

KEMI-TORNIO UNIVERSITY OF APPLIED  
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HEALTH CARE AND SOCIAL SERVICES

NURSING CARE AFTER DEATH

Bachelor's Thesis

Gong Xi

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## ABSTRACT

KEMI-TORNIO UNIVERSITY OF APPLIED SCIENCES

Health Care and Social Services

Degree Programme in Nursing

GONG XI

NURSING CARE AFTER DEATH

Bachelor's Thesis, 40 pages and 3 appendices

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Keywords: dead patient, bereaved family, post-mortem care, support, comfort

Nurses care, help and support patients before they are born, when they are alive and after they die. The starting points of this study were how nurses provide physical care for the dead patients and psychological care for the bereaved families.

The purpose of this study was to describe the role of a nurse when patients die. The aims of this study were that the results of the study could help the nurses' clinical work and could be used as part of teaching material in post-mortem care or nurses' communicating skills in the health care unit. The tasks of the study were that how post-mortem care is implemented by nurses, what the challenges are during the process, and how do nurses comfort or support the bereaved families.

The data was collected qualitatively via interviews with two registered nurses from Central Hospital of Kemi in January 2012. The data analysis was completed using content analysis.

The results of the study indicate that when a patient dies, nurses remove all the lines, catheters and tubes from the patients according to the hospital's policy; clean and dress up the dead patient; provide information, support and comfort to the families. The principal conclusion was that nurses perform nursing care following the principles of post-mortem care, comfort and support to the bereaved families in an appropriate way. Another crucial conclusion was nurses play indispensable role in people's life—people are taken care by nurses as patients, supported by nurses as patients' families.

Further research is needed to establish more comprehensive concepts of how to implement post-mortem care according to patients' religious requirements; and how nurses face the dead patients' families in extreme situations.

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## 1. INTRODUCTION

Nursing care is a whole process. Nurses are the ones who provide professional nursing care, help and support to the patients before they are born, when they are alive and after they die. As a significant and indispensable part of nursing, it is necessary to know about the care process for dead patients. Moreover, to give information, support and comfort to the bereaved families is another important part of nursing job. It is useful to find out skills that nurses might need when contacting the families. The nurses' role at the end of life extends beyond death to provide care for the dead patients and support to their family. (Wilson & White, 2011, 2.)

This is a qualitative study concerning nursing care procedures after patients' death. I have chosen this topic and begun to work on it in November of 2011. The starting points of this study were based on my experience of performing nursing care for dead patients when I was doing guided practice in the ward of cardiology (4A) in Central Hospital of Kemi. As I was interested in post-mortem care, it led me to do this research to know more about the nursing care after death. Thus the study was started by searching for more information in this area—how nurses provide physical care for the dead patients and psychological care for the bereaved families.

The main purpose of the study was to describe the role of a nurse when patients die. The aims of the study were that the results of the study could help the nurses' clinical work and could be used as a part of teaching material in postmortem care or nurses' communicating skills in health care unit. The tasks of the study were how the post-mortem care is implemented, what the challenges are during the process, and how to comfort or support the bereaved families.

The restriction of the topic is that the study is about nursing care after death, and it does not involve the nursing care before death when patients are about to die. The study includes the nurses' work with the bereaved families—information giving and psychological support providing.

The theoretical background part of this study focuses on the nursing care of the dead patients and their families, and the empirical part of this study is the implementation of the research work.

## 2. NURSING CARE AFTER DEATH

The definition of the topic is nursing care provided to patients after death. So the theoretical part consists of literature reviewing about how the care of dead patients is performed by nurses, and how the nurses support and comfort the bereaved families.

Nurses care for patients before they were born, after they have died and during the lifetime in between (Quested & Rudge 2003). Post-mortem care is a significant and indispensable part of nursing. It is necessary to know well about the care process for dead patients; and to give information, support and comfort to the bereaved families is another important part of nursing job. Thus it is important to do this study in order to make clear how the nurses perform post-mortem care, and to find out the skills that nurses need when contacting the families.

According to Franchini (2011), the responsibility of the healthcare provider does not end with the patient's death. Post-mortem care is a medical procedure performed by the

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healthcare providers. The doctor and nurses need to inform the patient's family, funeral homes and lawyers if necessary.

Death more likely takes place "offstage" in institutions—hospitals, nursing homes, and other extended care facilities (Leming and Dickinson 2007, 248). In this study, I described about the whole procedure of post-mortem care and how to comfort and support the bereaved family.

## 2.1 The indications of death

When a patient dies, the nurse calls the patient's doctor to pronounce the death. The doctor is usually responsible for completing the death certificate and notifying the family, in some cases, obtaining consent for donor services or an autopsy. In some cases such as home care or hospice, nurses may be allowed to pronounce the death without doctor's oversight. (Beattie 2006.)

In 1968, the World Medical Assembly (Gilder 1968) adopted the following guidelines as indications of death: total lack of response to external stimuli; no muscular movement, especially breathing; no reflexes; flat encephalogram (brain waves).

In instances of artificial support, absence of brain waves for at least 24 hours is an indication of death. Only then can the death be pronounced, and only after this pronouncement can life-support systems be shut off. (Berman & Snyder 2012, 1108.)

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Here are some definitions of concepts which were mentioned in the study: **Post-mortem care** is the care provided by nurses to a patient immediately after death (Boleyn 2008). **Rigor mortis** is the stiffening of the body that occurs about 2 to 4 hours after death, it starts in the involuntary muscles (heart, bladder and so on), then progresses to the head, neck and trunk, and finally reaches the extremities. Usually it leaves the body about 96 hours after death. (Berman & Snyder 2012, 1114.) **Algor mortis** is the gradual decrease of the body's temperature after death. When blood circulation terminates and the hypothalamus ceases to function, body temperature falls about 1°C (1.8°F) per hour until it reaches room temperature. **Livor mortis** is the discoloration that appears in the lowermost or dependent areas of the body after death. This is because of the releasing of hemoglobin after blood circulation has ceased which leads the red blood cells break down. (Berman & Snyder 2012, 1115.) **Shroud** is a large piece of plastic or cotton material used to enclose a body after death. (Berman & Snyder 2012, 1115.)

## 2.2 Nursing care for a dead patient

First of all, nurses need to place the dead patient in a private room if possible, close the door and draw the curtain for privacy. If the dead patient had a roommate, he/ she should be informed and removed to another location for a while. (Perry & Potter 2010, 415.)

**Preparation of the post-mortem care:** after the confirming of the patient's death, nurses should prepare the body for viewing by the family, and for the transport to the mortuary.

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The items needed in the post-mortem care include gloves, a shroud kit (a white vinyl sheet or zippered-bag for wrapping the body in, another plastic bag for the patient's personal effects, a chinstrap, tape, ties, and tags.), a clean gown and linens, extra under-pad, bath items, paper tape, 4 x 4-inch gauze pads, a syringe (for deflating a catheter balloon), clamps, and scissors. Besides, nurses should prepare a clean gown and a mask or face shield for them as needed if the death was caused by a contagious disease. (Beattie 2006)

**Performance of the post-mortem care:** nurses perform hand hygiene, put on clean gloves, gown or other protective barriers (Perry & Potter 2010, 416); place the body in a supine position with arms at sides and head on a fresh pillow; raise the head of the bed to 30 degree; gently close the patient's eyes by using a fingertip on each eye (if the eyes cannot remain closed, moistened cotton balls can be placed on the eyelids for several minutes) (Boleyn 2008).

According to Beattie (2006)'s article, nurses could place a rolled-up washcloth under the patient's chin to help keep the mouth closed until the jaw stiffens. If the patient wore dentures, nurses should insert them before closing the mouth to help give the face a natural appearance.

Nurses need to leave identification on the patient's body as directed by the policy of the hospital; the removal of tubes and lines is contraindicated if an autopsy is planned (Perry & Potter 2010, 416). Thus nurses should cap or clamp all IV lines, nasogastric tubes, and indwelling catheters instead of removing them unless the policy of the hospital requires; if nurses are allowed to remove lines, cover the insertion sites with gauze and secure the dressings with paper tape. (Beattie 2006).

Then nurses could wash the soiled areas of the body while a complete bath is not necessary; place absorbent pads under the patient's buttocks for taking up any faeces and



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urine released caused by relaxation of the sphincter muscles; put a clean gown on the patient; brush and comb his/her hair; remove all jewellery (except for a wedding band in some cases, which is taped to the finger); and cover the patient with clean sheet or light blanket up to the chin. (Berman & Snyder 2012, 1115.)

**Subsequence of the post-mortem care:** after the physical care is implemented for the dead patient, nurses ought to identify the personal belongings that stay with the body and those to be given to the bereaved family, remove all the unneeded medical equipment from the room and provide soft lighting and chairs for family if the family requests viewing (Perry & Potter 2010, 416), give the family members time and space to stay with their loved one.

In the hospital, after the dead patient has been viewed by the family, his/ her wrist identification tag is left on, and additional identification tags are applied. Nurses wrap the patient's body in a shroud. The identification is then applied to the outside of the shroud. (Berman & Snyder 2012, 1115.)

Nurses then could summon a cart from the mortuary. When the patient's body is transferred to the mortuary, his/ her denture should be placed in a cup so that they can travel with the body— to prevent the denture from falling out because of relaxing of the jaw caused by rigor mortis. Nurses should ensure that the death certificate or other paperwork is going to travel with the patient. Last but not least, nurses should ensure that the disposition of the patient's personal effects and valuables are documented. (Beattie 2006.)

### 2.3 Respect for the dead patient

According to the Right of Patient (Valvira, 2012), the patient has the right to expect good quality in healthcare, he/ she must be treated in such way that his/ her beliefs and privacy are respected and the dignity remains unoffended.

The high standards of care should be provided whether a patient is alive or dead to make sure the dignity and individuality of all patients are respected. Death can alter a patient's appearances, his/her families and friends might feel this disturbing, so aesthetics should be taken into consideration when nurses performing the post-mortem care. (Sewell 2002.)

Sewell (2002) suggested that the patient's dentures (if he/she wore) as well as the inside of the mouth should be cleaned before nurses put the dentures into the patient's mouth; a pillow should be placed next the patient's head; the arms and legs should straightened.

#### 2.4 Support for the bereaved family

Death of a patient affects the bereaved family in various ways— emotionally, spiritually as well as financially (Nursing Review, 2011). To cope with this situation, the bereaved families need enough support and the guidelines for the next step such as arranging a funeral. After their loved one died in the hospital, they need firstly information (of the patient) and support. According to their emotional acts, nurses could give them necessary information about the death of the patient and provide appropriate psychologically support.

For the families which lose their loved one, there are some common fears that are most frequently experienced. Cooperman(1986, 98) listed “fear of what to do when the patient has died” “fear of financial problems caused by giving up work and perhaps risk-

ing redundancy” “fear of bringing up a young family” “fear of a future filled with loneliness” as the most common fears of bereaved family members. As nurses, we should respect those who lose a loved one, provide psychological support and comfort to them and give enough space to them.

Boleyn (2008) wrote in his article that nurses could offer the bereaved family members the opportunity to view the body, and tell them that either viewing or not viewing is acceptable. This is also the time to ask family members if they prefer that any jewelry be left on the body.

The death of a loved one is traumatic to a family no matter how much or how little anticipatory guidance the family receives. For many people, their first reaction is shock, numbness, and disbelief. Some people get angry, while others weep or scream. Some people may experience palpitations or shortness of breath, while others develop nausea or faint. If the situation is hard to control, nurses could call the chaplain or other spiritual advisor, or social worker. (Beattie 2006.)

Cooperman (1986, 117-118) mentioned it is necessary for most people to cry at some time during bereavement, because they have held back so much emotion to avoid distressing the patient, they may need to be given permission to cry after the patient's death, some people, particularly men, say that they do their crying alone, and such feelings should, of course, be respected.

It is important to allow family members to talk about the death. They should not be rushed. They should be left time alone with the body. The nurses should remain available to answer questions and provide support (Beattie 2006). Boleyn (2008) said that nurses can encourage the family to touch the dead patient's body and talk with the body as a way to say goodbye to him/ her.

According to Perry & Potter (2010, 415), nurses can give family members and friends a private place to gather, ask them if they have requests for preparation or viewing of the body (such as position of body, special clothing, shaving and so on).

The family members may not absorb what they are told and may need to have information provided repeated because of the stress of moving through the grieving process. The nurses then should keep calm and patient demeanor. (Berman & Snyder 2012, 1113.)

### 3. THE PURPOSE, AIMS AND TASKS OF THE STUDY

When the patients are having their last period of their life, the nurses play a very important role in giving professional physical and psychological support to the patients. They also need to contact with the relatives of the patients, give them enough information, necessary spiritual support and proper comfort.

The purpose of the study was to describe the role of a nurse when patients die, focused on the nursing care for the dead patients, and how do nurses provide comfort and support to the bereaved families according to different situations.

The aims of the study were that the results of the study could help the nurses' clinical work and could be used as part of teaching material in post-mortem care or nurses' communicating skills in health care unit.

According to the purpose of this study, the tasks were set as follows:

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- How is the post-mortem care implemented by nurses (in the Central Hospital of Kemi)?
  - What are the challenges in postmortem care?
  - How to comfort and support the bereaved family?

#### 4. THE IMPLEMENTATION OF THE STUDY

The study was started in the spring of 2011 and was finished in the spring of 2012 (appendix 1). Qualitative methodology was used. Data of the study was collected qualitatively via interviews with two registered nurses. The data analysis was completed using content analysis.

*“The researcher needs to have a basic understanding of the specific research topic before embarking on the actual searching”* (Moule & Goodman 2009, 97). This “basic understanding” is conducted by a literature review, which, in this study, was implemented in the same way. The literature searching work of this study was begun in the spring of 2011 until the spring of 2012; and literature reviewing was started in the summer of 2011.

The qualitative research approaches to questions around the life experience, beliefs, motivations, actions and perceptions of the patients and staffs. The focus of the qualitative research is generally on views, experiences and perceptions of the participants. (Moule & Goodman 2009, 205-206.) With this method, the researcher gains the views, experiences and perceptions of the participants (Moule & Goodman 2009, 215). Based on these theories, I decided to collect the data via interviews with two registered nurses

from Central Hospital of Kemi. They answered four open-ended questions according to their experience.

#### 4.1 Collection of the material

The main purpose of the qualitative interview is to seek out the participants' perceptions, experiences and options and allow them to drive the direction of the interview (Moule & Goodman 2009, 297). Questionnaires often form the basis of data recording in healthcare, being used to collect data as part of assessment to support diagnosis. A questionnaire can be designed to open-ended questions; it is used where the researcher wants to explore the participant's views, allowing the collection of textual data that might be written or recorded by the researcher in a structured interview. (Moule & Goodman 2009, 299-302.)

According to the tasks of this study, I designed a questionnaire with four open-ended questions. The questions were drawn up in the autumn of 2011 (when I was arranging the research plan for this study):

- What are the procedures during the post-mortem care?
- Which parts ought to be paid more attention to and why?
- What do the nurses do after the post-mortem care?
- What can a nurse do to comfort and support the family members of the dead patient?

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Two interviews were performed in the January 2012. Two registered nurses from Kemi Central Hospital (Länsi-Pohjan Sairaanhoidopiirin Kuntayhtymä) were interviewed. One of them works in the Intensive Care Unit (ICU), another one works in the ward of cardiology (4A). They were asked four open-ended questions.

The two nurses were chosen to be interviewees because firstly, they were my supervisor nurses when I was doing guided practice in this hospital, and they can understand and speak English. Secondly, the patients' conditions in the ICU and 4A are more severe, causing the high rate of death. So nurses who work in the ICU and 4A have more chances to perform the post-mortem care than in the regular surgical and medical wards.

Moule and Goodman (2009) used one chapter in their book to describe the ethical aspect of a research; they mentioned the "informed consent". It describes what research participants need to know before deciding to take part in a research project. The participants should: know that they are being invited to take part in a research study. They should have time to consider being involved and consult with family and friends if they want to. They should be assured that they can decline to participate or withdraw at any time without giving a reason. They should understand the purpose of the research and know why they have been chosen. They should understand what will happen to them if they agree to take part and understand any risks, costs, disadvantages and benefits. They should understand what will happen at the end of the study; have the opportunity to ask questions and have full and honest answers.

Before the two interviews of this study, I sent email to invite the two nurses to be my interviewees. I told them I was doing one research concerning nursing care after death; explained the purpose of the study and why they were chosen. I asked if they wanted to

participate in the data collection part (to be interviewees), and told them that they can ask questions if they have any doubt.

After they replied me and promised that they could participate in this study, we talked more details for the interviews such as when and where could we do this interview. They were my supervisors when I practiced in their wards, I explained every detail they needed to know about the interview, and I gave them time to consider whether they want to participate or not. They did not have to get permission about the interview from the hospital.

The first interview was carried out in the computer room of Kemi-Tornio University of Applied Sciences, in the Unit of Health Care and Social Services. I did digital recording of our conversation. The second one was performed through email because the nurse said to be too busy with the work in hospital, and preferred to do it via email. I sent my questions by email and the interviewee replied me after completing the questionnaire. Afterwards, I documented the conversation between the first nurse and me as a word-processed document as well as the email interview with the second nurse so that I could retrieve it for further analysis (appendix 2).

#### 4.2 The analysis of the material

In the light of the introduction about analysis of qualitative data in Nursing Research, content analysis had been chosen to use in this study (see appendix 3). The data analyzing work was started in the spring of 2012.



According to Moule & Goodman (2009, 349), content analysis is a process that involves labeling the data for retrieval. The content of the textual or visual data with which the researcher starts is explored, and the data is reduced by the process of “coding”. The process of coding is one where the researcher is retrieving the data, which can then be organized into categories and themes or constructs.

Moule & Goodman (2009) also gave suggestion about the process of analysis which involves six main steps. On the basis of this guideline and the introduction of the two analysis methods, I began the analyzing work of the study with the data that I collected.

The analysis was started from reading the word-processed document of the interviews initially to identify the content. Then I extracted the key data as statements, marking the common points of the two nurses’ answers. The next step was formulating the meaning from the statements. This helped to pick key points from the data which met the tasks of the study. When picking the key points, I paid attention to make them represent the entire data set. In the end, I sent the interpretations back to the two participants to validate the key points. And they replied later, saying everything was alright, there was no error existed.

## 5. RESULTS AND CONCLUSION

### 5.1 Results of the study

As a nurse, it is very important to know what to do when she/he find a patient is dead, which means after confirming the death of the patient, nurses remove all the lines, catheters and tubes from the patient’s body according to the policy of the hospital; clean

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and dress up the patient; and give enough information about the dead patient and provide psychological support to the patient's family members.

#### 5.1.1 How the post-mortem care is implemented by nurses in the Central Hospital of Kemi

According to the information from the two interviews, the procedure of the post-mortem care in the Central Hospital of Kemi was summed up into a chart (see chart 1).

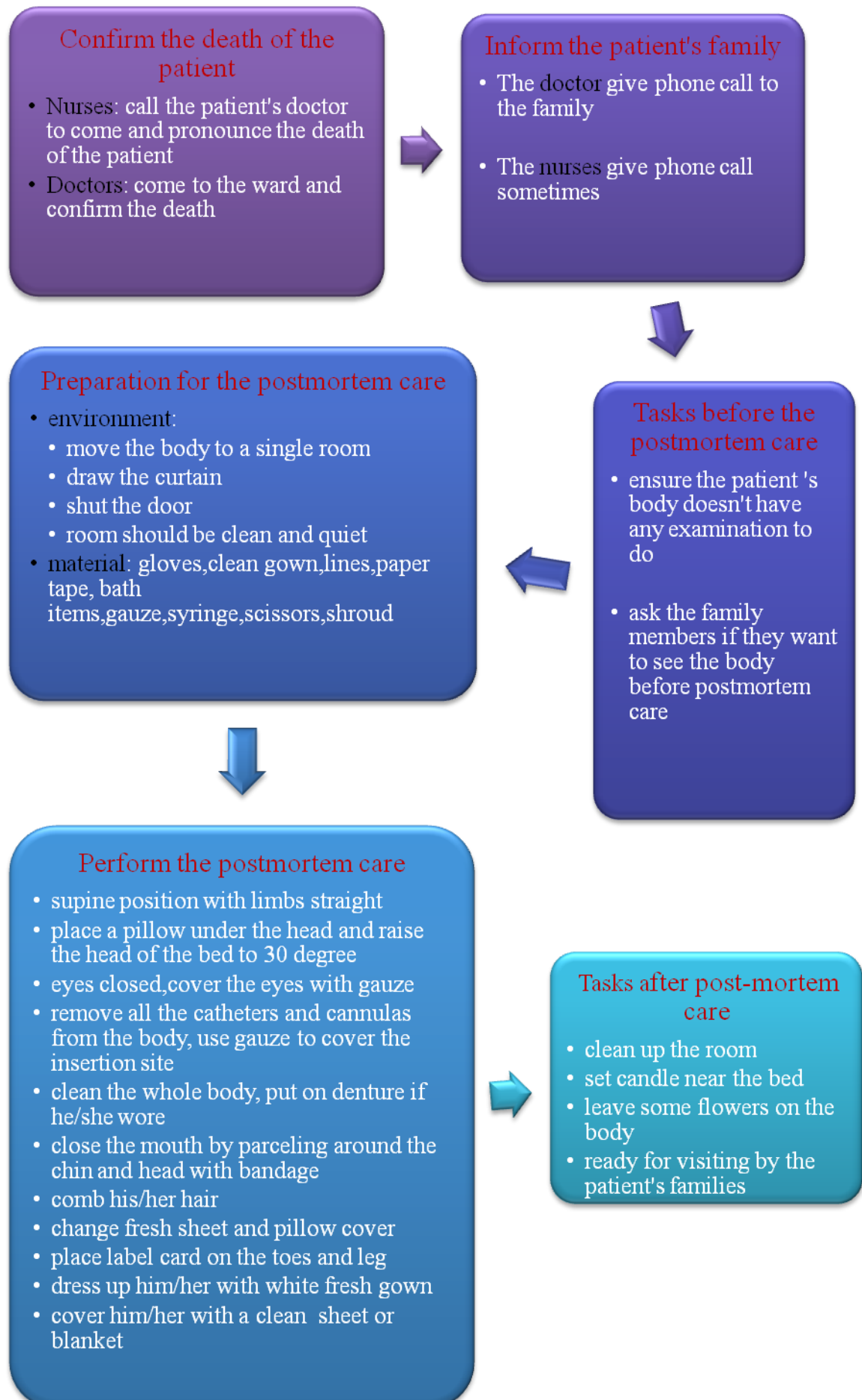
It is clearly showed in chart 1 that, when a patient is found to be dead, nurses should call the patient's doctor to come and confirms the death of the patient; after confirmation of the death, the doctor or nurses will give a phone call to the patient's family to inform them. Furthermore, nurses need to ensure that the patient doesn't have any kind of body examination, *"if there is coming some examinations after death, we have to leave everything on patient and we transfer the patient to the examinations"* (interview, nurse2, 2012). At the same time, if the bereaved family wants to see the body before post-mortem care, nurses should give them a moment to stay with the body. Otherwise, the nurses will prepare a private and clean environment for the post-mortem care, move the body to a single room, draw the curtains and shut the door. For this procedure nurses need to prepare gloves, gown, lines, paper, tape, bath items, a syringe, scissors and the shroud.

When everything is ready, nurses will begin to perform post-mortem care. Firstly, they place the patient in a supine position with limbs straight, put a pillow under the head and rise up head of the bed to 30 degree.

According to the first interviewee's answer, nurses clean the body; change clean bed sheet and pillow cover; dress up the body with the white paper cloth; keep the arms beside the body and tie up the legs so that they won't move while transferring the body, leave a name tag on the toes and leg; keep the eyes closed and cover them with small gauze on each one; put on the denture if patients had; use gauze or bandage to bind the head for keeping the mouth closed. In order to help the patient keep a normal appearance, nurses comb his\her hair and cover the body with clean sheet or blanket.

After those steps, nurses clean the room, and put used material back. They set a candle on the table near the bed, put flowers on the body. After all of these, nurses allow the patient's family to see the body. If they have any kind of death related question, nurses will be able to answer that.

Chart 1: How the postmortem care is done by nurses in L-PKS



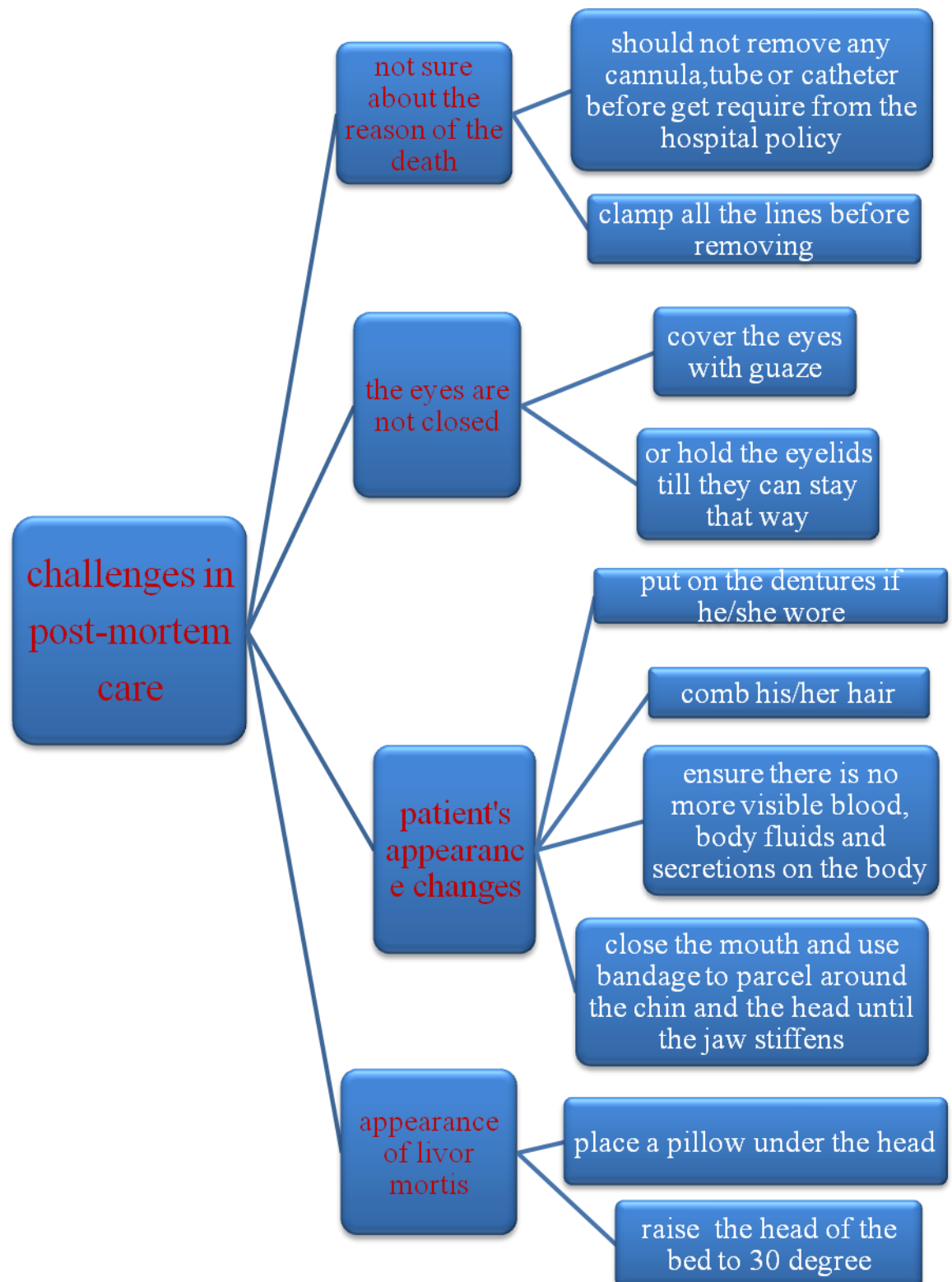
### 5.1.2. What are the challenges in post-mortem care

Some challenges exist in the procedure of post-mortem care, it demands nurses to know how to face and solve these problems (see chart 2). In chart 2, each part surrounding the main circle has the equal value as the challenges that nurses meet during the post-mortem care, and some resolutions following each challenge. Therefore I used another kind of chart which made each part equal (as this is not a procedure).

If nurses are not sure about the reason of the death, they should not remove the cannula, tubes and catheters before they are requested get from the hospital policy. All those treatment lines are supposed to be clamped before removing.

On the other hand, nurses need to pay attention to the appearance of livor mortis happens on the patient's body. To keep the patient's normal appearance, nurses could put the dentures into the patient's mouth; comb his/ her hair and clean the visible blood, body fluids as well as other secretions on the patient's body; close the mouth with bandage until the jaw stiffens. If the patient's eyes are not closed, nurses should cover them with the gauze or hold the eyelids till they remain closed.

Chart 2: The challenges that nurses meet during the postmortem care



### 5.1.3. How to comfort and support the bereaved family

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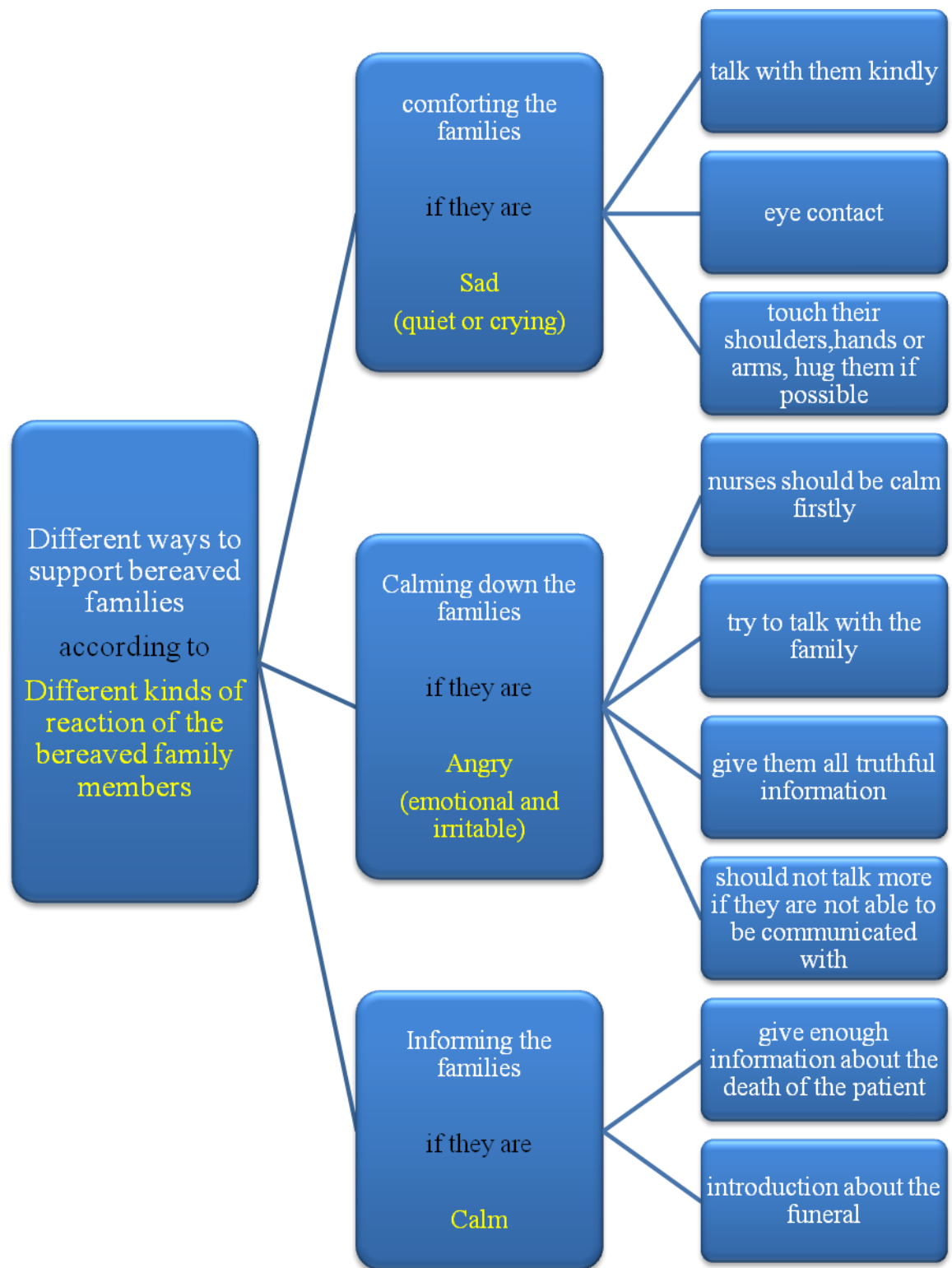
Nurses should be careful with how to speak with the families because some unseemly word might stimulate them or hurt their feelings. After the patient's death, different kinds of reactions are shown by the family members, so nurses should be aware of these situations (see chart 3). *"We have to be very careful because people are different"* (Interview, nurse 1, 2012).

For the families who are quite calm, nurses provide information about the patient such as the condition of the patient before he/ she died, and could tell them things that they want to know such as how to arrange a funeral; give them professional suggestions and proper psychological support. Nurses can explain about the livor mortis, rigor mortis and algor mortis if the family members have doubts on these aspects, for example, they might feel worried when they see the discoloration area on the patient's body, at his time, nurses can explain that this is normal after death when blood circulation has ceased, the red blood cells break down and release the haemoglobin. Those discolorations will appear in the lowermost or dependent areas of the body.

For the families who are very angry, nurses should calm themselves, and try to talk with them; *"Sometimes they can be angry with the doctors and nurses, because we haven't done everything for keeping patient alive"* (Interview, nurse2, 2012), so nurses could let the families know that the healthcare team had done everything to save his\her life.

For the families who are sad, nurses could talk kindly with them, *"usually the family members will only cry and need hug or something like that for comfort"* (Nurse2, 2012).

Chart 3: how to provide support and comfort according to different kinds of situation





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## 5.2 Conclusion of the study

There is no big difference about how to perform nursing care after death between the theory and the results that I got from the interview. Only some small differences exist—in the theory, nurses place a roll-up washcloth under the chin to help the mouth closed until the jaw stiffens, while nurses who work in the clinical ward use a bandage or long gauze to maintain the mouth close by binding the head. In the theoretical part, after cleaning and dressing up the body, nurses will place a clean sheet or a light blanket over the patient up to the chin, whereas the nurses in clinical ward will place a clean sheet or light blanket over the patient's whole body.

According to Bettie (2006), nurses would remove the patient's dentures and place them in a cup so that they can travel with the body and also Perry and porter (2010, 416) mentioned in their study that if dentures do not stay securely in the patient's mouth, nurses could place them in a denture cup and transport with the body to mortuary. However, in Finland, nurses usually only put the dentures back to the patient's mouth while performing the post-mortem care to keep their normal appearance (after that, they will not remove it out).

Through nursing care, the dead patient is washed, dressed and prepared for the visiting by families and then mortuary. The nurses should perform nursing care for the dead patient following the principles of post-mortem care. When they are doing the postmortem care, "respect the dead patient and the family" should always be taken into consideration.

Some nurses may be afraid of performing post-mortem care, because they may feel scared of the dead patient, or they do not have much experience in this area. To handle this kind of problem, nurses should be psychologically strong and calm; they can estab-

lish confidence through performing more and more post-mortem care time after time; they also can communicate more with their colleagues to feel more comfortable themselves before, during and after the post-mortem care.

When providing support and comfort to the bereaved families, the very important thing to remember is that no matter how emotional or out of all reason the bereaved families are, nurses should never quarrel with them and should always keep one thing in mind—to protect themselves.

## 6. DISCUSSION

The purpose and aims of the study had been met. The study was completed by using qualitative research method (interviews), and the data had been analyzed qualitatively (content analysis method). The results were shown according to the tasks of the study.

### 6.1 General discussion

Nurses provide physical care to dead patients and psychological care to the bereaved families. Through the research, the tasks of the study have been solved. The post-mortem care procedures as well as support to the dead patients' family members are shown in the results of the study.

The tasks of this study had been solved step by step. On the basis of literature reviewing and theory searching on methodology of the study, I decided to do a qualitative research.

Firstly, I made an open-ended questionnaire concerning the tasks of the study, in order to make the questionnaire to be more appropriate, I amended it three times before using it. Then I began to choose the interviewees, considering about the odds of implementing postmortem care in each department and the probable communicating challenges caused by the language, I finally decided to interview two of the registered nurses in the Central Hospital of Kemi—one registered nurse in the Intensive Care Unit (ICU) and another one in the Ward of Cardiology (4A)—they were my supervisors when I did guided practice which meant the language problem could be solved. The first interview was conducted face-to-face, which had been digitally recorded. The second one was conducted through email contacting.

The interviews went very well—the two interviewed nurses had told the details concerning the questions completely, which helped a lot in the tasks solving process. After reading theory of methodology, the data analysis work had been started—with the guidelines for analyzing, the analysis of data in this study was not difficult to do. The results of the study are shown by three charts according to the three tasks of the study, so it could be easily read and understood.

About my own learning experience, from the beginning to the end of this study, I gained a lot of knowledge on doing research. I learned how to search for useful information for a thesis by using different resources, including reading books from the library, seeking literature in the resource platform of the school and reading articles on other website pages through the internet. I got familiar with how to write a formal thesis. I improved my arranging ability (by doing this study) and communicating skills (by doing interviews). And of course doing this study helped me to deepen the knowledge of postmortem care, especially how to provide support and comfort to the bereaved family.

The results of this study could be used as a material in the courses concerning postmortem care, nurses' communicating skills of how to support and comfort the bereaved families; and could also help the nurses with their clinical work.

This study has its limitation in data collection part. As an international student studying in Finland, the language barrier was the main limitation factor during the data collection work—if I could speak and understand more Finnish language or if there were more nurses who could participate in the interview in English, then it would bring a huge improvement in this study.

## 6.2 Ethical discussion

This is a qualitative research, as an international student studying in Finland, the difficulty of the interview part is the language—not all the nurses can speak very well English, and there might be some misunderstanding during the process.

To keep the credibility, the study examined the nursing care after death, the data was collected from two registered nurses who are working in the hospital and have a lot of experience of doing postmortem care and dealing with the bereaved families.

For the result of dependability, when the word document file of the two interviews had been finished, I sent it back to the two interviewers, asked them to read and added more details if they had not included in the document or correct any point if there was any mistake exist. Afterwards I received answers from them and they accepted that everything was fine.

As I mentioned above, I did audit trail after the data analysis to confirm the objectivity of the study, it showed the same results as I got before. To compare the data that had

been collected with the results which were got through analyzing the data, there was no contradictory part or inconsistent information. This helps keeping the confirmability of the study.

The results of the study showed how the nurses perform the postmortem care, what are the challenges that nurses meet in postmortem care and what kind of comfort and support should nurses provide to the bereaved families after the death of a patient, these findings could be used into other context as well—nursing courses concerning those topics or clinical work about how to communicate with the patients and their family members. This shows the transferability of the study.

Further research is needed to establish more comprehensive concepts of how to implement post-mortem care according to patients' religious requirements; and how nurses face the dead patients' families in extreme situations. For example, if the patient's death is caused by medical negligence, how could doctors and nurses face the bereaved family members? Moreover, further research about psychological support for the family of a dying patient could be also a great topic.

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Schedule of the implementation of the study:

<b>Time</b>	<b>Implementation</b>
Spring 2011	literature searching
Summer 2011	literature reviewing
Autumn 2011	start to write
Winter 2012	interview
Spring 2012	analysis the data and complete the thesis

Table 1: the schedule of this study



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Appendix 2 (a)

The questionnaire which had been used in the interview and the details of the interview are as follows:

Time of the interview: 16, 01, 2012-17, 01, 2012

- What are the procedures during the post-mortem care?

Nurse 1: When we find the patient is died, we call the patient's doctor; he/she will come and confirm if the patient is really died.

Then, usually the doctor will call the family (sometimes nurse will call), tell them the patient is died, ask them if they want to come and see the body before we do the post-mortem care. We will remove the body to the chapel in our department, clean the body, change clean bed sheet and pillow cover, dress up the body with the white paper cloth, keep the arms beside the body and tie up the legs so that they won't move while transferring the body, leave a name tag on the toes and leg (patient's name, date of birth, when and where he/she died), keep the eyes closed and cover with small gauze, put on the denture if he/she had, use gauze or bandage to bind the head to keep the mouth closed. If the body is going to be done the autopsy examination, we should leave all the catheters and cannulas on as they might be the cause of death; if not, we take away all the added things. In the end we use one sheet to cover the body, making a cross fold, and we often leave some flowers on the sheet. Set a candle in the room, sometimes the family members might come to the room and stay with the body for a while. This process is done by two nurses.

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Appendix 2 (b)

Nurse 2: When we find somebody who is died, we first check patient's pulse and is he/she breathing? If we notice patient doesn't have pulse or breath, we will start to resuscitate, but if patient have DNR (= do not resuscitate), we will call the doctor to confirm the death of this patient. Also if patient's family members aren't in hospital we call also to them. When doctor has confirmed the patient has died, we start to put him/her ready for the mortuary. We do this in a single room. If there is not coming any examination or something else, we take off patient's clothes (and everything else what is not patient's ordinary part, like catheter or cannula) and dress him/her white paper sheet. Also we put nametag to patient's leg for mortuary and on that tag there's patient's name, ID and date of death. If there is coming some examinations after death, we have to leave everything on the patient, and we will transfer him/her to those examinations. Otherwise we cover the body using a sheet, making three folds which stands for love, live and hope.

- Which parts ought to be paid more attention to and why?

Nurse 1: It's important that some of us (nurses) can explain to the family what will we do, what we are doing or what we have done, trying to comfort them. Mostly, the families want to stay with the body for a moment in the chapel, we will close the door and give them some time. In this kind of situation, we don't say so much to them, just leave the time for them.

Nurse 2: make sure the patient is really dead; take off all the catheters and cannulars; respect the body while cleaning and dressing.

- What do the nurses do after the post-mortem care, eg. transfer to the mortuary?

## Appendix 2 (c)

Nurse 1: Comfort the families first, give them information about the funeral, they will be given a handbook about how to arrange a funeral and other important info, tell them our secretary nurse will send them the permission of funeral later so that they can begin to contact the funeral office and arrange the funeral. Also we tell them that they can call us if they have anything to ask. The stuffs will come to transfer the body to the mortuary. If the families haven't seen the body after transfer, they can book a time and see the body in the chapel near the mortuary.

Nurse 2: In first question I answer also to this, but for families we comfort them as much they need. For someone doesn't need help or comfort at all because maybe someone has died from their family not so long time ago. But some families need a lot of comfort, because patient's death has come so suddenly that they haven't been aware of that. There is no special rules for nurses how to comfort families when patient dies, we have to go with case how families react to someone's death.

- What can a nurse do to comfort and support the family members of the dead patient?

Nurse 1: sometimes we can comfort them by touching, but we have to be very careful, because people are different, sometimes we can hug the families, but some people might not want nurses to come too near; some of them might be very angry or don't understand us, they may shout to us and the doctor, they think we didn't try our best to resave their loved ones; some are quite calm; some will cry while some will scream. So we have to know before we comfort them that what kind of person they are and what kind of support they might need. Another important thing is to give enough information to the families—about how the patients died, what we have treated for the patients, what we have done to rescue him/her, what shall they do after this all and so on. We have to

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Appendix 2 (d)

pay attention about what we say to them, everything should be correct and we need to use proper words in case of hurting their feelings. When the families are screaming or shouting, we nurses always keep calm ourselves first and give them all the information, let them know that we have done everything we can do to save his/her life.

Nurse 2: Like in question 3 I answered there is no line for us (nurses) how to comfort family members. Someone needs a lot of comfort and someone only thanks for nursing and taking care for their family member but don't need anything else. Usually the family members only cry and need hug or something like that for comfort. Sometimes someone scream because he/she fears how to live when dad/mom/husband/wife/brother/sister/someone close to him/her is died. Sometimes they can be angry with doctors and nurses, because they think that we haven't done everything for keeping patient alive. In that kind of case we only try to calm down that angry person and tell him/her that we have done everything that we can. Some people don't understand that nobody lives forever, even they know that nobody lives forever, they maybe think that they will die first and patient will die after them.

## Appendix 3

## Content analysis

Answer from the nurses	Condensed meaning	Codes	Questions	Categories
<p>“When we find the patient is died, we call the patient’s doctor; he/she will come and confirm if the patient is really died.” (nurse 1)</p> <p>“When we find somebody who is died, we first check patient's pulse and is he/she breathing? If we notice patient doesn't have pulse or breath, we will start to resuscitate, but if patient have DNR (= do not resuscitate), we will call the doctor to confirm the death o this patient.” (nurse 2)</p> <p>“Usually the doctor will call the family (sometimes nurse will call), tell them the patient is died, ask them if they want to come and see the body before we do the postmortem care.”(nurse 1)</p>	<p>Patient’s doctor come to confirm patient’s death;</p> <p>Inform the family about the death;</p>	<p>Confirm the death;</p> <p>Inform the family;</p>	<p>What are the procedures during the post-mortem care?</p>	<p>Physical nursing care for the dead patient</p>
<p>“We will remove the body to the chapel in our department, clean the body, change clean bed sheet and pillow cover, dress up the body with the white paper cloth, keep the arms beside the body and tie up the legs so that they won’t move while transferring the body, leave a name tag on the toes and leg (patient’s name, date of birth, when and where he/she died), keep the eyes closed and cover with small gauze, put on the denture if he/she had, use gauze or bandage to bind the head to keep the mouth closed. If the body is going to be done the autopsy examination, we should leave all the catheters and cannulas on as they might be the cause of death; if not, we take away all the</p>	<p>Two nurses implement the post-mortem care in a single room;</p> <p>The dead patient is cleaned and dressed for visiting by the family and later transferred to the</p>	<p>Confirm there will not be any examination for the body;</p> <p>Perform the post-mortem care</p>		

<p>added things. In the end we use one sheet to cover the body, making a cross fold, and we often leave some flowers on the sheet. Set a candle in the room, sometimes the family members might come to the room and stay with the body for a while. This process is done by two nurses.” (nurse 1)</p> <p>“If there is not coming any examination or something else, we take off patient's clothes (and everything else what is not patient's ordinary part, like catheter or cannula) and dress him/her white paper sheet. Also we put nametag to patient’s leg for mortuary and on that tag there’s patient’s name, ID and date of death. If there is coming some examinations after death, we have to leave everything on the patient, and we will transfer him/her to those examinations.” (nurse 2)</p>	<p>mortuary;</p> <p>Nurses will transfer the body to do the examination if there’s any.</p>		<p>(What are the procedures during the post-mortem care? )</p>	<p>(Physical nursing care for the dead patient)</p>
<p>“It’s important that some of us(nurses) can explain to the family what will we do, what are we doing or what have we done, trying to comfort them. Mostly, the families want to stay with the body for a moment in the chapel, we will close the door and give them some time. In this kind of situation, we don’t say so much to them, just leave the time for them.” (nurse 1)</p> <p>“Make sure the patient is really dead; take off all the catheters and cannulas; respect the body while cleaning and dressing.” (nurse 2)</p>	<p>Explain to the bereaved family about what nurses have done and are going to do;</p> <p>Give time and space to the family to stay with their loved one.</p> <p>Confirm the death; remove all the added catheters/cannulas away from the body; show respect</p>	<p>Explain to the family about the situation;</p> <p>Respect the bereaved family;</p> <p>Respect the dead patient.</p>	<p>Which parts ought to be paid more attention to and why?</p>	<p>Challenges during the post-mortem care</p>

<p>“Comfort the families first, give them information about the funeral, they will be given a handbook about how to arrange a funeral and other important info, tell them our secretary nurse will send them the permission of funeral later so that they can begin to contact the funeral office and arrange the funeral. Also we tell them that they can call us if they have anything to ask. The stuffs will come to transfer the body to the mortuary. If the families haven’t seen the body after transfer, they can book a time and see the body in the chapel near the mortuary.” (nurse 1)</p> <p>“For families, we comfort them as much they need. For someone doesn't need help or comfort at all because maybe someone has died from their family not so long time ago. But some families need a lot of comfort, because patient's death has come so suddenly that they haven't been aware of that. There is no special rules for nurses how to comfort families when patient dies, we have to go with case how families react to someone's death.” (nurse 2)</p>	<p>Comfort the family members;</p> <p>Give information about the funeral;</p> <p>Provide support to the family</p> <p>Comfort the family according to their needs</p>	<p>Contact the bereaved family;</p> <p>Support the bereaved family;</p> <p>Comfort the bereaved family.</p>	<p>What do the nurses do after the post-mortem care (eg. transfer to the mortuary)?</p>	<p>Comfort and support the bereaved family(1)</p>
<p>“sometimes we can comfort them by touching, but we have to be very careful, because people are different, sometimes we can hug the families, but some people might not want nurses to come too near; some of them might be very angry or don’t understand us, they may shout to us and the doctor, they think we didn’t try our best to resave their loved ones; some are quite calm; some will cry while some will scream. So we have to know before we comfort them that what kind of person they are and what kind of support they might need. Another important thing is to give enough information to the families—about how the patients died, what we have treated for the patients, what we have done to rescue him/her, what shall they</p>	<p>Nurses can touch and hug the family members if possible;</p> <p>Give enough information to the family members</p>		<p>What can a</p>	

<p>do after this all and so on. We have to pay attention about what we say to them, everything should be correct and we need to use proper words in case of hurting their feelings. When the families are screaming or shouting, we nurses always keep calm ourselves first and give them all the information, let them know that we have done everything we can do to save his/her life.” (nurse 1)</p> <p>“There is no line for us (nurses) how to comfort family members. Someone needs a lot of comfort and someone only thanks for nursing and taking care for their family member but don't need anything else. Usually the family members only cry and need hug or something like that for comfort. Sometimes someone scream because he/she fears how to live when dad/mom/husband/wife/brother/sister/someone close to him/her is died. Sometimes they can be angry with doctors and nurses, because we haven't done everything for keeping patient alive. In that kind of case we only have try calm that angry person and tell him/her that we have done everything that we can, but sometimes people just die. Some people don't understand that nobody lives forever even they know that nobody lives forever but they maybe think they will die first and the patient should die after them.” (nurse 2)</p>	<p>If the families are emotional or irritable, nurses try to calm down them.</p>	<p>Comfort and support the bereaved family depend on different situation.</p>	<p>nurse do to comfort and support the family members of the dead patient?</p>	<p>Comfort and support the bereaved family(2)</p>
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