

“The Pause”

One minute of silence after the death of a person in the intensive care unit

Survey of nursing staff regarding their expectations

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“The Pause” in the ICU

- one minute of silence
- immediately after death
- at the patient's bedside
- to honour the deceased
- to honour the efforts of the staff

Possible introduction

“In this pause in time, in our own way, and in this moment of silence, we honour [name of patient]. And we also pay our respects to those who have loved her/him and cared for her/him.”

And after the minute of silence: “Thank you everyone.”

Pinnington, M., & Westwood, A. (2024).

Structure of the study

Phase 1

Proposal in ICU –
teammeetings by means of
a presentation

Short survey of some of the
attending intensive care
staff using guided interviews

“What do You think about
the proposal?”

Phase 2

Randomisation of the
participating intensive care
units into control and
intervention groups

Trial period: 2 months

Regular assessment of life
satisfaction and work
commitment of staff

Statistics

30 guided interviews with nursing staff, 27 with additional demographic questionnaire

Sociodemographic Data of Interview Participants

Gender

Female	Male	Diverse	
26	1	0	

Age

< 20 years	20–30 years	31–50 years	> 50 years
0	8	12	7

Years of Work Experience

< 1 year	1–5 years	6–10 years	> 10 years
0	1	8	18

Research question: “How does nursing staff in Munich intensive care units react to the proposal of a minute of silence after the death of a patient?”

The interviews were analysed using “focused interview analysis” (Kuckartz & Rädiker, 2024).

Results

Positive and negative expectations were mentioned in the spontaneous responses. These included:

+	-
<p>The expectation that the Pause would</p> <ul style="list-style-type: none"> • help me • bring dignity • improve team spirit 	<p>Concern with</p> <ul style="list-style-type: none"> • lack of time • Lack of openness on the part of team members or the hierarchy • Disruption of one's own strategies

Nurse: ...then I step from one foot to the other because I know exactly that I have to get on. I think it's this (...) workload you have to manage. (...) So I don't know if I would stand next to the dead patient now and... *(post script note: Tears well up in her eyes)*

Int: That would be a completely different approach (...) the intensive care unit concentrates very much on the physical and that would be something metaphysical.

Nurse: Yes, and you can't afford that here. So, as I said, some may suffer and we build a wall around ourselves and know that the work is the main focus here. And you might get pretty tough and then in situations like that... But that's now an impuls, this minute's silence, to reflect on myself and ask, how am I in a situation like this? Can I dial myself down? Can I approach this a little more reverently?
Of course, but whether I would do it is another question.

"I want to be as close to the [dying] person as possible, but at the same time as far away as possible."

"Devices, medication, in the end you forget that there's a living being there, a person who could be my father, my mother, my brother, I don't know. But I think that's a kind of protection that we've all built up over time [*voice trembles*] so that you can do what you do."

"So there are certainly colleagues who somehow bottle it up, eat it up in the end (...) because they simply have to work for the other patients."

“And taking a quick breath [when a patient dies] is not actually [*whispers*] supported, especially in intensive care. (...) You already calculate the bed where the patient is dying, where you're actually waiting for them to die. And as soon as he has taken his last breath, so to speak, the bed is occupied again.”

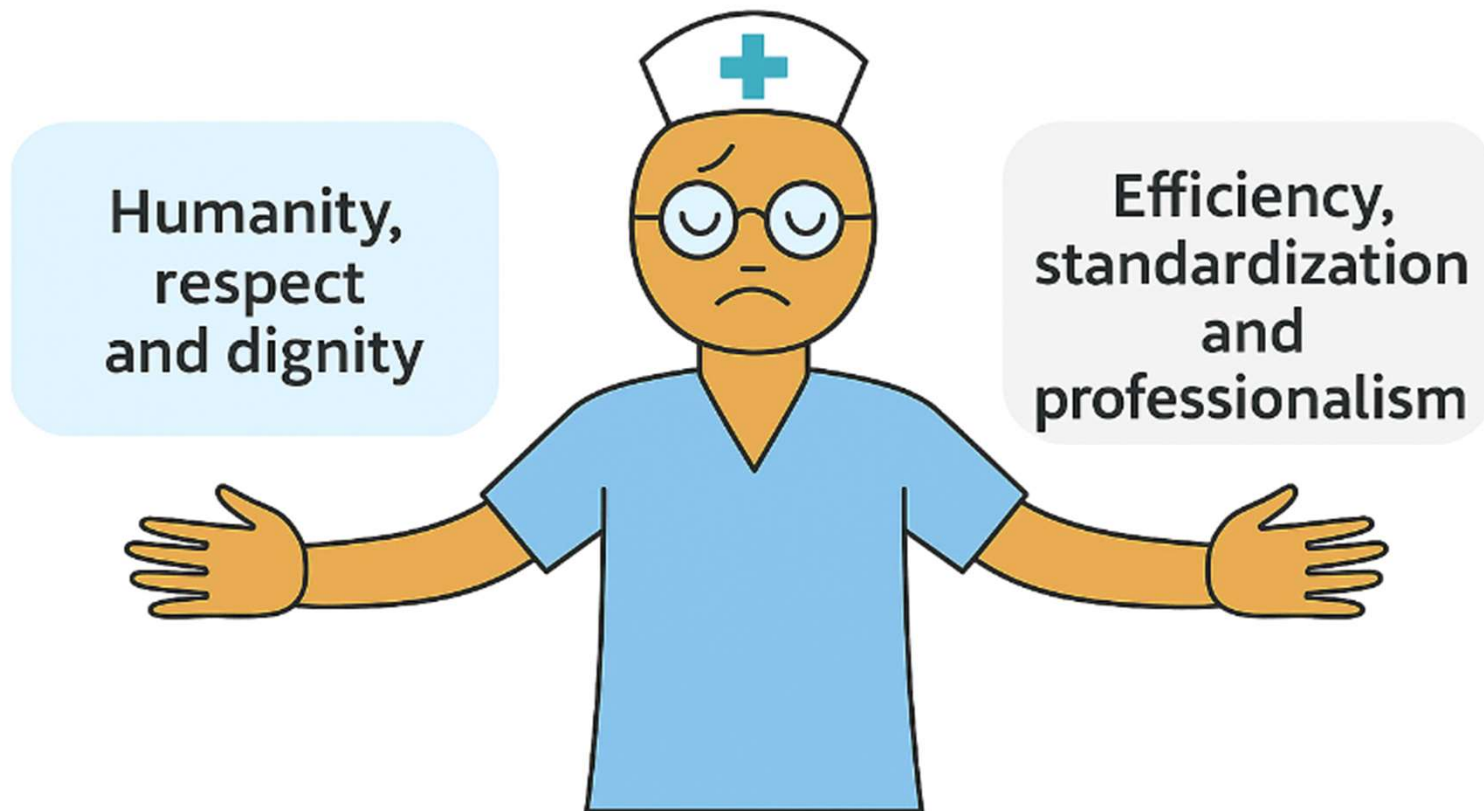
Int: Are we perhaps afraid of the silence, of the peace that death creates? (13 s pause)

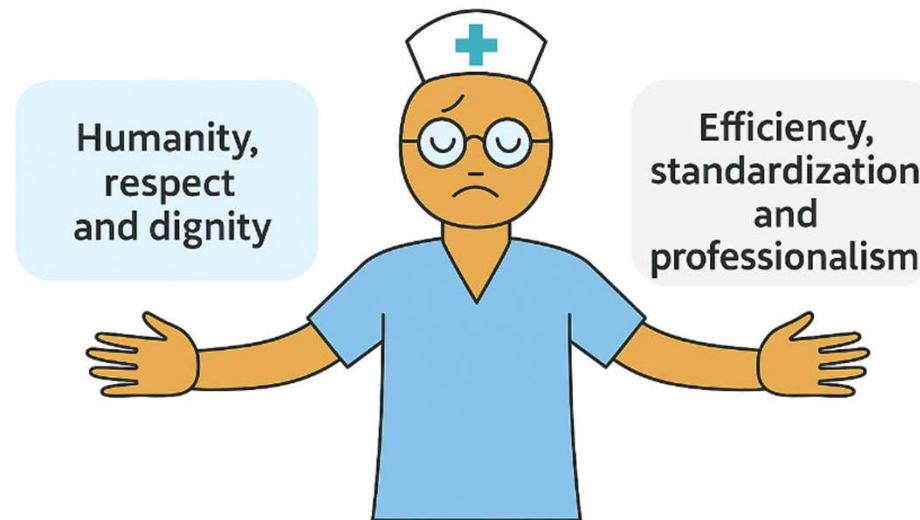
Nurse: [*starts to cry*] Yes, sorry.

Int: It's all right.

Nurse: [*sobbing*] I had the feeling that they weren't gone, that the body had died, but they were still there (...) the inside is still there, the soul. And that it knows that you still treat it well.

Double-bind





Individual level

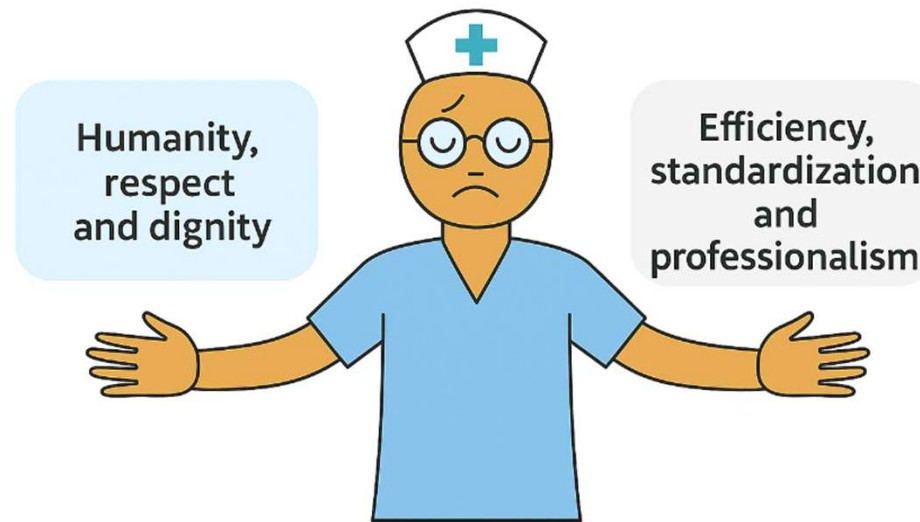


Structural level

Management, Politics



Society



Transforming the bio-psycho-social model
into a
bio-psycho-socio-spiritual model

Thank you for your attention

and a big thank you to **Nina Geißdörfer** and **Theresa Meyer-Natus** for the development of the questionnaire, the organization of the survey and for conducting and transcribing the interviews.

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www.spiritualcare.de

Literatur

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Pinnington, M., & Westwood, A. (2024). Introducing the pause after the death of a patient in critical care. Nursing Times, 120(3), 30-31.