

Understanding the lived experience of loss and grieving in persons with end stage renal disease: A humanbecoming approach

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Abstract

Grieving a loss is a devastating universal human experience that affects our emotional, physical and spiritual well being. End stage renal disease is a lifelong illness creating a serious and complex impact on individually defined quality of life. Losses such as that of independence, employment, self-esteem and physical functioning can leave individuals in a state of ongoing grief. Parse's humanbecoming theory provides nephrology nurses with a framework for practice that is based in a human science philosophy. The purpose of this paper is to explore the phenomenon of loss and grieving in the population with end stage renal disease, and how Parse's humanbecoming theory can have a positive impact on the lives of both nephrology nurses and the patients for whom they care.

Introduction

Chronic renal failure is the result of a number of pathological processes causing irreversible damage to kidney tissue, and is increasingly recognized as a global public health problem. The disease can be detected using simple laboratory tests, and treatment can delay or prevent complications of decreased kidney function, reduce the risk of cardiovascular disease and slow the progression of the disease. As the prevalence of chronic kidney disease continues to grow, the cost of

providing dialysis and transplantation continues to escalate, as chronic renal failure eventually leads to end stage renal disease. Advances in care need to be translated into applicable worldwide public health measures in an effort to timely diagnose and treat chronic kidney disease. The relentless increase in the number of individuals who will die without treatment has become epidemic (Connolly & Woolfson, 2009). An analysis of the reported causes of death for those diagnosed with end stage renal disease revealed that more than 38.1% (one third) died of cardiac failure and 15.0% died because they refused treatment, or withdrew from therapy (Canadian Institute for Health Information, 2002).

Living with end stage renal disease is a "dynamic experience characterized by periods of stability, instability, and regained stability during the course of the illness trajectory" (Pelletier-Hibbert & Sohi, 2001, p. 411). The illness is all encompassing, affecting every aspect of the individual's life. As a nephrology nurse specializing in the care and treatment of patients with end stage renal disease, I have witnessed the devastating impact the disease can have on an individual's quality of life. Grieving and loss often become an intricate part of the life experience, as individuals attempt to live with changes in their physical and psychological world. The resulting complexity of the individual experience associated with end stage renal disease often leaves nurses with feelings of inadequacy when attempting to holistically care for patients. In order to provide excellence in patient care, nephrology nurses require a deeper understanding into the experience of loss and grieving in relation to patients with end stage renal disease.

Theoretical views of loss and grieving

Grief is described as a multifaceted response to a loss, particularly to the loss of someone or something with which one has formed a bond (Pilkington, 1993). Throughout my journey to further understand loss and grieving, I have encountered various theoretical and philosophical views.

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