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

***Participant: ROBERT (pseudonym) (17AC)***

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| Meaningful existence | 14-17: I wanted to do something meaningful I guess, at that age, when I was much, much younger and I had way less grey hair. So, I worked as a healthcare assistant in a local hospital in this area and I thought yeah, let’s do nursing, which seemed like a meaningful existence, so that was it. | Working in healthcare is a meaningful existence |
| Surprise | 22-23: I am a quite disorganized person, so I just like the chaos and I liked not knowing what is going to happen | He likes not knowing what is going to happen |
| Entirety of care | 37-38: I guess it’s the entirety of the care that you can give to the patient, so from the point of making that initial interaction with somebody going through to the point where you come up with a diagnosis or a list of possible diagnosis and you either have that discussion with the specialist about admitting or discharging I think it’s all that encompassing part of the role that I really enjoy. | Doing a whole cycle during care from admission to discharge |
| Not existing anymore | 66-69: So, death for me means not existing anymore. So that means to me that your heart is not beating, you are not breathing and you have no brain activity. That’s what death means to me, it’s an endpoint. I don’t have religious beliefs, I don’t believe in an afterlife, I’m an atheist, so when you die that’s it. Life goes off and that is your round down. | Death is the cessation of biological life. |
| Regret | 72-76: Yeah, so my Dad died 18 years ago at this hospital, a year before I started there. He was on ITU and I was currently working overseas at the time, so I came back to see him when he was in ITU and I couldn’t stay for an infinite time and I had to go back. So when I went back to Coco Islands, he died a few days after that and I wasn’t there when that actually happened. That is from the closest family point of view. | Regret for not being there when his father died |
| Tangled up | 79-80: I think these things are always tangled up in other things. They are never a clear cut in their own, are they? | Personal experiences will always interfere somehow with work |
| Conscious | 97-98: I think there are aspects of it, so I am always conscious of the people who always arrive after their loved one died. | Reminded by his own experience when dealing with similar cases |
| What’s important | 98-101: And I think when I am involved in that, I try to comfort them in the fact that what’s happening now is not important, what’s important is the 50 years before that or two hours before that, that’s important, so I try to get that across to people because personally I understand how I feel because that is not the most important thing so I think that shapes it quite a lot. I think the fact that we work in an environment, which I have already described as chaotic, but actually the more you work there, the more you realize it isn’t. | What’s important is the happy times spent together before death |
| The whole village | 107-117: The other thing is, people want their families to be there when this person dies. So often you might get Mum, Dad, husband, wife and they want children to come or maybe cousins to come and that is really difficult, that tension between … actually, you can go to the funeral directors, you can have as much time you want in the much nicer environment, but it’s difficult to put that across to people when things are so raw and they need to have that connection there and then, but where do you stop. You had quite large families turning up of 20-30 people, it’s difficult isn’t it, for us in healthcare, in England specifically, culturally, we are a bit like, that is too much, that does not feel comfortable to us. We haven’t worked in other countries and we haven’t experienced death there. In some places the whole village will turn up in a hospital if someone dies. So, I think there are some difficulties and tensions. | Cultural differences in experiencing death |
| Traumatic deaths | 130-131: There are lots. It’s difficult because your thoughts always go to the traumatic, difficult ones and you forget about the ones that actually went well. | It’s easier to remember the traumatic deaths |
| Child deaths | 132-133: There are a couple that stick with me. Quite a lot of paediatric ones that I always think about, quite frequently and I think some of this is because it’s pre-wellbeing and pre-TRIM. | Child deaths are the one that stick with him |
| This person arrives | 146-147: And suddenly this person arrives who is a human being with feelings and I remember that being incredibly difficult and in the end they took the child to ITU and they go out. | The patient suddenly becomes a human being |
| Feeling helpless | 153-159: Then there is another one which is awful, it was a guy who oesophageal cancer, it ruptured some oesophageal varices and he was bleeding out, so coughing up blood, swallowing blood, vomiting blood and conscious at the same time. And he had metastases everywhere. I remember seeing him in ED and just knowing that there is nothing we could actually do for him. That was just the most awful visual experience, but this guy was so calm and being very thankful. And it was at such odds. | When there is nothing you can do for the patient |
| Emotional burden | 162-167: I think it’s the emotional burden. With the kids it’s always the thought of the impact on the parents and just knowing that two hours just changes everything forever for them. I think before being a parent I was cognisant of that. So I think that’s why it’s difficult, it’s not just knowing a child died, but the retroactions of that. And I think with the elderly gentleman it was just how he seemed more worried for us than … you know, he was saying, I am sorry you have to see this. | Emotional burden is what makes the death experience difficult |
| Moving on | 170: I think it’s probably moving on to the next case. | Moving on to the next case is the hardest part of the experience |
| Moral CPR | 178-182: I think making decisions to stop, if anything, I think we give people more time than medically we probably need to. And I think that is around us making double sure and I think it help us prepare as well. And I think in the instances of cardiac arrest, I think it means we can involve family if we are still doing CPR for adults and children, gives us control over the situation I think, doing some positive things with it. | Doing CPR when medically is no longer indicated |
| Reset | 182-186: So the difficult thing I think it’s when you move on, because you’ve gone through this experience and the next patient you see might have stuck their toe into the doorframe a week ago and you have to reset, because that is the most important thing for them, that their toe hurts, that’s why they are there. They don’t know what else has happened. And I think that gets harder and harder to do. | Taking a moment to stop before moving on to the next patient |
| Changed behaviour | 194-198: Yeah, I think behaviour wise, I think as a parent when I first had children, I wasn’t that uptight about them and their risk of injury and stuff. Over the years my attitude has changed which I think is an accumulative factor and I think I see sometimes risk where other people don’t which I didn’t do before, I used to be a lazy guy about stuff. I do think that working in ED has changed me. | Death experiences caused a change in behaviour |
| Positivity and cynicism | 198-202: I don’t think I am the same person that necessarily was 10 years ago, I think it sometimes makes you cynical, sometimes it makes you see the negative things more. There are two parts, positivity and cynicism and I think sometimes it’s easy to go down the cynical part sometimes. And it takes effort to go down the positive path. The impact, the effect, I think if someone would ask my wife, she would say yes for sure, yeah. | Changes as a result of the death experiences |
| Appreciating life | 206-209: I think I try to be better. It’s an aspiration. I think being aware of day to day stuff I guess. This morning I went cycling and I was thinking about this conversation and I was thinking, what an experience is to be alive, wet and cold and to experience all these things. I think it makes me value where I live and my family and those sort of experiences. | Changes after death experiences |
| Good death | 215-220: Yeah, I want people to have a good death. I think for me that means hopefully pain-free, hopefully free of unnecessary interventions, I prefer it if they could die at home. And I think recently we have managed to do that a few times recently which is being good I guess. As I get older, I think I am bit more emotional. I think when I am talking to families telling them, you know, that their family member has died, I think I am bit more comfortable being emotional in that moment. Whereas I remember you know, not being the dumb thing, and I think is a good thing. I think people would want to see that there was a human involved | Willing to offer to his patients a good death |
| Death awareness | 228-229: Yeah, yeah. I think I am more aware of it as it is happening. More sort of in the moment, while as I was before it was just I remember it used to be a thing that you need to move through it. | More aware of death than before |
| Talking | 244-251: I talk about it with my wife. I think before I found it difficult, because I didn’t know what I was talking about, but now I talk with her and obviously I don’t want to overburden her, so I talk about details, I talk about how I felt, so I talk about if I felt in control, empowered, I talk about if I felt sad that we couldn’t do the right thing at the right time and so that helps. There is a group of ACP’s now with quite different personalities but I can pick one of them to talk about things and if I would want to have an emotional conversation with people if I want someone to tell me I am a twat and talk to someone else, because every experience is different | Talking about the experience as a measure of coping |
| Putting things into perspective | 276-279: I have been involved in lot’s of debriefs. I think a debrief is really good in putting things into perspective. When things are getting being difficult, you can blow it up in saying ‘This has happened because of me’. This person died because a didn’t do this or that thing well. Debriefs are very good in picking up facts and challenging your perception I think. | Debriefs are very good in putting things into perspective |
| Having a structure | 295-301: You know I remember when I first worked in ED and I had to go to a family and tell them that their family member died and I went in with other nurses when that was happening and all it went very much by feel and I think it would be probably useful if people would have a structure. You are going to be involved in breaking bad news with the family, here is a good source, a structure, here is things to think about. Even the wording you use you know. People don’t know what to say and you don’t have to say anything but actually having some language that you can use, it helps I think | Having a structure helps in preparation for the death experience |
| Informal relationship | 317-319: I think what works well is the informal thing. Informal relationship with line managers and etc. I think I always hoped and find that people who are in my team will come and talk to me about things. | Informal relationship with line manager or colleagues help |
| Team comes first | 333-339: Yeah, I do. When I work with junior colleagues I think the overwhelming want is to protect them and I think the sooner you can start talking with them about what’s happened I think the better for them and I think if you’ve been around for a while, I think you clocked up experience and you have an understanding of what their concerns are about. I think you can offer useful advice at that time. And I think that is part of what a leader is. Looking after people that he works with and he is trying to anyway. | Looking after the team first, then dealing with his own emotions. |
| Celebrating death | 383-389: Last Wednesday we had a very good death in the department. The patient came in they were clearly dying, we didn’t do anything unnecessary, the family were in. I don’t think we celebrate those things. I remember going to a conference and it was a nurse from Australia and it was all about getting people home to die and just changing the system to make that possibility and I kind of think, we don’t celebrate death enough. It’s always a negative I think, so talking about that made me think that actually when people die in the department and it’s gone well. I think we need to make more of an issue of it. | Celebrating a good death by looking at the positives |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Meaningful existence | 1 | Meaningful existence |
| 2 | Surprise | 2 | Surprise |
| 3 | Entirety of care | 3 | Entirety of care |
| 4 | Not existing anymore | 4 | Natural end of life |
| 5 | Regret | 5 | Regret |
| 6 | Tangled up | 6 | Influence |
| 7 | Conscious | 7 | Conscious |
| 8 | What’s important | 8 | Positives in death |
| 9 | The whole village | 9 | Cultural values |
| 10 | Traumatic deaths | 10 | Traumatic deaths |
| 11 | Child deaths | 11 | Child deaths |
| 12 | This person arrives | 12 | Humanizing death |
| 13 | Feeling helpless | 13 | Feeling helpless |
| 14 | Emotional burden | 14 | Emotional burden |
| 15 | Moving on | 15 | Moving on |
| 16 | Moral CPR | 16 | Moral CPR |
| 17 | Reset | 17 | Reset |
| 18 | Changed behaviour | 18 | Changed behaviour |
| 19 | Positivity and cynicism | 19 | Positivity and cynicism |
| 20 | Appreciating life | 20 | Appreciating life |
| 21 | Good death | 21 | Good death |
| 22 | Death awareness | 22 | Death awareness |
| 23 | Talking | 23 | Talking |
| 24 | Putting things into perspective | 24 | Changed perspective |
| 25 | Having a structure | 25 | Having a structure |
| 26 | Informal relationship | 26 | Informal relationship |
| 27 | Team comes first | 27 | Team priorities |
| 28 | Celebrating death | 28 | Celebrating death |

**SUPERORDINATE THEMES**

|  |  |
| --- | --- |
| **WORKING IN ED** | Meaningful existence |
| Surprise |
| Entirety of care |
| **MEMORABLE DEATH** | Cultural values |
| Traumatic deaths |
| Child deaths |
| Humanizing death |
| Feeling helpless |
| Emotional burden |
| Moving on |
| Moral CPR |
| Reset |
| **INTERPRETING DEATH** | Natural end of life |
| Regret |
| Influence |
| Conscious |
| **CELEBRATING DEATH** | Good death |
| Celebrating death |
| Positives in death |
| Death awareness |
| **DEATH INFLUENCE** | Talking |
| Changed perspective |
| Having a structure |
| Informal relationship |
| Team priorities |
| Changed behaviour |
| Positivity and cynicism |
| Appreciating life |