

Special Article

## Trauma Sensitive Training Needs For Nurses Working With Families

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### Abstract

When things go bad for a patient the nurses are the frontline and liaison with the patient's loved ones. The nurse may or may not have developed a relationship with these individuals. Most nurses with an associate degree have had little to no training in how to help families cope during a traumatic death. Caring for a dying patient, their subsequent death and the bereavement with the family is largely conducted by nurses and has been recognized as one of the most stressful aspects of nursing work. The objective of this paper is to bring awareness for the need for specialized training for nurses enabling them to have the tools necessary in traumatic situations when their patient dies.

**Key Words:** Trauma Sensitive, Training, Holistic Care, Traumatic Death)

### Trauma Sensitive Training Needs For Nurses Working With Families

When things go bad for a patient the nurses are the frontline and liaison with the patient's loved ones. The nurse may or may not have developed a relationship with these individuals. Most nurses with an associate degree have had little to no training in how to help families cope during a traumatic death. Caring for a dying patient, their subsequent death and the bereavement with the family is largely conducted by nurses and can be one of the most stressful aspects of nursing work. This paper will explore the need for nurses to have specialized training during their foundation courses that empower them with the tools to give holistic, cultural sensitive care to the dying patient and their families.

#### Holistic Care

Nurses understand holistic care for the patient; however, holistic care includes the family of the

patient also. Often when nurses are rushing with responses to traumatic care the family is pushed back and becomes an afterthought. In the worst possible scenario when someone's loved one is dying, the nurses in the emergency room become the front line staff that deal with the family members. How prepared are these nurses for this daunting task? Most associate programs do not have training to deal with the spiritual and emotional upheaval individuals are feeling in such emergencies. A combination of science, art, cultural sensitivity, spiritual awareness and experience are required to have the ability to assist people when they are facing a permanent loss. In Western countries trauma is the most common cause of death between ages 1 and 44 and the third common cause of death in all ages (Arslan, et al., 2014, p. 320). With high numbers of death due to trauma the ability for emergency room nurses to discuss issues surrounding death are vital skills. Some of the difficulty potentially comes from the

belief that traumatic death is considered by some as a private trouble which differs from public issues where the numbers of death due to trauma are great (Chapple, Ziebland, & Hawton, 2015, p. 611). Regardless of the manner of death nurses must feel competent in their ability to keep families aware of the circumstances happening in the emergency room and delivering the news of a loved one's death.

### **Palliative Care versus Traumatic Death**

Palliative care is a subject that is addressed in its basic form in nursing programs. Most nurses learn palliative approaches during on-the-job training. Palliative care is described as providing compassionate, person-centered, family-based care addressing the physical, psychosocial, and spiritual needs of clients in a culturally sensitive approach. Palliative care goals are based on comfort, dignity, and following the patient's request as appropriate. Palliative care is quite different than caring for the family of a patient who has just died from a traumatic event; however, these same aspects need to be considered and be components in that care. The death of a patient who is receiving palliative care is an expected event. The unexpected aspect of the traumatic death adds another dimension for which nurses have not been trained to address. Nurses are not always personally and professionally prepared for dealing with the death of the patient. Understanding how they feel about their own mortality can assist the nurse in dealing with the dying patient and their loved ones. The death of a patient is a stressful situation that leads to anxiety and can cause nurses to detach their emotions from the current events; a time when compassion, understanding, empathy, and support are needed most from the nursing staff. Nurses display various emotional responses towards the death of patients, which range from disbelief, sadness and helplessness to loss and guilt, or emotional detachment. The nurse's reaction whether over emotional or lack of emotion could cause great distress for the loved ones of the dying patient, and potentially trigger more chaos. The death of a patient conflicts with the nursing value of preserving life, and thus some nurses may regard the death of a patient as a failure of medical treatment and nursing care and consequently experienced guilt.

### **Training for the Worst Case Scenario**

Some nurses just by nature are more compassionate than others. Some nurses react better in an emergency situation; however, every nurse can use simple holistic interventions to better serve families in times

of tragedy. There are strategies that nurses should be trained in and practice to help ensure better outcomes when working with families of deceased patients such as slowing the pace of the conversation so that the family can begin to assimilate information, developing a self-awareness of their own emotional reactions, understanding the stages of grief, and being culturally sensitive.

### **Communication**

Therapeutic communication is a critical skill in developing the nurse, client relationship (Rasheed, 2015, p. 211). In the best case scenario the physician is explaining the prognosis and options to the patient's next of kin; however, in a traumatic event the physician is busy trying to save a life and the nurse is the liaison to the family. It would be optimal that the family was informed of potential patient outcomes as early as possible. Often when traumatic death occurs there is no former bond between the nursing staff and the family members. Communication and trust are harder for parties involved when there is no bond; however they are critical elements in traumatic situations when a life hangs in the balance. Families need to know the health care team implemented life-saving interventions which can give them peace knowing everything that could have possibly been done was done (Barrere & Durkin, 2014, p. 40). In the attempt to save the patient's life, family members can be pushed into the back ground and forgotten. To watch the code may be very traumatic to the family; however, it might assist with their recovery in the long run. Nurses may find themselves caught in the middle of complex situations such as disagreements between family members regarding code status or organ donation (Barrere & Durkin, 2014, p. 40). Violence in the community might have individuals on opposing sides in the emergency room simultaneously. Family members need private areas to gather, comprehend the information being delivered, and discuss options. Nurses must not involve themselves in family dynamics. They must be supportive and informative, while monitoring for escalating difficulties. Research has shown that nurses asked about what constitutes a *bad death* included lack of preparedness, family conflict or lack of awareness or lack of respect (Barrere & Durkin, 2014, p. 37). Important elements in communication include appraising the receiver's ability to understand what is being told to them and speaking in a language or jargon that the individual will understand. Slow the pace of the conversation so that the family can

begin to assimilate information they are given. Individuals potentially could be in a state of shock or denial which will affect the way they perceive information. It is of utmost importance that nurses do not use clichés, such as *everything will be ok*, or *time heals all*. These are false promises and only tend to cause irritation and mistrust. In one study both patients and family members identified elements that were important to them during conversations about death, which included communication and information, availability of staff, demonstration of effort and competence, and relationship building (Harrison, Evan, Hughes, et al., 2014, p. 391).

### Developing Self-awareness

A nurse has to know themselves and understand their own beliefs concerning death to be able to provide the comfort and compassion to the family of someone who has just died. Self-awareness is a dynamic, transformative process that improves the competency of nursing care (Rasheed, 2015, p. 213). Self-awareness is an essential element of developing therapeutic communication skills (Rasheed, 2015, p. 213). Self-awareness includes how the nurse feels about death in a variety of scenarios. It can be stressful for all involved when the nurse is asked to continue with aggressive interventions despite the low likelihood of survival or quality of life (Broden & Uveges, 2018, p. 354). When the nurse has conflict between their moral values, what they believe is ethically correct, and their professional responsibility they may experience professional grief that impairs their ability to comfort the loved ones of a patient who has just died (Broden & Uveges, 2018, p. 354). Nurses need to have an awareness of their own strengths, personal response patterns, and limitations (Rasheed, 2015, p. 214). Planning for the worst case scenarios is the best way for the nurse to stay focused and help others in time of tragedy. It could be compared to training for emergencies with fire drills, tornado drills, and evacuation drills. If the department plans for the event and the nurse practices their skills, those same skills will become automatic when the worst case scenario becomes reality. These types of scenarios could be practiced in SIMS experiences.

### Understanding Grief

Nurses need to be cognizant to the feeling and varying reactions from family members. Individuals can be in denial, disbelief, anguish, anger, or in shock. Families may displace their emotions onto the nurse or others close to the situation. Those family members in denial and disbelief may need to see their

loved one's body to be able to process what is happening. Seeing the body is one of the important aspects of coping; however, individual customs and religious procedures must be respected and family members may not want to see the body or may need for the body to be in a certain condition before viewing. Family members might not be present at the time of death. Not being present could cause great feelings of guilt for the family. There may be many unanswered questions. The Stanford School of Medicine offers these suggestions when making a phone call to the family of a patient that has died: Inquire as to where the person is and whether alone (if driving while on a cell phone, advise the person to pull over and park).

1. Identify self, relationship to the deceased (physician on-call; emergency room nurse), give brief advanced alert (“I’m sorry I have some bad news”), and then give the news.
2. Listen more than you speak; if questions arise, answer them briefly; for more detailed inquiries, reassure the caller that these can be answered later.
3. Do NOT say that the person must come in right away – give permission to let feelings settle; suggest coming in with a family member or friend.
4. Give clear instructions as to where to go and whom to contact (the caller or charge nurse) when arriving at the hospital.
5. Finish with an empathetic statement, such as, “This must be very hard for you. Please let me know if there is anything else I can do to help.” (Stanford School of Medicine, 2019)

### Cultural Sensitivity

The process of self awareness for the nurse gives insight to the differences and similarities between individuals which then leads to development of interpersonal relationships and helps to direct communication that is culturally sensitive (Rasheed, 2015, p. 214).

Having a list of local spiritual leaders available to minister to the families when they lose a loved one is an important resource. When faced with life and death situations individuals often rely on their religious beliefs to help them deal with their feelings. At times individuals will be in a state of shock and familiar family rituals and beliefs are a source of comfort. Often times, even those without a religious

background will reach out for comfort in God when they face tragedy. Assumptions should not be made that individuals within a particular religion or ethnicity practice the same beliefs or rituals.

Obtaining as much information from family members as possible is an important aspect of following the wishes of the victim and their loved ones. Questions should be asked such as “are there any cultural or religious practices you would like us to observe with you at this time?”, “are you a member of a religious community?”, “is there anyone we could call for you?”. Nurses should do all they can to support the family; however, they must use a team approach, they might not be the one the family needs at that time.

Nurses should have a wide base of knowledge concerning cultural diversity and expressions of grief at the time of death. As an example, Christians might want the minister called; Catholics might want a priest to come and administer the Holy Oils and the Sacraments of Reconciliation and Holy Communion; a Mormon might want the ward bishop to come to comfort the family and make arrangements for the funeral; or a Greek Orthodox might want the priest to come to light a candle and say the first prayer after death.

The death of a Muslim is regarded as a loss to the whole Muslim community, so it would not be uncommon for individuals who did not even know the patient to be present (Bryant, 2018). Whatever the ritual or belief is the nurse needs to show respect and acceptance of others; remembering that each person is an individual. It is preferable for an individual in the Hindu faith to die at home, surrounded by family (Bryant, 2018). Knowing this, the nurse would expect this to be a component of the family’s grief.

Those practicing the Hindu faith would want the body to be cremated quickly, within 24 hours, in order for the soul to be liberated quickly (Bryant, 2018). If the patient died in a traumatic manner where there were unanswered questions, often an autopsy is required. Autopsies can delay any arrangements the family has to make, extending and escalating their grief. Being aware of the feelings of these families can help the nurse with empathy and communication. Mourning for the Buddhist may be a loud emotional display. Often at funerals, professional mourners are hired, due to the belief that the young no longer know how to show emotion appropriately (Bryant, 2018).

White is the color of mourning in China, not the traditional black; thus giving white flowers is seen as very unlucky and would be inappropriate (Bryant, 2018).

### **Traumatic Death in the ER: The Experience of a Loved One – Case Study**

In re-telling the experiences that a young wife went through in the traumatic death of her husband, this is what she had to say: : It was about 4am and I found myself standing in a small room answering questions fired at me one after the other from two officers. I still didn’t know at that point what was happening with my husband. The nurse working his case came by twice to check on me, but I had not seen the doctor or gotten any updates. The second time that the nurse came to the room, I begged her to tell me if my husband was still alive. When I refused to wait for the doctor to come talk with me, she finally simply told me no. She left the room and I continued to be questioned by the officers until the doctor came to give me details of my husband’s death. The nurse returned and took me to see his body. She advised me to take his wedding ring off so that it didn’t get lost at the medical examiners, and she provided a stool for me to sit on while saying goodbye. She stayed in the room the whole time and occasionally asked me general questions about my husband to bring me back to a thinking state and keep me in control of myself. The hospital had no night social workers, so the nurse offered to call someone for me, but I had already tried and there was no one available, so after determining that they were coming to transport his body and I needed to leave, the nurse walked me to the exit and gave me a box of tissues. She told me she was very sorry for my loss. It was the only compassion that I received from any person at the hospital that day and her kindness sticks with me to this day and it also paved the way to me being willing to talk with the social worker that called later that afternoon to offer resources (personal communications, S.M.). This death was not due to any type of accident, or self-inflicted injury. The young man was healthy as far as the family knew, and in good shape. The sudden death, at age 33, was totally unexpected, in the middle of the night, and the wife was basically all alone. Trying to understand what was happening, dealing with the shock of everything going on around her, and intelligently answer the questions that were being fired at her from the police force was overwhelming. Nurses need to have specialized training to advocate for patients and their families in the most traumatic times of their lives.

### **Conclusion**

In conclusion, there are many aspects of traumatic death that need to be dealt with in a potentially

chaotic situation. Everyone deals with death individually no matter what their previous religious belief system was or what culture they come from. Nurses have to be aware of diversity and methods of consoling the loved ones of their patient who has just died. Being self aware and having specialized training are important components of being professionally prepared to handle these highly volatile situations. Nursing programs should start at the basic level of Associates Degree to train nurses and empower them with the tools they need to navigate these traumatic situations bringing empathy and comfort to the loved ones of the dying patient.

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