Proffered Papers

Palliative care II

1377 ORAL

Does caring for dying patients influence the dreams & nightmares experienced by healthcare workers?

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Caring for patients is a stressful occupation. Death & dying is the most consistent stressor (Wilkinson 1995). Problems experienced are frequently repeated in dreams & nightmares (Cernovsky 1983). It has been suggested that during dreams negative emotions may be twice as frequent as pleasant emotions (Hall 1974). Little information is available on the characteristics of the nightmares themselves. The content of nightmares may mirror the concerns of the health care worker and these themes may be recurrent.

Aims of the Study: Were to identify:-

(1) The prevalence of recurrent dreams & nightmares in palliative care workers & student nurses.
(2) Differences in the prevalence & content of recurrent dreams & nightmares between palliative care workers & student nurses.

Method: Sixty six palliative healthcare workers & 186 student nurses completed a self administered questionnaire incorporating demographic data & information on recurrent dreams & nightmares. The quantitative data was analyzed using SPSS & included non-parametric statistical tests. The qualitative data was analysed by content analysis.

Results: The analysis indicates a significantly lower incidence of recurrent dreams & nightmares in palliative care workers (mean = 3.8) compared with student nurses (mean = 4.14, p = 0.001). However, the contents of the dreams differed between the 2 groups. The paper will discuss the results & interventions which help those experiencing recurrent dreams & nightmares.

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Patients who die: Nurses also grieve

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Grief is the physical, psychologic and social response of an individual to loss (Rando, 1984). Nurses working in oncology inevitably witness death frequently, and spend much of their time preparing the patient and his loved ones for the event. Supporting someone through a bereavement can be a enormous emotional burden, and she/he who is supporting may also be grieving.

Oncology nursing is such that one becomes very close to patients, and forms relationships which may at times be more akin to friendship than professional carer and patient.

There has been much written about how nurses can support patients and their loved ones through bereavement; less about how nurses, as professionals, grieve, why they grieve and what support mechanisms are utilised, both as a means of defence and as a way of resolution.

Grief is a systematic process. Nurses' grief is a complicated process involving many and varied perceptions. Nurses "bury" their grief, this may lead to the grief never being fully resolved, and lead eventually to "burnout".

It is important that nursing staff recognise grief as a natural process, that they take time to grieve and that they support themselves and their colleagues during this period. Nurses' grief is all too often hidden. It is as though it is too shameful to be acknowledged. To do so is to do ourselves and our patients a disservice.

[1] Rando, T. (1984). Grief Dying and Death: Clinical Intervention for Caregivers. Champaign: Research Press, New York.

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Nurses experiences of caring for dying patients in an oncology setting

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Purpose: Over 25% of people diagnosed as having cancer will die each year in a hospital setting. Caring for the dying cancer patient is not seen to be a stressful experience (Wilkinson 1994), but Scanlan (1989) suggests there are 'unique and awesome' demands placed on the oncology nurse.

Methods: This study is a comparative one of two wards in a specialist oncology unit which intends to determine whether nurses caring for dying cancer patients are different or have different needs to nurses in other fields. 16 trained nurses were interviewed about their experiences of caring for such patients, 8 nurses worked on an acute medical oncology ward and the others on a radiotherapy ward. If the care these nurses give is to be sensitive to the needs of the patient then their needs must be met and addressed first.

Results: Preliminary findings have identified problems in the fields of:

(1) Support and coping.
(2) Training.
(3) Breaking bad news.
(4) The nurse–doctor relationships.
(5) That cancer itself presents it's own dying trajectory.
(6) Public and private rituals of death.

Conclusion: A management report with suggestions which may be implemented at the time of the conference will be drawn up.

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Does education assist cancer nurses with their fear of death?

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Cancer nurses use avoidance behaviours when caring for dying patients. Such tactics are thought to prevent the unleashing of strong emotions about ones own death. Education has been shown to be a powerful influence on attitude to death in the USA but its effects have rarely been evaluated elsewhere.

A study was set up to evaluate the effects of four post registration courses on nurses attitudes to death. One hundred and eleven nurses taking one of 4 courses were entered into the study.

(ENB 237 Oncology Course, ENB 931 Care of the Dying Patient and the Family, ENB 285 Specialist Course in the Continuing Care of the Dying Patient and the Family, Enrolled Nurse Conversion Course.)

Each nurse completed, the Collett and Lester Fear of Death Scale (Collett & Lester 1969) before and after each course. This scale is frequently used as a multidimensional scale which purports to measure 4 aspects of fear of death. However, a factor analysis indicated that only one fear of death conceptual dimension underlies 17 of the 36 scale items. Therefore it was used as unidimensional scale. The data were analysed using SPSSX. Statistical tests included, t tests and ANCOVA. Fear of Death Pre-Test Scores ranged from 27–96 (mean 65.4), post-test scores ranged from 26–95 (mean 62.2). This indicated that nurses had less fear of death following education (p = 0.001). However, the ENB 237 Oncology Course nurses had a significantly lower level of fear of death post course, compared with nurses on the other 3 courses (p = 0.001). This indicates that knowledge of, and attitudes to, cancer may influence fear of death and supports the importance of pre and post registration cancer care education. This research also highlights the problems measuring fear of death.