

Minna Hökkä et al. (2021)

Palliative Nursing Competencies Required for Different Levels of Palliative Care Provision

Background: Nurses must possess adequate competencies to provide high-quality palliative care. Earlier statements have described certain competencies that are relevant for palliative care, yet only limited empirical research has focused on the perspective of health care professionals to clarify which competencies are required for different levels of palliative care provision.

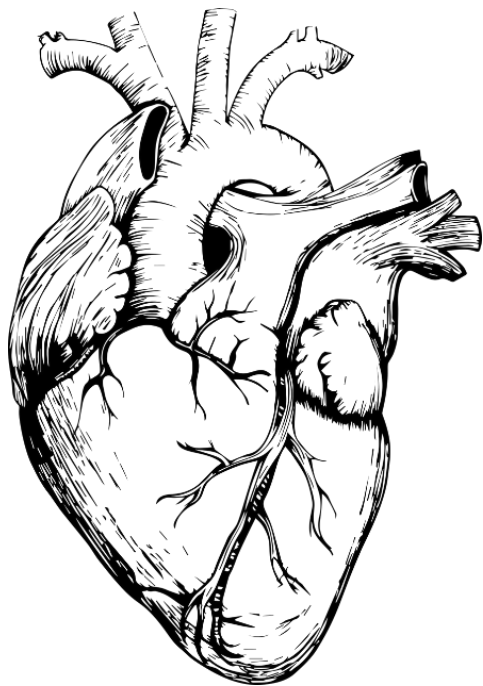
Objective: The aim was to describe the required palliative nursing competencies of registered nurses aligned to different levels of palliative care provision, from the perspectives of multiprofessional groups.

Design: A qualitative study design.

Results: Competencies relevant to basic palliative care were categorized under 17 main categories, which included a total of 75 subcategories. “Competence in managing the most common symptoms” was the main category that contained the largest number of reduced expressions ($f = 75$). An analysis of specialist palliative care data yielded 10 main categories, including 49 subcategories, with “Competence in maintaining expertise and taking care of own well-being at work” containing the most reduced expressions.

Conclusion: The study provided new knowledge; more specifically, competencies related to encounters and maintaining hope were described as palliative care nursing competences. The results can be used to ensure that palliative nursing education focuses on the competences that are necessary in practice.

<https://doi.org/10.1089/jpm.2020.0632>



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Yvonne N. Becqué et al. (2021)

Dignity reflections based on experiences of end-of-life care during the first wave of the COVID-19 pandemic

A qualitative inquiry among bereaved relatives in the Netherlands

Background

The COVID-19 pandemic affects care practices for critically ill patients, with or without a COVID-19 infection, and may have affected the experience of dying for patients and their relatives in the physical, psychological, social and spiritual domains.

Aim

To give insight into aspects of end-of-life care practices that might have jeopardised or supported the dignity of the patients and their family members during the first wave of the COVID-19 pandemic in the Netherlands.

Methodology

A qualitative study involving 25 in-depth interviews with purposively sampled bereaved relatives of patients who died during the COVID-19 pandemic between March and July 2020 in the Netherlands. We created a dignity-inspired framework for analysis, and used the models of Chochinov et al. and Van Gennip et al. as sensitising concepts. These focus on illness-related aspects and the individual, relational and societal/organisational level of dignity.

Results

Four themes concerning aspects of end-of-life care practices were identified as possibly jeopardising the dignity of patients or relatives: ‘Dealing with an unknown illness’, ‘Being isolated’, ‘Restricted farewells’ and ‘Lack of attentiveness and communication’. The analysis showed that ‘Meaningful end-of-life moments’ and ‘Compassionate professional support’ contributed to the dignity of patients and their relatives.

Conclusion

This study illuminates possible aspects of end-of-life care practices that jeopardised or supported dignity. Experienced dignity of bereaved relatives was associated with the unfamiliarity of the virus and issues associated with preventive measures. However, most aspects that had an impact on the dignity experiences of relatives were based in human action and relationships.

Relatives experienced that preventive measures could be mitigated by health care professionals to make them less devastating.

<https://doi.org/10.1111/scs.13038>

Masanori Mori et al. (2021)

How Successful Is Parenteral Oxycodone for Relieving Terminal Cancer Dyspnea Compared With Morphine?

A Multicenter Prospective Observational Study

Context

Parenteral morphine is widely used for dyspnea of imminently dying cancer patients (terminal dyspnea). However, the efficacy of other opioids such as oxycodone remains largely unknown.

Objectives

To explore the efficacy of parenteral oxycodone vs. morphine by continuous infusion over 24 hours in cancer patients with terminal dyspnea.

Methods

This was a pre-planned subgroup analysis of a multicenter prospective observational study. Inclusion criteria were advanced cancer patients admitted to palliative care units, Eastern Cooperative Oncology Group performance status = 3-4, and a dyspnea intensity ≥2 on the Integrated Palliative care Outcome Scale (IPOS) for which oxycodone or morphine was initiated by continuous infusion. We measured dyspnea IPOS scores over 24 hours.

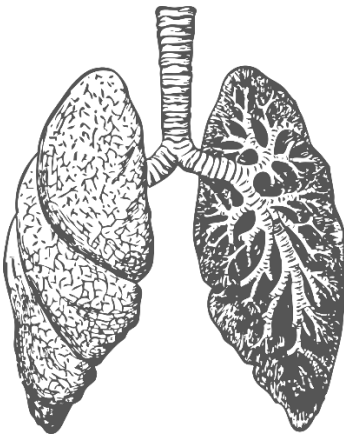
Results

We analyzed 164 patients who received oxycodone (n = 26) and morphine (n = 138) for dyspnea (median survival = 5 days). The mean age was 70 years, 58 patients (35%) had lung cancer, and 97 (59%) had lung metastases. Complete case analysis revealed that mean dyspnea IPOS scores decreased from 3.0 (standard deviation = 0.7) to 1.5 (0.7) in the oxycodone group (difference in means = 1.5; P < 0.001), and from 2.9 (0.7) to 1.6 (1.0) in the morphine group (difference in means = 1.3; P < 0.001). No significant between-group differences existed in the IPOS scores at 24 hours (P = 0.753). Adverse events were seen in no and 5 patients in the oxycodone and morphine groups, respectively.

Conclusion

Parenteral oxycodone may be equally effective and safe as morphine in the treatment of terminal dyspnea in cancer patients. Future randomized controlled trials should confirm the efficacy and safety of opioids other than morphine for terminal dyspnea.

<https://doi.org/10.1016/j.jpainsymman.2020.11.037>



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Eduardo Sánchez Sánchez et al. (2021)

Nurse and Nursing Students’ Opinions and Perceptions of Enteral Nutrition by Nasogastric Tube in Palliative Care

It is widely accepted that nursing staff play a key role in palliative care (PC). The use of Nasogastric tubes (NG tubes) for Enteral Nutrition (EN) administration is still controversial in patients who receive PC. The aim of this study was to describe nurses’ and nursing students’ opinions and perceptions about EN using NG tubes in adult patients in palliative care. When life expectancy was above six months, 90.0% (n = 460) reported that EN using NG should be implemented. In contrast, when life expectancy is less than a month, 57.5% (n = 294) discouraged it.

It was concluded for both nurses and nursing students that life expectancy should be the mean reason for implementing and withdrawing EN by NG tube.

<https://doi.org/10.3390/nu13020402>



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Halle Johnson et al. (2020)

Patient and public involvement in palliative care research: What works, and why?

A qualitative evaluation

Background:

Public involvement is increasingly considered a prerequisite for high-quality research. However, involvement in palliative care is impeded by limited evidence on the best approaches for populations affected by life-limiting illness.

Conclusion:

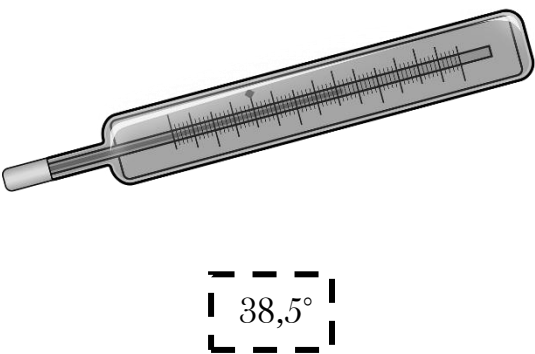
Within palliative care research, it is important for involvement to focus on building and maintaining relationships, working flexibly, and identifying those with relevant experience. Taking a strategic approach and developing adequate infrastructure and networks can facilitate public involvement within this field.

<https://doi.org/10.1177/0269216320956819>

Marina Sjöberg et al. (2021)

Documentation of older people’s end-of-life care in the context of specialised palliative care

A retrospective review of patient records



Background

Palliative care focuses on identifying the needs of those experiencing problems associated with life-threatening illnesses. As older people approach the end of their lives, they can experience a complex series of problems that health-care professionals must identify and document in their patients’ records.

Results

The most common clinical notes in older people’s patient records concerned interventions (n = 16,031, 71%), mostly related to pharmacological interventions (n = 4318, 27%). The second most common clinical notes concerned problems (n = 2804, 12%), pain being the most frequent, followed by circulatory, nutrition, and anxiety problems. Clinical notes concerning people’s wishes and wellbeing-related details were documented, but not frequently. Symptom assessment tools, except for pain assessments, were rarely used. More people who received care in palliative in-patient wards died alone than did people who received care in their own homes.

Conclusions

Identifying and documenting the complexity of problems in a more structured and planned way could be a method for implementing a more holistic approach to end-of-life care. Using patient-reported outcome measures capturing more than one symptom or problem, and a systematic documentation structure would help in identifying unmet needs and developing holistic documentation of end-of-life care.

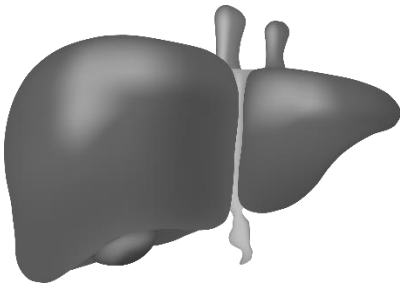
<https://doi.org/10.1186/s12904-021-00771-w>

Brent Taelis et al. (2021)

How can social workers be meaningfully involved in palliative care?

Palliative care is a holistic practice using a multidisciplinary approach in addressing multidimensional needs. Although the social aspects surrounding the end-of-life phase suggest a place for social work in it, the profession is often inadequately involved in daily practice. This contrasts strongly with the potential meaningful contributions of social workers in this field. To date, no comprehensive list of prerequisites for meaningful social work involvement in palliative care exists. This review aims to gain more insight on the prerequisites for meaningful social work involvement in palliative care and how to realise them in practice.

<https://doi.org/10.1177/26323524211058895>



Elvira Luana de Brasi et al. (2020)

Nurses' moral distress in end-of-life care

A qualitative study

Background:

Moral distress is a neglected issue in most palliative education programmes, and research has largely focused on this phenomenon as an occupational problem for nursing staff.

Research question:

The primary outcome of this study was to explore the causes of morally distressing events, feelings experienced by nurses and coping strategies utilised by a nursing population at an Italian teaching hospital. A secondary outcome of this qualitative study was to analyse whether palliative care or end-of-life care education may reduce morally distressing events.

Findings:

Six main themes emerged from the interview analyses: (1) the causes of moral distress; (2) feelings and emotions experienced during morally distressing events; (3) factors that affect the experience of moral distress; (4) strategies for coping with moral distress; (5) recovering from morally distressing events; and (6) end-of-life accompaniment. Varying opinions regarding the usefulness of palliative care education existed. Some nurses stated that participation in end-of-life courses did not help them cope with morally distressing events in the ward, and they believe that existing courses should be strengthened and better structured.

<https://doi.org/10.1177/0969733020964859>



Josiane Bissonnette et al. (2022)
Hypnosis and music interventions for pain, anxiety, sleep, and well-being in palliative care
A systematic review and meta-analysis



Background Maintaining quality of life is a primary goal of palliative care (PC). Complementary interventions can help meet the needs of patients at the end of life.

Objectives This meta-analysis aims to 1) evaluate the feasibility, acceptability, and fidelity of music and hypnosis interventions designed for patients in PC; 2) evaluate the impact of these interventions on pain, anxiety, sleep, and well-being.

Methods Relevant studies were sourced from major databases.

Results Four RCT and seven non-randomised pre-post studies met the inclusion criteria. Overall, the feasibility and acceptability of the interventions reached an adequate level of satisfaction. However, only three studies reported using a written protocol. The meta-analysis of RCT indicated a significant decrease in pain with an effect size of -0.42 , $p = .003$. The small number of RCT studies did not allow us to quantify the effects for other variables. Analyses of data from pre-post designs indicated a favourable outcome for pain, anxiety, sleep, and well-being.

Conclusion Despite the limited number of studies included in our meta-analysis, hypnosis and music intervention in the context of PC shows promising results in terms of feasibility and acceptability, as well as improvements on pain, anxiety, sleep and well-being. The available studies are insufficient to compare the efficacy across interventions and assess the potential benefits of their combinations. These results underscore the importance of further research on well-described complementary interventions relying on hypnosis and music.

What was already known?

- There is a need for validated complementary palliative care interventions.
- Music and hypnosis intervention have shown significant effects for pain, anxiety, sleep, and well-being management in many populations.

What are the new findings?

- Hypnosis and music interventions show medium effect size for pain reduction in palliative care.
- The preliminary analysis of pre-post data shown promising results for pain, anxiety, sleep, and well-being in palliative care.

What is their significance?

- The good feasibility and acceptability of these interventions justify their use in clinical settings.
- More RCT studies with manualised interventions are needed to standardise the procedures, determine effect size and allow for a systematic comparison across interventions

<https://doi.org/10.1101/2022.01.20.22269568>