

**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.a. My expectations prior to this experiences were way different than after actually going through the clinical Experience. Prior to going to hospice I thought it was going to be a very sad place just from the small amount of acknowledge I had about hospice and only that people that go their don't come back out and that is it. I also thought that the individuals that were admitted to an inpatient hospice unit was because physically they were not able to perform their activities of daily living anymore. In some way my expectations were true but in other parts they were not such as there is patient that were admitted on my clinical that needed fully body care as well as being aphasic and weren't able to speak for themselves so they needed family their to be able to communicate their needs. In another sense their was patient that needed minimal assistants and could do their normal routines that they do back in their home environment. A patient right when I got to the hospice unit for the day had passed away and didn't get to be discharged so then post-mortem care had to be done so my expectations that one doesn't leave from the facility was met in some ways.

b. My experience in hospice was very eye opening and provided a lot of information in regards to comfort care for patient's that are admitted onto the unit such as the frequent administration of pain medication to make sure that patient's don't feel any agitation during their stay. Working on the hospice unit can be exhausting both physically and mentally for caregivers because of the high acuity of the patient's that are admitted needed more consistent care and just seeing a lot of death when working can cause one to be burnt out more quickly with seeing that very frequently, I had great connections with the patient's and felt very appreciated with the patient's on the unit with them taking the time to talk to one which also makes one realize that family is going through

the grieving process and it may hurt to see their loved one like this so they may not show up for the patient leaving one being the only person they see on some of their last days.

2. Something that stands out about my experience in the Hospice inpatient unit would have to be these particular family members that were their that day. The patient was having difficulty with their breathing and the patient's family members were worried that the patient was choking on something because of the crackle sounds the patient made as they breathed. The patient's family member voiced that the patient should not eat anything at the moment because of the possibility of aspirating so therefore the tray for the patient's breakfast was delayed that morning. The patient's family member later asked for a food tray even though they were concerned about the patient choking wanted the patient to eat so since the tray had been delayed the patient's family member had thought that it was sitting out getting cold not knowing that all the food is kept in a heated plate. Later than morning the patient's family member came out of the room asking the around for a patient advocate and voiced that they felt that the patient's food tray had gotten cold and felt like it was sitting out to be cold but later the nurse came in explaining what had happen and that their was a misinterpretation with information and thought they didn't want the tray because of the choking concerns. After the patients family member had apologized they had explained to me they will see this kind of situation from time to time where a patient's family member takes their frustration on the staff because of how vulnerable they are when being on the unit. The patient's health was declining and they could not do anything about it but just be their for them. Patient's stress often is portrayed as them being rude but they are just trying to cope with the potential loss of their loved ones and the nurses that are on this unit are trained to understand this and do not take it personally at all.

3. Some patient's coming into hospice care come in for respite care and this for the patient's caregiver to get a break in a sense to be able to try and decompress because the nurses told me that this may decrease caregiver burnout. For some of the patient's they are very dependent on one to help them with their activities of daily living so this is a way to give their caregiver some time to decompress. This is helped expand on my knowledge that it is okay to give yourself a break for some time to be able to put yourself together to be able to provide the best care for the patient. I was able to have a good conversation with one of the patient's in regards to their views on life and how much they loved their husband that had passed away. This patient was not sad about their spouse passing away instead they looked back at all the good memories that they had with them. This experience did change my beliefs that one could not have good patient interactions in hospice but instead be able to connect with the patient through their life experiences and look back at good times they had.

4. I think that since personally haven't gotten through someone being in hospice if I feel like a potential barrier could be not being able to connect with the family members that come to see the patient. This experience was able to show my first hand if I was able to be in this type of environment for nursing because I felt like it felt rewarding helping the patient's that were this day because of being able to help them out when they no longer. It did hit a soft spot for when the patient that passed away did not have any family members near them for their last hours. "People who are dying need care in four areas of being physical comfort, mental and emotional needs, spiritual needs, and practical tasks" (NIH,2022). I feel that one does not always get used to the factor of death when working in this field, I feel like one could get numb to it but fully being normalized because it is not something you see in society everyday so mentally I think that workers in this field should prioritize their mental health a lot because of how much they go through in their field of work. This experience will help me out in the future because of being exposed to it now during school one is going to come face with having to take care of a patient this gonna pass away and be able to respond to family, friends, and patient appropriately no matter if one works in hospice or not this is something that could be come across on at work in the hospital for example.

5. My overall feelings of hospice would be that it is not how everyone makes it out to be in regards to it being a very sad place to be. Hospice is a place where individuals can go to attempt to find some comfort for their specific diagnosis. The staff that I was with for my clinical loved what they did and were very open to teach which showed how passionate they were about this side of nursing and how much more goes into it. The providers there do not cure the patient but make them feel better in making sure their being able to live comfortably. As far as medication I learned that it is far different protocols that I have seen so far and this mainly because of the amount of narcotics that are handed it out is very worrying but does have to do with the hospice specialty as well. Communication is key up in hospice and I have learned that one must be able to communicate appropriately with not only the patient but with family members too and must make sure they know what is going on each step of the way. In hospice there is also different levels to what criteria you have to meet in order to be able to place in hospice so not everyone gets this type of care.

National institute of aging (2022a, November 17). *Providing care and comfort at the end of life* | *National Institute on Aging*. Providing Care and Comfort at the End of Life.  
<https://www.nia.nih.gov/health/end-life/providing-care-and-comfort-end-life>