

## Difficulties Experienced by Palliative Care Nurses in Emergency Care Practices: A Qualitative Study

### Palyatif Bakım Hemşirelerinin Acil Bakım Uygulamalarında Yaşadığı Zorluklar: Nitel Bir Araştırma

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#### ABSTRACT

**Objective:** This study aimed to determine the difficulties experienced by palliative care nurses during emergency care practice.

**Materials and Methods:** This study reports the experiences of 10 nurses working in the palliative care unit of a public hospital between February 2023 and May 2023 regarding emergency care practices. A qualitative research design was used with semi-structured interviews and content analysis.

**Results:** Four themes were identified from the analysis of the interview documents: 1) feelings in the face of emergency, 2) factors that support emergency care practices, 3) factors that hinder emergency care practices, and 4) the development of emergency care practices.

**Conclusions:** The most important factor preventing emergency nursing practice in the palliative care service was insufficient staffing, especially during night shifts. The number of nurses was low, there was no support staff, and in case of possible cardiopulmonary resuscitation requirements, the treatment of other patients was interrupted. Identifying the factors that support and hinder emergency nursing practices will allow the development of strategies that will positively affect holistic care delivery by palliative care nurses.

**Keywords:** Difficulties of palliative care, emergency care, nursing, qualitative research

#### ÖZ

**Amaç:** Bu çalışmanın amacı, palyatif bakım hemşirelerinin acil bakım uygulamalarında yaşadığı zorlukların belirlenmesidir.

**Materyal ve Metot:** Bu çalışma, Şubat 2023 ile Mayıs 2023 tarihleri arasında bir kamu hastanesinin palyatif bakım ünitesinde çalışan 10 hemşirenin acil bakım uygulamalarına ilişkin deneyimlerini aktarmaktadır. Yarı yapılandırılmış görüşmeler ve içerik analizi ile nitel bir araştırma deseni kullanılmıştır.

**Bulgular:** Görüşme dokümanlarının analizi sonucunda: 1) acil durum karşısında hissedilenler, 2) acil hemşirelik uygulamalarını destekleyici faktörler, 3) acil hemşirelik uygulamalarını engelleyici faktörler, 4) acil bakım uygulamalarının geliştirilmesi olmak üzere dört tema belirlendi.

**Sonuç:** Palyatif bakım servisinde acil hemşirelik uygulamalarına engel olan en önemli faktörün personel yetersizliği olduğu, özellikle gece mesailerinde hemşire sayısının az olduğu, destek personelinin bulunmadığı ve olası kardiopulmoner resüsitasyon gerekliliği durumunda diğer hastaların tedavisinin aksadığı belirlendi. Acil hemşirelik uygulamalarını destekleyen ve engelleyen faktörlerin belirlenmesi, palyatif bakım hemşirelerinin bütüncül bakım sunumunu olumlu yönde etkileyecek stratejilerin geliştirilmesine olanak sağlayacaktır.

**Anahtar Kelimeler:** Acil bakım, hemşirelik, nitel araştırma, palyatif bakımın zorlukları

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## INTRODUCTION

Palliative care is a type of medical care provided by a specialized team in combination with curative treatment for patients of all ages with serious illnesses. It is a holistic approach that focuses on relieving symptoms and distress associated with the illness, with the ultimate goal of improving the quality of life of the patient and their family.<sup>1</sup> Palliative care is not confined to a particular ailment; instead, it can be administered at any stage of progression of an illness. It is provided concurrently with curative treatments, with the objective of assisting individuals afflicted with life-limiting illnesses in coping and enhancing their quality of life.<sup>2</sup>

The palliative care process requires a multidisciplinary team approach, and nurses are at the center of this field.<sup>3</sup> Palliative care nurses (PCN) face many challenges, both physical and psychological while trying to provide emergency care to patients in the terminal phase of their lives. The reasons for these difficulties often include difficult symptom management, professional burnout, and high workload. In addition, facing death and lack of education about the emergency care process were also shown to be important challenges.<sup>4</sup>

The palliative care unit is an environment that requires special understanding and has a high ethical sensitivity rate.<sup>5</sup> Studies in the literature report that nurses working in palliative care clinics sometimes feel helpless and state that they have a stressful job.<sup>6</sup> However, in a qualitative study conducted with palliative care nurses, 63.6% of patients experienced symptoms requiring emergency care, such as respiratory distress, and 90.9% were in pain. In the same study, it was reported that 54.5% of nurses had difficulty performing CPR, and 54.5% had difficulty reaching a physician.<sup>5</sup>

Accordingly, this study aimed to determine the difficulties encountered by palliative care nurses during emergency care practices.

## MATERIALS AND METHODS

**Ethics Committee Approval:** Ethics committee approval was obtained from the Social and Humanities Ethics Committee of a university (Date: 27.01.2023,

decision no: 2023-1216), and official approval was obtained from the hospital where the study was performed. The study was conducted in accordance with the principles set forth in the Declaration of Helsinki. Written informed consent was obtained before each interview, including consent for audio recording.

**Design and Theoretical Framework:** The principal objective of qualitative research is to elucidate perceptions and experiences.<sup>7</sup> In this research, the phenomenological approach, one of the qualitative research methods, was chosen. The phenomenological hermeneutic approach attempts to understand a phenomenon from the perspective of those who experience it and encompasses both the processes of understanding and interpretation.<sup>8</sup> This study will provide insight into the difficulties and feelings faced by palliative care nurses during emergency care practices.

**Study Setting and Sample:** The population comprised 12 nurses employed in the palliative care unit (PCU) of a state hospital in Türkiye, including the nurse who conducted the interviews. The inclusion criteria were as follows: participants were required to be willing to take part in the study, to be over the age of 18, and to have at least one year's experience working as a PCN in a PCU. An interview with one nurse was included in the pilot study, and data saturation was reached by interviewing a total of 10 nurses. To guarantee the rigor of the study, the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist criteria were taken into account in the reporting process.

**Data Collection Tools:** The data were collected between February 22, 2023, and May 20, 2023. A personal information form and a semi-structured interview form were constructed based on a review of the relevant literature and used to collect the data.<sup>1-4,9</sup> The semi-structured interview form consisted of non-directive and neutral open-ended questions, the objective of which was to ascertain the difficulties encountered by nurses in emergency care practice (Table 1). To ensure the content validity of the interview form, two experts in the field with experience in research were consulted.

**Table 1.** Semi-structured interview guide.

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What is emergency care, in your opinion?
How do you feel when you encounter emergencies in your unit?
What are the factors that support your emergency nursing practices in palliative care? (What are the factors that increase your motivation in this process?)
What are the barriers/limitations you experience when providing emergency care to palliative care patients?
What are your suggestions for improving emergency nursing approaches in palliative care?
How would you relate palliative care to emergency nursing approaches?

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The interviews were conducted by the first author, who was previously trained in qualitative interviews, specialized in emergency nursing, and was experienced in palliative care. The interviews were conducted in a quiet and private setting and lasted on average 20-40 minutes. The interviews were recorded with a voice recorder. Participants were encouraged to think deeply about the topic and to speak at length and in detail. At the conclusion of each interview, the researcher provided a summary of the interview to the participant, allowing the participant to supplement or clarify missing aspects of the topic.

**Statistical Analysis:** Qualitative content analysis was conducted in accordance with the framework proposed by Graneheim and Lundman.<sup>10,11</sup> The interview text was divided into semantic segments, which are sections of text that carry a single meaning relevant to the purpose of the study. As shown in Table 2, the units of meaning were summarized, coded, and finally grouped according to the overall content domain. The groupings formed the basis for interpreting and developing the emerging sub-themes. All authors agreed on the conclusions. In addition, we applied Lincoln and Guba's four principles of credibility, transferability, dependability, and confirmability to ensure trustworthiness.<sup>12</sup>

**RESULTS**

It was determined that 70% of the nurses who participated in the study were between the ages of 36-53 years, 80% had a bachelor's degree, 60% had 16 years or more of work experience, 80% willingly worked in the palliative care service, and 80% received training about emergency nursing practices for palliative care patients. Table 3 shows the socio-demographic and professional characteristics of the participants.

As seen in Table 4, 4 themes and 24 sub-themes were obtained as a result of the analysis of the interview documents. The first theme identified in Table 4 highlights that nurses observe that most palliative care patients have life-threatening illnesses. As a result, they often encounter situations that require emergency intervention, such as severe pain, respiratory failure, airway obstruction, cardiac arrest, hypoglycemia, sudden changes in vital signs, sudden changes in consciousness, and urinary retention. The second theme reveals that the experiences of positive outcomes in care motivate palliative care nurses to provide emergency interventions. Factors such as receiving appreciation from patients' relatives, educating these relatives, and gaining experience through training in palliative care and emergency response support nurses in handling crises effective-

**Table 2.** Example of analysis process.

Meaning unit	Condensed meaning unit	Interpretation	Sub-theme	Theme
The biggest obstacle is the problem of physical conditions. In cases where basic life support is provided, and advanced life support is required, the location of the ward in the hospital is far from the teams (P2).	The palliative care service is far from the code blue team. This situation is defined as an obstacle for emergency nursing practices in patients requiring advanced life support.	The fact that the code blue team is far from the palliative care service creates an obstacle to emergency care practices for patients who will receive advanced life support.	Location of the unit within the hospital	Factors hindering emergency nursing practices in palliative care patients

**Table 3.** Distribution of sociodemographic and work-related characteristics of nurses (N=10).

Characteristics	n (%)	
<b>Age</b>	21-35 years	3 (30)
	36-53 years	7 (70)
<b>Gender</b>	Female	10 (100)
<b>Education status</b>	Associate degree	2 (20)
	Bachelor's degree	8 (80)
<b>Marital status</b>	Married	9 (90)
	Single	1 (10)
<b>Length of time working as a nurse</b>	1-5 years	1 (10)
	6-15 years	3 (30)
	+16 years	6 (60)
<b>Length of employment in current unit</b>	0-5 years	6 (60)
	5-10 years	4 (40)
<b>Voluntary preference for unit of employment</b>	Yes	8 (80)
	No	2 (20)
<b>Status of receiving training on emergency nursing practices</b>	Yes	8 (80)
	No	2 (20)

ly. The third theme outlines the main barriers preventing nurses from delivering emergency care in the palliative care unit. These barriers include staff shortages, particularly during night shifts, an insufficient number of nurses, a lack of support personnel, and concerns about interrupting the treatment of other patients during a potential emergency. Additionally, the physical location of the palliative care unit, being distant from the emergency department and security units, is frequently cited as a challenge. Other contributing factors include excessive workloads, exclusion of family members from the care

process, inadequate physical resources in palliative care, and long shifts. Finally, theme 4, which was the most frequently mentioned, emphasizes the need to increase staffing levels. Related suggestions from participants include providing regular training on emergency nursing practices, improving the physical location and conditions of palliative care services, offering training to family members of patients, recognizing and appreciating the contributions of nurses by management, and providing moral and psychological support to nursing staff.

**Table 4.** Experiences of palliative care nurses regarding emergency care practices: Themes, sub-themes, quotes.

Theme	Sub-themes	Quotes
1- Feelings when faced with emergencies in palliative care patients	Excitement	"I mean, when I encounter emergencies, first of all, of course, there is excitement." (P4).
	Stress	"When the patient is uncomfortable, I feel stressed until I see the patient relaxing. I get stressed because I want to get through that moment, I want to comfort the patient, so when I feel inadequate, when I cannot do something for the patient, I get more stressed." (P1)
	Rush	"There's a rush to catch up, and there's a rush to inform my friend as soon as possible... If we're going to do a code blue, of course, there's a panic in that waiting period when we're going to do a code blue..." (P4)
	Sense of inadequacy	"...I mean these kinds of things. I can sometimes feel inadequate because, after all, our patients may not return. I wonder if there was something else I could have done." (P6)
	Anxiety	"Patient relatives usually panic a lot, their aggressive behavior makes me very upset. Sometimes I get angry... When an intervention is made, I wonder if there was anything else I should have done, if I did something wrong. Because our patients are of vital importance. I sometimes wonder if there was anything else I could have done." (P6)
2-Factors supporting emergency nursing practices in palliative care patients	Experience the positive results of care	"When we give painkillers to a patient in pain, of course, our motivation increases when the patient is relieved...When our treatment is effective, we are happier, so when the patient is relieved, we are relieved..." (P8)
	Appreciation by patient relatives	"...The patient's relatives also see these things; they think that the patient will die, but with your intervention, the patient does not die, and when the patient survives, the patient's relatives thank you. You feel good, too; we often experience such things in palliative care." (P3)
	Providing training to patient relatives	"Patients who really need to be cared for by people who have received special care and special training, and those care needs to be taught to relatives." (P4)
	Training in emergency situations	"These are the factors that support me to be quick when I give emergency care, to be confident in myself, to be sure that I am doing the right procedure..." (P2)
	Training on palliative care	"The first of the factors that support nursing practices is the training I received, the specific training I received for the unit I work in, the certification programs I attended, and the training and experience I received and gained in the service." (P2).
	Experiences gained	"Yes, that's true. In other words, when the education received is combined with previous experiences, both more accurate decisions are made and faster progress is made in emergency nursing care." (P2)

Table 4. Continue.

3- Factors hindering emergency nursing practices in palliative care patients	Insufficient staff	"...There are patients who require continuous aspiration, whose saturation is constantly decreasing, who are connected to a mechanical ventilator or a home ventilator, and who we need to follow up continuously. Therefore, we have a lot of patients who require close follow-up. It is very difficult for us to follow up such patients when there is a lack of personnel. Lack of personnel is also one of the obstacles..." (P8)
	Location of the unit within the hospital,	"Likewise, if our service was located close to the emergency department since our code blue team usually consists of emergency and intensive care staff, I think our service should have been close to there as well. It would have been easier for the doctor and the emergency team to reach the patient faster and for the patient to be transferred to the intensive care unit faster" (P4).
	Excessive workload	"...for example, the excess of our workload, that is, the things that wear us out in these kinds of obstacles. The excess of our workload, for example, that is what affects us the most". (P6)
	Lack of involvement of relatives in care	"In other words, it is not the presence of the patient's relatives, but the lack of support from the patient's relatives, not accepting the patient, and not supporting the care, that can be said to be an obstacle. Of course, there will be relatives... We take care of both the patient and their relatives with a multidisciplinary team." (P1)
	Physical inadequacies	"...Technical features, for example, aspiration bags change frequently and do not adapt to the device, and these incompatibilities also obstruct us. Because I think speed is one of the most important factors for us. .... We experience obstacles related to such physical conditions" (P3).
	Prolonged seizures	"Having a large number of patients with a small staff, frequent shifts, and a very long shift period (24 hours) are major obstacles for us, and these factors wear us out both physically and mentally" (P6)
4- Development of emergency care practices	Increasing the number of staff	"...The number of staff can be increased... For example, staff shortage is important for us because we are always faced with emergencies" (P3).
	Providing regular training about emergency nursing practices	"My suggestion for the development of emergency nursing approaches in palliative care is that there should be training at least once a year because there are new medical practices. There are changing practices, and I would like to have the training to improve ourselves" (P4).
	Providing moral support to nurses	"I would like us to be given moral support once in a while.... (P6).
	Improving the physical location and physical conditions of the palliative care service	"...Since terminal period patients require high care, physical conditions should be planned accordingly. Physical conditions and personnel support should be planned based on the experience of nurses working in these wards..." (P2)
	Providing training to patient relatives	"After discharge, we witnessed that a patient with a tracheostomy had an arrest due to a lack of regular aspiration. Therefore, it is important to provide regular training to the patient's relatives in a severe way" (P6).
	Providing psychological support to nurses	"... There should be studies to increase our motivation; for example, I would like a psychologist to talk to us as they do with relatives and patients" (10).
Appreciation by managers	"I would like motivational activities to be planned... For example, to be appreciated, to receive moral support, I honestly think that we should be supported" (P6).	

## DISCUSSION AND CONCLUSION

Nursing in the palliative care setting requires a broad range of skills.<sup>13</sup> Nurses are responsible for recognizing and relieving patients' symptoms, administering medications within their scope of practice, and collaborating with other professionals to optimize patient comfort and family harmony.<sup>14</sup> Emergencies are common in the advanced stages of terminal illness and can be very stressful for the patient, the family, and healthcare professionals.<sup>15</sup> No research was found to investigate the difficulties palliative care nurses experience during emergency nursing practice. Since there is no similar study in the literature, our study will be a reference for research and studies to be conducted in this framework.

Uncontrolled pain is a common cause of patients in palliative care seeking acute care. Nearly one-tenth of emergency department visits by oncology patients in the final months of life are attributable to pain, while nearly 20% of patients who die in hospital are reported to have experienced some degree of pain.<sup>16</sup> The increasing prevalence of end-of-life pain in palliative care suggests that healthcare providers working in this field should be committed to effective, efficient, and safe pain management.<sup>17</sup> The nurses who participated in the study indicated that one of the most important factors that supports and motivates them in providing emergency care is the relief of the patient's pain.

Most palliative care emergencies can be anticipated and managed with preventive elective interventions by understanding the pathophysiology and natural history of the clinical situation. Early discussion with staff, patients, and families about what might happen can help avoid the stress of unexpected developments and the urgent clinical decisions needed.<sup>18</sup> In this study, the necessity for improved communication between physicians, patients, and their relatives about the progression of the disease was identified as a barrier to effective emergency care practices. In support of our study results, the literature reported the need for shared decision-making decreases in acute and critical situations.<sup>19</sup> In contrast, respect for patients and their families and respect for their wishes is an expectation of the World Health Organization (WHO) for palliative care.<sup>20</sup> In this regard, palliative care nurses and physicians should, as a matter of principle, select communication channels that are compatible with the needs and choices of the patient and family, ensure family involvement in palliative care, and respect the needs and choices of the patient and the patient's family.<sup>21</sup> In a study that examined nurses' opinions about working in a palliative care unit, inadequate staffing increased nurses' workload and created difficulties in providing care.<sup>22</sup> Consistent with the literature, participants in this study reported that inadequate staff-

ing was a barrier to emergency nursing practice and that they experienced problems, mainly when they encountered emergencies during their shifts. In a study that examined the challenges encountered by healthcare professionals in the provision of palliative care, which supports the results of our study, excessive workload and staffing shortages were reported as barriers to practice.<sup>21</sup>

The functional and physical organization of palliative care units should be designed to ensure that the patients cared for can be intensively rehabilitated from medical, psychological, social and spiritual aspects.<sup>20</sup> In this study, participants indicated that the distance of the palliative care service location from the code blue teams was a significant barrier to nursing practice in cases where basic life support is provided and advanced life support is required. In addition, nurses reported that a lack of equipment and inadequate physical conditions negatively impacted the emergency care they provided to palliative care patients. In support of our study findings, the literature indicates that inadequate material and physical conditions are among the barriers that palliative care nurses face in the caregiving process.<sup>22</sup>

Palliative care workers can experience intense death anxiety due to frequent encounters with death and face significant problems such as stress, burnout, compassion fatigue, and decreased job satisfaction due to the difficulties they experience in providing care.<sup>21</sup> In line with the literature, palliative care nurses in this study highlighted the need for spiritual and psychological support for nurses as an important strategy to improve emergency nursing practice.

When examining the training programs for palliative care services in Türkiye, it was reported that there are no postgraduate training programs in the field of nursing, and limited information about the care process of palliative care services is provided in nursing education. However, according to the "Ministry of Health Regulation on Certified Education" issued on February 4, 2014, the palliative care nursing certificate program is considered a field of education and a certified education program was launched.<sup>23</sup> In contrast, a study conducted in one palliative care service reported that only 27.5% of healthcare workers had palliative care certification.<sup>24</sup> Palliative care nurses stated that regular training in emergency care practices would improve palliative care practices.

In conclusion, the following recommendations can be made: to prepare and implement in-service training programs about emergency interventions frequently encountered in palliative care wards, to include emergency nursing approaches in palliative care services within the course content of basic and advanced training programs, to increase the participation of nurses in certificate training programs in the field of palliative care nursing with the support

of the management, to identify the gaps in knowledge, attitude and practice related to emergency interventions in palliative care, and to follow current guidelines in the field of emergency nursing practice. Furthermore, when determining the location of palliative care services within the hospital, taking into account the opinions of experienced health care professionals in the field and locating them close to priority units such as emergency and intensive care services is a strategy that will improve the emergency care practices offered to palliative care patients. No research was found in our country that identifies the difficulties experienced by palliative care nurses in emergency care practices. It is thought that with this study, appropriate recommendations and strategies for emergency care practices in palliative care services can be developed, and the quality of nursing care provided can be increased. It is not possible to generalize our findings without conducting comparable studies in palliative care units in different parts of our country.

**Ethics Committee Approval:** Our study was approved by the Social and Humanities Ethics Committee of a university (Date: 27.01.2023, decision no: 2023-1216).

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