

Evolution of Caring for Dying Patients in Intensive Care Units in the United States from 1960-1980

Waraporn Kongsuwan, RN, PhD, *Prince of Songkla University*; Kathryn B. Keller, RN, PhD, *Florida Atlantic University*; Susan K. Chase, EdD, APRN, BC, FNP, *University of Central Florida*

Abstract

This study examines the evolution of caring for dying patients in intensive care units in the United States from 1960-1980. Historical research method was used. Data were obtained from electronic databases, journals, textbooks, and interviews of 3 intensive care nurses. The 3 major themes were: lack of formal preparation for care of the dying; increased workload and stress; and becoming more concerned about quality of end-of-life care. Nurses and healthcare professionals could use this knowledge as a source to compare and develop their future practices in care for dying patients in the intensive care units.

Keywords: human caring, dying, intensive care, historical research

Introduction

In the 20th century, as American society changed to become more scientifically oriented, the American attitude toward death changed. People, both the poor and the wealthy, went to the hospital to be cured or to die rather than die at home (Aries, 1974). Death became less natural and beautiful as it was perceived to be in the past. Death was a technological problem and occurred as a failure or cessation of care. By the year 1958, 60.9% of all deaths in the United States took place in hospitals (Krisman-Scott, 2003).

In the six years from 1959 to 1965, the number of Intensive Care Units (ICUs) in the United States increased from 238 units to 1,040 units (American Hospital Association, 1960; American Hospital Association, 1966). The development of the ICUs was a reflection of the increasingly scientific and technological complexities of modern healthcare. From the beginning, care in the ICUs focused on using advanced scientific knowledge and technology to control living and dying. In the beginning, ICU nurses gained additional knowledge and skills to manage critically ill patients using emerging technology (Grace, 1972; McIntyre, 1966). Nursing care in the ICU mainly concentrated on physiological problems or saving the lives of patients. Nurses' opportunity to provide psychosocial care was infrequent (McIntyre, 1966).

Since ICUs appeared in the United States in the late 1950s, nurses working in them have always cared for dying patients. Somewhat later, models of hospice and palliative care were developed in the community. Presently, approaches to care of the dying, including palliative care models are moving into the intensive care arena (Arnold & Liao, 2005). A historical reflection of the evolution of caring for dying patients in ICUs would assist in care model development. Discovering retrospectively how and why caring for dying patients in the ICUs has changed can support ICU nurses in the present in developing their future care of the dying.

The purpose of this historical research was to examine and analyze the evolution of caring for dying patients in the intensive care unit (ICU) during the period of 1960-1980 when ICUs emerged in the United States.

Method

An historical research method was used to conduct this study (Fitzpatrick, 2007). This study investigated data sources relevant to caring for dying in ICU in the United States during 1960-1980 which included articles, textbooks, and interviews with individuals who were ICU nurses in the United States during 1960 to 1980 and who had experiences in caring for dying patients more than one case. The nurses who were interviewed were a convenience sample who volunteered that they had ICU experience during 1960 to 1980. Data types and data sources are listed in Table 1.

Ethical Considerations

The use of the oral history interviews was approved by the Institutional Review Board of a South Florida university. A detailed description of the study, the risks and benefits, confidentiality, and the informed consent procedures were explained to participants. The participants' real identities were not used in reports.

Data Analysis

The data from literature review and interview transcripts of three nurses were read as a whole to gain a general understanding of the texts. The documents were validated by determining the authorship and dates. Then the data were read repeatedly to develop the outline of the findings related to caring for dying in ICU. The significant phrases and statements in interview transcriptions that reflected caring for dying in ICU were highlighted. The analyzed data from the documents and interviews that had the same essences were grouped as themes. The interpretations were consistent with the time and standards of the study's period (Fitzpatrick, 2007). The analysis of contents, validations of documents, and findings' reliability were performed by three researchers.

Results

Three thematic categories and time periods were classified: lack of formal preparation for care of the dying (1960-1980); increased workload and stress (1970-1980); and becoming more concerned about quality of end-of-life care (mid-1970s-1980). Within each of these thematic categories, subthemes were identified and are presented.

Lack of Formal Preparation for Care of the Dying

Lack of content on care of dying patients in educational programs. As background for understanding how nurses were prepared for care of the dying in intensive care, basic education programs' preparation of student nurses in the care of dying patients was reviewed. At the time, sparse literature was available on death and dying until Herman Feifel, a psychiatrist from Los Angeles, published a book called *The Meaning of Death* in 1959 (Wald, Foster, & Wald, 1980). In 1964, Quint and Strauss analyzed the extent of education for nursing students in death and dying in five schools of nursing in San Francisco and Oakland, California, and concluded that there was "relatively little teaching focused on death" (Quint & Strauss, 1964, p. 24). Nursing students might complete their programs without learning about and observing death. Drummond and Blumberg (1962) initiated the subject of death in an adult health course. Building on that work, in 1968, Jean Watson described the inclusion of death and dying into courses on medical-surgical and pediatric nursing (Watson, 1968).

One participant of the oral histories collected for this study, who graduated in 1964 and worked in an ICU, noted that in 1960s, there was very little formal education and training on death and dying. Nurses used their innate intuition, experience with death and dying, and religious background in caring for dying patients:

During school [1961-1964] we had very little as far as formal information on death and dying. I want to say that really came in my Master's program later with Kubler-Ross. I don't think that was in the sixties. I don't think we had any formal training or education or discussion. A part of, I believe, what you did when patients were dying was innate, meaning it came from intuition, your own understanding and feeling and your own religious background and your experience with death and dying. (Oral history)

Near the mid-range of the time period under analysis for this study, in 1969, Elisabeth Kubler-