

## Hospice Reflection Journal

1. Going into hospice, I wasn't really what to expect since I had never experienced it before. I've never had a family member in hospice, so I was walking in completely blind. The environment was definitely not what I expected. I didn't realize that they had so many areas for the families and friends to go to decompress for a while, and they even had little kitchen stations where you could get coffee, hot water for tea, or water. They also had a room with a tv that had a Xbox for kids to play on if they came up to the unit, which the nurses say actually happens quite a bit. One of the expectations that I did have, was that it was going to be a lot busier than what it actually was. Since there were only four patients on the floor at the time, each nurse only had two, so there wasn't too much going on throughout the time I was there. My time at hospice was very educational, as I was able to see the other side of nursing, where rather than caring to help the patient get better, you help prepare them for the end of life. I learned so much in my time there by simply talking to the nurses and asking questions about what it is like to work there, and how they are able to cope with seeing so many losses. I loved seeing the different aspects the unit had for the patients such as a therapeutic spa and radios in their room for music therapy.
2. Something that stands out during my time at hospice was when one of the nurses and I were caring for one of the patients and she grabbed my hand. We went in to boost her up in bed since she kept sliding down, and when I was fixing up her shirt that she had on, she reached for my hand and grabbed it, and did not want to let go. She did not have any family there throughout the whole time I was there, so I think this was just her way of wanting someone to be in there with her and let her know she was okay. I held her hand until she was comfortable with me leaving. This was something that stands out because I have never had a patient before that goes out to hold my hand. This patient was nonverbal, but you could tell in her eyes that she was scared and did not want to be alone. I don't think I will ever forget that moment, and I will carry it with me throughout my career to remind myself that sometimes you just have to take a moment and be present with your patient and let them know you are there for them.
3. This experience was definitely eye opening to me. Since I have never worked in healthcare, I have never seen a patient who was actively dying before. When my grandma passed away I was pretty young, so I couldn't really understand what was happening or why, but this time around I knew what was happening to the patients. I know both the nurses had mentioned about how sometimes families or friends come in, and with the amount of narcotics they give some of these patients, think that they might just be killing them rather than providing comfort. I don't think that is true because I know that if I was the patient, I would want to be comfortable in my last few days or hours rather than in pain or discomfort the entire time. According to Holmes, "...pain is not only unpleasant; it interferes with the tasks for the dying process" (Holmes, 1988, p20). One of the nurses actually educated me that in this stage of life, sometimes the narcotics can actually help with respirations and breathing rather than depress them which is what everyone thinks they do. I learned a lot throughout my time

there, but one of the biggest things that I learned was that hearing is the last sense to go. I think so many people go into a room where they think that just because the patient is nonresponsive or nonverbal that they cannot hear what is going on. This really bothers me, because after learning this, I always want to be aware of what I am saying around my patients, and making sure I am telling them what I am doing, so they don't feel scared or anxious with someone touching or trying to move them.

4. Going to hospice has had a huge impact on me. I didn't know what to expect walking in, but walking out, I felt pretty satisfied. I think I gained a lot of knowledge that I probably would not have in a normal med surg setting since this is a completely different side of nursing. One of the things that bothered me, but I cannot do anything about, was the fact that half of the patients did not have any family members or even friends come in and visit them. This was hard for me, because especially after the patient holding my hand and wanting me to stay with her, I couldn't help but feel so sad that she was all alone in there. I was happy however, when the Chaplin or volunteers would go in and sit with the patients and talk with them because just that little interaction can mean so much to someone.
5. Overall, I was so glad that I was able to experience this shift in hospice. It opened my eyes to so many different things, and I am so grateful for the nurses that were working that were there to answer any questions I had throughout the entire shift. I learned a lot that I will take away and use in my future clinical experiences and just life in general. The number one thing, would probably be just that you have no idea what anyone is going through at any time in their life. I think from this experience I learned that you should also always follow the patient's wishes. From stories that the nurses were telling, there are so many times when family members come in and want to put the patient on certain medications or do specific things with them, but they aren't the POA for the patient, or the patient specifically stated that they did not want anything to be done. That is one of the best things we can do in nursing is to follow through with what the patient wants, because although it may be hard for the family, it is the patient's decision ultimately.

Holmes, M. (1998). *Crossing the creek: A practical guide to understanding the dying process*. Damone-Rose.