Palliative and Hospice Care Reflection

Benjamin Ruettiger

Lakeview College of Nursing

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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 nurse can utilize many verbal and non-verbal indicators to determine how comfortable the patient is. These can include a self-reported number on a numerical scale, facial grimacing, fidgeting in bed, or family reporting changes in the patient's comfortability (Tong et al., 2022). The nurse can bring in a chaplain to provide for the spiritual comfort of the patient and/or the family. The nurse can also provide palliative or hospice care resources for the patient and their family if they need a deeper understanding of the process and plan.

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

The loved ones of the client are a significant part of the dying process for the patient. The nurse can provide comfort simply by giving them the time to express their emotions. Also, the nurse can refer the family to other professionals involved in the dying process to provide a more detailed explanation of events. As stated above, chaplain services are always available, so the nurse can page them to the room directly if needed. A simple statement reassuring the family to call using the call light for anything can be beneficial. This lets the family know that you are there for them, and you can provide insight into the dying process and what to expect.

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

Many emotions and feelings can occur when interacting with a person dealing with a life-limiting illness. Caring for patients transitioning to palliative and end-of-life care often causes distress among healthcare professionals, leading to disengagement and burnout, making them question their clinical skills, decision-making abilities, and career choices (Somasundaram et al.,

2024). These adversities can be common when interacting with a terminally ill patient, but maintaining one's professional integrity and respect for the patient's wishes can create the best outcomes. Sadness, empathy, compassion, and burnout are normal feelings when dealing with the terminally ill.

Witnessing death can be hard on anyone, even those who experience it often at work. I think proper self-care is essential to ensure your mental health is in a good place for both you and the patients you take care of.

Were the feelings or emotions adequately handled?

The feelings or emotions should be and were adequately handled. There is always room for improvement, but these lessons can come with experience. The needs of the patient need to be met, as are the needs of the family members. People who become too emotional during the dying process of a patient may want to find some help within the organization to help cope with the feelings, as these intense emotions can have a negative effect.

Was there adequate communication with the ill person?

There was adequate communication with the ill person. Communicating with the patient is a significant portion of maintaining comfort and safety with the dying patient. Healthcare staff can take the lessons they learn while experiencing events like this into their own life to improve or change communication with their loved ones. According to Somasundaram et al. (2024), Ssme oncologists shared that their experiences with dying patients inspired them to value and strengthen relationships with family and loved ones while also feeling equipped to discuss care planning and death, which brought peace in honoring their loved one's wishes.

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

The terminally ill patient should feel safe, appreciated, and loved during their interaction. Having the ones you love around you is very important, providing support and relief in a difficult time. Even if there is complete silence in the room, at least they have the company of the ones they love, which can be healing and comforting. It is best practice to check in often with the patient to ensure their needs are met and if they want additional support.

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

As stated earlier, there is always room for improvement. One can learn from every interaction they have. Dealing with terminal illnesses and dying patients and communicating with their loved ones offers a significant amount of perspective and helps professional nursing growth. To improve the interaction, I recommend maintaining a respectful and even tone when answering the patient's or their families' questions or worries. This maintains a safe and concise environment for those experiencing the dying process.

References

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