

■ CNE Article

Care of the Body After Death: Nurses' Perspectives of the Meaning of Post-Death Patient Care

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Care of the body after death is an important nursing function that occurs in a wide variety of contexts. After a patient dies, nursing care continues as physical care of the body as well as care of the family members. In this descriptive, qualitative study, the authors explored nurse perceptions of what it means to care for the body after death. Narratives describing this care were collected and analyzed. The descriptions were coded and two overarching themes emerged: giving respectful and dignified after-death care (ADC) that is sensitive to the needs of the family and ADC providing nurses with a mechanism for coping with care of dying patients. To ensure patient and family ADC needs are not superseded by nurses' own coping needs, comprehensive patient and family-centered ADC planning is recommended. Grief resolution opportunities, end-of-life education, and mentoring should be available to support nurses with post-death experiences.

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After-death care (ADC) is an important nursing function involving not only physical care of the body but also psychosocial and spiritual care for those left behind. Across all settings, nurses are generally the only professionals whose care extends beyond the time of death. End-of-life (EOL) nursing education highlights the critical need for the living patient's quality of life through the stages of declining health with less content devoted to aspects of ADC (American Association of Colleges of Nursing [AACN], 1998).

After-Death Care

Available practice guidelines recommend that ADC be delivered in a respectful manner to preserve the dignity of the deceased and honor family preferences (National Comprehensive Cancer Network [NCCN], 2012; National Consensus Project for Quality Palliative Care [NCP], 2013; National Hospice and Palliative Care Organization [NHPCO], 2002). Honoring and advocating for the cultural and religious practices important to the patient and family are essential aspects of the work of nurses (AACN, 1998; NCP 2013; Purnell & Paulanka, 2012). These rituals can help families make sense out of chaos, cope with loss, and facilitate grieving

(Berry & Griffie, 2010). To ensure that ADC wishes are fulfilled, the literature suggests that nurses assess patient preferences prior to death and clearly document these in an ADC plan (NCP, 2013; NHPCO, 2002). ADC education often has nurses self-reflect on their own attitudes, feelings, values, and expectations regarding death so they will accept alternative postdeath practices (AACN, 1998; Purnell & Paulanka, 2012). However, postdeath rituals should be based on the family's wishes and needs, not the nurse's own agenda (Berry & Griffie, 2010).

In addition to the therapeutic nature of rituals, the literature suggests that active and passive family involvement in ADC activities may facilitate the bereavement process (Berry & Griffie, 2010). Also important to this process is providing the family with a peaceful and dignified preparation of the body for viewing and allowing the family time alone with the deceased (Berry & Griffie, 2010; Crump, Schaffer, & Schulte, 2010).

Nursing Adaptation

An environmental hazard of nursing is frequent exposure to death. Vachon and Huggard (2010) noted that nurses adapt to this experience over time, eventually becoming comfortable with the death experience. Factors influencing the nurse adaptation