

Palliative care at a hospice in a developing country – an observation study

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Abstract

Background: The aim of palliative care is to keep the quality of life by integrating a person-centered care at the end of life. Palliative care and hospice care do not focus only on symptoms and medication. Self-esteem, dignity and support were major components for the patient at the end of life. **Aim:** The aim of this study was to describe how palliative care is given at a hospice in a developing country. **Method:** The used method was a qualitative participant observation study. The participants were health care staff at a hospice, they were chosen before the study began. The observation took place three times per week for six weeks. The researcher intertwined volunteering and observing at the same time. The data was analyzed with a qualitative content analysis. **Result:** The study resulted in six categories: environment, nursing records, nursing care, infection control and meals. **Conclusion:** The conclusion was that nature and safety had a big impact on the environment. The health care staff worked as a team to fulfill their goals.

Keywords: Palliative care, hospice, developing country, observation study, health care workers.

Abstrakt

Bakgrund: Syftet med palliativ vård är att hålla välbefinnandet genom att integrera en personcentrerad vård i livets slutskede. Palliativ vård och hospicevård fokuserar inte bara på symptom och medicinering. Självkänsla, värdighet och stöd är viktiga komponenter för patienten i livets slutskede. **Syfte:** Syftet med denna studie var att beskriva hur palliativ vård ges på ett hospice i ett utvecklingsland. **Metod:** Den använda metoden var en kvalitativ deltagande observationsstudie. Deltagarna var vårdpersonal på ett hospice, de valdes innan studien började. Observationen ägde rum tre gånger per vecka i sex veckor. Forskarna sammanflätade volontärarbetet och observationen samtidigt. Uppgifterna analyserades med en kvalitativ innehållsanalys. **Resultat:** Studien resulterade i sex kategorier: miljö, omvårdnads register, omvårdnad, infektionskontroll och måltider. **Slutsats:** Slutsatsen var att natur och säkerhet hade stor inverkan på miljön. Vårdpersonalen arbetade som ett team för att uppfylla sina mål.

Nyckelord: Palliativ vård, hospice, utvecklingsland, observationsstudie, vårdpersonal.

Death is a natural phenomenon and occurs everywhere in the world to both young and old people. The health care staff in palliative care has to make it comfortable for the dying people at the end of life. There is a great demand for a good palliative care, but in many countries, there are few resources to provide palliative care (Malloy et al., 2014, s. 410).

According to World Health Organization (WHO) (<http://www.who.int/en/>) palliative care is not to either hurry or slow down death. Health is defined as a state of complete physical, mental and social well-being, within palliative care, the aim is to improve the quality of life rather than extending life (Selman & Harding, 2010). Palliative care works to integrate person-centered health service. By improving the quality of life of patients and their families, providing relief from physical, psychological and spiritual pain, addressing the patient and family's needs, and offer a support system to help patients live actively (<http://www.who.int/en/>). When a patient faces the end of their life it is important that the people around the patient confirm the patient as a person about who he or she is, and what that person have accomplish in their life. As a health care staff, you want the patient to have a fair and accepting self-image especially at the end of their life (Jeppsson & Thomé, 2015). The word self-esteem is a main word that is being used in palliative care, they define self-esteem as a picture of how the patient see themselves. The main goal is to get the patient to both physical and psychical acceptance about who he or she is. The health care staff's job is to remind the patient that he or she is more than the illness and what things in life that means the most to them, for example the patient's grandchildren, a partner or an animal (Jeppsson & Thomé, 2015).

Another term that is being used often when speaking of palliative care is the word dignity. The word dignity can be defined as a person's value and that they are important and have a story of their own that makes them unique. The fear of losing their identity during illness is something most people are afraid of. They will not see what they have accomplished and define themselves. It is important to prevent that from happening (Jeppsson & Thomé, 2015). Health care staff seems to be the ones that spends the most time with the patient at the end of their life. It is important that the health care staff try to build a relationship with the patient, in that way it will be easier to give the individual care and understand the patient's wishes (Malloy et al., 2014). In Malloy et al. (2014) article emerges that according to the World Health Organization (WHO) will the amount of severe sick elderly people increase in the future. The palliative care can be offered at an earlier stage of the disease process

(<https://www.nrpv.se/vad-ar-palliativ-varld/>), this can reduce unnecessary hospital admissions (<http://www.who.int/en/>).

Hospice focuses on caring, not curing, and can be provided in freestanding hospice centers, hospitals, and nursing homes. Hospice services are available to patients of any age, religion, race, or illness (<https://www.nhpco.org/about/hospice-care>). Hospice are often home based, but sometimes hospice care needs to be performed in a special department depending on the patient's needs. Giving comfort at a hospice is not only about being able to medicate patients, being available and being there for the patient is all it takes. By spending time with the patients, meeting their needs and holding their hand until they are calm is the key to good health care at a hospice (Szulecki, 2017). In a hospice program the staff includes a health care staff, a doctor and in some cases social workers. The first ever hospice was founded by Dame Cicely Saunders in St. Christopher's in London (Szulecki, 2017). Hospice not only positively affects the palliative patient's health and well-being, but to the family members of the patient too (Fine & Davis, 2017). Szulecki (2017) means that being a health care staff at a hospice meant learning how to openly cope with the process of death. Many health care staff are afraid to give bad news about death, because the health care staff is afraid that the patient is going to lose all hope in living (Malloy et al., 2014, s. 410).

Caribbean and the Latin America includes 45 different countries with a population of almost 577 million inhabitants, out of those there are six million people in the English-speaking Caribbean which main languages (Macpherson, Chiochankitmun & Akpinar-Elci, 2014). The health care is poor because of the limited education and poor economics. Palliative care emerged in the 1980s and was from the beginning supposed to treat severe pain (Pastrana, De Lima, Eisenclas, & Wenk, 2012). According to the systematic reviewed study made by Maharja and Harding (2016) the main needs in Caribbean is analgesia, education to the staff about palliative care and support for the families. When giving palliative care to a patient in a developing country the main problem is pain and the lack of pain relief (Malloy et al., 2014). A big component of hospice and palliative care is pain relief, it significantly improves the physical and mental health of not only patients, but families and the caregivers (Macpherson et al., 2014). The quality of life in the Caribbean region is being improved by the Caribbean community (CARICOM). By improving access to palliative and hospice care in the Caribbean it improves the comply with human rights conventions, which is important to increase the access to palliative care (Macpherson et al., 2014).

Palliative care at a hospice in a developing country can have other forms of methods and routines in handling of palliative patient's health. By doing this study another view of palliative care will emerge that other people can participate in. By studying how people make sense of their experience, nurses and other health care workers can gain a perspective on care and a perspective of patient and professionals self-management of illness and health (Holloway & Wheeler, 2010, s. 12-13). It is important to have knowledge of how palliative care is given in a developing country. This knowledge can provide an insight and a different perspective on palliative care.

The aim of this study was to describe how palliative care is given at a hospice in a developing country.

Method

Study design

The study design was a qualitative study with a holistic view, as we were observing the participant in their natural environment. A holistic view helps to develop an understanding of human experience, this is important for the health care workers in communication and interactions (Holloway & Wheeler, 2010, s.11). A participant observation study means that the researcher is on the field during the course of the study (Carlson, 2012, s. 218-219). A qualitative participant observation study means that the researchers should be flexible when it comes to changes in the environment and information during the data collection (Polit & Beck, 2016, s. 463).

Setting and participants

The study group was chosen before the research begun, preparations had to be made before the study began because it was done in another country than Sweden. According to Polit and Beck (2016, s. 462) this is common in a qualitative study. We had to know our study group before our visit to the country, this was made because the school requested it. The observation was conducted at a hospice in the Caribbean. There were 11 patient rooms, six rooms had doors and remaining 5 had drapes. Every room had a fan and all rooms except for one had a small window. All patients had a bell they could use when they wanted help. There was two bathrooms for patients and two toilets for visitors. Some patients had a urinal in their rooms. The hospice was equipped with a kitchen and a laundry room. The entrance to the hospice and

the garden was wheelchair custom. There was a living room with a television and multiple chairs. This hospice was chosen because it answered our purpose for the study. Before the study began, the researchers asked if they were given permission from healthcare staff to observe at the hospice. The first stage of being a participant observer is to ask permission from management and participants to explain the researchers' role and goal of the study (Holloway & Wheeler, 2010, s. 112). This was done by handing out an information letter and a consent form, the researchers gave an oral information as well. Those who participated in this study were healthcare staff at the hospice. Four aspiring nurses, two registered nurses and two doctors were observed three days a week, during five weeks.

Data collection

During the observations, at least two healthcare workers participated each time. The researchers observed the same health care worker at the same time, together and separately, this to get two perspectives of the same situation. While observing we participated in taking care of the patients. The researchers will be observing the group and be a member of the group they are observing (Holloway & Wheeler, 2010, s. 108). The researcher counts themselves as a part of the study when he or she participates in the observations. In a participant observation study, the researcher's role is to observe without making any impact on the participant in the study (Carlson, 2012, s. 229). It is important that the researcher stay professional during the whole process (Carlson, 2012, s. 229), the researcher is not allowed to be emotionally involved (Polit & Beck, 2017, s.508). We observed the health care workers' hygiene routine, the environment at the hospice, the communication between the different health care professions and the nursing care of the patients. Field notes were taken in a small note pad that were stored in the researchers' breast pocket during the observation. Every slip of paper was saved, and nothing was thrown away. The days date was recorded on each observation day to make it easier to know later what note was from what day. The researcher needs to be involved in the study for a better data collection (Polit & Beck, 2016, s. 462). The primary way of collecting information about what is observed can be by writing down field notes (Henricsson & Billhult, 2012, s. 132). Abbreviations while taking field notes is helpful to quickly and easily write down something important. When writing field notes, the environment will always be in mind around the situation, who was present for the moment and what happened (Carlson, 2012, s. 230). By taking field notes immediately after an incident means that the researchers memory is still fresh, and the details are not being lost (Holloway & Wheeler, 2010, s. 117). The data collection to the study depends on if the

researchers analyzed the situation when it happened (Carlson, 2012, s. 230). By not talking to anyone before written down the field notes can insure that the researchers do not affect on each other opinions (Polit & Beck, 2017, s. 522).

Analysis

After the observation was complete the analysis started. It was based on the field notes that were made during the course of the observation. Because the study was based on an observation, the analysis was based on field notes (Carlson, 2012, s. 231). The field notes were analyzed thoroughly by both researchers. When analyzing the data an awareness of our impact on the participant was present. To prevent this from happening it is great to have a partner to do the research with where you can reflect with each other (Carlson, 2012, s. 221). The researchers were affected by the participant and thereby affected the final result. The analyze method that was used in this study is a qualitative content analyze. This means that the data collection was described and interpreted in accordance with a short text (Danielson, 2012, s. 329). Reflections from the observations was used when analyzing the data, this can strengthen the study according to Danielson (2012, s. 339). The analysis of this study follows Bengtsson (2016) method of analyzation.

We read the whole data collection to obtain a sense of the whole meaning of the transcribed text. This was done before we made meaning units. These meaning unit contain the perspectives we needed for our study. We labeled the meaning units with a code that makes it easier to obtain a high reliability. This was the first step of our analyzation, the decontextualisation. After we identified the meaning units, we made sure the content was related to the aim. The researcher becomes deeply involved in the study, that can affect the researchers' judgement to what is necessary and what should be excluded from the study (Bengtsson, 2016). The second step we did is called the recontextualization. The meaning units were condensed before we created categories. By condensating the meaning units, words were reduced without losing its importance. In this step, we identified categories and themes. No data should fit in more than one category. When categorization is concluded a reasonable explanation has been reached on the aim of the study (Bengtsson, 2016). The third step we did is called the categorization. After we completed the categorization, the analyzation and writing process began. Our data collection was written and analyzed from a natural perspective, and we must consider our objectivity. The fourth step we did is the compilation.

Ethical considerations

Doing research on people requires an informed consent from the participants in the study. The participants should be aware that they should not be exposed to any physical or psychological harm. The participants had the right to withdraw their participation in the study. They should be informed that they are anonymous, that no one will be able to recognize them thru the study. Confidentiality is another important subject to inform the participant about (Kjällström, 2012, s. 74-75). The participants in this study was informed about confidentiality from the information letter and from an oral information. Before the research started a request was sent out to the manager at the hospice, asking if they would be able to receive us and if they were willing to participate in our study. Being observed could make the participant feel discomfort, violation of privacy and judged. To avoid these feelings, it is important that a good information in given. The participants got an information letter and an oral information from the researchers. After receiving the information, they could sign a consent form. The consent papers that were signed, were collected and stored in our apartment, that we locked every time we left. In the information they got, stated that any information that was obtained during the observation was anonymous and confidential. No name, age or location would be revealed. The participation is voluntary, and they can withdraw their participation at any time during the course of the observation. An ethical application has been made and has been approved by an ethical group at department of Health Science at Lulea university of technology.

Results

Quotation of situations from the field notes were used to strengthen the result under each category. The data resulted in five categories (Table 1).

Table 1 Overview of categories

Environment

Nursing records

Nursing care

Infection control

Meals

Environment

The hospice was located in an area that used to be an old hospital but is now only abandoned buildings. The doors to the hospice were almost never closed, anyone could come and go as they liked to in the building. There was no visiting hours and the garden was easily accessible for all the people who visited the hospice. There were no fire detectors, however they had multiple fire extinguishers. There were 11 patients who lived at the hospice, four patient rooms and the other where in a large hall with the drapes separating them apart. All patients had a ring bell in the room, but it was not visibly available or in the patient's vicinity. The health care staff's expedition was located in the middle of the corridor without doors and walls. The documentation and medicine were not kept away from unauthorized people. The patients had a strong support from their family and friends, religion was a big component in the relationship between patients, visitors and health care staff. The hospice gets visitors from churches around the island that sings and reads psalms from the bible for everyone at the hospice.

“The health care staff started to take the patients out of bed and to take them to the living room. Everybody was asked if they wanted to join. When everybody was settled in the living room the visitors started then to sing. You could see that the patients immediately got a lot more awake and happy. The patients were singing along as well as the health care staff at the hospice. The atmosphere was filled with song and joy. “

Nursing records

The documentation and journals were in paper form and all the patients had an individual journal. The journals contain a list of food intake, shower schedule, emergency-, medicine- and vital signs list, previous medical background and other healthcare workers notes. The documentation always takes place at the end of a shift before the doctor arrives. Extensive documentation of event was documented in paper form. It happened sometimes that the healthcare workers forget to take the vital signs and if the vitals were deviate they contacted the doctor for instructions. The health care staff forgot to follow instructions, such as turning schedules, according to what was written in the patients' journals. One health care staff advised a volunteer not to tell the patient about its vital signs when the patient asked for it, without known reason.

“The volunteers were asked if they could take the patient's vital signs, and the healthcare staff

they agreed. When taking the vital sign of one patient they started to tell the patient what results they got. Before they could finish the sentence the patient the results one health care staff approached them and advised them against telling the patient the result of their vital sign. This made the voluntaries confused because they felt that patients had the right to know their results. No explanation was given to why the volunteers were advised against telling the patient their vital signs.”

Nursing care

The health care staff had a great contact with the patients and an obvious purpose about nursing. This was shown when the health care staff speaks calmly and use eye contact with the patients. When the health care workers speak to one and other they used the patient's name instead of their room number, that made the patients become a person and not just a number. Health care workers encouraged and offer the patients to move themselves to go outside to get some air and sun. But when the patients turned down the offer the health care workers rarely ask them the reason why they did not want to go outside. The patients had difficulty getting in and out of bed, this increases the risk to both staff and the patients. There was a clear view of the different hierarchies. The health care staff think of their workload and were looking for more hands that could help in difficult situations. The health care workers helped each other. They did not turn down a request for help and help between staff occurs constantly. To ensure the task was properly performed the health care staff worked carefully and take their time with the patient.

“While preparing medicine to a patient the health care staff gave far too little in dosage than what was prescribed to the patient. This results in the patient getting a small dose of their medication, and this can become a consequence for the patients’ daily well-being “

Infection control

They did not have enough resources to adapt to the hygiene routines at the hospice. When they showered the patient, they used the same gloves during the whole process. They used the same gloves for different moments and patients but declined help from volunteer due to the volunteer not wearing gloves. The health care staff did not use apron during patient contact, this was because of the heat in the air that makes it uncomfortable to wear. There was no hand sanitizer in the patient's room, and they rarely use hand sanitizer, but they did wash their hands with soap. All patients were not washed every morning and when giving bed bath they

used the same bowl of water and cloth to wash patches all over the body and to the abdomen. The staff use jewelry on their hands and fingers. By closing the door when showering and changing clothes the health care staff prevent unauthorized people from seeing and protects the patient's integrity. When patients were outside their room the health care staff made sure that they were covered with a blanket to prevent people from seeing their legs and prevent the patient from getting cold.

“When the health care staff washed the patient in bed, they used a wet wipe for the ears and two rags for the body. The health care staff started from the face and ended with the sacrum.”

Meals

All food was cooked at the hospice and always included some sort of protein, carbs and vitamins, and the patients could eat wherever they like to in the building. The chef at the hospice decide what to eat for breakfast, lunch and dinner, when the chef comes to work in the morning. The cook prepared lightly and soft food for those who had trouble eating and chewing. The patients could not refuse the food if they did not like it, they still had to eat a little bit and could not have another option of meal. The staff tried to encourage the patients to eat a small piece of food and if that did not work they accepted it and offered them food later.

“The health care workers help the chef in the kitchen with preparing the patients food. They had a good team work.”

Discussion

The aim of this study was to describe how palliative care is given at a hospice in a developing country. The categories that have been identified is environment, nursing records, nursing care, infection control and meals.

The result showed that the environment at the hospice was open for everybody who wanted to visit with an easy access to the garden. Rowlands and Noble (2008) state that the environment has an impact on the quality at the end of life. Mixer, Lindley, Wallace, Fornehed and Wool (2015) state that the work environment at a hospice shape how well the care is provided. According to Jetha (2014) is nurses responsibility not only to give good care, but to provide a healthy environment that promotes patient recovery. Jablonski and Wyatt (2005) means that it is important that the environment at the hospice allows family and friends to visit the patient,

this could help the patient with symptom management. A patient that spends time in their bed need a change in environment, light and a variation of environment can have a positive effect on the patient's body and mind (Jetha, 2014). Rasmussen and Edvardsson (2007) mean that the environment shifts the patients focus and adds meaning to their day as well as hope. Rowlands and Noble (2008) mean to move around in a garden is beneficial to the patient's recovery and a useful compromise where nature is less accessible. Patients feel that an outside environment have a positive effect on their well-being and mood. We think that by having the doors open to the building the majority of time gave an inviting feeling of openness for anybody to come and visit.

The patients at the hospice had a strong support from their family and their religion. Their beliefs could strengthen the relationship between staff, family and patients since they all had something in common that they all strongly believed in and could talk about. Jablonski and Wyatt (2005) state that it is important that the patient has a good contact with their family and friends, when death approaches. To have that connection is important because they are a major source of support and could have an impact on the death experience for the patient. Jablonski and Wyatt (2005) means that culture and religion can help the patient to deal with natural life event such as birth, death and sickness. According to Pike (2011) can spiritual coping strategies help the patient cope by finding meaning in life and that health care workers can help identify a patient needs of spirituality. Family meant a lot and that the elder generation is well taken care of, the patients' family visited every day and supported their relatives. According to Blaber, Jones and Willis (2015) spirituality is not synonymous with religion, but the two are closely related. Religion shows a person's spirituality, but absence of religion does not mean an absence of spirituality. Spirituality is important and a standard for a good quality palliative care (Blaber et al., 2015). At the hospice the relationship was more than a caregiver and caretaker, almost like family taking care of a family member. Their believe in god could help them accept and understand their condition and situation. It could motivate them to enjoy life to its fullest despite their condition.

According to the result, all nursing records was written on papers that was put in a separate file for each patient. In the journals, there was a list of food intake, shower schedule, emergency-, medicine- and vital signs list, previous medical background and other healthcare workers notes. All documentation took place at the end of their shift and before the doctor arrived. Nursing records is an important role for evaluating effective care and delivery to the

patient's condition (Akhu-Zaheya, Al-Maaitah & Hani, 2017). According to Shaw, Meek and Bucknall (2007) the need for nurses to document is emphasized on legal and ethical considerations, documentation makes the nurses think about their practice. The nurses should document planning, action and evaluation of care in relation to patients care and issue during the course of the shift, this ensures that practice is done by evidence (Shaw et al., 2007). It is important that nurses make the work environment safe, this can increase trust and reduce fear for the patients (Battié & Steelman, 2016). According to Akhu-Zaheya et al. (2017) regardless of the method used for documentation, nursing records has to have a high standard to ensure a safe nursing care. Problem could arise when obtaining information on paper records. Managing increase of data in paper form could be difficult, this could affect the patients' care. Paper based documentation could result in incomplete records, unclear writing, incorrect abbreviation or repeating information and missing nurse's signature. By documenting at the end of the shift we feel like it could lead to forgetting important information, because they did not write down all information right after it happened. The health care staff could improve monitoring the turning table and vital signs schedule for a more correct documentation and for the patient safeness.

The result showed that the health care staff works together as one unit even though a power hierarchy was clear. Andrade Vasconcelos et al. (2017) state that clear communication is central to deliver safe quality care. Communication is a necessary strategy to a successful leadership, it allows the nurse to share ideas and inventions with their team. According to Battié and Steelman (2016) it is important that the communication between the different professions is done with respect for each other, and constructive feedback should be received as a desire to learn more, instead of something negative that can lead to embarrassment and angry discussions. The teamwork and communication between the different profession at the hospice should be improved for a better work environment and the patient's safeness. Andrade Vasconcelos et al. (2017) state that a good communication is important for a good relationship in the team and enables the leader to make changes in the work environment. They encourage the patients to go outside if possible and to move themselves and not lie in bed all day. Fragala (2015) means that the ability to move the patient out of bed is important to the goal of palliative care. According to Hagan, Xu, Lopez and Bressler (2018) it is important that all nurses have knowledge and competence about palliative care and how to talk to patients about life. This knowledge is important as the healthcare worker can inform both the patient and family about the condition and together find a fitting solution. If a

healthcare worker does not have this knowledge there is a risk that the worker will miss signs from the patient at the end of life. The health care worker should be comfortable speaking of death and intense sensitive conversation, it can help the patient to accept its life situation (Hagan et al., 2018). This is positive since the health care consist of older people. The health care staff at the hospice had knowledge about this and that should make the time for the patients more comfortable.

Because of insufficient resources they could not perform a thorough hygiene routine according to the result. Because of this the staff used the same gloves during different moments with a patient. Because of the heat they did not like to wear apron and that risked their hygiene. They did not use hand sanitizer, but they washed their hands regularly. They only had one bottle of hand sanitizer in the whole building. Flanagan (2009) state that it is important to have strict policies about infection control, as well as at a hospice, nurses need more training on the use of i.e. aprons. When speaking of palliative care, the word autonomy often comes up and is important to maintain the patients' autonomy as much as possible. Palliative nurses have a duty to the palliative patient and its family to develop a relationship that provides trust and comfort (Costello, 2014). We think that their opinions follow WHO's goals when it comes to palliative care, but they do not have enough resources to achieve quality in palliative care. If they had a hand sanitizer in all patient rooms and strict routines about hand hygiene, it could minimize the risk of health-related infections. The health care staff protected the patient from unauthorized people from seeing them exposed. This was something that we thought was positive and shows us that they see the patient as a human who was to be treated with respect and dignity. There was no hand sanitizer in the patient rooms and we think that was one reason they did not use hand sanitizer as often as they should have done.

The result showed that the meals were home cooked and included protein, carbs and vitamins. The meals were decided by the chef and were suitable for the patients' needs. If the patient refused the meal for some reason he or she could not get another option of meal. Eating and drinking is important to provide the body energy and also affects the emotions to the patient and patients' family. When a person reaching the end of life it could decrease their appetite for food. They mention that feeding a patient is more than just a task, the feeding should provide comfort and care. The feeding could create a relationship that could increase and make the patient looking forward eating because then the patient gets to spend quality time

with someone (Van der Riet, Good, Higgins & Sneesby, 2008). When a patient declined food, it was important to identify why the patient did not want to eat. The reason to why could be a lot, dental problems, nausea or swallowing problems (Shaw & Eldridge, 2015). We think that it was a privilege to get home cooked food every day. Something that they could have improved would be having options for the patient if they did not want to eat the food because the patient were in need of all energy they could get.

Method discussion

To complete a good observation study, the researcher should have discipline and a well thought out plan of what is going to be observed (Carlson, 2012, s. 230). Before starting the study, we made a plan about how we were going to perform our study in an ethical and trustworthy way. Our initial plan was to observe three times a week and volunteer two times a week. After one week of performing our study we decided to change our plan to collect data and work as volunteer three times a week. It was hard to separate the two different work tasks, we felt uncomfortable with just observing at sometimes. As an observer, it can be hard to restrain from the involvement, especially in a busy environment. The advantage of doing the observation and the volunteering work at the same time is that the researchers can move around the location as they wish and observe in more detail (Holloway & Wheeler, 2010, s. 112). We noticed after changing the method, the observation became more natural and easier. Being on the field during the course of the study, can avoid incorrect analysis and interpretation the researcher could obtain. This is normal for a qualitative participation observation study (Carlson, 2012, s. 219). Doing the observation and volunteering at the same time, we were aware that our involvement influenced the result of this study. If the researcher gets involved it is called “going native” and means that they put the study at risk when it comes to collecting trustworthy data (Polit & Beck, 2017, s. 508).

By gaining the participants trust and evolve a relationship it is possible for the researcher to see more than the “front stage” knowledge, and instead see the “backstage” and learn about the participants realities, which is the researchers goal (Polit & Beck, 2017, s. 518). We started to build a relationship with the participants to easier and more naturally observe them. The relationship helps the researcher to see the participant as humans instead of objects (Holloway & Wheeler, 2010, s. 12). When we observed separately from volunteering it felt like we were in the way and put a distance between the participant and us as researchers. It was easier to form a relationship with the participants when we volunteered and observed at

the same time. The health care workers were not shy and welcomed us with open arms, that made it easier for us to build a relationship and settle into the environment. In the beginning we talked to the health care workers' as a way to get to know them better as persons. In that way it was easier being an observer and asking the participants questions about how they were thinking during different situations.

By doing a participant observation study we have been aware that our participating would affect the study's result. Using an observation study, the researcher explores and gets a better understanding about the culture and group of participants (Holloway & Wheeler, 2010, s. 107). When we did the study, it helped being around all the time to get a wide perspective of data and that is why we choose to work at the hospice for about six weeks. When observing a group and being a member, it is important that they are conscious of their part in their own study and reflect their own behavior and how it can affect the data's result (Polit & Beck, 2017, s. 508). The observation was done on two health care workers during each observation day. This gave us two different perspectives for one day. By getting two different perspective we got more data, but the data relied on a single observer's point of view. To prevent getting incorrect data we discussed with each other after every work shift. It is hard not to have any impact but at the same time help by doing and instruct them to do something. It was important for us that we only assisted a little without reminding them when they did wrong and always asked the health care workers how they were thinking in situations. By using a participating observation study, the result from what was being observed was influenced by the researchers (Carlson, 2012, s. 221).

A qualitative method takes time and demands the researcher's skill in gathering and analyzing the collected data (Polit & Beck, 2017, s. 517). We took separate field notes and later discussed them together, this to make sure we were on the same page. During the study we wrote down separate field notes that was later summarized. This could affect the result when the researchers had two different opinions about the field notes from one situation. Thankfully we always agreed with each other about opinions in situations that occurred. Because we had the same views about the different situations, our opinions did not vary. If we did not agree on a situation we would have written down the situation and then discussed about it. The analyzation was done from two different field notes. We felt that by having two different field notes it could strengthen the study's result. When analyzing the field notes, it is important that the researchers have the aim of the study in mind (Henricson & Billhult, 2012, s.135).

According to Bengtsson (2016) validity and reliability is ensured by the researcher maintaining quality of the study. Validity is defined by a result that truthfully reflects the phenomenon of the study. Getting the same result by replicating the study means that reliability is obtained. The result is based on what the health care staff said and did in the different situations at the hospice. Our own opinions were not included in the result, this made the result more trustworthy and objective.

Research in nursing has become a big part of the knowledge development in health care. Nursing research is defined as seeking knowledge about the human and its development, health and comfort in connection with sickness suffering and death (Willman, Stoltz & Bahtsevani, 2011, s. 42-43).

Conclusion

Our conclusion of the environment was that it had an inviting feeling because it had a touch of home for the patients, because of the interior and the garden. We saw how religion gave them hope and acceptance through song and prayers. The nursing records was important to ensure a high quality palliative care. Something we think can be improved is documenting directly after an incident, this is to not forget any important information. The teamwork at the hospice can be improved, this to ensure a better patients safety and environment to work in. The health care staff had knowledge but not enough resource to fulfill their goal of giving a good palliative care. This could be improved if they would have more resource since it would improve the hygiene routines. The meals were home cooked and there were no constrictions of where they could eat. The result of this study shows us that the nursing care of a palliative patient is not as different as it is in Sweden. They are reaching for the same goals as in Sweden but had other ways to achieve them.

The goal was to educate ourselves about palliative care in a country where resources are minimal. The meaning of this study was to get a better perspective of how hospice in developing countries work. This opportunity gave us a perspective and made us more aware of how health values in the world can look like. We got a better understanding of what is important for the palliative person in their lives. Everybody does not have the same needs, and therefore the healthcare staff must be flexible and work out of a patient's perspective by listening to its wishes. We believe this study was important as it gives us the knowledge and perspective of how healthcare can look in an undeveloped country. The new experience and

knowledge we contain is something we can take with us to our future workplaces and spread to our colleagues. Research can be used as getting a better understanding in how palliative care can improve in a developing country.

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