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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/20804

DOI URL: <http://dx.doi.org/10.21474/IJAR01/20804>



RESEARCH ARTICLE

FROM PROFESSION TO PASSION: EXPLORING THE PRINCIPLES AND DYNAMICS OF PALLIATIVE CARE, A PHENOMENOLOGY

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Manuscript Info

Manuscript History

Received: 15 February 2025

Final Accepted: 19 March 2025

Published: April 2025

Keywords:-

Comfort Centered Care, Emotional Resilience, Healthcare Challenges, Multidisciplinary Collaboration, Palliative Care

Abstract

Introduction: Palliative care serves as a vital component of compassionate healthcare, aiming to alleviate pain and enhance the quality of life for patients experiencing serious illnesses. However, the underutilization of palliative care is influenced by societal taboos surrounding death and public misconceptions, while healthcare professionals face significant emotional challenges in this field. This study investigates the lived experiences of palliative care providers, by illuminating their experiences, coping mechanisms, communication strategies, and methods of emotional resilience, the researchers aim to uncover the core essence of palliative care and its profound impact on patients, families and caregivers.

Methodology: This qualitative study employs a phenomenological research design, guided by the lived experiences of palliative care professionals. Semi-structured interviews were conducted with ten healthcare professionals (aged 25–30) to gain deeper insights into their perspectives and coping mechanisms.

Results: Analysis of the interviews revealed three core themes. **Comfort-Centered Care** focuses on symptom management, individualized treatment, and the balance between curative and palliative interventions. **Emotional Regulation** highlights the mental resilience, stress management, and coping strategies employed by healthcare professionals. **Integrated Protocol and Training** emphasizes ethical decision-making, professional competencies, and the necessity of multidisciplinary collaboration. **Discussion:** Palliative care professionals manage significant emotional burdens alongside their clinical responsibilities, balancing cultural considerations and patient autonomy. The study underscores the need for professional communication, peer support, and structured debriefing sessions to prevent burnout. Systematic support networks, ongoing education programs, and interdisciplinary collaboration are crucial for maintaining healthcare quality while safeguarding caregiver well-being.

Conclusion: This study supports the role of compassion, ethics, and resilience in palliative care and advocates for institutional policy changes that prioritize emotional health and culturally sensitive practices. Enhancing support structures and professional training will create a sustainable and empathetic approach to patient and provider care.

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Introduction:-

In the world of healthcare, palliative care stands as the beacon of compassion and support for individuals who are facing serious illness. Defined as a specialized medical care aimed at alleviating suffering and enhancing quality of life, it not only absorbs compassion and spiritual support, but it also takes the responsibility of improving the lives of people with serious diseases. It aims to bring ease and comfort to what is considered a critical part of a patient's life, attending to the role of a caregiver. Research conducted on the topic of palliative care is scarce and the data used are often limited in the concepts they discuss in their study compared to other medical fields, which leads to less recognition of an essential area in the medical field.

Palliative care, or a curative medical therapy designed to improve the quality of life and alleviate sufferings, is what transforms medicine into a humanitarian healing model (World Health Organization, 2018). Nonetheless, within the agreement of this situation, it is still laden with a complicated and multi-faced realm of difficulties and emotions. This forms the basis of the lived experiences of healthcare professionals who are tasked with navigating the delicate balance between life and death. As healthcare professionals face the profound realities of terminal illness, they play an elaborate role as a hope bearer and comforter of such patients and families, who are already going through the intensity of facing malaise. However, the journey of palliative care is full of obstacles, such as dealing with end-of-life decisions or coping with the emotional side, which is the witnessing of the sufferings of individuals and, of course, loss (Parol et al., 2018).

Despite its factual efficacy in both improving patient's health outcomes and reducing hospitalizations senselessly, palliative care remains underutilized, and this often happens due to societal taboos and the different misconceptions of death and dying (Green et al., 2018).

In the heart of palliative care, healthcare professionals serve as the lifeline and major support for those in need, channeling their expertise, proficiency, and empathy into every interaction with the patients. Their roles extend beyond the clinical realm, encompassing emotional support, advocacy, and companionship for patients and families facing life's most challenging moments. Yet, amidst the profound privilege of accompanying individuals on their end-of-life journey, healthcare professionals also grapple with the huge weight of responsibility and the relentless specter of burnout (World Health Organization [WHO], 2025).

This study seeks to explore the heart of palliative care by examining the role dynamics, emotional insights, and strategic approaches employed by healthcare professionals in this specialized field. By illuminating their experiences, coping mechanisms, communication strategies, and methods of emotional resilience, the researchers aim to uncover the core essence of palliative care and its profound impact on patients, families, and caregivers. Through this exploration, we strive to deepen the understanding of the complex relationships, emotions, and intentional practices that shape the palliative care environment, ultimately paving the way for more effective support, compassionate care delivery, and meaningful patient-centered interventions.

Methodology.

This study used a qualitative phenomenological approach with the aim of delving into the deep and multilayered experiences of healthcare professionals who are in the realms of palliative care. The goal of phenomenology is to uncover the essential, invariant structure, or the central underlying meaning of individuals lived experiences (Cresswell, 2013). Several schools of phenomenological research have drawn on German philosophy to seek and understand what it means to be in the world or human experience as it is lived (Laverty, 2003). Drawing insights and ideas from different phenomenological approaches, the research seeks to explore human experience as it takes place within the palliative care setting (Neubauer, Witkop, Varpio, 2019).

Qualitative research is an inquiry that aims to gain a deeper knowledge of social phenomena in their natural environment. Qualitative research is a process that is used to have a better understanding and it is done by creating new important differences as a result of being closer to the phenomenon studied (Aspers and Corte, 2019). This study was approached through the lens of phenomenological research as it is devised to understand the participants' principles and dynamics, as palliative care professionals are exploring what these principles and dynamics apply to them in the field of palliative care and their experiences.

Phenomenological research is a strong design that develops strength and enhances philosophical origins that helps situate in one's own research (Wilson, 2015).

The research aims to represent and express the participants' perspectives through the methods used and by asking questions and listening to the answers. The questions are all tied to a central question, which is: "How do healthcare professionals navigate the emotional complexities and dynamics inherent in providing palliative care on a daily

basis?" After the collection of data, the researchers utilized the first level of data analysis to make sense of the set of information collected. A dendrogram formed from transcriptions to reflect the created themes and sub-themes. This study aims to provide a detailed and comprehensive understanding of the palliative care landscape. By examining its core principles and dynamics, it seeks to highlight the full impact of palliative care on patients, families, and healthcare professionals.

Research Locus and Sample

This study was conducted in Doha, Qatar, a vibrant hub of healthcare innovation and multiculturalism, where the provision of palliative care is one of the essential components of the healthcare system. The participants in the research were Filipino individuals aged 25–30 years old, who are actively involved in delivering palliative care across various companies in Doha's healthcare system. Such professionals, whose commitment and expertise in the field make a huge difference between life and death, are the people that will give us insight into the professional relationships and emotional complexities involved in palliative care.

Purposeful sampling was employed in selecting participants to ensure the variety in demographic characteristics, clinical environments, and individual experiences, allowing for a more accurate and deliberate selection of participants who possess expertise, experience, and roles within the palliative care domain, thereby ensuring that the sample represents a diverse range of perspectives and insights pertinent to unraveling the intricate tapestry of palliative care. The researchers interviewed a total of (10) participants in this study who are employed at medical centers in Doha, Qatar, a leading healthcare institution renowned for its cutting-edge medical services and compassionate patient care in Doha, Qatar. Participants for this study were chosen based on specific criteria: (1) Filipino healthcare workers specializing in palliative care, including physicians, nurses, social workers, and psychologists; (2) individuals aged between 25 and 30 years old; (3) employed at medical centers in Doha, Qatar.

Data Collection and Ethical Consideration

This study used semi-structured interviews as its primary data collection method, incorporating the Robotfoto technique to evoke participants' memories of what it feels like to be involved in palliative care. The interview was guided by a set of predetermined questions that would be addressed at getting to the substance, or the heart of palliative care amongst healthcare practitioners in Doha, Qatar. Each interview session lasted for approximately two hours to provide a detailed account of participants' experiences inside their medical fields and their views on an effective palliative care environment. By utilizing visual aid materials as well as a semi-structured format, this approach facilitates rich and nuanced data collection, aligning with the comprehensive exploration of role dynamics and emotional insights central to the study's objectives.

Ethical considerations

They are the key components of the study, primarily being the core of palliative care from a health professional perspective. Participants would be fully informed about the nature and purpose of the research, emphasizing the significance of their contributions in shedding light on role dynamics and emotional insights within the palliative care landscape of Doha, Qatar.

Informed consent was obtained from each participant while guaranteeing that their participation is voluntary and that their responses will remain confidential. This process underscores our commitment, our ethical responsibility, and our respect for the beliefs of participants who trust us with their stories. Consequently, strict measures will also be taken, which will ensure the confidentiality and anonymity of the participants in the study are always safeguarded. This contains using pseudonyms or identifiers to ensure the confidentiality of participants and making sure that the data are kept secure and is accessible only by the research team's authorized members.

The research strictly adheres to ethical guidelines established by relevant institutional review boards and regulatory bodies. By prioritizing the welfare and rights of participants, the researchers aim to uphold the integrity of this study while fostering an environment of trust and transparency in our exploration of the profound dynamics and emotional insights inherent in palliative care provision.

Data Analysis

This study uses data collected directly from the participants' perspectives and feelings. From their responses gathered through the designed interview, the research flow is then observed by using the following steps in data analysis: (1) Emic data transcription; (2) Emic to Etic transcription; (3) Cool to Warm Analysis; (4) identifying and analyzing themes through the dendrogram tool; (5) and the integration of these themes to the simulacrum of this research. This study gained a thorough and deep understanding of the topic through this systematic procedure,

analyzing the experiences of palliative care professionals through thematizing. The first level of data analysis made sense of the set of information incurred, initially done by direct transcriptions, then proceeded by data cleaning. The data treatment follows after, with the cool-warm analysis clustered and reflected to form the dendrogram, which then extracts the themes and the sub-themes created. The study's conceptual framework is embodied in the research's simulacrum which shows how the parts are interconnected. Then, the second level of data analysis reinforces the themes and subthemes via the lenses of related literature and studies.

RESULT



Figure 1. Essential principles and dynamics of Palliative Care within the medical profession

This phenomenological study explores the lived experiences, dynamics, and core roles of palliative care professionals and their patients in Qatar. It seeks to address the central question, "How do healthcare professionals navigate the emotional complexities and dynamics inherent in providing palliative care on a daily basis?" In addition, the study focuses on the specific question, "What are the primary strategies and procedures employed by healthcare professionals to manage their daily work within the field of palliative care?" Through an examination of their lived experiences, this research illuminates the factors that sustain their ongoing commitment and dedication to the palliative care profession in contemporary society.

Based on the responses from the palliative care professionals in Qatar, their unspoken lived experiences are shaped by three key elements influenced by the three main themes. A comprehensive approach to palliative care blends comfort-centered care, emotional regulation, and integrated protocols with continuous training to create a holistic and effective care model. Comfort-centered care focuses on alleviating physical, emotional, and psychological distress, ensuring patients experience relief and dignity. Emotional regulation is crucial for healthcare professionals, helping them manage their own emotional responses in difficult situations while maintaining empathy and professionalism. Integrated protocols, supported by ongoing training, provide healthcare teams with structured guidelines and skills to deliver coordinated, patient-centered care. These approaches foster collaborative, compassionate environment that enhances both the quality of care and the well-being of both patients and providers.

(1) **Comfort-Centered Care:** The approaches palliative care professionals take to ensure patient comfort, focusing on physical and their emotional and spiritual well-being in their fields;

(2) **Emotional Regulation:** How palliative care professionals manage their emotions and maintain resilience while supporting patients and families through end-of-life care.

(3) **Integrated Protocol and Training:** The use of standardized protocols in ensuring high-quality, collaborative, and consistent care in the palliative care setting. Examining these key themes and sub-themes can provide with a much deeper insight into the different strategies and procedures that palliative care professionals apply, particularly in providing better care quality to the patients as they innovate and adapt from their practices and role dynamics in the field.

Figure 1 illustrates the simulacrum showcasing the three primary themes in palliative care:

Comfort-Centered Care, Emotional Regulation, Integrated Protocol and Training. These themes reflect the essential components of palliative care professional's experiences, emphasizing their approach to patient comfort, emotional resilience, and integration of structured practices. Additionally, the sub-themes within each major themes offer deeper insights: **Symptom Management, Individual Care, and Curative Intervention**

under **Comfort-Centered Care**; **Mental Stability and Resilience**, **Stress Management**, and **Competent Coping Strategies** under **Emotional Regulation**; and **Ethical Decision Making**, **Principled Competencies**, and **Multi-Disciplinary Care** under **Integrated Protocol and Training**.

Comfort-Centered Care

The first key theme explores Comfort - Centered Care, it focuses on the process and procedures on how to address challenges of palliative care professionals encounter as they strive to enhance the quality of life for patients facing serious illness. In palliative care, this involves systematically managing physical symptoms, providing individualized care, integrating curative interventions with supportive measures, and ensuring that both physical discomfort and emotional distress are effectively addressed.

This theme highlights how practitioners apply their clinical expertise to assess complex symptom profiles, tailor care plans to individual patient needs, and balance the dual objectives of alleviating suffering while, when appropriate, incorporating curative measures. Effective communication and empathetic support are critical components that foster a collaborative care environment and lead to improved patient outcomes.

Some of the challenges associated with comfort-centered care includes managing multifaceted symptomatology and adapting to the diverse values and expectations of patients and families, and addressing the emotional toll of end-of-life care. Palliative care professionals must continuously refine their skills and adopt innovative practices to navigate these challenges, ensuring that care remains both effective and compassionate.

Key components within **comfort-centered care** are delineated into three subthemes: symptom management, individual care, and curative intervention. These are the sub-themes that are essential in providing more holistic and better-quality care to patients. These further provide in-depth understanding on how palliative care professionals navigate challenges to better deliver quality comfort and care to patients and families.

Symptom Management

Symptom management in palliative care focuses on relieving pain, nausea, breathlessness, fatigue, and any other form of discomfort to improve a patient's quality of life and provide optimum comfort. Treatments may include medications, therapy, lifestyle changes, and emotional support, all tailored to the patient's needs. The goal is simply to keep the patient as comfortable as possible. The participants below stated:

"I lead symptom management and treatment alignment to patient goals alongside ensuring medical procedures make sense to each patient's objectives. Within my role, I lead the task of coordinating care activities among the entire interdisciplinary team member group." (P2)

"To improve the quality of life of our patients. We can help them through managing their symptoms effectively by reducing the pain, and ensuring that the care we are providing is coordinated with other teams/disciplines. Also, providing psychosocial support for the families." (P2)

The participants uncovered the importance of symptom management in comfort-centered care, directly addressing physical and emotional discomfort that patients experience. This approach ensures complete relief and satisfaction, enhancing their quality of life during their end-of-life care, and below are the responses of the participants that highlight the importance of symptom management. The following participants expressed:

"We are responsible for controlling the pain and other symptoms and supporting patients emotionally, as well as liaising (cooperate) with other professionals concerning patients' care and discussing this care with relatives." (P5)

"I focus on daily symptom management, medication administration, and patient comfort while acting as a bridge between the patient, family, and the team." (P2)

The responses emphasized the integral role of symptom management in palliative professionals, aiming to maximize the comfort and relief of patients. Symptom management represents a crucial aspect of palliative care, significantly improving quality of life and mitigating pain.

Individualized Care

The patient-centered method represents an essential quality of palliative care. Healthcare providers must treat each patient individually by understanding their specific needs as well as their personal values and cultural background views. Developing personalized care plans builds patient dignity and empowerment. Caregivers combine awareness of individual patient culture along with personal life understanding and preference treatment choices to advance personalized, comprehensive care above routine medical delivery. The following participants expressed the following statements:

“Healthcare providers create trust during palliative care by paying attention to patients while understanding their needs with kindness throughout face-to-face contact. They invest time in learning every patient's personal values and wants before starting their treatment.”
(P8)

“Providing respectful cultural recognition demonstrates to patients they receive individualized human care instead of cookie-cutter medical case treatment.” (P7)

The participants shed light on the integration of an individualized approach in a palliative care plan. Palliative care professionals address each patient's unique preferences and circumstances to effectively tailor the care plan according to their needs.

“Patients receive better care because cultural competency establishes personalized interactions while increasing satisfaction levels.” (P10)

“All of us develop perspectives through our personal life experiences. There are two steps to my practice: first I ask open-ended questions to obtain deeper insight into their preferences and second, I provide personalized medical care based on this information” (P14)

The participants stressed the importance of open communication, establishing trust and comfort between caregivers and patients. Open communication fosters an environment where patients feel comfortable and respected, facilitating a space for expression of concerns.

Curative Intervention

Curative interventions are conducted in palliative care to help cure a patient's illness or to improve their condition. Palliative care providers make the patient's comfort and well-being their main priority in their approach, while taking their condition and mental state into account, allowing them to aid them efficiently. They have the responsibility of assisting the patients and their family members to ensure that they are given support at this time in their lives.

“My experience has taught me the importance of a patient-centered approach, focusing on quality of life rather than solely on medical interventions” (P1)

“We have common goals, which is to take care of the patient and deliver till their last days” (P6)

The statements highlight the responsibility of palliative care providers to take care of the patients and to prioritize improving the quality of their life until their last days, as opposed to depending solely on medical interventions.

“The patient's comfort and quality of life take the spotlight, as each specialist brings unique solutions and procedures to address their specific needs.” (P5)

“Palliative care professionals take care of patients through complete support that handles body symptoms and emotional needs while helping families and patients. They collaborate to help patients maintain comfort, dignity, and live their best lives by creating personalized care plans.” (P10)

The statements expressed the importance of providing proper support for the patients and their family members. Professionals in palliative care collaborate and work as a team to handle the physical and emotional needs of the patients while maintaining their comfort and dignity in the process.

Emotional Regulation

Emotional regulation plays an important role in palliative care, as the provision of end-of-life support requires healthcare professionals to effectively manage emotions in palliative care practice. During their delivery of compassionate care, palliative care professionals need to manage their stress and maintain resilience together with effective coping mechanisms. The mental challenges of professional practice in palliative care lead to burnout and poor care quality because providers lack adequate emotional regulatory skills to handle patient suffering and family anxiety along with ethical conflicts.

The development of emotional regulation functions as a fundamental requirement to build both patient and caregiver support structures that promote empathy. Palliative care providers need to manage emotional depth while maintaining professional objectivity because their occupational requirements should not diminish their professional health. Emotional processing skills, which lead to enhanced patient interventions and better team collaboration and serve as a foundation for resilience in palliative care practice.

One of the critical challenges and gaps in emotional regulation comes from the constant exposure to grief, loss, and ethical conflicts in palliative care. Managing emotional exhaustions while providing compassionate care requires structured support systems, such as peer discussions, mindfulness practices, and institutional interventions that promote mental well-being. Without proper emotional regulation strategies, palliative healthcare providers may experience compassion fatigue, which can negatively impact both patient care and their own mental stability and thinking, which deeply affects both the impact on patient care and their own mental health.

Emotional regulation is crucial to palliative care professionals in maintaining ongoing control over their emotions along with their coping strategies when dealing with

changing emotional and psychological requirements of their profession. The environment of palliative care features persistent emotional challenges because they affect patients through their pain as well as their family members and the moral complexities of end-of-life care. The essential quality for success in palliative care work includes emotional resilience combined with emotional regulation skills. Palliative healthcare providers need both instant stress management and prolonged occupational well-being to maintain sustainable careers as professionals. Palliative care providers need real-time adjustment capacity for their emotions combined with self-awareness and support systems to develop coping strategies that enable them to deliver quality compassionate care during challenging situations.

Mental Stability and Resilience

The foundation of palliative care consists of mental strength together with resilience, which helps healthcare providers handle the multiple complex emotional and psychological challenges when supporting terminal patients. A stable mental state allows health providers to maintain clear objective thinking and emotional control in intense moments, which supports their ability to provide both kindness and professional decisions. The ability to resist emotional impact from witnessing pain, together with death and existential problems, makes practitioners resilient and protects them from professional exhaustion, which allows their empathy to continue. Based on these two of our participants expressed:

“Through my journaling practice, I learn to process emotions while reflecting on personal events that build my resilience abilities.”^(P3)

“Emotional regulation is the ability to control and redirect our emotions. Emotions are normal and a necessary part of life. We cannot stop or avoid our emotions, but we can boost our emotional well-being by practicing emotional/self awareness. This can be done through self reflection, and examining our own emotions, why are we feeling these things? Self awareness is foundational for effectively regulating our own emotions. Mindful acceptance and refocus attention are also necessary”^(P2)

The following statements convey that having mental stability and resilience creates realizations and self-awareness for caregivers in palliative care, including emotional regulation. Some participants also stated the following:

“I need to know my feelings and take care of myself as my first step in maintaining emotional strength in palliative care. My daily mindfulness practice lets me keep my balance as I handle hard situations at work. I always remember that helping patients and their families at life's most important times brings me deep honor and strength to endure challenges.”^(P9)

"At my palliative care job regular team meetings and one-on-one emotional talks with colleagues help me stay strong. When we gather here we create an environment where healthcare staff can discuss their duties and personal concerns." (P8)

The statements collectively underscored the importance of mental stability and resilience in the role of palliative care. They give insight into the importance of mental stability and resiliency in difficult and tricky scenarios.

Stress Management

Managing stress is a key part of palliative care practices. Healthcare providers and patients depend on the maintenance of emotional strength to continue their healthcare journey. Palliative care workers should deploy systematic coping tactics that include rest periods, self-care activities, and to relieve stress.

"Our organization encourages employees to take needed breaks so I can avoid spiritual exhaustion and its related symptoms" (P7)

"The strategies that I do to maintain and take control of my well-being are to take breaks and go on vacation to help me prevent burnout, and I also do regular reflecting, sharing my experiences with my friends or colleagues, and the feelings of normalizing emotions and reducing the sense of isolation. We also hold informal debriefing sessions, focus on separating work and personal life, and participate in counseling like stress management." (P7)

The statements showcased the importance of self-care strategies in maintaining a strong emotional resilience among the palliative care professionals. These responses also highlight the importance of taking breaks and engaging in emotional support systems to prevent burnout and exhaustion.

"I seek support from my family and friends, emotional support and understanding helps recharge outside of work along with stress management and therapy." (P7)

"Counseling services, periodic screening for mental well-being, proper handling of work load and peer support systems. like those should be enormously beneficial to minimizing stress and burning out that we face." (P5)

The statements highlight the importance of having proper maintenance for emotional well-being for each palliative care professional. This gives importance for emotional and stress management programs within their respective organizations. Through these types of programs, it lessens the emotional burden and stress during the hard times in palliative care.

Competent Coping Strategy

A competent coping strategy in palliative care involves a holistic, patient-centered approach that acknowledges the profound physical, emotional, and ethical complexities inherent in end-of-life care. It requires healthcare providers to balance medical expertise with compassionate communication, ethical decision-making, and interdisciplinary collaboration to enhance the quality of life for patients and their families. They mentioned the following:

"I maintain my emotional support through regular appointments with a counselor." (P7)

"I practice mindfulness techniques which include meditation along with deep breathing exercises to both control my stress levels and remain emotionally centered." (P1)

Based upon the statements, it is mentioned that having to talk to someone and practicing mindfulness techniques helps them in coping with the hardships of being in the palliative care sector. But in some cases, we receive responses that mentioned the following:

"To reduce workplace pressure and refresh my mind I play songs or sit down with a book during my off hours." (P9)

“Inner self-care strategies are intentional things that we can do to maintain mental health and spiritual well-being. Some of these are reflective journaling, mindfulness or compassion meditation, relaxation, or spending time in nature. These things work out for me.” (P2)

The statements mentioned other diverse coping mechanisms through recreation, such as playing songs, reading a book during off hours, and by having inner self-care strategies. These coping strategies keep them mentally robust while working in palliative care.

Integrated Protocol and Training

Palliative care professionals need Integrated Protocol and Training to deliver standard services with high-quality ethical practices. The theme demonstrates palliative Care relies on standard operating procedures that combine healthcare teamwork with permanent educational programs for successful patient outcomes. Standardized protocols contribute to evidence-based patient care because they guide ethical practices and respond to challenging health needs of seriously ill people.

A structured framework in palliative care practice ensures stable delivery of care throughout various healthcare institutions. The combined efforts of ethical decision-making processes with competency growth among professionals alongside team-based work led to better patient care together with superior treatment results. Crime series care approaches diverge due to a lack of standardized protocols, which generates inconsistent symptom treatment and communication methods and general patient assistance. Healthcare practitioners who receive continuous training plus follow best practices maintain their proficiency regarding novel evidence and ethical factors in palliative medicine.

Integrated protocol and training face their challenges because palliative care practices continue to evolve. Palliative care providers must continue professional education as well as work together with other experts to learn new ways to manage pain and provide emotional backing and handle end-of-life choices. Structured guidelines update requires healthcare providers to implement standardized systems without compromising individualized patient attention. Patient-centered holistic care delivery requires effective teamwork between physicians and also includes nurses, social workers, and spiritual care providers, as stated in Ferrell et al. (2018).

Integrated Protocol and Training encompasses structured teamwork, continuous education, and adherence to ethical guidelines to enhance palliative care delivery. Palliative healthcare providers need to work together professionally to link their approaches with approved procedures while providing nonstop coordinated patient management. When healthcare teams work closely together, the results enhance both patient care completeness and healthcare results. The integration process becomes challenging due to differences between healthcare professionals' approaches and dual problems of ethical conflicts alongside changes in clinical protocol standards. To maintain cohesive patient care, palliative care providers need to establish trust with patients and ensure constant effective communication and adaptability between providers. The integration of effective palliative care relies on continuous training and shared responsibility for decisions, together with proficient management of complex healthcare systems that maintain best practice standards.

Ethical-Decision Making

One of the roles that palliative care professionals take on is the ability to manifest ethics and moral code. The patient's consent and autonomy are highlighted, where the patient's best interests and comfort are prioritized above all. Furthermore, these professionals encourage open communication, conducting consultations, and exchanging knowledge with fellow caregivers to guarantee an ethical dynamic. As stated below by the participants:

“One of the main procedures we follow is to make sure that the healthcare facility ensures smooth communication between doctors, nurses, social workers, chaplains and other team members. In my case, I asked my superiors sometimes for advice and tips and communication is the key to good teamwork in this field.” (P9)

“The approach I use lets patients share their perspectives about their culture and beliefs which produces stronger connections while creating more impactful communication.” (P7)

The statements collectively shed light on the importance of ethical decision-making, fostering respectful patient-caregiver relationships, and placing great value in hospitality and autonomy. These principles ensure that delicate dynamics are nurtured with care and respect. There were also a variety of responses in which they stated that:

"Successful team work relies on clear communication to handle patient symptoms while supporting emotions and making important care decisions with the patient and family." (P8)

"Care process efficiency and faster decision-making emerge from our communication tools that combine regular meetings with electronic updates, which ensure active participant involvement." (P3)

The statements also highlighted the value of open communication and rapport, building successful teamwork and unity. These principles serve as vital units that contribute to the efficiency of a palliative care professional.

Principled Competencies.

Principled competencies in palliative care are the key skills and values that ensure quality patient care. They include training, protocols, teamwork, ethical decision-making, and professionalism. These competencies serve as pillars that guide palliative care professionals to provide comfort, respect, and support to patients and their families in a responsible and competent manner.

"We receive on-the-job training from experienced colleagues who guide us in navigating cultural nuances." (P4)

"Receiving professional development from associations regularly provides me with access to conferences, workshops and research materials which support my end-of-life care practice." (P8)

The statements highlighted the principled competencies that are crucial for training palliative care professionals. It marks the significance of mentorship, which is key in healthcare areas where honoring diverse cultural views can make patient care better, including conferences, workshops, and access to research papers. The palliative healthcare professionals shared some insights that deeply highlight the importance of symptom management. The following participants stated:

:

"I focus on daily symptom management, medication administration, and patient comfort while acting as a bridge between the patient, family, and the team." (P2)

"In my experience the procedures I do are assisting the patient and families by providing them emotional support, counseling to ensure that they can cope and course through well with the challenges in palliative care with confidence and ease of mind." (P3)

The participants further noted the significance of training, code of conduct, and systematic procedures serving as fundamental elements of palliative care. The dynamic of a palliative care environment relies on these delicate principles, maintaining professionalism and balance among caregivers.

Multidisciplinary Care.

Professionals in palliative care collaborate with fellow professionals to take care of the patients under their care. They come together to create a care plan that will efficiently address the patient's needs, based on the patient's assessments and their own personal assessment. They are able to communicate with each other to determine what's best for the patient, and exchange information to learn from one another. The following participants disclosed:

"Through holistic care I treat the patient by merging physical healthcare execution with emotionally and mentally based needs assessments. I use patient assessments combined with personal treatment plans to deliver both comfort and dignity to my patients." (P1)

"In my cases mostly the care plan develops into a total collaborative guide that addresses all aspects of the patient's health needs" (P7)

The statements shed light on how palliative caregivers tailor the care plan to address all aspects of the patient's health, customizing the treatment and considering holistic perspectives. Through multidisciplinary care, palliative professionals can thoroughly assess the patients' needs. However, some professionals also focused more on assessing the patient and providing clinical needs, such as stated below:

"I make it a point to assess both clinical needs and emotional well-being during every interaction, balancing both naturally as part of holistic care." (P3)
"And team dynamics and multidisciplinary is also an approach, so it's not just one person who will tend the patient." (P10)

In summary, the statements emphasized the importance of collaboration with other palliative caregivers to ensure quality of care for the patient. This approach involves a team of healthcare professionals in diverse fields, fostering a joint effort towards holistic treatment.

Discussion

Palliative care utilizes different strategies and procedures to alleviate suffering and enhance the quality of life for the patients with terminal illnesses. There is a keen attention to the medical and psychosocial components of care, balances ethical principles, and works with other professionals in the healthcare system for the actions that are tailored to the patient. The objective of this study is to identify the defining components for understanding the complexity of palliative care based on Comfort-Centered Care and Integrated Protocol, which aims to provide relief to all, and Training and Emotional Regulation, which aims to build devotion and strength. These core concepts build the loving construct around patients' needs with the help of the heart, nurturing them with resilience, strength, and ensuring unparalleled glory. Through primary component analysis, this evaluation showed how members of the palliative care team dealt with symptom management and treatment customization and cope with ethical and social views of terminal care treatment with great success. The application of these themes described the ways in which compassion is used to uphold a patient's dignity while simultaneously improving the standard and quality of care they receive from the medical staff selflessly.

Comfort-Centered Care

Palliative care maintains comfort-oriented practices that focus on the complete health and improved life experiences of patients during their end-stage existence. The theme shows how essential it is for medical professionals to supply relief from symptoms and individualized remedies and appropriate remedies that match each patient's needs.

Symptom Management.

Through effective symptom management, practitioners focus on providing comfort to patients who receive palliative care. Multiple research studies demonstrate how complete symptom management enhances significantly the life quality for patients who are nearing their end (Smith et al., 2020). Through collaborative healthcare approaches, medical staff apply coordinated medication distribution along with psychosocial interventions to manage pain together with exhaustion and challenging symptoms (World Health Organization, 2018). Symptom management practice serves beyond physical intervention by combining emotional and spiritual care approaches to reach improved patient well-being (Ferrell & Coyle, 2019). Symptom management encapsulates the essence of palliative care, where symptoms are minimized and patient comfort is prioritized. Adequate pain and symptom management is an essential component of palliative and end-of-life care. Proper treatment of the patient's symptoms helps delay the progression of their illness, making their life easier during their time in palliative care.

Individualized Care.

A palliative care plan includes a personalized and unique approach tailored to each specific patient, incorporating personal needs and preferences to assemble an efficient support plan. Individualized care puts emphasis on the importance of compassionate and humane treatment towards patients, acknowledging their individual experiences and circumstances. Palliative care professionals bear the responsibility of multifaceted roles, assessing the patient's overall wellbeing and taking measures to ensure complete and thorough medical attention. These professionals navigate complex dynamics through communication, practicing active listening, coordination, and building rapport. A palliative care professional fosters a safe space for patients to freely express their concerns, preferences, and feelings, cultivating a respectful dynamic where the patients' autonomy is respected and valued. This personalized approach effectively avoids cookie-cutter treatment, ensuring that the patient's unique circumstances and needs are carefully considered and heard. By establishing rapport, the caregivers not only provide medical support but tackle all holistic aspects in palliative care, including their emotional wellbeing and spiritual needs. Tailored care directly addresses specific patient needs, minimizing unnecessary involvement and enhancing the treatment plan.

Curative Intervention

The priority of palliative care is to provide comfort, necessitates the continued use of curative interventions for confronting distressing conditions and improving patient health outcomes. Studies show patients benefit better when palliative care and disease-specific treatments are integrated because they handle symptoms and treat the underlying conditions (Doyle et al., 2018). The main highlight of curative interventions used in palliative care consists of palliative chemotherapy combined with radiation therapy as well as infection management alongside minimally invasive procedures. Tumors respond well to chemotherapy, due to which it reduces pain and obstruction, and radiation treatment alleviates pressure on nerves as well as organs (Teno et al., 2021; Temel et al., 2019). Medical professionals can improve patient stability through specific treatment approaches, which include fluid drainage procedures and nutritional care protocols (Quill & Abernethy, 2018).

Multiple disciplines should work together to integrate healing interventions with comfort-based objectives. The effectiveness of healthcare provider collaboration leads to interventions that support patients' prognostic outcomes as well as their values and quality-of-life expectations (Kaasa et al., 2020). Through shared decision-making processes, patients together with their families make choices about curative care according to what enhances their dignity and comfort (Ferrell & Coyle, 2019). The use of aggressive treatments requires careful examination because they might unintentionally escalate the degree of pain experienced by patients. The evaluation of curative treatments in a palliative care setting depends on both ethical evaluation and patient-focused considerations, according to Smith et al. (2020) and Portenoy&Bruera (2021). Combining curative treatments with palliative care creates an effective medical approach that combines maximum treatment benefits with dignity maintenance and superior care quality for patients.

Emotional Regulation

Palliative care goes beyond the physical symptom management. It encompasses the emotional and psychological well-being of both patients and caregivers. Healthcare professionals also need emotional control to deliver compassionate and long-term care because this ability helps them handle grief and end-of-life care distress. Healthcare providers who develop effective emotional regulation skills become more resilient and experience better communication and engage in superior patient care outcomes (Hudson et al., 2019).

Medical providers who took part in this study highlighted that palliative care imposes heavy mental strain on healthcare staff while stressing the effectiveness of peer interaction and structured debriefing procedures for maintaining their psychological health. Such interventions demonstrated their effectiveness in reducing healthcare providers' emotional exhaustion, according to Gómez-Batiste et al. (2018), and their ability to enhance long-term wellbeing.

According to Aoun et al. (2020), caregivers benefit from their mental health with proper support programs through counseling services and resilience training programs. Toward stress mitigation, participants appreciated both institutional backing and access to professional guidance since these elements displayed shared value in treating palliative care patients.

Emotional regulation techniques serve essential purposes when patients need to manage their anxious feelings along with their fears and existence-related stress. Psychological counseling together with emotional support interventions helps patients, according to Lo et al. (2020), process their emotions and achieve closure along with peace of mind. Study participants confirmed that when patients receive emotional care consistently, they show increased ability to accept their pending condition and feel more relaxed about their situation.

The process of managing emotions stands as a fundamental requirement for promoting dignified and resilient navigation of end-of-life situations among patients and those who care for them. Palliative care creates a holistic approach to patient care through an emotional well-being focus to improve mental and emotional stability (Hawley, 2017).

Mental Stability and Resilience

Healthcare professionals working in palliative care face emotionally demanding situations that they need resilience together with coping techniques to manage. Research shows caregivers benefit from practicing mindfulness blended with self-awareness methods and organized critical incident review sessions to accomplish emotional balance throughout their compassionate duties (Gómez-Batiste et al., 2018). Professional resilience, along with overall job satisfaction, improves through the development of emotional intelligence through reflective practice and

mindfulness-based stress reduction (MBSR) programs, according to Shanafelt et al. (2020). Caregivers face difficult situations better when an organization creates an atmosphere that enables open communication about emotional issues. The combination of peer support groups with professional counseling proves successful for reducing both emotional exhaustion and burnout among healthcare workers (Hudson et al., 2019). A palliative healthcare professional benefit from emotional resilience through consistent attendance at debriefing meetings as well as structured supervision and ongoing psychological support that exist in palliative care environments (Epstein et al., 2021). Healthcare institutions need to establish staff wellness programs that acknowledge how resilient employees deliver more compassionate and ethical patient care with better psychological management of their duties (West et al., 2018).

Stress Management

Balancing stress levels effectively serves as the main defense mechanism against burnout among those in palliative care who experience extreme emotional and psychological load from their work activities. End-of-life scenarios plus patient and family grief alongside their emotional traumas eventually result in compassion fatigue and moral distress, which leads to professional burnout (Maslach & Leiter, 2016). The demanding situations of palliative care require specialized stress management programs which need to be properly structured.

Aoun et al. (2020) documented how organized stress management initiatives that unite psychological assistance with personal mentorship and resilience training methods help palliative staff maintain extensive emotional capabilities. Such interventions equip healthcare workers with coping strategies enabling them to handle grief and reduce emotional exhaustion while maintaining their ability to show compassion. Through individual and group counseling services, healthcare staff obtain protective environments to share emotions while they review their experiences and master helpful approaches for managing their feelings (Meier et al., 2018).

Stress management requires workloads to be adjusted as an essential factor. Medical staff who work with excessive patient caseloads develop burnout symptoms more easily, which reduces their workplace enjoyment and increases their likelihood to leave healthcare employment (West et al., 2018). Workplace balance improves when organizations establish adaptable working hours together with proper staff distribution and controlled patient assignments. When institutions create structured settings that support open communication with appropriate recognition and teamwork, their personnel will experience decreased stress levels (Cherny et al., 2019).

Stress management for palliative care professionals requires organizations to promote supportive policies, individuals to develop coping methods, and professionals to continue their personal development, which results in caregivers experiencing better emotional health alongside their work. Institutions that maintain resilient staff members will deliver palliative care core values and sustain caregiver job satisfaction while protecting providers from burnout.

Competent Coping Strategies

Palliative care professionals need efficient coping approaches to build their psychological resilience along with protecting their emotional health. Effective coping mechanisms represent a necessary principle for palliative care professionals because they help protect mental clarity, emotional stability, and professional competency alongside reducing stressful working situations (Hawley 2017). The implemented coping strategies assist healthcare providers to handle distress while protecting against burnout and enable them to supply high-quality empathetic support to patients along with their families.

The participants indicated that emotional exhaustion reduction becomes possible through mindfulness practices along with relaxation methods and organized peer debriefing meetings. Pérez-Cruz et al. (2021) confirm the findings that proactive coping tools help build supportive workplace environments while lowering psychologic distress. Moreover, the results indicate that healthcare providers who are in active participation in self-care practices along with peer support networks maintain better professional satisfaction and a decrease in emotional exhaustion.

Integrated Protocol and Training

The delivery of high-quality and efficient palliative care needs to be both structured on clinical guidelines and ongoing professional training to generate healthcare providers able to address the complex needs of patients with terminal illnesses. Training Programs that cover palliative care enable healthcare providers to develop their clinical ability and strengthen their ethical judgment while using standardized procedures that serve individual patient needs (Dahlin, 2020).

Participants stated that clear protocols combined with organized learning programs boost their capacity to provide kind and high-quality care practices. According to Meier et al. (2019), healthcare professionals' benefit from structured protocols to deal with ethical challenges together with symptom control responsibilities and team networking activities. Ongoing training programs develop practitioners' readiness while building their confidence, which together minimizes the psychological weight of weighing sensitive choices during stressful times.

A properly integrated training system utilizes communication workshops, case simulations, and mentorship programs since evidence shows these methods enhance both patient interactions and teamwork as well as evidence-based practice implementation (Quill & Abernethy, 2018). The participants found that standardized education programs enabled them to develop better methods for patient and family discussions about medical forecasts, therapeutic alternatives, and end-of-life preference articulation.

The implementation of broad palliative care protocols by institutions produces better satisfaction among patients, better symptom control and decreased caregiver burnout per Teno et al. (2021). The quality of palliative care delivery increases when trained professionals execute specialized education on pain management together with emotional support methods and ethical expertise.

Healthcare institutions can boost both patient results and caregiver health by providing standard protocols with educational development possibilities to build care provider skills and emotional strength.

Ethical Decision-Making

The care of patients in palliative settings requires health providers to handle opposing healthcare values between patient independence and medical practicability since quality of life often emerges as a determining choice. The challenge emerges in palliative care as health professionals decide what to treat and which preferences to follow about end-of-life and how to control patient pain.

The results from participant interviews show medical professionals make tough decisions about extending life support along with decisions about patient care withdrawal and handling disagreements between relatives regarding patient choices. As stated by Beauchamp & Childress (2019) medical professionals use the four ethical principles of autonomy and beneficence and non-maleficence and justice to guide their ethical decision-making processes. Medical ethics uses autonomy to protect patient preferences while caring for others through beneficence and non-maleficence and ensuring fair distribution of medical resources through justice.

According to Randall & Downie (2020) professional ethics training systems help healthcare providers to defend patient autonomy while handling cultural differences and resolving conflicts. Interdisciplinary teams find their collaborative efforts essential for shared decision-making which helps them gain diverse ethical views and establish balanced decisions (Quill & Abernethy, 2018). Healthcare organizations have demonstrated better professional confidence levels and enhanced patient satisfaction by providing ethical consultation services together with structured ethical training to staff (Teno et al., 2021). Healthcare professionals who use strengthened ethical frameworks in palliative care provide both devoted individual-centered care and socially equitable outcomes alongside ethical standards for end-of-life service.

Principled Competencies

The vital requirement for delivering quality palliative care to patients consistently depends on professional development. End-of-life management requires healthcare providers to develop superior clinical abilities alongside ethical compassion and emotional competencies in order to address multiple challenges during palliative care. The Analysis of the participant answers shows that experts value sustained educational experiences together with mentorship and cross-disciplinary teamwork, which helps professionals master their skills better while advancing positive treatment results.

Research shows that systematic educational programs combined with mentoring activities and practical medical exposures lead healthcare staff to deliver better results in palliative care with care and effectiveness. The results of Connor & Bermedo (2018) indicate healthcare professionals achieve superior competency in symptom control as well as ethical choices and psychosocial assistance after participating in tailored training. The institutions that fund skill development workshops and knowledge-sharing programs notice enhanced caregiver confidence together with decreased burnout levels and strengthened interdisciplinary coordination, according to Hui et al. (2021).

The application of principled competencies goes beyond training in medical expertise because it includes cultural competency and effective communication and grief counseling abilities. According to Sinclair et al. (2019),

healthcare professionals who receive training about empathetic communication approaches and bereavement support methods demonstrate superior abilities in covering the emotional and psychological needs of their patients and families. The comprehensive care model improves relationships between healthcare providers and patients, which enables respectful, dignified, and compassionate end-of-life care.

The incorporation of continuous learning with ethical practice and professional mentorship into palliative care frameworks keeps healthcare providers constantly updated about patient needs. Palliative care teams reach the highest standard of professional excellence when they adopt principled competencies, thus providing patients and families with both medical expertise and emotional support.

Multidisciplinary Care

A multidisciplinary approach is essential to the quality of palliative care practice as it ensures patients receive integrated supportive services from which they receive whole-person care, including medical treatment, psychosocial care, and spiritual care. The outcomes from this research show how palliative service quality and continuity improve intensely through collaborative healthcare teams consisting of physicians alongside nurses and social workers along with psychologists and chaplains. Patients receive superior emotional help alongside personalized treatment strategies because the medical field enables combined expertise management between various professionals.

Multiple studies confirm that healthcare teams working together provide patients with better healthcare services, which lead to superior treatment results. Kelley & Morrison (2019) established that palliative care teams achieve better compassionate patient treatment through integrating medical knowledge with psychosocial spiritual counsel. Thorough interdisciplinary communication, according to Pastrana et al. (2020), produces superior clinical choices by lowering nonessential medical actions and guaranteeing treatment choices match patient needs.

Through multidisciplinary teamwork, healthcare professionals receive better support, which decreases their emotional strain while decreasing the risk of burnout. Research shows that organized team conferences together with medical ethics meetings along with interactive patient care decisions enhance both staff retention and client happiness (Quill & Abernethy, 2018).

The integration of medical, psychological, social, and spiritual elements through multidisciplinary care guarantees palliative interventions that are beneficial to patients while maintaining ethical quality along with full-spectrum impact. The healthcare delivery optimization along with patient and family comprehensive care support happens in an environment fostered by this approach in moments of vulnerability.

Conclusion

The research demonstrates how developing "passion" in palliative care practice involves practitioners who genuinely dedicate themselves to improving patient well-being through suffering reduction. Our comprehension of fundamental concepts and relations within this field enables better palliative care professional support as well as enhanced care delivery to vulnerable patients. This research presents important findings about palliative care practice through humanistic education, which demonstrates the extensive influence on both medical personnel and their end-of-life patients.

This study reinforces the role of compassion, ethics, and resilience in palliative care and advocates for institutional policy changes that prioritize emotional health and culturally sensitive practices. Enhancing support structures and professional training will create a sustainable and empathetic approach to patient and provider care.

This study underscores the deep emotional, ethical, and professional commitment required to provide compassionate end-of-life care. Through a phenomenological lens, it reveals how practitioners move beyond the technical aspects of their profession to embrace a more holistic and human-centered approach, ultimately finding purpose and passion in their work. These findings emphasize the importance of continuous support, education, and self-care strategies to sustain the well-being of palliative care providers, ensuring the highest quality of care for patients and their families.

References

- a. Integrating palliative care and symptom relief into responses to humanitarian emergencies and crises: a WHO guide World Health Organization. Geneva; World Health Organization; 2018.
<https://www.who.int/publications/i/item/9789241514460>

- b. The nurse's role in palliative care: A qualitative meta-synthesis Ragnhild Johanne Tveit Sekse PhD, RN, Irene Hunskaar MLISc, Sidsel Ellingsen PhD, RN First published: 08 June 2017.
<https://onlinelibrary.wiley.com/doi/full/10.1111/jocn.13912>
- c. Caring in Palliative Care A Phenomenological Study of Nurses' Lived Experiences Parola, Vitor RN; Coelho, Adriana RN; Sandgren, Anna PhD, RN; Fernandes, Olga PhD, RN; Apóstolo, João PhD, RN Journal of Hospice & Palliative Nursing 20(2):p 180-186, April 2018. https://journals.lww.com/jhpn/abstract/2018/04000/caring_in_palliative_care_a_phenomenological.14.aspx
- d. Palliative Nursing Summit Nurses Leading Change and Transforming Primary Palliative Care: Nursing's Role in Providing Pain and Symptom Management Paice, Judith A. PhD, RN; Battista, Vanessa MS, RN, CPNP; Drick, Carol Ann PhD, RN, AHN-BC; Schreiner, Elyn MPH, RN-BC, CHPN Journal of Hospice & Palliative Nursing 20(1):p 30-35, February 2018. https://journals.lww.com/jhpn/abstract/2018/02000/palliative_nursing_summit_nurses_leading_change.6.aspx
- e. Broom A., Kirby E., Good P., Wootton J., Yates P., Hardy J. (2015). Negotiating futility, managing emotions: Nursing the transition to palliative care. Qualitative Health Research, 25, 299–309. <https://journals.sagepub.com/doi/10.1177/1049732314553123>
- f. The Role of the Palliative Care Registered Nurse in the Nursing Facility Setting Hickman, Susan E. PhD; Parks, Melanie MS, BSN, RN, CHPN; Unroe, Kathleen T. MD, MHA; Ott, Monica MD; Ersek, Mary PhD, RN, FPCN Journal of Hospice & Palliative Nursing 22(2):p 152-158, April 2020.
https://journals.lww.com/jhpn/abstract/2020/04000/the_role_of_the_palliative_care_registered_nurse.11.aspx?context=latestarticles
- g. Integrating Palliative Care into Nursing Care Parekh de Campos, Amisha PhD, MPH, RN, CHPN; Levoy, Kristen PhD, RN, OCN, CNE; Pandey, Shila MSN, AGPCNP-BC, ACHPN; Wisniewski, Renee MSN, AGPCNP-BC, ACHPN; DiMauro, Pierce MSN, RN; Ferrell, Betty R. PhD, RN, FPCN, FAAN; Rosa, William E. PhD, MBE, AGPCNP-BC, FAANP, FAAN AJN, American Journal of Nursing 122(11):p 40-45, November 2022. https://journals.lww.com/ajnonline/abstract/2022/11000/integrating_palliative_care_into_nursing_care.18.aspx
- h. Increasing Critical Care Nurse Engagement of Palliative Care During the COVID-19 Pandemic CE Article William E. Rosa, PhD, MBE, ACHPN; Betty R. Ferrell, PhD, RN; Claren Wiencek, PhD, RN, ACNP, ACHPN Crit Care Nurse (2020) 40 (6): e28–e36. <https://aacnjournals.org/ccnonline/article-abstract/40/6/e28/31109/Increasing-Critical-Care-Nurse-Engagement-of>
- i. Good palliative nursing care: Design and validation of the palliative nursing care quality scale (PNCQS) Mar Zulueta Egea, María Prieto-Ursúa, Laura Bermejo Toro First published: 08 August 2020 <https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.14464>
- j. Nurses' knowledge about palliative care and attitude towards end-of-life care in public hospitals in Wollega zones: A multicenter cross-sectional study WerkuEtafa, BizunehWakuma, GetahunFetensa, RetaTsegaye, EbaAbdisa, AdugnaOluma, TadesseTolossa, DiribaMulisa, TagayTakele Published: October 7, 2020 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0238357>
- k. Palliative Care Models for Cancer Patients: Learning for Planning in Nursing (Review) Published: 24 April 2019 Volume 35, pages 3–13, (2020) <https://link.springer.com/article/10.1007/s13187-019-01532-3>
- l. Knowledge, attitude, confidence, and educational needs of palliative care in nurses caring for non-cancer patients: a cross-sectional, descriptive study Research article Open access Published: 11 July 2020 Volume 19, article number 105, (2020) <https://link.springer.com/article/10.1186/s12904-020-00581-6>
- m. Palliative Care Models for Cancer Patients: Learning for Planning in Nursing (Review) Published: 24 April 2019 Volume 35, pages 3–13, (2020) <https://link.springer.com/article/10.1007/s13187-019-01532-3>
- n. Nurses' experiences of compassionate care in the palliative pathway Anett Skorpen Tarberg MSc, RN, Bodil J. Landstad PhD, Torstein Hole MD, PhD, Morten Thronæs MD, PhD, Marit Kvangarsnes RN, PhD First published: 08 October 2020 <https://onlinelibrary.wiley.com/doi/full/10.1111/jocn.15528>