

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?**

The nurses role also includes advocating for the patient and family during this difficult time and be there to educate and inform. The nurse can be there to provide comfort care to a client by routinely checking their pain levels, and vitals, and updating their plan of care. You can communicate with the clients the clients physician pertaining to pain to keep it under control, so it doesn't get out of hand. The nurse can ask the patient of any religious or spiritual practice they might like revolving around death as well as have a conversation about death and how they view it with their beliefs.

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

The nurse can simply be there for the family in this time. The nurse can also be there to educate them on palliative/hospice care, lend a listening ear, as well as support them and provide them with some peace.

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

When interacting with someone with a life-limiting illness, I begin to feel empathy and sadness. Personally, and as a student nurse, I get attached and become very emotional when death is brought up. It is important to me to be kind and be there to support the patient during this difficult time. It can also be reliving when talking to someone with this type of illness because most times they are at peace with their fate and their future and can educate them on their illness. The family can experience some difficulties when a loved one is diagnosed with a life-limiting illness and go through the 5 stages of grief periodically.

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

My feelings and emotions when talking and taking care of a person with a life-limiting illness, were handled adequately. I feel deeply and I think patients see that as I care, and that I am there for them even though I cannot fully understand what they are going through.

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

I do believe the communication between me, and the ill person was well. The conversation flowed and the patient was happy to speak to me even though it was emotional for them at times. I can tell they appreciated me asking about their feelings regarding death and just giving them someone to talk to.

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

The ill person was emotional when speaking about their illness but have come to terms with their future. They were open to informing me about their illness and feelings, which I was appreciative of. The client seemed to be in a moderate mood during our interaction.

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

I believe the interaction could have been better if my patient had been fully involved in our conversation. The patient's family was present as well and it was almost time for lunch. The conversation was successful, other than those two distractions. I also think the patient was in an uncomfortable body position in their chair, so if I had ensured comfort before the conversation, it would have been even more successful.