https://doi.org/10.31926/jmb.2025.2.4

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BEING A PALLIATIVE CARE NURSE IN TURKEY: A QUALITATIVE STUDY

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Abstract

Background: Palliative care nurses need to become aware of the experiences and emotions they encounter in their work environments, through their perspectives and expressions, as this can enhance both their quality of life and the quality of care they provide to patients.

Objectives: This study aims to examine in depth the state of palliative care nursing in Turkey through the narratives of nurses working in palliative care.

Material and method: A single-case case study method, one of the qualitative research methods, was used. The study was conducted through semi-structured interviews with eight nurses working in the palliative care unit of a state hospital in western Turkey between 01.01.2023 and 31.03.2023. The study conducted face-to-face interviews using a semi-structured interview form and audio recordings. The obtained data was evaluated using an inductive content analysis technique. The study was written based on the COREQ checklist.

Results: In line with the research findings, themes, sub-themes, and codes were determined from the nurses' statements. Accordingly, four themes were identified as "being a palliative care nurse", "working with a multidisciplinary team", "moments they experienced" and "things are done for dying patients and their relatives".

Conclusions: In line with these findings, in-service training should be organized for the whole team, especially nurses, to ensure professionalization specific to the palliative care unit and the internal dynamics of the institution in this difficult, intense, and exhausting process; it should be ensured that training contents that provide awareness of their feelings and thoughts about death should be created.

Key-words: *palliative care, nursing, experience, qualitative study*

Introduction

Palliative care is a holistic approach by a multidisciplinary team to reduce the suffering of patients and their relatives who are experiencing problems associated with life-threatening illness by diagnosing, evaluating, and treating physical, spiritual, and psychosocial issues and thereby improving their quality of life (*Batbaş et al., 2021; WHO, 2021).* The multidisciplinary palliative care team includes nurses, doctors, social workers, psychologists, dieticians, physiotherapists, bereavement counselors, and chaplains *(Batbaş et al., 2021; Elçigil A, 2012; WHO, 2018).* The palliative care nurse plays an important role in this team. At the same time, the palliative care nurse is the healthcare professional with the most contact with patients at the end of life *(Batbaş et al., 2021; Elçigil A, 2012).* Palliative care is based on making the illness process, the last days of life at the end of life, and the dying process more comfortable for the individual. However, on the other hand, there are some barriers, such as the fact that palliative care is seen by nurses as a consequence of a neglected disease, palliative care is seen as a distant concept, nurses have not received adequate training in palliative care during the professional training process, nurses avoid talking about death with the thought of helplessness in the face of death, the quality of care is inadequate, it is seen as a workload, and pain management is not at the desired level *(Paice et al., 2008; WPCA, 2014).* However, it has adopted the philosophy that everyone, regardless of language, religion, race, gender, age, and economic status, has the right to receive effective and quality care, to maintain

their comfort, and to die in a pain-free, dignified, and peaceful manner *(Elçigil A, 2012; Guo & Jacelon, 2014).* Palliative care nurses support patients and their relatives in planning and implementing appropriate nursing interventions with the philosophy of a therapeutic approach to control their feelings of hopelessness and worthlessness and to express themselves by improving their social relations *(Elçigil A, 2012).* For this, the nurse has important roles such as education, treatment, coordination, care, and leadership (*Batbaş et al., 2021; Elçigil A, 2012).* While performing these roles, the palliative care nurse should provide care by respecting the privacy of each patient and the patient's relatives, their reactions to the current situation, and taking into account their needs *(Elçigil A, 2012).* Saunders (1987), the founder of the modern hospice movement, emphasized that skilled and experienced nursing is an important requirement in the management of cancer disease at the end of life. In short, palliative care nurses play a central role in existential questions about life and death, as well as their responsibilities such as maintaining the care of patients, and supporting patients and their relatives *(Andersson et al., 2016).* Palliative care services could not be implemented in Turkey for many years. The first implementation took place in 2012, and the first palliative care unit was opened. Currently, palliative care units still operate under oncology, internal medicine, and surgical services, and are in the developmental stage. Therefore, palliative care nurses in Turkey do not receive adequate training during their professional practice, still, view palliative care as the result of a neglected illness, experience inadequacies in pain management, and, due to feelings of helplessness toward death, are unable to talk about death *(Ekinci & Bölükbaş, 2023; Yıldırım & Fadıloğlu, 2017).*

In light of these findings, palliative care and being a palliative care nurse emerge as important concepts for Turkey. Additionally, there are very few studies examining the role of nurses in palliative care. The experiences and emotions of nurses working in palliative care units in their work environments are important both for their quality of life and the quality of care they provide to patients. This study aims to deeply examine what it means to be a palliative care nurse in Turkey through the narratives of nurses working in palliative care. It is thought that identifying the positive and negative aspects of being a palliative care nurse will help strengthen the positive aspects in this field, raise awareness, and take precautions against potential negative outcomes.

Objective

This study aims to examine in depth the state of palliative care nursing in Turkey through the narratives of nurses working in palliative care.

Material and methods

This study is qualitative research and as it aims to explore and reveal in detail the experiences of nurses working in the palliative care unit, the "single-case case study method", one of the qualitative research methods, was used.

The study was conducted with nurses working in the palliative care unit of a state hospital located in western Turkey. This study used the "intensive sampling" technique, one of the purposeful sampling methods, to select the sample *(Hatch JA, 2002).* Without calculating the sample size, the interviews continued until the "saturation" point was reached and no new data could be obtained. The research started with five participants and the study was completed when the data reached saturation *(Dworkin SL, 2012).* The sample group consisted of 8 nurses. The inclusion criteria were to work in the Palliative Care Unit between 01.01.2023 and 31.03.2023. The reporting of this study was based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines *(Tong et al., 2007)*.

After the pilot application, necessary arrangements were made and the questionnaire was finalized. The data were collected by the researcher between 1 January and 31 March 2023. After being informed about the details of the study, verbal, and written consent was obtained from the nurses. A "Semi-structured Interview Form" consisting of eight questions prepared by the researcher after reviewing the literature, was used to collect the data *(Chapple et al., 2006; Georges et al., 2002; Okçin F, 2019).* Each interview with the nurses lasted approximately 30-40 minutes. Nurses were interviewed one-on-one, face-to-face, and on days when it was

convenient. Interview hours were planned so as not to interfere with the nurses' work schedules. All of the interviews were conducted in the palliative care unit, in a quiet room where the nurses felt comfortable, and were audio recorded. The audio recordings were analyzed on the day of the interviews. Participants were given code numbers and recorded without identifying information.

Ethical considerations

This study was conducted by the Principles of the Declaration of Helsinki. Informed consent was obtained from the nurses participating in the study verbally and using an informed consent form, which included information about the purpose and procedure of the study. Before the research, the research questions were applied to two nurses who were not included in the study, and the comprehensibility and appropriateness of the prepared questions were assessed.

Statistical analysis

Once the interviews were completed, the researcher transcribed the raw transcripts of the voice recordings into written text and transferred them to the computer. Inductive content analysis was used to analyze the data obtained from the nurses. In the analysis of the data; each interview text was read line by line, each word that was deemed meaningful was coded, and then thematic coding was carried out. In line with the coded research findings, common codes, categories, and themes were arrived at that were thought to best describe the findings *(Graneheim & Lundman, 2004).* Finally, the data were interpreted and reported by the researchers. In reporting the data, reliability was increased by quoting the interviews verbatim. Codes K1-K8 were used for the participants.

Results

The findings related to the sociodemographic data of the nurses working in palliative care are given in Table 1.

Working Group	Sociodemographic Characteristics					
	Age	**Gender**	**Marital Status**	**Education Status**	**Working Time in Palliative Care Unit**	**Participation in Palliative Care Certificate Programme**
K1	25	Woman	Single	Licence	2 years	Yes
K2	23		Single	Licence	1 year	No.
K3	38		Single	Master's Degree	2 years	Yes
K4	31		Single	Licence	2 years	Yes
K5	43		Married	Licence	4 years	Yes
K6	37		Single	Licence	1 year	No
K7	33		Single	Associate Degree	1 year	No
K8	36		Married	Licence	2 years	No

Table 1. Sociodemographic characteristics of palliative care nurses

According to the data shown in Table 1, the ages of palliative care nurses ranged between 23 and 43 years and all of them were female. 75% (n=6) of the nurses were undergraduate graduates and 25% (n=2) were married. It was determined that the working time of the nurses in the palliative care unit varied between 1-4 years. In addition, half of the nurses (n=4) stated that they participated in a palliative care certificate program.

Table 2 presents the themes and codes of palliative care nurses' experiences.

Themes	Sub-theme	Codes	N*
THEME 1: *Being a palliative care nurse*	**Subtheme 1:** Definitions	Providing care and support to patients and their relatives according to their needs	8
		Being with them at the time of death	4
		Improving quality of life	4
		Empathy and sympathy	3
		Not to add years to people's lives, but to add life to their lives and years	2
		Relieving pain and suffering	2

Themes	Sub-theme	Codes	N*
	Subtheme 2: Metaphors	Mandatory duty	3
		Being a bridge between the patient and relatives	2
		A helping hand at a time when the patient needs it most	2
THEME 2: *Working with multidisciplinary team*	**Subtheme 1:** Supportive aspects	Holistic care and treatment application	8
	Subtheme 2: Difficult aspects	Constantly changing doctors in various branches responsible for the unit	6
		Increase in patient hospitalizations appropriate to the branch	4
		Communication problems	3
THEME 3: *Moments they lived*	**Subtheme 1:** Moments when they feel good and fulfilled	Receiving positive feedback	7
		Providing care appropriate to the needs of patients and their relatives	5
		Patients and their relatives are happy	4
		Being with you at the time of death	4
		Ensuring a peaceful and comfortable death	4
		Pain relief	3
	Subtheme 2: Situations in which they feel bad	Death of patients in their care	8
		Sympathize	4
		Palliative care unit does not provide service by its purpose	4
		The process is difficult, long and the burden of care is high	2
		Don't die a painful death	1
THEME 4: *Activities for dying patients and their relatives*	**Sub-theme 1:** What is done to ensure that patients spend their last time in a peaceful, dignified, and honorable manner	Providing care appropriate to their needs	7
		Relieving pain and suffering	5
		Pay attention for privacy	3
		Involving patients and their relatives in the process	3
		Make the patient say goodbye	2
	Sub-theme 2: Actions taken to support patient relatives	Providing care and education appropriate to their needs	7
		Effective communication	5
		Making them feel that they are not alone	2
		Suggestion	2

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Table 2. *Themes and codes related to the experiences of palliative care nurses*

Theme 1. Being a palliative care nurse

Palliative care nurses expressed being a palliative care nurse in two sub-themes with the definitions they made and the metaphors they produced.

Subtheme 1. Definitions

All nurses (n=8) defined being a palliative care nurse as "providing care and support to patients and their relatives according to their needs". In addition, being a palliative care nurse was defined as "being with them at the time of death" and "improving the quality of life" by 4 of the nurses, "empathizing and sympathizing" by 3 of the nurses, and "not to add years to people's lives, but to add life to their lives and years" and "relieving pain and suffering" by 2 nurses (Table 2).

Some of the statements of the participants are as follows:

"Being a nurse in the palliative service means being more patient, being able to empathize and sympathize, and providing the necessary support to patients and their relatives." (K1)

"Palliative care nurses generally provide supportive care to patients in the terminal period, with a focus on relieving the patient's suffering and improving the quality of life." (K2)

"I had a related statement. I will try to remember it. I heard it in the last training I attended. It defined palliative care nursing exactly, but I was a little tired and I couldn't remember it effectively. It was something like adding life to people's lives, not adding years to their lives..." (K5)

Subtheme 2. Metaphors

The nurses described palliative care nursing as a " mandatory duty" (n=3), and likened it to "being a bridge between the patient and his/her

relatives" (n=2) and "a helping hand at a time when the patient needs it most" (n=1) (Table 2).

One of the statements of the participants is as follows:

"I mean, I can't make such a book definition, but I think it may be like a hand reaching out at a time when the patient needs it the most. After all, we are not doing a curative treatment here..." (K8)

Theme 2. Working with the multidisciplinary team

The nurses expressed the supportive and difficult aspects of working with a multidisciplinary team (psychologist, psychiatrist, social worker, dietician, physiotherapist, spiritual support specialist) in two sub-themes.

Subtheme 1. Supportive aspects

In terms of the supportive aspects of working with a multidisciplinary team, it was observed that all palliative care nurses (n=8) stated that they "applied holistic care and treatment" to patients through working with a multidisciplinary team (Table 2).

Some of the statements of the participants are as follows:

"Palliative care is already a holistic approach. It is a supportive, integrative, complementary care and treatment together with doctors, dieticians, psychologists, spiritual support, and nurses..." (K2)

"Anyway, palliative teamwork is a department that requires a multidisciplinary approach, many departments need to be involved and they are involved. Professionals come here once a week on certain days. Thus, we apply appropriate treatment and care with the team..."(K3)

Subtheme 2. Difficult aspects

Six of the palliative care nurses expressed the difficulties of working with a multidisciplinary team as "constantly changing doctors in various branches responsible for the unit" and 4 of them stated that this situation "increased inpatient hospitalizations appropriate to the branch". Three of the nurses stated that they had "communication problems" with the multidisciplinary team members (Table 2).

Some of the statements of the participants are as follows:

"The fact that a single doctor is not responsible for the ward and constant doctor changes. The adaptation process of the new doctor is that the team has to constantly adapt to a new doctor..." (K1)

"...The challenging aspect for us right now is that our doctors are changing. The fact that we do not have a fixed doctor makes it a little difficult for us. We are doing well with our doctor right now. He is only an internal medicine doctor. At the moment, he is a bit confused because he is busy with his work. It is necessary to remind him a little more, to run after him. On the other hand, of course, he can also admit patients who are in his branch, who do not have any palliative patients, for example, patients with impaired fluid electrolyte balance..." (K4)

Theme 3. Moments they lived

The nurses stated the moments they experienced in the palliative care unit in two sub-themes: on the one hand, the moments when they felt good and satisfied, and on the other hand, the situations when they felt bad.

Subtheme 1. Moments of well-being and fulfillment

Seven of the palliative care nurses stated that they felt good when they "received positive feedback" and 5 of them stated that they felt good when they "provided care appropriate to the needs of patients, and their relatives". Four of the nurses stated that they felt good and satisfied "when the patient and his/her relatives felt happy", "when they were with the patient at the time of death", and "when they provided a peaceful and comfortable death". In addition, three of the nurses reported that they felt successful and competent when they "relieved the pain" of the patient (Table 2).

Some of the statements of the participants are as follows:

"I generally like the elderly. When I go to the elderly with a smiling face, when they say 'thank you, my daughter, thank you, my daughter, and when they feel happy, I feel happy and I feel good. I am also very affected when they die, but there you go..." (K7)

"We can actually provide satisfaction during care. You know, you are looking at the patient. From oral care to the simplest wounds and

decubitus, they can come in a very bad condition. I feel good when I look at it very well and it is in a sparkling condition..." (K8)

Subtheme 2. Situations in which they feel bad

All palliative care nurses (n=8) stated that the "death of the patient in their care" caused them to feel "helplessness, sadness, and failure". 4 of the nurses mentioned that they "sympathized" and felt bad because "the palliative care unit did not provide services by its purpose (such as physical appropriateness of the unit, changes in patient hospitalization, insufficient social activities)". Two of the nurses stated that they felt bad because "the process was difficult, long and the burden of care was high" and 1 of the nurses stated that the patient "died in pain" (Table 2).

Some of the statements of the participants are as follows:

"The death of a patient we care for is a situation that makes us feel bad." (K1)

"That they die in pain, unable to do anything... I just pray. I mean, I put my hand on their hearts as much as I can. I pray to their angels, to Allah. It is very difficult to die in pain. It's a very difficult moment. No matter what. I mean this... I can't get used to it...They die alive, suffering. And the helplessness of their relatives..." (K6)

Theme 4. Activities for dying patients and their relatives

The nurses stated the actions taken for dying patients and their relatives in two sub-themes; actions taken for the patients to continue their last time in a peaceful, dignified, and honourable manner and actions taken to support the patients' relatives.

Subtheme 1. What is done to ensure that patients spend their last time in a peaceful, dignified, and honorable manner

Seven of the palliative care nurses stated that they "provide care by the needs" and 5 of them stated that they "relieve pain and suffering" to ensure that dying patients continue their last time in a peaceful, dignified, and honorable manner. 3 of the nurses stated that they "paid attention to privacy" and "involved the patient and his/her relatives in the process". In addition, 2 of the nurses stated that they "made the patient say goodbye" (Table 2).

Some of the statements of the participants are as follows:

"We try to reduce the pain and suffering of the patients we care for as much as possible. I provide care that they can feel more comfortable." (K2)

"I mean, I take care of him. Our normal care that our patients need. They feel good even when I wipe their hands and face... I don't do anything extra..." (K7)

Subtheme 2. Actions taken to support patient relatives

In relation to supporting the relatives of dying patients, 7 of the palliative care nurses stated that they "provided care and education appropriate to their needs" and 5 of them stated that they "established effective communication" with the patient's relatives. On the other hand, 2 of the nurses stated that they "made them feel that they were not alone" and that they "made suggestions" to them (Table 2).

Some of the statements of the participants are as follows:

"...I talk, I listen, I explain, I give training in accordance with their needs. We always go this way..." (K5)

"I mean, I can only talk to the patient's relatives and listen to what they need in which direction. I try to give comfort and suggest that there is no end, believe me, I can't do anything about it. So I can't say that I can do much " (K8)

Some of the special experiences of palliative care nurses are as follows

"In one of my first shifts in the palliative unit my patient's general condition had deteriorated, but I

was told that there was one last place left in the intensive care unit and that another promising patient would be admitted to that bed because there was nothing that could be done for that patient, I felt very helpless at that moment." (K1)

"The young man was a 49-year-old CA patient. When he got into electrolyte imbalance, he was confused, immobile patient started to walk. One day, when he was completely confused and unconscious, he squeezed his wife and me there with an IV pole in his hand, almost beating me. After a few hours, he came round. He said, "Believe me, I'm so sorry, I'm so sorry for what I did." I really don't forget that patient.

I mean, I don't forget most of the things I experienced with that patient. Because he also compared me to the daughter of a very close friend of his. So we always had tragicomic memories. We had such a 6-7 month period with him and his relatives. It was a long time, we had a period of 6-7 months with him all the time. I was very sad when that patient died. We somehow got along with him" (K4)

"We had a patient who died a few months ago. He was so passionate about life that he couldn't die. He couldn't die for so long. I prayed so much for him, and we talked. She didn't want to leave the world. He lost his son years ago, he died and rose again. He couldn't live with those findings, with that body. Last time she talked to me for half an hour. "Mrs. Ayşe, leave this place," I said. "It's more peaceful there." She took deep breaths and died a few days later. And she smelled a lot, colon CA, there was always a great smell in the room. When she died, we tidied her up. Her face brightened up, and her black face brightened up. Then we went out, I told the staff, you know, to ventilate the room and when I went into the room there was no odor, even though he was there as an ex. It was very interesting. And I would like to say something about two more patients. I called my friends when they died to see if I was wrong. They were in a state of bliss. But they had been hospitalized for a very long time. They were shining brightly when they died. It was a very incredible sight for both patients. I guess they lived their sufferings here, their sins, their good deeds, their pain... Those three deaths will remain in my mind for a long time. I hope they sleep in the light." (K6)

Discussion

The findings of this study, which was conducted to explore palliative care nursing in Turkey through the narratives of nurses working in palliative care, were discussed in line with the literature.

Theme 1. Being a palliative care nurse

In our study, nurses defined being a palliative care nurse as providing care and support for the needs of patients and their relatives, being with them at the time of death, improving the quality of life, empathy and sympathy, not adding years to people's lives, but adding life to their lives and years, relieving their pain and suffering. In addition, they described palliative care nursing as a mandatory duty; they likened it to a bridge between the patient and his/her relatives and a hand reaching out at a time when the patient needs it the most. The results of different studies in this field also show that nurses define palliative care nursing as preventing the suffering of patients and their relatives, providing comfort, responding to the patient during death, responding to anger, responding to the team and patient relatives, and improving the quality of life during the death process *(Asthana et al., 2019; Karakaya & Işıkhan, 2020; Pavlish & Ceronsky, 2009).* In addition, Taylan *et al.* (2012) emphasized that witnessing the phenomenon of death and being present at the time of death provides a special and unique experience. In this respect, this study is similar to the studies in the literature.

Theme 2. Working with the multidisciplinary team

In the present study, the nurses reported that although working with the multidisciplinary team provided holistic care and treatment practices, doctors in various branches were responsible for the unit, which caused an increase in patient hospitalizations by the branch. In addition, nurses stated that they had communication problems with the multidisciplinary team. Nurses are in constant communication with the multidisciplinary team, including patients and their relatives *(Taylan et al., 2012).* The fact that nurses experience communication problems with the team may also cause nurses to experience anxiety *(Işıkhan et al., 2004).* However, the diversity arising from the needs of palliative care patients and their relatives necessitates working with a professional team that provides care and treatment. Due to the special situation of the palliative care unit, it is stated that the team also has to be analyzing and fast *(Okçin F, 2019).* Thus, health professionals play an important role in providing palliative care and providing holistic care and treatment to patients and their relatives *(Mcleod et al., 2010).* Pavlish and Ceronsky (2009), in their study with palliative care nurses, stated that patient thinks and feel that the patient is left alone in the implementation of care and treatment where the patient, relatives, and health

professionals are not together in the care of the dying patient. Okçin (2019), in a study conducted with palliative care nurses working in Turkey, stated that nurses realized that team sharing is very important, especially in the palliative care unit, and that this is due to the special dynamics of the palliative care unit. Palliative care nurses, who are an important part of the team, play a central role in existential questions about life and death, as well as their responsibilities such as maintaining and supporting the care of patients and their relatives *(Andersson et al., 2016).* The importance of providing team support such as sharing experiences of team members and exchanging information is emphasized in increasing the resilience of nurses *(Tan et al., 2020).* However, on the other hand, "palliative care" as a concept in Turkey has not yet been fully established and is considered "supportive care" and "end-of-life care" and is generally perceived as controlling pain, and it is stated that doctors and nurses training in pain management are not sufficient *(Kavşur & Sevimli, 2020; T.R. Ministry of Health, 2016).* However, the lack of knowledge among nurses in Turkey affects the quality of care and makes nurses feel unprepared to face dying patients due to this knowledge gap *(Elçigil A, 2012).* On the other hand, the lack of an educated and experienced professional team in the field of palliative care in Turkey, the absence of established teams, and the lack of palliative care specialization, along with the fact that nurses who have worked with the same team for a longer period are subject to frequent rotations and work with different specialists for shorter periods, leads to the palliative care unit being used outside its intended service. This situation can disrupt team dynamics due to adjustment problems and make working conditions more difficult for nurses *(Ayçiçek et al., 2013; Okçin F, 2019).*

Theme 3. Moments they lived

In this study, palliative care nurses reported that they felt good and satisfied when they received positive feedback, provided care appropriate to the needs of patients and their relatives, felt happy, were with the patient at the time of death, provided a peaceful and comfortable death, and relieved pain. In a study conducted by Alıncak *et al.* (2022) with palliative care nurses, nurses stated that they felt happy, useful, and satisfied as they saw the effectiveness of the care and treatment they applied. In a study conducted by Avcı (2012) with palliative care nurses, it was found that nurses' motivation increased when they received positive feedback and were rewarded. In different studies, nurses have emphasized that when they take appropriate interventions to alleviate patients' death anxiety, patients are less concerned about suffering and that a relationship based on trust and compassion is effective in feeling good and providing satisfaction *(Borimnejad et al., 2018; Pavlish & Ceronsky, 2009).* On the other hand, it has been stated that caring for dying patients nourishes human feelings, helps them better understand life and death, and helps them better understand that people deserve to live an honorable, peaceful, and respectable death *(Okçin F, 2019).* In light of this information, it is seen that the findings of the current study are similar to the literature findings.

In our study, palliative care nurses expressed feelings of helplessness, sadness, and failure when the patient they were caring for died. In addition, nurses mentioned that sympathy for patients, the fact that the palliative unit does not provide services by its full purpose (such as physical inappropriateness of the unit, changes in patient hospitalization, insufficient social activities), the process is difficult, long and the burden of care is high, and the patient's suffering and death cause them to feel bad. In a study conducted by Okçin (2019) with palliative care nurses, it was stated that nurses had more difficulty when their young patients died and this caused them to experience compassion fatigue. In other studies conducted with palliative care nurses in the literature, it was found that nurses experienced emotional strain in the case of providing end-of-life care, the patient's proximity to death and inability to relieve his/her pain, the duration of staying with the patient, the workload and turning empathy into sympathy. End-of-life care is a process that makes nurses feel sadness, helplessness, pain, anxiety, and failure, and nurses have difficulty coping *(Alıncak et al., 2022; Borimnejad et al., 2018; Işıkhan et al., 2004; Mishelmovich et al., 2013; Tertemiz & Tüylüoğlu, 2020).*

Theme 4. Activities for dying patients and their relatives

In this study, nurses reported that they provided care to their needs, relieve pain and suffering, paid attention to privacy, included the

patient and the patient's relatives in the process, and enabled the patient to say goodbye to ensure that dying patients continue their last time in a peaceful, dignified and honorable manner. The nurses stated that they provided care and education by their needs, established effective communication, made them feel that they were not alone, and suggested they support the patient's relatives. Palliative care nurses should know that each patient and patient relatives are unique and special. Therefore, it is vital position to meet the needs of patients and their relatives, relieve pain and suffering, improve quality of life, support, and provide insight *(Borimnejad et al., 2018).* In their study with palliative care nurses, Mok and Chi Chie (2004) stated that they adopted a holistic perspective while caring for patients and their relatives, provided awareness about their expressed or unexpressed needs to meet their physical, psychosocial, and spiritual needs, and made attempts to provide comfort. They also emphasized the importance of listening to patients as palliative care nurses and establishing effective communication based on trust, emotion, and respect in alleviating their pain and finding meaning in their lives *(Mok & Chi Chie, 2004).* Thus, it is ensured that patients can express their feelings and accept death. However, palliative care nurses in Turkey do not receive adequate training during their professional practice, still view palliative care as the result of a neglected illness, experience inadequacies in pain management, and, due to feelings of helplessness toward death, are unable to talk about death *(Ekinci & Bölükbaş, 2023; Yıldırım & Fadıloğlu, 2017).* This leads to nurses communicating less with their palliative patients out of fear of saying something wrong and feeling ethically helpless due to their lack of preparedness for palliative care *(Thorn & Uhrenfeldt, 2017).* On the other hand, it may also cause them to engage in insincere, unnecessary conversations that give false hope to patients, which can be more harmful to patients and their families *(Okçin F, 2019).* Yet, a process is needed to ensure that terminally ill patients spend their final days in peace, with dignity, and honor. Providing care that meets the needs of patients and their families, alleviating pain and suffering, respecting privacy, and allowing them to say goodbye is not an easy process. Time and effort must be invested to provide care based on trust and sincerity, and it requires professional knowledge and patience *(Mishelmovich et al., 2013; Mok & Chi Chie, 2004).*

Conclusion

In the study, nurses defined palliative care nursing as providing care and support to patients and their relatives according to their needs, being with them at the time of death, improving the quality of life, empathy, and sympathy, not to add years to people's lives, but to add life to their lives and years, relieving pain and suffering, and they likened palliative care nursing to a mandatory duty, being a bridge between the patient and his/her relatives, and a helping hand at a time when the patient needs it most. Palliative care nurses stated that while working with a multidisciplinary team provides holistic care and treatment practices, doctors in various branches are responsible for the unit, which causes an increase in patient hospitalizations appropriate to the branch. Nurses stated that they felt good and satisfied when they received positive feedback, when they provided care for the needs of patients, and their relatives, when they felt happy, when they were with the patient at the time of death, when they provided a peaceful and comfortable death, and when they relieved their pain; when the death of the patient in their cared, they felt helplessness, sadness, failure, sympathy, and they felt bad because the palliative unit did not provide services by its purpose (such as physical inappropriateness of the unit, changes in patient hospitalization, insufficient social activities), the process was difficult, long and the burden of care was high and the patient died in pain. Nurses stated that to ensure that dying patients continue their last time in a peaceful, dignified, and honorable manner, they provide care to their needs, relieve pain and suffering, pay attention to privacy, include the patient and the patient's relatives in the process, and made the patient say goodbye; to support the patient's relatives, they provided care and education appropriate to their needs, established effective communication, made them feel that they were not alone and suggested them. Our study is important in terms of seeing palliative care unit approaches from the perspective of nurses

working in a state hospital in western Turkey and thus guiding palliative care studies and health policies.

In line with these findings, in-service training should be organized for the whole team, especially nurses, to ensure professionalization specific to the palliative care unit and the internal dynamics of the institution in this difficult, intense, and exhausting process; it should be ensured that training contents that provide awareness of their feelings and thoughts about death should be created. For nurses providing care to palliative care patients to deliver more effective care, participation in the "Palliative Care Nursing Certificate Program" course organized by the Turkish Ministry of Health should be ensured. It is recommended that the necessary adjustments be made by considering the challenges in determining the needs and planning of palliative care centers. In addition to qualitative studies, it is recommended that palliative care nursing should be examined in depth with quantitative studies, and solution-oriented approaches should be addressed with randomized studies to make nurses aware of their feelings and thoughts, increase their motivation, and thus increase the quality of care.

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Authors' contribution: conceptualization MS, EM, FD; research design: MS, EM, FD, methodology validation: MS, EM, FD; data collection: MS, EM, FD, data analysis and/or data interpretation: MS, EM, FD; writing-preparation of the initial text, review and editing: MS, EM, FD.

Sources of funding:

Conflicts of interest: The authors have no conflicts of interest relevant to this article.

Acknowledgements -