

Challenges and Affecting Factors for Nurses in the Integration of Home Health Service and Palliative Care*

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ABSTRACT

Objective: This study aimed to determine the difficulties experienced by nurses working in the integration process of home health service and palliative care, and the affecting factors.

Material and methods: This is a descriptive study, and data were collected using the "Palliative Care Difficulties Scale (PCDS)," and the "Palliative Care Self-Reported Practices Scale (PCPS)." The study was conducted using an online questionnaire through Google Survey.

Results: While 91.8% (n=141) of the participants reported that the integration of home health service and palliative care was necessary, 42.6% of them reported that they had problems with decision-making during the practices in the unit where they worked. The participants' mean PCDS score was 42.3±10.3, and the mean PCPS score was 73.8±10.2. A statistically significant relationship was found between the educational status of the nurses, receiving education about the unit they work in, having problems with making decisions during practice, experiencing conflicts about home health service/ palliative care areas, and receiving consultancy services related to ethical dilemmas experienced and palliative care difficulties (p<0.05). A weak and significant negative correlation was found between the sub-dimension of PCPS, "care provided at the time of death", and "communication", which is both PCDS total and PCDS sub-dimension.

Conclusion: Although a weak but significant correlation was detected in some sub-dimensions, no significant correlation between the total PCDS score and the total PCPS score was found.

Keywords: Home health service, palliative care, integration, nurse

INTRODUCTION

Home care is the personalized health and social service that individuals with serious illnesses receive in their own living space in order to protect, develop, and improve their health (1, 2). With the advancement of technology, the usability of medical devices at home has improved, resulting in the greater utility of home health services (HHS) that provide cost-effective and certified long-term care services. (3-6). HHS include examination, follow-up, treatment, medical care, and rehabilitation services, together with psychosocial counseling services. In this context, while providing personalized care to the individual, the continuity of care is also ensured (1, 2).

The rapid increase in the elderly population in our country and the increase in the need for qualified care for patients

with life-threatening, incurable, or chronic diseases have led to the emergence of palliative care (PC) as a multidisciplinary approach. According to the definition of the World Health Organization (WHO), PC is an approach that prevents adult/pediatric patients and their families from facing physical, social, psychological, and spiritual problems related to life-threatening diseases and aims to improve their quality of life (7-10). The developments in the field of health have increased expectations for the prolongation of life expectancy, which has led to discussions on the issue of qualified death. Thus, towards the end of the twentieth century, as a result of developments in hospice care (end-of-life care) and PC, the integration of PC into the public health system was realized (11).

The vast majority of patients receiving home health care, receive services within the scope of PC. Therefore, these

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two services are intertwined with each other. Patients want to spend the last period of their lives in safety in their own living spaces and want a better and more dignified death. This can be achieved through the coordination of HHS. Both the limited number of PC centers and the demands of patients and their relatives to receive HHS have enabled PC to be included in the scope of HHS. However, this integration in healthcare has caused some difficulties (9, 12-14). To the best of our knowledge, there are not enough studies in the literature addressing these challenges. In this study, it was planned to determine the difficulties experienced by nurses working in HHS and PC during the integration process and the affecting factors.

MATERIAL AND METHODS

This descriptive study was conducted between June and November 2021. The research was conducted in accordance with the Helsinki Declaration and conformed to research and publication ethics. The study was approved by the University Institutional Review Board (IRB date and

number: 06.03.2020/2020.08). The minimum sample size in the population was determined by power analysis using the program G*Power (v3.1.9.7). In order for an analysis significance level of 0.05 (α) and an 80% statistical test power ($1-\beta$), effect size was calculated as 0.30. The minimum sample size according to standard deviation (SD) was determined to be 64. A total of 141 nurses working in HHS and PC in Istanbul were included in the study. The study was conducted using an online questionnaire through Google Survey. The data for the study were collected with the "Data Collection Form", the "Palliative Care Difficulties Scale" and the "Self-Reported Palliative Care Practices Scale". Participants were informed about the purpose of the research, its content, and where the obtained data would be used; they were included in the study in line with the principles of willingness and voluntariness. The survey link and an invitation to participate in the study were distributed through their social networks to HHS and PC nurses working in the public sector in Istanbul. Participants who accepted the research were able to see the survey questions.

Table 1: Socio-demographic and descriptive characteristics of nurses

	n	%
Age, year (yr) 20-35 yr	74	52.5
≤ 36	67	47.5
Professional experiences, yr ≥ 5 yr	89	63.1
≤ 6 yr	52	36.9
Gender Female	124	87.9
Male	17	12.1
Marital status Married	90	63.8
Single	51	36.2
Education level Vocational high school of health	10	7.1
Associate degree	15	10.6
College	98	69.5
Master or PhD	18	12.8
Working status Day shift	63	44.7
Night shift	9	6.4
Day and night shift	69	48.9
Work place Home health service	55	39.0
Palliative care	86	61.0
Training specific to unit worked Yes	97	68.8
No	44	31.2
Having certificate related to unit worked Yes	61	43.3
No	80	56.7
Mean ±SD (min.-max.)		
Palliative Care Difficulties Scale Score		
Communication in multidisciplinary teams	8.4 (15 – 3)	8.1 ±
Communication with patient and family	9.0 (15 – 4)	2.6 ±
Expert support	7.9 (14 – 3)	2.9 ±
Alleviating symptoms	8.4 (15 – 3)	3.1 ±
Community coordination	8.6 (15 – 3)	3.1 ±
Total	42.3 (68 – 18)	10.3 ±
Palliative Care Self-Reported Practices Scale Score Dying-phase care		
Patient- and family-centered care	11.3 (15 – 3)	2.7 ±
Pain	13.1 (15 – 6)	1.7 ±
Delirium	12.6 (15 – 6)	2.1 ±
Dyspnea	11.9 (15 – 5)	2.4 ±
Communication	12.7 (15 – 3)	2.1 ±
Total	12.2 (15 – 3)	2.2 ±
	73.8 (90 – 36)	10.2 ±

Data Collection Form: The form included 19 questions on the socio-demographic and other descriptive characteristics of nurses (age, gender, marital status, education level, length of professional work, unit of work, etc.) (7, 10, 12, 15-16).

Palliative Care Difficulties Scale (PCDS): The scale is a special scale developed by Nakazawa et al. (2010) to conceptualize the difficulties of PC (15) and adapted into Turkish by Kudubes et al. (2019) (16). It consists of 15 items describing PC difficulties

Table 2: Nurses' perspectives on home health and palliative care integration

	N	%
Do you have problems with decision making during the application in the unit you work in?		
Yes	60	42.6
No	81	57.4
Problems with decision making*		
Not having enough knowledge about the field	9	6.4
Lack of self-confidence	6	4.3
Doctor	26	18.4
Other team members	10	7.1
Institution	23	16.3
Patient/patient relative	29	20.6
Legislation/law/regulation	34	24.1
What do you think about the integration of home health service and palliative care?		
Necessary	128	91.8
Not necessary	13	9.2
Necessary, because*		
It reduces preventable hospitalizations and admissions to the emergency department.	107	75.9
It is economically advantageous and reduces the cost.	84	59.6
Early integration improves patients' quality of life and improves their mood.	87	61.7
It ensures the continuity of medical control.	72	51.1
It reduces the burden on the caregiver.	70	49.6
It reduces the level of anxiety by ensuring that the patient receives care in her/his own safe environment.	103	73.0
It increases the compliance of the patient and family with care.	98	69.5
It reduces the risk of infection.	98	69.5
Increases decision making ability in symptom management.	45	31.9
It allows the spiritual (spiritual support) needs of the patient/patient relative to be met.	79	56
Not necessary, because*		
There is no problem in the supply of materials.	33	23.4
There is no transportation problem.	24	17.0
Access to the healthcare team is easy.	40	28.4
The health institution allows the health team to provide care in a safe environment.	39	27.7
Multidisciplinary care opportunities are more.	49	34.8
It increases the welfare level of the patient's relative.	18	12.8
Do you have conflicts about home health service/palliative care areas?		
Yes	61	43.3
No	80	56.7
With whom do you often have conflicts?*		
Doctor	31	22.0
Other health personnel (nurse, midwife, care technician, etc.)	18	12.8
Other helpful staff (secretary, driver, staff)	8	5.7
Patients and their relatives	37	26.2
Manager/institution	21	14.9
What do you think are the problems experienced in the integration of home health service and palliative care?*		
Procedures that patient relatives deal with during discharge (reports, caregiver burden, etc.)	56	39.7
Coordination problems between home health service and palliative care	72	51.1
Home health personnel do not receive a special unit fee difference in performance payments	58	41.1
Failure to maintain palliative care treatments and practices in home health services	69	48.9
Lack of information of home health service personnel about patients requiring palliative care	57	40.4
Low motivation of home health service personnel in providing care to patients requiring palliative care	47	33.3
Home health personnel do not feel safe in the area of service delivery (at the patient's home)	61	43.3
Problems in the supply of household medical devices (home type ventilator, oxygen concentrator, air mattress, etc.)	77	54.6
Have you received consultancy services regarding ethical dilemmas experienced?		
Yes	14	9.9
No	127	90.1
Do you need consultancy?		
Yes	93	66.0
No	34	24.1

Table 3: Factors Affecting Nurses’ Palliative Care Difficulties

	Palliative Care Difficulties Scale											
	Communication in multidisciplinary teams	p	Communication with patient and family	p	Expert support	p	Alleviating symptoms	p	Community coordination	p	Total	p
Age, year (yr)												
20-35 yr	7.90±3.01	0.04	8.92±2.50	0.69	7.74±2.81	0.38	8.73±3.18	0.14	8.74±3.10	0.47	42.04±9.71	0.78
≤ 36	8.94±3.10		9.09±2.69		8.16±2.97		7.95±3.03		8.37±3.08		42.52±10.92	
Professional experiences												
≥ 5 yr	8.29 2.80±	0.62	8.95±2.57	0.78	7.88±2.96	0.72	8.28±3.01	0.69	8.56±3.31	0.97	41.97±10.22	0.64
≤ 6 yr	8.58±3.53		9.08±2.63		8.06±2.79		8.50±3.33		8.58±2.70		42.79±10.43	
Gender												
Female	8.47±3.10	0.41	9.16±2.63	0.01	8.03±2.91	0.32	8.43±3.12	0.50	8.74±3.08	0.06	42.84±10.37	0.07
Male	7.82±3.00		7.82±1.91		7.29±2.66		7.88±3.24		7.29±2.87		38.12±8.67	
Marital status												
Married	8.14±3.05	0.19	9.08±2.63	0.63	8.14±2.85	0.27	8.29±3.21	0.70	8.61±3.08	0.82	42.27±11.06	0.99
Single	8.84±3.12		8.86±2.52		7.59±2.94		8.49±2.99		8.49±3.13		42.27±8.79	
Education level												
Vacational high school of health	7.90±3.48	0.53	9.30±3.13	0.31	10.20±2.70	0.01	8.80±3.55	0.005	9.90±2.47	0.005	46.10±11.75	0.002
Associate degree	7.93±3.30		7.87±2.64		6.40±3.31		6.47±2.80		6.47±3.23		35.13±11.80	
College	8.23±2.91		9.06±2.55		7.87±2.75		8.25±3.02		8.50±3.07		41.92±9.52	
Master or PhD	9.94±3.39		9.44±2.38		8.39±2.70		10.28±2.80		9.94±2.39		48.00±8.61	
Work place												
Home health service	8.54±2.92	0.65	8.87±2.76	0.65	8.27±3.16	0.29	8.20±3.29	0.62	8.78±3.41	0.52	42.67±11.78	0.72
Palliative care	8.30±3.20		9.08±2.48		7.73±2.70		8.46±3.03		8.43±2.87		42.01±9.23	
Training specific to unit worked												
Yes	8.31±3.11	0.61	8.78±2.52	0.15	7.63±2.78	0.06	7.92±3.12	0.01	8.31±3.03	0.14	40.95±10.50	0.02
No	8.59±3.05		9.48±2.69		8.64±3.03		9.34±2.94		9.14±3.16		45.18±9.18	
Having certificate related to unit worked												
Yes	8.34±2.89	0.85	8.59±2.19	0.09	7.69±2.28	0.34	7.90±2.96	0.12	8.13±2.65	0.13	40.66±8.19	0.08
No	8.44±3.24		9.31±2.82		8.14±3.27		8.71±3.22		8.90±3.35		43.50±11.50	
Having problems with decision making during implementation												
Yes	9.07±3.27	0.02	9.53±2.57	0.03	8.83±3.11	0.02	9.03±3.47	0.03	9.18±2.97	0.04	45.65±10.53	0.01
No	7.90±2.86		8.60±2.54		7.28±2.53		7.86±2.76		8.11±3.11		39.76±9.37	
Home health and palliative care integration												
Not necessary	8.44±3.15	0.55	8.98±2.63	0.79	7.86±2.91	0.24	8.41±3.08	0.53	8.61±3.12	0.61	42.30±10.25	0.89
Necessary	8.00±2.45		9.15±2.15		8.77±2.55		7.85±3.62		8.15±2.82		41.92±10.87	
Conflict about home health/palliative care												
Yes	8.95±3.12	0.06	9.46±2.75	0.07	8.56±2.87	0.02	9.21±3.24	0.005	9.26±2.99	0.01	45.44±10.77	0.002
No	7.97±3.01		8.65±2.41		7.47±2.83		7.71±2.89		8.04±3.07		39.85±9.22	
Receiving consultancy services regarding ethical dilemmas												
Yes	7.21±3.64	0.21	8.28±2.95	0.34	6.21±3.28	0.01	6.28±3.62	0.03	6.50±2.56	0.006	34.50±13.40	0.03
No	8.53±3.00		9.08±2.54		8.13±2.79		8.59±2.99		8.79±3.06		43.13±9.55	

Student’s t test and ANOVA

(min.15-max.75 points). The increase in the score indicates that the difficulties experienced by palliative caregivers are increasing. The Cronbach’s alpha value for the total of the scale is 0.81, and the scale sub-dimension values range from 0.64 to 0.92. The total Cronbach’s alpha value of the scale for this study was 0.77, and the scale sub-dimension values were found to range between 0.72 and 0.74.

The Palliative Care Self-Reported Practices Scale (PCPS): Nakazawa et al. (2010) developed a self-report scale to assess how nurses implement PC recommendations in the clinic (15). Its validity and reliability in Turkey were determined by Kudubes et al. (2019) (16). The scale consists of 18 items and 6 sub-dimensions (min.18-max.90 points). Increasing scale scores indicate an increase in palliative care practices. The Cronbach’s

Table 4: Factors Affecting Nurses' Palliative Care Practices

	Palliative Care Self-Reported Practices Scale													
	Dying-phase care	p	Patient- and family-centered care	p	Pain	p	Delirium	p	Dyspnea	p	Communication	p	Total	p
Age, year (yr)														
20-35 yr	11.36±2.46	0.86	13.00±1.74	0.39	12.46±2.18	0.43	11.49±2.61	0.02	12.46±2.29	0.19	11.92±2.34	0.10	72.69±10.38	0.15
≤ 36	11.28±2.94		13.25±1.75		12.73±1.96		12.40±2.15		12.92±1.96		12.52±2.02		75.12±9.93	
Professional experiences														
≥ 5 yr	11.37±2.33	0.81	12.98±1.85	0.20	12.48±2.11	0.43	11.38±2.57	0.000	12.53±2.25	0.27	12.04±2.35	0.26	72.79±10.35	0.10
≤ 6 yr	11.25±3.24		13.36±1.53		12.77±2.01		12.85±1.88		12.94±1.94		12.48±1.93		75.65±9.78	
Gender														
Female	11.40±2.59	0.46	13.18±1.70	0.30	12.60±2.11	0.80	12.00±2.47	0.30	12.70±2.07	0.80	2.29±2.17	0.28	74.18±10.01	0.34
Male	10.76±3.36		12.64±2.00		12.47±1.87		11.35±2.12		12.53±2.67		11.59±2.50		71.35±11.59	
Marital status														
Married	11.29±2.72	0.82	13.23±1.80	0.29	12.84±1.95	0.06	12.23±2.25	0.06	12.87±2.00	0.17	12.22±2.19	0.90	74.69±9.67	0.21
Single	11.39±2.66		12.92±1.63		12.14±2.22		11.37±2.67		12.35±2.36		12.18±2.28		72.35±11.03	
Education level														
Vocational high school of health	10.50±3.75	0.29	13.10±1.37	0.94	12.00±2.62	0.69	12.50±1.96	0.10	11.70±1.70	0.14	10.30±2.11	0.02	70.10±9.72	0.61
Associate degree	11.33±2.56		13.20±1.37		12.67±2.02		12.13±1.30		13.60±1.55		12.60±1.64		75.53±8.17	
College	11.57±2.41		13.15±1.83		12.69±2.15		11.62±2.66		12.58±2.29		12.24±2.28		73.87±10.89	
Master or PhD	10.44±3.62		12.89±1.79		12.28±1.32		13.05±1.70		13.00±1.71		12.72±1.87		74.39±8.04	
Work place														
Home health service	10.49±2.73	0.004	12.87±1.69	0.17	12.27±2.04	0.14	12.00±2.10	0.75	12.58±1.89	0.64	11.87±2.02	0.14	72.09±9.45	0.09
Palliative care	11.86±2.53		13.28±1.77		12.79±2.08		11.87±2.64		12.74±2.30		12.42±2.31		74.96±10.57	
Training specific to unit worked														
Yes	11.25±2.79	0.60	13.13±1.85	0.88	12.68±2.11	0.42	11.93±2.34	0.96	12.65±2.22	0.79	12.23±2.33	0.85	73.87±10.40	0.97
No	11.50±2.48		13.09±1.51		12.39±2.00		11.91±2.67		12.75±1.99		12.16±1.95		73.79±9.89	
Having certificate related to unit worked														
Yes	11.69±2.33	0.15	13.46±1.52	0.03	12.90±1.85	0.11	12.23±2.04	0.17	12.90±1.79	0.26	12.43±2.15	0.30	75.61±8.72	0.06
No	11.05±2.92		12.86±1.86		12.35±2.21		11.69±2.69		12.51±2.38		12.04±2.26		72.50±11.07	
Having problems with decision making during implementation														
Yes	11.33±2.55	0.97	13.47±1.48	0.03	12.60±1.98	0.95	12.02±2.37	0.69	12.63±1.91	0.81	12.28±2.08	0.72	74.33±8.73	0.61
No	11.32±2.80		12.86±1.88		12.58±2.15		11.85±2.49		12.72±2.31		12.15±2.31		73.48±11.22	
Home health and palliative care integration														
Not necessary	11.33±2.73	0.97	13.14±1.69	0.74	12.52±2.03	0.33	11.83±2.43	0.18	12.63±2.13	0.44	12.17±2.23	0.57	7.63±10.04	0.51
Necessary	11.31±2.32		12.92±2.25		13.23±2.49		12.77±2.38		13.15±2.30		12.54±2.07		75.92±12.00	
Conflict about home health/palliative care														
Yes	11.10±2.68	0.38	13.31±1.52	0.24	12.70±1.75	0.54	12.44±2.25	0.02	12.69±1.78	0.96	12.36±2.10	0.47	74.61±8.00	0.41
No	11.50±2.70		12.97±1.89		12.50±2.29		11.53±2.53		12.67±2.40		12.09±2.29		73.26±11.63	
Receiving consultancy services regarding ethical dilemmas														
Yes	10.50±2.95	0.28	13.07±2.79	0.94	12.14±2.66	0.50	12.43±2.56	0.41	13.14±2.44	0.39	12.07±2.70	0.84	73.36±14.27	0.89
No	11.42±2.66		13.13±1.60		12.64±2.01		11.87±2.43		12.63±2.11		12.22±2.16		73.90±9.73	

Student's t test and ANOVA

alpha value for the total of the scale is 0.91, and the scale sub-dimensions range from 0.58 to 0.87. The total Cronbach's alpha value of the scale for this study was 0.79, and the scale sub-dimension values were found to vary between 0.75 and 0.85.

Statistical analysis

The data obtained from the study were evaluated using the Statistical Package for Social Science (SPSS) 20.0 package program. Descriptive statistics (frequencies, percentages,

measures of central tendency, and distribution) were used in the analysis of the data. Continuous variables were expressed as mean±SD, and categorical variables were expressed as percentages. The conformity of the data to the normal distribution was determined by the Kolmogorov-Smirnov test. Data were evaluated with the Student's t test, one-way variance (ANOVA), and Pearson correlation analysis. While interpreting the results, the level of significance was determined as 0.05 and it was stated that there was a significant difference in the

Table 5: Relationship Between Nurses' Palliative Care Difficulties and Palliative Care Practices

		Palliative Care Self-Reported Practices Scale							
		Dying-phase care	Patient- and family-centered care	Pain	Delirium	Dyspnea	Communication	Total	
Palliative Care Difficulties Scale	Communication in multidisciplinary teams	r	-0.166	-0.040	-0.033	-0.028	0.005	0.057	-0.051
		p	0.04	0.64	0.69	0.74	0.95	0.50	0.55
	Communication with patient and family	r	-0.153	-0.019	-0.020	-0.162	-0.054	0.040	-0.089
		p	0.07	0.82	0.81	0.06	0.52	0.63	0.29
	Expert support	r	-0.125	-0.051	-0.098	-0.022	-0.072	-0.117	-0.107
		p	0.13	0.54	0.24	0.79	0.39	0.16	0.20
	Alleviating symptoms	r	-0.137	-0.016	-0.040	-0.020	-0.066	-0.075	-0.082
		p	0.10	0.85	0.64	0.81	0.43	0.37	0.33
	Community coordination	r	-0.074	-0.035	-0.073	-0.094	-0.013	-0.111	-0.114
		p	0.38	0.67	0.39	0.26	0.12	0.18	0.17
	Total	r	-0.188	-0.047	-0.077	-0.090	-0.091	-0.062	-0.127
		p	0.02	0.58	0.36	0.29	0.28	0.46	0.13

r: Correlation coefficient, Pearson correlation analysis

case of $p < 0.05$.

RESULTS

A total of 141 nurses participated in the study. The mean age of the participants was 35.1 ± 8.8 years and their professional experience was 8.4 ± 10.4 years. The majority of the participants in the study were female (87.9%), married (67.8%), with a college degree (69.5%), and PC workers (61.0%) (Table 1).

Of all the nurses, 91.8% stated that the integration of HHS and PC is necessary, and 42.6% of them reported that they had problems with decision-making during the applications in the unit they worked in. In addition, 56.7% of the nurses reported that they had conflicts related to HHS/PC. While only 9.9% of the nurses received counseling regarding ethical dilemmas, 66.0% of those who did not receive counseling reported that they needed counseling (Table 2).

The total mean score of the participants' PCPS was 73.8 ± 10.2 (Table 1). Nurses aged ≥ 36 , female, without training in the field they work in, having difficulties making decisions during practice, having conflicts about HHS/PC fields, and not receiving counseling regarding the ethical dilemma they experienced had a statistically significant level in the PCPS total and subdimensions. A significant relationship was found ($p < 0.05$). In addition, a significant difference was found between nurses who graduated from associate degrees, health vocational high schools, and graduate degrees in the communication coordination sub-dimension and PCPS total scores (respectively; $p = 0.005$, $p = 0.02$); In the sub-dimension of reducing symptoms, a significant difference was determined between the nurses who graduated from associate degrees and graduate degrees ($p = 0.005$) (Table 3).

The total mean score of the participants' PCDS was 42.3 ± 10.3 (Table 1). There is a statistically significant relationship between the subdimensions of nurses 36 years and older,

with 6 years or more of professional experience, working in PC, having a certificate related to the unit they work in, having difficulties making decisions during the application, and not having conflicts about HHS/PC areas ($p < 0.05$). In addition, the communication sub-dimension score was found to be significantly lower in nurses who graduated from health vocational high school ($p = 0.02$) (Table 4).

While the participants reported that the most common PC practice was "patient and family-centered care" (9.0 ± 2.6), the "communication with the patient and family" sub-dimension got the highest score when the difficulties they experienced were questioned. When the relationship between nurses' PC difficulties and PC practices was evaluated, it was found that there was a negative, significant, and weak correlation between the PCDS sub-dimension, communication, and the PCDS total score, and the PCPS sub-dimension, the care score presented at the death stage (respectively; $r = -0.166$, $p = 0.004$; $r = -0.188$, $p = 0.02$). However, no significant correlation between the total PCDS score and the total PCPS score was found (Table 5).

DISCUSSION

In this study, the difficulties experienced by nurses working in HHS and PC during the integration process and the factors affecting this were examined. HHS and PC integration is important in reducing preventable hospitalizations, lowering healthcare costs, and improving patients' quality of life. Therefore, addressing the challenges experienced by nurses as healthcare practitioners plays a key role.

In a study by Pikes et al. (2009) it was reported that the coordination of the caregivers with the health institution increases the quality of care and decreases health expenditures and hospitalizations (17). The lack of coordination between HHS and PC leads to patient victimization, which increases the use of unnecessary ambulances and emergency services (7, 10). Included in the study, the majority of the nurses who were

recruited were of the opinion that the integration of HHS and PC is necessary.

It was found that there was a statistically significant relationship between the total score of the PCDS and nurses who had no training in the field in which they worked, had difficulty making decisions during practice, had conflicts regarding the HHS/PC fields, and had not received counseling for the ethical dilemmas they experienced. Danielsen et al. (2018), in a qualitative study determining the experiences and difficulties of HHS nurses and general practitioners in home PC, emphasized that optimum PC at home and the prevention of rehospitalization depend on close cooperation between the patient, family, home care nurse, and general practitioner, and on having 24/7 effective communication. The study's findings show that it is nearly impossible to provide good PC at home without the engagement of a family member. Again, in the same study, it is emphasized that nurses should have sufficient knowledge, skills, and experience in order for PC at home to be effective (18). Another important point is the training of healthcare professionals. However, there is no such education in our country.

End-of-life decisions, cultural and economic factors that are effective in telling the truth, and the psychosocial support of health workers are known to be common difficulties in PC. In the healthcare team providing HHS, difficulties such as the qualification and educational status of the nurses, the independent decision-making status of the nurses, the difficulties experienced at work, and the need for counseling services in ethical dilemmas are among the important factors that pave the way for ethical dilemmas (9, 12-14). In this study, 56.7% of the nurses reported having conflicts related to HHS/PC. While the PC practices of the nurses were determined to be high, the level of experience with PC difficulties was found to be moderate. In addition, nurses who had conflicts related to HHS/PC and did not receive counseling about ethical dilemmas had significantly higher PCDS scores. When the difficulties experienced by the nurses were questioned, the "communication with the patient and family" sub-dimension got the highest score. Studies have emphasized that difficult situations (conflicts in the field) and ethical dilemmas (decision-making during practice) are sources of fatigue and stress for PC professionals, and therefore severe anxiety is experienced (19-20). Also, studies have shown that regular supportive mentoring can reduce and prevent anxiety and stress (18-21). It may be beneficial to evaluate the problems faced by healthcare professionals during home visits through interactive mobile communication devices, to discuss the issue with the hospital ethics committee, and to receive consulting services from an ethics expert.

Limitation

A limitation of this study is that this was a survey, and as such was prone to selection bias. In addition, it should be taken into consideration that the data obtained based on nurses' statements may be subjective and prone to reporting errors.

Finally, the generalizability of the results is limited by the characteristics of the study sample.

CONCLUSIONS

In this study, while the palliative care practices of nurses were determined to be high, the level of experiencing PC difficulties was found to be moderate. Although a weak but significant correlation was detected in some sub-dimensions, no significant correlation between the total PCDS score and the total PCPS score was found. It was determined that the most applied PC practice was "patient and family-centered care" and that the most common difficulty faced by nurses was "communication with the patient and family". When the results of the study are evaluated, it is recommended that nurses be subjected to mandatory training programs/certification, systematic communication/coordination networks be established, and the healthcare team receive ethical consulting services.

Ethics Committee Approval: This study was approved by the ethics committee of the Istanbul Kültür University (06.03.2023 – 2020.08)

Informed Consent: Written consent was obtained from the participants.

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REFERENCES

- Öngel K, Erdoğan B, Önen E. Literature review on home health, home care, palliative care. I. International Health Science and Life Congress Abstract Book, Mehmet Akif Ersoy University, Burdur. 2018. <https://www.researchgate.net/publication/327110787>
- Directive on Implementation Procedures and Principles of Home Health Services Provided by the Ministry of Health, Date: 01.02.2010 Number: 3895 Access: 01.09.2022 <https://www.saglik.gov.tr/TR,11271/saglik-bakanliginca-sunulan-evde-saglik-hizmetlerinin-uygulama-usul-ve-esaslari-hakinda-yonerge.html>
- Işık O, Kandemir A, Erişen AM, Fidan C. Profile of patients who use home care health services and evaluation of provided service. Hacettepe Journal of Health Administration 2016;19(2):171-86. <https://doi.org/10.5336/healthsci.2020-77586>
- Aşiret DG, Çetinkaya F. The expectations to home care services of caregivers. E-Journal of Dokuz Eylül University Nursing Faculty 2016;9(4):120-5. Retrieved from <https://dergipark.org.tr/tr/pub/deuhfed/issue/46793/586768>

5. Sarsılmaz H, Yıldırım Y, Fadiloğlu Ç. Burnout in home care nurses. *AUHSJ* 2015;6(1):13-20. <http://journal.acibadem.edu.tr/tr/pub/issue/61306/914322>
6. Karaman D, Kara D, Yalçın Atar N. Care needs and disease states of individuals, who home health care services are provided evaluating: Example of Zonguldak province. *Gümüşhane University Journal of Health Sciences* 2015;4(3):347-59. Retrieved from <https://dergipark.org.tr/tr/pub/gumussagbil/issue/23834/253912>
7. Eser U. Home care and palliative care integration. *Klinik Tıp Aile Hekimliği Journal* 2016;8(3):45-7. Retrieved from <https://dergipark.org.tr/tr/pub/ktah/issue/45394/487642>
8. World Health Organization (WHO). Integrating palliative care and symptom relief into primary health care. <https://apps.who.int/iris/bitstream/handle/10665/274559/9789241514477eng.pdf?ua=1> (Access: 01.09.2022)
9. Demir M. Palliative care ethics. *J Turk Soc Intens Care* 2016;7(2):62-6. <https://doi.org/10.5152/dcbybd.2016.1202>
10. Benli AR, Sunay D. A model of collaboration between palliative care unit and home health care services: Karabük. *Ankara Med J* 2017;(3):143-50. <https://doi.org/10.17098/amj.339333>
11. Aslan Y. Overview of the palliative care models in Turkey and the World. *Anatolian Current Medical Journal* 2020;2(1):19-27. <https://doi.org/10.38053/agtd.632674>
12. Yurtsever N, Yılmaz M. A determination of the working conditions, training requirements and difficulties they faced at work of nurses providing home-care. *Izmir Katip Celebi University Faculty of Health Sciences Journal* 2016;1(1):19-25. Retrieved from <https://dergipark.org.tr/tr/pub/ikcusbfd/issue/25505/106552>
13. Bag B. Palliative care practices in Germany's health system. *Turkish Journal of Oncology* 2012;27(3):142-9. doi: 10.5505/tjoncol.2012.687
14. European Association for Palliative Care (EAPC). Recommendations of the European Association for Palliative Care for the Development of Undergraduate Curricula in Palliative Medicine at European Medical Schools, 2013. (Access:06.09.2019) <https://dadun.unav.edu/bitstream/10171/34516/1/Recommendations%20of%20the%20EAPC%20for%20the%20Development%20of%20Undergraduate%20Curricula%20in%20Palliative%20Medicine%20At%20European%20Medical%20Schools.pdf>
15. Nakazawa Y, Miyashita M, Morita T, et al. The Palliative Care Self-Reported Practices Scale and the Palliative Care Difficulties Scale: reliability and validity of two scales evaluating self-reported practices and difficulties experienced in palliative care by health professionals. *Journal of Palliative Medicine* 2010;13(4):427-37. <https://doi.org/10.1089/jpm.2009.0289>
1. Kudubes AA, Bektas M, Ayar D, et al. Palliative Care Difficulties and Psychometric Properties of the Turkish Version of the Self-Esteem Based Palliative Care Practice Scale. *International Journal of Caring Sciences* 2019;12(1):162-75. http://www.internationaljournalofcaringsciences.org/docs/18_kabudes_12_1.pdf
2. Peikes D, Chen A, Schore J, Brown R. Effects of care coordination on hospitalization, quality of care, and health care expenditures among medicare beneficiaries: 15 Randomized Trials. *JAMA* 2009;301(6):603-18. <https://doi.org/10.1001/jama.2009.126>
3. Danielsen BV, Sand AM, Rosland JH, Forlans O. Experiences and challenges of home care nurses and general practitioners in homebased palliative care – a qualitative study. *BMC Palliative Care* 2018;17(95):1-13. <https://doi.org/10.1186/s12904-018-0350-0>
4. O'Mahony S, Gerhart JI, Grosse J, Abrams I, Levy MM. Posttraumatic stress symptoms in palliative care professionals seeking mindfulness training: Prevalence and vulnerability. *Palliat Med* 2016;30(2):189-92. <https://doi.org/10.1177/0269216315596459>
5. Kamal AH, Bull JH, Wolf SP, et al. Prevalence and predictors of burnout among hospice and palliative care clinicians in the U.S. *J Pain Symptom Manag* 2016;51(4):690-6. <https://doi.org/10.1016/j.jpainsymman.2015.10.020>
6. Levine S, O'Mahony S, Baron A, et al. Training the workforce: Description of a longitudinal interdisciplinary education and mentoring program in palliative care. *J Pain Symptom Manag* 2017;53(4):728-37. <https://doi.org/10.1016/j.jpainsymman.2016.11.009>