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RESEARCH ARTICLE

The Effect of Psychosocial Support Given to Older Adults Patient and Their Families in Palliative Care

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ABSTRACT

Diseases that are life-threatening and require long-term treatment affect the patient and his family in many ways. Interdisciplinary care is applied to people who are being treated for these diseases. This care aims to prevent and alleviate the pain experienced with a good planning, which provides the prevention of physical, psychosocial and mental problems such as pain that increases the quality of life. This understanding of care, which provides for a multi-dimensional assessment process, focuses on maintaining the patient's routine in the normal course of life and considers death as part of the normal process, is called palliative care. This article aimed at conducting a systematic review to identify the components of palliative care and the effects of psychosocial nursing interventions on palliative care patients and their families. The care that patients and their families want to receive in the conditions to which they are accustomed in the last period of their lives, who have to fight a deadly disease and the negative processes that it brings, can help them calmly go through this period, protect a person from dangers for the physical and psychological health, improve quality of life, improve the healing process. It has been found to help prevent negative emotions such as post-traumatic stress disorder and post-traumatic stress disorder. It is believed that increasing the number of research in this area will improve the quality of care and improve patient satisfaction.

ARTICLE HISTORY
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KEYWORDS
Nursing, older adults, palliative care, psychological support, psychosocial support, social support

Palyatif bakımda yaşlı hasta ve ailesine verilen psikososyal desteğin etkisi

ÖZET

Yaşamı tehdit eden ve uzun süreli bakım gerektiren hastalıklar hasta ve ailesini birçok yönden etkilemektedir. Bu hastalıklar nedeniyle tedavi gören kişilere multidisipliner bir bakım uygulanmaktadır. Bu bakım sayesinde yaşam kalitesini arttıran, ağrı gibi fiziksel, psikososyal ve ruhsal sorunların önlenmesini sağlayan, iyi bir planlama ile yaşanan acının önlenmesi ve hafifletilmesi hedeflenmektedir. Çok yönlü bir değerlendirme sürecini öngören, hayatın olağan akışında hastanın rutinlerini sürdürmeye odaklanan ve ölümü normal sürecin bir parçası olarak gören bu bakım anlayışı palyatif bakım olarak isimlendirilmektedir. Bu makalede palyatif bakımda psikososyal yönden destekleyici hemşirelik girişimlerini, bunların bileşenleri ve bu müdahalelerin etkileri hakkında bilgi vermek amaçlanmaktadır. Ölümcül hastalık ve bu hastalığın beraberinde getirdiği olumsuz süreçlerle mücadele etmek zorunda olan hasta ve ailelerinin yaşamlarının son dönemlerinde alışkın oldukları ortamlarda almak istedikleri bakımın, bu dönemi huzur içerisinde geçirmelerine yardımcı olabildiği, fiziksel ve psikolojik sağlığa yönelik tehlikelere karşı bireyi koruduğu, yaşam kalitesini yükselttiği, iyileşme sürecini ve travma sonrası stres bozukluğu gibi olumsuz duyguların önüne geçmeyi kolaylaştırdığı belirlenmiştir. Bu alanda yapılacak araştırma sayısının arttırılmasının bakım kalitesinin yükseltilmesi ve hastaların memnuniyet düzeylerinin artmasına katkı sağlayacağı düşünülmektedir.

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1. INTRODUCTION

Life is a long-term process. People encounter diseases as well as health in this process. Some of these diseases have acute effects and require short-term treatments. Others become chronic because they have longer-term effects and require long-term treatment and care. Due to life-threatening chronic diseases and problems, many people die each year or experience difficult processes in which various treatments are applied. Scientific developments in the field of health and technology in the last century have positively changed the course of the disease in people who encounter life-threatening diseases, contributing to the prolongation of life expectancy and delayed death (Super, 2001). It is extremely important to provide care in accordance with the care philosophies that aim to help the patient and his family in the management of the disease and its negative process. One of such professional care practices is the evidence-based practice called "palliative care". The World Health Organization (WHO) defines palliative care as complementary care that improves the quality of life of patients and their families facing life-threatening diseases, prevents other physical, psychosocial, and mental problems such as pain, and aims to prevent and alleviate suffering through good planning referred to as the approach (Chow & Dahlin, 2018; Mejia, Feliciano, Hussien, Boshra, Feliciano, Malabanan, Alsharyah, … & Yngente, 2019). The basis of this care practice is to help caregivers to eliminate all kinds of negativities that the life-threatening or limiting disease may cause on the patient and his family. In addition, it is aimed to increase the quality of life of the patients during the treatment process in the hospital and after discharge and to alleviate the severity of the symptoms of the disease.

The palliative care approach continues to be widely applied as a professional care approach all over the world. Predicting a multi-faceted evaluation process, focusing on maintaining the routines of the patient in the usual flow of life, and seeing death as a part of the normal process distinguish this approach from other care practices (Mejia et al., 2019). With this multi-faceted care approach, it is possible to get away from the pain situation and other stressful symptoms that may be experienced in the patient and his family. In this way, the psychological and spiritual aspects of patient care are not neglected. As the family of the patient receiving care is included in the care practices, it is ensured that they live dynamically until the death process. By providing a support system for the relatives and family members left behind after death, it provides an environment that can help them accept and cope with the reality of death. Since the quality of life of patients and their families benefit from this care increases, it will be easier for them to manage disturbing clinical complications during the delivery of life-sustaining treatments (Bridge, 2008; Munoz-Mendoza, 2015; Evans, Mackinnon, Pereira, Earle, Gagnon, Arthurs, Gradin, … & Wright, 2019). Perrar et al. (2015), stated that palliative care should improve the quality of life of patients and their families with a life-threatening or limiting disease by addressing their physical, psychosocial, and spiritual needs, while Lee et al. (2019), emphasized the importance of this care being complementary to oncological interventions. While applying palliative care, the importance of family-centered care was emphasized, and it was emphasized that autonomy, access to information, and intellectual, emotional, and spiritual needs should be met (Perrar, Schmidt, Eisenmann, Cremer & Voltz, 2015; Lee, Khulusi & Watson, 2019). Palliative care is a very useful care approach for the patient and his family, as well as for the delivery of health services or the outcomes to be obtained after. It has been shown in research results that palliative care helps to benefit from health services and reduce care costs as a result (Smith, Brick, O'Hara & Normand, 2014; Delisle, Ward, Helewa, Hochman, Park & McKay, 2019). The fact that palliative care has a wide application framework, that the care can be carried out not only in private centers but also in home environments, helps to minimize the problems that may occur due to medical problems such as depression, anxiety, fatigue, and weakness that may occur in the hospital environment (Munoz-Mendoza, 2015).

Palliative care is very important in patients living in the advanced stages of the disease when curative treatment is no longer effective. It provides psychological support to patients with life-threatening or fatal diseases during the treatment and care process (Garcia, Rodrigues & Lima, 2014). Although the effects of these practices on the patient and his family are known, there is a lack of information on current practices in the literature (Grande, Stajduhar, Aoun, Toye, Funk, Addington-Hall, Payne … & Todd, 2009). A systematic review was undertaken to identify the components of palliative care and the effects of psychosocial nursing interventions on palliative care patients and their families.

2. METHOD

2.1. Search Criteria

A systematic search of the literature was undertaken to identify the psychosocial nursing interventions between 2000 and 2021. Literature search, PubMed, Science Direct, Cochrane, Higher Education Institution National Thesis databases, and studies published were considered. The literature review was carried out between September and December 2021 in Turkish and English languages. Keywords used for browsing in the scans made in English language searches; the terms "palliative care", "psychological support", "social support", "psychosocial support", "nursing". The titles and abstracts of all studies identified after the electronic search were independently reviewed by 2 researchers. Articles are considered eligible if any part of the article helps describe the meaning, scope, premises, characteristics, results, and empirical references of the study.

2.2. Inclusion Criteria

The inclusion criteria for the current research were patients and their families receiving social support in palliative care and full-text Turkish and English publications made on the topic between the period of 2000 and 2021.

2.3. Exclusion Criteria

Case reports and studies still in progress between the dates of the study literature review were excluded.

2.4. Evaluation

A systematic review made with the search terms specified in the PubMed database identified 31 studies meeting the inclusion criteria.

2.5. Ethical Statement

Since the research is a literature review model, it has no direct effect on humans and/or animals. Therefore, there is no need for an ethics committee approval decision.

3. RESULTS

3.1. Roles and Responsibilities of Nurses in Providing Psychological Support in Palliative Care

Palliative care improves the quality of life of patients who are in the process of dying. Palliative care within a plan, in order to achieve the desired goals; family support, moral support, rehabilitation practices, and management of accompanying symptoms (Hegarty & Currow, 2007). A multidimensional patient assessment is required for the management of the various levels of symptoms occurring in the patient. All these factors are an integral part of palliative care (Chan, Wong, Ho, Cheng, Lam, Tang & Ho, 2010; Chow & Dahlin, 2018). At this stage, nurses, who have a close relationship with the patient and their family, should define and meet the physical, psychological, emotional, behavioral, social, cultural, and spiritual needs of individuals (Sidebottom, Jorgenson, Richards, Kirven & Sillah, 2015). Nurses should be aware of the negative psychological symptoms that the patient with a terminal illness will experience and their negative reflections on the patient and his family and should shape their care accordingly (Bell, Orr, Dodson, Rich, Wenger, Blum, Harold … & Forman, 2015). Therefore, nurses should be able to prioritize the physical, psychological, spiritual, and social aspects of care in the dying patient and learn to manage the disease process (Hegarty & Currow, 2007). One of the necessary and important nursing roles while providing care to patients experiencing such situations is to coordinate the practices that will ensure the well-being of the dying patient and his family with all health professionals (Garcia et al., 2014; Mejia et al., 2019). In disease management, it is necessary to monitor the conditions that cause current problems, evaluate the pre-existing medical condition, and plan multiple intervention methods. Nurses should coordinate care and ensure that palliative care is applied to the patient as soon as possible (Bloomer, Botti, Runacres, Poon, Barnfield & Hutchinson, 2019; Mejia et al., 2019). Patients and their families should be given comprehensive assessments of their social needs, and humane and comprehensive care should be given to dying patients. Nurses should reflect on their caregiver roles in clinical practices and try to increase the quality of care. The sociocultural view of the patient and the social environment in which the individual lives greatly affect the treatment decisions of the patients. A patient's receiving psychosocial and sociocultural support increases the effectiveness of palliative care (Kavalieratos, Gelfman, Tycon, Riegel, Bekelman, Ikejiani, Goldstein … & Arnold, 2017). Providing a culturally sensitive approach in palliative care is important in meeting the needs of patients and providing psychological relief (Mejia et al., 2019). For this purpose, comprehensive moral support and psychosocial care should be provided to improve the quality of life of patients in clinics or home environments. By defining the characteristics of religious and cultural beliefs, nurses should provide support for patients to strengthen their feelings about belief, to have a more positive outlook on life, and to meet their spiritual needs. Thus, as a part of palliative care, patients' spiritual problems will be relieved and they will receive better spiritual care (Bridge, 2008; Mejia et al., 2019). It is very important to evaluate the level of achievement of the patient and family-centered care goals in the care of terminally ill patients, especially with the support to be given to families during the grieving process. Nursing care should focus on providing family-centered care and family support and should be integrated into the care provided (Mejia et al., 2019). Nurses and the palliative care team should evaluate the patient with a patient-centered and holistic approach. In addition, it should provide adequate support to the patient and family members regarding the death process and the spiritual difficulties they experience. In this way, it is possible to alleviate the suffering of the patient and his relatives and to get rid of the pressure of the distressing situation they are in.

3.2. The Effect of Psychosocial Interventions in Palliative Care on the Psychological Status of Patients and Their Families

Many of the patients and their families, who have to struggle with the deadly disease and the negative processes it brings, state that they want to receive care in the environments they are used to in the last periods of their lives, and they want to spend their last periods in peace. Higginson et al. (2014), in his study, it was stated that although approximately 70% of patients who received palliative care in the terminal period stated that they wanted to receive care at home and preferred to die at home, these demands and needs were often not met, and this had negative effects on the patient and their families (Higginson, Gomes, Calanzani, Gao, Bausewein, Daveson, Deliens … & Project PRISMA, 2014). As a result of a study conducted globally and covering 14 countries, it was determined that only 13% of patients in need of palliative care died at home (Pivodic, Pardon, Morin, Addington-Hall, Miccinesi, Cardenas-Turanzas, Onwuteaka-Philipsen & Euro Impact, 2016).

Various psychosocial interventions are applied for patients to spend the last period of their lives in peace at home or in a hospital environment. These interventions are; it is given by various professionals such as nurses and professional care staff responsible for patient care. Nurses, who are especially responsible for the care of patients, have important roles and responsibilities in end-of-life care (Grande et al., 2009; Rowland, Hanratty, Pilling, van den Berg & Grande, 2017). The psychosocial support provided has great benefits in overcoming the negative situations experienced by the patients. Psychological support provides benefits in many areas related to the coordination of care, as well as personal care and activities of daily living (Lund, Ross, Petersen & Groenvold, 2014; Rowland et al., 2017; Becqué, Rietjens, van Driel, van der Heide & Witkamp, 2019). Northouse et al. (2010), the effects of psychosocial interventions applied to cancer patients were examined in a meta-analysis study. It has been determined that the interventions increase the coping capacity and quality of life in patients and their families (Northouse, Katapodi, Song, Zhang & Mood, 2010; Becqué et al., 2019). Although there is little research in the literature on interventions offered to support patients and their families in palliative care, the results of the study show that nursing interventions can have a positive effect. This shows that nurses can play an important role in supporting patients and their families in meeting the end-of-life care needs of patients in their home environment. Multi-component psychosocial interventions and psychoeducation applied to provide this support prevent the occurrence of negative signs and symptoms in the disease process by helping to meet the needs of patients and their families (Becqué et al., 2019). It has also been determined that it prevents the development of depression in patients (Saunders et al., 2019). Ellis et al. (2019), it was stated that these care practices support patient autonomy because they help manage the symptoms of the disease and respond to psychosocial needs (Ellis, Barnato, Chapman, Dionne-Odom, Lerner, Peters, Nelson … & Ferrer, 2019). Palliative care not only affects the treatment process but also reduces hospital expenses. Inappropriate symptom management results in coping difficulties in palliative care patients struggling with a terminal illness and negative processes that are not compatible with patients' values. For this reason, the needs of the patient and his family should be addressed at an early stage, sources of psychosocial support should be determined, and practices that can benefit patients should be agreed upon with the families and patients and integrated into care plans and practices (Ellis et al., 2019). More research is needed to evaluate the clinical repercussions of performing such practices on both healthcare professionals and patients in such matters. The services offered in palliative care centers are provided by a multidisciplinary team consisting of officers in the branches most suitable for the patient's health condition. Team members provide holistic care services by focusing on the physical, psychological, social, and spiritual issues of patients and their relatives or caregivers. Studies, in holistic palliative care services provided by a multidisciplinary team demonstrate better symptom control, less burden of care, improved coordination and continuity of care, cost-effectiveness, and increased satisfaction with services.

3.3. The Effect of Social Support Practices within the Scope of Palliative Care on the Psychological Status of Patients and Families

In some cases, the health of individuals may deteriorate and they may be faced with diseases that require care and treatment. With the disease, the homeostatic balance of the individual deteriorates and physiological, psychological, and social problems occur (Özbayır, Demir, Candan, Coşkun & Dramalı, 2003; Vaughn, Wichowski & Bosworth, 2007; Karabulut & Çetinkaya, 2011). There are different sociodemographic and personal factors in the occurrence of these problems. In addition to clinical and demographic variables, psychosocial factors that because anxiety should be determined in the early period. Because the detection of such negative situations is beneficial in facilitating coping with patients struggling with fatal diseases and in eliminating the problems to be experienced (Yang, Liu, Wang, Wang & Wang, 2014; Yang, Liu, Li, Shi & Wang, 2016).

Social support is one of the most important treatment elements in patients experiencing a stressful treatment process such as cancer. This support reflects the care, help, and respect that patients receive from their environment (Gottlieb & Bergen, 2010). Social support protects the individual against the dangers of physical and psychological health. This support improves the quality of life in cancer patients, facilitates the recovery process (Li, Tse, Chan, Kwok, Leung, Wu, Yu … & Yang, 2016), and prevents negative emotions such as post-traumatic stress disorder (PTSD) (Liu, Yang, Wang, Wu, Wang & Wang, 2015; Yang, Sun, Dong, Zhang, Xing & Liu, 2019). The most important aspect of social support is that it minimizes or balances the psychological damage caused by stressful situations (Terzi, 2008). Many studies in the literature have examined the results of psychological support given to cancer patients. In particular, it has been determined that social support is an important factor affecting self-confidence and coping capacity in cancer patients (Yang et al., 2016; Li et al., 2017; Yang et al., 2019). In studies on the effects of social support on the protection, improvement, and rehabilitation of health, it has been stated that it improves the quality of life of individuals by positively affecting the treatment of diseases (Baider, Peretz, Hadani & Koch, 2001; Luttik, Jaarsma, Moser, Sanderman & van Veldhuisen, 2005; Velligan, Weiden, Sajatovic, Scott, Carpenter, Ross & Docherty, 2010). Rızalar et al. (2014), in their study with breast cancer patients, it was reported that social support supports adaptation to the disease process and increases the quality of life of patients by reducing social isolation (Rızalar, Ozbas, Akyolcu & Gungor, 2014). Shoemaker et al. (2011), Hombrados-Mendieta et al. (2013), Kurucová et al. (2018) stated in their research that inadequate social support worsens the level of perception of the disease and increases the incidence of negative symptoms (Shoemaker, Estfan, Induru & Walsh, 2011; Hombrados-Mendieta, García-Martín & Gómez-Jacinto, 2013; Kurucová, Žiaková, Gurková & Šrámeková, 2018).

Social support is among the best sources of resistance to disease-related stress. Support may also be of an emotional nature. Emotional support helps sufferers free themselves from tension and negative emotions, express their fears, anxieties, and sadness, and boost hope. Likewise, social support; offers various solutions by providing information exchange that helps to better understand the problems in life (Bernad, Zysnarska & Adamek, 2010). It is very important for physicians and nurses to know that their patients need support from the social environment and to be in contact with the person or people (family, friends, and others) who will provide such support.

It is necessary to be aware of the needs of patients and to respond to their needs. In particular, patients who experience social isolation and exhibit depressive symptoms should be followed closely. Social support elements such as family and friends should be used to help patients. In many studies, it has been stated that psychological symptoms are relieved with social support. Strengthened social support improves quality of life and reduces depressive symptoms. It is thought that the stress experienced by the older adults in nursing homes and individuals in need of care with chronic diseases or palliative care is increased due to the lack of social support. Increasing stress means that the patient's condition will worsen. It is thought that it would be beneficial to use such powers, which are one of the elements of positive psychological support, to provide subjective well-being and to eliminate the negativities caused by loneliness.

4. DISCUSSION

In literature reviews, it has been seen that the psychosocial support given to patients diagnosed with chronic disease supports coping with psychological problems, provides relief, and increases the hope of getting rid of the disease. In addition, it was stated that people with high psychosocial support perceived the palliative care provided by nurses more strongly and their awareness increased (Baider et al., 2001; Bell et al., 2015).

Palliative care is a treatment aimed at increasing the quality of life given to individuals with serious and progressive diseases and their families from the moment they are diagnosed. This creates crisis and stress for terminal patients and their families (Bernad et al., 2010). Caring for dying patients requires nurses to be knowledgeable and skilled in many areas and to be able to cope with stress appropriately (Chow & Dahlin, 2018). In the nursing education curriculum, knowledge and approaches about death are included in the general content of each course. For this, nurses have important responsibilities such as evaluating the patient's condition and initiating or maintaining communication with the patient and/or his family about the death process. Nurses should be aware of the effects of palliative care intervention on patients and families. Palliative care should be given with an interdisciplinary approach (Chan et al., 2010).

It is thought that social support increases the quality of life and reduces the feeling of depression, fear, anger, guilt and helplessness. It is stated that the social support integrated with palliative care allows the patient, whose time is considered limited, to spend the remaining days in a dignified manner (Luttik et al., 2005). Even if people have serious illnesses, being able to carry out their daily activities and continue their work that they make a living can be provided with palliative care. Although nurses are well-equipped with end-of-life care, they may have difficulties from time to time due to intense working conditions. For this reason, the environment of the nurse is supportive in coping with the difficulty of giving care to a person with a terminal illness. Seminars, courses or conferences on psychosocial problems can be organized to create supportive environments. Regular meetings in the clinic provide a supportive environment where nurses can express their feelings and develop new views on their problems.

5. CONCLUSION

Disease processes affect individuals from various aspects and sometimes bring about challenging situations. In addition to the physical problems experienced during the treatment process due to deadly diseases such as cancer, psychological problems occur. In such problems, especially after diagnosis, until death and mourning, qualified approaches should be offered to patients and their relatives. Palliative care provided to patients in this process is a caring approach that uses different types of support resources. In developed countries, service policies aimed at improving the quality of life of the individual and his family and solving problems are becoming more important politically and socially. The aim of palliative care strategies should be to provide services to meet the psychological, social, economic, and spiritual needs of patients who are experiencing more and more problems and are approaching death step by step. People need psychosocial care to prepare them for death and the dying process. It is necessary to ensure the right to die with dignity, especially for patients in the terminal period, and their relatives should be able to overcome the death and mourning process with the least damage. In this difficult process, keeping the quality of life of both patients and their relatives at the highest level is possible with their psychosocial support. Psychosocial support provided by caregivers reduces the stressors that can cause problems in patients. With the addition of social support to palliative care in nursing care, the problems that patients will experience are prevented and the healing process accelerates.

Table 1. Included researches and results

Author's name and year of study	The aim of the study	Results of the study
Baider et al., 2001	It is the study of the long-term effects of a behavioral intervention on the psychological distress of patients diagnosed with cancer in localized areas.	It has been reported that psychosocial interventions will provide relief in patients.
Luttik et al., 2005	To determine the effect of psychosocial support in patients with heart failure.	It has been determined that the psychosocial support of current employees has positive results in patients with heart failure.
Hegarty & Currow, 2007	To determine the effectiveness of two programs for palliative care in the older adults in Australia.	It has been suggested to create various guidelines by stating the benefits of palliative care practices in the care of the older adults with life-limiting diseases.
Terzi, 2008	It was aimed to determine the relationship between the psychological resilience of university students and their perceived social support.	It has been determined that there is a significant relationship between psychological resilience and perceived social support.
Grande et al., 2009	It is aimed to determine the current situation and deficiencies in palliative care practices.	It has been determined that the scope of palliative care practices should be improved.
Bernad et al., 2010	To determine the effectiveness of the psychosocial support received by cancer patients.	It has been reported that psychosocial interventions will provide relief in patients.
Chan et al., 2010	It is aimed to evaluate the supportive care services given in a dialysis unit retrospectively. 74 patients were included in the study.	It has been determined that supportive care in patients receiving treatment for kidney disease and their families facilitates the management of the disease. The importance of integrating palliative care into service delivery, including end-of-life care, by nurses was emphasized.
Gottlieb & Bergen, 2010	To determine the importance of psychosocial support elements.	It has been determined that psychosocial support is effective in the disease's management.
Northouse et al., 2010	To determine the effect of intervention methods offered to family members of cancer patients.	It has been determined that interventions such as palliative care provided by clinicians to patients and their families are an effective coping method in the disease process and increase the quality of life.
Velligan et al., 2010	It was aimed to determine the effectiveness of psychosocial interventions in patients.	Interventions have been reported to have positive results.
Shoemaker et al., 2011	It is aimed to determine the symptoms developing because of cancer and its management.	It has been determined that the psychosocial care to be applied to the patients is important.
Garcia et al., 2014	It is aimed to report an experience process dealing with the structuring of palliative care service in Brazil.	The importance of arranging awareness trainings in health professionals where palliative care applied in oncology patients supports patients was emphasized.
Higginson et al., 2014	To determine the treatment, care and information priorities of people in different European countries.	In all countries, it has been determined that patients and their families are aware of the importance of palliative care in serious diseases such as cancer.
Lund et al., 2014	The burden of care and the factors affecting it were investigated while giving care to individuals with cancer.	It has been determined that cancer treatment can have long-term effects and caregivers should be involved in planned interventions.
Rızalar et al., 2014	It was aimed to determine the psychosocial adjustment of cancer patients and the effect of perceived social support on their adjustment.	It has been determined that social support given to cancer patients has a positive effect on their disease and psychosocial adjustment.
Yang et al., 2014	To evaluate the integrative effects of psychological symptoms and different intervention strategies on these symptoms in cervical cancer patients.	It has been determined that psychosocial interventions are effective in reducing the symptoms of mental illness in patients with cervical cancer.
Bell et al., 2015	It is to determine the clinical, social, financial and psychological dimensions of care practices given with the principle of patient-centered care in older adult patients.	It has been determined that the services provided to older adult patients in the community have benefits in certain dimensions.

Liu et al., 2015	It is aimed to determine the effectiveness of some psychosocial interventions offered during cancer treatment.	It has been reported that it would be beneficial to integrate psychosocial interventions into cancer treatment.
Sidebottom et al., 2015	It was conducted to determine the effect of palliative care on patients' symptom burden, depressive symptoms, and quality of life in heart failure patients.	It has been reported that palliative care applied to patients reduces the symptom burden and depressive symptoms and improves their quality of life.
Pivodic et al., 2016	It is aimed to determine the care needs and requirements in diseases that need palliative care.	It has been determined that palliative care needs may differ.
Yang et al., 2016	It was aimed to determine the effects of psychological disorders and support resources in patients newly diagnosed with cancer.	It has been determined that psychosocial resources are beneficial in providing cancer care.
Kavalieratos et al., 2017	It is aimed to review the current literature on the impact of palliative care provided to patients with heart failure and their families.	It has been reported that palliative care, which includes psychosocial aspects, has positive results and facilitates the management of emotional symptoms.
Rowland et al., 2017	To evaluate the impact of family members in cancer care in the end-of-life period.	It has been stated that the support and contribution of families in the last stages of life is important.
Bridge, 2018	It is aimed to review the current literature on the effect of palliative care, which is widely used in the care of older adult patients, in the end-of-life period.	It was stated that palliative care should be given together with psychosocial care.
Chow & Dahlin, 2018	It is aimed to review the current literature on sustainable models of palliative oncology care.	It has been stated that nurses have an important responsibility in the development and implementation of oncology and palliative care programs. It has been reported that palliative care and the application of new approaches are important in the care of cancer patients.
Kurucová et al., 2018	To determine the effect of psychosocial support on the incidence of depression in cancer patients.	It has been reported that psychosocial interventions will provide relief in patients.
Becqué et al., 2019	It aims to identify the effects of nursing interventions available to support family caregivers' end-of-life care at home.	It has been reported that multi-component interventions should support family caregivers.
Bloomer et al., 2019	It is aimed to evaluate the effectiveness of this service in older adult people who receive palliative care in the last stages of life.	It has been reported that palliative care given to patients and their families in the last period of life with a multidisciplinary team approach is important.
Ellis et al., 2019	It was aimed to determine the effectiveness of the interventions offered within the scope of palliative care in patients diagnosed with cancer and their families.	It has been stated that the interventions offered within palliative care provide different benefits.
Mejia et al., 2019	It is aimed to review the current literature about its effect on palliative nursing care.	It was stated that palliative care nurses should be provided with physical, psychological, sociocultural, moral, and family support.
Yang et al., 2019	It is aimed to determine the effectiveness of psychosocial interventions applied in eliminating negative situations such as anxiety experienced before cancer surgery.	It has been reported that psychosocial interventions will provide relief in patients.

As the results of the research indicate, it is important for nurses and health personnel to standardize their working systems and provide palliative care as full-time and permanent members of the team to increase the quality of life of patients and their relatives. In addition, in-service training should be developed, certified training should be created, and professional staff should be provided with supervision in order to eliminate the lack of training on this subject. Informative activities should be organized for public institutions and organizations, especially health facilities, and then for the society, in order to raise awareness of nurses on palliative care and psychosocial care. A team approach should be developed in palliative care centers. The work of team leaders in this direction is important. The diversity of psychosocial services that patients and their relatives can access should be ensured, and bureaucratic procedures and obstacles should be overcome with inter-institutional cooperation to ensure that they can benefit from existing services. The number of palliative care nurses, who will have a great share in the realization of all these suggestions, should be increased, training opportunities should be strengthened, and working conditions should be improved. It is thought that it will be beneficial to increase the number of researches to be conducted in this area and to increase the quality of care with studies to be carried out with larger sample groups.

Conflict of Interest

The authors have no interest-based relationship.

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