# Nurses’ Experiences and Challenges of Collaborative teamwork for Cancer patients in Palliative Care Wards

## A Literature Review

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Palliative care is a scope of treatment that improves the quality of life of the patient-facing life-threatening illness and their families through the prevention and relief of suffering by early identification, thorough assessment and treatment of pain and other non-pharmacological issues like physical, psychosocial, and spiritual needs. Palliative care involves the collaborations between nurses and different health care professionals in health care. Nurses often feel that they are usually not prepared for palliative care delivery and need more expertise and training in the management of pain and symptoms, communication, support and dealing with ethical dilemma.

The aim of this literature review is to amplify the experiences and challenges of nurses involved in palliative care of cancer patients through collaborative teamwork with patients, patient families, and other healthcare professionals. The purpose of this research is to provide information for new nurses and nursing students on the importance of collaborative teamwork for cancer patients in palliative care ward.

Three database sources (CINAHL, Medline and Google scholar) were browsed to collect relevant research articles meeting the inclusion criteria. A qualitative content analysis was employed to analyze and extract the data found in 13 articles. After extraction, data were organized by formulating the main themes, and sub-themes. The main themes of experiences expressed by nurses in palliative care unit were psychological impact, building professional confidence and communication skills in collaborative teamwork

This present study shows the complexity of nurses’ duty in collaborative teamwork in a palliative care unit. The limited research about nurses' experience of a good collaborative teamwork in palliative care for cancer patients makes it difficult to draw conclusions in this area. This study has generated more questions and can be a basis for further research

Keywords/tags
Nurses, experiences, collaborative teamwork, palliative care, cancer patient

Miscellaneous (Confidential information)

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# 1 Introduction

Palliative care is a scope of treatment that improves the quality of life of the patient-facing life-threatening illness and their families through the prevention and relief of suffering by early identification, thorough assessment and treatment of pain and other non-pharmacological issues like physical, psychosocial, and spiritual needs (WHO, 2016).

According to World Health Organization (2021) cancer is leading cause of death with almost 10 million deaths in 2020. Palliative care is very important, especially for patients in an advanced stage of cancer where the chances of surviving are very low. With adequate implementation of palliative care physical, psychological and social symptoms can be elevated or significantly decreased for nearly 90% of patients. Palliative care should not only be implemented in hospitals and clinical settings but also in care given at home and outpatient settings. To achieve a well-balanced palliative care, collaborative teamwork needs to be applied. With sufficient cooperation between nurses, doctors, social workers and family or caregivers, the quality of life in the end-of-life stage can be significantly increased. (Alsop. 2010.)

The aim of this study is to conduct a literature review to better understand nurses' experiences and challenges in providing palliative care for patients with cancer. Caring for terminally ill patients and their families can be challenging. Nurses' experiences can differ depending on factors like work experience, knowledge, workplace, and professional confidence. In the past twenty years there has been a global understanding of how important it is to provide good quality palliative care (WHO,2020). Many researchers have been researching different aspects and perspectives of providing palliative care (Pennbrant, Tomaszewska, & Penttilä, 2015; Johnston and Smith, 2006). This study is aimed at amplifying nurses' experiences about providing collaborative teamwork in palliative care ward for cancer patient. Also, the review from these literatures can help nursing students and new nurses to better understand the implementation of collaborative teamwork in palliative care for cancer patients.

Palliative care is known as holistic care for a patient who has a diagnosis of a life-threatening disease. In recent years, a patient living with end-stage organ failure for many years or advanced cancer is now being considered palliative care. The World Health Organisation (2020) stated that patients in the early stage of the illness will benefit from palliative care and therefore this type of treatment should be applied. It should be combined with different treatment therapies that aim to extend life, such like chemotherapy, and radiotherapy, which can last for many years till the patient dies.

Palliative patients spend many days in the hospital because health problems are too complex and often acute. In many cases providing care at home by family members or in outpatient settings is impractical. Palliative care is a branch of the nursing care that is delivered at different stage of intricacy that cannot be overlooked (De Vlieger et al., 2004). Patients undergoing palliative care can be at the terminal stage of their illness in outpatient units, at home or in hospital wards and nursing homes. The care path for a patient during palliative care may not necessarily heal them of their illness. However, the principal goal of palliative care is to achieve quality care, promote comfort, respect, dignity, supporting the patient and their relatives (Merlane & Cauwood, 2020). Nowadays, it is not only nurses with many years of experience that encounter palliative patients, recent nursing graduates or nursing students during practice may also encounter them and must know how to care for them (De Vlieger et al. 2004). Knowledge, attitudes, cultural and religious background and experience of the health care professionals are the main elements that can impact the procedure and their behavior during the nursing interventions and treatment of patients (De Vlieger et al. 2004). Nurses are a crucial factor during palliative care delivery because they are not just attending to their basic physical needs in response to the illness but often Nurse assist in different spheres of patient’s life. Skår (2010) considers nurses to be an invaluable member of palliative care team. Young nurses in the early phase of their career sometimes find it challenging and demanding on psychological level to care for patients due to lack of competence and understanding of their nursing role to patient, family, and other healthcare professionals. The success of palliative care nursing is determined by the extent to which each patient can trust the health care professionals involved in care and the willingness to deliver a patient-centered care compassionately in this field (Olthuis, Dekkers, Leget, and Vogelaar, 2006). Nurses with many years of experience reported more positive attitudes toward caring for dying patients than younger nurses, and nurses with less experience (Pavlish & Ceronsky 2009). Research has revealed that nurses often feel that they are usually not prepared for palliative care delivery and are much in need of more expertise and training in the management of pain and symptom, communication, support and dealing with ethical dilemma (Pennbrant, Tomaszewska, & Penttilä, 2015; Johnston and Smith, 2006).

## 2 Palliative care for Cancer Patients

Cancer is increasingly recognized to be a global problem, and it is not limited to a certain age group or gender. According to World Health Organisation (2003), It is the second leading cause of death in developed countries and is among the three leading causes of death for adults in developing countries. There are different type of cancers occurring in men or women which may lead to palliative care in the advance stage of the disease. The figure 1. below shows the distributions of people living with cancer across Europe, Asia, and Africa in 2003 according to WHO (2003).

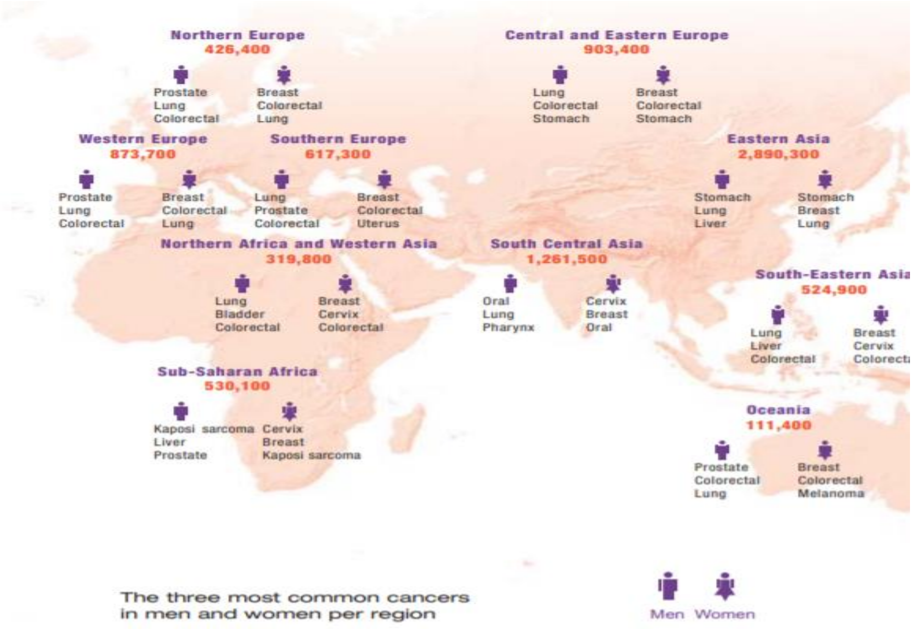

Figure 1: Distribution of people living with cancer around the world (WHO, 2003)

Cancer is a commonly occurring disease which is generally known by majority of population. However, cancer is not simply one disease, but a cluster of many distant diseases caused by different factors. There are different treatment and symptoms and prognosis. Cancer starts from mutated cell in the body that starts to overgrow. It can be local or spread to different tissues and organs. Late detection of cancer often leads to reduced treatment possibilities and implementation of palliative care. (Hinkle & Cheever. 2014, 311.)

It is estimated that one-third of cancer incidence could have been prevented, another third is potentially curable through early detection while remaining third are in the advanced stage but with palliative care applied the quality of life was improved (Akinkugbe, Lucas, Onyemelukwe, Yahaya, Saka, 2010). Applying the palliative care in the advance stages of patient illness can significantly influence quality of life. During palliative care, pain management is an important part of cancer control which should be considered as high priority in every country. (Ngoma, 2006). Information about effective palliative care, could increase the chances of living for cancer patients in their advance stage. People living with cancer often have multiple comorbidities, increased pain, and shortened lifespans. Cancer treatments and medications sometimes lead to many side effects such as pruritus, insomnia, nausea, muscle cramps, fatigue, anorexia, chronic pain, anxiety, and depression that can affect how comfortable the patient is.  According to the World Health Organization (2020) patients at the early stage of their illness can be place on palliative care combined with other treatments, such as chemotherapy and radiotherapy, patients can receive palliative care for many years even when improving, however, it can also include caring for those at the end of live stage.

The Leadership Alliance for the Care of Dying People (LACDP, 2014) in the United Kingdom outlined five priorities for Improving people's experience of care in the last few days and hours of life. The responsibilities of multiprofessional caregivers when caring for palliative patients towards the end of life were simplified and listed below in Table 1. The alliance formed by the UK government laid more emphasis on compassionate care for dying patients (LACDP, 2014).

Table 1: Priorities of care for dying patients (LACDP, 2014)

| Elements | Explanations |
|---|---|
| Acceptance | In the process of dying all the decisions, and action should be discussed with the patient. It is important to recognize the needs of the patient and act accordingly to his wishes. The needs and wishes can change during the treatment course therefore they should be reviewed, and changes taken in to account of new treatment plan. |
| Communication | Communication with patient and family members and health care professionals needs to be conducted in sensitive manner. |
| Support | Caring for the dying patient include also providing the support for the family members and relatives of the patient. Their needs are often exceptionally important to the dying person, therefore should be met as far as possible |
| Involvement | Family members and relatives should be involved in the decision-making process to as much as patient wishes. |
| Planning and implementation | Compassionate individual care plan is established to best support the patients' needs in nutrition, management of symptoms, emotional, social and spiritual support. |

## 2.1 Collaborative teamwork in palliative care

Collaboration involves an active ongoing partnership which requires time and energy, as well as the sharing of resources, responsibility and rewards among partners representing different professional organisation to achieve a common goal. Collaborative teamwork in healthcare field can be defined as a group of individuals from diverse professional background cooperating with each other to provide variety of services that will be beneficial for the healthcare user (Morgan, Pullon, & McKinlay, 2015). Teamwork in palliative care consists of doctors, nurses, dietitians, social workers, physiotherapist work providing unique care for the patient together (Alasiry et al. 2012).

Collaborative teamwork in palliative care involves the joint-partnership approach in decision-making between health care professionals, patients, and family to enhance the patients' functional status and prolong life through prevention of medication side effects, management of symptoms, risk factors and complications (Meier & Beresford 2008). Cancer patients in palliative care go through rigorous phases of long-term complex treatment, physical and emotional burden associated with such terminal disease.

The principle of palliative focuses on enabling patients with an advanced, progressive, incurable illness to live without pain until they die (Leadership Alliance for Dying People (LACDP), 2014). The nurse is required to develop a management plan that will support the holistic needs which include supporting the physical, emotional, and spiritual needs of the patient and family. To make this happen, the nurses require the support of an interdisciplinary team as well as the family members of the patient involved in the care. The successful functioning of the palliative care team is characterized by self-awareness, cohesiveness, shared decision-making, trust, respect, accountability, mutual support, positive nursing environment and recognition for a job well done by the nurse (Kennedy, 2005).

Alleviating pain is one of the most important treatments for patients during palliative care. Nurses are usually at the forefront of providing care to relieve patient suffering from pain using distraction methods, administering medication to relieve pain, and eliminating unnecessary treatments that would cause more pain (Meier & Beresford 2008).

Nurse experience of effective collaborative teamwork with physicians have been associated with reduced risk of exacerbation of symptoms, higher physician and nurse satisfaction with patient care quality, and reduced stress level (Hamric & Blackhall, 2007). Collaboration between the nurse and other health care professionals strengthens communication skills with patients and families. Also, it supports swift decision making, reduces stress, and promotes the quality of care (Wiener, Kazak, Noll, Patenaude, & Kupst, 2015).

Some studies reported a lack of team cooperation among physicians and nurses caring for patients with terminal illness (Reinke, Shannon, Engelberg, Young, & Curtis, 2010). When the collaborations between nurses and other medical team is strained, nurses are caught in between acting as the patient's advocate and supporting the medical team (McLennon, Uhrich, Lasiter, Chamness, & Helft, 2013).

## 2.2 Collaborations between nurses and patients in palliative care

Nurses are one of the invaluable stakeholders in the healthcare field because they encounter the patient from the beginning of care. Nurses' roles include providing comfort care, emotional and physical peace, pain relief, symptoms management, spiritual support, privacy, calmness, space for dying patients and family, maintenance of safety and being a patient advocate (McCallum & McConigley 2013). Ensuring that the dignity of dying patients is protected includes physical care, privacy maintenance, comfort, and quality care (Johnston & Smith 2006).

Nurses' duties included challenging roles like discussing bad news with the relatives of the patient, providing care that will ease physical and emotional needs, and simplify care services (Volker, Kahn & Penticuff, 2004; Johnston & Smith 2006). Nurses reported a lack of courage when they are required to conveying bad news concerning patient diagnoses and addressing patient suffering or death (Hawkins & Morse 2014).

Evaluation of care goals is continuous, taking into consideration changes in the patient's condition and whether the patient could make the right decision or not. This is mandatory to determine the mental capacity and the extent of patient involvement in care decisions (Mental capacity act, 2005). Therefore, courage is essential to intercede on behalf of the patient in difficult situations and maintaining own wellbeing (Regan & Colling 2015).

The cancer patient in palliative care expects support from the nurse in different areas which they may or may not be able to express. The nurse constantly involves the patient at each stage of care and keeps the interest of the patient at heart when administering care. Nurses' descriptions of patient preferences for control at the end-of-life included engagement in daily activities, comfort and dignity, and control over the death process (Regan & Colling 2015).

Sensitive discussion regarding the patient conditions at different stages takes place between care providers, the terminally ill patients, and those identified as important to them. Therefore, patients build deep interpersonal connections with the health-care providers and lean on their nurses for support in other socio-economic areas. (Pinto, Bhola and Chandra 2019). The formation of this kind of bond is the foundation for compassionate care and empathy needed for an effective palliative care. Cross (2019) defines the relational and emotional aspects of the work done by nurses in palliative care as absorbing the patients' emotions and disconnection of one's emotions which puts them in the position to be more prone to emotional distress. Oncology nurses reported the difficulty of connecting closely with patients' emotional needs, and detachment from these emotions in the face of their inevitable death thereby putting the care providers at risk of burnout (Cross, 2009).

The review of these studies suggests that health-care providers need broad training, sustainable self-care, continuous assistance, as part of the overall process in palliative care centres. Professional caregivers identified various reasons for patients to restraint and isolate themselves from various relationships.  During this phase of care the patient are sometimes curious and may feel helpless, therefore communication ought to be regular, proactive. When medical complication and side effects of treatments overshadow the course of treatment the psychological needs may end up not being properly addressed. (Chaturvedi 2012)

## 2.3 Collaborations between Nurse and Patients' family in palliative care

Experiences of nurses from previous research included a combination of patient's family request for pain relief on behalf of the patient, fear of worsening pain, wishes to end life before total deterioration, and so on. Reports from patients and families of patient dealing with terminal illness reflected the great battle with the desires to control life, wellbeing, health as well as the dying process (Volker, 2001).

Nurses strongly argued that full disclosure of the patient's health situation to families is an important factor for decision making, however there are challenges in determining their role in providing the needed support for families (Newman, Callahan, Lerret., Oswald, & Weiss 2018). Innes & Paynes (2009) review of information disclosure pattern preferred by patient agrees with this fact, therefore, stated that lack full disclosure can lead to feeling of uncertainty about the illness among families, stress, frustration, distrust of the medical team.

Nurses are expected to assess the needs of families and address it with empathy, the family's experience of a close relative illness and the death have a significant influence on their future perception of health care (Sykes, 2015). Sometimes, the families of a dying patient are faced with the difficulty of acceptance and coping with the feeling of hopelessness. Broom and Kirby (2012) recognise that patients' relatives and close friends have great needs, which can be unnoticed during this difficult period. Ignoring this need may lead to mental health issues and health deterioration over a prolonged period.

Furthermore, there are different individual and cultural interpretations to death and dying (Pahor & Rasmussen, 2009). Nurses are always mandated to represent the values, beliefs and choices of the patients and their families that are often in conflict with their own ethical or moral belief (Chiaranai, 2011). Also, there were professional values and code of conduct that may conflict with patient and/or institutional work ethics, generating ethical dilemma. Conflict of interest might arise when the patient desires do not align with the nurses' beliefs, values and the way they perceive their own role (Hinds, Oakes, Furman, Quargnenti, Olson, Foppiano, & Srivastava, 2001).

# 3 Aim, purpose and Research Question

The aim of this literature review is to amplify the experiences and challenges of nurses involved in palliative care of cancer patients through collaborative teamwork with patient, patient family and other healthcare professionals. The purpose of this research is to provide information for new nurses and nursing students on the importance of collaborative teamwork for cancer patients in palliative care ward

Research questions: What are the experiences of nurses involved in palliative care of cancer patients of collaborative teamwork with patient, patient family and other healthcare professionals.

# 4 Methodology

## 4.1 Literature Review

Researchers are conducting a literature review in order to develop specific questions on topics of interest or hypothesis that should be researched further, and to analyze, identify and combine the different results provided by other authors. (Parahoo, 2014, 82; Rew 2011, 65). Reviewing of literature enables the researcher to make logical assessments from the available knowledge about the topic of interest therefore enhancing the confidence obtained from evidence (Rew, 2021). It also saves other researchers the time to obtain and evaluate these studies themselves (Rew, 2011). Literature review is an important part of any research writing as it helps clarify the reader’s ideas, establish theoretical background for the study and integrate one’s research findings into an existing body of knowledge. Also, it enables the researcher to understand and see how their findings have contributed to the current body of knowledge in their field of specialization (Kumar, 2018, 58; Parahoo, 2014, 89).

Literature review should be done in a systematic manner, using explicit and reproducible method to identify, analyze and synthesis the existing body of completed and recorded work that meet pre-specified inclusion criteria set to answer defined research questions (Fink 2009). While traditional or narrative literature review critiques and summarizes results of different studies, systematic review aims to provide a complete list of all published and unpublished studies relating to the research topic (Aveyard 2014; Cronin, Ryan, & Coughlan 2008). The systematic rigorous step-by-step approach reduces bias compared to other methods, improves the reliability and accuracy of conclusion (Aveyard 2014).

In this study literature review was used to analyze various experiences and challenges of nurses in collaborating with patients, patients' family, and other healthcare professionals during palliative care phase of patients with cancer. This study reviewed research materials relating to the research topic from different countries and health care settings. As such, the results can be applied in different health care settings as it provides a summary of a large body of analyzed research.

## 4.2 Literature search

In this literature review three databases were used to conduct research: CINAHL (EBSCO), Medline and Google Scholar. The key search phrases used were 'nurse–patient relationship', ‘Nurses experiences’, ‘nurse–patient family relationship’, 'nursing role’, ‘palliative care', 'terminal cancer patients', 'process of dying', 'collaborative teamwork', 'palliative care factors', 'pain and symptom control' and their synonyms. Boolean operators “AND” or “OR” were applied. Manual search of palliative care nursing journals and reference lists of papers identified by the search were also considered for the purpose of this study.

Inclusion criteria were established and applied in at the beginning of the search. Table 2 illustrates the inclusion criteria and limitations applied in this study. Limitations used to narrow the search were articles available for JAMK students in full text for, published from year 2000, published in English, abstract available and published in nursing journals.

Table 2: Inclusion Criteria

| PICOS | Criteria |
|---|---|
| Populations | Nurses, Register Nurses, Home care Nurses who are responsible in the care of adult patients or clients of, any diagnosis, gender, nationality, ethnicity or race in palliative care or end of life care or terminal care or dying |
| Interest | Patient centred care, collaboration and teamwork between nurses, the patient and family or nurses with other healthcare professionals |
| Context | Nurses' experiences, perspective or attitude or view of collaborative teamwork in palliative care |
| Search Limitations | Articles published from 2000 till date, full text available to JAMK students, published in English, abstract available, peer reviewed articles published in nursing journals. |

The search started with scope search of the topic with phrase “Palliative care nursing for cancer patient”. At this stage there were 2044 articles found across our databases (EBSCO, Medline and Google scholar). Further down narrowing was done by applying inclusion criteria. Key search phrases were used (“Palliative care or end of life care or terminal care or dying AND cancer patients or oncology patient s or patients with cancer AND family support AND Collaboration in healthcare or collaboration in nursing or teamwork or interdisciplinary relations or nurse-doctor collaboration”) and 250 articles remained after removing duplicates and applying limitations to this research. At this stage, authors sort out titles and excluded 52 articles which did not answer the research question of this study. Authors read abstracts of 198 articles and concluded that fifteen articles answered the research question extensively. The 15 articles that answered the research question thoroughly were selected for the authors to read.

The relevant articles were further subjected to critical appraisal (Hawker et al. 2002) to ascertain the quality of the articles. Every article has been appraised in nine different categories. In each category the highest score point possible is 4= good and the lowest 1=very poor. All together the highest score for article can be 36 points and the lowest 9 points. Nine out of thirteen articles used in this study sored over 30 points in our critical appraisal. The lowest score in our appraisal was 23 points and highest 36. The authors decided not to include any articles with score lower than 20 points. The template of categories and scoring points from Hawker's tool can be found in appendix 4.

Two articles were further excluded because the methodology of their research did not follow evidence-based research standards judging by the critical appraisal. The total number of articles included finally in the data analysis were 13. A summary of the appraised articles is provided in Appendix 1 and 2.

A total of 13 studies were finally included in the study. The 13 articles were analysed, the process was enforced by extraction of themes and sub themes from the articles in an excel file where further analysis took place to ensure that the evidence was well-established. The categories were formed based on the emerging themes from the extracted information. The authors assessed each article critically before comparing the results amongst each other. The selected articles were then coded, indexed, and scored together. Figure 2 below presents a Prisma Flow chart representing the screening process. Although not all the selected articles were directed towards cancer patients, but they can also be applied to this area of care.

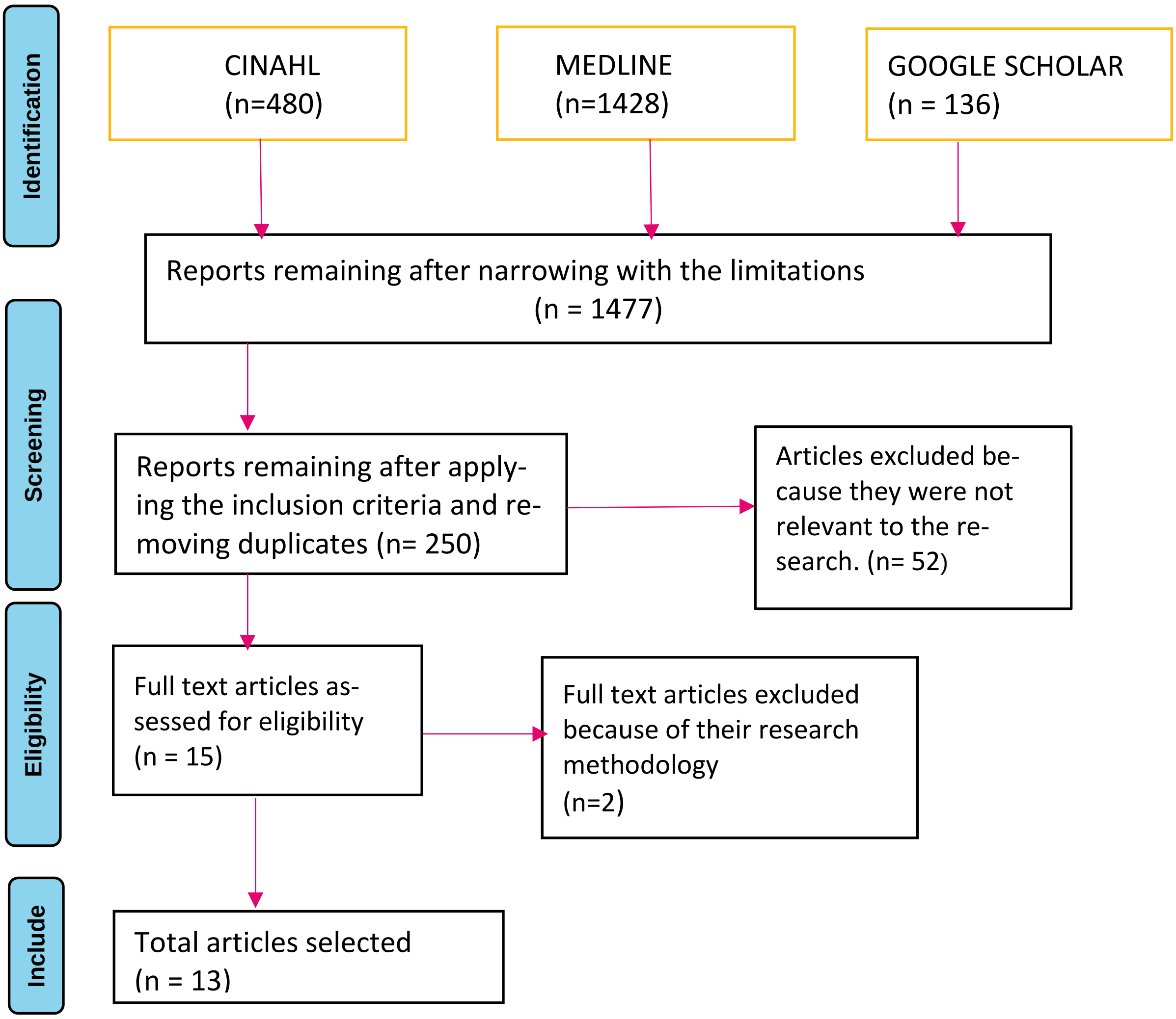

Figure 2: Prisma flow chat

## 4.3 Studies included in the review

The articles reviewed in this study were carried out in different geographical locations. The countries where these articles were published are United Kingdom (5), Sweden (2), Sweden and Slovenia (1), Belgium (1), Australia (1), Indonesia (1), Saudi-Arabia (1), and India (1). The studies were conducted by various approaches including qualitative research design using a case study approach for data collection analysis (Kennedy, 2005; Cowley et al. 2016; Alasiry et al. 2012), three cross sectional qualitative study involving a semi-structured interview (Wilkes & White 2005; Pinto, Bhola & Chandra, 2019; Georges, Grypdonck & De Casterle 2002), a systematic review of both quantitative and qualitative review (Finucane et al. 2017), three qualitative research design with phenomenological approach (Johnston & Smith, 2006;

Pennbrant, Tomaszewska & Penttilä, 2015; Wallerstedt & Andershed 2007 ), two literature review (Kustanti, 2016; Burns & McIlfatrick 2015) and an international cross-sectional qualitative research (Pahor & Rasmussen, 2009). These studies reviewed were conducted to explore the experience and challenges of nurses caring for patients requiring palliative care in all healthcare settings. The summary of the reviewed articles is presented in Appendix 2.

# 5 Data analysis

Data analysis is an important part of a research which is used for processing and summarizing results from the analysed articles that were related to the research questions comprehensively and objectively (Webb & Roe, 2008). Content analysis is one of the approaches that has been frequently used in data analysis for social and health research, including nursing research which offers researchers several advantages (Elo & Kyngäs, 2008).

Data analysis is a research method that can be used with either quantitative or qualitative data, as well as in a deductive or inductive manner with the aim of providing knowledge, new insights, facts, and a call for further research (Krippendorff, 1980). It offers the possibility to analyse and describe data at the same time, and a means of synthesizing studies by categorization and code counting themes (Elo & Kyngäs, 2008). To successfully analysed content, a researcher is required to evaluate and simplify the data by forming categories through which the subject of study is presented in a reliable manner (Kyngäs & Vanhanen, 1999).

The analysis of the research articles was done in three phases simultaneously. These phases were preparation, organizing and reporting (Elo et al. 2008). Before the analysis, both researchers read the collected articles several times to extract the keywords, trends, or themes, which helped outline the analysis.

The preparation phase involved, selecting the unit or theme of the analysis, and then making sense of the data. In this study, the units selected were answers to the research questions. The organization phase included, open coding, creating categories and abstraction. Open coding entailed reading and highlighting the main ideas within selected studies that is in connection with the topic of research, and then coding them based on the content (Elo et al. 2008). Codes were words that summarized the main aspects of each study. In addition, similar codes were grouped together as sub-themes, and themes with similar incidents and events were grouped as the main theme (Elo et al. 2008). Abstraction involved formulating a general description of the research topic by generating categories using content characteristic words. In the final stage, results were analysed and reported (Elo et al. 2008).

Credibility of this research findings was revealed by how well the categories cover the data (Graneheim & Lundman 2004). The information found in the selected reviewed articles were then selected and coded. After coding, the information was chosen based on the identified themes. The data was then read through to identify the content and its relation to the topic. The identified factors from the reviewed articles were grouped into three main categories which include building profession confidence, communication skills and psychological impact on nurse. Below presented in figure 3 is an example of data analysis process (full table of data analysis process can be found in appendix 3).

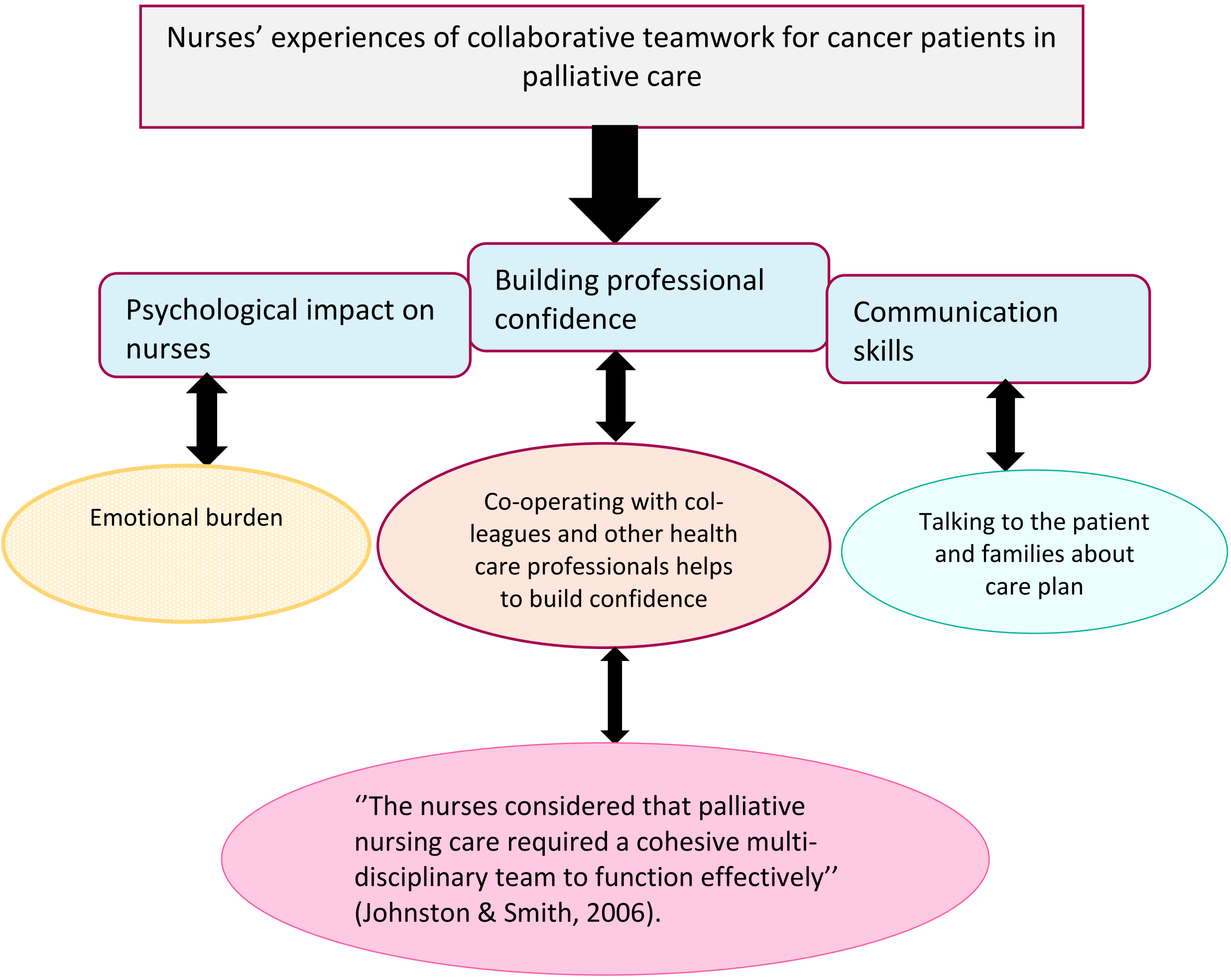

Figure 3: A sample of data analysis process.

# 6 Results

The core ideas that summarise the findings from the articles were grouped together. The experiences of nurses regarding collaborative teamwork between all key players involved in palliative care were illustrated in the table 3. The sub-themes were further expatiated in the text. Most of the studies had specified in their results that there was no significant difference of demographic information such as location, age, and gender to nurses' experiences of collaborative teamwork in palliative care for cancer patients. An effective collaborative network in palliative care influences the quality of care and facilitates a better work experience.

Table 3: The main themes and sub themes analysed.

| | MAIN THEMES | SUB THEMES |
|---|---|---|
| Nurses experiences of collaborative teamwork for cancer patients in palliative care | Psychological impact on nurses | Burnout |
| | | Emotional burden |
| | | Separating work and private life |
| | Building professional confidence | Confidence in the nursing role |
| | | Acknowledgement and positive feedback from patients and relatives |
| | | Cooperating with colleagues and other health care professionals |
| | Communication skills | Talking with the patient and families |
| | | Discussing with other health care professionals |

## 6.1 Psychological impact on the nurse

### Burnout

Nurses in palliative care have experienced various psychological and mental breakdown due to their constant and ongoing contact with patients and their families (Wallerstedt & Andershed, 2007). Nurses with minimal experience lack the necessary training needed to care for cancer patients in palliative care wards and outpatient clinics. They require more training or support from their colleagues to develop their nursing skills. Moreover, lack of experience and knowledge of providing palliative care are considered a big challenge in most of the research reviewed for this study (Wallerstedt, & Andershed, 2007; Wilkes & White 2005; Pinto, Bhola & Chandra, 2019). Some factors, such as increase in workload and shortage of staff in palliative care unit are part of nurses' experiences (Wallerstedt, & Andershed, 2007) and can leads to burnout and exhaustion. Talking about one's feelings to colleagues and other health care professionals can improve the mental state of nurses. On the other hand, not expressing difficult feelings and challenges can lead to degrading in mental state (Pennbrant & Tomaszewsak, 2015).

## Emotional Burden

Sudden death of a patient can lead to an emotional burden because of the deep relationship built with patient and their family during care. Nurses experienced a feeling of inadequacy, frustration, and a deep sense of guilt when the patient dies (Finucane, Lugton, Kennedy & Spiller, 2017). An unplanned end of a relationship with a patient could be described as an emotional burden that can be difficult to deal with. The nurses experience of this kind of unique connection and understanding could contribute to difficulties in letting go of the emotions after the death of a patient (Wallerstedt & Andershed, 2007). Nurses caring for advanced cancer patient in a palliative care inpatient unit also reported a feeling of helplessness as well as loss of control about how best to help the patient (Finucane, Lugton, Kennedy, & Spiller, 2017). Teamwork can help nurses to cope with end-of-life care and reduce their emotional distress and create a feeling of security and safety when dealing with difficult situation (Pennbrant, et. al 2015; Cowley, et al. 2016).

## Separating work and private life

Dealing with patient death frequently can have a negative influence on the patient ability to deliver care. Nurses must take part in different challenging role, not having enough time to practice satisfying and relaxing leisure activity and limited time for reflection on own practice can result in stress. Miscommunication and poor teamwork can lead to work overload which have a negative influence on work satisfaction (Pennbrant et al. 2015). Wilkes & White 2005 agreed with the fact that nurses are always overstressed when there is lack of communication among the care team. A quality palliative care is delivered when the nurse can successfully separate work from personal life (Pennbrant et al. 2015)

## 6.2 Building professional confidence

### Being confident in professional role

Sensitive discussions with patients may reveal issues that can be addressed, for instance, misconceptions or fears. Open and honest discussion with the cancer patient in clear and simple language that is understandable to the patient is very important at this stage of their life (Johnston & Smith, 2006). The possibility of dying and possible deterioration in the patient's condition should be established and communicated clearly as soon as possible with the patient in a sensitive manner. However, knowledge and leadership skills of professional nurses are developed through years of experience in the service as well as a part of their personal development (Johnston & Smith, 2006).

Nurses with many years of work experience showed a high degree of interpersonal relationship skills with patients, families, and work colleagues in palliative care wards. Nurses who had been working for longer time in the same environment experienced great learning opportunities and development. Nurses with more training reported better experiences, better understanding of their responsibilities, increased skills, and confidence in participating in sensitive discussions (Johnston & Smith, 2006).

### Being acknowledge by patients and relatives

Patient satisfaction and positive feedback from patient and family is one way that make nurses feel a sense of fulfilment in their job. The expression of gratitude from the patient and families motivates the nurse to deliver care in a compassionate manner. Nurses who formed therapeutic relationship with patients and relatives experienced gratitude and positive feedback as confirmation of their professionalism (Pennbrant et al. 2015). Such signs of appreciation and gratitude make nurses feel contentment and joy (Pennbrant et al. 2015).

### Cooperating with colleagues and other health care professionals

In palliative care, the decisions made during care and actions must be in line with the patients’ needs and wishes. These needs were constantly reviewed accordingly by the nurses. Collaborative teamwork creates an avenue to work and learn from each other. According to previous studies, verbal and non-verbal communication skills are essential for clarity of purpose and allowing necessary care to be given in the patients’ best interests (Pinto, Bhola & Chandra, 2019; Kustanti, 2016)

From the nurses’ perspective, collaboration with physicians was identified as an essential aspect for cancer patients in different stages of their illness. Most of the nurses' experiences revolved around defining their collaborative role in palliative care and getting the right balance in sharing planned intervention (Kennedy, 2005). Nurses viewed relationships with other colleagues positively, as evidence suggesting that more collaborative relationships result in providing comfort and better care for the patient in palliative care (Burns & McIlfatrick 2015). When the other health care professionals are skilled in collaborating with the nurse, interprofessional collaboration is enhanced. However, the display of hierarchies within the healthcare profession still exists, doctors and physicians often view themselves as superior decision-makers without considering the nurses’ point of view (Wallerstedt, & Andershed, 2007).

## 6.3 Communication

### Talking to Patient and families

Research in palliative care populations has indicated that patients want to discuss their intimacy-related concerns with their care providers. It is suggested that trainings should be explored to include practical ways of incorporating this into assessment and interactions between patients and care providers (Alasiry et al. 2012). Palliative care encompasses the psychological and spiritual support; thus, nurses should respect the cultures values and belief through continuous discussion. It is essential for the nurse to keep an open mind to such dialogs with patients and reflection on any personal or cultural attitudes that could impede such conversations (Alasiry et al. 2012). Pahor & Rasmussen (2009) laid emphasis on respect for the patient cultural differences in understanding death as an essential part of a good palliative care.

### Discussing with other health care professionals

Interprofessional collaborative teamwork is a critical aspect of teams who care for patient with cancer to function effectively (Johnston & Smith, 2006). Collaboration promotes communication with patients and parents, supports decision making, minimizes distress, and optimizes quality of life (Wallerstedt, & Andershed, 2007). Miscommunication between nurses and other medical team can affect the relationship with patients' families particularly when providing unclear goals about plan of care and effectiveness of the care.

In addition, aggressive medical prescription from doctors without any substantial benefit on the patient can frustrate nurses (Georges, Grypdonck, De Casterle, 2002). Therefore, miscommunications can cause conflicts of interest or disagreements between nurses and other medical team which will indirectly affect quality of care. Collaborative teamwork happens automatically when health professions work towards a common goal, providing resources and assistance needed to work in an effective and sustainable way with a clear direction in mind (Burns & McIlfatrick 2015). Kennedy, (2005) concluded that clarifying intentions, anticipation, and a common understanding of direction important. Nurses with several years of experience in palliative care wards and training in communicating with patients, and nurses with higher levels of nurse–physician collaboration reported more positive experiences with communication (Pinto, Bhola & Chandra, 2019). Burns & McIlfatrick (2015) stated that positive experiences with communication and collaboration in palliative care were significantly associated with quality care of the patient and reduced nurse distress

# 7 Discussion

## 7.1 Discussion of results

The result of this study from the articles reviewed established that nurses at the beginning of their career lack adequate knowledge on collaborative teamwork in palliative care for cancer patients.

Based on this analysis, nurses were confronted with certain challenges that affected the quality of care rendered to their patients and relationship with family members. Some of the challenges were: lack of training and resources, being understaffed, burnout, lack of time, poor salary, lack of support and supervision from other experienced nurses, poor teamwork, lack of proper documentation, lack of cooperation, inadequate communication skills and language barrier. Cancer nurses described there typical day of work as very busy, carrying various complex tasks such as different medicine administration while monitoring patients' physiological status and catering for the patients' emotional needs at the same time (Corner 2002). However, Corner (2002) laid emphasis on the inadequate evidence about how stress can fluctuate over time or the factors that can increase stress for nurses in palliative care wards. This factor makes collaborative teamwork more difficult for nurses at the palliative wards when caring for cancer patients.

The nurse must be able to build trust and respect by providing privacy and confidentiality for the dying patient. Regan and Colling (2015) highlighted the positive effect of validation and showing acceptance of the patient's emotions expressed. Understanding the perceived fear can help to calm these situations during palliative care. Nurses who inform the patient of any action that is being done even though some patients may not be able to respond or talk back reported better care outcome and are more appreciated by the family members. Proper record of any decision and communication concerning the treatment goals, plan of care, prognosis and any concerns raised by the cancer patient, or their family should be encouraged (Merlane & Cauwood 2020).

The cancer patient should be involved in decision making process as well as patients relatives according to the desire of the patient. An individual plan of care, which includes nutrition, hygiene, pain management, symptom control and mental support, social and spiritual support is agreed upon between the patient and the nurse. This care should be coordinated and delivered with compassion. However, the  risk of emotional burnout increases proportionally with the increased amount of empathy displayed by nurse towards patients (Potter, Deshields, Berger, Clarke, Olsen & Chen 2013).

Training about palliative care can help nurses to assess the symptoms and early warning signs of a relapse in cancer patients. A therapeutic relationship between the nurse and patient can directly influence nurses' decisions of prioritizing information thereby making rapid intervention from this information (O'Brien, 2000).  Also, shortage of staff reduces the effectiveness of nurses carrying out their nursing intervention. Attending training, educational seminars or even having time and resources that will improve their knowledge of palliative care and the quality of care rendered to their patients should be inculcated.

Nurses desire to give high quality collaborative care to cancer patients in palliative care but they experience certain barriers due to insufficient cooperation, support, time, and resources. However, quality palliative care is achieved by effective communication with patients and their families, providing support, a functioning collaborative teamwork with other colleagues, and personal growth from care (Wallerstedt, & Andershed, 2007).  A diverse theoretical knowledge, hands on skills, emotional sensitivity, and an ethical approach is needed by nurses involved with palliative care (Boston, Towers & Barnard, 2001). Nurses lack guidance, educational training, qualifications to work with patients and their family, as well as the possibility to reflect on their various task (Georges, Grypdonck & De Casterle, 2002). The situation has not changed much since Fisher (1991) who reported the same challenges decades ago.

Nurses are expected to develop their critical thinking as well as decision making skills. The ability to develop a therapeutic relationship with the patient and families is considered a prerequisite to attain and ensure optimal care. Johnston and Smith (2006) findings suggested that nurses working in palliative care wards should have an obligatory interpersonal skills training. In addition to the training, Johnston, and Smith (2006) laid emphasis on educating the palliative care nurses about the psycho-social aspects of palliative care and the important role that effective communication plays that is peculiar to caring for patients.

Different organizations and palliative care units have set up structures and rules to guide care which may conflict with the needs of patients and nurses' ideals at any time. Structural changes and circumstances within the organization can influence nurses' possibilities to fulfill the needs of cancer patients and their families in palliative care. This can reduce the contributing factor to stress and dissatisfaction at work. (Morrissey, Bower, Seponski, Lewis, Farnham & Cava-Tadik 2018). The organization in which palliative care is practiced plays a major role in defining the kind of experiences that nurses are facing. The nurses' view of palliative care is tailored according to the organizational policy which can underate the value of care received by the patient (Georges, Grypdonck & De Casterle, 2002).

Continuous contact with dying cancer patients and many deaths one after the other within a short period of time could be stressful and result in fatigue (Wallerstedt & Andershed 2007). Despite facing all these stressors, the nurses complained of insufficient support from managers and paying no attention to their own physical and mental health (Wilkes & White 2005).

Proper nursing documentation is an important communication tool, not just for nurses but other healthcare professionals because it allows other teams to access what has been done and evaluate what more can be improved to ensure the execution at the right time. This study revealed that high workload has worsen the documentation done by nurses. This lead to increased stress and misplacement of priorities and important tasks (Robinson, Dickinson, Bamford, Clark, Hughes, & Exley, 2013). Hence, inadequate nursing documentation and communication among the teams poses a barrier for nurses to provide safe and quality palliative care for cancer patient. Evidence reveals that there is lack of information for new nurses on what constitutes collaborative teamwork between nurses and patients, nurses and patients' family, nurses, and other healthcare professionals (Pavlish & Ceronsky 2009).

## 7.2 Research ethics, reliability, validity, and generalizability

This process is used for scoring the methodology of an empirical studies to grade them based on the reliability of the results (Hawker et.al 2002). Hawker et. al (2002), appraisal tool assesses nine areas of an article, i.e., abstract and title, introduction and aims, method and data, sampling, data analysis, ethics and bias, results, transferability or generalizability, and implications and usefulness (how important the findings are to policy and practice). The criteria used for scoring the quality of each article is 1 to 4; 4= Good, 3=Fair, 2=Poor, 1=Very Poor. The maximum score for any article is 36 whereas the minimum is 9. Articles scoring above 20 were considered for use in this study and the process is presented in appendix 2

The articles reviewed for this study contain sufficient information about the ethical considerations. All the articles were approved by the Ethics Committee in Research and from the hospitals. Ribeiro da Silva et.al., 2018; Georges et al., 2002 & Pinto et. al., 2019 informed the participants about the purpose of the study, a free and informed consent form was signed. Ribeiro da Silva et.al., (2018); Johnston & Smith (2006), went further to discuss about confidentiality and the possibility of interrupting and withdrawing their participation without any kind of harm to the patient. Furthermore, Pahor and Rasmussen (2009) did not expatiate with enough details on how the research was explained to participants in a way that readers can assess whether ethical standards were maintained. The articles stated that the autonomy of the patients included for the studies were put into consideration, they made sure that only the patients who are in the right frame of mind were included and consent was not influenced by external factors like pain, medications, mental instability etc. Some of the articles included patient privacy and confidentiality in their ethical considerations (Wallerstedt & Andershed 2007; Georges et al., 2002; Pennbrant et. al., 2015; Johnston & Smith 2006).

The criteria for inclusion and exclusion in the studies were thoroughly explained in all the articles. Lastly, both Ribeiro da Silva et.al., 2018; Georges et al., 2002 obtained a written consent from every participant while Alasiry et. al., (2012) offers no information on written consent but only informed consent was taken. Kennedy (2005) reported that major ethical principal to be considered while conducting qualitative research were autonomy, beneficence, and justice. In their study, autonomy was regarded as participants being able to exercise their rights as autonomous persons to voluntarily accept or refuse to participate in the study at any point in time. While beneficence was said to be doing good for others and preventing harm by enforcing the confidentiality and anonymity of the participants. Justice was referred to the ability of the research to recognise the vulnerability of the participants and their contributions to the study and avoiding exploitation and abuse of such participants. (Orb, Eisenhauer, & Wynaden, 2001). Peter (2015) also agreed that participants are frequently quite vulnerable and require protection because the data collection methods like interviews, can lead to personal and politically charged matters. Standard qualitative research should always include a detailed incidents and ethical issues encountered in the studies to ensure discussion, analysis, and prevention of future mistakes by other researchers. In conclusion, the research articles have put into considerations some ethical principles mentioned above. However, Ribeiro da Silva et.al., 2018 have provided a detailed description on their article.

For the reliability and validity of this research according to Newell & Burnard (2010), two students from the nursing department of Jyvaskyla university of applied science were involved in its writing. Original studies were reviewed and analysed from the person's point of view of both authors to avoid bias in the results gotten. Also, the authors of this research are nursing students that had practical trainings and experiences of patients with terminal illness in different practice placements and hospitals. This study can be generalized to not only cancer patient thus can be applied to other patients in end-of-life care. Correct writing process were duly employed by both authors with guidance from the supervising teacher. Also, avoidance of plagiarism was considered as the authors ensure that the findings were rightly interpreted. Diverse data sources have been reviewed during this research, hence avoiding bias, and taking a wider scope through defining the criteria for articles selection, language, years of publication, etc. as described in section 4.2. This has helped in eliminating biases that, in most cases, would increase the chances of applying illegitimate research strategies. None of the personal data were collected during the research. Therefore, there is no risk of breaking the confidentiality and maintain this research within the high ethical standards. The authors carried out an independence data search for the purpose of this study. Findings were compared and analyzed together, thereby increasing the validity of this research

However, there are some limitations to this study. The main problem was the lack of significant amount of research done about palliative care specifically related to cancer patients. Only 13 articles have answered research question available, since JAMK does not have full text access to all published studies. This shows the need to further research this topic not only from nurses' point of view but also patients and their family. While discussing the findings and authors own experience with providing the palliative care during practical training authors cultural differences has come to light. Both authors come from different nationalities and cultural background with completing their studies in another cultural setting. This has influenced their views on palliative care and highlighted difference in its implementation in different countries. While both authors have tried to stay objective to the topic to reach a consensus, some subjective opinions could still affect our discussion. Varying cultural beliefs and language bias could affect the application of these results in clinical practice.

Data collected in this study come from different nursing environments and cultures from various rural and urban areas from varied countries. Based on that factor, the findings could be generalized. However, the research sample was small and some of the research used in this study dates to the beginning of the twenty first century and have not been updated since. Therefore, we cannot generalize if nurses experience in providing palliative care for cancer patient have improved since.

# 8 Conclusion

In conclusion, the articles analysed during this research established the experiences and challenges of a professional palliative care nurses as interpersonal skills, willingness to listen to the patients need, being available for the patient, showing concern to the families and recognizing the patient need for control. Academic courses and trainings need to be organised in schools to prepare nurses for palliative care, these programs should include communication skills, pain and symptoms recognition, clinical care needs, and care management strategies for effective collaborative teamwork in palliative care for cancer patients. Some nursing schools have included this kind of training in their curriculum, but it is not enough therefore organisations should also train and support new nurses to strengthen their knowledge about collaborative teamwork.

Furthermore, the research that focuses on the experiences of nurses involved in palliative care for cancer patient are limited. The skills and strategies necessary to build and sustain an effective collaboratives team for cancer patients during palliative care are not being taught in schools. Nurses may need to increase efforts to change patient and family misconceptions and false hopes about the goals of palliative care services. The psychological, social, spiritual, physical aspect of palliative care should be taken into consideration, and this can only be achieved through collaborative teamwork.

Continuous studies should be carried on ethical dilemma about nurse, patient, and family members experiences in patients urge to control the time and conditions of death. Variety of ones’ values, cultures and religion can significantly influence patients’ decision and actions. (Volker, 2001). Therefore, nurses should be prepared to respond to patient requests in a kind, compassionate and helpful way that is respectful for both the patient's and the nurse's values.

This present study shows the complexity of nurses’ duty in collaborative teamwork in palliative care wards for cancer patients. The limited studies about nurses' experiences of an effective collaborative teamwork in palliative care for cancer patient makes it difficult to draw conclusions in this area. This study has generated more questions and can be a basis for further research

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# 9 Research Articles

## Appendix 1.

Table of Reviewed Articles

| **Authors, (Year), Country** | **Purpose and Aims of the Study** | **Research Methods or Instrument** | **Sample (*n*)** | **Validity / reliability** | **Main results** | **Critical appraisal (Hawker et. al 2002)** |
|---|---|---|---|---|---|---|
| Pennbrant, S.,<br>Tomaszewska, M.,<br>& Penttilä, G. L.<br>2015 | To outline nurses' experiences of caring for palliative-stage patients in a hospital setting. | A qualitative study. Data were gotten from nurses interviewed individually. | Six nurses in the oncology care ward at a hospital in western Sweden | The findings are reliable and can be related to other nurses. However, cannot be generalised to all nurses because the study | Teamwork provides a sense of safety when handling difficult situations and taking difficult decisions | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Sweden | | | | population comprised only women. | | **36** |
| Johnston, B. and Smith, L.N.<br>Scotland | To better understand in what manner nurses are working in palliative care ward I academic hospitals. How they perceive their role and obtain ideas on what problems do they encounter. What are the patients' attitudes towards palliative care nurses and the concept of the expert palliative nurse? | Qualitative study. | 22 nurses and 22 dying patients participated in recorded in-depth interview | The findings are reliable and can be related to other patient in palliative care. However, cannot be generalised to all patients, only those on the list. | Two most important characteristics of an expert palliative nurse were interpersonal skills and qualities such as kindness, warmth, compassion, and genuineness<br>Nurses experience effective and ineffective interpersonal communications, therapeutic relationship and control of pain and distress | **33** |
| Georges, J. J., Grypdonck, M. and De Casterle, B.D. | To explain the practices of nurses working in academic hospital in palliative care ward and how they comprehend their role and | Qualitative research. | Semi-structured interview with 10 nurses working on the ward | The findings are reliable that can be generalised because sampling of nurses was random from two | The nurses defined their role in care as reporting of observations and treatment | **32** |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2002<br>Netherlands | what problem do they need to solve | | over a period of 35days | different hospital and 2 different hospices | of signs and symptoms | |
| Kennedy, C.<br>Scotland | To determine the role of district nurse in providing care for cancer patients within palliative care | Qualitative research. | Observation of three district nurses at their patients visits and in-depth interview. | The findings are reliable, but it cannot be generalized as the small number of cases were included. | District nurses as the main providers of palliative care at home. Unfortunately, there is little research done on this subject to fully understand their role. DN are the managers of the palliative care for care at home and providers of emotional and physical support. | **31** |
| Wilkes, L. and White, K. | To better understand what support specialist palliative care nurses are providing for family members of cancer patients | Cross sectional qualitative study. | Semi structured interview with participants derived in two groups (nurses | The results are reliable and can be generalized when discussing | Lack of 24h service availability, distance, and insufficient amount of equipment are just main challenges that nurse are | **32** |

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|---|---|---|---|---|---|---|
| Australia | | | and family members) | palliative care in rural areas. | facing. It is important for nurses to educate and support the patients and families | |
| Alasiry, S., Alshehri, H., Medin, J. And Hagelin, C.L.<br>Sweden | To analyse nurses' experience carrying for critically ill patients in an intensive care unit in Saudi Arabia | Qualitative study | Semi-structured interviews with nine participants | The findings are reliable and possibly transferable. However, due to small sample group located only in one hospital and luck of other studies its transferability and generalization cannot be confirmed. | Palliative care in ICU is challenging. To fulfil all patient needs multi-professional approach is needed. Importance of holistic and patient and its family-oriented care. Language and culture differences as barriers to provide best possible care. | **32** |
| Cowley, A., Evans, C., Bath-Hextall, F., & Cooper, J. | To utilize the patients and health care professionals experiences and perceptions about the care of the | Qualitative review | Literature Review based on qualitative data | The findings are reliable but cannot be generalized because the studies included in the review | To achieve the best quality of live the patients' needs additional support in the | **31** |

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| 2016<br>United Kingdom | patients with cancer in palliative care | | | were from European countries and may not be representative of other health and care context | physical and psychological areas. | |
| Finucane, A.M., Lugton, J., Kennedy, C., and Spiller, J.A.<br>2017<br>United Kingdom | To research what caregiver of terminally ill patients with delirium have encounter while provided with palliative care for their family members. To establish what part in providing care does caregivers managed of delirium at the end of life as well as determine what kind of support do they need. | Literature review | 33 articles from three different databases assessed individually by two of the authors. | The findings cannot be generalized as the articles used in literature review were written in different countries and different health care settings. However, the findings are reliable. | The results are focused on experience, role, and support of caregivers of patient experiencing delirium in palliative care settings. Distress and negative emotions of caregivers were highlighted in the review. | **33** |
| Pinto, N., Bhola, P. and Chandra, P.S. | To explore health-care providers' perceptions of the interpersonal needs, psychological needs, and unfinished business among | Cross-sectional qualitative study. | Semi structured interviews and focus group discussion Group of 11 health | The findings are reliable however it cannot be generalized as study group was chosen | Psychological needs and concerns, Interpersonal connections, and unfinished business were the main | **29** |

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| 2019<br>India | terminally ill cancer patients during the end-of-life care. | | care providers including physician, social workers, counsellor, and end of life care nurse | only from two end of life centres in southern region. Different needs could apply in different regions of India. | themes stressed out by the health care workers. | |
| Kustanti, C.Y.<br>2017<br>Indonesia | To gather the experiences of nurses taking care of patients in end of live stage in both palliative and non-palliative care settings | Literature review | 34 articles from different databases published between 2006 and 2016 | The findings are valid and can be generalised. | Four categories were created based on the nurses' experiences. Needs of patients and caregivers, perceptions towards palliative care, the challenges and sources needed in delivering end of life car. | **23** |
| Wallerstedt, B. and Andershed, B. | To interpreted nurses' experiences in caring for | Qualitative study | Recorded interviews with nine | The findings are valid and could be generalized Nordic countries. | Nurses have a strong ambition to deliver the best quality care for dying patients and their family. On the | **32** |

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| 2007<br>Sweden | gravely ill and dying patients in outpatient settings | | nurses from different clinical settings | | other hand, they experience dissatisfaction connected to lack of support, cooperation, and resources. | |
| Burns, M. and McIlfatrick, S<br>2015<br>United Kingdom | To examine the evidence on nurses' knowledge and attitudes to pain assessment in older people with dementia | Literature review | 11 research articles from different databases. | The findings are valid. However, they cannot be generalized as majority of data was acquire from long term care places and attitudes and experiences of nurses in different settings could differ. | Pain assessment in dementia patient is challenging. Access to appropriate training and resources will allow nurses to better assess and evaluate pain and result in better pain management. | **29** |
| Pahor, M. and Rasmussen, B. | To discuss and attempt to develop innovative forms of palliative care education: for an international, | An international cross-sectional qualitative study | 44 students from two different countries | Findings are valid but cannot be generalized due to sample size and fact that it | Interprofessional approach has enhanced an understanding of | **27** |

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| 2009<br>Slovania and Sweden | interprofessional group of students. | | and different study fields. | was based only in two countries. | other professional importance in palliative care | |

## Appendix 2

Critical Appraisal Review for selected articles (Hawker et al, 2002)

| Author | Abstract/ Title | Introduction & aim | Method and data | Data analysis | Sampling | Ethics | Result | Transferability or generalizability | Implication and usefulness | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Cowley, et al. 2016 | 4 | 3 | 4 | 3 | 4 | 2 | 4 | 3 | 4 | 31 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pennbrant, S., Tomaszewska, M., & Penttilä, G. L. 2015 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 36 |
| Burns, M. and McIlfatrick, S. 2015 | 4 | 4 | 4 | 4 | 2 | 1 | 4 | 3 | 3 | 29 |
| Wallerstedt, B. and Andershed, B. 2007 | 4 | 4 | 3 | 4 | 4 | 2 | 4 | 4 | 3 | 32 |
| Johnston, B. and Smith, L.N. 2005 | 4 | 4 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 33 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pinto, N., Bhola, P. and Chandra, P.S. 2019 | 4 | 4 | 3 | 3 | 3 | 1 | 4 | 3 | 4 | 29 |
| Finucane, A.M., Lugton, J., Kennedy, C., and Spiller, J.A. 2017 | 4 | 4 | 4 | 4 | 4 | 1 | 4 | 4 | 4 | 33 |
| Alasiry, S., Alshehri, H., Medin, J. And Hagelin, C.L 2012 | 4 | 3 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 32 |
| Wilkes, L. and White, K 2005 | 4 | 4 | 3 | 4 | 3 | 2 | 4 | 4 | 4 | 32 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Kennedy, C. | 4 | 4 | 3 | 3 | 3 | 4 | 4 | 3 | 3 | 31 |
| Kustanti, C.Y. 2017 | 3 | 3 | 3 | 3 | 1 | 1 | 3 | 3 | 3 | 23 |
| Georges, J. J., Grypdonck, M. and De Casterle, B.D. 2002 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 3 | 4 | 32 |
| Pahor, M. and Rasmussen, B. 2009 | 4 | 4 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 27 |

# Appendix 3

Table: Selected themes during the data analysis process

| **Themes identified from the research articles.** | **Sub Theme** | **Main themes** |
|---|---|---|
| Expression of gratitude from patients and relatives<br>Positive responses<br>using oneself and one's experiences when providing care<br>separating own feelings from those of the patient<br>Nurses with little experience of the provision of palliative care experienced anxiety and insecurity in their professional role<br>Constant teamwork<br>being available and present for patients and family<br>caring attitude<br>confidentiality and privacy<br>acting has a link between patient and health professionals<br>meeting the needs of patients<br>lack of professional experience | Confidence in the nursing role<br>Acknowledgement and positive feedback from patients and relatives<br>Cooperating with colleagues and other health care professionals | **Building professional confidence** |
| Good nurse-patient relationship | Talking with patient and family | **Communication skill** |

| | | |
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| fear, anxiety, and uncertainty about the future<br>speaking about sensitive subjects, such as suffering and death.<br>Cooperation and understanding<br>Sensitive to patient feeling<br>Support and closer family connection<br>Attentiveness and thoughtfulness<br>Providing information and facilitating communication with the team<br>Cultural diversity | Discussing with other healthcare professionals | |
| Talking about one's feelings to colleagues and other health professionals<br>Training<br>Dealing with patient death<br>satisfying and relaxing leisure activity<br>Having time for reflection on own practice<br>Mental breakdown<br>Getting support from colleagues is a source of strength | Emotional burden<br>Separating work life and private life<br>Burnout | **Psychological Impact on the nurse** |

# Appendix 4

Hawkers' critical appraisal tool.

| | |
|---|---|
| 1. Abstract and title | Did they provide a clear description of the study?<br>Good Structured abstract with full information and clear title.<br>Fair Abstract with most of the information.<br>Poor Inadequate abstract.<br>Very Poor No abstract. |
| 2. Introduction and aims | Was there a good background and clear statement of the aims of the research?<br>Good Full but concise background to discussion/study containing up-to date literature review and highlighting gaps in knowledge. Clear statement of aim AND objectives including research questions.<br>Fair Some background and literature review. Research questions outlined.<br>Poor Some background but no aim/objectives/questions OR aims/objectives but inadequate background.<br>Very Poor No mention of aims/objectives. No background or literature review. |
| 3. Method and data | Is the method appropriate and clearly explained?<br>Good Method is appropriate and described clearly (e.g., questionnaires included). Clear details of the data collection and recording.<br>Fair Method appropriate, description could be better. Data described. Poor Questionable whether method is appropriate. Method described inadequately. Little description of data.<br>Very Poor No mention of method, AND/OR Method inappropriate, AND/OR No details of data |
| 4. Sampling | Was the sampling strategy appropriate to address the aims?<br>Good Details (age/gender/race/context) of who was studied and how they were recruited. Why this group was targeted. The sample size was justified for the study. Response rates shown and explained.<br>Fair Sample size justified. Most information given, but some missing. Poor Sampling mentioned but few descriptive details.<br>Very Poor No details of sample. |

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| 5. Data analysis | Was the description of the data analysis sufficiently rigorous?<br><br>Good Clear description of how analysis was done. Qualitative studies: Description of how themes derived/ respondent validation or triangulation. Quantitative studies: Reasons for tests selected hypothesis driven/ numbers add up/statistical significance discussed. Fair Qualitative: Descriptive discussion of analysis. Quantitative.<br>Poor Minimal details about analysis.<br>Very Poor No discussion of analysis. |
| 6. Ethics and bias | Have ethical issues been addressed, and what has necessary ethical approval gained? Has the relationship between researchers and participants been adequately considered?<br><br>Good Ethics: Where necessary issues of confidentiality, sensitivity, and consent were addressed. Bias: Researcher was reflexive and/or aware of own bias.<br>Fair Lip service was paid to above (i.e., these issues were acknowledged).<br>Poor Brief mention of issues.<br>Very Poor No mention of issues |
| 7. Results | Is there a clear statement of the findings?<br><br>Good Findings explicit, easy to understand, and in logical progression. Tables, if present, are explained in text. Results relate directly to aims. Sufficient data are presented to support findings.<br>Fair Findings mentioned but more explanation could be given. Data presented relate directly to results.<br>Poor Findings presented haphazardly, not explained, and do not progress logically from results.<br>Very Poor Findings not mentioned or do not relate to aims. |
| 8. Transferability or generalizability | Are the findings of this study transferable (generalizable) to a wider population?<br><br>Good Context and setting of the study are described sufficiently to allow comparison with other contexts and settings, plus high score in Question 4 (sampling).<br>Fair Some context and setting described, but more needed to replicate or compare the study with others, PLUS fair score or higher in Question 4.<br>Poor Minimal description of context/setting.<br>Very Poor No description of context/setting. |

| | |
|---|---|
| 9. Implications and usefulness | How important are these findings to policy and practice?<br>Good Contributes something new and/or different in terms of understanding/insight or perspective. Suggests ideas for further research. Suggests implications for policy and/or practice.<br>Fair Two of the above (state what is missing in comments).<br>Poor Only one of the above.<br>Very Poor None of the above. |