introduce an intervention in a CCU for the implementation of professional factors related to how to care for dying patients or those who have thoughts of death.

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