ARC Journal of Nursing and Healthcare
Volume 9, Issue 1, 2023, PP 14-22
ISSN 2455-4324
DOI: http://dx.doi.org/10.20431/2455-4324.0901002
www.arcjournals.org

A Hospital Palliative Care Team's Perception of Working during the Covid-19 Pandemic-A Qualitative Inquiry

Sara Smith

Palliative Care Advanced Clinical Practitioner

Corresponding Author:** ***Sara Smith, *Palliative Care Advanced Clinical Practitioner*

Abstract:

Aim: *The purpose of this study was to explore the experiences of the hospital palliative care team working through the Covid-19 pandemic. The outcome is to provide an in-depth understanding of the team's individual interpretation of their experiences of working through Covid-19. Also, to identify common themes and gather information that may support the wellbeing of palliative care professionals in the event of a future health crisis.*

Research Methodology: *Semi-structured interviews were conducted to collect qualitative data, exploring individual experiences using an interpretive phenomenological approach (IPA).*

Sample: *Five members of the hospital palliative care team were selected as a homogeneous purposive sample.*

Summary: *This study provided evidence that Covid-19 significantly added to emotional stress and risk of burnout for healthcare workers (Çelmeçe, 2020), particularly those in areas of high pressure with high levels of mortality such as palliative care (Magnavita, 2021).*

Keywords: *Palliative care, Covid pandemic, IPA*

1. Introduction

The aim of this study was to explore in-depth the hospital palliative care team's experience of working through the Covid-19 pandemic. The focus being to explore individual perceptions of their lived experiences, whilst gaining an understanding of the burden placed on the team during the pandemic. The study also aimed to broaden the understanding of the specialist palliative care role and the frequent pressures experienced within this team during a national health crisis. This study hoped to contribute to existing knowledge whilst informing other professionals about the effects of professional burnout and the importance of staff wellbeing.

2. Palliative Care

The notion of palliative care was first described in the early 1960s when Dame Cicely Saunders formed the first United Kingdom's (UK) hospice, emphasising the importance of caring for terminally ill patients holistically ensuring dignity, compassion, and respect, using an evidence-based approach to nursing and medicine (Richmond, 2005). Over recent years, the specialty has evolved to support patients with a variety of health conditions outside of an oncological diagnosis (Al-Mahrezi, 2016). The development of these services has resulted in some dissipation of the preconceived idea that palliative care was limited purely to caring for patients with cancer and care of the dying (Sleeman, 2021). The overall aim of the palliative care team is to relieve the suffering caused by non-curable conditions, promoting dignity, whilst improving the quality of life of patients and their loved ones and supporting other colleagues to achieve high-quality care (Hartogh, 2017). This role is recognised as being highly pressured carrying enormous emotional burden (Twycorss, 2020).

3. Covid-19

In December 2019 Covid-19 was identified in Wuhan, China. Before long, the virus had spread internationally, causing grave concern and hardship to many healthcare providers, as well as resulting in huge numbers of deaths

across the world (World Health Organization, 2021). Prior to the Covid-19 pandemic, the NHS was already struggling to meet patient demands, with long waiting lists, understaffed departments, and oversubscribed services (Nestor, 2021). The rapid spread of the virus, therefore, created an enormous challenge for the NHS, plunging many services into unprecedented territory causing a great deal of burden to already depleted services, whilst impacting the delivery of care and the wellbeing of healthcare staff (Siqueira, 2021).

4. Research Rationale

According to recent studies, hospital palliative care teams reported significant emotional distress and high levels of professional burnout during the pandemic as a result of increased caseloads and complex patient needs (Costantini, 2020). Many of the patients seen during the Covid-19 pandemic died quickly, limiting the amount of time available for routine palliative care interventions, leading to feelings of professional failure and decreasing job satisfaction (Bradshaw, 2022). Furthermore, the National Health Service (NHS) was said to have experienced an unprecedented number of hospitalisations during the pandemic, adding pressure to already overstretched services (Edmonds, 2021). This is said to have had a considerable effect on the hospital palliative care team's ability to manage self-resilience, resulting in increasing numbers of professional burnout and having a negative impact on patient care and satisfaction (Mitchinson, 2021).This necessitated a rapid review of standard operating procedures (SOP'S) and policy, in order to guide and support practiceduring these unprecedented times (Aaronson, 2020).

5. Research Question, Aims and Objectives

The aim of this research was to gain a better understanding of the experiences of the hospital palliative care team working through the pandemic.

The research question being: 'The hospital palliative care team perception of working during the Covid-19 pandemic'. The study objectives were identified as:

1. To explore the hospital palliative care teams' experiences of working through the Covid-19 pandemic.
2. To identify issues surrounding professional burnout amongst palliative care teams.
3. To examine what palliative teams can take from the analysis.

6. Literature Review

The structured process of literature review aimed to gather current evidence, identify gaps in knowledge, and highlight potential flaws in research (Gunnarsson, 2019). This allowed a better understanding of the experiences of the palliative care team working through the pandemic (Winchester, 2016). In order to generate appropriate results, ensuing complex definitions and connecting search terms, specific keywords were used separately and in combination, all of which were pertinent to the research question (Cooper, 2018). The main keywords used were as follows:

- Covid-19;
- Hospital palliative care team;
- Challenges.

Keywords alongside boolean operators such as 'and' and 'or' were used and recorded on a data search table (see appendix1)allowing for transparency, replication, and recollection (Cooper, 2018). The search included databases such as CINAHL, Medline, British Nursing Index (BNI) EMBASE, and PubMed, all of which are commonly used by healthcare professionals to generate relevant information (Aveyard, 2019).For the purpose of this study the data extraction tool by Woodward and Webb (2008), was used supporting the identification of article strengths and limitations. This tool also helped to capture key themes found within the research.

6.1. Literature Search

The literature search identified 659 articles. Date ranges and keywords were added to these search results, duplicates were then excluded resulting in thirty-four articles. These were manually screened reviewing each abstract to identify the appropriateness of the article (Jahan, 2016). Nine articles were deemed suitable for inclusion in the literature review, from these nine, four were qualitative, three were quantitative, one was a mixed-method study, and one was from other sources. A thorough examination of the data was undertaken involving a manual review of each

article highlighting gaps in knowledge (Vassar, 2016). These gaps demonstrated that whilst there was significant evidence around the impact of Covid-19 on the palliative care caseload, there was limited information exploring the hospital palliative care team's individual perceptions of their experiences. Given that the evidence highlighted increased risk of burnout within the specialty of palliative care, it was felt necessary to explore this topic further (Rizo-Baeza, 2018).

6.2. Critique of the Literature

Following the critique of the literature, a thematic analysis was undertaken, leading to the development of emergent themes based on the model from Smith *et al.* (2012). Three themes were uncovered through the analytical process of repeatedly reading the articles, highlighting common words and phrases individually and across all articles, before grouping together keywords and developing common themes (Nizza, 2021). The three themes uncovered from this integrated literature review are cited below

- Theme 1. Quality of care;
- Theme 2. Emotional distress of professionals;
- Theme 3. Increased workload.

7. METHODOLOGY: INTERPRETIVE PHENOMENOLOGICAL ANALYSIS (IPA)

An IPA theoretical framework was used for this primary qualitative study (Smith *et al.* 2012), alongside an interpretivist paradigm that examined individual contributions, to fully explore participants subjective experiences (Alharahsheh, 2020).This approach was in line with the aims and objectives of this study allowing a thorough understanding of individual experiences, whilst studying the phenomena of human behaviour (Bonache, 2020). Additionally, this approach recognised the position of the researcher in eliciting quality information through close participant interaction (Austin, 2014). Whilst the benefit of a mixed methodology was recognised to gain a clear perspective by combining qualitative and quantitative data (Gutterman, 2015), a qualitative IPA was believed most appropriate for this study, supporting analysis of the participants lived experience of working through the pandemic (Smith *et al.* 2012).

The qualitative approach encouraged the researcher to share the participant's perception, whilst providing meaningful insight into the team's experiences of working during the pandemic.

7.1. Theoretical Positioning

Given the limited information regarding the perceptions of the hospital palliative care team from working through covid, a qualitative IPA was deemed the most appropriate theoretical basis, allowing the required depth of information to be gathered (Smith *et al.* 2012). IPA was believed to be the most suitable approach to explore the research question, allowing exploration of individual's perceived experiences in circumstances where variables might otherwise prove difficult to measure (Alase, 2017). The IPA approach has its theoretical underpinning directly linked to the research question, with the main essence of the study requiring a thorough exploration of emotionally laden experiences (Smith, 2014). IPA was also felt to be particularly useful for addressing topics that were emotionally ambiguous (Mclnally, 2021), such as those commonly experienced within the specialty of palliative care, providing a variety of realities experienced within the same team (Demirsoy, 2016). This approach enabled a thorough examination of the essence of the participant experience, using an ontological and epistemological approach (Osborn *et al*.2015). The ontological view allowed insight into how participants experienced multiple realities individually, viewing social realities lead by individual perceptions and beliefs (Cuthb-ertson, 2020).The epistemological position allowed a thorough explanation of the understanding of participant's knowledge, bridging the gap between what they know and how they know it (Moon, 2021).

7.2. Framing the Research Question

In keeping with the premise of qualitative research, particularly that with an IPA approach, the research question was required to be open and exploratory, focusing on exploring the meanings and understanding of a particular phenomenon (Smith *et al*. 2012). Therefore, a PEO (Population, exposure, outcome) acronym was used to support the formulation of a clear, focused research question with an IPA approach (see table 3below) allowing for further exploration into individual experiences as is recognised within an IPA (Smith *et al,* 2012).

Table3. *PEO acronym*

P	Population	Hospital palliative care team
E	Exposure	The Covid-19 pandemic
O	Outcome	Exploring lived experiences

7.3. Sampling Strategy

The selection of participants for this study, was actively sought through a homogeneous purposive sample from the hospital palliative care team. This provided a consistent representative sample of the population, whilst allowing for expert and reliable data collection from professionals with relevant and shared experiences (Holloway, 2017). Being a small team of ten, some of whom were new to the team and did not work during the pandemic, the possibility of a large sample size was also unlikely. The recruitment process started with sending email invites to all of the hospital palliative care team via secure team email address, with the exception of two members of the team who were excluded due to not working in the hospital during the Covid-19 pandemic. Participants were asked to respond via email within two weeks, and if inadequate responses were received within this time, a reminder email would be sent. After this time, if no response had been received, the assumption of non-participation would be made.

7.4. Data Collection

Semi-structured interviews were the chosen method for data collection as is commonly preferred in qualitative studies (Mavhandu-Mudzusi, 2018).This data collection method encouraged two-way conversations which lasted approximately 30 minutes, providing time for respondents to open up regarding sensitive issues (Kallio, 2016). Data collection within IPA involved using an open and inductive approach (Smith *et al*. 2012), for this reason, semi-structured interviews deemed the most appropriate method to gather rich in-depth data (Magaldi, 2020). During interview, a prompt sheet was used with specific focal components to guide conversation, as is suggested by Thompson (2017).

7.5. Data Analysis

Semi-structured interviews allowed narrative to be collected in preparation for the data analysis process (Taherdoost, 2020). The purpose of analysing the data was to develop individual themes from each transcript before creating a table of master themes across the whole group (Busetto, 2020). This process followed an inductive approach, which allowed conclusions to be drawn by observing the sample group, providing a comprehensive approach to data collection (Azungah, 2018). The six-step thematic model by Smith *et al*. (2012) was used for data analysis.

7.6. Reflexivity

In order to ensure appropriate critical reflection within this study, the position of reflexivity was considered (Byrne, 2022). Previous experiences and preconceived ideas have the potential to impact study results and input bias to study outcomes (Smith *et al*. 2012). Sharing insider positions with the participants adds further risk to the addition of bias (Braun and Clark, 2013).

7.7. Ethical Considerations

Efforts were made to ensure a meticulous approach to ensuring ethical considerations throughout this study. This was recognised as being paramount for conducting research, especially when involving human participants (Resnick, 2020).

8. Results and Discussion

This chapter presents the study findings in relation to the research question 'the hospital palliative care perception of working during the Covid-19 pandemic'. The findings will be explored by identifying key themes in keeping with the principles of Smith *et al.* (2012) interpretive phenomenological analysis (IPA).

8.1. Presentation of themes

Key themes are described below using evidence from each participant interview, providing an idiographic focus (Walsche, 2022). Themes are described as the identification of overarching significant topics, used to provide focus to an experience or perspective and are often used in data analysis (McCormack, 2018).For the purpose of this study, themes are presented in keeping with the premise of an IPA reporting as a collective, including verbatim quotes from interview to substantiate interpretation (Eldh, 2020). This helped to provide insight into the challenges and extreme pressure experienced within

hospital palliative care during the Covid-19 pandemic (Aaronson *et al.* 2020). The key themes that emerged from the analysis process were as follows:

1. Feeling fearful;
2. Moral distress;
3. Feeling of uncertainty.

Theme 1: This theme draws attention to evidence of fear experienced by the hospital palliative care team working through the pandemic as previously supported by Bradshaw *et al* (2020). Fear amongst healthcare staff during the pandemic was widely documented, particularly in those with frequent patient contact (Barbosa-Camacho,2021).Participant comments were explored below to assess the triggers for these feelings, regardless of whether they independently made the direct link to feeling fearful or not (Smith *et al.* 2012).

> *"I umm [pause] didn't always feel very supported as we didn't really know what was going on from one day to the next. It's really hard to remember, I've [paused] blocked a lot out, I know a lot of our patients died before we could get them home, which was devastating [sigh]"*

Theme 2: Moral Distress

This theme draws attention to the level of morel distress experienced by the team as a result of working through the pandemic c(Goncalves *et al*. 2021). Moral distress was frequently reported in healthcare during the pandemic, largely attributed to constraints in usual levels of patient care (Silverman, 2021). This is further supported by Splig (2022) who described the increased levels of distress and anxiety for hospital staff working through the pandemic compared to those who did not. Evidence below was gathered from interview to support this theme.

> *"I felt like I was feeling my way through with a lot of anxiety. I think it pushed you to make decisions more autonomously as you had to make quite quick decisions [umm] you felt quite vulnerable. I think we underestimated how big the doses of morphine and midazolam were required to control symptoms and that was a big learning curve. Out of hours it could take a long time to contact a consultant, we didn't have that time to make decisions and sometimes they weren't sure either, you're both in the same position and need to make some brave decisions"*

Theme 3: **Feelings of Uncertainty**

This theme draws attention to the feelings of uncertainty experienced by the hospital palliative care team during the pandemic (Edmonds *et al*, 2021), focusing on quotes gathered from semi-structured interview. This level of uncertainty was believed to add to the risk of post-traumatic stress disorder experienced amongst healthcare workers (Temsah, 2022).

> ***"****We didn't know what we were looking at, we didn't know what to expect or what was expected of us, we didn't really understand the virus. We were busy like a lot of other areas, we were having really upsetting, devastating and heart-breaking conversations via facetime. A lot of decisions were taken out of our patient's hands"*

9. IMPLICATIONS AND RECOMMENDATIONS

The findings from this study highlighted some important implications for literature, policy and practice in line with the study aims and objectives**.** This study demonstrated how a consistent lack of clear communication did in fact contribute to higher levels of stress and a sense of diminished support during the Covid pandemic (Dubey, 2020).Employees believed there was inadequate communication and a lack of transparency at the beginning of the pandemic, which resulted in a sense of chaos and loss of control (Nestor, 2021). This increased fear amongst individual staff members and the team as a whole (Barrett, 2021).It was recognised that the global response to Covid identified necessary improvements across the NHS (Shah, 2021), requiring better engagement with front line workers (Billings, 2021). Such improvements would likely have significant financial implications requiring additional spending in healthcare (Anderson, 2021). This would include the amendment of policy and SOP's, followed by informing senior personnel such as divisional directors who are responsible for ensuring dissemination of planned changes. It is recognised that in order for organisational change to be successful, all individuals need to be aware of the need for change and believe in the change being undertaken (Myall, 2020),

also recognised is that when change is implemented by professionals themselves, it is less frequently resisted within the wider team (Nilson, 2020).

10. Summary of Findings

This study provided evidence to support the increase levels of stress experienced by the hospital palliative care team from working through the covid pandemic (May, 2021). There was evidence to support increased levels of professional burnout within this specialty group (Nestor, 2021). Professional burnout is recognised as emotional stress, depersonalisation, and lack of day-to-day fulfilment among professionals under pressure (Dall'Ora, 2021). This study provided evidence that Covid-19 significantly added to emotional stress and risk of burnout for healthcare workers (Çelmeçe, 2020), particularly those in areas of high pressure with high levels of mortality (Magnavita, 2021). Analysis of the study results demonstrated evidence to support the link between the developed themes and stress levels, putting many specialties at risk of burnout (Lasalvia, 2021). There was also a clear indication of increased anxiety and fear among participants, largely related to fear of contracting and spreading the virus (Troisi, 2021). Many study participants described a lack of clear guidance during the pandemic, yet there was evidence from interview of significant peer support within the team.

References

Aaronson, E.L., Petrillo, L., Stoltenberg, M., Jacobsen, J., Wilson, E., Bowman, J., Ouchi, K., Traeger, L., Daubman, B., Ritchie, C.S. and Jackson, V. (2020) 'The Experience of Emergency Department Providers With Embedded Palliative Care During COVID', *Journal of pain and symptom management*, 60(5), pp. e35-e43. doi: 10.1016/j.jpainsymman.2020.08.007.

Alase, A. (2017) 'The Interpretative Phenomenological Analysis (IPA): a guide to a good qualitative research approach', *International Journal of Education and Literacy Studies*, 5(2), pp. 9. doi: 10.7575/ aiac.ijels.v.5n.2p.9.

Alharahsheh, H., Pius, A. (2020) 'A Review of key paradigms: positivism VS interpretivism', *Global Academic Journal of Humanities and Social Sciences*, 2(3), pp 39-43. DOI: 10.36348/gajhss.2020.v02i03.001.

Al-Mahrezi, A., & Al-Mandhari, Z. (2016). Palliative Care: Time for Action. *Oman medical journal*, *31*(3), p.p161–163. https://doi.org/10.5001/omj.2016.32.

Anderson, M., Pitchforth, E., Asaria, M., Brayne, C., Casadei, B., Charlesworth, A., Coulter, A., Franklin, B.D., Donaldson, C., Drummond, M., Dunnell, K., Foster, M., Hussey, R., Johnson, P., Johnston-Webber, C., Knapp, M., Lavery, G., Longley, M., Clark, J.M., Majeed, A., McKee, M., Newton, J.N., O'Neill, C., Raine, R., Richards, M., Sheikh, A., Smith, P., Street, A., Taylor, D., Watt, R.G., Whyte, M., Woods, M., McGuire, A. and Mossialos, E. (2021) 'LSE–Lancet Commission on the future of the NHS: re-laying the foundations for an equitable and efficient health and care service after COVID-19', *The Lancet (British edition)*, 397(10288), pp. 1915-1978. doi: 10.1016/S0140-6736(21)00232-4.

Anderson, R.E. and Grant, L. (2017) 'What is the value of palliative care provision in low-resource settings?', *BMJ global health*, 2(1), pp. e000139. doi: 10.1136/bmjgh-2016-000139.

Aveyard, H. (2019) *Doing a literature review in health and social care: a practical guide*. Open University Press.

Barbosa-Camacho, F.J., García-Reyna, B., Cervantes-Cardona, G.A., Cervantes-Pérez, E., Chavarria-Avila, E., Pintor-Belmontes, K.J., Guzmán-Ramírez, B.G., Bernal-Hernández, A., Ibarrola-Peña, J.C., Fuentes-Orozco, C., González-Ojeda, A. and Cervantes-Guevara, G. (2021) 'Comparison of Fear of COVID-19 in Medical and Nonmedical Personnel in a Public Hospital in Mexico: a Brief Report', *International journal of mental health and addiction*, , pp. 1-12. doi: 10.1007/s11469-021-00600-4.

Barrett, D. and Heale, R. (2021) 'COVID-19: reflections on its impact on nursing', *Evidence-based nursing*, 24(4), pp. 112-113. doi: 10.1136/ebnurs-2021-103464.

Bonache, J., Festing, M (2020) 'Research paradigms in international human resource management; An epistemological systematisation of the field'. *German Journal of Human Resource Management*. 34(2). Pp 99-123. Doi: 10.1177/2397002220909780

Bradshaw, A., Dunleavy, L., Garner, I., Preston, N., Bajwah, S., Cripps, R., Fraser, L.K., Maddocks, M., Hocaoglu, M., Murtagh, F.E., Oluyase, A.O., Sleeman, K.E., Higginson, I.J. and Walshe, C. (2022) 'Experiences of staff providing specialist palliative care during COVID-19: a multiple qualitative case study', *Journal of the Royal Society of Medicine*, 115(6), pp. 220-230. doi: 10.1177/01410768221077366.

Bramer, W., de Jonge, G., Rethlefsen, M., Mast, F., and Kleijnen, J. (2018). 'A systematic approach to searching: an efficient and complete method to develop literature searches'. *Journal of the Medical Library Association: JMLA*, *106*(4), Pp 531–541. https://doi.org/10.5195/jmla.2018.283.

Bramer, W.M., Rethlefsen, M.L., Kleijnen, J. (2017) 'Optimal database combinations for literature searches in systematic reviews: a prospective exploratory study'. *Syst Rev* **6,** 245. https://doi.org/10.1186/s13643-017-0644-y.

Buccheri, R.K. and Sharifi, C. (2017) 'Critical Appraisal Tools and Reporting Guidelines for Evidence-Based Practice', *Worldviews on evidence-based nursing*, 14(6), pp. 463-472. doi: 10.1111/wvn.12258.

Büchter, R.B., Weise, A. and Pieper, D. (2020) 'Development, testing and use of data extraction forms in systematic reviews: a review of methodological guidance', *BMC medical research methodology*, 20(1), pp. 259. doi: 10.1186/s12874-020-01143-3.

Busetto, L., Wick, W. and Gumbinger, C. (2020) 'How to use and assess qualitative research methods', *Neurological Research and Practice*, 2(1), pp. 14. doi: 10.1186/s42466-020-00059-z.

Byrne, D. (2022) 'A worked example of Braun and Clarke's approach to reflexive thematic analysis', *Quality & quantity*, 56(3), pp. 1391-1412. doi: 10.1007/s11135-021-01182-y.

Çelmeçe, N. and Menekay, M. (2020) 'The Effect of Stress, Anxiety and Burnout Levels of Healthcare Professionals Caring for COVID-19 Patients on Their Quality of Life', *Frontiers in psychology*, 11, pp. 597624. doi: 10.3389/fpsyg.2020.597624.

Clarke, V. and Braun, V. (2013) *Successful qualitative research: a practical guide for beginners.* Sage Publications.

Costantini, M., Sleeman, K.E., Peruselli, C. and Higginson, I.J. (2020) *Response and role of palliative care during the COVID-19 pandemic: a national telephone survey of hospices in Italy* Cold Spring Harbor Laboratory.

Cuthbertson, L.M., Robb, Y.A. and Blair, S. (2020) 'Theory and application of research principles and philosophical underpinning for a study utilising interpretative phenomenological analysis', *Radiography (London, England. 1995)*, 26(2), pp. e94-e102. doi: 10.1016/j.radi.2019.11.092.

Dall'Ora, C. and Saville, C. (2021) 'Burnout in nursing: what have we learnt and what is still unknown?', 2(117), Pp 43. Available at: https://www.nursingtimes.net/roles/nurse-managers/burnout-in-nursing-what-have-we-learnt-and-what-is-still-unknown-25-01-2021/.

Demirsoy, N. (2017) *Holistic Care Philosophy for Patient-Centered Approaches and Spirituality* InTech.

Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M.J., Chatterjee, S., Lahiri, D. and Lavie, C.J. (2020) 'Psychosocial impact of COVID-19', *Diabetes & metabolic syndrome clinical research & reviews*, 14(5), pp. 779-788. doi: 10.1016/j.dsx.2020.05.035.

Edmonds, P.M., Sleeman, K.E., Lovell, N., Chester, R., Towers, R.P., Marshall, S.A., Higginson, I.J., Bajwah, S. and Prentice, W. (2021) 'The impact of and response to the COVID-19 pandemic on a hospital palliative care team', *Future healthcare journal*, 8(1), pp. 62-64. doi: 10.7861/fhj.2020-0131.

Eldh, A.C., Årestedt, L. and Berterö, C. (2020) 'Quotations in Qualitative Studies: Reflections on Constituents, Custom, and Purpose', *International journal of qualitative methods*, 19, pp. 160940692096926. doi: 10.1177/1609406920969268.

Gonçalves, J.V., Castro, L., Rêgo, G. and Nunes, R. (2021) 'Burnout Determinants among Nurses Working in Palliative Care during the Coronavirus Disease 2019 Pandemic', *International journal of environmental research and public health*, 18(7), pp. 3358. doi: 10.3390/ ijerph18073358.

Guetterman, T., Fetters, Michael D., MA and Creswell, J.W. (2015) 'Integrating Quantitative and Qualitative Results in Health Science Mixed Methods Research Through Joint Displays', *Annals of family medicine*, 13(6), pp. 554-561. doi: 10.1370/afm.1865.

Gunnarsson, D. (2018) *A framework for strict structured literature reviews within management research and management education : establishing a model for evidence-based management and increased scholarly interaction* Högskolani Jönköping, Högskoleb iblioteket.

Hartogh, G. (2017)'Suffering and dying well: on the proper aim of palliative care'. *Med Health Care and Philos.* 20. Pp413–424. https://doi.org/10.1007/s11019-017-9764-3

Holloway, I. and Galvin, K. (2017) *Qualitative research in nursing and healthcare.* Fourth edition edn. Chichester, West Sussex: Wiley Blackwell.

Jahan, N., Naveed, S., Zeshan, M. and Tahir, M.A. (2016) 'How to Conduct a Systematic Review: A Narrative Literature Review', *Cureus*, 8(11), pp. e864. doi: 10.7759/cureus.864.

Kallio, H., Pietilä, A., Johnson, M. and Kangasniemi, M. (2016) 'Systematic methodological review: developing a framework for a qualitative semi-structured interview guide', *Journal of advanced nursing*, 72(12), pp. 2954-2965. doi: 10.1111/jan.13031.

Lake, E.T., Narva, A.M., Holland, S., Smith, J.G., Cramer, E., Rosenbaum, K.E.F., French, R., Clark, R.R.S. and Rogowski, J.A. (2022) 'Hospital nurses' moral distress and mental health during COVID-19', *Journal of Advanced Nursing*, 78(3), pp. 799-809. doi: 10.1111/jan.15013.

Lasalvia, A., Amaddeo, F., Porru, S., Carta, A., Tardivo, S., Bovo, C., Ruggeri, M. and Bonetto, C (2021) 'Levels of burn-out among healthcare workers during the COVID-19 pandemic and their associated factors: a cross-sectional study in a tertiary hospital of a highly burdened area of north-east Italy', *BMJ open*, 11(1), pp. e045127. doi: 10.1136/bmjopen-2020-045127.

Magaldi, D., Berler, M. (2020) 'Semi-structured Interviews'. Encyclopedia of Personality and Individual Differences. Springer, Cham. https://doi.org/10.1007/978-3-319-24612-3_857.

Mavhandu-Mudzusi, A.H. (2018) 'The Couple Interview as a Method of Collecting Data in Interpretative Phenomenological Analysis Studies', *International Journal of Qualitative Methods*, 17(1), pp. 160940691775099. doi: 10.1177/1609406917750994.

May, S., Stahlhut, K., Allsop, M., Heinze, M. and Mühlensiepen, F. (2021) '"…you just put up with it for the sake of humanity.': an exploratory qualitative study on causes of stress in palliative care nursing during the COVID-19 pandemic in Germany', *BMJ open*, 11(12), pp. e051550. doi: 10.1136/bmjopen-2021-051550.

McCormack, H.M., MacIntyre, T.E., O'Shea, D., Herring, M.P. and Campbell, M.J. (2018) 'The Prevalence and Cause(s) of Burnout Among Applied Psychologists: A Systematic Review', *Frontiers in Psychology*, 9, pp. 1897. doi: 10.3389/fpsyg.2018.01897.

Moon, K., Cvitanovic, C., Blackman, D.A., Scales, I.R. and Browne, N.K. (2021) 'Five Questions to Understand Epistemology and Its Influence on Integrative Marine Research', *Frontiers in Marine Science*, 8. doi:10.3389/fmars.2021.574158.

Mitchinson, L., Dowrick, A., Buck, C., Hoernke, K., Martin, S., Vanderslott, S.,

Meyrick, J. (2006) 'What is Good Qualitative Research?', *Journal of health psychology*, 11(5), pp. 799-808. doi: 10.1177/1359105306066643.

Robinson, H., Rankl, F., Manby, L., Lewis-Jackson, S. and Vindrola-Padros, C. (2021) 'Missing the human connection: A rapid appraisal of healthcare workers' perceptions and experiences of providing palliative care during the COVID-19 pandemic', *Palliative medicine*, 35(5), pp. 852-861. doi: 10.1177/02692163211004228.

Myall, M., May, C., Richardson, A., Bogle, S., Campling, N., Dace, S. and Lund, S. (2021) 'Creating pre-conditions for change in clinical practice: the influence of interactions between multiple contexts and human agency', *Journal of health organization and management*, 35(9), pp. 1-17. doi: 10.1108/JHOM-06-2020-0240.

Nestor, S., O' Tuathaigh, C. and O' Brien, T. (2021) 'Assessing the impact of COVID-19 on healthcare staff at a combined elderly care and specialist palliative care facility: A cross-sectional study', *Palliative medicine*, 35(8), pp. 1492-1501. Doi: 10.1177/02692163211028065.

Nilsen, P., Seing, I., Ericsson, C., Birken, S.A. and Schildmeijer, K. (2020) 'Characteristics of successful changes in health care organizations: an interview study with physicians, registered nurses and assistant nurses', *BMC Health Services Research*, 20(1), pp. 147. doi: 10.1186/s12913-020-4999-8.

Nizza, I.E., Farr, J. and Smith, J.A. (2021) 'Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality', *Qualitative research in psychology*, 18(3), pp. 369-386. doi: 10.1080/14780887.2020.1854404.

Osborn, M., Smith, J (2015) 'Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain'. *Br J Pain*. (1):41-2. doi: 10.1177/2049463714541642. PMID: 26516556; PMCID: PMC4616994.

Resnik, D.B. (2020) *What Is Ethics in Research and Why Is It Important?* Available at: http://ir.lib.isu.edu.tw/handle/987654321/13206 (Accessed: 19.12.22).

Rizo-Baeza, M, Mendiola-Infante, SV, Sepehri, A, Palazón-Bru, A, Gil-Guillén, VF, Cortés-Castell, E. (2017) 'Burnout syndrome in nurses working in palliative care units: An analysis of associated factors'. *J Nurse Manag*. 26:19– 25. https://doi.org/10.1111/jonm.12506

Siqueira, A., Teixeira, E.R., Oliveira, C., Arrais, D., Santiago, F., FerrazKirby,E. and Neves, L. (2021) 'COVID-19 in oncology palliative

care: psychological stress from the perspective of psychodynamics at work', *Annals of palliative medicine*, 10(5), pp. 5260-5269. doi: 10.21037/apm-21-56.

Sleeman, K.E., Timms, A., Gillam, J., Anderson, J.E., Harding, R., Sampson, E.L. and Evans, C.J. (2021) 'Priorities and opportunities for palliative and end of life care in United Kingdom health policies: a national documentary analysis', *BMC palliative care*, 20(1), pp. 108. doi: 10.1186/s12904-021-00802-6.

Smith, J.A., Flowers, P. and Larkin, M. (2012) *Interpretative phenomenological analysis.* 2nd edition edn. Los Angeles ; London ; New Delhi; Singapore; Washington DC; Melbourne: SAGE Publications.

Spilg, E.G., Rushton, C.H., Phillips, J.L., Kendzerska, T., Saad, M., Gifford, W., Gautam, M., Bhatla, R., Edwards, J.D., Quilty, L., Leveille, C. and Robillard, R. (2022) 'The new frontline: exploring the links between moral distress, moral resilience and mental health in healthcare workers during the COVID-19 pandemic', *BMC psychiatry*, 22(1), pp. 19. doi: 10.1186/s12888-021-03637-w.

Taherdoost, H. (2020) 'Different Types of Data Analysis; Data Analysis Methods and Techniques in Research Projects Authors', *International Journal of Academic Research in Management (IJARM)*, 9(1), pp. 1-9.

Temsah, M., Alenezi, S., Alarabi, M., Aljamaan, F., Alhasan, K., Assiri, R., Bassrawi, R., Alshahrani, F., Alhaboob, A., Alaraj, A., Alharbi, N.S., Alrabiaah, A., Halwani, R., Jamal, A., Abdulmajeed, N., Alfarra, L., Almashdali, W., Al-Eyadhy, A., AlZamil, F., Alsubaie, S., Barry, M., Memish, Z.A. and Al-Tawfiq, J.A. (2022) 'Healthcare Workers' SARS-CoV-2 Omicron Variant Uncertainty-Related Stress, Resilience, and Coping Strategies during the First Week of the World Health Organization's Alert', *International journal of environmental research and public health*, 19(4), pp. 1944. doi: 10.3390/ijerph19041944.

Twycross R. (2020) COVID-19: the Asian Perspective. *World Med J.* 66:25–28. Available at: https://www. wma.net/wp-content/uploads/2020/05/newwmj_2_2020_WEB.pdf.

Vassar, M., Atakpo, P. and Kash, M.J. (2016) 'Manual search approaches used by systematic reviewers in dermatology', *Journal of the Medical Library Association*, 104(4), pp. 302-304. doi: 10.3163/1536-5050.104.4.009.

Walshe, C. and Brearley, S.G. (2022) *Handbook of theory and methods in applied health research.* Cheltenham, UK: Edward Elgar Publishing.

Winchester, C., Salji, M.(2016)'Writing a literature review'. *Journal of Clinical Urology*. 9(5). doi:10.1177/ 2051415816650133

World Health Organisation (2020) Palliative care: key facts. Available at:https://www.who.int/news-room/fact-sheets/detail/palliative-care. Accessed: 16/05/22.

Citation: *Sara Smith. A Hospital Palliative Care Team's Perception of Working during the Covid-19 Pandemic-A Qualitative Inquiry. ARC Journal of Nursing and Healthcare.2023; 9(1):14-22. DOI: http://dx.doi. org/ 10.20431/2455-4324.0901002.*