

Putting Research to Work for Military Families



Focus:
Multiple
Branches

“He's on His Dying Bed”: Next-of-Kin's Experiences of the Dying Body

Drentea, P., Williams, B. R., Bailey, F. A., & Burgio, K. L. (2015). “He’s on his dying bed”: Next-of-kin’s experiences of the dying body. *Death Studies*, 40(1), 10-Jan. doi:10.1080/07481187.2015.1056565

SUMMARY: Interviews were conducted with the next-of-kin of 78 Veterans who died in Veterans Affairs (VA) hospitals, to discuss their experiences transitioning from home care to hospital care. Next-of-kin expressed concerns over cleanliness and alterations in routine, and recommended speaking to patients.

KEY FINDINGS:

- Interview respondents were grateful when staff spoke to patients, regardless of the patients’ mental functioning.
- Moving patients and altering schedules upset next-of-kin, who reported feeling disoriented and unable to monitor care.
- Next-of-kin commonly reported being upset when their loved ones’ bodies were not kept clean.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Create systems that encourage open communication among families and healthcare providers
- Offer avenues for airing and addressing grievances related to care quality
- Provide virtual access to patients and hospital staff via mobile phone apps or video calling services

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend the elimination of restrictions on visitations from family members for seriously ill or dying Service members
- Encourage standards of care to include attention to family members' concerns
- Promote open communication between staff and family members regarding patient care

This product is the result of a partnership funded by the Department of Defense between the Office of Military Community and Family Policy and the USDA’s National Institute of Food and Agriculture through a grant/cooperative agreement with The University of Minnesota.



Putting Research to Work for Military Families



METHODS

- Next-of-kin were recruited through electronic medical records of Veterans who died within one year of the study intervention.
- Letters were sent to 362 next-of-kin, of whom 126 responded, and 78 agreed to participate in the study.
- Two-hour interviews were conducted with the next-of-kin of 78 Veterans who died in six VA hospitals in the southeastern United States.
- Interviews were recorded, listened to, transcribed, and coded by members of the research team.

PARTICIPANTS

- Next-of-kin were primarily White (60%), and female (78%), with a mean age of 64 years.
- Participants consisted of surviving spouses (40%), adult children (31%), and siblings (17%) of the deceased.
- Veterans were predominantly male (98%), and principal causes of death included cancer (30%), heart disease (23%), lung disease (12%), neurological conditions (10%), kidney disease (6%), liver disease (5%).

LIMITATIONS

- All deaths occurred in a VA hospital. It is unclear how relevant these findings are for civilian hospitals or other non-hospital locations.
- Interviews were conducted between three and six months after Veteran deaths, thus transition experiences were told retrospectively and may not accurately reflect lived experiences.
- Only one Veteran was female; therefore, it is unclear how end of life care is experienced by families of female Veterans.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Interview family of terminally ill or dying female Service members
- Evaluate the impact of various settings (e.g., VA hospitals, civilian hospitals, hospice, and home settings) on families' experience of a loved one's death
- Focus on the transition from home to hospital as experienced by the patients themselves

ASSESSING RESEARCH THAT WORKS



For more information about the Assessing Research that Works rating scale visit:
<https://reachmilitaryfamilies.umn.edu/content/assessing-research-that-works>