THE REQUIRED NURSING SKILLS FOR PALLIATIVE CARE

A guide for implementing nursing skills

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Abstract

Although nurses possess various skills for accomplishing care tasks, this thesis project focuses on nursing skills implementation as palliative caregivers in home settings. Sequel to chronic nature of the diseases, which affect a patient who requires palliate care, nurses should follow certain guideline when taking care of the patient.

This thesis project is to write a guidebook for palliative care nurses working for a private Finnish social and health care company. This project was implemented by sourcing for materials through online databases and seeking the opinion of the social and health care company workers, which we used as an example of home-care service providers for palliative patients, in respect to whether a guidebook would be beneficial to nurses as well as the patients.

This thesis project’s purpose is to increase the palliative nursing skills in home-care settings, which will help palliative care nurses to understand the necessary skills needed to ensure good quality implementation of palliative care.
The aim is to write a guidebook for nursing skills implementation, in order to effect a positive improvement in the lives of palliative patients and that of their family members since the main palliative care goal is to improve the quality of lives of palliative patients and that of their families.

Nurses also face challenges during palliative care. This thesis project only set guidance for nursing skills implementation, thus further studies should be carried out to set a guidance for nurses regarding handling challenges they might face during palliative care; particularly, palliative care for patients in home setting.

This thesis project can be used to give orientation to nurses who are working in palliative care settings as well as for teaching nursing students at universities or other institutions.

Keywords

Palliative Care, Nursing Skills, Psychosocial skills, Implementation

Tiivistelmä

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Tiivistelmä

Vaikkakin sairaanhoitajilla on monia taitoja hoitotyössä, tämä opinnäytetyöprojekti keskittyy hoitotaitojen käyttämiseen saattohoitoon kotihoidossa. Saattohoitoa tarvitsevien potilaiden tautien kroonisesta luonteesta johtuen, hoitajien tulisi noudattaa tarkkoja ohjeistuksia potilaan hoidossa.

Tämän opinnäytetyön tarkoituksena on tuottaa ohjeistusta saattohoidossa työskenteleville hoitajille, jotka toimivat yksityisissä sosiaali- ja terveydenhuoltoalan yrityksissä. Tämä projekti toteutettiin materiaaleilla, jotka haettiin verkon tietokannoista sekä sosiaali- ja terveydenhuoltoalan yrityksissä työskentelevien henkilöiden näkökannoista, joita käytimme esimerkkeinä palveluntarjoajatyöstä saattohoidossa - tarkoituksena tarkastella, mikäli ohjeistus olisi hyödyllistä hoitajille sekä potilaille.

Tämän opinnäytetyöprojektin tarkoituksena on lisätä hoitotaitoja saattohoidossa kotihoidon puolella, joka auttaisi saattohoidon hoitajia ymmärtämään tarpeellisia taitoja, joita tarvitaan laadukkaan saattohoidon saavuttamisessa.

Tavoitteena on kirjoittaa ohjekirja hoitotaitojen hyödyntämisestä, jotta voitaisiin tuottaa positiivinen parannus saattohoitopotilaiden elämään sekä heidän omaistensa hyvinvointiin, sillä saattohoidon suuri tarkoitus on kohdistua potilaiden lisäksi myös auttamaan heidän perheidensä elämänlaadun parantamista.

Hoitajilla on myös haasteita saattohoitotyössä. Tämän opinnäytetyöprojektin tarkoituksena on vain tutkia ohjeistuksia hoitotaitojen käytössä; tämän vuoksi lisätutkimusta olisi hyvä kohdistaa myös haasteiden kohtaamiseen etenkin saattohoitotyössä kotihoidossa.

Tätä opinnäytetyötä voidaan käyttää orientoimaan hoitajia, jotka työskentelevät saattohoidon parissa sekä opettamaan hoitaja-opiskelijoita korkeakouluissa ja muissa laitoksissa.

Asiasanat

Saatohoito, hoitotaidot, psykososiaaliset taidot, käyttöönotto

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1 INTRODUCTION

Palliative care provides guidelines, which enhances care for patients who are critically ill and dying in order to improve their quality of life as well as that of their families (Sekse, Hunskår & Ellingsen 2017, 22), requires knowledge and expertise in any healthcare system where nurses work. (Saunders 1978; Sekse et al. 2017, 2).

Over many years, nurses have played a vital role in palliative care activities, for example, assessing, diagnosing as well as treating people with chronic and life-threatening diseases, thus creating a dynamic care relationship between the patient and family members to reduce suffering. (Schroeder & Lorenz 2018.) Hashem, Brigden, Wilson & Butler (2020, 17) Argued that the number of palliative patients who prefer treatment and dying at home are continuously increasing. They noted that patients prefer home comfort for their family and helps to integrate family members as part of care.

Home-based palliative care according to Schroeder & Lorenz (2018, 7) helps to reduce the number of hospitalization and an acute visit to the hospital; and provide the opportunity for excellent care coordination. Fitzpatrick et al. (2017) noted that many medical practitioners feel underperformed concerning palliative care. Schroeder & Lorenz (2018), noted that palliative care nurses are involved in the assessment, diagnosis, and treatment of human responses to actual or potentially life-limiting illness and necessitates a dynamic, caring relationship with the patient and family. Thus improving quality of life and reducing suffering. They argued that nurses possess special palliative care skills, which encompasses communication, compassion, and response to human vulnerability.

This thesis project was done to provide guidelines to nurses working as palliative caregivers in homecare settings (Kotihoito). Thus, the purpose of this thesis project is to increase the nursing skills for palliative care in homecare settings, which will help palliative care nurses to understand the necessary skills needed to ensure good quality implementation of palliative care. Therefore, the aim is write guidance for psychosocial skills that would yield positive improvement in patients' life and that of their family.

2 PALLIATIVE CARE

2.1 Palliative care and end of life care

Palliative care is the philosophy of hospice care that sets caring guidelines for patients who are seriously ill and dying for improving their life quality and that of their families (Sekse et al. 2017, 22). It uses a multidisciplinary approach to handle the complex needs of the patients and their families, and it optimizes the quality of the patients' lives and their family's lives using special procedural measures geared towards anticipating, treating, and preventing suffering. (Schroeder & Lorenz 2018.) According to WHO (2019), palliative care is geared towards the improvement of the patient's life together with that of the family members putting in mind the problems that follows life-threatening illness, which encompasses preventing as well as relieving sufferings by identifying and assessing symptoms, and treating pains and other related issues, which can be physical, psychological, social, spiritual, etc.

Palliative care encompasses care for different kinds of diseases, which could lead to cure or end of life diseases such as cancer, which is a long-term illness that requires palliative care (Curie 2019). Palliative care for a cancer patient could lead to improvement and eventually lead to a cure or end of life depending where the cancer in the patient's body, early diagnoses, and the stages it is before diagnoses. According to Krau (2019), palliative care and end-of-life care has been interchangeable due to inappropriate understanding of the difference between them, which centres on decision-making and plan for the patient. Within palliative care, is the end of life care. Palliative care involves the care for a patient with a serious illness such that curing, or reversing the disease and its process is no longer possible but to assure the patient and those involved in his or her life experience the maximum quality of life. (Krau 2019.)

End of life is usually the last phase of palliative care, which is difficult to determine (Krau 2019); and a lot of financial and emotional burden; and lack of adequate support for patients and their families always follow it (O'Mahony et al. 2010,155). End-of-life care focuses on improving the quality of dying patient's life; ensuring that the patient dies peacefully while considering the legality surrounding the decision making (Krau 2019).

End of life care considers so many factors in care decisions, for example, legal matters, the clinician's decision to discontinue potential beneficial treatment, (O'Mahony et al. 2010), will-making decision, which involves the patient, to decide what happens to his or her money, property and possessions when he or she dies.

However, palliative care's overall goal ensures patients die peacefully in the last days of their life as comfortable as possible while their family members are also supported (HUS 2019). In order to ensure the it's intended goals are archived, nurses need appropriates skills, which has been found challenging (Brighton, et al. 2017, 418).

2.2 Nursing skills for palliative care

According to Schroeder & Lorenz (2018), nurses should have special palliative care skills, which encompasses communication, compassion, and response to human vulnerability. Besides, palliative and end of life care skills are very important for nurses in order to successfully accomplish the goals of palliative care assignment. The ability of nurses to develop palliative caring skills is a significant professional rite of passage, which they as caregivers would reflect upon throughout their career and thus become confidence with the care they are providing (Smith, Macieira, Bumbach, Garbutt, Citty, Stephen, Ansell, Glover, & Keenan 2018, 1141).

Nurses are to have good communication skills, (Schroeder & Lorenz 2018; Brighton et al. 2017; Singer et al. 2016); psychosocial skills (Onyeka 2010; Lloyd-Williams 2003; Alexander 2006); Coordinating skills (Sekse et al. 2017); pain management skills, (Schroeder & Lorenz 2018; Wilkie & Ezenwa 2012). These skills are described below.

Communication Skills

Communication skill is one of the most important skills nurses should possess when caring for a patient with life limiting diseases. Communication involves a range of issues related to progressive, incurable illness together with end of life care for instance issues like advance care planning, discussing the transition to palliative care, and talking about dying (Brighton et al. 2017, 418). According to Brighton et al, (2017), lack of good communication or communicating poorly could lead to lack of satisfaction, confusion reduction in quality of life, and the patient and family members may experience reduction of symptoms relief. Communication requires many skills so that it could provide the necessary support for the patient and family, thereby reducing the amount of stress they maybe undergoing, which eventually leads to a better decision-making.

The skill needed by nurses to effect good communication with patients and their family members includes skills regarding pre-meeting activities, which includes planning and preparing for meeting, and scheduling meetings; when the meeting is taking place, which includes the language structure, the kind of topics, and the process of communication; and post-meeting activities, which includes documentation and follow-up. (Singer et al. 2016.)

Singer et al. (2016) noted that communication among patients and his or her family members by a caregiver is an essential aspect of high quality of end of life care. They added that effective communication skills during family meetings, for example, empathy helps to reduce Post Traumatic Stress Disorder (PTSD), among bereaved family members as well as the reduction of anxiety and depression and enhances the quality dying experience.

Furthermore, communication does not end with patient and the family members alone but also among the multidisciplinary palliative care team. Sekse & Ellingsen (2017, 36-37) conclude that nurse acts as a link between different levels of health care, between different professions, and between patient and family, thus contributing to ensuring good quality of individual patient tailored care.

Psychosocial Skills

National Council for Hospice and Specialist Palliative Care Services defined Psychosocial care as care that is related to the psychological and emotional well-being of the patient and their family members/caregivers, including self-esteem problems and perception of adapting to illness and its consequences, communication, social functioning, and relationships. Onyeka (2010) identified five issues, which nurses should have knowledge of as a palliative and end of life caregiver, which nurses should develop the skill in order for the goals of palliative care to be attained. They include stigmatization, Denial of diagnoses, physically challenged, unresolved family conflicts, which could cause psychological problems to patient and family members, and breaking bad news and depression in-patient, which affect palliate care quality. Nurses need skills to handle these issues to ensure quality and effective care. Understanding the dimension of psychosocial work helps caregiver to strengthen their practice in their professional areas (Alexander 2006).

The skills of palliative caregiver also include getting information about patient's diseases, and assembling of a mini-ethnography of the changing concepts of chronicity. Nurses perform informed negotiation with an alternative way of caring for palliative and end-of-life patients, including the amounts of psychotherapy for the multiple, ongoing threats and losses that make chronic illness and terminal illness so profoundly disruptive (Lloyd-Williams 2003). The psychosocial skills of nurses according to Onyeka (2010) laid emphasis on how palliative caregiver would identify the psychosocial issues once the disease is diagnosed and actions taking to reduce the effect on patient treatment. For example, the issue of stigmatization as argued by Onyeka (2010) should be identified as soon as the disease is diagnosed and follow-up information and counselling the patient should be adopted alongside treatment so that patient can successfully cope. Promotion of interpersonal and family relation. The psychosocial skills of nurses should help nurses to understand that palliative patient has individualized requirement for receiving and processing information about diagnoses such as age, gender and educational level, cultural and social values. However, many of the issues narrated my Onyeka (2010) has something to do with cultural belief, for example, the issue of stigmatization and diagnoses denial. Meanwhile, it is pertinent that nurses should develop psychosocial skills in order to be able to handle these issues when medical information is being disseminated to patient. Guidance for implementing psychosocial skills, which is the main focus of this guidebook is discussed in chapter 7. This will help improve patient's mental health as well as that of the family members.

Pain management Skills

Dame Cicely Saunders associated total pain to sufferings, which encompasses all physically, psychologically, socially, spiritually, inflicted pains as well as struggles (Richmond 2005; Ong & Forbes 2005), and in palliative care, nurses work in a variety of roles including working as individual practitioners in targeted pain and symptom management Schroeder & Lorenz (2018).

Nurses play a crucial role in patient's pain and symptom management. Thus, they (nurses) should have the required pain management skills. In order to manage palliative patient pains, nurses should be skilful in pain measurement tools. Nurses can use a scale of 0-10 as assessment tools, which indicates the intensity of pain. Wilkie & Ezenwa (2012), suggest effective training for palliative caregivers to implement their respective roles in pain and symptom assessment and management. However, Wilkie & Ezenwa (2012), noted that there are challenges facing nurses when managing pains.

Coordinating Skills

The nurse acts as a link between different levels of health care, between different professions and between patient and family, which contribute to ensuring the quality of care to the individual patient. Whether nurses are working in the home care or hospital settings, they should have coordinating skills, which serves a base for networking with other professionals and between the patient and the family, thus giving nurses the opportunity to provide optimal care to the dying patient. Coordinating skills of nurses encompasses communication with all persons involved in the care, which includes doctors, family, patient and other team members resulting in core values such as alleviating suffering, maintaining dignity, and performing comfort care, which shape nurse–patient conversation. (Sekse et al. 2017.)

3 FINLAND HEALTH CARE SYSTEM AND PALLIATIVE CARE

3.1 Finland health care system

Finland is a welfare state, which is characterised with universal right to having access to social welfare and health care services. The Finnish Ministry of Sociial Affairs and Health (2020), states that Finnish healthcare service consists of primary health care and specialized medical care services. The Finnish constitution stipulates that it is the responsibility of municipalities is to provide healthcare services (HUS 2020). The rights and status of patients are stated by the constitution. In addition, the constitution also states that health promotion amongst the populace is one of tasks of public authorities. (Ministry of Social Affairs and Health 2020.)

The municipalities provide primary healthcare services at the healthcare centres, while specialized care is provided at the district hospitals. More so, the primary health care covers maternity and child welfare clinics, school health care, medical rehabilitation, and dental care. (Hus 2020.) Experts on medical specialties provide the specialised medical care, which is provided at hospitals. Residents' access to specialised medical care is through referral by a physician from primary health care centres or private practitioners. The Finnish healthcare system is primarily financed by public tax revenue. (HUS 2020).

3.2 Palliative care in Finland

According to the study conducted by Finnish institute of health and welfare (2019), professional nurses in Finland need more training in palliative care. This training is not only needed for nursing professionals in Finland alone but also for other European countries. The result of the study shows that, in terms of basic knowledge of palliative care, Finnish nurses and practical nurses are on the average with a comparative score of 0.49 on a scale of 0-1. However, other results show that Finnish nurses had a good understanding of how physical and psychological factors affect pain in palliative care, with scores of 0.89 and 0.87 on a scale of 0-1 respectively.

In Finland, the Finnish health care system has a good and strong primary health care organization for palliative care patients. For example, cancer patients at university hospitals in need of palliative care usually have short/limited admission time, when the limited time ends, the patients palliative care is then transferred from a specialist to continue with a general practitioner either in a home-hospital, home care team, acute hospitals, outpatient clinics, inpatient wards and also in a private hospice centre. Besides, outpatients in hospice and home hospitals are given care only with system control 24/7, 7 days a week. (Tasmuth, Saarto & Kalso 2006.) Research shows that the demand for palliative care is on the increase in Finland. For example, cases of cancer are estimated to increase by 29% by 2020. The HUCH Department of Oncology houses the HUS Centre for Palliative Care. The centre, which is Helsinki Metropolitan Area's network of end-of-life care providers, is responsible for arranging training for palliative care and collaborate with primary healthcare centres. These includes primary health care and Terhokoti end of care units as well as end-of-life care at home. Palliative care centres, for example, the Cancer Centre of Helsinki University Hospital has palliative care specialists, which includes oncology, geriatrics, and psychiatry. At this palliative care unit, the young physicians who are specialising in oncology are deemed to undergo a mandatary three training, which has been helpful. (Saarto 2014.)

In recent times in Finland, there is an increasing commitment so that the needs of palliative and end of life patients are meet, thus between 2013 and 2015, a weekday palliative outpatient clinic was established in Turku University Hospital, (Hirvonen et al. 2018). The findings of Hirvonen et al. (2018), shows that since 2013, there is an improvement in treatment goal for palliative and end of life patients especially the quality of the documentation for treatment goals, do-not-resuscitate (DNR) orders, living wills and connections to primary care providers. In addition, the number of late palliative and EOL patients admitted to the emergency department at Turku University Hospital tends to have decreased since 2016.

Founded in 1936, the Cancer Society of Finland is one of the organisations that help to promote and support palliative care. The organization helps to provide information, support and hope to patients. Besides, in Finland, the society is the biggest funder of private researcher for cancer. The society is made up of 12 regional cancer societies as well as 6 national patient organisations.

4 CREATING A GOOD GUIDE BOOK FOR NURSES

A good guidebook is a book, which is characterised with clarity and understanding in the view of the audience it is intended for. According to Centers for Disease Control and Prevention (CDC) (2009), a good guidebook should consider such factors as communication, text appearance, layout and design, cultural consideration. The aspect of communication of a guidebook is very important. The communication pattern should be clear and understandable and should attract the attention of the audience it is intended, bearing in mind the culture and the literacy skills of the audience when designing health communication materials (CDC 2009). The clearness and understandability of the book should lead to increasing the knowledge of the audience.

5 DESCRIPTION OF CO-OPERATING PARTNER

This thesis project was done in co-operation with a Finnish health and social services company. The company does not want its name published. This company is a service providing company in the health and social services sector. It provides services to people of all ages.

The company was founded in 1999 and became a public limited company in 2004. It operates in more than 100 municipalities across Finland and has over 1300 employees. The company provides services for elderly people, people with disabilities, family with children, Mental health and substance abuse rehabilitation, etc. It works in conjunction with municipalities, hospital districts, and Kela, who order services from the company.

One of the services provided by the company is homecare, which this thesis focuses on. After signing the commissioning documents, we met with some of the nurses asking them some questions. These questions were designed to enable us to understand what kind us nursing skills implementation guidance we can introduce to palliative care in the home care settings.

6 PURPOSE AND AIM OF THE THESIS PROJECT

The purpose of this thesis project is to increase the nursing skills for palliative care in home care settings, which will help palliative care nurses to understand the necessary skills needed to ensure good quality implementation of palliative care.

Therefore, the aim is to write guidance for psychosocial skills that would yield improvement in patients' lives and that of their families.

7 THESIS DEVELOPMENTAL PROCESS AND METHODOLOGY

7.1 PDSA – Framework Methodology

During the gathering of information needed for this project, the PDSA framework methodology was adopted. The PDSA framework is a model, which ensures quality improvement for project implementation. (NHS 2018.) The PDSA framework helps to identify and gather information needed to plan a set of actions to improve the quality of care (McGowan & Reid 2018).

7.2 The Plan stage

My colleague and I met together I discussed the topic that would be relevant to nurses in the home care setting. We came up with a topic relating to palliative care. We notice from researches that palliative is shifting more and more towards patients at home, thus, we planned plan to study and write a guidebook for nurses working in the home care settings.

During the planning, we set out our objectives and came up with the aims and purpose of this thesis project. See chapter 6 for the purpose and aim.

7.3 The Do stage

To be able to understand the required nursing skills for this study and know what guidance nurses need for skill implementation, we decide to meet and discuss with some of the nurses working for our co-operating company. During our meeting, we asked some questions about patient's psychosocial issues, nurse's communication between client family members as well as other multi-professional practitioners; Co-ordination skills, and pain management skills. See appendix 1 for the relevant questions.

Some workers at the private Finnish social and health care company, which is our co-operating partner, were asked some questions to ascertain what skills they would apply during palliative care for their clients. 3 registered nurses and 1 practical nurse were asked and these questions were asked orally and their responses corresponded with some opinions of some of the existing literature used for this thesis. Appendix 1 shows the basic questions that were asked. For example, responses to questions relating to psychosocial skills and communication skills were in consonant with the opinion of Onyeka (2010). Through the oral discussion with the nurses, we were able to come up with some guidance, which is relevant to carry out palliative care, and how to implement them. Their response to the questions helped us to carry our studies relevant to this thesis project.

However, an e-mail was sent to the representative of the co-operating company. The response was a suggestion that we should focus on writing a guidebook for nursing skills to improve patients mental health, or networking etc. with more emphasis on improving patient’s mental health and added that we already have good questions on that. This response relates to the psychosocial skills we discussed in chapter 2. Hence, we decided to focus on a guidance for implementing psychosocial skills.

7.4 The Study stage

Based on the responses from the nurses we interacted with and the co-operating company’s representative, we carried out further studies in order to compare their responses with the opinion and result of from literature. We were able to gather the data from the literature, which were relevant to implement our study. Chapters 2 and 3 show a body of literature we reviewed to identify nursing skills needed for palliative care. Based on the literature, we were able to draw up guidance for the implementation of psychosocial skills.

7.5 The Act stage

In order to implement nursing skills for palliative care, we came up with some guidance relating to nursing skills implementation. This guidance is discussed appendix 2

Before will came up with the guidance, we went through some literature review and filter out articles that were not relevant to this current study. Different databases were used to collect our data. We used Masto.finna.fi to navigate to databases. The reason is that, using masto.finna.fi will enable us to navigate to databases such as CINAHL, EBSCO, SagePub, etc. without restrictions. Other data sources includes google scholar, NCBI database, etc. The data collection process is discussed in chapter 8

8 DATA COLLECTION PROCESS

8.1 Inclusion and exclusion

Though we limited our article search year of publication from 2005 – 2020, however, some older articles were used because of their relevance to this study. The included articles used for guidance for implementing psychosocial skills were based on the inclusion and exclusion criteria listed below.

In the process of data collection, we decided to search for a body of literature to determine which article is suitable and relevant to our project aims and purpose. We searched through databases as well as free sources, for example, google search engine. We adopted some search criteria in order to deviate from the questions set to be answered by this study. Thus, the search criteria are shown in table 1 below.

Search criteria	Results		
	CINAHL	EBSCO	Other sources
Nursing skills for palliative care	23	106	44
Managing pain in palliative patient	30	56	8
Psychosocial aspect of palliative care	27	74	11
Implementing palliative care skills	5	9	3
Communication skills for palliative care	41	87	19
Co-ordination skills for palliative care	5	9	7
Total	131	341	92

Table 1: Data search criteria and results

Meanwhile, this thesis project tends to write a guidance for nursing skills implementation, however, we decide to review articles that adopted quantitative or/ and qualitative methods. The reason is to ensure get good comparative sources to help us write guidance for nurses. According to Polit & Beck (2012, 672-673), reviewing literature with mixed studies ensures the comparability of authors’ views relevant for the reviewer’s analyses. The article selection criteria is stated below in figure 1.

Inclusion

1. Articles written in English and Fulltext
2. Palliative care or end of life care
3. Nursing skills
4. Pain management
5. Psychosocial aspect of palliative care
6. Palliative care communication
7. Article with publication year between 2010 – 2020

Exclusion

1. Article not written in English
2. Patient dying order than palliative care diseases

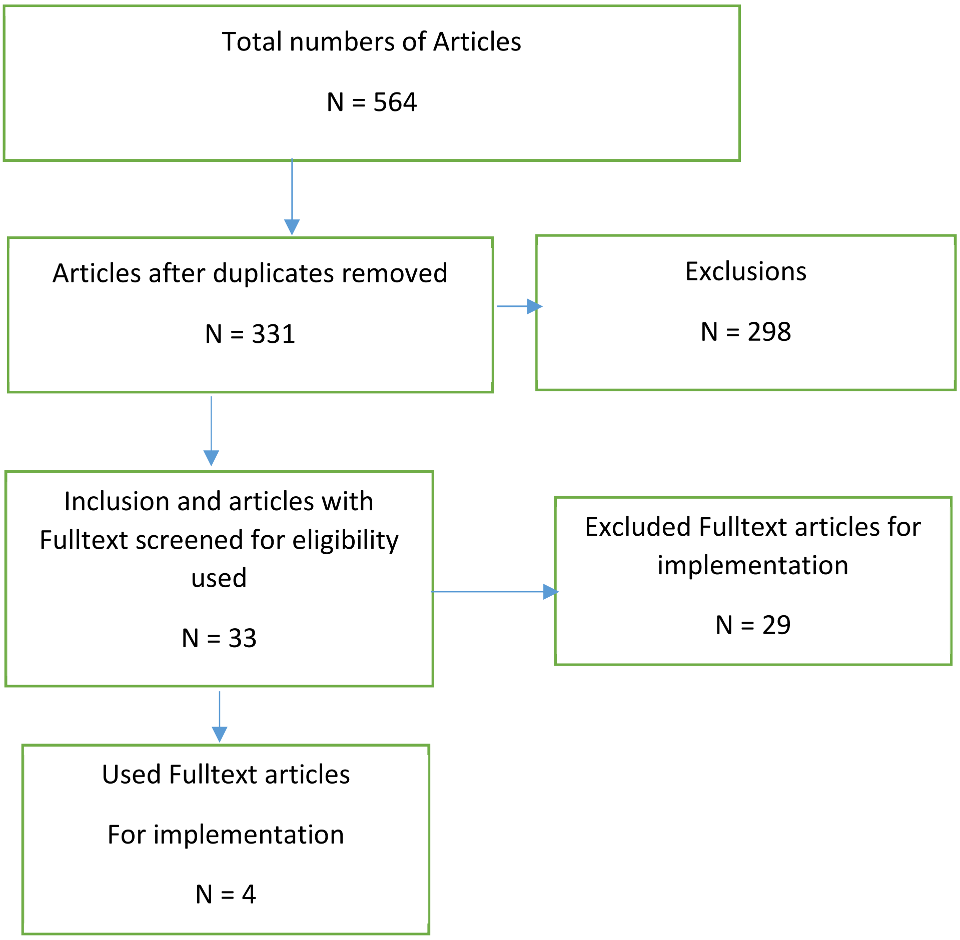

Figure 1. Selection criteria

9 DISCUSSION

9.1 Project Evaluation

To evaluate our guidebook, we administered evaluation questionnaires to 7 caregivers working for the private Finnish social and health care company we used for this project as an example. The reason for this evaluation was to determine if our guidebook would yield the benefit for which it is meant.

We adopted a measurement scale of 1 – 3. Response 1 represents not likely, response 2 represents somewhat likely, while response 3 represents very likely.

Out of the 7 questionnaires administered, 6 people responded. Out of the six responses, 5 were usable. Though the sixth respondent gave an opinion about the guidebook, the response was that “the guidebook is good”, which just a general view of the entire guidebook, and was not a response to the different categories of questions in the questionnaire.

Out of the 5 usable responses, 2 respondents were practical nurses, while 3 were registered nurses. Most of the responses to the questions show that the guidebook is very likely to suit the purpose, which it was meant, and its understandability and clarity. However, as for whether the contents was written according to the tittle, 2 participants responded “somewhat likely”. Meanwhile, none of the respondents chose “not likely” to any of the questions. See appendix 3 for the administered questionnaire. Responses to these questions are analysed below according to the 5 usable responses.

The first question, which is “Is the guidelines done according to the tittle?” 2 respondents answered “somewhat likely”, while 3 respondents answered “very likely”. The second question, which is “Are the words carefully and clearly chosen?” All respondents answered “very likely”. The third question, which is “Are words understandable?” All respondents answered “very likely”. The fourth question, which is “Do the contents suite the purpose?” 2 respondents answered “somewhat likely”, while 3 respondents answered “very likely”. The fifth question, which is “Do you think this guidance will help nurses?” All respondents answered “very likely”. The sixth question, which is “Do you think this guidance will help patients?” All respondents answered “very likely”.

Other questions in the questionnaire relate to the respondent’s profession and their opinion/recommendation for improvement. See the first paragraph of this chapter for the response to the respondent’s profession. Meanwhile, the other part of the evaluation questionnaire, which is “Your recommendation/opinion about the guideline and what way it can be improved” only one respondent provided an opinion. The opinion was about the referencing style. This opinion was noted, a review of the references was done, and the referencing guideline for this thesis project was adopted.

9.2 Reliability and Ethical consideration

We used reliable sources of materials in the course of writhing the framework of this thesis project. When a certain study is repeated and the same result is gained, the study is said to be trustworthy. Malhotra & Birks (2003, 312) argued that the true value of the measurement is in its observation not in the characteristics of interest.
To ensure the reliability of this thesis project, we used scientific data sources, which are evidence-based sources, the references and the coherency of these studies. These sources were considered to have relevant information for this Thesis project. The literature we used to conduct the project was considered to have supported the following elements quality of the study, scientific references, reliable search engines, the accuracy of the articles, and coherency. Literature review entails critical analyses and evaluation of the literature used to certain its accuracy and trustworthiness (Coughlan et al. 2013.)

Ethical consideration: This Thesis project was written following the school’s thesis guideline. In this Thesis, we avoided the element of plagiarism and used appropriate referencing. We maintained originality and avoided being bias and falsification of information. Coughlan et al. (2013), noted that it is an offense to present the work an author without due referencing, and it is stealing (Kolin 2015, 21). Thus, we tried to write this thesis in our own words and give credit to authors whose work was used. Moreover, a clear unambiguous, honest, accurate and fair writing reflects ethical practice, Kolin (2015).

10 SUMMARY AND CONCLUSION

This thesis project creates a guideline for nurses working in homecare setting to improve their knowledge of nursing skills implementation. Nurses play a very important role in palliative care; and skills and competences are needed by nurses in order to handle the complex needs of palliative patients and their families to improve the quality of patient’s life and minimize suffering (Schroeder & Lorenz 2018).

It is presently understood that palliative patients chose the preference of dying at home. Thus, guiding nurses on the way to implement the skills required for palliative care in home-care setting is now paramount. From the analyses of the response to the guidebook questionnaire for this Theses project, it was noted that guidance would help nurses to implement their skills positively, which in turn is beneficial to patients and family members as they would be satisfied with the care of palliative nurses having implemented their skills appropriately (Brighton et al. 2017).

Appendix 2 to this thesis project, which is a guidebook for nurses’ skills implementation, drew guidelines for implementing psychosocial skills, communication skills, co-ordination skills, and pain management skills.

Nurses should apply psychosocial skills intervention guidelines to improve the mental health of palliative patients and their families. Psychosocial skills intervention would need communication skills especially using the right words to achieve the desired result. It is important for health care workers to concentrate and identify where and how communication goes wrong. Therefore, for the best result, practicing communication and further education can bring improvement, understanding the needs of patients, giving reports and sharing decisions between health care workers, prioritize details, show empathy by considering the patients’ mental state. (Salmon & Young 2013.) It is important to follow-up patient’s long term and strong use of pain medications such as opioids, pain pumps, stimulators etc. This helps to monitor and avoid life-threatening side effects of the pain medication and the possible help to improve the quality of the patient’s life. (WHO.)

More so, every skill implementation requires coordinating skills. Implementing coordinating skills do not just require independent work but also cooperation with other nurses to maintain positive outcomes and improve the patient’s line of recovery. Thus, nurses should harmonise their nursing skills during palliative care in order to get the desired result.

This thesis project can be used to give orientation to nurses who are working as palliative caregivers. It can be used for teaching purposes especially for teaching nursing students at universities or other institutions.

However, nurses also face challenges in implementing nursing skills during palliatives care. This Theses project did not set guidance on how nurses would handle these challenges. Thus, further studies should be carried out to set guidance for nurses regarding handling challenges they might face during palliative care particularly, palliative care for patients in home-care setting.

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APPENDECES

Appendix 1: Evaluation questions for writing guidance

1. How do you know the need of patient/client? how to you communicate

   these needs to doctor and patient’s family members. Would you for example need help on the best way to handle such palliative care communication issues?
2. What would you like to know about palliative care skills?
3. If you are caring for a palliative patient and you noticed that the person is facing psychological issues, for example, conflicts arising from family members, is there a way you would help the clients to reduce the stress? Is it importance to guide nurse on how to handle psychosocial insures relating to palliative patient?
4. If you are caring for patient with stigmatization problem due to the kind of sickness he or she has, would you need a guidance to help implement care for the benefit of the patient?
5. Do you think pain management guidance is important to nurses when caring for palliative patient?
6. Do you think guiding nurses on how to co-ordinate palliative care for patients will be beneficial to patients and nurses involved in the care?

Appendix 2

Palliative care in home settings

Guide Book for nursing skills implementation

By

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Table of contents

1 Introduction

According to WHO (2016, 18), home-based palliative care is revere to as the provision of care to people who are suffering from chronic and life threatening diseases at their home. It creates the opportunity for patient and family privacy and confidentiality.

People that need palliative care prefer care at their home. The number of palliative patients who wish to die at their home is increasing (Hashem, Brigden, Wilson & Butler 2020, 17). Palliative care in home setting helps to integrate patient family members into care and patient prefer the comfort of home setting care, thus providing effective support to both patient and family members. (WHO 2016, 18.)

Research shows that nurses play important role in palliative care and they should possess some nursing kills needed to play their palliative care roles. These skills help nurses in care planning, interaction with patient and family as well as palliative team members. A good implementation of nursing skills results to patient and a family member's satisfaction of the care given. (Brighton et al. 2017.)

In order for nurses to carry out effective and efficient home-based palliative care, they need to implement a set of skills. Guidance for the skills implementation are discussed in the following chapters.

2 Psychosocial skills implementation

Based on oyenka (2010) opinion on psychosocial issues in palliative care, we have come up with the following guidance for nurses in the home care setting. Other literature that helped us to develop this guidance are the works of Hudson et al. (2012) and Fan et al. (2017).

- ***Crisis intervention and promotion of family unity.*** If there is existing family disagreement before the end of life illness, it will have a psychological effect on the patient's illness, it is important that carer intervene and promote unity. Carry family member along during decision-making process and when giving information. Apply group-based educational approach and behaviourally focused problem management technique..

- ***Help patient to reduce the stress of stigmatization and social morbidity.*** As caregiver, identify element of stigmatization that may arise following sickness diagnoses. Apply psychological counselling alongside with care/treatment. Care giver can get patient and family members in contact with people that have similar sickness. Thus creating interacting forum. This will the help patient to understand he or she is not the only person with such condition, thus reducing the psychological effect of stigmatization. Nurses should involve multi-disciplinary team and social workers and having open communication with family members. The patient should be allowed the opportunity to express his fears and concerns about his condition.

- ***Nurses should help the patient to understand the reality of the diagnoses*** especially when there is element of denial of the diagnoses by patient or family in such that they do not believe that the patient could have such disease. This can be achieved by appropriate denial management technique. Nurses should know and understand the contributory factors, which patients require to receive and understand information about his diagnoses. These factors includes, age, gender and educational level, cultural and social values. Oyenka (2010) pointed out that in the face of denial, nurses should show empathy and maintain the relationship by seeing the patient often. However, being too personal should be avoided so as not to lose perspective on the seriousness of the illness or treatment options.

- When taking to patient**, *information has to be clear and truthful*** and the information should be given at the patient's pace. The patient needs reassurance about their own continuing care and will be enormously relieved when these issues are openly discussed. Patient should be supported in their sadness.

Furthermore, implementing psychosocial skills requires nurses to understand the ailment of the patient and its effect on the health mentally, socially and physically. Psychosocial support needs upmost planned psychological intervention that can improve the patient's quality of life. This can be achieves with the following guidelines:

- Nurses must quickly make a referral for patients in need of palliative, emotional support and psychosocial care; this helps reduce the effects of complications to the patients' health.

- Perform a psychosocial distress screening; analyzing state of mind and behavioral actions.

- Respect patient's autonomy and probity. Implement care by eye-eye contact, slow and steady communication, be a good listener to the patient, show empathy through touch and companionship.

- For better outcomes in psychosocial care, there has to be co-operation and good communication between nurses and healthcare professional from other aspects of healthcare such as psychotherapists.

- Psychosocial care entails alleviating suffering not just from patients but also from family members caring for the patient. Nurses must be warm, patient and sensitive in listening and delivering care.

- Create trust between nurses and patients to achieve effective results from care plan and interventions. Without trust, delivering care professionally is limited.

- Nurses must also control their own emotions and stress in the presence of the patient, separating personal emotions, beliefs and values, which can influence care implementation. Thus, healthcare professionals must arrange professional training for nurses in psychosocial care, not just training for care but also psychological support for the nurses involved in care too.

- Most importantly psychosocial care plan, diagnosis and prognosis should be made with patients and relatives, each situation must be fully evaluated.

- Creating each plan with evidence-based care is very essential for realistic outcomes, as well as honesty and truthfulness.

2.1 Communication skills implementation as part of psychosocial skills

According to Salmon & Young (2013), implementing effective communication can result to effective care outcome for the patients and create trust between patients and health care workers. In other words, the method of implementing this communication is very essential for effective results. Communication skills can be implemented with the following guidelines:

- ***Develop effective relationship with patient and family member*:** To ensure successful care intervention, nurse as a palliative carer should develop good relationship with the patient and family member. This helps to facilitate communication and care co-ordination.

- Nurses should be aware of signs of approaching death such as change in color (cyanosis, pallor, jaundice); weak, thready, irregular pulse; coldness; loss of interest etc, which should be sensitively communicated to the doctor and the family members. Discussing these signs of approaching death with family members helps them to prepare in time and meet cultural and spiritual need. (Eyre 2010, 46)

- ***Share decision making*:** While nurses are expected to take responsivity for decision communication, nurses should involve patient and family members as wells as other healthcare workers in the clinical decision making. However, decision communication should be objectively subject to patient and family member’s situation. The reason is that communication that is not good for one, which might cause distress to the patient, might be good for another, because it challenges denial. (Salmon & Young 2013.)

- Pay attention to the patient state of mind when communicating, develop emotional relationship and avoid showing personal interest or being personal. Be skilful in constructing and positioning words.

- Communicate full information: give full clinical information to the patient and family members as well as keeping hope alive. To do this, a negative information should be followed by a positive information. (Salmon & Young 2013.) This will help bring equilibrium and help to support patient and family members' mental health.

2.2 Co-ordination skills implementation as part of psychosocial skills

Implementing coordinating skills requires experienced nurses. This is a major factor in palliative care. Therefore, guidance for implementing coordinating skills are as follows:

- Nurses must be aware of their role and function in palliative care, identify and tackle the problems associated with severe illnesses.

- Emphasis should be made on creating and improving a bond/trust between nurses, patients and families, so the flow of information can be ascertained. When this is done, implementing optimal care is easier.

- Nurses should evaluate and monitor changes in patient's needs and communicate it appropriately. This can be done by assessing the patient current condition and comparing it with the previous information in the patient's documentation system.

- Create patient centred care plan. Since the need of patient varies amongst different client, it is pertinent for nurses to create care plan according to individual patient need.
- In patients plan, it is important to include care for patient's family. This care surrounds giving comfort, support and attention to the families so they do not feel alone, there supporting their mental health and well being

- Nurses should share knowledge with palliative team member applying communication skills.

- Nurses should listen to need of patient and family members, clarify the needs and create preferences in the best interest of the patient, (Sekse , Hunskår & Ellingsen 2017, 32) thus helping balance mental health and wellbeing of patient.

-

- Organize basic daily care in accordance with each patients needs, Such as empathy, nutrition, bathing, mouth care, emotional and psychological care.

2.3 Pain management skills implementation as part of psychosocial skills

As pain is an internal/personalized phenomenon so its management is sometimes challenging, thus it requires upmost knowledge and understanding on how to implement managerial skills in a professional way. The following guidance would help nurses to implementing pain management skills.

- Begin with studying the patients' medical history to understand the genesis of the pain, which can help in pain evaluation and give more insight on what kind of pain relief plan should be effective.

- Conduct pain evaluation so to determine what kind of therapeutic intervention the patient needs; evaluate pain complexity, its physiological, neurological, neuro-pharmacological and psychological effects to the patient, use VAS (visual analogue scale), observe and evaluate body language and behaviour.

- Nurses should provide comfort care. Comfort care could be in form of doing what is needed (Sekse et al. 2017, 32-33) for example bathing, hair care, mouth care, and emotional, psychological and existential comfort care

- Plan and implement patient's medication therapy at same time but different interlude.

- Plan for continuous long-term (hospice) pain management therapy for the patient by sending a referral to a geriatric home or home care team in accordance with the opinion of the patient and close family members. This therapy plan must be structured accurately and multidisciplinary to ease pain and improve everyday living even if it seems it is the end of life. In addition, present the plan to the new care team with adequate guidelines so positive outcomes can be achieved.

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Appendix 3: Guidebook evaluation questionnaire

1. Profession

Registered nurse(sairaanhoitaja) ☐

Practical nurse (Lähihoitaja) ☐

Others, specify --

2. Is the guidelines done according to the tittle?

Not likely (1)	somewhat likely (2)	very likely (3)
☐	☐	☐

3. Are the words carefully and clearly chosen?

Not likely (1)	somewhat likely (2)	very likely (3)
☐	☐	☐

4. Are words understandable?

Not likely (1)	somewhat likely (2)	very likely (3)
☐	☐	☐

5. Do the contents suite the purpose?

Not likely (1)	somewhat likely (2)	very likely (3)
☐	☐	☐

6. Do you thing this guidance will help nurses?

Not likely (1)	somewhat likely (2)	very likely (3)
☐	☐	☐

7. Do you think this guidance will help patients?

Not likely (1)	somewhat likely (2)	very likely (3)
☐	☐	☐

8. Your recommendation/opinion about the guideline and what way it can be improved

Appendix 4

Liite 4

Saattohoito kotiympäristössä
Opaskirja hoitotaitojen hyödyntämiseen

Tekijät:

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Ogochukwu Kogwuonye

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Sisällysluettelo

1 JOHDANTO

WHO:n mukaan (2016, 18) kotona tehtävä saattohoito on arvostettu osa hoitoa kotona niille ihmisille, jotka kärsivät kroonisista ja elämää vaarantavista sairauksista. Se mahdollistaa sekä potilaalle että hänen perheelleen yksityisyyttä ja luottamuksellisuutta.

Henkilöt, jotka tarvitsevat saattohoitoa, suosivat hoidon tapahtuvan kotonaan. Niiden saattohoitopotilaiden määrä, jotka haluavat menehtyä kotonaan on kasvamassa (Hashem, Brigden, Wilson & Butler 2020, 17). Saattohoito kotiympäristössä auttaa yhdistämään potilaan perheenjäsenet osaksi hoitoa, ja potilaat suosivat kotinsa rauhaa hoidossa, mahdollistaen tehokkaan tukijärjestelyn sekä potilaille että heidän perheenjäsenilleen (WHO 2016, 18).

Tutkimukset osoittavat, että hoitajilla on tärkeä rooli saattohoidossa, ja että heillä tulisi olla hoitotaitoja, joita tarvitaan heidän saattohoitorooleissaan. Nämä taidot auttavat hoitajia hoidon suunnittelemisessa, sekä olemaan vuorovaikutuksessa potilaan, tämän perheenjäsenten sekä muiden saattohoitohenkilöiden kanssa. Hyvin järjestetty hoitotaitojen käyttäminen johtaa potilaan sekä tämän perheenjäsenten tyytyväisyyteen hoidosta (Brighton et. al. 2017.)

Jotta hoitajat voivat suorittaa tehokasta ja aikaansaavaa saaattohoitoa kotiympäristössä, heidän täytyy ottaa käyttöön sopivia taitoja. Seuraavissa kappaleissa käsitellään ohjeistusta hoitotaitojen käytössä.

2 PSYKOSOSIAALISTEN TAITOJEN KÄYTTÖ

Oyenkan (2010) tulkintaan psykososiaalisista taidoista saattohoitoon perustuen, olemme tuottaneet seuraavanlaisen ohjeistuksen hoitajille kotiympäristöä varten. Muu kirjallisuus, joka auttoi meitä tuottamaan tämän ohjeistuksen, oli Hudson et al. (2012) and Fan et al. (2017).

- *Kriisityö ja perheen yhtenäisyyden korostaminen.* Mikäli perheessä on erimielisyyksiä ennen elämän päättävän sairauden ilmaantumista, on ilmeistä, että sillä on psykologisia vaikutuksia potilaan sairauteen. Hoitavan henkilön on tärkeää huomioida asia ja edistää yhtenäisyyttä. Perheenjäsenet tulisi ottaa mukaan päätöksentekoprosessiin ja kaiken tiedon jakamiseen. Tulisi myös ottaa käyttöön ryhmäpohjainen kouluttaminen ja käytökseen perustuva tyyli ongelmanratkaisuun.

- *Potilaan stigmatisaatiosta ja sosiaalisesta sairaalloisuudesta aiheutuvan stressin lievittämisessä auttaminen.* Hoitavan henkilön tulisi huomioida stigmatisaatio joka voi ilmaantua diagnoosin saamisesta. Tulee käyttää apuna psykososiaalista neuvontaa muun hoidon lisäksi. Hoitava henkilö voi saada potilaan ja tämän perheenjäsenet yhteyteen ihmisten kanssa, joilla on sama sairaus. Tämä luo interaktiivista ympäristöä. Tämä auttaa potilasta ymmärtämään, ettei hän ole ainoa henkilö, joka kärsii sairaudestaan, täten vähentäen stigmatisaation psykososiaalista vaikutusta. Hoitajien tulisi olla osana monitaitoista tiimiä, johon sisältyy sosiaalityöntekijät ja pitää yllä avointa keskustelua perheenjäsenten kesken. Potilaan tulisi saada mahdollisuus ilmaista pelkojaan sekä muita huoliaan tilanteestaan.

- *Hoitajien tulisi auttaa potilasta ymmärtämään diagnoosin merkitykset,* etenkin jos on havaittavissa halua kieltää diagnoosi joko potilaan tai perheenjäsenten taholta niin ettei potilaan sairauteen uskota. Tämä voidaan saada aikaan sopivalla kieltämisen hallinnan tekniikalla. Hoitajien tulisi tietää ja ymmärtää asiaan liittyvät tekijät, jotka vaikuttavat potilaiden tarpeisiin saamaan ja ymmärtämään tietoa diagnooseistaan. Nämä tekijät voivat olla esim. ikä, sukupuoli, koulutustaso, sekä kulttuurilliset ja sosiaaliset arvot. Oyenka (2010) osoitti, että kieltämisen edessä, hoitajan tulisi osoittaa empatiaa ja ylläpitää hoitosuhdetta nähden potilasta usein. Liian henkilökohtaisesti asiaan suhtautumista tulisi kuitenkin välttää, jotta ei menetetä näkökantaa sairauden vakavuuteen tai hoitovaihtoehtoihin.

- Kun potilaalle puhutaan, *tiedon tulisi olla selkeää ja totuudenmukaista, ja se tulisi antaa potilaalle* hänen tahdissaan. Potilas tarvitsee vakuuttelua hoitonsa jatkuvuudesta, ja tulee olemaan suuresti helpottunut kun näitä asioita käsitellään avoimesti. Potilasta tulisi tukea hänen surunsa keskellä.

Psykososiaalisten taitojen käyttöönotto vaatii lisäksi hoitajilta ymmärrystä potilaan sairaudesta ja sen vaikutuksista mielenterveyteen, sosiaalisesti ja fyysisesti. Psykososiaalinen auttaminen tarvitsee erityisesti suunniteltua psykologista väliintuloa, joka voi parantaa potilaan elämänlaatua. Tämä voidaan saavuttaa seuraavilla ohjeistuksilla:

- Hoitajien tulee nopeasti tehdä lähete eteenpäin potilaiden saattohoidollisista tarpeista, henkisen tuen tarpeesta ja psykososiaalisesta hoidosta; tämä auttaa vähentämään komplikaatioiden vaikutusta potilaan terveyteen.

- Tehdään psykososiaalisen hädän tarkastelua; analysoidaan mielentilaa ja käytökseen liittyviä asioita.

- Kunnioitetaan potilaan autonomiaa. Tehdään hoitoa silmiin katsomalla, hitaasti ja rauhallisesti kommunikoiden, ollaan hyviä kuuntelijoita potilaille ja osoitetaan empatiaa kosketuksella ja läsnäololla.

- Parempien tulosten saavuttamiseksi psykososiaalisessa hoidossa, täytyy olla yhteistyötä ja hyvää viestintää hoitajien ja muiden terveydenhuollon henkilökunnan välillä, kuten psykoterapeuttien kanssa.

- Psykososiaalinen hoito sisältää kärsimyksen vähentämistä potilaiden lisäksi myös perheenjäseniltä, jotka välittävät potilaasta. Hoitajien tulee olla lämpimiä, kärsivällisiä ja hienotunteisia kuunnellessaan ja hoitaessaan.

- Luodaan luottoa hoitajien ja potilaiden välille, jotta saadaan tehokkaita tuloksia hoitosuunnitelmasta ja väliintuloista. Ilman luottamusta hoidon tekeminen on rajoittunutta.
- Hoitajien täytyy myös hallita omia tunteitaan ja stressiä potilaan seurassa, irrottaen henkilökohtaiset tunteet, uskomukset ja arvot, jotka voivat häiritä potilaan

- hoidon suorittamisessa. Tämän vuoksi terveydenhuollon tulee järjestää ammatillista koulutusta hoitajille psykososiaalisessa hoidossa, joka ei kohdistu vain hoitamiseen, mutta myös psykososiaaliseen auttamiseen myös työtä tekeville hoitajille.

- Ennen kaikkea psykososiaalinen hoitosuunnitelma, diagnoosi ja prognoosi tulisi tehdä potilaiden ja läheisten kanssa, sillä jokainen tilanne pitää arvioida kokonaisvaltaisesti.

- Luodaan jokainen suunnitelma todistusperusteisella hoidolla, joka on hyvin tärkeää realististen tulosten kannalta, sekä luotettavuuden ja rehellisyyden näkökulmasta.

2.1 Viestintätaitojen käyttö osana psykososiaalisia taitoja

Salmon & Young (2013) mukaan, tehokkaan viestinnän käyttöönotto voi johtaa tehokkaisiin tuloksiin potilaiden hoitamisessa ja luoda luottamusta potilaiden ja terveydenhuollon työntekijöiden välille. Toisin sanoen, tapa, jolla viestintä otetaan käyttöön on hyvin tärkeää tehokkaiden tulosten kannalta. Viestintätaidot voidaan ottaa käyttöön seuraavanlaisten ohjeiden mukaisesti:

- *Kehitä tehokasta suhdetta potilaan ja perheenjäsenten välille*. Jotta tuloksellinen hoidon väliintulo onnistuu, hoitajan saattohoidollisessa työssä tulisi kehittää hyvä suhde potilaaseen ja perheenjäseniin. Tämä auttaa viestinnässä ja hoidon koordinoinnissa.

- Hoitajien tulisi olla tietoisia tulevan kuoleman lähestymisen merkeistä, kuten värimuutoksista (syanoosi, kalpeus, keltaisuus); heikko, vaihteleva, epätasainen pulssi, kylmyys, mielenkiinnon katoaminen jne., jotka voidaan tehokkaasti viestiä lääkärille ja perheenjäsenille. Näiden kuoleman lähestymisen oireiden keskusteleminen perheenjäsenten kanssa auttaa heitä valmistautumaan ajoissa ja täyttämään kultuurilliset ja henkiset tarpeet. (Eyre 2020, 46).

- *Jaa päätöksentekeminen.* Vaikkakin hoitajia odotetaan ottavan vastuu päätöksen tekemisestä viestinnässä, hoitajien tulisi ottaa mukaan potilas ja perheenjäsenet sekä muut terveydenhuollon työntekijät kliinisessä päätöksentekemisessä. Kuitenkin, päätöksen viestintä tulisi objektiivisesti kohdistua potilaan ja perheenjäsenten tilanteeseen. Syy tähän on se, että viestintä, joka ei ole hyvää toiselle - ja voi aiheuttaa huolta potilaassa - saattaa olla hyvää toiselle, koska se haastaa kieltämisen. (Salmon & Young 2013.)

- Ota huomioon potilaan henkinen tila kun viestintää harjoitetaan. Kehitä henkinen suhde ja varo olemasta liian henkilökohtainen. Ole järkevä sanojen kanssa ja niiden asettelemisssa.

- Välitä täysi tieto: annan kaikki kliininen tieto potilaalle ja perheenjäsenille, pitäen samalla toivoa yllä. Kun tätä tehdään, negatiivista tietoa tulisi jatkaa myönteisellä tiedolla. (Salmon & Young 2013.) Tämä auttaa luomaan tasapainon ja tukemaan potilaan ja perheenjäsenten henkistä hyvinvointia.

2.2 Koordinaatiotaitojen käyttö osana psykososiaalisia taitoja

Koordinaatiotaitojen käyttö vaatii taitoa kokeneilta hoitajilta. Tämä on tärkeä tekijä saattohoidossa. Sen vuoksi, koordinaatiotaitojen käyttöönottoon liittyvät seuraavat ohjeet:

- Hoitajien tulee olla tietoisia rooleistaan ja tehtävistään saattohoidossa, sekä tunnistaa ja ratkaista ongelmia, jotka johtuvat vaikeista sairauksista

- Painoarvoa tulisi laittaa luottamuksen ja suhteen luomiseen ja kehittämiseen hoitajien, potilaiden ja perheiden välille, jotta tiedon siirtymistä saadaan aikaan. Kun näin on tehty, ihanteellisen hoidon suorittaminen on helpompaa.

- Hoitajien tulisi tarkkailla ja arvioida muutoksia potilaiden tarpeissa ja viestiä niistä sopivasti. Tämä onnistuu kun potilaan sen hetkistä kuntoa arvioidaan ja vertaillaan aikaisempaan tietoon potilastietojärjestelmässä.

- Luodaan potilaskeskeinen hoitosuunnitelma. Potilaiden tarpeiden vaihteluista johtuen, hoitajien on syytä luoda hoitosuunnitelma, joka huomioi yksittäisen potilaan tarpeet.

- On tärkeää huomioida potilaan perhe potilaan suunnitelmassa. Tämä hoito pitää sisällään huomion, tuen ja lohdutuksen antamisen perheille, jotta he eivät koe olevansa yksin. Tämä auttaa tukemaan heidän mielenterveyttään ja hyvinvointiaan.

- Hoitajien tulisi jakaa tietoa saattohoidon ryhmän jäsenten kanssa, jotka harjoittavat viestintää.

- Hoitajien tulisi kuunnella potilaan ja perheen tarpeita, selventää niitä ja luoda tärkeysjärjestyksiä potilaan hyödyn näkökulmasta (Sekse , Hunskår & Ellingsen 2017, 32), siten auttaen tasapainottamaan potilaan mielenterveyttä ja hyvinvointia.

- Tulisi organisoida normaalia päivittäishoitoa jokaisen potilaan tarpeiden mukaisesti, sisältäen empatiaa, ruokintaa, kylvetystä, suun terveydenhoitoa, tunteiden ja psykologian hoitoa.

2.3 Kivunlievitystaitojen käyttö osana psykososiaalisia taitoja

Kivun ollessa sisäistä/yksilökohtaista luonteeltaan, sen hallinta on joskus haastavaa. Sen vuoksi se vaatii ehdotonta tietoa ja ymmärrystä siitä, kuinka sitä hallitaan ammattimaisella tavalla. Seuraava ohjeistus auttaisi hoitajia ottamaan käyttöön kivunhallintataitoja.

- Aloita tutkimalla potilaan sairaushistoria, jotta voi ymmärtää kivun lähtökohdan, joka voi auttaa ymmärtämään kivun arvioimista ja antaa lisää näkemystä siihen minkälainen kivunlievetyssuunnitelma olisi tehokas.

- Suorita kivun arviointi, jotta voidaan saada selville minkälaista terapeuttista väliintuloa potilas tarvitsee; arvioi kivun vaikeusaste, sen psykologiset, neurologiset, neuro-farmakologiset sekä psykososiaaliset vaikutukset potilaaseen. Käytä VAS (visual analogue scale), tarkkaile ja arvoida kehonkieltä sekä käytöstä.

- Hoitajien tulisi suorittaa hyvinvoinnin hoitamista. Hyvinvoinnin hoitaminen voi sisältää tarpeellisten asioiden tekemistä (Sekse et al. 2017, 32-33), esimerkiksi kylvetystä, hiustenhoitoa, suun terveydenhoitoa ja tunteiden, psykologisten ja muiden hyvinvointien hoitamista.

- Suunnittele ja suorita potilaan lääkitysterapia samaan aikaan mutta erilaisin tauoin.

- Suunnittele jatkuvaa pitkä-aikaista (saattohoitolaitokseen suunnattua) kivunlievitysterapiaa potilaille lähettämällä lähetteen geriatriseen hoitokotiin tai kotihoidon ryhmälle potilaan ja tämän perheen mielipiteiden mukaisesti. Tämä terapiasuunnitelma täytyy olla järjestelty tarkasti ja moniulotteisesti, jotta kipua voidaan helpottaa ja elämänlaatua parantaa, vaikka elämä voi näyttää oleman lopussa. Tämän lisäksi, esittele suunnitelma uudelle hoitoryhmälle riittävin ohjeistuksin, jotta myönteinen lopputulema voidaan saavuttaa.

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