

“Detail” - roots, that inspire the patients and their loved ones - teach the professionals in primary care.

Anja Herzog*

Department of Nursing, Palliative Care & Health Sciences, Berufspädagogik at brandenburgische-technische University Cottbus, Senftenberg, Germany

Abstract

In the dying phase, more than half of Germans would like to die at home between their families, neighborhoods, or communities. The process of dying is an integral part of life, sometimes associated with uncertainty and fear. However, it does not need to be pathologized based on medical diagnoses. Death competence is a combination of knowledge and skills that enable people to take care of them. The COVID-19 pandemic has changed the character of the project. The core of the project is the ability to learn through experience. The experts - the patients and their relatives - teach the nursing trainees and students. Depending on the qualifications of the nurses, they exchange their practical, empirical knowledge and other experiences in both the practical and the theoretical phase. The aim is an individual and personal relationship process with those involved. Nurses should be given the opportunity to apply their competencies as they have learned to: Because nurses support and promote people of all ages and every situation by planning, organizing, designing, implementing, monitoring and evaluating the care process.

Keywords: Death Literacy, Experiences, Health promoting, Patients becomes teacher, Nursing.

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Introduction

58% of people in Germany would like to be cared for at home during the life phase of dying. Their families and the ties to them or openness and honesty are important to them. Many of the relatives in the families, neighborhoods or communities are insecure or anxious in caring of their loved ones, as are the clinicians, such as the physicians [1].

Death literacy (DL) is not yet established in Germany. This is a combination of knowledge and skills that enables people to care their loved ones in the dying process at home [2-5]. They are taught, for example, about available expedients or health policy issues that are necessary for domestic care. Individual or joint discussions with those involved in the dying process about the illness, dying and death promote the salutary process.

The original project started with heterogeneous target groups, mainly in the district Berlin Köpenick district

1. Target group of relatives during a hospital stay
2. Target group: participants from the neighborhood (Köpenick)
3. Target group: trainees / nursing students
4. Target group of the management level in the clinical setting

Sharing knowledge and skills together in these heterogeneous groups enables people to individually care of the dying. The dying aren't obliged to speak our language [4-5]. Instead the primary care providers are responsible for keeping an open conversation, avoiding technical terms, asking the right questions, and inviting for reflection and honesty. In this way, the dying is not broken into dimensions (physical, psychological, social, spiritual), like in the holistic approach. With the unified approach, the dying is respected, valued, and honored.

COVID-19 is changing the character of the project. The patients could not be cared for by the nursing staff as they had learned. The pandemic regulations and recommendations made the process more difficult [6-8].

Aim

The nursing trainees learn in a dialogic exchange with the experts - the dying and their loved ones – what empowers an individual and personal relationship process.

Methods

The methodological focus was on learning through experiences of nursing trainees and students in their profession: Change of perspective / role play / exchange of experiences / reflection / ontological confrontation encourage them in their learning process [9].

Nursing trainees and students exchange their practical, empirical knowledge and other experiences in both the practical and theoretical phase (Figure 1). For nurses, the needs of the dying and their relatives are the core of the current framework. They compare current theories, concepts, and research results with the needs of the dying and their relatives. This affects nursing activities.

Conclusion

COVID-19 is changing the nature of the project so that nurses or families cannot participate in the dying process as they learned to care for the dying as they wish. Nurses can accompany people of any age and any situation, regardless of whether they are sick or healthy. They plan, organize, design, implement, control, and evaluate the care process independently and together with their families, neighbors, or communities. If the nurses could

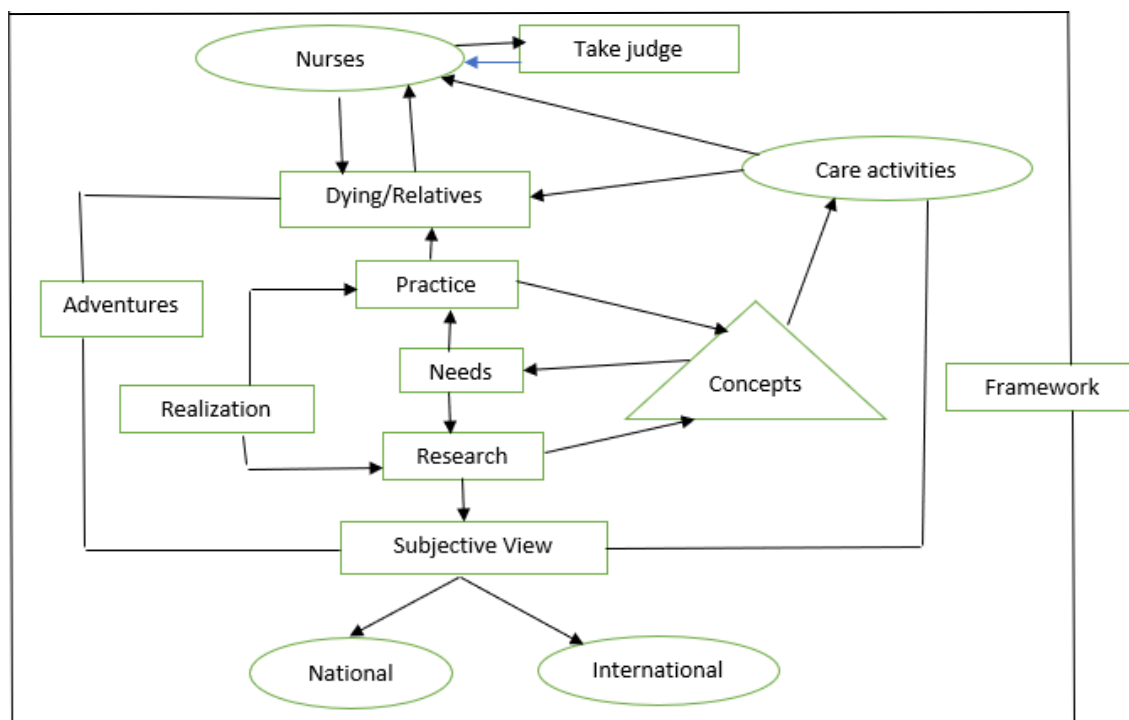


Figure 1. Perspective of the careers & needs of the dying & research within the framework of social conditions.

be allowed to practice their skills as they learned, it improves and strengthens people's wellbeing. Since the 1990s, social legislation in Germany has formulated the responsibility of nurses for participating in the process of dying [10]. Learning through experience strengthens and promotes the self-confidence and self-esteem of the families and enables the nurses, as they reflected and combined their knowledge, learn intensively from the dying and their relatives and return the skills they have learned. In dialogue, they speak clearly and precisely and ask the right questions in a way that invites reflection and honesty. The result: people do not differ in terms of dimensions; they are uniform in their life situations.

Conflict of Interest

None

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