

ATI: Video Case Study Palliative and Hospice Care

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June 07, 2022

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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 many comfort measures for a patient receiving palliative/hospice care. Providing a comfortable setting or having familiar surroundings would be a way to provide a comfort measure for these patients. If they cannot receive care at home, one could bring in things from their homes such as pictures, plants, and possibly even access to or visits from family pets. To provide psychosocial means for a client receiving palliative/hospice care to ensure their comfort would first be able to understand what psychosocial and spiritual aspects of the end-of-life care are. Psychosocial care would include experiences such as being able to express fear of facing death or the experience of loss. A patient in palliative or Hospice care could be experiencing a sense of loss of control, anger, or fear. It is also expected for their friends and relatives to be experiencing these emotions. There are forms of counseling that can be beneficial to someone receiving palliative or hospice care, grief counseling, for example. Meeting with someone to get their financial situation in order could also help ease their mind. Providing access to someone who could come in and help with their day-to-day living tasks would also be helpful when trying to provide psychosocial means for end-of-life care.

Spiritual care is more difficult to define but would include informal support from friends and relatives and affiliated religious groups. Some people turn to spiritual guidance for strength at the end of life. Some patients might want a visit from a spiritual leader regularly during their end-of-life care. Patients receiving palliative or Hospice care might want to address issues such

as if they want any religious rights or how they would like their body handled or prepared prior to, during, and after death, depending on their culture.

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

There are numerous things a nurse could provide us support for the family and loved ones of the dying client. Access to the communication between nursing staff and medical care providers would be critical to providing support for the loved ones and the family. A nurse could also provide specific social services specialists such as grief counselors and other support groups for end-of-life care. Grief counseling would not only be something provided that happens after a patient death. It would be something that the patient and the family could do together to help all parties involved deal with grief. They could provide access to veteran affairs services, religious or spiritual groups, or programs such as Meals on Wheels to help the family deliver food.

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

It appears difficult to tell by this video what feelings occurred when interacting with a person with a life-limiting illness. The interactions observed were mainly nonverbal. It appeared that what has assumed to be a female family member seemed distraught, the male seemed concerned, and the nurse seemed genuine. It was difficult to distinguish the feelings of what was assumed to be the doctor because their back was to the viewer; he had no contact and did not seem to have compassion towards the family, lacking what is, to some, a suitable bedside manner. He did not stay long, and there were no salutations, no handshaking, and no nonverbal cues; he just turned and left the room.

Were the feelings or emotions adequately handled?

It was difficult to determine if feelings or emotions were appropriate. There were no verbal cues. According to nonverbal cues, emotions seemed adequately handled. No one dropped to their knees, appeared to be yelling or screaming, or ran out of the room crying.

Was there adequate communication with the ill person?

According to the video presentation, there was no communication with the ill person at all. One would think there should be some form of interaction from family members, Such as touching the patient, sitting next to the patient, and holding the patient's hand. However, there was no communication or interaction with the patient.

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

According to the video, the person with the life-limiting illness had no interaction. There were no verbal cues, no nonverbal cues, no movement, or any indication of being responsive. It was impossible to tell how the person with a life-limiting illness felt during the interaction.

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

Interactions could have improved. The listener would have benefited from hearing the conversation between the doctor-nurse and family members would have been a definite improvement. The doctor could have seemed more compassionate nonverbally by having contact with the family members, such as shaking their hands before leaving the room. Family members could have been more communicative or compassionate towards the patient. It could have helped if the family members and providers could have sat down and discussed the patient instead of just standing around the room looking at the patient.