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

***Participant: MARGARET (pseudonym) (10N6)***

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| Worst day | 32: I love that on their worst days you can be there to help them. | Be there on a patient’s worst day |
| Mystery factor | 37-39: I just like the business of it. You never know what’s coming in, you are in different areas, even though in the same department but in different areas of that department, sometimes you do a plastering, other times you help them with a chest drain, you know a little about a lot and I just kinda like that. | Never know what’s coming |
| Little gem | 57-59: I would have to say the patients. You don’t do it if you don’t like people. In A&E it can be a bit Monday and it can vary, but just give that little gem to the patient and you’re like, you just made my day. | Small gestures that make a big difference |
| End of natural life | 75-76: Death is when a person is getting to the end of their natural life for whatever reason and they are no longer alive, physically. | Death is the end of natural life |
| Emotionally difficult | 81-85: I think death has a massive impact, emotionally is difficult for everyone losing a loved one, a person who’s had a life for I don’t know how many years, has made an impact on society, on the world in some way and they are no longer there, leaving their family, friends, job, if they still have one, I think it’s massive yeah and no matter how close you are to somebody, there’s always a loss. | Death is an emotionally difficult experience |
| 24h | 114-115: I think everyone coming into ED and dying within 24hrs is unexpected anyway but I think the majority coming in are in cardiac arrest. | Everyone dying within 24h in ED is unexpected |
| Age similarity | 120-124: If the patient is your personal age, like the other day there was a patient, very similar age to me, so you make the connection that that’s me. Than if it’s my parents age I connect them with my parents. For example we had a patient passing away, her sister came in saying ‘Please don’t let her die, we are best friends.’ You see, I’ve got a twin sister, you empathize in that respect. | Age similarity can reference personal deaths |
| Death becomes personal | 124-130: I think for me it’s more the family, because if they come in and they are in cardiac arrest,as awful as it sounds it’s just a body in the system and you work through the system, algorithms and things like that and you never see them talking, but then you see the family and hear the stories. Then you relate to them in that way. I think you can’t have a death in ED that does not affect you in some way. Whenever you are in there for very brief amount of time and a patient is passing away it’s never a nice thing, no matter what, it’s only you’ll have a positive impact in the time it’s going to make that easier. | Family makes death to become personal |
| No fear of death | 134-145: If you are a lay person in the community and you see a dead body, you might be shocked and taken it back. But I think in A&E when a patient just passed away and their physical body is in front of you, your job as a nurse is to make them look nice and make sure there are still comfortable and that they are respected, but in that respect the shock factor is not quite there. I also think with the elderly patients it doesn’t make you fear death quite much because it’s a natural way that’s going to happen. And if you can make it nice in ED than at least you can think that you’ve done your job well. I know it’s sad that they’ve passed away. They’ve had a dignified death, so in that respect it doesn’t look so scary and also I think if they are young and they can donate organs that’s a nice thing too. So for me if I was in some horrific accident and I was about to die at least hopefully I could help others by donating organs. So I think it makes you not fear death quite so much because there are some positive things that can come out of it. | Death can have positive sides as well |
| Dignified death | 149-166: I think there are lots of things we can do. For example there was a lady, not the other week, obviously in the middle of Covid, in the middle of a pandemic, she was in her 90’s, terminally ill, so we knew she’s going to pass away quite soon. So putting her on a hospital bed, making her comfortable, getting her pillows, keeping her warm, brushing her hair, making sure she’s clean, giving her a freshen-up, these are the things we can do for her. Making sure she’s not in pain, giving her a small amount of pain relief making sure, she’s not suffering in any way. Turn the lights down, put her in a side room, making it quiet, maybe put on some music on, of that era, something that suits her, because obviously she can still hear you. Talk to her, hold her hands. Getting the relatives in, find out who their relatives are, inform them, get them in as soon as we can, make sure they can sit with her. Offer them a cup of tea, give them all the information they need. Answer any question that they have, give them the written information they need. Make sure they are not alone and that they are comfortable, offer a spiritual or religious leader, should she need one. So I think even in ED we can make end of life care really really good and I have seen that myself and I have enjoyed it, maybe that’s not the right word, but just being part of it. Because when you know you have tried to do something for them, making sure their last moments are the best as they can be, they are not alone, they are not scared or suffering, I think that’s the most massive thing we can do for patients. I think we can make a dignified that if the circumstances are sort of right. | Things that make a death dignified |
| Peaceful death | 170-174: Where do you want me to start? That 96 years old lady was one I think, just because even in the midst of a pandemic we can do it right and she looked so lovely and peaceful and she has seen her family and that was really nice and I think because I had a new member of staff with me who has not done last offices before, I told her this is a nice situation in which you are going to get, very controlled and calm. | Death can be sometimes peaceful in ED |
| Horrible death | 175-184: But then you also see definitely the horrific, the horrible death that don’t makes you feel warm inside, but upset and sad. So earlier this year there was an 18 years old girl who was in a boat crush and she came in very poorly and despite everything we did, we couldn’t save her. And her dad was the one that decided to stop the treatment. We said we can do this, we can do this, we can do this but she would be either very disabled or brain damaged, I don’t want that for my daughter, can we please stop treatment, so sadly she passed away. But then for me I think it was her sister, her mum and dad … they went on a family boat ride in the morning and by 2 pm their daughter had died and that was awful when there was a police enquiry, so the police were involved and she was so young and we had to lay her out to do the full body investigation and obviously for the coroners. So that was quite emotive, | Young age and tragic circumstances make a death horrible |
| Brutal death | 191-195: And then I think it’s a lot of the brutal ones that stick with you. We are a major trauma centre so we can crack like people’s chest and obviously when someone hears that we are going to open a chest, everyone gets excited as awful as it sounds, because it’s trauma it’s what we’ve worked towards and you don’t get that too often and it might be a situation that people might not see again. | Brutality of death will make it unforgettable |
| Pointless death | 196-213: It was this lady in her seventies, she was an antique’s dealer, she was just shopping on a Saturday morning, was driving home and for whatever reason she was on the wrong side of the road and hit another car head on, but they think she might have had a stroke at the wheel. But she came in, she was GCS 14 on the scene, she came in losing her GCS and went into cardiac arrest, she was unstable, they were not sure what to do, is it her heart, shall we crack her chest to see if there is some bleeding that we can stop, to stabilize her and get her to theatre, so they did, but she was in her mid seventies. She was a fit and well lady, she didn’t looked her age, but that is a lot of trauma if you went through a traumatic event and unfortunately she passed away. But then you are also dealing with a patient with the chest cavity wide open and also trying to make see them, but you have to tell the family that they can’t touch certain areas, because you can’t close her, due to the coroner, so things like that are just quite tricky. But then you see things which are a blessing in disguise I think. There was a mean in his early seventies, but had advanced dementia and he chocked to death on a sausage. He was having his lunch, enjoying his lunch, but unfortunately has chocked to death and that was it. So that’s sad but also quite light hearted as he was having his lunch and then the next moment. He doesn’t quite know too much about it. Then young people coming in with brain haemorrhages, they are fine, then they have a headache, you just see such a wide range and it’s hard to say too many specifics but then there are these ones that resonate with you. | Pointless deaths resonate with her |
| Hard switch | 217-222: Yes, I think so. After the young girl passed away I went and had a TRIM meeting because I find it quite hard because I was the nurse in charge of that area but I was also code red, but then I was also responsible to make sure the kit is working and just taking that aside, considering what you are dealing with is actually quite horrible and I find it really hard, I remember I was on a 10-7, so by the time everything finished I still had 4 hours of my shift left and I did not want to look after a single patient but then as a Band 6 I can’t do that. | Difficult to carry on working after witnessing a difficult death |
| Strong one | 225-226: Yeah I find it that you can’t really do too much, talk with people that are there because I feel I need to be the strong one and they are coming to me for strength and reassurance. | Being a role model to others in difficult situations |
| Coping with the family | 227-228: So I think my personal coping mechanism is to go home and see my family and then I get upset or unload, but I can’t really see doing that at work. | Coping with the family rather than at work |
| Short fuse | 233-234: so I think that plays on your mind. I haven’t had trouble sleeping and I think I have ‘short fuse’ almost, like my tolerance with people goes down, because I think in A&E you see people that doesn’t need to be there. | Low tolerance with people that doesn’t need to be in ED |
| Boundaries | 262-267: Everyone does it differently, if you want to break down in there that is also fine, but as a senior member of the team you can’t break down when there’s juniors around because they are learning from you in those situations so I feel that if they see that all the time, they can think it’s okay … not because it’s not okay … but we need to be professionals at the end of the day. There are relatives to talk, family to support, you can’t be a blubbering mess because you also need to support the families. Which is hard, is really hard. | Maintaining professional boundaries to be able to support the families |
| Sobbing your heart out | 275-276: You can look sad and you can show your empathy but I think if you are there sobbing your heart out I just don’t think it’s very productive. | Maintaining professional boundaries for the sake of the family and staff |
| Repay the hospital | 286-288: . I wanted to repay the hospital, because the hospital saved his life, as if he would have been in another hospital, he wouldn’t be that lucky. | Giving back to the institution that saved his father’s life |
| Giving good care | 308-311: Yeah, I would say you get different patients in A&E and some of them will pass away, you just make sure you always treat your patients with good care, making sure they are not in any pain, always speak with them and make a rapport with them. I think supporting the families is a big thing and from a personal experience you remember that situation. | Impact of the death experiences to give even better care for patients |
| More mature | 333-336: So I definitely I think it has changed, posibbly in the way I relate to the families is more mature, because I can learn from my own experiences. Because I know how it feels and I can tell them, I know how this feels, been in a situation myself, I know it’s awful. | The death experiences has made her more mature |
| Meeting the family | 368-372: when you stop and step back, comes and you think this is a person, we now know what their name is, they are this age. Then their family arrive and you have to go and tell them. It’s the worst bit, because it becomes very real because of the emotion. We are not very emotional as a trauma team because we are task focused and as soon you have the family in to watch, the emotions comes in as they start telling you things about that person and that is definitely the hardest part. | Meeting the family is the hardest part of the process |
| Learning by observing | 401-404: Yeah, I think you learn by observing your colleagues. You watch it, learn it. I think especially in a Major Trauma Centre when you are dealing with young peole dying, through very traumatic events. | Preparation for death experiences best happens through exposure and observation |
| Enjoying emergency | 458-464: Probably. I do like EOL in ED. I think I do it well and I want to doit for my patients because that’s the last thing we can do for a patient. I just enjoy EM, you see the good things when they get better and see the bad things when you can’t save them. That is life, but trying is also what we’ve been trained for even if does not work out always as we hope for. We still save a lot of people. We are lucky to have this hospital with all these resources. Even thoug we see people we can’t save, we give them the best chance. We say to the families, we’ve done everything we could. They couldn’t have had better pre-hospital care. Would be a reason why I would still want to EM yeah. | No plans to change careers due to death experiences |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Worst day | 1 | Worst day |
| 2 | Mystery factor | 2 | Mystery factor |
| 3 | Little gem | 3 | The little things |
| 4 | End of natural life | 4 | End of natural life |
| 5 | Emotionally difficult | 5 | Emotionally difficult |
| 6 | 24h | 6 | Unexpected death |
| 7 | Age similarity | 7 | Age similarity |
| 8 | Death becomes personal | 8 | Death becomes personal |
| 9 | No fear of death | 9 | No fear of death |
| 10 | Dignified death | 10 | Dignified death |
| 11 | Peaceful death | 11 | Peaceful death |
| 12 | Horrible death | 12 | Horrible death |
| 13 | Brutal death | 13 | Brutal death |
| 14 | Pointless death | 14 | Pointless death |
| 15 | Hard switch | 15 | Hard switch |
| 16 | Strong one | 16 | Role model for staff |
| 17 | Coping with the family | 17 | Coping with the family |
| 18 | Short fuse | 18 | Short fuse |
| 19 | Boundaries | 19 | Boundaries |
| 20 | Sobbing your heart out | 20 | Emotionally extroverted |
| 21 | Repay the hospital | 21 | Giving back |
| 22 | Giving good care | 22 | Giving good care |
| 23 | More mature | 23 | More mature |
| 24 | Meeting the family | 24 | Meeting the family |
| 25 | Learning by observing | 25 | Learning by observing |
| 26 | Enjoying emergency | 26 | Enjoying emergency |

**SUPERORDINATE THEMES**

|  |  |
| --- | --- |
| **WORKING IN ED** | Worst day |
| Mystery factor |
| The little things |
| **DIFFICULT DEATH** | Emotionally difficult |
| Unexpected death |
| Age similarity |
| Death becomes personal |
| Coping with the family |
| Meeting the family |
| Emotionally extroverted |
| End of natural life |
| **MANY FACES OF DEATH** | No fear of death |
| Dignified death |
| Peaceful death |
| Horrible death |
| Brutal death |
| Pointless death |
| **SWITCHING ROLES** | Hard switch |
| Short fuse |
| Boundaries |
| **INFLUENCE OF DEATH** | Giving back |
| Giving good care |
| More mature |
| Emotionally extroverted |
| Role model for staff |
| Learning by observing |
| Enjoying emergency |