

## Assessment Nurses' attitude and Practice towards Palliative Care for Children with Cancer

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### Abstract

**Background:** Palliative care entails providing parents and children with cancer with comprehensive, skillful, and compassionate care. **Aim of the Study:** assess nurses' attitude and practice toward palliative care for children with cancer. **Research design:** A descriptive design; **a purposive sample** consisted of sixty-five nurses who were providing palliative care for children with cancer. **Setting:** This study was conducted in pediatric unit at Children's Hospital affiliated to unit of Oncology Children at Menoufiya University Hospital and Ain Shams University Children's Hospital. **Data collected** through using three tools including: I: Interviewer questionnaire which consisted of 2 parts: Part1: Nurses' socio demographic characteristics. Part2: nurses' attitude level. II: observational checklists. III: performance palliative scale. **Results:** There was significant relationship between studied nurses' total attitude and their total practice regarding palliative care for children with cancer ( $P < 0.05$ ). **Conclusion:** Most of the studied nurses have a good attitude and majority of them have competent practice about palliative care for children with cancer. **Recommendations:** Study was recommended that adopting a suitable assessment tools for early detection any health problems for children with cancer to enhance their quality of life should be applied.

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**Keywords:** Children with cancer, Nurses' attitude, Palliative care

## Introduction

Childhood cancer is a spectrum of malignancies that varied in their histology, epidemiology, place of origin, and genesis, rather than being a singular disease entity. In the United States, pediatric cancer affects 130–140 children per million under the age of 16, or roughly 1 in 500 children. The incidence is twice as high in the first five years of life as it is between the ages of six and fifteen. Over the last 30 years, there has been a significant shift in the survival probability (*Chubak et al., 2020*).

The World Health Organization has declared that "active total care of the child's body, mind, and spirit is known as palliative care for children; it starts at the time of diagnosis and continues whether or not the child receives treatment for the illness through the prevention and relief of

suffering through early identification and impeccable assessment and treatment of pain and other problems."(*WHO, 2018*).

Palliative care is all-encompassing, multidisciplinary care that prioritizes improving the quality of life for patients and their families who are facing a terminal illness. It does this by actively intervening to prevent and relieve suffering, integrating psychological and spiritual aspects of care, and providing coordinated services across multiple sites of care. The ultimate goal of palliative care is to maximize the comfort and function of the whole patient while taking into account the needs, preferences, values, beliefs, and culture of the patient and their family (*Capurro et al., 2019*).

Using the values of dignity, hope, comfort, quality of life, and relief of pain, the palliative approach

works with children who have chronic conditions at any stage of their lives, not only those nearing the end. It upholds individual liberty, the freedom of individuals to actively participate in their own care, and a heightened feeling of authority for families and children. By providing PC for kids, we can uphold the dignity of patients and their families while also being sensitive to and respectful of the child's and family's choices (Donovan, Knight & Quinn, 2020).

Palliative care is not just for patients who are in the latter stages of their illness; certain palliative care procedures are anticipated when the goal is symptom control. The goal is to identify patients with potentially life-threatening or life-altering diseases as soon as possible so that palliative care interventions can be started within the first week of

hospital admission (*El-Jawahri et al., 2019*).

Palliative care is a specialization focused on improving the quality of treatment for patients, their families, and the healthcare system, while also focusing on pain relief and symptom control. It is all-encompassing, patient-centered, holistic, and multidimensional, addressing not just the physical but also the psychological, social, and spiritual aspects of health (*Sarabia-Cobo et al., 2021*).

### **Relevance of the Research:**

Palliative care enhances the quality of life for kids and their families dealing with issues related to life-threatening illnesses; patient- and family-centered care recognizes the individuality of every patient and family and treats them as the unit of care, receiving support and direction from the medical staff when making decisions. Children with cancer get

whole-family palliative care, which led to the realization that more humanized, specially trained palliative care nurses were needed to improve the provision of high-quality palliative care services across all care settings. Because palliative care is crucial for supporting and caring for children at every stage of their lives, this study was conducted to evaluate nurses' practices in this area for cancer children.

### **The Study's Objective**

#### **The study's objective was:**

Evaluate nurses' practices and attitudes toward children with cancer by using the following methods:

- Evaluate nurses' attitudes regarding children with cancer palliative care.
- Evaluate nurses' palliative care practices for children with cancer.

#### **Research Questions:**

- Are the nurses well trained in providing palliative care for children diagnosed with cancer?
- Are the nurses providing children with cancer with adequate palliative care?

### **Method**

#### **Research Design:**

The current study used a descriptive design.

#### **Research Setting:**

This study was carried out in the pediatric unit of Children's Hospital, which is connected to the Menoufiya University Hospital's Oncology Children section.

#### **Subject:**

This study included a selective sample of sixty-five nurses who work in the above specified settings and provide palliative care for children with cancer

#### **Tools of data collection:**

The following instruments were used to gather the data:

### **I- Questionnaire for Interview**

The researcher created it while taking into account pertinent literature. It was written in plain Arabic to accommodate the study subjects' comprehension level. It was divided into two sections to evaluate the subsequent data:

**Part 1:** Data on the socio demographics of the nurses under study, including age, marital status, educational attainment, job title, experience years, and prior training program attendance.

**Part 2:** Attitude of the nurse toward palliative care, consisting of thirty-two multiple-choice questions.

### **Scoring system:**

The nursing staff's responses were scored, with one point being awarded for each "correct" response

and zero for each "incorrect" response.

Following the collection of all question scores (100%) the knowledge scores of nurses were classified into the following categories :

- A score of 75% or higher was awarded for good knowledge
- 50-75% of the overall score was awarded for average knowledge
- Less than 50% of the overall score was assigned to poor knowledge.

### **II. Observational Checklists:**

This tool was adapted from *Cleeland, (2016)* which fit under the following categories:

1. Palliative care nursing practice:  
Evaluating children with cancer in terms of their physical health requirements. The steps on this

observational checklist total thirteen.

2. Palliative care nursing practice with reference to: Symptom management for pediatric cancer patients, including of eighteen phases.

#### **Scoring system:**

The following scores were applied to each observational checklist step: (1) for competent and (0) for incompetent.

The following categories best described the study nurses' entire practice (100%):

- Achieving a score above 85% overall.
- Incompetent, scoring less than 85% overall.

#### **III- Performance Palliative Scale:**

It was adapted from *Anderson et al., (1996)*, to evaluate nurses' implementation of the palliative performance scale in order to

determine requirements and preferences for the present and the future in all care domains, including: (Ambulation, Activity & Evidence of disease, Self-Care, Intake, and Conscious level) .

#### **Scoring system:**

The entire scale score (100%) was split into:

- Stable stage: 70–100% of the total score.
- Transitional phase: 40–60% of the overall rating.
- Stage of End of Life: 30% of the final score.

#### **Operational design:**

##### **Phase of preparation**

The development of study instruments and familiarization with the numerous facets of the research subject involved a review of linked literature and theoretical understanding of various areas of the study through books, articles, internet periodicals, and magazines.

### **Validity and dependability of content**

Based on the findings of the pilot study, three pediatric nursing professors served as a jury to evaluate the tools for readability, application, comprehensiveness, clarity, and understandability. A retest of the reliability test was conducted.

### **Phase of Exploration:**

In January 2023, a pilot study comprising four palliative nurses, or 10% of the overall study population, was conducted. Because the results of the pilot research's data collection helped to eliminate duplication of questions and eliminate some repetitive questions pertaining to nurses' knowledge elements and motivation factors, the pilot study was included in the main study.

### **Field work:**

The study's real fieldwork took place from the beginning of January 2023 to the end of March 2023, a period of three months. The researcher was present in the study setting twice a week (on Saturdays and Wednesdays) to gather data. pediatric inpatient department Children's Hospital at Menoufiya University Hospital, which is connected to the oncology department, is open from 9 am to 4 pm. Groups of nurses were questioned one-on-one (for 45–60 minutes).

Before beginning the interview, the researcher introduced herself to the nurses and gave them a quick overview of the study's objectives and what each nurse should expect. Subsequently, a 30-minute questionnaire about palliative knowledge was given to each nurse, and an observational checklist was

used to evaluate their practices for a further 20 to 30 minutes throughout the treatment.

### **Administrative Design:**

A letter from the dean of Ain-Shams University's faculty of nursing was used to formally request permission to conduct the study from the director of the department of oncology children at Menoufiya University Hospital. The researcher was outlining the purpose of the investigation and its anticipated results.

### **Ethical Considerations:**

The Faculty of Nursing at Ain-Shams University's Scientific Ethical Committee granted ethical approval. The directors of the aforementioned settings were informed of the study's purpose, and all data collected was utilized solely for that reason. participants were also given the assurance that the

study was risk-free, that participation in it was entirely voluntary, and that participants could leave the study at any moment, for any reason. They received assurances that privacy would be protected. Respect was shown for ethics, morals, culture, and beliefs.

### **Information Analysis**

The Statistical Package for Social Sciences (SPSS) version 20 was used to arrange, examine, and show the data in the form of tables and figures. Frequencies and percentages were used to represent qualitative factors, whereas mean and standard deviation were used to represent quantitative variables. The significance of the acquired results was tested using the Fishers test and the Chi-square test. A difference was deemed statistically significant when it was  $P < 0.05$  and not significant when it was  $P > 0.05$ .

## Results

**Table (1):** demonstrates that all of the nurses in the study were between the ages of 20 and 30, that the majority of them (55.4%) worked at the Ain Shams University Children's Hospital, that the majority of them (92.3%) were staff nurses, and that the majority of them (56.7%) had five to ten years of experience caring for children with cancer.

**Table (2):** demonstrates that the correct attitude toward the concept, purpose, indication, and timing of palliative care was held by 70.8%, 72.3%, 87.7%, and 76.9% of the nurses under study.

**Table (3):** demonstrates that all nurses examined (100%) had competent assessments for eyes, skin and hair, respiratory, and mouth and nose. Additionally, competent

assessments were made by the nurses under study in the following areas: ear, cardiovascular, gastrointestinal, urinary, hematological, bone and motor, neurological, general physical health, and emotion (93.8%, 76.9%, 98.5%, 89.2%, 81.5%, 92.3%, 92.3%, 96.9%, and 95.4%).

**Figure (1):** shows that the majority of the nurses who were studied (84.6%) had positive attitudes toward palliative care for children who had cancer.

**Table (4):** demonstrates that the majority of the researched nurses (78.5%) used the palliative care scale while providing palliative care and that 78.5% of them were aware of the significance of performing the palliative scale. Of these, over half (56.8%) agreed that the scale was

essential for providing palliative care for children.

**Figure (2):** shows that the majority of the nurses who were studied (78.5%) were proficient in applying the performance palliative scale, whereas 21.5% of them were not.

**Figure (3):** demonstrates that 76.9% of the nurses who were assessed for their overall competence in providing palliative care for children with cancer.

**Table (5):** demonstrates that there was a significant correlation ( $P < 0.05$ ) between the attitude of nurses overall and their overall performance in terms of palliative care for children with cancer.

**Table (6):** demonstrates that there was a substantial correlation ( $P < 0.05$ ) between the attributes of nurses and their overall performance

with reference to their workplace, credentials, and completion of prior palliative care training. However, no meaningful correlation was found between the traits of nurses and their overall performance regarding job position and years of experience ( $P > 0.05$ ).

**Table (1): The number and percentage distribution of the nurses under study based on their demographic attributes**

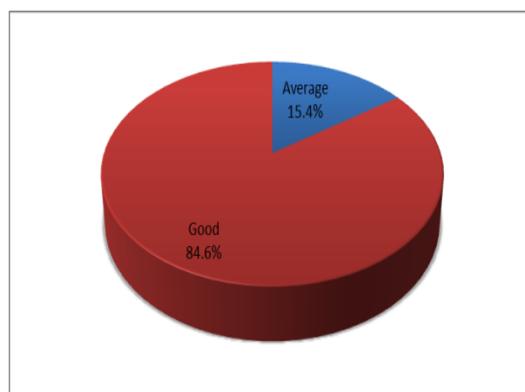
Qualities of nurses	Total number = 65	
	NO	%
<b>Age/ years</b> - 20 – 30	65	100
<b>Working location:</b> - Al-Shams University Children's Hospital - Monoufiya University Children's Hospital	36 29	55.4 44.6
<b>Education level</b> - A diploma in nursing. - - Diploma from Technical Health Institute. - Nursing bachelor's degree	21 25 19	32.3 38.5 29.2
<b>Position at work</b> - Supervisor - Nursing staff	60 5	92.3 7.7
<b>Years of experience</b> - 5 < 10 years - 10 < 15 years - 15 years or more	45 6 14	56.7 21.8 21.5

**Table (2): The number and percentage distribution of nurses who were studied based on their perspective on palliative care**

Items	Total number = 65			
	Correct		Incorrect	
	No	%	No	%
- Definition	42	70.8	23	35.3
- Goal	47	72.3	18	27.6
- Indication	57	87.3	8	12.3
-The moment to begin palliative care	50	76.9	15	23

**Table (3):** The number and percentage distribution of the nurses who were studied in relation to their practice in terms of symptom assessment for children with cancer receiving palliative care.

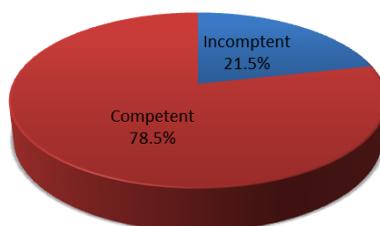
Nurses' evaluation of cancer symptoms	Total number = 65			
	Competent		Incompetent	
	No	%	No	%
Assessment of respiration	65	100	0	0
Assessment of Mouth and nose	65	100	0	0
Assessment of Skin and hair	65	100	0	0
Assessment of Eye	65	100	0	0
Assessment of Ear	61	93.8	4	6.2
Assessment of Cardiovascular system	50	76.9	15	23.1
Assessment of Gastrointestinal system	64	98.5	1	1.5
Assessment of Urinary system	56	89.2	9	10.8
Assessment of Hematological	53	81.5	12	18.5
Assessment of Bone and motor system	60	92.3	5	7.7
Assessment of Neurological effects	60	92.3	5	7.7
Assessment of General physical health	63	96.9	2	3.1
Assessment of Emotional status	62	95.4	3	4.6



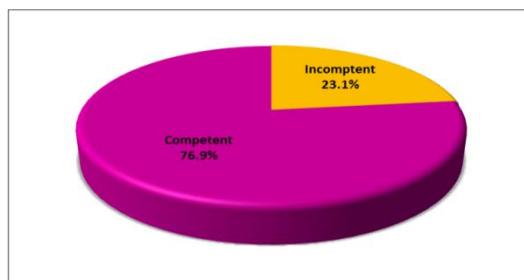
**Figure (1):** The study's nurses' overall attitudes on palliative care for children with cancer were distributed as a percentage.

**Table (4): The study's sample size and percentage distribution of nurses based on their perceptions of the palliative care performance scale for children with cancer.**

Nurses' familiarity with the Performance Palliative Scale	Total number = 65	
	No	%
<b>Being aware of the significance of PPS</b>		
Yes	51	78.5
No	14	21.5
<b>The significance hierarchy</b>	<b>No=51</b>	
Physical needs of the child are evaluated	14	27.5
Giving a child palliative care	29	56.8
Handling the signs and issues of the child	8	15.7
<b>Using this scale during perform palliative care</b>		
Yes	51	78.5
No	14	21.5



**Figure (2): percentage distribution of the nurses under study based on the palliative care performance scale as a whole.**



**Figure (3): Distribution of the study nurses' percentages based on how well they performed overall in providing palliative care for children with cancer**

**Table (5): Relationship between nurses' overall performance and attitude toward providing palliative care for children with cancer**

Nurses' total attitude	Nurses' total performance			
	Incompetent		Competent	
	No	%	No	%
Average	5	50	5	50
Good	10	18.2	45	81.8
Fisher's Exact Test	<b>P = 0.043*</b>			

\*Statistical significant difference

**Table (6): Relationship between the attributes of nurses and their overall effectiveness in providing palliative care for children with cancer**

Qualities of nurses	Nurses' total performance				Chi-square	
	Incompetent		competent		X <sup>2</sup>	P value
	No	%	No	%		
<b>Working place</b>						
- Ain Shams University Children's Hospital	12	33.3	24	66.7	Fisher's	0.039*
- Children's Hospital in Monofia University	3	10.3	26	89.7		
<b>Requirements</b>					9.409	0.015*
- Nursing diploma degree.	6	28.6	15	71.4		
- Technical Health Institute Diploma.	9	36	16	64		
- Bachelor of nursing	0	0	19	100		
<b>Position at work</b>					Fisher's	0.582
- Staff nurse	15	25	45	75		
- supervisor	0	0	5	100		
<b>Years of expertise</b>					0.396	0.941
- 5 < 10 years	3	21.4	11	88.6		
- 10 < 15 years	1	16.7	5	83.3		
- 15 years & more	11	24.4	34	75.6		
<b>Completed a prior training course on palliative care.</b>					Fisher's	0.039*
- Yes	3	10.3	26	89.7		
- No	12	33.3	24	66.7		

\*Statistical significant differences

## Discussion

Palliative care professionals use the best available evidence to manage pain, other symptoms, and side effects. They apply this evidence skillfully and methodically. The team also documents and communicates treatment alternatives, empowering the patient and family to make informed decisions. The family is also given education and support on how to provide safe and appropriate comfort measures and maintain optimal nutrition status for children with cancer (*Karacsony et al., 2019*).

In terms of the study nurses' characteristics, the results indicated that over half of them had five to ten years of experience caring for children with cancer, and their ages ranged from twenty to thirty. This result conflicts with *Turan, Mankan & Polat (2017)*, who revealed in a research named "Opinions of Nurses about Palliative Care" that most

nurses surveyed were 30 years of age or older, held a bachelor's degree, and had been in the field for ten years or more.

The current study's conclusions indicated that over 75% of the nurses under investigation had not completed a prior palliative care training course. This result contradicted the previous finding of *Turan, Mankan & Polat (2017)* who reveal that the majority of nurses polled had received palliative care training, with less than half having done so during their undergraduate studies. It was discovered that the majority of nurses who received palliative care training thought the instruction was sufficient. This result may be the result of inadequate proactive education regarding palliative care in the current hospital. Although these results ran counter to those of *Turgay's (2020)*, They conducted a study named "Opinions of Health Personnel about Palliative Care" and discovered that most

medical professionals lacked training in palliative care, with those who did finding out they had learned it in college. The degree of schooling had a major impact on the nurses' level of palliative care knowledge. According to the study, this might be the result of inadequate focus on end-of-life care, continuing education, or training programs for nurses.

According to the current study's findings, over half of the nurses who were examined had five to ten years of experience providing care for children with cancer. This outcome was corroborated by *Collins & Small (2019)*, The majority of nurse practitioners have worked in palliative specialized settings for ten years or more, according to a research titled "The Nurse Practitioner Role is Ideally Suited for Palliative Care Practice." Although these results differed from those of *Patricia et al. (2018)*, who conducted a study named "The

Hospice and Palliative Care Advanced Practice Registered Nurse Workforce" and found that between 0 and 5 years, almost half of the registered nurses had no experience in advanced palliative care.

The majority of the nurses under investigation, according to the current report, are staff nurses with a technical health institution diploma. This may be because nurses with bachelor's degrees choose to work in private hospitals and travel, and they tend to work as head nurses rather than bedside nurses in government hospitals. The results of this investigation support that of *David & Banerjee (2020)*, who conducted a study named "Effectiveness of Palliative Care Information Booklet in Enhancing Nurses' Knowledge" and discovered that most nurses had diplomas and are employed as general practitioners .

The current study's findings regarding nurses' understanding of

palliative care showed that 75% of the nurses under investigation were correctly informed about what was meant by the term. According to the researcher, "depends on their ability to diagnose the child's needs and symptoms." This conclusion may be explained by nurses having a more positive attitude and having improved knowledge of palliative care, along with improved communication skills, empathy, and symptom management from their experiences caring for children with cancer. Additionally, nurses in this study are aware that patients in all stages of disease, including those receiving treatment for curable illnesses, those with chronic diseases, and those suffering from other conditions, require palliative care "beginning from the time of diagnosis." *Harden et al. (2017)*, who conducted a study named "Palliative care: Improving Nursing Knowledge, Attitudes, and Behaviors" and found that the

majority of nurses who were examined knew the right information about palliative care when it came to taking care of patients who were younger. Although these results differed from those of *Karkada, Nayak & Malathi (2019)*, who conducted a study named "Awareness of Palliative Care among Diploma Nursing Students" which found that just a small percentage of the nurses under examination knew what the word meant.

Regarding the overall level of knowledge that the examined nurses possessed about palliative care, the current study's findings indicate that the majority of the examined nurses possess a decent understanding of palliative care for children with cancer. This result guarantees that these nurses are prepared to comprehend and acquire all aspects of palliative care (recognizes the need to overcome the knowledge deficit) and to take part in training

courses and educational programs focusing on palliative care. This finding may be related to acquired experience from frequently caring for children with cancer. This finding supported by *Morsy, Elfeky & Mohammed (2014)*, who conducted a study named "Nurses' Knowledge and Practices about Palliative Care among Cancer Patients in a University Hospital - Egypt" found that over half of the nurses under investigation scored well overall in terms of their knowledge of palliative care.

The current study's findings demonstrated that over half of the nurses under investigation were proficient in assessing symptoms in children with cancer receiving standardized palliative care. This result may be connected to the impact of nurses' palliative care expertise on children with cancer and the regular daily palliative care provided to cancer patients. Under the same circumstances, in the US,

*Ferrell et al. (2010)*, who conducted a study titled "The Preparation Of Oncology Nurses in Palliative Care" found that the majority of the nurses under study had competent experience in pediatric oncology symptom assessment throughout the course of the disease after analyzing data on palliative care education in nursing between 2000 and 2010.

According to the study's findings, the majority of the nurses under investigation were proficient in managing symptoms related to gastrointestinal, respiratory, and genitourinary issues. It might be connected to research showing that nurses were capable of evaluating symptoms and meeting the needs of children. This result was consistent with *Ke et al. (2019)*, They noted that more than half of the nurses in the survey offered effective palliative care in symptom management. The study was named "Perceived Quality of Palliative Care

in Intensive Care Units among Doctors and Nurses in Taiwan".

The current study's findings demonstrated that over 75% of the nurses under investigation were proficient in the use of the palliative care performance scale. This result may be connected to skillful palliative care delivery. This outcome was in conflict with *Myers et al. (2021)*, who discovered that fewer than half of the nurses in the study had proficiency with the palliative performance scale. The study was titled "Palliative Performance Scale and Survival among Outpatients with Advanced Cancer."

The majority of the nurses in the survey were competent in using resources when it came to group activities that are part of everyday living. This outcome was consistent with the *Amano et al. (2017)*, who revealed that over half of the nurses in the study, "C-Reactive Protein: Symptoms and Activity of Daily

Living in Patients with Advanced Cancer Receiving Palliative Care," were proficient at using group activities of daily living as a resource.

The results of this study showed that most of the nurses who were examined were proficient in applying the pain scale for pediatric cancer patients. This result may be explained by the fact that nurses under study have the values, mental abilities, and skill sets necessary to use a pain scale. This result was consistent with *Turrillas, Teixeira and Maddocks (2019)*, who noted that the majority of the nurses under consideration had proficient experience using pain scales in a research titled "A Systematic Review of Training in Symptom Management in Palliative Care within Postgraduate Medical Curriculums." Additionally, this result was consistent with *Thomas, Phillips & Hamilton (2018)*, who discovered that the majority of the

nurses under study had proficient experience with pain scales in a study titled "Pain Management in the Pediatric Palliative Care Population."

Regarding the results of the current study, over 75% of the nurses who were examined performed competently when it came to providing palliative care for children with cancer. It might have to do with the examined nurses' capacity to put their expertise to use, form personal bonds with children and families, and guarantee and provide high-quality nursing care. These results were consistent with *Youssef et al (2021)*, who discovered that more than half of the nurses in the study demonstrated competent palliative care performance. The study was titled "Prioritizing Palliative Care: Assess Undergraduate Nursing Curriculum, knowledge and Attitude among Nurses Caring End-of-Life Patients."

The results of this study showed a strong correlation between the attributes of nurses and their overall performance with respect to their workplace, credentials, and completion of prior palliative care training. These results conflict with those of *Roe & Lennan (2019)*, who conducted a study titled "Role of Nurses in The Assessment and Management of Chemotherapy-Related Side Effects in Cancer Patients" and discovered that, because palliative care is a novice discipline, there is a negative correlation between nurses' knowledge and age, gender, work experience, experience caring for children with cancer, and length of training. This suggests that the best way to acquire knowledge is through practice.

## Conclusion

Based on the results of this study, it was determined that the majority of the nurses who were

evaluated was competent in providing palliative care for children with cancer and had strong knowledge of standardized palliative care.

### Recommendations

- In order to refresh their knowledge and practice regarding treatment of oncology children and their parents, educational programs and courses about palliative care should be implemented for nurses who work in pediatric oncology units.
- The cancer department should have guidelines available for palliative care.
- In order to evaluate nurses' present knowledge and practice about palliative care, further research is required to support and educate them about it.
- More research is required to assess how nurses

implementing SPC affect children with cancer's quality of life.

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