1. Applicant's Qualifications

I have been a registered nurse for twenty four years and have provided physical post mortem nursing care to hundreds of deceased individuals in hospitals, long term care facilities, and in the home. Post mortem nursing care includes the care provided to deceased individuals immediately after death. This care includes positioning of the body, bathing or cleansing, care of the extremities, removal or retention of intravenous lines and surgical tubes/drains, determining what to do with dentures, and shrouding of the body for privacy and body fluid exposure prevention. My clinical practice experience in providing this care has been invaluable in terms of awareness of common practices associated with the care, gaining insight into variations that may stem from cultural or religious preferences, and providing an opportunity to realize that what I had been taught in my nursing curriculum concerning how to provide post mortem nursing care was not been based on any form of scientific evidence, but largely based on tradition.

I have also served in an administrative capacity as a Hospital Supervisor and an Inpatient Nurse Manager. In each of these roles, I was accountable to supervise nursing staff and to assure that standards guiding professional nursing care were being met. Post mortem nursing care was one area of this care. Both of these roles provided an opportunity to develop expertise in writing and evaluating organizational policies and procedures, evaluating employee performance, and identifying areas of organizational risk stemming from nursing care. All three of these areas are relevant to the practice of post mortem nursing care. Post mortem nursing care in most institutions is guided by policy and procedure, is conducted by nursing staff that are evaluated partially based on the care that they provide, and holds a significant risk potential for litigation and financial loss to organizations if provided in a manner that results in a negative care outcome. In the case of post mortem nursing care two examples of this include care that results in disfigurement of the deceased and release of the deceased to the wrong funeral home due to inaccurate identification of the deceased. The latter of these two present risk for body preparation that is not consistent with the cultural or religious preferences of the deceased or the family.

My academic preparation includes a Doctoral Degree in Education with specialization in Organizational Leadership and a Master of Science in Nursing with specialization in Nursing Administration. Both of these degrees inform and build upon my experiential base to perform this project. I am also a Nationally Board Certified Nurse Executive and Oncology Nurse. Both of these specialty certifications require a combination of expertise, practice, and education to be eligible to sit for the board examination and to renew and maintain the certification. These certifications are public validation of expertise in the areas of administration and clinical practice. As noted above, these validations are relevant to the proposed project.

My research agenda focuses on nursing and healthcare issues relevant to end of life care. My specific emphasis for the last four years has been directed toward post mortem nursing care both from a perspective of analysis of organizational policies and examination of the specific nursing care practices that are used to in providing provide this care. I have a strong experiential background in using qualitative methodology in research. All of the research studies that I have conducted individually or collaboratively have been qualitative in nature and the proposed project will be as well. I have presented research poster and podium presentations at regional and international conferences both collaboratively and individually.

I have co-authored one peer reviewed research article stemming from an analysis of hospital post mortem nursing care policies in the state of California with a colleague who is a world recognized researcher in the areas of palliative and end of life nursing care (Smith-Stoner & Hand, 2012). This was published in *Medsurg Nursing* which is the official journal of the *Academy of Medical Surgical Nursing.* This is a nationally and internationally recognized nursing specialty organization. We also presented one collaborative poster and two podium presentations (1 national & 1 international) from this work.

I have individually published a peer reviewed research article from a study examining the effectiveness of post mortem nursing care practices from the perspective of Licensed Funeral Directors in *End of Life Journal (UK).* This is the official journal of St. Christopher's hospice in London, UK. St. Christopher's is a world recognized leader in end of life care research, education, and clinical practice. This journal publishes three featured research articles per year and my study was featured in November (winter) 2013. In addition to research publications, I have authored a peer reviewed clinical article based on the findings from the study involving Funeral Directors. This is scheduled for publication in the March, 2014 issue of *MedSurg* Matters. *MedSurg Matters* is the peer reviewed newsletter of the *Academy of Medical Surgical Nursing* and is an essential venue to share the clinical practice recommendations that have been derived from this research. In addition to these publications, I presented one regional poster presentation and one international podium presentation from this work.

My clinical and administrative expertise, academic preparation, national board certifications, research, dissemination, and publication experience substantiate that I am highly qualified to execute and successfully complete the proposed project.

2. Proposal Background

My interest in the concept of post mortem nursing care initially began during my clinical practice years as a bedside nurse. I practiced in the specialty of Oncology and we provided a substantial amount of post mortem nursing care for individuals who would die while in our care. I knew what we did and how we did it, but it became very clear to me to that there was very little information available surrounding why we did it. I recall examining policy and procedure manuals only to find that they frequently referenced a nursing procedure textbook for which that particular section did not contain any references or demonstration of an evidence base from the literature. I often wondered about why this information was missing, but at that point was not yet equipped to take the exploration any further. During the Administrative portion of my career, I noted a similar problem with facility policy and procedure documents and I also observed serious disturbing events within post mortem nursing care practice that could have had significant legal implications for the facility. Examples of these observations include inappropriate body positioning that was not correctable for the purpose of viewing due to rigor mortis, incorrect identification resulting in the release and burial of a fetus by the wrong family, other near miss events with identification, and an inconsistent approach to physical post mortem nursing care not only because of lack of knowledge, but also because of a lack of available evidence concerning the best way to provide the care. At this point in my career, I had been exposed to research in my Master's degree program, knew how to critique and apply it, but was still not yet ready to generate it. I knew at that point that when I was adequately prepared to conduct research and generate new evidence, this would be an area of nursing practice that would be addressed in some way within my scholarship agenda. It was after completing Doctoral study and being in academia for approximately three years that a collective idea emerged between Dr. Marilyn Smith-Stoner and me. We decided to begin our research exploration of post mortem care with a policy analysis to determine what written guidelines were being used in the form of policy to guide post mortem nursing care. Dr. Smith-Stoner is a world

recognized expert in end of life and palliative care nursing research and an ideal colleague to collaborate on this topic with. The revelations from the policy analysis were substantial and there were a good number of variations in recommended physical post mortem nursing care practices between the various policies that were included in the analysis. This observation triggered an additional research idea that I have pursued individually. The idea was to attempt to gain an understanding of what common post mortem nursing care practices are being observed and whether they are perceived as effective by the next care provider for the patient after nursing. In typical cases that would be the Funeral Director. This is also the individual who will complete the preparation of the body for any Funeral Arrangement and would be able to provide a perspective concerning whether those typically observed practices either help or hinder the process of promoting a desired cosmetic of the deceased when additional preparation is completed. This preparation may or may not include embalming, setting of facial features, and the application of cosmetics. A research study involving 20 Licensed Funeral Directors in a single mid-western state resulted from this idea (Hand, 2013).

There is a significant volume of published literature addressing end of life preferences based on cultural and religious guidelines (Smith-Stoner, 2007, 20011; Wicher & Meeker, 2012). However, literature related to research concerning ideal post mortem nursing practices or their effectiveness is markedly more limited (Cook, 2000; Smith-Stoner & Hand, 2012; Hand, 2013). Additional research and scholarly activity is needed to address this critical gap. The current proposed project is designed to address this particular gap and further expand the body of knowledge concerning post mortem nursing care practices.

3. Significance, Goals, and Objectives

This project is significant because it builds on my published research concerning post mortem nursing care practice and Funeral Director perspectives concerning its' effectiveness (Smith-Stoner & Hand, 2012; Hand, 2013). The previous study is the first study published in nursing and healthcare end of life literature that examines post mortem nursing care effectiveness from the perspective of the next individual providing care for the deceased patient. That next care provider is the Funeral Director.

The initial study (Hand, 2013) was conducted using qualitatively driven survey methodology and included 20 Licensed Funeral Directors from a single mid-western state. The survey included open ended questions concerning typically observed post mortem care nursing care practices, perspectives concerning whether these practices help or hinder the achievement of a desired cosmetic appearance of the deceased with additional body preparation, and the opportunity to provide alternative recommendations for any commonly observed practice. The areas of post mortem nursing care practice addressed within the questions included body positioning, use of ligatures and ties to secure extremities, removal or retention of intravenous catheters and lines, removal or retention of surgical drains and tubes, dentures and location, shrouding and exposure prevention, and identification tags.

The initial study produced invaluable data concerning Funeral Director perspectives concerning the effectiveness of commonly observed post mortem nursing care practices. In addition, it also produced alternative recommendations for certain commonly observed practices such as the position the body is placed in (Hand, 2013).

The study (Hand, 2013) also included specific limitations. These include the sample being from a single Midwestern state, participants all practicing in family owned firms and limited variation in funeral arrangement and burial practices. The majority of families in this particular state choose open casket

viewing as part of the funeral arrangements for their deceased loved one (National Funeral Directors Association (2013). This is not the case in other states and geographic regions and as such it is important to include perspectives from providers who commonly provide other types of funeral arrangements that involve more limited body preparation that does not include embalming or the application of cosmetics. Examples of these might include viewing for identification, private family viewing followed by cremation, or private viewing followed by direct burial. In these instances, the cosmetic appearance of the deceased may still be a concern for the Funeral Director and those viewing the deceased and as such it is important to gain perspective in terms of how effective post mortem nursing care practices are perceived to be in terms of contributing to a desired presentable appearance without the aid of embalming chemicals or cosmetics.

Replicating the previous study (Hand, 2013) with an expanded geographic scope will address that particular limitation, expand the possibility of including participants from both family and corporately owned firms, and include Funeral Directors from firms and geographic locations where open casket viewing may not be an arrangement selected by the majority of the families served. The perspectives from these providers are essential in terms of examining post mortem nursing care effectiveness from a broader context that is reflective of variations in funeral arrangement and burial practices.

The overall goal of this project is to expand the body of knowledge concerning Funeral Director Perspectives regarding the effectiveness of post mortem nursing care practices from that derived in a single state to a national examination. It is hoped that this project will provide a significant contribution to the body of knowledge guiding post mortem nursing care and that the information derived from this study can be used to guide the development of health care facility post mortem nursing care policies and procedures, assist facility purchasing decisions when purchasing post mortem nursing care kits and products, and be used to guide undergraduate nursing curriculum pertaining to post mortem nursing care.

4. Research Methods

It will be necessary to secure approval from the University of Southern Indiana Institutional Review Board prior to commencing this project. A convenience sample of licensed participants (Funeral Director, Embalmer, or both) will be solicited via email using publicly accessible funeral firm contact information obtained from the internet. The development of the contact list will be one of the responsibilities of the Research Assistant as indicated in the budget justification. The initial targeted sample size will be 200 with the goal of equal representation obtained from all 50 states (4 per state). This number may be higher depending on the amount of variation in responses and the geographic distribution.

The proposed study will use a qualitatively driven survey methodology with open ended questions. All questions included in the previous (Hand, 2013) study will be included. Additional questions have been added to identify the state of practice, embalming qualifications of the provider, if embalming is provided by the firm or not, and provider licensing. The survey will be delivered via web based questionnaire. A link and web based survey consent information will be sent to the participant via email. The questionnaire will be developed and launched using SNAP survey software. Individuals who are contacted regarding the study will also be given information on how to contact the PI in order to request a paper version of the questionnaire.

Data analysis will involve reading each of the responses several times, initial coding of responses, clustering of themes, and final theme labeling. This approach mirrors the analysis technique used in the 2013 study, but the approach to the final three steps will be augmented with the support of N-Vivo qualitative analysis software. This is necessary due to the fact that the anticipated volume of data will be at least ten times larger than in the study being replicated and to execute the qualitative analysis as an entirely manual process is not feasible.

5. Evaluation

Key outcome measures of success from this project would be to yield a sample with representation for all 50 states. A second measure of success would be the return of at least 200 web based questionnaires. Measures of success from data analysis would be to complete at least 50% of the data collection and analysis by December 1st, 214 and the remaining 50% by June 1st, 2015.

Measures of success from the research findings would be to either return similar responses that are consistent with the prior study or to gain new insight into additional perspectives pertaining to the effectiveness of post mortem nursing care practices. Measures of success from dissemination would be the acceptance and presentation of one poster presentation for in progress research at the Midwestern Nursing Research Society and one podium presentation for completed research at the Honor Society of Nursing Sigma Theta Tau International annual research congress. One additional measure of success would be the submission of a successful research manuscript from the completed product. Journals under consideration are *End of Life Journal and Journal of Nursing Scholarship.*

Project Completion timeline: Below is a timeline for the proposed project.

Proposal Preparation & Submission IRB Exempt Review ----------June 1st 2014

Survey Construction and Release----------June 30th, 2014

Data Collection and Analysis Initial 100 Questionnaires----------July 1 2014 to December 31 2014

Poster Abstract Submission for in progress research---------- September 30th, 2014

Data Collection and Analysis 2nd 100 Questionnaires----------January 2nd 2015-June 1, 2015

Submission of abstract for research podium presentation from current Data----------February 1, 2015

Submission of peer reviewed research article manuscript from all data----------June 1st, 20015

6. Budget Justification

Total Budget= [redacted]

Personnel= [redacted]

A. Salaries and Wages= [redacted]

A1. Student Research Assistant

Construct participant Funeral Director Contact list from publicly available internet sources, perform postal mailing of paper questionnaires for participants requesting these, categorize data to load into NVIVO software, and follow up email and mail correspondence.

[redacted] = (Student Research Assistant 16 hours per week x 16 weeks)

Non-Personnel Expense= [redacted]

B. Travel: [redacted]

Trip to disseminate at 1 regional research conference

Midwestern Nursing Research Society 2015 Annual Conference Registration= [redacted] (Member Rate)

3 nights lodging at [redacted]

Food Perdiem X3 days= [redacted]

Airfare x 1 trip [redacted] (1 airline ticket)

F1. Other Materials and Supplies= [redacted]

NVIVO Qualitative Analysis Software Single License= [redacted] (Includes discount for other institutional licenses purchased by USI).

NVIVO Essentials Online training Workshop= [redacted] (Workshop covers fundamental information for use of NVIVO software in the proposed research project)

Postage and Mailing supplies for individuals requesting paper surveys (70 Surveys at [redacted] per mailing) = [redacted]

Budget Total= [redacted]

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