

Client Comfort and End-of-Life Care Reflection

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04/19/2024

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What was learned from this scenario?

What was learned from this scenario, is that as a nurse you may come across family members that can complicate the quality of patient care. It is great for a patient in end-of-life treatment to have family around them; however, the family needs to be aware and understand that the patient still has their own choices and needs that need to be addressed. It can be easy for the family to be selfish in times such as these, which is where they need to be made aware that their mother is ultimately the person making her own decisions. As the nurse, it is always appropriate to use therapeutic communication and address the needs of any individual concerns about the patient, but then these concerns need to be verified by the patient. Overall, it can be very difficult in end-of-life care for all who are involved, but with proper communication, a plan can be implemented to best fit the needs of the patient.

Identify the biggest takeaways.

a) Explain the factors that influenced this decision.

The biggest takeaways are that as a nurse you must be patient, use therapeutic communication, address the needs of the patient, listen to the concerns of the family, and be able to provide the proper resources and education to address the concerns or needs. Regarding this situation, the nurse had to work alongside the medical team to communicate to the family the plan of care, while also taking the time to respond to their concerns with their mother. Ultimately, the patient is the one deciding on their treatment, but as a nurse, we cannot forget to comfort and help educate family when needed.

What are some of the main problems or key issues expressed in the scenario?

Some of the main problems and key issues of this scenario were the conflicting needs of the daughters, the reference of having a clergy come in, and the noisy grandchildren. The daughters seemed to think that the mother was going to just pull through and get better and not accept the fact that she was in end-of-life care. They also pushed the call button and spoke for their mother on behalf of getting pain medication, seemingly knowing that the patient preferred not taking the medication. The sister mentioned having a clergy or religious member come in also when it was expressed by the daughters that the patient said they would not prefer having one due to not attending church since their husband had passed away. Finally, the grandchildren were being very noisy which the nurse could tell was making the patient very restless. She addressed the situation by stating that the patient needs her rest throughout the day.

What were some of the challenging decisions the nurse needed to make?**a) Describe the rationale behind these decisions.**

The nurse had to educate the family on the state of their mother and how she is the one making the decisions for her care. She even had to reach out to the provider to ask for assistance in helping to communicate with the family. She also had to teach the two grandchildren arguing that her stethoscope was not a toy, but a tool needed for her to be able to take care of their grandma. The rationale behind her communication was so that the family was on the same page as the medical team and patient in giving her the care she needed. It can be difficult for the family to understand at times and even so much as try and talk for the patient rather than let them decide for themselves (about pain medication).

What factors influenced the nursing decisions and responses during the scenario?**a. Explain the response.**

The biggest influences on the nurse's decision within this scenario were the actions of the family followed by the observations of the patient. The nurse could tell the patient was getting uncomfortable while the two kids were arguing, which then led to her communicating to the family how important it is for them to allow her time to rest throughout the day. Another example is when the daughter pushed the call button for the patient stating she needed pain medication, but this conflicted with the other daughter and patient in stating that they would rather not take medications.

a) How will a nurse respond if this scenario presents again in the future?

The nurse now having the experience she does will most likely begin treatment by listening to the concerns of both the family and patient, and providing immediate support and education to set an appropriate plan of care.

Have similar situations been experienced in current clinical rotations?**a) How did nursing or others respond to the situation? Please explain.**

Not during clinical rotations, but I have experienced situations like this in my experience working in healthcare. In one instance, the family in the room kept walking out to the nurse's station over and over again saying their father needed something for pain. The nurse then would go in the room and ask the patient his pain level on a scale of 0-10 and the patient would respond with maybe a 1 or 2. When asked if he needed something for pain he would then say no. The

family kept insisting, however, that they were mistreating him and he needed something for pain now. In response to this, the nurse had to go into the room and directly communicate with the family that the patient decided to take medication if needed and that if he did not want any then she would not administer it.

b) Describe successful communication strategies used or experienced in the clinical setting.

Successful communication strategies used or experienced in the clinical setting, involve those where communication is used to ensure that everyone understands the treatment plan. This may involve sitting down with the patient or family with printed-out handouts and going through them thoroughly to ensure everything is understood. Sometimes it is necessary with certain procedures to have patients or family learn by the teach-back method. This may be for those who have to help with medication administration. Having the nurse directly observe them administer the medication properly demonstrates an understanding of the procedure and safety for the patient.

Discuss the advantages and disadvantages of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal illness.

The advantage of having families discuss treatment options is having people present in the patient's life who want the best possible outcome and treatment for them. This may involve deciding where the patient resides during end-of-life care, as well as the quality of care they will receive. The family who can work together alongside the patient and medical staff to come up with the best plan of care is a blessing. The disadvantage of some families making the decisions; however, is that not all families can agree with how end-of-life care should be done, which can

complicate the overall process. Family can be very overbearing for medical staff in not letting them do the things needed to appropriately care for their loved one. In some cases, the family can even try and speak for the patient, or demand things to be done that the patient may not have wanted. There needs to be healthy communication that resolves around the patient, family, and medical team to maximize the opportunity of best care for the patient during end-of-life care.