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RESEARCH ARTICLE

NURSES' EXPERIENCE PROVIDING TERMINAL CARE IN MEDAN CITY: QUALITATIVE STUDY

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ABSTRACT

Background: Terminal conditions become a various physical problems. Physical symptoms that are indicated include changes in vision, hearing, nutrition, fluid, elimination, skin, vital signs, mobilization, and pain. Nurses must be responsive to physical changes that occur at the terminal client because it causes discomfort and decreases the client's ability to self-care. **Objective:** To describe the experience of nurses providing terminal care. **Methods:** this study was a qualitative design with a phenomenological approach with interview techniques. The data collection used in-depth interview method conducted by the researchers themselves with a duration of 60 minutes and a method of observation with the number of participants of 12 nurses working in the palliative room using purposive sampling technique. **Results:** The results of the study show two themes, namely giving total care and providing nurse intervention in terminal care. **Conclusion:** This research is expected to motivate nurses in serving dying patients who have diverse needs in their care, not only physical problems but psychological, spiritual, and social support problems.

INTRODUCTION

Terminal conditions are often used to describe patients in limited living conditions where death is difficult to avoid. Terminal disease treatment is intended to cover or hide patient complaints, and provide comfort when the goal of management is not curable (Muckaden, 2011). The terminal patient is in a state of illness with an advanced stage whose main disease cannot be treated again and is progressive. Treatment given is only to eliminate symptoms and complaints, improve quality of life, and other supporting treatments. Terminal patients who face chronic diseases assume that death often inspires fear. This kind of feeling is based on various factors, such as uncertainty about the next experience, the existence of pain, anxiety, and anxiety will not gather again with the family and the surrounding environment (Ali Yafie, 2006). In terminal conditions, patients with chronic diseases not only experience a variety of physical problems such as pain, shortness of breath, weight loss, activity disruption but also experience psychosocial and spiritual disorders that affect the quality of life of patients and their families. So the patient's needs at the terminal stage of an illness are not only the fulfillment or treatment of physical symptoms, but also the importance of supporting psychological, social and spiritual needs. The client's response in terminal conditions is very individual

depending on the physical, psychological, social conditions experienced, so that the impact on each individual is also different. This affects the level of basic needs shown by terminal patients (Smeltzer & Suzanne, 2002). In terminal conditions the client is faced with various physical problems. Physical symptoms that are indicated include changes in vision, hearing, nutrition, fluid, elimination, skin, vital signs, mobilization, and pain. Nurses must be able to recognize the physical changes that occur to clients, clients may experience various symptoms for months before death occurs. Nurses must be responsive to physical changes that occur at the terminal client because it causes discomfort and decreases the client's ability to self-care (Smeltzer & Suzanne, 2002). A person who faces terminal conditions tends to live life by responding to various events and people around him until the death occurs. The terminal patient's main concern is often not the death itself but rather the loss of control of bodily functions, painful experience or psychological distress caused by fear of separation, loss of loved ones. People who have lived alone for a long time, isolated due to terminal conditions and suffering from chronic long illnesses can mean death as a condition of appeasement for suffering. Or some assume that death is the path to eternal life that will unite it with loved ones. While others think they are afraid of separation, are locked up, abandoned, lonely, or suffering all their lives.

According to Roy's model adaptation theory, human interaction with the environment to meet basic needs such as oxygen, nutrition, elimination, activity and rest, and protection. Self-concept focuses on the psychosocial and spiritual aspects of humans. The need for self-concept is related to the psychic integrity between perception, mental activity and expression of feeling. Individual self-concept includes physical self (sensation and body image) and personal self (self-consistency, self-ideal, and self-spiritual ethics) (Roy & Andrews, 1999, in Tomey & Alligood, 2006). The role function is described in how the role of the nurse in recognizing patterns of social interaction in dealing with others is reflected in the role 1) fulfilling the basic needs of patients. 2) providing meditation to terminal patients and families. 3) foster good relationships with patients. The function of the nurse's role is reflected in the fulfillment of the task in interaction with a person or group.

MATERIALS AND METHODS

This study used a qualitative design with a phenomenological approach. This approach was chosen so that the participants' experiences can be explored to be more revealed so that the description of the nurse's experience in providing terminal disease care can be clearly illustrated. Participants in this study were 12 nurses who served in the palliative care room. Participant retrieval was carried out using purposive sampling. Data collection used in this study used in-depth interview method with a duration of 60 minutes and observation method. All participants selected in this study were nurses who had the following characteristics: willing to be participants, not having communication problems, physically and mentally healthy.

RESULTS

This study focuses on the experience of nurses in providing terminal care. The selected participants were in accordance with the research inclusion criteria and came from the Medan city area. Based on the results of this study, researchers identified four themes. The two themes are:

Provide total care: Meeting the needs of terminal patients is an activity carried out by nurses because terminal patients often experience limitations in carrying out daily activities. This is reflected in the sub-themes, namely: 1) providing total care with categories: eating, bathing and mobilization 2) providing support care with categories: providing motivation. Participants revealed that the fulfilment of food, bathing and mobilization needs was met by nurses. In addition, participants also said that the effects of chemotherapy make patients experience problems so that they need nurses to fulfil their needs. Other participants revealed that patients desperately needed communication. Most terminal clients want to be independent in carrying out their activities. Allowing patients to perform simple tasks such as bathing, eating, and mobilizing will increase the client's dignity. Nurses must not force client participation especially if physical disability makes participation difficult. Nurses can encourage families to let clients make decisions to engage in meeting their needs such as eating, bathing and mobilization. A participant revealed that the fulfilment of food, bathing and mobilization needs was filled by nurses. This statement is in accordance with the expression:

"The terminal patient is not automatically able to do what is needed for him, for example giving food or bathing, light

mobilization, we help all of them. That's total care. "(Participant 1).

Some participants revealed that the fulfilment of total needs was done by nurses. This statement is in accordance with the expression:

"Anyway, all of his needs are met, eat, sleep, oxygen. . . "(Participant 2). "If he needs to take a bath or he needs to be tanned, then we are similar, and he continues to have a tight treatment, for example, we are witnessing, for example, we are suffering from pain, we reduce the pain. . . . "(Participant 8).

The goal of treatment in terminal patients is to help clients to live more comfortably and fully until they die, helping families to provide support to patients, helping clients and families to receive attention. Effective outcome and management criteria are effective coping, patients and families who do not know death, are characterized by: Conversations between family and clients about the last and last hours preferred, conversations between clients and families about spiritual beliefs and about the existence of death and interactions between clients and families related to the meaning of life and fear associated with death

Provide nursing intervention in terminal care: Terminal treatment emphasizes that terminal services are based on the following basic patterns: 1) improve quality of life and consider death as a normal process; 2) does not accelerate or delay death; 3) relieving pain and other irritating complaints; 4) maintain psychological and spiritual balance; 5) trying to keep the patient active until the end of his life; and 6) trying to help overcome the atmosphere of sorrow for the family. Participants revealed that the principle or focus of terminal care provided was to reduce physical complaints and improve the quality of life of patients. The most common intervention is comprehensive pain assessment. Interventions to treat pain are adjusted to the results of pain assessment. Management is given according to the pain management path that applies in the hospital. Some participants said that the nursing intervention provided was a comprehensive pain assessment. Revelation in accordance with the phrase:

"When we complain of pain, we ask how the pain complaints, and assess the pain scale, we ask the scale of 0-10, how pain is ..." (Participant 1).

One participant said that they provide non-pharmacological pain management and pharmacological pain relief collaboration. This statement is in accordance with the expression:

"If we have pain, we still use pain assessment, if we can use the relaxation technique while we use relaxation techniques, but if the cancer pain, he can usually get high class painkillers ..." (Participant 9). "The treatment we usually use edukasilah to pasennya teach relaxation techniques, non pharmacology, for example if we divert attention right when he is in pain we recommend his hobbies for example watching TV, listening to his favorite songs eee or take a deep breath like that is a small example, right from nursing like that, yeah ... "(Participant 12). "We positioned our nursing actions comfortably, but if he was aware we would teach him to take a deep breath so that the pain decreased, his mind calmed down somewhat to give oxygen so that his pain diminished ..." (Participant 8).

One participant said that the interventions he carried out included meeting oxygen needs. This statement is in accordance with the expression:

"Our needs are fulfilled, such as tightness, we give oxygen, then for example, he has low blood pressure, we give transfusion ..." (Participant 8).

DISCUSSION

This study revealed that nurses provide terminal care to patients. Attitude in patient care is the main thing that is owned by nurses in an effort to improve the status of health status of patients before death. Research on terminal care now shows that patients dying to use it for use are not just a treatment, not just physical problems but psychological, spiritual, and social support problems. These needs cannot be separated from the importance of increasing attitudes in caring for patients with death. The success of dying patient care is influenced by the attitude of the nurse in the treatment process. This study provides an understanding of the experience of nurses in providing terminal care. We recommend that every health service is committed to always improving health services, especially by nurses in providing terminal care in accordance with WHO's recommendations including: 1) improving quality of life and considering death as a normal process; 2) does not accelerate or delay death; 3) relieving pain and other irritating complaints; 4) maintain psychological and spiritual balance; 5) trying to keep the patient active until the end of his life; and 6) trying to help overcome the atmosphere of sorrow for the family. In communicating nurses should use open and honest communication and show empathy. The nurse must also be able to be a good listener, keep an open mind, and observe the verbal and nonverbal responses of clients and families. When communicating, the client may avoid the topic of conversation, be quiet, or maybe refuse to speak. In providing terminal care nurses as ordinary people can experience emotional feelings such as sadness and anxiety when providing palliative care, so that it quickly leads to loss of enthusiasm such as feeling a failure.

This is categorized as stimuli so that a good coping mechanism is needed so that it does not lead to stress, feeling failed and dissatisfaction in providing terminal disease services. The process of control and coping will bring up behavioral adaptation for nurses. This behavior is determined by the ability to accept and adjust to the conditions experienced. Adaptive behavior will be seen in patients who use coping optimally and the ability to accept and adjust to their environment. Adaptation behavior for nurses who provide terminal disease includes: 1) physiological adaptation: ability to do activities, ability to provide good service; 2) self-concept adaptation includes: self-image of self-esteem, self-esteem and self-deal due to physical limitations and the level of depression experienced; 3) role adaptation includes: accepting changes and carrying out new roles according to their abilities; 4) interdependent adaptation includes: interaction with family, group and community.

Conclusion

Nurses have a greater role in the treatment of terminal diseases such as connecting and becoming an intermediary for communication between multidisciplinary sciences and patients or family members for the treatment process. The need for dying nursing in the hospital increases with the increase in the incidence of chronic diseases.

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