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

***Participant: RACHEL (pseudonym) (6AC)***

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| Terrible and amazing | 40-43: Maybe the first 6 months, when you realize there is so much you need to learn, it’s such a big team and there are so many people you need to know. I can’t really describe it, but I guess we go through so many terrible things and many amazing things in ED and because of that we feel very connected and close to each other | Going through terrible and amazing things in the same time. |
| Dark sense of humour | 43-44: and we have a very dark sense of humour which attracts a certain type of personality maybe which matches quite well with each other. | Having a dark sense of humour is another factor to work in ED |
| Adrenaline junkie | 49-53: Well, it’s probably our personality type, we are sort of adrenaline junkies. You never know what might be coming in. I always say, you would never wish anyone to become unwell but if they become unwell, you would want to be there and help them, you would want to be there and be part of the action. So, yeah you would never wish evil on someone, but if it happens you want to be there and be part of the action. | Being part of the action is another reason to love ED |
| Big improvements | 56: And being part of a unit of people that can make big improvements in a short space of time. | Making big improvements in a short period of time |
| It’s final | 71-78: Well, I guess it’s very final. So, you know that somebody is not coming back and you know that that is going to have a big impact on people’s family. I guess from maybe a personal point of view, my close and extended family are very Christian, oh not very Christian, they are Christian and so what death means to them and the way I was brought up is that when people die, some people go to Hell and some people go to Heaven. That is something that I’ve been brought up but not necessarily believe. I think that has given me an insight, if people are coming in who have religious beliefs. I don’t think I am far ahead of knowing that is something final and that’s the end of someone’s life. | Death it’s very final. |
| Not ready | 95-98: For example after my Grandma have died, I was working as a nurse. I remember thinking I am not ready going back to work straight away, just like the next day. I am not ready going to Resus for example, because I don’t want to face somebody dying because I don’t think I would be able to treat them the way they need it at that time. | Personal experience had an impact on her |
| Meeting the relatives | 104-109: it’s often the relatives that I guess make you feel sad and upset because you suddenly find out something about their life and you sit there as a person who realises how much pain those relatives are going through. So for me it’s not about the difficulty of the patient, especially when they are older, because with a young patient is a lot harder. But meeting those relatives and having break the bad news and then getting a glimpse into who that person was that you never get to meet or know. | Meeting the relatives makes the experience real |
| Young and sudden | 112-120: Yeah, I guess there is one patient that I will always remember. He was quite young, maybe 30, something like that and he came into Pitstop, we have taken some bloods from him and he had VBG that didn’t look great, he had a high level of Potassium and a high level of lactate. We said we are going to move you into Resus, and he said “Because my blood gas isn’t very great, it happens every time I come to hospital”. We a chat in the Pitstop, so we had 20 minutes to know each other and he had quite a few comorbidities and he had full-time carers. I had a bit of a rapport with him. Unfortunately he suddenly arrested, which although he was unwell, he wasn’t looking that unwell. It was quite a shock I guess and obviously we’ve tried everything we could to bring him back, but unfortunately he died. | Reason for a death to be memorable |
| Someone we love | 134-139: Well I suppose the one that was a staff member, the reason why it’s so memorable is because we know him personally and he was a family member to us, you know it was just heart-breaking and everyone was thinking what we could have done to make anything different. So I suppose quite understandably that was a memorable one because it was someone we loved and cared for although it wasn’t necessarily about what happened in terms of the resuscitation in itself. | Memorable death because the person who died is known |
| Sudden death | 139: The fact that we had a sudden loss of somebody in our team was really difficult. | Sudden death is memorable |
| Knowing somebody | 140-147: I think the other case the reason why it’s so memorable is because maybe, having the opportunity to know somebody, even for a short amount of time and just chat about small little things and just feeling like, it is somebody who has a great sense of humour, he wasn’t similar to my age, he had these carers for his physical disabilities, for everything else he was such a great guy. We’ve seen how devastated they were about this and seeing his Dad’s grief I think just hit home to think how life can be slashed away from you so quickly and I guess in some ways it still felt unexpectedly because although he had been unwell it wasn’t something that we were expecting. | Getting to know that person makes the experience harder |
| Weird humour | 150-152: I think working in Emergency Department and working with this means that you have a slightly weird sense of humour and sometimes you can say things that are inappropriate for some people but not for you. | Weird humour as coping mechanism |
| Value life | 152-155: I think it makes me value life, friendship and family more. Because I think if you have a case where, or if you have a time when something bad happens at work, it makes you think. I just want to ring my Dad. I just want to ring my Mum and have a chat. Or you know, whatever it is and I think it highlights how important family and friends are | Value life as a result of these experiences |
| Not bottle up | 156-158: . I think it’s important to be able to talk about things and not bottle up emotions. I think it’s about … do the best job you can at work, but also leave it at work, but can’t leave everything at work, as it will certainly change you as a person because of what you’ve experienced. | Being able to talk about emotions |
| Not guarantee, a blessing | 159-160: But it’s what you do with that experience. I hope that makes me more compassionate and makes me value my friends and family more and realize life isn’t a guarantee, it’s a blessing. | Life is fragile that needs to be valued |
| Losing compassion | 164-170: Maybe the case where we had to care for somebody who was part of our team, it made me realize the importance of mental health, because it’s easy to think that everybody is okay and actually that is not always the case and so I guess having an awareness of that, you need to check upon people and maybe go for a coffee, go for a chat, just make yourself available for people if you think they are struggling. I suppose it opened my eyes more to mental health and I think unfortunately in the Emergency Department, although we like to think we are compassionate but sometimes it’s very easy to lose that. | Losing compassion in ED due to work realities |
| Support network | 190-199: I am also a quite sociable person. I am very fortunate that I have very close friends and family that I know I can talk to if I want to. But I also think it’s getting that balance, as it is a difference on how people cope. I don’t think I talk hugely about work with everybody, because I don’t always want to share that with people. I know I have friends I can share, struggling or just tell somebody about something, keeping confidentiality etc., but I think my way of coping is knowing who I want to share that information with because I wouldn’t want to share that information with everybody, because I think sometimes it’s unhealthy to talk too much about something with somebody. Just for me anyway. So, trying to work at work, but also knowing you have a support network, knowing to admit if you are not feeling okay about it, and just letting it out in good time. | Support network helps with coping |
| Ward vs ED death | 204-206: so when I first started in the Emergency Department it’s very different to a ward arrest. An arrest that happens on the ward is generally unexpected, although you might know that the patient is getting unwell, but you don’t have the structure that you have in the Emergency Department. | Death on a ward is different compared to ED |
| Unexpected grief | 240-244: it’s always hard to know how to go into these conversations, because you don’t know how these relatives are going to react and you don’t know if this is something they’ve been expecting or there’s going to be a huge shock. We all respond to grieve in very different ways and knowing how to adapt the language and knowing how to break the bad news I suppose it’s very individual to each case. | Not knowing how family will react to the bad news |
| Challenging clinically | 244-255: I think it depends on what you call the hardest, because it’s hardest in different ways. For example for me the most stressful time would be making the decision to stop resuscitation because that’s a big decision to make and you don’t want to get that wrong because that is the difference between continuing resuscitating somebody and stopping and I suppose that is the clinically challenging bit just deciding, this not going to change anything, whatever we do to bring this patient back. So I suppose I am still in a trainee position I still got a lot to learn, everything from a more clinical side of things, that’s the hardest part, feeling reassured in my position from seniors, so it’s not just my decision, you know. For me that would be the most challenging clinical part, | Stopping the resuscitation is the hardest part clinically |
| Challenging emotionally | 255-258: but emotionally it’s always the relatives, every time. You are telling relatives things that they never want to hear. You are ruinning someone’s day, or month if not year and that’s a big responsibility because whatever I say, it’s not a great outcome for them because the way I interact with them is slightly better and I feel that’s a job well done. | Meeting the relatives is the most challenging emotionally |
| Young and tragic | 272-274: Maybe when patients are younger and a tragic accident happens, you don’t know if it’s someone you know or someone you care about. In that sense you just really feel for the relatives as this has happened and it shouldn’t have happened. | Deaths that shouldn’t happen |
| Grow up | 277-280: Yes, I think it has. Probably it made me grow up a bit. We would have seen many things that people wouldn’t have seen in their lifetime and we’ve seen it already, so I suppose it made me grow up a bit. It has affected, but I can’t necessarily pinpoint in which way, I need to think about that a little bit. | Death experience made her grow up |
| More honest | 284-286: Yeah, in terms of feeling grateful for family, wanting to contact family, making sure they are okay and things, in that sense it made me appreciate family more and it made me being more honest with people sometimes. | Death experience made her more honest |
| Changed interaction | 306-310: So, I guess maybe seeing patients who have been taking drugs, you might have had someone who recently died from a drug overdose unintentionally you know, maybe that changed how you respond to those patients because you just don’t want that to happen to them and maybe will change how you interact with them or how you might have some small element of influence in your discussions with them. | Changed interaction with patients after certain death experiences |
| Doing the job well | 314-316: I suppose I’d like to think that I am someone who would like to do my job well, in whatever job it is, I would like to do it well, even if there are certain aspects that I don’t enjoy. So I suppose talking about sudden death in ED, you want to be good in that part of your job. | Doing the job well, better as a result of these experiences |
| Learning by experience | 331-333: I guess that comes from experience and I don’t know if anybody telling me about it would have changed what it was like, because for me I am quite a visual person and so even if someone would have told me about it, in an induction or something. | Exposure to death is the best way to be prepared |
| Not okay | 368-369: Because I think in the Emergency Department we aren’t very good as a group of people who access resources or to say if we are not okay maybe, I don’t know. | Admitting not being okay |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Terrible and amazing | 1 | Terrible and amazing |
| 2 | Dark sense of humour | 2 | Dark sense of humour |
| 3 | Adrenaline junkie | 3 | Adrenaline junkie |
| 4 | Big improvements | 4 | Quick improvements |
| 5 | It’s final | 5 | Irreversible |
| 6 | Not ready | 6 | Not ready |
| 7 | Meeting the relatives | 7 | Meeting the relatives |
| 8 | Young and sudden | 8 | Young and sudden |
| 9 | Someone we love | 9 | Known death |
| 10 | Sudden death | 10 | Sudden death |
| 11 | Knowing somebody | 11 | Humanizing death |
| 12 | Weird humour | 12 | Weird humour |
| 13 | Value life | 13 | Value life |
| 14 | Not bottling up | 14 | Not bottling up |
| 15 | Not guarantee, a blessing | 15 | Life’s perspective |
| 16 | Losing compassion | 16 | Losing compassion |
| 17 | Support network | 17 | Support network |
| 18 | Ward vs ED death | 18 | Differences in death |
| 19 | Unexpected grief | 19 | Unexpected grief |
| 20 | Challenging clinically | 20 | Challenging clinically |
| 21 | Challenging emotionally | 21 | Challenging emotionally |
| 22 | Young and tragic | 22 | Young and tragic |
| 23 | Grow up | 23 | More mature |
| 24 | More honest | 24 | More honest |
| 25 | Changed interaction | 25 | Changed interaction |
| 26 | Doing the job well | 26 | Professional improvement |
| 27 | Learning by experience | 27 | Learning by experience |
| 28 | Not okay | 28 | Acknowledging feelings |

**SUPERORDINATE THEMES**

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| --- | --- |
| **WORKING IN ED** | Terrible and amazing |
| Dark sense of humour |
| Adrenaline junkie |
| Quick improvements |
| **MEMORABLE DEATH** | Meeting the relatives |
| Young and sudden |
| Known death |
| Sudden death |
| Humanizing death |
| Young and tragic |
| Irreversible |
| **CHALLENGING DEATH** | Differences in death |
| Unexpected grief |
| Challenging clinically |
| Challenging emotionally |
| Losing compassion |
| **COPING WITH DEATH** | Weird humour |
| Not bottling up |
| Support network |
| **EFFECTS OF DEATH** | More mature |
| More honest |
| Changed interaction |
| Professional improvement |
| Learning by experience |
| Acknowledging feelings |
| Not ready |
| Value life |
| Life’s perspective |