

ARTICLE INFORMATION

Received: November, 24, 2020

Revised: April, 09, 2022

Available online: April, 10, 2022

at : <http://ejournalmalahayati.ac.id/index.php/nursing/index>

Peaceful End-of-Life-Care Program and Do Not Resuscitate (DNR) orders among nurses: A literature review

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Abstract

Background: One of the emergency cases that often occurs outside the hospital and is often found in the Emergency Room is a heart disease which is the first leading cause of death in the world. When nurses apply Peacefulness and of life care, that is, nurses are not maximal in providing services due to various factors including the work environment of the Emergency Room with urgent and crowded conditions.

Purpose: To identify Peaceful End-of-Life-Care Program and Do Not Resuscitate (DNR) orders among nurses: A literature review

Method: This type of literature research or literature review is characterized by descriptive analysis, namely the regular breakdown of the data that has been obtained. The data used in this research is secondary data.

Results: In the 10 articles found, there were 5 articles that stated that nurses carried out end-of-life actions peacefully to patients and families. From several reviews of end-of-life care articles, important factors in dying care are reducing pain, involving families in end-of-life care, providing empathy, respecting and respecting patient and family decisions, respecting the rights of patients and families.

Conclusion: Nurse's experience in the peaceful end of life for patients near death, resuscitation, and emergency services. Obtained good results and the peaceful end of life is carried out in patients well.

Keywords: Peaceful End-of-Life-Care Program; Do Not Resuscitate (DNR); Nurses

INTRODUCTION

The Emergency Room is a hospital that provides first-time care to patients and is the first way for patients with emergency conditions to enter. The hospital has the task of providing medical care services and temporary nursing care as well as emergency surgical services for patients who come with a medical emergency. The

emergency department has a role as the main gate for emergency patients (Ali et al, 2019; Maulana, 2019).

Cardiac arrest is a condition in which heart function stops suddenly which is indicated by not feeling the carotid pulse, no visible breathing and

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DOI: <https://doi.org/10.33024/minh.v5i1.3482>

experiencing decreased consciousness (Kleinman et al., 2018).

Basic life support (BLS) or basic life support is a series of first aid measures, namely by providing artificial breaths and pressure on the outer heart to patients who have stopped breathing and cardiac arrest in order to help the patient's heart continue to pump (American Heart Association, 2015).

Based on observations Ose, (2017) in December 2015 at the Emergency Room, dr. Saiful Anwar, Situation of the Emergency Room with a large number of patient visits, Number of patient visits to the Emergency Room Dr. Saiful Anwar

Malang in the last 3 years, from 2012 to 2014, namely in 2012 the number of patients was 30,498 patients, in 2013 there were 31,416 patients and in 2014 there were 29,891 patients. There were 730 deaths in the emergency department during 2014. (Annual Report of dr. Saiful Anwar Malang Hospital, 2014).

Do Not Resuscitate (DNR) is a decision to discontinue CPR after 30 minutes and not demonstrate a Return of Spontaneous Circulation (ROSC). Patients with DNR were categorized as near-death patients (Wolf et al., 2015). DNR is a decision that is not easily taken by doctors and requires consideration and recommendations from nurses (Brizzi et al., 2012; Chow, & DBioethics, 2017).

Based on the peaceful end of life theory, nursing actions can still be given to DNR patients, such as reducing pain which can be done by independent nursing or collaborative actions. The theory of Peaceful End of Life is a theory put forward by two women named Cornelia M Ruland and Sherly M. Moore 1998 which has been

developed into a nursing rule near death by emphasizing that the efforts of nursing personnel to provide services to clients with the aim of providing something positive such as free from pain, feeling comfortable, feeling valued and respected, in peace and quiet, feeling.

Closeness to important people and caregivers and also feel a closeness to important people and caregivers (Alligood, 2017; Caceres, 2015). Nurses feel a dilemma that arises from a lack of experience, knowledge, and information regarding DNR. Limited and inadequate DNR information affects the effectiveness of providing dignified care (Amestiasih & Nekada, 2017).

Nurses have challenges in post-DNR near-death care to help improve patients' quality of life while in the ED through developing nurse-patient relationships, maintaining communication, and acting as patient protectors during crises (Bailey et al., 2011; Rolland, 2016).

RESEARCH METHOD

This type of research is a Literature Review. The data used in this research is secondary data. Search for articles was carried out online using an accessible database (in table 1), namely Google Scholar, Free Full PDF, Mendeley, PubMed, and BioMed using the keyword Peaceful And Of Life Care (Peol) nurses in emergency patients, Peaceful And Of Life Care (Peol) nurse in resuscitation patients, and Peaceful And Of Life Care (Peol) nurse in dying patients.

Strategies in collecting articles of various literature using journal sites that have been accredited using clinical keys or keywords "DNR, PEOL, Nursing Emergency Department".

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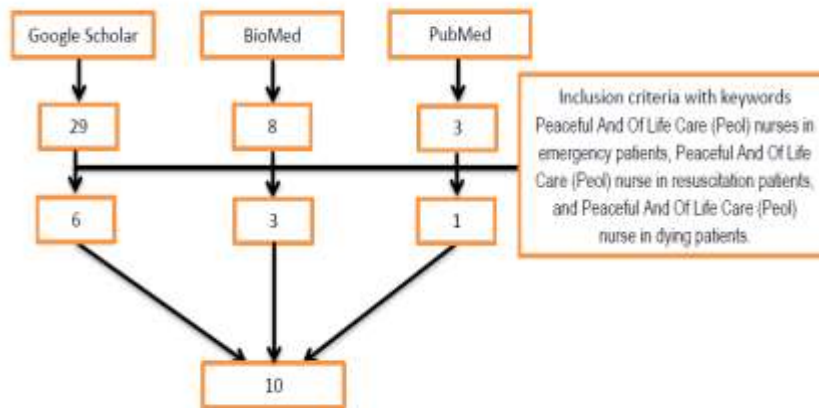
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RESULTS

Picture. The literature study selection process



The search results through a review of 40 articles were identified and eligibility criteria were carried out. Then after being filtered, 26 articles were obtained, then excluded studies were carried out, 17 articles were excluded, then the results were excluded based on inclusion and exclusion criteria so that the total literature that met the requirements for review was 10 articles.

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Table. Literature Summary

Author (Year)	Purpose	Method	Result
(Imaculata Ose et al., 2016)	This study aims to see the experience of emergency nurses caring for neglected patients in the End of Life phase. There is a visit of abandoned patients in the End of Life phase who do not have a family so that the nurse has the responsibility to assist neglected patients in the Emergency Room. An Emergency Condition that represents a busy care environment and a fast work intensity.	Qualitative	Abandoned patients who are dying alone without any support and assistance in their care. Thing this makes the tendency for psychological changes to appear
(Ose, 2017)	The purpose of this study was to explore the experiences of nurses in the emergency department in caring for DNR patients in the emergency room.	Qualitative	<ol style="list-style-type: none"> 1. Understand the failure of resuscitation to represent DNR patients 2. Perform resuscitation as an initial Handling Procedure 3. Collaborate to take DNR decisions 4. Prepare well for the patient's death.
(Amestiasih et al., 2015)	This study aims to explore the experiences of nurses in caring for patients with DNR in the ICU Dr. Soeradji Tirtonegoro Klaten	Qualitative	<ol style="list-style-type: none"> 1. The suitability of the application of the DNR procedure 2. Inadequate sources of DNR information 3. Denial of labeling 4. Accept labeling strategy 5. The complexity of the existence of family-patient rights 6. Dignified care 7. Psychic dilemma

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			<ul style="list-style-type: none"> 8. Empathy 9. Inconsistent collaboration climate 10. Legality protection.
(Amestiasih & Nekada, 2017)	The purpose of this study was to determine the relationship between the level of knowledge of nurses about DNR with the attitudes of nurses in caring for DNR patients in the ICU Room at Panembahan Senopati Bantul Hospital.	Analytical descriptive using a cross-sectional approach	Most of the respondent's knowledge level about DNR was in a good category. Most of the nurses' attitudes in caring for DNR patients were categorized as good. Based on the results of Somer's test, the P value was 0.379 (> 0.05). There was no relationship between the knowledge of nurses about DNR and the attitude of nurses in caring for DNR patients in the ICU room at Panembahan Senopati Hospital, Bantul.
(Stephanny & Richard, 2019)	Knowing the experience of emergency room nurses caring for patients who did not perform resuscitation in the final phase of life care in the Emergency Room, Prof. Dr. RD Kandou Manado.	Qualitative	<ul style="list-style-type: none"> 1. DNR determination 2. Patient Management Procedure 3. DNR Decision Maker 4. Process After DNR <p>Making the right DNR (Do Not Resuscitate) decision requires collaboration between doctors and nurses so that treatment is right on target according to goals, focusing on priorities can not make decisions unilaterally, family involvement in determining DNR is also important</p>
(Ariyanti et al., 2019)	The purpose of this study was to determine perceptions of care in the ER related to support behavior (SB) and the burden of providing end-of-life care for patients who died.	Quantitative descriptive	The biggest barriers to end-of-life care are the nurse's workload, disagreements within the family, and dealing with family members' anger.

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(Klindtworth et al., 2015)	This study aims to understand how elderly and very elderly patients with heart failure understand their disease and to identify their medical, psychosocial, and informational needs, with a focus on the last phase of life.	Qualitative	Old and very old patients with advanced heart failure often do not recognize the seriousness and severity of the disease.
(Tornøe et al., 2015)	This study aims to describe the experience of nurses in performing spiritual and existential care for dying patients in public hospitals.	Qualitative	Nurses find it difficult to expose critical patients to spiritual and existential suffering, as they usually emerge as elusive physical, emotional, relational, spiritual, and existential attachments.
(Donnelly et al., 2018)	This research was conducted in two teaching hospitals in a city environment. Both hospitals provide acute care for their catchment areas.	Descriptive quantitative	Three-quarters (75%) answered at least one of the open-ended questions. Hospitals need to ensure that patients and their relatives receive End Of Life.
(Id et al., 2020)	The aim of this study was to determine the relationship between the time of placing DNR orders in the intensive care unit (ICU) and nurses' perceptions of patient distress and mortality quality.	Qualitative-Quantitative Mix	29.5% of patients had DNR assigned within 48 hours of ICU admission (initial DNR), 55% of patients placed after 48 hours of ICU admission (late DNR)

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DISCUSSION

Abandoned patients who are dying are usually alone without anyone accompanying the nurse causing a sense of concern. Other challenges in implementing End of Life are lack of staff, lack of social support (provision of religious leaders, family support), time, and no special areas for abandoned patients who are dying. The care of a neglected patient dying of an End of Life condition requires a focus on providing supportive care. Supportive care is provided, namely continuing care for basic needs, providing comfort and observing as well as monitoring abandoned patients who are dying (Imaculata Ose et al., 2016).

Good understanding and knowledge of DNR supports nurses in making accurate and effective decisions regarding DNR and preparing for care before death (Ose, 2017). Determination of DNR status requires consultation and agreement between the nurse and the doctor who treats the patient and with the consent of the patient's family. Cooperation and collaboration lead to ensuring that all staff can be responsible for patient care.

More and more patients are entering the Emergency Department with a need for resuscitation. Lack of energy causes the management of resuscitation to be not optimal, thus affecting the determination of DNR in patients. The failure of resuscitation is greater than success because the patient's condition has serious complications and is in a critical condition so the medical team decides to do DNR, there are also families who refuse after being explained about the patient's condition (Lintang & Maramis, 2019).

Spiritual and existential support can reduce anxiety and death stress in dying patients (Tornøe et al., 2015). Emphasizes the importance of creating a loving and caring environment to bring hope, to help patients face the reality of death, and to support their spiritual well-being in later stages of life.

Most of the respondent's level of knowledge about DNR is in a good category (Amestiasih & Nekada, 2017). Most of the nurses' attitudes in treating DNR patients were good. There is no

relationship between nurses' knowledge about DNR with nurses' attitudes in caring for DNR patients.

Elderly and very old heart failure patients do not recognize the seriousness and severity of their disease. Aspects that include self-management of illness, dealing with emergency situations, and end-of-life issues need to be addressed more clearly (Klindtworth et al., 2015; Howlett et al., 2016).

Placing a DNR order within the first 48 hours after terminal admission to the ICU is associated with fewer unfavorable procedures and less suffering and loss of perceived dignity, lower chances of not reconciling, and the worst possible chance of death (Ouyang et al., 2020).

The large number of patient relatives who commented specifically on the skill level of staff members from various disciplines, the high skill level, and the dedication of the staff left a significant impression (Donnelly et al., 2018).

The biggest barriers to end-of-life care are the nurse's workload, disagreements within the family, and handling anger at family members. The first line of implementation of end of life care is related to the high workload of nurses in the ER, the same results were found in three studies which stated that the workload in the ER was an item felt by nurses in implementing end of life care (Ariyanti et al., 2019).

So from the results of several journal reviews, it was concluded that in end-of-life care, important factors in near-death care are reducing pain, involving families in end-of-life care, providing empathy, respect, and respect for patients and families. decisions, respect rights. - rights of patients and families.

The researcher suggests furthering researchers that the results of this study can be continued with a different methodology from this research, such as using qualitative methods so that it can be seen using direct media by using interviews with direct participants.

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CONCLUSION

Therefore, from several reviews of end-of-life care articles, important factors in near-death care are reducing pain, involving families in end-of-life care, providing empathy, respecting and respecting patient and family decisions, respecting patient rights. and family.

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