## Attitude: advantage (affective) - 8 refs

SCENARIO: (same as in Q-Sort Survey): AD is legal where you practice. A pt in your care asks for info about or access to assisted dying. ASKED WHAT THE PARTICIPANT THOUGHT WERE ADVANTAGES/DISADVANTAGES OF RESPONDING TO THAT PATIENT.

[<Files\\Cath>](5d2fe51b-7379-4f83-80d6-97e1b6d07b77) - § 1 reference coded [0.47% Coverage]

Reference 1 - 0.47% Coverage

Look, I’ve got a colleague who is better qualified to have these conversations with you,”

[<Files\\Dwight>](2f624a18-7437-4470-9ed6-97e1b75c4a7a) - § 1 reference coded [1.20% Coverage]

Reference 1 - 1.20% Coverage

it’s an invitation to explore the underlying concerns, fears, again down to physical ailments, pain, disabilities, that kind of stuff.

[<Files\\Faye>](cbff47f2-89b0-4411-b5d6-97e1b81be30c) - § 3 references coded [1.24% Coverage]

Reference 1 - 0.89% Coverage

I start to hear, I start listening really carefully for a narrative within the conversation and that’s around whether they feel like that they’ve had the opportunity to do this before and then things have been explained to them and that they know where they’re headed with some certainty

Reference 2 - 0.14% Coverage

it allows me to better understand the person

Reference 3 - 0.22% Coverage

an advantage for the, or the building of that therapeutic relationship

[<Files\\Matthew>](a8fb8683-d99e-4df4-a3d6-97e1b90ba612) - § 1 reference coded [1.26% Coverage]

Reference 1 - 1.26% Coverage

So giving them value, giving them assurance that we will make them comfortable and yeah I think just making sure that they are aware that their life actually has value.

[<Files\\Peita>](d6194e1e-efa7-4529-9cd6-97e1b9a5805c) - § 2 references coded [2.28% Coverage]

Reference 1 - 1.27% Coverage

To say no, it’s cutting off even the hope of, part of, they might not do anything about it but it is another pathway that they might consider.

***Shutting down the conversation can promote suicidality***

Reference 2 - 1.01% Coverage

support the person who is dying and their relatives to get them through and have the best death, and that’s it, to have the best death, that they can have.

## ATTITUDE: Advantage (cognitive) – 7 refs

[<Files\\Cath>](5d2fe51b-7379-4f83-80d6-97e1b6d07b77) - § 2 references coded [1.22% Coverage]

Reference 1 - 0.51% Coverage

I think if it actually is an option for that particular patient, I think you need to be truthful.

Reference 2 - 0.70% Coverage

Look, I’m not sure if you would be able to access assisted dying, but I think it’s something that is worth exploring in your situation

[<Files\\Faye>](cbff47f2-89b0-4411-b5d6-97e1b81be30c) - § 1 reference coded [1.09% Coverage]

Reference 1 - 1.09% Coverage

the advantage is those type of responses sound very honest and very caring. You know everyone, and it’s because it’s reinforcing choice. You know you have the right to make a choice. If that’s available to you and that’s a choice you’d like to make for yourself then by all means it remains important to make informed decisions around this journey

[<Files\\Janet>](b1b238c7-7fb9-4305-bdd6-97e1b88a29ed) - § 3 references coded [5.15% Coverage]

Reference 1 - 1.18% Coverage

advantages would be that they were actually being realistic about what was going to happen to them, they had actually considered their own death.

Reference 2 - 1.38% Coverage

 could then engage them in trying to unpack what their concerns were about dying and how they wanted to die and what their definition of dying with dignity actually was.

Reference 3 - 2.60% Coverage

it would be about them realising or accepting that they were going to die because lots of people don’t seem to do that, even towards the very end and then engaging them with the reasons why they’d want to go through with voluntary assisted dying or try to find out what their priorities were and what they were scared of.

[<Files\\Peita>](d6194e1e-efa7-4529-9cd6-97e1b9a5805c) - § 2 references coded [1.60% Coverage]

Reference 1 - 0.35% Coverage

offer them a choice and it has to be an informed choice.

Reference 2 - 1.25% Coverage

the openness of engaging in that type of conversation. So it might be that you don’t agree with what they’re doing and it might be that they don’t know how to do it and they’re asking me to do it.

## ATTITUDE: Disadvantage (affective) – 7 refs

[<Files\\Cath>](5d2fe51b-7379-4f83-80d6-97e1b6d07b77) - § 1 reference coded [0.74% Coverage]

Reference 1 - 0.74% Coverage

I can appreciate that a nurse may not feel comfortable and should have an out, but they don’t necessarily need to express that to the patient.

[<Files\\Dwight>](2f624a18-7437-4470-9ed6-97e1b75c4a7a) - § 2 references coded [2.56% Coverage]

Reference 1 - 1.84% Coverage

hate to think that someone would kind of repress that desire to have that conversation in fear of how the health service and/or individuals would react to that, and I think just recognising it for what it is,

Reference 2 - 0.72% Coverage

where it’s just not that ‘safe’ environment for questions like that to be asked.

[<Files\\Faye>](cbff47f2-89b0-4411-b5d6-97e1b81be30c) - § 4 references coded [1.98% Coverage]

Reference 2 - 0.41% Coverage

If we’re not prepared and we don’t understand the enormity of what we’re doing then what it can do is emotionally harm that person

Reference 3 - 0.48% Coverage

will be enormous disadvantage if we are not comfortable ourselves with the conversation, that we’re not able to be a complete listener in that conversation,

Reference 4 - 0.62% Coverage

if you shut the door on something people don’t always like to be inclusive of you in some aspects of care and not all aspects of care. So they start to shut down and disconnect from that relationship.

[<Files\\Janet>](b1b238c7-7fb9-4305-bdd6-97e1b88a29ed) - § 1 reference coded [1.27% Coverage]

Reference 1 - 1.27% Coverage

it’s very wearing, it’s tiring, exhausting having conversations with people about dying, relentlessly and it does take its toll on your own mental wellbeing.

## Attitude: disadvantage (cognitive) – 14 refs

[<Files\\Cath>](5d2fe51b-7379-4f83-80d6-97e1b6d07b77) - § 4 references coded [3.59% Coverage]

Reference 1 - 0.47% Coverage

I think the actual nurse should keep their own views and judgement, you know, separate.

Reference 2 - 0.62% Coverage

I think it doesn’t allow the patient to feel safe to explore an option that might be an appropriate option for them.

Reference 4 - 1.01% Coverage

I don’t think deflecting it or even trying to interpret what, you know, interpreting the question as though it’s actually, they’re asking or saying something that they’re actually not, yeah.

[<Files\\Faye>](cbff47f2-89b0-4411-b5d6-97e1b81be30c) - § 3 references coded [1.39% Coverage]

Reference 1 - 0.28% Coverage

there’s a lot of harm that can happen when you’re so abrupt with a conversation and you end,

Reference 2 - 0.45% Coverage

we’ve all had really strong personal values and beliefs about many things but that should never ever influence our professional role as nurses.

Reference 3 - 0.65% Coverage

 and it’s about, you know I always talk to people about understanding your choices and options and making a heartfelt decision about what’s right for you, recognising that there can never be guarantees given.

[<Files\\Janet>](b1b238c7-7fb9-4305-bdd6-97e1b88a29ed) - § 2 references coded [3.25% Coverage]

Reference 1 - 1.38% Coverage

if you didn’t feel that you were able to have that conversation with some maturity and without pushing your agenda onto the patient or the person who was talking to you.

Reference 2 - 1.88% Coverage

 lot of people that would find it very challenging and they would shut the conversation down immediately and then that would be difficult then to engage the person again about what their priorities were and what they are afraid of.

[<Files\\Matthew>](a8fb8683-d99e-4df4-a3d6-97e1b90ba612) - § 3 references coded [2.26% Coverage]

Reference 1 - 0.61% Coverage

if they don’t get the answer that they want from you they’ll try the next person.

Reference 2 - 1.07% Coverage

 think it really pushes the issue in the patient’s mind that well this is the only option that I’ve got really, as opposed to going palliative,

Reference 3 - 0.58% Coverage

against assisted suicide because it shows a lack of palliative care support.

[<Files\\Roz>](4fcb8c17-e7c2-4e48-acd6-97e1ba18414c) - § 2 references coded [6.49% Coverage]

Reference 1 - 2.14% Coverage

Look, this may frustrate you and I’m hearing you but this is not a good time for you to be making those big decisions, and that what I can do is make you as comfortable as I can and I can help you to engage in the things that we’re trying to help you with at the moment in the short term.

## subj norms – approve – 8 refs

[<Files\\Cath>](5d2fe51b-7379-4f83-80d6-97e1b6d07b77) - § 1 reference coded [1.18% Coverage]

Reference 1 - 1.18% Coverage

I think the approval or disapproval would potentially come from their own level of comfort and beliefs more so than a professional standpoint or a personal sort of, yeah, I think it would be more of a personal standpoint.

[<Files\\Dwight>](2f624a18-7437-4470-9ed6-97e1b75c4a7a) - § 1 reference coded [2.84% Coverage]

Reference 1 - 2.84% Coverage

any group I interact with, to be honest. I would hope that… like I’ve talked about in those first two components of the first question, that clinicians/colleagues would realise that if someone’s asking that, they’re not asking us to go out and buy them the means to do it and that kind of stuff, it is just a cry for help

[<Files\\Faye>](cbff47f2-89b0-4411-b5d6-97e1b81be30c) - § 3 references coded [1.07% Coverage]

Reference 1 - 0.47% Coverage

I’m very thoughtful around what I share with my family. And so just to be honest with you I actually would never speak about this work to [my family].

Reference 2 - 0.30% Coverage

I don’t seek approval for the work that I do from either my family or from my work colleagues.

Reference 3 - 0.30% Coverage

 go to a work colleague it’s more about a reflective process to evaluate my provision of care.

[<Files\\Matthew>](a8fb8683-d99e-4df4-a3d6-97e1b90ba612) - § 2 references coded [0.95% Coverage]

Reference 1 - 0.26% Coverage

the nursing union probably would.

Reference 2 - 0.69% Coverage

certain political parties so the Greens and the Labor they would be yeah [00:04:35:0] this.

[<Files\\Roz>](4fcb8c17-e7c2-4e48-acd6-97e1ba18414c) - § 1 reference coded [0.98% Coverage]

Reference 1 - 0.98% Coverage

I actually think I practice with, most people are very open to it. I don’t think I know of anyone who absolutely think that it’s completely wrong.

## subj norms: disapprove – 15 refs

[<Files\\Cath>](5d2fe51b-7379-4f83-80d6-97e1b6d07b77) - § 2 references coded [2.23% Coverage]

Reference 1 - 1.05% Coverage

There would be a group of doctors who would potentially think that it is not a nurse’s role to have those conversations, that that fits within the medical profession’s scope of practice not nursing.

Reference 2 - 1.18% Coverage

I think the approval or disapproval would potentially come from their own level of comfort and beliefs more so than a professional standpoint or a personal sort of, yeah, I think it would be more of a personal standpoint.

[<Files\\Dwight>](2f624a18-7437-4470-9ed6-97e1b75c4a7a) - § 2 references coded [1.58% Coverage]

Reference 1 - 0.59% Coverage

I’ve got far flung conservative both family, friends and colleagues

Reference 2 - 0.99% Coverage

various religious groups and that kind of stuff across the religious spectrum that have ethical issues with that

[<Files\\Faye>](cbff47f2-89b0-4411-b5d6-97e1b81be30c) - § 4 references coded [1.80% Coverage]

Reference 1 - 0.50% Coverage

their extended family it may open up for them a conversation that we have to acknowledge that once we leave as the health professional that does not end for them.

Reference 2 - 0.74% Coverage

the disadvantage is if you’re working with other people who may not be as far along this journey in understanding what it is they need to, to determine for themselves to make peace with some of the more complex questions and issues here.

Reference 3 - 0.33% Coverage

I’ve realised is that all these Christian do gooders have pounded themselves into palliative care nursing.

Reference 4 - 0.24% Coverage

And they’re not, they’re not following nursing. This is about Christianity.

[<Files\\Janet>](b1b238c7-7fb9-4305-bdd6-97e1b88a29ed) - § 2 references coded [2.98% Coverage]

Reference 1 - 1.56% Coverage

 I mean, I’ve just had a colleague come in just now, who saw me setting the equipment up and she said: “what are doing?” and I told her and she said: “oh, I don’t want anything to do with that”,

Reference 2 - 1.42% Coverage

if there was other family members in the same space as the patient and the other family members are trying to shut the conversation down immediately or divert the conversation

[<Files\\Matthew>](a8fb8683-d99e-4df4-a3d6-97e1b90ba612) - § 3 references coded [1.35% Coverage]

Reference 1 - 0.57% Coverage

religious groups so churches, individuals who like are Christian or Jewish.

Reference 2 - 0.33% Coverage

A lot of my colleagues do not support this.

Reference 3 - 0.45% Coverage

 intensive care specialists do not. Palliative care do not.

[<Files\\Peita>](d6194e1e-efa7-4529-9cd6-97e1b9a5805c) - § 1 reference coded [1.44% Coverage]

Reference 1 - 1.44% Coverage

 and they’ve got religion and they are religious and they are practicing their religion, I don’t think religion has got any place while people are getting themselves ready to make their decisions on what they want or believe.

[<Files\\Roz>](4fcb8c17-e7c2-4e48-acd6-97e1ba18414c) - § 1 reference coded [1.30% Coverage]

Reference 1 - 1.30% Coverage

most people I work with would think it was poor practice to deflect the conversation completely, other than in the situation I explained to you just then where it just is a poor, it’s poor timing.

## pcb: facilitators – 22 refs

[<Files\\Cath>](5d2fe51b-7379-4f83-80d6-97e1b6d07b77) - § 6 references coded [4.49% Coverage]

Reference 1 - 1.04% Coverage

I think having the time. So, you know, actually having the time in a busy clinical workload to, you know, actually sit down and explore that. Having the right environment, so somewhere private. CODE: TIMING

Reference 2 - 0.45% Coverage

Having a workplace culture and policies that allow for that conversation to occur. CODE: ORG SUPPORTS

Reference 3 - 1.11% Coverage

having that educational training and experience. We do a lot of simulation, a lot of practice in that space, and we have, you know, really critical conversations, you know, critiquing conversations around that. CODE PREP

Reference 4 - 0.88% Coverage

we need to dedicate appropriate time to have this conversation and to bring the right people into the conversation so that you get all of the information that you need. CODE : TIMING

Reference 5 - 0.80% Coverage

deferring, I guess, the conversation to a better time. So, you could shut it down and not be put on the spot to have to answer the questions, you know. CODE: TIMING

Reference 6 - 0.21% Coverage

 think if they actually met the criteria CODE: PT CHARACTERISTICS

[<Files\\Dwight>](2f624a18-7437-4470-9ed6-97e1b75c4a7a) - § 5 references coded [5.20% Coverage]

Reference 1 - 0.87% Coverage

trust, which I expect would be there to some extent, kind of the fact that the person was asking it CODE: PT CHARACTERISTICS

Reference 2 - 1.08% Coverage

you can have kind of a frank, private discussion, so like the logistics of where is best to have these kind of discussion. CODE: TIMING

Reference 3 - 1.31% Coverage

context is important, but I would think that a supportive family that at least were happy to let their loved one express their wants, fears, issues,: CODE FAMILY

Reference 4 - 0.17% Coverage

time is important. : CODE: TIMING

Reference 5 - 1.77% Coverage

I think these kind of deep, philosophical… when they are born out of such a desire of anguish, I think silence for both parties is actually quite helpful to process and progress through the discussion. CODE: PREP

[<Files\\Faye>](cbff47f2-89b0-4411-b5d6-97e1b81be30c) - § 1 reference coded [0.41% Coverage]

Reference 1 - 0.41% Coverage

the facilitators and barriers are completely centred in the consumer’s life not, not in terms of what you need to make those points. CODE: PT CHARACTERISTICS

[<Files\\Janet>](b1b238c7-7fb9-4305-bdd6-97e1b88a29ed) - § 3 references coded [2.64% Coverage]

Reference 1 - 1.30% Coverage

organisational support and a very clear procedure or system or backup and some level of support in terms of someone that I can call if I do get into difficulties. CODE: ORG SUPPORT

Reference 2 - 1.06% Coverage

time to sit down and engage with a patient when they want to have the discussion, rather than when you want to have the discussion, CODE: TIMING

Reference 3 - 0.28% Coverage

The training and confidence issues. CODE: PREP

[<Files\\Matthew>](a8fb8683-d99e-4df4-a3d6-97e1b90ba612) - § 4 references coded [6.57% Coverage]

Reference 1 - 0.38% Coverage

I would need not to have a religious belief I think. CODE: RELIGION

Reference 2 - 2.07% Coverage

I would need to not know about history. So ‘cause we’ve gone down this path before, like 100 years ago so I think I would need to know, I would need to A not have a religious belief, B and particularly Christian belief, to not know about history and how we’ve done this before. CODE: RELIGION

Reference 3 - 0.41% Coverage

 the support that social workers are so good at giving. CODE: ORG SUPPORT

Reference 4 - 0.45% Coverage

So the palliative care resources, the social work resources. CODE: ORG SUPPORTS

[<Files\\Peita>](d6194e1e-efa7-4529-9cd6-97e1b9a5805c) - § 2 references coded [3.37% Coverage]

Reference 1 - 1.10% Coverage

Now, if it is something that is a really big problem for me, then I’m gonna have an inkling before I go to that person and I can ask to not see that person, in my service. CODE: ORG SUPPORT

Reference 2 - 1.44% Coverage

it’s a discussion that needs to be had somewhere so that the person knows in their mind what they actually want and they’re not rabbiting wishes of somebody they’ve heard. So if I need to deflect it to another time, great. CODE: TIMING

[<Files\\Roz>](4fcb8c17-e7c2-4e48-acd6-97e1ba18414c) - § 2 references coded [3.60% Coverage]

Reference 1 - 0.74% Coverage

I don’t have these counselling skills or these skills, and maybe I can call someone else with your permission.” CODE: PREP

Reference 2 - 2.85% Coverage

Now, they keep the whole requesting, say at the time of death the family is requesting organ donation, they take that very seriously and there are very limited people who are allowed to do that because you need to be very well trained. And so, I wouldn’t be allowed to do that because I haven’t had that training, but I don’t believe anyone would be, I don’t think they would object to me allowing the patient to talk about that. CODE: PREP & ORG SUPPORTS

## pcb – barriers – 14 refs

[<Files\\Cath>](5d2fe51b-7379-4f83-80d6-97e1b6d07b77) - § 1 reference coded [1.25% Coverage]

Reference 1 - 0.63% Coverage

biggest barrier would be is if they actually didn’t meet that sort of criteria where assisted death would be an option. CODE: PT CHARACTERISTICS

[<Files\\Dwight>](2f624a18-7437-4470-9ed6-97e1b75c4a7a) - § 3 references coded [4.21% Coverage]

Reference 1 - 1.48% Coverage

 think that someone who is actively distressed I imagine, and also reasonable experience form a clinician point of view, it’s hard to have a two-way discussion in that… CODE: PT CHARACTERISTIS

Reference 2 - 0.71% Coverage

distracting symptoms of injury or illness would probably be a way to state that. CODE: PT CHARACTERISTICS

Reference 3 - 2.02% Coverage

Loud, noisy, lots of distractions, that kind of thing. You know, family there that… the family member raises it, and they’re immediately shot down by their family or friends, you know, “don’t talk like that”, that kind of thing. CODE: FAMILY

[<Files\\Faye>](cbff47f2-89b0-4411-b5d6-97e1b81be30c) - § 4 references coded [2.25% Coverage]

Reference 1 - 0.70% Coverage

conflicting views, if it’s religiously driven that they have stronger beliefs about that thing, I am always really careful about how they’re going to manage with each other if we discuss this and then we leave them together. CODE: FAMILY

Reference 2 - 0.54% Coverage

So from an extended family and community point of view you know if you start expressing your views but people don’t support it you’re at risk of being isolated and ostracised. CODE: FAMILY

Reference 3 - 0.11% Coverage

the consumer’s willingness to engage. CODE: PT CHARACTERISTICS

Reference 4 - 0.39% Coverage

I dare say it might be the view of the Catholic Church or some other religion, I don’t know who it is but it’s not nursing. CODE: RELIGION

[<Files\\Matthew>](a8fb8683-d99e-4df4-a3d6-97e1b90ba612) - § 1 reference coded [0.37% Coverage]

Reference 1 - 0.37% Coverage

my own religious belief makes it very difficult. CODE: RELIGION

[<Files\\Peita>](d6194e1e-efa7-4529-9cd6-97e1b9a5805c) - § 2 references coded [2.15% Coverage]

Reference 1 - 1.15% Coverage

 have been in situations where I’ve gone in with another person and they’ve shut the conversation down, basically straight away, because it was something they didn’t believe with. CODE: RELIGION

Reference 2 - 0.29% Coverage

 sometimes it is good to shut down relatives. CODE: FAMILY

[<Files\\Roz>](4fcb8c17-e7c2-4e48-acd6-97e1ba18414c) - § 3 references coded [4.64% Coverage]

Reference 1 - 0.94% Coverage

only situation would be that it’s just the wrong time. Maybe you just haven’t got time to go into something and open up a whole can of wormsCODE: TIMING

Reference 2 - 3.11% Coverage

Also, maybe, that the person, I mean, communication is often an issue because obviously for that example the patient is usually tracheostomised or still has an eating tube and it’s very difficult to communicate, so that can often be quite complex because they have to spell out on an alphabet board which is hugely time consuming. And also, they may not have the ability to articulate exactly what it is because they may not have that language, that’s another thing. CODE: PT CHARACTERISTIS

Reference 3 - 0.60% Coverage

it’s frowned upon to go there in your culture, in the culture of the environment you work. CODE: ORG SUPPORT

# THEMATIC ANALYSIS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **MIKE** | **MARIE** |  |
| **Construct** | **Belief** | **Motivation** | **Belief** | **Motivation** |
| **Attitude**32 CODED ITEMS | This discussion is an opportunity for honesty / truth telling (5) |  |  |  |
| Attitude | This discussion is an opportunity for careful listening (5) |  |  |  |
| Attitude | This discussion requires training and preparation (5) |  |  |  |
| Attitude | My personal values might conflict with professional requirements(5) |  |  |  |
| Attitude | There is a risk that I can misinterpret what the person is saying / asking. (4) |  |  |  |
| Attitude | This discussion is an opportunity to explain the benefits of palliative care (2) |  |  |  |
| Attitude | Timing and context must be right (3) |  |  |  |
| Attitude | There is a risk of breaking the relationship with the patient (2) |  |  |  |
| Attitude | Having this discussion makes the person think that AD is the best or only option (1) |  |  |  |
| Attitude |  |  |  |  |
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|  | **MIKE** | **MARIE** |
| **SUBJ NORMS**23 CODED ITEMS |  |  |  |  |
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