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

***Participant: DAVID (pseudonym) (9N7)***

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| Generous with feelings | 39-46: For me it was the staff. It was a lot about the staff and a lot about patients as well. We are in a really privileged position here because we are looking after patients having the worst day of their lives quite often. And we can share that with them. We can make it better sometimes. Sometimes we can’t. I was always fascinated by that. Fascinated by people who are always very generous with their feelings towards patients, having a positive regard no matter what happens with that patient, even the aggressive ones. I was always fascinated by our staff’s capacity to see beyond that and still be there for that patient and be able to kinda … yeah … I think that’s why I love this department so much. | Staff being always generous with their feelings reason to work in ED |
| Organized and efficient | 51-55: My job as a Band 7 is running the department. I like that because it taps into my own thoughts of being organized and efficient and understanding the role. I like the idea that we have to think about what we are doing and I like the idea that you have to be quite knowledgeable about skillset as well, to know what to do to make things better, so very technical skill here I think that you have to kinda master. | ED taps into his own personality of being organized and efficient |
| Uncertainty | 74-77: For me interestingly, I’m not a lover of change particularly. Which is funny, because you might think the cornerstone of being an A&E nurse is to be very flexible, but I like what I know, what I like, I know what I know. Sometimes I don’t like the uncertainty and that was always my thing … | He doesn’t like change and uncertainty in ED |
| Ramification of death | 88-91: Death to me is something that is exceptionally sad and it’s life-changing for the people that are left behind. I always wondered that the actual act of dying is easy, it’s the ramifications of that is the tricky part and the hard part. | The process of dying is easy, what’s hard is the ramification of the process |
| Act of death | 92-101: I think all death is unexpected, no matter what. For my time when I was in the hospice, there was specifically time when I looked after somebody who was coming in with an unconscious presentation, he was actively dying. His wife was sat next to him, I was there only to offer some kind of support. He died and it was a Thursday and she said, I’ll never forget, … Ohh this really surprised me, I wasn’t expecting him to die today. And I said … What do you mean? Obviously she rehearsed the whole situation. She said, in my head I thought he is going to die on Saturday, I go shopping, I’ll get a phonecall telling me that he is quite unwell, I’ll come in, he will die and that was it. But because of the fact that he died on a Thursday it completely flew her, it completely surprised her. So I always thought you can say that it’s expected or unexpected, the actual act of it is unexpected. | The actual act of death is what is surprising |
| ‘Auto-pilot’ mode | 121-132: Depends on what circumstance really. When we have a cardiac arrest, I don’t really think about any kind of similarities. When we have a cardiac arrest I am much more concerned about doing the right thing. So if my job is to do the defib, that overtakes everything. I am much more concerned, worried and stressed about how to do the defib than anything else. There are all kind of ramifications that this could be a young man with his family outside crying, it never goes this through my mind. In a cardiac arrest is more about the technical that’s what worries me. I remember once I was doing chest compressions on a 4 year old and the family was there and obviously the family was very emotional and screaming. And I was thinking, all I am concentrating was to make sure I am doing the depths of the chest compressions right, I was listening and it was completely oblivious for them completely. I knew my job was to do this, I was very focused on doing that. In those situations I am fine, I am very good in focusing on the actual practical things rather than the emotional part of it. | Separating skills from emotions while trying to save a life |
| Reminder | 145-151: The son who was my age said, we don’t know what’s going on, the doctor didn’t told us an awful lot. And I looked to the patient and it was painfully obvious that is going to die very soon. The doctor said, I need to speak with these people and tell them, look this is going to happen. So she went to speak with them and the son came to me and said Can I go home and bring his Christmas present, we want to open it together for the last time as a family. He rushed home to get the Christmas presents. The patient looked like my dad, he was ex-navy as well, the son was my age. | Reminded by a personal tragedy when witnessing the death of a patient |
| Refuge | 158-163: And there were a number of reasons because if we think about I was a band5 and I haven’t had a lot of experience in this department particularly , there was something about the communication with the family, the son was my age, the patient remind me of my father at that time, there were no technical aspects to it, it was purely being present with the family. In many ways that can be more difficult than a cardiac arrest , you can take your mind off it, well not your mind off it but you know as there are certain things you need to attend to | Being invested in technical details serve as a refuge |
| Family matters | 163-165: Yet being with the family when they have this horrific moment is a lot more stressful and I remember thinking the doctor went “Are you all-right?” That was it, there was no kind of this is your first death as a newly qualified band 5 nurse | Meeting the family was the most stressful part of the experience |
| Accountability | 166-169: I’ve seen it in the hospice as a support worker but there was no accountability that this was your first patient. As a student nurse you might see many, but once you are signed off and you are on your own, it’s a whole different accountability, responsibility about it, so I remember that was overwhelming for me at the time. | Being in a position of being accountable and responsible will make the experience harder |
| Being there | 174-184: No, it just saved the way I want to be with my patients, so I’m a big believer in having grown-up conversation but probably conversations with our patients. Being honest about it, saying This is where I am, this is where you are, this is where we think we are with the patient. We forget sometimes that we are a professional body of nurses, you know it’s a professional service. We pay for our registration and we are dealing with other adults and sometimes it’s very tricky that people forget that. And I think it’s okay to say to people this where I am, this is where you are, this is what we are going to do and you tell me, what do you think, what should I do to make this the best experience, even though we know that this is the worst experience of your life. It’s about being with people. It’s horrible, but there is an opportunity for the family to be there, to share that together, to be together, to experience this together, it’s so important. | Sharing the experience with the family and relatives |
| Supporting the team | 191-194: But now my role is supporting the junior staff and making sure they are okay and helping with the technical aspects sometimes, but not an awful lot now actually. My job is more like the guy asking ‘How are you?’ and checking that you have all the tools you need to be able to deal with that kind of situation. In terms of how I changed my practice, hasn’t really because, care is care, nursing is nursing, but with these experiences. | Supporting his team in difficult situations and with complex experiences |
| Optimizing care | 194-197: In terms of how I changed my practice, hasn’t really because, care is care, nursing is nursing, but with these experiences I think it gave me more inside knowledge on how my brain works and possibly how are we optimizing the care for our patients. | Inside knowledge gained from death experiences to optimize care |
| Lack of control | 208-209: For me, my stress always come from not having control over something. | Lack of control as a source of stress |
| Running | 209-212: So I like to go for a run just to take myself off and then go through the actions in my head, what could I have done differently, maybe I could have done this or that. I keep running until I feel I have sorted it out in my head and I can come back. I was very lucky that way. I never really needed alcohol. | Running as a coping mechanism |
| Talking | 214-216: I always just gone for a run or talk to a Band7. Every now and then I’ll speak to my own mum, but she’s getting really old now, she doesn’t really understands, especially with Covid, she doesn’t really need to hear that. I used to speak with her quite a lot but now I speak with my fellow Band 7. | Talking as a coping mechanism |
| Readily available | 241-242: I hope that I have changed in a way that I am more readily available for my patients, that I’m able to understand their specific needs more. | Death experience has made him more available to his patients |
| Sharing yourself | 258-260: For me nursing always was being with patients , that was the whole reason I did it and this whole relationship of sharing yourself with other people, being in a position to help them. As long as I have that I think I’ll be happy. | No major career plan changes, yet sharing yourself with your patients |
| Socks | 277-279: Things can go wrong when they feel overwhelmed and they feel they don’t have control and they can’t manage what they do and they should be managing. The good nurses can say, I know I feel like this, it could worry me but actually I understand it, I know how can I get out of it, I know how to look after myself. Socks is the way. | Wearing good quality socks as a way to deal with stress arising from these difficult experiences |
| Background knowledge | 284-286: That is an individual need I think. So for me I was always about the technical side of it. So I liked to know about the physiological side of it, it was always my thing. If I feel that I have the background knowledge to it I feel that I can cope with it. | Having background knowledge helps with better preparation |
| Doesn’t tell you anything | 287-290: The emotional side and the dealing with the family kind of side that’s a whole different ballgame. If you do ILS it tells you that you need to break bad news in a side room or whatever, that is oversimplified. That does not tell you about the mum that is screaming because their son just died, you know, it does not tell you anything about that particularly. | Traditional trainings does not prepare you for the emotional part of the experience |
| Sanitized view | 304-305: We have a very sanitized view of ourselves at work, we present ourselves in a certain way to our colleagues, but I always wondered, what we are like at home. | Sanitized view at work about staff |
| Nobody stands | 316-320: But it’s tricky, because when I was a Band 5 I was involved, they had this kind of counselling group, that they introduced here to support staff and it was like multidisciplinary one with all bands and HCA’s included and it turns out that the Band 6’s are the one causing the issue, but as they were in the meeting nobody would stand up and say they are the problem, because it wasn’t the right forum for that to happen. It’s very tricky because everyone is an individual and as such their needs are. | Group debriefs can be difficult as people might be reluctant in speaking up in front of others |
| Talking about experiences | 324-327: Yes, I think that’s a great idea. I think also talking about our experiences as well, because I think when we express about how we feel and stuff , we are worried what that person would think about us. If I would say how I was impacted by certain things, I think they might say ‘You are not much of a nurse’ or whatever. | Talking openly about our experiences, not willing to ‘impress anyone’ |
| People I trust | 341-343: I wouldn’t do it with anyone, as we all do, we have those people that we trust. It wouldn’t worry me speaking to a stranger , but it would have to be something quite big I think if I was going to do that. | Talking to people he trusts about his experiences |
| Difficult deaths | 357-371: I’m an adult trained nurse, so paediatric one’s are that I find quite tricky , not because it was a young baby, not the age particularly, but because of the technical aspect. Trying to work out what drugs you can use, sorting out the drug dosages, it’s a very technical convey. The adult cardiac arrest, so we are doing Ultimate Life Support now so senior nurses are running those, I’ve done a couple of those now, that’s okay, that’s not too bad. Me, I was always about the technical staff. When we had new defibs coming and I haven’t used them in practice. Worry about that I can deliver that shock when I needed to, so that kind of thing. In terms of whether it’s a traumatic or palliative kind of case, the experience here stays the same. You still got the patient that died, you still got the family , you have the ramifications and the actual post death that is the same particularly. For me is the care that we provide up to the point of death I think. I find that stressful. More than anything else. I want to be that person who makes sure they’ve got everything they need and I know what I am doing from a nursing competency and that worries me more than anything else. The actual dying part, that does not worry me particularly. The aftercare as I am older I think that’s better and I can empathize a lot more I think. | Things that make a death case difficult are age, family and after death ramifications |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Generous with feelings | 1 | Generous with feelings |
| 2 | Organized and efficient | 2 | Organized and efficient |
| 3 | Uncertainty | 3 | Uncertainty |
| 4 | Ramification of death | 4 | Ramification of death |
| 5 | Act of death | 5 | Act of death |
| 6 | ‘Auto-pilot’ mode | 6 | ‘Auto-pilot’ mode |
| 7 | Reminder | 7 | Reminder |
| 8 | Refuge | 8 | Refuge |
| 9 | Family matters | 9 | Family relationships |
| 10 | Accountability | 10 | Accountability |
| 11 | Being there | 11 | Sharing the experience |
| 12 | Supporting the team | 12 | Supporting the team |
| 13 | Optimizing care | 13 | Optimizing care |
| 14 | Lack of control | 14 | Lack of control |
| 15 | Running | 15 | Running |
| 16 | Talking | 16 | Talking |
| 17 | Readily available | 17 | Readily available |
| 18 | Sharing yourself | 18 | Sharing yourself |
| 19 | Socks | 19 | Socks as coping |
| 20 | Background knowledge | 20 | Background knowledge |
| 21 | Doesn’t tell you anything | 21 | Insufficient training |
| 22 | Sanitized view | 22 | Sanitized view |
| 23 | Nobody stands | 23 | Group debrief obstacles |
| 24 | Talking about experiences | 24 | Talking about experiences |
| 25 | People I trust | 25 | Talking with close friends |
| 26 | Difficult deaths | 26 | Difficult deaths |

**SUPERORDINATE THEMES**

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| --- | --- |
| **WORKING IN ED** | Generous with feelings |
| Organized and efficient |
| Uncertainty |
| **COMPLICATED DEATH** | Ramification of death |
| Act of death |
| ‘Auto-pilot’ mode |
| Reminder |
| Refuge |
| Family relationships |
| Accountability |
| Difficult deaths |
| **LEARNING FROM DEATH** | Supporting the team |
| Optimizing care |
| Lack of control |
| Background knowledge |
| Insufficient training |
| Sanitized view |
| **SUPPORTING THE FAMILY** | Sharing the experience |
| Readily available |
| Sharing yourself |
| **COPING WITH DEATH** | Group debrief obstacles |
| Talking about experiences |
| Talking with close friends |
| Running |
| Talking |
| Socks as coping |