Palliative and Hospice Care Reflection

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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?

Once a patient goes on hospice/palliative care, there are many ways to help the patient be comfortable. Hospice care provides services to individuals that include palliative care but typically only for dying patients. Those services could be provided in an institutional setting or with families at home (Eliopoulos, 2021). An individual who has a terminal or incurable disease may choose to go on palliative care so their pain might be prevented or relieved. One of the primary issues nurses look out for in patients in hospice care is assessing and managing their pain. Pain typically causes clients discomfort, so that is one reason why nurses want to make sure they are treating the pain so they can prevent the patient from feeling it (Eliopoulos, 2021). Nurses can also give clients non-pharmacological measures such as oxygen no matter what their O2 status is; it will make breathing easier for them. Many clients who are receiving palliative care have constipation issues. To aid in the client's comfort, nurses should increase the client's activity and fluid and fiber intake to reduce the chances of constipation (Eliopoulos, 2021). Some clients experience fear and anxiety because they are worried about the difficulty of breathing. Nurses can administer medication the doctor prescribes to the client to help with breathing and anxiety issues. Nurses can also turn to methods other than medication, such as massage, acupressure, relaxation exercises, therapeutic touch, and guided imagery, to make the client more comfortable while in hospice care (Eliopoulos, 2021).

Nurses should identify a client's religion and determine what the client's regular religious practices entail (Eliopoulos, 2021). Depending on the religion, the client might request prayer,

communion, or even their last rites, and the nurse needs to be able to arrange that for the client. Nurses should understand that religion is just one facet of spirituality (Eliopoulos, 2021). Someone can be very spiritual and have a weak association with religion. Providing the client with religious/spiritual services can help those experiencing fear, anxiety, depression, and confidence issues. Nurses that take the time to sit, talk, and listen to their clients can boost a client's mood also.

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

Losing a loved one is never easy; there are a few things nurses can do to help the family of a client who is dying. Family members might be in different stages, denial, anger, bargaining, depression, and acceptance, then one another. Depending on the family member and the stage they currently are in will determine how the nurse can offer support to that individual (Eliopoulos, 2021). The nurse should establish a good rapport with the family and client. The nurse can inspire the family to discuss their feelings openly and truthfully while actively listening to them in a safe and nonjudgmental setting (Oates & Maani-Fogelman, 2022). Nurses can also arrange for a social worker to come and talk with the family to help with possible financial situations they may have or to arrange grief counseling.

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

I have not cared for anyone with a life-limiting illness exactly. The closest client I had to care for, who was limited in a way, was a man in his 70s with a permanent Foley catheter in place. At that time, he had, had the catheter in place for a little over a month at that point. He had been admitted for a UTI and dealt with dual incontinence; he was bedridden due to the catheter.

While caring for him, I experienced many feelings. I wanted to have him move as little as possible because I knew that when he had to turn onto his side, that would cause him pain from the catheter. That said, I tried to strategize his caring so we could get his bath, change his bed, and place a new hospital gown on him all in the same go. That way, the only time we needed to turn him was when he needed cleaning after having a bowel movement. I felt consideration, empathy, kindness, and concern toward the client. I checked on him frequently to ensure he did not need anything.

Were the feelings or emotions adequately handled?

The feelings toward this client, such as consideration, empathy, kindness, and concern, were handled adequately. That day, the nurse caring for the client asked me to perform a task we still needed to learn in the lab. The clinical supervisor (professor) helped me with the task; however, I felt uncertain when performing it since it was my first time. The task was collecting a stool specimen from the client because he had had diarrhea for a few days, and they wanted to rule out C. difficile. When the nurse first mentioned the possibility of C. difficile, I was worried because I had not been entering the client's room with the proper PPE for C. difficile. Even though I was concerned about possibly being exposed to C. difficile due to not wearing all the suggested PPE, I was not showing the patient or professor that I was concerned. As for the feeling of uncertainty when performing the task, I might have shown some uncertainty since I was asking the professor a couple of questions as I was doing it. However, the questions were logical, so I do not think the patient or the professor thought I could not complete the task.

Was there adequate communication with the ill person?

While caring for the client, he had no issues communicating with me other than he sometimes had a hard time hearing me. Lowering the face mask, raising my voice, and repeating myself helped with communication. However, I showed him respect while speaking to him, and he spoke to me with the same respect. However, I did have another student help me while bathing him since I had never given a bath to a person with a Foley catheter in place. He seemed somewhat short with her; however, she did not take it personally since he was experiencing pain at the time, having to roll onto his side. Other than that, he could ask for help or tell me what he needed, and I responded by doing whatever he needed.

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

The client was okay with interaction; he would talk, but only a little. He was the type of person that enjoyed the quietness. He had been living in a nursing home before being admitted to the hospital for a while, so he was used to staying to himself. Continuing to speak to him after all the tasks were finished, like vitals, the bath, and the bed change, would have probably caused him to get short with me. Speaking about how he felt when interacting with me, I got a sense of indifference; he knew I had to do the necessities, so he seemed okay with it.

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

I could have tried talking to him more. I do not entirely know if he would have become short with me if I continued to talk after completing all my tasks. The only problem is that he was not wearing a wedding ring, and the usual things clients talk about are family, and I do not want to hit a nerve with anyone who does not have family and make them feel sad. I could have asked where he retired from or his last job to get some conversation out of him. Where I could

improve is thinking of subjects to speak with clients about and being comfortable enough to ask them about those subjects.

References

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Oates, J. R., & Maani-Fogelman, P. A. (2022, September 18). *Nursing grief and loss*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK518989/#:~:text=It%20is%20important%20for%20the,and%20provide%20a%20nonjudgmental%20environment.