

ATI: Video Case Study Palliative and Hospice Care

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How can the nurse 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?

There are numerous ways nurses can ensure that a palliative or hospice patient experiences comfort. Pain assessment and providing symptom relief ensure the patient is comfortable in the end stages of life. Timing of pain management is also an essential factor in ensuring the patient is content and relaxed. In patients who are dying, it is crucial to prevent pain from occurring instead of treating it when it occurs (Eliopoulos, 2022). Caring for patients who are in palliative or hospice care can be challenging. Symptoms nurses must manage include pain, fatigue, and dyspnea. Optimizing treatment to make sure the patients are comfortable means that nurses provide relief and ease in physical and psychosocial aspects. Providing and managing these comfort measures can improve the patient's quality of life (Chapman et al., 2022). Because the dying process is unique to each patient, nurses need to personalize interventions based on the individual patients' needs. Nursing interventions specific to an individual can mean raising the head of the bed or administering oxygen to a patient experiencing respiratory distress, increasing fiber intake in patients experiencing constipation, and serving small and appealing meals to patients experiencing anorexia or nausea. When it comes to dying patients, assessing the individual needs and wants, providing holistic and pharmacological pain relief if necessary, and assisting with activities of daily living can improve the quality of life for patients (Eliopoulos, 2022).

Spiritual pain is another aspect of hospice and palliative care. Spiritual pain entails a loss of spiritual connection to religion and an absence of spiritual meaning. Nurses can intervene by

providing spiritual resources, such as offering chaplains and other spiritualists as a source of patient care (Hussain, 2022). Nurses need to assess their patients' spiritual affiliations and practices to ensure they receive the proper spiritual care necessary for their unique spiritual needs (Eliopoulos, 2022). Psychosocial comfort is also essential to the quality of life for hospice and palliative care patients. Poor psychosocial components include anxiety, depression, low mood, and low satisfaction. Some potential interventions nurses can implement are providing music therapy and muscle relaxation techniques, initiating art therapy, and persistently educating about meditation benefits. These therapeutic interventions reduce anxiety and improve mood in patients who are in hospice care (Dingley, 2021).

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

Patients experience anxiety, spiritual pain, and depression during the dying process, and their families may feel the same. As nurses, it is essential to provide coping strategies for the families of dying patients. Families of patients can feel unsupported, uninformed, and obtain a belief that their loved one was receiving passive care when in hospice (Hayden & Dunne, 2022). Like terminally ill patients, family members may also go through grieving. When family members are grieving, they may discourage the patient from accepting death and focus their time searching for a cure for their loved one's illness. Family members may criticize staff and believe that the patient would improve if removed from hospice care. These emotions are typical when experiencing grief. Family may find it challenging to cope with the reality of their loved one's terminal illness. Just like how every patient is unique and has individualized needs, their family and individual family members do as well. Interventions for grieving families include referring to social support groups and respecting everyone's different coping behaviors (Eliopoulos, 2022).

What feelings occurred when interacting with a person with a life-limiting illness?

When interacting with a patient with a life-limited or terminal illness, there is a feeling of discomfort. When this student previously provided care for a terminally ill cancer patient receiving palliative care, there is a feeling of uneasiness while thinking about one's mortality; however, there is a want to provide compassionate and understanding care to the patient. Attitudes towards death affect the quality of care nurses provide to dying patients. For this reason, nurses must reflect on their views about death and dying. One way to improve ideology about death is to educate about the dying process. Studies have shown that providing training to nurses related to dying can be beneficial to patient care. A way to instill training can include taking courses dealing with death and role-playing providing care with a terminal illness. This training and education can help nurses feel more comfortable caring for terminally ill patients in hospice settings and help develop positive attitudes about the dying process (Ozpulat et al., 2022). Thus, reviewing personal feelings about interacting with a patient with a terminal illness improves the quality of health for the patient and improves overall patient care.

Were the feelings or emotions adequately handled?

When caring for terminally ill patients, this student ensured adequate handling of emotions. This student felt that it was essential not to let personal fears intervene with compassionate patient care. There is some anxiety resulting from ideology relating to death and the dying process. However, there is a belief that providing compassionate care to terminally ill patients is beneficial to their quality of life during their last moments and rewarding to the care provider. Death anxiety is common, especially with young nurses who lack end-of-life patient care, so it is crucial for healthcare providers to reflect on their feelings and not let their emotions affect patient care (Hussain, 2021).

Was there adequate communication with the ill person?

This student provided adequate communication with the cancer patient in palliative care. While assisting with chemotherapy infusion, there was interpersonal patient communication. The patient discussed their family and pets and seemed highly welcoming to the conversation and social interaction. This student felt that communicating with this patient could be helpful to the patient's mental health and mood. Communicating can aid in establishing positive attitudes in patients. Talking to patients addresses psychosocial aspects of patient care and can be beneficial in relieving emotional distress, especially with end-stage cancer patients (Johnson, 2018).

How did the person with the life-limiting illness feel during their interactions?

The patient with a life-limiting illness seemed responsive and content with interaction and welcomed communication. The individual seemed cheerful and happy to socialize with the chemotherapy infusion nurses. However, the patient seemed uneasy when discussing the side effects that they were feeling while undergoing cancer treatment. The patient displayed reluctance when reminded about their illness. This response is typical of cancer patients receiving palliative or hospice care. Cancer patients show many different emotions when dealing with their illness. Cancer patients frequently use denial, joking, and mental disengagement to cope with their illnesses (Inci et al., 2022). The patient seemed uneasy when reminded that they were dying and that their mortality was imminent. This response is typical with the end of life patients who somewhat alternate between denial defense mechanisms and acceptance (Eliopoulos, 2022).

Could the interactions have been improved in any way? How?

This student believes that there is always room for improvement, especially in care settings. Nurses, in general, need to be mindful when it comes to communicating patient care and when discussing vast amounts of information with patients. There needs to be a balance between conversing casually and professionally relaying information. When it comes to patient communication, there needs to be an understanding that patients have individual communication needs, just as each patient has individualized healthcare needs (Roche, 2021). The cancer patient receiving chemotherapy seemed a bit uneasy discussing side effects related to chemotherapy treatment. Perhaps an exploration of these feelings could lead to referrals for social support or psychotherapy and improve the quality of life for the patient during end-of-life processes.

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