

## **Geriatric and Palliative Nursing: Strategies to Improve Quality of Life**

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The nursing field of geriatrics and palliative care is grounded on the quality of life (QoL) of elderly and life-limiting illness patients. Nurses in such areas strive to provide complex physical, emotional, social, and spiritual responses to patients and enhance their experiences with the help of comprehensive care, taking into account their specific situations. Its main aim is not to extend the death of patients but to help them live comfortably and meaningfully as much as they have left to live.

Complex evaluation is necessary in geriatric and palliative nursing in order to develop a personalized care plan. It is common that elderly patients are associated with a range of chronic issues, and in that case, physical, functional, emotional, and cognitive health is measured by nurses. This evaluation is the basis on which a care plan is constructed to suit the wishes of the patient such managing or dealing with problems that pertain to pain or psychological issues. The emphasis in palliative care is on the management of such symptoms as pain and shortness of breath taking into consideration the preferences of the patient concerning the treatment choices (Ferrell & Coyle, 2010). This holistic methodology improves satisfaction to the patient and decreases unwarranted hospital stays.

Geriatric and palliative nursing involve the use of pain management. Various forms of chronic pains plague many elderly people either because of arthritis or neuropathy. Palliative care nurses are concerned with alleviating the physical pain with the help of a combination of pharmacological interventions (e.g., opioids) and non-pharmacological interventions, i.e., physical therapy, massage, and relaxation interventions (Gwon et al., 2021). Treatment of

psychological distress using cognitive-behavioral therapy or mindfulness training is an added benefit to the general health of a patient.

Older adults are likely to be socially isolated, and loneliness may exacerbate physical and emotional conditions. Nurses promote social interaction by enabling them to interact with family and friends and participating in activities in groups such as reminiscence therapy or art therapy. This aids in lowering mental isolation and enhancing brain activity which is essential in sustaining QoL in elderly patients (Ferrell and Coyle, 2010).

Spiritual care is specific to palliative nursing. Patients who are at the end of life might also develop existential distress and nurses can be very helpful in offering emotional and spiritual care. They make sure that patients are listened to and bring in attitude of caring and establishing communication with spiritual counselors, as the case may be. Emotional support of the families such as anticipatory grief counseling enables the families to come to terms with the impending loss and has the overall benefit of increasing the positive family experience in the end-of-life process.

Patients at the end of life shift their priorities in care towards comfort and dignity. Nurses are the ones who begin the conversation about advanced directives, where they will make sure that their patients do not have their requests violated in terms of the treatment they want to be carried on to assist them in staying alive. This entails effective communication on treatment choices and taking families and patients through the care choices. Nurses also deal with dying-related symptoms, which provide the dying person with a peaceful and dignified dying process (Gwon et al., 2021).

In Palliative and geriatric nursing, aim is to improve the quality of life of the aged and in case of serious illnesses. In general, with efficient pain and symptom management,

assessment, promotion of social involvement, empathy, spiritual and emotional support, and respecting end-of-life desires, nurses can make a great contribution to the experience of patients and families. These approaches guarantee that patients spend their last years or days with dignity, comfort and peace.

## References

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