

Firelands Regional Medical Center
School of Nursing
Hospice Reflection Journal/Paper
Psychiatric Nursing
2024

Write a 700-900-word paper reflecting your thoughts and ideas regarding your Hospice experience.
Objective: 7c

1. Identify the main theme-
 - a. Provide your expectations for this experience. Were your expectations met, provide examples. (Suggestion: Write down your expectations before the hospice experience, then you can objectively reflect on if these expectations were met)
 - b. Provide at least 3 descriptive sentences that summarize your experience.
2. Write about something that stands out about your experience, include specifics, write a story about your experience.
3. List main points or key experiences that affected how you think about your experience. Share your beliefs and ideas about your experience. Tell how this experience changed or did not change your beliefs or enhanced your knowledge.
4. Ask yourself questions about the experience and how it may or may not relate or impact you. Ex.- Has the experience changed your way of thinking, did it bother you, would the experience change future actions?
5. Conclusion-
 - a. Discuss your overall feelings or understanding you received as a result of this experience.

The Reflection Journal will be due at the same time your Clinical Tool is due for that week (Saturday at 2200), and should be placed in the Hospice Reflection Journal Dropbox on Edvance360.

1. Leading up to the week of my hospice clinical my expectation was that the patients would be surrounded by family ultimately mourning there near death. I expected families to be sad and grieving around the patient. I hoped to learn more about hospice care and be shown by the nurses on how to comfort a dying patient and their family. I would say my expectations were not met. I noticed only 2 of the patients had families visiting them while I was there. Instead of seeing sadness and them grieving they seemed to mostly of just been on their phones/iPad waiting for them to die. I'm sure this isn't the case for every patient, but this is what I observed.
2. Something that stood out to me was the nurses had little to no empathy for the patients, at least that were shown. This could be because they have been doing this for a number of years and are used to the whole hospice experience. They talked badly on the patients that were there and previous patients they've had in the past. One nurse during the report ask if one of the patient's were still here, the one nurse stated "No they past away the other night", then the other nurses said "Oh thank god they're gone". That set the tone early for me on not enjoying this clinical experience. A handful of similar statements were made while I was there including what the best drug is to make the patient die the fastest. Nurses claimed they often asked for an order for a specific drug that helped the patient die faster. Maybe that's a Hospice thing and caught my attention because I haven't had experience in this setting? I understand each floor has there own kind of "language" but this seemed out of the ordinary for me.
3. Main point of experiences that affected how I think was just seeing the patients laying there by themselves struggling to survive. The floor seemed almost like a cemetery. Very dark, old, and without signs of life. After seeing the hospice care from a nurses perspective I don't believe that I would ever want to experience that as a patient, at least not here with Stein hospice. Especially with the staff that I had clinicals with. Constantly show lack of empathy of patient on their death

beds, making jokes about patients, and especially when they are showing joy when a previous patient died. I get that it's hospice and the patients come there with an expectation to die, but still unethical and not a good attitude you should have as any kind of nurse. I had previously had good faith that hospice nurses would be more empathetic than any nurses in the hospital because of how "sad" the situations were but it was quite the opposite.

4. Hospice did give a better insight of death and what to expect, it allowed me to see a variety of patients that viewed death in different ways. Some with terminal illness and others ready to except the fact of dying because they "have lived long enough". It helped to improve my therapeutic communications because some patients are very blunt in wanting to die and it can be hard to think of a response to these comments. Some of my responses were therapeutic and some were not, but I recognized this after saying them and have learned how to better communicate. Unfortunately, this experience did bother me. How can it not with grieving families and helplessness of the patients often not being able to move to complete ADL's. I would want to see another facility that has hospice to compare the differences instead of thinking they are all as bad as Stein from a nurses perspective.
5. In conclusion, my hospice experience was not as I expected. There were more negatives than positive in all aspects. I approached this clinic with open arms and expecting a good experience of learning and left without one. The worst aspect being the staff and the unprofessional behaviors. They did take great care of the patients I will say, but need work on how they talk about patients. When I was in a patient room I could here them talking loudly from the nurses station which could be problematic if a family member would listen to what they are saying. Hospice left a bad taste in my mouth and I wouldn't consider working there for any amount of satisfaction, money, or benefit. I didn't want this experience to all be bad, but I can't think of many positives from Hospice. Hopefully when I experience hospice again it will change my thinking from this experience.