## Nursing Care at the Time of Death: A Bathing and Honoring Practice

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Rodgers, Calmes, and Grotts contributed to the conceptualization and design. Rodgers and Calmes completed the data collection. Grotts provided the statistical support. Rodgers, Calmes, and Grotts contributed to the analysis and manuscript preparation.

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**Purpose/Objectives:** To explore family members' experience of a bathing and honoring practice after a loved one's death in the acute care setting.

**Research Approach:** A descriptive, qualitative design using a semistructured telephone interview script.

Setting: The Inpatient Adult Oncology Unit at Santa Barbara Cottage Hospital in California.

**Participants: 13** family members who participated in the bathing and honoring practice after their loved one's death on the oncology unit.

**Methodologic Approach:** Participants were selected by purposive sampling and interviewed by telephone three to six months after their loved one's death. Interviews using a semistructured script with open-ended questions were recorded, transcribed, verified, and analyzed using phenomenologic research techniques to identify common themes of experience.

**Findings:** 24 first-level themes and 11 superordinate themes emerged from the data. All participants indicated that the bathing and honoring practice was a positive experience and supported the grieving process. The majority found the practice to be meaningful and stated that it honored their loved one. Many expressed that the bathing and honoring was spiritually significant in a nondenominational way and that they hope it will be made available to all families of patients who die in the hospital.

**Conclusions:** After patient death, a bathing and honoring practice with family member participation is positive and meaningful, and it supports family members' initial grieving.

**Interpretation:** This study is a first step toward establishing specific nursing interventions as evidence-based practice that can be incorporated in routine nursing care for patients and families at the end of life.

ccording to statistics published by the U.S. Department of Health and Human Services (2011), more than one-third of the population dies in acute care hospitals, and about 20% die in nursing homes. Nurses are the primary bedside healthcare providers in these settings, and they care for patients leading up to and at the time of death. Providing competent, compassionate care to patients and their families throughout the course of illness, including after a patient dies, is an important part of nurses' work. Oncology nurses, in particular, are committed to providing the best possible care to their patients and patients' families at end of life (Beckstrand, Collette, Callister, & Luthy, 2012)

Pattison (2008b, p. 55) described nursing care of the patient who has died as "the final act of caring" and stressed that families often have vivid memories of the events surrounding the death and the care given afterward. From