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Palliative Care Training For Professional Caregivers

DEGREE PROGRAMME IN NURSING
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ABSTRACT

Susmita Puri, Nisha Bhujel, Rupesh Yadav: Palliative Care Training For Professional Caregivers

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The purpose of this project thesis was to organize one day training on topic "Palliative care for professional caregivers". And the objective was to strengthen the knowledge, attitude and practice related to palliative care by raising awareness through this training. The training program was conducted by SAMK bachelor's in nursing student in Mainiokoti Akseli Care Home in Pori, Finland. The project was structured under Waterfall methodology, for planning, implementation, and evaluation. Key steps involved during this project included needs assessment, the development of training content, and the execution of the training program. The training program had three major sessions starting with introduction and pre-test, main training content and closing and post-test session.

Both qualitative and quantitative data were collected through pre-post-tests and group discussion methods to evaluate the effectiveness of the training program by assessing participants' experiences and perceptions. The evaluation methods of this this project showed there was a positive improvement in knowledge and perception, as reflected in the average test scores, which increased from 50% before the training to 96% after. Qualitative evaluation also revealed positive feedback, highlighting a better understanding of ethical considerations, communication strategies, and symptom management in palliative care. There were some challenges and limitation such as time bound and limited resource however it was address by teamwork and effective communication and co-ordination.

In a nutshell, the training program was successful fulfilled by knowledge gaps and improving the competencies on palliative care among participant of in Mainiokoti Akseli Care Home. This project played a crucial role in development of academic as well as professional skill such as systematic literature search and review, training content development, documentation, report writing and project evaluation from these skills will assist future career in nursing field involving roles such as trainer, researcher, public health nursing and project manager.

Keywords: Palliative Care, Palliative Care Training, End-life Care Training, Health Education

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LIST OF SYMBOLS AND TERMS

CDC: Centers for Disease Control and Prevention

CINAHL: Cumulative Index to Nursing and Allied Health Literature MS: Microsoft

N.A: Not Applicable n.d: No date

RCR: Responsible Conduct of Research

SAMK: Satakunta University of Applied Sciences SCIE: Social Care Institute for Excellence

WHO: World Health Organization

1 INTRODUCTION

Palliative care is special type of patient care with an aim to help to improve the well-being of patients and their families facing serious illnesses. It supports them by addressing physical, emotional, social, and spiritual needs while also improving the quality of life for caregivers (WHO, 2020). Specialized palliative care has shown positive results with cost effective outcome, particularly in hospital and home settings, thus enhancing overall quality of life and reducing suffering (Smith et al., 2014). Certain palliative care methods not only improve care quality by reducing aggressive medical interventions at the end of life but also lower costs. Hospital-based palliative care can lead to better patient outcomes and reduced healthcare expenses. However, there's a need for standardized outcome measures and assessment of informal caregiving and hospice costs (Luta et al., 2021).

The topic "Palliative care training for professional caregiver" is particularly pertinent in Finland's nursing and medical sectors, given the country's prevalent diseases like heart disease, stroke, respiratory tract cancer, and hypertensive heart disease, as highlighted in the 2019 World Health Organization report (WHO). Despite approximately 56.8 million individuals, with 25.7 million in their final year, requiring palliative care annually, only 14% worldwide receive it. Regulatory constraints, especially regarding essential controlled medicines like morphine, exacerbate the challenge of accessing proper care. Urgent measures are needed to establish comprehensive national policies, programs, resources, and training for healthcare professionals to improve palliative care accessibility. Research indicates that educational initiatives for healthcare workers and family caregivers significantly enhance their knowledge, practices, attitudes, and confidence. (Li et al., 2021). Moreover, the focus of this project was on palliative care education for care home workers to uplift their expertise and ultimately enhance patient health outcomes.

2 THEORETICAL BACKGROUND

This project was designed by undertaking some relevant theoretical basis which assists to make the project more systematic and objective specific, we have introduced Palliative Care, Care-homes, Principal of Palliative Care, Cultural Competences, Culturally Sensitive, Culturally Competence Care, Culturally Competence in Palliative Care in this section based on our relevant literature.

Palliative Care: Palliative care is a special care approach designed for people with life-threatening diseases or conditions. It aims to reduce symptoms and related stress to improve patients and their family wellbeing. It needs a multi-disciplinary team including physicians, nurses, counsellors etc to deliver this holistic treatment and care (Getpalliativecare.org).

Principles of Palliative care: Effective palliative care principles are paramount for patients in the final stages of life, ensuring a coordinated and compassionate approach to their well-being, which ultimately improves their comfort and quality of life. Through a structured framework, palliative care optimizes pain relief and addresses patients' holistic needs, with crucial involvement from their family or support network. This approach goes beyond symptom management, prioritizing the preservation of the patient's overall well-being while providing essential support to their loved ones as they cope with illness and loss (Nyantanga, 2013).

Cultural competences: Cultural competence embodies the flexible and sensitive approach healthcare providers adopt to resonate with the values, beliefs, lifestyles, and needs of patients and their families. It involves a complex blend of knowledge, attitudes, and skills aimed at promoting effective cross-cultural communication. Central to its essence is the ability to recognize and address instances of racism and other forms of discrimination and oppression, marking a pivotal aspect of its evolution. (Vasiliou et al., 2013).

Developing cultural sensitivity requires self-awareness across three dimensions: understanding culture, recognizing personal biases and prejudices, and appreciating the complexities of cultural differences. It also involves building trust, acceptance, and respect to foster equal partnerships in healthcare, facilitating effective communication and collaboration between healthcare providers and patients (Vasiliou et al., 2013).

Culturally competence care: Providing culturally sensitive care to patients at the end of life is essential for reducing social isolation and empowering patients, while also enhancing the confidence and skills of healthcare professionals. This approach enables them to effectively navigate diverse situations, regardless of language, cultural, or ethnic differences. Recognizing the significant influence of culture on health-related decisions, healthcare providers must prioritize cultural competence, especially when interacting with individuals from diverse backgrounds. The intersection of culture and health is complex, particularly in end-of-life contexts, where perspectives on illness, treatment, healthcare roles, and palliative care can vary widely. Healthcare systems must ensure equitable access to end-of-life services to accommodate the ethnic and cultural diversity of palliative care recipients (Jovanovic, 2011).

Culturally Competences in Palliative care: Cultural competence in palliative care involves nurses understanding and acknowledging how a patient's cultural beliefs, values, and behaviours influence their care needs, especially towards the end of life. With increasing cultural diversity, healthcare providers must recognize how cultural norms affect the expression of pain, a primary symptom in palliative care. Being aware of patients' cultural backgrounds and spirituality helps healthcare professionals tailor care approaches to respect and accommodate individual cultural considerations, ensuring high-quality end-of-life care (Givler et al., 2023).

Care-homes: A care home serves as a communal residence offering both nursing or personal care and housing facilities. Purposefully designed, it typically includes individual bedrooms, occasionally equipped with private bathrooms. Residents also benefit from meal provisions, housekeeping services, and additional amenities. (SCIE).

Training: Enhancing workforce capabilities encompasses structured educational programs provided by employers or academic institutions, either prior to or during employment, which can be full-time or part-time. Experienced workers often provide on-the-job training, and many organizations use both methods. While training can lead to certification, it's not always required (Oxford Reference, n.d.).

Mainiokoti Akseli Care Home:

We selected study location is Mainiokoti Akseli Care Home which was one of the care homes of Mainiokoti Care Home Groups, Mainiokoti was dedicated to serving elderly individuals throughout Finland, catering to various needs related to daily living. The Care Home was established in 2015 within the city of Pori, Mainiokoti Akseli provides a conducive environment characterized by comfortable living quarters and tailored care services catering to the needs of both permanent and temporary residents. Featuring 40 group home apartments, residents' benefit from private accommodations equipped with requisite amenities and services. Conveniently located in proximity to the city centre, accessibility for visitors is facilitated. The facility boasts a committed staff complement providing continuous care, complemented by the organization of varied activities and events. Additionally, residents can avail themselves of the tranquil outdoor spaces within the premises, fostering a conducive environment for relaxation and leisure pursuits (Great Home Akseli – Great Homes, n.d.).

3 PURPOSE AND OBJECTIVES

The purpose of this project was to organize a one-day training on topic “Palliative care for professional caregivers”. And the objective was to strengthen the knowledge, attitude and practice related to palliative care by raising awareness through this training.

4 IMPLEMENTATION OF THE PROJECT

4.1 Project Methodology

Based on our project objectives and the resources available, we apply the Waterfall methodology for management of our project. And this project involved different stages from planning phase to implementation phase so for smooth transition between in different phases of project we choose this method. Which ultimately provided us with a clear project management framework, and which also helped us to create a Gantt Chart or work plan (Westland, 2021).

4.2 Project Idea initialization

We've incorporated five project management form project idea initialization stages derived from Advanced Practice Nursing Project Management, encompassing the subsequent phases: We conceptualized and initiated a one-day training project by defining the project scope, objectives, and identifying the target audience, which consisted of professional caregivers. Additionally, we developed various methodologies and conducted a literature review to understand the background information and identify gaps in palliative care among care home workers (Sipes, 2015).

4.2.1 Collaboration Organization and the Target Group

During initial phase possible target group of this project were care home workers such as nurses, caregivers, and administrators and other staff members who were directly involved in patient care in Finland involving in palliative care. And we selected study location is Mainiokoti Akseli Care Home which was one of the care homes of Mainiokoti Care Home Groups, Mainiokoti was dedicated to serving elderly individuals throughout Finland, catering to various needs related to daily living. Established in 2015 within the city of Pori, Mainiokoti Akseli provides a conducive environment characterized by comfortable living quarters and tailored care services catering to the needs of both permanent and temporary residents. Featuring 40 group home apartments, residents' benefit from private accommodations equipped with requisite amenities and services. Conveniently located in proximity to the city centre, accessibility for visitors is facilitated. The facility boasts a committed staff complement providing continuous care, complemented by the organization of varied activities and events. Additionally, residents can avail themselves of the tranquil outdoor spaces within the premises, fostering a conducive environment for relaxation and leisure pursuits.

We identified the contact person of this organization for further coordination for project planning and implementation. In this context we were lucky that unit manager Minttu Kuokkanen agreed to coordinate. And we have effective communication through different email conversations.

4.3 Project Planning

In this phase, detailed planning for the training program was conducted. Activities such as identifying needs, designing training materials, formulating a comprehensive training schedule and content, and preparing a pre-training survey were carried out during this phase. Resource allocation and the division of work among group members were also completed during this stage.

4.3.1 Project Schedule

The schedule of this project was between March, 2024 to February 2025 where different activities were done which can be seen in table below:

Stages	Timeline	Stakeholder involved
Initialization	March, 2024	Student
Planning	April 2024 to Jun 2024	Students, Supervisor and Mainiokoti Care Home
Execution	January 2025	Students
Evaluation	January 2025 to February 2025	Students, Supervisor and Mainiokoti Care Home
Reporting Writing	February 2025	Students, Supervisor
Maintenance	Project lifetime	Mainiokoti Care Home

4.3.2 Resources and Risk:

Various resources were utilized throughout the project. The Satakunta University online library was the primary source for literature review. As a collaborative effort, all group members contributed to planning, implementation, and evaluation. The project supervisor provided direct oversight, with additional support from Nursing Department faculty.

This project also had some risk, among which the time limitation was one of the most, the training was done in one day so there was also high risk of not completing all the contents with short time. On the other hand, the availability of limited resources, such as a lack of expert trainers and financing for better training materials, was one of the challenges that might prevent the project from meeting the participants' expectations.

4.4 Project implementation

The project implementation included literature retrieval and major training activities implementation as follow:

4.4.1 Literature Retrieval

We did literature review on 3 different biomedical databases with most relevant search terms and combing it with Booleans and Operation.

Database	Keywords	Results	Accepted articles/projects/research
SAMK Library	Palliative Care OR End of life care	179	1
CINAHL	Palliative Care OR End of life care AND Education OR Training AND Care home worker	28	1
PubMed	Palliative Care OR End of life care AND Education OR Training AND Care home worker	3	1
Total		210	3

The inclusion criteria were as follows:

Inclusion criteria:	Exclusion criteria
<ol style="list-style-type: none"> 1. Articles must be available in either English or Finnish. 2. Articles must pertain to the topic of literature review, specifically focusing on nurse's cultural competences within palliative care. 3. Articles must address the research questions outlined in our thesis. 4. Access to the complete text of articles is necessary for inclusion. 5. Peer-reviewed publications were only included 6. Only articles having abstract were included 	<ol style="list-style-type: none"> 1. Articles published in languages other than English or Finnish. 2. Articles unrelated to the topic of our literature review, specifically 3. focusing on nurse's cultural competences within palliative care, were excluded. 4. Articles not having full text article were excluded. 5. Non-peer-review articles were excluded 6. Articles without abstract were excluded.

There were three major activities in our training project:

Introduction and Pretest:

We began the training with a brief introduction session involving our team and the participants. Before diving into the training, we obtained their verbal consent regarding the privacy and confidentiality of any information that might be shared or accessed during the session. The introduction session helped us establish rapport with the participants, and we were also able to gauge their pre-training knowledge through a pre-test questionnaire. This approach made the introduction and rapport-building process more interactive and engaging

Main content Session:

The main content session was divided into several parts, and we utilized an audio-visual approach, incorporating presentation slides and teachings delivered by our colleagues. The presentation covered a range of specific topics, including the definition of palliative care, its context in Nepal, the principles of palliative care, key skills required, ethical considerations, common needs of elderly residents in palliative care, role of health care provider and the associated challenges. Throughout this session, we emphasized two-way communication between the participants and trainers to ensure maximum

Post-test and Closing:

After the main content session, the training transitioned to the post-test and closing session. During the post-test, the same questionnaire was provided to the participants to assess the immediate outcomes of the training. We also allocated time for each participant to share their feedback and comments on the overall training session and process. Following the feedback session, we concluded the one-day training and shared additional learning materials to encourage participants to further explore and deepen their understanding of palliative care.

5 EVALUATION

Evaluation was one of the major concerns of this project. For evaluation the effectiveness of training we used qualitative and quantitatively method, we also did self-evaluation based on our purpose and objective.

5.1 Evaluation of the Project and Product

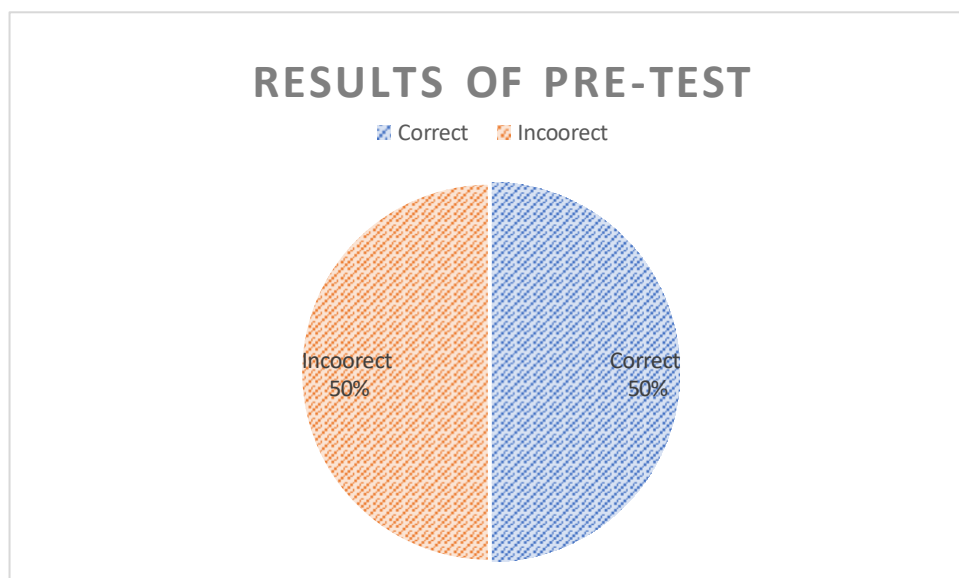
For of our project and product we used pre-test and post-test method as well as group discussion method so that we can evaluate in a systematic and scientific way using standard tools and statistic which were given below:

Quantitative evaluation: Based on quantitative data we used descriptive statistics such as frequency, percentage, mean, median, range to explain the quantitative result by using MS Excel program.

Pretest results: This was done before the main training content session during the introduction session. There were 10 questions, each carrying a different score, and all participants were given the same set of questions. We calculated the average score from all participants and plotted the results on a graph.

Average Score of Participant (X)	Percentage
5 out of 10	50%

Table 1 Average score pretest score



The average score from the pre-test showed that 50% of the answers were correct, while the remaining 50% were incorrect. This indicates that the participants lacked strong knowledge and experience in palliative care. The median score during the pretest was 5 out of 10 with 50%, which is like the mean score.

Range of scores	
Highest Score	6
Lower Score	4

Table 3 Range of Score of Participants

While looking at the range of the pre-test score it was 4 to 6 where lowest score was 4 and the highest score was 6.

Post test Result: Post-test was done after the main training content session. Similar to the pretest there were 10 questions, each carrying a different score, and all participants were given the same set of questions. We calculated the average score from all participants and plotted the results on a graph.

Average Score of Participant (X)	Percentage
9.6 out of 10	96%

Table 4 Average score Post-test score

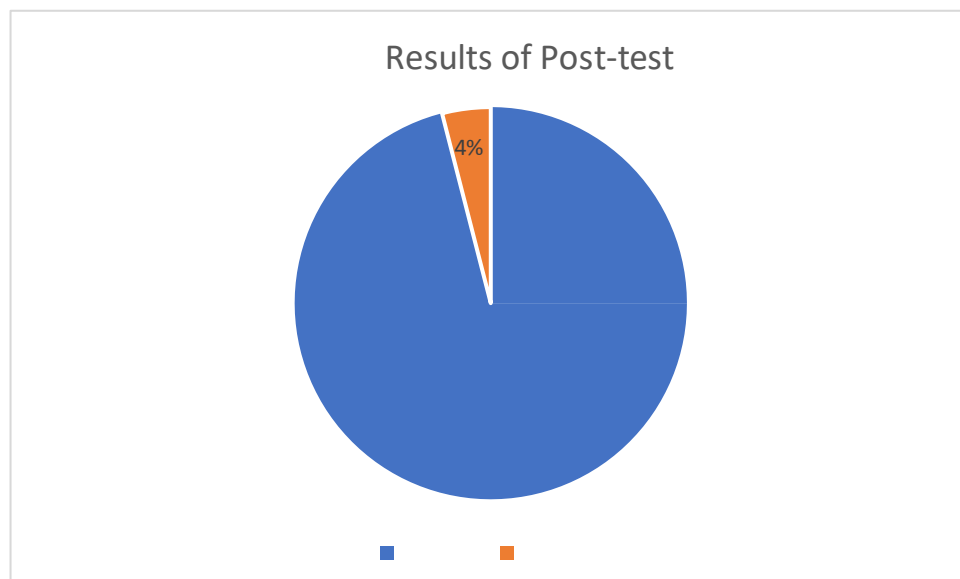


Figure 3 Post-test score percentage in pie-chart

The average score from the post test showed that there was a significant

increase in the score of participants by 46%, and also 96% of the answers were answered correctly, while the remaining 4% were incorrect. This indicates that the participants were able to understand the training content and were able to develop knowledge and experience regarding palliative care.

Range of scores	
Highest Score	10
Lower Score	9

Table 6: Range of Score of Participants

While looking at the range of the post-test scores it was 9 to 10, where lowest score was 9 and the highest score was 10.

Qualitative evaluation:

We did not have a standard tool for measuring the qualitative result of this training. However, we conducted group discussion during the introduction and in end of this training program so that we can assess the qualitative results of this training. We noted their expression and their statements indirect speech, and we also give them our contact to send more feedback while they implement this training skills in real-life.

First group discussion was done before the starting the training main here are some of their responses

Participant C says “We have some work experience in palliative care, but we are unaware of the actual ethical considerations involved (Serious facial expression) No one has taught us about this before”

Participant says “We always have problem in co-ordination with senior staff (Raising voice) and also with the patient relatives and family”

The second group discussion was done after the training's main content and the discussion:

Participant C says “ Thank you everyone for organizing this training, now I think understand many ethical aspect of palliative care (smiles) I think patient privacy, confidentiality and other personal choice should be cared most during palliative care” Add to this Participant A says “Patient also have the right to choose their own decision in palliative care and health care worker should provide them counselling about the treatment before making any decision”

Participant F: “Thank you team for this wonderful training I also understood the way of effective communication, thank you again for sharing different way of communication with patient team and with senior staff. Add to this Participant A says, “It is very important to communicate with the patient team and giving them the update and while doing so we need to make sure we use simple terms meanwhile medical terms can be misleading to them, yes this is what I understood from the training regarding communication(laughs)”.

Overall Interpretative of Group Discussion and Feedback:

The participants were happy and thankful for the palliative care teaching session. They showed interest in the topic and actively took part in discussions. Their expressions and feedback indicated that they appreciated the session and found it useful. During the session, they learned important skills and knowledge about palliative care, especially in aged care. They improved their understanding of how to communicate with patients and families, manage symptoms, and provide compassionate care. They also became more aware of ethical issues and the emotional challenges of end-of-life care. Overall, the session was well received, and the participants felt it was helpful for their work. They shared that the training would support them in providing better care to their patients.

5.2 Self-evaluation:

We did the self-evaluation based on the project objective, we found that this training research was fruitful on improving knowledge and attitude of professional caregivers. The pre-test score showed that participant had limited knowledge and experience in palliative care with an average 50% score which was also similar to the WHO global data indicating the healthcare worker lack formal training in palliative care, especially in the roles and skills for palliative care (WHO, 2020) The post-test result showed significant improvement, with an average score of 96% of participants, this evidence suggests that the training was effective to address the knowledge gaps and enhanced participants understanding of palliative based on training content.

Furthermore, while going through the qualitative data and feedback, which also give evidence of the success of the training. All the participants expressed their gratitude, mentioning they were able to gain knowledge and experience in palliative care. For instance, one participant noted, "Thank you for organizing this training; I now understand the ethical aspects of palliative care, such as patient privacy and confidentiality". This is similar with a study where similar training program was evident to improve attitude and practices in palliative care significantly (Chen et al., 2022). The overall the training was dynamic with interactive learning methods, such as group discussions and two-way communication, which played an important role to the positive outcomes, as these approaches are known to enhance engagement and knowledge retention (Nyantanga, 2013).

5.3 Maintenance

All the training contents were sent to all the participants through email so that they can learn again if they require. We also shared the training content and all the relevant reading material to the manager of the care home so that the organization itself can continue and organize this type of training on palliative care for their staff. For sustainability and maintenance, the manager of the care home took the lead role for further supervision and monitoring of the

palliative care practices in the care home.

5.4 Challenges encountered

There were a lot of challenges while doing this project from planning phase to the end phase. One of the major challenges was to schedule the training event since due to the busy schedule and burden of work of care giver, it was hard to find an idea time for the training session, we also had some difficulties in developing the training contacts and material since we don't have expert trainers, and we also had limited financial resources. All the training content and material were developed by the author themselves within limited time and resource. However, these challenges were successfully addressed with effective division of work, communication and coordination among team members and with close supervision of our academic advisor.

5.5 Ethical Consideration

Through all stages of this project, ethical consideration was carried out with the principle of research ethics such as respect of participant, justice, integrity, compliance with regulation, responsible conduct and beneficence. During data collection, analysis and report writing process privacy and confidential all the participants were mentioned as priority. We also all considered all the aspect of Finnish National Research Integrity Committee principles. This research will also involve research ethics and responsible conduct of research (RCR) of SAMK so that we can get advice regarding ethical consideration (SAMK).

5.6 Development Opportunities of the Project:

This project has opened a lot of opportunities and scopes in context of nurs-

ing discipline in academic as well as real world practical way. This thesis project has sharpened academic skills such as using biomedical search database, literature review, defining research questions and objectives, research methodology, evaluation and report writing and documentation. On the other hand, we also gained real world nursing skills like training development, project management, health education and promotion, communication and coordination skills etc. Now it all these skill we can have opportunities as trainer, nursing project manager, nursing and public health researcher, palliative care giver, nursing teacher or instructor, etc.

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APPENDIX-2

Invitation Letter



Dear Nurses,

We are delighted to invite you to a one-day presentation on palliative care organized by nursing student from Satakunta University of applied science. This session aims to enhance awareness and understanding of the principles and practices of palliative care, focusing on improving the quality of life with serious illness. This presentation will provide details of the presentation which valuable insights for health care professionals, caregivers, and anyone interested in improving patient centred care. Details of the presentations are as follows:

Date: 17.12.2024

Time: 13:00 - 14:00 (Mid-day)

Venue: Mainiokoti Askeli

We look forward to your presence and engagement in this informative and meaningful session. Thank you!

Regards,

Nisha Bhujel

Rupesh Yadav

Sushmita Puri



APPENDIX-3

Group Picture

