UNIT 2 DEATH, DYING, LOSS AND GRIEF

Learning outcomes:

At successful completion of this unit, the Learner shall be able:

- Discuss the role of nurse/midwife in loss, grief, death and dying process
- Discuss emotional reactions to loss , grief, death
- Describe theories of death and grieving process (Kubler-Ross stages of Grief and Death Reactions; Rando's and Engles stages of grief)
- Develop an individualized nursing care plan for a death and dying patient**.**

2.1. DEATH AND DYING

2.1.1. Concept of death and dying

Death is a natural part of life and comes to all beings. It is the end of life and all the vital processes.
Legal death is the total absence of brain activities as assessed and pronounced by the physician.
The understanding about concept of death is developed over time as the person is growing up. Death is the final, the end of life. Everyone from his/her childhood to adulthood experiences various losses and thinks about concrete and abstract concepts to understand that death. For Infants, they do not really understand well that concept. At the stage of childhood, they believe death as a temporary state and think that the own one death can be avoided.

To adulthood, everyone accept the reality of death as final and irreversible, but make them to be very frightened. They encounter the death of their family members, peers and friends. Religious and cultural beliefs play major role.
To elderly, death may be viewed as more desirable than living with poor quality of life, they fear prolonged illnesses, they encounter death of family members and peers, and they see death as multiple meanings: freedom from pain, meeting their ancients).
The nurse's knowledge of these developmental stages helps in understanding some of the client's responses to a life threatening situation.

Spirituality and Death

Death often forces people to consider profaned questions: the meaning of life, the existence of the soul, and the possibility of an afterlife. Individuals faced with death, their close friends, and family often relies on a spiritual foundation to help them meet these challenging concepts. Spirituality takes several forms.
Bernard and Schneider mention three levels of spiritual support for dying persons:

- The first level is drawing strength from God
- The second level is strength generated by prayer
- The third level is strength from caring relationships with others

For those whose spirituality does not include beliefs rooted in organized religion, support may take the form of compassionate care and the acceptance of personal beliefs. Consider the spiritual dimension of your client's needs. Meeting basic human needs is an expression of caring that dying individuals will appreciate even if they can no longer communicate with you verbally.

Responses to dying and death

The reaction of any person to another person's impending or real death, or to the potential reality of his or her own death, depends on all the factors regarding loss and the development of concept of death.

2.1.2. Signs of death:

Common symptoms include:

- Nausea and vomiting
- Dyspnea
- Respiratory secretions
- Pain
- Agitation and restlessness
- Anxiety

Clinical Signs of imminent Death:

* Muscle weakness; Difficulty with speech, swallowing, movement, incontinence, jaw sags
* Respiratory changes
    - Cheyne-Stokes Respiration
    - Death Rattle
* Sensory changes
* Circulatory changes: cyanosis in extremities, cold skin, decreased BP, slow pulse
* Poor or decreases sensation

2.1.3. Stages of Dying

Dr Kübler-Ross identified 5 stages that people pass during dying process

1. **Denial**
2. **Anger**
3. **Bargaining**
4. **Depression**
5. **Acceptance**

The first stage: DENIAL

The first stage, as Dr. Ross views this process, is that of ***denial***. Person is disagreeing on what is going to happen. Reject the situation. Person thinks like: "this cannot be true" Feelings of isolation. He/she may search for another health care professional who will give a more favorable opinion. He/she may seek unproven therapies.

The denial may be partial or complete and may occur not only during the first stages of illness or confrontation but later on from time to time. This initial denial is usually a temporary defense and is used as a buffer until such time as the person is able to collect him or herself, mobilize his or her defenses, and face the inevitability of death.

The second stage: ANGER

The person feels violent anger at having to give up life.

Why me" Feelings of rage, resentment or envy directed at God, health care professionals, family, others. This emotion may be directed toward persons in the environment or even projected into the environment at random. Dr. Ross discusses this reaction and the difficulty in handling it for those close to the person by explaining that we should put ourselves in the client's position and consider how we might feel intense anger at having our life interrupted abruptly.

The third stage: BARGAINING

The person attempts to strike a bargain for more time to live or more time to be without pain in return for doing something for God. *"I just want to see my grandchild's birth, and then I will be ready ….."* Patient and/or family plead for more time to reach an important goal. Often during this stage the person turns or returns to religion. Promises are sometimes made with God.

The fourth stage: DEPRESSION

Usually, when people have completed the processes of denial, anger, and bargaining, they move into depression. Dr. Ross writes about two kinds of depression. One is ***preparatory depression*** (this is a tool for dealing with the impending loss). The second type is ***reactive depression*** (In this form of depression, the person is reacting against the impending loss of life and grieves for him or herself). "I just don't know how my kids are going to get along after I'm gone"

The fifth stage: ACCEPTANCE

This is the final stage of dying**.** This stage occurs when the person has worked through the previous stages and accepts his or her own inevitable death. ("*I've lived a good life, and I have no regrets*." patient and/or family are neither angry nor depressed).

With full acceptance of impending death comes the preparation for it; however, even with acceptance, hope is still present and needs to be supported realistically. Many factors influence how individuals accept death. Personal values and beliefs about life; views of personal successes, both financial and emotional; the way they look physically when experiencing the dying process; their family and friends and their families' attitudes and reactions; their past experiences in coping with difficult or traumatic situations; and, finally, the health care staff who are caring for them during this process – all affect an individual's attitude toward dying.

2.2. LOSS, GRIEF

Loss occurs when a valued person, object, or situation is changed.

Types of Loss

* **Actual loss:** It involves any loss of person or object that can no longer be felt, heard, known, or experienced by the individual. Loss can be recognized by others including the person sustaining the loss. Valuing is unique to each person, but the concept of loss is common or understood by others
* **Perceived loss:** loss felt by the person but is intangible to others
* **Anticipatory loss:** it occurs the person displays loss and grief behaviors for loss that has yet to take place
* **Physical loss:** loss of an arm from a car accident Physical loss
* **Psychological loss:** loss caused by an altered self image and the inability to return to his or her occupation

GRIEF

Grief is emotional and behavioral responses to loss.

Grieving is the process of feeling of acute sorrow over a loss. This process is painful experiences but it helps survivors to resolve the loss.

Grieving is a normal but it can became abnormal when a person cannot accept someone's death by manifesting the bizarre or morbid behaviors.

* **Dysfunctional grief**
  Type of grief which occurs when there is prolonged emotional instability, a withdrawal from usual tasks or activities that previously gave pleasure and the lack of progression from one level to successful coping with loss.

* **Disenfranchised grief**
  Grief which occurs when the societal norms do not define the loss as a loss within its cultural or traditional definition. In this case, the client is not acknowledged for the loss and does not gain support from others
* **Anticipatory grief**
  It occurs when the process of grieving starts before the client has died or a loss has occurred. In this situation future hopes and goals are recognized impractical

BEREAVEMENT

* Defined as a state of grieving during which a person goes through grief reaction

Mourning

* Process that follows loss and includes working through the grief. It involves the period of acceptance of loss and grief during which the person learns to deal with the loss.

GRIEF WORK

* Grief work is a concept in which the individual responds, feels, and behaves in reaction to loss. It varies from person to person and persons who are grieving try a variety of strategies to cope.
* **CLOSURE** is a point at which the loss has been resolved and the grieving individual can move on with life without focusing on the loss.
* **Tasks of grief work:** the passage from grief into closure depends on the successful completion of the following tasks summarized in TEAR acronym.
  - **T:** To accept the reality of the loss
  - **E:** Experiencing the pain of loss
  - **A:** Adjustment to an environment that no longer includes the lost person, object, or aspect of self
  - **R:** Reinvesting emotional energy into new relationships

2.3. THEORIES OF GRIEVING PROCESS AND DEATH REACTIONS

There is no right way or wrong way to grieve a loss. Behaviors and feeling occur in individuals as unique pattern of coping mechanisms or lack of such coping mechanisms

2.3.1. Kübler-Ross's five stages (refer to previous details)

* Denial
* Anger
* Bargaining
* Depression
* Acceptance

2.3.2. Engels 6 Stages of Grief Reaction

Engels 6 Stages of Grief Reaction include:

* Shock and disbelief
* Developing awareness
* Restitution
* Resolving the loss
* Idealization
* Outcome

Shock and disbelief:

* Denial – "no not me"; individual denies the reality, sit motionless, wander aimless
* Physiological reactions to death or grief appear: fainting, diaphoresis, nausea, diarrhea, tachycardia, restlessness, insomnia, fatigue – all related to fight-or-flight response

Developing awareness:

* Individual begins to feel the loss acutely and may experience desperation.
* Feelings like: sudden anger, guilt, frustration, depression, "why me", emptiness occur
* Crying is typical person becomes preoccupied by the loss

Restitution:

* The reality of loss is acknowledged
* Anger and depression are no longer needed
* funeral services and rituals surrounding loss cultural influences come in to play here talk about funerals

Resolving the loss: dealing with the void left by loss, New self-awareness is developed

Idealization: Exaggeration of good qualities of the person or object lost

Outcome: Acceptance

2.3.3. RANDO'S STAGES OF GRIEVING

* **Avoidance**
* **Confrontation**
* **Accommodation**

AVOIDANCE: marked by: Shock, denial, and disbelief of the loss occur

CONFRONTATION: Highly charged emotional state in which the individual repeatedly faces his/her loss. Acute and intense feelings are typical.

ACCOMODATION: marked by:

* Gradual decline of acute grief
* Beginning of emotional and social reentry into the everyday world
* Client learns to live with loss

2.3. APPLICATION OF NURSING PROCESS – death and dying

A. Assessment

Observe the physical symptoms of death

- Evidence of circulatory collapse
- Variations in blood pressure and pulse
- Disequilibrium of body mechanisms

- Deterioration of physical and mental capabilities
- Absence of corneal reflex, mydriasis

Observe the client's ability to fulfill basic needs without complete assistance.

- Assess the nature and degree of pain the client is experiencing.
- Observe for impending crisis or emergency situation.
- Observe for psychosocial condition.
- Need to establish a relationship for support
- Grief pattern and stage of grief the client is experiencing
- Need to express feelings and verbalize fears and concerns.

Determine anxiety level, which may be expressed in physical or emotional behavior.

- Sleep disturbance
- Palpitations
- Digestive complaints
- Anger or hostility
- Withdrawal

Determine depression level that client may be experiencing.

- High fatigue level or lethargy
- Poor appetite, nausea, or vomiting
- Inability to concentrate
- Expressions of sadness, hopelessness, or uselessness

B. Planning: Objectives

- To assist the dying client to cope with the dying process
- To handle own feelings of loss and sadness that arise when caring for a client who is dying
- To provide support for the client and the client's family during the dying process
- To complete the actions necessary to care for the client who has died

C. Implementation

Assisting the Dying Client (***See the Procedure below***)

D. Evaluation

- Client finds internal resources to accept death.
- Client is able to verbalize feelings and needs.
- Physical discomfort is minimized.

2.4. ASSISTING THE DYING CLIENT

Procedure

1) Minimize the client's discomfort as much as possible.
    - Provide warmth.
    - Provide assistance in moving, and position client frequently.
    - Provide assistance in bathing and personal hygiene.
    - Administer the appropriate medications before the pain becomes severe.
2) Recognize the symptoms of urgency or emergency conditions and seek immediate assistance
3) Notify the charge nurse if there is an impending crisis and perform emergency actions until help arrives
4) Encourage dying clients to do as much as they can for themselves so that they do not just give up - a state that only reinforces low self-esteem.
5) Provide emotional nursing care for the client.
    - Form a relationship with the dying client. Be willing to be involved, to care, and to be committed to caring for a dying client.
    - Allocate time to spend with the client so that no only physical care is administered.

- Recognize the grief pattern and support the client as he or she moves through it.
- Recognize that your physical presence is comforting by staying physically close to the client if he or she is frightened. Use touch if appropriate and nonverbal communication.
- Respect the client's need for privacy and with draw if the client has a need to be alone or to disengage from personal relationships.
- Be tuned into client's cues that he or she wants to talk and express feelings, cry, or even intellectually discuss the dying process.
- Accept the client at the level on which he or she is functioning without making judgments.

6) Provide the level of care that encourages the client to retain confidence in the health care team.
7) Assist the client through the experience of dying in whatever way you are able to do so.
8) Support the family of the dying client.
   - Understand that the family may be going through anticipatory grief before the actual event of dying.
   - Understand that different family members react differently to the impending death and support the different reactions.
   - Be aware that demonstrating your concern and caring assists the family to cope with the grief process.
9) Be aware of your own personal orientation toward the dying process.
   - Explore your own feelings about death and dying with the understanding that until you have faced the subject of death you will be inadequate to support the client or the family as they experience the dying process.
   - Share your feelings about dying with the staff and others; actively work through them so that negativity does not get transferred to the client.

2.5. CARE AFTER DEATH / POST-MORTEM CARE

Definition: Care after death also called **post-mortem care** consists of the care given to the body after death.

Purpose:

- ➢ To show respect for the dead
- ➢ To prepare the body for burial
- ➢ To prevent spread of infection
- ➢ To show kindness to the family

Equipments needed are:

- Basin for water, wash cloth and towel
- Cotton
- Gauze
- Dressings and tape if necessary
- Clean sheet
- Stretcher
- Forceps
- Name tag
- Glove

Procedure

- ✓ Note the exact time of death and chart it

- ✓ call the doctor to pronounce death
- ✓ If the family members are not present, send for them
- ✓ Wash hands and wear clean gloves according to agency policy
- ✓ Close doors of the room or pull curtain
- ✓ Raise bed to comfortable working level (when necessary)
- ✓ Arrange for privacy and prevent other patients from seeing in to room.
- ✓ Close patient's eyes and nose and mouth (put cotton wool)
- ✓ Remove N.G. tubes and other devices from patient's body such as IV fluid, urinal catheter, rectal catheter, and other particularities.
- ✓ Place patient in supine position
- ✓ Replace toile dressing with clean ones when possible
- ✓ Bath patients if necessary
- ✓ Brush or comb hair
- ✓ Apply clean gown
- ✓ Care for valuable and personal belongings and document
- ✓ Allow family to view patient and remain in room
- ✓ Attach special level if patient had contagious disease
- ✓ Await arrival of ambulance or transfer to morgue
- ✓ Remove gloves and wash hands
- ✓ Document the procedure**.**
- ✓ *Accompany the family according to the possibility*

2.6. ASSISTING CLIENTS TO GRIEVE SUCCESSFULLY

When working with bereaved clients, encourage them to:

- Recognize the loss by acknowledging the loss.
- Express feelings related to the loss.
- Remember the deceased in a realistic (versus idealistic) manner.
- Relinquish old attachments of the deceased (e.g., give away some of the deceased's possessions).
- Readjust to the community without the deceased.
- Reinvest the emotional energy into something else (e.g., begin to socialize).