

Bereavement, death and dying

[Literature](#), [Books](#)



Many individuals prefer to participate at an end of life care in the comfort of their own homes. This allows them to have a more dignified death because they are able to have free choice. “ According to a 2014 Harris/Decima survey, those Canadians that have a preference of where they die, the majority would prefer to die in their home (75%). ” Someone’s home is comforting and provides security to an individual especially in such a vulnerable time in their life because it is familiar to them. It also provides a peaceful and private space for them to rest in their final days. At home care provides the individual with a provider to help with personal care such as bathing, dressing, using the toilet as well as meal preparation, overnight care, and light housework. This allows the sick to be cared for in the comfort of their own home.

This provides the individual with a better one on one care allowing all their needs to be met. Home care is becoming more and more popular according to the Canadian Hospice Palliative Care Association. Religious and Cultural care is important for individuals and family because it allows them to believe/ have faith in something that is bigger than themselves. It provides emotional support and sometimes reasoning as to why such a devastating thing had or is happening. According to the CNO document on Culturally Sensitive Care, it states that Families that represent very strong cultural or religious beliefs/traditions provides the family with a structure that will direct them in containing/dealing with grief. Cultural, religious or spiritual assessments in the healthcare field is important in order to give the client and family the best care that they require. An assessment is necessary in order to allow a health care provider to identify the patient’s relevant

cultural factors that are within the context of each situation. The assessment will provide the healthcare worker to acknowledge the elements that may affect the way the client views and responds to their world as well as the other people in it. For example, the assessment will allow the provider to view the patient's perception of health, illness, and death. As well as their views on hospitals, health care providers, boundaries related to privacy and their views on treatments. In order to gain this information, the healthcare provider must ask open-ended questions to the patient or the patient's family in order to elicit the client's perceptions and beliefs. The health care provider must be sensitive to the issues at hand and be able to advocate for client-centered care by accommodating cultural preferences and realizing when to involve non-traditional health care team members such as spiritual leaders to the client and family. Without assessing the patient's core beliefs and values the health care provider cannot provide the best care suited for that individual patient and the family.

3. religious or cultural view Pakistani Cultural Group A way to think about culture is by looking at everything that surrounds and is a part of a person/community's social environment. This can be the language, the religious beliefs, the norms, and values as well as behaviors passed down from generation to generation.

Culture is seen to just exist around people and no one notices it until it is gone, (Death, Dying and Bereavement). Pakistan is a country situated in the northwestern part of south Asia subcontinents. It is in fact surrounded by India at the east, Iran to the west, China to the northeast and Afghanistan which is connected to the northwest side of Pakistan, (). The following information presented is from Canadian citizens viewpoint. The majority of

Pakistanis believe and practice the Muslim faith which allows them to embrace death and accept it as an inevitable part of life. Faith is what keeps Pakistanis strong, it gives them something to hold onto and believe in. Therefore, to them, religion is the base of life. When talking about death they do not consider the subject taboo as some cultures would. They are in fact reminded at sermon every Friday that every day could be their last yet death is not feared it is in fact celebrated because it is said to be the beginning of life. They see their life on earth as temporary and see life after death as the permanent life. In the Pakistani culture reasoning for death and illness is said to be brought on by God's decision. He has the power to write one's time of death. In the Pakistani culture they are not mad at God's decision or sad for the person who has died but rather they are sad for themselves because they will miss said dying person. Their faith allows them to understand that death is inevitable and that this life is only temporary. Pakistani families and communities care for the sick by bringing food for the visitors of the sick. Food is very much celebrated in the Pakistani culture. It brings people together and allows them to bring comfort and security to the dying. Not only is food important in the culture but so is prayers and reading the Quran. Reading the Quran gives the dying person relief and solace in their final days. It allows them to accept their fate and die peacefully. However, when it comes to an end of life care it is written in the Quran that the death is not allowed to receive intoxicants nor euthanasia. This makes it difficult to make the dying person comfortable through the pain. Once the sick does die peacefully, the person is said to be buried as soon as possible in the town that they died in. Some Pakistanis living in Canada want to be buried back in

Pakistan, however, this is discouraged because the person needs to be buried straight away in order to rejoin God. The cemeteries that most Pakistani's are buried in are very modest and simple. Meaning that they do not have huge fancy tombstones. It is a ritual to go visit the cemetery and offer prayers as well as a special prayer it gives in charity. This allows the person mourning to gain a source of relief.

Bereavement, grief, and mourning “ Bereavement is what happens as a result of experiencing a loss, usually, but not always from death” (Kemp, 2014). In order for bereavement to occur three key factors need to be present such as a relationship with valued person or thing, loss of that relationship and lastly a survivor who is now bereft of it, (corr, nabe, and corr, 2003). The difference between grief and mourning is that grief is the experiences or reactions that come as a result of loss whereas mourning is the process that survivors go through as they cope with a loss such as cultural patterned processes through which bereaved people deal with grief. Sigmund Freud developed the theory of “ working through your grief”. This theory states that patients must learn to uncover, confront and work through emotionally threatening material from the unconscious, (Freud, 1917/1959). Freud states that there are six interlocking principals involved in the process of learning to confront and deal with ones loses in order to free oneself from the strong emotional ties to the lost person. Another theory regarding grief is presented by Elisabeth Kubler-Ross who theorized the 5 stages of grief. The 5 stages consist of denial which is the bereaved act as though nothing happened. Anger where the bereaved resist the loss and may strike out to others. Bargaining was awareness is postponed. Depression where they

realize the full impact of the loss and may feel alone or withdraw from others. Lastly, the stage of acceptance which is when the bereaved starts to come to terms with the loss and they begin to look toward the future. 5.

Nursing care theory “ Theories are a purposeful set of propositions and assumptions that identify the relationship between concepts.

They provide a systematic view for explaining, describing and prescribing phenomena. ” (Canadian fundamentals in nursing). Caring is an essential part of nursing and requires connecting to the client, involvement, support, and recognition, (). The theories of caring and models are said to be grounded in humanism and the idea that caring is the basis of human science. The theorist that developed these models are nursing scholars who have done research, analysis and gained insight into human experience. The theorists are Leininger, Swanson, Watson, Benner, and Wrubel and lastly roach Leininger’s culture care diversity and universality theory state that nurses must understand various cultures to function effectively. This is said to allow nurses to be aware of the client’s culture and local language in order to understand the care desired by the client. This culturally competent care is provided by preserving the client’s familiar ways, making accommodations and readjusting care to help the client to move towards their preferred wellness. Swanson’s theory of caring states caring as “ a nurturing way of relating to a valued ‘ other,’ toward whom one feels a personal sense of commitment and responsibility” (Wojnar, 2010). When the nurse understands and is aware of human responses to health problems it allows the client’s well-being to be enhanced. Swanson put forth a guide to nursing intervention called the five caring processes. These processes include

knowing, “ being with”, “ doing for”, enabling and maintaining belief. The process of knowing is gathered when a nurse completes a thorough assessment and understands the way of life experienced by the client and family instead of going by assumptions.

The process of “ being with” is how nurses deliver caring by being empathetic, a good listener and attending to the client’s needs. The “ doing for” process is the nurse’s duty to carry out therapeutic actions in order for the nurse to do what needs to be done for their client by protecting and preserving the client’s dignity. The process of enabling is in regards to the nurse must empower their client by providing knowledge in order to facilitate the move through the client’s life transitions and unfamiliar events occurring. Lastly, the process of maintaining belief is the nurse’s duty to maintain the belief and faith that people have the capacity to get through life. Swanson calls this the foundation of caring. Watson’s theory of human care states that caring is the moral and essence ideal of nursing. The foundation of nursing’s role in society is human care. Nurses are able to care by being grounded in a set of universal human values such as kindness and love. The will to care is provided in communications, positive support, and connectedness. Benner and Wrubel’s primacy of caring theory states that caring is primary because it sets up the possibility of giving and receiving help resulting in the essence of excellence in nursing. As well a certain amount of openness and capacity to respond to care on the part of the client results in a caring relationship. Roach’s theory of caring is that caring is the human mode of being. He states this with the six C’s of caring. Compassion which is participating in the experience of others, competence the knowledge to respond adequately to

others. As well as, the confidence which is the quality that fosters caring relationships, conscious awareness of personal responsibility, a commitment which is the convergences btw one's desires and obligation and to act in accordance to them.

Lastly, comportment which is the presentation of oneself in a professional manner who respects others. Without caring theories nurses, as well as healthcare professionals, would not comprehend the complexity of caring for another human. Leininger, Swanson, Watson, Benner and Wrebel, and roach are all theorist who states that nursing is the foundational and essential part of nursing. Nurses must be professional, provide cultural competence care, enhance the client's well-being, being grounded in values and so on. 6.

nursing reflection To conclude this assignment has helped me be more conscious on the way I act and appear to the clients that I care for. I have become aware that every client must be cared for differently according to their beliefs and values even if they do not support my own. It is their care that is the number one priority. The way I portray myself to my clients such as my dress, my language, body language, appearance, and attitude is important because it reflects on the type of care given to that client. I must keep an open mind and provide client-centered care in order to connect with and support my client through the challenges of illness, and even death. It is my knowledge, my reassurance and my care that will help the client successfully heal or cope with loss properly.