



## **HEALTH CARE AND SOCIAL SERVICE PROVIDERS**

### **Sources of Stress in Chronic Care and Palliative Care Settings**

Team communication challenges have generally been found to be among the biggest sources of work stress in a number of studies of those working with the critically ill, chronically ill and dying. A lack of support from one's team members was implicated in high levels of depression.

Rote ambiguity involves not knowing what one's role should be. Caregivers who care for people for a long time may develop very close relationships, which go beyond traditional professional roles. Such close relationships are often encouraged in palliative care settings. Sometimes there can be problems when professional and personal boundaries blur.

Identification with patient and family involves staff members identifying with certain patients and family members who remind them of someone from their past or with whom they share a special bond. There can then be feelings of loss and helplessness when these patients deteriorate or die or when staff empathize with the feelings of the family and have difficulty witnessing their pain and suffering. If dying seniors are distressed, caregivers may feel helpless because of the expectation that the current availability of drugs should be able to handle pain or distress. Nurses on ICUs reported difficulty with the unexpected turn of events when patients who were expected to get well suddenly took a turn for the worse. They found it difficult not to be able to organize and control events related to withdrawing active support and moving to comfort measures. They wanted to be able to give the family time to come to terms with the change of plans, but at the same time, they did not want to unnecessarily prolong the suffering. They had trouble when they could not predict the timing of the death, particularly if family members left and the senior died.

### **Seniors and families with coping and/or personality problems**

- The behaviors of residents with dementia can cause difficulty in daily contacts between nurses and residents
- Seniors and families who respond to their illness in a way that differs from the norm may present problems to staff members. This group includes seniors or families who became extremely depressed, angry withdrawn or psychotic; those who completely denied what was happening, those who acted out by drinking or taking drugs; and those who engaged in avoidance behavior.

### **Communication challenges with patient and family**

Dealing with demented residents and their concerned family members can sometimes present challenges to caregivers.

- Levels of perceived involvement in decision-making may influence the quality of staff-



resident interactions in residential settings.

- Education and improved support from colleagues can also improve interactions.

### **Role conflict**

Role conflict in palliative care can evolve when one's role as a team member is in conflict with what one thinks is in the best interest of patients. Such issues include

- working with seniors who may not yet be ready to accept the reality of impending death, when the health care and social service provider feels it is time for them to stop aggressive treatment
- allowing patients to maintain control, while feeling disappointed in not being able to fully discuss patients' expressed wishes to die
- taking actions to help seniors or families maintain a sense of control, while questioning the wisdom and morality of their decisions
- dealing with the sometimes hazy distinction between patient autonomy and a professional ethic of care
- deciding to transfer patients from active treatment settings to hospice and/or palliative care programs, primarily for economic reasons"
- dealing with cutbacks in health care resources

### **Communication challenges among health care and social service providers**

- Tension can arise among health care and social service providers with differing views of palliative care.
- Some long-term care facilities attempt to integrate hospice teams from another setting leading to 'turf' or territorial issues. Hospice teams and long-term care staff members must work closely together to have common goals, educate one another regarding the similarities and differences in their philosophies, deal with issues of role overlap, and develop treatment plans reflecting the needs of the senior and the family
- A lack of participation in planning and decision-making have been associated with depression and increased stress

### **Characteristics of End-of-Life Care for Health Care and Social Service Providers**

Health care and social service providers experience daily emotional stress as a result of being confronted with the deaths of seniors or their severe illnesses, with seniors who are mentally impaired, their loneliness and failing health. Sources of satisfaction from palliative and chronic



care include:

- valuing each individual, experiencing the reciprocity of giving and receiving in relationships, a sense of interconnectedness, and of mutual nurturing, being close to seniors and sharing a part of one's self; the chance to make a difference in people's lives
- helping seniors achieve optimum health by enabling them to do all they are capable of doing; being able to give patients options, recognizing that patients are the directors of their own decision-making; being able to personalize the hospital environment so patients can feel more at home
- assisting patients and families to learn to cope with and adjust to caring for a dying relative at home, death at home, learning from patients and families
- experiencing positive feedback from patients and families, effective relating with and communicating with patients and families"
- witnessing the smooth termination of life, initiating innovative, effective intervention for the patients, the right decision at the right time, peace for the patient'
- being able to provide families with good memories in the midst of difficult times
- helping patients to find meaning in suffering
- an opportunity to learn skills and to develop as a person; the ability to constantly learn
- relationships and support from colleagues

## CONCLUSION

Caregivers play a significant role in the delivery of end-of-life care to seniors. The role involves many challenges, often placing quite a burden on the caregiver. On the other hand, many caregivers have found it to be a rewarding and spiritual experience. Whatever the caregiver's experience, it must be recognized by health care and social service providers that these family caregivers need both physical and emotional support in order to continue to provide good care.