

# Communication and spiritual care at the end of life

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## Summary

In the process of perception of death an important role is played by religious conviction and belief in the afterlife. The public perception is that religious people more easily accept death as an unbelieving people. To ensure quality of life for dying patients is necessary to know the current needs and adequately respond to them. In any case, we should not say that for the patient quality of life just to be free of pain and other physical symptoms. The basis for communication with dying patients can be considered the interview, which is conducted with specific objectives aimed at achieving the scheduled task, and it can be applied at any stage of the nursing process. Important role in communication with dying patients also plays nonverbal communication.

Spiritual care has always been represented as part of important role in caring for the sick and subsequently in nursing care. Through interviews with patients sister has an opportunity to meet his spiritual needs and subsequently set a goal of satisfying these needs. Spiritual needs of the dying patient are related mainly with his escort in spiritual survival. Spiritual care for such patient can be seen as understanding of his own life, his suffering, dying and death. Spirituality is perceived as an acceptance of life after death, forgiveness, communication with God, but also hope to which takes refuge in his suffering.

Key words: Communication, Spiritual Care, Spirituality, End of Life, Nursing,

## **Lead -in**

Understanding of life cycle is the basis for everyone who is born, because he also inherited deal of death. We can say that human life is conditioned by death, but then also that death itself is conditioned by life (Haškovcová, 2007). Dying process can take different forms, and each death is related to farewells of man with what he liked, with those he loved, and who were close to him.

The path of life is the way to death and man is trying to adopt it, but must learn it. Many times one has the feeling that in dying is losing luck. Hegyi (2001) defined dying as inaccurately bounded process leading to death and clinically characterized by progressive failure of vital functions that is irreversible. The patient in the terminal stage of the disease needs palliative care, which currently aims to ensure provide a good quality of life in this period (Slamková, Meridian, 2013). But despite these efforts, we meet the situation when it is dying with pain, loneliness and deterioration of human dignity. During the dying they are in daily contact merely with health professionals, for whom the care of these patients is very challenging in terms of not only physical, but especially in terms of psychological. Such care becomes difficult from the aspect of social, because it is currently undervalued.

In the process of perception of death an important role is played by religious conviction and belief in the afterlife. The public perception is that religious people more easily accept death as an unbelieving people. Similarly, the belief in God could be helpful for relatives of dying and survivors (Markova, 2010).

## **Communication with the Dying**

An important prerequisite for the work of health care workers in palliative nursing care is itself personality, maturity and its specific character traits, of which the most important is the ability of self-control and patience. The health care workers must realize that quality of life is associated with satisfying the needs that each patient is different, so is the quality of life is very individual concept. To ensure quality of life for dying patients is necessary to know the current needs and adequately respond to them. In any case, we should not say that for the patient quality of life just to be free of pain and other physical symptoms (Markova, 2010). Dying patient has at the forefront the needs of safety, security, belonging and love, but also self-esteem. amánková

(2011) says that dying feels a very strong need to “leave a message”. Communication is a process in which there is transmission of information from one individual to another individual directly or indirectly (Pavlíková, 2006). Good communication between patient and health care workers is a prerequisite for the quality of the relationship. One of the keys to effective communication with patients is multidisciplinary teamwork. To reduction of level in care contributes distorted communication that leads to dissatisfaction of dying, to mistrust, which is reflected in the negative outcome of nursing care (Slamková, Meridian, 2013). Pokorná (2006) argues that the communication is created by the relationship of the actors who see themselves and subjective share the objective situation, taking it to each other life and subsequently react to it.

The basis for communication with dying patients can be considered the interview, which is conducted with specific objectives aimed at achieving the scheduled task, and it can be applied at any stage of the nursing process. In the interaction between nurse and dying is very important an art to listen (Slamková, Meridian, 2013). In general public there is a presumption that it is not important to communicate with unconscious patient. The opposite is true. Even with an unconscious patient we must communicate and consider such with the assumption that he is able to hear us (Dobříková - Porubanová, 2005).

Important role in communicating with the dying is role of timing. For an interview a nurse must allocate sufficient time and needs also time to communicate with relatives of the dying - maybe more than with the patients themselves. Neighbors are the ones who need sufficient time to process and deal with reality that the death of their close is approaching.

Important role in communication with dying patients also plays non-verbal communication. The nurse should use particularly touching because they are considered to be in communication bridges between the two worlds (Friedlová, 2005). Touches are by dying patients seen as a symbol of belonging and security. Many times the patient is only asking them to grab his hand to feel security and safety.

## **Spiritual Care**

Spiritual care has always been represented as part of important role in caring for the sick and subsequently in nursing care. We can assume that spirituality is a general characteristic of human (Rican, 2010). Spirituality plays in every person different and important role, and during life can change its form and

intensity. In connection with all the needs of the dying, we should not forget to integrate them into a holistic view of man. On the other hand, we should not overlook the fact that each person's identity from the psychological point of view can be understood as survival and awareness of self, in the perception of their own uniqueness and difference from others. The process of dying is a specific storyline in the life of the patient. In the process of dying, the changing identity of the person passes from identity of health to identity of the disease and subsequently to identity of dying.

Through interviews with patients sister has an opportunity to meet his spiritual needs and subsequently set a goal of satisfying these needs. Assessment of spiritual needs must be very careful. It is one of the most important principles of satisfying them. Spiritual care must be planned, as well as meeting the other needs of the patient. The most significant in meeting the spiritual needs are considered high-quality interpersonal relationships. Sister often become the main person in the process of establishing such relationships in the workplace (Kelnarová, 2007). According Prášilová (2009) are currently developed nursing practice standards for satisfying biological needs, but absent standards for meeting the spiritual needs. Spiritual needs of the dying patient are related mainly with his escort in spiritual survival. Spiritual care for such patient can be seen as understanding of his own life, his suffering, dying and death. Spirituality is perceived as an acceptance of life after death, forgiveness, communication with God, but also hope to which takes refuge in his suffering.

Kelnarová (2007) defined important principles for the practice of satisfying the spiritual needs:

- for spiritual care is needed trust and mutual support
- spiritual care is part of all activities performed with the dying
- spiritual care requires an assessment of the current situation of the dying
- did not insist on dying, during the interview showed interest in him.

As reported by Hošálková (2009), spiritual needs of the patient are generally expressing an image of man. Martinek (2008) says that the spiritual needs of people are linked to the goal in life which determines its basic orientation in life, but does not have necessary the right religious orientation.

Spiritual needs are closely related to the search for the meaning of life and death, it cannot be only limited to religiosity, although in most cases they understand that effect. Spiritual needs can be defined as a means of achieving welfare.

Hatoková et al. (2009) have defined some basic spiritual needs of the dying. These include in particular: acceptance, dignity, truth, solitude, inner peace, forgiveness, fellowship, holiday die and the desire for eternity.

## Conclusion

Nowadays we can see an advancement in the perception of death and related situations. Patients are dying in nursing care not only in hospices, but it is possible that they are also at home provided with the necessary care. In providing comprehensive nursing care for the dying patient are scheduled interventions that are performed in the same manner as for other patients. Many analyzes in Slovakia, but especially abroad are showing that the spiritual care for the dying is irreplaceable. Nurses should acquire knowledge concerning to spiritual care of the dying. Significant could be to pay more attention to satisfying spiritual needs during their studies, to prepare them for health care vocation.

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