

Pre-assignment Questions

1. Which of these two statements is most important to you?

Preserving a good quality of life is more important to me, even if I may not live as long. However, there are caveats with that as well. I would be facing a very different decision with a life-threatening illness at 33 versus in the later decades of life, especially having a partner and two young children at home. Assuming I make it to my 70's and 80's without any serious health concerns or disabilities, I feel like I would be more prepared at that stage in life to accept dying versus living with significant impairments. I feel like I've done many of the things I hoped I would and still have plenty of time for new experiences until then. It would still be a challenge to leave behind those I care about and miss out on their lives. It's hard to know how much you can bear, physically and emotionally, until faced with a critical illness.

2. Do you feel you have full autonomy for decision making?

Yes, I have full autonomy for decision making. I manage my household and have done so since I was in high school when I was also a primary caregiver for my grandmother and father. I struggle with giving up control to others and taking a back seat. It's also difficult for me to ask for help from other people, as I'm very independent. These are both things I am trying to change about myself.

3. How do you feel when people make decisions for you?

It's not often that I let others make decisions for me. There have been instances in which I felt like certain options were the only ones presenting themselves, for example, in going back home after college to care for my dad. I resent it when I feel like my options are limited or choices are taken away from me.

4. What do you see as important in your life?

My number one priority right now and in the future is to find work-life balance so that I can spend as much time as possible with family and friends, and pursue my other interests. I left behind a career as a scientist to become a nurse in part for this reason. It provides me with a better schedule while allowing me to do good for others and continue to use the education I already have. Maintaining good health is also very important. My overall health is not where it should be right now, and I have lost many family members to illnesses that could have been prevented had better choices been made. Having been a younger person caring for these family members, it's important I choose to be better and avoid placing anyone else in a similar situation. That also means planning for retirement and future costs of healthcare I may incur if assisted living or a long-term care facility become necessary.

5. What risks have been identified to your quality of life that you agree or disagree with?

I have had some significant health challenges related to ulcerative colitis. At one point while I was a graduate student, I was in the hospital because my condition deteriorated to the point that I

was dealing with sepsis. I was eventually discharged from the ICU, and it was hard to get back to where I had been. In managing my UC today, I am on immunosuppressants that put me at risk for illnesses, but it's worth it to keep the same situation from happening again. I also tend to take on too much, and many people close to me tell me it's not sustainable, which puts my mental health at risk. For example, I have a partner who frequently travels for work and two young kids at home, while I'm trying to graduate from nursing school. I also don't want to give up on other things that are important to me, like volunteering, which means that sometimes there's not a lot of time for sleep or relaxing. I can see it from both sides. Ultimately, I think I do much better when I'm not idle and the challenges I've already experienced have made me very resilient.

6. What risks have you taken in the past and how has this affected you?

In general, as a younger person, I felt invincible and that nothing could go wrong. I made poor lifestyle choices and spent time with people who didn't have my best interests in mind, all of which took a toll on my health and quality of life. Having my health rapidly go downhill when I was in my early 20's was a huge turning point for me. It sounds so dramatic to say it, but when I was in the hospital with sepsis, a *C.difficile* infection, and a blood clot in my heart, there was a real possibility that I could have died. At the same time, I was trying to get through grad school while also keeping up as the primary caregiver for my father, who was rapidly declining. All of this was related to the choices I made that put my mental and physical health at risk. It was a struggle trying to decide who and what my priorities were. Now, I can look back and appreciate that these experiences have given me a whole different perspective on life's challenges and what I can overcome. I wouldn't change anything I've been through because it's made me a stronger person.

7. What is your understanding of the risks you want to take now?

I would have characterized myself as a risk-taker in the past, but now it's more important to think about how my choices impact the other people in my life, especially my children. Above all else, I have their best interests in mind always. I am willing to take what I would classify as responsible risks for the greater good of my family now. For instance, I've left my previous career behind to become a nurse, which has been a financial hardship related to the loss of income. However, it's a calculated risk that I'm confident will pay off in the long run. Overall, the older I get the more I appreciate a sense of normalcy and routine and I'm not very likely to jeopardize that. I am also much more vigilant about my own health, for myself and also so that I can be my best as a partner, mother, friend, nurse.

8. What risks are you not willing to take?

Nothing that will jeopardize my health in any way, I've already been down that road. No skydiving or crazy antics for me.

9. How would you explain to the people who love you why you want to take this risk?

I find making a case for the greater good or for why something is critical to your own well-being is an effective way to inspire confidence in others. Also, if a decision is not likely to affect others

in a way that would be harmful. For me, the risk of dropping one career for another is insignificant compared to how much my family and I will gain in added time together and more stability in the future.

10. What frightens you about taking this risk?

I am frightened that I have set my expectations too high for the improvements a new career in nursing will bring to my work-life balance. There always the potential that I feel like I failed to make the right choice. I don't have previous experience in nursing, only my own history of caring for others and navigating serious healthcare decisions. What if I don't feel like I'm a good nurse when I had such high hopes for what this change would bring? I take my education and this future career very seriously and I've asked a lot of myself and my family to do it. I hope that I can follow through with the promises I made to justify why it was worth it.

Interview

My interviewee has been dealing with some significant health challenges in the past year related to heart disease, diabetes, and a loss of mobility. In the last three months, they have been hospitalized several times. For the past month, they have been staying at a local long-term care facility to recuperate and receive physical therapy after a vertebroplasty procedure.

1. Which of these two statements is most important to you?

Interviewee: I want to live as long as possible. My husband passed away several years ago and it has been very lonely without him at home with me. Right now, I am in a lot of pain and not sure how I am going to make it back home. I have to go back because I am all that my family has now. I have five kids, 14 grandkids, and all kinds of great-grandkids. I even have one great-great-grandbaby now. My family has had a lot of troubles and I need to be around to make sure everyone is okay.

2. You have been dealing with some big life changes it sound like. How has that affected your quality of life?

Interviewee: My husband did everything for me. He worked until he was in his 70's and was always the one who did the cleaning, laundry, took care of the house. He was even good with the kids. I don't feel like I've been able to keep up since he's been gone. I'm in a lot of pain now and have trouble with falling when I try to get around. I can't do things anymore, like get out to my car to go anywhere. I don't even go to church on Sundays. Now I'm at the nursing home and I hate it, I want to go back home. My quality of life is not good.

3. What changes do you think would help improve your quality of life?

Interviewee: I can't change anything. I think if the doctor made my pain go away, then things would be a lot better. And I need to go back to my house. It's been very lonely since my husband passed. No one comes to see me or help with things, like working on my house or the yard. My

daughters are the only ones who seem like they care anymore. I wish all my kids and grandkids would come to visit me more, or at least call.

4. What have you tried to help manage your pain?

Interviewee: They give me pain pills that help sometimes. They just did surgery to help my back; the doctor said it was “like putting concrete” in there. I’m not sure what they did but I don’t think it worked. They keep telling me I need to get up and move around, but it hurts and my legs feel like jelly. They make me walk up and down the hall or to the dining room, but sometimes I don’t feel well, so I don’t do it. I have a back brace that I wear all day that makes my back feel a little better.

5. Do you feel you have full autonomy for decision making?

Interviewee: No, I let my two daughters make a lot of decisions for me. They take care of everything for me now, like groceries and cooking. They pay my bills. A lot of the time I don’t understand what the doctors and nurses are telling me, so I have them take me to my appointments to help understand. I don’t want to be in this nursing home, I want to be back at my house but they won’t let me leave. They keep telling me if I can get up and around that I can go home, but no one is letting me do that. I feel like the doctors are telling them not to let me leave. I should be able to decide to go home or not and I can’t.

6. How do you feel when people make decisions for you?

Interviewee: My daughters do okay, but sometimes they try to make me do things I don’t want to do, and I don’t like it. I just want to feel better, and I have a hard time keeping track of it all so I like when they take care of my doctor’s appointments and stuff. But now they won’t let me come home from the hospital, that’s why I’m here [at the nursing home]. They talked to my doctors and decided, even though I didn’t want to do it. They think I don’t understand sometimes but there’s nothing wrong with my head. I don’t like it when they treat me like their kid instead of their mother. I wish people would do what I say they should when it comes to this.

Interview Evaluation-Reflective Activity

1. What therapeutic communication techniques did you use during the interview?

I used silence during the interview, as it sometimes took the interviewee a long time to figure out what she wanted to say, but I tried not to rush. At many points, while we were talking the interviewee seemed emotional and was crying. I tried to pause at these points and offer some comfort and reassurance. I also stuck to asking open-ended questions to try to convince them to open up a little more. I validated the interviewee’s feeling by using statements that showed I commiserated, even if I’m not of an age or level of life experience to have first-hand knowledge. As an example, I made sure I said things like “I understand how it could be very lonely living on your own, now that your husband has passed”. That led to me using some of my own questions, which I phrased so that they were open-ended and encouraged my interview participant to talk more.

2. What went well?

I think I did a good job making my interview participant comfortable, based on the fact that they were able to open up about their feelings on some tough topics. I didn't interrupt, let them take their time, and tried to stay as neutral as possible in terms of my nonverbal communication. I was able to validate that the emotions they are experiencing are normal and to be expected. I was also able to include some open-ended questioning that I think opened up the conversation to what could be done to improve this individual's circumstances regarding their healthcare needs.

3. What would I do differently next time?

Because I had to take notes, it was hard to feel fully invested in the conversation. I had to break eye contact and type up notes for later. The note-taking made the interview feel a little strained. Feeling and appearing distracted is an issue to consider for my nursing practice in general also. When you are doing an assessment, and especially collecting the history of the present illness and performing a review of systems, it is hard to look engaged. Next time, I would work on trying to be less distracted by the computer and note-taking and use more paraphrasing. I would even consider using a device to record the conversation so I wouldn't have to divide my attention. With our discussion of pain management, I could have been better about offering more health education, such as opening up a discussion about complementary approaches like guided imagery, massage or acupuncture that may not have been tried yet.

4. What are the major take-home lessons after interviewing an older adult?

My impression is that most older adults, especially those dealing with illness or a health crisis, feel very vulnerable. They are facing a loss of independence and can feel very isolated and out of control. There's also the feeling of being responsible for immediate and extended family and being uncertain of what will happen if they are gone or unable to still act in the same role. This uncertainty is both a blessing and a curse. While it can be a powerful motivator for them to get healthier, I think it can also distract from the task at hand, which is focusing on what they need to do to achieve their health goals. My impression from the interview was also that this individual is justifiably dealing with some feelings of loss and associated depression. I think this is something that as a healthcare community, we don't give enough attention to treating. In this case, some of the signs are there that this person may benefit from some counseling, at the least to get through this challenging time and the changes that come with advancing age, poorer health, and evolving life circumstances.

5. How can I adapt my nursing practice to be more responsive to the unique needs of an older adult client?

Many older adult clients seem to be on the ends of a spectrum in which they are either at a point where they have lost many people in their life or have family who are very involved in helping advocate and make decisions. As their nurse, you need to be able to be their champion if they are alone or also help mediate potential family conflicts or caregiver burnout. From my interview for this assignment, it is clear that this individual is heavily relying on their children to help meet their daily needs. Ultimately, you may end up being a valued educational and emotional resource

for not just the patient but family members as well. Therefore, it's beneficial to understand what community resources are available that could help alleviate some of the burden placed on the family. Are there programs like Meals on Wheels or in-home care options? Clearly, in this situation, this could help eliminate some of the responsibility shouldered by the children and allow this individual to return home faster and more safely.

6. In what way am I building my nursing skills?

Any patient interaction is a learning experience and a chance to improve your use of therapeutic communication. In this case, my interviewee became very emotional at several points and it was a good chance to comfort and express my empathy for the situation. Finding the right words and approach for the individual patient and their nature can be tricky but making yourself available is the best way to learn what works and what doesn't. In the case where someone is visibly upset and crying, some people will respond well to holding their hand or rubbing their back while another person may strongly dislike physical interaction. One of the challenges of nursing is that you may deal with clients who are experiencing a whole host of emotions, and you have to be prepared to respond to all of them appropriately. The more diverse the group of patients you can be in contact with, the more experience you have to find common ground. At my age, I only have so much of my own wisdom and personal history to draw from, so it's beneficial to have these conversations to bridge the gap.