

## **Palliative and Hospice Care Reflection**

Jessica Tillman

Lakeview College of Nursing

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Shelby Bosch MSN-Ed, RN

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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?**

The care that palliative/hospice nurses can provide to a person in the final stages of life is some of the most essential and intimate nursing care situations a nurse can provide for another human being and their family. Palliative/hospice care ensures the client is comfortable and pain-free during the dying process (Eliopoulos, 2021). Pain-free includes preventing pain before it presents itself by using the proper pain medications, relaxation and therapeutic methods, and the application of a hot or cold compress to provide comfort. Keeping the client's skin clean and moisturized assists in their physical comfort; providing light oxygen to make breathing less labored and a calm environment free of chaos allows the client to experience the dying process in a less stressful setting.

The nursing staff is able to provide psychosocial comfort to the client and their family in the form of assisting with emotional distress or anxiety by providing a counselor, medications for anxiety or depression, provide relaxing music, the use of soft lighting, reducing noise, holding the client's hand, or by simply offering a listening ear for the client to be able to express the feelings of their fears or anxieties verbally.

Nurses are also able to provide a spiritual aspect to assist the client and their family during the dying process and afterward by providing a spiritual leader of their choice, providing music that provides comfort from their faith, praying with the client, or reading text from their religious texts, providing the chance to right any wrongs that they are holding onto, and if requested contacting loved ones that may not be able to be present by phone or facetime.

Providing a comfortable end-of-life environment free of pain and emotional distress is appreciated by the patient and their family. It can often play a huge role in assisting the family during the beginning of the grieving process.

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

A nurse's role when providing palliative/hospice care is not only client-centered but also family-centered while attempting to process the current health status of their loved one and attempting to prepare themselves for the result of the death of their loved one. Everyone experiences grief differently; some may experience fear or anxiety, while others experience anger or denial. The nurse's role during those situations is to provide support, a listening ear, and any resources that may assist that family member with grieving healthily for their loved ones declining health or passing. A nurse can provide spiritual guidance from a leader of their specific faith or a social worker from their healthcare facility.

The ability to obtain the proper equipment to assist the family in providing comfort to the client is a service that the nurse can provide to assist in alleviating one task from the family's already heavy to-do list during such a stressful, emotion-filled time. Providing a hospital bed, oxygen services, nursing care, hospice services, medication delivery, or any items needed during the caring process can be greatly appreciated by a family during the process of palliative/hospice care. Requesting a family member or friend to provide the necessary friends and family with updates may help remove the stressful task from the family's responsibilities, which can also assist in alleviating a portion of the family's stress. Providing education on the process the client will be experiencing, being honest while answering concerns, listening to loved one's feelings and needs without interruption, giving the family uninterrupted time with their family member,

and offering any assistance needed to provide a comforting environment are all ways to support a client's family during the multiple stages they experience the grief process (Eliopoulos, 2021).

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

A nurse is trained in the expectations of the death process for the client and their family while being expected to work through their personal feelings of the death process and how they emotionally prepare themselves to experience the death of a client. In the nursing home setting, for example, a nurse often cares for clients for years and creates a bond that often becomes a relationship with love and concern for the client, mimicking a family type of bond.

When caring for my client, that was placed on palliative care, my interactions became softer verbally and physically, I did not place a time restraint while providing care, and I made sure that my client was comfortable in any way possible while also providing care and comfort to her family members by providing chairs, drinks, snacks, and answering any questions possible to assist with creating a calm, comforting environment for everyone. My feelings were placed to the side while caring for my client, and at the end of the shift, I sat in my car to decompress before driving home. Sometimes I cry, and sometimes I do not. It just depends on the relationship I have built with the client and the situation. In this specific situation, I cried for about ten minutes because after five years of caring for this client and building relationships with her and her family, I knew that her death would most likely happen while I was off work the next few days and that it would leave a void in multiple lives including mine. However, I also knew she would be free of pain and suffering and able to reunite with her husband and grandson in her next life.

Building a family-like relationship with the client can change the approach to caring for them and their family because a nurse may feel more devoted to them and their family. Clients with a lack of emotional attachment may present it as an easier interaction for the nurse because

there is not as strong of a personal or emotional connection to the client or their family. Either way, a large portion of a nurse's job description is to provide a caring, empathetic approach to the client who is ill. When that client is experiencing a life-limiting illness, nurses provide specific steps in the client's care to provide a comforting pain-free environment to provide the client with the proper end-of-life care. Nurses are not robots, and they feel multiple emotions while caring for their clients during a life-limiting illness, including sympathy, sadness, anger, denial, or fear for the client and family during the end-of-life process, often because the nurse has experienced the end-of-life process multiple times in their career.

### **Were the feelings or emotions adequately handled?**

The feelings and emotions experienced by nursing staff are often handled appropriately during a client's end-of-life process. Nursing staff often obtain support from the facility they are employed by while also being supported by other nursing staff that, unfortunately, understand the emotional aspect of their own experiences of losing a client. Often the nurse may regret choices in their care, second-guessing themselves and experiencing the fear of failure by expressing should haves and maybes even when nothing could have changed the client's health status (Eliopoulos, 2021).

Nursing staff can learn the process of death in nursing school and attempt to learn how to prepare themselves for the emotions that they will experience when a client is in the dying process. However, the nurse will most likely not completely understand the process or the emotional toll personally until they have experienced the death of a client in their care.

While caring for my client, my emotions stayed professional while on the floor, making sure not to allow my emotions to show until I was off the floor and in my vehicle to provide respect and professionalism in front of the client's family and colleagues. I feel like that is the

definition of adequately handling my feelings and emotions that I was experiencing from providing care for a client whose life was limited by a life-threatening illness.

**Was there adequate communication with the ill person?**

Adequate communication with the person experiencing the dying process is a delicate situation that requires patience and an empathetic approach. Communicating with clients takes practice and includes patience, understanding, and the ability to listen to the client entirely without interruption. The ability to communicate with the client while understanding that each client experiences the dying process in a variety of ways during different stages of life while maneuvering their way through multiple illnesses at different stages and processing their grief in various ways is a crucial part of assisting the client with how they react and process their illness.

I provided adequate communication to my client and her family while maneuvering through each stage of the dying process while providing respect and understanding through verbal and nonverbal communication. Feeling accepted and comfortable with the nurse providing care during the dying process can assist the client in processing their feelings and acceptance of their illness while also allowing the family to find peace in their loved one's care.

Providing a holistic approach in the communication process allows the client to include all aspects of their health, spiritual, and psychosocial processes during each stage so that they can be in control of their end-of-life care while understanding and expressing what their wishes are during each stage which in return can assist the family with not being responsible for choosing what the client would want during those stages which could provide peace and comfort to the family as well.

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

So many emotions are involved when a client is experiencing a life-limiting illness, and they often revolve around the stages of grief that include denial, anger, bargaining, depression, and finally, acceptance. My client said she was ready to go to heaven and be with her husband and grandson. She often said she felt she had "finished her race and was ready to rest at home." Her attitude was positive even through the pain she endured, and never once was she rude or yelled at the staff or her family; she was very soft-spoken and did not complain about the pain during the times when we had to roll her or move her even though you could see her pain through the grimacing facial expressions that she made. She told us that she had been through the steps of grief when she learned that her life-threatening illness would only leave her with a few months, give or take.

During the denial stage, clients may feel they have received the wrong diagnosis and want a second or third opinion to confirm the diagnosis was incorrect. Denial can cause feelings of confusion, stress, and being emotionally overwhelmed, which can often lead to anger. During the anger stage, a client may feel a loss of control over their health, frustration for the healthcare staff or family for not understanding or meeting a need that the client requests, or anger towards a spiritual figure for allowing this illness to happen to them. Bargaining may occur with a spiritual figure to offer a promise to do something to trade off to regain their health and not experience death. When a client is not able to accomplish a bargaining situation, and the reality of impending death becomes realistic, the client could experience increased depression symptoms and may request a spiritual consult and express feelings of sadness, emotional distress, and helplessness. Finally, a client experiences feelings associated with accepting their reality of life ending and expresses a sense of peace and relaxation. A client does not always express each stage of grief through words expressing their feelings, and nurses should take the

time to engage the client while observing the client's nonverbal bodily expressions (Eliopoulos, 2021).

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

Interactions between the client, family, and nursing staff can improve by being aware of each client's situation before interacting with them and their family. Assessing the client's healthcare status and needs is crucial in providing care to a client and their family during palliative/hospice care settings. Ensuring the client's comfort, pain relief, psychosocial comfort, spiritual comfort, family support, concern for the client and family's feelings, and a good line of communication with the client and the client's family are all fundamental interactions that always allow room for improvement and attention to details.

Interactions with my client could not have improved in any way. I was highly fortunate to care for an easy-going client and her family, which made the dying process feel natural because they accepted the dying process and their level of faith. Honestly, I am fortunate they made the process a fantastic experience. Nursing staff improves through each interaction with end-of-life care with the ability to grow and learn through mistakes and situations. It provides a hands-on education preparing the nurse for future interactions with clients and their families. While nurses, unfortunately, cannot avoid the emotional impact of death, they can improve how they provide care to their clients experiencing the end-of-life process and can improve with each patient the care they provide to assist each client's experience during the end-of-life process.

## References

Eliopoulos, C. (2021). *Gerontological nursing (10th ed.)*. Lippincott Williams & Wilkins.