8

Physical, Psychological, and Social Health

1. Identify basic human needs

People have different genes, physical appearances, cultural backgrounds, ages, and social or financial positions. But all human beings have the same basic physiological needs. **Physiological needs** relate to the processes and activities that keep living things alive:

- Food and water
- Protection and shelter
- Activity
- Sleep and rest
- Comfort, especially freedom from pain

Home health aides help clients meet these basic needs. Activities of daily living (ADLs), such as eating, eliminating, bathing, and grooming, are the ways people meet their most basic physiological needs. By assisting with ADLs or helping clients learn to perform them independently, HHAs help clients meet their basic needs.

Human beings also have **psychosocial needs**, which involve social interaction, emotions, intellect, and spirituality. Although they are not as easy to define as physiological needs, psychosocial needs include the following:

- Love and affection
- Acceptance by others
- Safety and security
- Self-reliance and independence in daily living
- Contact with others (Fig. 8-1)
- Success and self-esteem

Fig. 8-1. *Interaction with other people is a basic psychosocial need. Home health aides can encourage clients to spend time with friends or relatives. Social contact is important.*

Health and well-being are affected by how well psychosocial needs are met. Stress and frustration occur when basic needs are not met. This can lead to fear, anxiety, anger, aggression, withdrawal, indifference, and depression. Stress can also cause physical problems that may eventually lead to illness.

Abraham Maslow was a researcher of human behavior. He wrote about human physiological and psychosocial needs. He arranged these needs by order of importance. He thought that physiological needs must be met before psychosocial needs can be met. His theory is called *Maslow's Hierarchy of Needs* (Fig. 8-2).

Fig. 8-2. *Maslow's Hierarchy of Needs is a model developed by Abraham Maslow to show how physiological and psychosocial needs are arranged in order of importance. Maslow believed that physiological needs must be met before psychosocial needs can be met.*

After meeting physiological needs, safety and security needs must be met. Feeling safe means not feeling afraid or unstable. Clients need to feel safe in their homes. Many things can cause a person to feel unsafe. An illness or disability can be frightening and make a person feel fearful and insecure. Losing some independence and needing help from caregivers, such as HHAs, may cause some uncertainty or discomfort. Clients need to feel safe with all care team members in their homes; they need to know that they and their personal possessions will be protected.

After physiological and safety needs are met, the need for love and belonging is important. This level involves feeling accepted, needed, and cared for. Regardless of their condition, clients need to know that their contributions are meaningful.

The need for self-esteem is the next level. This need involves respecting and valuing oneself, which comes from within, as well as from other people. Achievements that make a person feel valued are important. For clients, being able to do a task they were not able to do previously may satisfy this need. Hearing praise from HHAs about this new achievement may also help meet this need.

Self-actualization is the highest level. It means that a person tries to be the best person he can be; he tries to reach his full potential. This may mean different things for each person. The quest to reach this need continues throughout a person's life and may change as a person enters different stages of life.

In addition to the needs listed above, people also have sexual needs. These needs continue throughout their lives. The ability to engage in sexual activity, such as intercourse and masturbation, continues unless a disease or injury occurs to prevent it. **Masturbation** means to touch or rub sexual organs in order to give oneself or another person sexual pleasure. Clients have the right to choose how they express their sexuality. In all age groups, there is a variety of sexual behavior. This is also true of clients.

Sexual orientation is a person's physical, emotional, and/or romantic attraction to another person. Sexual orientation plays a big part in human sexuality. **Gender identity** is a deeply felt sense of one's gender. A person may have the gender identity of a man or a woman, or may not fit into either of those two categories. Terms related to sexual orientation and gender identity, listed alphabetically, include the following:

- **Bisexual, Bi**: A person whose physical, emotional, and/or romantic attraction may be for people of the same gender or a different gender.
- **Cisgender**: A person whose gender identity matches his or her birth sex (sex assigned at birth due to anatomy).
- **Coming out**: A continual process of revealing one's sexual orientation or gender identity to others.
- **Cross-dresser**: Typically refers to a heterosexual man who sometimes wears clothing and other items associated with women; cross-dressing is not associated with men who wish to transition (change genders).
- **Gay**: A person whose physical, emotional, and/or romantic attraction is for people of the same sex.

- **Heterosexual**: A person whose physical, emotional, and/or romantic attraction is for people of the opposite sex; also known as *straight*.
- **Lesbian**: A woman whose physical, emotional, and/or romantic attraction is for other women.
- **LGBT**: Acronym for lesbian, gay, bisexual, and transgender.
- **LGBTQ**: Acronym for lesbian, gay, bisexual, transgender, and queer.
- **Nonbinary** and/or **genderqueer**: A person whose gender identity does not fit into the category of man or woman; the person's gender may be in between those two categories or may be entirely different from them.
- **Queer**: A term used to describe sexual orientation that is not exclusively heterosexual; once considered a derogatory term, queer may not be accepted by everyone within the LGBTQ community.
- **Transgender**: A person whose gender identity conflicts with his or her birth sex (sex assigned at birth due to anatomy); transgender identity is not dependent on someone having undergone medical measures like hormones or surgery.
- **Transition**: The process of changing genders, which can include legal procedures, such as changing one's name and/or sex on documents, and medical measures, such as hormone therapy and surgery; it can also include telling others and using new pronouns.

More information may be found at the National Resource Center on LGBT Aging's website lgbtagingcenter.org or at GLAAD's website, glaad.org.

Guidelines: Respecting Sexual Needs

- G If you encounter a sexual situation between consenting adults, provide privacy and leave the room. Clients are allowed to meet their sexual needs however they choose, such as through sexual relationships or masturbation.
- G Do not make the assumption that all clients are heterosexual.
- G Be open and nonjudgmental about clients' sexual attitudes. Respect clients' sexual choices, sexual orientation, and gender identity.
- G When possible, ask transgender clients which pronouns they would like you to use and use them. Be patient if a client takes time to decide which pronouns are best. The client may decide a set of pronouns works for a time and then prefer a different set later. The pronoun *they* may be used for a single person whose gender identity is nonbinary.
- G Always use a transgender person's chosen name.
- G Do not view any expression of sexuality by the elderly as cute or disturbing or disgusting. That attitude is inappropriate. It deprives clients of their right to dignity and respect.
- G If you see sexual abuse happening, remove the client from the situation and take the client to a safe place. Contact your supervisor immediately.

2. Define holistic care

Holistic (*hole-IS-tik*) means considering a whole system, such as a whole person, rather than dividing the system up into parts. **Holistic care** means caring for the whole person—the mind as well as the body (Fig. 8-3). Holistic care takes into account a person's physiological, psychological, social, and spiritual needs. This is the approach home health aides should use when caring for clients. Caring for a person holistically is part of providing person-centered care. Person-centered care revolves around the client and promotes her individual preferences, choices, dignity, and interests.

Fig. 8-3. *Clients are people, not just lists of illnesses and disabilities. They have many needs, like any other people. Many have had rich lives with wonderful experiences. HHAs should take time to experience and care for each client as a whole person.*

A simple example of holistic care is taking time to talk with clients while helping them bathe. The HHA is meeting the physiological need with the bath and meeting the psychosocial need for interaction with others at the same time. Another way of practicing holistic care is considering psychosocial factors in illness, as well as physical factors. For example, Mr. Hartman looks thin and tired. The cause might be depression rather than an infection. The HHA does not need to determine the cause of his condition. However, by talking with him she might learn something that would help the rest of the care team. For example, she might learn that last year at this time his wife died, and he is still coping with that loss. She can and should share this information with the care team and document it.

3. Identify ways to help clients meet their spiritual needs

Clients may have spiritual needs, and home health aides can help with these needs. **Spiritual** means of, or relating to, the spirit or soul.

Helping clients meet their spiritual needs can help them cope with illness or disability. Spirituality is a sensitive area, and HHAs should always treat clients' needs and practices with respect.

Clients' beliefs will vary. Some may consider themselves deeply religious, while others may think of themselves as spiritual but not religious. Other clients may not consider themselves religious or spiritual at all. Clients may believe in God or may not believe in God. The important thing for home health aides to remember is to respect all clients' beliefs, whatever they are. HHAs must never make judgments about clients' spiritual beliefs or try to push their own beliefs on clients.

Guidelines: Respecting Spiritual Needs

- Learn about clients' religions or beliefs. Listen carefully to what clients say.
- Respect clients' decisions to participate in, or refrain from, food-related rituals. Accommodate practices such as dietary

restrictions. Never make judgments about them.

- Respect all religious items.
- Get to know the religious leader who visits or calls your client.
- Allow privacy for visits from a religious leader. (Fig. 8-4).

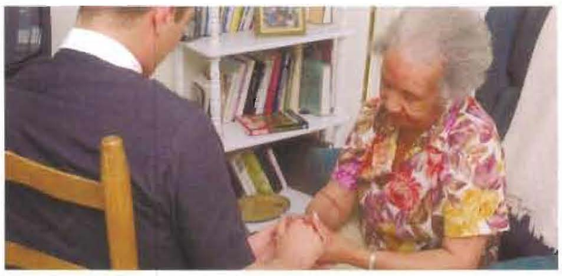

Fig. 8-4. *Be open to your clients' spiritual needs. Be welcoming and provide privacy when they receive visits from a spiritual leader.*

- If asked, read religious materials aloud.
- If a client asks you, help find spiritual resources available in the area. Check the internet for churches, synagogues, mosques, and other houses of worship.
- You should never do any of the following:
  - Try to change someone's religion
  - Tell clients their belief or religion is wrong
  - Express judgments about a religious group
  - Insist clients join in religious activities
  - Interfere with religious practices
  - Discuss your personal beliefs or opinions, either directly or indirectly

4. Discuss family roles and their significance in health care

Families play an important part in most people's lives. The concept of family is always changing. Often a family is defined by the level of support and connection people have rather than by biological relationships. There are many different kinds of families (Fig. 8-5):

Fig. 8-5. *Families come in all shapes and sizes.*

- Nuclear families (two parents and one or more children)
- Single-parent families (one parent and one or more children)
- Married or committed couples of the same sex or opposite sex
- Extended families (parents, children, grandparents, aunts, uncles, cousins, other relatives, and even friends)

- Blended families (divorced or widowed parents who have remarried and have children from previous relationships and/or the current marriage)

Home health aides must respect all kinds of families. Clients with no living relatives may have friends or neighbors who function as a family. Whatever kinds of families clients have, HHAs must recognize the important role family can play. They may provide some of their loved one's care. Friends may also help with their care. They help in many other ways:

- Helping clients make care decisions
- Communicating with the care team
- Providing daily care when a home health aide is not present
- Giving support and encouragement
- Connecting the client to the outside world
- Giving assurance to dying clients that family memories and traditions will be valued and carried on

5. Describe personal adjustments of the individual and family to illness and disability

Illness or disability requires clients and families to make adjustments. Making these adjustments may be difficult (Fig. 8-6). The family's emotional, spiritual, and financial resources will influence how they adjust. Some personal adjustments include the following:

- Accepting the illness or disability and its long-term consequences or results
- Finding money needed to pay the expenses of hospitalization or home care
- Dealing with paperwork involved in insurance, Medicaid, or Medicare benefits
- Taking care of tasks the client can no longer handle
- Understanding medical information and making difficult care decisions
- Providing daily care when the aide cannot be there
- Caring for children while caring for an elderly loved one (called the *sandwich generation*—being "sandwiched" between two generations)

Fig. 8-6. *Family members may have a hard time adjusting to the additional responsibilities when a loved one becomes ill or disabled.*

The HHA should be sensitive to the big adjustments clients and their families may be making. The HHA can help them by doing her job well and can refer them to her supervisor if more help is needed. It is important for HHAs to be respectful and pleasant to friends and family members and to allow privacy for visits. After any visitor leaves, the HHA should observe the client and report any noticeable effects from the visit. Some clients have good relationships with their families; others do not. Any abusive behavior from a visitor toward a client should be reported immediately to the supervisor.

6. Identify community resources for individual and family health

The larger community—local government, social service agencies, religious institutions—can provide families with resources. These resources can help them through difficult times and help

solve problems. Such resources include meal or transportation services, **hospice care** (*HA-spis*, or care for the dying), counseling, and support groups (Fig. 8-7). Other community resources are the local Area Agency on Aging and the Alzheimer's Association. A list of contact information for some of these resources is located in Chapter 3. If clients ask a home health aide for more help, she can refer them to these resources. If no one asks but the HHA thinks help is needed, she should speak to the supervisor.

Fig. 8-7. *Meals on Wheels America (mowaa.org) and similar services provide nutritious meals to people who are unable to cook for themselves.*

7. List ways to respond to emotional needs of clients and their families

Clients or family members may come to home health aides with problems or needs. Changes in a client's health status can cause fear, uncertainty, stress, and anger. The home health aide's response will depend on many factors, including how comfortable she is with emotions in general, how well she knows the person, and what the need or problem is. The HHA should try to **empathize** (*EM-pa-thyze*), or understand how the person feels. Every person deals with challenges differently, and the HHA can consider what response might be best for any given client. This is part of providing person-centered care. In addition, the HHA can use the following ways to respond:

Listen. Often just talking about a problem or concern can make it easier to handle. Sitting quietly and letting someone talk or cry may be the best help the HHA can give (Fig. 8-8).

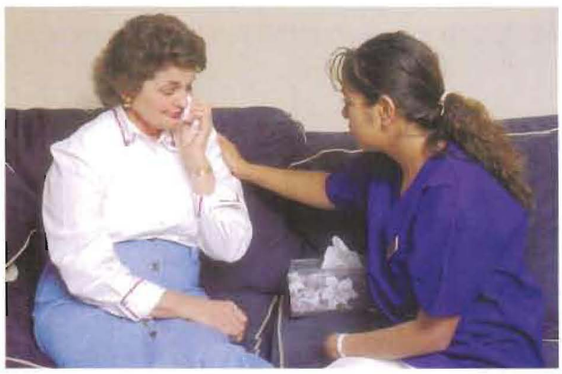

Fig. 8-8. *Sometimes listening to someone is the best way to provide emotional support.*

Offer support and encouragement. Saying things like, "You have really been under a lot of stress, haven't you?" or, "I can imagine that really is scary," can provide a lot of comfort. The HHA should avoid using clichés (common phrases that really do not mean anything), like, "It'll all work out." Things may not all work out. It is more comforting to the client if the HHA acknowledges how hard the situation is. Feelings should not simply be dismissed with a cliché.

Refer the problem to a social worker or supervisor. When an HHA feels that she cannot help the client, or when someone is asking for help outside her scope of practice, she should get someone else on the care team to handle the situation. She can say something like, "Mrs. Pfeiffer, I want to get you the help you need. May I have my supervisor call you?"

Chapter Review

1. List five physiological needs.
2. What psychosocial needs do humans have?
3. According to Maslow, which needs must be met first, physiological or psychosocial?

4. If an HHA encounters two consenting adults in a sexual situation, what should she do?
5. What does giving holistic care mean?
6. List five ways an HHA can help clients meet their spiritual needs.
7. List four ways that families can help clients.
8. What are six examples of personal adjustments that families may need to make when a family member becomes ill or disabled?
9. List three types of community resources available to clients and families in need.
10. When should an HHA refer a client's or family member's problem to a social worker or her supervisor?