

Experiences of nurses taking care of dying patients

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<p>Description</p> <p>The aim of this literature review was to find out about the experiences of nurses taking care of dying patients using existing literature. The purpose was to provide information to help nurses and nursing students to better care for dying patients.</p> <p>The articles that have been utilized in the study have been obtained from CINAHL only. The articles were selected based on inclusion and exclusion criteria such as the availability of full text articles, peer reviewed, abstract and references available. Eight articles were selected during the data selection process based on the titles of the articles. The resulting data was categorized according to themes and sub-themes that emerged after reading through the articles. Three main themes emerged: emotional challenges, communication challenges, and collaboration with relatives and the healthcare team.</p> <p>Conducting this research showed that the welfare of nurses are overlooked at work, thus affecting them mentally, physically and emotionally. This study has suggested some ways in which nurses can lessen their burdens and improve their wellbeing.</p>		
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1 INTRODUCTION

Death is a natural and an unavoidable occurrence for all human beings (HaisfieldWlfe, 1996). It is a difficult and a grim topic for every individual, especially nurses, who have to deal with such incidences on a daily basis in their line of work. The meaning of death, and what happens after it, is an unknown question which have no living man has answers to. Due to the deep phenomena of the subject, it may cause people anxiety, stress and other intense emotions when it occurs in their lives.

Nurses play an important role in the care of dying patients and their families. According to Rooda et al. (1991),” Determinants of attitudes toward death and dying involve not only cultural, societal, philosophical, and religious belief systems, but also personal and cognitive frameworks from which individual attitudes toward death.”

Nurses’ personal feelings may influence how they cope with the death of patients (Dunn, 2005). Knowing methods for handling the loss of their patients’ lives is essential for their own mental health. For instant, through knowledge of other nurses’ experiences of taking care of dying patients, they may be able to understand their emotional state better by recognizing things that they may all share, hence allowing them to cope with the emotional distress that comes with palliative care in a better way.

2 NURSING CARE AND FACTORS INFLUENCING FOR DYING PATIENTS

2.1 Nursing care for dying patient

Nursing care of a dying patient is termed as palliative nursing or Hospice's care. The word palliative is obtained from a Latin word pallium, which means a cloak or a covering with treatment where the main purpose is to provide comfort. It is a form of vital care for patients where treatment cease to work, and for whom the objective must be personal satisfaction for them and their families. Palliative care does not cause an early passing but rather gives an emotionally supportive network. It likewise helps patients and their families who are struggling with the idea of death (WHO, 1990). The objective is to prevent and ease suffering and enhance patient life quality.

Hospice is a Latin word which means hospitals (Moscrop & Robbins, 2013). It means a feeling between the host and the guest. Hospice care is a kind of care and theory that centers on taking care of a patient at the point of his or her death. This also includes looking after their emotional needs in addition to their sickness.

2.2 Nursing care needs of a dying patient

When dealing with dying patients, nurses need to be able to provide psychological, spiritual, and social care in addition to physical care. They also have to take the families of the patients into account. It can become difficult for patients to take medications orally when they get weaker. One way of dealing with this is by changing the administration route to intravenous routes for those medications that have to be given continuously

as this can help patients who have difficulty in swallowing. Unnecessary blood tests and taking vital signs manually should also be stopped. Evidence is limited but suggests that continuing artificial fluids in the dying patient is of limited benefit and should in most cases be discontinued. (J Eur Assoc Palliative Care 1997). Patients who are in the dying phase should not be exposed to “cardiopulmonary resuscitation,” as this creates a useless and inappropriate medical treatment. (London National Council for Hospice and Specialist Palliative Care Services, 2002). The patient may have an advance directive that can be used to facilitate discussion about care at this sensitive time. (British Medical Association, 1995). Regular observations should be made and good symptom control maintained, including control of pain and agitation. Attention to mouth care is essential in the dying patient, and the family can be encouraged to give sips of water or moisten the patient’s mouth with a sponge. If urinary incontinence or retention is a problem, catheterisation may be needed. Invasive procedures for bowel care are rarely needed in the dying phase. In the community, as required drugs need to be readily accessible in the patient’s home. Twenty-four-hour district nursing services should be made available, and with the development of general practitioner cooperative out of hours’ services the continuity of patient care must be ensured. To this end, innovative models are being developed in the community to support patients dying at home and to prevent inappropriate admission to hospital. (Thomas K, 2003).

Psychological care: Patients’ understanding into their condition should be assessed. Issues relating to dying and death should be explored appropriately and sensitively. (Fallowfield LJ, Jenkins VA, Beveridge HA, 2002).

Social care: The family’s awareness into the patient’s condition should be assessed and issues relating to dying and death explored appropriately and sensitively. The family should be told that the clinical prospect is that the patient is dying and will die. Use of unclear language such as “may not get

better” can lead to misunderstanding and confusion. If relatives are told clearly that the patient is dying, they have the opportunity to ask questions, stay with the patient, say their goodbyes, contact relevant people, and prepare themselves for the death. Relatives of patients dying in the community should be given contact telephone numbers so that they have access to help and advice on a 24-hour basis.

Spiritual care: Sensitivity to the patient’s cultural and religious background is essential. Formal religious traditions may have to be practical in the dying phase and may also effect care of the body after death. After the patient’s death, relatives should be dealt with in a sympathetic manner. A leaflet explaining issues related to grieving can be helpful.

2.3 Time constraints in caring for a dying patient

In an acute ward with a highly busy environment, it is difficult to provide individual care to patients who are dying. This creates strain and stress on the nurses as they do not have enough time to spare to the dying patients because they have to look after other patients who are critically ill, too (McCourt et al., 2013). Such a busy setting in a hospital demonstrates to be a highly challenging problem when it comes to providing and carrying care to dying patients (Hopkinson et al. 2003, Sasahara et al. 2003, Thompson et al. 2006, Wallerstedt and Andershed. 2007, O’Hara, 2011). It is very important for dying patients to not be left alone and having their friends and family members around them (Vig and Pearlman .2003). Giving comfort, encouragement, helping to lessen worries, and spending time to talk to critically ill patients and their families are the duty of health care professionals (Curtis et al, 2002).

According to a study done by Smith & Porock (2009), community nurses in the UK are under great stress in managing and validating every time spent in the hours of their working day while taking care of dying patients in their own homes. This causes considerable problem, stress, and anxiety (Rout, 2000, Wilkes and Beale, 2001) Presence, being a support, and bonding emotionally with a patient to build trust, are part of the crucial nursing care (Smith & Porock, 2009). Nurses are faced with an issue of whether they should focus on the work at hand - which is of less importance, but still vital - or on delivering hospice care, which is highly important in palliative care (Griffiths et al, 2007).

2.4 Early planning of care for dying patients

It is important for families, healthcare professionals and the dying patient to discuss about the patient's needs and wishes at the initial phase of palliative care (Fitzsimons et al, 2007; Glare et al, 2008). one challenge is, the patients taking a passive attitude on the dying subject and delaying talking about it until it is brought up (Almack et al, 2012), both relatives and patients believing in the chances of recovery, and nurses not wanting to depress patients by crushing their hope (Verschuur et al., 2014). Thus, when the dying patient is nearing the end of life, the topic of death and his needs are usually taken care too late or not at all (Parker et al, 2007; Abarshi et al, 2009).

Being involved early in the care of a critically ill patient allows powdered for trust to be built and relationships to develop between the nurse, dying patient and his family. Once the relationship is created, it allows communication and conversations about dying, and the patient's desires or wishes, to be talked more easily (Smith & Porock, 2009). According to El-Jawahri et al (2011), planning early and speaking about the choices of the location of care leads to lesser unnecessary hospitalizations and more patients passing away in their

preferred locations. Consequently, patients receive fewer harsh treatments at the critical stage in their lives, which ultimately enhances their quality of life (Temel et al, 2010).

2.5 Interaction with patients and families

Interacting with patients and their families is one of the key components in nursing (Tammentie et al, 2001) to improve the quality of care being implemented and delivered. A patient's health is affected by the well-being of his/her family (Kurki P., 1992), thus it is important that the family members are taken into consideration when nursing care is being implemented.

In the past, nursing care was emphasized mainly on the patient (Friedmann, 1998). However, families of the patient are now regarded in nursing care and they are involved in decision making. Since they are the ones who spend most of the time beside a patient's bedside, they feel apprehensive about the patient's health. Thus, they require support and information (Tammentie et al, 2001). Providing the family members with all the information they require and giving them emotional support through counselling are some of the roles of a nurse.

According to Funnell et al (2008), nurses communicating with patients in a therapeutic manner is a very important feature as it affects how patients understand and feel about their own sicknesses. It is especially even more so for patients who are on the verge of dying since communication is perceived to be the foundation of such care (Ferrell and Coyle, 2010). Some ways nurses can communicate with their patients are by listening attentively to what they have to say and taking their words seriously without dismissing it off nonchalantly. They can be present for the patients by visiting their rooms when they have the time during their rounds, and they can make small talks

or jokes, or they can offer emotional support through non-verbal interaction such as holding their hands to comfort them, praying together with them, and giving them hugs (Slatore et al., 2012).

2.6 Ethical and moral dilemmas in caring for a dying patient

Nurses face frustration and a question of their moral values when patients are treated aggressively medically when they are fully aware of the unchanging situation of the result. This causes stress for nurses as they feel that it is their duty to alleviate any needless suffering. This can result in tension with the medical staff when carrying out such aggressive intervention seems pointless in extending the life of patients. Delaying death with medical interventions are a cause for great concern for nurses and this creates friction with the professional healthcare team (McCallum & McConigley, 2013). On the other hand, nurses also face problems when they are enquired about quickening death by patients. They feel that such requests go against their religious or individual principles despite wanting to respect the wishes of the patient. (Valante & FAAN).

2.7 Knowledge and education in caring for dying patients

Being trained and educated helps in expanding nurses' knowledge which results in them caring for dying patients with a positive attitude. Going for and having the opportunities to attend such workshop makes nurses have more confidence in themselves and in their skills when delivering care.

Nurses need opportunities to undergo trainings to improve their knowledge and to communicate effectively with patients and their relatives. It is especially an issue for new nurses who have no experience in providing such a care. (Smith & Porock, 2009). In addition, cooperating with GPs is enhanced when nurses become educated in palliative care or geriatrics. Communication

with the GPs is also improved, resulting in better cooperation. (Gorlén et al., 2013).

3 AIM, RESEARCH AND PURPOSE QUESTION

The aim of this thesis is to find out about the experiences of nurses dealing with dying patients using existing literature. The purpose is to provide information to help nurses and nursing students to better care for dying patients. The research question is what are the experiences of nurses taking care of dying patients?

4 METHODOLOGY

4.1 Literature review

There are different definitions of literature reviews and a variety of ways of conducting them. Cooper, 2010, uses the term research synthesis to describe several types of reviews of research literature. He claims that the term systematic review is sometimes confusing and is often used interchangeably with the term meta-analysis (p. 6). Meta-analysis, however, uses a quantitative approach that statistically combines results from several studies (Cooper, 2010, p. 6) and is not the focus of this paper. The term literature review will be used to describe a synthesis of the literature that “aims the experiences of nurses taking care of dying patients” (Hannes et al., 2007, p. 749), and that allows for replication (Johnson, Li, Larson, & McCullough, 2000). By identifying a specific research question or questions, the reviewer searches for and critically analyzes evidence in published sources that answers the research question(s). By clearly delineating each step in the review process, another reviewer can easily replicate and verify the findings.

4.2 Scientific Article Selection Process

The articles that were used in conducting this literature review were searched from the internet by using a digital library of academic journals and electronic database, CINAHL (Ebsco). Cinahl can be described as a research tool for nurses and other healthcare professionals. The users get fast and easy full-text access to top journals and evidence-based care articles. The key words that were used for the research were: Nurs* AND “experiences” OR “perceptions” OR “attitudes” OR “views” OR “feelings” AND “palliative care” OR “end of life care” OR “terminal care” OR “dying”.

The selected articles that were chosen for this research were based on several inclusion criteria and exclusion criteria as shown in Table 1 below.

Inclusion criteria	Exclusion criteria
Full text available	Articles in other languages than English
References available	Articles published before 2008
Abstract available	Articles without peer review
Articles published from the year 2008 to 2018	Articles without abstract
Articles published in English language	Articles without references
Articles related to the research question	Articles not related to the research topic

Table 1 Inclusion and exclusion criteria

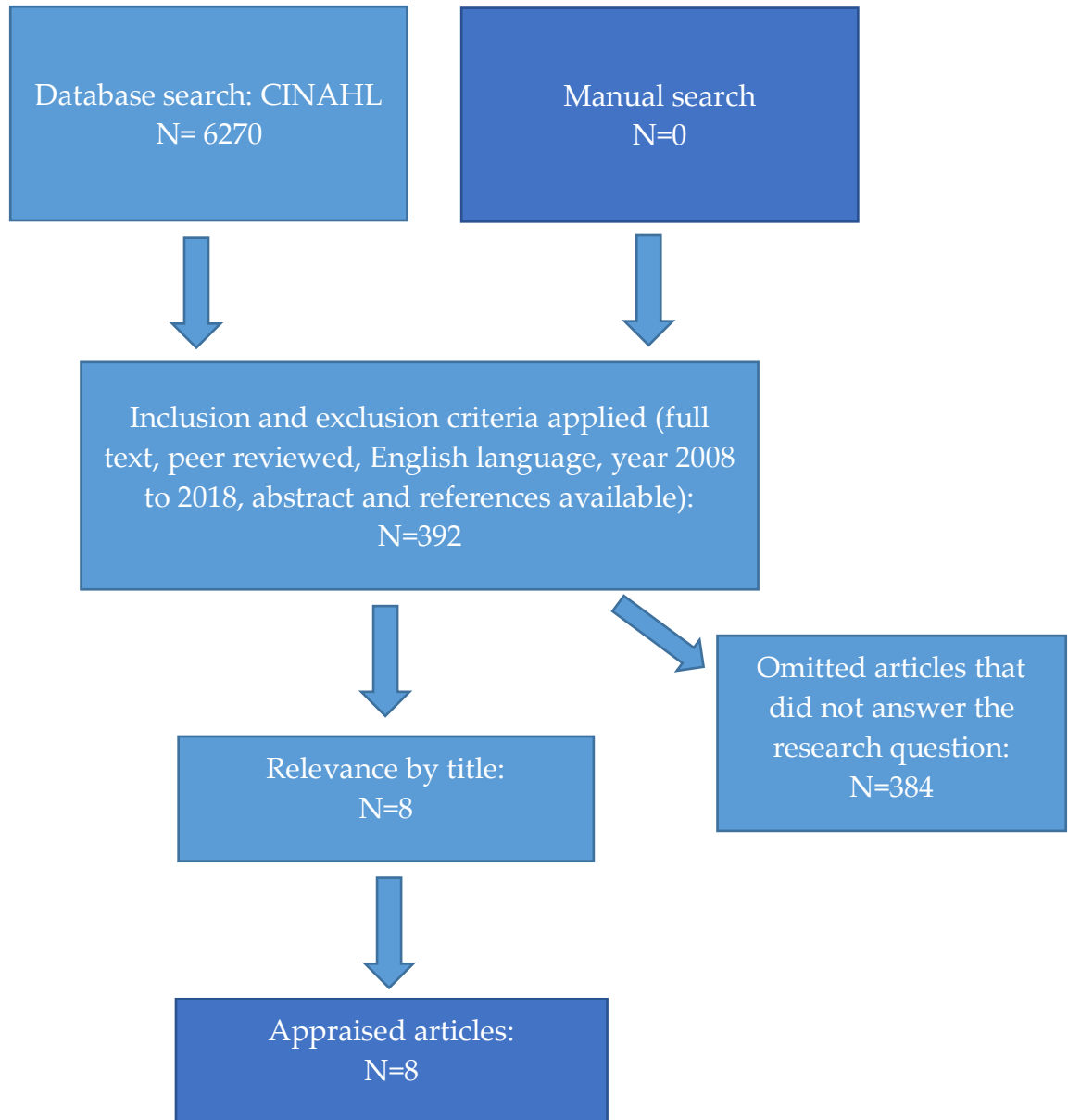


Figure 1 Data Selection Process

4.3 Data extraction and analysis

Data extraction and analysis follows the following processes: data reduction, data display, data comparison, drawing of conclusions and verification. The data analysis will begin by reading carefully the chosen studies closely to familiarize with it, putting the research question in mind, the relevant data will be from the articles (Whittemore, 2005). The next step is data display, which is done by converting the extracted data onto excel spread sheet to help

the next stage for comparison with the primary sources. In the comparison phase the extracted data will be divided into subgroups according to the main categories to facilitate the analysis, and the categories will be given names or titles to represent the content. The final part of data analysis is drawing conclusion and verification (Whittemore, 2005; Elo & Kyngas, 2008).

5 Results

Investigation and organization of information from the chosen articles lead to three main principle themes indicated in table 1 below:

- 1) Emotional challenges
- 2) Communication challenges
- 3) Collaboration with relatives and the multidisciplinary health team

Research Question	Themes	Sub-themes
Experiences of nurses taking care of dying patients	Emotional challenges	<ul style="list-style-type: none"> - Emotional reaction (stress, anger) - Somatic complaint (insomnia) - Emotional comfort (protecting the patient from feeling scared, frightened, or alone) - Feeling safe and secured - Getting rid of negative feelings - Under-preparedness
	Communication challenges	<ul style="list-style-type: none"> - Early communication of patient's requests, wishes and choices - Discussion of dying with patient and relatives - Communication with other healthcare professionals
	Collaboration with relatives and the professional healthcare team	<ul style="list-style-type: none"> - Involvement of relatives in the care - Cooperating with other healthcare professionals

Table 2 Categorization of the experiences of nurses taking care of dying

Emotional challenges

Palliative care nurses undergo various difficulties on a daily basis including emotional challenges. It has been found that they experience feelings of helplessness, desolation, guilt, anxiety, or stress when they feel they are unable to help their dying patients (Ferrell 2006, 928). This can result in depression (Waleska, Silva, Pareira, Marcos, Marins, and Sauthier 2014, 73.). According to Chia et al. (2007), nurses caring for the dying can make them even more painfully conscious of their own troubles in their own lives. Some nurses have been reported to even experience somatic issues, such as insomnia, after being unable to successfully resuscitate the patients.

Nurses reported feeling unhappy and unsatisfied when being unable to provide adequate support for the dying patients' and their families due to having to meet other obligations as a nurse for other patients. Thus, there was a feeling of disappointment about not being able to properly care for their dying patients. In addition, they also said they felt incompetent and not being able to do much for the patients and their families. In spite of the negative emotions experienced by the nurses, there were situations when they felt content when they were able to provide the needs and wants of the patients and their families. (Yim et al., 2013).

The nurses also described feelings of incompetency in acute hospital wards because they could not provide the patients with high quality care. They stated that they felt an overwhelming amount of stress and tiredness in looking after dying patients. They felt that support and encouragement from ward managers were missing. In addition, the nurses felt a sense of loneliness and a lack of support as they were not able to talk about their emotions and share their experiences. Some of them even felt depressed because they felt that they were not providing good care. In fact, many of them suffer from

chronic pain in their back, head and some of them suffer from high blood pressure due to stress taking a toll on the nurses' physical and emotional health. (Roisin McCourt, et al.2013).

Communication challenges

Communicating beforehand about the patient dying and planning of care in the likelihood of unforeseen events were vital, and that doing so helped in clarifying any doubts, wishes and choices of the patient. However, despite being aware of its importance, communication was a tough obstacle to the nurses, particularly at the beginning of palliative care. Many patients and relatives perceive palliative care as end of life care and they associate it with dying. Thus, some of them tend to avoid bringing up the topic or talking about it. As a result, the nurses are hesitant and cautious in speaking to patients in terms of palliative care whose treatments are ongoing and wishing to get better. (Verschuur et al, 2014.) It appears that relatives value communication regarding the making of decisions (Powers and Watson, 2008; Dreyer et al, 2009) in these areas.

Another communication challenge that nurses experience commonly is with other healthcare professionals. They feel that they are not perceived to be on equal footing as that of GPs and specialists due to a lack of knowledge and skills, especially younger nurses (Verschuur et al, 2014).

Collaboration with relatives and the professional healthcare team

According to Wah Mak et al. (2013), when patients die, their families have a tendency to blame nurses due to their misplaced anger and overwhelming emotions. When death is inevitable for patients, there is a sense of helplessness and the families consider trying other forms of treatments. Nurses feel good when they are able to help the families in ways they are able to. For instances, there are cases where some families want to try traditional Chinese medicine

through nasogastric tube. If the physician allows, nurses would be happy to help fulfill the families' wishes. This kind of practice promotes dignity for the patients and especially for families. The nurses reported that their practice was inspired by memories of their colleagues that try to practice best quality care in end of life for patients. They try their best to do high quality of planning and end-of-life decision making for dying patients and also for their families. They help families accept the death of their loved one and increase privacy for the patients and their families.

According to McCallum & McConigley (1987), it is important for palliative nurses in assisting care for families and trying to help them be in comfort and well supported so that they do not feel lonely. In one of the studies, the nurses reported that despite being busy, they would check on the families and ask if they needed anything. For example, they would provide some drinks, or they would make jokes and provide emotional support and peace. The nurses also helped in trying to fulfill some dying wishes and providing spiritual or religious care.

6 Discussion

6.1 Discussion of key findings

The current review indicates that working with the dying can make nurses highly aware of the setbacks in their own lives (Chia et al., 2007). Another study found that nurses developed feelings of weakness, helplessness, frustration, anger, anxiety, stress, or guilt upon feelings of having failed their patients (Waleska et al., 2014). Ferrell (2006) and McCallum & McConigley (2013) have also found a similar observation that dealing with death of patients is a great cause for concern for nurses as this can create friction with the healthcare teams.

Furthermore, the results of this study show that some nurses experienced somatic problems. For instance, some of the nurses had trouble sleeping after failing to resuscitate patients (Yim et al., 2013). Therefore, it is important that nurses are trained and educated as this helps in expanding their knowledge. As a result, they can care for dying patients with a more optimistic outlook. Nurses have to be given proper trainings so that they can communicate effectively with patients and their relatives, too, especially for nurses who are new with little to no experience in caring for dying patients. (Smith & Porock, 2009). The nurses were also reported to have suffered from stress and exhaustion in caring for dying patients, which can adversely affect the physical, mental and emotional health of nurses. According to McCourt et al. (2013), many of the nurses suffer from chronic back pain and headache, too, in addition to having high blood pressure.

As described in this study, nurses face emotional challenges during and after taking care of dying patients and this is a very common issue. Thus, nursing student and nurses who are newly registered should be aware of these emotional challenges and how to cope with them. There are different methods in which nurses can cope with the challenges and consequences of taking care of dying patients. Some researchers have suggested two main coping strategies: problem-focused coping and emotion-focused coping (Martins, Chaves & Campos, 2014).

Nurses who had a more positive outlook towards death were more open-minded in providing end-of-life care to patients. It was also discovered that the years of expertise of the nurses and their age invariably affected their ability to cope with death of the patients. Thus, younger nurses should be encouraged to talk with their colleagues who are more experienced as it can aid them in overcoming the death of a patient. Family members and friends

can also offer their support although they cannot understand how it feels like to be in the shoes of a nurse. Therefore, nurses should practice other forms of relaxation such as yoga, meditation and other activities to overcome such trauma in their line of work.

6. 2 Ethical issues, reliability and validity

Some articles highlighted the phenomenon of experiences of nurses taking care of dying patients to and to enable them to develop coping mechanisms to reduce stress. Most of the findings offered practical and dimensional aspects of positive coping strategies employed by nurses. However, some other findings offered explanation of negative coping strategies. This study has presented the already existing knowledge of experiences of nurses taking care of dying patients so that they have great demands to reduce stress in the wards, taking care of the patients and patient families. This research is in line with earlier research works that exposed many dimensional occupational stresses among nurses caring for dying patients.

The validity and reliability of this study is based on the information gotten from CINAHL and Google scholar data bases. CINAHL database provides broad content coverage including 50 nursing specialties, general health and medicine. It also contains full text for more than 1,200 journals. Although we acknowledge that there might be other relevant articles published in other data bases, CINAHL is accessible free of charge from the university library. The articles that were chosen for the current study were peer reviewed and ranges from the year 2008 to 2018. The authors of this work made sure that there was clarity in the process in which articles were selected for the study, otherwise known as "Inclusion and Exclusion criteria". There were three independent researchers in the article selection process and therefore the

possibility of selection bias is minimalized. The articles that were finally appraised for this study were all from different countries, thus the results of this study are geographically valid. Although the researchers selected articles based on their conformity with the research question, the researchers still had to decide on the articles that answered the research question after reading the full text, thus having a clear inclusion criterion make the research valid and reliable.

Conducting this research there were ethical principles that were adhered, and to ensure the work is void of any malpractice such as plagiarism, fabrication and falsification. All articles used in these studies were properly cited and the information used are based on research findings and not the researchers own perspective (Cowel, 2015). All the articles used in this study except one received ethical approval from the various Universities and Human Research Ethics Committees. They further asked research permission from the participating hospital ethics committee. Participants were informed, detailing the privacy of information provided, and their ability to withdraw from the project at any time. The researchers of all the studies used in this study kept all the notes and records containing participant details in a locked drawer or password-protected electronic database and destroyed them upon completion of the final report of the study. Protection of the participants' secrecy and privacy was maintained during the research process.

6.3 Conclusion

An appraisal of all the articles for this study emphasized on the idea that nurses taking care of dying patients faces a lot of challenges in their work-environment, either with their patients, patient's family member, management and/or colleagues. This therefore led to the conclusion that nurses experience a lot of work place stress during their provision of care to

dying patients. Little or no attention has been paid to the overwhelming stress faced by the nurses at work which in tend greatly affect their emotional/psychological wellbeing. However, the health of the nurses is at risk of deteriorating if no action is taken. Therefore, to safeguard the health of nurses it is better to include some mechanism to avoid stress such as exercises, doing yoga, and talking with colleagues. This kind of feelings are not avoidable, and nurses should be aware and adopt coping mechanism to decrease them. We recommend more research on different coping mechanisms to decrease the negative feelings associated with nurses during caring for dying patients.

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Appendices

Appendix 1. Summary of the Selected Articles

Numbers	Authors, Year and Country	Aim and Purpose	Sample/ Participants	Methods/ Instruments	Main Results
1	Yim et al (2013). Hong Kong.	This study aimed to explore the experiences and perceptions of nurses caring for dying patients and their families in the acute medical admission setting.	15 nurses.	Qualitative.	There were four themes that were derived from the research. Theme 1: Lack of preparedness for patients' deaths. Theme 2: Reflecting on own nursing roles for dying patients. Theme 3: Reflecting on the meaning of death and personal experiences of the death of their own family members.

					Theme 4: Coping with caring for dying patients.
2	Amanda McCallum & Ruth McConigley (2013). Western Australia.	To describe the provision of end-of-life care in an open high-dependency unit.	5 registered nurses.	Qualitative.	The participants all mentioned the importance of letting patients dying with dignity, and protecting the patient's privacy was one way of maintaining it.
3	Sharon Valente, RN, Ph.D., FAAN, University of Southern California	To understand: (1) challenges nurses face in end of life care; (2) their concerns, challenges, and difficulties about providing end	6 nurses.	Qualitative.	It was found that there were communication challenges with families and patients, interprofessional conflict between physicians, nurses and families, and cultural issues too.

	(2008). Los Angeles.	of life care; (3) Their strategies to facilitate a dignified death.			
4	Els ML Verschuur, Marieke M Groot & Rob van der Sande (2014). Netherland.	To explore nurses' perceptions and experiences of proactive identification of problems and requirements among patients with palliative care needs.	16 nurses.	Qualitative.	Four themes were identified from the study: the start of proactive palliative care; communication, support, and guidance; advocating for patients; and cooperation with health professionals.
5	Robert Smith & Davina Porock	This study aimed to identify the attitudes of community	146 respondents	Qualitative.	Nurses need training and education about the care of dying patients on induction to the community, with regular and consistent

	(2009). University of Nottingham, England, UK.	nurses to the care of the dying patient and discover the factors that influence these attitudes.			mandatory updates if they are to be expected to provide safe, effective care and meet the targets of current policy.
6	Fiona Cathryn Reid (2013). Scotland.	To highlight some of the challenges perceived by rural adult community nurses when delivering palliative care to CYP	10 community nurses.	Qualitative.	The findings of the research include emotional preparedness, navigating the 'professional road', becoming part of the family, and It's everybody's business

7	<p>Roisin McCourt, John James Power & Marie Glackin (2013). Northern Ireland.</p>	<p>To explore and analyse the current literature in relation to the experiences of general (adult-trained) nurses providing end- of-life care to patients in the acute hospital setting.</p>	10 nurses.	Qualitative.	<p>It was found that there was a lack of education and knowledge with the nurses, lack of time with patients, barriers arising in the culture of the health-care setting, communication barriers, symptom management, and nurses' personal issues.</p>
8	<p>Tanja Fromberg Gorlén, Thomas Gorlén & Mette Asbjoern</p>	<p>To describe the participants' perceptions of end-of- life care in Danish NHs, with particular focus on</p>	6 nurses.	Qualitative.	<p>Eight categories were identified and grouped together in four main categories: medication, interpersonal relations, decision making, and professional development.</p>

	Neergaard, (2013). Denmark.	medication administration and collaboration with GPs.			
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