

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's comfort during palliative or hospice care, the nurse must address both physical and emotional needs. Managing pain and other uncomfortable symptoms is critical to the client's overall well-being. The nurse should also provide psychosocial support by actively listening, being emotionally available, and involving the family in the care process. Respecting the client's beliefs, as well as making time for prayer, self-analysis, and connecting with spiritual leaders, can all help to promote spiritual comfort. The nurse can work and provide clients with holistic, compassionate care, allowing them to experience dignity, peace, and comfort in their final moments.

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

Throughout the end-of-life process, the nurse communicates clearly with the dying client's family and loved ones, providing emotional presence and comfort. This includes informing the family of what to expect during the dying process, honestly answering questions, and promoting open expression of feelings. The nurse can also provide consolation by carefully listening to the client's feelings and including them in the treatment plan as needed. Referrals to therapy, chaplain services, and bereavement support groups can help families cope with the anticipated pain and loss. The nurse fosters a compassionate and supportive environment in which families feel heard, prepared, and at ease during difficult times.

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

I always feel a mixture of emotions when I meet someone who is near death. I feel sadness for the person and a sense of responsibility. I'm sad because I have to see someone die. I feel their fear, their sadness, their pain. I can't help but feel what they feel. Yet, I am honored to be there. To hold their hand, to listen, or just sit in silence. It reminds me of life, of relationships, and the power of small acts. It is not easy to do emotionally, but being present for someone as they die is a beautiful thing. It humbles me and reminds me of the power of empathy.

Were the feelings or emotions adequately handled?

Interactions with those suffering from life-threatening conditions were conducted with care, professionalism, and compassion in mind. While feelings of sadness, helplessness, and empathy were intense, they were acknowledged rather than denied, allowing for a more genuine and supportive presence at the bedside. I made a concerted effort to stay grounded by taking deep breaths, seeking advice from mentors, and debriefing with trustworthy coworkers as needed. These tactics enabled me to retain emotional balance and continue delivering meaningful care without feeling overwhelmed. By acknowledging and resolving my emotions, I was able to be fully present for the client and their loved ones, ensuring that my care was both compassionate and successful.

Was there adequate communication with the ill person?

Yes, there was adequate communication with the ill person, which played a vital role in building trust and providing comfort. I made sure to speak use simple language and maintain eye contact to help the patient feel heard and understood. Through consistent, respectful communication, I was able to form a meaningful connection that helped the patient feel supported, valued, and at peace.

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

Throughout our conversations, the individual with the life-threatening condition appeared to be calmed, valued, and supported. They were able to communicate their concerns, regrets, and recollections by remaining sensitive and actively listening. It appeared to relax them. Simple actions, like holding their hand or sitting next to them, elicited a positive response. Even simply being there seemed to provide comfort. Finally, they felt seen, listened to, and loved, which helped their emotional health during a tough time.

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

Yes, the interactions could have been improved by taking more time for meaningful communication and taking more care with nonverbal communication. Although I provided compassionate care and listened carefully, sometimes clinical obligations limited opportunities for a greater emotional connection. Developing these qualities would have enhanced the client's trust and comfort in later life.