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

***Participant: CHARLIE (pseudonym) (4HC)***

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| First hand | 26-28: Initially I thought it’s going to be a fantastic learning opportunity and it has been. Whole heartedly I can say that all I know now was the result of first hand practice and experience and I think I can carry that on placements as a student nurse as well. | First hand experience |
| Sense of family | 56-59: The thing that I like the most is probably working as a team, we are very good at that especially in ED and we have the chance to know our peers quite well and it’s almost a sense of a family amongst the team, especially of those you know, there is a high turnover of staff, but those who’ve been there for a while, getting to know them on a 1-to-1 basis which is nice. | The team gives him a sense of family |
| Undervalued | 61-62: The stuff I don’t like the most is rude patients, feeling underappreciated, undervalued which can come from senior members of staff as well. | He doesn’t like being undervalued and underappreciated |
| Better place | 66-71: The whole honest answer, I wouldn’t say I’m religious, I appreciate religious values and I would say I am spiritual in a sense, I’d like to think it’s someone going to a better place without suffering, without pain and they are going to be with their loved ones. That’s what I would like to believe. Obviously when you are exposed to it, asking yourself these questions, but I think that’s what I like to believe what happens when you pass away. | Dying means being in a better place |
| Too common | 84-88: Unfortunately I would say it’s too common that I would like. Fairly way too often patients are brought in who are at end of life or dying and they’ve got this massive bright spotlight shinning above them, clinical staff left, right and centre, obviously I do know what people’s wishes are, dying at home, in terms of clinical appropriateness, is it appropriate for them to die in Emergency Department, for part of them definitely not. So far too often I think. | Seeing death in ED has become too common |
| Not a place to die | 84-88: Unfortunately I would say it’s too common that I would like. Fairly way too often patients are brought in who are at end of life or dying and they’ve got this massive bright spotlight shinning above them, clinical staff left, right and centre, obviously I do know what people’s wishes are, dying at home, in terms of clinical appropriateness, is it appropriate for them to die in Emergency Department, for part of them definitely not. So far too often I think. | ED is not a place to die |
| Seasons of death | 97-102: I would say from my personal experience, I don’t know if there is any evidence link to it, but I would honestly say depending on the time of the year. In the winter when services are really at push, I would say it is more common to see the patients who are palliative to come in. During the summer months when you’ve got I would say more young people involved in drink driving or being adventurous on motorbikes, or doing outdoor activities, that’s when you see more trauma coming or at least the ones that are more significant. | Paliative deaths are more common during winter, while sudden and young adults, during the summer |
| Dying alone | 103-105: I remember, not this Christmas, but the Christmas before, someone was brought in who was palliative, End-of-life and the family didn’t wanted to come in on a Christmas day. And this poor patient ended up passing away with staff around them, but you know, alone, in a Resus room | Dying in ED can be a cruel experience |
| Unexpected death | 111-118: Definitely. Those who come in known that they are going to die and then you have the trauma coming in, not knowing in what state they are coming in, but I think the ones that made the most significant impact for me were those who, I wouldn’t say clinically well at the time, but I had an interaction, a bit of rapport and they suddenly deteriorated, I think those are the ones that stick with me the most. If you get a trauma call, a medical code blue, you are expecting it. You already start feeling the adrenaline, you are in clinical mode, I know this is my role, this person’s role, that is when it’s really unexpected and out of the blue and that’s when it’s difficult. | Unexpected death is difficult |
| Traumatic death | 139-142: My uniform … I was covered in vomit and blood as well … it was so unexpected and I remember coming back, finishing my just and literally just thinking of what just happened and that was the most significant event. There’s been a few but this is the one I will never forget. | Traumatic death is memorable |
| Family involvement | 146-148: The fact that I knew his wife is sitting in the Resus room waiting for him to come back. I was looking at the clock saying, it was 40 minutes now. She’s got to be thinking where are we and the fact that it was a really horrific death. | Family involvement makes a death memorable |
| A sense of failure | 151-153: . And the rubbish thing as well was that there was nothing we could do because once he lost that large amount of blood so quickly, your chances of survival is very-very slim. I guess a sense of failure probably. | When unable to help he feels a sense of failure |
| Feeling rubbish | 162-164: As a reflection I was thinking, if the doctor is finding this really uncomfortable, it really consolidates that what we’ve been through it’s really rubbish. You know, saying, it hasn’t gone right here, we might have missed something, I don’t know really. | Feeling uncomfortable |
| Couldn’t sleep | 167-168: So, first I don’t want to really cry … I don’t know, I can express my emotions, but I remember coming home after that and I couldn’t sleep at all. It definitely still affects me I think. | Affected by the death experience |
| Feeling useless | 169-173: In terms of what ways … I have spoken about it with a handful of people, so yourself, my partner and one of my parents, that’s probably, I just think, I never felt so useless. Not that I could do anything significantly to change this, to save this person’s life, in terms of clinical aspect I’m a healthcare assistant, but still I never felt so useless watching someone how life is draining away from them. | Losing someone makes you feel useless |
| Talk and run | 176-179: Straight away I come home and speak especially to my loved ones and running, I really enjoy running. I have to admit, when this happened I was a smoker, most likely I had a few cigarettes, fresh air. But now I’d like to think I have better and healthier coping mechanisms, in case something similar would happen again. | Ways of coping with the death experience |
| Closure | 181-186: so the day staff was coming in as we just called it. A handful of day staff was coming in to help us out, help to tidy things up because it was obviously, the floor was flooded, it was an absolute mess and personally, they said, oh you can go home now, it’s been rubbish for you, just go, it’s fine. But I think deep down I would have preferred to stay and help for example to have that patient properly dressed, help tidy up the area, whatever it was I would have preferred to do that and then go home. | Closure helps processing the whole event |
| Feeling useful | 188-191: Because when you feel so helpless during any intervention at least I can feel I could do something to make this patient appropriate, you know … to get them dressed, to get them clean, put them on a nice bed, if I can’t do anything at least it would be something nice to do. | Feeling useful by doing something when feeling useless |
| Process it better | 196-198: Probably I would have wanted to have some time with the doctor afterwards as we’ve been, the two of us initially. If I would have had this opportunity, I would have process it better. | Talking with someone involved helps processing it better |
| Supporting others | 221-224: I took the time, I found the radiographer on Facebook and messaged her, you know, oh my God, that very significant going home with, if you’ve never witnessed anything like that before. I don’t know if anyone has spoken with a radiographer in a formal way, but yeah that was quite difficult. | Supporting other people involved helped processing the event |
| Develop a shell | 228-232: You develop immunity how to speak. Where is for someone else is quite significant, for healthcare stuff is quite significant. The dynamics of the department are quite difficult, you can have anything coming through those doors. You need to be mentally and physically ready for anything it might throw on you. So I guess you become hardened and develop yourself to shell. | Develop immunity over time by seeing death |
| Laughing and joking | 240-244: But, observing some colleagues how they are so laid back, how to speak when looking after someone who is dying or someone who has died , it’s you know, it might be laughing and joking with peers, whilst someone is dying or giving care after death, but it’s not the right time or place you know, have some respect and I don’t want to become that person that I’ looking at the minute, that’s not the nurse I want to be | He doesn’t want to become a nurse without respect for the dying |
| Do it properly | 251-254: But, observing some colleagues how they are so laid back, how to speak when looking after someone who is dying or someone who has died , it’s you know, it might be laughing and joking with peers, whilst someone is dying or giving care after death, but it’s not the right time or place you know, have some respect and I don’t want to become that person that I’ looking at the minute, that’s not the nurse I want to be | Being compassionate is the basics |
| Celebrating life | 257-264: I would say I am more and more open to perspectives of how people are seeing death. I am fascinated how historically we used to celebrate people dying, you know going to a better place. Especially in other cultures it’s a celebration of life not a … where as now it more like … a sad … well it is sad, but we should look at the positives and I think to have that you’ve got to believe that wherever they are going it’s a better place, where they are not in pain. I always think the concept of heaven is where you want them to be. And personally if would have to die, I would like to think I’ll go to a place where there is no pain and I am with the people I love. So probably it’s enforcing that perspective more than witness to more deaths. | Looking at the positive side of death |
| Talk about death | 270-272: I think we should be having conversations about death, it should be natural to talk about death all the time, it’s a big part of life, it shouldn’t be deemed as inappropriate. There is a time and space to talk about death, | Talking about death should not inappropriate |
| Can’t give | 282-283: I feel like me as an individual I can give a lot more, but I can’t give as long as I work in the Emergency Department, to my patients. | Can’t give my all to patients in ED |
| Ethical dilemma | 307-317: When there is individually too much to do, if you know that clinical area is absolutely trashed and you know that there is someone else coming in very soon, you have that ethical dilemma, that I really want to be with this person, to look after this person giving their mouthcare, making sure that they are comfortable, the correct lights are in place or they are in a quiet environment, all of which can take time, but equally at the back of your head, you are thinking, our job here is to save lives. In resuscitation room we need to prevent that, in a way you need to prepare for the next one. To put it bluntly. And it’s your team as a whole, how we will work. You know we have some people who are extremely clinical, we come together as the patient is almost an object, let’s do this, let’s do that, everything is structured but when it comes to the holistic side of things, it all goes out of the window and equally you might have a very holistic team, but then something comes in suddenly you also need that quick intervention. | Ethical dillema is forced in ED by time and work pressures |
| Half full | 336-338: . It’s a hard pill to swallow. I think it’s also how you are as an individual that plays a massive factor. There are the people who sees the cup half empty, and those who see it half full. But our main job is to be there for the patient so … if you can’t look after yourself, you can’t look after others as well. | Looking after yourself to look after others |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | First hand | 1 | Practical experience |
| 2 | Sense of family | 2 | Sense of family |
| 3 | Undervalued | 3 | Undervalued |
| 4 | Better place | 4 | Better place |
| 5 | Too common | 5 | Too common |
| 6 | Not a place to die | 6 | Not a place to die |
| 7 | Seasons of death | 7 | Seasons of death |
| 8 | Dying alone | 8 | Dying alone |
| 9 | Unexpected death | 9 | Unexpected death |
| 10 | Traumatic death | 10 | Traumatic death |
| 11 | Family involvement | 11 | Family involvement |
| 12 | A sense of failure | 12 | A sense of failure |
| 13 | Feeling rubbish | 13 | Feeling rubbish |
| 14 | Couldn’t sleep | 14 | Couldn’t sleep |
| 15 | Feeling useless | 15 | Feeling useless |
| 16 | Talk and run | 16 | Talk and run |
| 17 | Closure | 17 | Closure |
| 18 | Feeling useful | 18 | Feeling useful |
| 19 | Process it better | 19 | Process it better |
| 20 | Supporting others | 20 | Supporting others |
| 21 | Develop a shell | 21 | Develop a shell |
| 22 | Laughing and joking | 22 | Bad attitude to death |
| 23 | Do it properly | 23 | Compassionate care |
| 24 | Celebrating life | 24 | Celebrating life |
| 25 | Talk about death | 25 | Talk about death |
| 26 | Can’t give | 26 | Not a place for compassion |
| 27 | Ethical dilemma | 27 | Ethical dilemma |
| 28 | Half full | 28 | Self care |

**SUPERORDINATE THEMES**

|  |  |
| --- | --- |
| **REALITY OF ED** | Practical experience |
| Sense of family |
| Undervalued |
| **INFLUENCE OF DEATH** | A sense of failure |
| Feeling rubbish |
| Couldn’t sleep |
| Feeling useless |
| Talk and run |
| Closure |
| Feeling useful |
| Process it better |
| Ethical dilemma |
| Self care |
| Supporting others |
| **THE BRIGHT SIDE OF DEATH** | Better place |
| Celebrating life |
| Talk about death |
| Compassionate care |
| **DEFINING DEATH** | Too common |
| Seasons of death |
| Dying alone |
| Bad attitude to death |
| **COMPLICATED DEATH** | Unexpected death |
| Traumatic death |
| Family involvement |
| Develop a shell |
| Not a place to die |
| Not a place for compassion |