Hospice Reflection Journal

1. A. Before my hospice experience, I had several expectations. I expected to witness deep emotional connections between patients, families, and healthcare workers. I assumed that the environment would be calm but emotionally heavy, and I anticipated seeing a more holistic approach to patient care, that prioritized the patient's comfort, dignity, and emotional or spiritual peace. I was also slightly anxious, unsure of how I would emotionally process being around patients at the end of life. Some of my expectations were met, while others were challenged. The atmosphere was quiet and patient centered. The atmosphere also was not as emotionally overwhelming as I feared, while deeply sad there was also a sense of peace that I feel the healthcare team definitely help facilitate. I also found that hospice care focused just as much on the families of the patients as the patient themselves, which was something that I had not considered as thoroughly before my time at this clinical. There were multiple times were the nurse I was following spent a great deal of time educating, talking to, and providing emotional support to the families that came in for a patient in hospice care.

B. During this clinical, I gained a deeper understanding of the emotional, physical, and spiritual support that patients and families need at the end of life. I learned and observed the nurses at Stein Hospice provide comfort focused care, manage the patient's pain and symptoms, and provide support and active listening to support the patient's wishes and facilitate a peaceful environment. This experience helped me develop a deeper understanding of what hospice care entails and it showed me the importance of being present and compassionate. It also gave me a greater understanding how what a hospice nurse's role is and how they provide as much comfort as possible while also facilitating a peaceful and supportive environment for both the patient and their families.

2. One moment that stood out was with a patient who struggled communicating and had he's eyes closed most of the time to the point where it appeared he was sleeping. I watched the hospice nurse speak softly to the patient while repositioning them, offering comfort as if the patient could fully engage. The room was filled with quiet compassion, and even though the patient couldn't respond in traditional ways, the nurse's gentle tone and presence communicated that the patient still mattered. This moment taught me the power of presence and that sometimes just being there is enough to provide support. It reminded me that dignity doesn't disappear even when verbal communication ends. I also watch the nurse provide effective education to the patient's family that even though he's eyes are closed he can still hear, which later I seen impact how they communicated with him during the rest of my clinical experience. When before if he's eyes opened, they would try to talk to him as much as possible and surround the head of his bed. Later after the nurse provided this education, when we would go in his room they would talk to him like he was awake even with he's eyes closed.

3. This experience deeply impacted my perspective on death and dying. Before hospice, I associated end-of-life care with sadness and loss. Now, I see it as an opportunity for closure, peace, and connection. I witnessed families having meaningful conversations, nurses offering spiritual and emotional support, and staff prioritizing patient dignity above all else. These experiences helped me realize that nursing isn't always about curing an illness or disease, but can be about providing comfort and compassion during a patient's final moments. Hospice nurse and their ability to remain emotionally grounded while providing care to patients and families during such sensitive times inspired me. It changed my belief that healthcare should always aim to prolong life. Instead, I now see that sometimes, the most compassionate care is helping someone die comfortably. This experience also enhanced my knowledge of therapeutic communication and how important the role of spiritual care is in a hospice setting. I observed how nurses used open-ended questions, silence, and touch as powerful communication tools. A quote further explaining the role of a hospice nurse is, "The nurse assesses the client's and family's needs, establishes the goals of care, supervises and assists caregivers, evaluates care, serves as client advocate, and provides educational information as needed to client, family, and caregivers" (Townsend and Morgan, 2022).

4. This experience has changed how I view nursing and even life itself. It made me reflect on how in many healthcare settings may often avoid conversations about death, when in reality, those conversations can bring closure and healing. I've learned that dying can be a sacred, peaceful experience when supported by the right care team. One that has deep listened skills, empathy, and can provide compassionate care and support to patients and their families. While this experience was deeply sad, I would not say that it bothered me too much. After gaining a deeper understanding of how hospice can provide a sense of closure and peace to most patients, I felt better during this clinical experience. This experience will change my future actions by encouraging me to be more present and grateful for everyday moment, especially those with close friends and family.

5. Overall, my hospice experience helped me grow personally as well as professionally in my future nursing career. I learned that while death can be deeply sad, it can also be a time of connection and peace. This experience taught me that nursing is not just about treating or curing patient's, it's also about making the end of life as comfortable as possible while as while maintaining the patient's dignity and providing support. I am grateful for the experience and hope to carry these lessons into my future nursing career.

Resources:

Morgan, K. I., & Townsend, M. C. (2022). *Davis Advantage for Townsend's Essentials of Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice* (9th ed.). F.A. Davis.