



Experiences for nurses providing palliative care for dying younger cancer patients-Literature Review

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The purpose of this thesis aims at collecting data about the experiences nurses go through providing palliative care for dying younger patients. This can assist in obtaining clarifications to these provocations and to facilitate nurses containing managing means to formulate palliative care.

The articles that were utilized in the proposition were acquired from CINAHL, PubMed and Elsevier Science Direct. Choice of the evaluated articles was done utilizing the care and avoidance criteria. What's more, the articles which were chosen had full content access, responded to the examination questions, were peer-checked on, were identified with the exploration theme, were logical based, distributed somewhere in the range of 2010 to 2024 and their language of production was English.

A topical examination of the seven chosen articles was completed for the motivations behind recognizing examples of importance and criticality of the information in connection to the exploration questions. Information from the chosen articles was gathered into five subjects. After dissecting the assessed articles in accordance with the distinguished topics, it was found that surely nurture assumes a vital job in offering powerful palliative care. In any case, there are a few difficulties that they face in offering viable palliative care. These difficulties incorporate worry from family and companions, poor patient-nurture relationship and enthusiastic connection, lacking assets and poor correspondence. The proposition recommended approaches to disposing of the difficulties that keep medical attendants from offering successful palliative care.

Amid research, it was found that the nature of palliative care is undermined by the difficulties looked by attendants amid training. The investigation in this manner recommended approaches to limit medical attendants' difficulties while in the meantime amplifying steady conduct.

Keywords: Palliative care, challenges, support, Nurses experiences

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1 Introduction

All social insurance experts are qualified to guarantee the well-being of customers and patients by giving them the most extreme care just as improving their living conditions. Every one of the endeavors of human services suppliers' centers around dragging out the life of the patients and customers by helping them adapt to their different conditions. Be that as it may, nursing care is basic with regards to patients who have dangerous illnesses and conditions that may incorporate malignancy, interminable respiratory illnesses, and incessant cardiovascular infections, among others.

The hazardous infections that analysts have demonstrated to have negligible odds of recouping or recuperating are practically outlandish. (Howard, Chady and Holland 2012.) At the point when certain illnesses have gone past a perilous dimension, the main accessible alternative of care for the patients and customers is through the administration of the indications that are related with the ailments, giving the patients trust just as upgrading the nature of their lives.

Palliative care is subsequently the endeavors by medical caretakers and other social insurance experts. The care for the patients can be physical, mental or even profound. Every one of these endeavors, center around easing the torment and torment for the young with ailments that have gone to the terminal stages (Got& Ingleton 2011). Studies have demonstrated that adapting to terminal illnesses achieves melancholy, agony and tension among the patients can adversely influence the psychological prosperity of the young patients. (Got & Ingleton 2011.)

The prospect of moving toward the end of life causes numerous mental issues that can even decline the sickness action among patients. Social insurance experts acknowledge the requirement for palliative care, and they set out on endeavors to keep up the personal satisfaction of the young, deal with the torment and endure just to treat the side effects of the fatal infections on the grounds that the illnesses are not repairable.

Medical caretakers have the obligation to deal with the challenges that they persistently face in palliative care just as their experts and individual issues in guaranteeing that viable palliative care is given.

The purpose of this thesis aims at collecting data about the experiences nurses go through providing palliative care for dying younger patients. This can assist in obtaining clarifications to these provocations and to facilitate nurses containing managing means to formulate palliative care literature review.

2 HYPOTHETICAL BACKGROUND

2.1 End of Life Care

End of life care is the care given to patients who are at the end period of life or rather are in the most recent months or long stretches of their life due to a dynamic, terminal or dangerous ailment. Everyone is qualified to kick the bucket with respect and end of life care guarantees this. Human services experts and medical caretakers especially should give greatest care to patients who are toward the end of their lives by continually getting some information about their inclinations, wishes and the help they need as far as possible in their lives. (Wilmont 2015.)

There is a ton of torment and mental pressure that joins the way that life is coming to an end. Hence, the patient ought to be given the greatest care and backing either at home or in a care place be it hospital or any other place. Diverse well-being and social care experts apportion end-of-life care, yet it completely relies upon the requirements of the patient. Medical caretakers and specialists are a piece of the group that is engaged with palliative care. They guarantee that the patient with terminal or hazardous sicknesses gets the most extreme restorative care. (Wilmont 2015.)

In palliative care, specialists and medical attendants are worried about dealing with the manifestations and treating the torment related to a specific sickness. Then again, social care staff including the advisers, pastors, word related specialists, physiotherapists and other corresponding advisers are very imperative in guaranteeing that the patients get greatest mental care, mental health, other worldly, enthusiastic and some other type of social care required by the patients with the hazardous illnesses. Close relatives and companions can likewise be associated with thinking about the critical condition of the patient. (Wilmont 2015.)

2.2 Barriers and Supportive Behavior

Lloyd-Williams (2018) states that by examining obstructions that hinder giving ideal End of Life care, nurses and supervisors will be better ready to teach and bolster bedside oncology nurture in conveying end-of-life care. Additionally, medical attendants can utilize the data acquired from the examination to cooperate with the interdisciplinary group to change and improve End of Life care for kicking the dying patients with disease and their families.

Snags experienced by attendants in end-of-life care include: Angry and restless relatives, Families not tolerating what the doctor educates them or follow doctors instructions regarding patient's poor visualization, being summoned from patients and families to help with another concede or to enable different attendants to think about their patients, families

being excessively hopeful in spite of patient's poor anticipation, patients' families not needing patients to be excessively calmed as a result of such a large number of medicine dosages especially strong opioids that are mostly used in Finland. (Käypä Hoito; Palliativinen hoito ja saattohoito: Current Care Guidelines Abstract 2019.)

There are families and companions who constantly call the medical attendant asking for a report about the patient's conditions instead of calling the assigned relative for data, inter family quarreling over whether to proceed or stop forceful treatment if the treatment was made by force because some family members might have refused the treatment forcing the health care personnel to give the care by force because the minor cannot speak for him/herself and according to the patients right ,nobody is allowed to forbid a minor treatment. (Finlex 1999/489.)

Utilizing life-supporting measures at families' solicitations even though patients marked propelled mandates asking for no such treatment, insufficient time to give quality end-of-life care since medical caretakers are overcome with exercises that are attempting to spare patients' lives, poor plan of units that don't consider security of dying patients or lamenting relatives, dealing with social contrasts families utilize in lamenting for biting the dust relatives. Families, for reasons unknown, are not with patients when they pass on, Pressure to constrain family lamenting after patients kick the bucket to oblige another admit to that room. (Yelon & Luchette 2014.)

The most widely recognized mental and enthusiastic reactions to misery were transcendently extraordinary pity and outrage. (Ohnsorge et al.2019.) Oncology attendants must not just work with individual families to comprehend kicking the bucket patients' circumstances, they should do as such as families are in an elevated condition of uneasiness, sadness, anxiety, fretfulness, and dread, prompting trouble recalling, focusing, and finishing undertakings. (Beckstrand et al. 2012.)

Strong conduct toward the end-of-life care included the accompanying: Allowing relatives sufficient time to be distant from everyone else with patients after death, Having social work or palliative care staff as a component of the patient care group, Having relatives acknowledge that patients are passing on, Having the doctors included concur about the heading of patients' care, Providing a serene bedside scene after patients pass on, Having encountered medical caretakers display end-of-life care for new attendants, Having palliative care medical attendants set up compatibility with patients and their families before death of patients, Teaching families the proper behavior around kicking the bucket patients, for example, saying to them, "She can at present hear, it is alright to converse with her/him.", Having one relative be the assigned contact individual for all other relatives regarding

persistent data, having enough time to instruct families about their friends and family's normal procedure of biting the dust. (Finlex 2010/1326.)

A unit planned so families have a spot to go to lament in private far from patients' rooms, Having a unit plan that takes into account progression of care for biting the dust patients by similar medical attendants, Having relatives thank you or in some other way show gratefulness for your care of patients who kick the bucket, Allowing families boundless access to passing on patients regardless of whether it on occasion clashes with nursing care. (Howard, Chady &Holland 2012.)

Having instructive in-administration classes on the most proficient method to converse with and deal with biting the dust patients, having individual medical caretakers put their arms around you, embrace you, pat you on the back, or give some other sort of brief physical help after patients bite the dust. After patients bite the dust, having bolster staff individuals arrange all the essential desk work for you that must be marked by families before they leave the unit, having the doctor meet face to face with the families after patients bite the dust to offer help, having a help individual outside of the work setting who will hear you out after patients bite the dust. (Howard, Chady &Holland 2012.)

Nurses drawing without anyone else past involvement in end-of-life care with either patients or relatives, having individual medical caretakers deal with different patients while you make tracks in an opposite direction from the unit for a couple of minutes after patients bite the dust, and having families physically care for biting the dust patients. (Da Silva 2014.) In Finland palliative care plans have been implemented in big cities especially in health care facilities and many units for hospice care are available and even home. (Saarto et al.2015.)

2.3 Palliative Care and Effective Palliative Care

Regarding Boyd (2016) Palliative care is a methodology of care given by human services experts to patients and the groups of those experiencing dynamic, terminal and perilous maladies. The perilous infections incorporate ailments, for example, malignancy, HIV/AIDS, unending cardiovascular illnesses, incessant respiratory maladies, neurological ailments, Alzheimer's, Parkinson's, amyotrophic parallel sclerosis (ALS), and some more. It has been noticed that much of the time palliative care is significantly given to the young. According to WHO palliative care is a care that sums up all patients that have fatal or life-threatening illnesses nevertheless of the diagnosis. (Käypä hoito 2019; Palliativinen Hoito ja Saattohoito:Current Care Guidelines Abstract 2019.)

Palliative care is accommodated by a boundless number of years that may not be obvious to both the medical caretaker and the patient. At the point when patients are experiencing hazardous and fatal illnesses, a mind-blowing nature is influenced and turns out to be totally

inane. The fundamental standard behind palliative care is the support of life quality and life quantity of the young together with his or her family. To guarantee powerful palliative care, all the young needs ought to be satisfied through arrangement of the most appropriate care just to ensure that the patient has the sort of death that the person in question wishes for. (Breitbart & Alici 2014.) The patient and the family must understand the care plan of which is later written and documented in the patient's files. (Finlex 2000/653.)

In powerful palliative care, the medicinal services experts don't just gauge and treat the body elements of the patient however rather, more accentuation is set on encouraging the patients, tuning in to the person in question and continually being accessible and present for the patient. (Breitbart & Alici 2014.) A palliative care patient ought to be treated in a one-of-a-kind and unique way that makes the person in question feel regarded, esteemed and thought about. The patient should never be dealt with like a reject. At this stage, the patient is experiencing a perilous or dynamic ailment; the person in question fears the occasion of death as well as battles with both physical and mental torment. Agony of division from his or her family lives just as low confidence from every one of the progressions they involve in their body, and support should be really offered. (Saarto et al. 2015.)

The medicinal services experts ought to successfully deal with the stresses and feelings of uneasiness of young patients. Viable palliative care runs in accordance with the law of patient's rights that expresses that a patient has the right to get quality care that must be arranged together with the patient. (Finlex 2004/857.) All choices in palliative care must include the patient, the guardian and the group of the young. (American Nurses Association 2012.)

2.4 Ethical Issues in Palliative Care

Moral predicaments put medical attendants and other human services experts in complex circumstances since they are looked at with repudiating conditions that are to be met in the meantime. One of the moral quandaries in palliative care for malignant growth patients is divulging data. In the palliative care setting, it turns out to be significantly progressively questionable since the patient is in the last direction of (ailment and confronting demise). (Horner & Minifie 2011.)

The young patients always ought to be informed about the treatment and check the data by themselves. They should be given information in a clear and simple manner so that they are able to understand the process and why it is done. (Finlex 1999/523 26-28.)

Preshaw (2017) states that the issue of other worldliness is likewise important to observe religious principles identified with the moral worry of worthless care. A few medical attendants depicted families' or patients' otherworldliness as religious customs that denied

them from ceasing life support. Some different patients or families had faith in supernatural occurrences from God in this way, precluding attendants from settling on choices to stop medicinal treatment. A few examples likewise uncovered that medical attendants own very own other worldliness that affected their reactions to clinical circumstances, but they are responsible to maintain their knowledge professionally and teach themselves. (Finlex 2015/1659.)

There are a few moral quandaries that influence everyday patient care and treatment in palliative care projects, for example, doctor worry over the utilization of morphine on account of conceivable respiratory misery in the dynamic malignancy persistent, the subject of offering parental nourishing help to patients who will not eat close as far as possible of life, the top looks giving medicines through parenteral routes to patients who can't take liquids amid the terminal periods of their disease and also the procedure for personal satisfaction look into in palliative care. (käypä hoito; Palliatiivinen Hoito ja Saattohoito: Current Care Guidelines Abstract 2019.)

2.5 Clinical Oncology

Boyd et al. (2011) characterizes oncology as the field of drug that is committed to malignant growth. Clinical oncology comprises of three essential orders: restorative oncology (the treatment of malignant growth with drug, including chemotherapy), careful oncology i.e., the careful parts of disease including arranging, biopsy and careful resection of tumors lastly, radiation oncology (the treatment of malignant growth with remedial radiation). A malignant growth persistent is an individual who has been determined to have any type of malignant growth and is accepting treatment for the ailment.

Cancer Disease is an unusual development of cells which will in general multiply in an uncontrolled path and at times to metastasize (spread). Malignant growth is a wide term that incorporates more than a hundred unique and unmistakable maladies. Disease can include any tissue of the body and have a wide range of structures in each body zone. Most tumors are named for the kind of cell or organ in which they begin. The recurrence of a particular disease may rely upon sexual orientation. Prostate disease is normal for men while bosom malignancy is basic for ladies. Disease may likewise be called threat, a threatening tumor, or a neoplasm (truly another development). (Mandal, Ananya 2023.)

2.6 Medical attendants Role in Palliative Care

An interdisciplinary group underpins the care of body, brain and soul for the young experiencing critically ill infections. Be that as it may, attendants have been distinguished as the most solid group in giving palliative care. Medical attendants are the key players in keeping up with and improving the personal satisfaction of critically ill patients. They must

provide medical care to the patients as the patients, be it citizens or non-citizens have a right to good health and treatment in Finland. (Finlex 2010/1326.)

It was called attention to before that as much as the treatment of the dynamic, terminal and perilous ailments can't be halted. Notwithstanding, the indications of the infection are yet experienced by the patients. In numerous situations, the side effects are agonizing, and it subjects the patients to a great deal of affliction. (Daines et al. 2013) Medical attendants assume the job of dealing with the manifestations of the illnesses to guarantee the solace of the patients. Attendants who work in palliative care set-ups deal with the extreme torment and manifestations of the sickness just as conveying to significant staff concerning the reality of the illness. (Daines et al. 2013.)

According to Daines, et al. (2013) Medical attendants bolster patients who have torment, misery, uneasiness, weakness, shortness of breath, stoppage, queasiness, loss of hunger, trouble of dosing, among others. They guarantee that the critically ill patients can endure the therapeutic medicines given just as improving the comprehension of alternatives of the treatment given. They likewise try to affirm and examine with the young patients whether the choices given match the objectives and desires of the patients. Medical attendants try to give care that is socially delicate and care that is requested by family and companions. Also, to avoid violation of the patient's human dignity and render privacy. Culture should be maintained, that is if patients need to use their language. (Finlex 2003/423.)

2.7 Palliative Care Team

Naidu, et al. (2018) states that a palliative care group is made from a general expert or a family specialist, nurture, palliative care doctor, malignant growth pro, hart authority, guide or therapist, care professionals, social workers, among other care and bolster providers. The palliative care group is qualified for helping the patient, the family and dear companions during the last long periods of life. For the most part, the size and the multifaceted nature of a palliative care group vigorously rely upon the necessities of the patient.

According to Julia Hackett, et al. (2018) is that the palliative care groups give any sort of help and care for those patients who have dynamic, terminal and dangerous maladies. In typical conditions, the palliative care group takes care of the patients who are in hospice care units and they over-palliative care according to the medical plan, the treatment, and medical rehabilitation. Then again, a palliative care group visits the patients in their separate homes for those waiting for a hospice place and makes a follow up according to the treatment plan here in Finland. (Finlex 2004/857).

Every one of the individuals from the palliative group liaises and organizes with each other during the time spent for care to upgrade the most extreme care and solace for patients.

Attendants and other human services experts might be worried about guaranteeing that patients get access to medications and different medicines for torment and manifestation help. (Julia Hackett et al.2018.) But thanks to Finland because every patient has the right access to treatment. (Finlex 2010/1335). So, the palliative care groups are qualified to help patients recover from any feelings of dread, clashing feelings, blame, and stress. (Saarto et al.2015).

3 AIM, PURPOSE AND RESEARCH QUESTION

The purpose of this thesis is to collect data about the experiences nurses go through providing palliative care for dying younger patients. This can assist in obtaining clarifications to these provocations and to facilitate nurses containing managing means to formulate palliative care.

The design is what are the ways nurses can use to improve the nature and care of younger patients in palliative care.

The research question is: What kind of experiences do nurses face while providing care for younger dying patients?

4 METHODOLOGIES

4.1 Literature Review

I utilized an elucidating writing survey in my postulation. I picked this examination plan through the direction of our teacher. Furthermore, I trust that I will almost certainly have a wide exhibit or pool of data of the recently directed research works that are in accordance with my proposition point. There is a great deal of data in research papers and diaries, both distributed and unpublished. My principle here is that I need a basic and a top to bottom investigation that will thus help in concocting clear, clever, deductively solid and persuasive results.

Graphic writing survey involves thinking of research questions, choosing bits of writing that try to respond to the surrounding research questions, examining the outcomes recovered from the evaluated writing, gathering the writing into subjects lastly surveying the accumulated writing with a point of addressing the examination addresses that are in accordance with the theme of study. Briefly, graphic writing survey endeavors to outline and present reviews of information that has been assembled from authentic and current writing for the reasons for displaying learning about a subject, discovering proof where there is none, recognizing connections and qualities between specific ideas and legitimizing why an issue or marvels merits an extra examination. (Braun &Clarke 2006.)

Techniques for directing survey of the human services writing have been utilized since the 1970s with an end goal to orchestrate finding from discrete essential examinations and to build the generalizability of the wonder. Harvard Graduate School Gutman Library (2016) characterizes writing audit as an appraisal of a group of research that tends to an exploration question whose design is to distinguish what is now thought around a zone of study. Additionally, it distinguishes questions an assemblage of research does not reply just as put forth a defense for why further investigation of research questions is essential to a field. Moreira (2015)) included, writing survey condenses past writing to give an increasingly far-reaching comprehension to a specific wonder or medicinal services issue.

The procedure engaged with writing survey incorporates confining an exploration question, seeking through bits of writing, dissecting indexed lists, orchestrating the examination writing and gathering an evaluation of the writing. As indicated by Moreira (2015), a portion of the purposes behind leading writing audits incorporate; displaying general learning about a point, demonstrating the historical backdrop of the improvement of information about a subject, distinguishing where proof might need, conflicting or comprehensive, setting up whether there is an accord or discussion on a theme, recognizing qualities or connections between key ideas from existing examinations pertinent to the theme, or defending why an issue is deserving of further investigation.

Moreira (2015) continues to explain that writing audits have dependably been methods for outlining and showing diagrams of learning, current and authentic, obtained from a group of writing. Various investigations on this exploration subject as of now exist hence the writers of this bit of writing directed a writing survey to consolidate the discoveries of proof-based articles identified with this examination point to gather their outcomes and set up normal topics. Integrative survey approach permits the care of different philosophies and can possibly assume a more prominent job in prove based practice for nursing. Harvard Graduate School Gutman Library (2012) has proven that the integrative survey adds to the introduction of different viewpoints of medical attendants giving palliative care to malignant growth patients.

4.2 Data Collection

The information search was done from 29th February 2019 to 30th of January 2024. The inquiry involved choosing the most proper watchwords just as databases that were important to this proposition. My information inquiry and information gathering incorporated the past examinations that have been completed in accordance with the exploration theme which is difficulties that medical attendants face in offering compelling palliative care in the young just as they brought up writing audit issues. Articles to be utilized in this postulation were obtained from different databases including CINAHL, PubMed and the Elsevier science Direct.

To discover the articles that were important to our proposition subject and writing audit questions, we utilized catchphrases, for example, palliative care, medical caretakers' encounters and their equivalent words. The inquiry year was constrained to the most recent 11 years to help in getting to the most ebb and flow list items and adequate significant information as appeared in the table beneath.

Table 1: Data collection

Keywords	CINHAL	PUBMED	ELSEVIER SCIENCE DIRECT
Palliative Care in the young	152	322	257
Nurses Experiences	97	117	178
Challenges in Palliative care	92	144	136
Effective Palliative Care	86	132	183
Total	427	715	754

Choosing the articles whose writing would be assessed in this paper was simply set dependent on the incorporation and avoidance criteria as shown in the table beneath. The primary point of utilizing this paradigm is to upgrade the pertinence of the articles in connection to the subject of study and in responding to the writing audit questions. And here are the seven articles that were chosen.

Table 2: literature review results

Author	Year& Publisher	Search Engine	Articles name
da Silva, M.M., & da Silva, L.L.	Perspective of nurses 2014, Volume. 35, No 4	CINAHL	Participation of the family in hospital-based palliative cancer care

Daines, P., Stilos, K., Moura, S., Fitch, M., McAndrew, A., Gill, A., & Wright, F.	International Journal of Palliative Nursing 2013, Volume .19, No 12.	CINAHL	Nurses' experiences caring for patients and families dealing with malignant Bowel obstruction.
Cherry, M. G, Fletcher, I & O, S. H.	Medical Education 2013, Volume. 47, No 3.	CINAHL	Exploring the relationship among Attachment, emotional intelligence and communication
Van den Block, L, Smets, T., van Dop, N., Adang, E., Andreassen, P., Moore, D. C. & Kijowlsca, V.	Journal of the American Medical Directors Association 2016, Volume. 17, No 6.	Elsevier	Comparing Palliative Care in Care Homes Across Europe (PACE): Protocol of a cross-sectional study of deceased residents in 6 EU countries.
Webb, P.	Book with 135 pages published 2005.	PubMed	Ethical issues in palliative care.
Beckstrand, R. L, Collette, J, Callister, L, & Luthy, K. E.	Journal of Oncology Nursing	Scholarly Journal	Oncology Nurses Obstacles and

	Society 2012, Volume. 39, Number 5.		supportive behaviors in End-of-life care.
Tang, S.-T. et al.	Journal of Cancer Research and Practice 2015, Volume.2, Number 3.	Directory of Open Access Journals	Gap in the Intensity of End-of-Life Care Between Younger and Older Taiwanese Adult Cancer Patients may not Reflect Younger Patients' Preferences',

Choosing the articles whose writing would be assessed in this paper was simply set dependent on the incorporation and avoidance criteria as shown in the table beneath. The primary point of utilizing this paradigm is to upgrade the pertinence of the articles in connection to the subject of study and in responding to the writing audit questions.

4.3 Inclusion and Exclusion Criteria of the Literature Review

After the information search, I further evaluated the importance of the investigations by checking on the articles under care and rejection criteria. Articles that fell under the care criteria were pertinent to the investigation and they included articles that had full content access, those that responded to the exploration questions, articles that were peer audited and articles that were identified with the point of study. What’s more, articles distributed inside the most recent fourteen years, articles that were experimentally based just as those that utilized English and Finnish language were incorporated. Concentrates that were not significant to the investigation fell under the rejection criteria and were avoided from the examination as delineated in table 3.

Table 3. Inclusion and Exclusion Criteria of the Literature

Inclusion Criteria	Exclusion Criteria
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Articles contain complete Data Assess were four articles from CINAHL	Patients from the dying where various engines from the internet that I managed to read and obtain some ideas.
Articles Direct Response to the research patient were 2 from PubMed	Duplicate Studies were articles from the ministry of health in Finland and labor-Force Barometer.
Articles are peered reviewed were 1 from Elsevier Science Direct, 1 from SAGE, 1 from Scholarly journal, 1 from Duodecim.	Publications before 2011 Were 3 in the referencing site
Articles are associated to the researched /Thesis question/Topic. The articles are 41 in total	Literature not important to the thesis study
Articles published in 2010-2023 are majority	Publications not accessible online as open

4.4 Data Extraction and Data Synthesis

The assessed articles that have been utilized in this article were distributed in 2010 to 2024 individually. The nations where the articles were distributed included Finland and other parts of the world, and the information accumulation techniques that were utilized in the evaluated articles were subjective and quantitative. The strategies that were utilized for information examination included story investigation, subjective methodology, clear connection overview, topical investigation, content examination, phenomenology approach, SPSS, sent study, grounded hypothesis and cross-sectional review. (Parè et al. 2015.) To guarantee that the recovered articles were legitimately evaluated, there are three phases that were included, and they included appraisal of pertinence, information extraction and scoring for methodological meticulousness.

The evaluation arrangement is the place the analyst distinguishes the databases and chooses the papers to use in the databases. The information extraction organization is where the papers that have been picked are assessed to guarantee that they are pertinent to the examination subject and the exploration questions. The last stage, which is the scoring for methodological meticulousness, reviewed the unwavering quality and the significance of the outcomes. Thematic investigation of the information was done for the reasons for distinguishing examples of importance and essentials of the information in connection to the examination questions. (Braun & Clarke 2006.)

The data set ought to be point by point and appropriate to respond to the examination inquiries in the exploration paper. The topical investigation likewise helped in building up rich and point by point information important for the examination. The information recovered was classified, composed and arranged into topics to consider a similar diagram. Also, this considered the straightforwardness of the strategies utilized just as to guarantee that peruses see how the discoveries and finishes of the theory were arrived at. A topical examination of the six chosen articles was completed for the motivations behind recognizing examples of importance and criticality of the information in connection to the exploration questions. Information from the chosen articles was gathered into five subjects.

5 Findings

5.1 Stress from Family and Friends

Da Silva and D Silva (2014) elaborates that some relatives just as companions consistently and diligently make requests that in one way or the other contrarily influence nurture as they apportion palliative care to the young. Much of the time, the young patients are constantly under the care of their families previously and amid the time of palliative care. It has been noticed that the difficulties that attendants face frequently emerge from the groups of the young patient under palliative care. It has additionally been noticed that a few families give conditions with regards to the kind of treatment to be given to their patient, a genuine model being giving forceful requests on how sedation ought to be finished. Note that medical attendants are expertly prepared to most likely choose the sort and the measure of sedation to give the young patients. Likewise, some relatives are very restless, effectively enraged, crazy, defenseless, and have other dampening feelings.

According to Daines et al. (2013) the scope of emotions from families and companions of the young makes the palliative care medical attendants feel insufficient and influences the way they apportion care to the young patients. Now and again a few medical caretakers are compelled to do what is expected to support the young though others pick to tune in to the groups of the young, which in numerous examples is misdirecting, tedious and hard to adapt to.

In palliative care, family and companions play one of the significant jobs. Aside from maybe supporting the everyday care of the young monetarily, their essence and cooperation in palliative care improves the nature of care. A young individual, who is on his or her deathbed, loves the nearness of family and companions. It gives the patient satisfaction, joy and expectation throughout everyday life. The delight of having individuals who identify with you and the individuals who mean a great deal to you makes the experience tolerable. (Daines et al.2013.)

Daines et al. (2013) continues to say that the nonappearance of family and companions may on occasion present difficulties to attendants as they offer palliative care to the young. Family and companions are there to address issues that the young may feel are too delicate to even consider notifying the medical caretaker administering care. Finally, contributions from family and companions improve the nature of palliative care either decidedly or adversely. Family and companions can emphatically impact the palliative care process by being there for the patient and giving the important data to viably administer palliative care. Then again, family and companions can contrarily impact the nature of palliative care by being excessively requesting, unforgiving, improbable or irrational and neglecting to uncover data that might be urgent for the care of the young. (Daines et al. 2013.) Also, family and companions who effectively break down inwardly, are restless and acquire clashes. The nearness of the young influences the nature of palliative care.

Family and companions ought to promise the young that everything would be fine and be prepared to enthusiastically, profoundly and physically bolster them when called upon to. (Daines et al. 2013.) Inclination, powerlessness and dejection can compound the well-being of the young and it is the obligation of family and companions to be available at this phase of life. In circumstances where palliative care is to be completed at home, ordinarily known as homecare, family and companions assume a colossal job. In such a situation both the attendant and the family or companions conversely offer jobs and obligations while thinking about the young. Attendants are looked at with difficulties in circumstances where the family or companions are not helpful. In such a case, it is difficult to accomplish the required nature of care. (Daines et al. 2013.)

5.2 Nurse-Patient Relationship and Emotional Attachment

From the research, it has been noticed that working with young patients who will before long bite the dust makes the medical caretakers horrendously mindful of the misfortunes in their very own lives. The way that medical attendants feel defenseless, frail or irate influences the way they give palliative care to the young. (Cherry et al. 2013.) Compactly, it is difficult to do anything splendidly while in the meantime enduring rationally and inwardly. Then again, the feeling from the families and companions of the young makes the medical attendants have feelings that stick them to the young patient. The agony and enduring of the young have been demonstrated to cause discouragement among attendants. (Cherry et al.2013.)

Seeing an enduring patient once a day, whose life is connected to you and with individuals, viewing you can be both demoralizing and discouraging. The passionate torment and the way that the young patient will before long surrender to death is very trying for medical caretakers. No individual would commend the demise of a friend or family member and seeing this circumstance can be similarly disheartening to manage. Amid the preparation of

medical attendants, a few attendants are insufficiently prepared on the most proficient method to show an inspirational disposition and an impartial point of view while thinking about the withering patients. (Cherry et al.2013.) According to Ferrell (2006) he insists that medical attendants should keep up both an uplifting disposition and an impartial point of view while thinking about the young. Therefore, the uplifting frame of mind and the unbiased point of view improve the result of the young patients, family and companions just as the fulfillment of the medical attendant. (Cherry et al.2013.)

5.3 Time Management

Medical caretakers offering palliative care experience a lot of worry and concern about time. Other than the mind-boggling requests from the patient, his or her family and companions, medical caretakers are compelled to work for extended periods, they are under-staffed, and they are compelled to work more than they should. (Van sanctum Block 2016.)

Numerous wellbeing offices and explicitly the palliative care homes are under-staffed with medical attendants. All things considered; medical caretakers are compelled to work for extended periods while taking a shot at an excessive amount of work than they are commanded to. Subsequently, this turns into a test for medical caretakers in offering successful palliative care. Nevertheless, medical attendants feel worn out and more frequently lose the energy for their activity. (Van sanctum Block 2016.)

5.4 Insufficiency of Resources-workforce/workers

Taking everything into account, under this subject, it was noticed that insufficiency of assets, both human and material assets while offering palliative care for the young is conceivably trying for medical caretakers especially in the third world countries. New technologies and materials used in the medical field are not enough, also effective medication is why we see a lot of people flying abroad for special treatments. Material assets incorporate physical structure where the young are suited. In Finland they have everything, improved technology, effective medication but there is a shortage of workers due to lack of language skills and digital skills according to labor Force Barometer. The care givers are the top leading nurses followed by practical nurses.

Medical caretakers are likewise not ready to utilize the trend setting innovation in palliative care. Also, it tends to test medical attendants to coordinate and suit certain qualities, convictions, lifestyles and types of learning when thinking about the patients. Before setting out on any palliative care in youth, it is vital to comprehend their convictions, societies, theories, encounters and their ethics. Inability to place this into thought has been referenced to test for medical caretakers as they care for the young. (Webb, P.2015.)

5.5 Correspondence

Viable correspondence is critical in each period of palliative care. In the presentation, we presented palliative care as completely intended to help the young in passing on calmly, with negligible agony and in a stately way. In any case, this can't be accomplished without successful correspondence. Correspondence expands on trust, confidence, acknowledgment, empathy and receptiveness. (Bektrand et al. 2012.)

Powerful correspondence is accomplished when the medical caretaker, relatives and companions, and the patient pass and get data fittingly. Correspondence is delicate, mind boggling and critical in compelling palliative care. Eminently, successful correspondence considers smooth follow-up of the young in the palliative care office. (Tang et al. 2015.) It's through compelling correspondence that the medical attendant can know and talk about critical issues identifying with and influencing proper care of the young. Successful correspondence makes it generally simple and less tedious to develop and refreshes the invested individuals and all partners required with the young. (Tang et al.2015.)

All together for an attendant to most likely comprehend the unpredictable, complex yet imperative life chronicles of the young patient, correspondence is expected to uncover data from the young, from his or her family and companions. (Tang et al. 2015.) The unwarranted prejudgments must be maintained a strategic distance from in a circumstance where there is successful correspondence. Default in correspondence causes blunders and disarray in palliative care in the young. From the investigations, it was demonstrated that medical caretakers discover it somewhat difficult to speak with the young patients who are near the end of their lives because of passionate pressure and misery from foreseen loss. (Tang et al.2015.)

Correspondence is adversely influenced in a circumstance where there are furious, controlling and requesting family and companions of the young (Tang et al. 2015). Thus, such a situation makes the medical attendant remove himself or herself from the somewhat exasperating circumstance. Be that as it may, this must be redressed if there is successful correspondence, which has recently been observed to realize trust, confidence, receptiveness and empathy between the gatherings included. (Tang et al. 2015.)

The investigations additionally uncovered that as a rule, medical attendants unveil critical data to the patients. It is typical for everyone, especially a medical caretaker, to share sad or dampening data to the patient or to his or her family. Attendants are enamored with skirting the real issue since they must come clean, which by and large is disheartening. (Tang et al.2015.) In palliative care, medical attendants are encouraged to some of the time shroud a few facts especially to the young patients who might surrender quicker than anticipated after knowing reality about the stake of their lives. (Tang et al.2015). In Finland data is revealed to

young patients, their families and companions and therefore it influences the nature of palliative care although they are educated about what the outcomes can be. (Finlex 1999/489.)

6 DISCUSSIONS

6.1 Discussion of Main Results

An investigation is considered huge if at all it adds data and information to the effectively existing actualities. Past studies have added huge data to help in improving palliative care in the young by discovering methods for limiting or totally fighting the difficulties confronting medical caretakers in offering viable palliative care. The assessed articles for this examination were six and they have explored the fundamental difficulties that medical caretakers face in offering compelling palliative care. In as much as the articles have recorded down the difficulties that medical caretakers face in offering palliative care aloof set ups, they have set up answers for those difficulties to improve palliative care.

Medical caretakers should have extraordinary fulfillment and least or no difficulties in offering palliative care. The subjects that were recognized in this investigation have been referenced over the six articles. The principal subject secured the difficulties that attendants experience while thinking about the young and their families. The second subject featured the correspondence between the medical attendant, tolerant and the group of the young. The last topic involved the examination of both the positive and negative effect of the family on palliative care of the young. Every one of the parts of the demonstrated subjects is clear, and they have been secured in the six evaluated articles.

In the wake of examining the assessed articles that were pertinent to the subject and those that featured the significant topics for the examination, unmistakably in as much as medical attendants assume a basic job in palliative care, support from family and companions is similarly critical. The difficulties that medical attendants face in offering viable palliative care to the young can be limited when every one of the gatherings included plays out every one of the jobs requested. It is amid this stage in life that extreme care and contribution towards the young is expected to improve the personal satisfaction of the young. (American Nurses Association 2012.) Moreover, successful correspondence between every one of the members is foremost as it lifts and upgrades smooth and improved palliative care.

Data streams easily when there is viable and open correspondence. Open correspondence creates trust, confidence, sympathy, lucidity, diminishes disarray and misjudging over the members. Family and companions ought to be educated that they similarly assume a basic job by helping attendants in offering compelling palliative care in the young. (Da Silva & da Silva 2014.) Da Silva & da Silva (2014) communicated that family and companions can play a

functioning job in palliative care of the young whenever edified and propelled. To stay away from and limit the difficulties experienced by medical attendants, it is vital to be completely prepared and trained broadly in palliative care in the young. Thus, attendants ought to be among the first to be normally refreshed on late changes in the field of palliative care, not overlooking moral issues that are vital in the equivalent.

6.2 Limitations

In as much as this investigation has concentrated on recognizing the difficulties that medical attendants face in offering compelling palliative care, this examination is just restricted to the young and does not cover the difficulties that medical attendants face in offering palliative care to the kids and grown-ups with perilous and terminal illnesses. What's more, the examination has not determined any hazardous ailment being looked at by the young; the investigation is available to any infection if it is influencing the young.

Moreover, this examination has restricted its degree to medical attendants' encounters, and it has barred different members who in one way or the other offer palliative care. The articles that were evaluated for this investigation were just constrained to those that were allowed to access the database, however it barred all other pay-to get to articles that were identified with the point being considered. This was so since this investigation got no subsidizing from the foundation and in this manner such expenses were to be avoided. In any case, paying little heed to the numerous impediments, the investigation is basic in extending the extent of information from the effectively existing actualities in palliative care.

6.3 Ethical Cares

In directing this theory, creators accumulated data from concentrates that were like the examination point. Furthermore, the writers guaranteed that the articles picked, and data assembled for this examination responded to the writing survey questions. In any case, creators did this activity keeping up creativity and evading any unfortunate behavior, for example, written falsification, predisposition of data, adulteration and manufacture of data. By doing this, the creators of the paper could solidly respond to the writing survey questions and accomplish the ideal goals. Clear writing audit involves looking profound and generally at articles that are significant to the examination point and the investigation targets. The whole procedure of choosing the articles to land on the assessed articles was open and clear.

Moreover, translation, investigation and synopsis of the data were impeccable and impartial. The articles utilized were sourced from CINAHL, PubMed and Elsevier Science Direct. The articles were many, yet I needed to limit it to six articles through the care and avoidance criteria. By doing this, the creators touched base at the most suitable full content written works significant to the examination. Moreover, the creators cross-checked with the

managing speaker for direction and encouragement to guarantee that they followed the principles and rules stipulated.

The creators utilized free full content data all through the proposal paper for the motivations behind keeping away from disarrays and hallucinations. The creators energetically and acutely kept up the respectability of the whole proposal process. Each data that has been utilized in this paper does not begin from the two creators and has been appropriately referenced. The articles that have been utilized were distributed between 2010 and 2023 and all are logical, and proof based. It is in this way precise to express that this postulation is solid, dependable and can be utilized by social insurance understudies, instructors, human services experts or approach producers.

7 CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusion

Medical attendants do assume a necessary job in offering palliative care to the young and all things considered, the difficulties that they face ought to be tended to properly and have their pressure diminished. This should be possible if legitimate assets are given, safe workplaces are made, and when families and companions are effectively associated with palliative care. Medical attendants and the patient's family and companions should cooperate from the underlying phase of palliative care as far as possible. Medical caretakers ought not to be exhausted. The establishments that oversee contracting and staffing medical caretakers should ensure that attendants are very much staffed and that they are not exhausted. Powerful correspondence is fundamental in keeping the difficulties medical caretakers face in offering successful palliative care to the young.

There ought to be open correspondence between the medical attendant and the young patient, medical caretaker and family, understanding and the family and altogether every one of the members associated with palliative care. There should likewise be compelling correspondence from the well-being association or the administration to the medical caretakers to guarantee that they are sufficiently arranged for the conceivable situations and encounters liable to be seen amid palliative care.

The administration ought to dependably be accessible to spur and guide nurture as they complete their obligations to guarantee that they are not risked by the whole experience. Thus, this improves viable palliative care by diminishing the pain and difficulties experienced by medical attendants. Palliative care and social care are connected to the hip. Along these lines, medical attendants should regard, know and be touchy to patients' way of life and this goes far in improving palliative care.

7.2 Recommendations

As indicated by the discoveries assembled in this proposition, it is sure that medical caretakers in fact face various difficulties in offering viable palliative care in the young. Be that as it may, the investigation has recognized a few different ways that would limit or totally keep the difficulties that medical caretakers face for them to give viable palliative care to the young (Daines et al. 2013.) The principal objective of palliative care is to ensure that the young live a quiet, easy and agreeable life amid their last long periods of life. The examination uncovered that when medical caretakers are putting forth palliative care, they should put the way of life of patients into thought. Understanding the convictions, standards, qualities and views of the young helps medical caretakers and different members to offer palliative care to the patients successfully.

It was seen that inability to consider and regard the way of life of the young under palliative care is trying to medical caretakers. (Daines et al. 2013.) Much of the time, the young dependably feel disregarded and consequently, they are not open while imparting and are not responsive to the care given. Typically, such a circumstance exacerbates their condition and makes palliative care insufficient. Medical caretakers ought to be various socially and acutely regard the qualities, recognition, frames of mind, practices and conviction frameworks of the young. It was likewise noticed that attendants have difficulties adjusting between physical agony care, otherworldly care and mental care. A few medical caretakers are not ready to blend comprehensive palliative care since it was watched they focus more on calming the physical agony that the young patients are experiencing. (Daines et al. 2013.)

Attendants have insufficient preparation on the best way to give otherworldly or mental care to the patients. Thusly, this ends up trying for medical attendants as they offer palliative care to the young. The way that they can't possibly diminish the young patients from mental and enthusiastic agony turns into a test. Hence, the preparation of palliative care medical caretakers ought to be comprehensive, and they ought to be prepared in the best way to deal with the passionate and mental needs of the young. Furthermore, the associations ought to include other members specifically trained to administer mental and enthusiastic care, for example, guides, ministers or religious pioneers. Currently, innovation has progressed, and it has been joined in the well-being area. Briefly, innovation has been acquainted with palliative care. A few medical attendants have no preparation or are insufficiently prepared on the most proficient method to utilize the innovation. Subsequently, it is trying in that medical attendants can't offer powerful palliative care to the young utilizing the trend setting innovation. This preparation on the best way to utilize trend setting innovation in palliative care ought to be incorporated into instructive projects. Preparing efforts ought to be completed to edify the attendants who as of now are rehearsing, on the most proficient method to utilize the cutting-edge innovation. (Daines et al. 2013.)

The investigation additionally uncovered that medical caretakers are diverted by sentiments of wretchedness and pity especially after one of the patients passes away. To some degree, the bitterness and dejection influence how they offer palliative care to the patients. They are influenced both sincerely and mentally. Although everyone can encounter this inclination, it is essential for medical attendants to stay solid and have the stamina to offer powerful palliative care paying little respect to the circumstance. Medical caretakers ought to have exceptional sessions as frequently as conceivable with instructors who will love to seat them on the best way to be solid in such circumstances just as how to break the enthusiastic connection with the young patients. (Daines et al. 2013.)

The other test that was recognized from the evaluated articles is poor correspondence among the members associated with offering palliative care. Correspondence creates trust, confidence, and empathy and fortifies the bond between the young patient and the attendant. It is through viable correspondence that the young can stand up his or her stresses, nerves, torment, questions and other pivotal data. (Harvard Graduate School Gutman Library 2012.) Successful correspondence likewise includes allowing the family and companions a chance to address imperative data or complaints of which they can in Finland but sometimes can be extreme.

The association or the well-being office ought to make a decent domain that backings and practices compelling correspondence. By doing this, it will be less demanding for medical attendants to offer powerful palliative care to the young. Successful palliative care must be accomplished if every one of the members effectively assumes their jobs. Moving the whole weight to the medical attendant is testing and it influences the nature of care given to the patient. (Harvard Graduate School Gutman Library 2012.)

Subsequently, relatives, companions, guides, and pioneers of well-being offices should consolidate their endeavors by assuming their individual jobs to guarantee that the young strolls through the last phases of his or her life upbeat and agreeable. Also, medical attendants who happen to be vital players in the palliative care process should be energized and remunerated in a similar manner. Thusly, this will in general increment the assurance of medical attendants as they offer palliative care to the young.

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