Letting Go
The Role of the Nurse During Death and Dying

Death and dying is inherently part of being human. It is something we all experience whether personally, through a peer, or through a loved one. Death and dying can be viewed with negativity, uncertainty, and anxiety, and the experience can be unnerving, exhausting, and emotionally draining. Nurses can have a dramatic impact on the death and dying experience by helping residents in senior housing and their families through the different stages and identifying supportive resources. The current guest editorial includes steps that can help nurses provide holistic and individualized care for dying residents in senior housing and their families.

GET TO KNOW THE RESIDENT
Getting to know residents and their life experiences can help better understand their wishes, hopes, and dreams. Understanding their life experiences can bring comfort, especially if thoughts and hallucinations related to early life become a part of the dying process. This provision of comfort can be provided through direct interaction with the resident, family members, and friends by reviewing the older adult’s social history in the medical records and any advance directives. It is also important to consider residents’ personal preferences and determine how they may impact their wishes and care. Knowing residents’ wishes ahead of time can help providers be better advocates and alter the course of care for the better (Kehl, 2015).

DISCUSS CARE OPTIONS
Whenever possible, discussing care options should be done prior to residents entering the dying stage. Reviewing these care options in advance gives residents and their families the opportunity to learn about supportive programs such as hospice and palliative care. Hospice care is provided for a person with a terminal illness whose physician believes he/she has ≤6 months to live if the illness runs its natural course (National Institute of Aging [NIA], 2017). Palliative care is provided by a multidisciplinary team that works with the resident, family, and the resident’s physicians to provide medical, social, emotional, and practical support (NIA, 2017). Care options such as hospice or palliative care can provide residents and their families with invaluable resources that can help them through the death and dying process.

PROVIDE EDUCATION ON DEATH AND DYING
Educating residents and their families about the death and dying process prior to the beginning of physical and psychological changes is imperative.
Understanding the process and what to expect can help alleviate some of the stress and anxiety that comes with what can be a difficult process. Encouraging the family to talk with the resident throughout the dying process can help everyone involved understand where the resident may be in his/her transition. Preparing families for their loved one's end of life is central to the mission of programs such as hospice and palliative care. Family members who are prepared for the resident’s death may exhibit more positive outcomes, such as perceived competence, having their informational needs met, and may have higher levels of hope than those who are not prepared. Lack of preparedness may cause additional anxiety, anger, fatigue, lack of adjustment, feelings of helplessness, lack of confidence about their caregiving abilities, and depression (Keeley & Yingling, 2017).

COMMUNICATION AND LETTING GO

Communication among the resident, family members, and health care team at the end of life can result in an increased sense of well-being and satisfaction with the care being provided. Ultimately, the communication that occurs at the end of life among the resident, family members, and health care specialists is critical for a comfortable death experience, because it is through this communication that residents’ and their families’ true wishes are heard, understood, and followed, and their loved ones are left satisfied and without regret. True regret comes from what is not communicated at the end of life (Keeley & Yingling, 2017).

When residents are actively dying and family visits have been made, loved ones may find it beneficial to give residents permission to let go. The concept of letting go can be difficult for everyone involved. At the same time, it can help promote comfort and healing. Encouraging the family to let residents know that they are going to be okay can help release their dying loved one from worry. When dying residents and their families have the opportunity and openness to freely talk about what is on their minds and hearts at the end of life, the end result is often the relief from stress, peaceful interactions, and greater readiness for the impending outcome (Keeley & Yingling, 2017).

WHEN DEATH HAS OCCURRED

When death takes place, nurses may have several responsibilities to complete, such as notifying the resident’s care team, family who may not be present, and the funeral home. It is helpful for nurses to know how to contact these individuals ahead of time. This information can be gathered in advance during the intake assessment and/or when hospice or palliative care is involved. When notifying residents’ families of their loved one’s death, nurses should offer their condolences, allow time for questions, and offer any available supportive resources. If there are religious preferences that need to be observed, nurses can help the family put these practices into place or identify another individual who can help, such as a chaplain or social worker. Understanding residents’ cultural, religious, and personal preferences prior to death can help nurses make this process smoother.

Additional resources to help nurses include: Essentials in Hospice & Palliative Care (Murray, 2016); Nursing Care at the End of Life (Lowey, 2015); Living at the End of Life (Whitley Bell, 2011); and Being Mortal (Gawande, 2015). Online resources include the forum GeriPal (access https://www.geripal.org/p/about.html) and the End of Life Nursing Education Consortium (access https://www.aacnnursing.org/ELNEC/About).

Nurses not only care for dying residents but also their families. Getting to know residents and their wishes early on is helpful in ensuring that the care provided is reflective of residents’ preferences. Nurses can work with an interdisciplinary team and help review care options, provide education, promote communication, and provide or identify additional resources. When proper care is reflective of residents’ and their families’ wishes, nurses can be instrumental in making the death of a loved one as pleasant and memorable as possible.

REFERENCES