

## 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?**

To ensure a client is kept comfortable while receiving palliative/hospice care is to make sure you are giving them the best quality of care. Keeping up with the client's needs is important. For example, continuing to keep up with personal care such as oral hygiene, skin care, and repositioning are all physical needs to ensure comfortability. There are many ways that a nurse can provide psychosocial and spiritual comfort of the client. One way is simply listening to the client. A client will appreciate you listening to them speak about fears or concerns they may have. Another way is providing comfort. They will appreciate the little things that you do to make sure they are kept comfortable. A comfort measure that the nurse can provide is oxygen therapy because it helps alleviate dyspnea.

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

The nurse can provide support for the family/loved ones of the dying clients a few different ways. The nurse can provide support by informing the family of the client's status, answer any questions they have, and provide teaching to them. The family may also find it comforting to participate in the client's care. Another way is by considering the family's needs which could include arranging grief counseling.

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

When interacting with a person with a life-limiting illness, mixed emotions and feelings are common. Even though feelings of doubt, feeling helpless, and hopelessness are normal, it's crucial to keep communicating with the individual ("How to Communicate with Someone with a Life-Limiting Illness", n.d.).

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

The feelings or emotions were handled adequately. I know this because I gave them space to talk since that is what the patient was giving off. I followed their lead and provided active listening while also accepting their feelings and emotions with the situation. They expressed to me how they appreciated me being in their presence and how it made them feel comfortable.

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

Yes, there was adequate communication with the ill person. Communication tips I used encouraged realistic hope, followed the person's lead, gave silence, accepted the person's feelings, and was solution-focused instead of problem focused ("How to Communicate with Someone with a Life-Limiting Illness", n.d.). I tried to provide as much comfortability as I could.

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

As I mentioned earlier, the patient expressed to me appreciation. They appreciated the silence I gave them, as well as listening to anything they had to say. I provided comfort to them to make sure they felt that they were able to express anything that was on their mind but also to be able to sit there without verbally communicating without any awkwardness or judgment.

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

All the interactions went well in my opinion. They are always ways for improvement, so in times where the person was having a harder time controlling emotions and feelings, I could have given better advice or communication with easing their emotions. In those times, I also could have asked if they wanted to have some time alone without making them feel isolated.

## References

*Topic 12: How to communicate with someone with a life-limiting illness.* Caregiver Support Education. (n.d.). <https://caregiversupport.hpcoco.ca/ocp/topic-12-how-to-communicate-with-someone-with-a-life-limiting-illness/#:~:text=Feelings%20of%20shock%2C%20numbness%2C%20disbelief,the%20end%20of%20their%20life.>