Table 27: Van Der Werff 2012[445]

Study (ref id)	Van Der Werff 2012[445]
Aim	To assess nurses perspectives on the signs and symptoms that suggest people are entering the last days of life
Population	n=18. Nursing staff recruited from 4 wards who had had recent experience (within 2 years) of caring for oncology patients in their last days of life
Setting	General hospital.
Study design	Focus group.
Methods and analysis	There were 3 focus groups, were a central investigator facilitated discussion around this topic through using set prompts to encourage all participants to engage. Questions included: "*what do you think nurses perceive in patients whom they think will die in a few days*?" and *"what can you say about what nurses see in the physical state of a patient that makes them think this patient might die in a few dies?"* and "*what do nurses hear that makes them aware a patient might die in a few days*?*".* The focus groups were audiotaped, and these were transcribed by 2 of the investigators separately to limit bias. The transcriptions were then analysed separately and results triangulated between 3 interpreters to form 9 discrete themes. Consensual validation and data triangulation using

	the literature was also used to increase validity.	
Themes with findings	Changes in respiratory function	Dying people often becoming progressively dyspnoeic, potentially as a relation to increased pulmonary oedema or effusions: '*you often see them (patients) being restless at night: they can hardly sleep due to this feeling of dyspnoea and their anxiety*'. They also mentioned oxygen desaturation, death rattle, and Cheyne-stokes respiration.
	Changes in blood circulation	Tachycardia, hypotension and fever were seen to be the most significant sign that a person is going to die soon, but some mentioned that they were sings of the end of the dying phase, rather than the onset. The significance of a pointed nose (the nose standing out very clearly against the rest of the face was also mentioned: '*It is so clear for us [nurses and colleagues] when we see a pointed nose*'.
	Deterioration of physical condition	lack of energy, energy surges, extreme weakness, somnolence or difficulty sleeping, bed bound, and extreme fatigue. '*Patient have such a blank stare; it looks like they sleep with their eyes open*'.
	Changes in psychological condition	The patients can become anxious and agitated '*Yes, a couple of days before, they [patients] get anxious, especially in the evening and night and they want to have family around then. They also become socially withdrawn, and can make despondent comment things such as '"It is finished for me now"*'.
	Reduced oral intake.	The oral intake greatly decreased along with appetite and sense of taste, and reduced weight and cachexia. Problems with swallowing medication were also mentioned.
	Changes in excretion	Decreased production of urine, urinary incontinence without apparent cause, vomiting and altered dedecation. Laboratory findings also change including uraemia and renal failure.
	Changes in consciousness	Mental confusion, decreasing consciousness and signs of delirium.
	Pain-.	Increasing pain that is less respondent to treatment.
	Changes in spiritual experience	Existential changes such as a lack of hope, and saying goodbye, and for some people a sense of relief or resignation '*Patients often say something like, it is good the way it is now, and they are at peace with it [dying]'.*
	Complexity of recognising dying	Some commented on the uncertainty of diagnosis due to the heterogeneity between different causes of death on end of life symptoms: '*I hardly ever see a transition or something like that, that makes me thing: these are the final days [for that patient]*'. Others commented on the importance of intuition in recognising dying.

Limitations	This was a small review included only nurses from 4 wards of a hospital. It did not specify what the oncological diagnosis of the people the nurses in the group had recently looked after had. Also, although this study related only to oncology patients, the stem questions such as 'What do you think nurses perceive in patients whom they think will die in a few days?' did not specify oncology patients. The results of the data analysis were not returned to the study participants for validation.
Applicability of evidence	Answered question set using reliable methods, although small scale, it comments it had reached data saturation before the last focus group.