

Coaching ICU Nurses Regarding End-of-Life Situations

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Abstract

Background: Because they are omnipresent, nurses often play a key role in assessing and facilitating patient and family acceptance of end-of-life (EOL) situations in the ICU. Nurses need skill in communicating with physician and nurse colleagues and families at this difficult time. The purpose of this project was to describe the impact of a focused coaching opportunity on ICU nurses who support families through the EOL decision making process. The 12 bed Medical Intensive Care Unit (MICU) at a large Midwestern tertiary care center was the location for this project. The mortality rate of patients in this unit is 26.4%. More than 1/2 of these deaths occur following the withholding or withdrawal of aggressive life-sustaining treatment. **Methods:** For an 8 week period the hospital nurse ethicist attended nursing report twice a week. During nurse-to-nurse report the nurse ethicist provided individual coaching for the nurses on initiating conversations with either colleagues or the patient's family regarding the perception that the patient was not likely to survive the ICU stay. Nurses were then invited to evaluate the nurse ethicist intervention and complete a survey describing their attitude, knowledge and behaviors regarding EOL situations and advocacy in the ICU. **Results:** Fifteen nurses returned the Post Intervention Survey and Nurse Ethicist Evaluation yielding a 33% response rate. Overall respondents were knowledgeable about available resources to assist with EOL care situations in the ICU. The most striking self reported behavior was that only 60% of respondents reported initiating a conversation with physicians despite the finding that 100% of respondents believed it was their duty to express concerns with a physician. Two thirds of respondents had individual coaching opportunities with the nurse ethicist. 100% of respondents said the project was useful to them in their clinical practice. **Implications: for Practice:** Findings from this study indicate communication challenges within the health care team. The presence of a coach was consistent with nurses' self report of strong advocacy attitudes and behaviors in situations when patients are at risk for dying in the ICU. A coach for nurses who are developing skills in communicating about EOL situations is a valuable resource for nurses in the ICU.