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

***Participant: ZOE (pseudonym) (8N7)***

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| **Codes** | **Transcript line and quote** | **Description of the code** |
| Always wanted | 9: I **always wanted** to work in ED. | Motivated by a deep desire to work in ED |
| Rewarding profession | 14-15: It’s a very **rewarding profession** and I’m glad that my mum chose that for me.  49: I’ve been doing nursing for a long time, it’s just such a **rewarding profession**. | Working in ED offers a constant motivation |
| Not involved emotionally | 19-23: And I suppose you don’t get so **emotionally involved**. I said to my friend who works in Oncology, I wouldn’t be able to do your work, because you invest so much, you get to know the person. Although it happens here in ED sometimes when you get to know the family, but I suppose it’s much harder on the ward because you got to know them and it’s hard when you lose them. | The more invested you are emotionally, the more difficult processing death becomes. Objectification. |
| Losing a patient | 37-39: … Yes, but with nursing, it’s something is going to happen, you are going to **lose a patient** and it’s hard. And here with us I think the hardest part is when you get to be involved with the family, because you have to know them and you get to know the person left behind.  41-42: But once you get to know the family and you learn more about the person, it’s just like, it’s there. | Once the patient becomes a person, death becomes a loss. |
| Auto-pilot mode | 39-41: Because when they come in arrested, you just **automatically** focus on the patient and there are no emotions there, you just automatically have to save their life.  213-220: So technical … you’ve got all the skills. I’ve been a nurse for a long time, there is no problem with the technical bit. It’s … I think we just have to save this patient’s life, and sometimes we just go like in action, like an **auto-pilot** because this is what you are trained to do, but after that when you speak to the family … and sometimes during a cardiac arrest, so you’ve done everything that you’ve done and then the team leader said or decide to stop resuscitation and you think that’s the best thing you can do now for the patient, to stop. Sometimes you agree because that’s the best thing you can do for the patient now, just let the patient go, because you can’t do anything more. | To be able to save a patient’s life in ED you have to do it automatically, without emotions. |
| Grateful to feel | 43-45: And I’m quite **grateful, that I could feel** that emotion because if I don’t I think I’m in the wrong profession, because it’s part of what we are. | Choosing to remain human, rather than objectifying a patient. |
| Being with God | 71-76: So, I grew up as a Roman Catholic and from childhood I went to a private school run by nuns until college days. I’m not very religious, but back in the Philipines we are … my parents are very religious. But coming here I just haven’t got the time to go as much to church, but I still pray a lot. So I think death is something … losing someone, but in a way as well it’s the time to **be with God** and I think it’s very important when a person is dying to give them like peace before dying. I think it’s a new life, **being with God**, I think so. | The idea of loss rooted in her faith. Comforted by her faith when facing death. |
| Being there | 87-89: It’s difficult because you are unable to go home and it’s just when you are here, you would think of them, thinking I could **have been there** for my grandparents but I am here, but unfortunately unable to go. Yes, it’s hard.  128-129: And then there’s another one … ohh and the sad thing about him was, the partner was positive as well, so **she wasn’t able to see him**, to come here and say goodbye.  185-187: I suppose it’s much different now, it’s much harder because you feel for the patient **because they can’t see their family.** | Being there is important so that peace can be offered. Not being there for someone close dying is hard. |
| Doesn’t sit right | 96-100: In the personal life it’s definitely harder, but in the same time when you look after a patient, they just remind you of these persons isn’t it? For example we had a cardiac arrest in Resus. Young, 47 and I was thinking, this could be me. And you just try your hardest because, it’s not easy isn’t it and losing that person, **there’s something there in the heart that** **doesn’t sit right** … I don’t know it’s something, like losing one of my friends, | For some patients dying is wrong, it shouldn’t happen. |
| Embarrassed | 117-119: There is someone in ICU, and I was thinking of myself, she is mentioning this, this is not good, she’s not going to make it. And I just teared up in front of Gail and David French. **I was so embarrassed.** | Displaying emotions in front of others interpreted as weakness. |
| Could be me | 125-128: The one recently, is the chap who is the same age as me. Covid. So he came in awake, started on CPAP, didn’t respond. Intubated and he just arrested and I was thinking God, this could have been me, same age, and I am high risk, because I am Philipino and I was thinking **this could have been me**. | Being reminded by own vulnerability when patient resembles know person characteristics. |
| If that’s me | 131-134: Much harder with Covid I think, because, with the family, they are not here, they are dying on their own. I think that’s sad. I always put myself in the situation … **if that’s me** … I would want someone holding my hand, I would want my family to be there but, there’s no one. | Describing the death of patient based on her own personal values. |
| Appreciate | 140-143: So, I look at it more positively I suppose. I’ve learnt to appreciate more my family. I phone my parent’s every day … like before it’s probably like once every week. But now, almost like every day. You just learn to **appreciate what you’ve got**. And my kids, I’m just grateful that they are here. For my husband. You learn to appreciate things I think. | Death experiences caused her to be more thankful |
| Doesn’t matter | 146-147: I think you just have to live your life to the fullest. There are a lot of things that **doesn’t matter anymore**, isn’t it? | Death experiences are causing a shift in life priorities |
| Being strong | 153-154: And as a Band 7 where do we go for support? When someone is passing away, you are the one there **who has to be strong.**  147-150: You would **have nurses coming to you**, at the moment it’s quite a lot and it’s a worrying situation because people have different ways of coping. And some of them, you can see that they are really broken. | Being leader means being strong to offer support for staff who could be often broken. |
| Walking and running | 154-156: I love walking from work, it’s such a good time for ‘me time’ and it just gives you time to think. Walking, I run as well. | Physical activity as coping mechanism |
| Talking | 160-161: And I **talk** to my husband a lot. Although, I don’t know if he listens to me, probably just listens, but yeah … talking.  173-178: So the matron has spoken to me and asked if I want to talk to someone? I said no, I am happy to **talk** to you and rest of the Band 7. I don’t know, it’s probably handy to speak to a professional, I have never tried that before, but I would rather speak with someone that I know. Some people speak to a psychologist, a professional, as I think we have the option, but I have never tried, I don’t know if I’m going to be uncomfortable. I don’t know. I could try, but I don’t know.  185: I’ve always been able to cope because I **talk** about it. | Talking with someone she knows as a coping mechanism |
| Still the same | 184-185: I don’t think so, **it’s still the same**. I empathize with the family. I suppose. I don’t know. Am I stronger? I’m not hard. I’ve always been able to cope because I talk about it.  187: But coping-wise I am **still the same**. | Experiencing death hasn’t changed over the years |
| Being human | 193-196: I think if I don’t get affected anymore I would leave my profession. I don’t think it’s the right job for you if you don’t get affected anymore. It’s part of **being human**, it’s part of being a nurse to be able to empathize. If you wouldn’t be able to empathize with the family or the patient than you are in the wrong profession. | Being affected by death is part of being human, being a nurse. |
| Praying | 205-208: And that’s the hardest bit I think, because you get to know the relatives. And you know when they come here, the viewing room**, I pray** for them, silently. I was thinking, maybe my colleagues think I’m a bit, but I just stay there and **pray** for them. I do. I don’t know what religion are they but **I pray** for them. | Spiritual care is an important part of dealing with relatives and also a coping mechanism. |
| Know the patient | 220-227: And then speaking to the family is the hardest bit. Anyone you speak to it’s always the hardest bit, speaking to the relatives. Because **you get to know them**. **You get to know the patient more and you know that they are important** to the one that you are talking to. And they are basically gone from their lives. Especially with trauma, their life is changed forever. The impact of that. | Getting to know the patient and dealing with relatives is the hardest part of the death experience |
| Die like that | 232-235: It’s a big difference. So, with the palliative one your aim for the patient is to die with dignity, peacefully and to make sure that the family are there, and it gives me comfort when the family is there and are holding their hand. Because I would want **to die like that**, with my family there around me, just in quiet, a peaceful, dignified death.  239-244: We do try our best. When we’ve got a patient who is for palliation, even in these Covid times we try to bring in the family. Like the other day, the patient got Covid but we still tried to bring the family in and it’s quite difficult in Resus especially if it’s an AGP, so it’s difficult for the family to come in, so we do try to find a sideroom. We’ve got a sideroom in Resus and we’ve got one here, so we do try our best to bring the family in and to **have their time with the patient,** as that is the last time they are going to see them. | Her definition of a good death rooted in her own values. |
| Important for me | 247-250: So, if they come to ED, you need to get them to the theatre. If the family is here, I try to make sure, they see them before they go to the theatre, as you don’t know if they are going to make it, so **that’s really important for me**. I would argue even with the doctor if they don’t want to, just even a minute on the corridor, just to hold their hand. | Her view of dignified death and the care provided roots in her own values. |
| Closure | 256-257: Sometimes you don’t know what happened with the patient, you might forget as well. But those patients you worry about, **sometimes you chase them up what happened to them**. | Following-up on patients with whom a bond was formed |
| Much harder | 261-266: If it’s sudden it’s **much harder**, especially if it’s a young person. I had a tough shift yesterday, we’ve had a traumatic cardiac arrest, 21 years old, and the parents … can you imagine when your child is like 20, that’s a baby, it’s your baby. Can you imagine losing that? That’s hard, that’s harder because of the parents as well, you have to deal with them and you can just empathize with them. And I think having children is even more emotional. You can just feel what they are feeling. It’s much harder I think when it’s sudden. | Death is harder when it’s sudden, when it’s a young adult or reminds the person of someone close to them. |
| Learning from experience | 272-279: We haven’t had any training, but I think it’s a combination of everything. Because for example I go to a lot of doctors who deliver the news to the family and you can see the different techniques. Some of them are really good and some of them are really bad. Sometimes you have to step in, but most of our doctors are very good in delivering news and I like it when they don’t silver coat it, but they get directly to the point … sugar coated … when it’s done well you don’t have to step up and explain again, later when they’re gone and have lots of questions, but I do say, if you have any question, don’t hesitate to ask. **You learn from your experience**. Like going with the doctors it helps a lot. | No formal training to deal with death experiences, only learning from experience. |
| Holistic way | 286-288: And making sure that the doctor empathize and the relatives are okay despite the news that has been delivered. It’s the **holistic way** of looking after the families. | Seeing the bigger picture and the whole person when providing aftercare. |
| Unnoticed | 303-304: I think every experience that you have it will always change you in more way or so, **even if you don’t realize it**. | Death experiences can change a person without being aware. |
| Humbling experience | 312-315: I think it’s a **humbling experience** and it’s always changing you as a person. I always look at the positive things with every experience and I think it’s just maybe more compassionate, even with other people just be kind, because you never know what is going to happen | Death makes her more compassionate and kind with other people. |
| Role model | 316-317: And any words or action that you do impacts everybody. | Responsibility of being a senior member of staff in dealing with a death experience |

**FINAL CODES EMERGING THEMES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Always wanted |  | 1 | Desired profession |
| 2 | Rewarding profession |  | 2 | Rewarding profession |
| 3 | Not involved emotionally |  | 3 | Emotional numbness |
| 4 | Losing a patient |  | 4 | Death as loss |
| 5 | Auto-pilot mode |  | 5 | Auto-pilot mode |
| 6 | Grateful to feel |  | 6 | Emotional involvement |
| 7 | Being with God |  | 7 | Comfort in faith |
| 8 | Being there |  | 8 | Connecting with the dying |
| 9 | Doesn’t sit right |  | 9 | Moral judgement |
| 10 | Embarrassed |  | 10 | Embarrassment |
| 11 | Could be me |  | 11 | Resemblance |
| 12 | If that’s me |  | 12 | Empathetic |
| 13 | Appreciate |  | 13 | Thankful |
| 14 | Doesn’t matter |  | 14 | Values and priorities |
| 15 | Being strong |  | 15 | Being strong |
| 16 | Walking and running |  | 16 | Walking and running |
| 17 | Talking |  | 17 | Talking |
| 18 | Still the same |  | 18 | Unchanged values |
| 19 | Being human |  | 19 | Being human |
| 20 | Praying |  | 20 | Praying |
| 21 | Know the patient |  | 21 | Emotional investment |
| 22 | Die like that |  | 22 | Good death |
| 23 | Important for me |  | 23 | Dignified death |
| 24 | Closure |  | 24 | Closure |
| 25 | Much harder |  | 25 | Memorable death |
| 26 | Learning from experience |  | 26 | Learning from experience |
| 27 | Holistic way |  | 27 | Holistic approach |
| 28 | Unnoticed |  | 28 | Unnoticed influence |
| 29 | Humbling experience |  | 29 | Humbling experience |
| 30 | Role model |  | 30 | Role model |

**SUPERORDINATE THEMES**

|  |  |
| --- | --- |
| **WORKING IN ED** | Desired profession |
| Rewarding profession |
| Role model |
| **DEFINING DEATH** | Death as loss |
| Good death |
| Dignified death |
| Memorable death |
| Auto-pilot mode |
| **SPIRITUAL DIMENSION OF DEATH** | Comfort in faith |
| Moral judgement |
| Unchanged values |
| Praying |
| Values and priorities |
| Humbling experience |
| **EMOTIONAL LABOUR OF DEATH** | Emotional numbness |
| Emotional involvement |
| Emotional investment |
| Connecting with the dying |
| Embarrassment |
| Being human |
| Resemblance |
| Empathetic |
| Thankful |
| Closure |
| **COPING WITH DEATH** | Walking and running |
| Talking |
| Learning from experience |
| Holistic approach |
| Being strong |
| Unnoticed influence |