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

***Participant: MARY (pseudonym) (2N6)***

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| Prove you wrong | 26-30: When I was doing nursing, I quite enjoyed working on the ward, the ongoing care for children with complex needs and I still do, but I have worked with a sister in ED who said to me. You will never make an ED nurse because I like the continuity more. I was a bit meticulous back then as a student, I wouldn’t fit in. So when someone says I couldn’t do something I’m kind of ‘I will prove you wrong’. | Dedication, persistence to show she is capable |
| Fast paced and unknown | 37: Yes I like the fast pace, the unknown. | Two elements of her motivation to work in ED |
| Constant change | 37-40: The change, the constant change that we have in ED. I like that. I thrive on change, when you don’t know what is happening and you quickly have to react to that. I thrive on that, I like change. The wards are stagnant sometimes they’ve got stuck on an old routine and that gets a bit boring. | When you don’t know what is happening |
| Hardest part | 50-51: Worst part is when you are unsuccessful. They come in and they die, I find that hard. That is the hardest part for me the death side, I would say. | Seeing patients dying is the hardest part of the job |
| End of the world | 54-58: It’s kind of a mix really. You kind of wish, you could save their lives because it’s sad for the child but more said for the family as they lost their child. And I feel for the family and I think, how that would make me feel if I would be in that situation. It’s like the end of the world. When you are in there you are watching a family’s end of the world. That is the only way I can describe it. | The death of a child for their parents is the end of the world |
| Many emotions | 58-59: There are so many emotions that you go through, like sadness, like the fear for that family. Like they are going to cope, it’s quite indescribable actually. | Many emotions to go through during the death process |
| In their shoes | 59-62: When I try to put myself in their shoes, it’s like you are in this weird, you are in someone else’s life, when the worst possible thing is happening in their life and you are in it with them but not feeling quite the same as them. It’s a really weird feeling, I can’t even describe it. | Empathizing with the family |
| Normal death | 71-73: So, death at old age is a normal thing, that’s a normal life thing. It’s a common thing, we all die at the end of our life, depending on what life path we’ve had. When older people die just of natural things, that is a good place to be you know, I think. | Dying at an old age is normal |
| Sudden death | 75-79: Suddenly and unexpectedly, I would say that is a big shock because that is not a natural life path, like a young person it should grow old, if that make sense. I understand that if you fight an illness, you’ve got a bit more understanding. But when it’s sudden, sudden death is harder, when you die from an illness that you know you are going through and deteriorate in time. You get older and your body deteriorates. | Sudden, unexpected or young death is harder |
| No negative memories | 92-93: No, actually I don’t think it does. I don’t think it brings back any negative memories. You just feel sorry, I try to put myself in their shoes and understand how they feel. | Personal deaths don’t influence work related death experiences |
| Professional grief | 96-101: You grieve differently in your private life compared to someone you’ve never met. You still grieve but in a different way. I don’t know if you can call it a professional grieve, I am not sure if that is an official term, I just made that up. You grieve for the family because you couldn’t do all that you could do. We want to preserve and save life that’s why we do our job. We want to make people better and fix them so they can walk out of the department. I guess it’s a sense of grief and failure that we couldn’t do that. | Grieving in personal life is different from grieving for a patient |
| Armour | 107-112: Like when you go to work, you have this uniform on you that protects you from things. It’s the same when you walk on the street and something happens. You don’t have your uniform on you. You are just a passer-by and actually it does affect you differently. So when you wear that uniform, that is an armour, it’s really weird. You have this armour that protects you slightly and how do you manage your grief. | The uniform is like an armour |
| Boundaries | 115-122: I always say, it’s not my grief to have. They’ve lost their child. That isn’t my grief, that isn’t my sadness. But even though I feel sadness. It’s okay to have a tear and cry, but you can’t be a mess on the floor because actually that’s their child, their family member that passed away and you need to support them through that grief and be that strong person, but also to show that you are human and you are allowed to cry and have those emotions. I didn’t realize how bad it could affect you after my recent death that I had last year, in a sense of stress. Trying to have that line and not cross it, but still to be empathetic, caring, compassionate, all those things that drive us to be a nurse. | Setting boundaries between professional attitude and personal feelings |
| Boxing feelings | 133-144: So I’ll tell you what I say to people, how I manage my mind, it might be a bit weird. I’ve got a lots of cupboards in my brain for my thoughts and feelings, different doors. One for example have a door for death, where it might sound very strange but this is how I cope. So all the deaths I have experienced at work will go into this cupboard. When I have a new death, there’s a box for every child or adult, there is a box. The problem is when they first got there, the box is outside the door and it’s a big old mess. It’s overflowing everywhere, it’s a mess yeah. Sometimes I need support to put all that mess in that box and put it behind the door and shut it. Sometimes that door opens, the box falls out and it’s a mess again and I’m like why did that happened? How am I going to put that box back and close the door? This is how I manage traumatic events at work, this is my way of handling it. With some boxes there are bits on the floor that will never go in the box. Because it’s been a long time ago and there is no way of having that closure. | Coping with feelings from experiences by creating a mental box to them |
| Lack of closure | 166-167: Closure. I haven’t had closure on those two. I don’t know how that Mum coped after the death of her baby. That was my first one. | Lack of closure made the experience difficult |
| Guilt | 168-173: I was the only paeds nurse in, it was 6 o’clock in the morning and I will never forget, I can see the bay now, I can visualize it, I can see the bed, I can see the child, I know the child’s name, I see Mum’s face when she said “Why didn’t you saved her?” – like that, and I just didn’t know what to say. I just looked at her and had no words, because I didn’t know what to say to comfort her, I didn’t know how to manage that situation and that was my first death that I had to manage. I didn’t know how to comfort that family. I wasn’t a Mum, I didn’t had a clue. | Guilt imposed by parents and a child’s death make the experience memorable |
| We did everything | 187-189: So, it’s the medical closure, knowing that we did everything we could medically and nothing we did was wrong if you know what I mean to prevent the survival or whatever the proper term is. | Closure is needed to know “we did everything” |
| Hugged for long | 193-195: The Mum hugged the child for so long, so the child’s arms were up when they went down to the mortuary, they couldn’t put it down. When I talk about it, nurses say ‘Oh I remember that case when it was hugged for so long afterwards because it was so sudden. | Unique features of a death or grief make the experience memorable |
| Talk and cry | 205-206: So, how I manage things. I tend to ring my Mum if there’s been a death and I cry a lot. That’s how I overcome sadness I just cry. I talk a lot, I need to talk about it. | Ways to cope with the experience |
| Main person | 215-216: My Mum is my main person I talk to. I would drive home and call her and tell her that I had a horrible day and she would listen, and the thing with my Mum is that she would ask questions while my partner wouldn’t. | Talking with people close to her about her experience |
| Being a parent | 239-242: Now that I’m a Mum is very different. I don’t have an understanding, because my children are fine. I have an understanding of what it means to be a parent. That fear that you feel. That anxiety you get when you worry about your children when they are poorly. I can kinda put myself in their shoes more. When I was younger I was definitely more resilient than I am now. | Being a parent has changed her view on death |
| Not invincible | 253-254: Yes. You know that you are not invincible anymore. I think about scenarios all the time and how I’m going to manage them. | Seeing death has changed her view on life, being more realistic |
| Accept it more | 265-267: I think I would accept it more. Because even when I was in with adult arrest I still felt sad and I admired the nurses and how they managed themselves professionally and then able to continue with their shift and still do a really good job. I can’t do that | Death of an adult can be accepted more |
| Little things | 283-284: Life is for living, even though we see these bad things happening in life, because that is also life. You are filling your jar. Going out and jumping in puddles with your kids, getting muddy. You know, just silly things. Enjoying the little things, that is how I changed in my job, knowing how to refill that jar and not being bogged down by negativity and using the positive staff to continue if that makes sense. | Enjoying the little things. This is how she changed her view after seeing death |
| Different boat | 291-304: Yeah, I treat everyone as like in their own bubble. We are busy looking after lots of bubbles of people with different illnesses, but that family doesn’t know that their child is more sick than theirs and I treat everyone equally in terms of my compassion, but obviously depending on the severity of their illness they will receive the most appropriate treatment. But in terms of care I treat everyone equally. There is a quote, I don’t know who wrote it, but a friend of mine send it to me, “We are all in a storm, but in a different boat.” And actually me, I am stepping into lots of people different boats so I need to care for them, even though the next person to them is even worse, but they can’t see that, so just being kind and caring to them and reassuring them. I got a lot better, because when I was 21, I said your child is safe, this child is sicker, but they don’t care about it because actually they want help for their child. I definitely got a lot kinder and I am kinder to my family as well now. I’m kinder about mental health … I am less judgemental. We all have choices in life. Whatever choice you make might get you where you are, you have to respect that and not judge that and care for them equally with compassion. | Same storm, different boat |
| Can’t prepare | 322-325: I don’t think you can prepare yourself prior to death. Because every family is different, every death is different. I think making sure that you have a support network that is happy to listen to you and you don’t hold it in. Some people might don’t like talking and that is fine and whatever is useful for you as a person, utilise it and for me that thing is aftercare. | You can’t prepare for death |
| Obstacles | 362-366: Time. After the event there are workload pressures. People don’t want to come in on their day off, like loads of things. There are personal things loads of things really and actually you will never get it right for everyone as someone might be harmed from an event as you probably can’t eradicate all the harm from it. You need a robust system that captures and offers the support anyone needs afterwards. | Time and workload pressures are the greatest obstacles for debriefs |
| Moral CPR | 370-375: I think the hardest part is when you bring that family in and you stop. That’s the hardest part. When you are in and do what’s needed, you run your scenario and let the adrenaline rush, you run the scenarios and you do what we’ve been trained to do. And the hardest part is when you bring that family in and resuscitate that child even though you know it’s futile and just doing compressions for the mum to see and then stop. That is probably the hardest thing. | Doing CPR only for the sake of parents, not for clinical reasons |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Prove you wrong | 1 | Perseverance |
| 2 | Fast paced and unknown | 2 | Variety |
| 3 | Constant change | 3 | Constant change |
| 4 | Hardest part | 4 | Hardest part |
| 5 | End of the world | 5 | Great suffering |
| 6 | Many emotions | 6 | Multiple emotions |
| 7 | In their shoes | 7 | Empathy with parents |
| 8 | Normal death | 8 | Normal death |
| 9 | Sudden death | 9 | Sudden death |
| 10 | No negative memories | 10 | No negative memories |
| 11 | Professional grief | 11 | Professional grief |
| 12 | Armour | 12 | Armour |
| 13 | Boundaries | 13 | Boundaries |
| 14 | Boxing feelings | 14 | Boxing feelings |
| 15 | Lack of closure | 15 | Lack of closure |
| 16 | Guilt | 16 | Guilt |
| 17 | We did everything | 17 | Reassurance |
| 18 | Hugged for long | 18 | Unique features |
| 19 | Talk and cry | 19 | Talk and cry |
| 20 | Main person | 20 | Comforting talk |
| 21 | Being a parent | 21 | Being a parent |
| 22 | Not invincible | 22 | Not invincible |
| 23 | Accept it more | 23 | Greater acceptance |
| 24 | Little things | 24 | Little things |
| 25 | Different boat | 25 | Different experiences |
| 26 | Can’t prepare | 26 | Unprepared |
| 27 | Obstacles | 27 | Obstacles |
| 28 | Moral CPR | 28 | Moral CPR |

**SUPERORDINATE THEMES**

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| --- | --- |
| **WORKING IN ED** | Perseverance |
| Variety |
| Constant change |
| **CHANGED BY DEATH** | Not invincible |
| Greater acceptance |
| Little things |
| Different experiences |
| Unprepared |
| Obstacles |
| Talk and cry |
| Comforting talk |
| No negative memories |
| **REACTION TO DEATH** | Boxing feelings |
| Lack of closure |
| Guilt |
| Reassurance |
| Armour |
| Boundaries |
| **DEATH WEIGHED BY VALUES** | Moral CPR |
| Normal death |
| Sudden death |
| Unique features |
| **EMOTIONAL INFLUENCE OF DEATH** | Hardest part |
| Great suffering |
| Empathy with parents |
| Being a parent |
| Multiple emotions |
| Professional grief |