



End-of-life Care auf Intensivstationen. Belastungen und Ressourcen von Pflegekräften (German Edition)

Corinna Meyer-Suter

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Magisterarbeit aus dem Jahr 2008 im Fachbereich Gesundheitswissenschaften, Note: 1,3, Universität Bremen, Sprache: Deutsch, Abstract: Background: It is extremely difficult to provide terminal care in intensive care units since doctors and nurses specialize in saving human lives and prognoses are often ambiguous. So far, few German studies have researched the pressures on intensive care nurses, and the resources available to them, in relation to end-of-life care.

Objektive: This paper investigates both the above-mentioned relationship and the requests and needs nurses have with respect to EOLC.

Methods: This study is based on a written survey of the nursing staff (n=193) of five ICUs in two big hospitals which was carried out in the summer of 2001.

Results: 85 questionnaires were analyzed (44% response rate). The death rate was considerably higher on internal wards than on surgical wards and varied between 1.2 percent and 9.3 percent. According to the respondents, stress factors consist of young age of the patient, unexpected death, ambiguous therapy and empathy with the patient, while bad prognoses relieve the strain on the nursing staff. Both the available time budget and the specific resource utilization have a significant effect on stress levels. In this context, the presence of relatives and pleasant experiences which distract the patient are factors that relieve the stress felt by the nursing staff. Two-thirds of the respondents stated that their wards did not provide optimum conditions for supporting dying patients due to a lack of time and suitable premises.

Conclusions: Intensive care nurses would like to create conditions that allow dying patients and their relatives to take leave of each other in a peaceful and dignified manner. A range of supportive measures could relieve the nursing staff and simultaneously improve the EOLC quality. Specific training activities, the establishment of a hospice room, ethical case discussions involving the doctors and the mobilization of ethics committees or external hospice volunteers could represent initial steps towards relieving the strain felt by nurses. The implementation of a sustainable mixed-management model that integrates intensive care medicine, palliative care and hospice care requires the acceptance of death on intensive care units and a general reorientation at the hospital management level.



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