



PEARL

How nurses prepare families for treatment withdrawal in intensive care: Results of an Australasian survey

Bloomer, M; Coombs, M; Ranse, K; Endacott, R

Published in:

Australian Critical Care

DOI:

[10.1016/j.aucc.2015.12.006](https://doi.org/10.1016/j.aucc.2015.12.006)

Publication date:

2016

Link:

[Link to publication in PEARL](#)

Citation for published version (APA):

Bloomer, M., Coombs, M., Ranse, K., & Endacott, R. (2016). How nurses prepare families for treatment withdrawal in intensive care: Results of an Australasian survey. *Australian Critical Care*, 29(2), 112-112. <https://doi.org/10.1016/j.aucc.2015.12.006>

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Wherever possible please cite the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

HOW NURSES PREPARE FAMILIES FOR TREATMENT WITHDRAWAL IN INTENSIVE CARE:
RESULTS OF AN AUSTRALASIAN SURVEY

BLOOMER, M., COOMBS, M., RANSE, K., & ENDACOTT, R. (2016). HOW NURSES PREPARE FAMILIES FOR TREATMENT WITHDRAWAL IN INTENSIVE CARE: RESULTS OF AN AUSTRALASIAN SURVEY. IN AUSTRALIAN CRITICAL CARE VOL. 29 (PP. 112). DOI:10.1016/J.AUCC.2015.12.006

AUTHOR COPY. ACCEPTED 10TH AUGUST 2015.

HOW NURSES PREPARE FAMILIES FOR TREATMENT WITHDRAWAL IN INTENSIVE CARE:
RESULTS OF AN AUSTRALASIAN SURVEY

Dr. Melissa Bloomer¹, Prof. Maureen Coombs^{2,3}, Dr. Kristen Ranse⁴, Prof. Ruth Endacott^{1,5}

1. Monash University, Melbourne, Australia. 2. Victoria University Wellington, New Zealand, 3. Capital and Coast District Health Board, Wellington, New Zealand, 4. University of Canberra, Canberra, Australia, 5. Plymouth University, Plymouth UK

Death in intensive care (ICU) is seldom unexpected and often planned through staged treatment withdrawal. With evidence that families need clear and honest communication about end of life care, the bedside nurse is optimally positioned to help families acknowledge and prepare for impending death. However, little is known about what nurses say to families about death following treatment withdrawal.

This descriptive survey used a scale developed by Kirchhoff et al (2003) to identify information given by nurses to families about the dying process following treatment withdrawal. ACCCN members listed as contactable for research purposes in Australia and nurses in two large tertiary ICUs in NZ were invited to participate. Internal validity for the survey was established through piloting. Data was analysed using SPSS v.19. Descriptive statistics were used. Ethical approval was given by Victoria University Wellington and Monash University.

The full survey was completed by 159 respondents; these data were used in the scale analysis. Cronbach alpha coefficient for the scale was 0.933, showing excellent internal consistency. The highest mean scores on the 5 point Likert scales were for individual items that reflect emotional support of the family (4.84), available for support as family needs (4.85) and reassuring family of patient comfort (4.87). Reassurance that the patient will be given adequate pain and sedation also scored highly (4.81). The lowest mean scores were for dry skin (2.77), change in pupil response (2.62) and urinary incontinence (2.60).

In contrast to Kirchhoff's original work, respondents gave higher consideration to the need to assure families that they, and the patient, would be appropriately supported through the dying process, than to providing information about physical changes that occur during the dying process. This may reflect greater emphasis on family involvement in contemporary ICU care.

ACKNOWLEDGEMENTS:

This study was supported by an ACCCN Experienced Research Grant.

