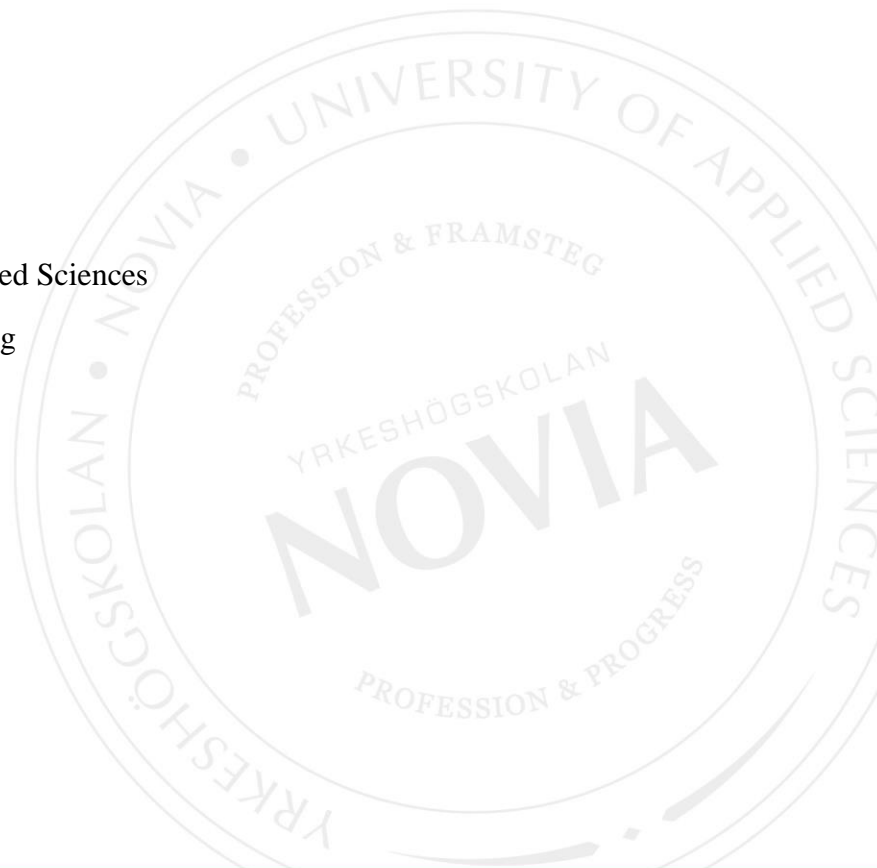


Nurses as palliative care givers for the cancer patients- Literature Review

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The aim of the study is to gain an understanding regarding the nurse's role in providing the palliative care for the cancer patients. Palliative care means a holistic care providence in alleviating the suffering which is being focused on a patient with incurable and life-threatening disease in order to support in different dimensions.

Literature review method is used to get answers for the research questions and figured out the specific role of nurses in providing palliative care for the cancer patients and the eventual challenges as a counter part of palliative nursing. Ten articles were used for the study and collected data is analyzed through qualitative content analysis. The result identified are represented under patient centered care and challenges which meets the integral role of nurse as a palliative nursing care provider besides the challenges to be faced in palliative nursing care for cancer patients. Thus, the study encounters the valid answers for the research questions.

Language: English,
responsibilities

Key words: Palliative care, Oncological nursing, Nurses

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1 Introduction

The palliative care is demanding when an unavoidable misery of the disease exists, and the eventual certainty of death is inevitable. It is more about caring in terminally ill situations, rectifying the pain and associated symptoms, support the patient's emotional agony or any measures to make the clients comfortable regardless of their history, background, behavioral characteristics. This should be an area of expertise since it demands professional force to be trained to integrate in palliative care areas especially nurses, although it is challenging to get experience and managing non-curable conditions, treating the diseases in its advanced stages. The essential knowledge and competences are certainly needed to handle such situations since it is much more difficult to take care of patient whose death is bitterly expected by them and their relatives. Being nurses we need to be mentally balanced to console others and deal with those miserable situations. To function as nurses, as nearest health care deliverers a holistic concern of care is expected, it urges or attributed through experiences, close observations, identifying the essential nurse's role in such terminal care encounters and gradual adaptations to the essential skills; Shuster (2013)

Additionally, Schuster (2013) ,describes palliative care as a holistic approach which enhances the quality of living of the patients and their families towards confronting a non-curable illness by various measures to alleviate the suffering like early detection , flawless assessment and problem centered treatment plan. Similarly, World Health Organization, (2015), defines palliative care as the *“active total care of the body, mind , spirit and the support of the family is being involved. It initiates from the diagnosis and alleviates the physical, psychological and social distress with multidisciplinary approach and proceeded with multi-professional approach”* Meanwhile, quality care for palliative cancer patients is the biggest challenge because of various factors like lack of structural arrangements in managing care, implementing the required pain and symptom management and lack of educational background in palliative care field. It is always demanding a widely accepted multi-professional and easily comprehensive approach in providing palliative services. Palliative care in oncology requires efficient nurse professionals hence the nurses are in integral relation to the patient and the nearest care delivering unit. *Terveiden ja hyvinvoinnin laitos* (2017).

An expected death, there is no other awful situation in the field of healthcare which reminds the importance of empathy, understanding the diverse in people. We might surely think once, “if me or any closed ones are in this terrible situation”. Showing the empathy while caring

patients do happen or is there anything which hinders the effective functioning of a nurse. This study encompasses the gained understandings regarding the role of nurses in providing palliative care for the patients with end stage of cancer and the challenges faced by the nurses during the palliative care process.

Additionally, it is expected that the result of this study will provide a deeper understanding on palliative care nursing for the graduating nurses as a pre-conception in working in palliative care for the cancer patients. Also, a reader's perspective this study will different qualities to be practiced for being a nurse professional and as an author's perspective this study could be a revision on my own understanding and working experience from before and work practice encounters.

2 Aim and problem definition

This study is to gain an understanding regarding nurse's role in palliative care for the cancer patients. Oncological nursing is very demanding since we are encountering many cancer patients on daily basis. This study finds out

1. What is the role of nurses in palliative care for clients with end stage of cancer?
2. What are the challenges faced by nurses being an integral member in palliative care teamwork?

3 Background

Hence this study intends to reveal the nurses functioning area in palliative care for the cancer patients and intended to base the study with giving an idea about palliative care and its principles, oncological nursing, and specific meanings about palliative care nursing. So that it will give an abstract idea in choosing the literature data for the study

3.1 Palliative care

According to Freeman (2015), The idea of palliative care encompasses the holistic care which is being given for the patients with terminal and progressive illness, the management of pain and associated symptoms and deliverance of psychological, social and spiritual support. The ultimate goal of palliative care is enabling the best quality of life for the clients and the family.

WHO, (2015) defines palliative care as the *“active total care of the body, mind, spirit and the support of the family is being involved. It initiates from the diagnosis and alleviates the physical, psychological and social distress with multidisciplinary approach and proceeded with multi-professional approach”*. The nurses are integral part in multi-professional team and important contributors in providing palliative care since the professional area is totally adhered in patient centered care aimed in care for the dying and with chronic illnesses with poor prognosis, nowadays hospice caring is well integrated in palliative care and getting adapted to it globally. Although palliative care in an institutional setting needs more professional force with well trained nurses experienced in terminal care.

According to Blankley, K. (2015), Palliative care can be interpreted as a collective care approaches by multi-professionals in healthcare delivering system to patients as well as to the families. The different care approaches to the patients during a progressive, incurable and life-threatening disease conditions. Life threatening diseases like cancer, neurological diseases, diseases impair the cognitive capacity like Alzheimer's and Parkinson's demands palliative care towards the terminal stages of their diseases. Palliative care is mainly given to the age of 50 or above in most of the case by nowadays it meant for the younger people also due to the occurrence of incurable diseases in early stages of life when the patient is suffering from such diseases. Palliative care is given to the patients based on the supreme principle of providing an utmost care to improve the patient's quality of life according to the wishes and preferences of the patients, pain management and reducing the symptoms of the diseases. Patients' rights, self-esteem and dignity is maintained throughout the caring process. Palliative care has a wide perspective concerning physical, emotional and social need of the client in his end stage of life.

Predominantly, Hallenbeck, (2003), states that the cancer patients are mostly end up in palliative care demands because of the comparatively higher death rates in in cancer nature of significantly less chances of cure and prognosis many situations. A nurse should be aware about the humanistic approach, expected care outcome by giving all means of support to the patients by using all available resources which can give any sort of comfort to the patients. Maintaining the interpersonal nature of work with the essential qualities like empathy, accountability, respect is essential in meeting the quality of palliative care. In a nurses perspective, palliative care has different meaning like palliative care is a collective teamwork in which quality of life of the patients and the families involved in a life threatening diseases is being identified through making individualized care approaches in managing symptoms ,

controlling the intensity of pain and maintaining overall comfort of the patients also concerning psychosocial and spiritual needs involved.

Nursing activities contributes management of pain and the distressing symptoms associated with the it, the nursing role ensures the patient to live active to a better extent towards his end stage of life by providing all means of support to the patient as well as to the family. According to Hallenbeck (2003) , palliative care is a holistic approach to enhance the quality of life , it can certainly influence the process of disease management, it is provided in addition to other theories in order to prolong life by limiting the distressing symptoms associated with the disease condition.

Wang et al,(2016) Palliative care refers to the deliverance of optimal care for the patients with serious illness and the support to the family in coping the situation moreover to anticipate, treat and limit the suffering. The holistic care is aimed including the physical, psychosocial, emotional and spiritual needful of the patients ensuring the compassionate, reliable, sustainable and best possible quality of care. According to IAHPC,(2014) , palliative care area relies on principle like caring attitude ,individual attention, cultural encounters, matter of consent, electiveness of treatment and communication.

As Bryan,(2017) emphasizes, *“the scope of paliative care relies on providing consolation to the patient as well as for the relatives , the quality of life is being improved by alleviating symptoms and emotional distress in those particular cirmustances”*. Palliative care focuses on improving the functional ability of the client, limiting the symptoms and thus *“improving the better quality of life ,also it can be used along with the other mesures to cure”*. Palliative care is truly a professional team work where members include doctors, nurses, social workers, voluntaree workers, nutritionalist, pharmacists, family care givers and paramedics. It is being provided mostly in an long term institutional settings and recently hospice care is getting more popluar.

3.2 Pysiological and psychological symptoms

Patients with final stages of a progressive disease are often suffering from multiple physiological symptoms, mainly elderly people manifest multiple symptoms towards the end stage of life. Also, in case of end stage cancer patients, the comorbid symptoms can arise during the course of any therapies like palliative radiation or chemotherapy. Pain management is the supreme plan of action while providing palliative care because the level of patient comfort is associated in alleviating the pain. Singh (2016)

As per the research Lorenz K et al (2018) indicates that the common physical and psychosocial symptoms to be addressed in nursing care when providing palliative care for the cancer patients like prevalence of confusion , disorientation, poor cognitive capacity , depression , mood swings , extreme anxiety , lethargy , impaired bowel function , insomnia and lack of energy to perform self-care. Additionally, the multiple drug interaction affects the inadequate absorption of nutrients from the food as a result, patients are being lethargic to respond well to the care process.

It is certain most of the cancer incidents where patients reject, and they initially cannot accept the situation. Denial is the initial response where the patients defences the reality of the disease, this refusal often results in delaying the process of care, inappropriate communication. Although refusal can be a result of unconscious behaviour towards a painful life event and the patient is deliberately rejects the reality. As a care giver the care process should initiate through assessing the cognitive capacity of patients in dealing with such painful situation, perceptions, fact of reality and its feeling. Additionally, patients suffer emotional distress while experiencing the end stage of their lives, mostly serious depression and this is the major obstacle and challenging in delivering the effective care especially in palliative nursing care; Schroeder (2018).

Additionally, Smeltzer (2000) explains the occurrence of delirium is evident in many cases patients are being provided palliative care. It is a collective symptom when a client is experiencing mental cloudiness, extreme confusion, and high level of emotional disturbances. Delirium assessing tools like DRS-delirium rating tool, CAM-Confusion assessment method is being used in care process. Meanwhile physical symptoms are predominantly pain and associated symptoms, lethargy, problems related to physical impacts of multi drug interaction and issues related with the bowel elimination are managed all through the care process in palliative care. Also, in case of cancer patients it is unpredictable to expect the symptoms and the care interventions are demanding because of the disease behaviour. Consequently, the comorbidities also determine the goal of care to be provided. Also, physical functions are compromised towards the end sage of the disease.

Nevertheless, in patients are being treated in palliative care settings are with lack of energy because of the multi-regimen treatment process, various pain management measures. Also nutritional deficit, dryness and skin integrity disturbances, loss of appetite are common.

Similarly concerning psychological manifestations, confusion is often evident because of multiple drug actions in the body, it is demanding task to deal with when limited

physiological functions, inability to perform task like consuming medication, personal care and decision making. Occasionally, some of the antiemetic drugs (e.g., prochlorperazine) or major tranquilizers may cause increased symptoms in patients who have pre-existing Parkinson's disease. Multiple Physical Symptoms do more than cause suffering directly; they complicate other aspects of the patient's condition. For instance, pain often interferes with care in several ways. It may be such a focus for the patient and family that reports of other symptoms and issues will be suppressed. Pain and other symptoms cause emotional and spiritual distress that may lead to poor compliance, decreased interactions with family and care providers, and poor decision making. Nausea and vomiting interfere with the ability to take medications, food, and fluid and can lead to complications such as dehydration and poor disease control. Dyspnoea may interfere with physical functioning to such an extent that it impedes the ability of patients to attend appointments or to participate in any rehabilitation; Smeltzer (2000).

Sherman (2015) explains that, In hospice care, nurse's responsibility includes primarily performing an assessment based on the limitations and resources to find out the care goals according to the diagnosis and chance of prognosis. By prioritizing the needs, certain problems can be resolved or prevented. Additionally, the palliative care and hospice care are well structured in making an expected out of care with the patient itself basis on his level of understanding, with the family by the interdisciplinary team. All measures aim towards an achievable outcome of care and the process proceeds to planning stage where the interventions are made according to the care goals have made. Patients multidimensional individualistic needs are being focused like physical, emotional, spiritual, psychological and cultural needs of the patients as well as the family.

According to Smeltzer (2000); In hospice care the nurses works to implement the interventions recognised when formulating the plan of care. Although palliative care approach is made focusing on the controlling the symptoms in parallel to the main treatment to eradicate the cause of the disease the same way as an acute care approach. The implementation of the care activities determines the quality of care, meanwhile the patients with end stage disease conditions, the achievement of care goals is also depended on the time gap that he received under the treatment.

Timely referral to the other care resources also any important objective of nursing interventions. On the other side several routinely nursing interventions can also be inconvenient for the patients especially end stage of disease conditions. Also, Palliative

interventions need to be evaluated for the level of achievement and eventual changes should be made as per the newly arising needs and patient priorities.

The scope of palliative nursing care includes predominantly pain and symptoms management, process oriented care towards the end stage of disease, psychological and emotional care for the patient as well as the family, psychosocial care, cultural oriented care , interdisciplinary collaborative practice, communications skills, ethical care and bereavement care; Sherman (2015).

Similarly, Mackeller (2017), states that the quality of care in palliative care is depended on the evaluation of effectiveness of nursing activities, appraisal of performance where palliative care nurse evaluates own performance relating to the practice standards and regulations. Additionally, updating the competence and knowledge regarding palliative care, professional ethics and collaborative works with the other teams members constitutes the quality in palliative care.

The palliative care routine tasks include performing daily nutritional assessment checking the weights, vitals, phlebotomy, daily hygiene and designed to manage the symptoms along with disease managing procedures to enhance the quality of life. Care evaluation is often done by palliative care nurse towards the realization of the effectiveness with the patient and family and finally registers the outcomes. Similarly, patient and family educations is equally important to fulfil the expected care outcome, in which the nurse advices the patient and family about the care measures and options to be followed. In an emotional perspective patients and his family are coping with the disease and its emotional disturbance through out the process of care , therefore it is vital to acknowledge their feelings .The same way it is rather challenging to get the patient and family informed in their denial period , the nurse need to provide , emphasize many information in a short period of time by using any simplest way to explain or inform the task or activities, particularly the signs of impending death in care process by understanding the level of anticipation can be limited. An empathetic communication is inevitable to deal with grieving experience and matter of grieving counselling as a measure of continuity of care; Mackeller (2017)

According to Librach (2007), Most importantly in palliative care , the nurse need to deal with many questions from families about the characteristics of the illness, about the reality of death and so on , expressing the truth is always bitter about the suffering during the time of death also consoling the families during their grief process. On the other hand ethical issues are faced by nurses in palliative care while encountering dilemmas for example telling

the reality and truth to the patients and to the family, regarding when to abandon a treatment option and so on. The nurse needs to consider and work within the professional boundaries. Any sort of violation of professional boundaries can impose serious impact in palliative care. Similarly nurses hides the personal issues or their own loss , suffering our unachieved grief even if they are performing their profession , it triggers the resemblance when they faces similar situation in their working life , when she is unintentionally responds to the family regarding their own needs met can be against the work ethics . Similarly disclosing personal problems, viewpoints, sentiments constitutes against ethics as excessive self-disclosure professional behaviour. Similarly, secretive behaviour, super nurse behaviour, improper communication, flirtations are also against the ethics.

3.3 Nurses role in Palliative care

Being an integral component in palliative care team, nurses are the leading care delivering tool and the professional role begins with assessment for the disease prognosis, pain level, possible resources to be used for the care process. Once the nursing diagnosis identified, the process through making an individualised care plan and implementing the planned care. Nyatanga,(2017)

Bravid et al,(2013) explains it is an art of caring , which is still evolving stage because of numerous factors like lack of enough clinical evidences and interventions, moreover the outcome is death sooner or later. Meanwhile, According to WHO (2009) ,Palliative care nursing is all about serving the people to live a quality life until the die rather than helping them to die earlier or prematurely or in other words “it is not merely semantics, but a vital and integral part of palliative philosophy that is enshrined within the very simple statement ‘neither to hasten or postpone death”.

Carter ,(2004) states that palliative care nursing initiates through assessment, diagnosis and treating the actual and potential life-threatening illness. The dynamic process of caring relationship is conveyed to the patient and the family, On the whole it is a gradually evolving process. While concerning the *competences required for palliative care nursing includes, effective communication with the patient, family, and the healthcare team members about end of life issues.*

“Also recognising the client attitudes, feelings, values, and the expectation about the death, individual, cultural and spiritual diversity existing in these beliefs and custom”. Similarly, it is vital that to give all due respect to the patient’s views, perceptions and concepts

regarding his own life, as a nurse it is very demanding to address the client wishes during end of life care. Brian,(2017)

Additionally, professional collaboration is well expected with the inter disciplinary team while making the planned actions into reality. In a physical perspective, the nurses are expected to assess thoroughly the symptoms, the pain, dyspnoea, fatigue, nausea of the patients in their end stage of life situations because all the symptoms and manifestations has to be treated in order to reduce the discomfort. *“It is assisting the client and the relatives to cope with the suffering, grief, loss and bereavement in the end of life care, it is equally important recognising professional values, patient preferences and encountering professional barriers in delivering care”*. Nyatanga ,(2017)

Brant et al (2011), clarifies the core responsibilities of the of the professional performance in palliative nursing care comprises of supremely on decision making for the care activities, care assessment, providing consultation regarding physical, emotional, social and spiritual care areas. Problems are identified are prioritized and actions should be made, also to ensure that assessment should not impose a burden or uncomfortable for the patient. For instance, conducting a rough physical examination can intensify some symptoms, along with the intensive interventions, the first priority always has to be physical, emotional and spiritual needs of the family. Especially for patients with end stage disease the grieve response must be assessed and coping skills of the patients.

Additionally it is equally important the nurses role in palliative sedation, it is a pharmacological intervention by inducing sleep to control the unbearable pain , it is formally known as palliative sedation where the drugs like opioid analgesics, anticholinergics, neuroleptic agents or benzodiazepines are used . Apart from pain management the prolonged sedation controls vomiting, delirium, breathing difficulties and psychological problems. The usefulness of this measure is in greater level because it ensures constant and optimal symptom management. leadership skills are essential in managing conflicts, several opinions among palliative team members in making interventions like palliative sedation. in extreme cases the patient is kept in sedation and unconscious until death. Often a question arises the impact is same as euthanasia because it is mostly patient’s decision is never made and always it is a matter of choice of the family; Brant et el (2011).

Nyatanga,(2017) describes ,the management of suffering depended on various factors like patient comorbid conditions, life styles, economic situation, family opinion, spiritual and psychosocial associated to it. Different standardized tools to assess the severity of pain,

respiratory symptoms, bowel symptoms and cognitive capacity. Multiple components like patients physical, emotional, psychological and social needs are assessed and outcomes are evaluated. According to the achievement of patient centred care provided.

Faull (2015); The fundamental concept of palliative care is to relieve the suffering and increase patient comfort and it aims to relieve symptoms from a non-curable disease. Symptoms are complex feelings which patient experiences, it can be pleasant or unpleasant experience processed in brain. The scope of good communication is very essential in formulating a good assessment. especially in oncology a thorough communication with the client is inevitable to assess the hints about metastasis for example in bone cancer the CT scan visualizes the occurrence of metastasis but the objectifiable symptoms like pain induced due to the metastasis could be assessed only through detailed communication like talking to the patient that how deep he feels the pain.

Predominantly palliative care nurse needs to have good communication skills, Pain assessment and the effectiveness of symptom management is performed through talking to the patient about the feeling, worseness, and extent of comfort subsequently the effect of treatment on those symptoms. However, along with assessing the symptoms of the patient communication has therapeutic effect in relieving the psychological stress of the patient. Communication plays a vital role in administering drugs, by giving needful explanations and advices to the patient, particularly in palliative care. Faull, (2015)

Effective communication is necessary in dealing with patient with their end stage of life, a nurse should approach the patient in palliative care with a pre-concept regarding the patients inadequacies, limitations in cognitive ability, response with expressions to assess and understand the need and comfort level. An effective conversation with patient of end stage disease requires an experience because it can lead to a certain degree of discomfort and distress to the patient and their relatives when revealing the facts by clarifying their doubts and questions. Also, the proper communication is an evolving skill which is acquired through years of experience by facing different attitudes like social denial, emotional distress and deep agony. Kinzbrunner (2010)

Although undoubtedly, any sort of communicative action has a therapeutic effect for a person with end stage of life, a simple dialogue itself conveys a therapeutic action. Ensuring the privacy is the next most concerned element to make a trustworthiness to the patient.

Therapeutic touch sometimes referred as “*clinical touch*”, body language and eye contact maintains the good communication from a healthcare professional to the patient because these acts develops a sense of trust, to be protected, consolation and most of all an open - mindedness to participate in care process and proper interpretation happens. Kinzbrunner (2010)

Nyatanga,(2017) explains, there are many barriers of effective communication, when dealing with patients and families in palliative care many healthcare workers happens to encounter superstitions, cultural beliefs, misconceptions and judgements, social norms and lack of knowledge. Although language barriers when caring a person with a different nationality can result an incidence of misinterpretation of the facts like treatment strategy briefing the care process. Similarly, non-addressing patient’s emotions and empathetic reactions of the carer can also be seen. Subsequently psychological like emotional distress and spiritual symptoms can interfere patient educating and mis understanding the information that is being conveyed by the nurse

Palliative care it is integral that to communicate compassionately with patient, families, among other members of the healthcare team about issues of impending death, measures to ensure the quality of life. Although it is important to consider, acknowledge or recognise the patient behaviour, attitude, emotional level, values and expectations about the truth of death. Proper communication is the greatest way to express a healthcare worker shows his respect towards the client and addresses the beliefs and customs of the patient. A clear communication of facts and care process among interdisciplinary team members results a good collaboration and better effectiveness in implementing care during end of life; Nyatanga,(2017)

3.4 Hospice Care

Hospice care is similar to palliative, it is provided in a non-institutional settings and interdisciplinary team is involved with doctors, nurses, social workers, voluntary care workers and psychologists in providing an inclusive care. “*Terminally ill means when a patient suffers from a non-curable disease and eventually leading to death and the terminal care terminally ill refers to a person who has a disease that cannot be cured and will eventually lead to death*”. It is a collective care where a critically ill client with all measure of cure is no longer in use. The goal is to establish regular and effective care according to the symptoms and patient’s dignity and individuality are taken into consideration, also it

requires referrals from the physician to discontinue the curative treatment and follow up with the terminal care. Emanuel, (2007)

According to American Cancer Society (2017), hospice care is focused in delivering desired care to the patient to maintain or improve the quality of life towards the process of experiencing the a non-curable. It is rather family centered which involves family participation in decision making and preferences. The philosophy includes to provide a compassionate care irrespective of the circumstances, limitations and make the patients in its utmost comfort level.

“Hospice care treats the person and symptoms of the disease, rather than treating the disease itself. A team of professionals work together to manage symptoms so that a person’s last days may be spent with dignity and quality, surrounded by their loved ones”. Emanuel, (2007)

According to Zahid (2016), The hospice care is model meant to be providing quality and compassionate care for the patient with end stage disease condition, involves professional medical care, management of pain and other symptoms, spiritual and emotional needs are concerned towards the terminal stage of disease. In hospice care the nurses works to implement the interventions recognised when formulating the plan of care. Although palliative care approach is made focusing on the controlling the symptoms in parallel to the main treatment to eradicate the cause of the disease the same way as an acute care approach. The implementation of the care activities determines the quality of care, meanwhile the patients with end stage disease conditions, the achievement of care goals is also depended on the time gap that he received under the treatment.

Hospice care comprises of professional nursing care, assisting in activities of daily living, rehabilitation, nutritional counselling, counselling regarding psychological and spiritual issues. For patient as well as the family.it also includes short term relief care in institutions, medical aid service and care in bereavement process for the family after the death. The needs of dying person is addressing the physical, emotional, and social wellbeing of the client and act according to it. Physical care includes providing a safe, tidy and contented place for dying, management of pain and other symptoms, meeting the nutritional requirement and activities of daily living. In an emotional perspective, maintaining the dignity of the dying person and proving counselling makes a feel of comfort to the client. Zahid (2016),

3.5 Euthanasia

It is dilemmatic in one sense or another when a patient is getting an “assisted suicide” rather than being suffered with a non-curable yet eventual death is expected. It has become an important goal in palliative care in assisting “*in pursuit of a peaceful death*” in developed countries. It is equally challenging, and it involves multifactorial perspectives in take the choices of it like for example the spiritual belief, religion and governmental policies. It also a matter of dispute in many countries whether “*to hasten the death or prolong dying*”, also it matters when *voluntary euthanasia* with patients consent and *involuntary euthanasia* without the patients will are in concern. Melsor (2007)

There is strategical disputes take places in many countries regarding the voluntary or involuntary killing of patients can be interpreted as euthanasia regardless of purpose or situation the patient. Beauchamp et al., (1979), and patient consent considered as a justification for the procedure and it can be taken doesn't necessarily from patients. However, euthanasia is classified generally as *voluntary* where the patient himself gives the consent, *active voluntary euthanasia* when a person is being killed by giving over dose of pain medicine. Any lethal injections are being administered. It is legally possible in Belgium , Luxembourg and Netherlands. Passive euthanasia is an act of omission when the patient is let to death without conducting any treatment measures or withholding all treatment measures such as pain medications, antibiotics.in other words it is assisted suicide. It is legal in America. *Non-voluntary euthanasia* is done without the patients will or consent. For instance children with terminally ill conditions. (Patro, 2012)

According to Gastmans (2015), Euthanasia in end of life disease stages are given to relieve unendurable suffering. it is usually associated with end stage cancer and request for euthanasia and assisted suicide as per the country's legal obligations and norms.

3.6 Oncological nursing

Constello,(2019) explains, the morbidity , mortality rates , the need of palliative care is huge in oncological areas, it is rather challenging when it comes to never experienced area of nursing profession. There are various factors capacitates a nurses in developing their skills in palliative care, for example proper communication to the patient, relatives, the effectiveness of assessing the clients, essential professional behaviors, identifying the areas which hinders the quality care and so on.

"...it's important to know what a patients' needs and wishes are and how they want to be cared for at during their final days," also he emphasizes a deep integration of end of life care and palliative care should take in concern thus the healthcare systems improves and patients eventually gets more client centered care. Costello, (2019)

According to THL, (2015) There are some essential pre requisites which demands in palliative care , THL emphasizes , the palliative care should be in accordance to the population , detailed study is inevitable regarding the specialized care , competences of each member of healthcare and cooperative work with other members in the healthcare team.

While concerning different functional areas in dealing with cancer clients, cancer related fatigue is one of important area should be care especially in palliative care nursing. *Cancer related fatigue* experiences by almost every patient and the causes are multifactorial, a nurse's nurse has to be performed well in understanding the status of the patient both physically and socially when it leads to the impaired social interaction. The maintenance of self-care activities plays an integral role in keeping the dignity and self-confidence of the client. Palliative management of cancer related fatigues needs to be addressed in order to give quality palliative nursing care. Keeney,(2011). Also Gandourth (2015) emphasizes, palliative care nursing areas, majority of the problems can be resolved through effective nurse -patient communication and any kind of disruptions to the patients like social interaction.

Nursing care for the cancer patients demands more professional skills in order to meet different clients, treatment strategies and different choice of treatment both curative and palliative. It is equally important for a nurse to assess the pain level of the clients and effective management measures according to the physicians and relative choice. Being a role player or the integral member of palliative care team, the responsibility starts whenever the terminal prognosis has been made, during the planning of end-of-life care, and main also being as messenger conveyer between patients and relatives. Hofstede et al; (2018)

4. Theoretical Background

Jean Watson's theory conveys the essential core capabilities of care, describes the care rejuvenates the life and increase the energy to our potential capabilities. Watson states that caring is unique and equally beneficial for the patient and nurse and all associated member

of care process. Although the benefits are enormous, and it fuels the self-actualization of a person who perform caring. It induces the harmony in caring process.

In Watson theory, the caring model entails caring the patient and understanding the meaning of illness and suffering. Sitzman,(2014) . Since it is a simplest model of care providence for a nurse to adapt, I have a personal interest in adapting this nursing theory so that i can relate the few caritative factors in relations to the role of nurse in palliative care.

4.1 Jean Watsons theory

Jean Watsons theory always remains as an integral base of professional nursing practice since the theory gives an overview of what a real professionalism demands in terms of maintaining the disciplinary level, the philosophy, morality, and ethical perspectives. The significance of this theory lies in the symphony of mind, body, the spirit and medicinal care throughout the nursing process. Transpersonal caring gives a broad meaning in maintaining a true care relationship –a strong bond which can impact in overall prognosis is and professional satisfaction. Sitzman ,(2014) describes that Watsons theory encompasses the promotion of health , prevention of diseases and measures for peaceful death by taking into concern of moral and philosophical side of nursing. The 10 carative factors are her basis for her theory relating in the practice of nursing in which as the years go by, there was an evolution of her ideas and values that she then interpreted the caritative factors into *caritas processes*. The inclusion of this processes are spiritual dimension and unconcealed elicitation of love and caring. (Sitzman, 2014, p56)

4.1.1 Transpersonal Caring

According to Watson (2014), when creating a genuine feel of being cared can itself generates a positive vibe in people. Transpersonal care is a bond which holds the spirit through giving a full, authentic, caring attention in every possible moment. Although Watson (2013) explains a transpersonal nurse is the one who has the potential for being a centre coconsciousness and her functions is to be an integral part in the deliberate care, healing, and the holistic medium rather than on illness and associated things. It truly helps the patient in achieving the harmony of mind, body and spirit (Sitzman, 2014)

4.1.2 Caring moment, Caring occasion

The meaning of this component is when two people with different background and ideologies stands together in aiming a common goal and which eventually turned out to be

meaningful, genuine, deliberate, respecting and exchanging their experiences and mutually helping one another. In overall concept, it enables new possibilities in life. (Sitzman, 2014)

4.1.3 Different meanings of caring

The act of caring has broad meaning like caring themselves and to others, creating a caring nature to enable a positive environment towards the caring process. It has a multiple understanding and different perspectives for instance scientific, intuitive, spiritual, moral and artistic areas. Although consciousness is an importance factor in transpersonal caring and healing process, it enables a nurse enact right on the moment when they recognize the importance of being a healing tool.(Sitzman, 2014)

4.1.4 Carative factors

Watsons theory of caring encompasses 10 factors which constitutes the caritas process and those give a real magnitude of love and caring and those are

The 10 Caritative Factors and Caritas Processes

1. *Formation of a Humanistic Altruistic System of Values* – The act of love, kindness and being in calm and composed nature towards the whole process. Ultimately an altruistic mindset in every activity.
2. *Instillation of Faith-Hope* – Being present and being in the supportive system, generating an ambiance to feel someone is really being cared for.
3. *The cultivation of sensitivity of one's self and to others* – Enabling a spiritual practice and a transpersonal outlook aiming beyond ego-self.
4. *Development of helping-trust relationship* - The development of trust relationship which can positively impact the care process.
5. *The promotion and acceptance of the expression of positive and negative feelings* – Showing compassion and empathetic nature. Feel deeper as of the person a nurse come across.
6. *The systematic use of the scientific problem-solving methods for decision making* (<http://watsoncaringscience.org>) – taking the unique way of approach in every situation and proper understanding of what is demanding in overall process of care.

7. *The promotion transpersonal teaching-learning* – Being an active participant in in service learning and teaching process so that new information's, new thoughts and updated understandings evolves.
8. *The provision of supportive, protective and (or) corrective mental, physical, societal and spiritual environment* – Making a caring environment that fuels the all aspects of healing.
9. *The assistance with gratification of human needs* – Intention of true care being with in conscious attempt in recognizing the individual needs.
10. *The allowance for existential-phenomenological forces*– Thinking multidimensional based on own spirituality, meaning of life, death, soul and so on. (Sitzman, 2014, p61)

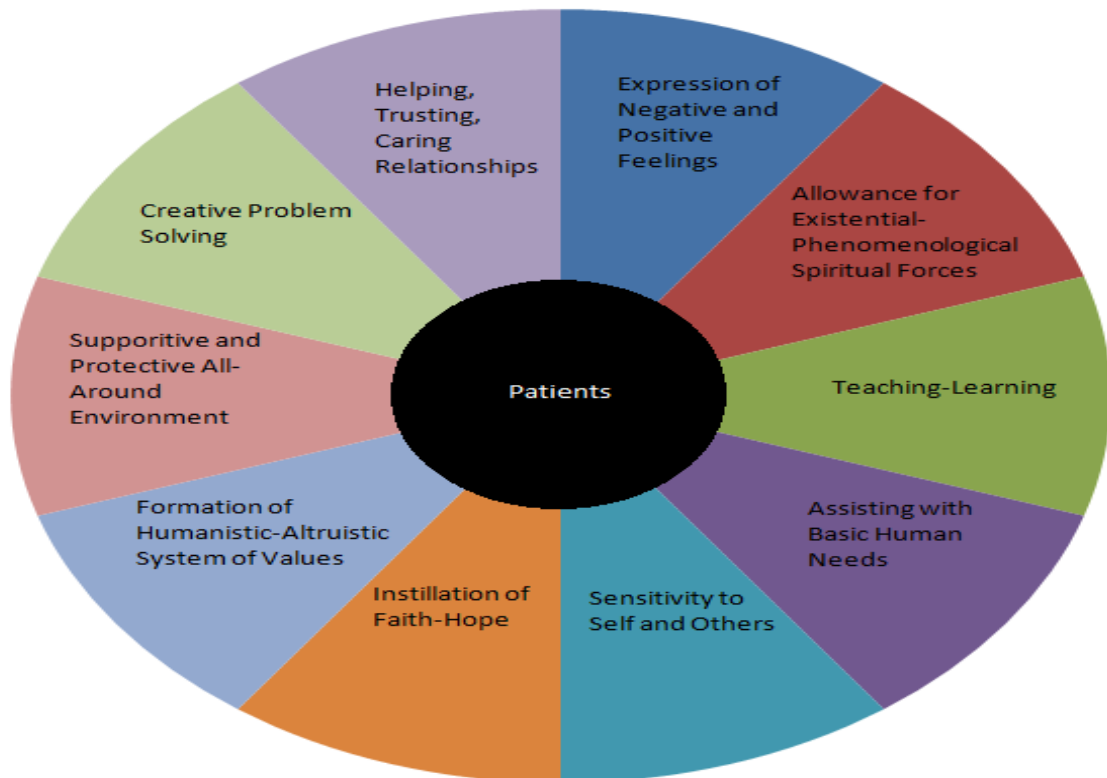


Figure 1: Watson(2018)

As my personal choice, few carative factors like teaching learning, helping-trusting-caring relationships, assisting with basic human needs, supportive and protective all around environment can be close compared in the results of the study.

5. Method/Systematic Literature Review

According to (Polit&Beck,2010 p.78, 169), a literature review is a briefing of research on a topic addressing research problem or it is a process of summarizing the existing data evidences. Literature review method is the simplest method and it can motivate new research scope and ideas. It is an appropriate method used for many nursing related research and well suitable conceptual or theoretical framework. This method enables a reader with some sort of knowledge about the topic and make them to think the chances of further new studies. The meaning of systematic reviews is a process of combining well designed and implemented body of research. It is a reliable method for nursing research since it leads to gather the skills through acquiring written summaries of knowledge on a problem.

The steps involved in the qualitative study is graphically shown in the diagram below.

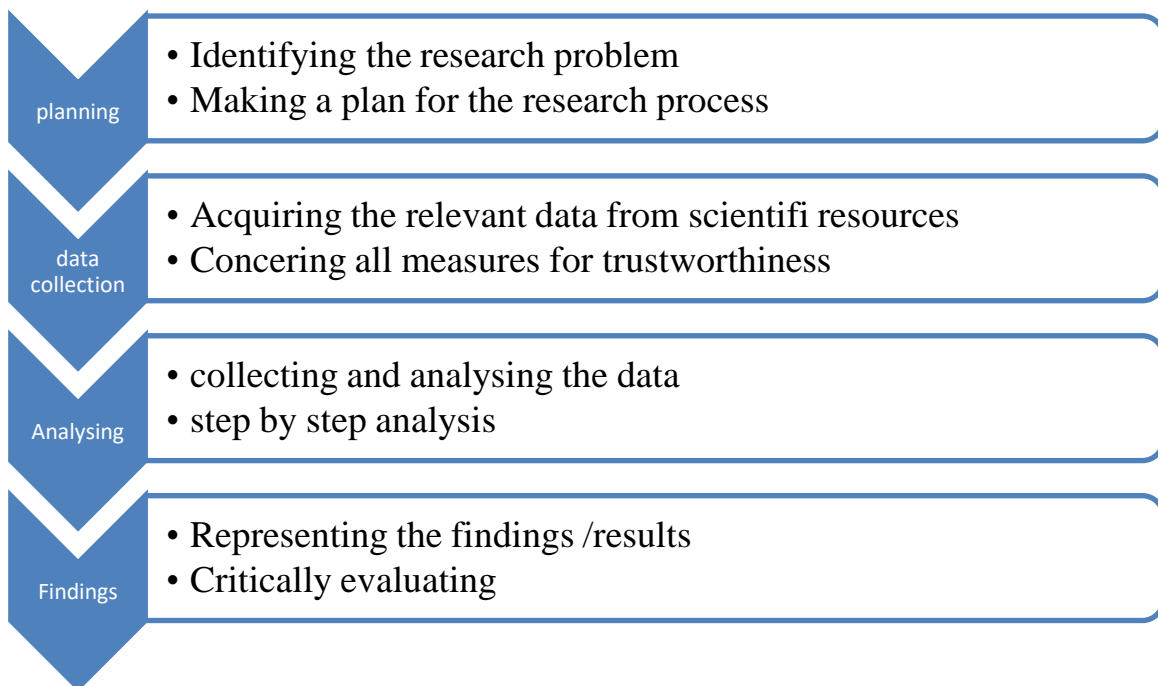


Figure 2. Steps of qualitative research

The steps involved performing a literature review includes research question or question for further study, it leads in generating and implementing a plan for acquiring information, followed by the process of analyzing and interpreting the information. The findings are illustrated as written way. Additionally, it is equally important to collect the data on a research topic also literature review should be well capable of providing the adequate

evidence on a research topic. The main task is to summarize and critically evaluate the evidences which is found as finding of the study, also the literature should be briefed in the writer's own words with valid references and if at any point of the research, it finds that some data is not suitable for the study, the researcher must acquire new data. Generally, literature review is a scientific method which gives valid answers to the research questions. (Polit&Beck,2010 p.170,p.188),

6. Data collection

From the initial search was identifying the search titles “palliative care nursing” in different perspectives like physical, emotional, spiritual or psychosocial, also “palliative care in cancer”, “nurses in cancer palliation” and “nurses+ palliative team”. More customized searches will be done step by step in collecting the relevant data required for the study. Inclusion and exclusion criteria will be added later.

Ten scientific literatures will be identified and selected for the study. Per revised and full text available within last 10 years of period. The search will be proceeded through EBSCO, PubMed, SpringerLink and CINHALL from the Novia FINNA database. The initial search hit on 50 + related articles which still needs to be clarified which is relevant and apt for this topic. In order to narrow the search the chosen data is limited to full text and peer reviewed ones, also newest articles which has been published during last 10 years . Various abstracts which stands within the context of “nurses as care givers in palliative care”, “nursing care in palliative oncology” will be reviewed.

The collection of data based on inclusion and exclusion criteria is shown in below mentioned Prisma chart

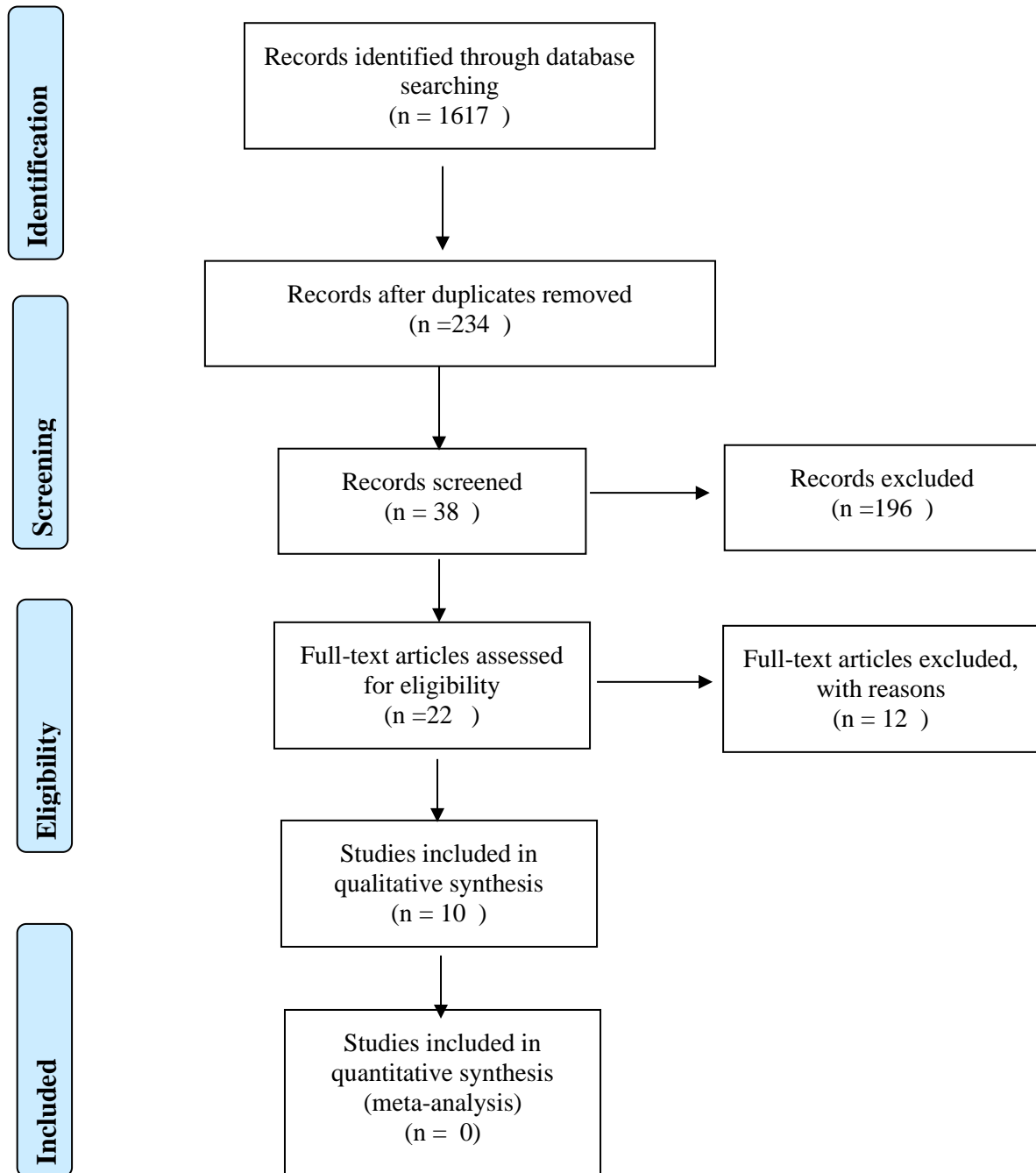


Figure 2 Prisma Flow Diagram (Liberati, et al., 2009)

Table 1. Inclusion and exclusion criteria

Key Words	Exclusion Criteria	Inclusion criteria
Palliative nursing care for cancer patients	Included articles within 10-year period, older ones found were excluded	2010-2020
Oncological nursing	Articles written in other languages than English	English Language
Palliative care team	Not peer reviewed	Peer reviewed one chosen
Care for advanced cancer patients	Articles unavailable as full text	Full text
Nursing goals	Articles which are not related to the aim of the thesis	Articles which fits the aim of the thesis
End stage of life and nursing care	Articles which gives different perspective	Articles which in relation to nurse perspective selected.

7.Content Analysis

Content analysis is defined as a process of structuring and integrating narrative, qualitative information on the basis of evolving themes and concepts. It involves a step by step process of covering a bigger data to brief and meaningful segments of content. Or in other words qualitative content analysis is a process of converting the content of narrative data into themes and patterns. The researcher searches for themes, regularities and patterns from the chosen data for the study, it is the method to brief the evolvement of behaviors, events and activities. The main purpose of the content analysis is developing an organized structure to extract the meaning from the data. (Polit&Beck,2010 p.469),

The process of content analysis initiates with the search of broad categories or themes. The meaning of the theme is an abstract of an existing data which gives a collective meaning to broad texts from themes categories develops, for example different types of coding used to categorize the data. In a qualitative content analysis process the collected data are thoroughly analyzed within the context of background base of the study, themes are evolved, and it

symbolizes the meanings of the data. Themes, categories and subcategories are used in representing valid answers to the research questions. Additionally, during the analysis process the researcher must concentrate to see if the data really suitable for the study sometimes refining of themes needed, also any kind of eventual insights regarding the result should be avoided. (Polit&Beck,2010 p.273,p.470)

There are two types of approaches or reasoning followed deductive and inductive approach, inductive reasoning is a method in which certain generalizations from observations being made. Meanwhile in the deductive reasoning specific predictions based on any theories to test. (Polit&Beck,2010 p.13)

For this study, deductive approach is followed since the writer has some extent of previous knowledge caring patients with cancer earlier, Also the background part explains suitably about the role of nurse in giving palliative care for the cancer patients. Additionally, from the theoretical background adopted few caritative factors which is expected to be proved in the finding

8. Ethical Consideration

A nursing research is a systematic process which is intended develop a trustworthy evidence regarding a topic which relevant for a nursing profession, it comprises of nursing practice, nursing studies, the field of administration and the field of information. (Polit&Beck,2010 p.4). In an ethical perspective of a research study credibility and reliability are the most important things to be in concern. *Credibility* means assurance of truth factor in the data and its interpretations. A qualitative researcher must maintain upholding the confidence in the truth of the results. Credibility is determined by two aspects like the extent of trusting the data and stability of the data. Additionally, factors like *authenticity* and *transparency* should be satisfy the reader also the code of *beneficence* should be well maintained through out the research process .Also research misconduct is considered when falsely created contents , using fabricated data and manipulating any sort of research materials. Besides plagiarism is against the ethical principles when adopting the texts, work or words without any authorization. It is considered as a misconduct. (Polit&Beck,2010 p.134)

According to the Finnish Advisory Board on Research integrity(TENK), the activities like *falsification or misrepresentation* creating false data and fake interpretations *plagiarism* copying texts or words from another person's research studies with inappropriate reference, *misappropriation* improper presentation of another person's result, research idea and speculations are considered as misconduct against the integrity of a research work.

Additionally, denying the role of research partner like without mentioning them while publishing, reporting the research results in negligent manner and misleading way also considered against the research integrity.

9. Results

To obtain the answer to the research questions, entire outcome of the study is presented based on the evolved themes identified reviewing the literature. In the study process qualitative content analysis was followed to analysis the content. Results interpreted as categories and subcategories under two main themes.

The emerged themes are:

Theme 1: Reduction of suffering, Categories: Patient centered care and advocacy, evolved subcategories listed under patient centered care are: symptomatic care, Psychological and social support and care coordination social support. Under the category advocacy emerged subcategories are communication, teaching and family care.

Theme 2. Challenges: Main categories evolved are challenges are barriers, expectations, ethical challenges, and inadequate training.

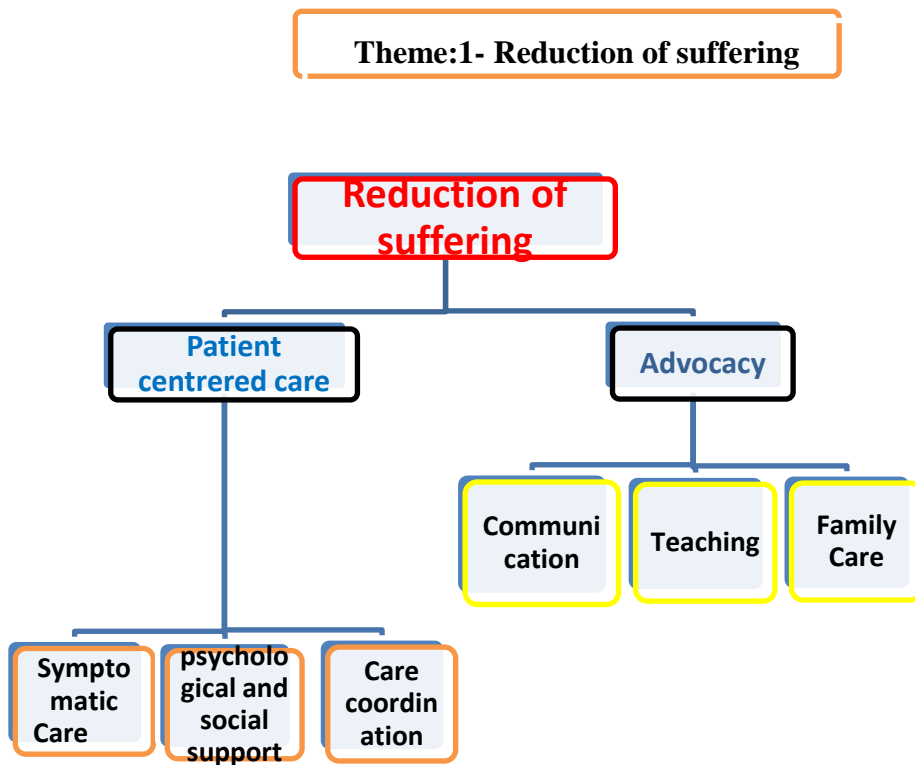


Figure 3: Reduction of suffering



Figure 4: Challenges

9.1 Reduction of suffering

The first evolves themes is reduction of suffering hence it validates as an integral area for a palliative care nurse to work on and categories and subcategories are encountered in analysis the data collected. Presented the reduction of suffering under two main categories like patient centered care and advocacy.

9.1.1 Patient centered care

Patient centered care is a collective category and its explained through subcategories the factors which can contribute patient centered care and which are *symptomatic care* , *psychological and social support, care coordination,*

9.1.1.1 Symptomatic care

Symptomatic care is the predominant measure in palliative care for the cancer patients to alleviate the patient discomfort and provide quality of care. It minimizes the suffering to a better extent as possible. The consistent care strategies constitute the greater comfort level to the patients. Nurses role is very integral in managing any phases of cancer in reducing the suffering. The nurses play an important role in acknowledging, assessing the needs of the client, making care plans, and implementing the goals set in it. (Chaput et al 2018), describes nurses restores the dignity of the patients. The care process has no boundaries, nurses recognize the suffering by giving an open communication. It is being performed for instance a simplest activity like hold a grandchild of the client when she is too weak to hold after the chemotherapy. Greater level of compassion can be seen while observing a nurse when she softly turns, massage or position the patient. A nurse maintains a family consolation and increase the confidence level too with her professional attitude.

In managing the patients with end stage of cancer, cancer related fatigue could be a major problem to address. A nurse has to thoroughly assess the fatigue level of the client, because it is too hard to initiate any care measure in a weak body Ferrau et al (2011). The fatigue level of the client can remain a barrier for any sort of care activities. Because this problem is often ignored by the clinicians. it is equally important to assess the eventual correctable contributors of fatigue. It is nurse's responsibility to make an individualized plan for each client in dealing with patients of end stage cancer concerning all these issues.

Management of pain is the main strategy in palliative care nursing. Because the level of pain determines the patient comfort and attainment of quality of care. Nurses take part in both

pharmacological and nonpharmacological management of pain. Assessment of co morbid conditions, nutritional requirement, emotional distress, sleeping levels are also assessed. (Keeney et al, 2011)

Patient centred care is a strategic priority and it progresses through recognizing the patients needs apart from prognosis. In patients with end stage cancer often recommended hospice care and founded as a cost-effective measure than any inpatient settings. Nurses functions as an important care conveyer in both hospice and institutional care settings. Patient centred care planning and effective communication plays a key part in providing end of life care. Nurses follows evidenced based guidelines in caring patients and compassionate care is being delivered. In end stage cancer care identifying the evolving symptoms and recognizing the patients distress level are important and revising the care plan according to the timely requirement also equally important. (Ferrau et al 2011)

9.1.1.2 Psychological and Social Support

Nurses responsibilities are primarily as patient supporters in cancer care. Being a nearest member to the patient in palliative care nurse's role is to promote and uphold the wellbeing of the client. More than merely the physical comfort but rather psychological and other aspects of health. Nurses guarantees whether the patient is aware about maintaining the individual rights regarding accessing any information of the treatment process, about the informed consent care preferences and self-determination preferences. Nurses performs all these kind of advocacy activities in providing palliative care. (Ferrau et al.2011), (Keeney et al, 2011). Nurses makes a therapeutic alliance with patients and recognizes the exact need of the client works according to it. Most the needs and resources are identified through self-assessment care predictions and prioritize by the nurses. Elshamy (2017)

Nurses are the nearest care providers to whom a patient can rely. Nurses performs as an active listener in relieving the emotional distress of the client to a greater extent. Patients self-esteem boosts whenever he feels that he gets his emotions valued. A nurse can reassure the confidence level through making a trustworthiness from and towards the patients. An open mind reassures, and it benefits the palliative care process. Similarly addressing the psychological status whether the patient is oriented, denial state and overall cognitive ability need to be addressed. Vaartio.R&Leino K (2011). Subsequently non-addressing the patient emotions, emotional distress and spiritual symptoms can interfere patient educating and mis understanding the information that is being conveyed by the nurse. Keeney et al, (2011)

In palliative care nurses play an important role in the performance based on palliative care principles or in other words nurses are the supreme functional unit in performance of actions based on palliative care principles. The caring process progresses in alleviating pain and other distressing symptoms, she affirms, empathizes and considers dying to a natural yet normal process. Nurses incorporate with different aspects of care like psychological and emotional perspectives of care and thus she supports the patient by providing a higher degree of comfort and live actively till death .Elshamy (2017),Keenet et al (2011).

9.1.1.3 Care coordination

Nurses are the important member in palliative care team. Since oncology is complex field and it is inevitable to coordinate and co-operate with other members of the professional team. In all cancer hospitals palliative care being provided in the same unit where regular cancer treatment take places. Nurses are one of the most effective functional unit in providing palliative care for the cancer patients. Coordinating multiple services towards the development of shared goals and a consistent, transparent treatment plan. (Borsellino et al.2011)

Nurses are the supreme functional unit in a palliative care team, nurses combine the care process with the other professional units in palliative care updating the effectiveness the treatment, the evaluation of comfort measure being provided to the patient. The patient centred care progresses through nurses by coordinating various palliative care services along with the regular comfort nursing care like provides therapies like palliative radiation massage therapy, reflex therapy acupuncture and so on. Nurses maintains the follow up in screening diagnostic techniques in a regular basis. (Borsellino et al. 2011), (Dahlin et al .2015)

Moreover, nurses advices in providing other supportive therapies which can be beneficial in palliative stage of end stage of cancer. Nurses advices the family member based on the urged experience regarding the eventual benefits of outpatient care in palliative oncology, management of symptoms and various measures to access Nurses provides psychosocial support to the patients and relatives regarding better understanding of the diseases , transitional care, care towards impending death, bereavement and counselling services. Dahlin et al (2015)

9.1.2 Advocacy

Advocating activities of a nurses in palliative care are explained through subcategories like *communication, teaching and family care*

9.1.2.1 Communication

Effective communication is an essential tool in nursing care process, usually patient with end stage of cancer have many misconceptions regarding their illness. Being an integral member of the healthcare, the level of patient comfort is based on what level patient responds to the care process, communication determines patients comfort experience through sensitive and supportive communication. Proper communication enables patients or families to make a right decision in the care process. Moreover, it results in making good coping techniques and a meaningful end of life stage to the client. Nurses conveys every piece of information in an understandable way because nurses are the closest accessible member to communicate patients as well as the family considering the cultural and spiritual background he is from. (Chaput et al .2018).

Moreover, during the palliative care process nurses analyses the needs of the client, plan their care and preferences of self-determination. Nurses are the first member in palliative care to identify and analysis any emerging symptoms, she maintains the wellbeing of the client and keeps the continuity in quality of care. Nurses remains as an advocate in between addressing a true demand of a need and highest level of care attainment. They function as a representative to the patient, family for their needs and choices. Pavlish & Ceronsky (2010)

9.1.2.2 Teaching

Patient education is inevitable in palliative nursing care in order to attain the expected quality of care. Through patient cooperation and understanding a nurse can perform the palliative care activities that she is intent to do. The cognitive capacity, stress level, physical capacity influences the coping response of the patient. Vaartio.R&Leino K (2011). During the end stage of cancer, often it is important to screen and manage symptoms related to cancer and other associated symptoms. The patient is often with impaired cognitive abilities or poor coping strategies or in deep pain. The nurses uses the her experience to suggest any measures to make the patient comfortable and improve his quality of life with the family members .The nurses have to take many decisions in palliative care along with other professional team based on the response level of the patient and degree of expected care outcome of the

treatment measure. Nurses have to make sure whether patient gets enough palliative care services along with the regular cancer treatment. Vaartio.R&Leino K (2011)

9.1.2.3 Family Care

Family care is equally important responsibility of the nurses where nurses teaches, explains the family regarding any information of caring process, the expected outcome and treatment progress. Similarly, nurse assists the family to make a decision and importance of safe self-care and symptom management. Nurses role initiates in giving a confidence to the family in their miseries, preparing the family in their grief response, teaching regarding the care for the patients impending death. Nurses extents their attentiveness to patients a develops a trustworthiness in caring patient with their end stage disease. Nurses are the unique member of palliative care team to have perceptual awareness regarding the patients, their capabilities and needs. Gandourh et al.(2016)

Palliative care is a care approach addressing the patient holistically based on the goal to provide the maximum comfort to the patient. Decision making and treatment choice are main areas which needs family role. Being an important member in healthcare team nurses have a vital role in recommending the treatment options, adopting different therapies. physiological and spiritual aids in order to attain a maximum level of comfort to the client along with regular cancer treatment to the patient as well to the family member. Concerning the family care nurses suggests the cost-effective treatment methods along with the care coordinators at the time of care for dying patients as well as the bereavement care. Nurses responsibility includes setting preferences in treatment plan along with family members. Vaartio.R&Leino K (2011)

9.3 Challenges

“Challenges” evolved as a second theme where it explains valid challenging areas of palliative care nurses in their functional areas and interpreted the specific challenges in categories and which are *expectations, communication barriers, ethical challenges and inadequate training*

9.3.1 Expectations

By correlating with oncological nursing perspective by having many years of experience in palliative the main aim is to connect or relate deferent aspects of care. The main challenge is to meet the patient's expectations. Most of the patients sets an unrealistic expectation that he is being cured even if they are in an end stage of disease trajectory, moreover they preferred to maintain their independence by accepting the care providence from the palliative care team. Any sort of realistic approach can result psychological distress, denial and non-corporatize attitude from patients' side. It is a multidimensional and very sensitive issue it can remain as an obstacle in disclosing the reality, care planning towards the end of life and so on. Gandourh et al.(2016), Pavlish& Ceronsky (2010)

9.3.2 Communication Barriers

Communication is the essential tool in delivering a quality of care in nursing process and it is rather challenging confronting patient responsive while informing an unfavourable truth or reality. A non-acceptance from patients or families can impact negatively in palliative card process. Nurses are often being dilemmatic whether to disclose the truth or concerning the response of the client. on the other hand professional ethics and legal implications doesn't allow any professional to hide the information. Good communication enhances the holistic palliative care process. Keeney et al(2011)

9.3.3 Ethical Challenges

Elshamy (2017); Ethical challenges are often to face in palliative care nursing for a cancer patients ,because a nurse or other member of palliative care should educate the patient regarding the treatment options otherwise it is meaningless to convey the information about the treatments without sufficient medical knowledge for example the nutritional implications like malabsorption during the cancer care and reasoning out the skin integrity changes. The effectiveness of end of life care is truly based on support and experience. Although patient's decision making influenced by his mental coping ability, cognitive capacity, psychological stress. These factors too remain as ethical challenges in dealing patients with end stage of cancer.

Some professional can show personal discomfort whenever the deal with patients impeding to death because of some personal experience they had, or they relate it with their personal experience. This is ethically against professionalism. Elshamy.(2017)

9.3.4 Inadequate training

Experience make a good palliative Care nurse. Lack of experience confronting palliative care situation can hamper the effectiveness of the holistic care for explaining the decision making in difficult situations. Specializing to this field is equally important to provide a client centred care in care perspectives particulate like care for the dying patients, Care after dying , family orientation and effective communication . The development and scope of palliative nursing care relays in the effectiveness of these areas particularly in caring provided for oncological patients; Pavlish& Ceronsky (2010)

11. Result Discussion

As this study is aiming to an understanding regarding nurse's role in palliative care for the patients with end stage of cancers and the eventual challenges in providing palliative care the results meet certain important functional areas of nurses. The result of the study encounters few valid points and it can provide an insight for the future nurses.

Key competence of palliative care nursing for cancer patients or functional area of palliative care nurses are addressing the symptoms like extreme fatigue, nausea, vomiting and management of pain. Nurses are the key care providers in rectifying the symptoms and controlling the pain according to the individualistic palliative care plan. Moreover, nurses are the essential components of palliative care deliverance in all models of care either in hospice care or institutional care. (Keeney et al 2011)

The theme 1, reduction of suffering, the categories identified were patient centered care and advocacy. In both functional areas nurses plays an integral role. Palliative care is a dignified care delivery based on individual care preferences and the patient needs ensuring all values of the patient and the clinical decisions. (Chaput et al 2018), Schroeder (2018). The scope of palliative care is attaining a quality of care by various domains like physical aspects as the category patient centered care explains through the subcategories *symptomatic care, psychological/social support, and the coordination* of different care measures. Similarly, it encounters the caritative factors in Jean Watson's theory like assisting the human needs, being supportive and protective in all around caring environment. Meeting these interprofessional roles are evident in the results.

Besides, as Constello (2019), states that the necessity of palliative care measures and the extent of challenges faces by nurses are numerous like *effective communication* , *family care* , proper care assessment in identifying a need while caring for patients with end stage cancer. These factors are the eventual barriers and unavoidable challenges in palliative care nursing. These factors are being listed under the category `advocacy`. Subsequently these factors constitute the development of a trust relationship between the nurses and patients as one of the Jean Watson's caritative factors clarifies as building helping-trusting-caring relationship between patient and nurses

Similarly Hofstede (2018), emphasizes the professional skills of nurses in dealing the cancer patients is demanding and needs years of expertise to urge the competence to deal efficiently with the families in making clinical choices, familiarizing the treatment measures and providing health *teaching* for the patients as well as families the nurses functions as role players or conveyer throughout the palliative care process . being an advocate for the patients and families are encountered in the result under the category of advocacy. Additionally the nurses care coordination plays an integral part in maintaining a trustworthiness in a caring relationship as per the (Gandourgh et al.2016) explains about nurses attentiveness and professional coordination of various palliative care measures build a trusting relationship with the patients .

Nyatanga (2017) & Zahid (2016), emphasizes about palliative care and need of nurses compassionate communication to the patients impending death and its positive results in attaining highest quality of care , the same point encounters in Gandourgh et al (2016) as it states about effective communication to the patients as well as with the families brings a therapeutic effect.

In the Theme 2 , explaining the challenges that confronts by a nurse in providing palliative care are encounters many possible challenges in working areas like *ethical challenges* , *inadequate training* , *barriers and patient expectations*. (Pavlish & Ceronsky 2010) concludes that experience makes a good palliative care nurses and the eventual challenges of novice nurses in dealing with many possible situation which is unfamiliar to them for instance decision making with the families, the same point also quoted in the background as palliative nursing competences are evolving skills time by time with experiences. Kinzbrunner (2010)

Experience make a good palliative care nurse. Lack of experience confronting palliative catch situation can hassle the effectiveness of the holistic care, especially decision making

in difficult situations. Specializing to this field is equally important to provide a client centred care in care perspectives particulate like card for the dying patients, Care after dying, family orientation and effective communication. The development and scope of palliative nursing care relays in the effectiveness of these areas particularly in caring provided for oncological patients; Pavlish& Ceronsky (2010). Moreover, Melsor (2017), explained about the ethical dilemmas especially in following treatment choices that has been made without the patients will and it also stated in the Elshamy (2017) about the ethical challenges in revealing the truth and patient/family responses while dealing with a patients impending to death , additionally when a nurse takes the circumstances too personally and relating it with her personal experiences.

Blankley, K. (2015), *Palliative care can be interpreted as a collective care approaches by multi-professionals in healthcare delivering system to patients as well as to the families.* Sherman (2015), explains about the scope of palliative care constitutes the professional competence in assessment of the patient, symptom management, communication skills and ethical consideration and family care. These qualities are not innate but certainly can be acquired confronting the palliative care situations over the year of experience. The results of this research are well compatible with contents described in the backgrounds, moreover it is well suited with the few caritative caring factors which stands as functional model and guidelines for nurses in palliative care.

11. Method discussion

The trustworthiness of qualitative content analysis can be validated through explaining the factors like credibility, dependability , comfortability and gentility.(Elo,et al.,2014).So,the trustworthiness of this study is ensured collecting the relevant data and the method followed for this study was reviewing the literature mainly because of the genre of the topic is too vast and this literature review method is an easier method to adopt. The chosen articles were thoroughly read, analyzed, and interpreted in the results. This study is processed based on the background topic like palliative care, nurse's role defined and oncological nursing which can clearly guide through the eventual results. The study outcome is a collective idea evolved from selected data obtained. The data was processed by content analysis with an deductive approach where in research process is initiated through observations and theories are intended to link towards the result. Moreover patterns, similarities and regularities are concerned in figuring the conclusions.

The collected data had given a sense of trustworthiness and ensure reader to understand the formation of categories. The findings are interpreted and presented in a clear order which enables a reader to understand the connection between the data and the findings. The themes, categories and subcategories are illustrated in a transparent way. In this thesis, the choice of systematic literature review with an deductive approach was a good method choice since it enables to reflect any sort of previous knowledge to emphasize on. The structure and format of the study is strictly following the thesis writing instruction of Novia University of Applied sciences and writer attempts to write simple and understandable sentences throughout the process.

12. Conclusion

To sum up, the therapeutic relationship between patient and nurses demands many nursing competences especially in palliative care nursing as this study encounters the key role of nurse in palliative care such as patient centred care and advocacy. Notwithstanding the fact that nursing skills are gradually evolving capabilities by confronting the eventual challenges and encountering caring situations. The role of nurses in palliative care is more than merely supporting the patients during the treatment trajectory but the care supports extends beyond concerning the family in all aspects of a patient impending to death. Lugton (2009) explains the nurse's role is providing palliative care for the oncological patients can be briefed like alleviating physical suffering like pain, fatigue, and associated symptoms, helping hands in overcoming psychological distress and social isolation.

As this study summarizes, supreme area of concern in palliative care is reducing the suffering and being a care mediator in attaining the quality of care. Jean Watson's theory of caritative factors of caring, particularly helping, trusting and caring relationship, assisting the human needs and health teaching has a very relevant significance in relation to the result of the research. As a personal point of view the challenges in providing the palliative care like ethical issues, inadequate training and communication barrier should be addressed in every care setting through by means of staff evaluation, appraisal programmes, family feedbacks in order to improve the quality of care.

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Appendix: Article selection for the study

Number	Biographic Data	Name of the study	Aim	Method	Results
1.	<p>Wsam A. Ghandourh, (2016); <i>Journal of Medical Radiation Sciences</i></p> <p>J Med Radiat Sci 63 (2016) 242–257</p>	<p>“Palliative care in cancer: managing patients’ expectations”</p>	<p>→This study is to find out what factors results in creating an unrealistic expectation or misunderstands regarding palliative radiation or chemotherapy in cancer patients.</p> <p>→Effect of the unrealistic expectations in prognosis</p> <p>→Patients and caregivers view on communication styles with patients who receives end of life care</p>	<p>Qualitative literature Review.</p>	<p>1. Patients with non-curable stages of cancer are mainly misunderstood and taking wrong choices in treatment even though no prognosis can be achieved</p> <p>2. Sensitive and supportive communication plays really a good part process</p>

2.	Pavlish, Carol & Ceronsky, Lyn. (2009). Oncology Nurses' Perceptions of Nursing Roles and Professional Attributes in Palliative Care. <i>Clinical journal of oncology nursing</i> . 13. 404-12. 10.1188/09.CJON.404-412.	Oncology Nurses' Perceptions of Nursing Roles and Professional Attributes in Palliative Care. <i>Clinical journal of oncology nursing</i>	This study aims in specific nursing responsibilities for quality patient care in cancer palliation	Qualitative study analyzing peer reviewer articles	This article concluded in detailing care of dying cancer patients , physical and ethical aspects of
3.	Ferrell, B. R. & Coyle, N. (2008). The nature of suffering and the goals of nursing. <i>Oncology nursing forum</i> , 35(2), p. 241. doi:10.1188/08.ONF.241-247	The nature of suffering and the goals of nursing	Describes the suffering in cancer patients and goals of nursing	Descriptive literature	Explains ten principles of palliative care associated in dealing With palliative care for the cancer patients.

4.	Elshamy, K. (2017). Cultural and Ethical Challenges in Providing Palliative Care for Cancer Patients at the End-of-Life. <i>Palliative Medicine and Hospice Care - Open Journal</i> , SE(1), pp. S75-S84. doi:10.17140/PMHCOJ-SE-1-116	Cultural and Ethical Challenges in Providing Palliative Care for Cancer Patients at the End-of-Life	The aim of the study is to find out does the ethical deference matters in providing effective palliative care	Qualitative explanatory articles	Explains the ethical issues and effective collaboration nurses among Multi-professional work team in providing palliative care.
5.	Cynthia Ellis Keeney; Barbara A(2011) Journal of health, population and Nutrition ; Volume 13, No:5	Palliative Nursing Care of the Patient With Cancer-Related Fatigue	It is an explanatory literature which covers the various things associated with cancer related fatigue.	Questionnaires and Literature review	Well written articles which clearly describe cancer related fatigue and importance of in palliative care and various factors associated with it. eg: Self-care activities, social interaction
6.	Tralongo, P., Ferrau, F., Borsellino, N., Verderame, F., Caruso, M., Giuffrida, D., . . . Gebbia, V. (2011).	Cancer patient-centered homecare, Anew model for healthcare in oncology	This article explains how the patient care is performed in nurses and patients perspectives.	Qualitative study and content analysed	Explained different approaches towards patient care In palliative home care settings.

	<p>Cancer patient-centered home care: A new model for health care in oncology. <i>Therapeutics And Clinical Risk Management</i>, 7, pp. 387-392. doi:10.2147/TCRM.S22119</p>				
7.	<p>Docherty, S. L., Thaxton, C., Allison, C., Barfield, R. C. & Tamburro, R. F. (2012). The Nursing Dimension of Providing Palliative Care to Children and Adolescents with Cancer. <i>Clinical Medicine Insights: Pediatrics</i>, 6(2012), . doi:10.4137/CMPed.S8208</p>	<p>The Nursing Dimension of Providing Palliative Care to Children and Adolescents with Cancer.</p>	<p>To find out what are the different nursing care approach on priority</p>	<p>Descriptive article</p>	<p>Described about the different treatment nursing care strategies according to achieve patients comfort</p>

8.	Vaartio-Rajalin, H. & Leino-Kilpi, H. (2011). Nurses as patient advocates in oncology care: Activities based on literature. <i>Clinical journal of oncology nursing</i> , 15(5), p. 526. doi:10.1188/11.CJON.526-532	Nurses as patient advocates in oncology care: Activities based on literature.	The aim of the article is to explain patient advocacy activities of nurses working in oncological terminal care settings.	Descriptive literature	Described the effective interaction with patients and cooperation with family in caring patients
9.	Courteau, C., Chaput, G., Musgrave, L. & Khadoury, A. (2018). Patients with advanced cancer: When, why, and how to refer to palliative care services. <i>Current oncology (Toronto, Ont.)</i> , 25(6), p. 403.	Patients with advanced cancer: When, why, and how to refer to palliative care services.	To find out the barriers, the integral factors in providing palliative care for the cancer patients	Qualitative study	Well Explained the clinical care of patients with advanced cancer and different palliative nursing approaches.

	doi:10.3747/co.25.4453				
10.	Rabow, M. W., Dahlin, C., Calton, B., Bischoff, K. & Ritchie, C. (2015). New Frontiers in Outpatient Palliative Care for Patients With Cancer. <i>Cancer control : journal of the Moffitt Cancer Center</i> , 22(4), p. 465. doi:10.1177/107327481502200412	New Frontiers in Outpatient Palliative Care for Patients With Cancer.	To find out evidence of how organizations integrates in proving quality nursing care for palliative care in advanced cancer	Qualitative literature review	Evidence of clinical and health care systems supports the recommendations of professional organizations to integrate in effective nursing care in advanced cancer palliation