

## **Client Comfort and End of Life Care Reflection**

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N324: Older Adult

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## **Client Comfort and End of Life Care Reflection**

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

My perspective on learning how to manage certain scenarios with end-of-life care has been significantly altered after considering this scenario. Dealing with patients who you know are dying is difficult enough without considering their family members, especially their children. Sometimes it might be challenging to strike a balance between what the client wants and what the family believes the client wants when dealing with family conflict. Through this simulation, I was able to test out many scenarios and learn why the right one is effective. It's crucial to keep in mind that you should always be your clients' champion and provide them with the freedom to make their own decisions when it comes to end-of-life care. I was able to observe this situation from all three angles after witnessing the argument between the two daughters as they tried to decide what was best for their mother. To prevent conflict from arising, it is crucial to engage in therapeutic communication with everyone. Therapeutic dialogue helps everyone feel at ease and prevents the client from experiencing additional stress. When handling end-of-life clients, it is possible to provide better care by standing up for their demands, encouraging their autonomy, and engaging in therapeutic conversation.

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

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

The factors that influenced this decision were how the patient herself was doing. A lot of the factors were dependent on how the daughter felt and not how the patient felt. In my opinion, the biggest takeaway from this scenario is to always take the patient's opinions about their own care into account.

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

Some of the main problems or key issues expressed in the scenario were the disagreements from the daughters about whether or not their mom was ready for hospice care, whether or not their mom will be able to go back on a ventilator, if their mom is happy in the place she is now or if she'll be happier in hospice care, whether or not their mom wants to speak with the hospital chaplain, if the children should leave the room or not, and whether or not to give their mom pain medication. Most of these problems or issues are argued about between the patient's two daughters.

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

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

Some of the challenging decisions the nurse had to make in this scenario were which daughter to listen to, whether the things the daughters were saying were true, making the children leave the room so the patient could rest, whether to give the patient pain medication, and whether or not to call the hospital chaplain. A rational decision for the pain medication could be, although the patient has the right to refuse, the nurse should learn the patient's reasons for doing so and determine whether there is a way to allay those worries. The patient's safety and ensuring they take the prescribed medication as directed should be the nurse's top priorities.

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

Some of the factors would be care, safety, and comfort.

**a) Explain the response.**

Since the nurse's top responsibility is the patient's safety, it was preferable to address the patient's worries about the care that the patient is receiving and see what could be done about the

care rather than just accepting their reaction because that would prevent the patient from being comfortable.

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

The nurse could respond by listening intently, avoiding interfering in family matters, and act impartially toward the status of the opinions being presented.

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

Similar situations have been experienced in current clinical rotations. Family members will always have their own opinions about the treatment or decisions of another family member. I had an experience during clinical rotations just like this. The family had their own ways that they wanted the patient to be taken care of and it didn't seem to align with how the patient wanted to be taken care of.

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

The nurses responded in the best way they possibly could, and it really made the patient seen. The nurse talked to both the family and the patient and then discussed options that would fit both of their preferences. When it comes to taking care of a patient it is important to be able to talk to everyone and come up with a solution to avoid conflict.

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

Nursing professionals should approach every patient's engagement with the goal of comprehending the patient's worries, experiences, and opinions. Active listening, teach-back strategies, and verbal and nonverbal communication skills are all part of this. The nurses use a method in which they calm their thoughts so they can concentrate on the speaker. The nurses give them a thorough and honest ear, pay attention to the wording, they don't talk over them

when they're talking, and they relate what they heard them say in their own words, paying attention to the message's emotional impact. All these communication strategies will help with taking care of patients or avoiding conflicts with the patient or the patient's family.

**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.**

Improved family-centered end-of-life care communication suggests that family involvement will probably improve patients' quality of life and death, manage family expectations during prognosis disclosure, and make it easier for patients to fulfill family responsibilities while making end of life decisions. Some disadvantages would be differing opinions such as was seen in the scenario. Having differing opinions can make it very difficult for all who are involved due to not knowing the opinion or the truth that really matters in the situation.