

Develop a PhD in Health, Welfare and Quality of Life  
University of Vic - Central University of Catalonia - Spain

**RESEARCH PROJECT**

**WAY OF DEALING WITH LIFE AND DEATH  
BY HEALTH PROFESSIONALS  
IN A PALLIATIVE CARE UNIT**

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**EAPC RN & PRC pre-congress seminar Lleida, Spain, 2-3 June 2014**

# JUSTIFICATION OF THE TOPIC

- Over time, death has been tackled in different ways, according to the social representations of the same. Edo Gual *et al*, 2011
- Death is no longer accepted as a natural phenomenon and is considered a failure. Shared vision for the health system, in which the responsibility for the care is delegated, as for the rest of society. Torralba, 1998
- If society denies death, equally denies all that is related to it: the process of dying and the person in the end of life.
- Despite the advances in science, technology and medicine, death remains a part of life.
- Although birth and death are natural, universal, and inherent in the vital process phenomena, health professionals are not exempt from the influence of society, or the experience of emotions generated by death and working with patients in end of life.
- Thus, when attending to the final moments of the patient, allows the professionals to lean and reflect on their own life and death.

# RESEARCH IN THIS FIELD

## There are studies that address:

- Compassion fatigue, Burnout and Job satisfaction;  
(Browall, Melin-Johansson, Strang, Danielson, & Hensch, 2010; García, Cortés, Sanz-Rubiales, & Valle, 2009)
- Attitudes and fears of death by professionals and future health professionals;  
(Edo-Gual et al., 2011; Cabrera, Gutiérrez, & Escobar, 2009)
- As professional beliefs influence attitudes toward death;  
(Hernández, 2002)
- Influence of professional experience caring;  
(Cevik & Kav, 2013; Coyle, 1997; Fernández, 2011; Mak, Chiang, & Chui, 2013; Tomás-Sábado, 2002)
- Emotional impact influenced by the existential questions of patients ;  
(Houtepen & Hendriks, 2003)

The review of the academic literature reveal that there is a lack of data from empirical research that provides information on this topic to explain, how it influences work in a palliative care unit in the form of dealing with life and death of health professionals. Based on the unique and unrepeatable experience opinion of the protagonist. Browsing personal growth, maturation obtained from contact with these patients and the learning opportunity provided by the proximity to death.

# OBJECTIVES

## **General Objectives:**

Explore how health professionals working in a palliative care unit, deal with life and death.

## **Specific Objectives:**

- To learn how to face life and death, health professionals, as a consequence of professional practice in a palliative care unit;
- To analyze the effects of the daily care of people in end of life situation;
- To find out which are the employed coping mechanisms;
- Describe which are the attributed meanings to the final process of life and death;
- Identify the needs of institutional and educational support that health professionals considered necessary.

# METHODOLOGICAL GUIDANCE

## **STUDY DESIGN**

Exploratory-descriptive, based on qualitative research, using the phenomenological method.

## **EMPLACEMENT**

Palliative Care Unit of the Hospital Santa Creu Foundation, Vic - Barcelona.

# METHODOLOGICAL GUIDANCE

## STUDY PARTICIPANTS

Health professionals, in the palliative care unit, which meet the following criteria:

- Professionals with experience of more than 1 year, in a palliative care unit;
- Professionals who provide direct care to the patient;
- Participate in the study voluntarily, prior information of the objective of the investigation.

When it comes to studies on the paradigm of qualitative research, the sample is not limited.

# METHODOLOGICAL GUIDANCE

## PROCESSING TECHNIQUES FOR DATA COLLECTION

Focus groups:

- Each group will have a monitor / investigator and an observer;
- The focus group covers 3 major stages: Introduction or opening; Debate background or Discussion and Closing;
- Intended design consisting of 3 groups of maximum 2 hours each, and also the interview will take place at two different times for each group (reconvened focus group);
- Each interview will distance about 2 weeks as follows;
- After completed the initial interview will be invited each group member to make a written diary;
- Ideal number of participants would be 7 participants.

Delgado-Hito, 2012

# METHODOLOGICAL GUIDANCE

## PROCESSING TECHNIQUES FOR DATA COLLECTION

- Notes obtained by the researcher and participants

When multiple instruments or techniques are combined and applied (triangulation techniques), can increase the rigor, quality, scope and depth of study.

Delgado-Hito, Icart, 2012

The discursive variants to select the sample will be:

- Age;
- Existence of Beliefs;
- History of experience in Palliative Care;
- Academic education in Palliative Care.

As a way to verify the validity, reliability and relevance of the questions be used in the questionnaire, firstly a pilot group session will be performed.

# METHODOLOGICAL GUIDANCE

## DATA ANALYSIS

Will be used Atlas.ti software v7;

It attempts to use Discourse Analysis; Pêcheux, 1978

- Data will be transcribed as it is being collected.

# METHODOLOGICAL GUIDANCE

## POTENTIAL LIMITATIONS

- Constitution of the participant group;
- Experience and skill of the moderator;
- Sample representativeness;
- Need the permission of the institution;
- Need to distinguish programs support health professionals;
- Time available for development.

# METHODOLOGICAL GUIDANCE

## ETHICAL CONSIDERATIONS

- Provide protection of the person, with the intent of this research to the benefit of the other, but never to the detriment;
- Ethical and legal regulations in force, the Declaration of Helsinki (2008), the Code of Ethics or the Belmont Report, respecting principles of beneficence, respect for human dignity and justice;
- Development of Free and Informed Consent;
- Aspects that may reveal or permit the identification of respondents will, in any time, be revealed (Law 15/1999 of 13 December);
- Importance of maintaining the confidentiality of the information that appears in the development of the groups;
- Request for approval of the Ethics Committee and Clinical Research, and the authorization of the Institution;

# PRACTICAL UTILITY OF RESULTS

- A first step in improving the training of health professionals would be to know the attitudes and emotions towards one's death and to the death of others, since it is known that these become manifest in the care provided;
- It is also necessary to work on the psychosocial and emotional effects that may affect professionals, given that they are in daily contact with death. The deep understanding on the ability of the professional to deal with their own feelings about death and end of life, and how these feelings have an impact on their own personal and professional sphere of life, can be a significant contribution of this study;
- Contribute to the development of educational programs: to help professionals to explore and understand their attitudes toward death, overcome fears, increase communication skills and improve coping strategies;
- An indispensable tool for Professional Development, once health professionals will be provided the opportunity to reflect on their experiences and meanings;
- Provide more useful knowledge for future research, reporting them in lectures, articles, pamphlets and classes.



Thank you!!