

Not to be Overlooked in Hospice Care: The Empirical Pattern of Knowing

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Abstract

The authors creatively apply a standard nursing theory, Orem's Self-Care model, to plan nursing care of a man facing end of life. They also demonstrate the important contribution that the empirical pattern of knowing can make in understanding human need and providing thoughtful care that enhances well-being at the end of life.

Case

Mr. C, a 73 year old man, was admitted to the Veterans Affairs Hospice unit for a Stage IV ulcer located on his coccyx. The ulcer developed while the client was enrolled at an extended care facility. Prior to being admitted to the Hospice unit, Mr. C's wife was caring for him at home. In addition to the ulcer, the client was diagnosed with MRSA in his nares, osteomyelitis, kidney cancer, and dementia. The client is on pain medication via a subcutaneous medication pump and his bed has a pulsating air mattress on it.

Orem's (2001) Self-Care Model gave us a perspective of self-care broader than what we otherwise may have had for Mr. C. Orem defines human beings as active participants in enhancing their own life and health. The nurse's role is not solely to promote healthy behavior but also to act an assistant in self-care when needed (Parissopoulos & Kotzabassaki, 2004). In working with Mr. C, we were challenged to think of him as participating in his own care even though nursing needed to function as Orem's "wholly compensatory system" because of serious deficits in his self-care abilities. In clinical settings, such as hospice, this is particularly important. The goal becomes addressing basic universal needs, such as wound care and interpersonal needs, while fostering as much autonomy as possible. We considered as a self-care resource and expression of autonomy the fact the patient decided to enroll in hospice care after his release from the extended care facility, where we thought he may have received sub-optimal care.

Orem's theory also alerted us to the importance of developmental self-care requisites, which may be overlooked in end of life care if dying and human development are thought of as contradictory processes. Lifespan developmental theorists such as Erik Erikson explained that human beings possess the capacity for development throughout life, including the end of life, which is another developmental phase of life with its own tasks and strengths. So, end of life care may extend beyond pain management to also address developmental needs such as interpersonal or intrapersonal issues (Byock, 2004).

While various patterns of knowing were important in providing holistic care for Mr. C., the empirical pattern of knowing (Carper, 1978) was foundational, particularly given the breakdown in physical care that led to ulcer formation and pain. For our empirical frame of reference, we

used Thompson, Langemo, Anderson, Hanson, and Hunter's 2005 evidence-based article on skin care protocols for pressure ulcer treatment. In the lecture setting we had been instructed on the basics of pain management as well as the care of clients with ulcers. From this previously obtained knowledge we were not only able to identify care strategies (for example, use one log roll to wash his back, listen to heart and lung sounds, and assess his skin) that limited the client's pain but we were also able to recognize when he was in pain.

In conclusion, from our clinical experience and reflecting upon those events, we learned the importance of nursing competence and ability to function as a substitute for self-care to prevent life-threatening events like Mr. C's stage IV ulcer. In addition, esthetic and ethical knowing were pivotal in translating empirical knowing into nursing care strategies specific to Mr. C as a unique human being facing end of life.

References

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