

Helping Nurses Cope with Patient Death: Coping Resource Bundle

Brittany Esgro BSN, RN

Lehigh Valley Health Network, Brittany_C.Esgro@lvhn.org

Amy Gust BSN, RN

Lehigh Valley Health Network, Amy_C.Gust@lvhn.org

Kate Saunders BSN, RN

Lehigh Valley Health Network, Kate_M.Saunders@lvhn.org

Courtney Yankelitis BSN, RN

Lehigh Valley Health Network, Courtne_L.Yankelitis@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

Published In/Presented At

Esgro, B., Gust, A., Saunders, K., & Yankelitis, C. (2016). Helping Nurses Cope with Patient Death: Coping Resource Bundle. *LVHN Scholarly Works*. Retrieved from <http://scholarlyworks.lvhn.org/patient-care-services-nursing/628>

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Helping Nurses Cope with Patient Death: Coping Resource Bundle

Brittany Esgro BSN, RN, Amy Gust BSN, RN, Kate Saunders BSN, RN, Courtney Yankelitis BSN, RN

Intensive Care Unit, Muhlenberg (ICU-M) - Regional Heart Center, Muhlenberg (RHC-M)
Lehigh Valley Health Network, Allentown, PA

The death of a loved one takes a significant toll on family members and friends. Death is also very difficult for nurses who develop special bonds while caring for patients. Nurses are inclined to increase their activity before a patient death to keep their mind distracted. A heavy workload prevents nurses from taking the time necessary to cope while in the work setting. Qualitative data found in the literature discusses the nurse's lack of attention to individual coping when caring for the dying patient, with some nurses not coping effectively. Suggestions for coping strategies were taken from the evidence and utilized in the Coping Resource Bundle.

Purpose

Determine how well nurses are coping with patient death on RHC-M, a 36-bed cardiac unit and ICU-M, an 18-bed intensive care unit

Goal

Increase registered nurse (RN) awareness on the importance of effectively coping with patient death

Plan

Initiate coping strategies found in the literature through a *Coping Resource Bundle*

Implementation

- 1 Pre-survey distributed to unit RN's to determine current coping patterns
- 2 Meeting held with Pastoral Care director to discuss involvement in project implementation
- 3 Coping Resource Bundle initiated
- 4 Post-survey distributed to RN staff to determine effectiveness of Coping Resource Bundle

Coping Resource Bundle

Reminder cards placed at each pod/computer encourages staff to choose one of the following coping strategies:

- 15 minute break post patient death
- Debrief/reflect with Pastoral Care
- Seek support from fellow staff member
- Lower acuity assignment when caring for a dying patient when unit census allows

Unit Leaders are asked to consider patient acuity when assigning a dying patient to an RN. Dying patients and their families require extra attention and support from staff members.

Key Findings

Pre-Survey		
	ICU-M	RHC-M
Nurses need to take care of themselves in order to provide best patient care.	97% agreed	96.67% agreed
Do you agree with the following statement: "I feel like there are established resources available to me on my unit to help me cope when my patient dies?"	Yes 23% No 41% Unsure 33%	Yes 50% No 36.67% Unsure 13.3%
Can nurses benefit from resources available to them after a patient dies?	Yes 69% No 7% Unsure 20%	Yes 60% No 10% Unsure 30%
Post-Survey		
Did you utilize the Coping Resource Bundle?	Yes 41% No 23% No death 36%	Yes 30% No 0% No death 70%
Does the Coping Bundle enhance your ability to cope?	Yes 100%	Yes 100%
Do you agree with the following statement: "I feel like there are established resources available to me on my unit to help me cope when my patient dies?"	Yes 59% No 5% Unsure 36%	Yes 60% No 0% Unsure 40%
Would you like to see the Coping Bundle continue?	Yes 97% No 3%	Yes 100%

Outcomes

- 1 RNs have the opportunity to effectively cope with patient deaths by utilizing established resources available on the unit.
- 2 RNs on ICU-M and RHC-M have an increased awareness of the importance of coping with patient death.
 - Able to cope in a healthy manner versus coping later or not at all
- 3 RNs feel they have an increased capacity to provide enriched care to dying patients and their families.

RNs as a whole felt more supported on their units after experiencing patient death.

Next Steps

The Coping Bundle will be available to nurses as an established resource post patient death on all units throughout the Network.

References:

1. Aiken, L., Clarke, S., Sloane, D., Lake, E., & Cheney, T. (2009). Effects of hospital care environment on patient mortality and nurse outcomes. *The Journal of Nursing Administration*, 38(5), 223-229. Doi:10.1097/01.NNA.0000312773.42352.d7
2. Attia, A. K., Abd-Elaziz, W. W., & Kandeel, N. A. (2013). Critical care nurses' perception of barriers and supportive behaviors in end-of-life care. *The American Journal of Hospice & Palliative Care*, 30(3), 297-304. doi:10.1177/1049909112450067.
3. Domrose, C. (2011). Good grief: Nurses cope with patient deaths. *Nurse.com*. Retrieved March 15, 2015, <http://news.nurse.com/article/20110221NATIONAL01/102210041/-1/frontpage#.VQYT0454pcQ>.
4. Powazki, R., Walsh, D., Cothren, B., Rybicki, L., Thomas, S., Morgan, G., & Shrotriya, S. (2013). The care of the actively dying in an academic medical center: A survey of registered nurses' professional capability and comfort. *The American Journal of Hospice & Palliative Care*, 31(6), 619-627.

© 2016 Lehigh Valley Health Network

A PASSION FOR BETTER MEDICINE.™



610-402-CARE LVHN.org