

Palliative and Hospice Care Reflection

Tashiya Warfield

Lakeview College of Nursing

03/23/2024

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?

To ensure that the client receiving care is kept comfortable, the nurse must understand that clients can experience pain differently and be able to identify non-verbal indicators of pain. The nurse should understand that complaints of pain can present as discomfort, irritability, restlessness, anxiety, and nausea (Eliopoulos, 2022). Non-verbal indicators of pain can be sleeping disturbances, pallor, grimacing, reduced activity, and poor appetite. To ensure the client is kept comfortable the nurse should regularly assess pain and encourage the client to report their pain in a timely manner (Eliopoulos, 2022). Ensuring that the appropriate pain scale is used when assessing pain can avoid miscommunication and incorrect interventions for pain.

The nurse can provide spiritual comfort for the client by being available. When clients feel closeness and trust with nurses, this helps the sharing of deep feelings. Nurses need to be available for clients to express their feelings. This is being physically available and being free of distractions; fully present when providing care (Eliopoulos, 2022). Nurses can also provide support by honoring beliefs and practices. Support beliefs and practices can include implementing special diets, wearing specific clothing and specific praying times.

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

The nurse can provide support to the family/loved ones by encouraging them to openly express their grief. Since loved ones are vulnerable during the grief stage it's important to express funeral arrangements may require guidance from a professional to prevent sales pitches and unrealistic arrangements for their deceased loved one. Locating an advocate for the family

during this difficult time can decrease the chance of them being taken advantage of. The nurse can arrange a visiting nurse, church member, or social worker to check on the family several weeks after death to ensure they are not experiencing a crisis (Eliopoulos, 2022).

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

When working with a client dealing with a life-limiting illness, it made me reflect on my own life. I questioned if I would experience a dying process similar. I felt like there was nothing I could do to extend this client life and I was helpless at the time. This made me think about ways I could further help this client and what needs may need to be addressed for this client.

Were the feelings or emotions adequately handled?

I believe feelings and emotions were adequately handled. I was able to express my feelings with my classmates and discuss interventions that could possibly help this client. I was able to further investigate what the dying process looks like and what changes my client might be going through. Discussing the possible needs of the client and ways that I could be of service was benefiting to my emotions this day.

Was there adequate communication with the ill person?

Yes, there was adequate communication with the client. Although the client did not want to communicate a lot, they were able to verbalize their needs and feelings. The client was able to express satisfaction with interventions.

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

When working with a person with a life-limiting illness I observed feelings of depression and deep sadness. The client did not seem benefit from words of encouragement. The client was very quiet and did not want to engage in conversations. The client did not want to watch tv or listen to music, they were satisfied with sitting in a quiet room and resting throughout the day.

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

As the nursing student I could have offered to sit in silence with the client and demonstrate that was available for most of their needs. Although I am observing that the client is down and does not want to talk a lot, I Could have still tried to use more open-ended questions to facilitate expression of feelings.

Eliopoulos, C. (2022). *Gerontological nursing* (10th ed.). Wolters Kluwer, Cop.