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## Perception and Satisfaction of Nurses Providing Care to Terminally Ill Patients at HEODRA, Leon Nicaragua

### SUMMARY

The perception of nurses focuses on the interest of understanding how palliative and specialized care originates under their responsibility. In Nicaragua, no studies of psychosocial impact and anxiety of nursing personnel have been conducted in relation to care for patients with terminal illnesses, so this qualitative phenomenological research was carried out in the rooms of ICU and Internal Medicine of the Oscar Danilo Rosales Arguello Hospital (HEODRA). The sample was made up of 8 nursing graduates. An instrument was applied on perception and satisfaction in the workplace and staff.

The overall objective was to determine the perception and satisfaction of nurses; Sensing that the work of caring for these patients wears down and generates stress in the nursing team; therefore, it needs more human resources to offer humanized and optimized assistance to the patient, but that with prior preparation and proper coordination is successfully achieved and satisfied as they have managed to get patients and family members to recognize the effort they make to help and decrease tension and generate better results.

Nurses are aware of the commitment and level of academic and professional development, in addition to the importance of individualized care and inclusion of psychological needs for quality patient and family care, Being able to rotate through this much-mentioned area and knowing that it is part of a team capable of living with patients without much hope increases motivation for work in that area.

The most pleasant situation is based on the words of gratitude of the patient or relatives after the care provided, after hard teamwork in a coordinated manner and having provided the best nursing care to the patient who unfortunately died.

**KEYWORDS:** Palliative Care; Perception; Satisfaction; Nursing

### INTRODUCTION

The profession of Nursing encompasses self-care and collaboration provided to people whether sick or healthy; Florence Nightingale points out that "Nursing is taking responsibility for someone else's health" so from the beginning, nurses have been subjected to stressful situations that are typical of daily work, leaving it clear that caring demands an adequate

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physical and psychological condition when providing help [1].

Nursing staff practice their profession by aiming to contribute to the promotion, maintenance and assistance provided to the terminally ill effectively and efficiently, developing attitudes to death generating a torrent of strongly painful feelings that emotionally impact nurses [2].

In Latin American the development of palliative care does not follow a definite pattern. In these countries palliative care is at different stages of development, because there is a shortfall in staff trained to provide care for the terminally ill and only in four of these countries palliative care have special accreditation as a specialty, increasing the risk of psychological and work-related involvement.

In Nicaragua there is no national palliative care plan or program, but there are isolated initiatives that attempt to develop it; within these there are 31 hospitals of which 12 provide care to terminally ill patients who are admitted to the intensive care room to provide constant monitoring and surveillance and provide a space away from the stress and overpopulation that exists in the other hospital wards, but the resources (Nursing, Psychology and Psychiatry) are not exclusive to provide palliative care, therefore, staff are not trained procedurally or psychologically to deal with the various situations that may arise during care for patients with terminal illnesses.

The approach provided to the terminally ill patient does not have an established protocol, commonly these patients spend their last moments of life in their homes dying without healthcare.

In cities with hospitals with intensive care units, a space is provided and members of the health team are delegated to provide the necessary care from a holistic perspective to the patient who faces a condition with minimal chance of survival due to their base disease, this with the purpose of preventing the stress generated by the overpopulation of patients and the shortage of health personnel that occurs in other hospital areas, although due to the health medical interventions implemented in the ICU some patients manage to overcome this stage and share a little more time with their families [3].

As regards the evolution and research of terminal patient care, it is a matter of organizing from 2002 onwards when WHO defines palliative care as an active and comprehensive care of patients, whose disease does not respond to curative therapeutics. Its foundation is the relief of pain and other accompanying symptoms and consideration of psychological, social and spiritual problems [4].

In 2014 a study was conducted on the anxiety of nurses in relation to the death of their patients, finding that 80% of workers had anxious crises, despite this situation the nurses say that they must balance these feelings of tension to provide effective attention to the needs of the patient with a terminal illness [5].

In 2016 a research about the psychosocial impact in nurses who provide terminal phase care, concluding that interventions to these patients are intimately linked to a sociocultural and professionally constructed imaginary of death and nursing, and determines a dilemma that polarizes feelings in the face of the suffering and death of the patient [6].

The perception and job satisfaction of nurses providing care to terminally ill patients has not been a popular topic in developing countries, the importance given to the emotional state of nurses is not always taken into account, this can lead to very common problems such as work stress, demotivation, depression, certain psychological traumas among other problems that occur in nurses when providing palliative care.

From a phenomenological approach, the perception of nurses will be determined by describing the appreciation, experiences or concerns that have shown at the time of providing this care and exposing the job satisfaction they have achieved over time, based on the above, the following research question arises:

What is the job perception and satisfaction of nurses providing care to terminally ill patients at HEODRA, III trimester, Leon 2019?

## **OBJECTIVES**

### **General Goal**

Determine the perception and satisfaction of nurses providing care to terminally ill patients in HEODRA, III trimester, Leon 2019.

### **Specific Goals**

Characterize socio-demographically to the population under study.

Identify the perception of nurses providing care to terminally ill patients.

Describe the satisfaction of nurses providing care for terminally ill patients.

## **Materials and Methods**

**Type of study:** Qualitative research with phenomenological approach.

**Qualitative:** Information is collected based on observation of natural behaviors, speeches, open responses for subsequent interpretation of meanings.

**Phenomenological:** this approach leads to the description and interpretation of the essence of the experiences lived, recognizes the meaning and importance of the different areas of nursing work according to the experience collected. This method constitutes rigorous and coherent processes of the ethical dimensions of everyday experience, difficult to access by other usual methods of research

**Study area:** The study was carried out at the Oscar Danilo Rosales Argoello Hospital (HEODRA), which has five plants for care in health, It has an intensive care unit (ICU) for adults , tending patients of both sexes, has 11 beds, one of it is isolated used for septic patients, divides its care into Turn A (7am to 2pm) and B (2pm to 7am) counts by three nurses assistance and an administrative per-shift coordinated by the Head of Nursing In the Room.

**Analysis Unit:** Nursing staff working in the Intensive Care Unit (ICU) and Internal Medicine ward.

**Study population:** The study was conducted with eight graduates in nursing

**Source of information:** Primary: Information obtained directly from nurses

**Secondary:** Intensive Care Room Shift Role.

**Inclusion criteria:** Graduates and nursing graduates who work permanently in the Intensive Care Unit Room of the Oscar Danilo Rosales Arguello hospital, agrees to participate voluntarily in the research.

**Exclusion criteria:** Interim staff who rotate by the ICU, Nursing Practitioner who rotates by the ICU

**Variables under study:** Nursing staff perception, Nursing staff satisfaction, Terminal illness nurse care

**Method of information collection:** The method implemented was the interview, to access the participants a letter was sent the address of the HEODRA with copy to the Nursing Headquarters of the health unit, following the authorization, contact was established with the nursing staff working in the ICU, explaining the purpose and importance of the study for the development of the profession, participants are invited to participate in a focus group in the facilities of the Department of Nursing of UNAN, León, in Classroom D6 because it is far from its work environment and provides the privacy conditions to

develop the technique of data collection. They met with eight nurses who were on their day off attending the agreed place. It proceeded to explain and sign the informed consent, then it was started with the focus group which was coordinated by a teacher of the nursing department and the roles of secretary, observer and responsible for the recording were carried out by students of the bachelor's degree in nursing.

It was an open question instrument previously developed, but some questions were appended with the development of the focus group, the responses of the participants were recorded in audio and saved in .mp3 format, observational data were collected and written notes on relevant aspects mentioned in the interview to deepen their analysis.

**Information processing and analysis:** For data processing to start with the transcription of the recordings of the focus group in the Microsoft Word program, the document was cleaned up and the information was analyzed under the content analysis technique according to Laurence Bardin applying the set of communications analysis techniques aimed at obtaining indicators by systematic procedures and objectives of describing the content of messages allowing the inference of knowledge relating to the conditions of production/ receipt of these messages. To start the process, a comparative matrix was made by locating the conceptual responses of the participants, comparing them with the theoretical background of the document in order to understand the context in which the situations occur and explain or generate a new content of the phenomenon.

#### **ETHICAL ASPECTS:**

- **Informed consent:** Voluntary participation of the persons under study was requested, explaining the objectives of the research and the usefulness of the research, the patient signed the informed consent document if he was willing to participate in the study.
- **Autonomy:** The study participant was free to withdraw from it, when he deems it appropriate, he had the right to say whether he allowed the information provided to be used in the study.
- **Anonymity:** The patient was explained that no data was taken in the study that compromise the identity and integrity of the person, informing them that he/she has the right to agree to participate in the investigation or not.
- **Confidentiality:** Participants were told that the information obtained from them was manipulated by the researchers for such study and will be kept in complete confidentiality.

## RESULTS AND DISCUSSION

Sociodemographic data from nurses working in terminally ill patient care in a HEDORA's intensive care unit found that they are at least 35 years old, but do not exceed the age of 45, with

an average of 39 years old, the distribution of sex is equitable with five women and threet males, six of eight participants are married and all the interviewees have bachelor's degree in nursing (Table 1).

**Table 1:** Sociodemographic data of the nurses participating in the study.

Age of UCI HEODRA Nurses		
Minimal age	Maximal age	Average
35	45	39
Indicator	Frequency	
Sex		
Female	5	
Male	3	
Marital status		
Single	2	
Married	6	
Degree in university studies		
Bachelor's degree in nursing	8	
Total interviewees	8	

To generate a detailed analysis of what the participants were referring to, the following analysis matrix was carried out:

**Table 2:** Perception of nurse care provided to the terminal patient.

What do you think of the nursing care you provide to terminally ill patients?		
Response	Theory	Analysis
<p>"The terminal ill patient require very specific and individualized care, of vast knowledge, a lot of experience and academic and emotional preparation for the reduction of symptoms that torment the patient, since the patient will not return to a normal life, therefore, it deserves emotional support to make him feel that he is not alone because sometimes they lack affection from his relatives".</p> <p>"These cares will not be the cure for the disease".</p> <p>"are to meet basic needs and protect patient integrity until last day of life".</p>	<p>Palliative care is aimed at the individual based on their integrity, so it is necessary to intervene a multidisciplinary team in which the role of the nurse is crucial. Its main objective is to provide comfort and quality of life to the patient who is in the terminal stage [7].</p>	<p>Nursing staff are aware of the commitment and level of academic and professional development required by hospice care and highlights the importance of individualized patient care and the needs it presents; psychological care is a fundamental pillar of nurse care.</p> <p>There is consensus that these cares will not cure the condition, but they will ensure comfort and protection to the integrity of the patient until the last moment of life.</p>

**Table 3:** Emotional Experience of Nurses Providing Care for Terminally Ill Patients.

Describe your emotional experience in providing care for end-stage patients		
Response	Theory	Analysis
<p>"Significant because I related these situations to family experiences, a little traumatic, but over time I became insensitive."</p> <p>"It makes me feel very powerless to know that I can't help my patient; at first I felt very stressed not to stop thinking about the patients who were dying".</p> <p>"I felt very devastated and frustrated that it was not in my power to stabilize the patient, even if I gave my best, I often felt failed as a professional and as a person. Anxiety crisis; I was limited to doing my job functions properly".</p>	<p>Nurses who care for terminal patients may suffer with time of dissentient or lack of stimulus for daily work, because these activities produce continuous emotional attrition and consequent demotivation and increased labor conflict [8].</p>	<p>Nurse describes their emotional experience in providing care to terminally ill patients as stressful, frustrating and sometimes experienced anxiety and long-term insensitivity.</p> <p>Therefore, it is denoted that nurses suffer emotionally by providing these care to these patients, their productivity or efficiency is reduced and humanist and warm treatment is compromised by the harshness of the situation.</p>

**Table 4:** Satisfaction of health personnel providing care for terminally ill patients.

What is the most pleasant situation that gives you the most satisfaction?		
Response	Theory	Analysis
<p>"The most pleasant situation is based on the words of gratitude of the patient or relatives following the care provided, after hard teamwork in a coordinated manner and the best nursing care to the patient who unfortunately died".</p> <p>"Working as a team after being so susceptible to experienced situations and getting better results as a professional and being able to share the word of God with these patients and getting them to accept and fall in love with God's love before their death".</p> <p>"Being able to rotate through this much-mentioned area and know that I am part of a team capable of living with patients without much life expectancy or evicted, such as having a patient who is mechanically ventilated and leaves that room without any nosocomial diseases, or secondary alterations".</p>	<p>There are various situations that generate satisfaction to the nursing staff, are related to interest and motivation for the nature of the work, possibilities of promotion and professional development, material incentives, recognition and moral stimulus, preparation for the performance of the professional role and supervision or management of the work [9].</p>	<p>Nursing staff are predisposed to undergo changes that directly affect their work, but there are pleasant situations that motivate them to continue providing care, after a long and arduous day of work receives words of thanks from the family and the team.</p> <p>The nurses are satisfied in the performance of their work for receiving stimuli and recognitions to improve day by day.</p>

**CONCLUSION**

The nursing staff who work at the Intensive Care Unit at Oscar Danilo Rosales Arguello Hospital, is conformed for nurses with bachelor’s degree with a similar number between working men and women, most of them are married and between the ages of 35 and 45.

These health professionals play a key role in providing palliative care to each patient; thus, respecting each of his opinions, limitations, fears and anxieties. Being aware of the commitment and level of academic and professional development, as well as the importance of individualized care and the inclusion of psychological needs for quality care to the patient and the family, guaranteeing comfort and protection to the integrity of the patient until the last moment of life.

Nurses perceive care for patients with terminal illnesses admitted to the ICU as a challenge to their professional development due to the demands on academic training and the mastery of more complex specialties maneuvers applied to patients at high risk, this is because they do not have specialized academic training in the approach of the terminally trained patient,

Nurses consider very important for their work experience to belong to a team capable of providing timely response to people who are on the brink of death, nursing interventions in these patients focus on feeling calm during that situation that it is very difficult for him and try to reduce the continuous suffering he experiences in addition they express that talking with the patient and telling him that everything will be fine has a great significance in the quality of the care provided and impacts positively on the patient’s health. Daily nurses face

situations that provide satisfaction, from the moment they can provide care to terminally ill patients who at any time can die and their death is so unlikely, or their death is with dignity and tranquility.

It was identified that staff are motivated and satisfied when helping the patient reduce their symptoms and that their last moment of life lives with as much quality care as possible and receiving stimulation and recognition from the team, patients and family members.

**RECOMMENDATIONS**

To the nursing headquarters: provide a training program based on the care to be implemented and the technological material to be used in the patient care admitted to ICU, in addition to teamwork to achieve good communication nurse, patient, family and health equipment and to be able to maintain the best interrelationship that allows to provide comprehensive care, in which nurses are not affected by emotional overload.

To the hospital teaching staff: to provide counseling and psycho-emotional support to nurses who assist terminally ill patients and their families to cope with stressful and distressed situations.

To all rooms where these cares is provided: to provide mental health programs that allow satisfaction and comfort to nurses during the execution of care to terminally ill patients and their families.

To generate a detailed analysis of what the participants were referring to, the following analysis matrix was carried out:

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