

When it comes to the
end



It is important to know how to treat not only the patient but the family and ensure that the patient is comfortable in their last few days of life. The purpose of this paper is to address the practice problem; what is the best way to support and help families that are not ready to accept that their loved one is dying and help the family let go? I intend to answer this practice problem and support it with a review of literature on the subject of death, dying, letting go and the involvement of family in this process.

In answering this practice problem I will use Cornelia Marl Roland URN, Ph. D middle range theory on end of life care and a borrowed theory by R. S. Lazarus on stress, coping and adoption and apply it to different practice situations involving end of life care. Cornelia Maria Roland: End of Life Care
Cornelia M. Roland attended the university of Bergen, Norway for her undergraduate studies in Philosophy and Social Sciences in 1974 (Roland, 2002). In 1979 she attended Wasteland School of Nursing in Norway and graduated with her URN (Roland, 2002).

In 1983 she obtained a Clinical Nurse Specialist degree in Pediatric Nursing (Roland, 2002). In 1994 Cornell received her MANS in Nursing Administration from Case Western Reserve University, FEB. school of nursing in Cleveland, OH and in 1998 she graduated from the same school with her Ph. D. in Nursing Informatics (Roland, 2002). Since graduating with her Ph. D. Cornell has been involved in many studies and published many works (Roland, 2002). She has worked as a researcher, professor at Duke university and been involved in many committees and research studies (Roland, 2002).

Cornelia Roland contributed a lot to nursing theory. She is responsible for the middle range theory of end of life care. She has contributed a vast amount of information to the nursing practice and nursing informatics. She had won a large amount of awards for contribution to nursing including being nominated for the Harriet H. Harley Award for making the greatest contribution to advancing the field of informatics in 2000 (Roland, 2002).

Short Biography of Shirley M. Moore Shirley M.

Moore, PhD, URN, FAN currently is the associate dean for research at the Edward J. and Louise Mullen Professor of nursing (Moore, 2010). Her research interests include recovery following cardiac events, health behavior change, exercise following cardiac events, childhood obesity and quality and safety (Moore, 2010). She has been involved in a vast number of research projects in these areas (Moore, 2010). She received her BBS from Kent State University and her MANS and PhD from Case Western Reserve University at the Frances Payne Bolton School of Nursing (Moore, 2010).

Concepts and Propositions of End of Life Theory The purpose of Cornelia Ireland's End of Life theory is to direct care necessary for terminally ill clients and enhancing nursing care by combining dimensions that are important to dying in a unified whole (Menace ; Wills, 2011, p. 39). The major concepts being that the patient is not in pain and experiences comfort, dignity, respect and is at peace in their last days (Menace; Wills, 2011, p 239). It is also important that they are close to their significant others and people that care about them.

There are 16 outcome criteria of the standard of peaceful end of life that are the goal of this theory. In terms of the patient the outcome is that the patient is not having pain, does not experience thirst, experiences optimal comfort, is at peace and does not die alone (Roland ; Moore, 1998). The outcome for the patient and significant others is that they have confidence that they are receiving the best possible care, maintain hope and meaningfulness , and participate in decision making regarding the patient's care.

The other outcomes are that they experience being treated with dignity and respect as a human being, experience a pleasant environment, and get assistance in clarifying practical and economical issues related to the patient's coming to an end of life. The outcomes for the significant other are taking part in caring for the patient as they wish and that they can say farewell with he patient in compliance with their beliefs, cultural rites and wishes (Roland ; Moore, 1998).

Also, an important outcome is that they are informed about different funeral procedure and possibilities and are offered a follow-up visit after the patients death (Roland ; Moore, 1998). These outcomes are consistent with five common themes, not being in pain, experience of comfort, experience dignity and respect, be at peace and are close to significant other and persons who care death (Roland ; Moore, 1998). It is very important that the nurse use these key monuments in their practice in order to be practicing the theory of end of life death (Roland ; Moore, 1998).

They can do this by monitoring and administering pain relief often by using both pharmacological and non-pharmacological interventions death (Roland ; Moore, 1998). Nurses should prevent and monitor for physical discomfort and try to relieve this and also prevent any complications that should arise during the dying process (Roland ; Moore, 1998). It is extremely important for nurses to include the patient's significant other in decision making and treat the attention with dignity, empathy and respect death (Roland & Moore, 1998).

This includes being attentive to patients expressed needs, wishes and preferences death (Roland & Moore, 1998). In order to achieve being at peace it is essential to provide emotional support and monitor and meet the patients' needs for anti-anxiety medications and inspire trust with both the patient and the family death (Roland ; Moore, 1998). Being at peace includes providing the patient and their family with guidance in practical issues and providing physical assistance of another care arson death (Roland ; Moore, 1998).

Closeness to others and persons who care include facilitating participation of significant other in patient care and attending to gallants toners greet, worries Ana Stetsons cleat u an ; Moore, 1 Sometimes it's a good time to involve a pasture or social worker if the family desires and to facilitate opportunities for family closeness death (Roland & Moore, 1998). These interventions listed above are essential to obtaining a peaceful end of life. Theory Application The theory has been applied in several pieces of literature.

One specifically mentions the development of an end of life pamphlet or booklet for families in the ICC that have to make end of life decisions. Research has found that when patients and their families are educated on specific treatments and options and provided with written material that anxiety levels are decreased during the dying process (Nourish, 2010, p. 5). It is very stressful for families and staff members when there are important end-of-life decisions to be made. Having written material available to families would help make their decisions easier (Nourish, 2010) .

Also, the literature dated that it is important for nurses to make sure the family really understands what the doctor is telling them about the patient and their conditions (Nourish, 2010). It is easy for families and patients to become confused by all the medical jargon that can be put out there during discussions with a doctor. Applying Theory to the Practice Problem My practice problem is what is the best way to support and help families that are not ready to accept that their loved one is dying and help the family let go?

This theory describes many ways to help family members cope and understand that their loved one is dying. The theory states many ways to support the family in the dying process and to allow them to grieve. This theory can be applied to my practice by providing the family with written information about the dying process and explain to them what is going on with their loved one. Support should not only be provided to the patient but also the staff member's. Staff could be taught the stages of death and dying and the peaceful end of life theory and how it can be applied in our practice.

If nurses and staff are taught ways to help a patient have a peaceful end of life and how to interact and support family members in the grieving process this would certainly help aid in the transition of letting go. Families should be informed of the patient's care and the dying process; they should be allowed to grieve and should be comforted in this time. We as staff need to ensure that the family understands what is going on and ensure that they understand what the doctor is telling them. It is important to talk to the families and let them talk out the situation, sometimes venting can make a huge difference.

This theory has contributed so much to my practice problem and provides endless examples of how to incorporate it into my practice. Instead of focusing so much time on the patient sometime should be taken towards taking care of the family too, because in this time they are part of the dying process and need love and support as well. Borrowed Theory: Lazarus Stress, Coping and Adoption Theory When a loved one is dying the family members go through a lot of emotions. There is a grieving process even before the loved one has passed.

This is where Lazarus stress, coping and adoption theory may be applied to my practice problem. There is always stress associated with a sick family member followed by coping with the poor prognosis of the family member's disposition. Lastly, the family members will have to adapt to the knowledge that a loved one will die in the near future. Lazarus Short Biography Richard Lazarus was born in New York in 1922 and died in 2002 after a fall at home. After graduating from City College of New York in 1945 he served 3 and a half years in the military (Compose, n. D. . His time <https://assignbuster.com/when-it-comes-to-the-end/>

served in the military helped contribute to his theory on stress, coping and adoption (Compose, n. D.). When he completed his term in the military he then completed his doctorate at the University of Pittsburgh (Compose, n. D.). Following the completion of his doctorate degree he began working as a professor at John Hopkins University for 6 years followed by 5 years at Clacks University (Compose, n. D.). He then was a professor at Berkeley until 1991. In 1984, Lazarus published *Stress, Appraisal and Coping* which became a widely read and academically cited book (Compose, n. .). He later published another book, a sequel perhaps in 1999 entitled *Stress and Emotion: A New Synthesis* (Compose, n. D.) Lazarus work was widely cited and respected among many (Compose, n. D.). He was given many awards and two honorary doctorates due to his work with stress, adaptation and coping (Compose, n. D.). Concepts and Propositions of the Theory Lazarus theory deals with how people psychologically respond by adapting and coping to stressful situations (Menace & Wills, 2011). Coping when considered as a process, is characterized by dynamics and changes that are functions of continuous appraisals and reappraisals of the shifting person environmental relationship (Menace & Wills, 2011, p. 289). The two major factors that contribute to stress are the relationship with the person and environment and appraisals (Menace & Wills, 2011). The relationship with the person and the environment includes factors such as values, beliefs, commitments, social supports, networks, personalities, demands and constraints, social cultural factors and reappraisal.

Lazarus saw stress as not how a person reacts but really how the person perceives a threat (Menace & Wills, 2011). In 1984 Lazarus specifically

defined stress as " a particular relationship between the person and the environment that is appraised by the person s taxing or exceeding his or her resources (Menace & Wills, 2011, p. 289). " Successful coping results in the adoption to the stressful situation. Health, psychological well-being and social functioning are all affected by adoption (Menace & Wills, 2011).

If one of these areas are affected the other two are as well because they are interdependent variables (Menace & Wills, 2011). Examples from the Literature of how Theory has Been Applied An article was reviewed entitled Family caregivers of older relatives ways of coping and change in distress by C. Unseen et. Al. This article is a secondary analysis that examines the relationships between how caregivers cope with caregivers stress and how they experience stress put on them overtime (Unseen, et al. , 2008).

The group used Lazarus work a lot in their research, in-fact literature written by Lazarus is cited 9 times in their bibliography. In their research the authors found that " the most effective overall strategy may like in obtaining balance between problem-focused and emotion focused coping (Unseen, et al. , 2008, p. 286). " They found this to be the most successful way for caregivers to cope with caring for older adults. The caregivers that did not do as well overall with the stressful situation of caring for an older adult are those that used the coping mechanism of avoidance.

The study found Tanat It was sometimes Dentally Tort caregivers to step Deck Ana take a Dread Trot their caregivers role. Lazarus Theory Incorporated into the Practice Problem When a loved one is at the end of their life it is usually always stressful and sometimes very hard for family

members to accept such a fatal prognosis. Lazarus theory of stress, coping and adoption can be very useful when dealing with family members that are not ready to accept their loved one is about to pass.

It was found in the literature that avoidance can be one way that family members cope and this is often viewed as a very unsuccessful way of coping with stress and the situation. The researchers found that it was best for the caregivers to find a balance between problem-focused and emotion-focused coping (Unseen, et al. , 2008). Theory Connection to the Nursing Practice Lazarus theory can help the nurse help the family with the stress related with death and also help the family with coping and adaptation by understanding how the family is feeling and talking to them about their fears.

The nurse has to understand what the family is going through and develop empathy for the family. By understanding Lazarus theory the nurse will be better able to relate to the family and assist with the families coping. This theory is very beneficial for the nurse to understand and use in practice as every illness can be stressful to both the patient and their loved ones.

Conclusion The chosen practice problem is not an easy one. As a nurse it is hard to lose a patient that you have gotten to know and care for. For those nurses who have lost a loved one themselves they know it is not easy when you are on the other side.

It is hard to come to terms that your loved one is not going to get better and that it is time to let go. Nurses play an imperative role to families as nurses are the ones that are typically there when the patient passes and the one that delivers that terrible call. It is important that nurses support that family

and help them to transition by explaining the dying process and allowing the family to grieve. Lazarus theory on stress, coping and adoption and Maria Ireland's theory on end of life care can greatly assist nurses to make the transition easier for both the patient's family and ourselves as nurses.