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PALLIATIVE CARE BULLETIN

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Bereavement

Prolonged grief disorder in family caregivers after oncology palliative care: a cross-sectional study

Authors: Riviere, C. P.; Neto, J. O. B. and Garcia, J. B. S.

Journal: Brazilian Journal of Anesthesiology (Elsevier). (2026)

Abstract:

BACKGROUND: Family caregivers may experience prolonged grief disorder (PGD) and depressive symptoms after a relative's death.

OBJECTIVE: To estimate PGD prevalence and identify associated factors among family caregivers of patients who died in an oncology palliative care unit.

METHODS: This cross-sectional study included 80 family caregivers interviewed at least six months after the patient's death. Assessments included sociodemographic and perceived support questionnaires, the PG-13 instrument, and the Beck Depression Inventory-II (BDI-II). Adjusted associations with PGD were estimated using hierarchical binary logistic regression.

RESULTS: PGD prevalence was 25.0% (20/80; 95% CI 16.0-35.9), and moderate-to-severe depressive symptoms were observed in 32.5% (26/80) of caregivers. In the final adjusted model, higher odds of PGD were associated with female patient sex (OR = 16.47, 95% CI 1.30-208.80; p = 0.031) and moderate-to-severe depressive symptoms (OR = 78.77, 95% CI 7.63-812.79; p < 0.001). Lower odds were associated with routine physical activity (OR = 0.07, 95% CI 0.01-0.84; p = 0.036) and perceived bereavement support (OR = 0.13, 95% CI 0.02-0.76; p = 0.024).

CONCLUSION: PGD affected one quarter of caregivers and was strongly associated with depressive symptom severity. Routine physical activity and perceived bereavement support were associated with lower adjusted odds of PGD. The cross-sectional design precludes causal inference.

Full text available via : https://libkey.io/10.1016/j.bjane.2026.844850

Caregivers

Translating Evidence Into Practice: Implementing Caregiver Burden Assessments in Palliative Care Clinic

Authors: Malik, N. B.; Ghozy, S.; Fan, K., et al

Journal: The American Journal of Hospice & Palliative Care. (2026)

Abstract:

Background: Caregiver burden assessments lack clinical uniformity in palliative care. Existing evidence-based interventions often impose resource demands that are prohibitive for smaller programs.

Objectives: (1) Demonstrate the practical utility of routine caregiver screening paired with an interdisciplinary team (IDT) response protocol. (2) Identify patient and caregiver factors influencing burden.DesignSetting: Cross-sectional study in a US outpatient palliative care clinic.
Measurements: The 12-item Zarit Burden Interview (ZBI-12) was administered by a nurse or social worker. Scores guided immediate, point-of-care IDT interventions.
Results: Of 81 approached caregivers, 74 completed the ZBI-12 (72% female; median age 56). Burden was stratified into mild (n = 37), mild-moderate (n = 22), and high (n = 15) tiers, with median scores increasing significantly (6 vs 16 vs 28; P < 0.001). General counseling was consistent across tiers (~54%). However, high-intensity supportive interventions rose significantly with burden severity: social work telephone follow-ups increased (0% vs 13.6% vs 33.3%; P < 0.001), support group referrals rose (2.7% vs 31.8% vs 46.7%; P < 0.001), and psychotherapy referrals increased (0% vs 4.5% vs 13.3%; P = 0.030). Multivariable linear regression showed lower patient Palliative Performance Scale (PPS) scores independently predicted higher caregiver burden. Each 10-point decrease in PPS correlated with a 2.4-point increase in total ZBI-12 score (β = -0.240; 95% CI, -0.433 to -0.048; P = 0.015).
Conclusion: This workflow provides a replicable roadmap to transition caregivers from "invisible patients" to actively supported extensions of the care unit, reinforcing dyadic assessments as standard practice in outpatient palliative medicine.
Full text available via : https://libkey.io/10.1177/10499091261498169

Children

Grief and bereavement care in pediatric palliative care: Gaps, global disparities, and a proposed integrated framework

Authors: Castillo, K.; Landivar, M. C.; Zambrano, K., et al

Journal: Palliative & Supportive Care. (2026)

Abstract:

OBJECTIVES: Grief and bereavement care (GBC) remains an underrecognized component of pediatric palliative care (PPC), contributing to the emotional and psychological burden experienced by patients, families, and healthcare professionals (HCPs). This perspective review examines gaps in GBC, defines key types of grief in pediatric settings, and proposes a framework to improve patient- and family-centered grief support.
METHODS: We conducted a narrative perspective review using PubMed and Google Scholar to identify literature on GBC in PPC. Search terms included combinations of "grief," "bereavement," "pediatric palliative care," "children," "caregivers," "siblings," "healthcare professionals,"

"anticipatory grief," "complicated grief," and "prolonged grief disorder." Publications from 2020 onward were prioritized, with seminal earlier studies included when clinically or conceptually relevant.

RESULTS: GBC in PPC differs from adult models because of developmental considerations, prolonged illness trajectories, and family-centered decision-making. Relevant forms of grief include anticipatory, disenfranchised, complicated, and prolonged grief, affecting patients, families, and HCPs. Effective approaches include early palliative care integration, legacy-making activities, structured communication, and interdisciplinary psychosocial support. However, global disparities persist, and HCPs frequently report inadequate training and institutional support.

SIGNIFICANCE OF RESULTS: GBC should be viewed as a longitudinal, culturally sensitive, system-wide responsibility extending from diagnosis through bereavement. Integrated frameworks emphasizing early communication, patient- and family-centered care, and formal grief training for HCPs may strengthen bereavement support and reduce unmet psychosocial needs across the pediatric illness trajectory.

Full text available via : https://libkey.io/10.1017/S1478951526103824

Transdermal Buprenorphine for Pain in Pediatric Palliative Care: A 23-Patient Retrospective Study

Authors: Reschke, F.; Toenne, R.; Scheer, M., et al

Journal: Journal of Pain and Symptom Management. (2026)

Abstract:

BACKGROUND: Pain management in pediatric palliative care is challenging, particularly in children with neurological impairments, feeding difficulties, or low opioid requirements. Transdermal buprenorphine offers pharmacological advantages, including stable plasma concentrations and a reduced risk of sedation; however, its use in children remains off-label and insufficiently studied.

AIM: To evaluate the use, effectiveness, and safety of transdermal buprenorphine in pediatric palliative care and assess its feasibility in everyday clinical practice.

DESIGN: Retrospective observational study. Data were extracted from structured electronic medical records, including patient characteristics, analgesic indications, buprenorphine dosing and titration, clinical outcomes, and adverse effects.

SETTING/PARTICIPANTS: The study included 23 pediatric patients aged 8 months to 17 years treated between April 2023 and April 2025. Participants received care either from a specialized outpatient pediatric palliative care service (SOPPC; German: Spezialisierte Ambulante Palliativversorgung für Kinder und Jugendliche, SAPV-KJ; 74%) or an inpatient pediatric palliative care unit. All patients

received transdermal buprenorphine for chronic pain. Those treated with other forms of buprenorphine or alternative opioids were excluded.

RESULTS: All patients initiated treatment with a 5 µg/h patch; 43% required dose escalation. Pain control was rated as good in 87% (95% CI: 66-96%). Improved alertness was observed in 74% (95% CI: 52-88%). Mild local skin reactions occurred in 13%, and no serious adverse events were reported. Sublingual buprenorphine was used effectively for breakthrough pain in 26% of cases. Four patients were managed with transdermal buprenorphine monotherapy.

CONCLUSIONS: Transdermal buprenorphine appears to be an effective and well-tolerated analgesic option for pediatric palliative care patients with low opioid needs. Its ease of use and favorable side effect profile support its potential clinical utility. Prospective studies are warranted to confirm safety and guide dosing strategies.

Full text available via : https://libkey.io/10.1016/j.jpainsymman.2026.10.005

Equality and diversity

What are the palliative and end-of-life care needs and preferences of people with cancer from culturally and linguistically diverse (CALD) backgrounds?: A systematic review

Authors: Naresh, S. S. S.; Chauhan, A.; Newman, B. and Harrison, R.

Journal: Supportive Care in Cancer : Official Journal of the Multinational Association of Supportive Care in Cancer. (2026)

Abstract:

PURPOSE: Goal-concordant care is critical to supporting patients at the end of life (EOL), and palliative care is a key facet of this. The study aims to (1) synthesize the evidence available on the EOL and palliative care (PC) needs and preferences of people with cancer from culturally and linguistically diverse (CALD) backgrounds and (2) explore what elements of service provision are facilitators or barriers to service engagement and goal-concordant care.

METHODS: A systematic review was conducted. The search strategy was applied to five electronic databases to identify relevant articles published between January 2003 and September 2025. Quality assessment was performed using the Quality Assessment for Diverse Studies (QuADS) tool. A narrative synthesis was led by one reviewer with the support of a wider team.

RESULTS: A total of 6017 titles were identified. After duplicate removal and screening, 20 studies were included in the review. Fourteen studies reported EOL care and six reported PC encounters. People from CALD backgrounds identified the following needs: (1) maintaining positivity, (2) maintaining decision-making autonomy, (3) involving family/caregivers in decision-making, and (4)

trust in the provider-patient relationship. Factors which influenced patient engagement and care preferences were (1) family involvement, (2) faith/spirituality, and (3) understanding of services. CONCLUSION: This review illustrates the distinct care complexities for patients from CALD backgrounds. These findings underscore the importance of avoiding cultural generalizations and involving consumers in system planning. System-level changes, including community consultation, and improved access to culturally/linguistically appropriate resources are needed to support service engagement.

Full text available via : https://libkey.io/10.1007/s00520-026-11341-2

Using Community-Engaged Approach to Develop Culturally Informed Study Materials in Palliative Care

Authors: Parajuli, J.; Chen, Z. J.; Smith, R. M., et al

Journal: Journal of Pain and Symptom Management. (2026)

Abstract:

INTRODUCTION: Cultural values and beliefs of individuals may affect their healthcare decision-making including their preferences and readiness for palliative care-especially among under-represented populations. Community-engaged research approaches can help investigators to better understand older adults with cancer and their family caregivers' cultural preferences regarding their palliative care needs and readiness for palliative care services.

METHODS: Using a community-engaged approach, we formed and worked with a racially/ethnically diverse advisory board of older adults with cancer and their family caregivers to develop culturally informed recruitment flyers and the semi-structured interview guides for a palliative care readiness (PALCARE) tool development and validation study.

RESULTS: Our advisory group comprised five members (three patients and two caregivers). They provided two major recommendations related to cultural considerations of our study materials: 1) language sensitivity (creating positive and non-threatening questions), and 2) acknowledging the heterogeneity of experiences (consider using language that recognize the heterogeneity/diversity of experiences with palliative care and serious illness).

CONCLUSION: Partnering with community members helped ensure that the PALCARE tool development/validation study materials were culturally responsive for the target population.

Full text available via : https://libkey.io/10.1016/j.jpainsymman.2026.09.037

Inequity in palliative care and bereavement support: an umbrella review of the evidence

Authors: Pettifer, A.; Seckin, M.; Efstathiou, N., et al

Journal: Frontiers in Public Health. (2026)

Abstract:

INTRODUCTION: Inequitable, unfair or unjust service provision pervades palliative and bereavement care globally within and across countries. There is growing research into the needs of population groups known to experience inequity. This paper presents an evidence synthesis of systematic reviews examining inequities in palliative care and bereavement support for adults, to identify the key facilitators, barriers, and structural determinants of inequity across population groups, and to develop evidence-informed recommendations for policy, education, research, and practice.

METHODS: Joanna Briggs Institute Umbrella review methodology was used. Searches were conducted across six electronic databases (CINAHL, Medline, PsycINFO, Scopus, Embase, and Cochrane Collaborative Database of Systematic Reviews) from January 2012 to November 2023 and updated the search in May 2025. Joanna Briggs Institute critical appraisal tools were used for quality assessment.

RESULTS: Forty-eight reviews were included. Only 1 review focused exclusively on bereavement, a further 2 studies included it within a broader scope. Barriers and facilitators to equity were identified at individual, population-specific, and system-wide levels. Common structural determinants across all groups included low socioeconomic status, limited health literacy, geographical and structural impediments, cultural and language dissonance, and individual vulnerability due to interconnected personal characteristics. Key recommendations to improve equity included enhancing cultural competence, inclusive communication, intersectional awareness, person-centred care, shared decision-making, and community engagement.

DISCUSSION: Inequity in palliative care and bereavement support reflect collective and shared experiences. The structural determinants of inequity that transcend population groups may be useful in identifying, assessing and measuring inequity in palliative care and bereavement support and aid the commissioning, delivery and evaluation of inclusive services.

Full text available via : https://libkey.io/10.3389/fpubh.2026.1943244

Medicine and treatments

Trends in Supportive Medication Use Before, During, and After Dexmedetomidine Initiation in End-of-Life Palliative Care: A Descriptive Follow-up Study

Authors: Kneebusch, J.; Ley, M.; Edmonds, K. P., et al

Journal: Journal of Pain & Palliative Care Pharmacotherapy. (2026)

Abstract:

Dexmedetomidine's benefits include opioid sparing, low respiratory impact and potential to maintain lucidity in those nearing end-of-life (EoL). This study aims to characterize the impact of dexmedetomidine infusion on EoL supportive psychotropic and pain medications. Investigators conducted a retrospective chart review of patients approaching EoL receiving dexmedetomidine infusion between January 2020 and December 2023. The primary outcome was concomitant medication dosing over the course of the dexmedetomidine infusion. Of the 25 patients, the majority were White (64%), male (56%) with solid tumor malignancy (80%) and a median age of 63 years. Five received concomitant pain medications (lidocaine: 4, ketamine: 1); two remained on lidocaine until death. Intravenous chlorpromazine doses remained stable nearing EoL (median: 75 mg/day). Patients on non-chlorpromazine antipsychotics had a longer dexmedetomidine duration (median: 18 vs. 5 days). Gabapentin was associated with the highest median dexmedetomidine dose (1.5 mcg/kg/hr) and a higher initial and terminal dexmedetomidine dose (0.4 and 1 mcg/kg/hr) when compared to valproic acid (0.2 and 0.75 mcg/kg/hr). Trends seen in this descriptive study suggest dexmedetomidine may serve as an important tool for adjunctive pain and symptom management, leading to meaningful distress reduction for patients.

Full text available via : https://libkey.io/10.1080/15360288.2026.2750343

Needs and unmet needs

Unmet palliative care needs among patients with life-limiting illnesses

Authors: Alassoud, B.; Johnston, B. and Alaraj, S.

Journal: Current Opinion in Supportive and Palliative Care. (2026)

Abstract:

PURPOSE OF REVIEW: Unmet palliative-care needs remain common despite the well documented and wider recognition of early and integrated palliative care. This review examines recent evidence on unmet palliative-care needs among adults with advanced, progressive or life-limiting illness, with particular attention to how these needs are conceptualised and addressed across life-limiting illnesses.

RECENT FINDINGS: Recent work distinguishes the presence of a concern, access to services, and the sufficiency of the response in terms of unmet palliative-care needs. Patient-level studies continue to show multidimensional needs, with psychological, informational, relational, spiritual, functional, practical, and financial concerns often less visible than physical symptoms. Evidence from non-cancer illness and underserved populations is expanding, but differences in definitions, instruments, thresholds, timing, and reports preclude uncritical comparison. Rurality, poverty, food insecurity,

stigma, fragmented care, and communication barriers shape who can disclose needs and obtain support. Implementation studies increasingly link assessment to action, although most demonstrate feasibility, referral, or service contact rather than resolution of the original patient-valued need. SUMMARY: Current evidence supports assessment that records concerns about palliative care needs, whether help is wanted, who owns the response, what action follows, and whether support was sufficient. Services should not expand screening without response capacity. Comparative and intervention research should use patient-defined outcomes and include populations currently excluded by language, cognition, geography, and digital access.

Full text available via : https://libkey.io/10.1097/SPC.0000000000000822

Unmet care needs at the end-of-life among older adults with activity limitations

Authors: Long, C.; Lin, Z.; Swearinger, H., et al

Journal: Nature Communications. (2026)

Abstract:

Despite the growing global demand for end-of-life care resulting from rapid social transformations, significant gaps exist in cross-national research examining unmet end-of-life care needs. Using harmonized end-of-life survey data (2010-2021) from the United States, 28 European countries, South Korea, China, and Mexico, here we show that the United States, Europe, and South Korea exhibit higher overall unmet end-of-life care needs than China and Mexico, where limited formal care provision is compensated with high levels of informal care. Death at institutions is associated with lower overall unmet end-of-life care needs in the United States and South Korea, with Mexico presenting an exception. Similarly, urban areas in Europe and South Korea exhibit lower unmet formal end-of-life care needs compared to rural areas. Among married individuals, only Mexico exhibits significantly lower unmet overall end-of-life care needs compared to unmarried individuals. Having children is consistently linked to lower unmet informal end-of-life care needs across the United States, Europe, and South Korea. Our findings highlight the complex interplay between care systems and family demographic structures in shaping end-of-life care access, and underscore the need for tailored policy approaches that strengthen both formal and informal care systems while addressing sociodemographic disparities in care access.

Full text available via : https://libkey.io/10.1038/s41467-026-74719-0

Place of care

Strategies for promoting interorganisational linkages between palliative care services and teams and aged care providers: A systematic literature review

Authors: Chambers, S.; Spooner, A.; Singh, G. K. and Yates, P.

Journal: Palliative Medicine. (2026)

Abstract:

BACKGROUND: Global ageing is expected to increase demand for palliative care services. As older people remain underserved by these services, interorganisational strategies that support integrated, person-centred care delivery are needed.

AIM: To identify elements of, and outcomes related to, interorganisational linkages in the context of palliative care services and teams, aged care providers and consumers (older people and their informal carers).

DESIGN: Systematic review with narrative synthesis. Studies were independently dual quality appraised using the Mixed Methods Appraisal Tool.

DATA SOURCES: Electronic databases PubMed, MEDLINE, CINAHL, PsycINFO, and CareSearch were searched 2000-August 2025. Eligible studies were peer-reviewed original research (except single-case studies) reporting interorganisational linkage strategies connecting palliative care services/teams and aged care providers.

RESULTS: Thirty-two studies (across 37 publications) were included. Interorganisational linkage strategies were grouped as: (1) Designated Linkage Workers, (2) Communication Pathways, and (3) Collaborative Care Processes. Outcomes were reported for aged care providers (such as strengthened interprofessional communication) and their staff (increased confidence), health systems (reduced acute care utilisation), and for older people who were nearing the end of life (less symptom distress). Self-reported outcomes for consumers (improved quality of life) were minimally reported. Twelve models of care were reported using components across all three linkage categories.

CONCLUSION: Three key elements of interorganisational linkage strategies were identified. Strategic implementation of interorganisational linkage strategies can enhance cross-sector collaboration, support care integration, and improve outcomes for consumers, aged care providers, and the health system generally.

Full text available via : https://libkey.io/10.1177/02692163261485105

Quality of care

Strategies for promoting interorganisational linkages between palliative care services and teams and aged care providers: A systematic literature review

Authors: Chambers, S.; Spooner, A.; Singh, G. K. and Yates, P.

Journal: Palliative Medicine. (2026)

Abstract:

BACKGROUND: Global ageing is expected to increase demand for palliative care services. As older people remain underserved by these services, interorganisational strategies that support integrated, person-centred care delivery are needed.

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Full text available via : https://libkey.io/10.1177/02692163261485105

From conceptual domains to operational indicators in palliative end-of-LIFE care: a narrative review

Authors: Paredes-Coronel, C.; Herrera-Abian, M.; Rocafort-Gil, J., et al

Journal: Frontiers in Public Health. (2026)

Abstract:

BACKGROUND: Quality indicators (QIs) are important tools for evaluating and improving care delivery at the end of life. However, despite increasing interest in palliative end-of-life care (PEoLC),

there remains limited agreement regarding how quality should be measured, and many proposed indicators remain conceptually rather than operationally defined.
OBJECTIVES: To synthesize how quality in PEoLC has been conceptualized in the literature and explore how commonly reported domains may be translated into measurable constructs.
METHODS: A narrative (state-of-the-art) review of peer-reviewed literature published between 2015 and 2025 was conducted using MEDLINE (via PubMed), the Cochrane Library, and complementary searches of Google Scholar. Studies addressing quality indicators in PEoLC were identified through a structured search and screened for conceptual relevance. An interpretive synthesis was undertaken to identify recurring domains of quality and explore potential approaches to their operationalization.
RESULTS: Nineteen studies were included. Recurring domains of quality included communication and shared decision-making, symptom management, psychosocial and spiritual support, respect for patient preferences, specialist palliative care involvement, and avoidance of non-beneficial interventions. Although these domains were consistently represented across the literature, they were often described conceptually, with limited attention to how they might be measured in practice. Based on an interpretive synthesis of the evidence, a preliminary framework was developed linking recurrent domains to illustrative examples of potential operational indicators.
CONCLUSION: While considerable consensus exists regarding the domains that characterize high-quality PEoLC, greater methodological work is needed to translate these concepts into robust and standardized measurement approaches. The framework proposed in this review should be considered exploratory and hypothesis-generating, providing a foundation for future consensus-building and validation studies.
Full text available via : https://libkey.io/10.3389/fpubh.2026.1956490

Clinician perspectives of an improvement bundle to improve integrated palliative care: a qualitative study

Authors: Virdun, C.; Singh, G. K.; Harvey, G., et al

Journal: BMC Palliative Care. (2026)

Abstract:

BACKGROUND: Improving the quality of hospital-based palliative care remains a persistent challenge. Patient-reported experience measures (PREMs) offer a mechanism to centre improvement on what matters most to patients. Yet, there is limited evidence on how PREM data can support meaningful change. The Listen, Empower and Act to improve Hospital Palliative care (LEAHP) bundle is a facilitated, PREM-informed intervention designed to support hospital-based

multidisciplinary teams to co-design and implement locally relevant improvements. This study explored clinicians' perspectives on the acceptability and feasibility of the LEAHP bundle.
METHODS: An exploratory qualitative study was conducted following pilot implementation of the LEAHP bundle across three acute Australian hospital wards. Semi-structured interviews with multidisciplinary clinicians and managers were informed by the Theoretical Framework of Acceptability, with additional prompts to explore feasibility. Data were analysed using practical thematic analysis.
RESULTS: Twenty-seven interviews were conducted (nursing (n = 20); medicine (n = 6); and allied health (n = 1)), with a median duration of 27 min (range 17 to 40 min). Six themes were identified: 1). Clinicians valued PREM data to guide improvement; 2). Clinicians valued authentic engagement and collaboration; 3). Collaborative improvement required a new way of working; 4). Facilitation enabled collaboration; 5). Representation, power and workload realities were a challenge to collaboration; and 6). Building and maintaining gains is challenging. Participants valued PREM data as a credible driver for change and described the process as meaningful and engaging. Facilitation was critical in enabling collaboration, interpreting data, and sustaining momentum. Feasibility challenges included workload pressures, staffing variability, and reliance on sustained facilitation.
CONCLUSIONS: The LEAHP bundle was perceived as acceptable and meaningful, supporting a shift toward collaborative, patient-centred improvement. However, operationalising the bundle was contingent on skilled facilitation, organisational support, and integration into routine workflows. Future implementation should address sustainability and support balanced participation across disciplines and roles.
Full text available via : https://libkey.io/10.1186/s12904-026-02361-0

Spiritual and psychological care

Examining spiritual needs, spiritual practices, ritual, and coping in palliative care: An Australian cohort study

Authors: Butler, C.; Hince, D.; Gorelik, A., et al

Journal: Palliative & Supportive Care. (2026)

Abstract:

OBJECTIVES: This study aimed to examine religious and post-Christian spiritual orientations, types of spiritual and ritual activities, coping strategies of patients with advanced illness and explore associations between spiritual needs, practices, well-being, quality of life, and coping styles.
METHODS: One hundred and two patients completed validated instruments: Post-Christian Spirituality Scale, Spiritual Needs Questionnaire, Spiritual Practices Questionnaire, Functional

Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale, Global Quality of Life Scale, and Brief-COPE Questionnaire. Descriptive statistics summarized participant characteristics and scale distributions. Spearman correlations (Bonferroni-adjusted) examined associations between spiritual needs, practices, and coping modes. Multivariate regression analyses assessed whether ritual practices predicted spiritual needs.

RESULTS: Inner peace (median, 1.4; IQR, 1, 2) and humanistic/prosocial practices (median, 66.6; IQR, 44.4, 83.2) were prominent spiritual needs and frequently used rituals, respectively. Strong correlations were observed between religious needs and religious rituals (rho = 0.87). Existential, inner peace, and giving/generativity needs correlated moderately with existentialistic practices (rho = 0.56-0.69). Humanistic/prosocial spiritual practices were moderately associated with giving/generativity (rho = 0.52) and inner peace needs (rho = 0.42). Emotion-focused coping, particularly acceptance and emotional support, was most consistently associated with spiritual needs and practices, reinforcing the centrality of relational and embodied forms of spirituality at the end of life. Regression analyses confirmed existentialistic practices predicted existential and inner peace needs, while humanistic practices predicted generativity needs.

SIGNIFICANCE OF RESULTS: Findings demonstrate strong alignment between spiritual needs and ritual activity, supporting development of personalized, ritual-based spiritual care frameworks. Determining individual orientations toward embodied, relational, and humanistic practices may offer an adaptable means of addressing spiritual suffering.

Full text available via : https://libkey.io/10.1017/S147895152610368X

Specialist Palliative Care Nurses' Perspectives on Spirituality and Spiritual Care at End of Life - A Quantitative Study

Authors: Dunning, B.; Connolly, M.; Nyaaba, N. and Timmins, F.

Journal: The American Journal of Hospice & Palliative Care. (2026)

Abstract:

Background: Spirituality is an important component of holistic palliative care, but challenges remain regarding its understanding and delivery. Limited quantitative evidence exists regarding specialist palliative care nurses' perspectives in specialist palliative care settings in the Republic of Ireland (ROI).

Objectives: To explore specialist palliative care nurses' perspectives of spirituality and spiritual care at end of life and examine associated factors.

Design: A descriptive correlational, cross-sectional survey design was used.

Setting/Subjects: Specialist palliative care nurses (SPCNs) from inpatient and community services were recruited using non-probability convenience sampling. Data from 123 completed responses were analysed.
Measurements: The Spirituality and Spiritual Care Rating Scale (SSCRS) was used. Data were analysed using descriptive statistics and multiple regression analysis.
Results: Participants demonstrated high endorsement of spirituality and spiritual care (median = 4.2, IQR = 0.61). No significant differences were identified between nurses working in inpatient or community settings (P = 1.00). Spiritual needs were most commonly recognised through direct interaction, observation, and listening rather than formal assessment tools. In addition, guidance to spiritual care came from personal and spiritual experience of SPCNs.
Conclusions: Specialist palliative care nurses strongly endorsed spirituality and spiritual care as important aspects of end-of-life practice. Findings suggest that explicit undergraduate education, together with personal and spiritual experience, may strengthen nurses' understanding of spiritual care and should remain a priority within specialist palliative care education.
Full text available via : https://libkey.io/10.1177/10499091261495410

Palliative Care Education for Spiritual Care Providers and Faith Leaders: A Global Integrative Review

Authors: Sirianni, G.; Abdullah, S.; Stilos, K., et al

Journal: The American Journal of Hospice & Palliative Care. (2026)

Abstract:

Background: Spiritual care is a core component of palliative care (PC), yet the education and training of spiritual care practitioners and faith leaders (SCP) remain inconsistently described. This integrative review mapped global PC education for SCP, examining educational content, delivery models, evaluation strategies, and gaps relevant to practice and policy.
Methods: An integrative review was conducted using comprehensive searches across medical, psychosocial, and regional databases from inception to May 21, 2024. Studies describing PC education involving SCP were included for review. A structured data extraction form was utilized and reported as per PRISMA-ScR. Outcomes were categorized using descriptive data, qualitative summaries and the Kirkpatrick evaluation framework.
Results: From 40 388 articles, 138 (9.4%) met inclusion criteria for SCP PC education. Most studies focused on interprofessional continuing education, rather than SCP-specific training programs. SCP education programs emphasized spiritual care and communication competencies, while core clinical domains were only addressed in interprofessional programs. Content related predominantly to adult

patients. SCP-focused studies did not address pediatric subject matter. Few studies reported the religious affiliations of the participants. When religious affiliation was reported, most participants were of the Christian faith. Evaluations focused on attitudes and knowledge, with minimal assessment of behavior change or patient/system-level outcomes. Few studies (13.8%) incorporated education theory in their design or evaluation.

Conclusions: PC education for SCP is expanding but remains variable and clinically narrow. Strengthening clinically integrated, theory-informed curricula, broadening faith representation, improving evaluation rigor and addressing pediatric and non-cancer contexts is needed to prepare SCP for interdisciplinary PC practice.

Full text available via : https://libkey.io/10.1177/10499091261482143

Staff

Burnout Syndrome in Palliative Care Professionals: A Systematic Review of Prevalence, Associated Factors, and Coping Strategies

Authors: Colceriu, M. D.; Râjnoveanu, R. M.; Moșoiu, D. V., et al

Journal: Acta Medica Academica. (2026)

Abstract:

This systematic review aims to evaluate the prevalence of burnout, its associated determinants, and the coping strategies employed by palliative care professionals. Burnout, characterized by emotional exhaustion, depersonalization, and diminished personal accomplishment, poses a significant threat to clinician well-being and the quality of care delivered to patients with life-limiting illnesses. A comprehensive search of PubMed and Embase identified eleven eligible studies published between 2021 and 2025. Following thematic synthesis, four overarching themes were identified: (1) work-related stress: heavy workloads, emotional demands and lack of support, (2) burden of burnout: the unique stressors facing palliative care professionals, (3) impact of the COVID-19 pandemic: increased workloads and exposure to high-risk environments, and (4) coping strategies: symptom recognition and etiological factors, organizational support and resilience factors.

CONCLUSION: Burnout remains a pervasive challenge in palliative care, and sustained, evidence-based organizational strategies are essential to protect clinician well-being and ensure high-quality patient care. Future research should determine the long-term effectiveness of these interventions and assess whether tailored approaches are required for specific professional groups and care settings.

Full text available via : https://libkey.io/10.5644/ama2006-124.520

The Experiences of Compassion Fatigue in Oncology and Palliative Care Nursing: A Scoping Review

Authors: Feruglio, L.; Bressan, V.; Cedrone, S. and Cadorin, L.

Journal: International Journal of Nursing Studies Advances. (2026)

Abstract:

PURPOSE: Oncology and palliative care nursing involves prolonged exposure to suffering, death, and emotionally demanding care, placing nurses at heightened risk of compassion fatigue. Although previous research has identified associated risk and protective factors, less attention has been given to understanding how compassion fatigue develops and is sustained within clinical practice. This scoping review aimed to examine the emotional, relational, individual, and organizational processes shaping compassion fatigue among nurses working in oncology and palliative care settings.

METHODS: A scoping literature review was conducted following Arksey and O'Malley's methodological framework. MEDLINE, CINAHL, Scopus, Psychology Database, and Web of Science were searched for studies published in English, Italian, and Spanish up to May 2025. The study protocol was registered with the Open Science Framework on August 7, 2025. Descriptive analysis and qualitative content analysis were conducted to synthesize the findings.

RESULTS: Twenty-four studies were included, and five interrelated themes were identified: emotional exposure and relational involvement; mechanisms sustaining compassion fatigue; adaptive and protective processes; personal and professional consequences of compassion fatigue; and Interrelationships between compassion fatigue, burnout, secondary traumatic stress, and compassion satisfaction. Compassion fatigue emerged as a dynamic and multidimensional phenomenon linked to sustained exposure to suffering, death, and ethically challenging care situations. Nurses reported cumulative grief, emotional exhaustion, emotional detachment, and existential distress, while organizational pressures, emotional labor, and limited opportunities for emotional recovery contributed to the persistence of compassion fatigue over time. Protective processes included peer support, professional meaning, self-care, and resilience-promoting strategies. Compassion fatigue was strongly associated with burnout and secondary traumatic stress, whereas compassion satisfaction and supportive work environments acted as partial protective factors.

CONCLUSION: Compassion fatigue among oncology and palliative care nurses reflects the interaction between individual vulnerabilities and workplace conditions. The findings highlight the need for integrated, multilevel strategies addressing organizational culture, ethical climate, leadership practices, and emotional skills development. Strengthening compassionate leadership, team-based support, and opportunities for reflection may promote nurse well-being, workforce sustainability,

and high-quality, compassionate cancer care.

Full text available via : https://libkey.io/10.1016/j.ijnsa.2026.100694

Development and Preliminary Validation of an Emotional Readiness Tool for End-of-Life Care Volunteers

Authors: Lin, Z.; Chan, I. K. N. and Lou, V. W.

Journal: Healthcare (Basel, Switzerland). (2026)

Abstract:

Background: Volunteers play an important role in community-based end-of-life care (EoLC), yet few structured approaches are available to identify prospective volunteers' emotional support and preparation needs before service engagement. This study developed and preliminarily evaluated an Emotional Readiness Tool (ERT) as a profile-based screening framework.

Methods: A cross-sectional study was conducted among 1372 adults who registered for a community-based EoLC volunteer training programme between 2022 and 2024. The 13-indicator ERT covers emotional regulation capacities, death-related experiences, and interpersonal capacities. Exploratory factor analysis (EFA), component-specific internal consistency analysis, correlations with external psychological measures, and exploratory subgroup comparisons were conducted.

Results: The sample was predominantly female and highly educated. EFA identified coherent clusters among perceived stress and depressive symptom indicators, whereas death-related and interpersonal indicators did not form common latent factors. Because the ERT combines indicators with different response formats and does not currently provide a validated overall score, cutoff, or suitability classification rule, the factor analysis was interpreted as an exploratory examination of association patterns rather than confirmation of a unified latent structure. Emotional regulation capacities were associated with death anxiety and holistic well-being, while demographic differences were generally small.

Conclusions: The ERT is best understood as a multidimensional, profile-based screening framework rather than a conventional psychometric scale. It may support individualized discussion, training, supervision, and role matching, but should not be used as a diagnostic, gatekeeping, or exclusion tool. Further research should evaluate its temporal stability and predictive and criterion-related utility.

Full text available via : https://libkey.io/10.3390/healthcare14203505

Facilitating Evidence-Based End-of-Life Care: A Collaborative Model Utilizing Clinical Nurse Specialist Expertise

Authors: Meyer, J. J. and Ladak, A.

Journal: Clinical Nurse Specialist CNS. (2026)

Abstract:

PURPOSE/OBJECTIVES: To deliver evidence-based, high-quality end-of-life care through a collaborative initiative led by geriatric and palliative clinical nurse specialists in partnership with an interdisciplinary team and hospital administration.

DESCRIPTION: After identifying inconsistent end-of-life care within an academic medical center, geriatric and palliative clinical nurse specialists synthesized best practices to develop a "comfort care" initiative. Operating across the 3 clinical nurse specialists' spheres of influence, the team collaborated with administrative and interdisciplinary stakeholders to pilot the model on a specialized geriatrics unit.

OUTCOMES: Implementation led to consistent use of individualized care plans, accurate pain assessments, and timely execution of EOL orders. In the designated unit, nurses achieved compliance rates of 80% to 100%, significantly outperforming other system settings. This successful pilot served as a catalyst for system-wide improvements, including the standardization of evidence-based nursing care plans, comfort care code status protocols, and end-of-life order sets throughout the hospital system.

CONCLUSIONS: This project demonstrates that clinical nurse specialists-led interdisciplinary collaboration can drive sustained, significant improvements in end-of-life care quality and system-wide practice standardization.

Full text available via : https://libkey.io/10.1097/NUR.0000000000000994

Nurses' experiences of expanded responsibilities, independent decision-making and action in specialized outpatient palliative care: a qualitative interview study

Authors: Regelmann, E.; Owusu Boakye, S.; Pöhner, J. and Stanze, H.

Journal: BMC Palliative Care. (2026)

Abstract:

BACKGROUND: Given an increasing demand for patient care, healthcare systems worldwide focus on expanding nursing practice. Nurses in specialized outpatient palliative care (SOPC) take on expanded responsibilities requiring independent clinical decision-making and action, while little is known about how nurses themselves experience this practice. Therefore, this study aims to explore how nurses experience these aspects of their practice when delivering care in complex healthcare situations.

METHODS: A qualitative interview study was conducted with nurses who had current or previous work experience in SOPC (N=20) between June and August 2025. Data were collected through

individual interviews, following a semi-structured format. Data analysis was guided by grounded theory methodology according to Strauss and Corbin. Strauss's coding paradigm was used to develop an explanatory model of the phenomenon and its underlying conditions.
RESULTS: The core phenomenon identified is "responsibility borne in relationship-based autonomy." Nurses describe being able to make decisions and act independently while remaining embedded in trusting interprofessional relationships and supportive team structures. The core phenomenon is influenced by the need to respond promptly to patients' healthcare needs while applying and developing nursing competences. Intervening conditions include attitudes toward autonomy in nursing practice, self-confidence, and trust from colleagues, physicians, patients, and families. Nurses respond through strategies such as engaging in interprofessional collaboration to promote multi-perspective dialogue, applying specialized knowledge and work experience, and establishing direct contact with patients to assess and manage care situations. Consequences include experiencing meaningful work, perceiving improvements in care quality, and navigating ambivalence between professional empowerment and stressors. Contextual factors include managing complex care situations in patients' homes, understanding patients' situations holistically, and being strongly committed to patients and their families.
CONCLUSION: Nurses' experiences of expanded responsibilities performing independent decision-making and action in SOPC suggest that professional autonomy emerges within a relational and collaborative context. Confidence in one's professional competence, interprofessional recognition, trust, and supportive organizational structures appear important for feeling safe when exercising professional judgment. Consequently, efforts to create the relational and organizational conditions that enable nurses to exercise their expertise safely and effectively are recommended.
Full text available via : https://libkey.io/10.1186/s12904-026-02399-0

Symptoms

Pain management strategies for older adults in palliative care: A scoping review

Authors: Bérubé, M.; Linsotan, S.; Gauthier, L., et al

Journal: Ageing Research Reviews. (2026)

Abstract:

BACKGROUND: With the aging population, the demand for palliative care is expected to increase. Pain management is a critical component of palliative care with unique considerations for older patients. The aim of this scoping review was to map the nature and extent of the evidence on pain management strategies in this population.

METHODS: We searched databases for peer-reviewed studies and grey literature on pain management in older adults receiving palliative care. Strategies were classified as opioid analgesics, non-opioid medications, procedural, non-pharmacological, educational, and multifaceted interventions. Frequencies and proportions were used to describe the strategies, reported improvements, and levels of evidence.

RESULTS: We included 117 studies. Most focused on cancer populations (82/117, 71%), and the majority of participants (98/114, 86%) were aged 65-74 years on average. Overall, 68% of the studies yielded moderate to low level of evidence. Opioids and multifaceted interventions were the most frequently evaluated strategies, each examined in 32% (37/117) of studies. Across both high- and moderate/low-evidence studies, pain reduction was most consistently reported for procedural interventions (3/3, 100%; 3/3, 100%), opioids (3/5, 60%; 25/32, 78%), and multifaceted interventions (4/9, 44%; 20/23, 87%). Favourable findings were most often reported for combinations of opioids, opioids for breakthrough pain, nerve blocks or local anesthesia, cannabis, music or massage therapy, exercise, and biopsychosocial or care organization interventions.

CONCLUSION: This review mapped pain management strategies for older adults in palliative care, identified key evidence gaps, particularly among oldest-old individuals and those with non-cancer conditions, and highlighted the need for stronger research.

Full text available via : https://libkey.io/10.1016/j.arr.2026.103423

Does the way palliative care clinicians talk about delirium influence clinical care in the last days of life? A secondary analysis of qualitative interview data

Authors: Hatton, R.; Johnson, M. and Featherstone, I.

Journal: Palliative Medicine. (2026)

Abstract:

BACKGROUND: Delirium in the last days of life is common. Inconsistent terminology in clinical practice is common and recognised internationally. Whether this adversely affects management is a concern, but unknown.

AIM: We explored how hospice staff talk about delirium, agitation or withdrawal in the last days of life and whether the language used influences practice.

DESIGN: Secondary analysis of qualitative data.

SETTING/PARTICIPANTS: 25 clinicians from two hospices, including doctors, nurses, healthcare assistants and allied health professionals.

RESULTS: Two themes were generated; (i) Understanding and communicating delirium and agitation and (ii) the influence of terminology on patient care. The term 'delirium' was not commonly used in

practice, instead, patients' behaviour was described, especially by non-medical staff. Use of 'delirium' seemed to be associated with more transparent decision-making regarding assessment and management, even in the last days of life when this was tailored for prognosis. When terms such as 'terminal', 'agitation' and 'confusion' were used, the use of sedatives for agitation received more emphasis. The importance of non-pharmacological approaches was recognised but close to death these were limited by the perceived need for sedation. Hypoactive delirium was poorly identified, rarely named, with little discourse relating to its management in the dying phase. CONCLUSION: We found novel evidence that terminology used appeared to affect delirium management. Establishing a shared consistent and clear terminology could enhance patient and family care and staff confidence. Further research is needed to develop evidence-based guidelines for identifying and managing delirium in the last days of life.

Full text available via : https://libkey.io/10.1177/02692163261491837

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