

Nursing intervention to patient and families in palliative care

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Abstract

The aim of this study is to gain and understand the knowledge of Nurses interventions in promoting the mental well-being of patients in palliative care and families. Palliative care is a medical care that is focused on the patient suffering from an incurable and life-threatening disease, in order to support in different dimensions.

The primary goal for this care and support is to relieve the patient from pain and suffering and to support physically, spiritually and psychosocially. Patients and families usually improved in their quality of life if the palliative care team identifies measures.

A literature review method was used for the research of this study, in order to get answers to my question base on this study and get the knowledge and measure to how nurses intervene when trying to promote a dying patient situation, all the articles that I got was analysed using content analysis method. To show how all the information data was selected and gives answers concerning the study, of which nine articles were used to answer my search questions articles where categorize after being analysed.

Language: English, **Key words:** palliative care, mental well-being, end of life care, and Psychological wellbeing.

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1.Introduction

Palliative care is designed and focused on supporting patients with an incurable and life-threatening disease in different dimensions. The objectives are to gain knowledge of interventions by Nurses in promoting patients' mental well-being in palliative care and families. There is a different aspect regarding patient care, which is being covered by a palliative care unit. According to WHO (2016) stated that palliative care cannot be associated with death, it was stated that it helps to improve the quality of life, of a patient and families passing through a life-threatening disease, and nurses to help in providing physical, spiritual and psychological needs. Palliative care plays an important role in end-of-life care and bereavement.

According to WHO 2016, palliative care is whole care given to a terminally sick patient and families members during and after the death of the patient occurs; it is a continuous process, one of the primary goals in palliative care is to alleviate patient from their pain and suffering in all forms, and support to improve and promote the mental state and improve the patient quality of life while being sick, and this care is included to the patient and the family.

The interaction process to patients and families about their mental well-being in palliative care is developed between and after interacting with the patient and families. This care for patients includes taking care of the patient's mind, spiritual aspects, and body, together with the bereaving families and loved ones. The End of life care is the main reasons for palliative care, and this care is usually at the beginning stage when death is not near but still ahead in the future patient life (WHO 2016).

According to Soothill et al. (2000) stated that at the advanced stage of treatment patient suffers more symptoms, like the psychosocial needs of the patient that are neglected by the care team. Healthcare Professional focuses on other issues and tends to lose interest in the mental well-being of the patient and families.

According to (Sanson-Fisher et al., 2000 et al., 2001). Also stated, that it appears to be selective, irrespective of the needs of the patient, implying that the psychosocial problems and emotional needs are not in proper control.

2. Aims and problem definition

This aim for this study is to examine nurse's involvement in palliative care, how to assure that patient in palliative care unit are respected, and pain-free at end of life. A particular focus is followed regarding the mental well-being of the families are included as well.

Measure has been taken according to World Health (WHO) to prevent, reduce patient suffering during palliative care and promote the mental wellbeing of the patient. According to Smith et al., in 2003 stated that anxiety and depression involve some signs that can add to unnecessary suffering to the patient and loved ones. The main aim is to know the nurse's intervention in palliative care to patient and families.

The research questions.

What interventions are necessary or essential for promoting the mental wellbeing of patients in palliative care

3. Background

Palliative care is design and focuses on supporting patients with an incurable and life-threatening disease in different dimensions. This study aims to gain knowledge on Nurses interventions in promoting a patient and families mental well-being in palliative care units and to target the essential plan and decision making for patient and their relatives during palliative care well in advance before the patient condition is severe or get worse. Decision making is for the interest of the patient as he is still able to make the decision about the future care plan and to express his will as well if needed, involving the family members to the decision making and planning. Sudden decision-making reduces or gives the patient and relatives an improper chance and possibility to prepare for the patient to die. According to Kaito hoito (2012), the patient and the relatives should be aware of the ongoing care plan and subsequently documented for future references in the patient records.

In defining the aims or target concerning the primary purpose of palliative care, is about the quality of care and life of a dying patient and a continues process of care to the family after death. Excellent quality of care includes the aspect of physical, psychological, or social well-being of the patient and family. Hospice and palliative care programs have also increased in recent years; as a result of the response and rapid rate of people living with debilitating and life-threatening illness and injury, this palliative care is given as a focus of care or alongside, life-long care intervention. Moreover, this palliative care with

the patient and relatives starts as soon as a patient is diagnosed with a life-threatening disease, incurable disease and treatment starts. Also, it will continue until death occurs. Healthcare faces a shortage of staff worldwide, and some other economic situations lead to cuts in palliative care resources, staff members, and nurses, as such not providing sufficient time for patients, resulting in neglect of the main areas that also affect patients mental and social well-being and lead to depression

Ferlay and Bonial et al. (2007) said dying is a natural thing and belongs to life. It is an attitude to be remembered in providing a patient with palliative care. Dying should be either quick or delayed, but the primary interest should be to alleviate the pain and suffering of the patient and to give the patient up to the end a proper and possible level of active life. According to Singer et al. (1999), they argue that even mild to moderate distress can advance to a problematic form of love towards the end of life and challenging to say bye. It can also affect the mental and well-being of the patient and family members, as well as the ability to cope during and after a patient's illness.

According to Smith et al., in 2003 further stated that anxiety and depression involve some signs that can add to unnecessary suffering to the patient and loved ones. Care should be given to a patient with the shared knowledge and explainable to the patient. However due to some reasons if the patient is unable to decide for themselves, then family or close relatives can be involved in deciding about the plan.

Moreover, if likely, the patient relatives should be informed on how to manage a patient care plan, considerations should be given to the patient's will and best interest in the care given. (Finlex 1992/758).

3.1. Mental well-being

According to Danner and Snowdon et al. (2001), the support given to the mental well-being of patients undergoing palliative care and their relatives is essential. Mental well-being impacts most areas of social and health plans, survival inclusive. Reason being during this time the terminally ill patients are likely to experience pain, distress and various signs and symptoms associated with their condition.

Cochrane et al., 2008 inferred that patients suffering or living with incurable or life-threatening diseases face unexplainable mental well-being challenges.

Mental wellbeing involves the level at which one can put his or her capabilities into use in order to live a purposeful and meaning life characterized by contentment and peace of mind. (Keyes and Dhingra et al. 2010).

According to World Health Organization (WHO), mental-health well-being is “a state in which an individual understands, manages normal activities of life, skills, is productive and can contribute to the environment (WHO 2001).

A patient undergoing end of life care requires enough support from their relatives and the healthcare team in order to ensure positive mental well-being and proper management of their condition. Improved mental well-being brings about satisfactory care interventions and relationships between the healthcare team, patients and their family members.

Negligence of a patient’s mental well-being could lead to low self-esteem, hopelessness, relapse, faster-deteriorating health and death without the respect of an individual’s dignity. An individual’s level of well-being can be identified easily (Ryan and Deci 2001).

When caring for a patient with an incurable or life-threatening disease, mental health is a significant aspect of the care being given. This could occur owing to experiences which may affect the patients’ health and wellbeing. Mental wellbeing shows how we reason and feel towards others and ourselves the confidence to be in charge and coordinate life activities. According to (Lyubomirsky et al., 2005), Mental wellbeing is not the absence or presence of a mental ailment diagnosis; it is far beyond having mental health issues.

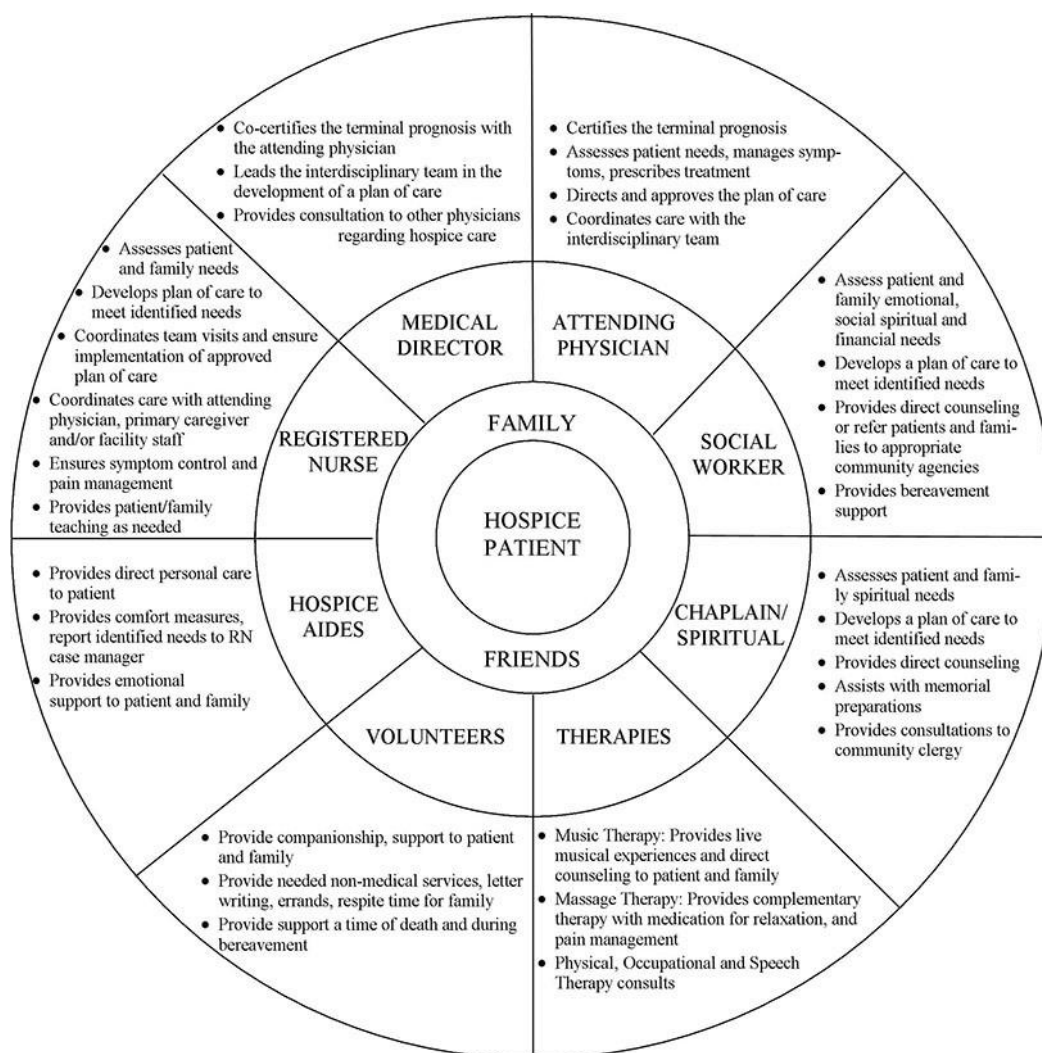
According to Huppert (2009), stated that mental wellbeing in palliative care is the totality of feeling good and functioning effectively; it does not mean that the individual is happy all the time, but in life there are varying moments including painful emotions for example grief, failure and unmet needs which all sums up a healthy life. The ability to correctly manage positive and negative emotions is essential when supporting a patient mental wellbeing.

A palliative care patient suffering from the inability to cope with life difficulties and lose the chances of enjoying life can get better if the mental states are put to consideration to improve the patient life.

This can be done for example, when there are programs that encourage relaxation and social activities. The thought of feeling loved in palliative care during treatments, create an impact to the patient that can lead to positive attitude feeling or emotions like, happiness, and satisfaction, together with the interest of self-assurance, and affection, whereas the concept of developing effectively in ensuring patients that they have the ability to controlling their life positively and maintaining the sense of purpose and managing a positive relationship with them

3.2 The hospice circle of care

The hospice circle of care below is an illustrative depiction of the continuous series of holistic care being provided by a team of trained healthcare professionals as well as volunteers working in conjunction with the management of the hospice center as a team in order to meet the unique needs of both the patient and that of the family members. The first and second circles in the diagram represent the patient as the main center of care, with the family members as also part of the same care plan to facilitate the whole process for them. The third and fourth circles represent the whole team of healthcare professionals and volunteers (i.e., the Nurse, Physicians, Social workers, and Chaplains) who in their various duties deliver both medical, emotional, spiritual needs of the patient and that of the family members through the use of medical procedures, spiritual counseling and therapies meet the unique needs of the patient and that of their families — borrowed copy figure from (Hospice of Bozeman Health) located below.



A borrowed copy of a hospice circle care plan that gives a visual reference of an interdisciplinary team

Figure 1. *Hospice circle of care by (Hospice of Bozeman Health)*

4. Theoretical Framework

The main ideas that guide and support this research are the theoretical framework because it gives a side by side view of the main topic of the rehearse study. Cornelia Ruland and Shirley M. Moore expand this theory in 1998 on the theoretical framework supporting this literature review articles are (in the Peaceful End of Life Theory) the theory was based on the standard of care developed by Norwegian nurses who were expert in the University hospital at the surgical gastroenterology unit. The theory is developed with a nursing objective of managing end of life patients (an incurable disease patient) that helps to promote quality of life, promote and ensure a peaceful end to life.

The peaceful end of life involvement in nursing and end of life outcome is the standard of care given as empirical evidence that examined the line between the process and outcome. According to Ruland and Moore (1998) stated that nurses play a significant role in supporting and promoting a peaceful end of life. It is the duty of nurses and medical team to strive and advance the quality of life of patient and their families. It affects a patient quality of life when dealing with an incurable or life-threatening disease, which is usually the physical, mental, spiritual, and social well-being of the patient's life. Not only the patient under palliative care needs this care, but also the relatives need this aspect of care too according to Ruland and Moore (1998). Highlight the focus on palliative nursing care needs of the individual patient and sees this act as a guide for practice.

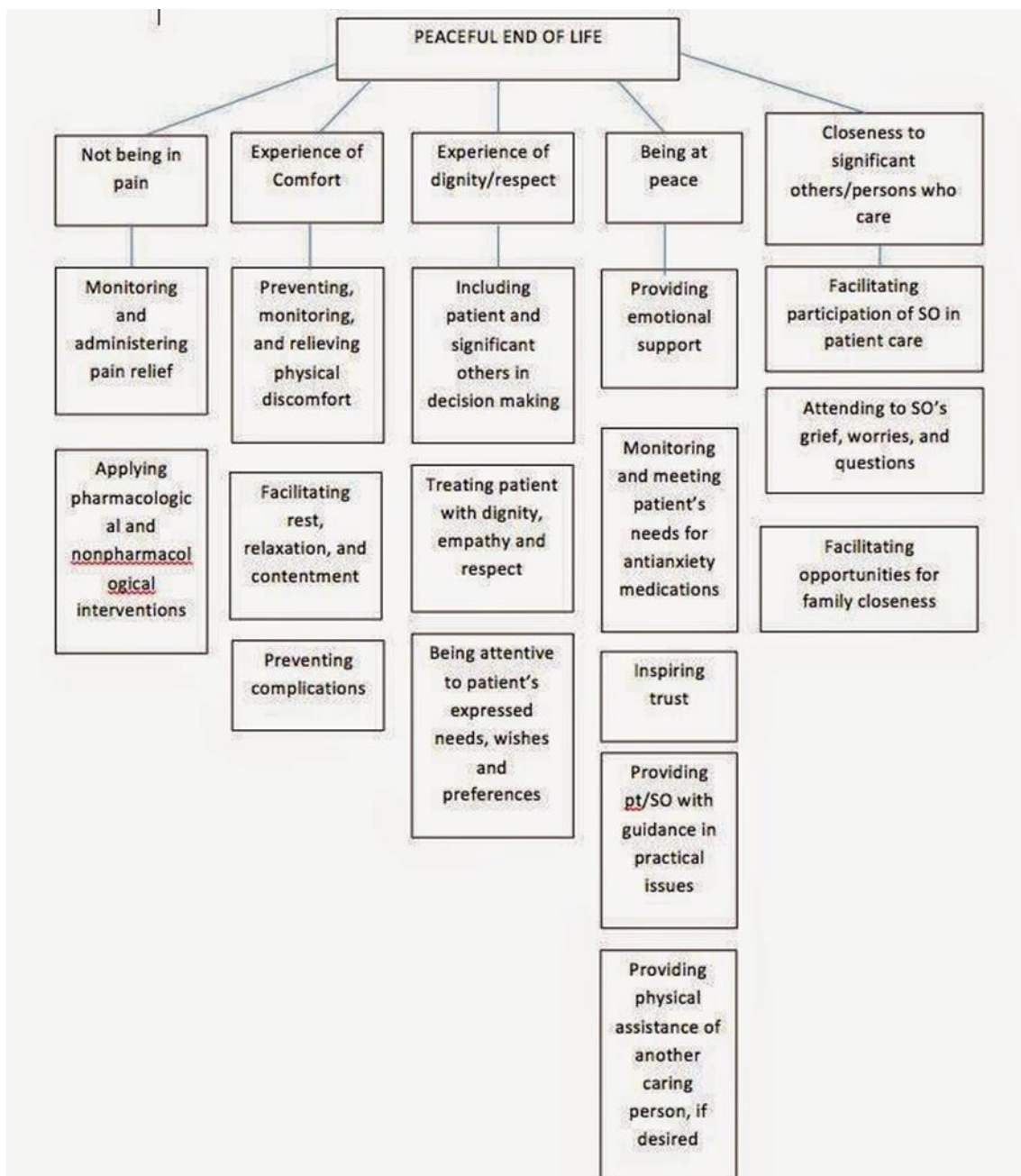


Figure 2.the model according to the peaceful end of life (Ruland and Moore 1998)

4.1 The five common concepts theory

Under the theory of Ruland and Moore's, the need for the end of life social support is vital during end of life, to prevent mental problems for the patient and families in palliative care. This assistance (social support), if given at the right time, it improves the well-being and self-esteem of the patient. (patients develop confidence, feel valued and cared for by a group of people who understand their current situation).

According to the theory of five common concepts required by Ruland and Moore's in planning a palliative care for patient and their relatives

a) Patients pain should be as minimal as possible, b) comfort for patient, c) Patients should have peace,

d) Patients should be shown respect and dignity, e) Patients should be close to their significant others, according to Ruland and Moore (1998)

The theory peaceful end of life is coined by Ruland and Moore shows different methods of ensuring a meaningful end of life situation for palliative care patients. This theory, the peaceful end of life theory by Ruland and Moore. also explains the pain as a hostile, sensory and sentimental occurrence which could lead to the actual damage of patients and relatives. The idea of being at peace involves feelings of stillness, comfort, and satisfaction by Ruland and Moore (1998).

The peaceful end of life theory is mainly focused on the concept of patients being close to their significant others. According to the theory, patients and their relatives will have hope of getting the best available care. This (peaceful end of life theory) enhances trust and encourages relatives to participate in the decision making of care given to their sick and dying loved ones.

4.2 Assumptions of the theory

There are two primary assumptions according to the Ruland and Moore's peaceful end of life theory). The first assumption is that experiences felt by different patient at the end of life care, are personal and it individual to each patient. While the second assumption explains that nursing care is vital to an end of life patient in order to have a peaceful experience during the process. Nursing care allows nurses to observe and interpret signals expressed by patients regarding comfort level and state of peace, and it supports nursing interventions to be implemented satisfactorily.

The peaceful end of life theory answered the research questions. It also inferred how nursing intervention and its outcomes are implemented correctly to a dying patient. The six relational accounts were classified as unsubstantiated assertions for the theory by Ruland and Moore when added rightly, maintained the overall mental well-being of the dying patient.

5. End of life care

Getting closer in understanding what to expect when a patient is dying, it's really difficult to identify the last stage where the patient usually faces much pain and the process of learning some of the patient's signs and symptoms during the end of life, may be helpful by showing the patient and family the emotional support needed and letting them know they are not alone. For nurses, it is essential to talk with the relative and patient caregiver and physicians regarding the patient's condition. Lunney, Foley, Smith, and Gelband (2003).

According to Lorenz and Lynn et al., (2008) also stated that there are some unclear problems when describing the care provided at the end, it's a stage in the during palliative care, which is made when a patient's illness is gradually getting close to dying and trying to make the patient live, or extend life are no longer desired. At the dying moment, all treatment, effective treatment or not can be stopped, but other treatments to prevent pain and alleviate suffering at the end of life to controlling some of the signs and symptoms are required. Moreover, to provide social and mental support to families at this stage is essential.

Deciding for the patient during this stage, at the End of life is complicated for the relatives and care team, which includes making hard decisions regarding the patient care, such as, when to give or stop the life support to the patient, when does feeding starts and when to stop, so many difficult decisions to will be made, when it gets to the point that the patient cannot decide on any care plan. At this stage of illness, the relative comes in and take the role of decision making. The hard part for nurses is confronting the family when you have to talk about the illness and try to make a care plan with them. (Orbele and Hughes 2001).

6. Qualitative research method

The methodology is generally, a method during the research process; it engages in selecting, using a planning tool to gather more information to the study data and to make answers to the research question. A literature review method is used, for the research of this study, in order to get answers to the question base on this study and get the knowledge and measure to how nurses intervene when trying to promote a dying patient situation, all the articles that borrowed was analysed using content analysis method. To show how all the information and data was selected and gives answers concerning the study, of which nine articles were used to answer the search questions.

The review method is converging, and it helps to answer questions or solve difficulties. Moreover, the primary purpose of the research method is to acquire, improve, and expand already acquired knowledge (Polit, Beck & Hungler 2001, 4-17). A systematic literature review is a control method used in gaining researched proof-based literature, which has previously been published by earlier researchers.

6.1 Ethical Considerations

The word ethics came from Greek, and the word ethos tells about behavior or rights. In every ethical research, the subject must be put into consideration. The ethical methods teach us ways of preventing problems; problems can be prevented by using ethical principles Angelica et al., 2000. The thesis topics and methods used for the research will be discussed with my supervisor for guidance on the studies to prevent breaking the ethical rule during research. Moreover, ethical methods explain and justify one action if being right or wrong. (Kitchener 2000) Private information's, e.g., address, date of birth, and others will be protected, in all the articles used for the thesis. There will be no main picture, and some copyright will be used instead to protect identity. Every data must be maintained ethically and protected.

6.2 Data collection

The articles that I choose help to deliver the contextual information about the topic and help in answering my research questions. There are five different steps followed when conducting this literature review. To start, the first stage is deciding on a topic. The second stage is to understand the topic and relate the aim of the study to an electronic database, and some other journals and books. The third stage is studying the chosen data gotten from

the research question by applying the inclusion and exclusion methods to obtain original articles that are well selected and relevant to the topic. The fourth stage is reusing the inclusion and exclusion method that has already been measured to assess the studies for qualities, and the last stage is applying the quality standard for qualitative studies. The collection of data and information in a systematic way in which the main idea is based on obtaining data from existing review articles, healthcare articles, and pre-existing articles that helps to answer question base on the study questions, to evaluate the outcome and test hypotheses.

6.3 The inclusion and exclusion criteria

Table 1. The table below shows an explanation and criteria which the articles were chosen

INCLUSION	EXCLUSION
Previous studies are written in English language	Previous studies not written in English language
Studies were done between 1995-2018	Studies were done before the year 1995
Studies that guide the aim of study search and answers the research question	Studies that do not help the aim of the study and research question
Scientific Review articles	Nonscientific articles

Table 1. The inclusion and exclusion criteria

6.4 Table 2: These keywords searched category will be used to form well-structured sentences searching for relevant articles.

Keywords that I considered during this research database is mainly, palliative care, mental well-being, and end of life, Mental wellbeing, Hospice care, Death and dying Terminal care. However, in some databases such as EBSCOhost and CINAHL (academic search elite), the search field is designed in a sentence form.

Search category	Palliative care	Mental wellbeing	End of life care
Search teams	Hospice	Psychological wellbeing.	Death and dying, Terminal care
Electronic search engine	EBSCOhost	CINAHL (academic search elite)	

Table 2: Collections of data

6.5 Search results use in this review

Table 3: the table below shows the research result in the reviewed articles

Databases	Search Category Combination	Number of Hits	Evolved Articles	Relevant Articles	Selected articles
CINAHL (academic search elite)	Palliative care or Hospice.	x	x	x	5
	End of life care and mental well-being in palliative care	24,805 2	18 2	3 2	
EBSCOhost	Palliative care or hospice.	1	1	1	4
	Mental wellbeing	x	x	x	
	End of life care and mental well-being	5	4	3	

Table 3: Research result

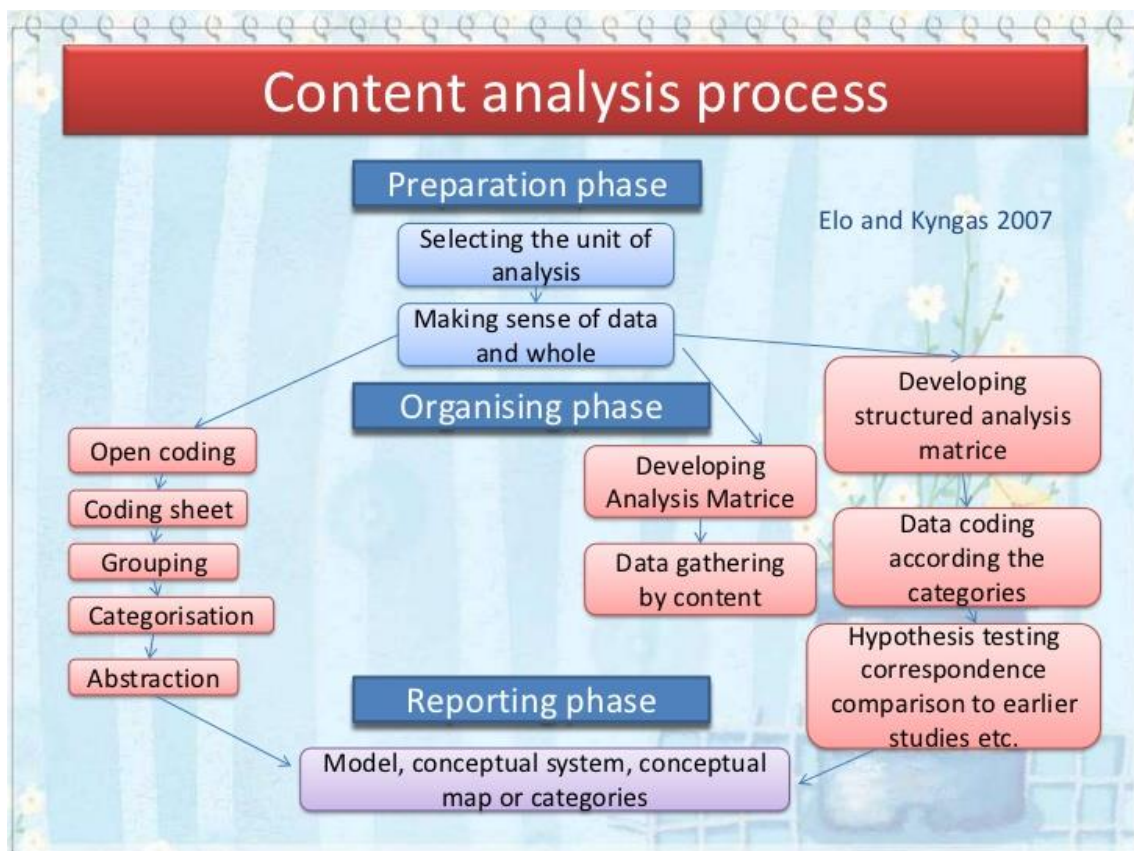
6.6 Data Analysis

In qualitative research, the data analysis process is fundamental in determining the credibility of the results. Necessarily it entails the transformation of raw data into narratives or categories and themes. There is a variation in which data analysis processes depending on the method taken in researching and the research question according to Vishnevsky and Beanlands (2004). The approach that is used in analyzing data in this study is qualitative content analysis. The qualitative content analysis helps to understand social reality in a subjective but in a clear way through evaluating the recurrent content themes, and implications in a volume of data. It creates a unique thesis that shows the

range of meanings, of the phenomenon rather than the statistical implication of an occurrence of texts or concepts (Hsieh and Shannon 2005).

The content analysis could be done with either a qualitative or quantitative study pattern, and it could be categorized into inductive and deductive according to Elo & kyngäs (2007). The method was useful because the primary objective was to try the previous article in a different dimension or compare categories using a short description of this method at different times and period. To determine its relevance to the research goal, the article used in this study were frequently read thoroughly. Essential concepts were highlighted in the article for easy recognition when categorizing the area were providing care, e.g., comfort, planning for expected need and preparing families before making the problematic discussion. This thesis was based on preview articles done by researchers and. Help to make memories referrals, negotiating needs, and support to the family with the deprivation, and by adopting proper communication skills when transmitting the message to the families.

Figure 3: This shows the preparing stage of an inductive method, in the organizing phase which includes open coding, abstract and categories (Elo & Kyngäs 2007).



Elo & Kyngäs (2007).

This analysis involved a qualitative content analysis, (Elo & Kyngäs, 2007) defined it as a method which entails an individual interpretation of content gotten from different sources and data collected could be attained through systematic classifications, coding and differentiating of themes and designs. A systematic content analysis of content can be differentiated into two categories; inductive and deductive. The parts of content analysis are to present the exciting occurrence intensively through which the excellent articles were grouped into smaller bands. The findings gathered from the analysis is being shown as the categories or mind gap. For this study, Inductive content analysis is used, because it is usually used in nursing research, to analyse content from published books, articles and more literature material systematically. Inductive content analysis can be group into *three phases, the preparation, organization and reporting stage* (Elo & Kyngas 2007). In the first step, all data was splinted into a smaller group, and the second step, was data gathered was separated into exact class or groups and at the end do the subcategories with similar content to connect all the general categories gotten. The selected articles were coded and then selected into categorize and groups with similar themes which were marked and understood. During the application phase, any applicable phrases connecting to the research questions were emphasized and removed.

After the categorizing phase, the data and ensuring my checking, the last and most critical step was concluding the data. This was done to make sense of the categories and derive meanings and relationships. These findings were then reported based on the description and interpretation of the data

7. Result

To obtain answer to the research question, all findings are presented about the primary study objective based on the critical themes identified in the literature review articles. In the search qualitative content analysis was used to selectively analysed the study content and this was based on the identification of nine studies. The result was categorized into two categories.

The main category for this study was:

- Nursing interventions in palliative care.

Under the main category, the following sub-categories are formed

- The mental well-being of palliative patient and families.
- Communication skills.
- Emotional support and
- Spirituality.

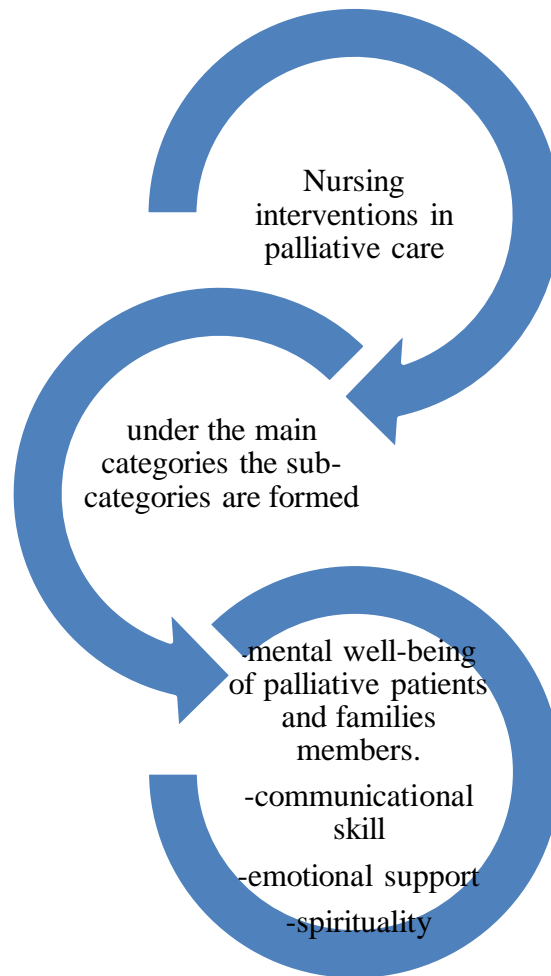


Figure 4: main category and sub-categories

7.1. Nursing intervention in palliative care

Nurses intervene by providing patient and family support, being honest and respectful, as well as helping with the family needs, Closer to the patient as advocate to the patient and families can help strengthen the relationship between the patient, families and the nurse's relationship and form excellent family-centred care, stated by Jatsch (2002). When Support the dying patient, nurses should create an open environment to discuss the dying measures to the patient and families, being honest and respectful, also help when negotiating or making plans for the family needs to Support the dying patient, create an open background to the patient and families in order to contribute and add up to the care plan process for the dying patient. Being honest to the patient and family plays a significant role because it creates a trusting relationship and reduce the patient fear of being isolated and feel care for and loved Wilson (1999).

The support given during a patient's palliative care period by nurses, with kindness and compassion will likely have a positive effect on the memories of the situation surrounding a patient's loss and help families in their bereavement (Clark and Forde 1995)

Also, nurses should encourage families going through the experience of bereavement, accept, understand and respect their grief and, also families should stay connected with their sick one, in order to make memories Grande et al. (2009). Some relatives want to stay and spend more time with their diseased body after death, and health care professionals should allow the families members the confidentiality and space they need and referring the family members to organization or self-help group for bereaved parents may benefit them.

Nurses also play the role of helping the families in preparing for their love one death and funeral and give emotional support to families, maintaining bonding between patient and family to make Practical planning of care. Excellent communication and counselling skills play an essential role in the day to day to the working life of all nurses, and the supposed listening skill will be required to support caregiver as they move from anticipatory grief to ensuring deprivation and careful communication needed by nurses to ensure that patient's wishes are respected stated by Fallon and O'Neill (1998). Moreover, the nurses must provide the family member with enough information needed and the nurses should be prepared to start with some challenging discussion and provide opportunities, educate the families about the illness and how to manage with some difficult decision making, inspire and allow the dying patient and their families to have an open background to discuss end of life controversy.

Communication and counselling skills, skills of empathic listening, Careful communication, Encouragement, discuss, respecting the communication and giving the adequate and right information. Prepare and arrange the families, help them with decision making, when raising a problematic subjects nurses should offer opportunities by discussing and educating them, help in providing guidance, enough flow of information to the family, Communication is essential and plays a significant role stated by Lee (2002).

Palliative care is a care given only if the doctor confirms the disease as incurable and make some difficult decision with the patient or relative to initiate palliative care, and this care includes nursing care for patient and families from the beginning to the end of palliative care, when the patient dies, but the care still continues with the relative after death of the patient the doctor and care team plan on when the care will start Hancock et al. (2007)

stated that the care team should not assume that, because the patient family member does not ask difficult questions, about the patient's condition, means they are not interested. According to Pearson (2010) placing a very young patient in palliative care, could put the parent into enormous stress, and this review is focused on the kind support nurses can provide to the family during the process, from diagnosis to post-death bereavement after death occurs. Caring for a dying palliative patient, it is a challenging aspect palliative ward nurses must face.

Eyre (2010) stated that nurses should accept their limitation in providing palliative care and involve other health professionals when necessary, such as social workers, a support group to provide support to the family member at home. To ensure total care and care for families, a holistic approach and a clear understanding must be provided by respecting the religion, values, beliefs, and culture of the family. Including families as part in the palliative care team, and family empowerment which maintain the family to connection to the patient by supporting the family to deal with them with their loved one's bereavement.

7.2 Mental wellbeing of palliative patient and families

Replacing and preventing suffering through a holistic palliative care method involves supporting patients and families in achieving psychological, physical, spiritual values when providing centered family care. According to Sheldon (1997) When nurses have a good understanding of the family needs, the tool of the nurse is expanded in order to provide better care for the family and to manage family distress, and this includes physical, psychological signs, behavioural change, fatigue, weight loss, confusion, anxiety, depression, sadness, and grief. Nurses help the family to negotiate or arrange when necessary and refer to professionals who can provide support to the family because it includes nurses who provide support from other health professionals to deal or manage with the situations, that the present nurses are not fully aware of WHO (2009). they have a serious role to play in terms of giving information, lack of information or inadequate information, have poor feedback to care (Rose 1999)

7.3 Communication skills

As the health of a patient deteriorates, nurses should be prepared to respond and provide family members with the information, and the discussion should be done in a well-defined language should be conducted to ensure that the families wish are respected and at the same time act as advocate for the patient (De Graves and Aranda 2002). Because the use of terminology and non-lay language can lead to confusion misunderstanding of the intended meaning. It means that the information provided should be understood and trust involves

nurses, families, and patient. Besides, nurses in a palliative care unit need excellent communication in counselling and listening, (Lee 2002).

At this stage, some families may have something to say about the long-standing struggle of the patient illness, up to the present stage and needed somebody to listen to them. The nurse should consider taking some courses that can help them in this aspect (Wright 2002). Because some family members direct their negative emotion and suffering to the healthcare team so that it could help at this stage, all care teams are showing concern and care regardless the situation of the families; it could result to some signs of healing to the families. (Hinds et al. 2005). Communication during the end of life is a vital aspect for the care team; it plays a important role during care. The use of therapies, such as artwork and music, are non-threatening ways of enhancing communication (Malchiodi 1998)

Privacy about a patient health information during communication is essential and when communicating the nurse should be compassionate and try to explain the outcome and what to expect of them.

The patient cannot avoid the feeling and display of anger, emotion, and fear during the end of life discussions. All palliative care nurses should be ready to face with these situations during communication and meetings with the patient and family members. Nurses should also understand, however, that patient is different and individual handles situations differently. (Fallowfield and Jenkins 2004).

7.4 Emotional support

Families start grieving for their loss, or even before the death occur. Sensitive discussion with the family about the loss to come can create confusion and conflicting emotion, such as wishing for the patient pain to end (Sheldon 1997).

Nurses are able to offer emotional support to the family and the fact that there is an ongoing relationship between nurses and relatives make it easier for the nurses to reach out to the family and give there emotional during bereavement, showing that they still care family and for the fact that the care team where concern when the dying patient was still in palliative care it has a positive effect on the family members even after the death of their loved one. Throughout palliative care, the care team provides emotional support for both patient and families and this influence how the family welcomes and connect with the nurse. Nurses must understand that different families have their own cultural beliefs when providing support or making a care plan for the patient. The patient spirituality and beliefs

need to be put into consideration. Moreover, these supports, if provided to the patient and families can influence the family during the time of grief.

7.5 spirituality

According to (Best et al., 2014) at the end of life stage, spirituality plays a significant role in the mental well-being of the patient and families. During palliative care for a dying patient, the mental well-being of the patient and families should be considered, caregivers and nurses (care team) should respect the patient religion background and view families. Some family wants a formal religious ritual to be done during the dying process. Also, the deceased and families should be treated with respect and even after death. In the palliative care unit, the increased level of respect in spirituality is essential

According to (Borneman et al., 2010) personal spirituality serves as a massive structure of the patient beliefs and values. Also, their ability discovers meaning and hope during their suffering. To some patients, hope may lie in being pardoned by GOD Spirituality brings hope, as well as helping the patient accept the diagnose, it helps in aiding the patient palliative care team in finding ways to find hope base on personal spirituality.

Moreover, spirituality gives the patient the promise of life after death and the reunion of dead loved ones. Moreover, they believe that death will be an end to suffering due to the various form of suffering to a terminally ill patient in the palliative care unit. Most of them ask a question like (why), or what is happening in their life, reasons and purpose for suffering or respond to the expression of blaming self or anger at God.

Koenig, (2002). Stated that, Spiritual ritual is vital to a patient who practices it, and it is vital that nurses respect and facilitate participation in these activities as a treatment to cope with illness.

8. The relating result to the theoretical framework

Some concepts help analyze and identify the centered family care, including families as a caring team, using communication as a vital tool and supporting the family during bereavement of the patient. The primary responsibilities of nurses as a patient and family advocate are to support the patients and provide comfort for the patient and families during difficulties. Gao et al., (2010) argue that palliative care encourages patient spirituality; it helps in finding meaning to the client at the dying process. Since nurses provide day to day-care to patient and families that includes practical advice, noticing the patient problem,

e.g., medical issue or mental problem and issues are connecting with appropriate practitioners.

The result that occurs from the data after analyzing to make sure that it agrees with the purpose and to be sure it answers the questions to this study, at the end of this analysis.

The peaceful end of life theory described the effectiveness of communication during palliative care. Rayner et al., (2010) point out that at the patient's final stage, the right management of symptoms is the primary concern of families and patient.

Carefully administered medication, through assessment of the patient care needs. The concerns and wishes are the key elements that were brought out by the theory.

9. Discussion

During the study, Ruland and Moore theory (the peaceful and of life) helps in evolving ideas and explain dying patients' signs and symptoms. Death is hard to predict; it is uncertain, that at the end of life care most patients go through psychological and physical problems affecting their mental well-being. According to (Gillick, 2000). When there is a pain, and loss of body functions and the patient not being able to do things as usual, that alone hurts a patient mental state.

During the period when patient care is near to death, their mental well-being should be taken care of by the group of teams involved. Nurses and other care team members play an essential part during the end of life care. As narrated in *figure 1-chapter 6*. and this research study was done reviewing the scientific literature articles. From all the materials used for this thesis, it was observed that it tends to tell when to begin hospice care to the patient. Usually, this care starts from the stage of treatment to prevent symptoms.

Moreover, it is difficult to state a point line as to when, to begin with, the patient. When a patient is sent to a palliative unit, most of them are suffering emotional issues, and depression, which affects their mental state and well-being and these problems could have been solved if diagnose was made earlier enough. It also provides details of what palliative care is and the primary areas of the patient that needs to be followed. The considering articles used for the thesis, are from the year 1998 and above. The result of the study can have the same content result of researches done in the same field. It was noticed that different articles brought out the same point on how the mental well-being of a patient is not appropriately addressed. The author analyses the mental well-being of a patient close to dying.

The research was guided by Ruland and Moore the Peaceful End of Life Theory. They listed that, every healthcare providers should be well trained, have the qualification, and right attitude that pertains care of a dying patient. The mental well-being of a palliative patient can be improved when given competent care is being provided, and the patient feels safe. The barriers to a right end of life experience have been listed out in recent studies, which the lack continuity care of a dying patient from one phase of dying to the other, Avoidance of death, refusing to diagnose by patient or family member, insufficient fund, and aspect of care nurses intervention to this problem can be creating rapport with the patient and family member building trust and respect.

The family members or loved ones play an important role in giving care when the patient is approaching death. The patient should be involved in the planning of her care and decision-making processes if possible and if they are mentally stable. The family members should be supported emotionally during the period and after death.

10. Conclusion

Patients with an incurable disease at the palliative care unit, are faced with depression, that over time it can harmfully affect the mental well-being of the patient and lead to a patient experiencing a sad death. In this aspect, the patient need not be lonely, and nurses need to intervene by offering support to the patient and including it to her care plan. In several articles, it was mentioned that a patient mental well-being needs to be supported and not to be left aside.

The level of care and support are given to a patient at the palliative care unit, determine the patient state of mind or mental well-being. The critical part of a dying process is getting a peaceful closure, and the patient acknowledges the death, giving them enough time, the privacy if needed in their room. At the ending phase must of the patient experience fear, depression, and anxiety, all this need to be attended to, for the patient to have a peaceful death.

Most patients are worried about the pain they will experience during the process, and nurses encourage and promise the patient and loved ones of appropriate medication and patient can be pain-free. Educating the patient and family member regardless the situations, teach them about the dying process and death, because it helps both the patient and family to be prepared for any signs and symptom and improve their mental state at any given moment.

This situation might be a new process, or the first experience for the family members, by giving the advance knowledge gives them right states of mind on how to manage at the end

of life and allowing more room for questions should be encouraged. According to the author, it stated that mental well-being of a patient at the end of life stage is affected due to cultural reasons, he further explains how different ethics group of individual deliver care in palliative care unit and how their mental states can be measured. It also mentions about nurses and their mental states how it affects the care they deliver to their patient at the palliative care unit.

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Appendix 1. Matrix of the categories in response to the research questions

Bibliographic data	Aim	Research Method	Data Collection	Result
<p>Wilson, O., Avalos, G., & Dowling, M. (2016). Knowledge in palliative care and attitudes, towards nursing the dying patient. <i>British Journal of Nursing</i>, 25(11), 600-605</p>	<p>This study aims to target how nurses in care for a dying patient in achieving a peaceful, dignified, and comfortable life before their death.</p>	<p>Qualitative</p>	<p>Questionnaires</p>	<p>The results indicate moderate knowledge of palliative care and positive attitudes of caring for the dying among nurses working in older persons care settings</p>

<p>Chappell, P. M., Healy, J., Lee, S., Medellin, G., & Sanchez-Reilly, S. (2017). Means of communication between palliative Patients and Their Families: Multimedia Training in End-of-Life Care. <i>American Journal of Hospice & Palliative Medicine</i>, 34(7), 637–644.</p>	<p>Care needed at the end-of-life (EOL), create an excellent impact level and education initiatives to prepare medical students to communicate with dying patients and their families and to cope with issues of death and to die, is well recognized.</p>	<p>Qualitative</p>	<p>Interview</p>	<p>The preintervention surveys, were the majority of students participate and act in a right and positive attitudes to the care provided to the dying patients and their families. Despite this high pretest positive attitude, there was a statistically significant overall positive attitude change after the intervention</p>
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<p>Pamela Jennings, P. D. (2005)</p> <p>Providing Pediatric Palliative Care through a Pediatric Supportive Care Team.</p>	<p>The aim and primary focus of the Supportive Care Team is support, quality care, and ensuring a reasonable continuity of care for the patient and family from the hospital to outpatient visits, in the home, and school.</p>	<p>Qualitative</p>	<p>Literature review</p>	<p>The implementation of the pediatric supportive care team provided the staff with education and support in caring patient and family. The successes in managing patients in the palliative and supportive care service continue to build up staff confidence and satisfaction in the setting</p>
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<p>Joy Penman 2018,</p> <p>How Spirituality protects a patient during palliative care and families from depression.</p>	<p>The aim was explicitly designed to aid physicians and nurses in taking a spiritual history, in recognition that it was an essential aspect of healthcare that physicians had little training/support.</p>	<p>Qualitative</p>	<p>Literature review</p>	<p>They applied all these findings to the spiritual history-taking tools to determine if the extent to which they can be of assistance in identifying the spiritual needs of patients receiving palliative care.</p>
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<p>Anne M. Reb, MS, NP</p> <p>Palliative and end of life care: Policy Analysis</p>	<p>in presenting an overview of policy issues, that is affecting hospice and palliative care. Which focuses on the nursing home and hospital settings and to discuss factors affecting end-of-life care, policy initiatives, recent legislation, and nursing implications.</p>	<p>Qualitative</p>	<p>Questionnaires and interview</p>	<p>More education and research are necessarily needed regarding symptom management, communication and decision making, caregiver support, at the end of life and other care given during end-of-life issues.</p>
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