

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 ensure that a client receiving palliative/hospice care is kept comfortable by utilizing the assistance of the interprofessional teams. The provider can assess the pain management needs for the client and prescribe pain medications or therapy. When pain medications are prescribed then the pharmacy team makes sure the medications are available to the client if it is in the hospital, nursing home, hospice center, home setting, or wherever the client may be. Other methods of assisting with comfort are massage therapists, pet therapy providers, music therapy, and/or energy therapy. A nurse could assist with spiritual comfort by asking the client or their family what church they attend and asking the leader of the church to visit or ask their religion and the facility should be able to provide them with someone who can come talk to them. Spiritual therapy can be beneficial to both the client and their family.

**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 a dying client in a few different ways. The nurse can contact volunteers who come in and help cook meals, clean the house, and do miscellaneous other things in the home to help so the family can focus on their dying family member/ loved one. They can also sit and talk with the family; it is important to make sure that they understand what is happening and what to expect to happen in the future. At the request of the family they can also help arrange visits from members of the church or spiritual facility that family belongs to.

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

Interacting with a person with a life-limiting illness has a lot of feelings that goes with it. First and foremost, I want to do everything I can to make sure that client is as comfortable and happy as I can make them. There are feelings of sadness because you know that person is nearing the end. I have also felt empty and helpless because there is a very limited amount of things I could do, sometimes it felt like it was enough but other times it is especially hard such as when it has been a long time client that you have formed a bond with. Being the person they look to is stressful but also equally rewarding knowing that you are the one there to help this person and their family while they make their final transition.

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

I was able to adequately handle my feelings and emotions. The hardest part was trying to stay strong for the family members because there comes a point that the client is unable to interact with the caretakers. That is usually the point that the family starts to ask more questions and require more compassion. I maintained a professional attitude but was also compassionate and helped the family with whatever I could do. I waited until I got home to really let those thoughts and feelings sink in and feel the sadness, process my feelings, and pull it together.

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

There was adequate communication with the ill person for as long as they were able to communicate. Different people have different needs when they are that ill, but I made sure for as long as they were able to communicate that I was listening to them. It didn't matter if it was because they needed something, or if they just felt like talking. The person who is ill is very scared in most cases, especially when/if their family has to leave them alone for a little while so

they can take care of things in their lives. That is when it is most important to do more frequent checks on your ill client.

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

In my experience, the person with the life-limiting illness was very grateful that I was spending the extra time with them. I would sit and talk about what ever they wanted to. It wasn't always pleasant but more times than not, it was. They enjoy telling stories of some of the happiest moments of their lives, and what they are most proud of achieving. When you sit alone with someone and get to know them, they open up to you and tell you the most treasured stories.

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

I do not believe these interactions could have been improved. I bonded with my client and his family over the course of the two weeks I helped to take care of him. I sat with the family while they cried, I listened and laughed when they would tell me stories. My favorite was when he felt good enough to laugh and add his own take on some of the stories. I would "sneak" him a special fruit popsicle at night before I left because I had dietary bring a whole box up to the freezer that was just for him. It was so many small things that helped this family feel more comfortable as the process took place.