

Reflective Case Study Gerontology Assignment:

ATI: Nurse's Touch 2.0: The Communicator 2.0 Video Interaction: Client Comfort and End-of-Life Care

Amanda Welker

Lakeview College of Nursing

04/01/2023

## Reflective Case Study Gerontology Assignment:

ATI: Nurse's Touch 2.0: The Communicator 2.0 Video Interaction: Client Comfort and End-of-Life Care

### **What was learned from this scenario?**

In this scenario, I learned that sometimes family members don't always agree on what is best for their dying loved one. It's very hard to let go but we have to keep in mind that while we want our loved one to stay with us, they are coming to terms with wanting to let go and be free of pain and discomfort. If family members cannot agree on ways to help ease the burden on the client then we need to consult assistance with case management, pastoral care, and possibly the physician to help explain things better and help them come to an agreement or understanding. I also learned that it is best to keep the noise level down as it may agitate the client and make them become more anxious when all they are wanting to do is rest.

### **Identify the biggest takeaways.**

The biggest takeaways from this case study were that losing a loved one is hard but coming to a mutual understanding with other family members is even harder. I also learned that it's better to have a POA to make those decisions that the client wishes to move forward with so as not to burden the family and have them disagree. The thing that I learned the most was always asking the client what they need or want because they may be more coherent and capable of making decisions than we think.

#### **a) Explain the factors that influenced this decision.**

The factor that influenced my decision on the first takeaway was when I lost my grandmother my mom and aunts could not come to a mutual understanding of what my grandma wanted. She appointed me as her medical POA and told me exactly what her dying wishes were and honored them. It put a dent in my mom and her sisters' relationship by not agreeing to the care of my grandma, but it brought her and I even closer together than we already were. This really brought everything into perspective for me that their dying wishes and wants are very important and we should always honor them no matter how we feel regarding them.

**What are some of the main problems or key issues expressed in the scenario?**

Some of the main problems or key issues in the scenario were the disagreement between the two sisters, the bickering with their aunt, and the ruckus the grandchildren were causing. They also were being considerate of their mom/grandmother as she needed her rest and the arguing everyone was causing a lot of noise and anxiety for her. The daughters were also not taking into consideration what their mother was going through and all the fighting and pain she was working through.

**What were some of the challenging decisions the nurse needed to make?**

Some of the challenging decisions that the nurse needed to make were advocating for the patient, not picking a side with the daughters, making sure the noise level stayed down, and asking for assistance from case management and the physician to discuss hospice care with the client and her daughters again to be sure they understand everything and didn't have any more questions.

**a) Describe the rationale behind these decisions.**

The rationale behind these decisions was simply to keep the client comfortable. With the bickering of the daughters and the fighting and noise level of the children, the client was never

going to get any rest or be able to relax. The most awkward decision that the nurse made was too much for her and the children did not understand that grandma wasn't feeling good and needed some quiet time to rest.

**What factors influenced the nursing decisions and responses during the scenario?**

The factors that influenced the nursing decisions and responses during the scenario are the well-being of the client and knowing the client was at the end of her life. Also making sure the family was aware of the decisions that the client wanted and them understanding why she wanted it that way and explaining to them why they should honor her wishes.

**a) Explain the response.**

The nurse's ultimate goal for her shift is to make sure that the client is comfortable and if not figure out what she can do to make that happen. Then she is to make sure that the family is comfortable with the decisions that are needing to be made or have been made and make sure that they understand the outcomes and reasons. The nurse's job is always to put the client's needs first but also to tend to the family as well.

**b) How will a nurse respond if this scenario presents again in the future?**

If this scenario was to present itself again the nurse would respond the exact same way. She would try to find a solution to the issue regarding the comfortability of the client first then address other issues as they arise. If it is within the same family, she may have to ask that the daughters take a break and go do something outside of the hospital to refresh their minds and relieve some of their own anxiety.

**Have similar situations been experienced in current clinical rotations?**

I have not experienced this scenario within a clinical rotation however I have experienced this within my career as a CNA. I was working at Carle at the time and had an older adult woman admitted to my floor. She had fallen a month prior and broken her hip and her health just continued to decline after that incident. She had been staying with her son and daughter-in-law and they just could not care for her as she needed any longer. Her other son did not want her to go to a skilled nursing facility (SNF), but case management thought it was best.

**a) How did nursing or others respond to the situation? Please explain.**

The nursing staff responded in a similar fashion within the scenario. The nurse consulted case management and the physician to hold a discussion with the whole family about this patient. The nurse and the physician explained the reasoning behind the decision from the medical standpoint and case management explained it from the son and daughter-in-law's standpoint. The other son was not in a position to be able to care for their mother so everyone eventually came to an agreement and understood that it was best for their mother to go to the SNF to get the care that she needs around the clock.

**b) Describe successful communication strategies used or experienced in the clinical setting.**

Therapeutic communication was used throughout my scenario. Active listening, repeat, empathy, and silence were a few of the communication styles that were used. The healthcare team was very empathetic towards the whole situation but also knew the client was going to receive the best care at the SNF. They also listened to the client's family and let them explain why they agreed and disagreed with the decision. Showing families that we care is a major part of their healthcare experience, especially during the harder times.

**Discuss the advantages and disadvantages of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal illness.**

The advantages of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal illness are everyone knows what their loved one wants and will hopefully honor their decision and it gives the families peace of mind that everything is in place in case something was to happen in an emergency. It gives them time to spend with their loved ones rather than trying to get their affairs in order. We did this with my dad when he first found out he had cancer and it made things easier on that side so were able to focus on being there for each other and preparing ourselves for when he passed away. A disadvantage is it isn't easy to talk about or come to terms with, but it relieves so much tension and stress when the time comes. Another disadvantage is that it might make the client feel as though something is worse off than anyone has said and they may not even want to discuss anything.