**TRANSCRIPT ANALYSIS – Sudden Death in Emergency Department**

***Participant: ANNABELLE (pseudonym) (3HC)***

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| The good stuff | 19-20: It is almost exactly the same as working in the ambulance. I get to see all the good stuff if I may say that, like broken bones and blood. | Excitement, adrenaline rush as a job motivation |
| Fix something | 23: It is exciting because you put down your knowledge to fix something in no time. | Making a positive change in a short period of time |
| Not the same | 36-38: Because I understand I am supporting emotionally someone, but it’s not the same when someone is critically ill, such as he fell from the third floor or whatever else. | Not being able to use all aspects of her training |
| Cutting corners | 48-52: I am not saying that stocking and cleaning is not as important as anything else. But for me, that I am able to do so much more, is not as important as. I always felt that. What I don’t like about my job? I don’t like the fact that patients are coming in … I wouldn’t say with no reason, I wouldn’t say an unimportant reason, but they could go to a GP to sort it out, but they come because they will probably have to wait shorter and will have everything sorted. | She doesn’t like when people are coming to Ed when they could go to their GP |
| Feeling lucky | 65: I would say that I am quite lucky not experiencing much of that. | Lucky for not seeing too much death |
| Expression of pain | 67-68: The worst part for me is the relatives when they are crying and mourning and shouting, all this expression of pain they have, this is the worst part for me. | Hardest part of the death experience is witnessing families in pain. |
| Devastated | 68-71: I’m not saying I can’t feel easily with someone dying, whatever the age. I am much more sensitive with children, and this is why I choose not to go to the children’s department. If I can’t help a child, I would be more devastated than if I am unable to help an adult. | Experiencing a child’s death is devastating |
| Failing | 71-73: Because an adult at the end of the day can sort himself out, can protect himself, eat, drink, everything. But a child needs your protection and if I fail to do that, it would be very hard. | Not being able to help a child is failing |
| Don’t like it | 89-90: I don’t like it. I’m not going to say that I am used to it now, because you can’t get used to it someone passing away but you come to terms with stuff. | Can get used to death, but it’s never a pretty experience |
| Frozen | 98-100: I was so shocked, I was thinking, any moment he can stand up, I was frozen at the end of the bed and the guy, he was, I don’t know how many years he was like … | Seeing death the first time caused shock |
| Good experience | 101: It was a very good experience, just seeing someone dying for the first time. | Seeing death was a necessary professional experience |
| Seeing differently | 104-108: It is, it’s me. My way of seeing things it’s different now. The moment I see someone coming through the doors, I’m now … are they going to make it or not? Only by looking at them. The colour of the skin, the way the posture is, every feeling to say if this person is going to make it or not. But most of the time, I would say 80% of the time I was right, so usually with elders, they are going to pass away. The younger ones they are usually make it out, they live. | Death experience changed her patient care |
| Cultural differences | 111-113: As I said earlier the only thing I can’t cope with are the relatives. Especially as I am from the Southern-Eastern part of Europe where we express our feelings more and stuff. I can’t hear the relatives crying and mourning. | Expressing grief in different ways |
| Heartbreak | 117-119: In Resus, the curtain prevents you from seeing things, but you can hear everything. So when this person is crying himself out and shouting “Come back” it makes my heart break, it really does. | Strong emotional reaction to relatives painful experience |
| Escaping | 123-125: When I heard it, I immediately turned around, I didn’t said anything to the doctor, I walked myself out through the doors. I did not said anything to the doctors, but cried, I literally cried. It made me upset. | Escaping an emotionally heavy situation |
| Belief | 134-136: With situations involving children I am much more sensitive. I don’t like the fact that a child has to come to Resus for whatever reason. I’m supposed to protect them. If I can’t protect them, than I am not good for this. This is the way I am thinking, his is the way I believe. | Helping a child roots in her own personal values |
| Branded | 147-148: No. I haven’t got anyone here. The last thing I want especially at work is being branded or put a label on as depressed or whatever, so I don’t. | Labelled for displaying emotions at work |
| Memorable death | 162-170: It was the first one. The first one being on my own in Resus. A child. It is unfair for the child to cross the road and someone, doing whatever, not noticing the child. I remember his shoulder. It was not only dislocated, it was in a very un-normal position. I had one of the Neuro ITU team member coming and I was asking what’s the prediction about this and they’ve said, it is not good. So he actually take the life of the child away. I was trying to see what’s going on and the child actually passed away a few days later in Neuro ITU. I am not saying that older people are not important, it’s just the whole story, the background, the reason that comes in, how it did happened, the prediction, this cloud of information, it makes it not special but more memorable. | Features that make a death memorable |
| Reasoning death | 174-176: I always try to see the reason behind it, the logic. The child didn’t crossed the road on the crossing … and I say this is why … I’m not saying it will happen to you, I will never say that, but give me a reason why you don’t have your eyes and ears around. | Finding a reason for death to ease processing it |
| More emotional | 197: I am getting more emotional. I am also trying to control myself. | Effects of death experience |
| Making memories | 201-208: I don’t have any changes on that. I always believed that having your friends and family around, which I don’t have here, but I am trying to interact with people. So, memories and having good relationship with others were always very important for me. I didn’t changed anything on this because I don’t have any relationships at work. Apart from a few people I don’t believe I have friends in there. So on this side of things, no I didn’t have any changes. I always believed that family and friends are the most important, always try to make memories. Because at the end of the day when you grow up if you don’t get Alzheimer’s or anything you will remember things. | The importance of life in the view of death |
| Blocking emotions | 212-218: This is a coping mechanism for me. As I said I live by myself here, I do not have a family, so if I have a nervous breakdown, I will have to go through it by myself. Since I can manage it, reason it, I also don’t want to put pressure on others. Because this is what I choose to do as a job. It’s not anyone’s fault that I work in ED and I deal with people that go kite surfing and get slammed on the rocks or whatever. I might have the interest in looking and understanding things, but not everyone understands me. In a way I am protecting both of us. Myself because I need to keep going and others.  245-246: So they told us that the best way to deal with things is to block yourself emotionally. | Keeping emotions under control to keep going |
| Similar background | 218-221: This girl that I know is in a relationship, she is a nurse, she is Greek also, so we talk about stuff, what we do at work, not giving details, you know, just we had this incident and so on. Myself I am always standing on the side of what we could have done to prevent it. She would be understanding, because she is not in the hospital as I am. | Sharing emotions is easier with someone coming from a similar background |
| Situational awareness | 225-232: The only things changes is that I always had my ears and eyes open to whoever comes in ED, because I think once we here had a queue and we had a cardiac arrest in the queue and I had newly qualified nurses that were literally shocked of that. I wasn’t there but somebody has described it to me what has happened to me and everything. I am always to the detail of things. I always want to go around even with a look or something I might hear, I am going to be, hey are you allright? I don’t think that makes me a good healthcare assistant, but I have been always like this, I always had my antennas ready to pick up everything and I can decide if I can discard or keep it. I believe even the smallest detail can make a drastic change. | Aware of patient deterioration |
| Confidentiality | 260-264: Not a group support. I don’t like this because people make fun of me. Not everyone likes my ideas and what I am saying so, one-to-one would be perfect. And of course confidentiality so that the person goes outside and say that this person said this or that. A psychologist, someone who has trauma experience. Yes I am happy to talk and say things but not in a group of course. | Talking about these experiences in private |
| Face-to-face | 268-272: Psychologist on site. Support on site. Not emails, not phonecalls. A small room, if you need to hug them, to cry yourself down, do it. But actually, a face-to-face something. Have someone to understands you rather than having a typical email, because you don’t really understand if you read something, because I am expressing myself differently compared to the way I am writing. | Support can’t be remote |

**FINAL CODES EMERGING THEMES**

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| --- | --- | --- | --- |
| 1 | The good stuff | 1 | Adrenaline rush |
| 2 | Fix something | 2 | Fix something |
| 3 | Not the same | 3 | Lack of opportunities |
| 4 | Cutting corners | 4 | Cutting corners |
| 5 | Feeling lucky | 5 | Death avoidance |
| 6 | Expression of pain | 6 | Expression of pain |
| 7 | Devastated | 7 | Devastating |
| 8 | Failing | 8 | Failing |
| 9 | Don’t like it | 9 | Death avoidance |
| 10 | Frozen | 10 | Frozen |
| 11 | Good experience | 11 | Professional experience |
| 12 | Seeing differently | 12 | Changed care |
| 13 | Cultural differences | 13 | Cultural differences |
| 14 | Heartbreak | 14 | Heartbreak |
| 15 | Escaping | 15 | Death avoidance |
| 16 | Belief | 16 | Belief |
| 17 | Branded | 17 | Branded |
| 18 | Memorable death | 18 | Memorable death |
| 19 | Reasoning death | 19 | Reasoning death |
| 20 | More emotional | 20 | Increased emotions |
| 21 | Making memories | 21 | Making memories |
| 22 | Blocking emotions | 22 | Blocking emotions |
| 23 | Similar background | 23 | Similar background |
| 24 | Situational awareness | 24 | Situational awareness |
| 25 | Confidentiality | 25 | Confidentiality |
| 26 | Face-to-face | 26 | Face-to-face |

**SUPERORDINATE THEMES**

|  |  |
| --- | --- |
| **LIFE IN ED** | Adrenaline rush |
| Fix something |
| Lack of opportunities |
| Cutting corners |
| **ATTITUDE TO DEATH** | Death avoidance |
| Professional experience |
|  |
| **CULTURAL CHARACTERISTICS OF DEATH** | Cultural differences |
| Similar background |
| Belief |
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| **INFLUENCE OF DEATH** | Expression of pain |
| Devastating |
| Failing |
| Frozen |
| Heartbreak |
| Memorable death |
| Reasoning death |
| Increased emotions |
|  |
| **EFFECTS OF DEATH** | Changed care |
| Making memories |
| Blocking emotions |
| Branded |
| Situational awareness |
| Confidentiality |
| Face-to-face |