

## **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?**

The palliative/hospice nurse can provide care through services, including help with ADL, such as giving oral care, giving a bath, and positioning the client to a more comfortable position as frequently as needed. The nurse should promote health by focusing on sleep, rest, and the management of pain. Furthermore, the agency could provide machines such as air mattresses that could prevent pressure ulcers and breathing equipment. Services that provide spiritual and psychosocial comfort are also offered to the dying client and their family as well. The nurse can help by facilitating their grief by discussing the stages of grief and understanding the dying process and what to expect.

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

The nurse can be present to answer questions the family will have and provide teaching at appropriate times. The family goes through the stages of grief and may have different reactions as coping mechanisms. The nurse can provide support by offering opportunities to openly discuss the death of their loved ones and the services available to them, such as spiritual needs for their religious practices and beliefs related to death and dying. Other services include counseling and the presence of volunteers for support and assistance.

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

The client's feelings can vary depending on where they are at in the stage of grief. A client who has a life-limiting illness feels shock, confusion, denial, and anger in the early stages.

Eventually, a feeling of bargaining will arise, followed by depression, and lastly, acceptance, wherein the client finds relief (Eliopoulos, 2020). It is important to know that the feelings and ages where the client is on are not linear, and their feelings might fluctuate.

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

In this student's experience working in a long-term care facility, the hospice nurse did their best to adequately handle the client and their family's emotions. Although some clients might not be able to express their feelings and emotions, especially when they are weak and frail, nonverbal cues and communication should be assessed by utilizing tools such as The FLACC Pain scale.

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

There should be adequate communication between the ill person and the palliative and hospice care team. Based on what is seen in a clinical setting, even when the patient is no longer responsive, the nurse will continue to speak with the patient in a normal tone, voice, and loudness. According to Blundon et al. (2020), there was evidence that unresponsive hospice clients can still hear hours before death. This claim supports the idea that the last sense to go after death is hearing.

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

A person with life-limiting illnesses usually feels uncomfortable. According to Wajid et al. (2021), patients that have advanced cancer experience chronic and excruciating pain that leads to stress, frustration, discomfort, and anxiety. When they are in pain control, there is a better quality of life and relationship with their family and emotional support person. This study

also results that by enrolling in hospice care, the clients acquire a sense of altruism at the end of their life.

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

The interactions can be improved with more education that is not only for healthcare staff but also everyone in society. Death is inevitable, and everyone will experience it at any point in their life. Learning the client's preference, either cultural, spiritual, or personal preference is important in improving client interaction. At the end of a dying individual's life, additional understanding by healthcare professionals about race, ethnicity, and culture to appropriately integrate them into care plans (Cain et al., 2018).

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