

# Depth and competence of a palliative care nurse essay examples

[Health & Medicine](#), [Nursing](#)



Palliative care is a component of compassionate care. It is a dynamic holistic care of people who have got highly developed and progressive diseases. The care involves management of all symptoms and offering of spiritual, psychological and social support to the patients. The aim of this care is common among all the nurses giving it, which is the accomplishment of the highest quality of life for all the patients as well as their families. Many features of the care do not only apply to the late stages of diseases, but also in earlier courses in combination with some treatments ( Baldacchino et al., 2006). The reason for choosing this topic is because of my passion in palliative care and seeing that the hospital where I work is setting up this unit soon, it is good for me to explore and understand this topic accordingly. Therefore, in this paper, I am going to explore the components of good palliative care, and the competence skills needed by the nurses who consider working in palliative care units.

The establishment of evidence based practice of palliative care for assisting patients and families is of great help (Mari, 2012). For a hospital which is setting up a palliative care unit, the paper will discuss the meaning of palliative care and how it can assist or make patients suffering from terminal illnesses feel more comfortable. It will also discuss the various approaches that nurses can take in order to show the patients that their views are highly important for their management and satisfaction. The competences or skills needed by nurses for care will be outlined and discussed in detail.

## **Palliative Nursing in Singapore**

Singapore is a multi-ethnic community and has a population of estimated 4.58 million people. Most of the population is comprised of people of Chinese culture. Even though they are classified as Chinese, they are further divided into diverse ethnic groups with different cultural practices. They include Hananese, Teochew, Hokkien Hakka and Cantonese communities. With the diverse culture also come different customs, beliefs, values, behaviours and practices. The city is among populations with the fastest ageing people. Each year an approximated number of 16, 000 people die. The major cause of death is cancer as well as other terminal illnesses including dementia, chronic lung diseases, diabetes, renal and chronic heart failure, and degenerative and neurological diseases. With this information, most of health professionals in Singapore are very concerned about the involvement of palliative care units in the hospitals to enhance the quality of life for the patients. This means that the care units would have to strongly incorporate the needs for the patients considering the diverse cultures (O'Connor et al., 2008).

Singapore operates just like any other community. This means that with the increase of life expectancy, many people are more likely to for more than sixty five years. Even so, disease patterns are generally changing during the last years of one's life. Several deaths are due to terminal illnesses such as lung failure, closing stages of renal failure, cancer and heart failure exceeding the number of acute diseases causing death. It is this sequence of events which greatly invades on the normal routines of patients who have

got terminal illnesses as well as close family members. Even with all the treatment methods employed, the final stage of these patients is death. Therefore, medical care experts have grown to be more and more conscious of the necessity to modify the objective of treatment in particular patients from “ curative to life protracting or palliative” (Hong et al., 2008).

Providing care to a patient who is undergoing End of Life (EOL) stages due to a terminal disease is a challenge not only for the patients but also for the palliative care clinicians/nurses. Therefore, for a health worker to offer this care, they must be trained well and understand what the care entails (Hong et al., 2008). It aims to accomplish several objectives when caring for the patients; establish life and consider death as a normal and a natural process; offer reprieve from suffering and other stressful symptoms; incorporate the spiritual and psychological features of patient care; provide a sustenance system to assist the patient to go about their routines as actively as they can till death; provide a sustenance system to aid the family members to deal with the patient’s disease as well as the bereavement (Bakitaset al., 2011). It is significant for nurses to equip themselves knowledge-wise and with interpersonal skills as well as coping skills to assist them to provide maximum palliative care.

Palliative care attempts to use a holistic approach in caring for the patients. It emphasizes on placing the patient and the family at core of care circle. The care circle is comprised of a variety of informal cares, professionals and agencies which are most suited to offer care for that particular patient. This representation is illustrated as patient-led, patient-centred or patient-

focussed care. There are slight differences between these terms, mainly when the patient might not be able to direct their care any longer for example if they have cognitive impairment or at the final stages of life. Nevertheless, the focus of palliative care is personalized with an aim of meeting the patient's personal needs as well as the close family members. This calls for interdisciplinary/ interprofessional teams of informal and formal cares to be established in the hospital or hospice. This will involve health experts who are founded in the community from where the patient comes from, hospitals or hospitals (Forman, 2003).

## **Qualities of a Good Palliative Care Nurse**

This case scenario is aimed at revealing the good qualities of a palliative care nurse and will be referred to throughout the paper. Mrs. Cheng is a 53-year-old woman suffering from consequences of Metastatic breast cancer stage 4 for the past 4 years. She has undergone every curative intervention including radiotherapy, surgical resection, chemotherapy, and experimental therapy which have declined to stop the disease progression. Due to severity of the disease, it has spread to other organs of the body such as bones, lung, liver and spine. For Mrs. Cheng, the most depressing symptom is her extreme neuropathic pain radiating around her back part and down to her abdomen.

Her ability to perform even the most of simple chores such as eating, cooking, walking, bathing and dressing is limited by this persistent pain. All these activities are carried out by her husband who has proven to be very supportive of his wife. She has been confined to the bed and being

constantly taken care of by her husband. She believes in being independent and this disease puts her at the mercy of other people which makes her completely stressed. In addition to this the husband is starting to feel depression because of seeing his wife's anguish every day. They have two children who are not in the country and even if they insist on going back home to take care of their mother, Mrs. Cheng does not agree. She was a T. V personality before her disease disabled her completely. Apart from this she is also deeply religious and a staunch member in the community church.

The ability of a nurse to initiate a good relationship with Mrs. Cheng would help to determine if he/she has good qualities required in the practice.

Effective communication skills: A good nurse would first establish a good rapport as well as a strong relationship with the patient. This is because, it is very impossible to be a palliative nurse, if one does not engage with the patient appropriately to help them to feel at ease (Ferrel & Coyle, 2010). A good palliative nurse should put an effort to get to know the patient well and also understand her. In turn, this would construct trust and confidence in the nurse which is required. Some of the patients like Mrs. Cheng who believe in doing everything for themselves may not accept to confide or let in the nurse until the nurse tries to show them that it is okay to do so through an emotional engagement. In addition to this, they should also listen very carefully to the needs of the dying and try to yield to them as much as they can.

Professional-Patient-Family Triad: The good qualities of a nurse are mainly highlighted by the patients themselves as well as the opinion of other health professionals. They range from possessing dynamic interpersonal skills to being emotionally engaged with the patients. A good nurse should offer the patient and the family emotional support because it is not only the patient who is in a hard position. It is perceived that when a patient is sick, even the close family members become sick. It might not mean to be physically sick but on an emotional level, most of them slip into strong depression because they have to handle the fact that the final stage is death (Lugton et al., 2005). In this case, offering Mrs. Cheng and Mr. Cheng emotional support would help them to feel that they are not facing the situation alone. The nurse should also be willing to spend time with the patient and the family members affected.

Management of pain and symptoms: The patients, who suffer from terminal illnesses, go through a lot of troubles that originate from pain and distressing symptoms. Therefore, it is not possible for a nurse to cater for the patient without applying professional experiences, knowledge and skill, and ability to maintain as well as improve existing knowledge by constant professional improvement. It involves employing invasive, psychiatric, psychological, neuro-stimulatory and integrative interventions. However, a palliative care patient requires a bio-psychosocial advance to management of pain, one which involves the mind, body and emotions. More effective management of pain depends on incorporation of these rudiments. Psychological interventions which involve cognitive, psycho-educational,

psychotherapeutic or behavioural are the best approaches to help. They have a lot to do with self-statements, family and patient education, relaxation methods, hypnosis and guided imagery and patient pain diaries (Matzo et al., 2010).

**Informed decision making:** It is clear that most of nurses in palliative care may not take time to ask for the patient's opinion and views about how they would like to be taken care of because the patient is dying. A good nurse should be able to put the needs of the patient first and enquire from them what they would like to be improved or introduced in their care (Lorenz et al., 2008). Looking at the above case scenario, a good nurse should be able to recognise some things that are extremely important for the patient and show affection using this information.

**Coordination of care:** A good nurse must be able to respect the spirituality and culture of the patient. For example in this case Mrs. Cheng is Chinese and for this culture, establishing an emotional relationship with the patient is a symbol of friendship, empathy, support mutual good feelings between the nurse and patient. This relationship is intervened through the act of taking care of the patient (Grantham et al., 2007).

According to the culture, a viable relationship is promoted by responding and attending to the wishes and needs of the patient through the actions and attitudes of the nurse. The Chinese perception of love is that it has to be expressed through actions because it goes beyond words. Therefore a good palliative must be able to comprehend these things through enhancement of knowledge on this issue and practicing all these actions. A relationship that



shows acceptance and warmth by the nurse will help to restore faith in the patient as well as personal meaning (Mok et al., 2004). Regardless of the fact that a patient is at his/her final stages of life, the nurse must be able to show the patient that they are of great value even though they do not have much time.

Care of the dying: in order for a palliative care nurse to offer care to a dying patient, they must be able to make a diagnosis of dying which is a complex process to conduct on majority of the terminally ill patients who are undergoing their final stages. The palliative care nurse should be able to organise physical, psychological as well as social care for the patient. Most of the healthcare professionals undergo education on how to handle care for the dying which involves specialising on the types of diseases.

Psychosocial care of the family: Even when the family members strive to make the patient comfortable, they may often start to have a feeling of hopelessness and despair which is brought by fear of the dying process and loss of a loved one. This may cause severe depression and anxiety. This means that a palliative care nurse should be willing to intervene to help the family in such cases (Sheldon et al., 1997). For example in this case, the nurse should try to help Mr. Cheng's condition of depression. The fact that he realizes that he will lose his loved one; can trigger grief disorder which emerges due to a death of a close member. With this in mind, a good palliative care nurse would try to ease the chronic depression of Mr. Cheng which would involve introducing him to palliative care interventions. These include informative communication, empathic communication and

interdisciplinary family seminars and team gatherings. Practical and emotional support should also be given by making available written material about the detailed information on bereavement, significant care and local facilities that can help (Barbara et al., 2009).

## **Competency of a Palliative Care Nurse**

The competencies of a care nurse may be personal or acquired through knowledge in the course profession improvement. Self-competence of a nurse is their own personal judgement about individual abilities to provide quality care. For a palliative care nurse who has good communication skills, acquisition of these competences would not be a challenge. The competences may also be instilled through involvement in interdisciplinary teams (Bosma et al., 2010).

**Culture Competence:** A nurse should be able to understand cross-cultures. This means that there are several cultures in the present world and according to a work setting a palliative care nurse uses culture in providing care for the patients. Different cultures have different beliefs, attitudes and values. Therefore, comprehending the patient's cultural background is essential to promote development between family, patient and healthcare experts and necessary for incorporation of the health beliefs and cultural expectations in their care plans (Baldacchino, 2006).

**Understanding Spirituality:** Religiosity and spirituality are frequently necessarily to the way they face suffering, terminal illness, loss, dying and finally death. The display of competence in a nurse would be observed

through their ability to pull together a holistic palliative care plan in order to address the patient's religiosity and spirituality. Holistic nursing basically is the use of nursing abilities and knowledge linked with other social, biological, spiritual, interpersonal, and psychological know-how to aim at the patient's individual system, spirit and thoughts (Hassonet al., 2008). To some degree, the nurses are viewed as holistic trainees because of the nature of their profession. The spiritual element of the body, spirit and mind creation has not received essential research. The divine composition enables the recounting of understanding of whom someone really is and the rationale of the life form. In addition, spirituality characterises the life journey which helps to fulfil the life of the patient on another level which cannot be done through physical component (Carolyn et al., 2003).

## **Conclusion**

In summation, the paper was discussing the basics of palliative care, the components, and qualities of good palliative care nurse and some of the competences that are fundamental in provision of palliative care. Terminally ill patients usually go through unexplainable agony and trauma during their treatment interventions. The least that can be done for them is the provision of care that can help to make their lives more bearable even in the end of life stages of life. Communication between the patient, physician and the family members of the patient would go a long way in helping to make the patient more comfortable and more informed. It also helps them to make good decisions concerning their health management and treatments.

Treating the patients with an impression that they are going to die

disheartens them and increases the level of anxiety. It is however, advisable to help them enhance their self-confidence as self-importance.

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