

A Review of Grief Counselling Practices for Family Members of Oncology Patients in Hospice Care

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Abstract

In cancer patients, especially terminal patients, the family members of the patients will develop more serious sadness and find it difficult to face death rationally, which affects the quality of life and activities. Because of this, in the clinical treatment of oncology patients, strengthening hospice care for family members, doing a good job of death education, assisting them to face and participate in the clinical treatment of oncology in a positive way, and avoiding excessive grief can simultaneously improve the quality of life of patients and their families.

Keywords

Cancer, Patients' Families, Grief Counselling, Hospice Care, Review Study

1. Introduction

Cancer is a common disease in clinical practice, and after patients are told that they have cancer, they often develop adverse emotional states such as fear, anxiety, and irritability due to factors such as poor economic conditions and difficulty in curing the disease, etc. This will affect their physical and mental health, and also be infected by adverse emotions, which can lower their confidence in clinical treatment, reduce treatment compliance, and affect their quality of life [1]. In such a scenario, effective nursing interventions by healthcare professionals for family members of cancer patients are of great practical significance in reducing the mental burden of patients and their families [2]. Hospice care is a service model developed in the last few years, and the author combined it with clinical practice to make an overview study of this service model in grief counselling for family members of oncology patients. This study was approved by the

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Medical Ethics Committee of the First People's Hospital of Jingzhou City.

2. Hospice Care

At present, in clinical practice, the implementation of hospice care is mainly for terminal cancer patients, mainly for patients suffering from life-threatening diseases, and there is no hope for improvement of patients and their families to carry out a humane medical service model [3]. The implementation of this model is mainly supported by systematic health care methods to assist patients and their families in coping with the reality of the psychological and physiological problems that exist in the process of disease treatment and development, thus ensuring that patients and their families have access to the best quality of life, and at this time, the family members can also face the departure of their loved ones in a more peaceful state of mind.

In 2017, the National Health Commission proposed that cancer is a common clinical disease, patients are told that they suffer from cancer, in the economic income level, the disease cannot be cured and other factors, the formation of anxiety, fear and excessive sadness and other negative emotions, affecting their own health and the progress of the patient's treatment, so it should be strengthened to this group of nursing interventions, hospice in the implementation of the process of the role of [4]. The roles of hospice care in the implementation process are: To reduce the patient's family members' anxiety, depression and other adverse emotional states; To improve the quality of life and satisfaction of the patient's family members.

3. Grief Counselling

Grief is the emotional experience of sorrow induced by all losses, which is difficult to describe in words and is a natural and normal emotional response. Grief counselling refers to help the grieving person to implement the grief task in a reasonable time in a healthy way, in the western Europe and the United States and other developed countries, grief counselling is also called "grief counselling" [5].

Foreign research on grief counselling began in the 1960s, and the main content is nursing intervention for the families of the deceased. Along with the development and improvement of grief care and the increasing subjective needs of patients, grief counselling has gradually expanded from the care of the family members of the deceased to the emotional support of all emotionally disturbed patients.

For the family members of the dying patient, Walden proposed that they should complete four tasks [6]:

- To be able to accept the fact of the loss of their loved ones more openly, so as not to escape;
- To actively feel and be able to manpower the inner pain (the process of individual variability is significant, the length of the process varies);

- The family members of the dying person can change their roles, and gradually adapted to the loss of their loved one's life;
- To transfer the emotions, and to vent them to other places.

In short, the ultimate task of grief counselling is to assist the grieving person to reasonably trigger grief and eventually return to the process that society must go through.

4. Counselling Measures

4.1. Knowledge Propaganda of Hospice Care

In recent years, along with the proposal and promotion of “bio-psycho-social” modern medical model, the concept of hospice continues to deepen, how to minimise patients' pain and optimise their quality of life, and to help patients finish their lives peacefully and painlessly is an important part of clinical care for terminally ill patients. How to minimise patients' pain and optimise their quality of life, and assist them to finish their lives peacefully and painlessly is an important part of clinical care for terminally ill patients.

Known patient's knowledge of the condition is a necessary condition for natural death and hospice medical activities, Zhang Yuping and others [7] in the study chose 152 cases of family members of terminally ill patients as the research object, to promote hospice care improvement, their attitude towards death from 49.30% before the intervention to 91.55% after the intervention; abandonment of end-of-life active resuscitation treatment from 38.73% before the intervention to 92.55% after the intervention increased from 38.73% before the intervention to 92.96% after the intervention. It can be seen that after the implementation of hospice measures, the families of oncology patients' concepts of death have been greatly improved. A large number of studies have shown that the attitude of terminal patients towards death is a major factor affecting the quality of survival of terminal patients, the effective use of medical resources and the burden on families. Healthcare professionals should strengthen death education for patients' family members and assist them in mastering basic self-relaxation and coping measures. They should also pay attention to the spiritual needs of patients and assist them in fulfilling their unfulfilled wishes in life.

In the publicity and education of natural hospice death, families should be assisted to establish a correct view of death, without excessive consumption of medical resources, so that the patient passes away in a state of tranquillity, which is the essence of hospice death. Healthcare professionals can disseminate hospice-related concepts by distributing free death education brochures, watching relevant propaganda films, organising special lectures, etc., assisting family members to ideologically recognise the significance of the implementation of this model of care, and actively participate in the patient's clinical treatment, assisting them to pass through the final stage in a calm and peaceful manner [8].

4.2. Music Therapy

Specifically in the hospice ward placed and different visceral diseases corres-

ponding to the music box and player, so that the tunes, emotions, organs in the thoughts and feelings of the three can form a resonance, build interactive relationships, step by step, to play the role of turbulence of the blood vessels, smooth the spirit and the heart pulse, etc., to achieve the reduction or elimination of psychological barriers of the patient's family members to restore the previous level of physical and mental health or to promote the process of its enhancement. Zhang Yan *et al.* [9] clearly pointed out in the study that the implementation of music therapy can effectively shift the attention of tumour patients and their families, alleviate the psychological pressure of the patients and their families, and use an effective way to vent out the bad emotions, thus achieving good relaxation effects.

4.3. Aromatherapy

Traditional Chinese medicine incense activity into the hospice ward, and the use of pure natural plant essential oils aromatic odour and the effectiveness of the plant itself, through the massage of the skin, acupressure designated acupuncture points, essential oil footbaths and other ways and means, to reduce until the elimination of patients and their family members of the state of bad mood. Yang Fangru *et al.* [10] in the study selected 45 outpatients as the research object, the face of which were taken to the mind-body relaxation therapy, the results show that, compared with the pre-treatment, in the relaxation therapy implementation of the second and fourth weeks of the patient's SAS, HAMA scores have been significantly reduced, the clinical recovery rate, apparent efficiency and the overall effectiveness rate of 31.1 percent, 68.9 percent and 88.9 percent, respectively, Yang Fangru *et al.* believe that the mind-body relaxation therapy in generalised anxiety disorder is the most important method. Yang Fangru *et al.* concluded that mind-body relaxation therapy is effective in the treatment of generalised anxiety disorder.

4.4. Colour Therapy

This is in the hospice ward, the scientific planning of the colour tone of the sick room, talk room, companion room, as far as possible to use the colour of the quilt in the home environment, to guide the patient's family members in the process of eating as much as possible with the different colours of the food, the formation of a good stimulus to the visual, which is beneficial to improve the appetite, and then play a role in soothing the mood, and to enhance the level of physical and mental health [11] [12].

4.5. Emotional Therapy of Chinese Medicine

China's Chinese medicine is profound and profound, and it can be regarded as the crystallisation of the wisdom of the ancients in China. In order to improve the adverse emotional state of tumour patients and optimise the effect of grief counselling, the relationship between the five elements of the birth and death

can be reasonably applied to allow them to mentally feel that joy, anger, sadness and happiness are all medicine in the process of didactic teaching [13]. In the implementation process of TCM affective therapy, it is always necessary to uphold the guiding ideology of depending on the person, the time, and the place, and to use diversified methods such as enlightenment, emotional triumph, quietness, and transfer to achieve the expected goals set by affective nursing, and to maximise the transformation of the family's adverse emotional state into a stable or proactive emotion [14].

4.6. Adoption of a Direct Treatment Programme

First, guide the patient's family to express their own grief. Many patients' families and patients with deep feelings, the patient may be the centre of their own lives, so their grief is extremely genuine, healthcare professionals should encourage family members to express their inner sadness, Russia and Japan to store a cup of hot water, a paper towel, less talking and more listening, etc., the use of body language to give the patient's verbal expression of sufficient understanding, support and encouragement, on the basis of which the initial construction of the grief counselling relationship. If the patient's family members' bad feelings can be accepted as a whole, it will facilitate the process of implementing the next counselling strategies and will be beneficial to enhance the acceptance [15]. Adopting appropriate methods to assist terminal tumour patients and their families to vent their emotions, terminal patients and their techniques are no longer needed to treat the disease, but to vent their emotions, healthcare professionals should be good at listening to patients and their families to listen to their inner feelings at this moment, to help them relieve their inner distress, and to use effective methods to express love and gratitude to each other and their expectations for a better life in the future. When they are unable to talk to each other, role-playing and other ways of feeling emotions from each other's point of view can also be used to help families of patients with terminal tumours express their emotions.

Second, assist the family to accept the fact that the patient is dying. Let the family make it clear that the current adverse emotional state will not help the patient's condition regression, but will increase the patient's psychological burden, and will not be able to pass away in peace, tranquillity and reassurance, and may also reduce their survival time. The family can be guided to recall the patient's relatively healthy state of the little things, health care workers listen carefully, and gradually assist the family in remembering to say goodbye to the patient, until the state of calmness is restored, and rationally face the patient's natural hospice death, say "goodbye".

Furthermore, for family members of terminally ill patients, healthcare professionals can assist them in the process of caring for their patients by assisting them in the effective distribution of physical strength, mastering some basic communication and nursing knowledge, and relieving the pressure during the

period of care. A stress-relief group for family members of cancer patients can be built in the hospital, in which family members can talk to each other about their stress, share and learn from the experience of taking good care of their patients, and a WeChat group or QQ group can be built to facilitate sharing.

Finally, the family's negative cognition is lifted, and their own value is explored. Praise the ability of family members to care for others, suggesting that they can take care of themselves in their subsequent life even if they lose the patient, while enhancing their independent spirit and self-care ability, and finally rethinking and repositioning their own value [16].

5. Conclusions

During the clinical treatment of oncology patients, hospice care should be actively carried out to provide adequate care for the important caregivers and social support sources of patients, and to combine the strength of many parties to provide holistic care and effective nursing care, to assist families to face and accept the death of their loved ones in a rational attitude, to regulate the emotional state, and to accompany the patients to spend the last course of their lives in peace and comfort, and of course, the family members can accept the shock of bereavement within a faster time and return to normal life and work status. Of course, family members can also accept the shock of bereavement in a quicker time and resume normal life and work.

In order to better implement grief counselling for family members of the terminally ill, China can practice the following routes:

- Create an independent organisation for grief counselling, promote the process of professional development, and provide special forms of assistance, such as voluntary counselling, contact hotlines, and grief relief methods;
- Enrich the categories of practitioners, appropriately adjust the staff structure, and build a staff structure that focuses on psychological counselling, supplemented by special psychiatrists, health managers, and social work groups;
- Strengthen publicity and provide more diverse assistance. For example, for different groups, issue appropriate grief assistance manuals, including bereavement experiences and inner monologues of similar groups or celebrities, and provide targeted coping methods.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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