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Alexis Doyle

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The essential characteristics of an effective hospice and palliative care nurse

Alexis Doyle

University of Arkansas

498VH

Mrs. Zayas

Mrs. Clark

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The purpose of the end-of-life and palliative care service-learning experience is for me to improve my knowledge about these medical specialties and how nurses can play a key role in clients' care when receiving these treatments. I will learn the scope of practice and purpose of a hospice nurse, challenges a hospice nurse may encounter, characteristics of an effective hospice care nurse, and how to use therapeutic communication in the end-of-life care setting. This experience will prepare me to cope with death and dying personally and how to aid clients and their families or caregivers in the coping process. I want to work with children in the future, so it will make me ready to handle the not so happy side of things when working with children in the medical setting. This experience is important for a nursing student because he or she will inevitably face death at one point or another, whether that be in the healthcare setting or in his or her personal life. It is crucial that nursing students be educated on services that are offered for end-of-life care so that they can aid their clients in making informed decisions.

During the service-learning experience I was a volunteer at Circle of Life Hospice Center in Springdale, Arkansas. I had many different duties as a volunteer including managing the front desk and comforting patients and caregivers. Managing the front desk entailed greeting people as they came in or walked by, answering the phone, directing persons to his or her destination within the facility, and answering any questions someone may have. This duty may not seem as crucial as being a patient support volunteer, but a friendly smile can go a long way and can make all the difference in someone's day. If not at the front desk, I was working as a patient support volunteer. I did hourly rounds during my time at the facility where I went into each patient's room that had previously approved volunteer services. I knocked on the door and asked, "What can I do for you today?" I phrased the question this way so that the answer would be more than a simple yes or no. The patients or caregivers had the opportunity to express their needs. Often

times the residents would have family visiting, and some families enjoyed talking to me, while others preferred being alone with only their family. I provided comfort by attending to the patients' and caregivers' needs. Sometimes this meant sitting in the room watching television with the patient and other times it meant listening to family members rant or cry about their loved one's predicament.

Being in this setting for the first time did come with challenges. It was the first time I was exposed to seeing a patient dying, so this required me to learn to manage my own emotions in front of the patient's caregivers. In addition, it was necessary for me to develop healthy coping mechanisms in my personal life. I did this by speaking with another peer who also volunteered at Circle of Life Hospice Center about my emotions and what she had experienced. It felt comforting to speak with someone who understood the difficulty in being present when someone took his or her last breath. A huge help to me when it came to coping was compartmentalization. It is important to be present and react with emotion to an appropriate degree, but a nurse must not let the emotions overtake him or her to the point where it negatively impacts the people around and his or herself. Emotions are not an unacceptable response, but they have the potential to avert the nurse's focus and priorities in the moment. The nurse's duty and priority at the time of death is comforting the patient and family. For me, compartmentalizing also aided in keeping my emotions at the hospice center separate from my own emotions in my personal life. I learned how to keep the two environments separate in my mind to prevent any interference with my personal life. This did not come easy; however, with the more experience volunteering and becoming familiarized to the dying process it became less challenging.

A second challenge I faced was helping caregivers and families deal with the stages of grief. In 1969, Elizabeth Kubler-Ross developed the five stages of grief: denial, anger,

bargaining, depression, and acceptance (Salah et al., 2019). It was heartbreaking to witness families experience loss and go through the different stages. I learned that all I could do was ask what they needed from me that day. Providing endless support is what families need when experiencing grief. For example, one day I went into an unconscious patient's room to check on the patient along with the family that was present in the room. Upon asking what I could do for them, they immediately began to rant about their situation and how their mother (the patient) ended up in the position she was in. They were very angry about what had occurred that led to her acute illness. These sons were in the angry phase of grieving and they directed their anger to the nursing home their mother was previously a resident of. The sons wanted someone or something to blame. As a volunteer all I did was stand there and attentively listen to what they were saying. It is important to make the family and patient feel heard and that their emotions are justifiable. I was in that room for an hour that day, and that's when I experienced first-hand what my instructor had always mentioned in lecture. Mrs. Hale, the Death and Dying and Palliative Care instructor, always stressed that if someone has something they want to share, they will. I was curious if this was true and never wanted to come across to patients and families as if I was prying. From that day on, I knew that patients and caregivers will express how they are feeling and get things off their chest if they desire to without much prompting if any at all.

A final challenge I encountered was entering into the first patient's room as a new volunteer. I was extremely nervous because I did not know what tone of voice to use, how close to get to the patient, or what to even say. I learned how to appropriately act by initially mimicking what I witnessed other volunteers do, and by the end felt more confident in my abilities because of my increased experience. I used a calm and quieter voice when entering into the patients' rooms because I did not know what I would be walking into and I did not want to

disturb anyone. A hospice center isn't typically upbeat like in some other healthcare environments. This was a change for me because during my nursing clinical hours at the nursing home I would joke around and laugh with many of the residents. In contrast, a hospice center is more of a somber environment.

From this service-learning course, I learned the importance of not only caring for patients at the end of their life, but also caring for their families and loved ones throughout the sometimes-difficult process. I was taught how to develop appropriate communication skills, how to address cultural, psychosocial, and spiritual needs, and gained knowledge regarding how to treat symptoms and relieve pain. The role of the nurse is imperative at the end-of-life. The nurse needs to be compassionate, understanding, and courageous. It is important that the nurse is comfortable discussing uncertainty with patients and their families. Self-care is also very important for nurses, especially hospice care nurses. Their job can be emotionally draining, and some nurses might experience compassion fatigue. Nurses can perform self-care by staying involved in their hobbies, embracing spirituality, having a social life outside of work, taking days to relax, and so on.

Death and dying class prepared me for this project and volunteer experience because I was informed about the different options patients have when it comes to their end of life care. The lecture set expectations for me prior to my first day as a volunteer about what I might notice in the facility and different behaviors from caregivers and patients I might witness. Most importantly, the lecture and service-learning taught me what I want for my future self at the end of life and how I want my family to be treated.

Volunteering in hospice care furthered my professional growth as a student nurse because it added to my nursing experience hours and I improved on how to appropriately react to

grieving patients and families. I have personally grown from this experience because I have now seen a side to dying that I had never seen before in person. In many of the cases it does not seem as brutal or painful as I had expected it to appear. It is promising to see how upbeat and positive the nurses, caseworkers, doctors, and etc. are in this type of environment. I believe it helps to create a more relaxed and happier environment even in tough circumstances. The entire hospice team counts on one another for everyone to do their duty, including volunteers, and I suspect that is why Circle of Life specifically functions so well. I will take all that I learned from this experience with me in my future career as a pediatric nurse.

Abstract

This study is a literature review that examines the characteristics of an effective hospice and palliative care nurse. The purpose of this study is to discover what qualities make a satisfactory hospice and palliative care nurse; therefore, characterizing it as a qualitative study. It is concluded that the following attributes are beneficial for a hospice and palliative care nurse: compassion, knowledge, confidence, and support. When delivering end-of-life care, a nurse should use therapeutic communication and be exemplary in handling grief. Compassion can be shown by active listening and acknowledging the patient's and caregiver's concerns. Being knowledgeable entails that the nurse is educated on the circumstance and takes the time to inform both the patient and caregivers of it as well. The nurse should be well versed in all that hospice and palliative care includes. Confidence will come to a nurse from education and experience, and results in the patient and caregivers feeling more comfortable with him or her because they believe the nurse is very capable of handling the situation. A nurse should be supportive of caregivers and coworkers during times of emotional distress. Working with dying patients is emotionally taxing and can lead to burnout, so hospice and palliative care nurses need to be resilient.

Introduction

Hospice and palliative care focus on relieving pain at the end of life. It is a medical specialty that is different from most because it does not focus on curing the client; it is solely centered around symptom and pain management. The priority of hospice care is quality of life for the client and his or her caregivers. People may decide to enter into hospice care when their illness is terminal, and the person has approximately six months or less to live. This is the difference between hospice and palliative care. Both types of care emphasize comfort, but

palliative care can begin from the start of the diagnosis and can be provided along with the medical treatment the person is receiving. Hospice and palliative care are unique because they focus on the holistic treatment of symptoms. Nurses providing this type of care spend most of their time providing physical and emotional support. To deliver successful care nurses need to consider the individual's preferences, use sensitivity when having difficult discussions, take into account cultural considerations, and have a caring attitude.

Methods

Information Sources

The University of Arkansas online library was used to conduct a manual search of the PubMed and CINAHL databases. In addition, Google Scholar was also used as a source for reference articles. All articles met the criteria of being peer reviewed articles and primary studies.

Search Strategy

The writer searched the three databases for articles from 2010 to 2021. The subject headings used to search the CINAHL database were "hospice," "palliative care," and "nursing." The search terms "hospice," "palliative care," and "nursing," were the MESH terms used to search the PubMed database. When searching Google Scholar, the writer used the terms "hospice nursing," "palliative care," "end of life care," and "bereavement."

Inclusion/Exclusion Criteria

The study eligibility was determined by including at least one of the three elements: registered nurses who work in palliative or hospice nursing care, nursing students, or nurses receiving education about palliative and hospice care. An additional requirement was that each

study was a peer-reviewed primary study. Studies were excluded if it only involved nurses working in other specialties.

Search Results

The search of three databases led to the retrieval of 245,747 articles (102,123 articles from CINAHL, 125,824 articles from PubMed, and 17,800 articles from Google Scholar). A total of 15 articles were included for this literature review.

Results

Characteristics of Identified Studies

Fifteen studies were included in this literature review. These studies include one exploratory study design (qualitative assessment), two qualitative studies, one active research approach, one qualitative observation, one qualitative improvement intervention, two qualitative interviews, two cross-sectional studies, three mixed-method interventions, one retrospective review, and one quasi-experimental design.

Major Findings

It is first important that hospice and palliative care nurses are aware of what kind of health literacy their clientele has when it comes to the topic of hospice and palliative care. Shalev et al. (2018) performed a cross-sectional study that measures palliative and hospice care awareness, misperceptions, and receptivity among New York residents that are or older than eighteen years of age. After the completion of the poll, it was noticed that majority of the participants did not include significant aspects of palliative and hospice care in their definitions (Shalev et al., 2018). This suggests that there is not much awareness of these services and that there is misinformation. This verifies the need for more education on palliative and hospice care services. Hospice and palliative care nurses should be informative when it comes to

explaining these practices to patients and caregivers.

Kumar et al. (2017) interviewed families of patients to gather their perspectives on hospice care. The writers came to the following conclusion: “Hospice care is associated with better symptom relief, patient-goal attainment, and quality of EOL care. Encouraging earlier and increased hospice enrollment may improve EOL experiences for patients with cancer and their families” (Kumar et al., 2017, para. 4). The importance of family involvement is in congruence with the results of a retrospective study by Sudore et al. (2014). The study examines the affect family involvement has on the quality of end-of-life care the patient receives. It concluded that family involvement in healthcare decision making is correlated with a palliative care consultation, chaplain visit, and a DNR order (Sudore et al., 2017). Therefore, family involvement should be encouraged early in the process of treatment so that the patient’s wishes can be made clear. It can be assumed that family involvement is a positive experience for the patient because of the increase in palliative care services, thus the patient will have relieved symptoms.

The fifteen studies identified effective characteristics necessary for a hospice and palliative care nurse to possess in order to administer exceptional care to clients and their caregivers. In order to even have the beneficial characteristics of a great hospice nurse, the nurse needs to overcome any potential barriers to delivering care. In “A Qualitative Assessment of Perceived Barriers to Effective Therapeutic Communication Among Nurses and Patients,” (Amoah et al., 2019) barriers to effective communication were identified and the study found the following:

Three main themes were derived from the data collected. The themes included; patient-related barriers with sub-themes personal/ social characteristics; patient-nurse

relationship; language barriers as well as misconception and pain. The nurse related barriers came with sub-themes such as availability of nurses; inadequate knowledge; all-knowing attitude; dissatisfaction as well as the disease state and family interference. The environmental barriers included sub-themes such as noisy environment; new to the hospital environment and uncondusive environment (p. 3).

It is vital that nurses recognize these barriers and work to rectify them before caring for clients and their families. In addition to this study, the literature review, “Perspective of Patients, Patients’ Families, and Healthcare Providers Towards Designing and Delivering Hospice Care Services in a Middle Income Country” (Azammi et al., 2015) focused on barriers the patient’s caregivers might face and how nurses can aid in addressing these barriers. In the study caregivers reported a lack of knowledge being the greatest barrier. They felt like they were making decisions for the patient without sufficient help from healthcare providers. Caregivers also felt they were not provided with sufficient background information. Nurses need to inform patients and their caregivers about the patient’s health status and different options of care that can be provided. Other barriers reported were financial issues, cultural-religious beliefs, and communication and trust with healthcare providers (Azammi et al., 2015).

For nurses to be able to overcome these barriers they need to be thoroughly educated on how hospice and palliative care functions. Buono (2021) conducted active research where peer learning took place between acute care nurses and hospice care nurses. The study found that after the acute care nurses shadowed the hospice care nurses, they had a better understanding of holistic treatment to enhance the quality of care at the end-of-life and their knowledge of medications that aid in symptom management improved (Buono, 2021). Research by Hao et al.

(2021) also suggested that many nurses were not well equipped to handle terminal illness, so an e-learning approach was used to educate oncology nurses on palliative care. The study deduced

The mixed-method intervention was effective in improving participants' knowledge and attitudes about palliative care. The implementation of training for nurses at appropriate intervals during both education and professional life is required, especially regarding the improvement in participants' attitudes towards death (para. 4).

Both of these educational interventions reassure the idea that further education on palliative and hospice care is necessary and should receive more attention to provide greater end-of-life care. In "Knowledge, Attitude, Confidence, and Educational Needs of Palliative Care in Nurses Caring for Non-Cancer Patients: A Cross-Sectional, Descriptive Study" (Kim et al., 2020) the writers investigated the correlation between knowledge level, confidence level, and educational needs of nurses and the quality of care they provide. The study concluded that nurses' palliative care knowledge was low and that this affected their attitude toward palliative care. They were confident in their abilities to provide pain and symptom management but presented a need for more education on managing human and material resources to arrange and plan palliative care. This study implied that nursing education programs should put more focus on palliative care nursing in order to improve nurses' confidence in providing high quality end-of-life care to patients (Kim et al., 2020). Rattani et al. (2020) conducted an experiment where nursing students participated in high-fidelity simulations mimicking real-life patients at the end of their lives. The study concluded that the simulations improved the students' attitudes about providing end-of-life care (Rattani et al., 2020). This study will prove to be very beneficial to future nursing education.

Hospice and palliative care nurses need to be exceptional in handling grief because they

spend a grand amount of time dealing with death and dying. A helpful way of coping with grief can be sharing those emotions with someone other than yourself. Johns Hopkins Children's Medical Center offered bereavement debriefing sessions for nurses after they lost a patient to death. These debriefing sessions proved to be helpful in healthcare professionals managing their own grief (Keene et al., 2010). This is paramount because if professionals are unable to handle their grief in a healthy way, their personal lives can be negatively affected, and in order to deliver superlative care to patients, health care professionals need to be in a healthy state of mind themselves. Ghesquiere and Bagaajav (2020) conducted interviews with hospice home health aides about their reactions after the passing of a client. They found that hospice home health aides often experience a high burden of grief reactions when their client dies because they develop close relationships with their clients. Many reported dealing with this grief by accepting the reality and inevitability of death. Some people found comfort in knowing the patient is no longer suffering. Hospice home health aides also coped by seeking social support from family and other hospice home health aides (Ghesquiere & Bagaajav, 2020).

Equally important, hospice and palliative care nurses should extend compassionate care because it can lead to higher patient satisfaction (Hill et al., 2015). An aspect of showing compassion to patients is addressing their psychosocial needs. Hill et al. (2015) interviewed patients and nurses in a hospice center about how the nurses attended to the psychosocial needs of the patients. The patients rarely expressed these needs as their own entity, so it is essential that the nurses be able to imply what the patient may need. The study found that nurses were more likely to avoid situations where they would have to deal with difficult emotions, most likely due to a lack of confidence from lack of education on how to handle these emotions (Hill et al., 2015). This relates back to the need of education on hospice and palliative care nursing.

Confidence is needed for a nurse to provide compassionate care when managing patients that are near death. Providing patient-centered care is especially important in the hospice setting because the patient's final days or months should be all about his or her desires. "Reaching for the Rainbow: Person-Centred Practice in Palliative Care" (Haraldsdottir et al., 2020) discussed a program that focuses on how patient-centered care environments create a healthy culture that allows both the patients and staff to flourish. Showing compassion does not just benefit the patients, but also improves job satisfaction for nurses (Haraldsdottir et al., 2020).

Hospice nurses should be supportive and use therapeutic communication when caring for patients. "The Experience of Providing End of Life Care at a Children's Hospice: A Qualitative Study" (McConnell & Porter, 2017) analyzes experiences nurses have had when caring for children in hospice. These interviews discuss the highs and lows of children's hospice. The hospice nurses found that through their support of the patients they found satisfaction. The text states, "...the thing that brought them the most satisfaction was being able to make that time somewhat easier, through supporting them, managing their child's symptoms, and providing individualized care and activities" (McConnell & Porter, 2017, p. 3). An area the nurses noticed that needs improvement in their practice was therapeutic communication. They felt that when it came to have those difficult conversations it was tough to find the right words and hard to feel comfortable in the situation (McConnell & Porter, 2017). Communication is essential for high quality patient outcomes. Reblin et al. (2017) organized a study that evaluated the communication patterns between caregivers, patients, and nurses during home hospice visits by audio recording all visits that occur. At the end of the study six communication patterns were identified defined by two dimensions. The text states, "Patterns of visit communication were largely defined by 2 dimensions: (1) who interacts most with the nurse (patient, caregiver, or

dyad) and (2) the relative high or low expression of distress by patient and/or caregiver during the visit...” (Reblin et al., 2017, p. 2287). Noticing these patterns is helpful in improving communication between nurses, patients, and caregivers because nurses can better prepare for different types of interactions. The study found that the closer the patient is to death, the more common distress is (Reblin et al., 2017). Knowing this, a hospice nurse can strategize how to help manage this distress by entering into the situation more prepared.

Discussion

Each study included in the literature review focuses on characteristics that make an effective hospice and palliative care nurse. When comparing the fifteen studies it is noted that compassion, therapeutic communication, education, and grieving are all aspects of palliative and hospice care. One limitation in this literature review that might have led to different findings is that not all the studies included focus solely on characteristics of hospice and palliative care nurses. Although all of the studies are about hospice and palliative care practices, not all of them are specifically about characteristics of the nurses. Since it is a qualitative study, it is difficult to find articles that match the research question specifically. A controversy that still exists within palliative and hospice care is respecting the patient’s wishes over the wishes of his or her family or caregivers. Sudore et al. (2017) suggests that family should be involved in the planning of care for the patient, but that it should be done early on while the patient is still of sound mind to ensure that the patient’s wishes are still followed because it can become an ethical dilemma if the patient’s autonomy is not respected. Gaps and discrepancies in the literature were not apparent because of the qualitative nature of the study. Each study differed on the characteristics it discussed.

The finding of lack of knowledge around the topics of hospice and palliative nursing care indicates that more teaching needs to take place in nursing school. Buono (2021), Hao et al. (2021), and Kim et al. (2020) all studied the effects education and experience of hospice and palliative care had on nurses. They found that nurses reported to be more skilled on appropriate symptom management and more comfortable dealing with death and the end of life.

Additional implications for nursing practice are to implement resources for nurses to have and use when they are experiencing grief or burnout from the stresses of nursing and caring for people at the end-of-life. It would also be helpful for nursing classes to focus on teaching students how to handle more than just patients' diseases. The classes should emphasize the importance of caring for patients' emotional needs as well.

Conclusion

In summary, hospice and palliative care nurses are in a unique field of nursing that requires specific characteristics for the nurses to embody. Much of their time is spent handling their own grief along with the clients', so the nurses need to be resilient and have healthy coping mechanisms. It is important that the nurses show compassion for their clients and their families through therapeutic communication and support. Hospice and palliative care nurses are obligated to be at their best at all times in order to provide high quality end-of-life care to their patients.

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