Title:

The Impact of Nurses Caring for Cancer Patients in Palliative Care Settings in the UK.

Abstract

Background

The systematic literature review aims to highlight the impact of nurses caring for cancer patients in palliative care settings. Besides this highlights the significance of palliative care and opinion towards end-of-life among cancer patients. Patients and their family members' views on cancer, as well as those of healthcare professionals, depend on how they feel about palliative care. The understanding of palliative care and the mindset towards end-of-life care of professional and nonprofessional care providers directly affect the quality of life of a cancer patient. In order to provide cancer patients with the best treatment possible, palliative care is a crucial part of the full range of medical services. Palliative nurses in the medical field play crucial roles in providing palliative care to cancer patients because they must do it with a good perspective and be mentally prepared.

Methods

This qualitative research study used the PEO framework to develop appropriate research questions. This also acted as a guide to search relevant articles. Two databases (Cinahl and Medline) have been used to find 5-6 relevant articles. The appropriate article selection has been done by following PRISMA guidelines. The inclusion and exclusion criteria helped to further accurately sort the article from the databases. The appropriate article selection has been done by following PRISMA guidelines.

Results

The nurses' participation and the prerequisites and difficulties of empowering carers are identified. The lack of fundamental palliative care/end-of-life communication while educational preparation for new nurses entering the job is a recurring worry among nurse managers. The clinical and operational requirements of the oncology care unit, along with communication patterns, must all be understood by palliative nurses on a daily basis. using various live and online educational programmes in the areas of knowledge and relating to the emotional, physical, and spiritual health of care providers can significantly increase their empowerment. In order to provide palliative care and achieve the goals of care, there must be cooperation and respect among the various professions, particularly between nurses and doctors.

Conclusions and recommendations

There is a need for a positive shift in the way that cancer stigma is treated, as well as improvements in cancer awareness, ways for patients to talk about their cancer experiences, and the educational system's inclusion of cancer awareness lessons on topics like nutrition, tobacco use, early detection, and cancer prevention.

Keywords

Empowering nurses, palliative care, palliative nurses, palliative care to cancer patients, holistic care

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Chapter 1. Introduction

Comprehensive cancer care must include palliative care by law. Stress in the clinical, psychological, spiritual, and emotional aspects of care is frequently brought on by a cancer diagnosis (Irei & Kimura, 2023). From the time a cancer patient is diagnosed until their demise, oncology nurses play a crucial role in their palliative care. They cover a wide range of cancer-related issues. Oncology nurses who are skilled and knowledgeable in palliative care can deliver excellent cancer care. Oncology nurses have numerous chances to advocate for palliative care. In order to provide complete cancer care, oncology nurses should acquire knowledge and abilities in primary palliative care (Kim et al., 2020). Palliative care is a medical treatment designed to enhance the quality of life for people with chronic or life-threatening illnesses, for example, cancer. Giving it with or without therapeutic options is possible. Palliative care aims to treat the patient as a whole, not merely illness. Hence, it impacts both care providers, patients and their family members (Irei & Kimura, 2023). As revealed by the WHO (2023) For a large number of disorders, palliative care is necessary. Adults who require palliative care typically have chronic illnesses such as diabetes (5%), chronic respiratory disorders (10%), AIDS (6%), cardiovascular diseases (39%), and cancer (34%). The *human right* to health specifically recognises palliative care. It ought to be delivered through person-centred, holistic health services that cater carefully to each person's unique requirements and preferences. Two of the most common and critical symptoms of people in palliative care need are pain and respiratory problems. For instance, at the final phase of their lives, 80% of cancer patients would endure moderate to severe pain, where the palliative nurses play a major role in providing the utmost care to these patients. Approximately 57 million individuals need palliative care annually, and the majority of whom fall into low- and middle-income nations (WHO, 2023). Worldwide, several obstacles have been identified that should be resolved to address the unmet need for palliative care, including the fact that several national health systems and policies do not even remark on it (Irei & Kimura, 2023). In addition, health professionals often receive little to no training on palliative care, and the population's accessibility to opioid painkillers falls short of international treaties on access to essential medicines. This indicates a need for palliative nurses to be empowered in providing palliative care to cancer patients. Palliative care must be offered in line with the foundations of universal healthcare coverage (Costeira et al., 2022). Individuals should obtain an agreed set of essential healthcare services, with palliative care, irrespective of disease kind, age or income. The human right to palliative care for any population group must be considered by monetary and social protection institutions (Irei & Kimura, 2023). The nursing workforce, especially those who deal with patients with critical illnesses, must be trained in palliative care techniques as a component of multidisciplinary teams. The correct steps and initiatives must be taken in order to make it easier to give palliative care to patients suffering from cancer. These actions and initiatives include enhancing communication among health team members, setting up continuing education programs on palliative care, and expanding palliative care delivery across the nation by health centre administrators. This further indicates a need for palliative nurses to be empowered in providing palliative care to cancer patients (Kim et al., 2020). Hence, the present systematic review aims to explore the impact of nurses caring for cancer patients in palliative care settings in the UK by evaluating if the nurses are adequately empowered to provide palliative care to cancer patients.

1.1 Aims

To explore the impact of nurses caring for cancer patients in palliative care settings in the UK.

1.2 Research question

What are the impacts of nurses caring for cancer patients in palliative care settings?

P = palliative nurses

E = health condition of interest (cancer).

O = being able to holistically provide palliative care to cancer patients.

In order for nurses to fulfil their leadership responsibilities and support good patient outcomes, they must be empowered. When workers have access to knowledge, assistance, resources, and the possibility to learn and grow, empowerment is inevitable (Kesbakhi & Rohani, 2019). The definition of empowerment is the capability to accomplish goals, which involves the capacity to mobilise resources and help, opportunities, and knowledge (Hallenbeck, 2021). The palliative care application can be encouraged by nurses in a wide range of medical scenarios. In an interdisciplinary team, they work as an expert advocate to share their patients' viewpoints and priorities. Such abilities are especially significant when any patient is coping with any critical disease like cancer. As an oncology nurse, one may give care for them in a variety of situations, including the community, the bone marrow transplant unit, and the inpatient ward (Costeira et al., 2022). As the affected individual's first point of contact, oncology nurses assist in coordinating the numerous facets of the care as they undergo cancer therapy. Patients receiving treatment from nurses for cancer include dressing changes, medicine and administration of chemotherapy, monitoring of blood and vital signs, as well as psychological support, education, and therapy for patients and their families (Zhang et al., 2018). Nursing empowerment ultimately leads to better patient outcomes, a more satisfied workforce, and expanded nursing autonomy.

Chapter 2. Methods

The meticulous steps used to identify, select, process, and examine information on any topic are known as research methodology (Toews, 2017). Thereby, a crucial chapter of any research project. Broadly categorizing, there are majorly three types of approaches to every planned research qualitative, quantitative and mixed methods. Qualitative research intends to gather and observe non-numerical information to comprehend individuals' attitudes, opinions, and inspirations concerning their communal reality. The course of the congregation and understanding numerical information is known as quantitative research. It may be applied to recognize tendencies and averages, frame hypotheses, observe causality, and infer findings from greater populations. The application of both quantitative and qualitative methodologies in single research is identified as mixed methods research (Bareiss, 2022). Researchers in health care use it more often, mainly in health services research.

The goal of the present research was to discover the impact of nurses caring for cancer patients in palliative care settings in the UK. 'impact' literally means '*having a strong effect on someone or something*'. This is a non-numerical, hence, a qualitative measure. The main aim of qualitative research is to understand study questions from a philosophical perspective (Karkee, 2017). In health research, the qualitative approach enables the viewing of the data, more widely (Viergever, 2019). Three major categories of qualitative research in a clinical context include interview studies, textual/documentary analysis of written records and observational studies. Therefore, the present study employed systematic reviews of the experimental research studies. A systematic review is said to be an analysis of a well-defined subject that employs methodical and explicit processes to find, choose, and evaluate pertinent studies as well as to gather and analyse data from those studies that are part of the review (Salmond & Holly, 2021). Hence, this approach helped the researcher to understand and explore the impact of nurses caring for cancer patients in palliative care settings in the UK.

Nevertheless, no statistical methods have been used to summarize the results of the included studies. Publication bias, or the propensity for good outcomes to be reported more frequently than negative findings, has been noted as a shortcoming of systematic reviews. Publication bias adds a new obstacle to the main information retrieval challenge of finding relevant publications, but systematic search techniques and statistical techniques can at least gauge the degree of publication bias and even gauge the sample size and the number of experiments used in unpublished studies.

2.1 Search strategy

Likewise, to eliminate publication bias, the research question has been framed based on the PEO framework that emphasized qualitative or non-numerical data. This in turn helped to investigate the associations and relationships. The present study has explored whether there is any association between empowering palliative nurses and offering quality care to cancer patients. P stands for the group being studied (palliative nurses); Exposure stands for disease, symptom, or health condition of interest (cancer); Outcome stands for what one is measuring (being able to holistically provide palliative care to cancer patients).

2.2 Study selection

Two databases (Cinahl and Medline) have been used to find 5-6 relevant articles. In order to assess a data resource's effectiveness in a specific study and to enable the research team to fully comprehend the resources at the planning stage, the selection of a database attempts to provide crucial questions that can be employed.

The appropriate article selection has been done by following PRISMA guidelines (Intan, 2021). The inclusion and exclusion criteria helped to further accurately sort the article from the databases. The inclusion criteria consistently, dependably, uniformly, and unbiasedly identify the study population. The exclusion criteria comprise elements or traits that exclude the population recruited for the study. These elements could affect the result parameter as confounders (Opuda & Bauder, 2022). PRISMA is primarily concerned with reporting studies that evaluate the impact of interventions, but it can also serve as a foundation for reporting systematic reviews with goals other than assessing interventions (e.g. evaluating prevalence, aetiology, prognosis, or diagnosis). Because databases may store large amounts of data in one location, they support efficient data access. The data can be accessed and changed simultaneously by several individuals. Users can quickly and easily find the information they need in databases since they can be searched and sorted. Journal articles, proceedings. conference and books are all accessible through databases. Additionally, they offer access to a variety of information, including standards, news, official papers, protocols, and recommendations.

2.3 Quality assessment

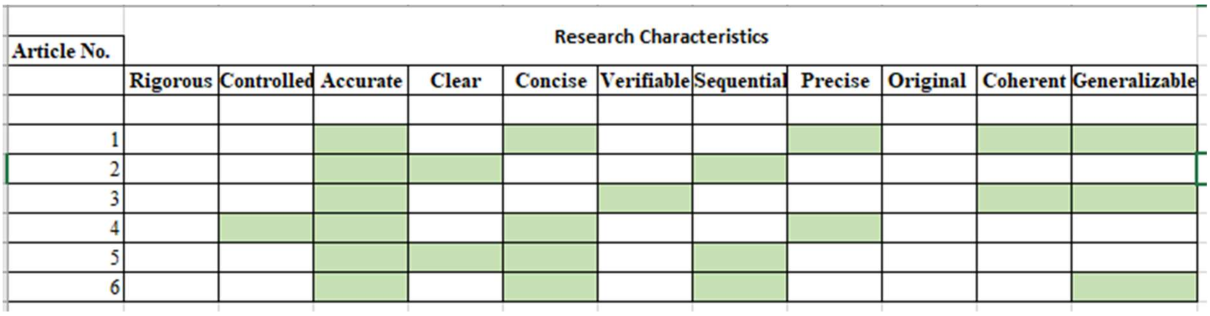
The phrases are occasionally used interchangeably. Quality assessment is also referred to as quality appraisal, thorough appraisal, and a chance of bias assessment. They refer to the evaluation of the rigour and methodological quality of the trials and studies that make up a systematic review. Six criteria for measuring the quality of research were listed after each paper was reviewed. These criteria are (a) Journal Impact Factor; (b) Citations; (c) Journal Ranking; (d) Peer Review; (e) Dialogue and Discourse; and (f) Standardized Research Reporting Format. After reviewing the literature, each criterion was defined in detail (Anjana & Choudhuri, 2018).

Chapter 3. Findings

3.1 Selected studies

Article 1 by Monemian, Sharbafchi and Taleghani, (2021) seeks to assess the requirements and obstacles faced by women and create a programme to support women caring for patients suffering from cancer. Article 2 by Chen et al., (2019) investigated the variables that affect cancer patients' usage of emergency hospitals. Ansari et al., (2019) in Article 3 explored and investigate how Iranian cancer patients' palliative care-related difficulties are perceived by stakeholders. Article 4 by Sawin et al., (2019) described about children's oncology Palliative care/end-of-life [PC/EOL] communication from the perspective of nurse managers. Hassankhani et al., (2022) in Article 5 have explored the need for home care of cancer-affected individuals from the viewpoint of home care nurses. In Article 6, Kerr, Donovan and McSorley, (2021) evaluated the clinical nurse specialists' role in cancer care.

3.2 Study characteristics



Article No.	Research Characteristics										
	Rigorous	Controlled	Accurate	Clear	Concise	Verifiable	Sequential	Precise	Original	Coherent	Generalizable
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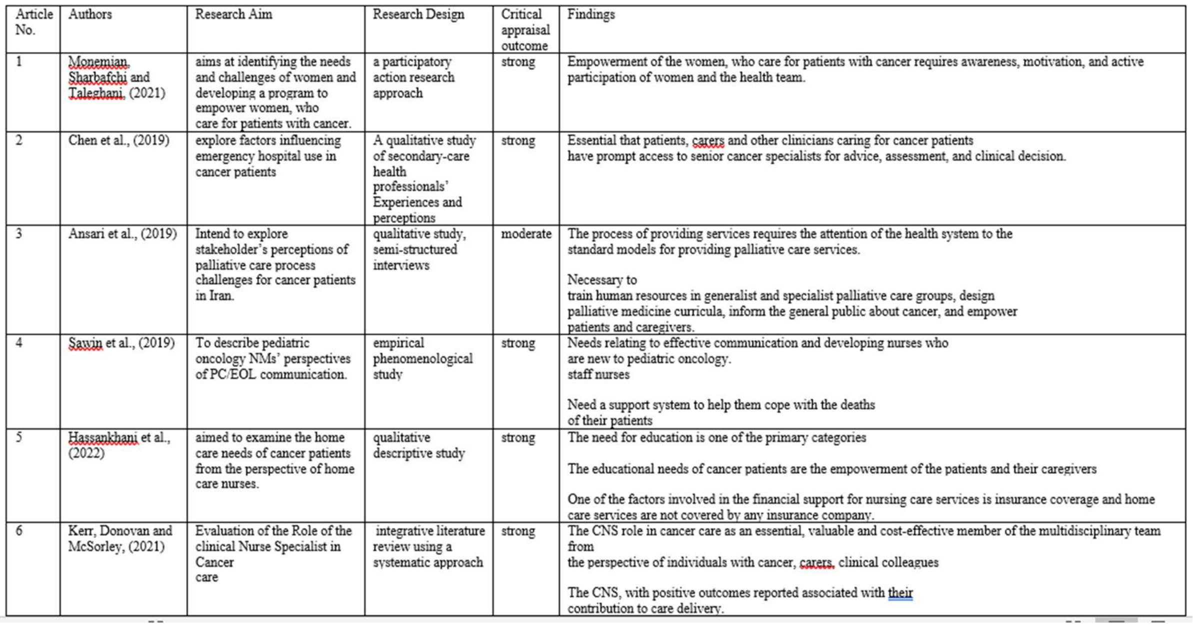
3.3 Summary table



Article No.	Authors	Research Aim	Research Design	Critical appraisal outcome	Findings
1	Monemian, Sharbafchi and Taleghani, (2021)	aims at identifying the needs and challenges of women and developing a program to empower women, who care for patients with cancer.	a participatory action research approach	strong	Empowerment of the women, who care for patients with cancer requires awareness, motivation, and active participation of women and the health team.
2	Chen et al., (2019)	explore factors influencing emergency hospital use in cancer patients	A qualitative study of secondary-care health professionals' Experiences and perceptions	strong	Essential that patients, carers and other clinicians caring for cancer patients have prompt access to senior cancer specialists for advice, assessment, and clinical decision.
3	Ansari et al., (2019)	Intend to explore stakeholder's perceptions of palliative care process challenges for cancer patients in Iran.	qualitative study, semi-structured interviews	moderate	The process of providing services requires the attention of the health system to the standard models for providing palliative care services. Necessary to train human resources in generalist and specialist palliative care groups, design palliative medicine curricula, inform the general public about cancer, and empower patients and caregivers.
4	Sawin et al., (2019)	To describe pediatric oncology NMs' perspectives of PC/EOL communication.	empirical phenomenological study	strong	Needs relating to effective communication and developing nurses who are new to pediatric oncology. staff nurses Need a support system to help them cope with the deaths of their patients
5	Hassankhani et al., (2022)	aimed to examine the home care needs of cancer patients from the perspective of home care nurses.	qualitative descriptive study	strong	The need for education is one of the primary categories The educational needs of cancer patients are the empowerment of the patients and their caregivers One of the factors involved in the financial support for nursing care services is insurance coverage and home care services are not covered by any insurance company.
6	Kerr, Donovan and McSorley, (2021)	Evaluation of the Role of the clinical Nurse Specialist in Cancer care	integrative literature review using a systematic approach	strong	The CNS role in cancer care as an essential, valuable and cost-effective member of the multidisciplinary team from the perspective of individuals with cancer, carers, clinical colleagues The CNS, with positive outcomes reported associated with their contribution to care delivery.

3.4 Thematic analysis

Below are the themes generated from a thorough review of the 6 selected articles.

Continuous Vigilance: Measuring and Improving Family-Centered Care

The clinical and operational requirements of the oncology care unit, along with communication patterns, must all be understood by palliative nurses on a daily basis. Contexts found about keeping an eye on the surroundings in the unit to foster a warm, family-oriented atmosphere. In their dedication to maintaining continuous vigilance, the nurses have identified several variables as obstacles they confront when tracking the environment, facilitating tough dialogues, dealing with barrier challenges, and harmonising unit and staff demands. A careful examination reveals that using various live and online educational programmes in the areas of knowledge and relating to the emotional, physical, and spiritual health of care providers can significantly increase their empowerment. Although the programme is not predefined in the participatory approach, the systematic review would greatly help in the area, and these methods would likely also be applied in the current investigation (Sawin et al., 2019; Ansari et al., 2019).

The context, a review of the literature, the nurses' participation, and the prerequisites and difficulties of empowering carers are identified. The program's creation and execution then result in nurse empowerment and the promotion of their mental, spiritual and physical health. The findings from the various articles can assist nurses, doctors, psychologists, social workers, and health officials in understanding the critical importance of empowerment techniques that consider carer demands as well as cultural and social contexts. Additionally, this could be used as the results to enhance how well the individual, family, and society components perform. This empowering change programme could be created to improve the nurses health worldwide who provide care for patients suffering from cancer and their families (Sawin et al., 2019; Ansari et al., 2019).

3.5 Encouraging Nurses’ professional growth

The NMs (nurse managers) addressed the significance of developing every nurse on the unit and additionally catering to the support and educational requests of the nursing staff as a crucial component of their responsibility for meeting workplace and staff needs. For instance, the NMs gave priority to assessing the need for good communication and training new nurses in paediatric oncology. The NMs also talked about their obligation to guarantee that novice nurses have at least the bare minimum knowledge of PC/EOL (palliative care/end-of-life) communication and oncology patient care. The lack of fundamental palliative care or end-of-life communication while informative preparation for new nurses inflowing the job is a recurring worry among the NMs. The NMs stated their frustration that prior to providing care for families with palliative care or end-of-life necessities, communication is acquired on the job other than in a classroom setting. Additionally, the NMs believed that all of the staff members who interacted with families during PC/EOL should practise self-reflection (Hassankhani et al., 2022; Kerr, Donovan and McSorley, 2021).

Additionally, they believed that NMs should be in charge of staff evaluations, staff opportunities to analyse self-performance and expansion facilitation. The NMs agreed that certain nurses require additional formal PC/EOL training in order to identify their knowledge gaps, improve palliative care, and end-of-life communication abilities, and boost confidence when giving palliative and/or end-of-life care. The NMs understood the value of following a family's principle but also desired that palliative nursing staff employ the latest research to improve communication. The nurse managers stated that incorporating learning into the nurses' work was the most efficient way to give education. Attending required formal educational sessions was not thought to be enjoyable or productive, especially if they fell on staff nurses' off days. Nonetheless, they were also in favour of palliative care and end-of-life related continuing education initiatives, for instance, the 'End of Life Nursing Education Curriculum', which gives professionals the chance to undergo internationally acclaimed palliative care/end-of-life training (Hassankhani et al., 2022; Kerr, Donovan and McSorley, 2021).

The necessity for a support system to assist palliative care nurses was given top priority by the NMs. It was specifically mentioned the necessity for these nurses to have a backing system to deal with patients’ death. According to the nurse managers, the absence of such a backing system made it difficult to provide first-class palliative and/or end-of-life treatment. The NMs are dedicated to creating tools and procedures to enhance communication abilities. Seeking resources that are beneficial to the nursing staff is at the heart of the NMs' efforts, even though the resources varied depending on the research site. Interdisciplinary rounding, debriefing sessions, grieving groups, and the application of employee aid tools are some of the strategies. Interdisciplinary rounding was thought to be useful for avoiding and resolving difficult communication problems (Hassankhani et al., 2022; Kerr, Donovan and McSorley, 2021).

Debriefing with another employee is also thought to be beneficial, however, the efficiency of this tactic could be hampered by insufficient staff availability. Additionally, the NMs valued "nurse-to-nurse" perspective-sharing. A designated "safe" space for nurse engagement and debriefing regarding palliative care and end-of-life patient experiences is seen as critical as it became clear that many staff nurses have a strong need to find a means to tell their stories. Because the sessions are informal and not considered professional counselling but rather a chance to exchange experiences, the creation of mourning groups for staff is recognised as a useful strategy to assist nurses in interacting with families in need of end-of-life care (Sawin et al., 2019; Ansari et al., 2019).

Each organization's employee assistance programme is a seldom-used but valuable tool. Following a cancer patient’s death, some nurses may require privacy and may benefit from the ‘Employee Assistance Program’s anonymous help in order to cope with their emotional reactions or their deep grief. The NMs also noted areas where resources are lacking. For instance, they found it frustrating that there was no private area in the healthcare facility for staff to grieve right away after a patient passed away. The NMs suggested that in order for nurses to manage and move through the grief process, they needed a specific designated "private" space to do so. Another annoying situation is having to quickly block a hospital bed with new admission post-death of a patient, immediately. This is seen as disrespectful to the relatives, carers, and staff members' needs to process and grieve in the actual room where the patient passed away. The NMs also pledged to find resources for palliative care and other forms of communication for the nurses (Sawin et al., 2019; Ansari et al., 2019).

3.6 Interprofessional relations

Palliative care must be developed and disseminated, thus necessary steps and procedures must be taken. In order to provide palliative care and achieve the goals of care, there must be cooperation and respect among the various professions, particularly between nurses and doctors. Kerr, Donovan and McSorley, (2021) also stated in their research that the primary requirements for providing palliative care are involvement and active contact among members of the health team, including doctors, nurses, spiritual advisers, social workers, and other members. Additionally, Hassankhani et al., (2022) stated that one of the biggest barriers to delivering palliative care is the dispute between doctors and nurses; therefore, mending the relationship may aid in enhancing the delivery of palliative care. Conflicts between doctors and nurses and a lack of effective collaboration were cited as the key issues in research by Chen et al., (2019) therefore fostering better relationships and fostering teamwork could progress the delivery of palliative care. It is also found that palliative care activities required efficient interprofessional connections and that it was characterised as an essential catalyst in the study of Monemian, Sharbafchi and Taleghani, (2021), which was conducted in the UK.

3.7 Educational approaches

3.7.1 Empowering care providers and Patients

It has been determined that teaching both patients and carers would empower them beyond anything else. For both patients and carers, having continuous education from the time of a patient's admission until release is crucial. Patients will feel more confident in the care process and heal faster when training is ongoing and followed up by the hospital. The readiness of this group towards home care presents a fantastic chance to empower patients and their families given the significance of home care and the demands of cancer patients and their communities in the caregiving process. The optimal location for training, according to policymakers, is the patient's house, which is referred to as home care and can be backed up by outpatient treatments in specialised departments. The long-term nature of cancer treatment necessitates extensive training. So, if it's feasible, some care activities and even training might be provided to patients at home (Chen et al., 2019; Monemian, Sharbafchi and Taleghani, 2021; Kerr, Donovan and McSorley, 2021).

3.7.2 Research and Technology

The dearth of research in palliative care emphasised the importance of technology and research in the learning process. The benefits of research in enhancing the process of providing care have been confirmed. Without conducting scientific research, education cannot be efficiently delivered. According to palliative nurses, research in the academic and medical fields aids in the improvement of their instructional initiatives. The extraordinary advancement of information technology on a global scale has led to its application to enhance healthcare services. The efficacy of services depends on the establishment of a notification system that includes service packages, and instructions, responding to general and specific inquiries, communicating with other areas of healthcare, and organising this care process (Chen et al., 2019; Monemian, Sharbafchi and Taleghani, 2021; Kerr, Donovan and McSorley, 2021).

3.7.3 Staff training

One of the most important components in providing patients with care is the ongoing, multidisciplinary training of personnel to acquire and enhance various abilities. Team management and multi-discipline have been ranked as the two preferred factors. Patients require a full-service care team due to the complexity of cancer. The medical staff should be aware of every facet of the patient's illness. The sickness is not the only issue. Additionally, there are social and mental factors as well as how well they work together. The scientific foundation for palliative nursing is strong, yet staying current promotes job satisfaction. Simultaneously, it enhances the system and aids in patient recuperation.

Other identified findings include a lack of negotiating, regulatory changes, and behavioural changes to support the specialisation of palliative care nursing. Patients, especially those who reside in rural or underprivileged regions, are denied access to skilled palliative nursing care in the absence of a prepared and accessible supervising physician. People underestimate the coordinated primary care offered by palliative care nurses because their attention is on treating sickness rather than fostering health. Economic invisibility - Due to the perception that nurses are not income producers, traditionally services of nursing are considered as an expenditure rather than a source of income on institutional/government financial sheets. As a result, they receive inadequate representation or are not involved in decision-making. The emphasis has shifted away from the assessment and appraisal of palliative care services as a result of this uneven financial treatment. Less money is being spent by the government on training primary-level palliative care nurses (Chen et al., 2019; Monemian, Sharbafchi and Taleghani, 2021; Kerr, Donovan and McSorley, 2021; Hassankhani et al., 2022)

Chapter 4. Discussion

4.1 Briefly describe aims

In the UK, there have been a growing number of emergency presentations and hospitalisations connected to cancer. The factors behind this occurrence are intricate, multifaceted, and connected. Out of several factors, the present systematic literature review aims to explore the impact of nurses caring for cancer patients in palliative care settings in the UK.

4.2 Summary of evidence

Article 1 summarises the application of various live and online educational programmes in the areas of knowledge and relating to the physical, mental, emotional, and spiritual health of carers can significantly aid in their empowerment. The biggest obstacles to nursing empowerment include stress, anxiety, despair, fear of loss, a decline in life expectancy, a decline in quality of life, a decline in social engagement, and a variety of physical issues. The study's other findings may aid oncology nurses, doctors, social workers, health officials and psychologists in understanding the critical importance of empowerment measures that take into account carers' needs as well as cultural and social norms (Monemian, Sharbafchi and Taleghani, 2021).

Patients, nurses, and other healthcare workers who share responsibility for cancer-affected individuals must quickly have access to experienced cancer specialists for guidance, evaluation, clinical decision-making, and other forms of assistance for patients, who are severely unwell. It improves patient outcomes and experiences along several emergency care routes while reducing needless demonstrations, admissions, and lengthier hospital stays. However, factors influencing cancer patients' utilisation of emergency hospitals are intricately linked to several elements and participants in the cancer treatment system. In the 2nd article, the device diagram illustrated the connections and feedback channels among these factors and made it easier to comprehend the complexity and dynamism of emergency care for cancer as a unified system (Chen et al., 2019).

The 3rd article briefed about the three subcategories of palliative care difficulties that have been further evaluated: "weakness of involvement of stakeholders policies", "standardised care", and "applying investigation and educational approaches". The importance of diverse organisations participating in the delivery of palliative care and associated services, uncertainty in roles, and a lack of knowledge in this area were identified as obstacles to delivering the services mentioned above. According to the researchers, the problem has not been resolved. It has been suggested that improving communication with other organisations and transdisciplinary and mutual cooperation will address such problems. The collaboration of groups within an organisation and with other groups may result from improvements in organisational culture (Ansari et al., 2019).

An interesting summary of evidence from Article 4 would be the initial palliative care interaction experiences had a significant impact on how the nurses later approached their management role. The nurses emphasised how their first-hand encounters with mortality influenced their leadership style. Their current emphasis on palliative care communication is influenced by their early death experiences. The majority of the new staff nurses' experiences caring for dying patients were unpleasant (they felt uncertain, unprepared, and untrained, and "scrabbled" in their primary communication with impacted relatives). They felt it was their responsibility as nurse managers to prevent this from happening to the nurses on their unit and that good initial palliative care experiences help nurses build skills for providing family-centred care more quickly (Sawin et al., 2019).

Article 5 summarised the cancer patients' needs for at-home care as seen through the eyes of home care nurses. It was discovered that the needs can be divided into four groups:

financial, educational, mental, and physical demands. Cancer patients are said to require some physical assistance with things like discomfort, vomiting, anorexia, dietary issues, fatigue, and pressure ulcers. The patient's hope in terms of psychological care is one of the other necessities. The participants claimed that these patients typically lose hope, thus it is important to identify realistic goals in this regard, as well as the paths leading there, in order to inspire the patient to have hope in achieving those goals (Hassankhani et al., 2022).

In Article 6 the findings are associated with the results linked to the clinical nurse specialist's (CNS) role in caring for cancer. These included maintaining sufficient staffing for the services offered by CNSs and clearly defining the function's parameters to reduce role duplication with other medical specialists. It is advised that each person with cancer be assigned a key worker. One healthcare practitioner who is thought to be capable of performing this function in the treatment of cancer is the CNS (Kerr, Donovan and McSorley, 2021).

4.3 Critical Discussion

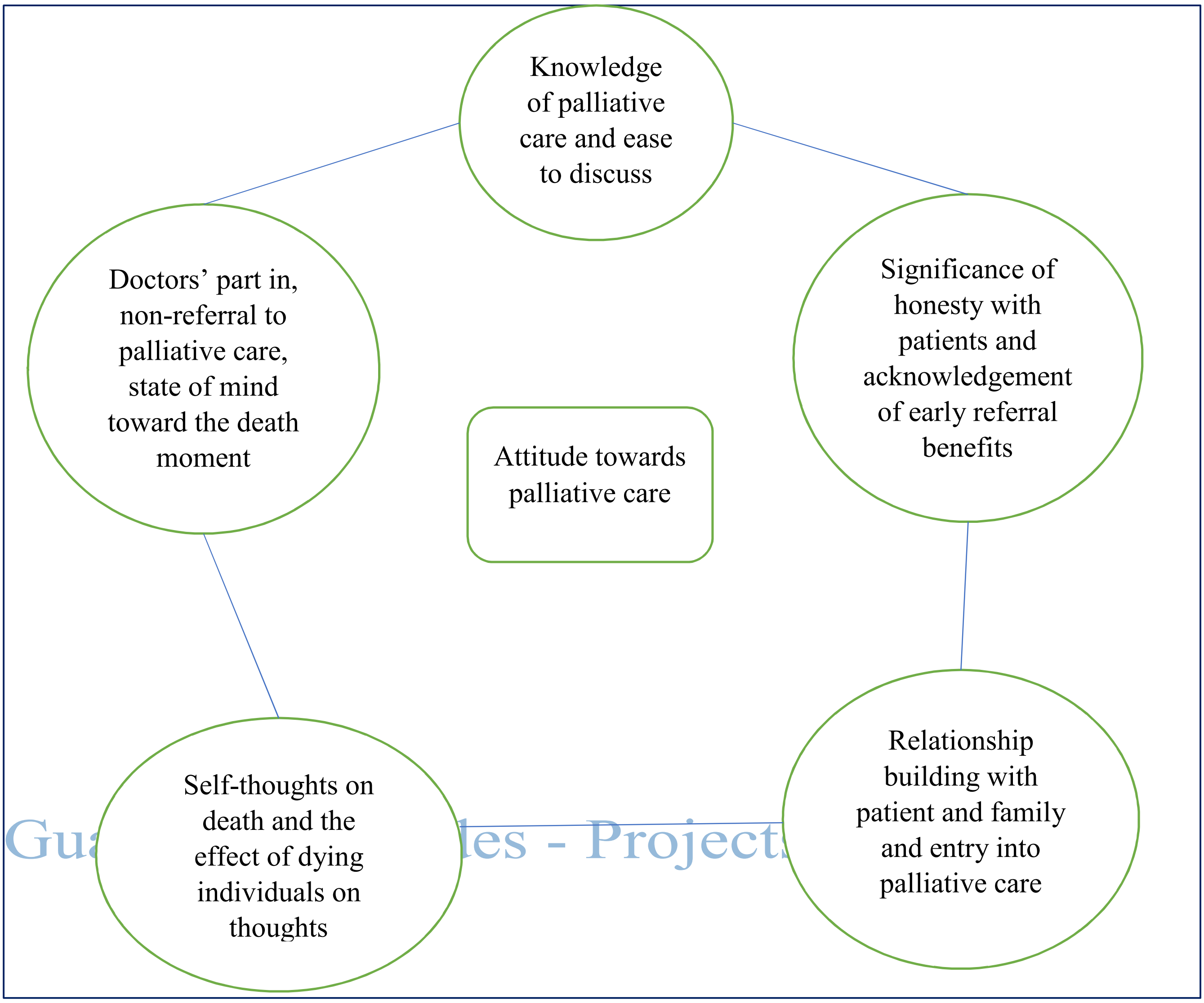
Palliative care is a complete therapy that can be used at all illness stages and that patients can get in addition to other therapeutic interventions including chemotherapy, radiation, and surgery. A multidisciplinary, holistic approach to care is used in palliative care. In comprehensive approaches, all aspects of care are taken into account as a cohesive whole to lessen and alleviate patients' pain and discomfort. Members of the medical teams are able to offer palliative care in a variety of locations, including homes, hospitals, special centres for palliative care, and other care facilities. Palliative care takes a holistic approach to all aspects of human existence as well as families.

Kerr, Donovan and McSorley, (2021) identified three main challenges to understanding palliative care treatments, including understanding, ability, and cultural barriers, limitations to cooperation, teamwork, and communication, and challenges to the management of care. Sawin et al., (2019), it was found that common obstacles to implementation included a dearth of palliative care medical professionals, nurses, and social workers with the necessary training, as well as patient and family ignorance and a lack of training possibilities for current healthcare team members.

People's attitudes regarding death are influenced by their social, ethnic, and religious beliefs (Monemian, Sharbafchi and Taleghani, 2021). Medical (physical symptoms), personal (social isolation), practical (activity), religious (spiritual abandonment), and psychological (sadness, anxiety) well-being demands are all present in cancer patients. For them at the proper moment, palliative nurses must have a constructive approach towards their various demands. Additionally, social beliefs and values influence how medical professionals view patients receiving palliative care.

Delgersuren Gelegjamts and Batbagana Burenerdene (2022) conducted research on how healthcare professionals feel about palliative care and caring for patients who are dying, and some nations have utilised the results of their studies to gauge sentiments among healthcare professionals worldwide. Researchers' findings in Dimoula et al., (2019) demonstrated that by offering palliative care training and by delivering palliative care, healthcare personnel' attitudes can change. A healthcare provider treats these patients with a greater sense of optimism, which is also linked to a decreased dread of death, worry, and tension.

The opinions of healthcare professionals vary; for instance, oncologists and nurses reported more favourable attitudes regarding palliative care and tending to the needs of the terminally ill than other care professionals.



Delgersuren Gelegjamts and Batbagana Burenerdene (2022) in research, five factors have been frequently mentioned that influence nurses’ attitudes towards palliative care.

Compared to doctors, nurses are far more inclined to approve that attending to a dying individual makes them extra conscious of how they feel regarding death. As a whole, nurses had an added favourable opinion of palliative treatment than doctors did.

In one survey of Blaževičienė, Laurs and Newland, (2020) nurses were less likely than specialists to think it would be best to delegate the care of dying patients. They are also more likely to feel that palliative care is a rewarding aspect of their jobs. In contrast to doctors and other healthcare professionals, nurses were the target audience for the majority of research that evaluated attitudes towards PC/EOL.

Chapter 5. Recommendations and Conclusion

5.1 Overall conclusion

The findings of this study defined the various facets of cancer patients' care requirements. Cancer patients need emotional assistance and interdisciplinary collaboration to value all aspects of this need in addition to their educational and physical difficulties. Additionally, it is advised that in order to increase the quality of care given to these patients by satisfying their demands and enhancing their quality of life, the provision of patient care must be made a priority for the authorities in various palliative care models.

5.2 Limitations of the Study

This systematic review is one of the few studies which focuses on exploring various process challenges of palliative care, the associated stakeholders and the impact of the nurses caring for cancer patients in palliative care settings. This is an emerging discipline hence understanding the required/discussed needs would be a basis for further research in this field. Nevertheless, attaining extensive information regarding these needs may necessitate quantitative studies. Notable, the present study is a qualitative study that is conducted on a small number of available literary information (journals, articles), thus, it is of narrow generalizability. A strength of this systematic review would be that the selected studies include a range of cancers as it intended at capturing a predominant evaluation of nurse’s role in the palliative care and cancer context. The incorporation of experimental and non-experimental study designs, which led to a more varied methodical strategy and the inclusion of a larger ensemble of works linked to the goals of the present literature review, was the benefit of this comprehensive literature review.

5.3 Implications or recommendations for future research, practice, policy, or education.

For cancer patients receiving palliative and supportive care, attitude is crucial. In comparison to other palliative care patients including cancer patients, and their families require a different mentality. Having a particularly optimistic outlook on cancer patients assists in remaining as long as possible by improving all elements of their quality of life, including mental, physical, spiritual, and social. Although customs, opinions, and thoughts play significant roles in attitude, they may also be modified and learnt via education and practice. Professionals who work in the palliative and support care fields need to be psychologically prepared for high knowledge, a positive mindset, and abilities to practise during their academics.

According to the findings, there needs to be a positive shift in the way that cancer stigma is treated, as well as improvements in cancer awareness, ways for patients to talk about their cancer experiences, and the educational system's inclusion of cancer awareness lessons on topics like nutrition, tobacco use, early detection, and cancer prevention. Additionally, subsidiary activities must result in improvements in cancer inequities and cancer stereotypes (Koppel et al., 2019). Regarding cancer, people seem to be "on the fence." The awareness that cancer may be controllable or perhaps cured coexists with a quick, instinctive feeling of dread and impending death. Designing efficient cancer control messages may be aided by understanding the public perception of cancer.

Education in palliative care for medical students is crucial. Studies have shown that it can be difficult to deal with patients who are nearing the end of their lives, to communicate bad news, and to cope with the grief and dread of the death of relatives. The medical school faculty has recently concentrated on propagating myths and anxieties as well as cultivating optimistic views concerning students' potential future roles in delivering palliative care

(Miller et al., 2016). Student attitudes about end-of-life care appear to be influenced by a broader range of factors, particularly cultural factors, despite being generally associated with educational attainment and clinical learning (Kluger et al., 2018).

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