

CDG Week 2

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Hospice

My expectations before experiencing nursing on the hospice floor were that it was going to be a very quiet and sensitive environment. I felt as if going to be a nurse on that floor was you have to be very delicate and sympathetic to the patients you are going to be caring for. Although it is thought to be a more relaxed environment because you want to make the patients feel at home it is important that you still follow through with good patient care and duties you're obligated to do as a nurse. I expected to have all active dying patients that were in palliative care and that it was going to be my job to just keep them comfortable and happy. As stated, "Health care providers who care for the terminally ill should focus first and foremost on the comfort of the patient" (Venes, 2021, para. 2). I thought the environment of being on a med-surg floor was going to be drastically different from hospice and I thought the roles of the nurse were going to look completely different too. I expected to have family support there throughout my whole 8-hour shift there. Finally, I expected it to be mentally heavy to care for and watch for these patients as they are seeking their end-of-life care. I thought it was going to be a sad and draining day overall for my mental health. Some of my expectations were meant and some of them I was wrong about. As my expectations of it is being a more calm and quiet environment as well as it being more sensitive in the aspect of how you approach families and patients was meant. One expectation that was not meant is not all the patients on the floor were in end-of-life care, as some of them were on a scheduled respite which was to give their care givers a break. Another expectation that was meant was that the nurses were very delicate with patients and had a sympathetic attitude when communicating with their patients. It also meant that the Med-Surg floor compared to the hospice floor was a completely different environment and the nurses definitely had different roles they fulfilled. For example, the nurses on the hospice floor don't assess and monitor their patients but once a shift. They mainly give medications to comfort them and assist them in comfort in their own room as for med-surg they are at least assessing and taking vitals every four hours. The expectation of having a heavy mindset when caring for the end-of-life patients was meant. For example, we had one patient on his end-of-life journey, and it was difficult to see his family visit and him being unresponsive to everyone. Something that stood out to me during my experience was caring for an end-of-life patient. The experience I got to see was learning about how when patients are actively dying, they tend to get a ulcer in the shape of a butterfly of their coccyx as their body starts to shut down and decompose. The nurse also showed me some other signs like the nail beds of the patient becoming cyanotic and more like a dusky color. The nurse said a big sign of end of life was the creasing of the bottom of the ear is a big sign they see on most patients. As we were in the patients' room, he was able to raise his arm but not by command. I asked why he was doing that, and she said it was a sign of him going through the recaps and memories of his life and they tend to have some physical reflexes that tag along with his memory. He was not able to open his eyes or communicate with us, but

she said the last thing to go on patients is their hearing, so it is always important to communicate with them as if they were responsive. As this experience was sad, it was very interesting to learn about what a patient does at the end of life and understand what they are going through and feel. One key experience that affected how I felt about my experience was care for the end of life. It made me look at the end-of-life care in a whole different way. It made me consider the roles that are most important to these patients and how to approach them further in my career. This changed my belief by showing me that a patient does not just die but that there are multiple steps to consider when they are approaching their end. Another experience was watching people and family talk a lot about their spiritual beliefs and how it was very important to follow those until the patient was fully gone. This changed my belief of the most important things was caring for a patient while death occurs but incorporating their spiritual belief can make grief and comfort a little easier for everyone. A question I have asked myself is, did this experience change my overall thoughts on hospice care? To answer this question, I would say it dramatically changed my thoughts. From thinking hospice is a more depressing type of nursing to thinking how important the role of a hospice nurse is and how important you impact the families you encounter. Another question I asked myself is how can people mentally handle being a hospice nurse for so long? As for this question, after my experience I think some days can be hard for a nurse and it can be difficult but most of the time it can be a very rewarding job of being able to provide quality care and leaving an impact on your patient and their families in the hardest time in their life. The last question I asked myself is how would this experience change my future roles or actions as a nurse? After this experience I think it will impact my future actions by just being more supportive to patients and their families in harder times because it could help them in the long run and they will never forget your face, so it is important to leave a good impact. My overall feeling about this experience is a lot more positive than I expected. I feel like it was very rewarding to be able to even experience hospice and I also think it is very impactful on my feelings of how good simple care can impact others in such a big way. I overall feel grateful for this experience. I also found understanding in life as it ends. As for most it just thought of a person to die but after this experience it showed me an understanding of the stages a person will go through until they take their final breath.

Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24th ed). F. A. Davis Company:

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