

THE EXPERIENCE OF NURSING STAFF IN THE THERAPEUTIC ENCOUNTER WITH TERMINALLY ILL DIALYSIS PATIENTS

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INTRODUCTION:

Dilemmas and ethical issues concerning the subject of death are among the most difficult issues challenging hospital dialysis nurses.

This study focuses on the experience of nursing staff treating terminally ill dialysis patients. Nurses don't always have the appropriate tools to manage a conversation about end of life or the inner strength to raise the matter with the patient and his family.

In many cases the nursing staff feels helpless and uncertain concerning medical decisions regarding the continuation of treatment, providing optimal care and meeting the preferences, needs and desires of patients, allowing them to die with dignity.

PURPOSE:

- To identify the difficulties of the Nephrology nursing staff in dealing with terminal patients.
- To describe their experiences, understand barriers, and learn coping mechanisms.

METHOD:

In-depth interviews with 10 Dialysis nurses with post-basic nephrology course and 3-16 years experience.

The interviews covered:

- Demographics
- Terminal settings
- Types and importance of terminal care
- Identifying family importance in treatment
- Identifying patient/ family needs.

DISCUSSION/ RESULTS:

Three areas of difficulty were identified:

- 1 Preventing physical suffering as a basic need by attaining knowledge of pain relieving medications.**

"My biggest goal is to prevent the patient's suffering, that means giving medicines against pain, which make it easier for him/her"

"To prevent the patients from suffering and pain and to let their family be beside them".

"Zero pain is more important than other things".

- 2 The presence of the family at the bedside: a source of emotional support that provides a positive environment and enables mutual separation processes.**

"A supporting environment of course, I think it is very important to have a family next to a patient".

"A single room where his family could be on his side and accept the fact that he would die soon".

"The family should be next to the patient and support his mental needs mainly".

- 3 The team's emotional coping: all the staff stressed the need of developing personal protection mechanisms for end-of-life care**

"Each time it's hard all over again, but with experience you learn to overcome. You do not take it home anymore, you release them more easily. In the beginning it was hard for me, I used to cry at home".

"I often take it home and think many times whether it was possible to do it differently and what I said and what I did not say".

"I try as much as possible not to identify with the patient and see it in the background in a professional framework only".

CONCLUSION:

Supportive care is becoming more prevalent in the dialysis setting. Dialysis nurses manage the comprehensive care of the patient and his family. Therefore, it is essential they receive appropriate training and support.