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

***Participant: ISAAC (pseudonym) (16N6)***

|  |  |  |
| --- | --- | --- |
| **Codes** | **Transcript line and quote** | **Description of the code** |
| Fast paced | 17-18: So, working in a fast-paced environment where I have to think what I am doing, where I have to think how I am going to actually spend the next hour, what do I need to do. | Fast paced working environment |
| Constant learning | 19-20: I believe in education, constant learning and adapting and I think ED is the perfect environment for that. | Constant learning environment |
| Political | 24-25: Supporting and working together with people that don’t necessarily have the same vision as you do, especially if they are above you. On a shift I might have certain priorities while a line manager might have a different view and those can be very challenging conversations down the line and that can be quite frustrating. | Divisions within management |
| Disaster management mode | 28-30: Also when ED is overcrowded and you almost in a ‘disaster management mode’ of ‘what needs to happen’ vs ‘what I need to do’. And the political aspects of management in such situations are the one that can make care very tricky. | Overcrowded and overwhelmed environment |
| Finding joy | 33-36: My grieving process might be odd for certain people. Grieving for me is finding joy in the moments we shared with that person. But death for me is quite a scientific thing, something happened, and this person is not alive anymore. As I said I don’t have religious believes so I don’t believe in afterlife. | Finding joy even in a sad event such as death |
| Impactful death | 40-44: Slightly closer to home, my mum died a few years ago and that was a bit more challenging as she died in the hospital where I worked. When I was a child, I remember losing my great uncle, but that didn’t hurt that much. The impactful death was when I was in school, one of my classmates was knocked over and killed. That was in secondary school. That was the first point when I’ve started thinking about my approach to death as well to be fair. | Significant death in personal life |
| Good things | 50-52: Me and my friends we were thinking of the good things that we’ve spent together and we’ve been laughing and people were asking ‘Why are you laughing?’ and we said ‘Because we had fun in the past’. So we were thinking of the good times rather than dwelling on the fact that he is gone. | Remembering the good things about the deceased person |
| Similarities | 60-61: Up until the point when my mum died, probably less. Since my mum died, I notice more similarities. Especially when cases are similar. | Similarities between personal and work related deaths |
| Not ordinary deaths | 70-72: which stick with me as the dynamics were quite challenging. Some happened in the queue and others were patients we had to move out from Resus due to capacity issue and it went downhill probably much faster than expected. | Memorable deaths |
| Early career deaths | 76-77: One of them was when I was working as a student in Majors and this lady was moved out of Resus because of capacity issues. Sadly she was palliative and Majors was very busy. | Memorable deaths |
| Lack of dignity | 78-82: We thought that we can get her to a ward and into a side-room and everything will go as planned. She sadly deteriorated quite quickly and ended up passing away in bay 10 in Majors. From a logistic point of view it was very difficult as you have relatives for a dead patient in the most observable bay in Majors. I would never want that to happen again. They need to go to a more appropriate place as we can be caught off-guard. | Memorable death |
| Relatives experience | 81-87: The hardest part was probably managing the relatives in a very busy and noisy area and make sure they have a good experience and not one that is going to be absolutely horrific. We strive of an experience that isn’t extreme of horror. Pleasant is not the right word. We say it’s a controlled and a best possible experience. I would probably say this is the last place where people would choose to see their relative in. | Relatives experience of death of a loved one |
| Personal responsibility | 89-92: The other case happened in the queue. Overcrowding has become normal in ED in the recent years and we do lots of things to avoid this and to manage that risk appropriately. Then in the course of a month I had two cardiac arrests in the queue as the pitstop nurse in charge. I felt a very much a responsibility for this. | Personal responsibility for a death |
| Bigger picture | 105-106: so it was rapidly moved to Resus. This person very soon died as well. All of these deaths were quite different but they just made me more aware of the bigger picture. | Seeing the bigger picture as a change in care provision |
| Futile treatment | 120-122: Often we get for example a 90 years old from a nursing home, which is horrible in itself as this is not how I would want to go, if I would deteriorate as a nursing home resident. I would very much want to be left there. These are sometimes even more horrible knowing that many of the things that we do are futile | Not a dignified death |
| More acceptable | 126-130: Being young people, being more active, not being at the end of their natural life I guess makes it more memorable, compared to the 90 years old coming from a nursing home with a cardiac arrest, it’s even more acceptable isn’t it? I know it sounds horrible but compared to someone who is 30 weeks pregnant that is not someone coming to the end of their life. That is exactly the opposite. | Death of an older person is more acceptable |
| Risk management | 133-135: Some of these experiences has influenced my nursing care, my approach to risk management, trying to minimize the risk to our patients, knowing that anything can happen, for example I am less forgiving of having a queue. | Changes in caring for other patients |
| Hug tighter | 139-143: When I see a child dying, I tend to go home and hug my child a bit tighter because I am aware that life can interrupt sometime. Also if it’s someone of my other half age, or if it’s someone older the age of my dad, I tend to call him on my way home. It definitely make you more aware of how fragile life can be. | Changes in personal life |
| Pragmatism | 151-152: Equally I don’t think it changes anything in me about death. As I said I am quite pragmatic about death. | Pragmatism about death |
| Stick with it | 160-163: Healthcare is a very weird profession. In any other environment if anything big would happen, such as a death, you would not go back that day. Let’s say someone jumps in front of the train in front of you, you would have a day off. However in our profession, you can have 3 cardiac arrests in one day and you are expected to just stick with that. | Expectation to carry on working after witnessing a traumatic event |
| Mental box | 163-165: So, how do I deal with that, I try to put it aside, make a mental box and come back to it a bit later. And when I come back to it later, I sat down, have a cup of tea and think, is there anything I could have done better or worse and go from there. | Temporary avoidance, delay in dealing with the experience |
| Talking | 173-177: If it’s a colleague involved that happens to be friends with, often we have a talk. We talk about the fact this has happened, so how do we move on and ED nurses have a very dark sense of humour? Often when I go home I tend to talk with my other half, simple things like, I had a rubbish day or I go into more detail if I feel the need that I have to. From a colleague point of view I think it’s more comradery with some humour involved, trying to ease the mood. | Talking about the experience as part of coping |
| No rapport | 181-186: As many of these patients who die come in with cardiac arrest and you don’t have the chance to build a rapport with them, this comes almost always as part of the job. While if it’s a ward you get to know the patient and their relatives better. So as this rapport is not built in ED, for example when you are in the room breaking the bad news it’s almost easier to deal with it as it’s the first time you met them and it’s easier to be factual with them. | No rapport with patient makes the experience a bit easier |
| Relative in the room | 193-195: Probably what I have found very difficult is when you have a relative in the room when you are doing resuscitation. You just have to be really careful of your words, as even counting down to the next rhythm check can be interpreted differently. | A relative present complicates the death experience |
| No teaching | 199-205: Probably what I have found very difficult is when you have a relative in the room when you are doing resuscitation. You just have to be really careful of your words, as even counting down to the next rhythm check can be interpreted differently. | Exposure to death will offer valuable lessons |
| Professional reflection | I was involved in the TRIM service before and I had a chat about some of my cases with a band7 as she thought a month since it happened these were fairly drastic. But equally the follow-up never happened. It could have been better. Taking to someone senior in the department, I find that helpful, especially if it’s a clinical person who can help me think what I did, why I did what I did. | Talking to someone senior helps processing the event. |
| Impactful death | 225-230: I was involved in the TRIM service before and I had a chat about some of my cases with a band7 as she thought a month since it happened these were fairly drastic. But equally the follow-up never happened. It could have been better. Taking to someone senior in the department, I find that helpful, especially if it’s a clinical person who can help me think what I did, why I did what I did. | Death that has a great impact |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Fast paced | 1 | Fast paced |
| 2 | Constant learning | 2 | Constant learning |
| 3 | Political | 3 | Political |
| 4 | Disaster management mode | 4 | Disaster management mode |
| 5 | Finding joy | 5 | Positive approach |
| 6 | Impactful death | 6 | Impactful death |
| 7 | Good things | 7 | Positive approach |
| 8 | Similarities | 8 | Similarities |
| 9 | Not ordinary deaths | 9 | Unusual deaths |
| 10 | Early career deaths | 10 | Early career deaths |
| 11 | Lack of dignity | 11 | Lack of dignity |
| 12 | Relatives’ experience | 12 | Relatives’ experience |
| 13 | Personal responsibility | 13 | Personal responsibility |
| 14 | Bigger picture | 14 | Better overview |
| 15 | Futile treatment | 15 | Futile treatment |
| 16 | More acceptable | 16 | Moral judgement of death |
| 17 | Risk management | 17 | Risk management |
| 18 | Hug tighter | 18 | Relationship with own family |
| 19 | Pragmatism | 19 | Pragmatism |
| 20 | Stick with it | 20 | Carrying on |
| 21 | Mental box | 21 | Mental box |
| 22 | Talking | 22 | Talking |
| 23 | No rapport | 23 | No rapport |
| 24 | Relative in the room | 24 | Relative’s presence |
| 25 | No teaching | 25 | Impossible to teach |
| 26 | Professional reflection | 26 | Professional reflection |
| 27 | Impactful death | 27 | Impactful death |

**SUPERORDINATE THEMES**

|  |  |
| --- | --- |
| **LIFE IN ED** | Fast paced |
| Constant learning |
| Political |
| Disaster management mode |
| **DIFFICULT DEATHS** | Relative’s presence |
| Impactful death |
| Unusual deaths |
| Early career deaths |
| Lack of dignity |
| Relatives’ experience |
| Personal responsibility |
| Futile treatment |
| **EFFECTS OF DEATH** | Risk management |
| Relationship with own family |
| Carrying on |
| Mental box |
| Talking |
| Professional reflection |
| Better overview |
| **NATURE OF DEATH** | Pragmatism |
| Impossible to teach |
| Similarities |
| **APPROACH TO DEATH** | Positive approach |
| Moral judgement of death |
| No rapport |