

1a. What are some ways that the nurse can ensure that a client receiving palliative/hospice care is kept comfortable? What are some ways that the nurse could provide for the psychosocial and spiritual comfort of the client?

Nurses can ensure that a client receiving palliative and hospice care are kept comfortable by supporting the patient and family. A nurse can also show comfort by educating them on what they might expect to happen during this time, addressing all of their questions and concerns with validity, being an active listener, and most importantly, providing emotional support and guidance. Ensuring needed medications are available for these patients will ensure a level of comfortable that reduces the pain. The nurse could provide for the client's psychosocial and spiritual comfort by asking them if you can pay for them if you, as the nurse, feel comfortable doing so along with the family. If the nurse is not comfortable doing so, she can always refer the family to the hospital's appointed Chaplin. Using therapeutic touch also conveys a sense of support and comfort. Still, keeping a positive attitude with these patients is also essential. They are already going through a very trying time, so to see a fresh face and bright smile could make a huge difference.

1b. How can the nurse provide support for the family/loved ones of the dying client?

A nurse can support the family and loved ones of the dying client by first acknowledging that you cannot imagine how they feel. These family members do not want you to pretend you understand what they are going through but instead would appreciate your honesty through this time. Another way is to spend some time with them. Along with spending time with these families is also merely asking them what they need. Sometimes, they might refuse to need

anything, but asking them, conveys that you care about their well-being. Helping these families connect with resources that can help them while they are grieving the loss is also something that nurses can do to show support. Answer their questions or referring them to the doctor about any problems that can arise will help them feel supported.

2a. How did your interactions with the person who had a life-limiting illness make you feel?

The interaction with a person who had a life-limiting illness made me feel empathic towards that individual and their family. It is challenging, significantly when you have grown a close relationship with that resident. The loss feels personal to you as if you have loved a family member. At this time, I was just sure to be present for both the family and resident's needs. Although I felt a sense of sadness, it is not about me during that period. The focus is solely on the patient are their comfort, and the family.

2b. Did you feel equipped to adequately handle the feelings and emotions that were present?

I felt fully equipped to adequately hand the feelings and emotions present, as this is not my first experience dealing with a dying patient. I recall my first time dealing with a dying patient; I tried to separate myself from that individual emotionally and instead tried to process that moment as part of the life cycle and know that the patient will no longer be in pain. I also felt fully equipped because I had the support of my coworkers.

2c. Did you feel equipped to adequately communicate with the person who had a life-limiting illness?

I do feel equipped to communicate with the person who had a life-limiting lifeless adequately. Most times, the person has come to terms with what is occurring and has entirely accepted it with my personal experiences. I am sure to still speak to these individuals with care

just as if they were not in this predicament. I always use therapeutic communication. I am confident to speak directly to the patient and their family as if they were not there. I make eye contact and use appropriate body language and allow silence and time for the patient to express their families.

2d. How do you think the person with a life-limiting illness felt during their interactions?

During our interaction, the person with a life-limiting illness felt a level of comfort and safety with the way I was communicating with them. Internally, I am sure there was some level of fear and sadness for leaving their loved ones behind. That is why I try to be as present as possible for these patients and provide an emotionally safe environment to express their true feelings and concerns about the entire process.

2e. Could the interactions have been improved in any way? How?

The part of the interactions that could have improved on was being more straight forward and laying everything out transparently. I do not feel that it is my place as a CNA to be so direct and outright about their condition but instead provide support. Nonetheless, I feel like laying everything out in a straightforward manner in combination with being empathic and supportive conveys a sense of honesty to the patient about their medical condition. I am sure it is something both the family and patient would have appreciated. It all just depends on how it is delivered.

The delivery manner should not be too blunt, but also not unrealistic.