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

***Participant: ERICA (pseudonym) (7N5)***

**INTRODUCTION (MOTIVATION AND VALUES)**

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| **Initial Codes** | **Transcript line and quote** | **Description of the code** |
| **Little things**  *Looking after*  *Working with*  *Scary but loved* | 14: There are lots of **little things**.  14-16: I have a little sister, **looking after** her when she was younger so probably that was one of the things. I have also **worked with** children, children with learning difficulties and I have been always around children, so that drove me to it.  22-25: Probably I wouldn’t have gone straight into the Emergency Department as it was a little bit **scary** but as we merged, that’s why, so I like more the assessment side rather than the ward work and just found myself in the Emergency Department now which **I do love**.  54: Yeah, I think it was definitely very **scary** for the first few months  66: But still sometimes it’s **scary**. | Little things: motivation has multiple components |
| **Benefits**  *Rewarding*  *Sort them*  *Interesting*  *Supportive team* | 29-31: I like that is **rewarding**, especially in ED where you can kind of see them and **sort them** and make them better in your shift which I find very **rewarding**. I like the families, it’s kinda **interesting** to work with.  64-66: But luckily I have a very **supportive team** and as I said I came down from the Assessment Unit so I knew a lot of people already so I was very well supported, I never felt as if I would be only on my own | Things she likes about her job in ED |
| **Drawbacks**  *Not enjoying*  *Losing skills*  *Stressful*  *Unsafe* | 36-40: Probably at the moment I am **not enjoying** how Covid has affected my job. As a paediatric nurse, is a complete change of roles, I see less paediatric patients, we are moved to the adult area more often which is fine. I don’t mind it, but obviously it’s not what I am trained in, not what I enjoy the most. So I am **losing skills** and put into situations that we actually find **stressful** and sometimes **unsafe**. | Things she doesn’t like about her job in ED |

**DEATH EXPERIENCE**

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| No real concept | 72-73: I had no previous experience with death, no family members, no friends, touch wood, I had **no real concept** of it | No real concept: lack of experience with death caused a lack of understanding of death |
| Black and white | 73-74: it was just **black and white**, you die, that’s it | Black and white: oversimplification of death due to no experience |
| Worried | 74-77: I could imagine it must be horrific but I didn’t really knew what it be like. That was something, even as a student, I was always very **worried** happening, while I was a nurse, as I have no experience of what is like for someone to die, that you know or had contact with, so before that I haven’t known about death as a concept.  96-97: But I knew that I will experience this at some point. | Worried: the fear of witnessing death, which was imagined as a horrific event. |
| Horrific | 87-88: All I can think of it’s very sad, **horrific** usually and traumatic for everyone, a real loss isn’t it however you knew that person’s love.  111-113: The parents were just sat there and it was **horrific** as they were screaming and then we all came out because lots of people were in Resus. | Horrific: very sad, traumatic, screaming |
| Real loss | 87-88: All I can think of it’s very sad, horrific usually and traumatic for everyone, a **real loss** isn’t it however you knew that person’s love. | Real loss: death on a relationship level |
| Not nice | 106: it was just **not nice** at all | Not nice: witnessing a child’s death |
| Hesitation | 105-107: So he was clearly already dead, all of his skin went funny, it was just not nice at all, but everyone was still trying to work on him because **you have to**  110-111: Then eventually the consultant came in and **kinda said** that we need to stop. | Hesitation: making the decision to stop resuscitation |
| Parent’s presence | 111-113: The **parents were just sat there** and it was horrific as they were screaming and then we all came out because lots of people were in Resus.  193-197: Yes definitely. So I as even with the second one I did so much better, when the parents weren’t there, it’s just a nurse head on, just focusing on saving him, while when you have the parents next to you, you are then thinking it brings a lot of emotion into the room and you are thinking this is someone’s baby, someone’s child, rather than just ABCDE, what’s next, chest compressions, you know. A step by step process becomes much more real. | Parent’s presence: makes the experience more difficult  Parent’s presence makes the experience real, rather than just a set of processes done for a patient. |
| Shock | 113-115: There was a lot of blood and I was in some kind of **shock** as I have never seen anything like that before, I have never seen anyone dead so it was like … I have never seen a case as a nurse where they don’t survive | Shock: response to experiencing death for the first time |
| Bizarre and surreal | 115-116: So it was really **bizarre** that we are just leaving it and walking away.  213: That was really **surreal**, just putting the child in a fridge, I just couldn’t believe that | Bizarre: disbelief that that death has occurred |
| Horror film | 119-120: He was like a normal baby, a normal boy but he was so bruised, like in a **horror film**, so that was him.  132: I did felt like a **horror film**.  150-151: She just sat me down and she said “The issue is you just sat and watched it like a **horror film**”, | Horror film: the scene of a dead body |
| Normal | 119-122: He was like a **normal** baby, a normal boy but he was so bruised, like in a horror film, so that was him.  Than I had another baby, a 7 month old who also came in cardiac arrest but he looked much more like a **normal** baby that we will try to resuscitate and it will survive | Normal: living is normal, dying ‘is not’ |
| Less traumatic | 124: I knew, it will happen, but it was **less traumatic** as I was in the whole process before | Less traumatic: seeing death before and knowing it will happen |
| I could not | 130-132: After the first one I was in so much shock. **I could not literally process** what happened. **I could not walk** from the hospital, I was crying so much, I had to walk from the other side on the outside, walk to my car. I literally **couldn’t believe** what I have seen. I did felt like a horror film. | I could not process, walk, believe |
| Struggle to process | 133: And then I really **struggled** to process it afterwards as well. | Struggle to process: difficult to process the experience |
| Insomnia and nightmares | 134-135: I had pretty bad **insomnia** afterwards for a couple of months. For the first week I did not sleep, I had **nightmares** every time I’ve tried to sleep … just thinking about it. | Insomnia and nightmares: effects of the experience |
| Little cry | 135-137: After the second one because I have been through it and I think I’ve been through it the worst way possible, after the second one I was absolutely fine, I had a **little cry** and I felt awful for the family of course, but I was fine. | Little cry: mild effects after having already experience with death |
| Avoidance | 146-147: People probably didn’t think that I was actually affected by it because actually I can **hide** it well.  171-173: I wish I’ve done it sooner. And probably I could have done it with a bit more support, but all they could offer was a telephone counselling. I didn’t wanted to do that because I didn’t think I could benefit from it as much | Hiding, covering the influence of the death experience |
| Playing your role | 151-153: “You haven’t **played your role** as a nurse, what you are. You just sat and watched someone’s baby die in front of you and the parents reaction and gone home. That would affect anyone  332-333: Yes, so I scribed on the second one, that was all I did, but at least I had a role. I felt like I was more of a nurse in that situation rather than just sitting and watching it. Yes that definitely did helped, being in a role. | Playing your role: rather than just watching |
| Time off and talk | 155-158: “You need to take **some time off** and process it”. And I was like “No, I need to save for our travelling and I’ll process it once I finish and I’ll have some **time off**.” So it just took time. Like the insomnia it took couple of months to go. So it was just time and **talking** to people about it  163-165: It wasn’t my family, it wasn’t my friends, I never consulted them because I thought they will not know what to say. There were people at work that I was **speaking to**, just like my friends at work, who actually passed it on to people higher up, to say that I am actually struggling  169-171: Just **talking** to someone who obviously been through this a hundred times and talked about it from an outsider point of view, it definitely did helped. | Coping with the death experience  Talking to people who will understand the experience |
| Haven’t lived life | 181-188: I think it probably would of because, just the nature of it because it was someone’s, it wasn’t even a baby, it was 30 months old, but I’d imagine it was doing interactions with them and the parents, first time parents, a complete shock as they didn’t knew this is going to happen to their baby. I think with children is a lot more traumatic, because they **haven’t lived their life**. I can imagine for the parents is something they will never get over it at all. Yes I think with an adult, I haven’t had an experience with an adult, but it seems it’s processed a bit easier, because they are an adult. Maybe a younger person not that much, but an older adult, who lived their life, although it’s sad but they had a chance to pass their age. | Age is a critical factor in experiencing death |
| Closure | 198-201: But in the same time it is so important for them to be in there, because if it looks they aren’t going to survive, if they don’t see that everyone tried their hardest, then I should imagine it is very hard to process for them. Their last memories are, they are fine and well and then their next memory is that everyone stopped help them and just passed away. So I think it’s really important. | Being present at resuscitation for parents offers closure |
| More cautious | 213-214: Yes, definitely, massively. As a nurse as well it has. I think I’ve **become more cautious** of certain things  240-243: Yes, so in terms of my nursing, for if the only red flag was heart rate was higher and went home, that always comes to my head, even if before it wouldn’t of because it was always all of the place, but that tricks me into thinking that its more important than I used to think it was. | Influence on care for other patients |
| Harsh | 219-223: it also makes you, almost, I don’t know what is the right word is … **desensitized** … It sounds awful but it kinda makes you become more **harsh** and harder out to shout | Harsh: desensitized |
| Life is short | 232-235: Yes definitely, it made me realize, **how short life is**, how quickly it can be taken away from you. I’ve never been one to be scared of death, I know some people really are, but it made me aware that your time can be taken at any point. I think it made me worried to be a parent, because of the fact it could happen, but not too worried, in a way to stop me. | Life is short: valuing life after a death experience |
| Help others | 251-253: Yeah, I think because my experience was so dramatic for me, in the future I’d like to do something to **help other people** that have similar experiences, other nurses or members of staff, I do want help people in the future, if they are in a similar situation | Help others: support staff and probably families who go through similar death experiences |
| Part of the job | 270-273: Your perspective before was, you are going into nursing and that is going to be something that happens and you just have to deal with it when it does. Actually I think that is not really the case especially in paediatrics. It’s not you just have to deal with, it’s not **part of your job**, it’s actually like a huge thing. | Death seen as part of the job |
| Armour | 280-282: I think I actually built **armour** since the first case happened. I had to put on, I felt much stronger going through it the second time, but actually I think it was okay to show that you are sad, for the family at the second time, that was fine. | Armour: detachment to protect the self |
| Thrown back | 284-287: Luckily after that, because I have a very supportive team, now that this happened I didn’t had to go back and look after five other people. In the ED they are doing it well, you have time to process it, not just being **thrown back** to look after the rest of the department. | Thrown back: to carry on working as if nothing would have happened |
| Expect the unexpected | 296-298: And if they haven’t, getting a bit more used to what to **expect**, because I didn’t really know what to expect when it happened and also more support afterwards for staff  321-325: I would probably ask about their experiences and if they haven’t I would ask how they think it would go and then educate them on what would actually happen, the process of it, where would resus be, because I didn’t knew about the adrenaline, only about the compressions, about all the investigations afterwards, which are quite invasive and also to let them know who to speak to afterwards if they struggle, like the Band6 or whoever they need talking to.  336-340: I guess it makes it more real, because when you’ve never been in a similar situation when you have to do chest compressions or you have to bag a patient, it’s hard to imagine doing it in the situation, I think you can try and remember as much as possible but it’s like a skill, and you are learning it when you’ve actually do the skill, it’s not the same as on a dummy. But I think it helps for sure and by the time I’ll do the training it will settle a lot more. | Preparation for death experience (training, support)  Preparation for the death experience should include:  - Understanding the process  - Understanding the related feelings  - Understanding the available support |
| Dignified environment | 312-316: But it’s so hard isn’t it, because if you would have all the money in the world, I think the viewing room would be nicer. I don’t think that’s a very nice room. I think it’s very old and outdated. Not enough room for lots of people in there and as well for paediatrics I think it’s clearly an adult viewing room, which I know we don’t really use that much so we probably never have our own room. | A dignified environment would improve the overall death experience. |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Little things |  | 1 | Motivation for the job |
| 2 | Benefits |  | 2 | Pros of the job |
| 3 | Drawbacks |  | 3 | Cons of the job |
| 4 | No real concept |  | 4 | No concept of death |
| 5 | Black and white |  | 5 | Oversimplification of death |
| 6 | Worried |  | 6 | Fear of death |
| 7 | Horrific |  | 7 | Horrific |
| 8 | Real loss |  | 8 | Real loss |
| 9 | Not nice |  | 9 | Death is not pleasant |
| 10 | Hesitation |  | 10 | Difficult decisions |
| 11 | Parents’ presence |  | 11 | Family presence |
| 12 | Shock |  | 12 | Shock |
| 13 | Bizarre and surreal |  | 13 | Bizarre and surreal |
| 14 | Horror film |  | 14 | Horror film |
| 15 | Normal |  | 15 | Death not normal |
| 16 | Less traumatic |  | 16 | Less trauma |
| 17 | I could not |  | 17 | Paralyzed |
| 18 | Struggle to process |  | 18 | Struggle to process |
| 19 | Insomnia and nightmares |  | 19 | Insomnia and nightmares |
| 20 | Little cry |  | 20 | Less impact |
| 21 | Avoidance |  | 21 | Avoidance |
| 22 | Playing your role |  | 22 | Active involvement |
| 23 | Time off and talk |  | 23 | Talking about death |
| 24 | Haven’t lived life |  | 24 | Age |
| 25 | Closure |  | 25 | Closure |
| 26 | More cautious |  | 26 | Effects on practice |
| 27 | Harsh |  | 27 | Detachment |
| 28 | Life is short |  | 28 | Value of life |
| 29 | Help others |  | 29 | Support for colleagues and families |
| 30 | Part of the job |  | 30 | Part of the job |
| 31 | Armour |  | 31 | Self-protection |
| 32 | Thrown back |  | 32 | Duty of care |
| 33 | Expect the unexpected |  | 33 | Preparation |
| 34 | Dignified environment |  | 34 | Dignity |

**SUPERORDINATE THEMES**

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| --- | --- |
| **WORKING IN ED** | Motivation for the job |
| Pros of the job |
| Cons of the job |
| **EXPECTATIONS OF DEATH** | No concept of death |
| Oversimplification of death |
| Fear of death |
| **REALITY OF DEATH** | Horrific |
| Real loss |
| Death is not pleasant |
| Shock |
| Horror film |
| Bizarre and surreal |
| Death not normal |
| Part of the job |
| Difficult decisions |
| Family presence |
| Age |
| Duty of care |
| **INFLUENCE OF DEATH** | Paralyzed |
| Insomnia and nightmares |
| Avoidance |
| Less trauma |
| Less impact |
| Detachment |
| Struggle to process |
| Effects on practice |
| Self protection |
| **LIFE AFTER DEATH** | Active involvement |
| Talking about death |
| Value of life |
| Support for colleagues and families |
| Closure |
| Dignity |
| Preparation |