

Before my experience in hospice, I had expectations of seeing very sick people, who could barely get out of bed or even feed themselves. I also had expected that I would feel an immense sense of sadness while I was in clinical. I had expected the aura to be dark and gloomy on hospice, along with visitors crying and staff/nurses looking sad too. Overall, I expected to come out of the experience with a new outlook on life and to not take it for granted. I expect myself to feel a bit depressed when leaving the hospice floor. So, after doing my hospice clinical I can definitely say that it met my expectations of seeing very sick people. I wouldn't say it was dark and gloomy, but there was a sense of sadness. I thought the place smelled like flowers which reminded me of a funeral home.

A summary of my experience would be sitting down first thing in the morning to receive a report on all 5 of the patients. Then the nurses went and checked all the morning meds that they were going to be giving soon, which involved a lot of pain medication. Then I got to experience a button being placed in order to give medications. Finally, a lot of patient care involving baths, changing positions, and oral care.

The thing that stood out to me most would be when providing patient care for the patient with the diagnosis of alcoholic cirrhosis of the liver. According to PubMed, "In cirrhosis, normal liver cells are replaced by scar tissue (i.e., fibrosis), and consequently the liver is unable to perform many of its usual functions (Marsano, 2003)." I had never seen someone as yellow as her skin color was, it was almost like someone had marked her skin with a yellow highlighter. She was very emaciated and was breathing almost like she was gasping for air. The aide had been sitting with her, and had me come closer to her, and let me know there is usually a smell that comes from a patient who is very close to death. I smelled it and I will never forget it. I also had a difficult time getting over how skinny and cold she was while helping with a bath.

The overall main point that would affect my experience would be with the patient I had mentioned above, but a couple other patients affected my experience too. There was a 93-year-old woman who had a lot of family visiting her, her grandson was holding her hand, and it really made me think about my grandma and if she would ever have to be in Hospice. It would take a lot for the woman to take her meds, since she could not swallow easily. She was also not eating anything. The nurses had let me know that this woman and the woman who had the cirrhosis diagnose, would likely die in the next two weeks. One woman was only there for respite care while her family was out of town and would be picked up in a couple days. Then the other woman and man were going to be sent to a nursing home. The man enhanced my knowledge of dementia, because he was trying to get out of bed to go "make money." I also got to see this man's nephrostomy tube. This enhanced my belief that hospice is truly a good place for your loved one to go, because the people who work there truly want to do this for a living. They are so compassionate and treat the patients like their own loved ones.

I believe the experience changed my way of thinking because I thought I would have wanted to do everything I can to keep the patient alive once I saw them suffering, but it just made me want their death to come sooner. I did truly feel bad for these people because they couldn't physically

move but could hear everything we were saying. The only thing that truly bothered me would be when I was smelling the smell of “death” from the one patient, because it made me realize I was witnessing this stranger’s last days and I would never hear her talk, walk, smile, or eat. Before doing this clinical, I was on the fence if one of my family members would need to go to hospice, but now, for the future, I would choose hospice. Even if I could take care of my family member, I think the people who work here would take much better care of them than I could.

Overall, the whole experience was a big eye-opener for me, because at times I was laughing and other times, I was feeling immense sadness. The nurses and STNAs would talk to the patients like they were life-long friends just having a casual conversation, and then they were very close to each other, like a family. I don’t know if I would choose this type of nursing, but I really respect the people who do.

Reference:

Marsano, L. S., Mendez, C., Hill, D., Barve, S., & McClain, C. J. (2003). Diagnosis and treatment of alcoholic liver disease and its complications. *Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism*, 27(3), 247–256.