

Palliative and Hospice Care Reflection

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March 23, 2024

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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?

I think an at-length conversation should be had with the client about what their psychological and spiritual needs are and what the nurse can do to help achieve those. The nurse can help keep the client comfortable by making sure their preferences are heard and incorporated in their care. The nurse could make sure the client has their spiritual needs like a pastor, a bible in the room, or a cross in the room. They could address the psychosocial needs by speaking to the client and family. Seeing if the client has a good support system behind them. Talking to the client and the family about their coping mechanisms and how they deal with stress. As well as addressing living conditions and if anyone would be there to help.

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

The nurse could ask about their coping mechanisms. Maybe they like to take a walk or be outside so they could try and incorporate the family being outside during the day while someone is there to be with the loved one. They can also provide resources for grief counseling and resources to help with financial issues that may be occurring.

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

For me, I feel mostly empathy and sadness when interacting with this person. I feel grateful for my health and my life. The person I picked up on some anger from them because they realized they wanted to do more with their life and felt like they were not able to. They were also sad and struggling with accepting an end time could be approaching. They were also trying

to fulfill all their wants in their life. As well as working on maintaining good relationships in their life.

Were the feelings or emotions adequately handled?

Some of them were adequately handled while some were not. Such as the anger I think they needed a better handle on that but I think it was a new emotion they may have been dealing with. The other emotions I feel like they had a good handle on and were doing well emotionally.

Was there adequate communication with the ill person?

Yes, I felt like they had a good understanding and were able to communicate their emotions appropriately. They had an understanding of how to talk to me about their illness and had no problem showing their true emotions and not holding anything in. Which I thought was a good thing because they did not bottle anything up.

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

I do not think they felt uncomfortable at any time. But I think some subjects were hard to talk about for them. Hard is more emotional for them. Talking about arrangements for when they passed was a really hard and more emotional conversation but they still talked about it.

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

I think I would have saved the more emotional topics for the last part of the talk we were having but at the time I did not know they were going to be so emotional. I also feel like I get awkward when it gets emotional. They did not make it seem like I was awkward so I think it was just me overthinking.