

## Palliative and Hospice Care Reflection

Tracy Donaldson

Lakeview College of Nursing

March 14, 2024

## Palliative and Hospice Care Reflection

**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 nurse can ensure that a client receiving palliative/hospice care is comfortable in several ways. First, the client's specific needs should be determined. Once that is figured out, pain management and any comfort measures the client needs should be met. An example could be administering pain medications on time, oxygen therapy, or repositioning the client to help with secretions. The nurse could help with the psychosocial aspect of the patient by offering emotional support, actively listening, and engaging in therapeutic communication. Spiritual support can be provided by having an open dialogue about their spiritual needs, lending an ear to listen and support in a nonjudgemental fashion, and facilitating connections with the appropriate spiritual leader.

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

The nurse can provide comprehensive support for the family or loved ones of the dying client. Emotional support should be given by offering compassionate and empathetic listening, educating the family about the client's condition and what to expect during the dying process, and providing comfort care for the family, which may include food or a comfortable environment. The nurse should also offer respite care to give the family a break during this stressful time. After the client passes, follow-up care with the family is necessary.

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

Many different feelings can occur when interacting with a client with a life-limiting illness. The first feeling that came to me was empathy. I have always been an empathetic person and was able to put myself in a person's situation and struggles. I also felt sad because of what the client was going through. Lastly, I had an overwhelming feeling of compassion when offering support and comfort to the client.

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

Yes, my feelings and emotions were adequately handled. If there ever is a time that I feel like I cannot handle the feelings or emotions, I will be sure to step outside the room from the client and the family. I would not put myself into a situation where I do not appear strong for the client or the family.

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

Yes, there was adequate communication with the ill person. First, I established trust by actively listening and showing the utmost respect to the client. I practiced therapeutic communication by asking open-ended questions to allow the client to express their thoughts and feelings fully. I also followed non-verbal cues to know when to continue the conversation or stop.

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

The person with the life-limiting illness felt connected with me during our interactions. They were comfortable and relieved to have someone with them during their time of need. A sense of trust and gratitude was also felt, making the client less anxious but possibly more vulnerable.

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

Follow-up and feedback with the client and the family more frequently could have been improved to assess all needs and the quality of care provided. There may have been something missing that was overlooked that could have made the care better.