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?

A nurse can help ensure that a client receiving palliative/hospice care is comfortable by pain management, meeting nutritional needs, helping keep them positioned as needed, and addressing their spiritual needs. The goal of palliative care is to prevent pain and to keep them comfortable in the last stages of their life. Many patients undergoing the dying process can be in respiratory distress, constipated, and have poor nutritional intake, so it is also very important for the nurse to supply oxygen, teach relaxation techniques, administer medications, promote activity, and boost appetite.

The nurse can provide proper psychosocial and spiritual comfort to the client by allowing their choice of family or religious members to be present. It is very important to most in the dying process to not only be surrounded by their loved ones but also by their religious leaders as they transition into death and the afterlife.

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

A nurse can provide support for the family/loved ones of the dying client first a foremost by showing they can provide the appropriate comfort care for their dying loved one. They need to be educated about the dying process and prepared for what to expect as the stages of dying continue. Many family/loved ones go through stages of denial, anger, bargaining, depression, and finally acceptance, so the nurse needs to anticipate this in their plan of care. Interventions may involve making sure to arrange certain foods to be made, eliminating certain procedures of care, or providing additional comfort measures to the patient and guests. Ultimately, acceptance

is the goal, and family/loved ones should be supported in this process along with the client, made comfortable, and given the provided space and resources to find this acceptance of death.

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

When interacting with a person with a life-threatening illness many people experience denial, remorse, anger, or sadness. I have interacted with many people in my healthcare experience who had a life-limiting illness, in addition to family grieving a new death. I can say that while I remained professional, I too experienced empathy and sadness, even at times not understanding how someone so young can be put in the position of facing death. What is most difficult in my own opinion, however, is the denial of some family/loved ones that they experience. Many become angry for the time being, not quite accepting the fact of the fate of their loved ones, as well as sadness in the reality of the situation.

Were the feelings or emotions adequately handled?

Yes, in my experience feelings and emotions were adequately handled. The most important intervention in nursing when taking care of someone with a life-threatening illness is to provide the proper education so that they are aware of what to expect as the illness progresses. From my experience, honestly shows a lot of compassion to the patient that as nurses and professional healthcare workers we care for and want to prepare them to face what may be to come towards the end stages of their life. When emotions are at a high sometimes as nurses we just need to listen and directly address the current needs of the client and family.

Was there adequate communication with the ill person?

Yes, there was adequate communication with the ill person. After a discussion with the provider in diagnosing the patient with the illness, the nurse's next action was to provide education on the illness as well as on the interventions following discharge. Therapeutic

communication was used utilizing active listening, summarizing, and repeating back to ensure the patient understood the teaching.

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

The person with the life-limiting illness at first seemed to be in denial of the illness, not knowing now what to do or what was to come of it. They did not engage in much conversation at first, but once education was given the client began to ask questions and participate more in conversation regarding the next steps of their care. After engaging in good therapeutic conversation, the client began to have more awareness and acceptance of their illness.

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

I believe interactions always have room for improvement in the patient-care setting. The patient has their feelings, and so does the family, in addition to the staff. Sometimes a person can let these feelings dictate the conversation and lead to ineffective treatment measures. The best way to ensure this does not happen is to use therapeutic communication, appropriately address the immediate needs of the client psychosocially/spiritually, as well as to be a supportive coworker.