

Challenges of Caring for a Dying Patient from Perspective of Health Care Providers: A Qualitative Interpretive Meta-synthesis

M. Tahmasebi MD ¹, S. Sotoudeh MD ¹, H. Mahdavi MD ²

¹ Palliative care unit, Cancer institute, Imam Khomeini hospital, Tehran University of Medical Science

² Radiation Oncology Department, Firoozgar hospital, Iran University of Medical Science

Background

Palliative philosophy emphasizes on prevention and relief of physical, psychosocial and spiritual suffering. Peaceful death is one of the primary goals in palliative care which is not always met. Sometimes death of a terminally ill patient turns into a clinical crisis. Identifying the leading causes is necessary to prevent this challenging situation.

Aims

To explore the challenging circumstances during caring of a dying patient in perspective of health care providers.

Method

Design: This study is a qualitative interpretative meta-synthesis to provide a comprehensive view of caring for a dying patient from perspective of health care providers.

Data collection: Searches were performed by using PubMed, MedLine, Google Scholar, ScienceDirect and PsycINFO databases since last 10 years.
Analysis: Findings of qualitative studies were synthesized through thematic analysis to develop overarching themes.

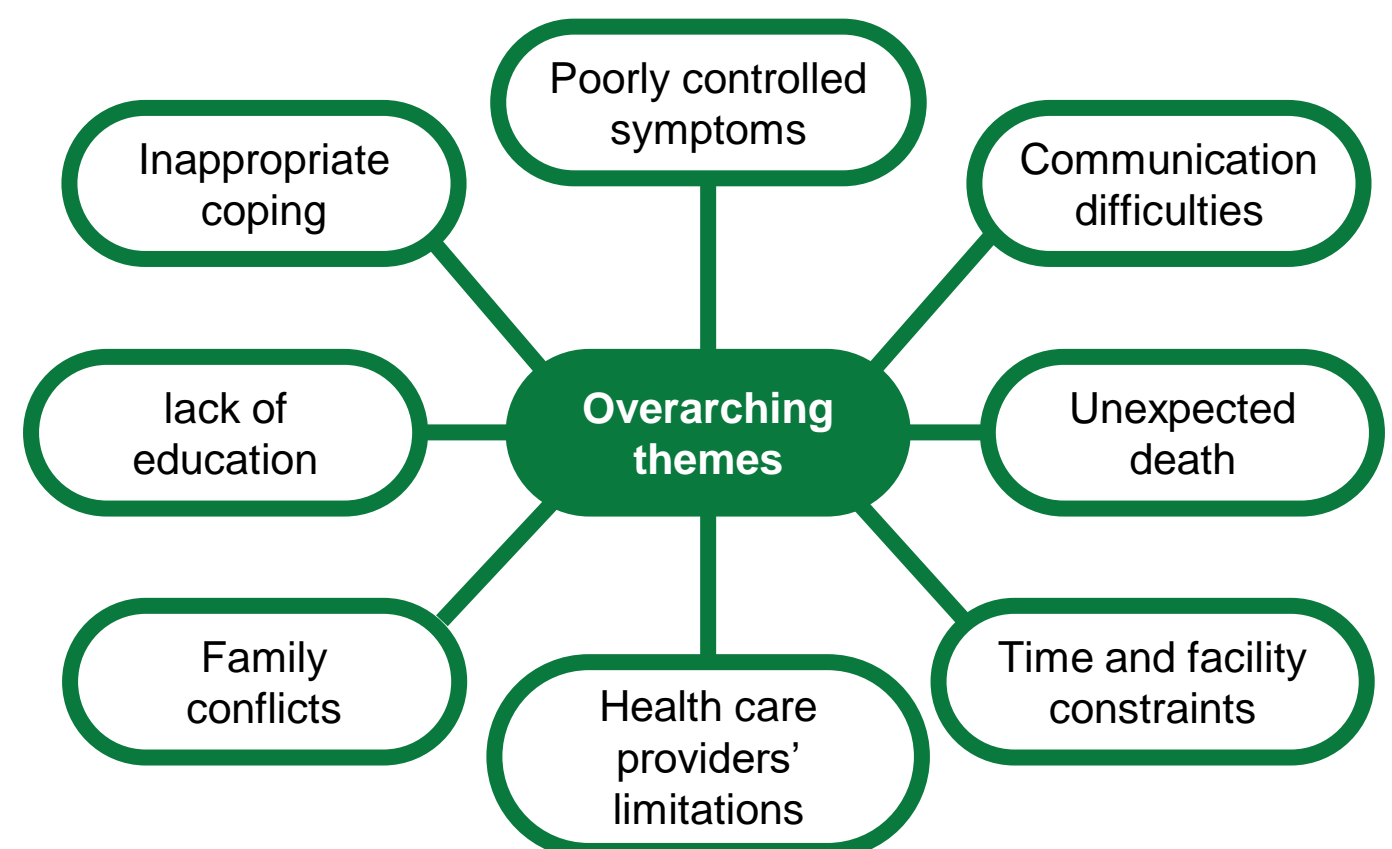
Results

In total, 8 articles met the inclusion criteria. These are English language qualitative studies published between 2009 and 2016.

Authors of these studies identified many themes related to dying process and end of life care in perspective of health care providers.

Eight overarching themes were extracted:

1. Poorly controlled symptoms
2. Unexpected death
3. Time and facility constraints
4. Lack of education
5. Inappropriate coping responses
6. Communication difficulties
7. Family conflicts
8. Health care providers' limitations.



Authors	Health Personnel	N	Age	Gender
Dwyer et. al.	Nursing home	20	30-40	16 ♀, 4 ♂
Iranmanesh et. al.	Oncology unit	15	32-50	11 ♀, 4 ♂
Ghaljeh et. al.	Oncology unit	18	Mean: 32	
Andersson et. al.	Surgical ward	6	22-42	5 ♀, 1 ♂
Jenull et. al.	Nursing home	17	21-56	N/A
Dong et. al.	Cancer center	15 physicians 22 nurses	Mean: 34 Mean: 29	N/A
Peterson et. al.	General ward	15	20-54	12 ♀, 3 ♂
Cagle et. al.	Nursing home	707	31-50	93% ♀, 7% ♂

Conclusion

The findings of this study shows the importance of recognizing death's around situations to achieve a good death. Based on the priority, good symptom management, efficient communication with dying patients and their families and conducting educational programs in palliative end-of-life care were the most important strategies to prevent crises during dying process. Furthermore, involving psychiatrists in palliative care team and improve the environmental factors can help with the qualification of end-of-life care.

Authors declare that there is no conflict of interests.