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Managing Anxiety in Palliative Care: Nurses' Non-Pharmacological Inter- vention

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Abstract

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The purpose of this thesis is to describe the role of nurses in managing anxiety among palliative care patients through non-pharmacological interventions. The aim is to produce knowledge and education for nurses to deliver personalized, high-quality care to patients suffering from anxiety in palliative care.

Utilizing a descriptive literature review methodology, ten studies were systematically analysed, among five studies used to analysis the role of nurses in managing anxiety among palliative care patients and another five studies were focusing on the effective various non-pharmacological interventions. The findings reveal two main units: Holistic Support and Effective Communication in Anxiety Management and Effective Non-Pharmacological Interventions for Anxiety Reduction.

The results include nurses multifaceted role, providing comprehensive emotional, spiritual, and psychosocial support, while fostering collaboration with interdisciplinary teams and the effective various non-pharmacological interventions, including mindfulness, therapeutic communication, guided imagery, and complementary therapies such as massage and music therapy. Furthermore, the findings highlight the need for ongoing education and training for nurses to equip them with the skills required for effective anxiety management in palliative care settings.

Keywords: Nurses' role, Anxiety, Palliative care, and non-pharmacology intervention

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1 Introduction

Anxiety is one of the most common symptoms in palliative care, which can lead to an increase in physical symptoms and a lower quality of life (Janssen K, Rosielle D, Wang Q, and Kim HJ 2020). It often originates from psychological responses to stress, worry, or fear, making it a significant mental health condition. Common symptoms include nervousness, excessive worry, irritability, and restlessness, all associated with psychological symptoms. (Perna G 2013.) It is Global estimate that 58.4% older adult's residents in long-term care have been experienced anxiety symptoms (Creighton, Davison and Kissane 2016: 555-66).

According to Bandelow managing anxiety primarily focuses on medical approaches, especially the use of medication and pharmacotherapy. And these treatments were including antidepressants, such as selective serotonin reuptake inhibitors (SSRIs), and anxiolytics like benzodiazepines, recommended for short-term relief of anxiety symptoms but not for long-term relief. (Bandelow, Michaelis and Wedekind 2017: 93-107.)

Healthcare provider becomes increasingly recognizing the value of non-pharmacological interventions to managing anxiety symptoms so, non-pharmacological interventions approaches serve as valuable complements to medications. Such approaches are often more effective. These techniques encompass mindfulness, therapeutic communication, and palliative care practices, which enhance emotional well-being and overall quality of life. They fulfil the mental and spiritual demands of patients, in palliative care. (Holvast, Massoudi, Oude, Richard, Verhaak and peter 2017: 10.)

According to Zetterström, Linde, Blomqvist and Jormfeldt more research is needed on how nursing practices can enhance anxiety management, promoting holistic, patient-centered approaches that go beyond conventional treatments like medication (Zetterström, Linde, Blomqvist and Jormfeldt 2023: 900–910). To adequately fulfil the psychological demands of patients, nurses need a robust grounding in thorough knowledge and skills. Such thorough knowledge contributes to the development of a more caring and empathetic setting, imperative for advancing the overall patient experience. (Filej, Kaučič, Saje, and Žvanut 2016: 42-47.)

Nurse's role is essential in delivering personalized, high-quality care to patients with life-threatening illnesses. And effective palliative care is relying on core nursing principles

and comprehensive knowledge, addressing practical, relational, and ethical challenges. To navigate these complexities, nurses need adequate education, training, and support. (Sekse, Hunsaker and Ellingsen 2018: 21-38.)

The purpose of this thesis is to describe the role of nurses in managing anxiety among palliative care patients through non-pharmacological interventions. The aim is to produce knowledge and education for nurses to deliver personalized, high-quality care to patients suffering from anxiety in palliative care.

2 Background and key terms

It is crucial to acknowledge that nurses hold a critical position in recognizing and addressing anxiety in patients undergoing palliative care. This demands an in-depth understanding of the psychological elements influencing patient discomfort, along with the administration of individualized non-pharmacological measures, such as mindfulness practices, effective communication in therapy, and creative therapeutic interventions, all of which have been validated in their ability to reduce anxiety symptoms. (Zweers, Graaf and Teunissen 2016 :56-102.)

Continuous professional development and education for nursing practitioners regarding these interventions are crucial to furnish them with the requisite skills to proficiently address anxiety in this at-risk population in palliative care in addition, evaluate the acknowledgment of physical symptoms of anxiety in palliative care is imperative, as they play a significant role in the patient's overall well-being. Anxiety often coexists with other distressing manifestations such as pain and fatigue, thereby indicating the need for comprehensive evaluation and intervention. (Pautex , Toni, Bossert, Hilleret , Ducloux , Forestier, Cabotte , Philippin, Guisado and Vogt-Ferrier 2006: 2478- 2487.)

Effective non-pharmacological interventions are essential for anxiety management in palliative care, promoting comfort without medication side effects. Few approaches, including mental imagery, relaxation methods, and therapeutic contact have investigated for their impact on lowering anxiety and stress levels in patients enduring serious health conditions. These strategies enhance multiple aspects of comfort, improving the overall quality of life, especially in contexts medication options are restricted or unsuitable. (Coelho, Parola, Cardoso, Bravo and Apóstolo 2017: 1867-1904.)

The significance of addressing anxiety within palliative care to enhance patient support. In their research patients' existential concerns was fear of mortality, and physical decline were common causes of anxiety (Higginson, and Evans 2010: 423-435).

According to Capezuti, academic research is an essential within the field of education; to strengthen the ability of nursing practitioners so nurses can effectively apply non-pharmaceutical approaches (Capezuti, and Elizabeth 2021:170-177).

It is clearly mentioned by Wilson that nurses' contribution in selecting and implementing these interventions are unexplored as nurses recognised as essential assistant so, there is a notable lack of guidance on how to tailor interventions to meet the specific needs of each patient in palliative care (Wilson C 2021: 35-42).

This thesis describes the engagement of nursing professionals in mitigating anxiety for individuals undergoing palliative care, alongside effective non-pharmacological interventions. By, through understanding of suitable role of nurse's interventional and effective non-pharmacological interventions, nurses can adopt best practices to manage anxiety in palliative care.

2.1 The Nature of Anxiety in Palliative Care

While considering palliative care, anxiety is uncovered through interpretations of distress, worry, and strain, alongside physiological responses. For instance, an increased heart rate, perspiration, and uneasiness, among various signs. These signs significantly influence the comprehensive well-being and overall quality of life of individuals undergoing palliative care. As individuals confront intricate health issues and unpredictable futures, their physical, emotional, and psychological conditions become deeply interconnected, influencing their overall quality of life. The potential of every symptom is to affect their sense of medical care and safety if it is overlooked. Whether it manifests as physical discomfort, mental distress, or anxiety, any form it takes emotionally will poison the therapeutic process. To ease their discomfort and help patients create a sense of ease and dignity for themselves on this path to the end of life, identifying these symptoms is vital. (chochinov 2022: 854-856.)

In the view of Gechelin C patients' quality of life, symptom handling, and overall wellness influenced by anxiety, as chronic worry can detrimentally affect physical health, disturb daily living, and create stress in relationships, which reduces the quality of life. As a result, this persistent stress may interfere with sleep, hindering individuals' capacity to effectively manage their symptoms. And, resulting relational strain can foster social withdrawal, leaving patients feeling isolated and unsupported, thereby worsen their emotional distress and further diminishing their quality of life. (Gechelin, Milan ,Virzi , Marturano, Mattiotti, Tantillo, Ferrara, Zirino, Giuliani, Ronco and Zanella 2023.)

2.2 Non-Pharmacological Interventions in Palliative Care

As noted by Shaista in their extensive studies, non-pharmacological interventions provide paramount importance in managing anxiety for those receiving palliative care, effectively addressing their profound psychological impacts from terminal illness. These interventions have tremendous potential to alleviate distressing sensations such as pain and breathing difficulties, which often amplify feelings of unease. When focusing on holistic care offering emotional help and adaptive coping methods, nurses play an indispensable role in boosting patients' quality of life. This approach has the potential to reduce the impact of anxiety, provide essential support, and foster an enhanced sense of well-being, thereby strengthening the role of nurses as fundamental component of empathetic, comprehensive care. Their dedication to comprehending the unique emotional needs of each patient transforms palliative care into a personalized, supportive initiative. (Shaista, Jadoon, Nasir, Bibi and Jadoon 2023:1-3.)

Schweighoffer suggested that psychological and emotional support are important for determining the effectiveness of such interventions. Cognitive behavioural therapy, mindfulness exercises, and imagery techniques which avoid medication have proven to be quite impactful in relieving anxiety and improving emotional wellness in patients undergoing palliative care. Life review interventions reflecting on past experiences have demonstrated beneficial in managing anxiety and distress within palliative care environments. Interventions involving life review, which encompass contemplating individual experiences and accomplishments, have been recognized as highly effect in reducing anxiety and emotional disturbance in settings of palliative care. These interventions are effective inside inpatient settings and can be utilized in the care plan by nurses to back emotional well-being. Additionally, the variation between intervention types and intensities should be considered. While simpler interventions may benefit some, others may

require more complex interventions combining multiple approaches to achieve relief. Furthermore, individual differences such as medical conditions, strengths, and needs must influence tailoring the specific combination of interventions for each patient. (Schweighoffer, Schumacher, Blaese, Walter, and Eckstein 2022.)

Guided imagery, often combined with calming music, has proven rather beneficial at managing anxiety in patients who are receiving palliative care. This method encourages patients to direct their minds towards uplifting ideas, guiding focus away from bad feelings and physical distress. Systematically relaxing each muscle group and gently rubbing the hands, when paired with led visualization. Progressively deeper breathing and replaying a fond memory from the past produces comparable consoling consequences for some. (Fitri, Wulandari, Elly and Nurachmah 2022.)

Fitri indicates that complementary therapy techniques often utilize guided imagery connect with calming music, which can guide patients' minds away from their illness and associated negative emotions, thereby reducing anxiety (Fitri et al. 2022).

Other alternative therapies, yoga and music therapy have indicated potential in relieving anxiety, particularly in older adults, through inducing relaxation and improved psychological well-being. Practicing presence of mindfulness and cognitive behavioural therapy prove effective in managing anxiety, specifically in older patients. These strategies assist patients in managing stress and enhancing their mental well-being by fostering the skill of recognizing and altering cognitive patterns. Nurses can facilitate these practices by guiding patients through mindfulness exercises or referring them to experts for CBT sessions to managing anxiety through calming the mind. (Wilson C 2021.)

Yoga recognises as a beneficial therapy for managing anxiety disorders, offering a comprehensive approach that integrates physical postures, breathing techniques, and meditation practices (Thakar, N., Jani, S., & Panchal, D. 2024.)

The focus on non-pharmacological methods is driven by palliative care's goal of addressing fatigue and sleep issues holistically, as these complications often stem from multiple intertwining sources such as the illness itself, various treatments, and common psychological effects like anxiety or depression. Physical therapy can provide an option: past studies indicate that personalized exercise routines customized to each patient's abilities and situation have demonstrated potential in alleviating anxiety without worsening addi-

tional symptoms. By enhancing physical functionality and general well-being, such individualized movement plans tailor support for the whole person. (Mücke 2023: 1044-1046.)

Cognitive-Behavioural Therapy (CBT): CBT provide Patients with skills to manage and cope with the exhaustion of fatigue, addressing profound psychological contributors inclusive of depression and anxiety. Aromatherapy and Massage: Studies have discovered these interventions to be effective in the quality of sleep amongst terminal cancer patients in palliative care. They provide a respite and decrease stress, which can contribute to more restful sleep. Therapeutic Touch and White Light Therapy: Such methods have likewise been demonstrated to buildup sleep quality, offering non-invasive alternatives for coping with sleep disturbances. Moreover, support groups have been beneficial for some, as sharing experiences with other cancer patients in a similar circumstance can alleviate feelings of isolation. Mindfulness-based stress reduction has a growing body of evidence indicating its capability to facilitate relaxation and lessen anxiety, which tends to disrupt sleep. (Baykal and Comlekci 2023: 131-137.)

2.3 The Role of Nurses in Non-Pharmacological Interventions

Palliative nurses play an essential role in providing holistic care for patients focusing to physical, emotional, and psychological wellbeing. Their balanced frame of mind allows work different strands of care collectively. Essential for nurses are offensive evaluative talents enabling detection of anxiety signs in patients. Timely recognition proves vital, as anxiety can sharply downgrade quality of life. By spotting symptoms early, nurses can initiate proper treatment to relieve suffering. Continuous tracking and reassessment, nurses judge anxiety's necessity and treatment impact, permitting adjustment of care plan appropriately to guarantee fulfilment of the patient's needs throughout their journey with palliative care. (Brant and Fink 2021.)

Additionally, nurses play a significant role in enhancing patients' and their families' knowledge regarding alleviating anxiety through non-pharmacological therapies. By offering education, nurses can empower patients and relatives to manage anxiety and foster a sense of control during difficult times. Furthermore, interdisciplinary teamwork is undoubtedly critical in delivering comprehensive anxiety care, as nurses collaborate with medical practitioners, social workers, and other healthcare experts to devise a unified treatment plan that addresses all factors contributing to a patient's anxiety. The role of

the nurse is significant, as they reduce anxiety by sharing relaxation methods and validating feelings of control while acting as a link between doctors, social services, and other specialists to provide well-rounded support. (Harden, Price, Duffy, Galunas, and Rodgers 2017: 232- 238.)

2.3.1 Nurses' role addressing spiritual care to manage anxiety

The role of nurses is to address patients' spiritual needs by recognizing the strong connection between spiritual wellness and emotional health, especially in palliative care. They assist patients in examining their health conditions. The End-of-Life Nursing Education Consortium aims to instruct nurses to incorporate spiritual care as a fundamental part of comprehensive, high-quality care. During their darkest days, the soul-searching that such spiritual discussions encourage can help many find inner relief and support systems and gain a deeper understanding. (Battista 2023: A1- A15.)

Nurses skilfully attend to patients' spiritual needs by performing compassionate acts such as gathering thoughtful histories, evaluating comforting despair, and providing psychological-spiritual support to foster hope in recovery. They apply active listening, offer support, and develop connections with calmness or the divine. Each approach addresses a patient's beliefs and respects diversity in personal perspectives and choices. (Santos, Macieira, Yao, Hunter, Madandola, Cho, Bjarnadottir, Lopez, Wilkie, and Keenan, 2022: 662-677.)

2.3.2 Nurse's Role in Psychoeducational Interventions

Psychoeducational therapies provide nurses with vital techniques for managing anxiety in patients and assisting their understanding and care of health issues. Such interventions offer information, empathy, and methods for coping with the unpredictability of illnesses. Studies verify the benefits of these methods, while additional investigation is required to assess the consequences of nursing-led efforts. Moreover, psychoeducational therapies enable nurses to clarify medical complexities for patients and enhance self-efficacy regarding condition management. Skilled facilitation of psychoeducation helps patients make sense of diagnoses and treatment plans, supporting adherence and improved outcomes. (Santos et al. 2022: 662-677.)

Effective communication lies at the heart of these interventions. It allows nurses to engage with patients and support them in handling their feelings and managing anxiety

Nurses promote patient-centred care by creating environments defined by trust and independence, where patients are empowered to manage their anxiety and the emotional challenges that come with end-of-life care. Moreover, thorough interactions give patients a voice to express concerns freely and receive reassurance. (Oakley and Ream 2023.)

2.3.3 Nurse's Role in Facilitating Effective Communication

More than any medication, conversation about treatment results and end-of-life desires between patients, families, nurses, and healthcare professionals helps more to lower anxiety in palliative care. Nurses facilitate sensitive yet transparent discussions to minimize uncertainty, giving patients motivation while alleviating distress. Whether through sharing long-term care objectives, clarifying prognosis, or establishing priorities of care, early and honest communication helps everyone understand what lies ahead. Nurses employ strategies like the U-R-PEACE model to foster understanding, respect, and education, nurturing meaningful bonds and maintaining clarity during difficult interventions. Nurses champion care customized for everyone, collaborative decision-making, and self-determination, in turn managing anxiety. (Mazbaur and Rashid 2023: 14-19.)

2.4 Anxiety

Anxiety is an emotion that give rise to a sense of fear, nervousness, and tension regarding addressing events that are either right away or located far in the future. Its physiological symptoms are increased heart rate and rapid. While related, anxiety differs from fear in both manifestation and timescale. Fear emerges in reaction to an evident, noticeable danger come close in the present moment and subsides promptly once past. (American psychological association 2024.)

2.5 Palliative care

Palliative care (PC) focuses on managing complex pain and non-pain symptoms and enhancing the quality of life of ill patients. It aims to mitigate suffering and improve well-being for both patients and their families. Palliative Care addresses physical symptoms like dyspnoea and tachycardia while also providing emotional support and guidance to alleviate anxiety and fears. The primary care team offer generalist Palliative Care and refer to specialist services for complex issues beyond their scope. (Bernacki, R., & Periyakoil, V. S. 2024.)

2.6 Non-pharmacological intervention

Non-pharmacological interventions (NPIs) are clearly defined by Grégory, Ninot that non-pharmacological interventions (NPIs) include natural remedies, traditional medicine, complementary treatments, supportive care, lifestyle solutions, and wellness practices. These interventions are not limited to a single type of treatment, but it covers various approaches aimed at improving health and well-being. The purpose of these is to treat symptoms, cure disease, limit the impact of aging, prevent disease, enhance human performance, and improve well-being. (Grégory, Ninot 2021: 1-46)

2.7 Nurses' role

Nursing has long been a central role in care, attending to people throughout their lifespan regardless of health status. Whether stationed in hospitals, clinics in the community, or elsewhere, nurses aim to maintain wellness and assist with ailments. Often the initial medical responders in emergencies, they dedicate efforts to prevention, health promotion, treatment provision, and support. Comprising half of many countries' entire workforces in the domain of healthcare, their critical importance to systems is evident. From patients' initial assessments commence journeys within medical systems, through interventions and into follow-ups, nursing presence proves essential for optimal outcomes and experiences. Ability and compassion characterize the career's professionals, upon whom rest hopes for quality, compassionate care. (World health organization 2024.)

3 Purpose, aim and research questions

The purpose of this thesis is to describe the role of nurses using non-pharmacological interventions in managing patients' anxiety in palliative care.

The aim is to produce knowledge and education for nurses to deliver personalized, high-quality care to patients suffering from anxiety in palliative care.

1. What are the roles of nurses in managing anxiety among palliative care patients using non-pharmacological interventions?
2. What are effective non-pharmacological interventions are reduce anxiety in palliative care patients from a nurse's perspective?

4 Methodology and Methods

This thesis utilizes, a descriptive literature review methodology, to in detail analyse and evaluate existing studies on managing anxiety in palliative care using nurses' non-pharmacological interventions. This method offers a thorough overview of the present knowledge of non-pharmacological strategies employed by nurses to manage anxiety in palliative care, laying the groundwork for upcoming research and practical applications in the field. The focus is on giving readers a clear and thorough understanding of the intervention's nurses use to help alleviate anxiety palliative care patients. This thesis utilizes, a descriptive literature review methodology, to in detail analyse and evaluate existing studies on managing anxiety in palliative care using nurses' non-pharmacological interventions. This method offers a thorough overview of the present knowledge of non-pharmacological strategies employed by nurses to manage anxiety in palliative care, laying the groundwork for upcoming research and practical applications in the field. The focus is on giving readers a clear and thorough understanding of the intervention's nurses use to help alleviate anxiety palliative care patients. (Polit, D. F., & Beck, C. T. 2017.)

Additionally, Inductive content analysis is used to analyse data collected from the literature on nurses' roles in managing anxiety among palliative care patients using non-pharmacological interventions." This qualitative method involves finding, with a specific focus on the effectiveness of various non-pharmacological interventions and the perspectives of nurses who make use of these interventions. By studying these continuing structures, this method helps to create understandings and theories about the non-pharmacological management of anxiety in palliative care. (Graneheim and Lundman 2004: 105-112.)

4.1 Data Collection method

In this thesis, the process of gathering data to analysis of the relevant article which identify relevant studies that are concerning the role of nurses in managing anxiety in palliative care and non-pharmacological interventions. The process focuses on gathering primary studies and nursing science articles published from 2014 to 2024. The search is systematically conduct from databases, CINAHL and ProQuest. Primary key terms are "nurses," "palliative care," "anxiety management," and "non-pharmacological interventions" use to ensure relevant and comprehensive coverage of the topic. To find relevant qualitative primary studies, we narrow down key terms to initiate our search.

4.2 Data search and selection

In this thesis, search terms derive from the research questions. Key terms are nurse role, anxiety, palliative care, and non-pharmacology intervention combined with Boolean operators (AND, OR) to expand or narrow the search. Search phrases modification depend on the database's indexing system to retrieve the most relevant literature.

This thesis emphasizes the importance of primary qualitative research articles that explore the role of nurses in managing anxiety through non-pharmacological interventions. Firstly, interviews provide personal stories from nurses or patients, giving rich insights into the effectiveness of various anxiety management strategies. Secondly, focus groups ease discussions among nurses, revealing shared experiences and collective insights into effective practices and challenges faced in anxiety management. Thirdly, case studies offer in-depth examinations of specific instances where non-pharmacological methods used, highlighting approaches and their outcomes in real-world contexts. Finally, ethnographic research involves observing nurses in their natural environments, providing a holistic understanding of their roles and interactions with patients, as well as the contextual factors influencing care.

By focusing on our purpose, this thesis sheds light on nurses' role in providing compassionate, individualized support to patients to manage anxiety in palliative care settings. This approach enriches our understanding of effective non-pharmacological interventions and underscores the complexity of nursing practice in emotional support. Articles screened by title and abstract first. Full-text articles of potentially relevant studies then retrieved for further data review based on the given inclusion criteria and exclusion criteria.

Table 1. Inclusion and Exclusion Criteria

| Inclusion Criteria | Exclusive Criteria |
|--|---|
| Adult/older patients, and Nurses 2010–2024 | Children patients, and other care givers Not less 2010 |
| Hospitals, nursing homes and home care | Not others |
| Only studies published in English | Studies published in other languages |
| Peer reviewed articles, primary studies, and Nursing science study | Review articles, secondary studies, and others |

A significant resource of illustrating the process of selection of studies in systematic reviews and meta-analyses is the PRISMA flowchart. This diagram enhances the transparency and reproducibility of the research process by distinctly outlining the overall number of studies that were identified, screened, deemed eligible, and ultimately incorporated into the review. (Kahale, Elkhoury, Mikati, Hernandez, Khamis, Schünemann, Haddaway, and Akl, 2022; 192.)

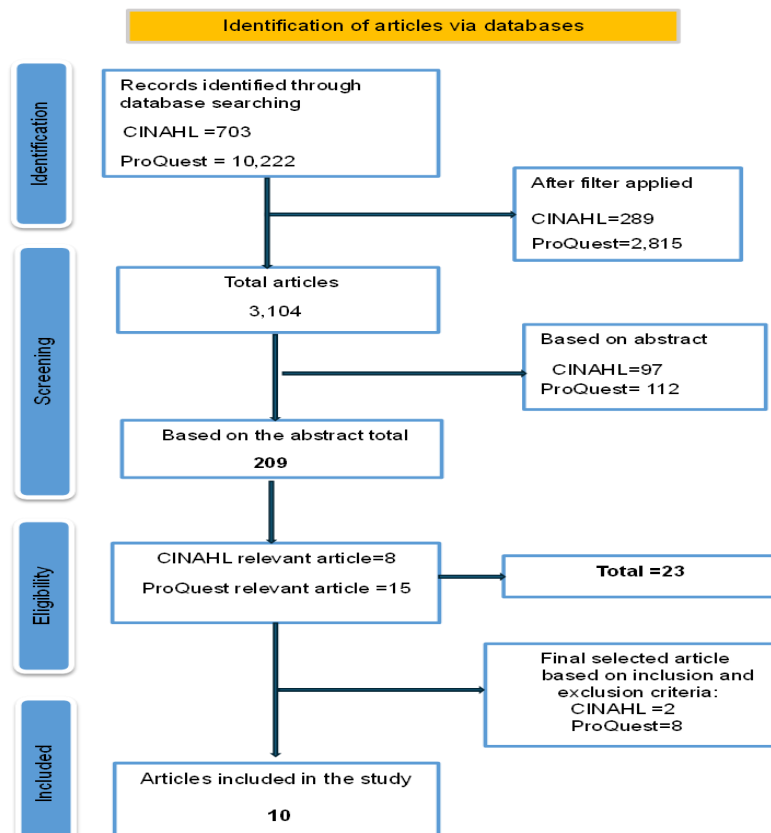
In our Prisma flow diagram, the first keyword phrase used in CINAHL Complete was: "(nurse or nursing or nursing care) AND (anxiety or stress or depression) AND (palliative care or end of life or hospice) AND (nonpharmacological or alternative or complementary or treatment or management) NOT pharmacological."

Search yielded 703 articles without any filters. After applying filters for English language, peer-reviewed publications, and studies from the past 10 years, the results narrowed down to 289 articles. From these, 176 titles matched, and key terms appeared in the abstracts of 97 articles. Finally, 8 relevant articles selected from 8 articles we selected 2 articles.

Second Keyword phrase used in ProQuest: [STRICT] (nurse OR "nursing care" OR "nursing intervention") AND (anxiety OR stress OR depression) AND ("palliative care" OR "end of life" OR hospice) AND ("non-pharmacological intervention*" OR "alternative treatment*" OR "complementary therapy" OR "psychosocial support" OR "holistic care") NOT pharmacological).

The initial search received 10,222 results. To refine this, filters applied to access only full-text, peer-reviewed articles published within the past 10 years, narrowing the selection to 2,815 articles based on title relevance. From there, 112 articles were chosen for further consideration based on their abstracts. After a more detailed review, 15 articles examined closely, 8 selected as the most relevant for this study.

Table 2. Prisma flow Diagram



To verify the quality of the included literatures, we assessed the quality of the articles, each article checked using established criteria with the Finnish Publication Forum (JUFO) rating system. In this assessment, each selected article had a JUFO classification score of one, all articles that selected by us meet the academic standards and they have depth that required for our questions. It is an accurate approach, clear framework, and evidence-based conclusions. (JUFO Publication Forum 2023.)

4.3 Data analysis method

The content analysis inductive approach in a qualitative descriptive review thesis involves systematically examining textual or visual data to identify patterns, themes, and categories that emerge organically from the data itself. This method allows researchers to derive insights directly from the information without imposing preconceived notions or frameworks, facilitating a deeper understanding of the subject matter as it naturally unfolds through participant narratives or documented materials. (Vears and Gillam 2022: 111-127.)

According to Thanos et al (2023), this approach emphasizes the importance of remaining open to new interpretations and meanings, allowing researchers to capture the complexity and richness of human experiences as they are represented in the data (Thanos, Meghini, Bartalesi and Coro 2023).

In our thesis, we found that inductive content analysis effectively provides a clear understanding of our purpose and aim. We start the analysis process systematically by examining textual data to identify patterns, themes, and categories that emerge organically from the data itself.

We initially compiled the selected articles into a chart labeled with identified article numbers, article titles, authors, year of publication, country, aim and purpose, methodology, participants, and outcomes related to these interventions. This chart acts as a visual tool for the data, enabling us to compare and analyze the different methods employed by various researchers more easily.

In the chosen studies articles were from different countries. They were from Canada, United state, Taiwan, Turkey, Sweden, and Italy.

After thoroughly reviewing each article's outcomes to gain a complete understanding of its content, we emphasized key statements that address our first question; What is the role of nurses in managing anxiety among palliative care patients using non-pharmacological interventions? And second question; Which non-pharmacological interventions are effective to reduce anxiety in palliative care patients from a nursing perspective? Then, transferring highlighted lines into meaning units. We created two meaning unit tables for each of our questions. From the ten articles, we classified them according to the demands of our questions and referenced the article numbers in the result of both meaning units. Our "meaning units associated with purpose and aim were discussed among us."

From these meaning units, proceeded to generate initial codes by emphasizing the sentences and distilling them into a more succinct format, referred to as "coding." These codes encapsulate concepts that pertain to our research questions. The selected units are categorized based on common meanings, resulting in subcategories. These subcategories are then combined to establish a generic category. These generic categories merge to form the main unit. This organized approach not only improves the clarity of our findings but also aids in gaining a deeper insight into how these interventions can improve patient outcomes in palliative care.

5 Result

A total of 10 articles were selected for analysis from a range of countries: Canada, the United States, Taiwan, Turkey, Sweden, and Italy. And for the first question, we took five articles for analysis, and for the second question, we took another five articles. The table of data analysis from 10 articles is mentioned in the annexure.

5.1 Holistic support in anxiety management

Nurses play a vital role in easing anxiety for palliative care patients by offering compassionate emotional and spiritual support. Nurses offer an encouraging atmosphere that reduces anxiety and increases strength by catering to each patient's unique emotional, behavioral, and spiritual needs. This makes patients feel valued, understood, and cared for. Through patient-centered care, they empower individuals with education and resources while fostering trust and open communication. (Chen, Sally, Tzu-Pei, Yao-Hui, Chien and Wei-Fen 2019:157-167.)

Through patient empowerment and education, nurses tailor information and guidance to assist patients to understand their situation and gain confidence to manage fear and anxiety (Reiser, Rosenzweig, Welsh, Ren, Usher 2017:864-870).

To encouraging patients to make choices about their care and build belief in their capability make impact on their symptoms. Coordinating with multidisciplinary teams allows nurses to offer, caring support focused on the patient. (Wynnychuk, Huynh, Stilos 2023: 373-376.)

Listening effectively and expressing care, respect and encouragement for each story also deepens the bond between nurse and patient, resulting in less stress and anxiety. Working as a team across disciplines, compassionate advocates empower those seeking help to feel observed, valued, and not alone during anxiety. (Beck, Gruvebäck, Rasmussen, and Möller, 2018: 7639–7649.)

Assisting patients in managing anxiety and developing resilience, nurses utilize interventions including mindfulness practices and adaptive coping strategies to help patients their inner focus and enhance emotional wellbeing (Reb, Borneman, Economou, Cangin, Patel, Sharpe 2020: 400-408).

5.1.1 Comprehensive Emotional and Spiritual Support

Nurses have a key role in addressing spiritual needs, aiding patients in deriving significance from illness, which can foster acceptance and reduce anxiety. The End-of-Life Nursing Education Consortium equips nurses with the required preparation to understand spiritual attention into palliative care, highlighting it is crucial aspect as a quintessential dimension of quality care. (Battista et al. 2023.)

Emphasize that nurses provide essential spiritual interventions like taking spiritual histories, assessing spiritual pain, and offer psychospiritual support, all of which contribute to better psychological outcomes, including reduced anxiety. Practices such as active listening, being present, and helping patients connect with the sacred or nature are thoughtfully adapted to individual beliefs and care, fostering spiritual well-being. (Santos et al. 2022: 662-677.)

Nurses play a vital role in attending to the emotional and spiritual needs of both patients and their caregivers during difficult times of illness. Nurses can reduce stress and anxiety by utilizing understanding of a family's special connections and addressing underlying sources of hope. Providing information to reduce confusion about a diagnosis or treatment plan while embracing patients' full humanity serves to gain peace of mind. Empowering patients to participate in their own recovery in a manner respecting their preferences, combined with active and empathic listening to understand each unique experience, allows nurses to give support in a way leaving patients feeling heard and in control of their circumstances. (Chen et al. 2019.)

According to the (Chen et al. 2019). nurses can relieve anxiety and strengthen relationships by caring for both patients and their family caregivers through the provision of emotional support. Nurses are uniquely positioned to minimize patients and their caregivers' feelings of uncertainty and stress by meeting the emotional needs of others. Moreover, providing spiritual care is part of holistic care because spiritual needs help relieve anxiety, depression, and frustration among patients. It also manages anxiety by utilizing a holistic approach that contributes to all the dimensions of health—including physical, psychological and spiritual care. The (Chen et al. 2019).

5.1.2 Patient Empowerment and Education

While nurses frequently carry out psychoeducational interactions to assist those experiencing anxiety, both on face and online, more studies are required to fully assess their

value when exclusively organized by nurses. Effective rapport is needed for coping with anxiety. (Santos et al. 2022: 662-677.)

Effective communication is essential for managing emotions and uncertainty, which are common in palliative care. Nurses help foster healing relationships and enable self-management through patient-centred communication. (Oakley et al.2024.)

The Patient Support and Advocacy (SEA) program for Metastatic Breast Cancer was created as a nurse-led initiative to meet the distinctive symptom management and emotional needs of women with metastatic disease. Through weekly check-ins, the program evaluates requirements for social assistance, psychological counselling, and palliative care services. This customized care results in considerable improvements in self-reported outcomes such as minimize symptom distress, anxiety, and enhanced overall wellbeing for patients. Moreover, by connecting participants to crucial educational resources and support, the SEA MBC Program has shown its effectiveness through step up referrals to social work and palliative care nurses. This structured teaching intervention empowers individuals to navigate the hurdles of metastatic breast cancer, in the end enhancing their quality of life. (Reiser et al. 2017:864-870.)

The Integrated Palliative Outcome Scale assessment facilitates effective communication, permitting nurses to comprehend patients more thoroughly. This evaluation tool fosters informative dialogues concerning physical, emotional, and spiritual matters. By utilizing IPOS, caregivers can tailor care to address the complete range of needs. The questionnaire promotes empathic discussions where clients and family may freely express their feelings. It also encourages holistic conversations where one may discuss not only symptoms but also subjective experiences and considerations of life's bigger questions. This centered approach around the individual enhances the quality of care as it ensures all dimensions of well-being receive attention. Through use of the integrated assessment, nurses gain deeper insights which guide compassionate interventions and foster meaningful understanding of each unique situation. (Beck et al. 2018: 7639–7649.)

Nurse-Led interventions for anxiety management fear of cancer recurrence or Progression (FOP) Interventions have been developed to manage the fear of cancer recurrence or progression (FOP), a significant source of anxiety among cancer patients. The Day-by-Day (DBD) intervention, adapted from the Conquer Fear program, includes components such as values-based goal setting, worry management skills, and challenging unhelpful beliefs about worry. findings from case studies indicate that participants reported

feeling more focused, less overwhelmed, and more in control of their worries, with statistically reliable improvements in FOP scores. Role of nurses in anxiety management nurses are in a unique position to provide emotional and psychosocial support due to their frequent interactions with patients with focused training, nurses can effectively use cognitive-behavioral therapy (CBT) techniques and other related interventions to manage anxiety and improve patient outcomes. (Reb et al. 2020: 400-408.)

5.1.3 Personalized Care and Communication

Nurses play a vital role in facilitating clear communication amongst all families involved in a patient's care. They begin necessary discussions about treatment plans, prognoses, and end-of-life care from the earliest stages to prevent uncertainty and alleviate anxiety. The U-R-PEACE method highlights understanding diverse perspectives, displaying respect, strategizing cooperatively, open expressing options, supporting autonomous choices, providing care with empathy, and educating thoroughly - facets pivotal for compassionate palliative care communications. In customized care coordination, nurses champion patient-centered approaches by appreciating personalized priorities, motivating medical discussion, and respecting autonomous healthcare decisions. (Mazbaur et al. 2023:14-19.)

In palliative care, a compassion-driven focus highlights patients as a whole and enabling them to contribute to their plan of care. Nurses employ techniques including the Integrated Palliative Outcome Scale and caring discussions to attend to physical, psychological, relational, and spiritual challenges. This approach centers on improving standard of living through effective listening, validating sentiments, and assisting patients to contemplate what is important to them. By encouraging direct though sharing, nurses offer support, decrease anxiety, and accompany individuals through challenging periods. Furthermore, nurses recognize the importance of balancing medical treatment with personal goals and values to maintain dignity at life's end. (Beck et al. 2018: 7639–7649.)

5.2 Effective Non-Pharmacological Interventions for Anxiety Reduction

According to analysis of our research question number second the effective non-pharmacological interventions for anxiety reduction are Starlight therapy showed a 90% reduction in anxiety and other symptoms such as agitation and heart rate (Emerson, K., Hayes, K., Murphy, M., Quinlin, L., and O'Malley, P. 2017).

Massage Therapy was effective in reducing anxiety and normalizing breathing, contributing to psychological well-being (Enrico, D.L., Maddalena, G., Daniela, R., and Luana, P. 2020).

Touch Therapy provided benefits in lowering blood pressure and pulse rate but did not have a direct impact on anxiety or depression. Music Therapy offered relaxation benefits that contributed to decreased anxiety levels. Aromatherapy's Effect on the Physiological Situation of Patients. (Arslan and Ozer 2016: 868–875.)

Foot Reflexology provided effective pain management and symptom relief, supporting cancer care (Anderson, K. D. and Downey, 2021: 539-545).

Tai Chi and Qigong not only reduced fatigue but also improved sleep quality and depression, thus benefiting the emotional state of patients. Qigong Benefits for survivors coping with cancer-related fatigue. (Sowada, K.M. 2019: 465-469.)

5.2.1 Anxiety and Agitation Management

This category certainly encompasses interventions that, research has demonstrated, can particularly decrease anxiety and agitation indicators which thereby aid in enhancing the support of patients receiving palliative care.

For instance, Starlight Therapy includes projecting low light images such as green stars against a dark blue background which is thought to help in reducing anxiety and agitation by cultivating a comforting environment (Emerson, K., Hayes, K., Murphy, M., Quinlin, L., and O'Malley, P. 2017).

Massage Therapy has also proven to be rather effective at substantially mitigating symptoms that contribute to improved patient comfort at the end of life. Within just half an hour, this therapy significantly reduces symptoms of anxiety and agitation for those nearing the end. It calmed heart rate and respiratory rate, signs that manage anxiety and agitation. Perhaps low light condition melatonin in ways tending to relaxation and rest, the therapy's relaxing effects improve sleep patterns. (Enrico, D.L., Maddalena, G., Daniela, R., and Luana, P. 2020.)

According to the previous Wulandari & Nurachmah, Guided imagery to reduce anxiety and pain among palliative patients. When imagery gently directs the mind to focus on

positivity, it draws attention from sadness or suffering affecting the body. Deeper relaxation comes through alternately tensing and loosening each muscle group, as calming pictures form in the mind's eye. A compassionate touch, massaging the hands, compounds imagery's impact. Together these techniques give relaxation and comfort through passing thoughts, alleviating physical and emotional distress. (Nurachmah et al.2022.)

Fitri indicates that, while complementary therapies like guided imagery combined with music can help divert patients' minds from illness and distressing emotions, thereby managing anxiety (Fitri et al. 2022).

5.2.2 Pain and Symptom Management

The category of pain and symptom management includes therapies demonstrating the link between physical care and mental health, such as foot reflexology and massage therapy. Relieving distress can alleviate anxiety, as treatments highlight the interconnection between body and mind. Reducing sensations of pain potentially results in reductions of symptoms.

Foot reflexology has been demonstrated to significantly reduce patients suffering with cancer, signifying it is a probable role as a complementary therapy in palliative care. However, Anderson indicates that while reflexology may also contribute to reducing anxiety, the evidence for this effect is rather stronger than its impact on pain. Reflexology involves manual techniques applied to the feet, which are accepted to activate neural routes and back up the body's overall functioning. The Ingham methodology, a prevalent reflexology practice, concentrates on equilibrium and relaxation, which might contribute to both actual and psychological alleviation. However, like many alternative forms of techniques, more extensive research is still needed. (Anderson, K. D. and Downey, 2021: 539-545.)

Massage therapy has proven useful for reducing pain, fatigue, and anxiety in patients receiving cancer treatment, supporting its use employment in palliative care. The healing engagement included in Massage can provide comfort and reduce stress, which may lead to advancements in emotional well-being. Both massage and reflexology are important, yet several investigations propose that reflexology may possibly be more intense than regular massage for symptoms like malignant tumour tenderness. For certain patients, a light massage succeeds best at relieving anxiety while deeper pressure works

superior for others. While relaxation approaches help some, meditation with massage gives additional advantages to patients experiencing the effects of therapy. (Enrico, D.L., Maddalena, G., Daniela, R., and Luana, P. 2020.)

According to previous studies as noted by Shaista, non-pharmacological interventions hold paramount importance in managing anxiety in palliative care, significantly addressing the profoundly impacted psychological of terminal illness. These interventions potentially alleviate distress symptoms, such as pain and dyspnea. (Shaista et al.2023: 1-3.)

5.2.3 Fatigue and Sleep Improvement

Fatigue and sleep disturbance are common problems that patients experience during cancer treatment, which might way to an improvement in feeling of well-being and inflated nervousness. Complete techniques, Tai Chi and Qigong, have been reviewed for their advantages in advancing rest superiority and decreasing fatigue. These methods, basis in old Chinese medicine, spotlight the balance of body and mind, which might indirectly manage anxiety, especially in relieving consideration. Moreover, research has manifested that practices including Tai Chi can positively change rest construction through reductions in stress-related hormonal markers and improved relaxation responses. (Sowada, K.M. 2019: 465-469.)

Tai Chi and Qigong, gentle exercises combining breath control and meditation, which have shown potential to relieve cancer-related fatigue and enhance sleep quality. Requiring no special equipment and adaptable for physical limitations, these practices suit cancer survivors and palliative patients. Research has revealed that Tai Chi and Qigong interventions considerably reduce fatigue to cancer and improve sleep quality after consistent practice. Studies demonstrate their effectiveness on cancer related fatigue and improving sleep, A systematic review synthesized multiple clinical trials on how practicing this mind-body technique improve fatigue, depression, sleep quality and overall life quality for those undergoing cancer treatment. In addition, research has connected qigong to heightened psychological growth, equipping individuals with strategies for managing anxiety. Qigong secures mental health. Indeed, emphasis on relaxation of Both mind and body offer a holistic path toward improved wellness for patients suffering from cancer or other chronic conditions. (Sowada, K.M. 2019: 465-469.)

Aromatherapy therapy and massage therapy interventions have demonstrated efficacy for improving rest along terminally ill cancer patients. Studies show these methods reduce anxiety and promote relaxation, and it improves sleep. Therapeutic Touch was found to enhance sleep quality. Massage provided relief for fatigued patients, allowing tired minds and bodies opportunities for repose. Aromatherapy eased troubled thoughts, permitting restive spirits moments of peaceful refuge from pains and troubles. Alternative therapies afforded support through relaxing effects. (Arslan and Ozer 2016: 868–875.)

5.2.4 Emotional and Psychological Well-being

Massage therapy has indicated significant effect for reducing symptoms both physical and psychological, especially anxiety, palliative care patients. Researchers at various hospitals across Italy studied the impacts of scheduled massage sessions and found they noticeable decreased anxiety levels while therapy increasing relaxation and well-being. Patients started feeling less anxious and more peaceful once the massage therapy concluded, highlighting its viability as a supplemental method of care in hospice environments. Post-treatment reviews collected from numerous describing the message as "a balm for souls". The therapy was associated with enhanced moods and a sensation of security and acceptance, both integral to emotional health throughout palliative care. (Enrico, D.L., Maddalena, G., Daniela, R., and Luana, P. 2020.)

Music therapy has found effective performance in managing anxiety and reducing physiological parameters, its effects are different independently. This therapy impacts physiological and psychological responses. However, Arslan and Ozer's study revealed that musical tones can help circulate patients relax, the roots of palliative care extend deeper than music alone. Those facing life's greatest challenges retain a primal need for human contact, as comforting a hand can reassure when words fail. Touch conveys compassion, yet its benefits flow both ways - a gentle squeeze reminds caregivers of their power to ease suffering in small acts of presence. Though anxiety haunts hospital rooms, connecting through caress or cradle reminds all within that beneath diagnosis and dates, we meet simply as fellow travellers equally deserving of dignity. When distress weighs heavy, no balm heals like another's embraced to lift both burdened and bearer with its quiet strength. (Arslan and Ozer 2016: 868–875.)

The therapy affects reductions in pulse that rises in haemoglobin, corroborating its utility for managing anxiety and cultivating a strengthened sense of relief and balance. (Arslan and Ozer 2016: 868–875.)

Guided imagery combined with music has proven that it alleviates anxiety and suffering in those receiving palliative care. This technique supports patients by diverting their attentions from Sad thoughts and focusing instead on motivating. scenes Use in their thoughts, providing psychological well-being. When joined with complementary practices such as muscle relaxation and hand massage, guided imagery can boost sentiments of wellness even further. These therapies aim to gain a holistic balance by fostering actual, mental, and spiritual welfare. (Fitri et al. 2022).

6 Discussion

In our analysis the roles of nurses in managing anxiety among palliative care patients through non-pharmacological interventions, becomes evident that nurses are not solely caregivers but vital and central person who provide holistic and compassionate support in palliative care. Our analysis educates that the various roles of nurses include emotional and spiritual support, patient empowerment through education, and the delivery of personalized care. This holistic approach not only addresses the immediate needs of patients but also fosters a sense of trust and comfort, essential in alleviating anxiety.

Nurses' ability to connect with patients on an emotional and spiritual level is most important and they play a crucial role in helping patients find meaning in their illness, which can significantly reduce anxiety [20].

The End-of-Life Nursing Education Consortium (ELNEC) provides nurses with training that emphasizes the significance of including spiritual care into palliative practices [21]. By conducting spiritual assessments, nurses can provide psychospiritual support, and facilitate an environment where patients feel understood and valued, ultimately leading to improved psychological outcomes.

Patient education and empowerment further underline the significant impact nurses have in reducing anxiety. By providing tailored information and empowering individuality in making decisions, nurses allow patients to take an active role in their care. Programs like the SEA MBC initiative clarify how structured educational interventions can lead to significant improvements in patient-reported outcomes, including reduced anxiety [22]. This not only enhances the quality of care but empowers patients to navigate their health journeys with confidence in palliative care.

Moreover, our findings emphasize the importance of effective communication in the nurse-patient relationship. By utilizing tools like the Integrated Palliative Outcome Scale (IPOS), nurses can engage in meaningful conversations that address not just physical symptoms but also emotional and existential concerns [23]. This person-centered approach ensures that care is tailored to the unique needs of each patient, enhancing their overall well-being and reducing anxiety in palliative care.

On the other hand, according to the second question, the non-pharmacological interventions recognized in our study offer a range of effective strategies for anxiety management. Techniques such as Massage therapy and Starlight therapy have shown significant assurance in alleviating anxiety and agitation. It provides comfort and relaxation to patients [25]. Additionally, Tai Chi and Qigong not only improve physical health but also enhance emotional well-being, thereby addressing the interconnectedness of physical and psychological health [27].

It is crucial that nurses understand these non-pharmacological approaches as key components of palliative care. Because nurse-led programs combine medical care with psychosocial assistance [29].

In conclusion, this thesis highlights the different role of nurses in managing anxiety among palliative care patients. By giving nurses, the information and skills they must utilize non-pharmacological therapies.

6.1 Ethics and validity

This qualitative descriptive literature review adheres to ethical standards by ensuring integrity and transparency throughout the research process. Although this review does not involve direct interaction with patients or participants, it remains crucial to approach the selection, analysis, and interpretation of data with objectivity, minimizing potential biases.

Respecting the intellectual property of original authors is essential. This involves meticulous and accurate citation of all references to acknowledge their contributions, ensuring that the insights derived from their work are presented with integrity (Polit et al. 2017).

This commitment to ethical scholarship not only upholds the credibility of the research but also reinforces the importance of giving due credit to the foundational work of others (Whittemore and Knafll 2005: 546- 553).

To enhance the validity and reliability of our thesis, a systematic approach was employed in the search for and selection of relevant literature. The literature search was comprehensive, focusing on primary studies that were specifically relevant to our thesis topic. The inclusion of studies with nursing authors ensured that the perspectives and experiences of nursing professionals were adequately represented. (Kahale, Elkhoury, Mikati, Pardo-Hernandez, Khamis, Schünemann, Haddaway, and Akl, 2022:192.)

The use of clearly defined keywords such as "nurses," "palliative care," "anxiety management," and "non-pharmacological interventions" facilitated a thorough exploration of the literature, yielding a robust selection of relevant studies. By utilizing reputable databases like CINAHL and ProQuest, this thesis ensured that the data gathered aligns directly with the research questions, thereby enhancing the credibility of the findings. (Graneheim et al. 2004:105-112.)

In summary, this thesis reflects a strong commitment to ethical research practices and strives for a high level of validity and reliability. It emphasizes the critical role that nurses play in managing anxiety within palliative care, drawing on a well-supported foundation of existing literature to inform its conclusions and recommendations.

7 Conclusion

This thesis has highlighted the significant role of nurses in managing anxiety among palliative care patients through non-pharmacological interventions. The findings indicate that nurses provide essential holistic support, which encompasses emotional, spiritual, and educational dimensions, thereby fostering flexibility and enhancing the quality of life for patients in palliative care.

One of the key conclusions drawn from this analysis is that comprehensive emotional and spiritual support offered by nurses can effectively reduce anxiety levels. Through interventions such as psychoeducation, spiritual care, and effective communication, nurses empower patients to manage their anxiety and improve their overall well-being. The integration of structured programs, such as the Support, Education, and Advocacy

(SEA) program, demonstrates the potential for nurse role initiatives to enhance patient outcomes and ensure a more personalized approach to care.

Moreover, the thesis also recognized effective non-pharmacological interventions, including Starlight Therapy, Massage therapy, and Guided imagery, which are shown to significantly reduce anxiety and improve emotional well-being. By implementing these evidence-based interventions into routine practice, nurses can enhance the capability to address the psychological needs of patients, ultimately leading to improved patient satisfaction and quality of life. Further research is recommended to explore the long-term impacts of these non-pharmacological interventions and their applicability across diverse patient populations.

This thesis underscores the importance of recognizing and enhancing the multifaceted role of nurses in managing anxiety within palliative care, advocating for ongoing education and research to optimize patient care strategies and outcomes.

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Appendix 1. Database Search results

| Database (Limiters) | Search phrase | Total number of hits/citations | Selected based on title | Selected based on Abstract | Selected articles |
|--|---|--------------------------------|---|----------------------------|-------------------|
| CINAHL Complete Limits: Past 10 years Peer-reviewed. English | “(nurse or nursing or nursing care) AND (anxiety or stress or depression) AND (palliative care or end of life or hospice) AND (nonpharmacological or alternative or complementary or treatment or management) NOT pharmacological.” | 703 | 176 | 97 | 2 |
| ProQuest Past 10 years Peer-reviewed English | [STRICT] (nurse OR "nursing care" OR "nursing intervention") AND (anxiety OR stress OR depression) AND ("palliative care" OR "end of life" OR hospice) AND ("non-pharmacological intervention*" OR "alternative treatment*" OR "complementary therapy" OR "psychosocial support" OR "holistic care") NOT pharmacological). ** | 10,222 | 2,815 (NOT RELEVANT TOPIC AND JOURNALS) | 15 | 8 |
| Total number of articles | ----- | 10,925 | 2,991 | 112 | 10 |

Appendix 2. Summary of Reviewed articles

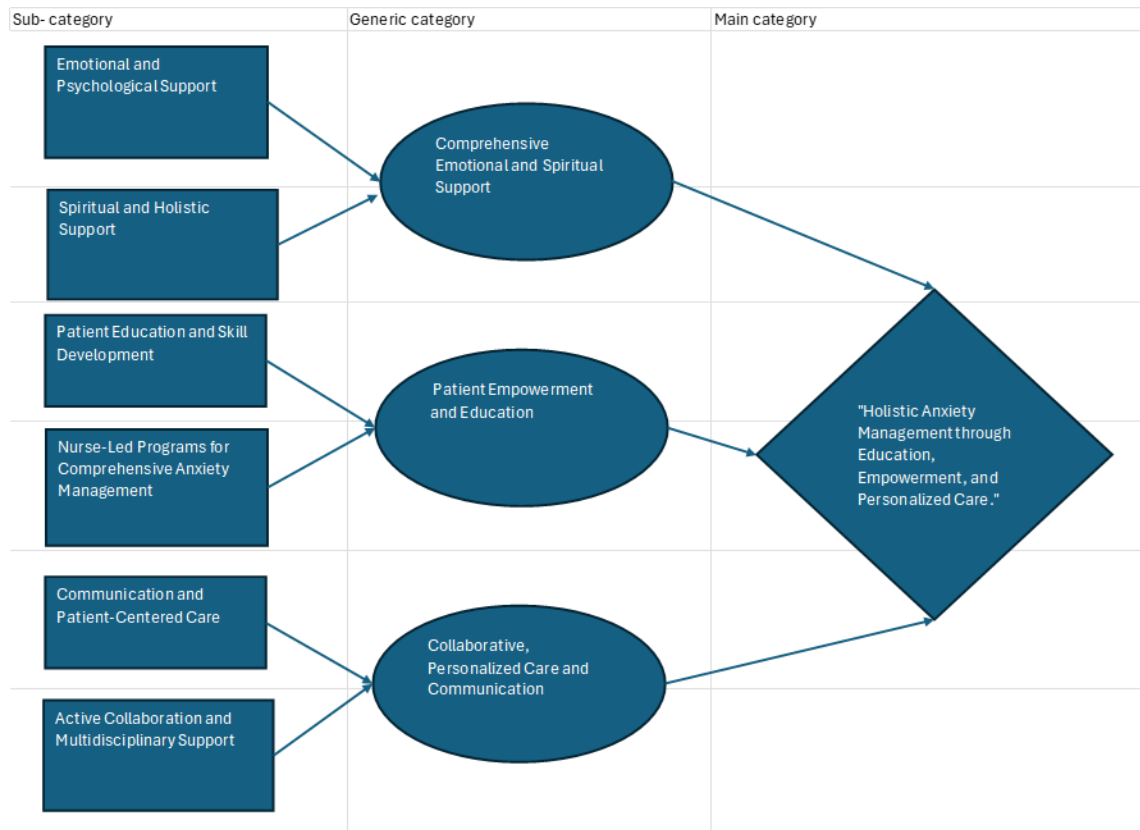
| Article number | Author(s),Year,Country | Aim of the research | Study Design and data analysis | Participats | Results |
|----------------|--|---|---|---|--|
| 1 | Challenges in nursing care for patients with cancer and severe mental illness. Authors: Kalli Stilos, Lise Huynh, Lesia Wynnychuk Year: 2023 Country: Canada | Aim is to highlight challenges in caring for patients with dual diagnoses.To advocate for multidisciplinary approaches in complex patient care.To address the need for early palliative care referrals. To improve understanding of social determinants affecting patient care. | A case study approach. The analysis likely includes qualitative methods to document treatment adherence issues and evaluate intervention outcomes, aiming to improve care practices. It outlines challenges in dual diagnosis care. | 1 patient with a dual diagnosis of metastatic glioblastoma multiforme (GBM) and a SMI. | Research findings have shown that early involvement of specialized palliative care services for patients with advanced cancer improves quality of life,increases satisfaction with care, and mitigates depression. This case study will highlight the spectrum of challenges in caring for patients with a severe mental illness and advanced cancer from the perspective of an inpatient palliative care consult team. |
| 2 | Evaluation of a Low-Light Intervention/Starlight Therapy/forAgitation, Anxiety, Restlessness, Sleep Disturbances, Dyspnea, and Pain at End of Life Authors: Kathleen Emerson, Mary Murphy, Patricia O'Malley, Kathleen Hayes. Year: 2017. Country: United States | Evaluation of a Low-Light Intervention/Starlight Therapy/for Agitation, Anxiety, Restlessness, Sleep Disturbances, Dyspnea, and Pain at End of Life Authors: Kathleen Emerson, Mary Murphy, Patricia O'Malley, Kathleen Hayes. Year: 2017. Country: United States | •A 2-site research study was conducted in southwest Ohio. •Data analyzed using descriptive statistics and t tests. •Repeated-measures analysis of variance was employed for comparisons. | Total of 40 patients (26maleand 14female patients) participated in the study. The average age was 82.25 years. All patients receiving Starlight Therapy were in private rooms. | Starlight Therapy was effective for 36 of 40 patients in this sample (90%). Starlight Therapy significantly reduced the number and intensity of symptoms including agitation,anxiety, restlessness, and sleep disturbances for this sample. Starlight Therapy also provided significant physiological benefits as evidenced by reduction in heart rate and respiratory rate during therapy. While integration of multisensory environments into care appears useful, evidence overall is inconclusive. Future practice guidelines for Snoezelen therapy need more evidence. It is important that nurses contribute to development of evidence for this therapy across the care continuum. |
| 3 | Fear of cancer prifression Authors: Anne Reb, Tami Borneman, Denice Economou, Marissa Cangin, Sunita Patel, Louise Sharpe. Year: 2020. Country: United States | Aims to manage fear of cancer progression Fear of Cancer FEAR OF CANCER RECURRENCE OR PROGRESSION (FOP).It focuses on a nurse-led intervention for cancer survivors. | The study involved two case studies of patients with advanced cancer. Statistical analysis used the RCI procedure for score comparison. | 2 patients with stage III or IV gynecologic cancer were recruited from the outpatient medical oncology clinic at a free-standing comprehensive cancer center in southern California | FOP is a significant concern for patients with advanced cancer. This article highlights a nurse-led intervention for managing FOP. The case studies illustrate the intervention components, which teach skills for managing worry and help patients modify unhelpful coping behaviors. Skills include attention training, detached mindfulness, and worry postponement. After the intervention, patients reported feeling more focused and in control of their worries. Both achieved reliable improvements in FOP-SF scores. |
| 4 | Nurses' experiences of using the Integrated Palliative care Outcome Scale with patients in specialized palliative care.Authors: Ingela Beck, Kicki Törnquist, Anders Grubeback, Birgit Rasmussen, Ulrika Olsson Möller. Year: 2018. Country: Sweden | The aim was to explore nurses' experiences using Integrated Palliative care Outcome Scale (IPOS). Focused on IPOS as a communication tool in palliative care. | A qualitative Focus Group Study ,explorative design. Focus group interviews were used for data collection. Data analysis followed quality content analysis methods. | The sample size consisted of 18 nurses. Nurses were from four specialized palliative care units. | Using IPOS as a communication tool could be one way for nurses to promote person-centred palliative care. To do this, nurses need to perform a balancing act in which they strive to have the questionnaire and the communication in mind at the same time. Regular use of IPOS can make it easier for nurses to invite patients to talk about emotional and existential issues. When nurses are capable of this balancing act, the communicational use of IPOS can be understood as an answer to the question of how its use could be meaningful and important for patients and nurses. |
| 5 | The Support, Education, and Advocacy (SEA) Program of Care for Women With Metastatic Breast Cancer: A Nurse-Led Palliative Care Demonstration Program Authors: Victoria Reiser, Margaret Rosenzweig, Ann Weish, Dianxu Ren, Barbara Usher. Year: 2017. | The aim of the research was to evaluate the effectiveness of the Support, Education, and Advocacy (SEA) Program of Care for women with metastatic breast cancer (MBC) in improving patient-reported outcomes and increasing referrals to supportive services. | A prospective pre- and postexperimental cohort design with convenience sampling was used. Analysis was conducted with paired t test analysis of pre- and postimplementation outcomes. | The population sample size was 118 women with MBC. 1Convenience sampling was utilized for data collection. 2Pre- and post implementation data were collected for evaluation. | The nurse-led MBC-SEA program effectively coordinated supportive care services, which resulted in improved patient outcomes and increased access to necessary resources. This model can be adapted to various cancer care settings to enhance primary palliative care delivery. Reduced generalized anxiety scores following the program. Improved overall well-being scores in participants. No increase in clinical trial referrals noted. Conclusions: Purposeful nurse-led assessment for social service and palliative care needs increases referrals with improvement in patient-reported outcomes |

| | | | | |
|---|--|--|--|---|
| 6 Foot Reflexology, An intervention for pain and nausea among inpatients with cancer. Author:Kristen D. Anderson, and Marty Downey Year: 2021 Country: United States | The purpose of this study was to conduct a randomized controlled trial to evaluate the effects of foot reflexology on pain and nausea among inpatients with cancer as compared to | A pilot study using a randomized quantitative design . | 1 Adult patients with cancer who were hospitalized on a 24-bed inpatient oncology unit. | Integrative therapies, such as reflexology, show positive results for managing symptoms in patients with cancer . This pilot study's results note significant decreases in pain in patients with cancer after only one session . More studies evaluating the effects of reflexology on nausea may be beneficial. Foot Reflexology can be easily taught to bedside nurses for symptom management in patients with cancer, as well as shared with patients and their families to empower them upon discharge. |
| 7 Touching, Music Therapy and Aromatherapy's Effect on the Physiological Situation of the Patients in Intensive Care Unit Sevban Authors:Arslan,Nadiye Ozer. Year: 2016 Country: Turkey | This study aimed to investigate the effect of physical touch, music therapy, and aromatherapy on the hemoglobin levels, pulse rates, blood pressure values, and respiratory rates of the patients in the Intensive Care Unit (ICU). | The study was designed quasi-experimentally. | 72 patients were included in the study.The researcher collected the data by being present in the ICU for 7 days a week until the planned number of patients for the study was hospitalized. | Hadfield determined that aromatherapy did not have any effects on the anxiety and depression in cancer patients , while it reduced their systolic and diastolic blood pressure and respiratory and pulse rates by affecting the autonomous system through relaxation. According to the results of this study, it was observed that in the study group after the physical touch therapy and aromatherapy pulse rate decreased that haemoglobin level increased in the study group among the groups and that pulse rate decreased after music therapy and aromatherapy . Despite the positive results, the current study needs to be replicated using a |
| 8 The Spiritual Needs of Community-Dwelling Older People Living With, Early-Stage Dementia . Authors:Hsing-Chia Chen, Sally Wai-chi Chan, Tzu-Pei Yeh, Yao-Hui Huang, Chia Chien, & Wei-Fen Year: 2019 Country: Taiwan | The present study aimed to explore the spiritual needs of people living with early-stage dementia. Purpose: To explore the spiritual needs of community-dwelling older people living with early-stage dementia. | A qualitative study ,research design was accordingly adopted, and in-depth, semistructured interviews were conducted to collect data related to the participants' spiritual needs. | 10 older people who were receiving home care services from a mental hospital in central Taiwan were recruited. In-depth semistructured interviews were conducted and content analysis was performed. | This study found participants living with early-stage dementia making great efforts to retain a sense of strength and self. They tried to instill meaning in their lives in the face of dementia. This study provided a deeper understanding of the spiritual wishes or needs of older adults with early-stage dementia . To enable older adults with early-stage dementia to stay at home,it requires active collaboration between the older people themselves, their families, caregivers, and the community . An integrated approach to their physiological,emotional and spiritual needs is essential in helping older adults with early-stage dementia grow old with dignity in the |
| 9 Qigong Benefits for survivors coping with cancer-related Authors:fatigueN.Kathleen. Sowada, Year:2019, Country: United States | The article aims to explore the benefits of Qigong as a non-pharmacological, integrative health therapy to help cancer survivors manage symptoms of cancer-related fatigue (CRF). It emphasizes how Qigong, rooted in Chinese medicine, can enhance overall quality of life by alleviating fatigue | litreture review, case study | 66-year- 1 old woman with marginal zone lymphoma that is under surveillance. Although she is not currently receiving chemotherapy treatment, she experiences symptoms of fatigue and abdominal pain. | The analysis of 22 studies indicates that using tai chi and qigong significantly improves fatigue, depression, sleep difficulty, and overall quality of life among patients with cancer (Wayne et al., 2018). Based on the evidence, the authors concluded that tai chi and qigong are promising modalities for alleviating cancer-related fatigue .Because it is relatively simple, easy to learn, and adaptable to individual physical limitations, qigong is recommended as a self-care practice for cancer survivors . The scientific evidence supporting the physical and emotional benefits of qigong practice, including improvements incancer-related fatigue, continues to grow .Oncology nurses can support patients coping with fatigue who are interested in alternative therapies by helping them find credible qigong resources and classes in the community. |
| 10 Integrating Massage within Oncology Nursing Care. Authors:De Luca Enrico, Galizio Maddalena, Resta Daniela, Papaleo Luana, Year: 2020 Country: Italy | Aim is This article describes a pilot-study, inspired by the project experience, on implementation of nurses delivered massage in four Italian hospitals | A pilot-study, inspired by the project experience, on implementation of nurses delivered massage in four Italian hospitals | A convenience group of patients (48) was treated and 171 massage sessions were performed. Patients belonged to different units: oncology ward, general medicine and palliative. | Results achieved could be considered as a useful reflection for future more structured ad robust research projects. A convenience group of patients (48) was treated and 171 massage sessions were performed. Patients belonged to different units: oncology ward, general medicine and palliative. TIQ data analysis confirmed a significative reduction of physical and psychological symptoms after the massage sessions (P=0.001) . Post treatments patients' interviews highlighted a general level of relaxation (50 %) and an experienced sense of wellbeing (22%). A reduction of symptoms (13.5 %) was also described, in terms of: relief, reduced anxiety,less pain, normalized breathing pattern. |

Appendix 3. Meaning Unit of the analysis Table (Research Question 1)

| Article No. | Meaning Unit | Codes |
|-------------|--|--|
| 1 | Early involvement of specialized palliative care services for patients with advanced cancer improves quality of life | Early Intervention Advanced Cancer Support" improvement Quality of Life |
| | increases satisfaction with care , and mitigates depression.(article 1) | Care Satisfaction Increase Depression Reduction |
| | | |
| 3 | The case studies illustrate the intervention components, which teach skills for managing worry help patients modify unhelpful coping behaviors. | Worry Management Skills Intervention Illustration Unhelpful Strategy Replacement |
| | Skills include attention training detached mindfulness, and worry postponement | Attention Training Detached Mindfulness Mindful Observation Worry Postponement |
| | After the intervention, patients reported feeling more focused and in control of their worries | Improved Focus Enhanced Control Worry Management Patient Self-Reported Outcomes |
| | | |
| 4 | Using IPOS as a communication tool could be one way for nurses to promote person-centred palliative care. | IPOS Utilization Communication Tool Person-Centred Care Nursing Care |
| | nurses need to perform a balancing act in which they strive to have the questionnaire and the communication in mind at the same time. | Nurse Communication Nurses perform Multitasking in Nursing Emotional Support Facilitated Communication |
| | it easier for nurses to invite patients to talk about emotional and existential issues. the communicational use of IPOS , use could be meaningful and important for patients and nurses.(article no.4) | Meaningful Use of IPOS in Communication Nurse-Patient Interaction |
| 5 | The nurse-led MBC-SEA program effectively coordinated supportive care services, which resulted in improved patient outcomes and increased access to necessary resources. | Nurse-Led Program Supportive Care Coordination Patient Outcome Improvement Care Service Integration |
| | Reduced generalized anxiety scores following the program. | Anxiety Reduction Nurse-Led Programs |
| | Improved overall well-being scores in participants. Purposeful nurse-led assessment for social service and palliative care needs increases referrals with improvement in in patient-reported outcomes.(article 5) | Holistic Well-Being Improvement Nurse-Led Assessment Social Service Coordination Patient-Reported Outcomes |
| | | |
| | a deeper understanding of the spiritual wishes or needs of older adults with early-stage dementia. | Spiritual Needs Assessment Understanding Spiritual Wishes Spiritual Well-being |
| | An integrated approach to their physiological, emotional and spiritual needs is essential in helping older adults with early-stage dementia grow old with dignity | Integrated Care Physiological Needs Management Emotional Support Holistic Nursing Approach Dignity in Care Spiritual Care |
| | requires active collaboration between the older people themselves, their families, caregivers, and the community. | Active Collaboration Family Involvement Caregiver Support |

Result of the analysis Table (Research Question 1)



Appendix 4. Meaning Unit of the analysis Table (Research Question 2)

| Meaning Unit | Codes |
|--|---|
| Starlight Therapy was effective for 36 of 40 patients in this sample (90%).Reduced symptoms of agitation, anxiety, restlessness, sleep disturbances" | Starlight Therapy 90% reduce anxiety Starlight Therapy improve sleep Starlight Therapy reduce fatigue Starlight Therapy reduce symptoms of agitation |
| physiological benefits as evidenced by reduction in heart rate and respiratory rate during therapy.(article 2) | Starlight Therapy reduce heart rate Starlight Therapy reduce respiratory rate |
| Foot reflexology, show positive results for managing symptoms in patients with cancer. | Foot Reflexology is beneficial for cancer |
| significant decreases in pain in patients with cancer after only one session | Foot Reflexology reduce pain |
| Foot Reflexology can be easily taught to bedside nurses for symptom management.(article 6) | Foot Reflexology manage symptom |
| Aromatherapy did not have any effects on the anxiety and depression.(article 7) | Aromatherapy not reduce anxiety Aromatherapy not reduce depression |
| physical touch therapy"Reduced blood pressure, respiratory, and pulse rates | Physical touch therapy reduce Blood pressure Physical touch therapy reduce respiratory Physical touch therapy reduce pulse rate |
| physical touch therapy and aromatherapy pulse rate decreased that haemoglobin level increased | Aromatherapy Increase hemoglobin, Aromatherapy decrease pulse rate , physical touch therapy Increase hemoglobin, physical touch therapy decrease pulse rate |
| pulse rate decreased after music therapy and aromatherapy.(article 7) | Music Therapy decrease pulse rate, Aromatherapy decrease pulse rate |
| Using tai chi and qigong significantly improves fatigue, depression, sleep difficulty.The scientific evidence supporting the physical and emotional benefits of qigong practice, | Tai Chai reduce fatigue, Tai Chai Improvement Depression Tai Chai enhance Sleep Quality qigong reduce fatigue qigong Improvement Depression qigong enhance Sleep Quality qigong physical and emotional benefits |
| Improvements in cancer-related fatigue, continues to grow.(article 9) | qigong is reduce fatigue |
| TIQ data analysis confirmed a significant reduction of physical and psychological symptoms after the massage sessions (P=0.001). | Massage reduce physical symptom Massage reduce psychological symptom |
| A reduction of symptoms (13.5%) was also described, in terms of: relief, reduced anxiety, less pain, normalized breathing pattern.(article 10) | Massage reduce anxiety Massage reduce pain Massage normalize Breathe |

Result of the analysis Table (Research Question 2)

