

Comfort Care and End of Life

Helping Dying Residents Cope with Their Feelings

The dying process can be brief or may last a long time. When death is approaching soon, the resident may need more help coping with their feelings. Often the resident becomes restless because of their fear. Report this to the nurse so that anti-anxiety medication may be given, if appropriate. Stay calm to avoid adding to the resident's fear.

For most people, listening is the best thing you can do. If you stay calm and listen carefully, you will know what they need. Your physical presence helps reassure them that they are not dying alone.

Use the communication technique of reflection to encourage residents to talk about their fears and feelings. Ask open-ended questions such as "What are you most worried about?" If a resident is worried about their care, ask what they would like to have done. Assure them they will be made as comfortable as possible. Tell them they will not be left alone. Take time to sit with a dying resident and hold their hand (Figure 8-2). Sometimes a simple touch can comfort the resident. Often you do not have to say anything.



Figure 8-2 Residents must feel able to talk about their fears of dying.

If a resident seems to be denying their impending death, do not try to force them to "face reality." The person is not ready to deal with that realization. You can do more harm than good by forcing the issue. Let the resident adjust at their own pace.

Residents may blame caregivers for not providing enough treatment or not keeping them comfortable. They may be short-tempered with everyone, including

other residents and even devoted family members. Do not take personally any anger directed your way. Do not try to talk a resident out of being angry; acknowledge the person's feelings. You might say "What you're going through is really hard, isn't it?"

A resident experiencing the bargaining stage may say things such as "I just want to be able to hold my grandson one more time." Relay their wishes to the family. Help in any way you can to meet their request for "one more." The resident may be concerned about "unfinished business." If the person can complete whatever that is, they may be able to more easily accept their situation.

You may see signs of depression such as withdrawal from others, crying, or a lack of interest in anything but themselves. Your role is, as always, to be supportive. Be there, and accept the resident's need to work through these feelings. You might acknowledge their feelings by saying "You seem very sad" or "I can see that you're having a hard time today." Even if they do not answer, you have communicated your concern and your willingness to listen.

When a resident reaches the stage of acceptance, they usually become calmer. They can more easily talk about dying. They often want to talk about what they want done with their belongings, how they want to be cared for at death, and even their funeral arrangements. In our culture, people are often uncomfortable talking about these things with a dying person. Family members may refuse to talk about death directly with the resident. You and other staff members may be the only people residents can talk to openly if they want to avoid upsetting family members. Keep listening.

Comfort Measures

Earlier, you learned how to promote sleep and comfort and your role in pain management. Apply this knowledge when caring for a dying resident. Do everything you can to ensure that the resident is comfortable and to provide for their privacy. Follow these guidelines:

- Keep the room well lighted and well ventilated. To offset noises, play soothing music or their favorite music. Offer the resident and family privacy as needed. Keep distracting conversations away from the resident's area.
- Identify yourself frequently. Explain everything you are doing, even if the person is not responsive.
- Offer food and fluids if the resident can tolerate them.

- Change the resident's position frequently. Use pillows for supportive positioning unless ordered not to. Sometimes repositioning is painful, as for residents with bone cancer. Sometimes a catheter is used to reduce the need for frequent repositioning.
- Change the resident's clothing and bedding when it is soiled by perspiration, urine, or feces.
- Keep the resident well groomed. Help the resident live as well as possible while dying. (Figure 8-3)



Figure 8-3 Help the residents to look and feel their best. Keeping them well groomed can lift their spirits.

- Give skin care to prevent or reduce skin breakdown.
- Because dying people often breathe through their mouth, give mouth and lip care frequently.
- Take the resident's vital signs as directed, and notify the nurse of any changes. Also immediately report to the nurse any changes in the resident's pain or other changes such as increased restlessness.
- Spend time talking with and listening to the resident. Let the resident know how special you feel to be with them. Share memories and stories from the resident's family and loved ones. Remember that because hearing is the last sense to fade, the resident may be listening even when they do not seem to be fully conscious.

Helping the Family

Family members go through the same stages of grief as the dying person but may not move through the stages at the same time. You may have to assist the communication between family members and the resident.

Some family members are not able to move beyond the denial stage while their loved one is still alive. They may refuse to talk with the person about their wishes for care or funeral arrangements. If you see this behavior, tell the charge nurse. The charge nurse may need to schedule a meeting with the family to address their fears and the resident's wishes.

Some family members express their anger and guilt by insisting on giving all the care to their loved one. Or they may be very critical of the care you provide. Other family members may withdraw and not visit the person because they are unable to express their feelings directly.

While it's appropriate to encourage family members to participate as much as they can in the resident's care, you may have to remind them to take some time for themselves. They need to rest and take care of their own health. Reassure them that their loved one will be well cared for in their absence. Tell them you will call immediately if there is any change in the resident's condition. Do not take personally any criticism or complaints the family makes during this time. Give them time to talk — and listen, listen, listen. If a family member requests to be notified about any change in the resident's condition, be sure to communicate that to other staff.

When a resident dies, allow the family time alone with the body. Offer to sit with them. Pray with them, if they ask and you feel comfortable doing so. Give them privacy, and offer to call a spiritual counselor.

Religious and Cultural Practices

At this point, you should be familiar with the resident's religious beliefs and practices and those of family members. You will know their wishes for any rituals at the time of death. Many residents want to have religious symbols, medals, statues, or pictures with them. You may be asked to read from the Bible or another religious text or to pray with them. Do this if you are comfortable doing so. If not, make an attempt to find another staff member who can assist.

A rabbi, priest, minister, or other spiritual counselor may visit the resident and family regularly. Their presence is often requested at the time of death. The resident may want to talk with their spiritual counselor when they know death is near. Be sure to provide privacy for these visits.

Take care to understand the concerns of family members at the time of death. A family member may insist on staying with the body. Sometimes this is due to their difficulty accepting the death, but often it involves traditional religious or cultural practices of caring for the body after death.

Family members want to know that their loved one's body will be treated with respect. Reassure them. Explain what will happen with the body. If the family wants to bathe the body or perform another ritual, let them do so if their request is appropriate and allowed by facility policy. This participation is often important for their emotional healing.

Helping Other Residents Cope with Their Loss

A resident's death affects all residents. For some, it is a reminder that their own death is not far away. For others, the death means the loss of a good friend. Residents should always be informed of another resident's death. Encourage them to talk about their feelings, and reminisce with them about the resident who died. A memorial service held in the facility provides a way for residents and staff to talk about their loss and to remember the good things about the person who died (Figure 8-4).



Figure 8-4 Attending a memorial service gives residents an opportunity to talk about their feelings and to honor and remember the friend they have lost.

Often, other residents want to know how the person died. Were they in pain? Was someone there when they died? These questions may arise from their concern for how they will be treated when their time comes. Answer their questions as completely as you can without violating confidentiality rules.

Managing Your Own Feelings

You will often develop close relationships with residents. Before or after they die, you may experience the same feelings as the family and other residents. You are trying to help the resident, family, and other residents deal with their feelings, but who will help you deal with yours? If you are really listening to the dying resident, you can learn much from them. They may be offering support in various ways to everyone involved. If you have helped the person to have a peaceful death, take comfort in that knowledge.

Identifying your own feelings is the first step in resolving them. Knowing that others also feel the loss helps. Talking with other staff members is a good step. You will probably find that they have similar feelings. Also realize that it is okay to cry sometimes.

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