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

***Participant: WILLIAM (pseudonym) (11R)***

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| Working under pressure | 12-15: ED fits well with my own personality to be honest, I quite like I must say the challenge of the shift, working under pressure, even though working under pressure is quite stressful, but I perform best when I am working under pressure and that is one of the reasons. | Performing better under pressure |
| Get bored easily | 15-16: I must admit I get bored easily, I have chosen ED as a speciality because every day is completely different and there is always something to do. | Likes the suspense and excitement of the job |
| Wide range | 16-19: And this attracted me to work there and the wide range of patients you see. It’s always a massive positive to work here. The reason to make this choice to work here in 4 years I might regret this, but for now I like, I think it was the right decision to go forward. | Variety of patients |
| Working with friends | 32-34: The team is that I like the most about my job, the people that I work closely, my colleagues, so it’s almost like working with your friends. To deal with these challenges with your friends every day is something fantastic. | Working in ED is almost like working with friends |
| Inevitable things | 60-63: I think death is a natural part of life. For me it’s just a natural thing that will happen to all of us. It’s a natural end to a life. Obviously this can be untimely, but for me I think talking about it in a general way it’s an inevitable thing, just a natural part, like happiness and sadness and that is just a natural thing associated with life. | Death is a natural part of life |
| Defining moment | 74-83: Myself and my whole family was massively impacted. Because I have three brothers, and my brother who is number second was 8 at that time and I think I was at that age when I was understanding a lot that was going on. It was a massive event that would be for every family. My youngest brother at time was 1 year old so it was a massive change for the whole family and that time we were living in Pakistan. It was a catastrophic thing for our family and what followed up was a complete change in our life. Our whole family has relocated to UK, starting everything from scratch. So this event was like a defining moment or something like a switch and everything changed. And I think the personal experience is very similar in most people who experience death as what follows on from that is life changing in a lot of cases. So it was probably the biggest life changing event in my life so far. | Personal death experience was a defining moment |
| Boundaries | 87-90: Interestingly I have to say no. We had to appreciate that everyone is different and everyone’s thought process is different and everyone deals with their emotions differently. When I go to work I am in that role of a healthcare professional and I kind of almost not bring my private life to work, so no matter what happens it does not affect work | Not letting private life affecting work |
| Almost inhumane | 128-129: Looking back, I feel guilty about this, when I look back to that situation. Because I walked away, I almost feel that my actions were almost inhumane, because I walked away from this man who was taking his last breath and I carried on with my life | Going to the next patient felt almost inhumane |
| Walk away | 148-151: That is the unfortunate truth of the job, because you have 30 patients that needs to be seen, if this situation is happening a lot … this patient is at the end of their life and we will stop all the aggressive treatment and keep them comfortable and then we walk away. | The pressures of the dept. make him walk away |
| Difficult ethical situation | 153-158: . If I find myself in the same situation plenty of times, I just realize what I would want to do but I can’t do, because part of one of the ethical principles in medicine is to treat everyone equally and give your resources to everyone equally and it wouldn’t be right for me … I know it’s a very difficult ethical situation but it wouldn’t be right for me when a patient needs that loving support, yet it wouldn’t be fair if I am one of the 2 registrars on a night shift to stay with this patient for the next hour. It is not feasible in reality. It is not possible, so I can’t do that basically. | Staying with the dying or moving to the next patient |
| Worst person | 158-162: When you look at that from a human sense, if I would have to tell this to my non-medical friends, they would say that I am the worst person who ever lived. I realize that. Even if I would have to tell the story to my Mum. She would say that I am an inhumane person, but reality is very different and sometimes we have detach emotionally to be able to work efficiently. | Judged by others |
| Lock away | 166-167: I handle them in the worst way you could do it. I have insight that the way I handle them is not a healthy way and the way I handle them is lock them away and don’t think about it. | Coping with death experience |
| Internalizing emotions | 172-177: people who keep saying or someone who let their emotions out, that is just the external representation of emotions. Because if you are feeling sad, you might cry. Crying is the external representation of that emotion, but that does not mean if you are not crying you are not feeling sad. Or anger can be an external representation, but if you are quiet does not mean that you are not angry inside. So some people have that internal and other that external representation. | Not displaying emotions publicly |
| Shared emotions | 183-189: From my previous experience and cases we’ve talked about with my friends and colleagues, we were all on the same page. Obviously I am generalizing a little bit, because each case can be different, some people might feel different emotions, but in general if you are part of that core team, you make decisions as a team, so at the end the emotions you are feeling, would be similar. The core emotions would be similar. Obviously you might have your own emotions, but the core emotions that we have successfully resuscitated this patient, we feel that we have done a good job, that is a core emotion in that case | Core emotions that are shared within the team |
| Child death | 200-202: So the one we had, depends really on the case, was a bit formal, because when we have a child cardiac arrest, a child death in the department, we make sure we have a team brief with the whole team including the paramedics and everyone.  255-257: Especially the one that are unexpected, an accidental trauma that is unexpected or young or a child. The child is a massive one, yeah. That certain bit never gets easier because each time it’s a really difficult situation for everyone involved.  269-274: I still remember my first child death that I was involved in and it was before the Covid pandemic and the Mum came in and she was screaming. You know a Mum’s scream you don’t forget that. It’s a difficult emotion to explain, the scream goes right to your heart you know. A Mum’s scream for a child, I don’t think I will ever forget that, as she was screaming, straight from the heart. Death for relatives will be always difficult and when you give that news, it’s always going to be very difficult. | Formal debrief following a child death |
| Difficult to open up | 212-217: We try to raise any concerns or issues we may have had when we were running the team. But obviously sometimes it’s difficult for people to open up during those informal meetings and I do realize that. If we have an HCA there to whom that might be the first day in the department, and they were just involved in a traumatic experience. On the other end you might have a nurse who sees this every day. So it’s very different and the feedback you hear it’s very different. In a gold standard I think you should sit down and have a chat as soon as possible. | In a group debrief it is hard to open up in front of others |
| Expressing concerns | 220-221: What works better for me is to sit down after the case as a group in the coffee room, grab a coffee and have a chat, that works best for me. Just to express my concerns. | Expressing concerns during a group debrief |
| Practical discussion | 228-231: I like more sitting down with the whole team and have a practical discussion, but that comes once you’ve done a few cases and realize that you are angry at some equipment that it didn’t worked, which in stressful situations is just a normal human response, just get frustrated sometimes. Unfortunately there is no one way for all. | Group conversations will focus on practical elements |
| Offload | 235-237: I prefer to offload these to my work colleagues. As I said earlier if I would have to tell this to a family member, I would be the worst human being who ever lived. It’s difficult to understand a lot of scenarios, so I would prefer that with my own colleagues. | Offload to work colleagues rather then people outside healthcare. |
| Dealing with family | 251-255: Dealing with the family is probably the hardest bit. When a person is dying and telling that to the family is probably the toughest bit. Certainly it has become more tough with the Covid pandemic, in most cases over the phone and that is extremely, extremely tough. I think that is natural human nature and behaviour when you have to deliver really bad news and understand how bad is for them. | Dealing with the family is the hardest part of the experience |
| Tough experience | 260-265: No matter if the family is expecting it or not you know that you are going to cause a lot of pain. I have mentioned earlier that when you go to work you step into that role of a healthcare professional and how you try to keep away your private life and sometimes you imagine that happening to your family, or you being in that situation and you try to keep emotions at bay. But it’s very difficult when you give that news to someone and they start crying and they are clearly in pain. It’s a tough experience. | Communication with the family is a tough experience |
| Different than training | 281-285: Obviously in real life is different than the training, but certainly that training helps, but we have many other members of the team, such as healthcare assistants or healthcare workers who did not received the same training. But speaking from the medical side we get trained for. Whether that is enough or not that is a different story and the quality of training can vary depending on where you received it. | Preparation for death cases in real life might not be enough |
| No night support | 294-296: Most of my shifts in ED are night shifts and difficult things happen at night. All the tough things are happening after 2 am and there is no support nothing really available at that time. | Difficult to get support for staff during the night when most difficult cases happen |
| Off the shopfloor | 306-314: In real life there is so much going on that it’s impossible to take 6 members of staff and that is a small number, 6 members of staff off the shop floor into the coffee room at one. It’s very easy for people to say, yes we should do this, but if you look at the practicality, if you take 6 people including senior members of the team off the shop floor in a coffee room, not including people who are already on their breaks, you can easily lose half your staff. That’s just not practical. It’s a tough situation. There is no quick fix unfortunately. Senior members will appreciate that this is the situation and we should facilitate it in whatever way possible. There is no quick fix unfortunately, you know. If we bring in this change, everything will be fine from here now. | It is difficult to take a whole team off for a debrief |
| Team comes first | 318-322: Whenever you are in a senior role, you always have to put your team members first, that part of responsibility is what you take as a team leader. Your team comes before you, especially when in terms of support and that’s what makes a good team leader, who looks after the team. Certainly you have to put your own emotions aside and deal with them first. I think it would make you a selfish team leader if you would deal with your own issues first. | Dealing with own emotions later as team comes first |
| Changed perspectives | 334-336: . But it certainly it changes your perspective, your view of the world, it changes your view on mortality and death. | Changed perspectives after witnessing death |
| Demystifying death | 337-345: But I think if you are not exposed to death, as many people are not exposed to death, which is obviously a good thing you forget that is part of life and your view on it changes completely. For some people who have never been exposed to it it’s simply alien and they don’t know how to respond to that and it feels that something wrong has happened here. If a person comes to their natural end of life and it’s taken to the hospital and the hospital says there is nothing we can do, that is just the natural end of life. It must be difficult for the relatives, that what do you mean by we can’t do anything? What do you mean they can’t go intensive care you see it for what it is, a natural thing. I think it changes perspectives of everyone who was in that thing. | Acknowledging death as a naturally happening event |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Working under pressure | 1 | Working under pressure |
| 2 | Get bored easily | 2 | Easily bored |
| 3 | Wide range | 3 | Variety |
| 4 | Working with friends | 4 | Friendly working environment |
| 5 | Inevitable things | 5 | Inevitable things |
| 6 | Defining moment | 6 | Defining moment |
| 7 | Boundaries | 7 | Boundaries |
| 8 | Almost inhumane | 8 | Almost inhumane |
| 9 | Walk away | 9 | Walk away |
| 10 | Difficult ethical situation | 10 | Ethical dilemma |
| 11 | Worst person | 11 | Judged |
| 12 | Lock away | 12 | Avoiding emotions |
| 13 | Internalizing emotions | 13 | Internalizing emotions |
| 14 | Shared emotions | 14 | Shared emotions |
| 15 | Child death | 15 | Child death |
| 16 | Difficult to open up | 16 | Internal struggles |
| 17 | Expressing concerns | 17 | Expressing concerns |
| 18 | Practical discussion | 18 | Practical discussion |
| 19 | Offload | 19 | Offload |
| 20 | Dealing with family | 20 | Dealing with family |
| 21 | Tough experience | 21 | Tough experience |
| 22 | Different than training | 22 | Theory in practice |
| 23 | No night support | 23 | Lack of support |
| 24 | Off the shopfloor | 24 | Barriers of debrief |
| 25 | Team comes first | 25 | Team priorities |
| 26 | Changed perspectives | 26 | Changed perspectives |
| 27 | Demystifying death | 27 | Demystifying death |

**SUPERORDINATE THEMES**

|  |  |
| --- | --- |
| **PERSONALITY THAT FITS ED** | Working under pressure |
| Easily bored |
| Variety |
| Friendly working environment |
| **EMOTIONAL LABOUR OF DEATH** | Avoiding emotions |
| Internalizing emotions |
| Shared emotions |
| Child death |
| Internal struggles |
| Dealing with family |
| Tough experience |
| Defining moment |
| **ETHICAL ASPECTS OF DEATH** | Boundaries |
| Almost inhumane |
| Walk away |
| Ethical dilemma |
| Judged |
| Inevitable things |
| **INFLUENCE OF DEATH** | Theory in practice |
| Changed perspectives |
| Demystifying death |
| **COPING WITH DEATH** | Expressing concerns |
| Practical discussion |
| Offload |
| Lack of support |
| Barriers of debrief |
| Internal struggles |
| Team priorities |