

#### "MANAGEMENT OF PALLIATIVE CARE, RESPECTING PROTOCOLS AND THE CHALLENGES RELATED TO THEM"

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### **Abstract:**

The aim of this paper is to investigate what are the non-pharmacological strategies for managing total pain in people in palliative care, adherence to protocols and related challenges, to reduce the feeling of anxiety associated with total pain and to protect the dignity of the person. A literature review was conducted by consulting the PubMed database. Publications from the last 5 years were reviewed, with full text available, related to the topic, using search strings related to the questions. Questionnaires were distributed to 110 nurses at the Regional Hospital of Vlora and after they were completed, the data were extracted from the SPSS program.

### **Introduction:**

Palliative care management, adherence to protocols and related challenges in nursing care are very important nowadays. The innovation brought by this paper is related to the fact that this study represents reliable data with a high percentage of participation (n=110) and a heterogeneous sample from different nursing disciplines. Implications of the study can be used in various health care workplaces.

# **Material and methods**

The study was realized during September-January 2023-2024, at the Vlora Regional Hospital. After a systematic search of the literature and various studies, a questionnaire used in a project of an EU-EuroPall study, 2019-2020 "Europall Palliative Care Services Questionnaires" was selected. This questionnaire was adapted according to European indications and the objectives of this study.

Questionnaires were distributed to 110 nurses in the Regional Hospital of Vlora and after they were completed, the data were extracted from the SPSS program. The questionnaire, as a measuring instrument of the study, is divided into 3 parts:

- •Structured questionnaire for nurses' socio-demographic data:
- Structured questionnaire for nursing knowledge on palliative care protocols;
- Structured questionnaire on nursing behaviors on palliative care follow-up.

The population includes professional nursing staff working at the Regional Hospital of Vlora in the wards of surgery, reanimation, emergency and palliative care. The type of sample used in this study is purposeful, as only nurses at the Vlora Regional Hospital were interviewed through questionnaires.

The data collection was carried out through a questionnaire which was made clear in advance by the interviewer

### **RESULTS:**

According to the interviewees, instruments are used to assess the needs of patients and family members, rather psychological needs and end-of-life management are assessed. The use of instruments for the assessment of patients (symptom assessment, SDS (Symptom Distress Scale), Braden/Norton scale) is almost completely unknown, this is referred personally during the filling of the questionnaire or is used very little even by the health personnel who know them. According to the results data, 60.9% of nurses state that they are informed about the existence of a palliative care protocol, while 39.1% state that they are not. Of the interviewees, 30.9% had a Bachelor's degree, 47.3% had chosen the Professional Master's level and 21.8% the Scientific Master's level.

Most of the nurses selected to carry out this study at the Regional Hospital of Vlora state that they do not at all agree with the fact that nursing should not be involved too much with the patient at the end of his life. Only 18.2% responded positively to this statement (20 out of 110 nurses). From the data of our study, it appears that 45.5% of nurses think that the main area that should be treated during palliative care is psychological symptoms. For this reason, the majority of nurses, 56.4%, declare that they did not participate in training.

The results of the study showed that sharing the first information about the patient's illness is very shocking and traumatic for the family and the patient, this was also referred to personally during the filling of the questionnaire.

## **CONCLUSIONS**

- •Currently, the Palliative Service is not well organized and the health p
- •ersonnel need training in this field, which is almost untouched.
- •Nursing care in palliative care is of great importance as it is characterized not only by the management of physical symptoms and pain, but mainly by the management of emotions, sensations, worries and fears.
- •Interventions for managing the risk and presence of total pain include, in addition to controlling physical symptoms with pharmacological therapy, the possibility of managing sensations, emotions, concerns and fears through the use of non-pharmacological strategies.
- •During the advanced stage of the disease, in addition to managing the total pain and state of anxiety, a fundamental objective of nurses and health personnel is to guarantee people at the end of life a dignified death.
- •Nursing competence in managing total pain and protecting dignity has proven essential in palliative care as it leads to an improvement in the quality of life, emotions of the person and the family.

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