



PALLIATIVE CARE FOR CANCER PATIENTS IN A HOSPICE HOME.

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Abstract

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The care of patients in their last weeks of life needs fundamental palliative care skills. The purpose of this study was to describe and stress the importance of palliative care for cancer patients in a hospice home. A systematic literature review was used to search previous studies on the topic and expert opinions on the care provided to patients during their last weeks of life. These included books, journals, current articles and web searches coherent with the study. An inductive qualitative analysis was then used to analyse the data.

During the search important issues such as; what the process of palliative care is all about, the need for effective communication, pain management, respecting individual spiritual beliefs, the role of the nurse in patients care and the importance of including the families in the care process were addressed carefully. An effective provision of palliative care to cancer patients in a hospice home requires the care giver to be able to provide care to the patients in every situation regardless of changes in the patient's general condition, social policies, and limitation of resources or pressure coming from family members.

At the end of this study it was evident that there have been a lot of improvements in the domain of palliative hospice terminal cancer care. That notwithstanding there was some information which suggested that nurses believes/values, cultural differences, poor communication, fear of death, lack of time, poor pain management are some areas that needed to be improved on.

Although hospital and home deaths are still very common in our society, people are beginning to take the option of letting their loved ones die in the comfort of a hospice home. This stresses the importance and effectiveness of hospice homes.

Keywords: Palliative care, Terminal cancer, Systematic review, Hospice home.

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1 INTRODUCTION

An effective provision of palliative care to cancer patients in a hospice home requires the care giver to be able to provide care to the patients in every situation regardless of changes in the patient's general condition, social policies, and lack of available resources or pressure coming from family members, due to the type of education they have received in offering this type of care.

This study aims at utilising existing literature review to analyse evidence based previous studies on palliative care focusing on cancer patients, showing how this care is provided in a hospice home. The topic came about as a result of a collective interest in understanding the type of care that can be provided to patients during their final moments of life while preserving their dignity. The thesis was done under the umbrella of the Triangle hospital project, a future hospital in collaboration with Laurea University of Applied Sciences Otaniemi. The hospital's main goal is to concentrate the practice of all the medical procedures and special care services to one building. This study aims at benefiting the future hospital and its staff with a theoretical insight on palliative care in general and more specifically how this care can be provided to cancer patients in a hospice home in particular.

In the past many professionals have been criticised for providing poor or inadequate terminal care to patient, adopting a palliative approach to care for patients has greatly improved this ideology. (Costello 2004). For most patients suffering from a terminal illness, there is a lot of pain, frustration and depression. Whatever time is left of their lives is very precious; there is always the need to die safely, comfortably, to feel loved and die with some dignity which is what palliative care strives to provide to all patients. Palliative care is that care which patients receive during the final stages of life due to a terminal illness like cancer (Costello 2004). The idea behind palliative care is to provide care and not cure and to make the patients as comfortable as possible during their last days. This care in the case of terminal cancer aims to provide patients that do not have effective responds to treatment and have a life expectancy of six months or less under the assumption that the disease will take its normal course.

Choosing hospice care is a personal decision made by the patient. A physician or family member cannot force a patient into a hospice environment. It is important for the patient to be fully aware of their options in end of life care. Hospice care is a choice that can improve quality of life and allow family members to be more involved in the time they have left with their loved one. (Barbus A., 2001)

The concept of palliative hospice care in hospice homes is an interdisciplinary approach that provides quality end of life care. It was introduced in the UK in the 1960s and in the USA

during the 1970's. This was a direct contrast to European setting which was providing care only in designated hospice facilities, the UK and USA introduced the idea of providing care in individual hospice home environment. (Temel 2010, P.363) states that terminal care is approached by;

- ❖ Providing relief from pain and other distressing signs and symptoms
- ❖ The intended outcome is neither to hasten nor postpone death
- ❖ Integrates the psychological and spiritual aspects of patient care in other to help them cope with the fact that they are dying.
- ❖ Concentrates on pain and symptom management, which are the basic factors to be aware of while providing terminal care. This helps to relieve the patient some extend of discomfort for a short time and provides comfort when necessary.
- ❖ Involving the family members as much as possible in the patients care process. Giving them as much quality time with their loved one as possible.
- ❖ Making maximum use of available resources such as medical equipment, drugs, and supplies in other to give the best care possible.

In other to get the relevant information for this project, a systematic literature review of public literature has been use. Data was collect form articles, journals, and text books.

This study will give an inside on palliative care in general but will focus more on cancer patients and the primary objective of hospice care. From previous literature, the study shows that various issues have aroused from this subject. Therefore we are going to look at palliative care from various dimensions through which it can be provided and possibly improved in other to better its provision in the future.

2 PURPOSE OF THIS STUDY

The purpose of the study is to describe how palliative care can be provided to cancer patients in a hospice home based on a systematic literature review.

The research question that enabled us to narrow our literature search and the collection of data was:

How is palliative care provided to cancer patients in a hospice home?

The main concepts in the study are:

Palliative care, terminal cancer patients and hospice home

2.1 Palliative Care

The term "palliative care" refers to any care that alleviates symptoms, even if there is no hope of a cure by other means. It is an approach that focuses on the relief of pain, symptoms and emotionally stressful situations brought on by serious illness. A disease does not have to be terminal before it is being qualified for palliative care. In cancer cases, palliative treatment may be used to alleviate the side effects of other curative illnesses, such as relieving the nausea associated with chemotherapy, which may enable the patient tolerates more aggressive or longer-term treatments. (Costello 2004).

Although death is a natural part that ends life, the thought of dying understandably still frightens many people. You may imagine pain and loneliness, spending your final days in the cold and isolated environment of a hospital far from family, friends and all that you know and love. This just adds to the frustration of already knowing you are going to die soon. However, palliative care represents a compassionate approach to end-of-life care, enhancing the quality of remaining life and enabling you to live as fully and as comfortable as possible. This relieves you of the thought of death even if it is just for a few minutes. (Barbus A., 2001).

In this study, palliative care was the main point on which the research was based, and also defining what palliative care is all about. In the past it has been noted that though there are ground roles on how care should be provided, professionals do not always followed these roles as have been stated. That notwithstanding, Knowing what to do and how to do it does not guarantee patients willingness, ability and cooperation in doing it. Patients enter the health system with pre-existing beliefs ideas and attitudes, fears and anxieties, previous experiences and individual life style, which all affect their willingness and ability to follow health recommendation (Costello 2004).

For effective palliative care to be provided, health professionals have to be aware of individual patient variables that influence the extent to which they follow health advice. Then this information can be put across for health recommendations following respective individual needs. There can be no effective palliative care without a good way of

communication between the health care providers the patient and family members. This in turn brings about a reliable relationship between patient and health professionals, which facilitates open sharing of information such that common goals can be established and the best care provided to the patient.

2.2 Terminal Cancer Patients

The term terminal cancer has been defined as incurable cancer which results to the death of the patient within a relatively short period of time. When a patient is been diagnosed with terminal cancer, it means they have a cancer that has already spread to an incurable level such that subjecting them to treatment will be a waste of resources. Clinical management involves patients actively following a strict treatment procedure. Self-management is very important for cancer patients as well as people with other chronic or terminal diseases. Reviews have shown that patients with curable cancer usually undergo a combination of treatment such as surgery, medications, radiation and chemotherapy while those with incurable cancer usually are not subjected to any of the above mentioned treatment procedures. On the other hand, patients who are terminally ill are giving the best quality care up until their final moments in life (Hui, D. Elsayem A, De la Cruz M. 2010).

2.3 Hospice Home

A hospice home is a comforting, home-like setting where patients can receive professional medical care at the end of life. The hospice home offers terminally ill patients a comfortable, family-friendly alternative to a hospital or their own home. Trained hospice professionals including a physician, registered nurses, nursing assistants, chaplains, social workers and volunteers are on round the clock basis. (Maria R and Lundstedt, J. 2007)

Hospice is traditionally an option for people whose life expectancy is six months or less, and involves palliative care (pain and symptom relief) rather than ongoing curative measures. This enables you to live your last days to the fullest, with purpose, dignity, grace, and support. (Thomas 2003). While some hospitals, nursing homes, and other health care facilities provide hospice care onsite, in most cases hospice is provided in the patient's own home or in a hospice home. This enables you to spend your final days in a familiar, comfortable environment, surrounded by your loved ones who can focus more fully on you with the support of a trained hospice staff.

Unlike in a hospital setting where the provision of care is at a more general level, hospice homes set out to provide more individualized care. Therefore, a hospice home looks at care from a micro view while a hospital does from a macro view. That notwithstanding, it is very understandable that providing care to a dying patient means there is the need for an individualized approach to the patients care. (Saunders 1970) quotes 'you matter because you are you, we will help you live until you die'. Therefore it is important that the needs of the patients come before the needs of the institution in which they are receiving care. Hospice is

a type of care and a philosophy of individualised care which focuses on the palliation of a terminally ill patient's symptoms. When offering care to patients in a hospice home, the focus is on the patient generally but their families must also be taken into consideration as they influence the lives of these patients very much. Relatives wish to take care of their loved ones during the final phase of their lives out of love, duty or responsibility, obeying the final wishes of their loved ones, or out of respect.

In most cases, terminally ill patients cannot be cared for in their own homes. Some patients need more treatment for their pain and physical symptoms which cannot be provided at home and sometimes their pain medication could be such that only trained professionals can administer them. The availability of necessary equipments that may facilitate care on an ergonomic level often is not found in personal homes or maybe very costly for the family to get. Some patients need professional care while their primary caregiver takes some time to physically and emotionally re-energize. In other cases, patients prefer not to die at home for personal reasons such as trauma to other members of the family, the presence of little children in the house; whatever the reasons maybe, patients who cannot be cared for at home may come to the hospice home which is like a second home, for expert end of life care in a warm friendly and comfortable environment. (Barbus A. 2001).

3 SYSTEMATIC LITREATURE REVIEW AS A METHOD

A systematic literature review focuses on research questions that try to identify, appraise, select, and synthesize all high quality evidence literature relevant to the research question (Aveyard 2007). An understanding of systematic reviews and how to implement them in practice is becoming more mandatory for all professionals involved in the health care sector. Systematic reviews are not limited to medicine; they are also much present in other sciences like psychology, educational research and sociology. A systematic review aims at providing an exhaustive summary of literature relevant to a research question. The first step of systematic review is a thorough search of literature for relevant papers. The Methodology section of the review will list the database and citation indexes search, such as Web of Science, PubMed as well as individual books articles and journals. Systematic literature review is often perceived as complementary evidence based approach because the aim is to provide advice for clinicians and practitioners based available evidence (Tranfield et.al 2003 P.211-241).

This project was based on literature reviews relevant to the research question. The literature must be defined by guiding concept (for example, research objective, the problem or issues being discussed in the thesis). A literature review is not just a descriptive list of material available, or set of summaries, the most detailed type of review is often referred to as a systematic review (Aveyard 2007 P.94).

A systematic review strives to identify accurately and find out all possible available literature on a topic, while describing a clear methodology. Systematic reviews have been defined as "concise summaries of the best available evidence based literature that addresses defined clinical issues." (Mulrow et.al 1997). The aim was to review previous researched studies on palliative care of cancer patients in a hospice home. It gives a theoretical base for the research; all information included in the review was read, evaluated and analyzed. In writing this literature review, the purpose was to convey to the readers what knowledge and ideas have been established on this topic, and what strengths and limitations that were encountered and what recommendations that were deemed necessary.

4 DATA

To collect data that provided answers to the research question it was decided to perform a systematic literature review on researched articles that have been written and published on this topic.

The search for literature began by determining the keywords that would be used in searching the database and then by determining the criteria that would be used when selecting the articles which included; data search, data screening, data extraction and data analysis

4.1 Data Search

The study is a literature review based on relevant scientific research articles, journals and text books. Key concepts such as terminal care, palliative care, hospice home and terminal cancer are used. There has been extensive use of relevant text books from the school library and other public libraries also the use of Nelly Information Portal, Ovid Medline data base, Sage journals, Ebrary, Ebsco, biomed, Intute, Elsevier medical journals, to search for information related to the study. Several Electronic databases and internet search engines were used in identifying pertinent sources. Potential journals and articles were identified using these sources with assistance from the school librarian as well as relevant information that came from books. Several search engines were used for the searches which are listed in the following table.

Table 1. Search Engines.

Data Search engines	Sources in English	Sources not in English	Potential sources	Non-potential source	Complete sources	incomplete sources
Bio Med	X		X			X
Linda		X		X		X
Intute	X			X		X
Elsevier	X		X			X
Ovid (medline)	X		X			X
Sage	X			X	X	
Ebsco (cinahl)	X		X			X
Ebsco(academic search elite)	X		X			X
Ovid (laurea's journal)	X		X			X

In table 1, An X is used to indicate the search engines that provided potential and pertinent Sources, non potential pertinent sources, Sources in English, sources not in English, complete sources, and incomplete sources.

Table 2: shows search words used and hits obtained from search engines. For example, search word "Palliative care and cancer patients" results showed, 801; bio med, 23; linda, 16; intute, 6235; elsevier, 2427; Ovid, 0; sage, 2982; Ebsco cinahl, 3345; ebsco academic and Ovid laurea's journal 769.

Table 2: shows search words used and hits obtained from various search engines.

Search ward	Bio med	Linda	Intute	elsevier	Ovid(m-edline)	sage	Ebsco (cinahl)	Ebsco (academic search elite)	Ovid (laurea's journal)
"Palliative care" and "hospice home"	131	1	1	162	24	0	60	121	109
"Palliative care and "cancer patients"	801	23	16	6235	2427	0	2982	3345	769
"palliative care" or "hospice home" and "cancer patients"	617	185	0	6265	2438	0	2995	3359	778
"Cancer patients" and "hospice home"	139	0	0	133	17	0	26	31	59

4.2 Data Screening

Data screening is the extraction of factual information that has been carefully assessed after data search? During this process, some of the searched collected articles were excluded and those that were included reflect the purpose of the study. The results of each search will be assessed in order to determine whether the articles retrieved will meet the inclusion and exclusion criteria. Inclusion criteria are characteristics that the data retrieved must have in order to be included in the studies whereas exclusion criteria are characteristics that the data retrieved lacks in order to be excluded in the studies (Burns & Grove 2001).

The criteria for selecting the data are shown in the following table.

Table3. inclusion and exclusion criteria.

INCLUDED DATA	EXCLUDED DATA
Articles written in English.	Articles not written in English.
Studies based on actual evidence and empirical research.	Studies not based on actual evidence and empirical research.
Articles written after year 2000.	Articles written before the year 2000.
Articles relating to research task.	Articles not relating to research task.
Articles which support the purpose of the study and the research question.	Articles which does not support the purpose of the study.
Articles that were complete and opened as full text.	Articles that were incomplete and did not open as full text.
Articles which were based on qualitative research.	Articles which were not based on qualitative research.
Studies that drew on published research.	Studies that drew on unpublished research.

All of these ten articles, which have been used in writing this paper, appeared in the results of more than one search.

During the first screening of the data, about 820 articles were saved. The content of some of the articles that met the inclusion criteria covered a wider scope than that of the research task, therefore; a second search was re-run redefining the search words this gave a search result that was reconsidered as potential and more relevant. After the second screening, the number of articles retrieved reduced to 215. Out of these 215, some could not be accessed electronically. The potentially relevant parts were mostly found in the abstract, introductions

and findings of these articles. Exceptions were made for older articles conducted before the year 2000 which contained significant evidence to our research task. Therefore the third screening was conducted and brought down the articles to a number of 18. A further screening was done considering critically appraised studies for quality, and also taking into consideration those articles that directly answered the research question, which then lead to a number of 10 articles.

This method can be seen in the following table

Figure 4: Stages of the systematic review process.

STAGES	SCREENING CRITERIA	SEARCH RESULTS
Stage 1	identifying relevant studies: search databases, and websites	820
stage 2	scrutinize references for relevance to review and obtain primary papers	215
stage 3	Applying inclusion and exclusion criteria.	18
stage 4	Critically appraise studies for quality.	10

4.3 Data Extraction

Data extraction is the retrieval of evidence based information that complies with the review after careful assessment of studies in accordance with the screening criteria. A technique was developed to provide a framework for extracting, assessing and analyzing data contained in the studies as described. It was designed to support the process of analyzing, synthesizing and reporting reviewed findings. It was used to decrease any bias from the processes that intervened between the research processes and findings. The data extraction method that was used was based on the research tasks which are; the purpose statement and the research questions. The area from which data was extracted was the abstract, findings and discussions of the selected articles. The research question has been designed to ensure that data was extracted consistently. The articles considered as being relevant to the study were listed and described in depth; they have been organized alphabetically including the author and year of publication, of the articles, purpose of the research, and method of data collection, central

findings and the significance of findings to this thesis. Each data extraction has been used to draw out key themes in the evidence as part of the synthesis stage of the review process (LoBiondo-Wood 2006 P.69-77).

4.4 Data Analysis

In this research, qualitative data analysis (QDA) will be used. Qualitative Data Analysis is the range of processes and procedures whereby information is move from the qualitative data that have been collected into some form of explanation, understanding or interpretation of the people and situations within the range in which the investigation was made. The process of qualitative data analysis usually involves two things, writing and the identification of themes. Writing of some kind is found in almost all forms of QDA. The main goal in analysis of qualitative data will be to organize the gathered information to attain a conclusion therefore conveying a research report." (Polit, Tatano & Hungler, 2001 P.102-122).

Therefore in this research, the method of QDA will be applied which means, information which has been found will be read, understood, analyzed and interpretations will be made from it to finally present in written form.

5 FINDINGS

At this point most of the information that was collected from articles was examined, the main concepts being; palliative care, terminal cancer and hospice home. It was very clear in the process of reading that each and every patient has their own individual ideology as to what a good end of life care should be like. According to (Toscani 2003), in today's society it is not possible to provide a single model of a good death. Therefore it is the role of the nurses to ensure that their patients especially when approaching the end of life receive the type of care they feel is the right type of care for a dying person so as to die what feels to them a good death.

Regarding the data analyzed, the following findings were arrived at supporting the research question; the care offered in a hospice home is better than the care offered in a hospital because in a hospice home there is a more individualized approach to caring for patients. (Costello 2004; 474-482). It was found that nurses need to be able to comfortably and freely discuss issues concerning end of life with patients and their families, for it is only by openly and comfortably conversing about end of life that they will be able to come up with a good and comprehensive end of life care plan for their patients. (Crawly et al 2002; 577). By having a well developed and comprehensive end of life care plan, patients will also be more likely to receive better continuity of care, as the care giver is more informed of the patient's wishes.

5.1 The Process of Palliative Care

Palliative care aims at promoting the physical and psychological well being of patients whose illness is no longer responding to curative treatment. In nurse-patient relationship, during terminal care (McSteen et al 2006; 253-257) feels that the nurse's duty is directed at maintaining the body rather than restoring it. Emotional and psychological distresses are common as individuals confront the terminal phase of an illness and their impending death. One of the core elements of good palliative care is good nurse-patient relationship. This show of interest improves on the communication and interaction between the patient and the nurse which in turn helps improve the patients care.

Palliative care is a vital part of cancer care and can be provided relatively simply and inexpensively. Effective palliative care requires a broad multidisciplinary approach that includes the patient, health professionals, the family and available community resources. It can be successfully implemented even if resources are limited at tertiary care facilities such as in community health care centers and even at home but most importantly in a hospice home that has been arranged to provide this type of care

Palliative care improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from

diagnosis to the end of life and bereavement (Temel. 2010; 363,733-742). It affirms life and regards dying as a normal process which intends to neither hasten nor postpone death while giving the patients the opportunity to live as actively and happy as possible and be involved in their care until their moment of death. Teaching family members to be by and care for their loved one, therefore giving the family as much quality time as possible with their relative. In the course of this process the families are also offered a support system to help them cope during the patient's illness, eventual death and in their moment of bereavement. If needed the family gets support and counseling to cope with their lost.

Palliative care uses a team approach to address the needs of patients and their families. It enhances quality of life and in some cases can positively influence the course of the illness. It is applicable early in the course of illness, in addition with other treatments that are intended to prolong life, such as chemotherapy and radiation therapy, and those investigations needed to better understand and manage distressing clinical complications as they arise.

The Provision of medical equipments, drugs and other necessary supplies are very essential. In terminal cancer care, the majority of the patients are in advances stages of cancer before moving into a hospice home. For them, the only meaningful treatment option is pain relief, sensitive and realistic care. They want to be in an environment that they are sure has an effective approach to palliative care and an improvement in the quality of life for the patients (Temel 2010; 363, 733-742).

5.2 Pain Management In palliative Terminal Cancer Care

Pain management involves an interdisciplinary approach for easing the suffering and improving the quality of life of those living with pain. The typical pain management team includes medical practitioners or doctors, clinical psychologists, physiotherapists, occupational therapists, and nurses. Pain sometimes resolves promptly once the underlying cause or pathology heals, and it can be treated by only one practitioner if necessary. Effective management of long term pain, however, frequently requires the coordinated efforts of the management team (McSteen et al 2006; 259). Pain can be associated with several things but when treating patients in terminal cancer, the goal is to concentrate on the pain that is directly related to their illness.

Cancer Pain

- ❖ Pain from a cancer tumor: Most cancer pain occurs when a tumor presses on bone, nerves, or body organs, and may differ with location. That is, a small tumor pressing on a nerve or vital organ may cause severe pain, while a larger tumor elsewhere may cause little discomfort.

- ❖ Pain from cancer treatment: treatments, including surgery, chemotherapy, and radiation may also cause pain. Painful conditions are more likely to occur in patients whose immune system has been suppressed as a result of these treatments and therapies.
- ❖ Pain from other causes: Some cancer patients have pain that has no relationship to their illness for example psychological pain, headaches, muscles strains, physical and environmental factors causing pain for example weather conditions and climatic changes and pains that can be associated with other illnesses. These conditions can normally be treated along with cancer pain.

Each patient's pain is unique; therefore, it is important that each patient have a treatment plan that addresses his/her individual needs. The patient their doctor and their nurse must work hand in hand to reduce unnecessary pain and improve quality of life.

Pain Control

The type of medicine and the method through which medicine is administered will depend on the type gravity and cause of the pain. Medications such Opioids and other pain medications as well as chemotherapy alongside exercises are usually used in cancer care to relief pain.

Most, if not all medications have side effects. Although they may affect different people in different ways and at different levels, generally, most side effects will occur in the first few hours of treatment and then will gradually disappear. There is usually the need for content observation to see patient's responds and reactions to any type of medication. If side effects persist, the doctor may choose to switch a patient's pain medication to make sure the patient gets maximum pain control with a minimum of side effects. (Seymour & Ingleton. 2004)

5.3 Spirituality In palliative Terminal Cancer Care

The spiritual beliefs held by a person generally will affect their views, experience and expectations during their final moments of life. This theme is reflected in the religious and philosophical aspects of (Leininger's theory 2006, 1-40).

(Daaleman T., Usher B., Williams S. Rawlings J. Hanson L. 2006;409-412) state that one of the things that patients and their families desire most form nurses is the acknowledgement and respect of their individual spiritual needs and beliefs and supporting them in meeting those needs. As a result (Daaleman et al 2006) suggest that nurses pay particular attention to the emotional, social and spiritual needs of patients instead of focusing exclusively on their physical needs and wellbeing.

(Toscani F., Borreani C., Boeri P. and Miccinesi G. 2003; 59) found that the belief or non-belief in life after death and what happens to this soul when one dies played a major role in

the way the patient viewed life after death. According to (Lobar S., Youngblut J. and Brooten, D. 2006 41-47) it is the strength of the family's cultural beliefs that directly brings about their desire to perform most of the spiritual ceremonies that have been laid down by their respective cultural background. A good example of these rituals will be prayer, which then becomes extremely important to many families when a loved one is approaching death.

Also a patient's view and the way they experience hope, their expectations of what is a good death, their attitude towards their body and the meaning that they place on death are all affected by their own individual spiritual beliefs. (Toscani et al 2003)

5.4 Role of the Nurse In palliative Terminal Cancer Care

Nurses play an important role in ensuring that their patient receives quality end of life care be it in a hospital, a nursing home a hospice home or at the patient's own home. When dealing with death, it is important to remember that at times nurses will encounter patients who hold unfamiliar or conflicting views and beliefs as how their care should be provided. At times like this it is important for the nurses to be non-judgmental and maintain a positive and friendly attitude, even though it may require a stretching of their own comfort zones.

The traditional focus of palliative care nurses has been to alleviate pain and discomfort as much as possible for the patient rather than focusing on the whole dying process. According to (Costello 2006; 579- 608) in order to provide a positive end of life experience attention needs to be paid at ensuring that patients enjoy a good quality of life at the end of life. (Thacker 2008;178-183) feels that nurses are in the best position to ensure these positive experiences as well as to support the end of life care decisions that a patient and their families have made, this however means that nurses need to be comfortable with the whole idea of not only death but the dying process as a whole.

(McSteen K., Peden-McAlpine C, 2006) are of the opinion that one of the key roles nurses play is to act as a link between health care professionals, the patient and the patient's family. By filling this role, nurses ensure that the end of life care plan is followed by all who are actively involved in the patient's care process. Other important roles that were identified by (McSteen et al 2006) were educating patients and families about the disease, teaching specific coping skills, and clarifying available information and options. This is very important as it helps the patients take the best reasonable and important decisions regarding their care. (McSteen et al 2006) goes on to emphasize the fact that the ability of the nurse to "effectively advocating for patients can positively influence the outcome for their illness". The reason for the nurse acting as a strong and effective advocate is so that the patient can be able to maintain positivity, self determination and dignity and voice out their opinions without fear of contradictions; furthermore it is important that while in the attempt to act as effective advocates, nurses do not take over decision making process but instead set aside their own views, values and beliefs in order to better understand the decisions made by patients and

their families. (Costello 2004) also states that by acting as advocates to help patients sort through the confusing information and by facilitating communication, nurses are able to assist patients to prioritize their needs and wants in order of importance. In so acting nurses can provide families with reassurance, comfort, and support when necessary. By fulfilling these roles nurses will be able to facilitate communication between all involved in the care process. As a result the patient will die in comfort and security with his or her values respected.

In addition to acting as primary care providers, nurses may also be called on to act as advocates on behalf of their patients. (Thacker 2008; 187) says that "advocacy is an essential part of a nurse's professional role." (Thacker 2008;178-183) reports that there is a positive link between education and the ability of the nurse to act as an advocate when caring for terminally ill patients. Basic supports in advocacy identified by (Thacker 2008; 178-183) were "nurse acting as managers, co-workers multidisciplinary services provider and communicative, relationship with patients and their families. Notwithstanding the fact that some times, nurses beliefs, compassion and the influences from families have an effect on the nurse's ability to act as an effective advocate for their patients.

5.5 Communication In palliative Terminal Cancer Care

Dealing with palliative care for a terminally ill patient needs précised and careful care planning, there needs to be clear communication among all health care providers, the patients and their families. When discussing end of life issues, nurses need to be sensitive to the patient's feelings and have the skills to resolve conflicts when and if they occur. One of the areas in which nurses need to be particularly sensitive and clear in their communication is when discussing ventilation, resuscitation and life support issues which may very likely come up when treating patients in their final stage of life. (Lobar et al 2006; 50) found that for families "there is much confusion about what to do concerning ventilation, life support and resuscitation". It is therefore the nurse's responsibility to make sure that the patient as well as their family members are fully aware and understand the implications of either accepting or refusing these treatment procedures.

According to (London and Lundted 2007 157-158), clear communication starts when all information about the patient's situation is "open, honest and consistent." (Thompson et al 2006; 164-175) found that when patient and family have a clear understanding of what a palliative terminal care process is and its outcome, patients and their families are better prepared and able to accept the fact that a cure is not the main target and that death is the likely and unpreventable outcome.

(Daaleman et al 2006) suggest that nurses reflecting on their own experiences of serious illness and death, as well as being in close physical contact to patients focusing totally on them ensures that clear communication can be achieved. While trained interpreters provide clear verbal communication when a common language is not found, non verbal

communication can still cause misunderstandings. Nurses need to be aware of the way in which they communicate with patients of different cultural backgrounds. Even when a common language is present for example, touching, hugging, handshakes, smiles, frequent visitation at odd hours may be interpreted differently in different cultures. The need for the nurse to have this cultural diversity is very important in other for them to properly care for their patients. (Crawley et al 2002; 672-677) says that it is only when the cultural background of patients is known is it possible to understand the expectations and hopes of the patient, their understanding of their illness, their care provider, about their care process, and the manner in which they view death. They further suggested that when nurses are making a care plan for end of life issues, they should use more of open ended questions that will allow patients to clearly voice their preferences. Furthermore that effective communication is essential when it comes to providing quality care at all levels irrespective of the environment and particularly in end of life palliative care for cancer patients that are in a hospice setting.

Table 5: Summary of the research findings

CONSIDERABLE DATA	SUB PHRASE	MAIN PHRASE	CATEGORY
....Then sensitive explanation that their loved one has began to actively die should be given.	Explaining situations	Give information about change of health state.	Communication
...''sensitive open lines of communication with the patient's family can facilitate....''	Continues report about patients health to family.	Open lines of communication	Communication
When dying is recognized, the family should be brought together to discuss on the patients care plan.	Involve the family in making the patient's care plan.	Discussing care plan.	Communication
....One family had a very strong culture that lacked openness in relation to sensitive issues, especially talking about issues concerning death.	Differences in cultural backgrounds.	Unwillingness to talk.	communication
....Spiritual needs, spiritual distress and spiritual wellbeing of terminally ill patients can affect their quality of life.	Effects of spirituality and spiritual believe on the patients care.	Spiritual needs, well being and distress	spirituality
....The problem was bearing physical pain, the underlying cause was spirituality.	Spiritual believes on bearing and accepting pain.	Individual believes.	Spirituality
...die safely, comfortable with dignity, as model of a	Models of a good death	Dying with dignity.	Process of palliative care

good death, in a way that reflects their self-determined life goals, then the goals of hospice medicines are achieved.			
..Use a multidisciplinary approach, and Believe in the patient's report of pain.	Treat patients with respect to their report.	Multidisciplinary approach.	Process of palliative care
...Enable patients comfort and dignity till their last moments of life.	Comfort and dignity, trusting relationship	Being there for patients care.	Role of nurses
''Knowing the person is an important aspect of caring for residents in hospice homes and life story can be used to enhance their care''.	Knowing the patient's life story	Getting vital information about patients past life.	Role of nurses
...Establish and build a trusting relationship between patient, family, doctors and nurses....	Building a relationship to ease patients care.	Building trustworthy relationship.	Role of nurses
....We can make it possible for patients to live more fully until the moment of death	Enjoying their last moment of life.	Involve the patient in their care process.	Role of nurses
...Patients need to be empowered to make decisions as long as they can and wish to do so	Involve the patients in decision making process.	Acting as advocates.	Role of nurses
...care givers can help patients and families or loved ones create meaningful memories	Helping patients and family	Acting as intermediary.	Role of nurses
....subsequent sessions focused on pain and symptoms management and on other issues related to the health of the patient	Managing pain and its symptoms.	Focusing on pain and symptoms	Pain management
...Pain relief is absolutely essential while taking care of cancer patients.	Essential aspects of terminal care.	Relieving pain	Pain management
....''continues medications and reassessment at regular intervals''	Continues medication, reassessment	Assessing pain gravity.	Pain management
....''Some people can tell when they are in pain while others cannot tell. so we have to watch for signs	Facial expression, Shouting , crying and aggressiveness as pain signs	Signs of pain.	Pain management.

they show like, facial expression, shouting, crying, aggression''			
...Most Patients undergo fast relief after taking opioid.	Opioids are fast acting pain medication	Pain relief	Pain management.
...The experiences of pain involves the interplay between biological, psychological and social factors	Understanding the source and cause of pain.	Factors related to pain.	Pain management.

6 DISCUSSION

The discussion part of this thesis reflects our views, opinions and understanding of materials that have been used. It also reflects some of the strength and limitations that were encountered during this project and the recommendations that we thought can bring an improvement to the quality of palliative terminal cancer care in a hospice home.

6.1 Ethical Consideration

Ethics is a form of philosophic inquiry used to investigate morality and helps in resolution of moral dilemmas, (Fry and Johnson 2002). Collecting data from people during research obviously leads to issues that can be resolved and challenged in an ethical parameter.

Ethical principles must be taken into consideration when carrying out any form of research (Hanks et al 2005). There are guidelines that have been put to help in the decision making of ethical issues, for example up holding human rights as well as the rights of the patient. All health care professionals have a responsibility to protect the health and wellbeing of patients even at the level of research (World Medical Association 2009). This thesis was carried out using a systematic literature review which implies that there were no interviews or questionnaires used in the research method. There was no need of privacy and confidentiality of name and identity since there was no personal contact.

That notwithstanding, though there was no direct contact with any individual during this research, this topic was discussed with the lecturers of Laurea University of Applied Sciences and their approval was obtained in order to proceed.

Human rights, ethnicity, religious affiliations, social status must be upheld when carrying out any research. Throughout this study ethical issues have been highly taken into consideration with relevance to the researched question.

6.2 Trustworthiness of the Study

While conducting this study trustworthiness was highly applied with the aim of supporting the arguments and ideas found during the qualitative literature search which shows that the research and findings are worth paying attention to, (Fry & Johnston 2002).

The text books, articles and journals that have been used in this study are all considered to be from reliable sources since they have been reviewed and published in medical journals. Definitions, articles and text books on palliative care, articles and text books on cancer patients, nursing journals, and articles on hospice care can all be verified.

The information of all the articles, text books and journals such as the author's name, the editor's name, the title, year and date of publication, the place of publication and the publisher will be listed at the end of the research in the list of references.

6.2.1 Strength of the Review

Given the fact that there was so much literature on palliative terminal cancer care during the search, the school library search engine 'nelli' helped to narrow our search to those articles that were relevant to the study and this was done by using key words that were appropriate for the study. Databases, of which technical difficulties were experienced, were not further searched, as it would have been time consuming.

During the process of carrying out this research, there has been extensive collection interpretation and analyzing of data which has greatly improved our knowledge on the respective topic. New information was achieved and there was a better understanding of palliative care, terminal cancer care and the clear cut difference between a hospice home and other hospice settings and why people some time prefer hospice homes to other places offering terminal treatments.

6.2.2 Limitations of the Review

On the other hand though the search was narrow, there were still too many articles in the result of the search. When the search was complete, some articles were incomplete and others inaccessible. This made data extraction complex, thus limiting the information that was presented in this project. There were a lot of articles with relevant information that did not answer the research question making the search to be very difficult.

Several texts were identified in search engines like Sage, Linda and Medline database but difficulties to access them meant that the identified texts could not be obtained for screening process. Despite all the attempts made to obtain all materials considered to be potentially relevant to the research question, some texts were not included because during the search some of the sites were under construction. Not all of the data was available electronically and it was time consuming trying to obtain these texts otherwise.

Limiting the search to articles published from the year 2000 meant we had to leave out a lot of very useful information that could have given very relevant and important information to this research. Recent articles maybe updated but note has to be taken that since the theory of hospice homes originated as far back as the 70's going back to that time of origination will definitely give a clearer idea why this care came about in the first place and the development that have been made since then.

This project is supposed to help in the development of the triangle hospital but unfortunately it was very difficult to find much information about this new hospital hence limiting the applicability of the research.

6.3. Discussions of findings

The purpose of this study is to describe how palliative care is provided to cancer patients in a hospice home. Therefore it also describes how nurses assist patients and be able to support these patients throughout the final stages of life, and help them come into terms with their situation with strength, courage and dignity.

Indeed, undertaking a literature reviews can be a good way for students and researchers to familiarize themselves with exiting knowledge and is often the first step towards developing expertise in a particular subject area. By revealing how others have defined and measured key concepts, undertaken related studies and structure their findings, the literature review can also help those planning their own study to understand the significance of their topic or problem, focus on their research question, and improve their methodology (Neale, 2009).

From this study, it could be said without doubt that nurses have been, and continue to play a very important role in end of life care. This is because they as part of their professional responsibility, they witness firsthand the experiences of dying patients throughout the dying process and are able to recognize their complex needs and emotions more than anyone else. Of course, pain management, miscommunication and loneliness has over time, been a complex feeling or emotions which comes with the thought of death and dying.

Thus, nurses through training and experience, are uniquely familiar and able to locate and utilize support for improving end of life care for the dying through physical, psychological, social as well as spiritual support systems.

People's religious believes usually crowd their judgments on what needs to be done concerning their care and what they can actually accept to be done. From the patient's bill of rights it is clear that there are many points that suggest that nurses should respect the patient's wishes and yet provide them with the most dignified care possible until death.

Therefore when providing terminal care there may be situations that the patient refuses to take pain medications which may have something to do with their belief that undergoing pain is a way to gain redemption. Working with the ethical code of nursing, the nurse has to respect the patients wish yet look for alternative methods of reliving the pain.

Nurses have to acknowledge death as a part of life in the same way as birth is also a part of life. When a nurse is able to realize and maintain this inner consciousness and keep personal emotions in control, then he or she is better prepared to provide the type of care needed in end of life and also make a dying patient feel at home and by so doing improve the quality of life for these patients.

Furthermore, as earlier mentioned nurses may have different beliefs and values about death and dying as they might come from different cultural/religious backgrounds. In the health

profession today, culture and religion is also seen to play a major role which cannot be left out. Death has different meanings to different people and such differences should be treated with sensitivity and respect (Steinhauser, Christakis, Clipp, 2000 p. 2476-2489). Remember that the aim of every palliative nurse is to provide good/appropriate death to their patients. This was discussed as one of the rights of the dying patient, which nurses are bound to respect, irrespective of cultural and religious background.

The findings of this study do not give information that has not been written before; a literature review only confirmed what existing theories say about the research. Social as well as nursing skills stand as a proper care standard for terminally ill patients, it increases the relationship between patients, nurses and relatives even some times that of the communities, since these skills seem and should be the key for any successful care process.

Also, care of terminally ill patients requires the skills, knowledge, understanding, compassion and resources of nurses, so as to provide appropriate care, pain and symptoms management, family support, assistance with decision making as stated by the rights of dying patients, and bereavement supports for the family members as well.

This study agrees that one of the roles of nurses was to communicate patient needs and provide comfort measures and pain management until they take their last breath. Communication was therefore an outstanding and very necessary tool required by all nurses during terminal care as patients and families depend on nurses for knowledge and guidance.

This study has shown that the care offered in a hospice home is better than the care offered in a hospital because in a hospice home there is a more individualized approach to caring for patients on like a hospital were due to time and over crowd the health professionals are always in a hurry to attend to everybody. Patients need to feel loved and at home when they are in their final phase of life, the hospice home sets out primarily to meet these objectives.

Nurses need to be able to comfortably and freely discuss issues concerning end of life with patients and their families which is a problem most people face since nobody is ready to accept the fact that death is near and that they need to be prepared for it. It is only by openly and comfortably conversing about end of life that nurses will be able to come up with a good and comprehensive end of life care plan for their patients.

Having a well developed and comprehensive end of life care plan, ensures that patients will also be more likely to receive better continuity of care, as the care giver is more informed of the patient's wishes. When offering palliative care to a terminally ill person, nurses try to make the patients as comfortable as possible by respecting most of their wishes which can be known only when there is effective communication between all parties.

When the family is well informed about how the patient is responding or reacting to treatment procedures, there is the possibility to discuss the best treatment option for the rest of the patient's care. This is in an effort to make the patient as comfortable as possible.

When taking care of a patient at a terminal stage of their illness, involving the family is very important. The love and concern of the family and loved ones provides the patient with some inner peace and comfort that they very much need at this stage. The family is there to make sure that the patient gets the best care possible until they take their last breath.

That notwithstanding they may disagree with some of the treatment procedures and question the nurse's ability to offer quality care to their dying family member. Here the nurse's skills in handling family crisis will come handy in reassuring both the patient and their loved ones. Families appreciate very much when they are actively involved in the care process and if they sometimes have different opinions from that of the care givers and or nurses it does not necessarily mean that what they maybe suggesting is bad for the patient. Their suggestion and concerns need to be reasonably addressed thus making them feel needed and respected.

One very essential part in terminal cancer care is pain management. Content pain management is what keeps most patients in their final phase of life going. It is worth noting that due to the fact that patients get so much pain medications sometimes they become addicted to these medications in order to avoid facing the reality of death. These pain medications however have side effects that in some cases can even hasten death but when someone knows that they have less than six months to live they do not care very much about what happens to them or most of what goes on around them. Actually there was some information that suggested that some patient had lost interest in living to the point that they will do anything that could hasten their death and if that meant misusing pain medication then they did not hesitate to do it.

This study shows that the nurse works in collaboration with a team of professionals in order to effectively manage pain for it is not only medication that can alleviate pain. Therapy, exercising, and radiotherapy can also be used as alternative methods to reduce pain.

The aim of this study has been to benefit the Triangle hospital (a future hospital) in the establishment of a palliative terminal cancer hospice center and giving suggestions on the methods in which this care can be provided. Very little information was found during this review to suggest how lacking or equipped the Triangle hospital is when it comes to terminal cancer care. The information that has been collected in this study will hopefully be useful to this hospital as it gives a theoretical insight on some of the issues regarding palliative care in general.

7 CONCLUSION AND RECOMMENDATIONS

Terminal cancer care is an increasingly complex and diverse issue that nurses face today. With an ever growing population it is a challenge that acute care nurses will face on every day basis. One of the most important role of a nurse when it comes to providing palliative care and end of life care is to; consider the patient as a holistic being. The development and implementation of individualistic, comprehensive and culturally sensitive end of life care plans in partnership with patients is very essential. Once such plans are developed it is the role of the nurse to ensure that they are followed in order to offer the best end of life care. In order to offer the patient a dignified, respectful and peaceful death, care givers need to respect the last wishes of the patient as much as possible, for it by so doing that we can achieve hospice care goals and also satisfy the patients.

While there have been many advances in palliative end of life cancer care, there are areas that still need to be improved. During this study there was substantial information which suggested that nurses believe and values sometimes affect the way they care for their patients. (Thompson et al 2006) suggested that there is the need for further education in meeting cultural needs, and that there is the need to increase the education of nurses when it comes to handling end of life matters. There is the endless issue of lack of time, fear of death, difficulties in relating to the patients as well as poor communication which are likely to occur thus making the patients to suffer in the care process. These issues also need to be addressed more carefully.

Considering that hospice care is a philosophy of care that focuses on patient comfort and quality of life rather than curing the patient's disease, it is generally appropriate for someone with a terminal illness and life expectancy of six months or less to seek hospice care. Therefore, further studies on palliative care of cancer patients could lay more emphasis on the aspect of comfort and pain management. This is so because comfort is something which we can never have enough and yet it is the one thing which we need more in times such as end of life. We can, however, hope that, death will be comfortable, peaceful, and personal. Planning ahead and preparing for death is the best way to make sure death is comfortable, peaceful and personal.

Furthermore this study offers predictions regarding the importance of social support, involvement, influence, meaningfulness, rewarding transformational leadership, provision of physical and emotional resources, organizational fairness as well as changing work conditions on designing effective stress management. In particular, future researchers should investigate the stress level of workers so that the findings of the current study would be more valued and generalization to most professional caregivers.

REFERENCES

- Aveyard, H. 2007. *A Literature Review in Health and Social Care: a practical guide*. Maidenhead: McGraw-Hill Open University Press: Chapter 16 p. 94
- Barbus, A., 2001. *Terminally Ill Patient and the Helping Person. Dying Person's Bill of Rights*, Home Health and Hospice Care.
- Bryman A. 2008. *Social Research Methods 3rd Edition*, Oxford University Press Inc. New York
- Burns N. & Grove S.K. 2001 *The practice of Nursing Research: Conduct, Critique & utilization*, 4th Edition, Elsevier Saunders. St.Louis.
- Costello J. 2004 *Nursing the Dying Patient, Caring in different Contexts*. Palgrave Macmillan 175 Fifth Avenue, New York, N.Y. 10010, p. 474-482, 579- 608
- Crawley L. Marshall M. Patricia A., Bernard L. and Koenig B. A. 2002 *Strategies for Culturally Effective End-Of-Life Care*, *Annual s of Internal Medicine*, p. 577, 672-677
- Daaleman T P., Usher B M., Williams S W. Rawlings J. Hanson L C. 2008. *An Exploratory Study of Spiritual Care at the End of Life*, *Annals of Family Medicine*. P. 409-412
- Fry S. & Johnstone M.J. 2002. *Ethics in Nursing practice, A guide to ethical decision making 2nd edition*, Blackwell Publishing Company. United Kingdom.
- Hui D., Elsayem ., De la Cruz M., March 2010. "Availability and integration of palliative care at US cancer centers".
- Johnson B., 2000. *Medical Care of the Soul: A Practical and Healing Guide to End-of-Life Issues for Families, Patients and Healthcare Providers* by Bruce G. Bartlow, MD Boulder,
- Jeffrey D. 2006) *Patient -centered Ethics and communication at the end of life*. Radcliffe Publishing Ltd. 18 UK.
- Lobar S. L., Youngblut J. M, Brooten, D. (2006) *Cross-Cultural Beliefs, Ceremonies, and Rituals Surrounding Death of a Loved One*, *Paediatric Nursing*. P. 41-47, 50

Leininger Mc. 2006 Culture Care Diversity and Universality Theory and Evolution of The Ethnonursing Method.

Marilyn R (eds), Cultural Care Diversity and Universality A Worldwide Nursing Theory 2nd edition, Sudbury, Jones and Bartlet, p. 1-40

LoBiondo-Wood G., & Haber J. 2006. Nursing Research Methods and Critical Appraisal for Evidence-Based Practice. St.Louis, USA, Mosby Elsevier, p. 69-77.

London M. R. and Lundstedt, J. 2007 Families Speak About Inpatient End-of-Life Care, Journal of Nursing Care Quality. P. 157-158

McSteen K., Peden-McAlpine C, 2006 The Role of the Nurse as Advocate in Ethically Difficult Care Situations With Dying Patients, Journal of Hospice and Palliative Nursing, p. 253-257, 259

Neale J. 2009. Research methods for health and social care. Hampshire: Palgrave Macmillan.

NHS Center for reviews and dissemination, 2001. Undertaking systematic reviews of research on effectiveness: Guidance for those carrying out or commission reviews. NHS CRD, New York.

Payne S., Seymour J. and Ingleton C. (editors) (2004) Palliative care nursing: principles and evidence for practice, Maidenhead.

Polit D F., Tatano B C. & Hungler B P. 2001. Essential of Nursing Research. 5thedition. Philadelphia: Lippincott Williams & Wilkins. P. 102-122

Temel J. "Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer" New England Journal of Medicine 2010; p. 363,733-742

Thacker K S. 2008 Nurses' Advocacy Behaviors in End-of-Life Nursing Care, Nursing Ethics. P. 178-183, 187

Thomas D. 2003. A General Inductive Approach for Qualitative Data Analysis. School of Population Health. Auckland. P. 164-175

Toscani F., Borreani C., Boeri P. and Miccinesi G. 2003 Life at the End of Life: Beliefs about Individual Life after Death and "Good Death" Models - a Qualitative Study, Health and Quality of Life Outcomes, e-journal. P. 59

Tranfield D., Denyer D. & Smart P. 2003. Towards a Methodology for Developing Evidence Informed Management Knowledge by Means of Systematic Review. *British Journal of Management*, No. 14, p. 211-241.

Rowena M. Open University press. Second edition. How to write thesis.

Small N & Rhodes P. 2000. *Too Ill to Talk. User involvement and palliative care.* Routledge, 11 New Fetter Lane, London EC4P 4EE

Appendix

Table 4, Data Analysis articles.

Author and the year of publication	Publication of the articles	Purpose	Method of data gathering	Central findings	Significant findings to this thesis
Sebastiano Mercadante, Patrizia Ferrera, and Alessandra Casuccio, (2010)	American journal of hospice and palliative medicine	The aim of this survey was to assess the opioid use in the last week of life of cancer patients admitted at an acute palliative care Unit.	Quantitative statistical method.	A total of 77 patients died in the unit in the period taken into Consideration (12.4% of 618 admissions recorded in 1 year). At 7, 58 patients were receiving opioids at a mean oral morphine equivalent dose of 170 mg/d. Doses significantly increased up to 262 mg/d before death.	Opioids is one of the main medications as far as palliative care is concern. Although Opioids is one of the main medications in palliative care, it is very important to know the dosage and the dose increase during the last stage of death so that the patient does not feel any pain during those last days or so that is does not precipitate the death of the patient.
Elizabeth ford pitorak, msn, aprn, chpn (2003)	Home healthcare nurse	To respect the rights of the dying patients	A literature review.	Patients who are dying have Unique needs, as well as special rights. Allowing a patient to participate fully in care can be accomplished by developing a plan that respects a patient's basic rights.	Patients have different views about life and as such different rights which must be put into consideration when treating each patient no matter the age or race, they must be considered as individuals and consider them as holistic being.
Felicia Cox, (2010)	Nursing standards Art and sciences.	To provide an overview of the nature, causes and structured management of acute, chronic	Literature review.	The experience of pain involves the interplay between biological, psychological and social factors.	A good knowledge about pain and how patients react to pain is very important

		and neuropathic pain.			because not all patients can express the pain they feel but their actions might tell us how much pain they are undergoing.
Sarah Thompson, PhD, Marjorie Bott, PhD, Diane Boyle, PhD, Byron Gajewski, PhD, and Virginia P. Tilden, DNSc (2011)	A Measure of Palliative Care in Nursing Homes	The purpose of this study was to evaluate the psychometric properties of the Palliative Care Survey (PCS) for nursing homes.	Psychometric evaluation of the instrument was completed in two phases. Phase 1 focused on individual item analyses and subsequent revision and Phase 2 evaluated evidence for reliability and validity. (Quantitative statistics method).	The Palliative care survey measured the extent to which the nursing home staff engage in palliative care practices and have knowledge consistent with good end-of-life care.	Palliative care homes are very essential in the society. So therefore, nurses should have a great knowledge and understanding about palliative care. There is a need to improve on nurses standard of care in nursing
Thacker, Karen S, 2008	Nurses' Advocacy Behaviors in End-of-Life Nursing Care, Nursing Ethics.	Shows how nurses perceive advocating for patients rights in end of life palliative hospice care since advocating for end of life care changes every day as patients expectations grow.	Literature review	Nurses play a key role in supporting end of life care decisions. Patient education positively influences advocacy in palliative cancer care. Advocacy is an essential component of a nurse's professional role. Difficulties of some health care professionals to relate to end of life issues. Facing the fear to advocate for palliative cancer care patients on a multidisciplinary level. Advocating for the need of	improving the quality of end of life care, pain management, symptom relieve and management, ethical decision making, culturally and spiritually sensitive care planning

				good Communication, a more personal and individualized relationship with patients, nurse beliefs, compassion and family support.	
McSteen, Kerstin, Peden-McAlpine, Cynthia, (2006)	The Role of the Nurse as Advocate in Ethically Difficult Care Situations With Dying Patients	Shows how nurses perceive advocating for patients rights in end of life palliative hospice care.	Journal of hospice and palliative	Disagreement between the way people die and the way they want to die is increasing every day, advocating for end of life care changes every day as patients expectations grow. Nurses play a key role in supporting end of life care decisions. Patient education positively influences advocacy in palliative cancer care. Difficulties of some health care professionals to relate to end of life issues. Addressing the fear to advocate for palliative cancer care patients on a multidisciplinary level.	Improving the quality of end of life care, through pain management, symptoms relieve and management, ethical decision making, culturally and spiritually sensitive care planning. Advocating for the need of good Communication, a more personal and individualized relationship with patients, nurse beliefs, compassion and family support.
Toscani, 2003,	Life at the End of Life	Identify the individual beliefs of life after death and "good death" models	literature review	a good death is one that fits the role given, acknowledged, and accepted by patient Believing or not believing in an afterlife affects the views and experience of death for patients in palliative care. The way in which hope is seen and experienced is differs between believers and non	In past, dying person were placed in a socially shared scenario where less attention was paid to their personal needs and believes, hospice homes strives to provide a different model of death for these patients today.

				<p>believers. The definition and meaning of care and a good death is different between believers and non believers. There is an important need of the dying is to have the closeness and care of loved ones and experts in palliative end of life care.</p> <p>Understanding and satisfying patient needs is very important in palliative hospice care, for there is no single model of a good death</p>	
Thacker, Karen S, (2008)	Nurses' Advocacy Behaviors in End-of-Life Nursing Care,	analyses nursing behaviors and processes needed in the provision of quality palliative end of life care	Quantitative analysis	<p>Recognizing and acknowledging when death is approaching. Helping patient and family to understand palliative care process in end of life cancer care. Letting patient to actively participant in decision making of their care which reflects their values and needs. Educating and giving the patients emotional support. Making the family to accept that a cure is not possible and death will be the final outcome. There is the need for open and honest communication between nurse, patient and family which is essential in end of life palliative care.</p>	Gives an explanation on the problems faced by nurses in providing end of life palliative care in hospice homes

John Costello, 2004	Nursing the Dying Patient, Caring in different Contexts	To investigate hospice nurses' experiences of palliative care and death	interview	Relieving family concerns is a good way of providing end of life palliative care, meeting the needs and expectations of the patients be it religious, physical or psychological. Good communication helps relieve patients fears and anxieties thus leading to a good and peaceful death. If symptoms are not identified and control the patient may end up dying an undignified death. The patient needs to take active part in determining their own end of life care	Shows how the idea of a good death originates from hospice care, emphasizes that the need for good communication, pain relief, respect, individual dignity and acceptance of death which is a complex and diverse issue are important aspects of palliative hospice care. -findings,
Daaleman et al, 2008	An Exploratory Study of Spiritual Care at the End of Life	An explanation on how spiritual care is understood and viewed in the health care profession.	a literature review	Facilitating spiritual care, providing time and good communication, taking into consideration family experience and wishes. The importance of being there for the patients and their families spiritually. Paying attention to emotional, social and spiritual needs of the patients is part of being there for them. Recognize and accept patient's individual experiences as well as that of their friends and families. Create a dignified end of life care plan that	Recognizing the need for spiritual care and addressing the spiritual needs of the patients and their families. Identifying issues like religious differences and believes privacy, continuity, dedication and allocation of time.

				includes the patients, family, and medical staff. Reflect on patients personal experiences in other to improve communication	
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