

Oncology Nurses' Perceptions About Palliative Care

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This article has been chosen as particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. What do you think of when you consider palliative care?
2. In what ways are your perceptions consistent or divergent with the perceptions expressed by the nurses who participated in the focus groups?
3. Discuss the mix of patients on your unit. What proportion of them could be considered to need palliative care services?
4. If you identify a patient or family in need of palliative care, what would be your first step?
5. What facility resources are available to offer patients and families who need palliative care services?
6. Discuss one or two strategies that could be attempted to improve provision of palliative care services in your unit.

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Purpose/Objectives: To explore oncology nurses' perceptions about palliative care.

Research Approach: Descriptive study with narrative data analysis.

Setting: Oncology units in three midwestern hospitals.

Participants: 33 actively practicing oncology nurses.

Methodologic Approach: Oncology nurses participated in focus groups that elicited concrete experiences and reflections about palliative care. Researchers identified subtexts by which to sort data, worked inductively in each subtext to identify categories, resorted the text according to the categories, carefully examined the category narratives, and established narrative descriptors that captured the essence of each category. Data matrices were constructed to examine the emerging categories more closely.

Main Research Variable: Oncology nurses' perceptions about palliative care.

Findings: Narratives revealed 14 descriptors about palliative care. Considerable agreement occurred in nurses' descriptions about the nature of palliative care. Divergent viewpoints were evident as nurses described how palliative care intersects with other practice areas. Three descriptors of the healthcare context in which palliative care occurs were identified: limited time for addressing complex palliative care issues, health care's emphasis on prolonging life, and the challenge of coordinating care across disciplines.

Conclusions: Participants clearly comprehend palliative care goals. However, divergent perspectives about the intersections of palliative care with oncology nursing may limit timely consultation with specialty palliative care teams. The current acute care context poses challenges to implementing palliative care.

Interpretation: Palliative care teams and oncology nurses need to develop partnership models that clearly illustrate how both partners contribute to palliative care across the continuum of oncology care. Furthermore, the partnership models must address barriers that the acute care context poses to quality palliative care.

Key Points . . .

- Patients and their families often suffer during life-threatening illnesses as they grapple with quality of life and multiple treatment choices.
- Nurses are in a pivotal position to affect the quality of palliative care offered to patients and their families.
- Oncology nurses describe key aspects of palliative care as a core part of their professional practice.
- Confusion and divergent perspectives about the place of palliative care in the trajectory of cancer care exist among oncology nurses.

Managing symptoms, providing information about treatment options, and supporting families as well as patients are core aspects of palliative care. Yet data from decedents' family members indicate that clinical

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