



**PEAK**  
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## End of Life Care: Psychosocial Needs

Peak Development Resources, LLC  
P.O. Box 13267  
Richmond, VA 23225

Phone: (804) 233-3707  
Fax: (804) 233-3705  
Email: editor@peakdev.com

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After reading the newsletter, the home health aide should be able to:

1. List the five stages of the grief process and signs of each.
2. Identify common sources of distress at the end of life.
3. Discuss measures that help to meet the client's psychosocial needs.

Death is a universal life experience, eventually experienced by all human beings and the people who love them. Even though death is a commonplace experience, it can be a very difficult event for many people. Caring, compassionate and knowledgeable healthcare providers can help to make this time more peaceful and meaningful for the client and family.



The goal of the healthcare team in working with the dying client is to enhance the quality of life while it lasts, and transition from life to death with peace and dignity. An important aspect of this care is the management of symptoms that may reduce the client's comfort and quality of life. Psychosocial needs and symptoms are common at the end of life, and may cause distress for clients and their loved ones.

This newsletter will present an overview of common psychosocial needs and concerns at the end of life. Measures that may help to meet the clients' psychosocial needs will also be covered.

### Grief at End of Life

Grief is a complex process that occurs in response to loss. It affects all aspects of a person, including the physical, emotional, psychological, social, behavioral, and spiritual self.

The grief process can be viewed as a series of five stages, based on the work of Dr. Elisabeth Kübler-Ross. These stages include:

**Denial:** The person does not believe that this could be happening. The doctors must be wrong, or there must be some mistake. This reaction can serve to protect people until they are ready to cope with the news.

**Anger:** When the person begins to realize the truth, anger may begin. They may think "Why me?" and feel very bitter that this has happened to them (or their loved one). The anger may be directed at everyone, including loved ones and healthcare providers.

**Bargaining:** The person tries to make deals with God or another higher power. "If you'll just let me get better, I promise I'll do volunteer work every week."

**Depression:** Severe sadness may set in when the person fully realizes that death may occur. The person may not eat or sleep well, and may not want to talk.

**Acceptance:** The person is able to face death with calm acceptance. Signs of this stage include talking openly about death, writing a will, or making funeral arrangements. Sometimes the client reaches this stage before the family members do.



It's important to realize that these stages are just guidelines. Not all people go through them, and they may not occur in the order listed. The person may also go through a stage more than once. It's important to understand that reactions to death are very individual.

### Suffering and Sources of Distress

Grief occurs in response to loss, and the types of loss experienced by dying clients, like their grief reactions, are very individual. These losses can cause significant distress, or suffering, such as the loss of a future that the person assumed they would be able to experience. For a grandmother, a loss may be that she won't be able to see her grandchildren grow up to graduate or get married. For a young woman with cancer, it may be the realization that she won't get to experience marriage and motherhood. Others may feel distress over regrets in their life, concern about where they will "go" after death, or fear of pain, loss of dignity, or other discomforts as death approaches. The inability to work or do normal daily activities, and feeling like a burden on family members, are also common sources of suffering.



Grief and the resulting suffering produce a variety of symptoms, including profound sadness, emptiness, shock, fear/anxiety, guilt, and anger. Physical symptoms, such as headache, body aches, pain, crying, nausea, fatigue, and insomnia, are also common. The grieving person may isolate him/herself from others or lose faith in religion or spirituality. These are all normal responses to grief. While grief is never "cured" or completely gone, it normally lessens in intensity over time, and the person finds ways to cope effectively with it. In some cases, however, grief becomes complicated, and the person is not able to move toward coping. The grief symptoms become very intense and prolonged, interfering with work, school, and daily activities, such as eating and sleeping. The person may be unable to regulate their emotions, feel that their life has lost all meaning, and go to extreme measures to avoid reminders of the loss. Medical conditions, such as depression, anxiety or substance abuse, may develop. Even though grief brings great sadness, it does not normally cause clinical depression or other medical conditions. Clients with life-limiting illnesses (and their loved ones) who had psychiatric disorders, such as depression or anxiety, before diagnosis of the illness are at higher risk for worsening of these disorders as they face death.

### Promoting Psychosocial Comfort

Common needs at the end of life include finding meaning in one's life, having

companionship and support, being comfortable, maintaining dignity and control, and having hope. Hope is a very important aspect of psychosocial care. For clients with a terminal illness who are at the end of life, this does not mean hope for a cure. Instead, there is hope for positive experiences that lie ahead, as well as satisfaction with one's life and how it was lived. These may include being physically comfortable, spending time with loved ones, sharing memories and feelings, and having a sense of peace and closure.

One of the best ways to help the client is by listening. Sometimes, clients will share thoughts, feelings and fears with caregivers, such as their nurse or you, that they would not share with their family, friends, or even their doctor. By listening to and paying attention to these concerns, you can help the client to express and release these feelings to promote coping. This also allows you to make the nurse aware of these client needs, so that appropriate referrals can be made. Listen actively by making eye contact, leaning forward, nodding your head, and asking follow-up questions. Be careful not to judge the responses or reactions of clients and family members, and don't offer your opinions or advice. Respect the beliefs of the client and family. This is a great chance for you to learn about the beliefs of others. Ask them to share their knowledge with you.

As the nurse assesses and identifies the client's needs, referral to a variety of services may be arranged to help meet the client's psychosocial needs at the end of life. Clients who have religious or spiritual needs may welcome visits from a priest, rabbi, minister or other clergy. Volunteers can help to meet client needs for companionship, social interaction and assistance with daily household tasks. Physical and occupational therapists can help to improve the client's quality of life by increasing activity and independence, when appropriate. Specialists in massage therapy and meditation may be helpful in promoting comfort and peace. Clients experiencing complicated grief may benefit from a counselor or therapist to work through their feelings effectively.



As a healthcare provider working in the home setting, you are a vital part of the team that assists the client and family to cope with issues at the end of life. Your ability to listen and your sensitivity to the client's wishes help you to meet the psychosocial needs of the terminally ill client.



## End of Life Care: Psychosocial Needs

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Directions: Place the letter of the one best answer in the space provided.

- \_\_\_\_ 1. When Mrs. Evans learns that she has a terminal illness, she says, "But that can't be true—the lab must have made a mistake." Mrs. Clark is most likely in which stage of grief?
- A. denial
  - B. anger
  - C. bargaining
  - D. depression
- \_\_\_\_ 2. Every dying person goes through each stage of Kübler-Ross's grief process in a predictable order.
- A. True
  - B. False
- \_\_\_\_ 3. Which statement would most likely be made by someone in the bargaining stage of grief?
- A. "I think it's time I made funeral arrangements."
  - B. "Get out of here! You don't know what you're doing!"
  - C. "If I live through this, I'll read the Bible cover to cover."
  - D. "I don't think I could go on if Mabel dies."
- \_\_\_\_ 4. Psychosocial suffering at the end of life can best be described as:
- A. acceptance
  - B. anger
  - C. loss
  - D. distress

- \_\_\_\_5. Normal grief does not produce physical symptoms, such as nausea and fatigue.
- A. True
  - B. False
- \_\_\_\_6. Which of the following best describes normal grief?
- A. extreme avoidance of reminders of the loss
  - B. unable to regulate emotions over a prolonged period of time
  - C. gradual progression toward coping with the loss
  - D. use of substances, such as alcohol or drugs, to cope
- \_\_\_\_7. Complicated grief is most likely to occur in persons who:
- A. are struggling financially
  - B. lost a long-time spouse
  - C. have had disorders such as depression or anxiety
  - D. are very shocked when they learn they have a terminal illness
- \_\_\_\_8. Due to their shortened life span, terminally ill clients are not able to maintain a sense of hope for the future.
- A. True
  - B. False
- \_\_\_\_9. Which of the following actions by the home health aide is most helpful to clients at the end of life?
- A. listening to the client
  - B. telling the client about his/her own views on death
  - C. encouraging the client to develop religious beliefs
  - D. giving suggestions and advice to the client
- \_\_\_\_10. Gayle, the home health aide, thinks that some of her client's beliefs and religious practices are strange. Gayle should:
- A. ignore any comments made about these beliefs
  - B. avoid discussing religion with the client
  - C. share her beliefs and practices with the client
  - D. ask the client to tell her about his beliefs and practices

