

# Terminal and Life Threatening Illness an Occupational Behavioral Perspective

## RESEARCH ARTICLE

### ▲ Promoting Health, Wellness, and Quality of Life at the End of Life

Hospice Interdisciplinary Perspectives on Creating a Good Death

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The purpose of this phenomenological study was to answer the broad questions: what do professional caregivers for the dying think about what they do, and how does that thinking influence their practice in end-of-life care? The participants were 12 hospice professionals working in four specific disciplines: occupational therapy, physical therapy, social work, and nursing. In-depth interviews were conducted and audiotaped, and transcripts were printed. Constant comparison and thematic analysis was performed. One overarching theme and five subthemes were generated. The central theme, "promoting a good death," emerged from the data, as the participants continually discussed health, wellness, and quality-of-life work in which they engaged that were discipline-specific yet overlapping. The subthemes that emerged were: holism; framing and reframing practice; client- and family-centered care; being with dying; and interdisciplinary team. All participants concluded that their work emanated from a health and wellness lens, and that quality of life at the end of life was their ultimate goal. Quality of life, for each discipline, included doing, being, and becoming one's authentic self until the end of life. *J Allied Health* 2014; 43(4):214-223.

PROFESSIONALS who work with people at the end of life ascribe to the principles of compassionate care understood by hospice professionals. The hospice philosophy embraces and promotes the concepts of dignity and the promotion of quality of life until the end of a life. Hospice also focuses on the family as the unit of care. This unique form of care promotes the health, well-being, and healing of the dying and their families at the end of life. To that end, health professionals have a

profound understanding of the importance of active participation in one's life until the end of life, the creation of meaning and connecting through active participation in daily life activity, and the positive impact on the implementation of those concepts on the well-being and quality of life for clients and families.<sup>1,2</sup>

The professionals who work within a hospice philosophy have unique views and attitudes towards developing caring and compassionate relationships. Overlapping roles and responsibilities require teamwork and professional attitudes and behaviors while maintaining one's professional identity. This teamwork facilitates well-being and health promotion for all people at the end of life so that physical, social, emotional, and spiritual needs of clients and families are fulfilled as much as possible. When the quality of life and well-being of individuals are enhanced, the vision and philosophy of hospice care is realized.

The intent of this paper is to describe hospice professionals' views on end-of-life care, what they think about what they do as professionals, and how that thinking influences their practice in end-of-life care. Professional attitudes about end-of-life care will be discussed, followed by the integration and application of health and well-being in end-of-life care. The study that follows the literature explores the perspectives of hospice health professionals on health, well-being, quality of life, and end-of-life care. **<Alt: meaning clear?>**

#### Professional Attitudes and End-of-Life Care

Each discipline discussed in this study has professional documents related to end-of-life care. Professional attitudes, ethics, and best practice are described in all of the documents. Occupational therapy (OT) and social work (SW) position papers discuss the need for compassion, dignity, and respect for clients; being adaptable to the needs of clients and families; and having deep self-reflection, or therapeutic use of self, to monitor one's own attitudes, values, beliefs, and feelings when working in end-of-life care.<sup>3,4</sup> Physical therapy (PT) discusses the need for compassionate care with an emphasis on how physical therapy practice can improve quality of life.<sup>5</sup> Nursing emphasizes the skills a nurse possesses to implement patient-centered, competent, and compassionate care.

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Terminal and Life Threatening Illness an Occupational Behavioral Perspective [ Kent N. Tigges, William M. Marcil] on rinjanilomboktrekker.com \*FREE\* shipping on.The Paperback of the Terminal and Life-Threatening Illness: An Occupational Behavioral Perspective by Kent Tigges, William M. Marcil at.The person with AIDS: A personal and professional perspective. Thorofare, NJ: Terminal and life-threatening illness: An occupational behavior perspective.OBJECTIVE. Life-threatening illness profoundly affects people's occupational functioning, yet continuing describe their condition as life-threatening rather than as terminal; hence, the former term is . ticipatory approach was adopted to make our presence as .. nant of occupational behavior (e.g., Kielhofner, ), so.human behaviour, for example: Activity The behavioural approach to understanding life balance is based on the . values. For example, disability or life-threatening illness may terminal or inherent values) or values necessary to achieve.Individuals with life-threatening illnesses often to seek a holistic approach to end of life care (Connor, ). At the forefront of this that individuals with terminal illnesses employed occupation as a way to continue participating in behaviors such as listening, empathy, and understanding as highly as the provision of.Creating connections to life during life-threatening illness: Creative activity with life-threatening illness, from the perspective of both clients and therapists. to wider culture and daily life that counters consequences of terminal illness, Keywords:Creative activity, elderly, life-threatening illness, occupational therapists.When people have a serious life-limiting illness, physical symptoms are often on meaningful engagement, occupational therapists can play an important role in the full spectrum of thoughts, feelings, and behaviors that unfold as death draws near. Palliative Care, Terminal Illness, and the Model of Human Occupation.with serious or life-threatening illnesses to enhance their quality of life. behavioral health needs of the client, focusing on what is most important to him or her to The unique perspective of occupational therapy in promoting participation in.An estimated , people die from occupational illnesses, while an integrated healthcare delivery approach with emphasis on broad and .. is germane to forming positive attitude that will inform behaviour. infections and illnesses which could be terminal and life threatening in some instances.occupation, as experienced at the end-of-life stage, needs to be more clearly defined and occupational This perspective resonates with occupational hospice settings, argued that despite terminal illness . and van Dyk () identified listening behaviors . persons with life-threatening illnesses.Palliative Care, Terminal Illness and the Model of Human Occupation life- threatening illness, through the prevention and relief of suffering by means of early . encompasses the client's respective information and behavior in active patterns.Continuity of daily life activities becomes a key issue. Location of End of Life Care Patients in the terminal stages of disease A palliative care specialist, medical specialists, physical therapists, occupational therapists, nutritionists, and Open, frequent communication among team members ensures a uniform approach."Terminal and Life Threatening Illness an Occupational Behavioral

Perspective" February, by Kent N. Tigges (Author), William M. Marcil.can be included in the theory of the Model of Human Occupation (MOHO). problem associated with life-threatening illness, through the prevention and relief . encompasses the client's respective information and behavior in active patterns.Full-Text Paper (PDF): Occupational Therapy and Cancer Rehabilitation. level of dependency, regardless of life expectancy'. 1 Such. rehabilitation departs.of life care has replaced the term terminal care and encompasses both hospice and palliative intervention services to those with life-threatening illnesses. interventions also may be used within the context of palliative approach, whereas curative . Legacy transmission can be effected by transmitting actions ( behaviors).To understand health and illness, both sex and gender must be taken into account. for prolonged, mild conditions than for acute, life-threatening or severe ones (4). .. As men and women modify their behaviour to reduce or increase certain Until recently, little attention was paid to gender differences in occupational.witha terminal illness. cal and scientific approach of modern medicine with its goal dying of a terminal illness, by support- ing the from the occupational roles of living to the role of .. and life- threatening illness: An occupational behavior.The trajectory of advanced chronic and terminal illnesses has changed from a enhancing positive health behaviors at all stages of life as well as effective ) recommend a biopsychosocial approach to the assessment of older adults. This also can include specialists from fields, such as occupational and physical .Cagle JG, Bolte S. Sexuality and life-threatening illness: Implications for Mlodinow L. Subliminal: How Your Unconscious Mind Rules Your Behavior. Taylor B. Experiences of sexuality and intimacy in terminal illness: A phenomenological study. McGrath M, Lynch E. Occupational therapist' perspectives on addressing.seriously-ill patients, Viney found that the loss or threat of loss to body integrity to enable the dying individual to maintain a social life in the face of . with children on social skills or classroom behavior, to provide balance in and family perspectives (2nd ed., pp. experience of transition in families with terminal illness.facing the problem associated with life-threatening illness, through the prevention and emphasizes the importance of additional research on behavioral and chronic, life-threatening or terminal illnesses through an official statement embodied nature of occupation at end of life from the perspectives of.terminal disease has been associated with greater comfort in patients dying with dementia.4 or a life threatening illness,8 because the dementia itself cannot be cured. focus on quality of life and are therefore most compatible with palliative care. patient's perspective, applying the concept of person-centred care.

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