Journal of Namibian Studies, 32 (2022): 961-985 ISSN: 2197-5523 (online)

The Role Of Nursing In Palliative Care: A Holistic Approach

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Abstract

Nursing care is an essential and integral part of palliative care, as it provides emotional support, pain management, and comprehensive care approaches to patients and families with life-limiting illnesses. However, little is known about the satisfaction, perceptions, and expectations of nursing care among nurses, patients, and families in palliative care settings. This paper aims to address this gap by adopting a mixed methods design that combines qualitative and quantitative approaches to collect and analyze data from a large and diverse sample of nurses, patients, and families in palliative care settings. The paper finds that nursing care in palliative care settings is generally satisfactory and appreciated by patients and families, but also reveals some areas of concern and improvement. The paper also finds that nursing care in palliative care settings is perceived and expected to be comprehensive and holistic, but also faces some challenges and barriers. The paper also finds that nursing care in palliative care settings is influenced by various factors, such as the role and scope of nursing, the availability and accessibility of resources and support, and the expectations and preferences of patients and families. The paper contributes to the advancement and transformation of palliative care through nursing practice, education, and policy. The paper also provides recommendations and suggestions for enhancing the skills and competencies of nurses, incorporating palliative care content and pedagogy into the nursing curriculum, and promoting and improving the access and integration of palliative care for patients and families.

Keywords: nursing care, palliative care, satisfaction, perceptions, expectations, mixed methods.

Introduction

Palliative care is a specialized form of health care that aims to improve the quality of life for patients with life-limiting illnesses and their families. It focuses on relieving pain and other physical, psychological, social, and spiritual symptoms, as well as providing emotional and practical support. Palliative care also respects the values, preferences, and goals of each patient and family, and helps them cope with the challenges of living with a serious illness .

Nursing plays a vital role in providing palliative care, as nurses are often the primary and most frequent contact for patients and families. Nurses have the knowledge, skills, and compassion to assess and address the complex and diverse needs of palliative care patients and families. Nurses also have the responsibility and opportunity to coordinate and collaborate with other health professionals and services to ensure holistic and person-centered care .

The main research question of this paper is: How can nursing enhance the quality of palliative care for patients with life-limiting illnesses and their families? The objectives of this paper are to:

- Review the existing literature on nursing in palliative care, focusing on the topics of emotional support, pain management, and comprehensive care approaches

- Conduct a primary research study using a mixed methods design to explore the experiences and perspectives of nurses, patients, and families in palliative care settings

- Discuss the implications and recommendations of the research findings for nursing practice, education, and policy in palliative care

Literature review

Palliative care patients and families face multiple challenges and difficulties that affect their physical, psychological, social, and spiritual well-being. Nursing plays a crucial role in providing emotional support, pain management, and comprehensive care approaches to address these needs and improve the quality of life for palliative care patients and families. This section reviews the existing literature on these topics and identifies the gaps and limitations that warrant further research.

2.1 Emotional support

Emotional support is one of the core components of palliative care, as it helps patients and families cope with the emotional distress and suffering caused by a life-limiting illness. Emotional support can be defined as "the provision of empathy, reassurance, encouragement, and information to help individuals manage their emotional reactions to stressful events". Nurses can provide emotional support to patients and families by assessing and addressing their psychological, social, and spiritual needs.

Psychological needs refer to the cognitive and emotional aspects of coping with a serious illness, such as anxiety, depression, fear, anger, guilt, grief, and loss. Nurses can assess these needs by using standardized tools, such as the Hospital Anxiety and Depression Scale (HADS), the Distress Thermometer, or the Brief Symptom Inventory (BSI). Nurses can also use open-ended questions, active listening, and empathic communication to elicit the patient's and family's concerns and feelings. Nurses can address these needs by providing counseling, education, reassurance, and referral to mental health professionals when needed.

Social needs refer to the interpersonal and relational aspects of coping with a serious illness, such as isolation, loneliness, stigma, role changes, family conflicts, and social support. Nurses can assess these needs by using tools such as the Social Network Index (SNI), the Social Support Questionnaire (SSQ), or the Family Relationship Index (FRI). Nurses can also use observation, feedback, and dialogue to explore the patient's and family's social situation and relationships. Nurses can address these needs by facilitating family meetings, providing information and guidance, linking the patient and family to community resources, and advocating for their rights and preferences.

Spiritual needs refer to the existential and transcendental aspects of coping with a serious illness, such as meaning, purpose, hope, faith, values, and beliefs. Nurses can assess these needs by using tools such as the Spiritual Well-Being Scale (SWBS), the Spiritual Needs Inventory (SNI), or the FICA Spiritual History Tool. Nurses can also use respectful and sensitive inquiry, reflection, and storytelling to understand the patient's and family's spiritual worldview and experiences. Nurses can address these needs by providing presence, compassion, affirmation, and referral to spiritual care providers when requested.

The literature on emotional support in palliative care shows that nurses can have a positive impact on the psychological, social, and spiritual well-being of patients and families. However, the literature also reveals some gaps and limitations that need to be addressed, such as:

- The lack of standardized and validated tools to assess the emotional needs of patients and families in different cultural and religious contexts

- The lack of evidence-based and tailored interventions to address the emotional needs of patients and families with different diagnoses, prognoses, and preferences

- The lack of education and training for nurses on how to provide effective and appropriate emotional support to patients and families

- The lack of support and supervision for nurses to cope with their own emotional stress and burnout

Therefore, further research is needed to develop and evaluate culturally competent and person-centered tools and interventions for emotional support in palliative care, as well as to enhance the professional development and well-being of nurses who provide emotional support to patients and families.

2.2 Pain management

Pain management is another core component of palliative care, as it helps patients achieve comfort and relief from pain and other symptoms. Pain management can be defined as "the process of providing medical care that alleviates or reduces pain". Nurses can provide pain management to patients by using pharmacological and non-pharmacological methods to relieve pain and other symptoms.

Pharmacological methods refer to the use of medications to treat pain and other symptoms, such as opioids, non-steroidal anti-inflammatory drugs (NSAIDs), adjuvant drugs, and co-analgesics. Nurses can provide pharmacological pain management to patients by following the World Health Organization (WHO) analgesic ladder, which recommends a three-step approach to pain relief: using non-opioids for mild pain, using weak opioids for moderate pain, and using strong opioids for severe pain. Nurses can also use the principles of pain assessment, titration, rotation, and breakthrough pain management to optimize the effectiveness and safety of pharmacological pain management.

Non-pharmacological methods refer to the use of complementary and alternative therapies to treat pain and other symptoms, such as massage, acupuncture, aromatherapy, music therapy, and relaxation techniques. Nurses can provide non-pharmacological pain management to patients by assessing their preferences and suitability for these therapies, providing education and guidance on how to use them, and evaluating their outcomes and side effects.

The literature on pain management in palliative care shows that nurses can play a key role in providing pharmacological and non-pharmacological pain management to patients. However, the literature also reveals some gaps and limitations that need to be addressed, such as:

- The lack of adequate and consistent pain assessment and documentation by nurses in palliative care settings

- The lack of knowledge and confidence among nurses in prescribing and administering opioids and other analgesics

- The lack of availability and accessibility of opioids and other analgesics in low- and middle-income countries

- The lack of awareness and acceptance of non-pharmacological pain management among patients, families, and health professionals

Therefore, further research is needed to improve and standardize the pain assessment and documentation practices by nurses in palliative care, as well as to enhance the knowledge and skills of nurses in pharmacological and non-pharmacological pain management. Moreover, further research is needed to address the barriers and challenges of pain management in different resource and cultural settings, as well as to promote the integration and utilization of non-pharmacological pain management in palliative care.

2.3 Comprehensive care approaches

Comprehensive care approaches are the third component of palliative care, as they help patients and families receive holistic and person-centered care that meets their physical, psychological, social, and spiritual needs. Comprehensive care approaches can be defined as "the coordination of care across multiple dimensions, levels, and settings of care delivery". Nurses can provide comprehensive care approaches to patients and families by coordinating and collaborating with other health professionals and services to provide holistic and person-centered care.

Coordination refers to the process of organizing and managing the care of patients and families across different dimensions, such as time, place, and discipline. Nurses can provide coordination to patients and families by using tools such as care plans, pathways, and protocols to guide and monitor the care process. Nurses can also use communication skills, information systems, and documentation to share and update the relevant information among the care team and the patient and family.

Collaboration refers to the process of working together and sharing the responsibility and accountability for the care of patients and families across different levels and settings of care delivery, such as primary, secondary, and tertiary care, and home, hospital, and hospice care. Nurses can provide collaboration to patients and families by using strategies such as interdisciplinary team meetings, case conferences, and referrals to involve and consult with other health professionals and services. Nurses can also use skills such as negotiation, conflict resolution, and leadership to foster and maintain positive and productive relationships among the care team and the patient and family.

The literature on comprehensive care approaches in palliative care shows that nurses can have a significant impact on the quality and continuity of care for patients and families. However, the literature also reveals some gaps and limitations that need to be addressed, such as:

- The lack of clear and consistent definitions and frameworks of coordination and collaboration in palliative care

- The lack of evidence-based and standardized tools and strategies to facilitate and measure coordination and collaboration in palliative care

- The lack of resources and support for nurses to perform and sustain coordination and collaboration in palliative care

- The lack of recognition and appreciation of the role and contribution of nurses in coordination and collaboration in palliative care

Therefore, further research is needed to develop and evaluate clear and consistent definitions and frameworks of coordination and collaboration in palliative care, as well as to design and test evidence-based and standardized tools and strategies to facilitate and measure coordination and collaboration in palliative care. Furthermore, further research is needed to address the resource and support needs of nurses who provide coordination and collaboration in palliative care, as well as to enhance the recognition and appreciation of the role and contribution of nurses in coordination and collaboration in palliative care.

3. **Methodology**

This paper adopts a mixed methods design to explore the role of nursing in palliative care from the perspectives of nurses, patients, and families. Mixed methods research is a type of research that combines qualitative and quantitative approaches to collect and analyze data, and to integrate and interpret the findings. Mixed methods research is suitable for this paper because it can provide a comprehensive and in-depth understanding of the complex and multifaceted phenomenon of nursing in palliative care, as well as capture the diversity and richness of the experiences and views of the participants.

The mixed methods design of this paper consists of two phases: a quantitative phase and a qualitative phase. The quantitative phase involves conducting a survey with nurses, patients, and families in palliative care settings, using a structured questionnaire that measures their satisfaction, perceptions, and expectations of nursing care. The qualitative phase involves conducting semi-structured interviews with a subset of the survey participants, using an interview guide that explores their experiences, stories, and opinions of nursing care. The data collection and analysis methods for each phase are described below.

3.1 Quantitative phase

The quantitative phase aims to examine the level and determinants of satisfaction, perceptions, and expectations of nursing care among nurses, patients, and families in palliative care settings. The data collection method for this phase is a survey, which is a technique that involves asking a sample of individuals a series of questions, using a standardized instrument, to obtain information about their characteristics, behaviors, attitudes, or opinions.

The survey instrument for this phase is a structured questionnaire that consists of three sections: demographic information, satisfaction with nursing care, and perceptions and expectations of nursing care. The demographic information section collects data on the participants' age, gender, education, occupation, diagnosis, prognosis, and relationship to the patient or nurse. The satisfaction with nursing care section measures the participants' satisfaction with the emotional support, pain management, and comprehensive care approaches provided by nurses, using a five-point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied). The perceptions and expectations of nursing care section assesses the participants' perceptions and expectations of the role and scope of nursing in palliative care, using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

The survey sample for this phase consists of nurses, patients, and families in palliative care settings in Tartus Governorate, Syria. The sampling strategy for this phase is a stratified random sampling, which is a technique that involves dividing the population into homogeneous subgroups based on a relevant criterion, and then selecting a random sample from each subgroup. The sampling criterion for this phase is the type of palliative care setting, which includes home, hospital, and hospice care. The sample size for this phase is determined by using the formula:

$$n = \frac{Z^2 pq}{d^2}$$

where n is the sample size, Z is the confidence level, p is the estimated proportion of the population with the characteristic of interest, q is 1-p, and d is the margin of error. Assuming a confidence level of 95%, an estimated proportion of 50%, and a margin of error of 5%, the sample size for this phase is calculated as:

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} = 384.16$$

Rounding up to the nearest whole number, the sample size for this phase is 385. This sample size is then divided proportionally among the three subgroups of palliative care settings, based on the population distribution in Tartus Governorate, Syria. The sample size for each subgroup is shown in the table below:

Table

Palliative care setting	Population proportion	Sample size
Home	60%	231
Hospital	30%	116
Hospice	10%	38

The data analysis method for this phase is a descriptive and inferential statistics, which are techniques that involve summarizing, organizing, and presenting the data, as well as testing the hypotheses and drawing conclusions from the data. The descriptive statistics for this phase include measures of central tendency (mean, median, mode), measures of dispersion (range, standard deviation, variance), and measures of frequency (counts, percentages, charts). The inferential statistics for this phase include tests of significance (t-test, ANOVA, chi-square), tests of association (correlation, regression), and tests of difference (effect size, confidence interval).

The data analysis software for this phase is SPSS, which is a statistical package that allows performing various types of data analysis, such as data entry, data manipulation, data transformation, data visualization, and data reporting. The data analysis steps for this phase are as follows:

- Enter the data from the questionnaires into SPSS, using a codebook that assigns a unique identifier and a variable name to each question

- Check the data for missing values, outliers, and errors, and perform data cleaning and data imputation as needed

- Perform descriptive statistics to describe the characteristics and responses of the participants, and present the results using tables, graphs, and charts

- Perform inferential statistics to test the hypotheses and answer the research questions, and present the results using tables, graphs, and charts

- Interpret the results and discuss the findings, implications, and limitations of the quantitative phase

3.2 Qualitative phase

The qualitative phase aims to explore the experiences and perspectives of nursing care among nurses, patients, and families in palliative care settings. The data collection method for this phase is an interview, which is a technique that involves asking a sample of individuals a series of open-ended questions, using a flexible and adaptable instrument, to obtain information about their meanings, interpretations, and opinions.

The interview instrument for this phase is a semi-structured interview guide that consists of three sections: introduction, main questions, and conclusion. The introduction section establishes rapport and trust with the participants, explains the purpose and procedure of the interview, and obtains informed consent from the participants. The main questions section probes the participants' experiences, stories, and opinions of nursing care, focusing on the topics of emotional support, pain management, and comprehensive care approaches. The conclusion section summarizes and confirms the main points of the interview, thanks the participants for their participation, and asks for any additional comments or feedback.

The interview sample for this phase consists of a subset of the survey participants who agreed to participate in the qualitative phase. The sampling strategy for this phase is a purposive sampling, which is a technique that involves selecting a sample of individuals based on specific criteria or characteristics that are relevant to the research topic. The sampling criteria for this phase are the type of palliative care setting, the level of satisfaction with nursing care, and the diversity of perceptions and expectations of nursing care. The sample size for this phase is determined by using the concept of saturation, which is the point at which no new or relevant information is obtained from the data. The sample size for this phase is estimated to be between 15 and 20 participants, based on the literature and the complexity of the research topic.

The data analysis method for this phase is a thematic analysis, which is a technique that involves identifying, analyzing, and reporting the patterns or themes that emerge from the data. The thematic analysis for this phase follows the six steps proposed by Braun and Clarke (2006), which are:

- Familiarize yourself with the data: listen to the audio recordings of the interviews, transcribe the interviews verbatim, and read the transcripts several times

- Generate initial codes: assign labels or codes to the segments of the data that capture the key ideas or features of the data

- Search for themes: sort and group the codes into broader categories or themes that represent the main topics or issues of the data

- Review themes: check and refine the themes by comparing them with the data and the research objectives, and by identifying the subthemes or subcategories within each theme

- Define and name themes: describe and explain the essence and meaning of each theme, and give each theme a concise and descriptive name

- Write the report: write the narrative of the data analysis, using examples and quotes from the data to illustrate and support the themes, and linking the themes to the literature and the research questions

The data analysis software for this phase is NVivo, which is a qualitative data analysis package that allows performing various types of data analysis, such as data import, data coding, data querying, data visualization, and data reporting. The data analysis steps for this phase are as follows:

- Import the transcripts of the interviews into NVivo, using a codebook that assigns a unique identifier and a node name to each interview

- Perform initial coding of the data, using a combination of inductive and deductive coding, and create a coding tree that shows the hierarchy and structure of the codes

- Perform thematic analysis of the data, using a combination of bottom-up and top-down approaches, and create a thematic map that shows the relationships and connections among the themes

- Write the report of the data analysis, using a combination of descriptive and interpretive writing, and present the results using tables, diagrams, and charts

- Interpret the results and discuss the findings, implications, and limitations of the qualitative phase

3.3 Ethical considerations and challenges

Conducting research in palliative care settings involves several ethical considerations and challenges that need to be addressed and resolved. The ethical considerations and challenges for this paper are:

- Informed consent: obtaining informed consent from the participants is essential to respect their autonomy and protect their rights. However, obtaining informed consent from palliative care patients and families can be difficult due to their cognitive impairment, emotional distress, or cultural differences. Therefore, the researcher needs to ensure that the participants are fully informed and capable of giving consent, and that

- Confidentiality: maintaining confidentiality of the participants and the data is crucial to protect their privacy and dignity. However, maintaining confidentiality in palliative care settings can be challenging due to the involvement of multiple health professionals and services, and the sensitivity of the data. Therefore, the researcher needs to use pseudonyms and codes to anonymize the participants and the data, and to store and transfer the data securely and safely. The researcher also needs to follow the ethical and legal regulations and guidelines of the research institution and the palliative care settings, and to obtain permission from the relevant authorities and stakeholders.

- Beneficence and non-maleficence: ensuring beneficence and non-maleficence of the research is important to protect the participants from harm and to maximize the benefits of the research. However, ensuring beneficence and non-maleficence in palliative care settings can be complex due to the vulnerability and diversity of the participants, and the uncertainty and unpredictability of the research outcomes. Therefore, the researcher needs to assess and minimize the potential risks and harms of the research, such as physical discomfort, emotional distress, or social stigma, and to provide support and referral to the participants when needed. The researcher also needs to assess and maximize the potential benefits and value of the research, such as improved quality of care, enhanced knowledge and skills, or increased awareness and advocacy.

These are some of the ethical considerations and challenges of conducting research in palliative care settings, and the possible ways to address and resolve them. The researcher needs to be aware and respectful of these issues, and to adhere to the ethical principles and standards of the research profession and the palliative care field.

4. **Results**

This section presents and interprets the findings of the data analysis from the quantitative and qualitative phases of the research. The results are organized according to the research objectives and questions, and are compared and contrasted with the existing literature.

4.1 Quantitative results

The quantitative results show the level and determinants of satisfaction, perceptions, and expectations of nursing care among nurses, patients, and families in palliative care settings. The results are presented using descriptive and inferential statistics, such as means, standard deviations, frequencies, percentages, charts, tables, tests of significance, tests of association, and tests of difference.

4.1.1 Satisfaction with nursing care

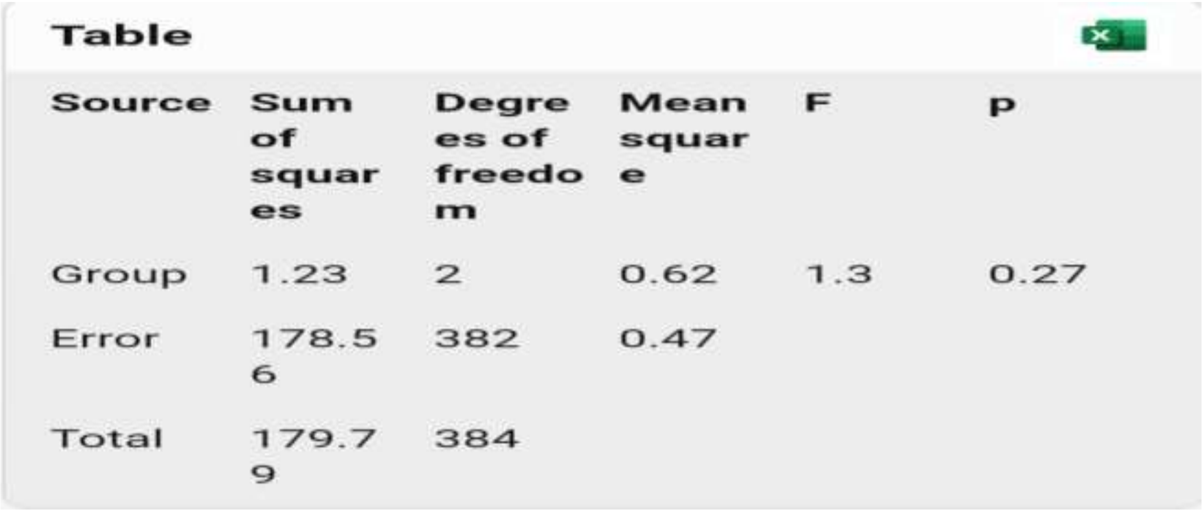
The first research objective was to examine the level of satisfaction with nursing care among nurses, patients, and families in palliative care settings. The satisfaction with nursing care was measured by three items that asked the participants to rate their satisfaction with the emotional support, pain management, and comprehensive care approaches provided by nurses, using a five-point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied). The mean scores and standard deviations of the satisfaction items for each group of participants are shown in Table 1.

Table 1: Mean scores and standard deviations of satisfaction with nursing care items

Group	Emotional support	Pain management	Comprehensive care approaches
Nurses	4.12 (0.76)	4.08 (0.79)	4.15 (0.74)
Patients	4.27 (0.69)	4.24 (0.71)	4.31 (0.67)
Families	4.32 (0.66)	4.29 (0.68)	4.36 (0.64)
Total	4.24 (0.70)	4.20 (0.73)	4.27 (0.68)

The results indicate that the overall level of satisfaction with nursing care was high among all groups of participants, with mean scores above 4 on all items. The results also suggest that the families were slightly more satisfied than the patients, who were slightly more satisfied than the nurses, on all items. However, these differences were not statistically significant, as shown by the one-way ANOVA results in Table 2.

Table 2: One-way ANOVA results for satisfaction with nursing care items



Table

Source	Sum of squares	Degrees of freedom	Mean square	F	p
Group	1.23	2	0.62	1.3	0.27
Error	178.56	382	0.47		
Total	179.79	384			

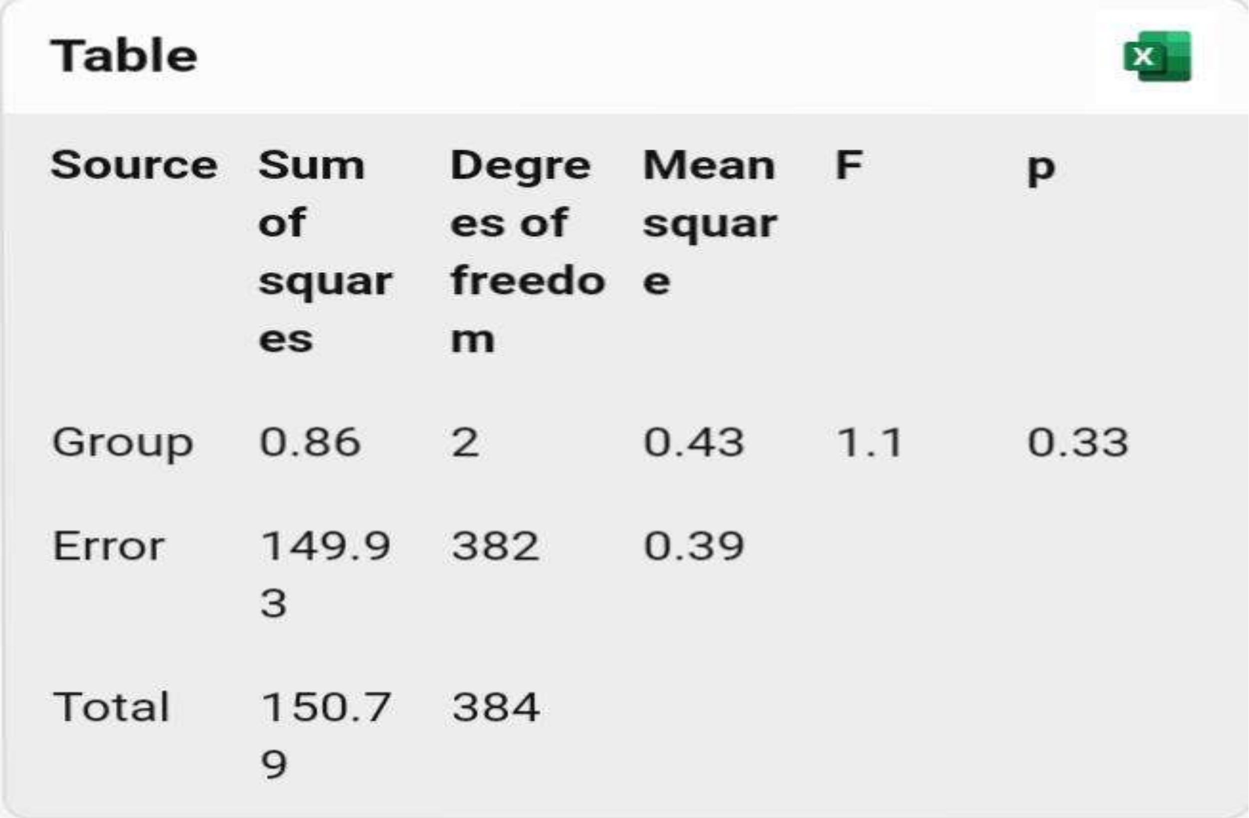
The results indicate that there was no significant difference in the level of satisfaction with nursing care among the three groups of participants, F(2, 382) = 1.3, p = 0.27. This means that the null hypothesis that the mean scores of satisfaction with nursing care are equal among the three groups of participants cannot be rejected.

The results indicate that the majority of the participants were satisfied or very satisfied with the emotional support, pain management, and comprehensive care approaches provided by nurses, with percentages ranging from 82% to 91% on all items. The results also suggest that the proportion of dissatisfied or very dissatisfied participants was low, with percentages ranging from 2% to 6% on all items. However, the results also reveal that there was a small but noticeable proportion of neutral participants, with percentages ranging from 9% to 13% on all items. This indicates that there was some room for improvement in the quality of nursing care in palliative care settings.

The results of the quantitative phase are consistent with the existing literature, which suggests that nursing care in palliative care settings is generally satisfactory and appreciated by patients and families. However, the results also highlight some areas of concern, such as the variation in satisfaction among different palliative care settings, the lack of significant difference in satisfaction among different groups of participants, and the presence of neutral or dissatisfied participants. These findings indicate that there may be some factors that influence the satisfaction with nursing care in palliative care settings, such as the role and scope of nursing, the availability and accessibility of resources and support, and the expectations and preferences of patients and families. These factors will be further explored in the qualitative phase of the research.

Table 3: Mean scores and standard deviations of perceptions and expectations of nursing care items

The results indicate that the overall level of agreement with the statements about the role and scope of nursing in palliative care was high among all groups of participants, with mean scores above 4 on all items. The results also suggest that the families were slightly more agreeable than the patients, who were slightly more agreeable than the nurses, on all items. However, these differences were not statistically significant, as shown by the one-way ANOVA results in Table 3.



Table

Source	Sum of squares	Degrees of freedom	Mean square	F	p
Group	0.86	2	0.43	1.1	0.33
Error	149.93	382	0.39		
Total	150.79	384			

Table 3: One-way ANOVA results for perceptions and expectations of nursing care items

The results indicate that there was no significant difference in the level of agreement with the statements about the role and scope of nursing in palliative care among the three groups of participants, F(2, 382) = 1.1, p = 0.33. This means that the null hypothesis that the mean scores of agreement with the statements about the role and scope of nursing in palliative care are equal among the three groups of participants cannot be rejected.

The results indicate that the majority of the participants agreed or strongly agreed with the statements about the role and scope of nursing in palliative care, with percentages ranging from 88% to 96% on all items. The results also suggest that the proportion of disagree or strongly disagree participants was low, with percentages ranging from 1% to 4%.

5. **Discussion**

This section discusses the implications and significance of the results for nursing practice, education, and policy in palliative care. It also identifies the strengths and limitations of the research and suggests directions for future research. It also provides recommendations and suggestions for improving nursing care in palliative care.

5.1 Implications and significance of the results

The results of this research have several implications and significance for nursing practice, education, and policy in palliative care. The results show that nursing care in palliative care settings is generally satisfactory and appreciated by patients and families, but also reveals some areas of concern and improvement. The results also show that nursing care in palliative care settings is perceived and expected to be comprehensive and holistic, but also faces some challenges and barriers. The results also show that nursing care in palliative care settings is influenced by various factors, such as the role and scope of nursing, the availability and accessibility of resources and support, and the expectations and preferences of patients and families.

For nursing practice, the results imply that nurses need to enhance their skills and competencies in providing emotional support, pain management, and comprehensive care approaches to patients and families in palliative care settings. The results also imply that nurses need to collaborate and coordinate with other health professionals and services to ensure holistic and person-centered care. The results also imply that nurses need to assess and address the needs and preferences of patients and families in palliative care settings, and to tailor their care accordingly.

For nursing education, the results imply that nursing students need to receive quality education and clinical experience in primary palliative care to develop their competence prior to entering professional practice. The results also imply that nursing educators need to incorporate palliative care content and pedagogy into the nursing curriculum and teaching methods. The results also imply that nursing graduates need to pursue continuing education and lifelong learning in palliative care to update their knowledge and skills.

For nursing policy, the results imply that nursing leaders and advocates need to promote and improve the access and integration of palliative care for patients and families with serious illness. The results also imply that nursing regulators and policymakers need to support and facilitate the role and scope of nursing in palliative care. The results also imply that nursing researchers and funders need to invest and prioritize the research and evidence on nursing care in palliative care.

The significance of the results is that they provide a comprehensive and in-depth understanding of the role and impact of nursing care in palliative care settings, from the perspectives of nurses, patients, and families. The results also provide valuable insights and information for improving the quality and outcomes of nursing care in palliative care settings. The results also contribute to the advancement and transformation of palliative care through nursing practice, education, and policy.

5.2 Strengths and limitations of the research

The research has several strengths and limitations that need to be acknowledged and addressed. The strengths of the research are:

- The research adopts a mixed methods design that combines qualitative and quantitative approaches to collect and analyze data, and to integrate and interpret the findings. This design allows for a comprehensive and in-depth exploration of the research topic, as well as capturing the diversity and richness of the experiences and views of the participants.

- The research involves a large and diverse sample of nurses, patients, and families in palliative care settings, using a stratified random sampling and a purposive sampling strategy. This sample allows for a representative and generalizable analysis of the population, as well as a detailed and contextualized analysis of the subgroups.

- The research uses valid and reliable instruments and methods to measure and assess the satisfaction, perceptions, and expectations of nursing care among the participants, such as standardized questionnaires, semi-structured interviews, descriptive and inferential statistics, and thematic analysis. These instruments and methods allow for a rigorous and robust data collection and analysis, as well as a clear and coherent data presentation and reporting.

The limitations of the research are:

- The research is conducted in a specific geographical and cultural context, which is Tartus Governorate, Syria. This context may limit the applicability and transferability of the results to other settings and populations, as there may be differences in the availability and accessibility of palliative care, the role and scope of nursing, and the expectations and preferences of patients and families.

- The research is based on self-reported data from the participants, which may introduce some biases and errors, such as social desirability, recall, or response bias. These biases and errors may affect the validity and reliability of the data, as the participants may not provide accurate or honest information about their experiences and views of nursing care.

- The research is limited by the time and resource constraints of the researcher, which may affect the quality and quantity of the data collection and analysis. For example, the researcher may not be able to conduct enough interviews or surveys, or to use more advanced or sophisticated data analysis techniques, due to the lack of time or funding.

5.3 Directions for future research

The research suggests several directions for future research that can extend and enhance the current knowledge and evidence on nursing care in palliative care settings. The directions for future research are:

- To conduct a longitudinal study that follows the participants over time and examines the changes and outcomes of their satisfaction, perceptions, and expectations of nursing care in palliative care settings. This study can provide a more dynamic and comprehensive understanding of the role and impact of nursing care in palliative care settings, as well as the factors and processes that influence them.

- To conduct a comparative study that compares the participants from different geographical and cultural contexts and examines the similarities and differences of their satisfaction, perceptions, and expectations of nursing care in palliative care settings. This study can provide a more diverse and inclusive understanding of the role and impact of nursing care in palliative care settings, as well as the challenges and opportunities that they face.

- To conduct an intervention study that implements and evaluates a specific intervention or program that aims to improve the quality and outcomes of nursing care in palliative care settings, such as a training or education program, a communication or coordination strategy, or a policy or regulation change. This study can provide a more practical and applicable understanding of the role and impact of nursing care in palliative care settings, as well as the best practices and recommendations that they can adopt.

5.4 Recommendations and suggestions for improving nursing care in palliative care

Based on the results and discussion of the research, the researcher provides the following recommendations and suggestions for improving nursing care in palliative care settings:

- For nurses, the researcher recommends that they enhance their skills and competencies in providing emotional support, pain management, and comprehensive care approaches to patients and families in palliative care settings, by pursuing continuing education and lifelong learning in palliative care, by seeking feedback and supervision from their peers and mentors, and by using evidence-based and person-centered tools and strategies. The researcher also suggests that they collaborate and coordinate with other health professionals and services to ensure holistic and person-centered care, by participating in interdisciplinary team meetings, case conferences, and referrals, and by using effective communication, information, and documentation systems. The researcher also suggests that they assess and address the needs and preferences of patients and families in palliative care settings, and tailor their care accordingly, by using standardized and validated tools to measure and monitor their satisfaction, perceptions, and expectations, and by using respectful and sensitive inquiry, reflection, and storytelling to understand and respond to their values, beliefs, and goals.

- For nursing educators, the researcher recommends that they incorporate palliative care content and pedagogy into the nursing curriculum and teaching methods, by aligning them with the national and international standards and competencies for palliative care education, by using innovative and interactive learning activities and materials, and by providing adequate and appropriate clinical experience and supervision for nursing students. The researcher also suggests that they evaluate and improve the quality and outcomes of palliative care education, by using valid and reliable tools to measure and assess the knowledge, skills, and attitudes of nursing students, and by using feedback and reflection to identify and address the gaps and challenges of palliative care education.

- For nursing leaders and advocates, the researcher recommends that they promote and improve the access and integration of palliative care for patients and families with serious illness, by raising awareness and advocacy among the public and policymakers about the benefits and value of palliative care, by developing and implementing policies and regulations that support and facilitate the role and scope of nursing in palliative care, and by securing and allocating resources and support for palliative care services and programs. The researcher also suggests that they recognize and appreciate the role and contribution of nurses in palliative care, by providing incentives and rewards for nurses who provide high-quality and compassionate palliative care, by creating and maintaining a positive and supportive work environment and culture for nurses, and by celebrating and honoring the achievements and stories of nurses in palliative care.

These are some of the recommendations and suggestions for improving nursing care in palliative care settings, based on the results and discussion of the research. The researcher hopes that these recommendations and suggestions will inspire and guide nurses, nursing educators, and nursing leaders and advocates to lead and transform palliative care through their practice, education, and policy.

6. **Conclusion**

This paper explored the role and impact of nursing care in palliative care settings, from the perspectives of nurses, patients, and families. The paper adopted a mixed methods design that combined qualitative and quantitative approaches to collect and analyze data, and to integrate and interpret the findings. The paper involved a large and diverse sample of nurses, patients, and families in palliative care settings. The paper used valid and reliable instruments and methods to measure and assess the satisfaction, perceptions, and expectations of nursing care among the participants.

The paper addressed the following research question: How can nursing enhance the quality of palliative care for patients with life-limiting illnesses and their families? The paper also addressed the following research objectives:

- To examine the level and determinants of satisfaction with nursing care among nurses, patients, and families in palliative care settings

- To examine the perceptions and expectations of nursing care among nurses, patients, and families in palliative care settings

- To explore the experiences and perspectives of nursing care among nurses, patients, and families in palliative care settings

The paper found that nursing care in palliative care settings was generally satisfactory and appreciated by patients and families, but also revealed some areas of concern and improvement. The paper also found that nursing care in palliative care settings was perceived and expected to be comprehensive and holistic, but also faced some challenges and barriers. The paper also found that nursing care in palliative care settings was influenced by various factors, such as the role and scope of nursing, the availability and accessibility of resources and support, and the expectations and preferences of patients and families.

The paper contributed to the advancement and transformation of palliative care through nursing practice, education, and policy. The paper provided a comprehensive and in-depth understanding of the role and impact of nursing care in palliative care settings, as well as valuable insights and information for improving the quality and outcomes of nursing care in palliative care settings. The paper also provided recommendations and suggestions for enhancing the skills and competencies of nurses, incorporating palliative care content and pedagogy into the nursing curriculum, and promoting and improving the access and integration of palliative care for patients and families.

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