

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?

There are many things that a nurse can do to ensure that a client receiving palliative/hospice care is kept comfortable. The nurse can ensure that calming and pain medications such as morphine, lorazepam, and oxygen therapy are given routinely. They can also provide warm blankets, ambient lighting, and food and drinks as desired. All of these things help to ensure the client's physical comfort. The nurse also plays an important role in providing psychosocial support to the client. The nurse can be a supportive person for the client to talk to and the nurse can provide a comforting touch like a hand to hold. The nurse can also coordinate with a counselor or spiritual care giver who can come and talk with the client and the client's family. It is important that the nurse asks the client about what they can do to support them spiritually.

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

The nurse also plays a key role in providing support to the family of the client who is dying. Aside from also being a supportive person that the family can talk to, nurses help to update the family with information on how the client is doing, what medications they are being given, and what their plan of care is. The nurse can also educate the client's family on what to expect as the client approaches death. The nurse should also help the family connect with resources like respite care, counseling, and arrangements for after death.

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

I have interacted with several patients who have a life-limiting illness during my time at clinicals. Every time I cannot help but feel very sad for these people. I feel a great deal of empathy for them and it hurts my heart to see them so frail and oftentimes in pain in the hospital. I also wind-up walking away from those situations feeling very grateful for everything that I have and the good health that I am in.

Were the feelings or emotions adequately handled?

I think that I am good at still maintaining a professional approach when working with clients who have a life-limiting illness even though on the inside I feel a lot of emotions. I have been very blessed to not have experienced a lot of illness around me in my lifetime so this is something I am still adjusting to in clinicals. I am definitely a highly emotional person who easily feels empathy for others so I have to make sure that I find time to take care of my mental health when I get home. I usually like to get outside in the sunshine or I will journal to help handle my emotions.

Was there adequate communication with the ill person?

I do think that I have had good communication with the ill people I have helped to take care of in clinical. I try to always ask if there is anything I can get for them or re-adjust whether it be getting a new warm blanket, some water, or extra pillows. After I provide a nursing intervention, I also try to make an effort to re-evaluate that intervention to see if it actually helped the person. I also find it helpful to try and strike up conversations with the person about their interests and what makes them happy because I feel like many of those ill people at clinicals are lonely and greatly benefit from having someone to talk to even if it is just for a few minutes. Lastly, I always try to have good non-verbal communication skills too and go into rooms with a warm smile, sit with them when I can, and use open body language.

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

At clinicals I have seen people with life-limiting illnesses act in many different ways. Some of them are very quiet and withdrawn and they appear sad and lonely. They often will not really converse with me and sometimes are even grumpy and sort of snippy with me. This is completely understandable though as everyone processes their illness differently and it has to be extremely difficult to be stuck in the hospital. Other clients, however, appear much more accepting of their current state and are very receptive to conversations with me. These individuals appear more satisfied with their life and are more comfortable with the idea of death. I have also had many clients pass on life advice to me, which I always enjoy.

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

I could definitely improve my interactions with clients with life-limiting illnesses. Sometimes the client will say something to me about how much they hate the hospital or something sad about a family member and I do not know how to respond. I am constantly working on my therapeutic communication skills and I need to get better at using those skills to respond to those difficult statements that clients will make. I also think I need to get more comfortable with asking clients to open up more about whatever is making them upset.