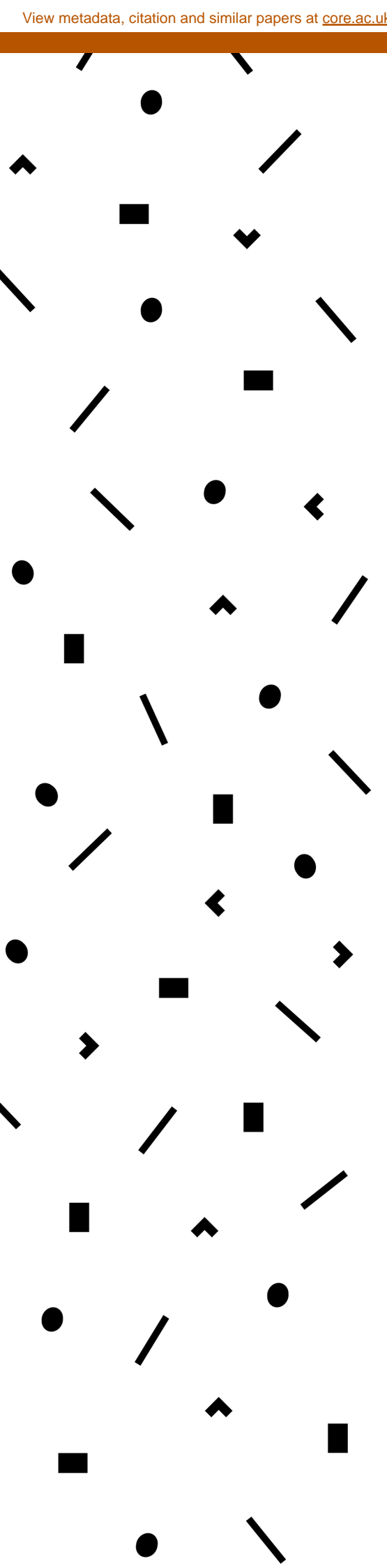


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CHALLENGES THAT NURSES FACE IN OFFERING EFFECTIVE PALLIATIVE CARE FOR THE ELDERLY

A LITERATURE REVIEW

LAHTI UNIVERSITY OF APPLIED
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Challenges That Nurses
Face in Offering Effective
Palliative care for the
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ABSTRACT

The aim of this thesis is to gather and summarize the challenges that nurses undergo while offering care to the elderly in palliative care. The purpose of this thesis was to bring out the challenges that nurses face in offering palliative care to the elderly. This can help in finding solutions to these challenges and to help nurses have coping mechanisms to make palliative care more effective.

The articles that were used in the thesis were obtained from CINAHL, PubMed and Elsevier Science Direct. Selection of the appraised articles was carried out using the inclusion and exclusion criteria. In addition, the articles which were selected had full text access, answered the research questions, were peer-reviewed, were related to the research topic, were scientific based, published between 2010 and 2018 and their language of publication was English.

A thematic analysis of the six selected articles was carried out for the purposes of identifying patterns of meaning and significance of the data in relation to the research questions. Data from the selected articles was grouped into five themes that included; stress from family and friends, nurse-patient relationship and emotional attachment, time management, inadequacy of resources and communication.

Upon analyzing the appraised articles in line with the identified themes, it was discovered that indeed nurses play an integral role in offering effective palliative care. However, there are several challenges that they face in offering effective palliative care. These challenges include stress from family and friends, poor time management, poor patient-nurse relationship and emotional attachment, inadequate resources and poor communication. The thesis suggested ways to eliminate the challenges that prevent nurses from offering effective palliative care.

Lahden ammattikorkeakoulu

Hoitotyön koulutusohjelma

JULIET, ODHIAMBO; MERCY, RUTTO

Sairaanhoitajien
kohtaamat haasteet
ikäntyvien
palliativisessa
hoitotyössä

Hoitotyön opinnäytetyö,

36 sivua, 4 liitesivua

Kevät 2018

TIIVISTELMÄ

Opinnäytteemme tavoitteena oli kuvata haasteita, joita sairaanhoitajat käyvät läpi, kun he hoitavat vanhuksia palliativisessa hoidossa. Työmme tarkoitus on auttaa hoitajia löytämään ratkaisuja näihin haasteisiin ja kehittämään laadukkaampaa palliativista hoitotyötä.

Opinnäytetyössämme käyttämämme artikkelit etsittiin CINAHL, PubMed ja Elsevier Science Direct tietokannoista. Artikkelit kirjallisuuskatsaukseen valittiin käyttäen seuraavia mukaanotto ja poissulku kriteereitä: Artikkeleissa oli koko teksti saatavilla, ne vastasivat tutkimuskysymyksiin, olivat vertaisarvioituja tieteellisiä artikkeleita, jotka liittyivät tutkimusaiheeseen, julkaistu vuosien 2010 ja 2018 välillä ja julkaisukielenä oli englanti.

Valittujen kuuden artikkelin tulokset analysoitiin temaattisella analyysillä, jotta tutkimuskysymyksiin saatiin vastaukset. Analyysin tuloksena saatiin viisi teemaa, jotka olivat: perheen ja ystävien aiheuttama stressi, hoitajapotilas -suhde, kiintyminen, aikataulut, resurssien ja kommunikaation riittämättömyys.

Yhteenvetona voidaan sanoa, että hoitajilla on erittäin olennainen rooli palliativisessa hoidossa. Hoitajille eteen tulevia laadukkaan palliativisen hoitotyön haasteita ovat perheen ja ystävien aiheuttama stressi, huono ajankäyttö, heikkolaatuinen hoitajapotilas suhde, kiintymys, riittämättömät resurssit ja huono kommunikaatio. Kirjallisuuskatsauksen avulla löytyi keinoja eliminoida eli poistaa haasteita, jotka estävät hoitajia tarjoamasta laadukasta palliativista hoitoa.

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1.1 INTRODUCTION

All health care professionals are entitled to ensure the safety of clients and patients by providing them with maximum care as well as improving their living conditions. All the efforts of health care givers focus on prolonging the life of the patients and clients by helping them cope with their various conditions (Northouse, 2012). However, nursing care is critical when it comes to patients who have life-threatening diseases and conditions that may include cancer, chronic pulmonary diseases, and chronic cardiovascular diseases, among others. The life-threatening diseases that researchers have proven to have mere chances of recovering or healing are almost impossible.

When certain diseases have gone beyond a life-threatening level, the only available option of care for the patients and clients is through the management of the symptoms that are associated with the diseases, giving the patients hope as well as enhancing the quality of their lives (Gasser, 2014). Palliative care is therefore the efforts by nurses and other health care professionals that are aimed at preparing elderly patients and clients for the death that awaits them. The care for the patients can be physical, mental or even spiritual (Alliance, 2014). All these efforts focus on alleviating the suffering and pain for the elderly with diseases that have gone to the terminal stages.

Studies have proven that coping with the terminal illnesses brings about grief, pain and anxiety among the patients can negatively affect the mental well-being of the elderly patients. The studies have further noted that the patients can suffer from depression, dependency, fear, anxiety, loneliness, low self-esteem, anger, guilt, denial, among others (Gómez-Batiste, 2014). The thought of approaching the end of life causes many psychological problems that can even worsen the disease-activity among patients.

Health care professionals identified the need for palliative care and they embarked on efforts to maintain the quality of life of the elderly, manage the pain and suffering as well as treat the symptoms of the terminal diseases because the diseases are not curable (Sherman, 2010). Refer patients diagnosed with terminal or life-threatening illnesses or those with progressive disease patterns to palliative care.

Palliative care does not only affect the patient and their loved ones but also the health care professionals. Nurses have the responsibility to handle the difficulties that patient face in palliative care as well as their professional and personal issues in ensuring that effective palliative care is provided (Woo, Maytal et al, 2006). This literature review study aims at identifying the challenges that nurses face in offering effective palliative care.

2 THEORETICAL BACKGROUND

2.1 Palliative Care and Effective Palliative Care

Palliative care is an approach of care given by health care professionals to both patients and the families of those suffering from progressive, terminal and life-threatening diseases (Zimmermann, 2014). The life-threatening diseases include diseases such as cancer, HIV/AIDS, chronic cardiovascular diseases, chronic pulmonary diseases, neurological diseases, Alzheimer's, Parkinson's, amyotrophic lateral sclerosis (ALS), and many more (Brugnoli, 2016). It has been noted that in most cases, palliative care is majorly given to the elderly (45 years and above). Palliative care is provided for an unlimited number of years that may not be clear to both the nurse and the patient. When patients are suffering from life-threatening and terminal diseases, the quality of their life is affected and becomes entirely meaningless (Van Mechelen, 2013). Therefore, the main principle behind palliative care is the maintenance of life quality and life meaningfulness of the elderly together with his or her family.

To ensure effective palliative care, all the elderly needs should be fulfilled through provision of the most suitable care as well as making sure that the patient has the kind of death that he or she wishes for (Luckett, 2014). In effective palliative care, the health care professionals do not only measure and treat the body functions of the patient but instead, more emphasis is placed on comforting the patients, listening to him or her and always being available and present for the patient. A palliative care patient should be treated in a unique and special way that makes him or her feel respected, valued and cared for. The patient should never be treated like a reject. At this stage, the patient is going through a life-threatening or progressive disease; he or she not only fears the event of death but also struggles with both physical and mental pain. Pain of separation from his or her family lives as well as low self-esteem from all the changes they experience in their body (Frey, 2012).

The health care professionals should be able to take care of the feeling of guilt and shame that comes along with the life-threatening and progressive diseases. The health care professionals should effectively handle the worries and feeling of anxiety of elderly patients. Effective palliative care goes in line with the law of patient's rights that states that a patient has the right to receive quality care that must be planned together with the patient (Rabow, 2013). All decisions in the palliative care must involve the patient, the caregiver and the family of the elderly.

2.2 End of Life Care

End of life care is the care as well as the support given to patients who are in their phase of life or rather are in the last months or years of their life because of a progressive, terminal or life-threatening disease (Robinson, 2013). Every human being is entitled to die with dignity and end of life care ensures that this is maintained. Health care professionals and nurses particularly are supposed to provide maximum care to patients who are at the end of their lives by constantly asking them about their preferences, wishes and the support they need as they come to the end of their lives. There is a lot of pain and mental stress that comes along with the fact that life is ending. Therefore, the patient should be given maximum care and support either at home or in a care facility.

Different health and social care professionals dispense end of life care, but it entirely depends on the needs of the patient. Nurses and doctors are part of the team that is involved in palliative care. They ensure that the patient with the terminal or life-threatening diseases receives maximum medical care (Goodman, 2010). In palliative care, doctors and nurses are concerned with managing the symptoms and treating the pain associated with a particular disease. On the other hand, social care staff including the counsellors, chaplains, occupational therapists, physiotherapists and other complementary therapists are quite important in ensuring that the patients receive maximum mental care, psychological, spiritual, emotional and any other form of social care needed by the patients with the life-threatening

diseases (Torvinen, 2013). Close family members and friends can also be involved in caring for the terminally ill patients.

2.3 Palliative Care in Finland

All over the world, there has been an increase in the number of people and particularly the elderly with terminal and life-threatening diseases. Consequently, the demand for palliative care has been on the rise (Brugnoli, 2016). The scenario is not different in terms of how things are in Finland. Reports have revealed that there has been an alarming increase of patients in need of palliative care in Finland (Nakanishi, 2015). This is because of the increase in the number of people suffering from progressive, terminal and life-threatening diseases. It is rather unfortunate to note that palliative care in Finland is not fully functional. Although progressive, terminal and life-threatening diseases are on the rise, the palliative care systems are not quite effective. The Finnish National Board of Health has however, issued special and strategic instructions for palliative care (Stubblefield, 2013). Unfortunately, the health care professionals and other social groups have not taken effective action of maintaining and improving the quality of life of the terminally ill patients. There is a need to further develop the palliative care sector by educating health care workers in order to ensure that the principles of palliative care are exhaustively merged with all areas of health care provision and medical practice.

The biggest challenge in Finland as far as palliative care is concerned is the fact that the health workers are not appropriately trained in palliative care. Those patients who are living in their final months or years because they suffer from the terminal conditions do not receive the appropriate care and support. These patients often succumb from the physical, mental, emotional and spiritual stress and pain. The patients suffer from the pain, anxiety, fear and depression because health care workers and other social groups are not able to give them the required support and care (Lynch, 2013). Some health care professionals dismiss the final needs of the

terminally ill patients soon after they make the discovery. There are also no clear guidelines and standards in Finland for palliative care (Hänninen, 2015). As a result, the patients are subjected to unnecessary yet manageable pain in their final days of life. However, there have been campaigns geared towards palliative care awareness and this has led to developments including training campaigns for health care professionals (Lynch, 2013). People deserve comfort, care, support and peace in their final days. (Hänninen, 2015)

2.4 Palliative Care Team

A palliative care team is composed of a general practitioner or a family doctor, nurse, palliative care specialist or physician, cancer specialist, heart specialist, counselor or psychologist, spiritual care practitioner, social worker, among other care and support givers (O'mahony, 2010). The palliative care team is entitled to assisting the patient, the family and close friends during the final days of life. Usually, the size and the complexity of a palliative care team heavily depend on the needs of the patient.


The palliative care team provides any kind of assistance and care for those patients who have progressive, terminal and life-threatening diseases (Klarare, 2013). In normal circumstances, the palliative care team attends to the patients who are within a particular palliative care facility or based on special appointments. On the other hand, a palliative care team visits the patients in their respective homes. All the members of the palliative team liaise and coordinate with one another in the process of care to enhance maximum care and comfort for patients. Nurses and other health care professionals are concerned with ensuring that patients receive and access to medicines and other treatments for pain and symptom relief. In addition to that, the palliative care team are entitled to help patients recover from any fears, conflicting emotions, guilt, and worries (Nakanishi, 2015).

2.5 Ethical Issues in Palliative Care

While carrying out palliative care, nurses and other health care professionals are faced with lots of challenges as they endeavor to provide care to the elderly. Ethics are the guidelines and codes that are provided for physicians as they carry out their daily duties and responsibilities. In palliative care, the palliative care team is normally faced with issues related to decision-making, autonomy, and all aspects of palliative care (de Caestecker, 2012). During palliative care, various ethical issues are supposed to guide the palliative care team in supporting and caring for the terminally ill patients as in table1 below.

Table 1.

Ethical guidance for the palliative care team
<ul style="list-style-type: none"> ❖ Clinical integrity where the palliative care team should and must care for the whole person. ❖ The palliative care team should respect the decisions of the terminally ill patients. ❖ The needs of the patient, his or her family, and friends should always come first and treated with urgency. ❖ The palliative care team should ensure that the treatment method and the care given to the patients achieve maximum benefit to the patient ❖ The dignity of the patients should always be upheld. ❖ The palliative care team should be true and honest to the patients. ❖ A patient under palliative care has the right to choose or refuse the treatment given by the palliative care team. ❖ All the fundamental rights of terminally ill patients should be respected throughout the process of palliative care (Ko, 2011).



2.6 Nurses Role in Palliative Care

An interdisciplinary team supports the care of body, mind and spirit for the elderly suffering from terminally ill diseases. However, nurses have been identified as the most reliable team in giving the palliative care. As a matter of fact, much of the palliative care training is mainly focused on nurses. Nurses are the key players in maintaining and improving the quality of life of the terminally ill patients (Ferrell, 2014). It was pointed out earlier that as much as the treatment of the progressive, terminal and life-threatening diseases cannot be stopped. However, the symptoms of the disease are still experienced by the patients. In many scenarios, the symptoms are painful, and it subjects the patients to a lot of suffering. Nurses play the role of managing the symptoms of the diseases to ensure the comfort of the patients.

Nurses who work in palliative care set-ups manage the severe pain and symptoms of the disease as well as communicating to relevant personnel concerning the seriousness of the disease (Nakanishi, 2015). Nurses support patients who have pain, depression, anxiety, fatigue, shortness of breath, constipation, nausea, loss of appetite, difficulty of sleeping, among others. They ensure that the terminally ill patients can tolerate the medical treatments given as well as improving the understanding of options of the treatment given (Balboni, 2012). They also seek to confirm and discuss with the elderly patients whether the options provided match the goals and expectations of the patients. Nurses endeavor to provide care that is culturally sensitive and care that is demanded by family and friends.

3 AIMS, PURPOSE AND LITERATURE REVIEW QUESTIONS

3.1 Aim and Purpose of the thesis

The aim of this thesis is to gather and summarize the challenges that nurses undergo while offering care to the elderly in palliative care.

The purpose of this thesis is that it will be able to bring out the challenges that nurses face in offering palliative care to the elderly. This can help out in finding solutions to these challenges and to help nurses develop coping mechanisms to make palliative care more effective. The findings of this thesis will not only be useful to nurses but will also be helpful to nursing students who wish to do their clinical training in palliative care of the elderly.

3.2 Questions for Literature Review

What are the challenges that nurses face in offering effective palliative care in the elderly?

What are the factors that contribute to the challenges that nurses face when providing palliative care to the elderly?

4 METHODOLOGY

4.1 Descriptive Literature Review

We used descriptive literature review in our thesis. We chose this study design through the guidance of our lecturer. In addition, we believe that we will be able to have wide array or pool of information of the previously conducted research works that are in line with our thesis topic. There is a lot of information in research papers and journals, both published and unpublished. Our main take here is the fact that we want a critical and an in-depth analysis that will consequently help in coming up with clear, resourceful, scientifically sound and convincing results.

Descriptive literature review entails coming up with research questions, selecting pieces of literature that seek to answer the framed research questions, analyzing the results retrieved from the appraised literature, grouping the literature into themes and finally assessing the compiled literature with an aim of answering the research questions that are in line with the topic of study (Aromataris, 2014). Concisely, descriptive literature review attempts to summarize and present overviews of knowledge that has been gathered from historical and current literature for the purposes of presenting knowledge about a topic, finding evidence where there is none, identifying relationships and characteristics between certain concepts and justifying why a problem or phenomena is worth an additional study.

4.2 Data Search and Collection.

The data search was carried out on 26th of February 2018 by the two authors of this thesis. The search entailed selecting the most appropriate keywords as well as database that were relevant to this thesis. Our data search and data collection encompassed the previous studies that have

been carried out in line with the research topic which is challenges that nurses face in offering effective palliative care in the elderly as well as the raised literature review questions.

Articles to be used in this thesis were obtained from various databases including CINAHL, Pub Med and the Elsevier science Direct. To find the articles that were relevant to our thesis topic and literature review questions, we used key words such as palliative care, nurses' experiences and their synonyms. The search year was limited to the last 8 years to help in accessing the most current search results and sufficient relevant data as shown in table 2 below.

Table 2. Result of literature search

Keywords	CINAHL	PubMed	Elsevier Science Direct
Results			
Palliative care in the elderly	142	312	247
Nurses' experience or view or perspective or attitude	87	107	168
Challenges in palliative care	82	134	126
Effective palliative care	76	122	173
TOTAL	387	675	714

Selecting the articles whose literature would be reviewed in this paper was purely set based on the inclusion and exclusion criteria as illustrated below in table 3. The main aim of using this criterion is to enhance the relevance of the articles in relation to the topic of study and in answering the literature review questions.

4.3 Inclusion and Exclusion Criteria of The Literature Review

After the data search, we further assessed the relevance of the studies by reviewing the articles under inclusion and exclusion criteria. Articles that fell under the inclusion criteria were relevant to the study and they included articles that had full text access, those that answered the research questions, articles that were peer reviewed and articles that were related to the topic of study. In addition, articles published within the last eight years, articles that were scientifically based as well as those that used English language were included. Studies that were not relevant to the study fell under the exclusion criteria and were excluded from the study as illustrated in table 3.

Table 3. Inclusion and Exclusion Criteria of The Literature

Inclusion criteria	Exclusion Criteria
Articles have a full text access	Patients other than the elderly (45 years and below)
Articles answer the research questions	Duplicate studies
Articles are peer reviewed	Publications before 2010
Articles are related to the research topic	Literature not relevant to the research study
Articles published between 2010 and 2018	Publications not available online as free full text
Articles are scientific-based	
The language of publication is English	

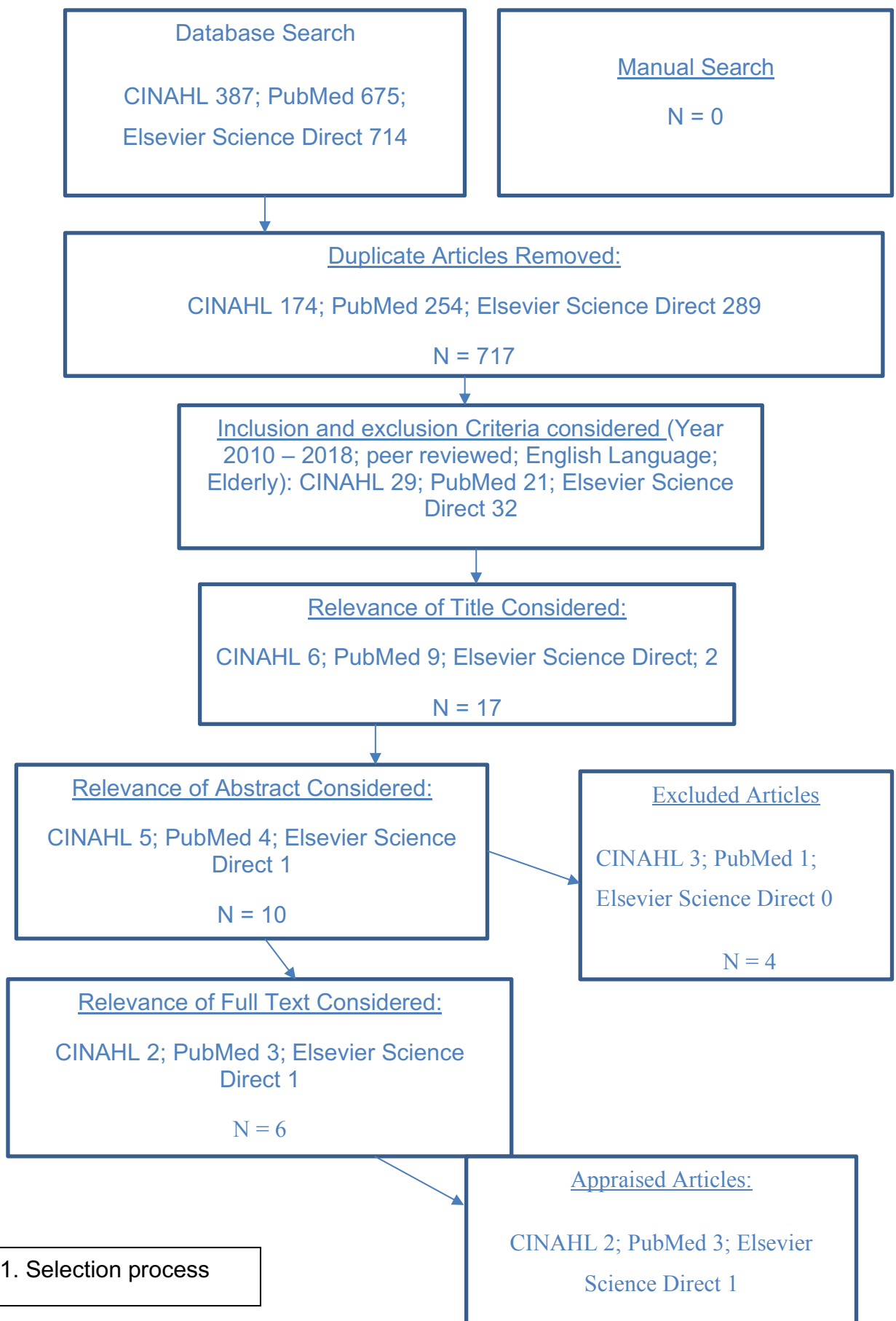


Figure 1. Selection process

4.4 Data Extraction and Data Synthesis

The appraised articles in Appendix 1 that have been used in this article were published in 2011 (1), 2012(1) 2014 (1), 2016 (2), and 2017 (1). The countries where the articles were published included Finland, China, United Kingdom, United States of America, Brazil and Singapore. The data collection methods that were used in the appraised articles were qualitative and quantitative. The methods that were used for data analysis included narrative analysis, qualitative approach, descriptive correlation survey, thematic analysis, content analysis, phenomenological approach, SPSS, mailed survey, grounded theory and cross-sectional survey.

To ensure that the retrieved articles were properly appraised, there are three stages that were involved, and they included; assessment of relevance, data extraction and scoring for methodological rigor (Braun and Clarke, 2006). The assessment stage is where the researcher identifies the databases and decides on the papers to use in the databases. The data extraction stage is the stage where the papers that have been chosen are reviewed to ensure that they are relevant to the research topic and the research questions. The final stage, which is the scoring for methodological rigor graded the reliability and the relevance of the results.

Thematic analysis of the data was carried out for the purposes of identifying patterns of meaning and significance of the data in relation to the research questions (Braun, 2006). The dataset should be detailed and suitable to answer the research questions in the research paper. The thematic analysis also helped in establishing rich and detailed data relevant for the research. The data retrieved was tabulated, organized and categorized into themes to allow for a comparative overview (University of Auckland, 2006). In addition, this allowed for transparency of the methods used as well as to ensure that readers understand how the findings and conclusions of the thesis were arrived. The Appendix 1 shows the summary of the characteristics of the samples that were selected.

4.5 Content Analysis

It is important to identify, analyse and report patterns within the selected literature. The identification of patterns in selected pieces of literature makes it easier for the authors to establish answers to the framed research questions. For this particular study, the authors arrived at the various themes in a transparent manner that entailed six steps that were developed by Braun and Clarke (Braun and Clarke, 2006) as shown in figure 2 below.

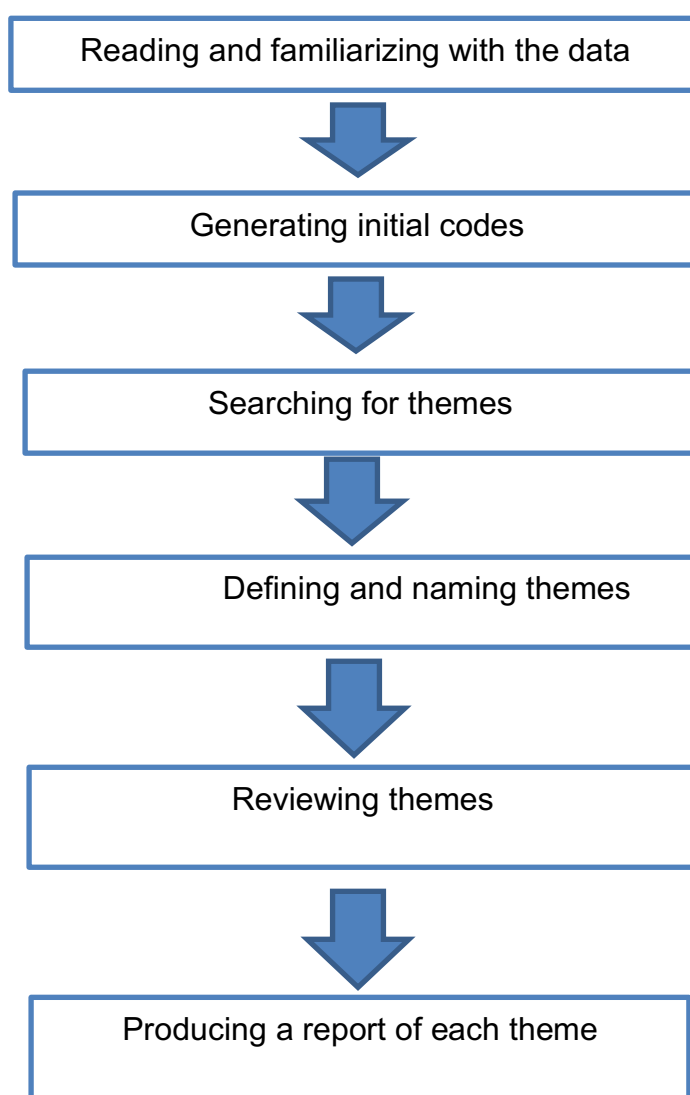


Figure 2: Thematic Analysis

The authors read the selected literature thoroughly as the first step, the second step entailed highlighting, categorizing and noting down the key concepts in the literature, and the third step involved developing themes for the highlighted codes. The fourth step entailed rechecking, reviewing and re-examing the selected themes for accuracy whereas the fifth step entailed capturing the meaning of the themes from the literature. The final step entailed producing a detailed report that was coherent to the identified themes. An example of how we came up with the theme 'Stress from family and friends' is shown in figure 3 below.

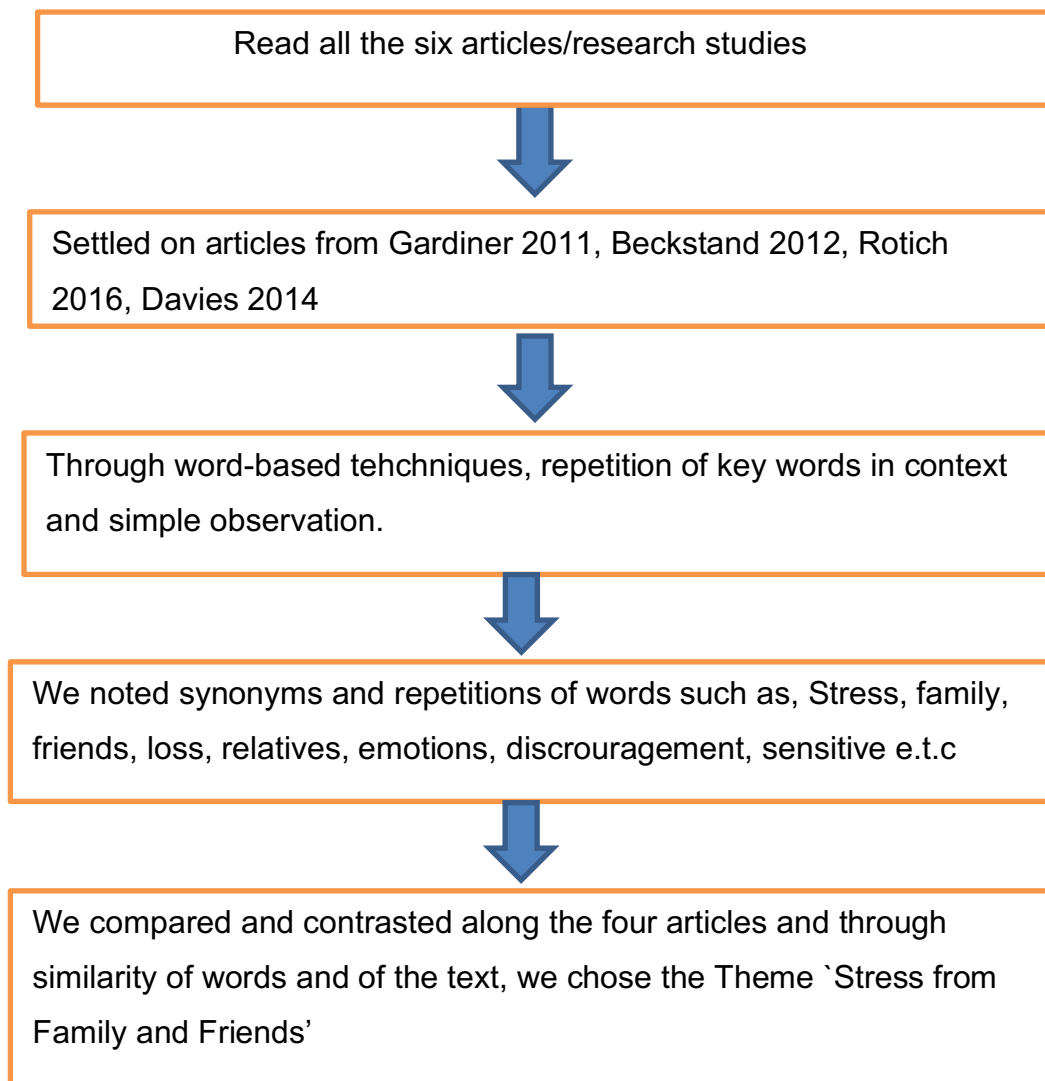


Figure 3: Example of coming up with a theme

5 RESULTS OF LITERATURE REVIEW

5.1 Stress from Family and Friends

Some family members as well as friends continually and persistently make demands that in one way or the other negatively affect nurses as they dispense palliative care to the elderly (Beckstrand, 2012). In many cases, the elderly patients are always under the care of their families before and during the period of palliative care. It has been noted that the challenges that nurses face often arise from the families of the elderly patient under palliative care. It has also been noted that some families give conditions as to the type of treatment to be given to their patient, a good example being giving aggressive demands on how sedation should be done. It is important to note that nurses are professionally trained to be able to decide the type and the amount of sedation to give the elderly patients.

In addition, some family members are quite anxious, easily angered, hysterical, helpless, and possess other disheartening emotions. Consequently, the range of feelings from families and friends of the elderly make the palliative care nurses feel inadequate and affect the way they dispense care to the elderly patients (Gardiner, 2011). At times some nurses are forced to do what is needed to help the elderly whereas others opt to listen to the families of the elderly, which in many instances is misleading, tiresome and difficult to cope with.

In palliative care, family and friends play one of the major roles. Apart from perhaps supporting the daily care of the elderly financially, their presence and participation in palliative care enhances the quality of care. An elderly person, who is on his or her deathbed, cherishes the presence of family and friends. It gives the patient joy, happiness and hope in life. The joy of having those who are related to you and those who mean a lot to you makes the experience bearable. (Beckstrand, 2012)

The absence of family and friends may at times pose challenges to nurses as they offer palliative care to the elderly. Family and friends are there to answer questions that the elderly may feel are too sensitive to notify the nurse dispensing care (Rotich, 2016). In the end, input from family and friends improve the quality of palliative care either positively or negatively. Family and friends can positively influence the palliative care process by being there for the patient and providing the necessary information to effectively dispense palliative care (Davies, 2014). On the other hand, family and friends can negatively influence the quality of palliative care by being too demanding, harsh, unrealistic or unreasonable and failing to disclose information that may be crucial for the care of the elderly.

In addition, family and friends who easily breakdown emotionally, is anxious and brings conflicts in the presence of the elderly affects the quality of palliative care (Rotich, 2016). Family and friends should reassure the elderly that everything would be fine and be ready to emotional, spiritually and physically support them when called upon to. The feeling helplessness and loneliness can worsen the health of the elderly and it is the duty of family and friends to be present at this stage of life (Gardiner, 2011). In situations where palliative care is to be carried out at home, commonly known as homecare, family and friends play a huge role. In such a scenario both the nurse and the family or friends interchangeably share, roles and duties while caring for the elderly. Nurses are faced with challenges in situations where the family or friends are not cooperative. In such a case, it is impossible to attain the required quality of care.

5.2 Nurse-Patient Relationship and Emotional Attachment

From the studies, it has been noted that having to work with elderly patients who will soon die makes the nurses painfully aware of the losses in their own lives (Davies, 2014). Moreover, the fact that nurses feel helpless, powerless or angry affects the way they dispense palliative care

to the elderly. Concisely, it is impossible to do anything perfectly while at the same time suffering mentally and emotionally. On the other hand, the emotion from the families and friends of the elderly makes the nurses to possess emotions that glue them to the elderly patient. The pain and suffering of the elderly has been indicated to cause depression among nurses. Having to see a suffering patient on a daily basis, whose life is attached to you and with people, looking upon you can be both disheartening and depressing. The emotional torture and the fact that the elderly patient will soon succumb to death is quite challenging for nurses (Gardiner, 2011).

No person would celebrate the death of a loved one and witnessing this situation can be equally saddening to deal with. During the training of nurses, some nurses are inadequately trained on how to display a positive attitude and a neutral perspective while caring for the dying patients. Nurses are supposed to maintain both a positive attitude and a neutral perspective while caring for the elderly. As a result, the positive attitude and the neutral perspective improve the outcome of the elderly patients, family and friends as well as the satisfaction of the nurse (Gasser, 2014).

5.3 Time Management

Nurses offering palliative care experience a great deal of stress as far as time management is concerned. Besides the overwhelming demands from the patient, his or her family and friends, nurses are forced to work for long hours, they are under-staffed and they are forced to work more than they are supposed to (Van den Block, 2016). Many health facilities and specifically the palliative care homes are under-staffed with nurses. As such, the nurses are forced to work for long hours while working on too much work than they are mandated to. Consequently, this becomes a challenge for nurses in offering effective palliative care (Backstrand, 2012). In many cases, nurses feel tired and more often lose the enthusiasm about their job.

5.4 Inadequacy of Resources

In conclusion, under this theme, it was noted that inadequacy of resources, both human and material resources while offering palliative care for the elderly is potentially challenging for nurses. Material resources include physical structure where the elderly are accommodated (Gardiner, 2011). The environment where palliative care is being offered affects both the nurse who is providing care as well as the elderly patient under care. Human resources equally play a crucial role in providing palliative care for the elderly (Gasser, 2014). Nurses are also not able to use the advanced technology in palliative care. In addition, it can be challenging for nurses to integrate and accommodate certain values, beliefs, ways of life and forms of knowledge when caring for the patients (Van den Block, 2016). Before embarking on any palliative care in elderly, it is important to understand their beliefs, cultures, philosophies, experiences and their morals. Failure to put this into consideration has been mentioned to be challenging for nurses as they care for the elderly.

5.5 Communication

Effective communication is crucial in every phase of palliative care. In the introduction, we introduced palliative care as entirely designed to help the elderly in dying peacefully, with minimal pain and in a dignified manner (Gardiner, 2011). However, this cannot be achieved without effective communication. Communication builds on trust, faith, acceptance, compassion and openness. All that the elderly need at the final phase of life is someone they can talk to, someone they can share and spend their last moments of their lives with (Gasser, 2014).

Effective communication is achieved when the nurse, all the stakeholders in a palliative care facility, family members and friends, and the patient

pass and receive information appropriately (Beckstrand, 2012). Communication is sensitive, intricate and crucial in effective palliative care. Notably, effective communication allows for smooth follow-up of the elderly in the palliative care facility. It is through effective communication that the nurse is able to know and discuss important matters relating to and affecting appropriate care of the elderly (Gardiner, 2011). Effective communication makes it relatively easy and less time consuming to follow up and update the interested parties and all stakeholders involved with the elderly (Davies, 2014). In order for a nurse to be able to understand the intricate, complex yet important life histories of the elderly patient, communication is needed to dig out information from the elderly, from his or her family and friends. The unfounded prejudgments can only be avoided in a situation where there is effective communication. Default in communication causes errors and confusion in palliative care in the elderly.

From the studies, it was indicated that nurses find it rather challenging to communicate with the elderly patients who are on the verge of their lives because of emotional stress and depression from anticipated bereavement (Van den Block, 2016). Communication is negatively affected in a situation where there are angry, controlling and demanding family and friends of the elderly. As a result, such a scenario makes the nurse to distance himself or herself from the rather disturbing situation (Gasser, 2014). However, this can only be rectified if there is effective communication, which as previously seen brings about trust, faith, openness and compassion between the parties involved.

The studies also revealed that in many situations, nurses fail to disclose important information to the patients. It is normal for every person, particularly nurses to share heart-breaking or disheartening information to the patient or to his or her family. Nurses are fond of beating around the bush because they are unable to tell the truth, which in many circumstances is saddening (Gasser, 2014). In palliative care, nurses are advised to sometimes hide some truths particularly to the elderly patients

who would succumb faster than expected after knowing the truth about the stake of their lives (Backstrand, 2012). Therefore, nurse find it challenging to disclose certain information to elderly patients, their families and friends and consequently it affects the quality of palliative care.

6 DISCUSSION

6.1 Discussion of Main Results

A study is deemed significant if at all it adds information and knowledge to the already existing facts. For this topic, previous studies have added significant information to aid in improving palliative care in the elderly by finding ways of minimizing or completely combating the challenges facing nurses in offering effective palliative care. The appraised articles for this study were six and they have investigated the main challenges that nurses face in offering effective palliative care. In as much as the articles have listed down the challenges that nurses face in offering palliative care in different set ups, they have established solutions to those challenges to improve palliative care. Nurses ought to have great satisfaction and minimum or no challenges in offering palliative care.

The themes that were identified in this study have been mentioned across the six articles. The first theme covered the challenges that nurses go through while caring for the elderly and their families. The second theme highlighted the communication between the nurse, patient and the family of the elderly. The last theme entailed the examination of both the positive and negative impact of the family on palliative care of the elderly. All the aspects of the indicated themes are clear, and they have been covered in the six appraised articles.

After analysing the appraised articles that were relevant to the topic and those that highlighted the major themes for the study, it was clear that in as much as nurses play a critical role in palliative care, support from family and friends is equally important. The challenges that nurses face in offering effective palliative care in the elderly can be minimized when all the parties involved perform all the roles demanded (Gasser, 2014). It is during this phase in life that maximum care and input towards the elderly is needed to improve the quality of life of the elderly. Additionally, effective communication across all the participants is paramount as it boosts and

enhances smooth and improved palliative care (Gardiner, 2011). Information flows smoothly when there is effective and open communication. Open communication creates trust, faith, compassion, clarity, reduces confusion and misunderstanding across the participants (Van den Block, 2016). Family and friends should be informed that they equally play a critical role by assisting nurses in offering effective palliative care in the elderly.

In that regard Goodman 2010, expressed that family and friends can take an active role in palliative care of the elderly if enlightened and motivated. To avoid and minimize the challenges faced by nurses, it is important to be thoroughly trained and taught widely about palliative care in the elderly (Katherine, 2017). Consequently, nurses should be among the first to be regularly updated on recent changes in the field of palliative care, not forgetting ethical issues that are crucial in the same.

6.2 Limitations

In as much as this study has focused on identifying the challenges that nurses face in offering effective palliative care, this study is only limited to the elderly and does not cover the challenges that nurses face in offering palliative care to the children and adults with life-threatening and terminal illnesses. In addition, the study has not specified any life-threatening disease being faced by the elderly; the study is open to any disease as long as it is affecting the elderly. Besides, this study has limited its scope to nurses' experiences only and it has excluded other participants who in one way or the other offer palliative care.

The articles that were appraised for this study were only limited to those that were free to access on the database, but it excluded all other pay-to-access articles that were related to the topic being studied. This was so because this study received no funding from the institution and therefore such costs were to be avoided. However, regardless of the many

limitations, the study is critical in expanding the scope of knowledge from the already existing facts in palliative care.

6.3 Ethical Considerations

In conducting this thesis, authors gathered information from studies that were similar to the research topic. In addition, the authors ensured that the articles chosen, and information gathered for this study answered the literature review questions. However, authors did this exercise maintaining originality and avoiding any misconduct such as plagiarism, bias of information, falsification and fabrication of information. By doing this, the authors of the paper were able to credibly answer the literature review questions and achieve the desired objectives.

Descriptive literature review entails looking deep and widely to articles that are relevant to the research topic and the study objectives. The entire process of selecting the articles to arriving to the appraised articles was open and clear. In addition, interpretation, analysis and summarization of the information were flawless and unbiased. The articles used were sourced from CINAHL, Pub Med and Elsevier Science Direct. The articles were many, but we had to narrow down to six articles through the inclusion and exclusion criteria. By doing this, the authors arrived at the most appropriate full text literatures relevant to the study.

Additionally, the authors cross-checked with the supervising lecturer for guidance and advise to ensure that they adhered by the rules and guidelines stipulated. The authors used free full text information throughout the thesis paper for the purposes of avoiding confusions and delusions. The authors tirelessly and keenly maintained the integrity of the entire thesis process. Every information that has been used in this paper that does not originate from the two authors has been properly referenced. The articles that have been used were published between year 2010 and 2018 and all are scientific and evidence-based. It is therefore accurate to

state that this thesis is credible, reliable and can be used by healthcare students, teachers, healthcare professionals or policy makers.

7 CONCLUSIONS

7.1 Conclusion

Nurses do play an integral role in offering palliative care to the elderly and as such, the challenges that they face should be addressed appropriately and have their stress reduced. This can be done if proper resources are provided, safe working environments are created, and when families and friends are actively involved in palliative care (Davies, 2014). Nurses and the patient's family and friends should work together from the initial stage of palliative care to the end of palliative care (Gottlieb, 2012). Nurses should not be overworked. The institutions that are responsible for hiring and staffing nurses should make sure that nurses are well staffed and that they are not overworked.

Effective communication is essential in preventing the challenges nurses face in offering effective palliative care to the elderly. There should be open communication between the nurse and the elderly patient, nurse and family, patient and the family and entirely all the participants involved in palliative care (Goodman, 2010). There should also be effective communication from the health organization or the management to the nurses to ensure that they are adequately prepared for the possible dilemmas and experiences likely to be witnessed during palliative care (Beckstrand, 2012). The management should always be available to motivate and guide nurses as they carry out their duties to ensure that they are not jeopardized by the entire experience. Consequently, this enhances effective palliative care by reducing the distress and challenges faced by nurses. Palliative care and cultural care go hand in hand. Therefore, nurses should respect, be aware and be sensitive to patients' culture and this goes a long way in improving palliative care (Katherine, 2017).

7.2 Recommendations

According to the findings gathered in this thesis, it is certain that nurses indeed face numerous challenges in offering effective palliative care in the elderly. However, the study has identified several ways that would minimize or completely prevent the challenges that nurses face for them to provide effective palliative care to the elderly. The main goal of palliative care is to make sure that the elderly lives a peaceful, painless and comfortable life during their last days of life (Katherine, 2017).

The study revealed that when nurses are offering palliative care, they should put the culture of patients into consideration. Understanding the beliefs, norms, values and perceptions of the elderly helps nurses and other participants to offer palliative care to the patients effectively (Davies, 2014). It was observed that failure to consider and respect the culture of the elderly under palliative care is challenging to nurses. In many cases, the elderly always feels disrespected and in return, they are not open while communicating and are not receptive to the care given (Gottlieb, 2012). Usually, such a situation worsens their condition and makes palliative care ineffective. Nurses should be diverse culturally and keenly respect the values, perceptions, attitudes, behaviours and belief systems of the elderly.

It was also noted that nurses have challenges balancing between physical pain care, spiritual care and mental care (Northouse, 2012). Some nurses are not able to merge the all-inclusive palliative care because it was observed they concentrate more on relieving the physical pain that the elderly patients are going through. Nurses have inadequate training on how to provide spiritual or mental care to the patients (Beckstrand, 2012). Consequently, this becomes challenging for nurses as they offer palliative care to the elderly. The fact that they cannot be able to relieve the elderly patients from psychological and emotional pain becomes a challenge (Rotich, 2016). Therefore, the training of palliative care nurses should be all-inclusive, and they should be trained on how to take care of the

emotional and psychological needs of the elderly (Davies, 2014). In addition, the organizations should involve other participants specifically trained to dispense psychological and emotional care such as counsellors, pastors or religious leaders.

Nowadays, technology has advanced, and it has been incorporated in the health sector. Concisely, technology has been introduced to palliative care. Some nurses have no training or are inadequately trained on how to use the new technology (Northouse, 2012). Consequently, it is challenging in that nurses cannot offer effective palliative care to the elderly using the advanced technology (Van den Block, 2016). This training on how to use advanced technology in palliative care should be included in educational programs. Training campaigns should be carried out to enlighten the nurses who already practicing, on how to use the advanced technology.

The analysis also revealed that nurses are carried away by feelings of depression and sadness particularly after one of the patients passes away. To some extent, the sadness and depression affect how they offer palliative care to the patients (Katherine, 2017). They are affected both emotionally and psychologically. Though every individual can experience this feeling, it is important for nurses to remain strong and have the stamina to offer effective palliative care regardless of the situation (Rotich, 2016). Nurses should have special sessions as often as possible with counsellors who will coach them on how to be strong in such situations as well as how to break the emotional attachment with the elderly patients.

The other challenge that was identified from the appraised articles is poor communication across the participants involved in offering palliative care. Communication creates trust, faith, and compassion and strengthens the bond between the elderly patient and the nurse (Gasser, 2014). It is through effective communication that the elderly is able to speak out his or her worries, anxieties, pain, doubts and other crucial information (Beckstrand, 2012). Effective communication also involves giving the family and friends an opportunity to address important information or

grievances (Northouse, 2012). The organization or the health facility should create a good environment that supports and practices effective communication (Luckett, 2014). By doing this, it will be easier for nurses to offer effective palliative care to the elderly.

Effective palliative care can only be achieved if all the participants actively play their respective roles (Luckett, 2014). Shifting the entire burden to the nurse is challenging and it affects the quality of care given to the patient. Therefore, family members, friends, counsellors, and leaders of health facilities should combine their efforts by playing their respective roles to ensure that the elderly walks through the last stages of his or her life happy and comfortable (Katherine, 2017).

In addition, nurses who happen to be crucial players in the palliative care process ought to be encouraged and rewarded accordingly. Consequently, this tends to increase the morale of nurses as they offer palliative care to the elderly.

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9 APPENCICES

Appendix 1

Title of article, name of author and date	Research purpose	Research method	Results
<p>Barriers to providing palliative care for older people in acute hospitals.</p> <p>Clare Gardiner, Mark Cobb, Merryn Gott & Christine Ingleton.</p> <p>2011</p>	<p>To explore the perspectives of health professionals regarding barriers to optimal palliative care for older people in acute hospitals.</p>	<p>58 health professionals participated in eight focus groups and four semi-structured interviews.</p>	<p>Participants identified barriers to palliative care provision for older people including attitudinal differences to the care, lack of resources, uncertainty over roles.</p>
<p>Barriers to the provision of high-quality palliative care for</p>	<p>To identify the main barriers to providing good-quality palliative</p>	<p>Semi-structured interview was carried where 38 participants</p>	<p>Ambivalence towards the systematization of palliative care, disconnection between services, different assumptions</p>

<p>people with dementia in England.</p> <p>Nathan Davies, Laura Maio, Krish Vedavanam, Jill Manthorpe & Steve Liffe.</p> <p>2014</p>	<p>care for people with dementia</p>	<p>were interviewed who included clinical practitioners, palliative care nurses, policy advisors and adult health care personnels.</p>	<p>about training needs, and negotiation of risks.</p>
<p>Comparing palliative care in care homes across Europe (PACE)</p> <p>Lieve Van Den, Tinne Smets, Nanja van Dop, Eddy Adang, et al</p> <p>2016</p>	<p>To describe and compare palliative care in 6 countries, assess quality and costs, to identify the palliative care structures and staff knowledge and attitudes toward better outcomes in</p>	<p>Large-scale cross-sectional study across care homes in Belgium, Finland, Italy, Netherlands, Poland and the UK.</p>	<p>Poor policy formulation and weak implementation, lack of adequate resources.</p>

	palliative care.		
Nurses' obstacle and supportive behavior in end of life care. Backstrand, R.L., Collette, J., Callister, L., Luthy, K.E. 2012	To determine the impact of obstacles and supportive behaviours in end of life care.	Qualitative, Descriptive and Exploratory Study	Combination of initiatives such as education and provision of services in a planned and integrated way, quality care, facility to give nurses more time to support the patient.
Palliative care systems and current practices in long term care facilities in Europe Katherine Froggatt, Borge Arrue, Michaela Edwards, et al.	To assess the effectiveness of palliative care homes in Europe, examine the quality of dying and improve the quality of palliative care.	Country mapping and documentary review	Failure by nurses to optimize and effectively delivery palliative care to the large proportion of elderly EU citizens. Inadequate training and lack of adequate resources.

2017			
Experiences of Nurses providing palliative care for dying adult cancer patients. Francis Agbehiadzie & Rogers Rotich Kiptoo. 2016.	To suggest ways to improve the quality of palliative care for patients.	Literature review of selected articles	Nurses are inadequately trained, palliative care demand involvement of caregivers and the family. Communication between participants ought to be boosted and ethical issues in palliative care to be taught widely.