

Oncology Nurses' Perceptions of Nursing Roles and Professional Attributes in Palliative Care

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Managing symptoms, providing information, and supporting families as well as patients are key aspects of palliative care. However, palliative care definitions and perspectives vary widely in clinical practice and often do not align with palliative care organizations' perspectives. Definitional discrepancies may result in delayed referrals and role confusion, which often limit the effectiveness of palliative care programs and contribute to gaps in care and services for patients and their families. The aim of this research study was to explore oncology nurses' perspectives of palliative care through narrative analysis of participants' descriptions of life experiences. Studying nurses' perceptions of their roles in palliative care offers an opportunity to examine and improve clinical practice. Nine focus groups were conducted with 33 oncology nurses in three medical centers in the midwestern region of the United States. Researchers inductively coded research text within each focus group session, sorted across sessions using Atlas.ti 5.2 software, and then applied categorical-content narrative analysis. Findings revealed five primary nursing roles: teaching, caring, coordinating, advocating, and mobilizing. In all five roles, seven professional attributes were described: clinical expertise, honesty, family orientation, perceptive attentiveness, presence, collaboration, and deliberateness. Integrating palliative care standards into role and attribute development and working with palliative care specialty teams are suggested.

Palliative care definitions, descriptions, and perspectives vary widely in clinical practice and often do not align with perspectives offered by palliative care organizations (Meghani, 2004; Pavlish & Ceronsky, 2007; Ronaldson & Devery, 2001). For example, focusing on improving quality of life through the relief of suffering, the World Health Organization (2002) described palliative care as pertaining to "patients and their families facing problems associated with life-threatening illness" (p. 3). Similarly, the National Comprehensive Cancer Network (NCCN, 2008), Center to Advance Palliative Care (2005), and National Consensus Project (2009) asserted that palliative care is appropriate in all stages for patients living with complex, chronic, life-limiting conditions. From this perspective, palliative care specialty teams work alongside treatment teams in improving patient outcomes and well-being. However, often equating palliative care with hospice, many healthcare professionals only request palliative care consultation when life-prolonging treatments fail or decisional conflicts erupt toward the end of life.

Unfortunately, delayed referrals limit the effectiveness of palliative care programs and contribute to gaps in care and services for patients and their families. In addition, conceptual inconsistencies about palliative care often lead to professional role conflicts and blurred role boundaries, both of which further limit the effectiveness of palliative care (Bliss, Cowley & While,

At a Glance

- ◆ Different perceptions of palliative care can lead to delayed referrals, role confusion, and gaps in services for patients and families.
- ◆ Five nursing roles and seven professional nursing attributes were featured prominently in oncology nurses' descriptions of palliative care situations.
- ◆ High-quality palliative care standards from a variety of professional palliative care organizations may improve oncology nurses' role development and performance.

2000; Vachon, 2001). Consequently, the authors designed a qualitative research study to explore oncology nurses' perspectives of palliative care. The manner in which nurses perceive clinical

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