



The Use of Integrative Nursing in Pain Management in Palliative Care

Systematic Literature Reviews

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Abstract

Integrative nursing is using non-pharmacological methods or techniques to relieve pain and improve health without opposing conventional medicines. This thesis is guided by the topic "The use of integrative nursing in pain management in palliative care". The aim is to raise more awareness among nurses on the importance of integrative nursing in pain management. Two research questions were raised to accomplish this aim. How can nurses support patients who use integrative nursing practices to manage chronic pain? and how can nurses improve their skills to support patients in managing pain in palliative care?

Method: This thesis was done using a qualitative systematic review process. Fifteen scientific peer-reviewed articles were gotten amongst many from the following databases (EBSCO, MEDLINE, CINAHL, and Greenfile). These articles were published by researchers from different countries and years ranging from 2016-2022. The ideas and knowledge from these articles were carefully analyzed and examined, to evaluate the use of integrative nursing practices, how nurses can support patients using integrative nursing strategies, and lastly what skills nurses will need to support patients who use integrative nursing strategies to manage pain.

Result: The result from the articles showed a positive impact of integrative nursing practices on pain management. The aspect of patient comfort was equally met as patients got the opportunity to receive care from their homes' confines. Integrative nursing emphasizes repairing the body holistically rather than just the diseased body parts as they have offered treatments to deal with stress, discomfort, and symptoms of diseases. Integrative strategies are preferred to be used on daily basis during their treatment because according to them, it relieves their symptoms of pain.

Language: English

Keywords: Holistic nursing, Integrative therapies, alternative therapies, complementary alternative medicine, (CAM) palliative care, pain, pain management

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1 Introduction

Integrative nursing is a paradigm for delivering relationship-based, person-centered whole system care that focuses on enhancing the health and welfare of caregivers and the people they serve. It is in line with what is known as the "triple goal" in the US—an initiative aimed at enhancing patient experience (quality and satisfaction), enhancing population health, and lowering the cost of treatment. Integrative nursing's guiding principles is to provide precise, lucid direction to would and influence patient care in all clinical contexts. Complementary and alternative medicine (CAM) is a medical procedure or treatment that is not part of traditional medical care. Care is viewed as complementary when used with conventional treatment and as an alternative when used in place of conventional medicine.

The most often utilized alternative therapy in the US is herbal therapy. It is applied to numerous ailments as a way of manual healing. Nursing practitioners manipulate and touch patients to promote and enhance their health. A recent government survey found that 36% of Americans over 18years regularly utilize complementary and alternative medicine (CAM). According to research, the estimated prevalence of CAM use across 32 nations and their geographical regions is 26.4%, ranging from 25.9 to 26.9%. For instance, in 2013, CAM use was 34.7% in Australia, 21.0% in the USA, 23.6% in the UK, and 53.3% in China, respectively.

According to World Health Organizations' report in 2020, an estimated 40 million people need palliative care. About 78% of these figures live in low and middle -income countries. Globally, only about 14% of palliative patients receive the needed care. Palliative care improves the quality of life of patients and their relations who are facing challenges associated with life threatening diseases. Access to adequate care is hindered by multifactor policies and regulations. Skillful health professionals and workable methods to alleviate pain are increasingly needed. This will enhance better access to palliative care for the ageing population. The burden of noncommunicable diseases and some communicable diseases is also on the increase. Most of the palliative patients are suffering from long term diseases. Some of them are cardiovascular diseases (38%), cancer 34%, chronic respiratory diseases 10.3%, AIDS 5.7% and diabetes 4.6%. Other terminal conditions like kidney failure, chronic liver failure, multiple sclerosis, Parking disease, rheumatoid arthritis, neurological disease,

dementia, congenital anomalies, and drug-resistant tuberculosis are on the increase (WHO 2020).

Palliative care is active and comprehensive care for a patient with a life limiting illness. Its goal is to relieve suffering and improve quality of life. Palliative care also involves supporting family and friends. Palliative care might be provided for years of relieving pain and other symptoms and responding to physical, social, psychological, and spiritual needs. The care is multidisciplinary. Palliative care is a human right (THL, 2020). Palliative care patients often show symptoms of difficulty in breathing and mild to severe pain close to the end of their lives. Basic palliative care helps to relieve most suffering caused by serious or life-threatening health conditions. This purpose can easily be achieved at local levels with simple inexpensive medicines and equipment. Palliative patients are entitled to care in the community or in their homes if they so desire.

Integrative nursing and holistic nursing have been in use and are rapidly gaining momentum in the present day. About one third of adults in America reportedly use it either as an ingredient like essential oils or mind and body practices. According to Zeng, Wang, Ward, & Hume (2018), “despite increasing use, many CAM therapies lack sufficient, high-quality evidence to support their use in the prevention and treatment of diverse conditions” The motivation for this study is the desire to raise more awareness among nurses. For nurses to use an approach that improves the quality of life for patients facing problems associated with life-threatening illnesses or at the end-of-life stage. It is to prevent and relieve suffering of pain through an integrative nursing approach alongside the regular pain medication for optimum wellbeing.

This study will focus on raising more awareness for the use of integrative nursing and supporting patients that use alternative medicine for pain relief. These practices include massage, using essential oils, yoga, chiropractic care, deep breathing etc. Integrative nursing combines alternative healthcare and holistic nursing approaches to address a range of health issues from chronic conditions and stress relief to improving overall health and general mood. The financial implication of traditional health care is on the increase on a global scale today and it continues to grow, the healthcare industry and policy makers are appreciating alternative nursing care to help relieve pain. The government and health institutions have begun to see the value of focusing on disease prevention. Wellness practices and healthy behaviors continue to be promoted as important parts of self-care.

2 Background

The nursing profession is naturally a caring system that demands individuality, flexibility, and firmness in making critical decisions relating to individual patients, family, and or community's well-being. Nurses occupy a vintage position that encourages them to influence lives directly. This facilitates mutual interactive communication towards better development. The humane and integrated approach ensures confidence and competence of science of biomedical knowledge in the practice of integrative nursing." Nurses have a unique ability to apply their observational skills to understand the role of the designed environment to enable healing in their patients" (Zborowsky, 2014).

The use of complementary medicine in pain management has been popular in certain Asian cultures and countries such as the USA, and Finland. However not many people have been introduced to this form of treatment therefore there is still a need for more knowledge and information on this topic, hence the purpose of this thesis. Since medications sometimes have side effects, this thesis would also look at the possibility of using alternative nursing to achieve the goal of pain management while reducing the possibility of side effects.

2.1 Integrative nursing- theory and definition of integrative nursing

"Integrative" Means bringing together different entities or combining two or more things to form an effective unit or system. Integrative nursing is the different ways that nurses employed in ensuring total or holistic care for the patients, all forms of nursing intervention apart from administration of medications. Holistic care as the mainframe of nursing profession means that nurses approach patient care with all acceptable nursing methods to provide care and relief pain in sicknesses and diseases. "There is considerable overlap between holistic nursing and integrative nursing. Holistic describes "whole person care" often acknowledging body–mind–spirit. Holistic nursing defines a disciplinary practice specialty. The term *integrative* refers to practice that includes two or more disciplines or distinct approaches to care. Both terms, *integrative* and *holistic*, are associated with alternative/complementary modalities and have similar philosophical and/or theoretical underpinnings" (Frisch & Rabinowitsch, 2019).

Integrative care often incorporates sharing the responsibility in coordinating the best possible treatment plan for a client, including the client's choices for care and the provider's expertise. Homeopathy is based on the belief in supporting the body while the symptoms are allowed to "run their course".

Integrative nursing is a way of being, acting, and knowing that promotes a holistic health approach to maximizing welfare. Integrative nurses use evidence-informed practices to promote complete person system.

2.1.1 Concept and principle of integrative nursing

The concepts of nursing generally include care, caring, humans, adaptation, health, body, soul, spirit, and the environment. Integrative nursing is caring for the wholeness of the whole man in his natural being. Integrative nurses care for the whole man using his natural environment as the basic resource. This study is looking at integrative nursing as a combination of using activities and the environment to help the patients achieve optimal health. A collection of soundness for the body, soul, and spirit. In his article Mariano, (2007) stated that holistic nursing has five core values, and practice standards. The values include holistic philosophy, theory, and ethics; holistic caring process; holistic communication and the practice standards includes therapeutic environment, and cultural diversity; holistic education and research; and holistic nurse self-care".

2.1.2 Practice and management of integrative nursing (different therapies)

Complementary and alternative medicine (CAM) is a form of treatment that encompasses several treatment methods. This treatment method makes use of traditional substances, such as herbs and other techniques which are not included in western medicine (National Center for Complementary and Alternative Medicine, 2009). According to National Cancer Institute USA, 2009, medical personnel and other healthcare workers use substances like drugs, procedures such as radiation and surgery to treat symptoms of diseases. Therefore, CAM serves as an umbrella that covers all other forms of treatment that are not necessarily practiced by medical personnel in their scope of practice.

The term alternative medicine may be different from complementary medicine because they are used to point out therapies that are used solely on their own as a replacement to conventional medicine. Meanwhile, integrative medicine (complementary medicine) is the

combined use of both western medicines plus alternative medicine. An example of such a combination is the use of acupuncture to manage pain (NCCAM, 2009). CAM can be classified based on its various uses and how it affects health.

Mind and body

Focuses on the strength of thoughts and emotion, breathing and body movements to produce positive health benefits. Some examples of this therapy are Yoga, meditation, hypnosis, tai chi, hobbies like dance, art, and music (National Cancer Institute, 2022).

Nutrition

This is the use of herbs and other food supplements, for example vitamins. These types of therapies do not need specific guidance like prescription, or any form of approval from the food and drug administration (FDA) (National Cancer Institute, 2022).

There exists a wide range of complementary therapies, some are well appreciated and known in certain communities while others are not.

Aromatherapy: This is the use of essential oils with great flavor during showers. It helps to calm the nerves. It is most used in massaging.

Acupuncture: This is used of sharp objects like a needle to penetrate the acupuncture point in the body.

Massage therapy: Is done by rubbing and applying pressure gently on the body to relieve pain which can be physical or even emotional.

Reflexology: This is the exertion of pressure on specific areas on the body. Some of the places on the body where reflexology is often done are the soles beneath the feet, and hands.

Spiritual healing: Spiritual healing is very important in the sense that it not only treats their physical body, but it has an impact on the body mind and soul.

Hypnotherapy: This is a non-medicinal pain relief method that is seen used for certain pain like arthritis. The hypnotherapy method helps by assisting the patient to manage the fear and anxiety resulting from the pain (Arthritis Foundation, 2020).

2.1.3 Integrative nursing optimal healing environment

The environment plays an important role in the healing process of a sick person. As integrative nurses, ensuring an atmosphere of peace and serenity is paramount in the role to be played. An optimal healing environment produces a unity of mind, body, and spirit to support the desired expectation of healing. Mindfully using our resources to positively impact human and planetary health is central to ecological resilience. Sakallaris, Macallister,

Voss, Smith, Jonas (2015) in his article stated that the term Optimal Healing Environment (OHE) is a healthcare system that is designed to stimulate and support the inherent healing capacity of patients, families, and their care providers. The focus of integrative nursing is to use all available means of comfort to ensure relief or healing for their patient. (OHE)

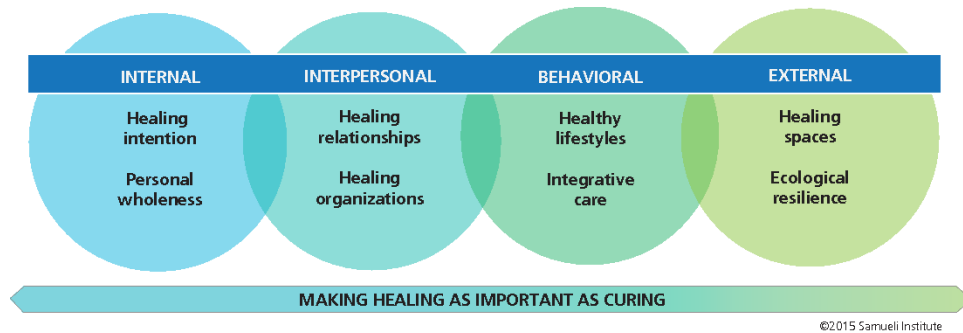


Fig 1. Optimal Healing Environment

2.1.4 Integrative nurse practitioner and coaching

Moore, Avino, and McElligott, (2022) opined that TINC is a well-constructed mid-range theory in the discipline of nursing. Within the domain of holistic nursing, it is focused on the goal of healing the whole person, synthesizing a large amount of theoretical material related to the concept of healing and placing it within the context of nursing as a discipline. Integrative Nurse Coaching is a comprehensive, holistic type of nursing that combines traditional nursing practice with lifestyle medicine and guided coaching to help patients achieve their health goals in a sustainable way. An Integrative Nurse Coach doesn't fight disease; we promote health by helping our clients take personal responsibility for the day-to-day choices that greatly impact their overall health and well-being. In this role, you can help your patients take control of their health, using lifestyle habits like exercise and mindfulness to prevent serious illness and improve health on a completely different level. According to the CDC, 86% of our nation's 2.7 trillion-dollar annual healthcare expenditure goes directly toward managing chronic illness and mental health conditions. But more than 80% of chronic diseases and mental health issues in the US are highly preventable and often (and in some cases completely) reversible. So, what the hell are we doing spending so much time, money, and energy on reactive care? And more importantly, what would happen if we stopped putting all our efforts into fighting the bad and start promoting the good? The result would be a country of physically, mentally, and emotionally healthy people.

Integrative Health Coaches can make that dream a reality by helping patients live healthier lives and preventing serious illness before it even develops.

2.2 Concept of Pain

According to Ferrell, McGuire, & Donovan, (1993), Between 50% and 80% of cancer patients report some pain level, which negatively influences their overall quality of life. According to studies, nurses and other healthcare workers are ill-equipped to treat patients who are in pain. Inadequacies in nursing and medical education, a lack of curriculum content on pain treatment, and faculty attitudes and beliefs on pain are some of the causes that have been noted. Suffering from pain is not only cancer related even though it is mostly addressed as palliative pain also results from an another disease, but angina pain is focusing on pain as on pain as a concept in nursing care and how using integrative nursing can also such as arthritic pain, angina pain is focusing on pain as on pain as a concept in nursing care and how using integrative nursing can help patients to experience deep relief from their pain using a concept the various techniques.

Definition of pain “Total Pain”

Pain is a discomforting feeling that often indicates that something is wrong in the body. Pain can be expressed in different ways, depending on its causes and where it is in the body. Pain can be described as either sharp, blunt, confined to a specific area of the body or covering a large area on the body (National Library of Medicine, 2018). Pain originates from the information signals that are sent through sensory stimulations, and they are interpreted by the brain. Pain intensity is determined mainly by how tolerant the patient is to pain.

2.2.1 Classification of pain

Pain is categorized in two main groups; these are chronic and or acute pain. Palliative patients tend to experience more chronic pain than acute pain. Acute pain usually appears abruptly, and it could be due to trauma on that affected area or

even because of the presence of a disease. This type of pain usually does not last long, and its source can be easily determined and treated. If acute pain is not handled properly at the early stage, it could aggravate into chronic pain. Chronic Pain is the direct opposite as it can be experienced for a longer period and denotes more serious conditions which if not handled, might be fatal or lead to death.

Furthermore, not all pain is curable, but it can be managed with the help of medications and other complementary methods such as acupuncture. Pain, a persistent problem in critically ill patients, adversely affects outcomes. Despite recommendations, no evidence-based non-pharmacological approaches for pain treatment in critically ill patients have been developed (National Library of Medicine, 2018).

2.2.2 Pain screening and assessment

Pain Screening is the collection of vital signs or baseline data on admission which also continues throughout hospital stay. This is done to measure and determine the progress of treatment and patient response to the treatment. The screening is determined by unit specific guidelines of care and individual patient need. Pain assessment will be performed continuously in the care line if the ongoing pain screening indicates pain. Pain screening helps to capture mental health concerns like anxiety, panic attack and depression to mention a few which may be hidden. Pain screening can “determine the tone of the examination and initiate communication about pain. It can facilitate a patient’s recall and reflection of pain. It is helpful in identifying under-reported psychological pain, mental distress, and suicidality. Giannitrapani, et al (2020).

Pain can be assessed mainly in two ways. Firstly, by following the patient's description concerning how he/she feels pain. Secondly pain can be assessed from the nurse’s perspective, using the pain assessment chart or tool as a guide. Pain assessment is very essential because it gives a pathway on how treatment or management of the pain would be done. This therefore means that if pain is not properly diagnosed, it will be quite hard to relieve it (Raja et al., 2021).

MODERATE

UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

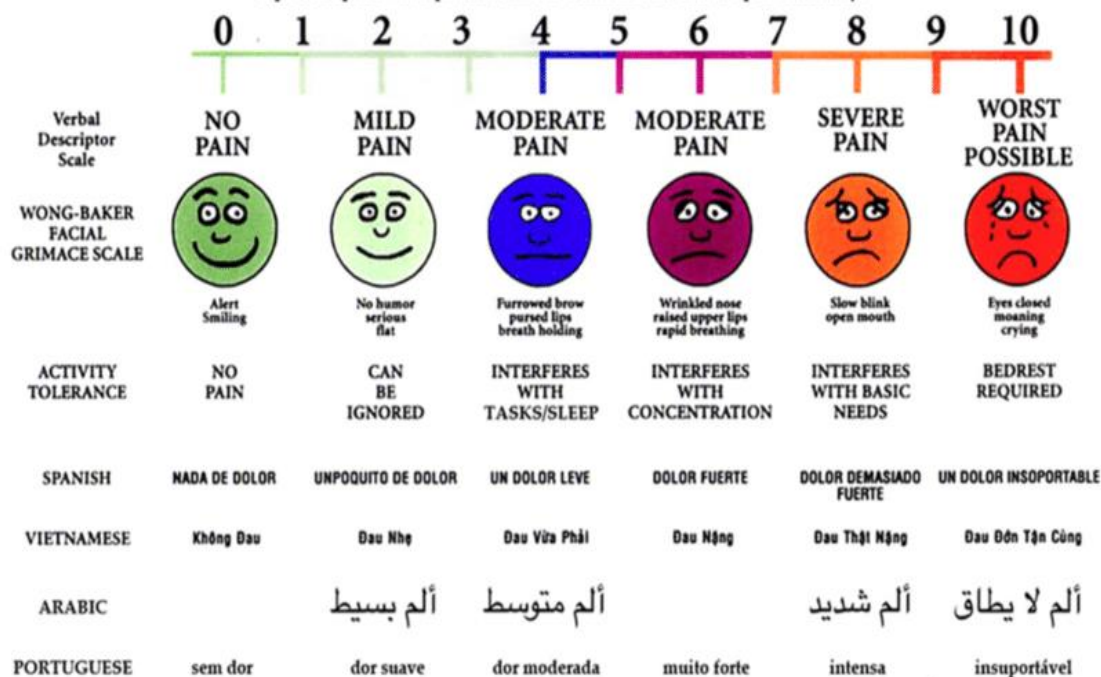


Figure 1: Pain assessment tool (Giorgi, Linda, den, Giorgi, Marina, Luc, 2016).

PQRST Pain Assessment Method

Pain is a subjective concept and verbal report of the sufferer is the first assessment of the pain which is so golden but not scientific enough to get to the root of the pain. The PQRST method is very helpful to accurately describe and document the pain of the patient. It will also help in the choice of nursing diagnosis and intervention to evaluate the outcome. It helps the patients to report the pain in a more comprehensible manner. Management and quality control of pain is better handled by pain assessment module of the intelligent triage system which is completed by clinical nurses using the PQRST content. The triage category is assessed automatically by the computer system using the pain score. The nurse can determine and prioritize the urgency of care “the application of the pain quality control management mode of emergency pre-examination triage unifies the standards of emergency pre-examination triage pain, standardized the pain assessment and improves the level of emergency pre-examination triage pain management”. Wang, Song, Bai, Huang, Shi, and Pan, (2020).

2.2.3 Goal of pain assessment

According to Tappe-Theodor, King, and Morgan (2019). The goal of pain research is to improve treatments to lessen suffering and regain function in people with chronic pain. To capture the individual's pain experience in a standardized way. This can be done with the help of pain scales, having a range from 0 to 10. The value 0 indicates no pain, 1 indicates mild pain, and 10 for very severe or unbearable pain. It will help to determine type of pain and possible etiology. Pain can be classified into different types, depending on the cause and location of the pain in the body. Pain assessment determines the effect and impact the pain experience has on the individual and their ability to function. The impact of pain varies from one individual to another, as some people have less or more pain threshold compared to others.

The treatment plan of pain management depends on the severity and type of pain the patient suffers and the type of prescription the physician will give. Pain assessment aids the communication flow between interdisciplinary team members such as between the nurse and the doctor. Transfer of information from to doctor can be correctly relayed, for example using tangible evidence like the result of pain scales assessment.

2.2.4 Importance of nursing care plan for pain management

For an integrative nurse, the patient's wellness is primarily achieved by emphasizing non-pharmacological pain management techniques such distraction, visualization, relaxation, massage, and the administration of heat and cold. Cognitive-behavioral techniques can help patients regain their sense of self-control, self-efficacy, and active involvement in their own care. Care plans are essential to a patient's recovery. They assist them in developing and enacting a sound action plan by clearly defining the rules and the nurse's role in patient care. This enables nurses to focus on the patient's needs while not skipping any crucial pain management procedures.

2.3 Palliative care

Palliative care is the care given to patients suffering from chronic pain from any kind of pain or someone suffering from the pain of nearing the end of life. Wallerstedt, Benzein, Schildmeijer & Sandgren, (2019) opined that even with more awareness and understanding in the healthcare sector about "palliative care" today, there is still uncertainty on how to describe the term and put it into practice.

2.3.1 Concept of total pain in palliative care

As have been discussed, pain is that uncomfortable feeling that makes life an ‘unbearable experience ‘making the sufferer to be in and out of clinics and hospitals such that activities of daily living become a burden. Palliative care covers the treatment of pain for people who are suffering from terminal or debilitating diseases. Pain in palliative care is frequently caused by neurological compression and infiltration, bone metastases, blockages, and soft tissue infiltration, especially in malignant conditions. Approximately 70–90% of patients experience chronic pain during the palliative period.

2.3.2 Palliative patient assessment

The foundation of the palliative assessment should be based on openness to the patient and a willingness to acknowledge their pain. It helps to have good communication abilities. It is more helpful to use open-ended questions and pay close attention to responses after questions are presented while focusing on assessing symptoms and burdens. Okon & Christensen (2021), stated that verbalization and speaking in the patient's language and at their level of understanding, utilizing compassionate comments and examining the response's cognitive and emotional connotations all help with this process. Recognizing and validating the person's views and concerns demonstrates respect, promotes greater feelings of dignity, and may lower anxiety and depression rates in patients and their relatives.

2.3.3 Palliative care and treatment

This is care that is given especially to people suffering from severe illnesses or are at the dying stage, for example, heart failure and cancer patients. The focus of this care is to alleviate the symptoms of sickness and improve comfortability and well-being. Palliative care is provided by a health specialist, and it is determined by the patient's specific symptoms (Ingleton & Larkin, 2015, P. 3). According to the Finnish institute for health and welfare (THL, 2021) (Finnish institute for health and welfare, 2021), Palliative care is often best given at the patient’s home. This is because the home environment is familiar and that provides peace and comfortability to them as they can spend more time with family members. Palliative care doesn’t end at death, but it also considers the quality and respectful health care.

Dame Cicely Saunders defined the concept of total pain as the suffering that encompasses all a person's physical, psychological, social, spiritual, and practical struggles. The palliative model of care is based upon the concept of "total pain," which acknowledges that patients with serious and life-limiting illness suffer because of physical, emotional, social and spiritual sources of pain and suffering. Pain and suffering are related, but not necessarily the same. The diagnosis of a life-threatening illness opens a door of awareness and concern for both the patients and the care team. The sudden realizations of limitations and restrictions brought about by sickness for once the door of mortality is opened, the good life will never be quite the same again.

Palliative Treatment is given to help relieve the symptoms and reduce the suffering caused by cancer or other life-threatening diseases. Palliative therapy may help a person feel more comfortable, but it does not treat or cure the disease. Having palliative care doesn't necessarily mean death sentence, some people have palliative care for years. Palliative care can be helpful at any stage of illness and is best provided soon after a person is diagnosed. In addition to improving quality of life and helping with symptoms, palliative care can help patients understand their choices for medical treatment.

2.3.4 Palliative care unit and performance scale

The Palliative Performance Scale (PPS) is a useful tool for measuring the progressive decline of a palliative resident. It has five functional dimensions: ambulation, activity level and evidence of disease, self-care, oral in-take, and level of consciousness. The following questions help in determining the direction of treatment options: - How ambulatory is this patient? What is the patient's daily level of activity? How much self-care assistance does this patient require? How much oral intake does this patient have? What is this patient's level of consciousness? Your best guess of median survival in days. A study stated that “the PPS can be used in predicting survival time for home-based palliative care patients (Cai, Guerriere, Zhao, & Coyte, 2018).

2.3.5 Palliative care and nursing role using integrative nursing strategies

Dignity and hope are the two anchor strategies that nurses can employ in palliative care to alleviate pain and provide comfort. An integrated palliative approach to care focuses on meeting a person's and family's full range of needs – physical, psychosocial, and spiritual –

at all stages of a life-limiting illness, not just at the end of life. This includes physical, psychosocial, and spiritual care along with usual medical care.

3 Research Aim

The aim of this study is to raise more awareness among nurses on the use of integrative nursing care amongst patients suffering from chronic pain.

3.1 Research Questions

How can nurses support patients who use different forms of integrative nursing strategies to relief pain?

How can nurses become more skillful in the use of integrative nursing strategies for pain relief in patients suffering from chronic pain?

4 Theoretical Framework

Theoretical framework, being the specific theory that holds or matches with the context of any research has one of the vital roles in any research work. Amongst all the various nursing theories available, the two most suitable theories that resonated with our research were those of Katherine Kolcaba theory of comfort and Dorothea Orem's theory of self-care. This is because the two above mentioned theories focus on throwing more light to our research topic and aim.

4.1 Katherine Kolcaba theory of Comfort

The word comfort according to Katherine Kolcaba is the instant effect that is experienced by the person who is receiving care or comfort interventions, and these creates an inner strength as the receiver's needs of care are being met. Katherine Kolcaba made use of the ideas about environmental, physical, social, and psychosocial care to birth forth 3 types of comfort. These are (Relief, Ease and Transcendence). She also gathered knowledge and ideas from other earlier theories to formulate this theory (Kolcaba, 2003).

Relief: This describes the current state of a person whose care need has been met.

Ease: Explains how calm and satisfied the patient is after receiving care. 14 foundational functions that humans need to maintain, when care is given.

Transcendence: Idea of transcendence came from Paterson and Zderad. The idea pointed out that the ability of patients to overcome their difficulties is greatly influenced by the assistance nurses have to offer (Katherine Kolcaba, 2014, p.544).

Comfort can be seen in four ways.

- a) Physical; Relating to the sensations and feelings on the body. For example, the use of soft pillows to support patient, proper position by turning patient regularly, the use of pressure beds helps to provide adequate comfort for the patient, preventing the formation of sore which if formed, could be potential source of additional pain to the patient.
- b) Social; This refers to the interactions between persons, their family members, friends, or other people within their social circle.

- c) Environmental: It is the external conditions and surroundings that might influence the quality of life.
- d) Psychospiritual: This is the ability to be aware of one's-self. This might also be self-esteem and sexuality (Katherine Kolcaba, 2014, p. 545).

The taxonomical structure of comfort is a 12-celled grid that was derived from experiences and the different types of comfort. The essence of this grid was to assist nurses to plan and design measures for the intervention, improvement of patient comfort, and that of their family members and to measure the end results of this intervention, in order to confirm it reliable enough to be used in practice and other research.

In a nutshell, pain management and the comfort theory merge perfectly with each other. Using the concept of this theory, patients' pain can be properly assessed and managed (Craig, 2014). This theory having patient comfort as the main goal, therefore confirms its relevance to our study as it points out the relief of pain under the section of physical comfort. This also attests to the fact that ensuring pain relief is also a way of providing comfort to the patient.

Furthermore, different stages of pain management can be seen with the taxonomical structure of comfort- relief; that is the use of analgesics, ease; for example, patient education, use of non-pharmacological methods in the management of pain and transcendence, that has to do with helping the patients to overcome their pain and to live beyond it.

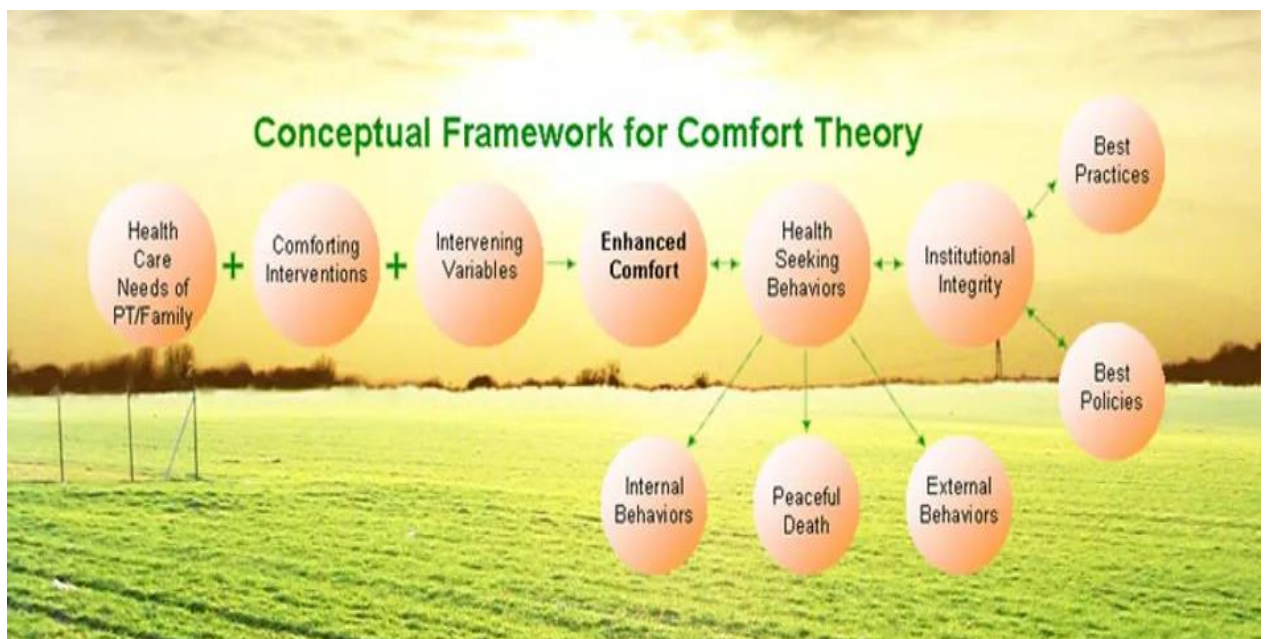


Fig. 3 *Conceptual framework for the theory of Comfort.* (© 1997 - 2021 by [Kathy Kolcaba](#) and [April Bice-Braswell](#) (associate) from www.thecomfortline.com)

4.2 Dorothea Orem Theory of Self-Care

Dorothea Orem's theory of self-care was also chosen because it relates with our thesis question "how can nurses support patients who are using integrative nursing practices to manage pain".

Self-care is the act of an individual to perform certain activities that directly affect their life and overall health. Examples of such activities could be exercising like walking, spiritual activities like praying, meditation, and mindfulness, mind improvement activities like reading a newspaper or books.

In her theory, Dorothea Orem mentioned the fact that patients have a role to play in improving their own well-being by taking care of themselves. This means that the nurse takes responsibility of patient care only in a situation where the patient can no longer take care of him or herself. Due to the fact that humans have the natural ability to take care of themselves, it is worthwhile encouraging them to do so. However, there are certain self-care deficits that come in to play when the need for self-care is greater than the patient's ability. Hence the nurses must identify these deficits and seek to provide remedy to them.

To achieve the goal of self-care, nurses have to apply 5 action stages that enable the patients to develop self-care independence. Firstly, showing positive example by acting for them, secondly by providing guidance and education, supporting the clients to practice the knowledge gotten from the education and lastly providing an environment which promotes growth and development (Orem, 2001).

Orem's Self-Care Theory Conceptual Framework



Fig. 4 Conceptual framework for Dorothea Orem theory of Self-Care (March 5,2021.)

5 Methodology

The method that was used in this thesis was a qualitative study, that made use of a Systematic Literature Review. It is a proven chain of steps that must be followed when conducting certain research types. Based on our thesis topic this method was found suitable, to bring about the desired results. Data collection was done by using special inclusion and exclusion criteria which will be later discoursed below in more details.

Research design- systematic literature reviews

The findings derive from a systematic literature review tends to be more relevant and valid compared to just a single study in that the systematic review makes use of or incorporated a variety of literatures and ideas making it of greater strength, transferable and can be used in more a generalized scale and it provides the possibility to exclude biases (Gray, Grove, & Sutherland, 2017).

This is a review that is done in a systematic manner to critically analyze searched information from books, play or articles and analytically reduce them through inclusion and exclusion criteria to obtain an appraisal that can justify the purpose for which it is intended according to a predetermined and explicit method. It is a collage of empirical evidence that accommodates predetermined eligibility criteria to provide solutions to research questions to make conclusions. Its importance cannot be overemphasized as it helps the research field in a lot of ways such as reduction in the impact of bias/errors and help to end confusion. Highlight where there is not sufficient evidence and lead to new knowledge from past or existing studies.

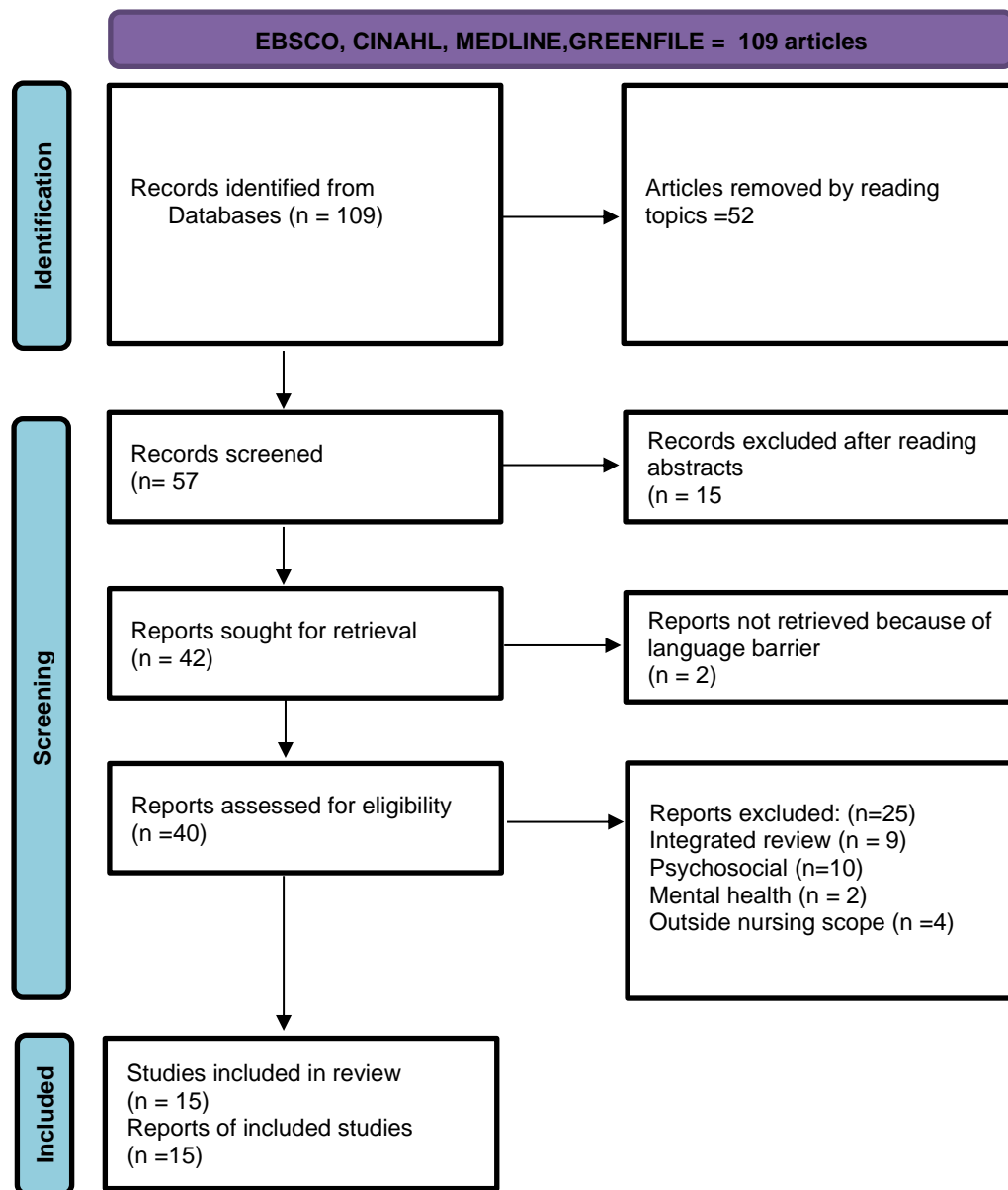
Inclusion criteria:

Inclusion criteria are all the aspects or features that must be included for an article or population to be considered as relevant and usable for the research. Inclusion criteria also provided the possibility to filter out only the articles that have the same or similar context to that of the research question or topic from articles that do not (Aveyard, 2014, p. 71). In this thesis, we made use of scientific articles, and the inclusion criteria was that the articles were to be scientific peer reviewed, available for free access and in full text, in English language, had context relating to integrative nursing, pain and pain management, palliative care. Articles published between the year 2016 to 2022.

Exclusion Criteria:

The exclusion criteria were used for the articles whose context didn't correlate with the study topic, were written in another language other than the English language, articles that were published from 2015 and earlier, articles that were non- academic or non-scientific were also excluded.

Prisma flow chart of the articles



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: <http://www.prisma-statement.org/>

5.1 Data collection

A systematic review was conducted and reported in accordance with **the PRISMA** statement. Ebsco, MEDLINE, CINAHL, and the Greenfile databases were searched. The study used search string to get articles for analysis from four databases Ebsco, CINAHL, Medline, Greenfile. The study used the Boolean word AND, OR to generate needed articles from the different databases. (Polit & Beck, 2010, p. 339). The study faced a lot of challenges before the articles were found. Using the direct keywords from the topic did not get any articles for the study. The search string of “integrative nursing” AND “pain management” AND “palliative care” was used with the search result of zero (0). This was done several times but only two times were recorded.

Another search string that was used was “alternative therapy OR complimentary OR holistic therapy AND pain management OR pain relief OR pain control OR pain reduction OR managing pain OR analgesia AND palliative care OR end of life care OR terminal care OR hospice care” the search result answered, “no articles was found” The study tried some other search string with no positive results.

Eventually, the study tried another search strings which are (alternative therapies OR integrative care AND pain management AND palliative care.) At different times but only two times were recorded. The first time 39 articles were found, and the second time 70 articles were found from the databases. A total of 109 articles were selected altogether.

5.2 Data analysis

This chapter deals with the analysis of the article used for this study. The selected articles were further subjected to eligibility criteria using the general systematic review quality criteria as shown in appendix iv and they were found to perform comprehensive and reproducible reports. The articles formulate a clearly focused question, and the primary data and intervention used were also reported. In addition, the articles stated how they arrived at the results and ten of the articles added information on the clinical implications of the studies. The analysis of the article is presented in tabular form and charts in appendix.

The journal of publication

Altogether are fifteen articles as seen in appendix. Oncology nursing journal has the highest number of articles with 60% while the rest six journals have 6.7% each. This is because of the difficulty experienced during the search process. The keyword inclusion of integrative nursing gave limited access to major databases. It was only with the use of CAM and alternative therapies that the search got more hits. This goes further to confirm that not much work has been done on integrative nursing. This study is of the opinion that there should be more journals with a special focus on integrative nursing for more awareness or feasibility.

Geographical distribution by country

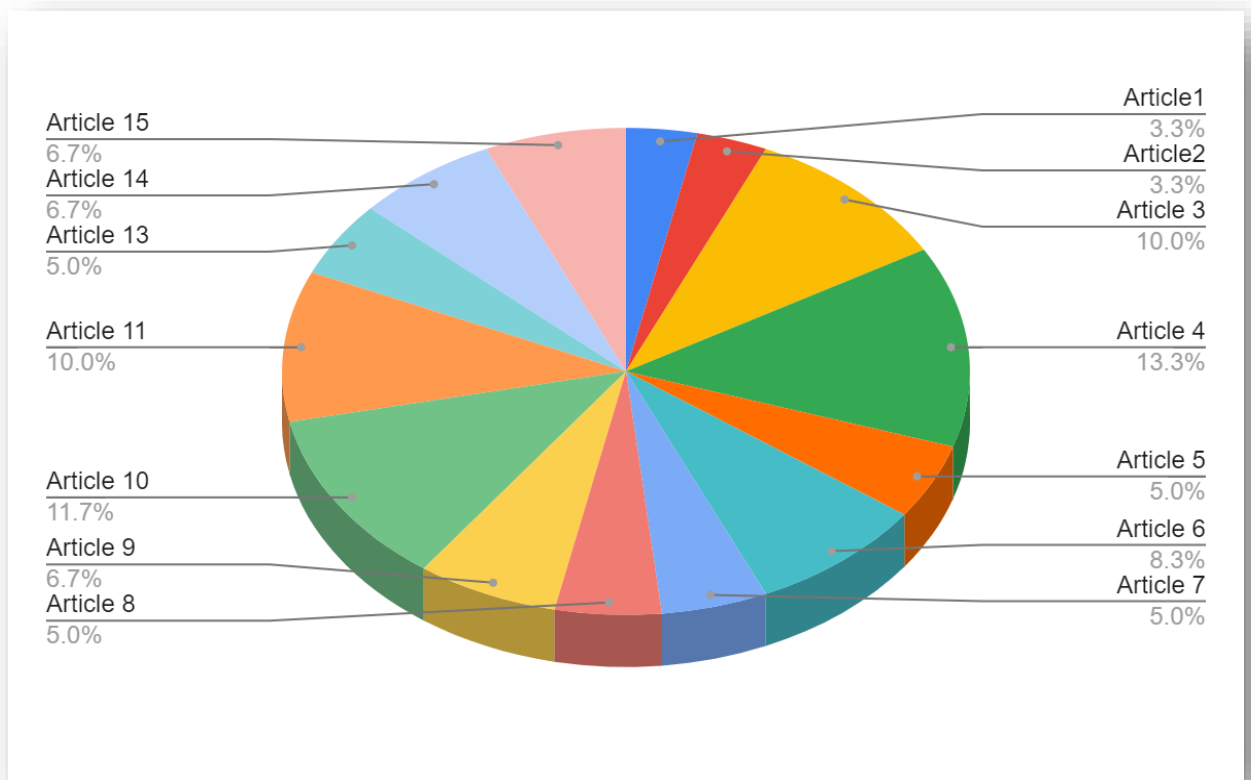
Geographically, not much work has been done in many countries, meaning there is a global challenge in using integrative nursing care for patients suffering from chronic pain. According to the results, the USA is the leading country discussing integrative nursing care, followed by two countries in Europe, Netherlands, and Denmark. Two countries from Asia, Turkey, and Taiwan were also represented, while Australia was represented by one article. Africa was not represented at all. This knowledge gap is huge which makes an awareness program a necessity. Hove, Hazelton, Santangelo & Wilson, (2022) noted that the provision of proper integrative models of care within health services needs to be revised. Future studies are required to understand nurses' perceptions of and factors affecting their participation in integrated care.

Duration of study

The reviewed articles evidenced different periods of study. From a few days to weeks and months to years. This allows for varied and flexible observation and narrative. The results showed that the length of time during which each article was done allowed the authors to have both objective and subjective views of their research. The longest period is depicted with the highest percentage while the shortest period is the lowest.

Authors collaboration

All the articles had a good collaborative network as shown in the chart in the appendix iii. but article 4 had the highest number of authorship due to the large population they have, the article dealt with 222 nurses. Jongerden, et al (2019) has the highest number of collaborations of 8 which is 13.7% of the entire study. This is followed by article 6 and 10 which is 11.7% respectively.



Data collection

The articles collected data through different means such as interviews, questionnaires, online surveys, field observation, and linear analysis. Of the fifteen articles, an interview has the highest percentage of 26.67%, while other collection methods have only one article with a percentage of 7.69%.

Study population

The articles evidenced various levels of society, including working age, retired, veteran, students, and nurses. This makes the study a well-rounded representation. In addition,

different stages of disease and pain were reported by the various sample for example mild, medium, and advanced stages of the disease. Hain, Suragarn, & Bejar, (2019) reported that the patient was at the end stage of renal cancer. On the other hand, Jongerden, et al (2019) reported working with adults with incurable cancer. The population also stated different quantity, Hain, Suragarn, & Bejar, (2019) reported one digit population, Dose, et al (2017) with Cheng-Yi, Huang, Ya-huei, and Wang (2020) research reported a two-digit population while Jongerden, et al (2019) and Fletcher, (2016) both reported three-digit population respectively.

Type of Research

Methodology and research design is an important part of medical investigation. In all the fifteen articles reviewed, qualitative methodology was predominant. This is so good for us because our study is also qualitative. Ten out of fifteen articles employed qualitative methodology. Some of the authors use qualitative methodology because it is convenient to understand participant attitudes, to generate content, to garner specific insight and be cost-effective. Further, it paves the way for flexibility and incorporate human experience into medical phenomenon. On the other hand, two authors out of fifteen utilized mixed method to balance the deficiencies between qualitative and quantitative methods, while two other authors used field observation.

6 Ethical considerations for the study

Research ethics is the guidelines for responsible and conscientious conduct of research, it instructs and monitors researchers to ensure a high ethical standard in the field of research. Ethics in research refers to the guidelines that must be adhered to in the process of conducting research. It outlines the difference between right and wrong behaviors (John Dewey, 2016). Following the ethical principles helps to achieve the research purpose, which is to provide truthful and reliable information which can also be verified and tested. This research ensured that all scientific articles, and literature that were used, were properly verified and cited. Accreditation were given to all the scientists and researchers whose knowledge was used in this research (Polit & Beck, 2010, p. 512).

In this study, the common forms of search biases were strictly avoided, biases such as database bias, language bias, familiarity bias, citation bias and multiple publication bias. Care has also been taken to be cautious not to plagiarize, copyright rules were observed. Some of the guidelines that will be observed in the study are honesty and transparency in data reporting and result analysis. The data, method and procedure were well represented. Sincerity and consistency will be observed as we carefully and critically examine the study to be carried out. All activities are well documented, and confidentiality well maintained, according to the guidelines given by the Finnish Advisory Board on Research Integrity (TENK). Moreover, the ethical consideration of this thesis made sure to follow the research guidelines of Novia University of Applied Science (our educational institution), which stated that.

7 Result

In this chapter, the findings of this study will be described and discussed in more detail. The collected data consists of 15 searched articles from reputable databases, and the inclusion and exclusion criteria have been discussed under data collection (see chapter 3 above). It has been synthesized and critically evaluated as explained under data analysis with the use of tables and chart listed in the appendix pages. The articles that were used for this review were critically analyzed and they were found to perform comprehensive and reproducible reports, the articles also formulate a clearly focused question, and the primary data and intervention used were also reported. In addition, the articles stated how they arrived at the results and ten of the articles added information on the clinical implications of the studies.

The issues arising from the analysis of the results are themed benefits/ usefulness of integrative nursing, Patient use of integrative nursing therapies, Patients' satisfaction with integrative nursing strategies, Nurses' awareness and use of integrative nursing therapies, Nurses' education, and usefulness of care plan tools in using integrative strategies, and the challenges facing integrative nursing.

7.1 Benefits/usefulness of integrative nursing

Integrative nursing focuses on the well-being of the patients and boosts the level of care delivered. It is non-invasive and cost-effective. It reduces the signs of mental health issues, including depression, and strives to increase efficiency, enhance the patient experience, and maximize the value of health service systems. Some of the searched articles emphasized this fact, as the excerpts below show: -

Guner & Kututurkan (2020) said that it was discovered that most patients had an upsetting type of pain and that the techniques they most frequently employed were "restricting mobility and self-persuasion."

Dose et al. (2017) observed that nearly all the patients agreed that the method of life plan was valuable, that they would like to go through it again, that their expectations were fulfilled or surpassed, that they would suggest it to others, and that the timing was ideal.

Stonelake-French et al. (2018) argued that exerting control and accepting aid were two categories of strategies employed by patients to handle distress. The quality of life and interactions with care teams were essential tactics. Healthcare practitioners should pay

attention because there is little knowledge about the suffering experienced by hospitalized persons with cancer. The study's findings have significance for improving patient care and addressing psychosocial care standards and nationally specified psychosocial care objectives.

Brant, et al (2019) stated that cancer patients thought care plans were helpful because they enhanced team communication, made it easier to locate necessary resources, and helped patients manage symptoms. The platform's capacity to customize patient suggestions received the greatest provider satisfaction. Interviews revealed that cancer patients utilized their care plans as a resource, preferred delivery at the start of treatment, and valued information to manage symptoms.

Chan, Yates, and McCarthy (2016) argued that cancer patients, especially those with advanced disease, nevertheless desire it and can use a variety of behaviors to manage their fatigue. Interventions for self-management with the goal of boosting self-efficacy and addressing any accompanying depressed symptoms may lessen the degree of exhaustion.

According to Hain, Suragarn, and Bejar (2019), providing palliative care may be the most effective technique to lessen the patient's pain and suffering.

C. Fletcher (2016) mentioned that the study respondents were pleased with complementary integrative nursing or complementary integrative health. They chose it over other common drugs, such as opioids, for treatment.

Patient use of integrative nursing therapies

According to the reports, many patients found comfort in the use of one integrative therapy or the other as quoted here

Guner, & Kutlurkan, (2020) reported that “the practice they used the most frequently was “restricting movement and self-persuasion.” It was said that 54% of the patients felt pain in their torso, 28% had fatiguing pain and 54% stated that they felt pain inside (deep in the body). 64% described their pain as a disturbing sense, while 48% said their pain was intermittent.

Stonelake-French, et al (2018) observed that strategies used by patients to manage distress were categorized as taking charge and embracing help. Helpful strategies were related to the quality of life and relationships with care teams.

Dose, et al (2017) noted that almost all the patients felt it was worthwhile, would do it again, had their expectations met or exceeded, would recommend it to others, and said the timing was just right.

Patients' satisfaction with integrative nursing strategies

de Veer,et al (2020) stated that 85% of patients were satisfied with the assessment of their needs and the advice received. They valued nurses' expertise and the assistance provided in their homes. In addition, this intervention can be used for encouraging self-management by patients with incurable cancer. Additional refinement and tailoring are desirable. Offering the intervention as early in the palliative phase as possible is recommended.

Nurses' awareness and use of integrative nursing therapies

Stonelake-French et al (2018) said that understanding of distress in hospitalized adults with cancer is limited, which warrants the attention of healthcare professionals. Study results have implications to enhance patient care and address nationally established psychosocial care objectives and NCCN distress screening standards.

Peeters, et al (2018) stated nurses must provide self-management support that meets people's integral needs inherent in living with the consequences of head and neck, particularly in the initial post-treatment period. Practical interventions could be useful.

Jongerden, et al (2019) reported that Nurses felt confident about their self-efficacy, particularly in assessing patients' knowledge and beliefs and in advising about their disease and health status. Nurses felt less confident in their performance, particularly in the use of technology (arranging follow-up care), but also in agreeing on collaborative goals and assisting patients in achieving these goals. Compared to hospital nurses, community nurses reported significantly higher scores on self-efficacy and performance.

Nurses' education, and usefulness of care plan tools in using integrative strategies

In response to research questions of the study, which stated that "how can nurses support patient's use of integrative nursing therapies to relieve chronic pain, the results of the articles stated that nurses can improve knowledge using computerized cancer care plan.

Kessler, Monsen, Lu, and Kreitzer, (2020) reported that validated integrative nursing guidelines provide support for clinical decision-making and person-centered care.

Peeters, et (2018) nurses must provide self-management support that meets people's integral needs inherent in living with the consequences of head and neck cancers, particularly in the initial post-treatment period. Practical interventions could be useful.

Bryant, et al (2017) stated that nurses should also be responsible for assisting patients with physical function activities to increase mobility and enhance overall health-related quality of life.

Cheng-Yi, Huang, Ya-huei, and Wang (2020) research results showed that nursing students who received integrative training that combined team-based problem-based learning with emergency-care scenario simulation had stronger mastery over core nursing competencies.

7.2 The challenges facing integrative nursing.

According to the result of the study, despite the perceived advantages of integrative nursing, there are still challenges facing these treatment and care options such as lack of information and infrastructural documentation, lack of use of a standardized integrative intervention, nurses' confidence in manual skills and not technology.

Kessler, Monsen, Lu, & Kreitzer, (2020). reported that validated integrative nursing guidelines will provide support for clinical decision-making and person-centered care.

Documentation through electronic health records (EHR), will enable assessments, interventions, and evaluations of integrative nursing, as well as drive quality improvement measures.

Lack of information and infrastructural documentation.

The result reported that information and infrastructural documentation are lacking in the use of integrative nursing strategies. Kessler, Monsen, Lu, & Kreitzer, (2020) revealed that documentation through electronic health records (EHR), will enable assessments, interventions, and evaluations of integrative nursing, as well as drive quality improvement measures

Lack of use of standardized integrative intervention.

Integrative intervention is yet to be standardized as stated by de Veer, et al (2020) Moreover 25% of the patients confirmed to using Oncokompas, although there were no statistical changes related to patient activation or an improved quality of life.

Nurse's lack of confidence in the use of technology.

Jongerden, et al (2019) reported that in the areas concerning the use of technology, the nurses weren't confident. Nurses felt less confident in their performance, particularly in the use of technology (arranging follow-up care), but also in agreeing on collaborative goals and assisting patients in achieving these goals.

8 Discussion of the results.

The discussion chapter is divided into two subsections, the first focusing on the study's findings while the second focuses on the chosen approach, and the validity of this investigation. In addition, the discussion also focusses on achieving the study's aim, which is to raise awareness of the use of integrative nursing for managing chronic pain in the treatment and care process and thereby enhance the health and well-being of the patients. The research questions are how can nurses support the patient use of integrative strategies and how can nurses improve their skills in using integrative nursing strategies will be the focus here.

The evolvement of integrative nursing.

Although, there not much work done yet in this field, but existing knowledge has proven that what is today called integrative nursing has been in practice under different categories such as complementary alternative medicine, alternative therapies or strategies, or natural care. This study has helped to show that integrative nursing can stand out as a discipline and be practiced. The results and outcome of this study show that what other study has stated about the usefulness of integrative nursing care in managing chronic pain is relevant and ongoing. Not much work has been done in many countries, meaning there is a global challenge in using integrative nursing care for patients suffering from chronic pain.

From the study's result and previous discussions, it is evident that education significantly impacts nurses' perceptions and attitudes about using integrative nursing strategies for pain management. Kessler, Monsen, Lu, & Kreitzer, (2020) reported that validated integrative nursing guidelines provide support for clinical decision-making and person-centered care. Most of the papers examined and earlier research on the subject indicated that education has a significant impact on nurses' awareness and support of the use of integrative nursing strategies. According to several pieces of research, nurses with some training typically perform better than those without training. Numerous studies also demonstrate that integrative nurses who participated in pain management training programs or classes read articles about it or ingested any educational material.

Generally, nurses with a more positive outlook on holistic care were more likely to advocate for and employ integrative strategies. According to nurses, biomedical and holistic methods

coexist within nursing professional boundaries and provide a solid foundation for high-quality medical care. The endorsement and implementation of integrative therapies appear to support nurses' opinions toward the holistic approach. Nursing educational frameworks should provide more training in integrative therapies, and research should continue to build the case for using integrative therapies' efficacy.

It is essential to pay more attention to how nurses may incorporate integrative therapies into clinical practice, given the sizeable and expanding body of research that supports the use of integrative therapies in the prevention and treatment of chronic disease. Nurses supporting integrative therapies aim to raise the standard of care offered to patients, not overturning conventional medicine. Some nurses advocate for complementary therapies to personalize treatment and conduct their practice humanely. However, nurses need more professional support structures and more training in this area. (Orkaby & Greenberger, (2015). William, Simmons, & Tanabe (2015), Hall, Leach, Brosnan, & Collins (2017.)

Validity of pain

One of the articles reported about pain level and pain index. The pain experienced before chemotherapy and after chemotherapy had no link. The results of every measurement of pain intensity and pain index were more than 0.05 ($p>0.05$). Of all the patients, 54% complained of pain in the torso area, 54% of internal pain, 28% of fatigue-related pain, 48% of pain that comes and goes, and 64% of irritable pain that makes people uncomfortable. This indicate that pain is an unwanted feeling no matter how small it feels. according to Namnaqani, Mashabi, Yaseen, & Alshehri, (2019) chronic pain frequently causes lifestyle modifications and extended absences from work, due to its physical limitations. The agony and difficulty brought on by chronic pain call for immediate medical attention. On the integrative therapies side chronic pain can be managed effectively to produce needed relief for daily functionality. Massage for example has been proved to relieve pain effectively. Some of the articles reviewed in the study reported patient satisfaction and experiencing great relief after integrative therapy intervention was used for them.

Dignity therapy is a discourse that allows individuals to express themselves before they are no longer able to do it. A licensed therapist-led dialogue gives the chance to talk about the things that matter most to them before death. Integrative nursing intervention allows for a better relationship between the nurse and the patient, it allows the integrative nurse to follow sickness or disease with a patient and the family. This relationship provides an avenue for dignity therapy to take place naturally. the patient can express their mind about issues of life,

existential pain, wishes, and desires. Xiao, Chow, Liu, & Chan, (2019) opined that dignity therapy has positive benefits on patients' dignity, psychological well-being, and quality of life, and it is a potential strategy for enhancing psychological well-being in cancer patients receiving palliative care.

Patient use, satisfaction, and nurse's support

The reviewed article reported that some of the patients appreciated the use of dignity therapy as it allows them to ponder about their lives. Some could live longer than expected as their quality of life improved after attending the therapy. Patient satisfaction is the perception of the care received with the care expected. Patients assess healthcare services and the providers from their subjective perspectives. To strike a balance between the perception and expectation of the nursing care received, healthcare providers must survey to capture the patient's views. According to de Veer, Slev, Pasman, Verdonck-de Leeuw, Francke, & van Uden-Kraan, (2020). The expertise and availability of nurses and the more assistance the patient receives, the better their satisfaction. Integrative nursing care has 100% value for service because integrative nurses are almost always available since most integrative therapies require personal presence. A study by Johnson, Butow, Bell, Detering, Clayton, Silvester, & Tattersall (2018) on patient satisfaction evaluated by interviewing the family members reported that their judgment three months following the patient's passing was that the patient's wishes were discussed and met.

The World Health Organization defines quality of life (QOL) as an individual's view of their place in life concerning their objectives, expectations, standards, and concerns in the context of the culture and value systems in which they live. Wealth, employment, the environment, physical and mental health, education, leisure activities, social connections, religious beliefs, safety, security, and freedom are all common measures of life quality. There are many different contexts for QOL, such as those in international development, healthcare, politics, and employment. Quality of life measurement and its connection to health is called health-related quality of life (HRQOL). Integrative nursing care has a good prognosis on healthcare as preventive measures, provided the sickness or the disease has an early diagnosis. Many complications could be avoided, and total health breakdown can be prevented, leading to a good quality of life. A caring relationship is an ongoing partnership between a patient and a healthcare provider, the care manager, the organization for treatment, and operations. Care relationships are only intended to be temporary. Open communication is the key to building strong nurse-patient relationships. The patients must be able to contact the nurse, feel at ease

asking questions, and generally have a positive impression of the approachability and communication skills of the nurse. Integrative therapies have a unique way of the binding patient and the nurse together. For example, massage, acupuncture, reflexology, and physical and spiritual counselling are ways to bring the integrative nurse and the patient together regularly with positive feedback.

The physical presence

The availability of the healthcare provider implies being readily accessible to support, assist or help the client anytime the need arises. The physical presence of nurses has been proven to be of comfort to patients many times. Patient satisfaction, the success of the positive health outcome, is fundamentally dependent on the availability of services rendered by the healthcare providers. There is a clear correlation between service availability and user and customer satisfaction, while poor service performance is described as unavailable. Availability includes the accessibility of primary healthcare, the ease of booking appointments, and the service's effectiveness. As it has been noted, most integrative therapies are easily accessible and cost friendly. Some herb-based products are standard in liquid and powdered form in most grocery stores, for example, moringa powder.

Nurse practitioner and care plan

A care plan is a written document that specifies the assessment the patient's health and social care needs and how the patient will be supported either at home or in an institution. It states the care provider, the type of care needed, and how the support will be given. The care plan is also a record of the care provided. The care plan is prepared in agreement with the person or a close relation. Efforts must be made to ensure mutual understanding between the nurse and the patient. The plan review is done regularly to evaluate the patient's success or yet-to-be-met- needs. Integrative nursing care focusses on the whole person- body –spirit, and soul. Some of the key practices that help develop holistic care and promote integrative nursing include meditation, relaxation, music, exercise, spirituality, good food, and connecting with people or things that bring love and laughter.

Understanding nursing role

According to research, having a solid support network provides several advantages, including improved coping mechanisms, increased levels of well-being, and a longer, healthier life. Social support helps lessen depression and anxiety, according to studies. A robust support network frequently aids stress reduction. According to Taylor and Pagliari

(2018), spirituality was often expressed as hope for cures or "someone out there listening." In the support category, the high value of the palliative care team and the support received from the online community of sufferers, friends, family, and coworkers were both recurring themes.

We frequently find ourselves asking for assistance from people who cannot relate to what we are going through while we are going through difficult moments in our lives. Integrative therapies such as massage, mindfulness, and meditation came in handy to fill the support gap a sick person may have. Apart from the bodily pain of the disease, loneliness and hopelessness are the pain of the mind that only a strong sense of having good support can fill. In this context, integrative nurses are the best bet. Some of the patients in the reviewed articles expressed enjoyment of social support from their fellow sufferers and the supports of the caring nurses. In this context, three forms of support are beneficial in this discussion.

Instrumental support

Instrumental support is a term used to describe help that is tangible and provided by others. The actions that other people take or offer physically to help another are referred to as instrumental support. An example of social support is instrumental support, which is aid given to meet material necessities. Examples of instrumental support include assisting with meal preparation, transportation, personal care, and medical needs. More of a hands-on approach is taken when supporting a patient instrumentally, with actions like, services, monetary aid, and walking the dog. In palliative care, much instrumental support is given to the sick person because he needs help to keep healthy. Integrative nurses and therapies are directly supplying these bits of help.

Informational support

Giving, writing, and collecting information in the caring duties, termed documentation, is central. It helps the care line to flow seamlessly. The nurses and other professionals involved in the care are updated constantly on the activities and services being rendered, including the patient himself or the family if the patient is very old or underaged.

Generally, Nurses have been described as the spider on the web by some research. The job of a nurse specialist in palliative care is varied. They must provide holistic care for the patients and write prescriptions for medications. They face many obstacles in their line of work, but they also have the chance to enhance the patient's quality of life. Schaepe, Campbell and Bolmsjö (2011) noted that nurses play essential role in ensuring holistic patient care. Added to this is the fact that integrative nurses coordinate patient care

activities. *Healthcare provision* is a network concern involving a team of professionals, which includes physicians, pharmacists, dieticians, physiotherapists, dentists, social workers, and the many other specialists that can be included in the care network.

Emotional support.

Three fundamental human needs are autonomy, competence, and relatedness. The emotional needs are love/connection, variety, significance, certainty, growth, and contribution. The first four needs must be met to survive and lead a successful life. Growth and contribution are the final two demands that must be met to live a fulfilled life. People demonstrate emotional support for others by showing genuine encouragement, reassurance, and compassion. *Autonomy* is defined as the desire to self-organize behaviour and experience; competence impacts and achieves valued outcomes; and relatedness is the desire to feel connected to others. Verbal or physical displays of sympathy or affection may fall under this category. Integrative nurses don't feel as though the patients are burdening them. According to nursing science, here are five critical needs of nursing, which are the focus of integrative strategies: -

- i. Respect is to be treated with kindness and courtesy.
- ii. Acceptance means to value the feelings, opinions, and ideas of others, in this case, the patient. Validating their pain
- iii. Importance is that nursing care is given to the patient by appreciating their story and making them feel valuable and unique.
- iv. Security makes patients feel cared for, safe, and supported.
- v. Inclusion. making the patient feel connected to the care and support by taking part in decision making. The patient is allowed to say something about himself for himself. Or by the family or parents of an underaged person or an older adult.

The pain of neglect by loved ones

People who report having family and friends they can rely on in difficult times are invariably more likely to be content with their health. Research has connected social isolation and loneliness to higher risks for several health conditions. Integrative nursing helps to calm the aggrieved patient down most of the time and they often find comfort in the nursing community who have become more of a family to them than health providers. Team-based programs are good for building competence and skillfulness among nurses. This forms a community of health professionals that helps the patient feel loved and valued.

Discussion of theoretical framework

In this sub section, this study will discuss the two theories that has been chosen which are Katherine Kolcaba's theory of Comfort and Dorothea Orem Theory of Self-Care. The word comfort according to Katherine Kolcaba is the instant effect that is experienced by the person who is receiving care or comfort interventions, and these creates an inner strength as the receiver's needs of care are being met. Katheine Kolcaba made use of the ideas about environmental, physical, social, and psychosocial care to birth forth three types of comfort. These are (Relief, Ease and Transcendence). She also gathered knowledge and ideas from other earlier theories to formulate this theory (Kolcaba, 2003).

Dorothea Orem's theory of self-care was also chosen because it relates to our thesis question "how can nurses support patients who are using integrative nursing practices to manage pain". Dorothea Orem incorporated three essential theories in her theory, which work in close relation to each other. These are the theory of self-care, self-care deficit and theory of nursing systems (Alligood, 2014). Self-care is the act of an individual to perform certain activities that directly affect their life and overall health. Examples of such activities could. The scope of nursing practice is basically defined by organized; knowledge-based notions known as nursing theories. This would cover what comprises nursing, the normal tasks assigned to nurses, and the justifications for these assignments. Person, environment, health, and nursing are the four main ideas that underpin nursing theory and are frequently interconnected. Polit and Beck's definition of research as "a systematic study that uses disciplined methodologies to answer questions or solve problems" was published in 2008. (2008) (Polit & Beck, p.3) In light of this, theories can be regarded as proof, according to Fawcett and Garity (2009). The theory serves as proof to direct practice. As a result, it can be said that theory directs research, which in turn offers direction for practice. Because of this, it is helpful to have a theoretical framework in research projects like this thesis to direct the research and provide implications for nursing practice.

Discussion about the aim and research question of the study

In relation to our study, these two theories offered direction for the practice of integrative nursing for nursing intervention of pain management. Both theorists are advocates for pain diagnosis in patients suffering from chronic pain. They both discuss a natural careline that postulates integrative nursing in practice. They equally admitted that at a point a patient may

not be able to care for him/herself and therefore will need some form of help or the other. Dorothea Orem posits a nursing agency that will take up that duty for activities of daily living to continue.

Katherine Kolcaba noted that comfort is the instant effect that is experienced by the person who is receiving treatment or care interventions, and these create an inner strength as the receiver's needs of care are being met. Self-care is the act of an individual to perform certain activities that directly affect their life and overall health. Examples of such activities could be exercising like walking, spiritual activities like praying, meditation, and mindfulness, mind improvement activities like reading a newspaper or books. These are the core of integrative nursing.

In her theory, Dorothea Orem mentioned the fact that patients have a role to play in improving their own well-being by taking care of themselves.

Transcendence: Idea of transcendence came from Paterson and Zderad. The idea pointed out that the ability of patients to overcome their difficulties is greatly influenced by the assistance nurses have to offer (Katherine Kolcaba, 2014, p.544). Kolcaba's theory of comfort provides a clear solution to our research issue on how to support patients who employ complementary nursing practices like mindfulness, spirituality, reading, and walking for pain relief.

In conclusion, Kolcaba's comfort theory and pain management work hand in hand. This is because pain management can be approached from the comfort perspective. The theory can be applied to evaluate and treat patients with pain. Patient comfort is listed as a goal in the study's standards of care and is a widely accepted value for nurses, this theory is applicable to the research. Additionally, release from pain is listed as a comforting context under the physical context. This implies that providing a patient with comfort requires effective pain management.

According to the models created by the two theorists

1. Pain was recognized as well as the demand for relief or comfort.
2. Pain was also seen as holistic problem covering both the physical or body pain resulting from one form of disease or the other, social pain in form of loneliness, existential pain in form of hopes unmet and fear of death, and psychological pain
3. Care intervention was recognized, and which is to be provided by self or some others- the nurse.

4. Non-medical pain relieving activities here referred to as integrative therapies were listed such as meditation, massage, reading books or magazines, some forms of exercise and the physical presence of the nurse.

Recommendation

This study recommends that integrative nursing should be added to the nursing curriculum as a separate subject. Even though there has been evidence of integrative nursing activities down the ages in nursing practice, it has not been brought out as a special discipline or integrated into nursing curriculum as a separate study. Some nurses see this as a burden because they feel its outside the scope of nursing practice. But when we look at the beginning of nursing, Florence Nightingale's theory and many other nursing theorists are more of integrative therapy than just caring for the diseased body.

9 Limitations of the study

The limitations of this study include indexing restrictions, such as word changes over time and the challenge of identifying literature about integrative nursing, which limited our search. The study might have missed publications not indexed in the databases since their content constrained the study. According to the research, trials of integrative nursing modalities may be difficult to locate using normal literature searches.

10 Conclusion

Through scientific research, further advantages of integrative nursing are being uncovered, indicating that they will keep being applied and integrated into nursing practice. As opined by Chesak, Cutshall, Bowe, Montanari, & Bhagra, (2019) the basis of specialized practice in holistic nursing is the continuous discovery of new knowledge, the dissemination of research findings, and evidence-based practice.

Implementing holistic nursing has been a truly unique and uplifting experience. During this study, the perception and value of the profession have grown. As a result, I have found inner peace and learned how to handle stress at work. One of the eye-opening events was giving professional care while comprehending the methods that were acceptable and other cultures' beliefs. Trail-Mahan, Mao, & Bawel-Brinkley (2013) opined that nurses must be conversant with both the risks and the advantages of CAM therapies, to effectively advocate for them and understand their patient's usage of them.

Traditionally, integrative nursing therapies such as music have been linked to harmony and how it easily exemplifies unity and interaction with the environment, human mind, body, and spirit. The harmony in the body required for healing is produced through achieving a condition of physical, emotional, and spiritual balance within a client's system (Pincus & Minahan, 2021). Interactive personal and professional relationships require and enjoy integrative nursing therapies such as massage, dance, and meditation. The relationship between the clients, built on mutual respect and general concern for their well-being, gives health professionals the confidence to render their services. This is a favorable development in nursing practice and the use of integrative nursing strategies.

Integrative nursing emphasizes repairing the body rather than just diseased body parts as they have offered treatments to deal with stress and discomfort. A person becomes conscious when their body and soul interact harmoniously, and a conscious person can communicate with themselves. (Skrautvol, & Nåden 2017). It is far less expensive than standard treatment options. However, it is necessary to step up the study of their benefits and drawbacks as well as proper guidance from an expert as a pathway for future research.

11 References

AERA Code of Ethics: American Educational Research Association Approved by the AERA Council February 2011. (2011). *Educational Researcher*, 40(3), 145–156. <https://doi.org/10.3102/0013189X11410403>.

Brant, J. M., Hirschman, K. B., Keckler, S. L., Dudley, W. N., & Stricker, C. (2019). Patient and Provider Use of Electronic Care Plans Generated From Patient-Reported Outcomes. *Oncology Nursing Forum*, 46(6), 715–726. <https://doi-org.ezproxy.novia.fi/10.1188/19.ONF.715-726>.

Bryant, A. L., Walton, A. L., Pergolotti, M., Phillips, B., Bailey, C., Mayer, D. K., & Battaglini, C. (2017). Perceived Benefits and Barriers to Exercise for Recently Treated Adults With Acute Leukemia. *Oncology Nursing Forum*, 44(4), 413–420. <https://doi-org.ezproxy.novia.fi/10.1188/17.ONF.413-420>.

C. Ingleton, & P. J. Larkin. (2015). *Palliative Care Nursing at a Glance*. Wiley-Blackwell.

Cai, J., Guerriere, D. N., Zhao, H., & Coyte, P. C. (2018). Correlation of Palliative Performance Scale and Survival in Patients With Cancer Receiving Home-Based Palliative Care. *Journal of Palliative Care*, 33(2), 95–99.

Chan, R. J., Yates, P., & McCarthy, A. L. (2016). Fatigue Self-Management Behaviors in Patients With Advanced Cancer: A Prospective Longitudinal Survey. *Oncology Nursing Forum*, 43(6), 762–771. <https://doi-org.ezproxy.novia.fi/10.1188/16.ONF.762-771>.

Chesak, S. S., Cutshall, S. M., Bowe, C. L., Montanari, K. M., & Bhagra, A. (2019). Stress management interventions for nurses: critical literature review. *Journal of holistic nursing*, 37(3), 288-295.

de Veer, A. J. E., Slev, V. N., Pasman, H. R., Verdonck-de Leeuw, I. M., Francke, A. L., & van Uden-Kraan, C. F. (2020). Assessment of a Structured Self-Management Support Intervention by Nurses for Patients with Incurable Cancer. *Oncology Nursing Forum*, 47(3), 305–317. <https://doi-org.ezproxy.novia.fi/10.1188/20.ONF.305-317>.

Dose, A. M., Hubbard, J. M., Mansfield, A. S., McCabe, P. J., Krecke, C. A., & Sloan, J. A. (2017). Feasibility and Acceptability of a Dignity Therapy/Life Plan Intervention for Patients With Advanced Cancer. *Oncology Nursing Forum*, 44(5), 194–202. <https://dorg.ezproxy.novia.fi/10.1188/17.ONF.E194-E202>.

Dugashvili, Giorgi & Van den Berghe, Linda & Menabde, Giorgi & Janelidze, Marina & Marks, Luc. (2016). Use of the universal pain assessment tool for evaluating pain associated

with TMD in youngsters with an intellectual disability. *Medicina Oral Patología Oral y Cirugía Bucal*. 22. 10.4317/medoral.21584.

Ferrell, B. R., McGuire, D. B., & Donovan, M. I. (1993). Knowledge and beliefs regarding pain in a sample of nursing faculty. *Journal of Professional Nursing*, 9(2), 79-88.

Finnish institute for health and welfare. (2021, December 3). *What is palliative care? What is palliative care - THL*. Retrieved April 12, 2022, from <https://thl.fi/web/ageing/end-of-life-care/what-is-palliative-care#where>.

Fletcher, C. E. (2016). Perceptions of other integrative health therapies by Veterans with pain who are receiving massage. *Journal of Rehabilitation Research & Development*, 53(1), 117–126. <https://doi-org.ezproxy.novia.fi/10.1682/JRRD.2015.01.0015>.

Frisch, N. C., & Rabinowitsch, D. (2019). What's in a definition? Holistic nursing, integrative health care, and integrative nursing: report of an integrated literature review. *Journal of Holistic Nursing*, 37(3), 260-272.

Giannitrapani, K. F., Haverfield, M. C., Lo, N. K., McCaa, M. D., Timko, C., Dobscha, S. K., ... & Lorenz, K. A. (2020). “Asking is never bad, I would venture on that”: Patients’ perspectives on routine pain screening in VA primary care. *Pain Medicine*, 21(10), 2163-2171.

Gray, J., Grove, S., & Sutherland, S. (2017). *The practice of nursing research* (8th ed.). St Louis, MO: Elsevier.

Hall, H., Leach, M., Brosnan, C., & Collins, M. (2017). Nurses’ attitudes towards complementary therapies: A systematic review and meta-synthesis. *International Journal of Nursing Studies*, 69, 47-56.

<https://bestpractice.bmj.com/info/wp-content/uploads/2022/11/Framework-for-assessing-systematic-reviews-Appraising-SRs-page-in-toolkit-Google-Docs.pdf>.

<https://libguides.library.cityu.edu.hk/researchmethods/ethics>.

<https://www.arthritis.org/health-wellness/treatment/complementary-therapies/natural-therapies/hypnosis-for-pain-relief>.

Ilgaz, A., & Gözümlü, S. (2019). Advancing Well-Being and Health of Elderly with Integrative Nursing Principles. *Florence Nightingale hemşirelik dergisi*, 27(2), 201–210. <https://doi.org/10.26650/FNJN437700>.

John Dewey, 2016. Dewey 2016, in: Ethics. p. 804.

Johnson, S. B., Butow, P. N., Bell, M. L., Detering, K., Clayton, J. M., Silvester, W., ... & Tattersall, M. H. (2018). A randomised controlled trial of an advance care planning intervention for patients with incurable cancer. *British journal of cancer*, 119(10), 1182–1190.

Jongerden, I. P., Slev, V. N., van Hooft, S. M., Pasman, H. R., Verdonck-de Leeuw, I. M., de Veer, A. J. E., van Uden-Kraan, C. F., & Francke, A. L. (2019). Self-Management Support in Patients With Incurable Cancer: How Confident Are Nurses? *Oncology Nursing Forum*, 46(1), 104–112. <https://doi-org.ezproxy.novia.fi/10.1188/19.ONF.104-112>.

Kapoor, A., Kalwar, A., Singhal, M. K., Nirban, R. K., & Singh, H. K. (2015). Challenges in the management of cancer pain in elderly population: A review. *Clinical Cancer Investigation Journal*, 4(2), 111–119. <https://doi-org.ezproxy.novia.fi/10.4103/2278-0513.148910>.

Kreitzer M. J. (2015). Integrative nursing: application of principles across clinical settings. *Rambam Maimonides medical journal*, 6(2), e0016. <https://doi.org/10.5041/RMMJ.10200>.

Mahmoudzadeh-Zarandi, F., Hamedanizadeh, F., Ebadi, A., & Raiesifar, A. (2016). The effectiveness of Orem's self-care program on headache-related disability in migraine patients. *Iranian journal of neurology*, 15(4), 240–247.

Mariano, C. (2007). Holistic nursing as a specialty: holistic nursing—scope and standards of practice. *Nursing Clinics of North America*, 42(2), 165-188.

Mariano, C. (2007). Holistic nursing as a specialty: holistic nursing—scope and standards of practice. *Nursing Clinics of North America*, 42(2), 165-188.

Moore, A. K., Avino, K., & McElligott, D. (2022). Analysis of the Theory of Integrative Nurse Coaching. *Journal of Holistic Nursing*, 40(2), 169–180. <https://doi.org/10.1177/08980101211006599>.

Moore, A. K., Avino, K., & McElligott, D. (2022). Analysis of the Theory of Integrative Nurse Coaching. *Journal of Holistic Nursing*, 40(2), 169–180. <https://doi.org/10.1177/08980101211006599>.

National Cancer Institute (Ed.). (n.d.). Complementary and Alternative Medicine. *National Cancer Institute*. <https://www.cancer.gov/publications>.

National Library of Medicine. (2018, 8-10). *Pain*. MedlinePlus. Retrieved 4 11, 2022, from <https://medlineplus.gov/pain.html>.

Namnaqani, F. I., Mashabi, A. S., Yaseen, K. M., & Alshehri, M. A. (2019). The effectiveness of McKenzie method compared to manual therapy for treating chronic low back pain: a systematic review. *Journal of musculoskeletal & neuronal interactions*, 19(4), 492.

Okon, T. R., & Christensen, A. (2021). Overview of comprehensive patient assessment in palliative care. *Uptodate*. Arnold RM, Givens J (Eds).

Orkaby, B., & Greenberger, C. (2015). Israeli nurses' attitudes to the holistic approach to health and their use of complementary and alternative therapies. *Journal of Holistic Nursing*, 33(1), 19-26.

Peeters, M. A. C., Braat, C., Been-Dahmen, J. M. J., Verduijn, G. M., Oldenmenger, W. H., & van Staa, A. (2018). Support Needs of People With Head and Neck Cancer Regarding the Disease and Its Treatment. *Oncology Nursing Forum*, 45(5), 587–596. <https://doi-org.ezproxy.novia.fi/10.1188/18.ONF.587-596>.

Pincus, A., & Minahan, A. (2021). A model for social work practice. In *Integrating social work methods* (pp. 73-106). Routledge.

Raja, S. N., Carr, D. B., Cohen, M., Finnerup, N. B., Flor, H., Gibson, S., Keefe, F. J., Mogil, J. S., Ringkamp, M., Sluka, K. A., Song, X. J., Stevens, B., Sullivan, M. D., Tutelman, P. R., Ushida, T., & Vader, K. (2020). The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. *Pain*, 161(9), 1976–1982. <https://doi.org/10.1097/j.pain.0000000000001939>.

Sakallaris, B. R., Macallister, L., Voss, M., Smith, K., & Jonas, W. B. (2015). Optimal Healing Environments. *Global Advances in Health and Medicine*, 40–45. <https://doi.org/10.7453/gahmj.2015.043>.

Sakallaris, Macallister, Voss, Smith, Jonas, (2015). Optimal Healing Environments. *Global Advances in Health and Medicine*, 40–45. <https://doi.org/10.7453/gahmj.2015.043>.

Sakallaris, Macallister, Voss, Smith, Jonas, (2015). Optimal Healing Environments. *Global Advances in Health and Medicine*, 40–45. <https://doi.org/10.7453/gahmj.2015.043>.

Schaepe, C., Campbell, A. M., & Bolmsjö, I. (2011). A spider in the web: Role of the palliative care nurse specialist in Uganda—An ethnographic field study. *American Journal of Hospice and Palliative Medicine*®, 28(6), 403-411.

Sher, A. N. A., & Akhtar, A. (2018). Clinical application of nightingale's theory. *Journal of Clinical Research & Bioethics*, 9(4), 1-3.

Skrautvol, K., & Nåden, D. (2017). Tolerance limits, self-understanding, and stress resilience in integrative recovery of inflammatory bowel disease. *Holistic Nursing Practice*, 31(1), 30.

Stonelake-French, H., Moos, B. E., Brueggen, C. M., Gravemann, E. L., Hansen, A. L., Voll, J. M., & Dose, A. M. (2018). Understanding Distress in the Hospital: A Qualitative Study Examining Adults With Cancer. *Oncology Nursing Forum*, 45(2), 206–216. <https://doi-org.ezproxy.novia.fi/10.1188/18.ONF.206-216>.

Study Corgi. (2021, July 15). Dorothea Orem's Self-Care Deficit Theory in Nursing. <https://studycorgi.com/dorothea-orems-self-care-deficit-theory-in-nursing/>

Su, D., & Li, L. (2011). Trends in the use of complementary and alternative medicine in the United States: 2002–2007. *Journal of health care for the poor and underserved*, 22(1), 296-310.

Tappe-Theodor, A., King, T., & Morgan, M. M. (2019). Pros and cons of clinically relevant methods to assess pain in rodents. *Neuroscience & Biobehavioral Reviews*, 100, 335-343.

Taylor, J., & Pagliari, C. (2018). # Deathbedlive: the end-of-life trajectory, reflected in a cancer patient's tweets. *BMC palliative care*, 17(1), 1-10.

<https://subrad.com/services/pain-management/>.

Vedel Vestergaard, L., Østervang, C., Boe Danbjørg, D., & Brochstedt Dieperink, K. (2019). Video-Based Patient Rounds for Caregivers of Patients With Cancer. *Oncology Nursing Forum*, 46(4), 485–492. <https://doi-org.ezproxy.novia.fi/10.1188/19.ONF.485-492>.

Wallerstedt, B., Benzein, E., Schildmeijer, K., & Sandgren, A. (2019). What is palliative care? Perceptions of healthcare professionals. *Scandinavian journal of caring sciences*, 33(1), 77-84.

Wang, L., Song, C., Bai, Y., Huang, X., Shi, H., & Pan, J. (2020). Practice and reflection on the management mode of pain quality control in emergency pre-check and triage. *Ann Palliat Med*, 9(4), 1879-1885.

WHOQOL- Measuring Quality of Life| The World Health Organization.
<https://www.who.int/tools/whoqol>.

Williams, H., Simmons, L. A., & Tanabe, P. (2015). Mindfulness-based stress reduction in advanced nursing practice: a nonpharmacologic approach to health promotion, chronic disease management, and symptom control. *Journal of Holistic Nursing*, 33(3), 247-259.

Williams, K., & Bergquist-Beringer, S. (2018). Symptoms and Health-Related Quality of Life in Patients Receiving Cancer Therapy Matched to Genomic Profiles. *Oncology Nursing Forum*, 45(6), E125–E136. <https://doi-org.ezproxy.novia.fi/10.1188/18.ONF.E125-E136>.

Xiao, J., Chow, K. M., Liu, Y., & Chan, C. W. (2019). Effects of dignity therapy on dignity, psychological well-being, and quality of life among palliative care cancer patients: A systematic review and meta-analysis. *Psycho-Oncology*, 28(9), 1791-1802.

Zborowsky, T. (2014). The Legacy of Florence Nightingale's Environmental Theory: Nursing Research Focusing on the Impact of Healthcare Environments. *HERD: Health Environments Research & Design Journal*, 7(4), 19–34.

Zeng, Y. S., Wang, C., Ward, K. E., & Hume, A. L. (2018). Complementary and alternative medicine in hospice and palliative care: a systematic review. *Journal of pain and symptom management*, 56(5), 781-794.

Appendix 1: Overview table of the articles for the analysis

No	Author	Topic	Aim	Method	Result
1	Guner & Kutluturkan, (2020) International journals of caring science	Non-Pharmacological Practices That Are Used by Cancer Patients for Controlling Chemotherapy-Related Pain.	To find out what non-pharmacological practices that cancer patients use to manage pain that is caused by chemotherapy.	50 patients who were under treatment with chemotherapy at the state hospital participated in the research by filling in the McGill Melzack pain questionnaire forms and other personal information. From the above filled forms, the required data was collected such as Mann-Whitney U test and other descriptive statistics and then later analyzed.	There was not any special relationship between the pain felt before chemotherapy or after. All the measurements of pain level and pain index showed greater than 0.05 ($p>0.05$). 54% of all the patients experienced pain in the area of the torso, 54% complained of internal pain, 28% mentioned pain in the form of fatigue, 48% spoke of pain that is on and off, the other 64% as irritating pain that causes discomfort.
2	Dose, et al. (2017). Journal of Oncology Nursing Forum	Feasibility and Acceptability of Dignity Therapy/ Life Plan Intervention for Patients With Advanced Cancer.	To find out the level at which dignity therapy can be practicable as well as accepted as an intervention strategy in the life plan of cancer patients in the outpatient setting.	A pilot descriptive study was used. From a tertiary oncology center, 18 participants were taken from the outpatient clinic. All the patients had been diagnosed for either advance pancreatic cancer	Almost all of the participants confirmed that the dignity therapy was feasible and would want to suggest such therapy to others. Their expectations

				<p>or small cell lung cancer and were under treatment at the time when the study was made. Dignity therapy was given to the patients, and this included clarification of their life values, written future plans, goals and reviews. This was done during two interview sessions. The interviews were designed in a document form, which could be later used by the participants. The oncology clinicians and the participants were also assessed for the possibility and acceptability of the intervention.</p>	<p>were met and even beyond.</p>
3	de Veer, et al. (2020). Oncology Nursing Forum	Assessment of a Structured Self-Management Support Intervention by Nurses for Patients With Incurable Cancer	To gain more understanding on the perceptions that patients with incurable cancer have towards a new nurse-led self-management support intervention which uses an integrated eHealth application (Oncokompas) and how effective its use will be for the patient.	<p>A mixture of pre- and post-test were designed with 12 weeks different between the first and second test. 36 participants were involved, and qualitative reviews done, by which the outcomes were measured based on how satisfied and or active the patients were, and also considering the quality of life in relation to the perceived intervention when the application was used.</p>	<p>85% of the total participants spoke of their satisfaction with the assessment. More emphasis was made on the value of nurse expertise and assistance for patient who live at home.</p> <p>Moreover 25% of the patients confirmed to using Oncokompas, although there were no statistical changes</p>

					related to patient activation or an improved quality of life.
4	Jongerden, et al. (2019). Oncology Nurse Forum	Self-Management Support in Patients With Incurable Cancer: How Confident Are Nurses?	The aim of the study was to explore how nurses perceive their self-efficacy and perform in supporting self-management amongst patients with incurable cancer and whether these perceptions differ between community and hospital nurses.	94 nurses from 222 hospital, 128 community nurses who have worked with adult patients having incurable cancer, were involved in the online survey that sought to determine the performance and efficiency of self-management instrument. In the survey, participants of different ages, gender, work experiences and settings, as well as those who had additional nurse training in oncology amongst different groups were included.	The results showed that nurses were more confident in their self-efficacy in regards to assessing how much patients have or belief about their disease and health status as well as providing them with proper advice. In the areas concerning the use of technology, the nurses weren't confident. Also the community nurses showed more self-efficacy and performance in comparison to hospital nurses.
5	Kristin et al. (2018). Journal of Oncology Nursing Forum	Symptoms and Health-Related Quality of Life in Patients Receiving Cancer Therapy Matched to Genomics Profiles	Aim is to examine symptoms occurrence and severity and overall health-related quality of life (HRQOL) in patients receiving cancer therapy guided by genomic profiling (matched therapy) and patients receiving	Data was collected 129 participants retrospectively and analyzed. The participants were either breast cancer or gynecological cancer patients who were getting treatment from the outpatient cancer center in	The results proved that participants who received matched therapy presented with lower (TRSC) therapy related symptoms in comparison to participants who were placed under unmatched therapy. On

			nonmatched therapy.	a regional hospital. A descriptive statistic with multiple linear regression analyses methods were used for the study. The variables that were use included	the other hand, participants with higher therapy-related symptoms had distinctly lower health-related quality of life.
6	Stonelake-French, et al. (2018). Oncology Nursing Forum.	Understanding Distress in the Hospital: A Qualitative Study Examining Adults With Cancer	To estimate how distressed adult cancer patients who are hospitalized feel, and also to identify what strategies and behaviors could be implemented to manage the distress.	185 adult participants took part in the study. A one-time assessment was done, using the National Comprehensive Cancer Network's (NCCN's) Distress Thermometer, followed by two open-ended questions. The demographic data were collected and reviewed. Then all the responses gotten from open-ended questions were analyzed using content analysis method. From the analysis, different themes were created and validate, with the assistance of a team approach.	The strategies that were used by the patients to manage distress included taking control over one's health as well as recognizing and accepting available help. These strategies led to an improved life quality and bettered the relationship between patients and care givers.
7	Chan, et al. (2016). Journal of Oncology Nursing Forum	Fatigue Self-Management Behaviors in Patients with Advanced Cancer: A Prospective Longitudinal Survey	To explore the fatigue self-management behaviors and factors associated with effectiveness of these behaviors in patients with advanced cancer.	Methods: 152 outpatients with metastatic breast, lung, colorectal, and prostate cancer experiencing fatigue were recruited. Patients were surveyed on three occasions: at baseline, four	The result of the study is an indication that integrative therapies is valuable to cancer patient who are under palliative care.

				weeks, and eight weeks.	
8	Brant, et al. (2019).	Patient and Provider Use of Electronic Care Plans Generated from Patient-Reported Outcomes	To determine if patients and providers perceived improved care processes through the delivery of personalized, electronic care plans (CPs) generated from the Carevive Care Planning System	Quantitative instruments evaluated feasibility, usability, acceptability, and satisfaction of the CPs from patient and provider perspectives. Qualitative interviews described patient perceptions of the CPs.	The result showed that there was improvement in managing symptoms as the patients used their CP as a resource to manage pain symptoms.
9	Vedel et al. (2019). Journal for Oncology Nursing Forum	Video-Based Patient Rounds for Caregivers of Patients With Cancer	To investigate caregivers' experiences and level of involvement with video-based patient rounds.	Field observation and semistructured interviews were employed. Interpretative phenomenologic analysis was used for data analysis. 17 interviews with caregivers and 190 hours of observations were conducted.	This result support the stress reducing strategies of an integrative nurse. This cannot be an all-time activity since physical presence is also part of the integrative nursing strategies
10	Bryant, et al. (2017). Oncology Nursing Forum	Perceived Benefits and Barriers to Exercise for Recently Treated Adults With Acute Leukemia	To explore perceived exercise benefits and barriers in adults with acute leukemia who recently completed an inpatient exercise intervention during induction therapy	Descriptive, exploratory design using semi-structured interviews. Setting: Inpatient hematology/oncology unit at North Carolina Cancer Hospital in Chapel Hill.	Exercise intervention was a welcome idea by the patients but not at the recommended level.
11	Peeters, et al. (2018).	Support Needs of People With Head and Neck Cancer	To provide insight into people's experiences in dealing with the	Two focus groups and six individual interviews; data were analyzed	The patients were willing to get professional

	Oncology Nursing Forum	Regarding the Disease and Its Treatment	consequences of head and neck cancer (HNC) in daily life and their needs for self-management support.	with directed content analysis	help as it helps them to deal with the aftermath of treatment coupled with the support from fellow sufferers of the same pain because the needs cannot be met by their loved ones.
12	Hain, Suragarn & Bejar, (2019). Nephrology Nursing Journal,	Issues in Palliative Care: Pain Management for Adults with End Stage Renal Disease	The aim is not clearly stated.	Field observation	The challenges of the pharmacologic al treatment of pain in older adults will increase the adverse effects of the pharmacologic agents e.g. sedation and fall risks
13	Cheng-Yi, et al. (2020). International journal of environment research and public health	Toward an Integrative Nursing Curriculum: Combining Team-Based and Problem-Based Learning with Emergency-Care Scenario Simulation	The study intended to combine team-oriented, problem-based learning (PBL) with emergency-care simulation to investigate whether an integrative intervention could positively impact the core nursing competencies and teacher performance of nursing students	An 18-week, single-case experimental design, in which 58 senior nursing students at a medical university in central Taiwan participated, was conducted to test the possible benefits of the intervention.	The result evidenced that integrative training that is team based with emergency - care scenario simulation produced a better more skillful nursing student.
14	Fletcher, (2016).	Perceptions of other integrative health therapies	The goal is to find new approaches to managing	The study conducted interviews of 15	The participants of the survey was

	Journal of rehabilitation research and development (JRRD)	by Veterans with pain who are receiving massage	and/or rehabilitating from chronic pain, anxiety, posttraumatic stress disorder (PTSD), and other troubling symptoms.	inpatients, 8 receiving palliative care, and 15 outpatients receiving CIH in the VA	satisfied with the complementary integrative health or integrative nursing. They preferred it to conventional medications e.g opioids
15	Kessler et al. (2020). EC Nursing and Healthcare,	Validating standardized integrative nursing guidelines for symptom management. .	describe integrative nursing interventions to manage symptoms including stress, anxiety, sleep disturbance, nausea, depressed mood, fatigue, pain, cognitive impairment, human spirit, and palliative care	Two Omaha System experts identified and encoded problems and interventions in symptom management chapters of Integrative Nursing [1]. Ten content experts evaluated the accuracy of encoding using a content expert approach. Differences were resolved by consensus.	Integrated nursing strategies are validated to secure support for clinical decision-making

Appendix 2: General systematic review quality criteria.

Quality Indicators	Yes	No	Not sure
Do the articles perform a comprehensive and reproducible report?	x		
Do the articles formulate a clearly focused question?	x		
Do the articles' methods section explicitly state the basis for inclusion or exclusion criteria	x		
Do the articles report primary data and interventions used?	x		
Do the articles state how the results were arrived at?	x		
Do the articles assess the methodological quality of the research?	x		
Do the article report on the clinical relevance/ Importance of the results?	x		

Appendix 3: Analysis of the articles

No	Journal name	Year	Country	Type of research
1	International journal of caring science,	2020	Turkey	descriptive
2	Journal of oncology	2017	USA	Pilot descriptive
3	Oncology nursing forum	2020	Netherlands	Qualitative
4	Oncology nursing forum	2019	Netherlands	Quantitative
5	Oncology nursing forum	2018	USA	Qualitative
6	Oncology nursing forum	2018	USA	Qualitative
7	Oncology nursing forum	2016	Australia	Qualitative

8	Oncology nursing forum	2019	USA	Qualitative
9	Oncology nursing forum	2019	Denmark	Qualitative/ explorative
10	Oncology nursing forum	2017	USA	Qualitative
11	Oncology nursing forum	2018	Netherlands	Qualitative
12	Nephrology nursing Journals	2019	USA	Case study
13	International journals of environment research and public health	2020	Taiwan	Experiment based
14	Journals of rehabilitation research and development (JRRD)	2016	USA	Mixed method
15	EC, Nursing & Healthcare, Research article	2020	USA	Narrative

Table 1.2

No	Data collection	No of author	population	Analysis method	Duration
1	Questionnaire	2	50	Descriptives statistics	May 2015- Dec 2015 (8 months)
2	Interview	6	18	explorative	12 months
3	Semi structure interviews	6	36	IBM, SPSS statistics	Nov 2016- May 2018
4	Online survey/ Questionnaire	8	222 nurses	Descriptive analysis	June 2016
5	Linear analog self-assessment	3	129	Descriptive statistics + multiple linear regression	-
6	Questionnaire- open-ended question	7	185	Descriptive statistics	7 months
7	Longitudinal survey/ interview	3	152	Statistical analysis using SPSS	8 weeks

8	Interview	3	121	Mixed method	March 2014-July 2015, 16 months.
9	Field observation + Semi structured interview	4	17 nurses	Interpretative phenomenologic analysis	190 hours(7 days 22 hours)
10	Semi-structured interview	7	6 adults aged 36-67 years	Descriptive explorative design	Nov 2014-Nov 2015-1 year
11	Interviews- 2 focused groups, 6 individuals	6	13	Directed content analysis	-
12	field observation	3	1	Narrative	three times a week for four hours over the past six years
13	Single-case experimental group	4	58 senior nursing students	Team & learning based	18 weeks
14	Referral method and interviews	4	129	Coding and Nvivo	-
15	10 selected integrative intervention method	4		encoding	