A Grounded Theory Exploration of the Psychosocial Process and Dynamic Reality Encountered by Registered Nurses Who Administer Palliative Sedation to Relieve Suffering at End of Life

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Problem Statement
Healthcare is burdened with ethical dilemmas and difficult choices. Possibly the most difficult ethical and moral debate arises from an individual’s end of life process. Inherent in this process are methods of relieving suffering, including palliative sedation.

Problem Statement
Palliative sedation frameworks to guide the acute care nurse currently do not exist, which leads to confusion and conflict when administering sedating medication. Thus, research is required to explicate the complicated psychosocial process of nurses, as they carry out sedation in the acute care hospital setting.

Palliative Sedation: a definition
Palliative sedation is best defined as the intentional inducement of a deep sleep, which does not intend to cause death (Chater, Viola, Paterson & Jarvis, 1998). Chater et al.(1998) set forth the indications for sedation as relief of intractable symptoms, physical and emotional, when all other possible interventions have failed.

Purpose
To understand the dynamic psychosocial process of acute care nurses when seeking to resolve the potential ethical and personal conflict experienced when caring for patients receiving palliative sedation.

Research Question
Final: What are the actions, behaviors, psychosocial process, decision making processes and ethical concerns of acute care registered nurses when carrying out an order for administering palliative sedation to alleviate suffering, such as intractable symptoms, in the acute care hospital setting.
Literature Review

- The majority of the research studies utilized a quantitative descriptive method of research. The lack of qualitative study indicates a weakness in the state of knowledge from a methodological perspective.
- The research studies failed to provide a well-tested theoretical framework for the study of palliative sedation.
- Medical journals yielded the majority of the research studies.
- The multidisciplinary literature search yielded no agreed upon definition or terminology for palliative sedation.

Method

The grounded theory method of Strauss and Corbin (1990) was utilized to develop a substantive middle range theory that attempts to explain the psychosocial process of nurses who carry out the process of administering palliative sedation. This social process and the resultant themes which build the theory are grounded in the data (Strauss & Corbin).

Method

The qualitative method allowed the nurses to describe their thoughts and feelings regarding carrying out orders for palliative sedation, as well as the process they utilize to resolve potential conflict and ethical concerns in the practice of sedation.

Sample and Setting

The study was conducted in a hospital acute care oncology unit in southeast Louisiana. Data was collected using semi-structured, face-to-face interviews. Participants included a purposive sample of 15 nurses, with at least three years of clinical experience, who speak English and had experienced caring for a patient who has received palliative sedation.

Theoretical sampling

The non-random method of theoretical sampling was utilized in the study. Theoretical sampling is a fluid process and will occur until saturation of the data is observed and verified, through repeating themes, coding saturation, and theory generation (Munhall, 2007). Data saturation occurs in grounded theory when the codes are saturated and no further data is required for the theory to evolve. After interviewing subject 15, analysis revealed saturation and sampling ended.

Protection of Human Subjects

Subjects provided voluntary consent to participate only after full disclosure of the study aim and purpose were disclosed. The nurses are not considered a vulnerable population and no direct interventions were applied in the study.

A waiver of signed informed consent was approved and a two page document explaining the study, including any potential risks and benefits, was developed. The researcher read the consent document to each participant and provided each participant the opportunity to review the form.
**Instrument**

**Interview Guide**

1. Tell me how you view palliative sedation?
2. Tell me about a patient you recently cared for who received palliative sedation. Describe events and consequences as you remember them. Tell me how this situation impacted your thoughts, feelings and beliefs.
3. Tell me how you received an order for palliative sedation?
4. Recount the steps taken when proceeding with an order for palliative sedation.
5. Describe the family intervention when proceeding with the order?

6. Tell me how you as a nurse approach carrying out the order.
7. Recall a situation involving an ethical dilemma and sedation and the steps you took to resolve any ethical dilemma?
8. Discuss the types of support you have within the hospital for carrying out sedation.
   a. How important is support from your supervisor and the healthcare team?
   b. What internal and external support facilitates your ability to carry out the order?

**Data Collection**

- Since grounded theory incorporates triangulation in the data analysis and collection, the researcher utilized a post-interview summary form to encapsulate the researcher’s perception and observation at the close of an interview. The researcher also utilized demographic data, field notes, memos, and a reflexivity journal as instruments in data collection.

**Procedure**

Individual interviews were conducted by the investigator using guiding semi-structured interview questions, after consent was obtained and documented. Data was collected through audio-taped semi-structured face-to-face interviews and through the process of theoretical sampling, symbolic interactionism and reflexivity.

**Demographic Data**

- The sample consisted of registered nurses ranging in age of 24-60 years, with the average age of 38. The sample included 14 females and one male. All of the nurses worked full time, which is considered 32-40 hours per week. The primary unit for their assignments was the acute care oncology unit and they carried a typical patient load of five patients. The number of years experience with terminal illness ranged from two years to 25 years.

**Key Coding Themes**

- **What Palliative Sedation Means**
  
  The nurses reported that palliative sedation means comfort care and pain relief and in fact, most did not refer to the practice as palliative sedation. P1 stated, “To me it is ethical care, you know, something that provides dignity. We call this comfort status.” P4 stated, “We think of administering high dose narcotics or barbs as a comfort measure. Just like a nurse would provide an extra pillow or tenderly care for a wound, we provide comfort with the medication.”
Key Coding Themes

• Desperation and Loss of Dignity
The nurses clearly described in this category the impact of the suffering, which drives the causal condition for the sedation. P2 described a patient, “What I saw was no dignity for this man. He was dying of starvation, dehydration, and suffering in pain.” P3 described the group’s connection with the patient and said, “We have to look into the patient’s eyes and see the torment they have.” P10 said, “It is so undignified to a patient to cry and beg for relief.”

Key Coding Themes

• Moral to Relieve Suffering
The shared mission of the nurses to relieve suffering is evident in the following narratives. P1 stated “I cannot sit back and just watch a patient suffer.” P4 went on to express what it meant for her to relieve the suffering, “In easing the pain, I feel so much comfort. Like a warm blanket on a cold day it just comes over me with a peacefulness.” P13 stated, “Let the peaceful way they look and the dignity of being free of suffering makes the other side not important.”

Key Coding Themes

• Administer the Sedating Medication
As the nurses described carrying out the order for the sedating medication, they expressed fear, anxiety, and explained the powerful impact of administering the sedating medication. P2 stated, “Sometimes I get scared when I push that dose of morphine. My mind races and I get dizzy.” P6 also expressed the shared meaning and “code” the nurses have for the sedation, “It is like a code, ya know. We know we are sedating the patient, like putting them to sleep but the order does not state this.”

Key Coding Themes

• We Support Each Other
Throughout the interviews the support of the group is emphasized by the nurses. In carrying out the action of administering the palliative sedation, identification with the group is essential. The shared meaning of comfort and relief of suffering guides the nurses in their interaction with the patient, family and with each other. P13 explained the support from the team of nurses and emphasized the unified meaning in their work, “We go through this together and keep a single mind on this. Trust comes into play here and this is not negotiable. We approach this as a team.”

Key Coding Themes

• Explaining Sedation to the Patient and Family
The action of explaining the palliative sedation requires group support, communication skills, and the ability to be honest, while also being compassionate. P8 stated, “It is the nurse about 95 percent of the time who talks to the patient or family and explains what this medication will do. It is the nurse who talks to the family about the patient’s prognosis and dying. It is the nurse who tells the son or daughter it is time to call other family. We are the ones. It is all on us.” P14 discussed the connection with the family and patient when describing the palliative sedation process, “We all are a team in that room.”

Key Coding Themes

• Good Gained From Relieving Pain is Stronger Than Potential Harm
In coding the themes and categories within the nurses’ narrative, the good gained from the palliative sedation was a heavily populated theme. This theme encompassed six of the coding categories and was prevalent in 100% of the interviews. The nurses explained that the benefit of the palliative sedation far outweighed any potential harm. A theme of moral relativism was present, as the nurses justify the sedation not based upon personal morals but rather, upon the prevailing morals and beliefs of the group, and within the culture and situation of suffering.
Key Coding Themes

**Fine Line We Walk**
The nurses expressed a consistent theme in walking a fine line between relief of suffering and potential harm of the sedation. P5 stated, “I think it is moral to relieve suffering but wrong to speed up the natural dying process. When a patient is very weak and debilitated and maybe without food and fluid for days the natural process takes over. But how can I ever know I did not influence this with the last IV push?” Through the social process of the group, morals become relative to the situation as influenced by dynamics on the unit, as when P11 stated, “When you read about sedating a patient in a book it seems wrong. Like harm in a way. But when you see the suffering, witness the crying and pain... it is real.”

**Go Beyond Your Own Needs and Just Care for the Patient**
This category is found in all 15 interviews and captures the greatest number of coding categories in the paradigm model of cause-action-consequence. The data clearly indicates the shared meaning of the group in going beyond self to do what is right for the patient. The nurses repeatedly make reference to the unit having a code all its own and morality being determined by what is right for the patient. In response to the question of how a nurse would explain sedation to someone outside of the group P1 stated, “I would explain that we do what is right for the patient and not what is right for us.”

Discussion

- Based upon the key coding themes, selective coding and explicating the story line, an emerging grounded theory was developed from the data. As the nurses administer the sedation, they transcend beyond personal ethics to accept the relative morality held within the group and consequently, “go beyond their own needs and just care for the patient”. Ethical transcendence is a core component of the data and consequently, the foundation for a theory grounded in the data.

Ethical Transcendence: A Substantive Theory

**Grounded in the Data**
The reality within the oncology unit is built upon the social process of the nurses, family, and patients. In this exclusive venue, morality is determined based upon a situational context. In this manner, although the bioethical principles are present within the group, these principles extend outside of the central process, as influential factors but not determinants of action. There are no concrete rules of ethics and what some would consider unacceptable, such as palliative sedation, may be common practice. The group perception and a relative morality become predominant over any individually held beliefs.

The theory explained:
The initiation of an order for pain control, sedation, or comfort sedation, begins a dynamic process within the social group of the nurses and involves family/caregiver and patient interaction. The data reveals that this process is not solitary but rather, a shared process between the nurse, family, patient and group. All suffer together as the patient experiences pain and suffering and the family and nurse become a part of this struggle. Through symbolic interactionism the group constructs reality through interaction. This interaction occurs through a dynamic relationship within the group and influences meanings, which in turn influence actions.

Ethical Transcendence: A Substantive Theory

**Grounded in the Data**
As the nurses walk the fine line between fear of harm and relief of suffering, they struggle to administer the palliative sedation. On one side, they see a great benefit for the patient, as the sedation eases suffering, comforts and restores dignity. At the same time, the nurses experience another aspect, the fear of harming the patient. Although numerous participants noted the concern of easing the death process, others indicated concerns of loss of identification, loss of communication, isolation and inability to say final words and consciously transition to death.
**Ethical Transcendence: A Substantive Theory Grounded in the Data**

**The Theory Explained:**
The social process and interaction within the group influences the nurses to go beyond their fears and ethical concerns to relieve the suffering. Through moral relativism, morality is judged in the social process and is based upon the group perception within the situational context (Kolbel, 2004). The traditional bioethical principles are not solidly connected to moral relativism, but rather, exist as predetermined beliefs of each individual nurse. Alone, the nurses may resolve an ethical dilemma based upon the traditional bioethical principles; however, together as a group the interactions and shared meanings create a separate and distinct relative morality.


**Study Conclusions: Findings**

1. The nurses experienced difficulty defining palliative sedation. Many expressed concern with the phrase itself and related this to "terminal" sedation and facilitation of death. The nurses provided alternate or "code" meanings used on the unit such as, comfort care, pain control, comfort sedation, and simply, pain management.
2. The nurses discussed observing the patient in the final stages of illness and described those in pain or suffering as desperate and without dignity. The nurses find it moral to relieve the suffering and within the group social process, sedation is considered a moral act.
3. Consistent throughout the literature review and the participant's response is the value of support in the work of sedation. The nurses expressed that without the co-worker support they could not do their job. Participants discussed the stress of seeing death on a constant basis and the need for peer support to cope with this magnitude of loss.

**Recommendations**

- The findings from this study reveal the complexity of caring for the terminal patient and the value nurses place upon relieving suffering. Based upon the study, recommendations are suggested in four arenas: health policy, nursing education, nursing research and nursing practice.

**Significance**

- This is the only study to date and of its kind which provides unique findings related to the shared process of suffering in administering palliative sedation. The study explicates the complex ethical decisions, which change the culture of the acute care unit, and the moral reasoning of the nurses.
- This study was essential to promote an understanding of the complex psychosocial process nurses take when administering sedation. This study has enhanced and provided a major contribution to the science of the discipline by providing an emerging theory for nurses who must carry out the complex process of palliative sedation in order to relieve suffering.
Closing Comments

- The findings of this study reveal the multifaceted psychosocial and ethical dimension of administering palliative sedation. Administering palliative sedation connects the patient, the family, and the nurse. The phenomenon of administering the palliative sedation results in shared meanings and a relative morality specific to the interaction of the group. As the nurse journeys through the context of cause, action and consequence, the ability to experience the patient’s dynamic reality comes into focus. From this viewpoint, the nurse interacts in the social group process to share the meaning of relieving suffering. This shared meaning results in the nurse accepting the morality of the unique situation and being able to administer the palliative sedation in a manner which transcends self in relieving suffering.