

**Strategies That May Improve the
Quality of End-OF-Life in Critical Care
Unit
An Integrative Literature Review of
Qualitative Studies**

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Introduction

- Improving the quality of care for patients at the end-of-life has become a major goal of the health community and the public (Meyer et al, 2006) .
- Despite medical and nursing interventions that identified optimal quality of care practice provided for dying critically ill patients and their families, it remains unclear what are the best ways to improve the quality of this care (Clarke et al, 2003).

Introduction

- The alleviation of pain and suffering is crucial to the provision of the quality of end-of-life care (Hawryluk et al, 2002).
- Many patients dying in ICU continue to suffer pain and other distressing symptoms because of inadequate or appropriate strategies of care for dying patients and their families.
- Therefore, health team members specifically nurses should increase recognition of their responsibility to provide high quality of care to improve the quality of end-of-life care for dying patients and for their families in ICU (Clarke et al, 2003).

Introduction

- Providing ICU nurses with research-based strategies that may improve the quality of end-of-life in ICUs will improve and standardize nurses' clinical practice.

Purpose of the study

- The purpose of this integrative literature review is to review nursing, allied health, and the medical research literature to explore strategies that may improve the quality of care of patients dying in ICU and their families.

Search strategy

- The literature search was conducted using The online versions of Cumulative Index to Nursing and Allied Health Literature (CINAHL) and MEDLINE to search for research reports.
- The literature from 2002 - 2007 has been searched most rigorously.
- The following keywords were used: ***terminal care; intensive care; palliative care; end-of-life; dying patient.***

Inclusion criteria

Articles were included in the review if they met the following criteria:

- Published English language.
- Published in peer-reviewed journal.
- Critical care was one of the key concepts of the study.
- Full text article was available.
- Only qualitative articles were reviewed.
- Articles published between 2002 and 2007

Overview of the studies

- An-in depth literature review was conducted to identify articles that review nursing, allied health, and the medical research literature to explore strategies that may improve the quality of care of patients dying in ICU and their families.
- Six studies reviewed utilized qualitative research methodologies.

- Hawryluck et al (2002) used the Delphi method to develop a consensus statement on the appropriate use of analgesics and sedatives in dying ICU patients.
- Meyer et al (2006) used a standardized qualitative design to identify and describe the priorities and recommendations for end-of-life care and communications from the parents' perspective.
- Clarke et al (2003) Used the Delphi method to synthesize research evidence and develop a consensus to generate the domains of high-quality of end-of-life care (EOLC) specific to the ICU setting and propose measurable EOLC quality indicators within these domains.

- Badger, M., J. (2005) used the descriptive qualitative design to identify the factors that enable or complicate end-of-life transition in critical care.
- Workman and Mann (2007) used the descriptive qualitative design to identify areas for improvement in delivering high quality on the medical teaching unit from the prospective of family members.
- Cook and Rucker (2004) used the descriptive qualitative design to identify strategies that may improve end-of life care in ICU.

Sample and sampling technique

- All the reviewed studies used the purposive sampling technique to recruit participants (Hawryluck et al., 2002; Clarke et al., 2003; Cooke et al., 2004; Badger, 2005; Meyer et al., 2006; Workman and Man, 2007).
- Purposive sampling technique is appropriate to be used in qualitative studies, because in this technique the researcher can select the most appropriate participants who can inform the study

Sample and sampling technique

- All the reviewed studies used relatively small number of participants. The number of the participants ranged from nineteen to sixty five participants.
- All studies stated clear inclusion criteria.

Data Collection methods

- Four of the reviewed studies used in-depth interviews as a data collection method (Cooke et al., 2004; Badger, 2005; Meyer et al., 2006; Workman and Man, 2007).
- Two studies used Delphi Technique as a data collection method (Hawryluck et al., 2002; Clarke et al., 2003).

Data Collection methods

- In five studies, data were collected at the Intensive Care Units (Cooke et al., 2004; Badger, 2005; Meyer et al., 2006; Hawryluck et al., 2002; Clarke et al., 2003).
- In one study data were collected at the participant's homes (Workman and Man, 2007).

Results

- The six qualitative studies had different purposes; they yield a wide range of findings.
- The results of this study identified many strategies that may improve the Quality of End-Of-Life in Critical Care Unit for dying critically ill patients and their families.

The proposed strategies

- Determine what dying patients need.
- Determine what families of dying patients need.
- Promote the role of support groups - i.e. family and peers.
- Personally engage in end-of-life care.

The proposed strategies

- Proper use of analgesia and sedation in pain management for dying patients.
- Conducting research in end-of-life care.
- Identify the Quality indicators for EOLC: patient – and family centered decision making; communication; continuity of care; emotional and practical support; symptoms management and comfort care; spiritual support; emotional and organizational support for ICU clinicians.

Nursing implications

- Nurses working ICUs are more likely to experience death or dying on a regular basis than are nurses working in any other area of patients' care.
- They are expected to manage dying patients, providing support to grieving families, and cope with their own losses (Badjer, 2005).
- Therefore, identification of specific quality indicators that describe the quality of care in ICU can help ICU nurses in evaluating the quality of care in their units, and thereby improve the over all quality of end-of-life care in the ICU (Clarke et al, 2003).

Recommendation

- This integrated literature review suggests strategies to be used by ICU nurses to improve the quality of EOLC for dying patients and their families in ICUs.
- Future studies should include more formal evaluation of the efficacy of these interventions to help point the way to high quality, clinically relevant, culturally adapted care for all dying ICU patients and their families.

Conclusion

- The experience of dying critically ill patients and their families was described as stressful and traumatic.
- The quality of care provided for dying critically ill patients and their families was inadequate and unclear.
- Addressing the needs of dying critically ill patients and their families should be a priority for ICU clinicians.
- Increasing recognition of our responsibility to provide high quality EOLC underpins numerous emerging interventions that may ease the dying process for patients, their families, and ICU nurses.

Managing Change in Inpatient Units Using Lewin's Theory

Ass. Prof. Neamat Mohamed

Introduction

- **Change becomes a way of life.**
- **Change in hospitals is necessary for growth where it is directed towards making something significant and different from what it was.**

Aim of the study

Manage change of problems in the inpatient units using Lewin's theory of change.

Material & Methods

Setting

The study was conducted at a private hospital at Mansoura with 75 beds. The hospital comprised 3 inpatient units.

Sample

It includes all nurses working in the three inpatient units (n=44).

- Director of nursing service dep.
- 3 head nurses
- 40 staff nurses.

Tool of the study

- **Tool One:** Needs Assessment
Unstructured Interview to identify major problems in the inpatient units and their solutions.
- **Tool Two:** A questionnaire sheet was developed to identify the problems facing nurses in their inpatient units before and after change.

**The study followed
Lewin's theory of change
as a framework for the
study**

(see the next figure)

**Lewin's theory
development**

Hospital

- -Status quo.....- dissatisfaction with
present situation and
identification of the problem.
- - Unfreezing.....- Introduction of change
agents.
present
interventions.
course of
-Collecting data of the
status
- Choosing the
- Planning the right
action.

Methods of the Study

1. Unfreezing phase

A need assessment screen was carried out for 2 weeks through interviewing nursing personnel to identify major problems in the units and their solutions.

2. Change phase

Implementation of planned change to solve identified problems. It was carried out for 6 months to cause the required change.

3. Refreezing Phase

It took 2 months to evaluate using different methods to solve problems and cause change as using floating pool system to overcome shortage of nurses, and establish collaborative practice committees to overcome poor communication.

Results

summary of major problems mentioned by the nursing personnel

- **Shortage of nurses.**
- **Poor communication between**
 - **Nurses themselves.**
 - **Nurses and physicians.**
 - **Nurses and auxiliary personnel.**
- **Limited participation in decision making.**

Suggestions to solve problems

1- Shortage of nurses

- Follow the pooling system of assignment.
- Better supervision for maximize nurse performance.

2- Limited participation in planning

- Formulate committee include equal number of nursing staff and members

Major problems as perceived by nurses before and after change

Problem	Before change	After change	χ^2
<u>Policies, rules and regulations for nurse</u>			
1- Absent of job description.	44 100.00	44 100.00	0.00
2- Poor staff assignment.	12	4 9.09	4.89
3- Instability of nurse in specific units.	27.27	5 11.36	25.6
4-Absent of hospital routine in relation to admission and discharge	28 63.64	3 6.82	27.1
Mean & SD	26 59.09	14.0_±13.1	4.94*

Major problems as perceived by nurses before and after change

Problem		Before change	After change	χ^2
<u>Communication</u>				
1.	Poor communication nurses and administrator.	6 13.64	3 6.82	20.95
2.	Poor communication among nurses.	24 54.55	12 27.27	31.31
3.	Poor communication between nurses and physicians.	8 18.18	5 11.36	5.06
4.	Poor communication between nurses and auxiliaries.	22 50.00	6 13.64	5.09
Mean & SD			65 ± 6.50	9.92*

- **Average reduction of problems after change = 24.38%**
- **Significant (t= 3.165, p < 0.05).**

Conclusion

Using of Lewin's theory of change solved some problems as in using floating pool system to overcome shortage of nurses and in establishing collaborative practice committees on different levels to overcome the poor communications

Yet, there are some problems did not eliminated, these problems related to lack of incentives, poor maintenance of the hospital, and the narrow space of the nursing station.

Recommendations

- **Inservice training program for nursing personnel to be effective change agent nurses because they are in a key position to make needed changes.**
- **Writing job description for nursing personnel is basic and essential step of the change process.**
- **Plan an incentive system for nurses based on effective performance**

**Thank
You**

