

Table 24: Dendaas 2002¹³³

Study (ref id)	Dendaas 2002 ¹³³	
Aim	To ascertain how experienced oncology nurses described the dying process of people with advanced cancer with relation to its length, recognisability using key signs and symptoms, and whether it is monitored.	
Population	Fifteen nurses experienced in the care of people with advanced cancer who had looked after at least 6 people in the last days of life with advanced cancer during the previous 2 years. Female=93%, Mean Age (SD)= 40.94 (10.80), range of experience from 3 years (33%) to over 15 years (7%)	
Setting	Either caring in hospices (73%) or inpatient oncology units (27%)	
Study design	Interview	
Methods and analysis	<p>A set questionnaire of open and closed questions was devised, trialled and consulted with expert palliative care nurses. It was then given individually to the participants. The questions included:</p> <ul style="list-style-type: none"> • <i>“How would you describe the dying process to someone who has never seen it?”</i> • <i>Are you able to sense when death is imminent?</i> • <i>How do you sense when death is imminent?</i> • <i>Have there been times when a patient’s death has caught you by surprise? Describe those situations.</i> • <i>Is dying a short, long or high variable process?</i> • <i>Do you think anything influences the dying process? Describe these influences.</i> • <i>Are there common clinical signs that appear as death draws near? Describe these signs. “</i> <p>The range of length of time was 4-20 minutes. Not all questions were asked to all participants. These were then transcribed by an external source, the content of which was analysed by an investigator through grouping into questions, and general themes devised through discussion with a research mentor. This was then analysed by 2 expert level hospice nurses who individually read and coded the responses from the interviews with the themes earlier devised.</p>	
Themes with findings	Dying process	<p>Most nurses said the process of dying was variable in length (93%)</p> <p>93% said they recognised dying through the onset and development of clinical indicators. There was no further comment on monitoring of dying despite being a set objective.</p> <p>84% noted that patients deaths occasional <i>“caught them by surprise”</i>.</p>
	Changes in psychosocial status in	Increased social isolation - <i>‘ you see a ... change in behaviour, a kind of separation from the world I guess’</i>

	recognising dying	The use of symbolic language was also reported - ' <i>Symbolic language is pretty common.... They talk about going on a trip</i> '.
	Changes in physical status in recognising dying -	Weight loss and anorexia
		Declining interest in daily life
		Increased weakness and somnolence, and a decreased level of consciousness
		Skin mottling
		Chest and upper airway congestion
		A 'glazed' look in the eye
		Changes in vital signs
		Anuria
		Changes in a person's pain status – 'sometimes the pain is increased and sometimes the pain is just gone'
	Habits and routines in recognising dying -	Change in habits and routine ' <i>...[when you know what] their usual pattern of things are, and when that pattern changes, that's the biggest indicator for me</i> '.
Limitations	Not all participants asked all questions and interviews lasted a wide range of times from 4-20 minutes. The study did not meet all of its set aims.	
Applicability of evidence	Direct related to our population although focusing only on people with cancer.	