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NURSING FOUNDATIONS II (N11)
STUDY GUIDE

MEETING CLIENT NEEDS RELATED TO SPIRITUAL HEALTH, LOSS, GRIEF, DEATH AND DYING

INTRODUCTION

Everyone experiences loss, grieving at one point in life. Grief and bereavement are universal experiences that individuals go through when they have to deal with a loss in their lives. Spiritual needs are part of an individual's essential needs, therefore. it will remain as a major element of holistic nursing care. These are intrinsic needs throughout life. Nurses must understand the fundamentals about grief, loss and bereavement on the part of our clients and their families and the different ways individuals cope with their losses. For nurses to provide holistic care to their patients, she/he would have to care not only for their physical body and mind but also must address the spiritual needs of the patient. Some studies say that one of the greatest challenges for nurses today is satisfying their patient's spiritual needs and providing comfort.

It is important that nurses assess the characteristic signs of grief and loss and address them appropriately.This session integrates knowledge you have acquired from previous courses and sessions to ensure holistic patient care.

Learning Outcomes

- Explain the basic principles and concepts of spirituality, grief and bereavement
- Describe methods to assess spiritual health care needs and symptoms of grief
- Identify measure to support spiritual health care needs and grieving
- Identifies nursing roles and responsibilities to clients with spiritual health care needs who are grieving
- Identify care to support clients with spiritual health care needs
- Describe end of life care measures that could be provided for both the client and their families.

Read: Spirituality, Chapter 41. pp.980-996 and Loss, grief and death, pp. 1015-1032

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OVERVIEW

Part of our role as nurses is to render holistic care to our clients and studies have shown that spirituality and spiritual care play an important part in their care. However, not all nurses are comfortable in dealing with the spiritual needs of their clients. In this session we would learn how to do spiritual assessments of our patients but before that it would be appropriate for us to do our own spiritual assessment or a self-assessment of our spiritual history. Self-awareness of our own spirituality may help us deal with addressing the spiritual needs of our clients.

Self-Assessment Activity 1: Self-awareness Test - FICA Self- Assessment Tool *(This tool was developed by DR. Christina Puchalski and will help you assess your personal spiritual history . Once done please submit to the appropriate submission bin)*
F -Faith and Belief Do I have a spiritual belief that helps me cope with stress? With illness? What gives my life meaning?
I - Importance Is this belief important to me? Does it influence how I think about my health and illness? Does it influence my healthcare decisions?
C - Community Do I belong to a spiritual community (church, temple, mosque or other group)? Am I happy there? Do I need to do more with the community? Do I need to search for another community? If I don't have a community, would it help me if I found one?
A - Address in Care What should be my action plan? What changes do I need to make? Are there spiritual practices I want to develop? Would it help for me to see a chaplain, spiritual director, or pastoral counselor?
Do you think knowledge of your own personal spiritual history will assist you in caring for your client's spiritual needs?

Spirituality and Related Concepts

When caring for all types of patients, Nurses have to consider not only their physiologic needs but also their psychological, emotional, cultural and spiritual needs.

What is spirituality? Studies have shown that spirituality would mean differently for each individual and that would be caused by an interplay of several factors like, gender, age, culture, religion, just to name a few.

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Canfield defined spirituality in the healthcare as "that part of person that gives meaning and purpose to the person's life. Belief in a higher power that may inspire hope, seek resolution, and transcend physical and conscious constraints."

***Spirituality** and religion are often used interchangeably. **Spirituality,** refers to the human tendency to seek meaning and purpose life, inner peace and acceptance forgiveness and harmony. (Kozier … p. 980.) **Religion -** usually applied to ritualistic practice and **Spirituality** is referred to as an inward journey that requires shift in awareness; Spirituality is defined as a "connection to that which is sacred, the transcendent. (Isaac,K. et al 2016)*

Here is an example on how we can spirituality and Religion had been differentiated

SPIRITUALITY	RELIGION
individual focus	community focused
non- doctrine oriented	behaviour-oriented
self-directed	authority - directed

spiritual practices such as meditating religious practices such as prayer

Self-Assessment Activity 2:

Spirituality and religion are often used interchangeably.How would you define spirituality in your own context. How would you define religion. How would you correlate religion and spirituality ? Do you think this could affect the way your client would cope with their health condition? Please submit you answers in the discussion board. Please read the comments of your group mates and comment on at least 2 of their works.

Nurses need to be sensitive to manifestations or indications of the clients spiritual needs to be able to respond immediately. However, it is important to note that not all individuals are believers or accepts that there is a supreme being and these we should acknowledge and respect.

Religious Practices and Beliefs that Nurses should Know

Religion plays an important role in the life of individuals. Religious and cultural beliefs and practices have influenced the way people live and decisions they make. When people get sick, more especially if they have to make life and death decisions, they usually turn to prayer and other religious practices for to ask for guidance and solutions. As nurses we should remember to avoid making unethical impositions to the client and their family.

Examples of these would include: **a. Holy Days -** these are refer to the period during which religious practices are observed during the year and are celebrated every year, i.e. Catholics - Good Friday, Christmas, Muslims- Ramadan; **b. sacred texts -** religious writings; c. **sacred symbols - i. e. cross; d. prayer and meditation; e. Beliefs affecting diet -** ex.

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Muslims don't eat pork; **f. Beliefs about Illness and Healing - i.e.** some may attribute their illness to sin ; some would not allow medical treatment because it goes against their religious practice; **g. beliefs about dress and modesty -** some religions dictate the way they dress so they might feel uncomfortable during physical assessment or when undergoing some diagnostic procedures; **h.beliefs related to birth; i. beliefs related to death**

Spiritual Health and the Nursing Process

Several studies have shown that use of the nursing process may be applied when caring for the spiritual needs of the client but others still consider this a very sensitive issue of nursing care.

One way of assessing the spiritual history of a client is with the use of the FICA assessment tool.

FICA SPIRITUAL HISTORY TOOL (SPIRITUAL ASSESSMENT TOOL DEVELOPED BY DR. C.PUCHALSKI AND Romer 2000 Copyright, Christina M. Puchalski, MD, 1996)

F - Faith and Belief" Do you consider yourself spiritual or religious?" or "Is spirituality something important to you" or "Do you have spiritual beliefs that help you cope with stress/ difficult times?" (Contextualize to reason for visit if it is not the routine history). *If the patient responds "No," the health care provider might ask, "What gives your life meaning?" Sometimes patients respond with answers such as family, career, or nature.* *(The question of meaning should also be asked even if people answer yes to spirituality)*
I - Importance "What importance does your spirituality have in our life? Has your spirituality influenced how you take care of yourself, your health? Does your spirituality influence you in your healthcare decision making? (e.g. advance directives, treatment, etc.)
C - Community "Are you part of a spiritual community? Communities such as churches, temples, and mosques, or a group of like-minded friends, family, or yoga can serve as strong support systems for some patients. Can explore further: Is this of support to you and how? Is there a group of people you really love or who are important to you?"
A - Address in Care "How would you like me, your healthcare provider, to address these issues in your healthcare?" (With the newer models including diagnosis of spiritual distress A also refers to the "Assessment and Plan" of patient spiritual distress or issues within a treatment or care plan

The following are examples of possible Nursing Diagnoses which could be found in the NANDA 2018-2020:
Spiritual Distress p. 664
Risk for Spiritual Distress p. 675
Risk for Impaired religiosity p. 681
Impaired religiosity p. 667

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Readiness for enhanced Religiosity p.668
Readiness for enhanced spiritual Well-being p.818

Diverse nursing interventions to address the spiritual needs of a client are now available but the most common are s follows: 1. providing presence, 2conversing about spirituality, 3. supporting religious practices,4. assisting clients with prayer,5. referring clients for spiritual counselling. It is recommended that caution be taken when evaluating the outcomes of spiritual care.

Several studies suggested that nurses could be more sensitive to their client's spiritual needs by increasing their own spiritual awareness and the following are suggested activities the nurse could do to achieve this: 1. explore personal end-of-life issue;2. write a self-epitaph;3. create a personal loss history;4. list significant values;5. conduct spiritual self-assessment.

LOSS, GRIEVING AND DEATH

Read: Chapter 43, Loss, grief and death, pp. 1015-1032

Berman, A., Snyder, S., & Frandsen, G. (2016). . Kozier's & Erb's Fundamentals of Nursing: Concepts, Process, and Practice. 10th ed. Upper Saddle River, New Jersey: Pearson Education, Inc.

Self-Assessment Activity 3:

Watch a movie entitled " The Descendants " or "A Walk to Remember" which deals with an individual or family's loss, grieving or end-of-life experience. Write a synopsis or a short review. Do you think this would help you empathize with your future clients? How?

Loss is an actual or potential situation where something that is valued could change or would no longer be present, i.e. loss of a job, loss of a body sensation, or death. Loss could be categorised into 2 types: actual loss which could be perceived by other, or perceived loss, which could only be perceived by the individual, but both losses could be anticipatory, meaning it was experienced before it actually happened. Loss can be brought about by the following:1. loss of aspect of self; 2. loss of external object;3. loss of a familiar environment;4. loss of a loved one.

Grief on the other hand is the response to the emotional experience of loss and is manifested through feelings and behaviors associated with overwhelming suffering or pain. **Bereavement** is the subjective response experienced by the surviving loved ones and **Mourning** is the behavioral process through which grief is eventually resolved. There are different types of grieving responses: a. ***normal grief*** - could be **abbreviated -** that which is short and genuinely felt when the lost object is not significantly important; or **anticipatory** which is experienced in advance; b. ***disenfranchised grief -*** occurs when individual is unable to admit/show the loss to other i.e. abortion; c. unhealthy grief (pathologic) - complicated grief occurs when maladaptive coping strategies were utilized; d. complicated

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grief which can come in the form unresolved or chronic grief, inhibited grief, delayed grief, exaggerated grief.
*The*re are different stages of grieving and morning and different clinical responses/ manifestations to each stage. *For these refer to table 43-1;43-2,43-3 pp. 1017-18. Kozier& Erb's Fundamentals of Nursing: Concepts, Process, and Practice. 10th ed. Upper Saddle River, New Jersey: Pearson Education, Inc. Chapter 43.*

Responses to loss and grief are brought about by factors like : age, childhood, early and middle adulthood, culture, spiritual beliefs, gender, socio-economic status, support system ,significance of the loss and cause of the loss or death. These factors are important consider when we identify or assess our clients.

Possible Nursing diagnoses would include:
Grieving
Complicated grieving /Risk for Complicated grieving
Risk for Loneliness
Interrupted Family Processes
Risk Prone health behavior

DEATH AND DYING

Death is perceived differently by an individual as he goes through the different stages of his life and it is affected by the different emotional experiences he has had and by different factors which affects his life in general. *Refer to table 43.4. p 1022.Kozier& Erb's Fundamentals of Nursing: Concepts, Process, and Practice. 10th ed. Upper Saddle River, New Jersey: Pearson Education, Inc. Chapter 43.*

No matter how different a person who is dying and his family may perceive or respond to the concept of death, both will feel grief as they recognize impending loss. There will be cultural related beliefs and practices related to death and dying which healthcare professional should learn to acknowledge. This will be diverse but knowing it will enable nurses to provide individual care to their clients and their families during this time.

The focus of our nursing diagnoses at this point considers both the client and their families. Both the physiological and the psychosocial needs of the client and their families should be assessed. in cases of terminal illnesses, the awareness of both the family and the client affects how nurses would assist them cope with the grieving process. In ***Closed awareness*** the client is not made aware of impending death, **mutual awareness,** the client, and the family and the healthcare providers are aware of the impending death and ***open awareness***, where the client, the family and the healthcare providers are aware of the impending death and are comfortable discussing or even if it is painful. Physiologic manifestations of impending clinical death may include but not limited to the following: l*oss of muscle tone, slowing of circulation, changes in respirations; sensory impairment,* just to name a few.
Nursing diagnoses would also have to address both the physiology and psychologic need of the client and the family. Examples of this would include: Grief; Fear; Hopelessness;Powerlessness; Care Giver Strain; Interrupted Family Processes.
Nursing action for the dying client during the care would aim to *a. maintain physiologic and psychologic comfort; b. achieving a dignified and peaceful death. Nursing interventions would include but not limited to: Helping the Client die with dignity; providing Hospice and Palliative care;*

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Meeting the physiological needs of the of the dying client (Refer to 5Box 43-1 p 1026 and Table 43-5 p.1028. Kozier& Erb's Fundamentals of Nursing: Concepts, Process, and Practice. 10th ed. Upper Saddle River, New Jersey: Pearson Education, Inc. Chapter 43); providing spiritual support; Supporting the family.

Hospice and Palliative *Care*

Hospice care focuses on support and care of the dying person and his family with the objective of providing a peaceful and dignified death. It is provided when there is no more active or curative treatment being given to cure the illness. Focus is on quality of life rather than cure. It was defined by the **WHO** as an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. ***According to the WHO Palliative care:*** *provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; intends neither to hasten or postpone death; integrates the psychological and spiritual aspects of patient care; offers a support system to help patients live as actively as possible until death; offers a support system to help the family cope during the patients illness and in their own bereavement; uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated; will enhance quality of life, and may also positively influence the course of illness; is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.*

WHO Definition of Palliative care for Children *: Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease; Health providers must evaluate and alleviate a child's physical, psychological, and social distress. Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited. It can be provided in tertiary care facilities, in community health centres and even in children's homes.*

Postmortem Care

After the client dies, the family may want to view the body with or without a nurse present so it is important the deceased appears natural and comfortable so the deceased body has to be in an
anatomic position, eyes closed and this should be done before rigor mortis sets in. Rigor Mortis is the stiffening of the body which occurs 2-4 hours after death. Algor mortis is the gradual decrease in the body temperature after death and livor mortis is the discoloration of the body as a result of the release of the hemoglobin after the breakdown of the red blood cells. Nursing personnel may be responsible for the care body after death but hospital policy on postmortem care should be followed. (Refer to UPCN checklist for postmortem care).

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https://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=26832335 Incorporating Spirituality in Primary CareKathleen Isaac,1 Jennifer Hay,2 and Erica Lubetkin3Incorporating Spirituality in Primary Care **https://open.umn.edu/opentextbooks/textbooks/246**

FICA Spiritual History Tool
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwislf6o8MvrAhXEIqYKHSmJAZkQFjAKegQIARAB&url=https%3A%2F%2Fsmhs.gwu.edu%2Fgwish%2 Fclinical%2Ffica%2Fspiritual-historytool&usg=AOvVaw2FcEgdDUSeR0ZERwwID1fi

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