

Reflection of Defining Hope Video Series

The six videos of the series Defining Hope touch upon the various aspects of palliative care, its clinical, emotional, ethical, and humanistic aspects. Together, the videos highlight that the focus of palliative care is not to treat symptoms at the end of life, but to focus on patients and their families in a holistic approach, which can be physical, emotional, spiritual, and social, and through the entire illness course. The first episode of the series explores the idea of hope and how it leads to the development of resilience in patients and families in the face of severe illness. The next series of videos deals with end-of-life communication techniques, end-of-life grief and grief, cultural sensitivity, the particularities of patient care in a near-death situation, and with deceased patients. These videos gave a detailed insight into the foundations of palliative care based on compassion, communication, and personalized care.

Five takeaways and the way they may be applied to practice

In the video series, I came up with five main observations that are specifically applicable to the nursing practice.

The first takeaway: Palliative care is a needed component of the healthcare system, which is compatible with life-prolonging treatments.

Explanation: This fact confirms that palliative care is not a late event. It has to be included at an early stage of the disease process. As a practice, this will entail the evaluation of all the patients with severe illnesses upon a palliative need and consideration of early referral to enhance the symptom management, individual decision-making, and the overall quality of life.

The second takeaway: Palliative care is a comprehensive treatment for physical symptoms.

Explanation: The videos demonstrate the inner connection between emotional, psychological, spiritual, and relational components of physical health. This needs to be applied in practice by

nurses undertaking thorough assessments, psychosocial distress recognition, and multidisciplinary coordination to support the total pain experience.

The third takeaway: Palliative care is a competency that needs superb communication competencies.

Explanation: Depending on the patient, honest and caring conversations about prognosis and the goals of care, and patient values are essential. This means that therapeutic communication skills will be deployed in practice, and there will be the creation of an area where patients and family members are able to convey their concerns, anxiety, and expectations.

The fourth takeaway: Palliative care is intended to relieve pain, provide optimum quality of life, and assist the dying patients and their families.

Explanation: This type of care enables nurses to focus on comfort, psychosocial assistance, and dignity. Practically, this can be the process of control over the symptoms, emotional care, future guidance, as well as collaboration with other professionals in an interdisciplinary team, social workers, chaplains, or hospice workers.

The fifth takeaway: Hope is a critical and personalized factor of palliative care.

Explanation: The videos also make it clear that hope does not stem as far as a cure goes, but is constantly changing with the condition of the patient. Hope might also imply comfort or meaningful time togetherness with the family or autonomy among some. Clinicians are expected to find out what hope entails for every patient and nurture it in a realistic way by telling the truth and being present in a heartfelt manner.

The way Palliative Care would be helpful to the family of Jose

Palliative care can be of use to the family of Jose in many ways. First of all, the palliative care teams would be good leaders in helping the families in difficult medical decisions,

explaining the prognosis, the available options, and the expected outcomes. This support is achievable in reducing uncertainty and boosting confidence in decision-making. His family could be full of fear, grief, anger, or anticipatory loss, and in this case, the interdisciplinary team might be able to provide counseling, coping, and a steady and supportive hand. Some of the practical problems that can be addressed using this kind of care include care coordination, the stress factor, discharge planning, and even home-based assistance. This would make the family holistically equipped to handle the issues surrounding the situation with Jose, and in addition, the family will be prepared to take care of themselves.

Techniques of communication to employ when Jose tells, “Sometimes I cry.”

The nurse can make significant use of therapeutic communication when Jose reveals the statement. The nurse ought to pay full attention to Jose and empathize with him to make his emotional experience worthwhile. An empathetic and understanding comment, like “it looks like you are carrying a lot emotionally right now, or something similar”, is delivered in a reflective response. The nurse can then skip the questions aimed at the answers to closed-ended questions. Then they can proceed to explore his feelings by using questions without any answers to further the conversation on the emotions. For example, “Could you tell me more about what evokes those feelings in you?” This question will stimulate Jose to share his issues and worries, even reasons for sadness, using his own language. It is perfectly normal to feel this way in such a hard situation, and he is not alone, which is performed to normalize the experience and form the therapeutic connection, providing an empathic assurance. These communication plans will help to create a safe environment where Jose would feel listened to, supported, and emotionally recognized.