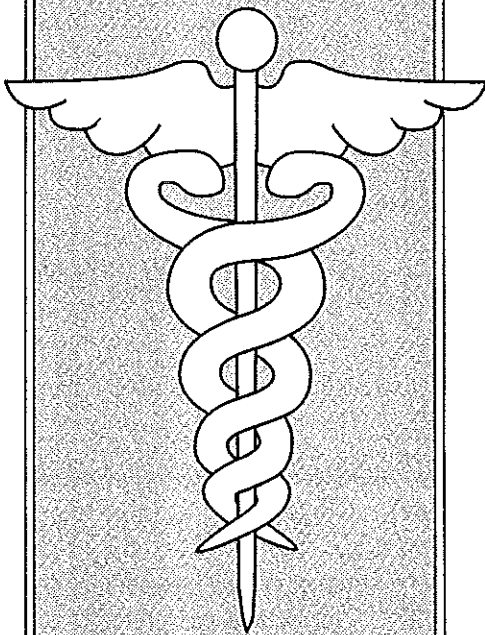


Long Term Care
Network,
A Division of
PRIMEDIA Healthcare

Chronic Illness: Psychosocial Aspects

EDA 311-0171



LTCNTM
LONG TERM CARE NETWORK

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INTRODUCTION

Longer life spans, greater geographical distances between families, and the need for two incomes in families means more people than ever require treatment in long term care facilities. In the past, the term *nursing home* carried negative connotations and a long term care facility was viewed as a place for the abandoned and forgotten elderly to live out their final days. The last decade has brought about many changes in long term care, and the quality of programming, staffing credentials, and the facilities have greatly improved. However, public perception is slower to change. Healthcare professionals need to understand the psychosocial implications of long term care and how these perceptions impact both residents and their families.

Aging and chronic illness can present special challenges for workers in long term care facilities. This program's presenter examines the psychosocial aspects of aging and suggests interventions to maximize the quality of life for the resident.

TARGET AUDIENCE

The target audience for this activity is certified nursing assistants.

LEARNING OBJECTIVES

After completing this activity, the participant should be able to:

1. list the stages of grief.
2. list at least five signs and symptoms of depression in the elderly.
3. identify five interventions to help promote a resident's adjustment.
4. discuss challenges that face the family members of the resident.

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For questions or general information,
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CHRONIC ILLNESS: PSYCHOSOCIAL ASPECTS

WITH CHANGE COMES LOSS

Many losses are associated with admission to a long-term care environment. Individuals have lost their homes. They now have a roommate. Professionals performing procedures and people that they do not know are in and out of their rooms constantly so there is a loss of privacy. The schedule is fixed; this brings about the loss of routine. Other losses include the loss of:

- ❖ freedom.
- ❖ personal belongings.
- ❖ old friends.
- ❖ family.

Residents can easily become overwhelmed and feel isolated, rejected, and confused.

WITH LOSS COMES GRIEF

As the losses become more real for a resident, there is a period of grief. The stages of grief as identified by Kübler-Ross (1969) include:

- ❖ denial or isolation.
- ❖ anger.
- ❖ bargaining.
- ❖ depression.
- ❖ resolution.

DENIAL

In the denial phase, the resident may make statements such as "I am not really staying here, I am just visiting," or "Don't bother making my bed, I am going home today." This stage can be frustrating for a worker and can prevent a resident from forming attachments and participating in treatment-related activities.

ANGER

The anger stage comes when the resident begins to experience feelings associated with the change. The anger can be directed at:

- ❖ God.
- ❖ family members.
- ❖ healthcare workers.
- ❖ himself or herself.

At this stage, the challenge for the healthcare worker is to not take the anger personally but to recognize it as a normal part of the process. During the anger phase, a resident may present as defensive, difficult, and uncooperative. During this stage a resident is at high risk of being labeled a problem resident. This label can interfere with the resident's ability to move past this difficult stage.

BARGAINING

In the bargaining stage, the individual tries to make deals to get out of the situation. This can include making bargains with God such as "I prayed last night and I told God that if he would just give me one more chance I would never gossip about my daughter-in-law again." Or making deals with family members which can include "Please get me out of here—I promise I will wear my Depends™ this time. I'll never get up without my walker again, please give me one more chance, I'll do anything!" This stage can be difficult for the family, whose members may need support from the unit manager or a social worker in addition to daily support from the assigned caregivers.

DEPRESSION

Depression occurs when the resident realizes that the situation is not going to change. The resident may become despondent and withdrawn. He or she may refuse to eat or interact with staff or other residents. This may be the time when a resident may

lose the will to live or perhaps pray to God to take him or her. The resident needs support and gentle encouragement. The observational skills of the healthcare worker are important at this time. Intake, hygiene, and all self-care activities may decline. If the resident does not seem to be resolving this stage, medication or other therapeutic interventions may be necessary to ensure his or her safety.

RESOLUTION

Resolution occurs with acceptance of the situation. Now it is important to engage the resident in activities and help him or her to connect with others.

Remember that everyone grieves differently and that grief is a natural way of dealing with loss. Persons may not master the stages of grief in this order or they may go back and forth between stages. The grief process could be as short as a few weeks or as long as a year or more. Factors that can affect this are:

- ❖ support systems.
- ❖ spiritual values.
- ❖ cognitive level.
- ❖ physical health.

HOW TO HELP

The grief process can be hard on the resident, the family, and healthcare workers. Ways to help include:

- ❖ being friendly, courteous, kind, and consistent. Residents' perception of the facility is based on their impression of you.
- ❖ being accepting of them and where they are in the process. Remember that everyone is different.
- ❖ encouraging involvement every day even if they say "No." Remember that this is a process, and the day will come when they say "Yes." If you give up on them, they may give up on themselves.
- ❖ communicating observations and concerns to other members of the treatment team. Your input is important.
- ❖ encouraging the family's involvement with the resident.

WITH CHANGE COMES CONFUSION

As people age, their ability to process information slows down. There may be sensory deficits such as hearing loss, poor vision, decrease in the ability to taste, circulatory problems that interfere with sensation, and a less-acute sense of smell. Because the five senses are how an individual relates to the environment, sensory deficits can interfere with communication and perception. As a result, the elderly do not adapt as readily to changes in environment.

A common response to changes in environment and routine is confusion. For the new resident, everything has changed suddenly. The resident may put new situations into a familiar context that does not make sense to the casual observer but is the resident's coping strategy to make sense out of so many overwhelming changes. An example of this might be: "Come on in. I would fix you a bite to eat but someone stole my stove." Or they could describe the roommate as "the housekeeper I hired to help take care of me." Realize that confusion is a symptom, not necessarily a state of being.

CONSISTENT ROUTINE

Establishing a consistent routine is critical to minimizing confusion and improving orientation. It is important that a schedule is kept and that activities occur on time. Keeping bath times, meal times, and visiting times consistent provides a comforting structure for the resident. When special events occur, it is helpful to have times built into the schedule for special events. Often, residents who initially appear confused improve once they become familiar with the routine and the people and know what is expected of them.

INTERVENTIONS

An institutional setting can be disorienting. Contact with the outside world is limited, and it is easy to lose track of time. Simple interventions that can help include:

- ❖ encouraging the family to bring in personal objects for the resident. Photographs, a special quilt, that favorite sweater are good ideas.
- ❖ posting large, easy-to-read calendars and clocks in the resident's room.
- ❖ encouraging residents to watch the news or have current events groups where the news is watched and discussed.
- ❖ providing newspapers. Family members may read to the resident if it is difficult for the resident to read small print.

Other interventions that can stimulate the resident's interest include:

- ❖ physical contact. Touch is important to humans. Take time to touch or hold a hand, brush a resident's hair, or pat a shoulder.
- ❖ encourage visits by children. Some elderly residents love to hear children sing and are enchanted by their smiles and energy.
- ❖ encourage the family to attend special functions whenever possible.
- ❖ provide a buddy system in which higher-functioning residents can help orient new residents.
- ❖ when possible, have residents eat outside their rooms and interact with others.

CONFUSION

Remember that confusion can also be a symptom of serious medical conditions. If a resident has an acute change in mental status, report it to the nurse immediately. Confusion can be caused by decreased oxygen to the brain and can be one of the first symptoms of a heart attack or stroke. Although confusion may be due to dementia, it is vital that healthcare workers maintain an open mind and use assessment skills and interventions to minimize confusion and promote the resident's highest level of functioning. It is also important that changes in mental status are not overlooked because of generalizations and stereotypes by the healthcare workers.

DEPRESSION IN THE ELDERLY

Many residents in long term care facilities are at high risk for depression. Most residents have had

significant losses and are actively grieving. Depression can be extremely debilitating and can increase morbidity and mortality. Early assessment and intervention can make a difference in effectively treating depression. Common signs and symptoms of depression include:

- ❖ changes in appetite.
- ❖ weight loss or weight gain.
- ❖ loss of interest in daily activities.
- ❖ poor hygiene.
- ❖ inability to fall asleep, stay asleep, or early morning waking.
- ❖ excessive sleeping.
- ❖ verbalizations of extreme fatigue not relieved by rest.
- ❖ decreased energy level.
- ❖ social isolation.
- ❖ feelings of hopelessness and helplessness.
- ❖ anxiety.
- ❖ suicidal thoughts.

Factors that can increase the risk of depression in the resident include:

- ❖ family history of depression.
- ❖ previous episodes of depression.
- ❖ lack of social or family support.
- ❖ lack of involvement in the decision-making process regarding placement.

The severity of depression can range from mild with just a few symptoms to major depression, which is a psychiatric diagnosis and requires medical intervention. Depression is treatable and is not a natural consequence of old age. The nursing assistant sees the resident more than any other treatment provider in the facility and can help by:

- ❖ being aware of the signs and symptoms of depression.
- ❖ observing the resident and reporting observations through documentation and verbal communication to the treatment team members.
- ❖ actively listening to the resident.

Suicidal thoughts and statements are symptoms of depression and should always be taken seriously. If the resident is overheard making suicidal statements, report them immediately to the charge nurse

and the physician. Residents who attempt to harm themselves or become shut down and refuse to eat or care for themselves may need psychiatric treatment until life-threatening symptoms are resolved.

CARE FOR THE CAREGIVER

Working in a long term care facility can be stressful for the caregiver. Residents are often frail and have many medical problems and complications. Families and residents can take out their feelings of anger and frustration on the staff. Staffing issues such as call-ins and lack of trained staff can increase the workload and overtax the healthcare worker. The work is physically demanding as well as emotionally draining. Residents that you come to care about often die. The result of this can be burn out and a high turnover rate, which further stresses the facility and the individual worker.

Most people who choose careers in healthcare do so because they care about people and want to make a difference. When staff members feel they are valuable components of the treatment team and their opinions and skills are acknowledged, job satisfaction increases dramatically. To promote job satisfaction and emotional well-being, staff can:

- ❖ seek out educational opportunities whenever possible to increase knowledge and promote self-confidence.
- ❖ be aware of individual strengths and weaknesses.
- ❖ get plenty of rest.
- ❖ exercise regularly.
- ❖ communicate concerns and feelings to supervisors.
- ❖ identify solutions to problems whenever possible and work with unit management to implement changes.
- ❖ realize that they did not cause the pain and heartache of residents or their families and not take their anger personally.
- ❖ set small, achievable goals for residents, and congratulate them when they accomplish those goals.
- ❖ talk to nurses about ideas and be familiar with the individual treatment plans of residents.

Feeling a part of the team and knowing that all disciplines are working together for the benefit of the resident is empowering.

- ❖ if the stress of the job begins to affect the ability to function at home or at work, seek help. Many facilities have employee assistance programs available.

Remember that caring for the elderly is an honorable profession. The elderly have a wealth of knowledge and experience that can be valuable to us all. Memories of holidays at Grandmother's and advice given to us by grandparents are precious. Remember that many of the elderly in your facility have wonderful stories to tell and bits of wisdom to share that can benefit you. When you are in that room making the bed or taking vital signs, take a moment to connect with the resident. It will be a special moment for him or her, but also for you.

The ability to bring a smile to the face of someone who just a moment ago looked sad is a gift that is worth giving, both for you and the resident. Aging with dignity is something that everyone hopes for. It is within your power as a healthcare worker to make that possible for some special people. Even residents with dementia or confusion are capable of responding to human kindness. A gentle touch or kind word can soothe tired minds and, in some cases, lower blood pressures. Always remember that even on the busiest days, it never takes more time to smile and be pleasant. However, a negative attitude or unpleasant demeanor can increase a resident's agitation and make the work harder for everyone involved.

SUMMARY

Being aware of the psychosocial aspects of aging can improve both the quality of resident care given and increase job satisfaction for employees. The losses incurred by residents admitted to long term care facilities are real. The grief process is a natural one and ways to help the individual cope exist. Depression is common in the elderly but is treatable, and early assessment and treatment can improve residents' quality of life.

Healthcare workers can promote aging with dignity and provide invaluable input by increasing observational skills and investment in treatment. Eleanor Roosevelt once said, "Beautiful young people are accidents of nature. Beautiful old people are works of art."

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POST TEST

CHRONIC ILLNESS: PSYCHOSOCIAL ASPECTS

1. All interventions help to foster a resident's adjustment, EXCEPT:
 - a. allowing the resident time to talk about the past.
 - b. complimenting the resident on accomplishments and family members.
 - c. reassuring the resident when appropriate
 - d. stating, "All you want to do is talk about the past—go to group."
2. Which are signs and symptoms of depression?
 - a. changes in appetite.
 - b. insomnia.
 - c. suicidal thoughts.
 - d. all of the above.
3. Antidepressants developed in the past two decades are effective and have few side effects
 - a. True
 - b. False
4. Physical touch can help keep residents connected to reality and promote feelings of well being
 - a. True
 - b. False
5. Job satisfaction is increased when the healthcare worker has realistic expectations and helps the resident achieve small successes.
 - a. True
 - b. False
6. People always move through the stages of grief in a sequential order.
 - a. True
 - b. False
7. When a resident is going through the grieving process and says "No" when asked to participate in an activity, you should:
 - a. respect that decision and wait for the resident to ask to be included.
 - b. respect that decision and tomorrow ask the resident to participate again.
 - c. try to convince the resident to participate today.
8. To promote job satisfaction and emotional well-being, staff can:
 - a. be aware of individual strengths and weaknesses.
 - b. exercise regularly.
 - c. communicate concerns and feelings to supervisors.
 - d. all of the above
9. If a resident has an acute change in mental status, you should:
 - a. not worry because this is very common.
 - b. wait for 30 minutes and see if it passes.
 - c. immediately report acute changes in mental status to the nurse.
10. Interventions that stimulate the resident's interest include all EXCEPT:
 - a. physical contact.
 - b. encouraging visits by children.
 - c. promoting in-room dining.
 - d. encouraging family to attend special functions.