Life Stages:

- Health care workers need to be aware of the various stages and needs of the individual to provide quality health care
- Infancy:
- Early childhood:
- Late childhood:
- Adolescence:
- Early adulthood:
- Middle adulthood:
- Late adulthood:

Growth and Development Types:

- Physical:
- Mental:
- Emotional:
- Social:

- Four types above occur in each stage

Erikson’s Stages of Psychosocial Development:

- Erik Erikson was a psychoanalyst
- A basic conflict or need must be met in each stage
- See Table 8-1 in text
### Infancy:
- **Age:** birth to 1 year old
- **Physical development:**
- **Mental Development:**
- **Emotional development:**
- **Social development:**

### Early Childhood:
- **Age:** 1–6 years old
- **Physical development:**
Mental development:

Emotional development:

Social development:

The needs of early childhood include routine, order, and consistency

**Late Childhood or Preadolescence:**
- Age: 6–12 years old
- Physical development:

  Mental development:

  Emotional development:

  Social development:

  Children in this age group need parental approval, reassurance, peer acceptance

**Adolescence:**
- Age: 12–20 years old
- Physical development:

  Mental development:

  Emotional development:

  Social development:

  Adolescents need reassurance, support, and understanding

**Eating Disorders:**
- Often develop from an excessive concern for appearance
- Anorexia nervosa:
- Bulimia:
- More common in females
- Usually, psychological or psychiatric intervention is needed to treat either of these conditions

**Chemical Abuse:**
- Use of alcohol or drugs with the development of a physical and/or mental dependence on the chemical

  Can lead to physical and mental disorders and diseases
Treatment towards total rehabilitation

**Reasons Chemicals Used:**
- Trying to relieve stress or anxiety
- Escape from either emotional or psychological problems
- Seeking "instant gratification"
- Hereditary traits or cultural influences

**Suicide:**
- Permanent solution to temporary problem
- Most give warning signs
- Prevention of suicide

**Reasons for Suicide:**
- Grief over a loss or love affair
- Inability to meet expectations
- Influence of suicidal friends or parents

**Increased Risk of Suicide:**
- Family history of suicide
- Previous suicide attempts

**Early signs of suicide:**
- Verbal statements such as "I’d rather be dead"
- Withdrawal, depression, and moodiness
- Neglect of personal hygiene
- Loss of interest in hobbies and other aspects of life
- Giving away possessions
  Social withdrawal from family and friends

**Early Adulthood:**
- Age: 20–40 years old
- Physical development:
- Mental development:
- Emotional development:
- Social development:
Middle Adulthood (Middle Age):
- Age: 40–65 years of age
- Physical development:
- Mental development:
- Emotional development:
- Social development:

Late Adulthood:
- Age: 65 years of age and older
- Physical development:
- Mental development:
- Emotional development:
- Social development:
- The elderly need a sense of belonging, self-esteem, financial security, social acceptance, and love

8.2 Death and Dying:
- Young people tend to ignore it and pretend it doesn’t exist
- Usually it is the elderly, who have lost others, who begin to think about their own death

Terminal Illness:
- Disease that cannot be cured and will result in death
- Some patients fear the unknown while others view death as a final peace

Research:
- Dr. Elizabeth Kübler-Ross was the leading expert in the field of death and dying and because of her research
  - Most medical personnel now believe patients should be informed of approaching death
  - Staff need to know extent of information known by patients
- Dr. Kübler-Ross identified five stages of grieving
- Dying patients and their families and friends may experience these stages
  - Stages may not occur in order
Some patients may not progress through them all, others may experience several stages at once.

**Stages of Death and Dying:**
- Denial—
- Anger—
- Bargaining—accepts death, but wants more time
- Depression—
- Acceptance—

**Caring for the Dying Patient:**
- Supportive care
- Common to want to avoid feelings by avoiding dying patient

**Hospice Care:**
- Often in patient’s home
- Philosophy:
- Volunteers:
- After death contact and services

**Right to Die:**
- Under these laws specific actions to end life cannot be taken
- Dying Person’s Bill of Rights

**Summary:**
- Health care workers must understand death and dying process and think about needs of dying patients

**8:3 Human Needs:**
- Needs:
- Needs exist from birth to death

- Maslow’s hierarchy of needs
  (See Figure 8-15 in text)

**Altered Physiological Needs:**
- Health care workers need to be aware of how illness interferes with meeting physiological needs
- Anxiety
- Loss of vision or hearing
- Deterioration of muscles and joints
What the health care worker can do to assist the patient with altered needs

**Meeting Needs:**
- Motivation to act when needs felt
- Sense of frustration when needs not met
- Different needs can have different levels of intensity

**Methods for Satisfying Needs:**
- Direct methods
  - Set realistic goals
  - Cooperate with others
- Indirect methods
  - Defense mechanisms
  - Projection
  - Compensation
  - Daydreaming
- Indirect methods (continued)
  - Repression
- Withdrawal

**Summary:**
- More efficient quality care can be provided when needs are recognized
- Better understanding of our behavior and that of others