



**NEEDS AND CARING BEHAVIOURS OF NURSES IN PROVIDING
QUALITY CARE TO TERMINALLY ILL CANCER PATIENTS IN
ONCOLOGY UNIT OF A PUBLIC HOSPITAL IN KUALA LUMPUR,
MALAYSIA**

By

SANTHNA LETCHMI PANDURAGAN

**Thesis submitted to the School of Graduate Studies, Universiti
Putra Malaysia, in Fulfilment of the Requirements for the Degree of
Doctor of Philosophy**

July 2015

1

FEM 2015 16

CHAPTER 1

INTRODUCTION

This chapter presents the background of the study, statement of the problem, purpose of study, significance of the study and definition of terms used in the study.

1.1. Background of study

Nursing as a professional discipline places the greatest demands on the development and the refinement of the caring concept of nursing. Historically a nurse's role consisted of only providing care and comfort to the needy (Craven and Hirnie, 2003). Today with the advancements in technology, health promotion and prevention, nursing has widened the functions of the nurses

1.1.1. Nursing in the present times

At present, just as the health system is continually evolving, so are the community of nurses; it is necessary for them to remain effective in the patient community they serve. Nurses integrate community involvement and knowledge about the entire population with personal, clinical understanding of health and illness experience of individuals and families within the population (Allender, Rector & Warner, 2010). Modern nursing has expanded and emphasizes not only on treating the disease but also preventing illness, restoring optimal wellness through rehabilitation, and educating the patient and the family (Cooper & Gosnell, 2015; Harkreader & Hogan, 2004). This aspect of nursing also includes assisting patients with terminal illness to maintaining comfort and dignity in the final stage of illness.

The primary goal of the community of nurses is to ensure optimal physical, mental, and social well-being of the patient (Cooper & Gosnell, 2015) by engaging in several important roles, which not only develop patients but also ensure that the surrounding community is educated to understand about their illnesses and be more careful about their problems. Nursing as a whole promotes health and assists patients to move to a higher level of wellness (Cooper & Gosnell, 2015).

1.1.2. Caring for terminally ill patients

Lately the issue of terminally ill cancer patients have been repeatedly discussed, and it has been suggested that nurses lack the skills and competencies required to care for these patients (Arantzmendi, 2012). The International Agency for Research on Cancer had estimated that there were 12.7 million new cancer cases in 2008 worldwide and according to WHO, 2014, 14 million new cases of cancer are diagnosed around the world yearly (THE STAR, 12th August, 2015). All these people would eventually require palliative care (Ferlay, Shin, Bray, Forman, Mathers, & Parkin (2010). In Malaysia, approximately 40,000 people are been -diagnosed with cancer each year, (MAKNA, 2007) and as a consequence, experience a variety of psychosocial and emotional responses.

Thornton, 2012; Berg and Danielson (2007) explain that “caring” in the nursing profession means providing holistic care to patients; however in the oncology context, caring generally focuses on patients with chronic and life threatening illness and mainly entails providing emotional and psychological support to both patients and their families. Davis (2004) asserts that people with cancer especially terminal cancer suffer significant emotional morbidity and psychological distress and face physical issues related to their cancer treatment, end of life issues (EOL) and survival issues.

The prevalence of psychosocial distress in the patient ranges from 20% to 60% (Zabora, BrintzenhofeSzoc, Curbow Hooker & Piantadosi, 2001) and evidences suggest that 12% to 30% will experience clinically significant anxiety problems. Kruijver, Garner, Visser and Kuijjer (2006) point out that life threatening disease such as terminal cancer are traumatic events and demand a great deal of adaptability from patients, caregivers and their environment.

Nursing involves interaction with patients on various levels which usually depend on the unique set of circumstances and the patient's individual personality. Patients expect quality nursing care from nurses and to them quality nursing can only be provided by nurses who are competent, caring, supported by professionalism and deliver care with an appropriate demeanor (Izumi, Baggs & Knafi, 2010).

1.1.3. Caring behaviors expected by terminally ill patients

Cancer care especially for terminally ill patients require special skills and qualities from nurses and other health professionals. Active listening skills help nurses to establish a relationship and helping patients cope can reduce distress due to illness (Green et. al, 2005). What nurses do and how they communicate with patients will make a difference in the management. It is important that the

nurses develop trust and rapport to create a supportive relationship between themselves, the patient and caregivers. Nurses need to spend sufficient time with dying patients to create an environment that is conducive for a peaceful and dignified death. Assisting dying patients with functional ability and the hygienic status of the body are fundamentals of nursing care. Achieving adequate symptom control is another important issue.

Most of the time, in the cancer units, the patients' major problems are caused by the initial shock of diagnosis, particularly when the cancer has been diagnosed rather late and patients may be on the final stages of the disease. Ross (1969) describes in detail the psychological changes that occur with great intensity in cases where diagnosis comes as a shock for patients. Some go into denial and do not recover from this stage, while others may deny that there has been any alteration to their bodily condition, which may affect them emotionally. Still others will take a while to accept what has happened to them. Very few patients are usually able to maintain psychological balance and face the situation bravely.

Miller (2009) describes the experience of cancer as a combination of physical, emotional and social challenges that occur in phases. Support is also needed financially which also means providing practical help such as transport to medical appointments or assistance with finding information about a particular type of cancer. The failure by a health care provider to address these needs of cancer patients and their caregivers is a failure to the effective treatment of the patient's illness.

Krishnasamy, 1996; Wortman & Conway (1985) explain that people who are physically ill, especially cancer patients may find that their social relationship not only fail to buffer them from the stress of the illness, but actually constitute an additional source of distress. This conflict results in behavioral responses which are damaging to the patient and results in the inability to discuss about the disease with nurses or doctors (Wortman & Dunkel-Schetter, 2010). Sometimes the patients may try to avoid the health care professionals and nurses may experience negative behaviors among patients (Wortman & Dunkel-Schetter, 2010).

The patients have to make a variety of complex decisions as a result of the cancer diagnosis and usually they are emotionally and physically unable to tackle these problems. The emotional support provided by health professionals in relation to decision making usually focuses on positive health outcomes; thus, nurses are usually the ones in the best position to support the patients throughout the disease process.

Krishnasamy (1996) highlights that nurses continuous support to patients can prevent patients from suffering inferiority complex or feelings of low self-worth and helplessness. Many providers of health services, including those in oncology and those who deliver health care for other complex health conditions recognize that psychosocial problems can have both direct and indirect effects on health. The provision of optimal care for patients with cancer involves both physical and psychological aspects (Botti, Endacott, watts, Cairns, Lewis & Kanny, 2006). Health care professionals can help reduce patient and family distress by means of physical care in the form of interventions and strengthening of the patient's own coping resources.

Terminally ill patients have very special needs which can be fulfilled if nurses can take the time to sit and listen to them and understand what these needs are. It is important for nurses to let patients and family know that the nurses are ready and willing to share some of the concerns. Providing clear and accessible information is important and necessary; therefore, (Krimshstein, Luhrs, Puntillo & Cortezet, Livote, Renrod, & Nelson, 2011; Corner et al. 2003) insist that nurses develop their communication skills.

Communicating effectively means patients are able to receive and interpret information and are in a position to clearly express their needs for assistance (The National Academies, 2008). Schuster and Nykolyn (2010) posit that nurses use communication 24 hours a day and failure to communicate may lead to patient harm. Patients should be comfortable in enquiring about their care and in deciding the best choice of treatment for them and nurses should be equally prepared to provide the appropriate information. A study carried out by Herbert, Moore & Rooney, 2011; Kwekkeboom, Vahl & Eland (2005) reveal that nurses often feel ill-equipped to provide psychosocial care, communicate and deal with patients' questions due to limited knowledge on palliative care. This was due to the fact that, the basic curriculum did not prepare them adequately to provide end-of-life care to patients. The authors continued to say that due to these deficiencies, end-of-life dilemmas and barriers to provide quality care to terminally ill patients are common in nursing practice.

1.1.4. Challenges faced by nurses as caregivers

According to The National Academies (2008), numerous cancer survivors and their caregivers report that cancer care providers did not understand their psychological needs and in fact did not consider psychosocial support to be an integral part of quality cancer care. Rodin (2008) posit that the provision of effective psychosocial care improves the outcome for cancer patients. Nurses need to attend to the different needs of the patients while helping them to recognize these differences. However providing care for cancer patients can

place a specific burden on health professionals. The effectiveness of the care provided depends on the training, skills, attitude and beliefs of the health care staff (Botti et al., 2006).

Caring for dying patient is emotionally trying and challenging for nurses. When nurses are present in the face of suffering, they need to find ways of using themselves therapeutically when medical and curative limits have been exhausted. In fact, this task can provide deep professional satisfaction (American Board of Internal Medicine, 2008); nevertheless, the question arises as to whether nurses are knowledgeable enough and readily available when the patients need them.

Ganz (2009) posits that cancer survivors face many unique challenges which they need to cope. In the short term, the patients require to have an understanding of the type of treatments they will undergo and the type of follow-up that is necessary. It is generally recognized that cancer presents the nurses and other health practitioners with a unique and dramatic set of challenges. She further states that providing cancer care leads to characteristic behavior changes among nurses including arrogance, irritability, rigidity, emotional distance and avoidance.

As far back as 1966, Saunders pointed out that the nurses tried to avoid being with the dying patients by hurrying, by talking about superficialities and giving no space for patients to talk further. She pointed out that it was crystal clear that "Don't ask me too much" attitude was obvious in these nurses, and that the confidence to stand alongside dying patients no matter what happened to them depends on the nurses having the necessary knowledge, skills and support to understand the patients' needs and respond to them.

Hodgkinson and Gilchrist (2006) explained that a demanding work schedule, limited support from higher authorities and lack of confidence in talking about sensitive and personal issues with the patient can contribute to stress and burn out among nurses. In turn, this can negatively affect the quality of psychosocial care provided to patients.

As a summary, nurses as part of the health community have to play an important role in educating and caring for patients and more importantly for terminally ill patients who need special attention.

1.2. Statement of the Problem

Life expectancy in Malaysia is on the increase due to improvements in health care services (Ministry of Health, Malaysia, 2011) In turn, this has resulted in an increase in the number of Malaysians suffering from chronic illnesses such as cancer, organ failure and neurodegenerative diseases (Palliative Care Services Operational Policy, 2010). Dr. Richard Lim (2010), National advisor for Palliative Medicine services, states that "Palliative Care is an important area to develop if we want our health services to be of good standard". He also emphasized that palliative care is a service that must be fulfilled as a basic human need to comfort people who suffer from their illnesses. Life threatening illness especially cancer in particular, may require complex physical intervention; however this can also involve complex emotional issues for both patient and nurses (Steward, 2003) even more so if the nurses are not able to provide the care needed.

Healthcare professionals encounter an increasing number of patients with advanced terminal illness and in fact should be prepared to provide reasonable options to them. Terminally ill patients should be able to receive high quality palliative care throughout the illness trajectory, health care providers should seek not only to minimize patients' suffering, but also to ensure that patients receive good-quality care at all times (Palliative Care Services Operational Policy, 2010). The nurses' role in caring for the terminally ill cancer patients differ from that related to general patients, due to the complexities of each person's illness and its effects on the individual. Mellon, Northhouse and Weiss (2006) explained that it is not only the patients but those closely connected to the patients during the phases of uncertainty are impacted both emotionally and psychologically. Halldorsdottir and Hamrin (1996) too explain that people suffering from terminal cancer experience tremendous changes involving the lived experiences of uncertainties, vulnerabilities, isolation, pain and other symptoms which affects not only the patient but also others around them, as roles have to be redefined due to health deterioration.

Very little empirical research has been carried out by nurses on care for terminal ill patients in Malaysia. A study conducted by Pathma, Lee, O'Connor & Barnett (2013) in Malaysia indicated, that to enable nurses to provide effective and quality care to the terminally ill patients and the family, formal palliative care education is necessary. This had also being informed by Oliver (2014) that to prevent obstacle in the provision of end-of-life-care, nurses need to be educated on various aspects of quality EOL and be properly informed regarding the process and treatment possibilities. Gordon (2006) states that to gain the respect of the patients and other health care professionals, nurses should be able to communicate the knowledge and skills required for professional care. This is only possible through education and training.

Most of the time, not much importance was provided to terminally ill patients because nurses usually considered dying as a normal part of a patient's life. A study conducted by Santhna and Zaidah (2007) in one of the hospitals revealed that nurses did not show much interest in caring for the terminally ill patients and the nurses failed to understand their needs. According to Sahlsten, Larsson, Plos & Segeston (2005) the disregard for patient care could be due to lack of theoretical or practical knowledge required for the management of terminally ill patients. There was indications that quality care was lacking, as there were many complains that nurses do not know how to manage patients' problems. This could be due to the fact that, nurses considered terminal illness as something normal in adults (Gardiner, Cobb, Goh & Ingelton (2010). This was due to lack of knowledge on terminal illness. The gap could be due to the lack of formal education on EOL in both the basic and bachelor's nursing curriculum.

The present study was conducted to better understand on how nurses in this public hospital manage the terminally ill cancer patients and what they were lacking in knowledge and also other problems that hindered quality care to the terminally ill patients.

The main problem that the study sought to address is that there are some indications that quality care towards terminally ill patients is lacking and a study needs to be conducted to better understand the problem. This curiosity urged the researcher to read in depth on literatures of nurses working with terminally ill patients and this later transpired the researcher to sought solution for this crucial problem especially in the local setting. As the elderly population in Malaysia is increasing (Ministry of Health, Malaysia, 2011) it is even more crucial that the community of nurses are educated and developed towards providing quality services to terminally ill patients. The other important aspect is that, by critically analyzing the care provided by the nurses, it will help to scrutinize the nursing curriculum to add in components related to care for the terminally ill patients.

1.3. Purpose of the study

As health care services improve in Malaysia, so does the life span; this means in the coming future more nurses will be caring for increased number of dying patients. Thus, the general purpose of the study is to explore and better understand the practice of nurses towards terminally ill patients in a public hospital in Malaysia. To this end, a case study analysis of nurses, the head nurse, patients, caregivers and a doctor was carried out in an oncology unit to contribute to a more complete understanding of the type of care provided by the nurses to the terminally ill patients. Other intervening factors like demands on

the nurses from the patients, families, doctors and management were considered as well, since this may also be contributing factors to nurses' behavior towards providing care to terminally ill cancer patients. This case study was carried out in an oncology unit in a public hospital. A qualitative method was used to get an insider view of the nurses, patients, head nurse, caregivers and doctor of the overall situation related to the needs and caring behaviors of the nurses towards the patients in the ward. To guide the research, the following questions were posed:

1.4. Research questions

1. What are the educational needs of nurses to provide quality care to the terminally ill cancer patients? Is there a need for nurses to be re-trained?
2. What does "quality care" for terminally ill cancer patients mean to the nurses in the oncology ward?
3. What type of caring behavior do patients expect from the nurses?
4. What are the barriers affecting caring behaviors of the nurses towards patients?

1.5. Significance of the Study

The significance of the study can be summarized as follows:

- i. The findings will provide data on how nurses can provide quality care to patients and contribute to the existing knowledge by addressing the gaps in the knowledge on care provided by the nurses working with terminally ill cancer patients and the care received by the patients. The study attempts to contribute to the existing knowledge by drawing on individual accounts of the experiences of nurses, a head nurse, terminally ill cancer patients, doctor and caregivers. It will also help to identify the needs and caring behaviors of nurses towards the patients' families.
- ii. The four year Bachelor of Nursing Curriculum in public universities in Malaysia offers a module on Oncology Nursing (4 credits) in year 3. The findings of this study will augment information on teaching and learning related to the care and management of terminally ill patients. The findings are expected to indicate a need for greater emphasis on clinical exposure in order to practice psychological aspects of care.

- iii. This study may provide insight into how to improve existing educational programs for nurses serving in cancer units or palliative care units. The study may also trigger the establishment of a palliative care program at a postgraduate diploma or master's level.

The health industry has always been dynamic and constantly evolving and healthcare professionals must stay current in order to remain relevant to an industry with an increasing number of elderly patients with chronic diseases (Naughton, Bennett & Feely, 2006). With the increasing cancer population, the demand for EOL care is also increasing; thus, the provision of palliative care programs is no longer optional. The issues presented and discussed in this study may help incite serious focus on quality care.

- iv. Quality care is the ultimate goal of any services related to patients. The findings of this study will enable the researcher to formulate a framework for quality care that can be applied to any setting that provides health care to patients. The framework explains that, it is not only the needs and caring behaviors of nurses but the combined effort of the management, multidisciplinary teamwork and with high standards of nursing by utilizing the nursing process, the community of nurses can be developed to provide the care. This will eventually assist nurses to provide quality nursing care to the terminally ill patients and also to educate and develop the community towards better care.

1.6. Limitation of the study

The purpose of the study is to understand the educational needs and the caring behavior of nurses in providing care to terminally ill patients in an oncology unit, in a public hospital in Kuala Lumpur. The study relies heavily on the nurses as the primary source of data, data provided by patients, caregivers, head nurse and doctor was also taken into account as it was supposed to add on to enhance data provided by the nurses. The opinion of any individual are biased by the position from which they observe. It is quite difficult to determine that all the individuals involved as participants are knowledgeable and have the ability to articulate their thoughts well.

Another limitation is the generalizability of the findings. The researcher makes no claims that the data from the study will reflect the experience of all nurses, patients and caregivers in other oncology units. The findings are better understood as a conceptual way of thinking about experiences of nurses, patients, caregiver, head nurse and doctor in an oncology unit.

1.7. Operational definition of terms

The meanings are clearly explained for the key terms used in the study as necessary for the study.

Caring behaviors

Caring behaviors are actions that are characteristic of concern for the well-being of a patient, such as sensitivity, comforting, attentive listening, honesty and non-judgmental acceptance (Mosby's Medical Dictionary, 2009). This includes the close relationship that a nurse creates when interacting with the patients and the caring attitude of a nurse towards the dying patient and the family. In this sense, the nurse provides holistic, palliative care that focuses not only on patients' physical needs but also their social and psychological needs.

Care giver

The term family caregiver and informal caregiver refer to an unpaid family member, or friend, or neighbor who provides care to an individual who has an acute or chronic condition and needs assistance to manage a variety of tasks, from bathing, dressing and taking medications to tube feeding. (Reinhard, Given, Petlick & Bernis, 2008). He/she too sometimes require needs support from the health care staff as the as he/she too are emotionally drained by the burden of caring.

Competent nursing community

The legal capacity of a nurse to perform an act and understand its impact. It is a community of nurses working with terminally ill cancer patients who possess the knowledge, skills and attitude (appropriate behaviors) to provide care and are able to identify and manage problems encountered by the terminally ill cancer patients and the significant others.

Needs

Nurses have to be properly equipped with the necessary knowledge, skills and caring attitude to manage patients who are suffering from cancer and terminal illness. In the present study, needs refers to, what nurses actually require in order to cater to the needs of the terminally ill cancer patients. For instance, do the nurses have the knowledge and experience to deal with the psychosocial needs of the patients and families who are emotionally and physically drained? What else is needed by nurses to be able to provide the best care to the patient?

Oncology Unit

This is the unit that serves patients ranging from young adult to older adults in the diagnosis and management of a variety of acute or chronic malignancies. The present study will be conducted on an oncology ward where patients with malignant tumors are placed. Some patients may have multiple cancers and specialized care is provided to these patients. This ward caters to both oncology and terminally ill patients because a special palliative ward is not available in the present public hospital.

Palliative care

This describes an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”(WHO, 2009). This is care provided to persons who are in the final stages of their life and is also known as supportive care or hospice care.

Psychosocial support

Psychosocial support involves the culturally sensitive provision of psychological, social and spiritual care (Hodgkinson & Gilchrist, 2008). It is a specialized care given to patients undergoing a great deal of distress due to the strain arising from cancer and its symptoms and is given to terminally ill cancer patients who are facing imminent death. The psychological care of a person with cancer begins from the time of initial diagnosis and continues through to the patient’s death and the period of bereavement and involves all members of the treatment team, from family to caregivers.

Psychological problems

Are issues such as excessive anxiety, depression which may be due to the cancer experienced by the terminally ill patients and which the nurse must identify and solve according to patient’s need.

Quality care

Quality care is the degree of excellence observed in nursing care delivery to patients (Leinonen, Leino-Kilpi & Stalberg, 2001); that is, in the present study, the holistic care provided was as needed by the terminally ill patients. It meets not only physical but also the emotional, psychological, cultural and spiritual needs of the patients.

Staff nurse

Staff nurses are registered nurses who may or may not have undergone training in the care of the terminally ill patients or rely on experience gained in the course of working with the terminally ill patients.

Support

Support is basically giving assistance. It relates to aspects of care that are psychological in nature wherein nurses actively listen to patients, or perhaps hold the hands of someone who is dying. Sometimes support is also given to the family members of a dying patient because the family also bears the burden of the dying patient.

Terminally-ill patients

A patient is considered terminally ill when their estimated life expectancy is six months or less, under the assumption that the disease will run its normal course (Wikipedia). Cancer patients who are in the final stage of illness and awaiting death where treatment may slow down disease's progression for some time but will not cure or have any substantial impact on the patient.

Therapeutic relationship

Therapeutic relationship involves a situation in which the nurse is willing to create a relationship with the patient in order to provide the healing care as needed by the patient. This relationship forms the basis for caring which is the hallmark of nursing practice. The therapeutic relationship is based on a belief that a person has a natural drive towards health (Watson, 2005).

Ward management

The management responsibilities of the head nurse are primarily concerned with activities to ensure the work in the ward runs smoothly. The function of the head nurse involves delegating duties and responsibilities according to qualification and abilities. The head nurse also overlooks activities of nurses and works towards ensuring quality care for the patients.

1.8. Summary

The chapter provides a brief history on nursing in the present times, the challenges faced by the community of nurses to provide care to terminally ill patients. The chapter also describes the problem statement, purpose of the study, significance of the study and concludes with the operational definitions.

The following chapter provides a comprehensive review of literature surrounding caring theories and terminally ill patients.



REFERENCES

- Abdul-Rahman, H., Wang, C., Wood L. C., Low, S. F. (2012). Negative impact induced by foreign workers: Evidence in Malaysia construction sector, *ScienceDirect, Habitat International*, 36, 433-443.
- Abendroth, M., & Flannery, J. (2011). Predicting the risk of compassion fatigue: A study of hospice nurses. *Journal of Hospice and Palliative Nursing*, 8, 346-356.
- Ablett, J.R., & Jones, R.S.P. (2007). Resilience and well-being in palliative care staff: a qualitative study of hospice nurses' experience of work. *Psycho-Oncology*, 16(8), 733-740.
- Adams, S. (2012). Patients being treated 'like medical conditions, not people'. *The Telegraph*.
- Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9, 407-411.
- Ahn, J. W. (2009). Suicide rates of Korean cancer survivors and its related factors, Mastersthesi. Graduate School of Public Health. Seoul National University.
- Albers, G., Francke, A.L., Veer, A.J.E., de, Bilsen, J., Onwuteaka-Philipsen, B.D. (2014). Attitudes of nursing staff towards involvement in medical end-of-life decisions: a national survey study. *Patient Education and Counseling: 94*(1), 4-9.
- Al-Kindi, S. G., Zeinab, G. F., Hassan, A. A. (2014). Palliative care knowledge and attitude among oncology nurses. *American Journal of Hospice and Palliative Care Nursing*, 31(5), 469-74.
- Allender, J.A., Rector, C., & Warner, K.D. (2010). *Community Health Nursing, Promoting and Protecting The Public's Health*. Wolter Kluwer, Lippincourt, Williams.
- American Board of Internal medicine. (ABIM). (2008).
- American Nurses Association (ANA). (2001). Code of ethics for nurses with interpretive statements. Silver Spring, MD: Author.
- American Nurses Association. (2010). *Nursing: Scope and Standard of Practice*, 2nd edition. Silver Spring, Maryland
- American Nurses Association. (2014a). What is nursing? <http://www.nursingworld.org/EspeciallyForYou/What-is-Nursing>

- American Health Association. (2002)
- Amonprompukdee, A. (2004). *Caring behavior for terminally ill patient in health care institute*. Unpublished master's thesis, Burapha University, Chonburi, Thailand
- Aranda, S., & Kristjanson, L.J. (2004). Euthanasia – a clinical and professional issue for nurses, *Journal of Advanced Nursing*, *47*(6), 603–604,
- Arantzamendi, M., Addington-Hall, J., Saracibar, M., Richardson, A. (2012). Spanish nurses' preparedness to care for hospitalized terminally ill patients and their daily approach to caring, *18*(12), 597-605
- Arkell, S., & Bayliss-Pratt, L. (2007). How nursing students can make the most of their placements. *Nursing Times*, *103* (20), 26-27.
- Arman, M., & Rehnsfeldt, A. (2007). The "little extra" that alleviates suffering. *Nursing Ethics*, *14*(3), 372-384.
- Arnold, E., & Bogg, U.K. (1999). *Interpersonal Relationships Professional Communication Skills for Nurses*, 3rd edition. London: W.B. Saunders Company.
- Asadi-Lari, M., Tamburini, M and Gray D. (2004). Patients' needs, satisfaction, and health related quality of life: Towards a comprehensive model, *Health and Quality of Life Outcomes*, *2*:32.
- Attree, M. (2001). Patients' and relatives' experiences and perspectives of 'good' and 'not so good' quality care. *Journal of Advanced Nursing*, *33*(6), 456–466.
- Audit Commission, London. (1993). *What seems to be the matter: communication between hospitals and patients*. London: HMSO.
- Auerbach, C., F., & Silverstein L., B. (2003). *An introduction to coding and analysis. QUALITATIVE DATA*. New York University Press, Washington Square, New York.
- Australian Commonwealth department of health and Aged care. (2007).
- Aycock, M., & Boyle, D. (2009). Interventions to manage compassion fatigue in oncology nursing. *Clinical Journal of Oncology Nursing*, *13*(2), 183-191.
- Baid, H. (2006). The process of conducting a physical assessment: a nursing perspective. *British Journal of Nursing*, *15*(13), 710-714.
- Baile, L. (2007). The impact of staff behavior on patient dignity in acute hospital. *Nursing Times*. *103* (34), 30-34

- Bailey, P. H., & Tilley, S. (2002). METHODOLOGICAL ISSUES IN NURSING RESEARCH Storytelling and the interpretation of meaning in qualitative research. *Journal of Advanced Nursing*, 38(6), 574–583
- Bandura, A. (1989). Human Agency in Social Cognitive Theory. *American Psychologist*, 44, 1175-1184.
- Barnet, D., Street, A., & Love, A. 2006. Relationships between stressors, work supports and burnout among cancer nurses, *Cancer Nursing*; 29(94), 338-45.
- Barrerre, C. Durlin, A., & LaCoursiere, S. (2007). The influence of End-of-life education on attitudes of nursing students. *International Journal of Nursing Education Scholarship*, 5(1), article 11
- Barret, L., & Yates, P. (2002). Oncology/hematology: a study of job satisfaction, burnout and intention to leave the specialty, *Australian health journal* 25(3), 109-121
- Beaubien, J. M., & Baher, D. P. (2004). The use of simulation for training teamwork skills in health care: how low can you go? *Journal of Quality Health Care*, 13, 51-56.
- Becker, R. (2009). Palliative care 1: principles of palliative care nursing and end-of-life care. *Nursing Times*. 105(13), 14-6.
- Beckstrand, R. L., & Kirchoff, K. T. (2005). Providing end-of-life care to patients: Critical care nurses' perceived obstacles and supportive behaviors. *American Journal of Critical Care: An Official Publication, American Association of Critical-Care Nurses*, 14(5), 395-403.
- Belgacem, B., Auclair, C., Fedor, M.C., Brugnon, D., Blanquet, M., Tournilhac, O., Gerbaud, L. (2013). A caregiver educational program improves quality of life and burden for cancer patients and their caregivers: a randomized clinical trial. *European Journal of Oncology Nursing*, 17(6):870-6.
- Benner, P., & Wrubel, J. (1989). The primacy of caring: Stress and coping in Health and illness, *Association of Peri-operative Registered Nurses*, 48(6), 1189-1190.
- Bennis, W., & Nanus, B. (1985), *Leaders: the strategies for taking charge*. New York: Haper and Row, 24(4), 503-508
- Berg, L., & Danielson, E. (2007). Patient's and nurses' experiences of the caring relationship in hospital: an aware striving for trust. *Scandinavian Journal of Caring Sciences*, 21(40), 500-6.

- Berglund, M., Westin, L., Svanström, R., Sundler, J. A. (2012) Suffering caused by care—patients' experiences in hospital settings. *International Journal of Qualitative Studies on Health and Well-being*. doi: 10.3402/qhw.v7i0.1868.
- Berkman, L.F., Glass, T., Brissette, I., & Seeman, T.E. (2000). From social integration to health: Durkheim in the new millennium. *Journal of Social Science Medicine*. 51(6), 843-57.
- Bernama. (2015). Stem Influx of Foreign Labour into Malaysia. *Malaysian Trade Union Congress*.
- Bernard, L., Timothy Q., & James T. (1999). Discussing Palliative Care with Patients. *Annals of Internal Medicine*, 130(9), 744-74.
- Betcher, D.K. (2010). Elephant in the room project: Improving caring efficacy through effective and compassionate communication with palliative care patients. *Medical/Surgical Nursing*, 19(2), 101-105.
- Birkholz, G, Clement, P.T, Cox, R, & Gaume, A. (2004). Students' self- identified learning needs: a case study of baccalaureate students designing their own death and dying course curriculum. *Journal of Nursing Education*, 43, 36-39
- Blaikie, N., W., H., & Stacy, S. I. G. (1984). 'The generation of grounded concepts: a critical appraisal of the literature and a case study.' Paper presented at the European Symposium on Concept Formation and Measurement, Rome.
- Block, S. D. (2001). Perspectives on care at the close of life. Psychological considerations, growth, and transcendence at the end of life: the art of the possible. *JAMA*. 285(22), 2898–2905.
- Block, S.D. (2006). Psychosocial issues in end-of-life care. *Journal of Palliative Medicine*, 9, 751-72
- Bogdan, R.C., & Biklen, S. K. (1992). *Qualitative research for education: An introduction to theory and methods*: Boston: Ally & Bacon.
- Booth, K., Beaver, K., Kitchner, J., O' Neili, & Ferrell, C., (2004). Women's experience of information, psychosocial distress and worry after treatment for Gynaecological cancer, *Journal of Patient Education and Counseling*, 56(2), 225-232.
- Boon, C., P (2004). History and challenges of Palliative care in Malaysia. A selection of edited papers presented at a palliative care conference in Kuala Lumpur, Malaysia
- Botti, M., Endacott, R., Watts, R., Cairns, J., Lewis, K., & Kanny, A., (2006). Barriers in Providing Psychosocial Support for patients with Cancer, *An International Journal for Cancer Care*, 29(4), 309-316.

- Braitman, S., Bourbonnais, F., Cassey, A., Alain, D., & Fiset, V. (2007). Providing directions for change; assessing Canadian nursing standard learning needs. *International Journal of Palliative Nursing*, 13(5), 213-221
- Bramball, E. (2014). Effective communication skills in nursing practice. *Nursing Standard*, 29(14), 53-59.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101. ISSN 1478-0887. <http://dx.doi.org/10.1191/1478088706qp063oa>.
- Braun, M., Gordon, D. & Uziely, B. 2010. Associations between oncology nurses' attitudes toward death and caring for dying patients. *Oncology Nursing Forum*, 37(1), 43-49.
- Braungart, M. M., & Braungart, R. G. (2008). Applying learning theories to healthcare practice. In S. B. Bastable (Ed.), *Nurse as educator: Principles of teaching and learning for nursing practice* (pp. 51-89). Sudbury, MA: Jones & Bartlett.
- Breitbart, W., Rosenfeld, B., Gibson, C., et al. (2010) Meaning-centered group psychotherapy for patients with advanced cancer: a pilot randomized controlled trial. *Psychooncology*. 19(1), 21–28.
- Breitbart, W., Chochinov, H.M., & Passik, S. (1998). Psychiatric aspects of Palliative care. In D. Doyle, G.W.C. Hanks and N. MacDonald (Eds), *Oxford textbook of palliative medicine*. pp 933-954. Oxford, England Oxford University Press.
- Brennan, J. (2004). *Cancer in Context: A Practical Guide to Supportive Care*, Oxford: Oxford University Press.
- Brown, R.T., Freeman, W.S., Brown, R.A., Belar, C.D., Hersch, L., & Hornyak, L.M. et al. (2002). The role of psychology in health care delivery. *Professional Psychology: Research and Practice*, 33, 536-545.
- Brykczynska, G. (1997). *CARING THE COMPASSION AND WISDOM OF NURSING*, Arnold, a member of the Hodder headline group, Euston Road, London.
- Burton, M.V., Parker, R.W., & Farrell, A. (1995). A randomized controlled trial of preoperative psychological preparation for mastectomy. *Psycho-Oncology*. 4, 1-19.
- Buss, M. K., Lessen, D. S., Sullivan, A. M., Von Roenn, J., Arnold, R. M., & Block, R. R. (2011). Hematology/oncology fellows training in palliative care. Wiley online library, doi: 10.1002/cncr25952.
- Byock, I. (1997). *Dying well: Peace and Possibilities at the end of Life* Riverhead books.

- Cahill, H., A. (1996). A qualitative analysis of student nurses' experiences of mentorship. *Journal of advanced Nursing*, 24(4), 791–79.
- Caine, R. M., & Ter-Bagdasarian, L. (2003). Early identification and management of critical incident stress. *Critical Care Nurse*, *23(1)*, 59-65.
- Carlsen, K., Jensen, A. B., Jacobsen, E., Krasnik, M., & Johansen, C., (2005). Psychological aspects of lung cancer, *Lung Cancer*, *47(3)*, 293-300.
- Carter, A. J., & West, M. A. (1999). Sharing the burden: teamwork in healthcare settings. In Firth-Cozens, & R.L. Payne (Eds). *Stress in health professionals: psychological and organizational causes and interventions* (pp. 191-202). Chichester John Wiley and Sons.
- Chabeli, M. M. (2007). Facilitating critical thinking within the nursing process framework: a literature review. *Journal of Interdisciplinary Health Sciences*, *12(4)*
- Caton, A., & Klemm, P. (2006). Introduction of novice oncology nurses to end of life care. *Journal of Oncology Nursing*, *13(5)*, 213-221.
- Carlson, L.E., & Bultz, B.D. (2003). Benefits of Psychosocial oncology care, Improved quality of life and medical cost offset, *Health and Quality of life outcomes*, *10*, 1-8.
- Casey, A., & Wallis, A. (2011). Effective communication: Principle of Nursing Practice Education. *Nursing Standard*, *25 (32)*, 35-37.
- Chang, S.O. (2001). The conceptual structure of physical touch in caring. *Journal of Advanced Nursing*. *33(6)*, 820-827.
- Chapman, K & Rush, K. (2003). Patient and family satisfaction with cancer-related information: A review of the literature. *Canadian Oncology Nursing Journal*. *13(2)*, 107–116.
- Charalambous, A., Papastavrou, R., & Beadsmoore, A. (2006). Quality Nursing Care: a Selective Review of the Literature of Patients' and Nurses' Interpretations. *Hellenic Journal of Nursing Sciences*, *01(2)*.
- Chaturvedi, S.K. (2006). Problems of Implementing Psychosocial Care in Developing Countries: World Health Congress, 2006. Psychosocial Cancer Care and Treatment Effectiveness. Washington, DC, USA.
- Chouliara Z., Kearney N., Stott D., Molassiotis A., & Miller M. (2004a). Perceptions of older people with cancer of information, decision making and treatment: a systematic review of selected literature. *Annals of*

oncology : official journal of the European Society for Medical Oncology. 15, 1596–1602

- Chochinov, H.M., Tataryn, D. J., Wilson, K. G., Enns, M., & Lander, S. (2000). Prognostic awareness and the terminally ill, *Psychosomatics. 41*, 500-504.
- Christians, C.G. (2003). Ethics and politics in qualitative research. In Denzin, N.K. & Lincoln, Y. S. (eds). *The landscape of Qualitative Research: Theories and Issues* (2nd Ed.). Thousand Oaks: Sage Publications, 208-243.
- Christopher, K.A., & Hegedus, K, 2000. Oncology patients' and oncology nurses' perception of nurses caring behaviors, *European Journal of Oncology Nursing, 4*(4), 196-204.
- Clark, S.P., & Donaldson, N. E. (2007) Nurse Staffing and Patient Care Quality and Safety. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockwell, MD. Agency for Healthcare Research and Quality.
- Clinical Practice Guidelines for Quality Palliative Care. (2009), (2nd.Edition). *National Consensus Project for Quality Palliative Care*. Pittsburg, P.A.
- Clinical Practice Guidelines for the psychosocial care of adults with cancer (2003). *National health and Medical Research council*.
- Coulter, A., Entwistle, V., & Gilbert, V. (1999). Sharing decisions with patients: is the information good enough? *British Medical Journal. 318*(7179), 318–322.
- Cohen, M. Z., & Sarter, B. (1992), Love and work: Oncology nurses' views of the meaning of their work. *Oncology Nursing Forum, 19*(10), 1481-6.
- Comak, I., & Tihanyi, P. (2006). Meeting the mental needs and physical health care needs of carers. *Advances in Psychiatric Treatment, 12*(3), 162.
- Connolly, M., Thomas, J. M., & Orford, J. A. et al. (2014). Factors influencing communication skills in health care professionals. *Journal of Continuing Education in the Health Professionals, 34*(1), 37-46).
- Cooper, K., & Gosnell, K. (2015). *Foundation of nursing*, ELSEIVIER MOSBY. St Louis, Missouri.
- Cornbleet M. A, Campbell P, Murray S, Stevenson M., & Bond S. Patient-held records in cancer and palliative care: a randomized, prospective trial. *Palliative Medicine. 16*(3), 205-12.

- Corner, J., Halliday, D., Haviland, J., Douglas, H. R., Bath, P., & Clark D et al. (2003). Exploring nursing outcomes for patients with advanced cancer following intervention by Macmillan specialist palliative care nurses. *Journal of Advanced Nursing*, 41(6), 561-74.
- Costello, J. (2006). Dying Well: Nurses experiences of good and bad deaths in hospital. *Journal of Advanced Nursing*, 54(5), 594-601
- Craven, R. F., & Hirnle, J. C. (2003). *Fundamentals of Nursing, Human Health and Function*. (4thedition). Lippincott Williams & Wilkins.
- Craytor J.K., & Fass M .L. (1982). Changing nurses' perception of cancer and cancer care. *Cancer Nursing*, 5, 43-9.
- Creswell, J. W. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*, Thousand Oaks, California: SAGE Publication.
- Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd edition.). Thousand Oaks, CA: Sage.
- Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care: Volume I*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach, *BMC Medical Research Methodology* 11,100
- Cull, A., Steward, M., & Altman, D. G. 1995. Assessment and intervention for psychosocial problems in routine oncology practice, *British Journal of Cancer*, 72(1), 229-35.
- Daodee, S. (1994). *The study of nurses' self awareness and caring behavior for terminally ill patients*. Unpublished master's thesis, Mahidol University, Bangkok, Thailand.
- Daniel, R. (2004). *Nursing Fundamentals, Caring and Clinical Decision Making*. Thompson, Delmar Learning.
- David, A., & Banerjee, S. (2010). Effectiveness of "Palliative Care Information Booklet" in Enhancing Nurses' Knowledge, *Indian Journal of Palliative Care*, 16(3), 164–167.
- David, E.J., Per-Olof, S., & Birgit, R. (2003). Meanings of giving touch in the care of older patients: becoming a valuable person and professional, *Journal of Clinical nursing*. 12(4), 601-609.
- Davis, A. (2004). A Disabled Person's Perspective on Euthanasia, *Disability Studies Quarterly*, The first journal in the field of disability studies, 24, 3.

- Davis, B., & Oberle, K. (1990). Dimensions of supportive role of the nurse in palliative care. *Oncology Nursing Forum*, 17, 87-94.
- Dean, R. (1998). "Occupational stress in hospice care: causes and coping strategies". *American Journal of Hospice and Palliative Care*, 15(3), 151-154.
- Derdiarian, A. K. (1990). Effects of using systematic assessment instruments on patient and nurse satisfaction with nursing care. *Oncology Nursing Forum*, 17(1), 95-10.
- Deffner, J. M., & Bell, S. K. (2005). Nurses' death anxiety, comfort level during communication with patients and families regarding death, and exposure to communication education: a quantitative study. *21(1)*, 19-23.
- Denscombe, M. (1998). *The good research guide for small-scale social research projects*, Buckingham: Open University Press.
- De Schepper, A. M. E., Franche A.L., & Abu Saad, H. H. (1997). Feelings of powerlessness in relation to pain: Ascribed causes and reported strategies: A qualitative study among Dutch community nurses caring for cancer patients with pain. *Cancer Nursing Journal*, 20(6), 422-429.
- Dickinson, G. E., Clark, D., & Sque, M. (2008). Palliative care and end of life issues in UK pre-registration, undergraduate nursing programmes. *Nurse Education Today*, 28(2), 163-70.
- Docherty S. L., Chung, Thaxton, C., Allison, C Raymond C. Barfield, R. C., & Tamburro, R. F. (2012). The Nursing Dimension of Providing Palliative Care to Children and Adolescents with Cancer. *Clinical Medical Insights Pediatric*, 6, 75-88.
- Dowling, M. (2006). The sociology of intimacy in the nurse-patient relationship. *Nursing Standard*, 20(23), 48-54.
- Dunn, K.S., Otten, C., & Stephens, E. (2005). Nursing experience and the care of dying patients, 32(1), 97-104.
- Dunkel-Schetter, C., Blass & Blass, Ferrstein, L., & Herbert, T. (1992). *Elements of support interactions*. When are attempts to help effective? In helping and being Helped, Academy Press, New York, pp 83-111.
- Dunnice, U., & Slevin, E. (2000). Nurse's experience of being present with a patient receiving a diagnosis of cancer, *Journal of Advanced Nursing*, 32(3), 611-618.
- Duxbury, J. (2000). *Difficult Patients*. Reed Educational and Professional Publishing Ltd.

- Ebrahimi, H., Torabizadeh, C., Mohammadi, E., Valizadeh, S. (2012). Patients' perception of dignity in Iranian healthcare settings: a qualitative content analysis. *Journal of medical ethics*, 38(12), 723-728.
- Elizabeth, B. (2001). The use of Human Touch to Improve the Well-Being of Older Adults: A Holistic Nursing Intervention. *Journal of Holistic Nursing*, 19(3), 256-270.
- Ellershaw J., & Ward C. (2003). Care of the dying patient: the last hours or days of life. *British Medical Journal*, 4326(7379), 30-4.
- Emami, A., & Nasrabadi, A.N. (2007). Two approaches of nursing: A study of Iranian nurses. *International Nursing Review*, 54, 137-143.
- Erikson, E., & Lauri, S (2000). Informational and emotional support for cancer patients. *European Journal of cancer Care*, 9, 8-15.
- Erickson, H. C., Tomlin, E. M., & Swain, M. A. (1983). *Modelling and role modeling: A theory and paradigm for nursing*. Englewood Cliffs NJ: Prentice Hall.
- Erlandson, D.A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing Naturalistic Inquiry: A guide to methods*. Newbury Park, C.A. Sage.
- Expatriate Lifestyle Editorial Team. (2013).
- Fabregas, L. (2012), *Nurses are too busy to check on patients*. TribeLive News Pittsburgh, News Source.
- Fallowfield, I., Saul, J., & Gilligan, B. (2001). Teaching senior nurses how to teach communication skills in oncology', *Cancer Nursing*, 24, 185-91.
- Faulkner, A., & Maguire, P. (1994). *Talking to Cancer Patients and Their Relatives*, Oxford University Press, Oxford.
- Feldman, B. N., & Broussard, C. A. (2006) Men's adjustment to their partners' breast cancer: a dyadic coping perspective. *Health Social Work*, 31(2), 117-27.
- Feldstein, M.A., & Gemma, P.B. (1995).Oncology nurses and chronic compounded grief. *Cancer Nursing*, 18(3), 228-36.
- Ferrell, B.R., Grant, M., & Virani, R. 1999. Strengthening nursing education to improve end-of-life care. *Nursing Outlook*, 47, 252-256.
- Ferlay, J., Shin, H. R., Bray, F., Forman, D., Mathers, C., & Parkin, D. M. (2010). Estimates of worldwide burden of cancer, GLOBOCAN, 2008, *International Journal of Cancer*, 127(12), 2893-2917.

- Field, M.J., & Canel, C.K. (1997). *Approaching Death: Improving Care at the End of life*. Washington DC: National Academy Press.
- Firth, S. (2001). *Wider horizons* London: *National Council for hospice and specialist palliative care services*.
- Fitch, K., & Tyler, J. (2006). Hearing culture in relational narratives: Modern Love and Vows in the New York Times. *National Communication Association*, San Antonio.
- Fourie, I. (2008). Information needs and information behavior of patients and family members in a cancer palliative care setting: an exploratory study of an existential context from different perspectives. *Information Research*, 13(4).
- Frost, M. H., Brueggen, C., & Mangan, M., (1997). Intervening with psychosocial needs of Patients and families: Perceived importance and skills level, *An International Journal of cancer Nursing*, 20(5), 350-358.
- Galanti, G, A., (2004). *Caring for patients from Different Cultures* (3rded.). Philadelphia: University of Pennsylvania Press.
- Galloway, S. C., & Graydon, J. E. (1996). Uncertainty, symptom distress, and information needs after surgery for cancer of the colon. *Cancer Nursing*, 19(2), 112-117.
- Ganz, P.A. (2009). Quality of care and cancer survivorship; the challenges of implementing the institute of Medical recommendation. *Journal of Oncology Practice*, 5(3), 101-105.
- Gardiner, C. Cobb, M. Goh, M., & Ingelton, C. (2010). Barriers to providing palliative care for older people in acute hospitals. *Oxford Journal of Medicine and Health, Age and Ageing*, 40(2), 233-238.
- Georges J. (2004). The politics of suffering: The lived experiences of nursing students. *Journal of Nursing Education*, 42(2), 59-67.
- Glajchen M. (2004). Emerging role and needs of family caregivers in cancer care. *Journal of Supportive Oncology*, 2 (2), 145-55.
- Glaser, B.G., & Strauss, A.L. (1967). *The Discovery of Grounded Theory*. Chicago, Aldine.
- Gokenbach, V. (2013). Teamwork and Patient Care Go Hand in Hand in Nursing. *Nursetogether.com*. <http://www.nursetogether.com/teamwork-in-nursing-for-patients#sthash.2o23TldM.dpuf>.

- Gordon, S. (2005). *Nursing against odds: How health care cost cutting, media stereotypes and medical hubris undermine nurses and patient care*. Ithica, New York: Cornell University
- Gordon, S. (2006). What do nurses really do? Topics in advanced practice eJournal. <http://www.medscape.com/viewarticle/520714>
- Grant, I., Downing, J., Namukya, E., Leng, M., & Murray, S.A, (2011). Palliative care in Africa since 2005: good progress but much further to go. *British Medical Journal of Support Palliative Care*, 1, 118-122.
- Green, D., S. et al., (2005). Nurses communication of prognosis and indications for hospice referral. *American Journal of Critical Care*, 14, 64-70.
- Guba, E. G., & Lincoln, Y.S. (1989). Fourth generation evaluation, Newbury Park: Sage 1989.
- Gunaratnam, Y. (2007). Improving the quality of palliative care. London: *Race Equality Foundation*.
- Hack, T. F., Degner, L. F., & Parker, P. A. (2005). The communication goals and needs of cancer patients: a review. *Psycho-Oncology*, 14(10), 831-845; discussion 846-837.
- Hagbaghery, M. A., Salsali, M., & Ahmadi, F. (2004). The factors facilitating and inhibiting effective clinical decision-making in nursing: a qualitative study. *BioMedical Central Nursing*, 3:2. doi: 10.1186/1472-6955-3.
- Hago, F., Alemseged, F., Balcha, F., Berhe, S., & Aregay, A. Application of Nursing Process and Its Affecting Factors among Nurses Working in Mekelle Zone Hospitals, Northern Ethiopia. *Nursing Research and Practice*, Article ID 675212.
- Hall, L., Jaeger, C., McCoig, M., Scott, S., Cox, K.R., & Brandt, J. (2007). Improving the root cause analysis process to promote a blame-free culture for learning about patient safety. Abstract presented at the 13th Annual Scientific Symposium on Improving Quality and Value in Health Care.
- Hallstrom I., & Elander G (2001). A comparison of patient needs as ranked by patients and nurses. *Scandinavian Journal of Caring Science*, 15, 228-234.
- Halldorsdottir, S., & Hamrin, E., (1996). Caring and uncaring encounters within nursing and health care from the cancer patient's perspective. *An International Journal of Cancer Nursing*, 20(2), 120-128.
- Hamric, A.B., Spross, J. A., & Hanson, C.M. (2005). *Advanced Practice Nursing: An Integrative Approach*. (3rd. Ed). St. Louis: Elsevier Saunders.

- Hanna, D. R., & Romana, M. (2007). Debriefing after a crisis. *Nursing Management*, (8), 39-47.
- Hanna, A. F., & Suplee, P. A. (2012) Don't cross the line: Respecting professional boundaries. *Nursing*, (42) 9, 40 – 47.
- Hanson, L. C. (2004). Palliative Care: Innovation in Care at the End of Life. What is Wrong with Healthcare at the End of Life? *National Cancer Medical Journal*, 65, 4.
- Hargie, O., & Dickson, D. (2004). *Skilled Interpersonal Communication Research, Theory and Practice* (4th edn). East Sussex. Routledge
- Harkreader, H., & M. A. (2004). *Fundamentals of Nursing: Caring and Clinical Judgment*. Elsevier Science, USA.
- Harper, D. (1992). Small N's and Community case studies. In C. Ragin & H. Becker (Eds.), *What is a case? Exploring the foundations of social inquiry* (pp. 139-158). New York: Cambridge University Press.
- Hatijah Yusoff. (2000). *Caring for carers: The challenge for retaining registered nurses in the public sector*. Kuala Lumpur: Institute of postgraduate studies and research.
- Heaven, C. M., & Maguire, P. (1997). 'Disclosure of concern by hospice patients and their identifications by nurses'. *Palliative Medicine*, 11(4), 283-90
- Hegedus, P., Zana, P., & Szabo, G. (2008). The influence of end of life education on attitudes of the nursing students. *International Journal of Nursing Education Scholarship*, 5(1), 1-18.
- Hegel, M. T., Moore, C.P., Collins, E. D., Rearing, J., Clay, K.F., & Ahles, T.A. (2006). Distress, psychiatric syndromes and impairment of function in women with newly diagnosed breast cancer. *Cancer*, 107(12), 2924-2931.
- Hem, M. H., & Heggen, K. (2004). Is compassion essential to nursing practice? *Contemporary Nurse*, 17(1-2), 19-31.
- Henderson, V. (1978). The Concept of Nursing, *Journal of Advanced Nursing*, 3(2), 113-130.
- Herbert, K., Moore, H., & Rooney, J. (2011). The Nurse Advocate in End-of-Life Care. *Nursing*, 11(4), 325-9.
- Herth, K. A., & Cutcliffe, J.R. (2002). *The concept of hope in nursing 6: Research/education/policy/practice*. *British Journal of Nursing*, 11(21), Proquest Nursing & Allied Health Source, 1404.
- Hinselwood, R., D., & Skogstad, W. (2000). *Observing Organizations*, London: Routledge.

- Ho, T.Barbero, E. Hidalgo, C., & Camps, C. (2010). Spanish nephrology nurses' views and attitudes towards caring for dying patients. *Journal of Renal Care*, 36, 2–8.
- Hodges, L. L., Humphris, G. M., & Macfarlane, G. (2005). A meta-analytic investigation of the relationship between the psychological distress of cancer patients and their carers. *Social Science and Medicine*, 60(1), 1-12.
- Hodgkinson, K., & Gilchrist, J. (2008). Psychooncology care of cancer Patients, *Ausmed*
- Holland, J., & Rowland J (1989). Psychological Care of Patient with Cancer, New York, Oxford University Press.
- Holland J.C. (1999). NCCN practice guidelines for the management of psychosocial distress. *Oncology*, 13,113-47.
- Holland, J. (2010). Management of Distress in Cancer Patients, *Journal of Supportive Oncology*, 8(1).
- Holroyd.E., Cheung, Y.K., Cheung, S.W., Luk F.S., & Wong, W.W. (1998).A Chinese cultural perspective of nursing care behaviors in an acute setting.*Journal of Advanced Nursing*, 28(6),1289-1294.
- Honea, N. J., Brintnall, R., Given, B., Sherwood, P., Colao, D.B., Somer,S.C., & Northouse, L.L., (2008).Putting Evidence into Practice: nursing assessment and interventions to reduce family caregiver strain and burden, 12(3), 507-16.
- Hottersen D. (2010). Anticipatory grief in patients with cancer. *Cancer*, 14(1), 106-7.
- Houts, P.S., Nezu, A. M., & Nezu, C. M et al., (1996).The prepared family caregiver.A problem – solving approach to family caregiver education. *Patient Education Counsellor*, 27(1), 63-73.
- Howard, D.M. (1988). The effects of touch in the geriatric population. *Physical and Occupational Therapy in Geriatrics*, 6(2), 35-50
- Hudson, P. I., Aranda, S., & Kristjanson, L. J. (2004). Meeting the Supportive Needs of family Caregivers Palliative Care: Challenges for Health Professionals, *Journal of Palliative medicine*, 7(1), 19.
- Hudson, R., & Richmond, J. (2002). Living, *Dying. Caring: life and death in a nursing home*.Australian health Education Publication Systems Pty Ltd, Ausmed Publications, Australia.

- Hughes, R.G. (2008). *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Patients at the "Sharp End" of Patient care. Rockville (MD). Agency for Healthcare Research and Quality.
- Iconomou, G., Viha, A., Koutras, A., Vagenakis, A. G., & Kalofonos, H.P. (2002). Information needs and awareness of diagnosis in patients with cancer receiving chemotherapy: a report from Greece. *Palliative Medicine*, 16, 315-321.
- Iramanesh, S., Rayyani, M., & Forousy M.A. (2012). Caring at the end of life: Iranian nurses' view and experiences, *Journal of Education and Practice*, 2(2), 9.
- Institute of Medicine (US). (2006). Committee on Psychosocial Services to Cancer Patients/Families in a Community Setting; Adler NE, Page AEK, editors. Washington (DC): National Academies Press (US); 2008.
- Institute of Medicine. (1994). *National Academy Press, Washington, D.C.*
- Izumi S., Baggs J.G., & Knafk K. A. (2010). Quality nursing care for hospitalized patients with advanced illness: concept development, 33 (4), 299-315.
- Jacelon, C. S., (2003). "The dignity of elders in an acute care hospital", *Qualitative Health Research*, 13, 501-508.
- Jackson D., & Borbasi S. (2002). *The caring conundrum: should caring be the basis of nursing practice and scholarship?* In: Daly J, Speedy, Jackson D., Darbshire P (eds.). Contexts of nursing: an introduction. Blackwell, Oxford.
- Jansen J, Van Weert J.C.M., Van Dulmen, A.M., Heeren, T.J., & Bensing J.M., (2007). Patient education about treatment in cancer care. An overview of the literature on older patients' needs. *Cancer Nursing*, 30, 251-260.
- Jassak, P. F. (1992). Families: an essential element in the care of the patient with cancer. *Oncology Nursing Forum*, 19(6), 871-876.
- Jefford, M., Karaholios, F., Polland, A., Baraveli, C., Carey, M., Franklin, J., Aranda, S., & Schofield, P. (2008). Survivorship issues following treatment completion—results from focus groups with Australian cancer survivors and health professionals. *Journal of Cancer Survivorship*, 2, 20-32.
- Jensen, A., & Lidell, E (2009). The influence of conscience in nursing. *Nursing Ethics*, 16(1), 31-42.
- Johnson, B., & Smith, L. (2006). Nurses' and patients' perceptions of expert palliative nursing care. *Journal of Advanced Nursing*, 54(6), 700-709.

- Joint Commission on Accreditation of Healthcare Organizations (JCOHA), (2002). *Health Care at the Crossroads, Strategies for Addressing the Evolving Nursing Crisis*.
- Jourard, S. M. (1971). *The Transparent Self*. Van Nostrand Reinhold, New York.
- Kabinga, M., & Banda S. S. (2010). A Conceptual Review of the Demands of chronic care and the Preparedness of Nurses trained with the General Nursing Council of Zambia Curriculum. *Medical Journal of Zambia*, 35(3).
- Kassa, H., Murugan. R., Zewdu, F., Hailu, M., & Woldeyohannes, D. (2014). Assessment of knowledge, attitude and practice and associated factors toward palliative care among nurses working in a selected hospital Addis, Ababa, Ethiopia. *BioMedical Central, Palliative Care*, 13, 6.
- Kai, J.J., Beavan, C., Faull, L., Dodson, P., & Beighton C. (2007). "Professional Uncertainty and Disempowerment; Responding to Ethnic Diversity in Health Care: A Qualitative Study." *PLoS Medicine*, 4(11), 323.
- Kalish, B.J., Weaver, S. J., & Salas, E. (2009). What does nursing teamwork look like? A Qualitative study. *Journal of Nursing Quality*, 24 (4), 298-307.
- Keitel, M. S., Zevon, M. A., Rounds, J. B., Petrelli, N. J., & Karakousis, C. (1990). Spouse adjustment to cancer surgery: distress and coping responses. *Journal of Surgical Oncology*, 43, 143-153.
- Kemp, C. (1999). *Terminal illness: A Guide to nursing care*, (2nd edition.). Lippincourt Williams and Williams.
- Kendall, S. (2007). Witnessing tragedy: Nurses' perceptions of caring for patients with cancer. *International Journal of Nursing Studies*, 13, 111–20.
- Kim, Y., & Given, B. A. (2008). Quality of life of family caregivers of cancer survivors: Across the trajectory of illness, *Cancer*, 112, 2556-2568.
- King, I. M. (1981), *A theory for Nursing system, concepts and process*, John Willey and Sons.
- King, P. & Jordan-Welch, M. (2003). Nurse-assisted suicide: Not an answer in end-of-life care. *Issues on Mental Health Nursing*, 24(1), 45-57.
- Kinsella, G., Cooper, B., Picton, C., & Murtagh, D. (2000). Factors influencing outcomes for family caregivers of persons receiving palliative care: Toward an integrated model. *Journal of Palliative Care*, 16(3), 46-54.

- Kirchohoff, K.T., & Beckstand, R. L. (2000). Critical care nurses' perception of obstacles and helpful behaviors in providing end of life care to dying patients. *American Journal of Critical Care*, 9(2), 96-105.
- Kochinda, C. (2007). Patients' Perception of Nurses' Caring and Uncaring Behaviors in Japan: From a Perspective of Motivation to Help Theory, Department of Adult Health Nursing, Nagano College of Nursing, Nagano, Japan.
- Kotronoulas, G., Papadopoulou, C., & Patiraki, E. (2009). Nurses' knowledge, attitudes and practices regarding provision of sexual health care in patients with cancer: critical review of the evidence. *Support Care Cancer*, 17(5), 479-501.
- Kozier, B., Erb, G., Blais, G., & Wilkinson, J. M. (1998), *Fundamentals of nursing, concepts, process and practice*. (6thed.). Upper Saddle River, New Jersey Prentice Hall Health.
- Kneale, J, Davis, P., & Powell, M (2005). Orthopedic and Trauma Nursing (2nd ed.). Churchill Livingstone.
- Krasner D (2000) Qualitative research: a different paradigm-part 1. *Journal of Wound, Ostomy and Continence Nursing*, 28, 70–72.
- Krimshtein, N.S., Luhrs, C. A., Puntillo, K. A., Cortez, T. B., Livote, E.E., Renrod, J. D., & Nelson, J.E. (2011). Training nurses for interdisciplinary communication with families in the intensive care unit: An intervention. *Journal of palliative Medicine*, 14, 1325-1331.
- Krishnasamy, M. (1996). Social support and patient with cancer: a consideration of the literature. *Journal of Advanced Nursing*, 23(4), 757-762.
- Kruijver, I.P.M., Kerkstra, A., Bensing, J. M., Wiel, H.B.M., Van de. (2001). Communication skills of nurses during interactions with simulated cancer patients. *Journal of Advanced Nursing*, 34, 772-779.
- Kruijver, I.P.M., Garner, B., Visser A. P., & Kuijter A. J. (2006). Signalling psychosocial problems in cancer care, The structural use of a short psychosocial checklist during the medical or nursing visits. *Journal of Patient Education and Counseling*, 62(2) 163-177.
- Kumar, S. (2005).Community programmes in palliative care: What have we learned? *Indian Journal of Palliative Care*, 11, 55-57.
- Kuo, H. T., & Huang, I. C. (2010, July).The mediating role of job satisfaction on work stress and turnover intention among nurses in community-based long-term care facilities.*Sigma Theta Tau International's 21st International Nursing Research Congress*, Florida, United States of America.

- Kurz, J., & Haya, E. (2006). End of life issues action: impact of education, *International Journal of Nursing Education Scholarship*, 3(1), 18.
- Kushnir, T., Rabin, S., & Azulai, S. (1997). A discipline study of stress management in a group of pediatric oncology nurses. *Cancer Nursing*, 10(6), 414-421.
- Kwekkeboom, K.L., Vahl, C., & Eland, J. (2005). Companionship and education: A nursing student experience in palliative care. *Journal of Nursing Education*, 44, 169-76.
- Landsbergis, P. A., Schnall, P. L., Diertz, D., Friedman, R., & Pickering, T. G. 1992. The patterning of psychological attributes and distress by job strain and social support in a sample of working men. *Journal of Behavioral Medicine*, 15, 379-405.
- Langdrige, D. (2007). *Phenomenological psychology: Theory, research and method*. London: Person Education Limited.
- Larkin, M., & Giffiths, D. (2004). 'Dangerous Sports and Recreational Drug Use: Rationalizing and Contextualizing Risk'. *Journal of Community and Applied Social Psychology*, 14(4), 215-232.
- Larrabee, J. H., Janney, M. A., Ostrow, C. L., Withrow, M. L., Hobbs, G. R., & Jr, Burant C. Predicting registered nurse job satisfaction and intent to leave. *Journal of Nursing Administration*, 33(5), 271-83.
- Larsson, I. E., Sahlsten, J. M., Segesten, K., & Plos, K.A. E. (2011). Patient's perception of nurses' behavior that influences patients' participation in nursing care; A Critical Incident Study. <http://dx.doi.org/10.1155/2011/534060>.
- Leach, M. J. (2008). Planning: a necessary step in clinical care. *Journal of Clinical Nursing*, 17(13), 1728–1734.
- Le Blanc, P.M., Hox, J.J., Schaufeli, W.B., Taris, T.W., & Peeters, M.C. (2007). Take care! The evaluation of a team-based burnout intervention program for oncology care providers. *Journal of Applied Psychology*, 92(1):213-27.
- Ledesma-Delgado, M. E., & Mendes, M. M. R. (2009). "The nursing process presented as routine care actions: building its meaning in clinical nurses' perspective," *Revista Latino-Americana de Enfermagem*, 17(3), 328–334.
- Legg, M.J., (2006). What is care and how can nurses better provide it to adult oncology patients? *Australian Journal of Advanced Nursing*, 28(3), 61-67.

- Leinonen, T., Leino-Kilpi, H., & Stalberg, M. R. (2001). The quality of peri-operative care: Development of a tool for the perceptions of patients. *Journal of Advanced Nursing*, 35(2), 294-306.
- Leininger, M. M., & McFarland, M. R. (2006). *Culture Care Diversity and Universality: A Worldwide Nursing Theory*. Boston: Jones and Bartlett Publishers.
- Leonard M, Graham, S., & Bonacum, D. (2004).The human factor: the critical importance of effective teamwork and communication in providing safe care. *Quality and Safety in Health Care*, 13(1), 185–190.
- Leung, S.K., Spurgeon, P.C., & Cheung, H.K. (2007). Job satisfaction and stress among ward-based and community-based psychiatric nurses. *Hong Kong Journal of Psychiatry*, 17(2), 45-55.
- Lev, E. L. (1994).Issues for the nurse caring for the dying patient. *Oncology Nursing: Patient Treatment and Support*, 1(1), 1-10.
- Levinson, W, Gorawa-Bhat., & Lamb, J. (2000).A study of patient clues and physician responses in primary care and surgical settings. *JAMA*, 284, 1021-1027.
- Liao, Y.C., Liao, W.Y., Shun, S.C., Yu, C.J., Yang, P.C., &Lai, Y.H. (2011) Symptoms, psychological distress, and supportive care needs in lung cancer patients. *Support Care Cancer*.19(11), 1743-5.
- Liascheko, J., & Fisher, A. (1999).Theorizing the knowledge that nurses use in the conduct of their work. *Scholarly Inquiry for nursing practice: An international journal*, 13(1), 29-41.
- Lim, B., L. (2010). Palliative care services operational policy. Ministry of Health, Malaysia.
- Lin, J.Y. (1998). A future perspective of the development of nursing in China towards the twenty-first century. *Hong Kong Nursing Journal*, 34(7), 35-37.
- Lincoln, Y.S., & Guba, E.G (1985).*Naturalistic Enquiry*. Thousand Oaks, CA: SAGE Publications.
- Liu, Y.L., Wang, G. L., & Ren, X. Y. (2004). Indicators of nursing care: Investigation of inpatients' perceptions (in Chinese). *Chinese Journal of Nursing*, 39(4), 641-643.
- Liu, J. E., Mok, E., & Wong, T. (2006).Caring in nursing: investigating the meaning of caring from the perspective of cancer patients in Beijing, China. *15(2)*, 188-96.

- Loftland, J., & Loftland, L. H. (1995). *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis* (3rd. ed.). Belmont: Wadsworth Publishing Company.
- Loo, S. B., & Leap, H. L. (2012). Job stress and coping mechanisms among nursing staff in Public Health Services. *International journal of Academic research in Business and Social Sciences*, 2, (7).
- Lu, H., While, A. E., & Barriball, K. L. (2005). Job satisfaction among nurses: a literature review. *Journal of International Nursing Studies*, 42(2), 211-27.
- Lumby, J. (2004). Unheard cries from within the hospital. *Sydney Morning Herald*, 11, 15.
- Lunny, J.R., & O'Mara, A. (2001).The end of survival journey. *Seminars in Oncology Nursing*, 17, 274-278.
- Lynn, M.R., & McMillen, B.J. (1999). Do nurses know what patients think is important in nursing care? *Journal of Nursing Care Quality*, 13(5), 65-74.
- Lynn, J. (2005). Living long in fragile health: The new demographics shape end of life care. In *Improving end of life care: Why has it been so difficult?* Centre Report, *Special Report*, 35(6), S14–S18.
- Lyons, E., & Coyle, A, (2008). *Analyzing Qualitative Data in Psychology*, SAGE publications Ltd, London.
- Macquire, P., & Pitceathly, (2003).Improving the psychological care of cancer patients and their relatives: The role of specialist nurses, *Journal of Psychosomatic Research*, 55(5), 469-474.
- MAKNA, (Malaysian Cancer Council). (2007). Exercise against Cancer.
- Mallet, J. (1990).Communication between nurses and post-anaesthetic patients. *Intensive Care Nursing*, 6, 45-53.
- Mallory, J.L. (2003).The impact of a palliative care educational component on attitudes toward care of the dying in undergraduate nursing students. *Journal of Professional Nursing*, 19(5), 305-312.
- Manosilapakorn, C. (2003). *Thai nurses' attitude, knowledge, ethical dilemmas, and clinical judgment related to end-of-life care in Thailand*. Unpublished doctoral dissertation, George Mason University (UMI No. 3086708).
- Marquis, B. L., & Huston, C.J. (2003).*Leadership roles and management functions in nursing: Theory and application*. Philadelphia: Lippincott Williams & Wilkins.

- Matterson, M.T., & Ivancevich, J.M. (1987). *Controlling work stress: Effective human resource and management strategies*. Jossey-Bass, San Francisco. ISBN: 1-55542-062-1.
- Maxwell, J. A. (2012). *A realistic approach for qualitative research*. Thousand Oaks, CA: Sage.
- May, L. (1983). "On Conscience" *American Philosophical Quarterly*, 20, 57-67.
- Maykut, P., & Morehouse, R. (1994). *Beginning qualitative research: A philosophical and practical guide*. London: The Falmer Press.
- McCabe, C., & Timmins, F. (2006). *Communication Skills for Nursing Practice*. Palgrave Macmillan, Houndsmill, Basingstoke, Hampshire.
- McCance, T. V., McKenna, H.P., & Boore, J.R.P. (2001). Caring: theoretical perspective of relevance to nursing. *Journal of Advanced Nursing*, 30(6), 1388-1395
- McCloskey, J., C., & Bulechek, G. M. (2000). *Nursing Intervention classification (NIC)* (3rd. ed.) St. Louis, Mosby.
- McDonald, M. V., Passik, S. D., Dugan, W. Rosenfeld, B., & Edgerton S.E (1999). Nurses' recognition of depression in their patients with cancer. *Oncology Nursing Forum*, 26(3), 593-9.
- McGrath, P. A. (1999). Chronic pain in children: In: Crombiel, Croft, P, Linton, S, LeResche L, Von Kroff M (Eds). *Epidemiology of Pain*, Seattle: IASP Press, 81-101.
- Mckay, M. Davis, M., & Fanning, P. (1995). "Expressing ". In J. Steward (ed.), *Bridges not walls*, (7th edn). Boston: McGraw Hills.
- Mehnert, A., & Koch, U. (2005). Psychosocial care of cancer patients – International differences in definitions, health structural therapeutic approaches. *Journal of Cancer Nursing*, 13(8), 579-588.
- Mehtora, S. (2008). Psycho-Oncology Research in India: Current status and future directions. *Journal of the Indian Academy of Applied Psychology*, 34(1), 7-18.
- Mehrabian, A. (1972). *No- verbal communication*, Chicago IL: Aldine Atherton.
- Meier, D.E., & Beresford, L. (2006). Preventing burnout. *Journal of Palliative Medicine*, 9(5), 1045-8.
- Mellon, S., Northouse, L. L., Weiss, L. K. A. (2006). A population-based study of the quality of life of cancer survivors and their family caregivers. *Cancer Nursing*, 29(2), 120-31.

- Mendyczka, B. (2000). Exploring Culture in Nursing: A theory driven practice, *Holistic Nursing Practice*, 15, 32-41.
- Mendez, D.M.B. (2010). *Far Beyond the Titles Nurses' Notes*. Dubai, United Arab Emirates.
- Meng, M, Xiuwei, Z., & Anli J. (2011). A theoretical framework of caring in the Chinese context: a grounded theory study. *Journal of Advanced Nursing*, 67(7), 1523-1536.
- Merriam, S. B. (1988). *Case Study Research in Education: A Qualitative Approach*. San Francisco: Jossey-Bass.
- Merriam, S. B. (1998). *Qualitative Research and Case Study Applications in Education*. San Francisco: Jossey-Bass.
- Merriam, S. B. (2002). *Qualitative Research in practice: Examples for discussion and Analysis*. San Francisco: Jossey-Bass.
- Meyer, C.R. (1996). Medicine's melting pot. *Minn Medical*, 79(5), 5.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis (2nd edition)*. Thousand Oaks, CA: Sage Publications.
- Miller, G. E. (1990). The assessment of clinical skills/competence/performance., *Academic Medicine*, 65(9).
- Miller, G. E. (2000). *Coping with chronic illness: overcoming powerlessness* (3rded.) Philadelphia: FA Davis.
- Miller, K. (2009). *Medical and Psychological Care of Cancer Patient*. Sudbury, MA; Jones & Bartlett.
- Ministry of Health, Malaysia (2011), Country Health plan, 10th Malaysian Plan (2011-2015).
- Mitchell, P.H., Ferketich S., Jennings B.M., & American Academy of Nursing Expert Panel on Quality Health Care (1998) Quality health outcomes model. *Image: Journal of Nursing Scholarship*, 30, 43–46.
- Moreton-Cooper, A. (1984) "The end of the rope", *The Nursing Mirror*, 159, 16-19.
- Mok, E., & Chiu, P.C. (2004), Nurse-patient relationships in palliative care. *Journal of Advanced Nursing*, 48(5), 475-483.
- Morrison, P. (1991). Patients' experience of being cared for. 90 Tottenham, Court Road, London.

- Morse, J. M., & Richards, L. (2002). *Readme first for a reader's guide to qualitative methods*. Thousand Oaks, CA: Sage
- Mosby's Medical dictionary, (2009). (8thed.). @ 2009, Elsevier.
- Munn-Giddings, C., Hart, C., & Ramon, S. (2005). A participatory approach to the promotion of well-being in the workplace: lessons from empirical research. *International review of Psychiatry*.
- Mullard, E. (2005). Presenting: the unseen therapeutic relationship, In Nyatanga, B., Astley Pepper, M. (eds). *Hidden Aspects of Palliative Care*, Salisbury: Quay Books.
- Mutto, E.M., Cantoni, M. N., Rabhansl, M. M., & Villar, M. J. (2012). A perspective of End-of Life care education in undergraduate medical and nursing students in Buenos Aires. Argentina. *Journal of Palliative Medicine*, 15, 93-98.
- Nashrath, M., Akkadechanunt, T., & Chontawan, R. (2011). Perceived nursing service quality in a tertiary care hospital, Maldives. *Nursing and Health Sciences Journal*, 13, 495-501.
- National Cancer Institute. (2004). Living Beyond Cancer: Finding a New Balance President's Cancer Panel 2003–2004 Annual Report. National Cancer Institute National Institutes of Health U.S. Department of Health and Human Services.
- National Palliative Care Research Center. (2013). *Without research, palliative care is an art, not a science*.
- Naughton, C., Bennett, K., & Feely, J. (2006). Prevalence of chronic disease in the elderly based on a national pharmacy claims database. *Age and Ageing*, 35(6), 633-636
- Nelson, J. E., Mercado, A. F., Camhi, S. L., Tandon, N., Wallenstein, S., Gary I. & Morrison, R. S. (2007). Communication About Chronic Critical Illness. *Archives of Internal Medicine, JAMA*, 167(22), 2509-2515.
- Nelson, D. (2001). *From the Heart Through the Hands. The power of Touch in Caregiving*. Forres, Findhorn, England.
- Newlin, N. J., & Wellisch, D.K. (1978). The oncology nurse: Life on an emotional roller coaster. *Cancer Nursing*, 1 (6), 447-449.
- Nicholas, K. A. (1993). *Psychological Care in Physical Illness, 2nd edition*. Chapman and Hall, London.
- Northouse, P. G. (2010). *Leadership: Theory and practice (5th ed.)*. Thousand Oaks, CA: Sage.

- Ojwang, B.O., Ogutu, E.A., & Matu, P.M. (2010). Nurses impoliteness as an impediment to patient's rights in selected Kenyan hospital. *Health Human Rights, 15; 12(2)*, 101-17.
- Oliver, S.M. (2014). End of Life Quality Measures, Master of Social Work Clinical Research Papers, Paper 370. St. Catherine, University of St. Thomas.
- Oncology Nursing Society (ONS). (2010). Position statement on Nurses' *Responsibility to Patients Requesting Assistance in Hastening Death*.Pittsburg, PA.
- Orem, D. E. (1985).NURSING: *NURSING: CONCEPTS OF PRACTICE*, McGraw-Hill, ISBN: 0070475253, 9780070475250
- Osborn, R. L., Demoncada, A.C., &Feuerstein, M. (2006). Psychosocial interventions for depression, anxiety, and quality of life in cancer survivors: meta-analyses. *International Journal of Psychiatry Medicine, 36*, 13–34.
- Oxford dictionary, (1964).University Press, Ely House, London W.I.
- Paddy, M. (2011). Understanding nurse and patient perceptions of a 'good death' *CLINICALREVIEW*.<http://endoflifejournal.stchristophers.org.uk/clinicalreview/understanding-nurse-and-patient-perceptions-of-a-good-death>.
- Palliative care services operational policy. (2010). Medical Development Division, Ministry of Health, Malaysia.
- Park, C.H., Shin, D.W., Choi, J. Y., & Kang, J. et al., (2012).Determinants of the burden and positivity of family caregivers of terminally ill cancer patients in Korea. *Psycooncology, 21(3)*, 282-90.
- Parker, M. E., & Smith M. C. (2010). Nursing Theories and Nursing Practice. (3rded.). F.A. Davis Co.
- Parker, A. M., Bruine de Bruin, W., &Fischhoff, B. (2007). Maximizers versus satisficers: Decision making styles, competence, and outcomes. *Judgment and Decision Making, 2*, 342–350.
- Parahoo, K. (2006).*Nursing research: Principles, process and issues* (2nd ed.). Basingstoke: Palgrave Macmillan.
- Pathma, M., Lee, S.F., O'Connor, M., & Barnett, T. (2013). Caring for families of the terminally ill in Malaysia from palliative care nurses' perspectives. *Journal of Clinical Nursing, 23*, 173-180.
- Patterson, J. (2011). The effects of nurse to patient ratio.*Nursing Times, 107, 2*.

- Patton, M.Q. (1985). *Quality in Qualitative research: Methodological Principles and Recent Developments*. Research association, Chicago.
- Patton, M.Q. (1990). *Qualitative Evaluation Methods* (2nd Ed.). Thousand Oaks, Calif: Sage.
- Pavlish, C., & Ceronsky, L. (2009). Oncology nurses' perceptions of nursing roles and professional attributes in palliative care, *13*(4), 404-12.
- Peplau, H.E. (1988). *Interpersonal Relations in Nursing*. Houndsmills, Basingstoke, Hampshire: The Macmillan Press LTD.
- Perreault, A., Fothergill-Bourbonnais, F., & Fiset, V. (2004). The experience of family members caring for a dying loved one. *International Journal of Palliative Nursing*, *10*(3), 133-43.
- Perrin, K.O., Sheehan, C.A., Potter, M. L., & Kazanowski, M. K. (2012). *Palliative Care Nursing Caring for Suffering Patients*. Jones & Bartlett Learning Canada, 6339 Ormindale Way, Canada.
- Peter, E. H., Macfarlane, A. V., & O' Brien-Pallas, L. L. (2004). Analysis of the moral habitability of the nursing environment. *Journal of Advanced Nursing*, *47*(4), 356-367.
- Peter L., Payne S., Connor M, McDermott F, Hood K., & Morphet J. (2013) How death anxiety impact nurses' caring at the end of life: A review of literature. *Open Nursing Journal*, *7*, 14-17.
- Pokpalagon, P. (2005). *Knowledge, attitude, and caring behavior for end of life patients among professional nurses in governmental hospital, Bangkok*. Unpublished master's thesis, Mahidol University, Bangkok, Thailand.
- Poor, B., & Poirrier, (2001). *End of life Nursing Care*, Jones and Bartlett Publishers Inc and National League for Nursing.
- Potrata, B., Cavet, J., Blair, S., & Howe, T et al., (2011). Understanding distress and distressing experiences in patients living with multiple myeloma: an exploratory study. *Psychooncology*, *20*(2), 127-34.
- Potter, J. (2004). Fatigue experience in advanced cancer: a phenomenological approach. *International Journal of Palliative Nursing*, *10* (1), 15–23.
- Power, K.G., & Sharp, G.R. (1988). A comparison of sources of nursing stress and job satisfaction among mentally handicapped hospice nursing staff. *Journal of Advanced Nursing*, *13*(6), 726-32.
- Practical Guidelines Australia. (2003).

- Preston, J. (2001). Using reflective practice in palliative care *Journal of Clinical Nursing, Online*.
- Prompahakul, C., Nilmanat, K., & Kongsuwan, W. (2011). Nurses' Caring Behaviors for Dying Patients in Southern Thailand. *Nursing Media Journal of Nursing, 1*(2), 147-158.
- Puchalsky, M. (2002). Spirituality and end-of-life care: A time for listening and caring. *Journal of Palliative Medicine, 2*, 289-294.
- Radwin L. (2002). Refining the Quality Health Outcomes Model: Differentiating between client trait and state characteristics. *Nursing Outlook, 50*(4), 168–169.
- Radcliffe M. (2010b). The good, the bad, and the ridiculously busy. *Nursing Times, 106*(28), 26.
- Rafael, A. R. (1996). Power and caring: A dialectic in nursing. *Advances in Nursing Science, 19*(1), 3-17.
- Raftopoulos, B., & Theodosopoulou H. 2001. The quality in health care sector. *Nosileftiki, 1*, 8-23.
- Rauhala, A., Kivimaki, M., Fagerstrom, L. Elovainio, M., Virtanen, M., Rainio, A., Ojaniemi, K., & Kinnunen, J. (2007). "What Degree of Work Overload is Likely to Cause Increased Sickness Absenteeism Among Nurses? Evidence from the RAFAELA Patient Classification System". *Journal of Advanced Nursing, 57*, 286-295.
- Rchaidia, L., de Casterle, D., De Blaeser, L., & Gastmans, C. (2009). Cancer patients' perceptions of the good nurse; a literature review. *Nursing Ethics, 16*(5), 528-42.
- Redman, R., & Lynn, M (2005). Assessment of patient expectations for care. *Research and Theory for Nursing Practice, 19*(3):275–285.
- Reinhard, S. C., Given, B., Petlick, N. H., Bemis, A. (2008). Patient safety and quality: An Evidence-Based handbook for Nurses: Supporting Family Caregivers in Providing Care. Rockville (MD).
- Relhse, B., & Pukrop, R. (2003). Effects of psychosocial interventions on quality of life in adult cancer patients: meta analysis of 37 published controlled outcome studies. *Patient Education Counsellor, 50*(2), 179-86
- Reynolds, W., & Scott, B. (1999). Empathy: a crucial component of the helping relationship. *Journal of Psychiatric Mental Health Nursing, 6*(5), 363-370.

- Rice P.J. (1993). Parents' perceptions of the meaning of quality nursing care. *Advance Nursing Science*, 16(4), 33-41.
- Richards, D. A., & Lambert, P. (1987). The nursing process: the effect on patients' satisfaction with nursing care. *Journal of Advanced*, 12(5), 559-62.
- Richardson, A., Sitzia, J., Brown, V., & Medina, J. (2005). *Patients' Needs Assessment Tools in Cancer Care: Principles and Practice*. King's College London, London.
- Richardson, A., Thomas, V.N., & Richardson, A. (2006). "Reduced to nods and smiles": experiences of professionals caring for people with cancer from black and ethnic minority groups, 10(2):93-101.
- Ripamonti, C. I., Bandieri, E., & Roila, F. (2011). Clinical practice guidelines: Management of cancer pain: ESMO Clinical Practice Guidelines. *Annals of Oncology*, 22 (6), 69–77.
- Roach, MS., (1992). *The human act of caring: A blueprint for the health profession rev, (Ed.)* Ottawa: The Canadian Hospital Association Press.
- Roach, MS. (1998). *Healing through a story: Personal and Universal: An unexpected encounter*. The Canadian Hospital Association Press.
- Roach, M. S. (2002). *Caring, the human mode of being: A blueprint for the health professionals (2nd ed.)*. Canada: CH Press.
- Rodin, G. 2008. Treatment of depression in patients with cancer. *The Lancet*, 372(9632):8-10.
- Rodin, G., Lo, C., Mikulincer, M., Donner, A., & Gagliese, L. and Zimmerman, C. (2009a). Pathways to distress: The multiple determinants of depression, hopelessness, and the desire for hastened death in metastatic cancer patients. *Social Science and Medicine*, 68(3), 562-569.
- Rooda, L.A., Clements, R. A., & Jordan, M. L. (1999). Nurses' attitude toward death and caring for dying patients. *Oncology Nursing Forum*, 26, 1683-1687.
- Rosenbaum, E., Gautier, H., Fobair, P., Neri, E., Festa, B., Hawn, M, Andrews, A., Hirshberger, N., Selim, S., & Spiegel, D. (2004). Cancer supportive care, improving the quality of life for cancer patients. A program evaluation report., 12(5), 293-301.
- Ross, K. E. (1969) *On Death and Dying*, Routledge,
- Rosser, M., & Walsh, H. (2014). *Fundamentals of Palliative Care for Student Nurses*. Wiley-Blackwell.

- Sahlsten, M. J. M., Larsson, I., E., Plos, K. A. E., & Lindencrona, C.S.C. (2005). "Hinderance for patient participation in nursing care," *Scandinavian Journal of Caring Sciences*, 19(3), 223-229.
- Sainio, C., Lauri, S., & Eriksson, E.(2001).Cancer patients' views and experiences of participation in care and decision making. *Nursing Ethics*, 8(2), 97-113.
- Saldana, J. (2009). *The coding manual for qualitative researchers*. Los Angeles, CA: sage.
- Salleh, R.M. (2004). *Palliative Care Education-Preparation to Care (in Palliative Care: Issues for Health Care Professionals)*. CeLTS, Monash University, Victoria, Australia.
- Santhna, L.P., & Zaidah, B. (2007). Knowledge and perception of nurses towards palliative care in university Science Hospital, Kelantan. (unpublished Bachelors project).
- Santisteban-Etxeburu S.I., & Mier, O. (2006). A descriptive study of death anxiety and stressors in the various practitioners of a palliative care unit. *Unidad de Cuidados Paliativos*. 13, 18–24.
- Sapego, E. (2013). Emotional burnout and egoism: the percularities of interaction. *Journal of Modern Foreign Psychology*, 2(4), 32-44
- Saunders, C., & Sykes, N. (1993). *The management of terminal malignant disease*, London: Edward Arnold.
- Schaubroeck, J., & Fink, L. (1998). Facilitating and inhibiting effects of job control and social support on stress outcomes and role behavior: A contingency model. *Journal of Organizational Behavior*, 19, 167-195.
- Schroepfer, T. A. (2007). Critical events in the dying process: The potential for physical and psychological suffering. *Journal of Palliative Medicine*, 10(1).
- Schulman–Green, D., McCorkle, R., Cherlin, E., Johnson-Hurzeler, R., & Bradley, E.H. (2005). Nurses' communication of prognosis and implication for hospice referral: Nurses caring for terminally ill hospitalized patients. *American Journal of Critical Care*, 14, 64–70.
- Schulz, R., & Martire, L.M. (2004) Family caregiving of persons with dementia: prevalence, health effects, and support strategies. 12(3):240-9.
- Schuster, P.M., & Nykolyn, L, (2010) .Communication for nurse. How to prevent harmful events and promote patient safety, A Davis Company.

- Segrin, C., Badger, T.A., & Meek, P. (2005). Dyadic Interdependence on Affect and Quality-of-Life Trajectories among Women with Breast Cancer and their Partners. *Journal of Social and Personal Relationships*, 22, 673-689.
- Segrin. C., Badger, T., Dorros, S.M., Meek, P., Lopez, A.M., (2007). Interdependent anxiety and psychological distress in women with breast cancer and their partners. *Psychooncology*. 16(7), 634-43.
- Seibert, P.S., Stridh-Igo, P., Zimmermann, C.G. (2002). A checklist to facilitate cultural awareness and sensitivity. *Journal of Medical Ethics* 28, 143–146.
- Sellman, D. 2011. *Why the Virtues are Important for Nurses*. What Makes A Good Nurse. Jessica Kingsley Publishers.
- Senior. B., & Fleming.J. (2006), Organizational change, (3rd ed), FT, Prentice Hall.
- Sharan, P., Mehta, M., & Chaudhry, V.P. (1999b).Psychiatric disorders among parents of children suffering from acute lymphoblastic leukemia. *Pediatric Hematology and Oncology*, (1), 43-47.
- Sharma, S. K., &Kamra, P. K.(2013).Patient Satisfaction with Nursing Care in Public and PrivateHospitals, *Nursing and Midwifery Research Journal*, 9(3).
- Shearer, H. M., & Evans, D. R. (2001).Adherence to health care. In S.S., Kazarian and D.R., Evans (Eds.), *Handbook of cultural psychology* (113-138).San Diego; Academic Press.
- Shelby, A. R., Taylor, K. L., Kerner, J. F., Coleman, E., & Blum, D., (2002). The role of Community based and philanthropic Organizations in meeting cancer patients and caregivers needs, *Cancer Journal Clinic*, 52(40), 229-248.
- Sheldon, K. L., Barnett, R., & Ellington, L., (2006), Difficult Communication in Nursing, *Journal of Nursing Scholarship*, 38(2): 141-147.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects, *Education for Information*, 22, 63-75, IOS Press.
- Sherman, R. R., & Webb, R. B. (1988). "Qualitative Research in Education: A Focus." In R.R. Sherman and R.B. Webb (eds.), *Qualitative Research in Education: Focus and Methods*, Pa. Falmer Press.
- Shigeko, I., Emiko, K., Michiko, Y., Maki, & Kodama. (2006). Japanese Patients' Description of "The Good Nurse": Personal Involvement and Professionalism, *Advances of Nursing Sciences*, 29(2), E14-E26.

- patients, family and health care staff, *Nursing Forum*, 21, 31-36.
- Short, P. F., Vasey, J.J., Tunceli, K. (2005). Employment pathways in a large cohort of adult cancer survivors. *Cancer*. 103(6):1292-301.
- Silverman, D., (2001). *Doing qualitative research: A practical handbook*. Sage, Thousand Oaks California.
- Simon, S.T., Ramsenthaler, C., Bausewein, C., Krischke, N., & Geiss, G. (2009). Core attitudes of professionals in palliative care: a qualitative study. *International Journal of Palliative Nursing*. 15(8):405-11.
- Singleton, N., Maung, A. N., Cowie, A., Sparks, J., Bumpstead, R., & Meltzer, H. (2002). Mental health of carers. London: TSO.
- Skilbeck, J., & Seymour J. (2002) Meeting complex needs: an analysis of Macmillan nurses' work with patients. *International Journal of Palliative Care Nursing*, 8, 574–582.
- Slevin, E. (1999). Use of presence in community health care nursing. In Long A. (Ed) *Interaction for practice in Community Nursing*, Macmillan Press, London, 24-28.
- Smith, B., & Field, L. (2011). *Nursing care: an essential guide for nurses and healthcare workers in primary and secondary care*, Halow, England, Pearson Education Ltd.
- Smith, M. E., & Hart, G. (1994). Nurses' responses to patient anger; from disconnecting to connecting, *Journal of Advanced Nursing*, 20, 643-651.
- Soothill, K., Morris, S.M., Harman, J., Franci, B., Thomas, C., & McIlmurray, M.B., (2001) The significant unmet needs of cancer patients: probing psychosocial concerns. *Support Cancer Care*, 9(8):597-605.
- Smith, P., & Skilbeck, J. (2008). Working with family caregivers in palliative care setting in Payne, S., Seymour, J., and Ingelton (eds). *Palliative Care Nursing Principles and Evidence for Practice*, (2nd ed). Maidenhead Open University Press.
- Spiegel, D., & Giese-Giese, J. (2003). Depression and cancer: mechanism and disease progression. *Biological Psychiatry*, 54(3), 269-282.
- Spollet, G. (2003). Case Study: A patient with uncontrolled type 2 diabetes and complex co-morbidities whose diabetes care is managed by an advanced practice nurse. *Diabetes Spectrum*; 16(1), 32-36.
- Stake, R. E. (1981). "Case Study Methodology: An Epistemological Advocacy. "In W.W. Welsh (ed.), *Case Study Methodology in Educational Evaluation*. Proceedings of the 1981 Minnesota Evaluation Conference. Minneapolis: Minnesota Research and Evaluation Center.

- Stake, R. E. (1994), Case studies, in: *Handbook of qualitative research*, N.K. Denzin and Y.S. Lincoln, (Eds.), Thousand Oaks: Sage, pp. 236–247.
- Stake, R. E. (2000). Case Studies. In N.K. Denzin and Y.S. Lincoln (Eds.) *Handbook of qualitative research*, (2nd. Ed). 435-454). Thousand Oaks, CA: Sage.
- Stark. H., & Trinidad, S.B. (2007). Choose your method: a comparison of phenomenology, discourse analysis, and grounded theory. *Quality Health Research*, 17(10):1372-80.
- Stedeford, A. (1987). A safe place to suffer. *Palliative Medicine*, 1, 73-4.
- Steinhauser, K. E., Christakis, N.A., Clipp, E.C., McNeilly, M., McIntyre, L., Tulsky, J.A (2000). Factors considered important at the end of life by patients, family, physicians, and other care providers. *JAMA*, 284(19):2476-82.
- Stein-Parbury, J. (2002). Patient and person: Developing interpersonal skills in nursing, (2nd. Ed.) Churchill Livingstone. Sydney.
- Stein-Parbury, J (2011). Patient and person: Developing interpersonal skills in nursing, (4th. Edition.) Churchill Livingstone, Elsevier. Sydney.
- Steward, M. (2003). Reflecting on the psychosocial care of patients with a terminal illness. *Nursing times.net*. <http://www.nursingtimes.net/nursing-practice-clinical-research>
- Swanson, K., M. (1991). Empirical development of a middle range theory of caring. *Nursing Research*, 40(3):161-166.
- Swanson, K., M. (1993). Nursing as informed caring for the well-being of others. *IMAGE. Journal of Nursing Scholarship*, (25), 352-357
- Swanson, K. M. (1999b). *What's known about caring in nursing science: A literary meta-analysis*. In: Hinshaw, A.S, Feetham, S., Shaver, J. editors. *Handbook of clinical nursing research*, Thousand Oaks, CA: Sage; pp. 31–60.
- Tait, V., Higgs, M., Magann, L., Dixon, L., J., Davis, J. M., & Fernandez, R. (2015). Attitude of non palliative care nurse towards palliative care. *International Journal of Palliative Care*. <http://dx.doi.org/10.1155/20151469174>.
- Tan, J., Low, J. A., Yap, P., Lee A., Pang, W.S., & Wu, Y. (2006). Caring for dying patients and those facing death in an acute-care hospital in Singapore: a nurse's perspective. *Journal of Gerontology Nursing*, 32(5), 17-24.

- Taner, T. & Antony J. (2006) Comparing public and private hospital care service quality in Turkey. *International Journal Health Care Quality Assurance Inc Leadership Health Server*, 19(2-3), 18.
- Taylor, S.E. (1999). *Health psychology*, (4thed). Boston: McGraw-Hill.
- The Malaysian national Cancer Registry (2002).
- The National Cancer Institute (1979-1990) cited in SAUSALITO, C. A. (2012). Cancer Care: Can a Caring Nurse Make a Difference? *The Journal of Nursing*.
- The National academies of Sciences and Humanities. (2008). *Cancer care for the Whole Patient: Meeting Psychosocial Health Needs*. Board of Health Care Services. Washington, D.C.
- The National Cancer Alliance, (1996). "Patient – centered Cancer Services?" What Patients Say Oxford: 6 National Cancer Alliance.
- The STAR, (2015). Of Cancer and corruption, (August, 12, 2015)
- Thorne, S. E. (1988). Helpful and unhelpful conversations in cancer care: The patient perspective. *Oncology Nursing Forum*, 15, 167-72.
- Thorne, S., & Robinson, C.A. (1988). 'Reciprocal trust in health care relationships', *Journal of Advanced Nursing*, 13, 782-9.
- Thorne, S., Kirham, S.R., & Macdonald-Emes, J. (1997). Focus on Qualitative Methods Interpretive Description: A Non-categorical Qualitative Alternative for Developing Nursing Knowledge. Research in *Nursing and Health*, 20, 169–177.
- Thornton, L. (2012). What is Holistic Nursing? Retrieved from <http://www.ahna.org/AboutUs/WhatisHolisticNursing/tabid/1165/Default>
- Thorsteinsson, L., (2002). The quality of nursing care as prescribed by individuals with chronic illness: the magical touch of nursing, *Journal of Clinical Nursing*, 20(6), 32 – 40.
- Tishelman, C. (1993). Who cares? Patient's description of age related aspects of cancer and care in Stockholm. *Cancer Nursing*, 16(4), 270-282.
- Trant, K. & Usher, S. (2010). Nurse: Past/Present/Future - The Making of Modern Nursing. Black dog publication.
- Travelbee, J. (1966). *Interpersonal Aspects of Nursing*. FA Davis, Philadelphia PA.

- Travelbee, J (1971). *Interpersonal aspects of nursing* (2nded.) Philadelphia: F.A. Davis.
- Tse, S. (2007). Family violence in Asian communities, combining research and community development. *Social Policy. Journal of New Zealand*, 31, 170–194.
- Tschudin, V. (2003). *Ethics in Nursing. The Caring Relationship* (3rded.). British Library Cataloging in Publication Data. Butterworth, Hedinemann.
- Tuckett, A.G. (2004). Truth-Telling in clinical practice and the arguments for and against: a review of the literature. *Nursing Ethics*, 11, 500-513.
- Uchino, B.N., Cacioppo, J.T., & Kiecolt-Glaser, J.K. (1996). The relationship between social support and physiological processes: a review with emphasis on underlying mechanisms and implications for health, 119(3), 488-531.
- Vachon, M. (2001). Psychological distress and coping after cancer treatment: How clinicians can assess distress and which interventions are appropriate-what we know and what we don't. *Cancer Nursing*, 29(2), 26-31.
- Van Hooft, S. (1995) *Caring: An Essay in the Philosophy of Ethics*, University Press of Colorado, Colorado.
- Van Vorst, R. F., Crane, L. A., Barton, P. L., Kutner, J. S., Kallail, K. J., & Vestfall, J., M. (2006). Barriers to quality care for dying patients in rural communities, *Journal of Rural Health*, 22(3), 248-53.
- Vincent, R. (2011). Challenges for the Nursing Profession in Malaysia: Evolving legal and Ethical. Standardsunimasnurses.blogspot.com/2011/.../challenges-being-nurse-in-malaysia-
- Vos, M., S., & De Haes, J. C. (2007), Denial in cancer patients: An explorative review. *Psychooncology*, 16, 12-25.
- Wakefield, A., (2000). Nurses responses to death and dying; a need for relentless self-care. *International Journal of Palliative Nursing*, 14(7), 152-157.
- Watson, J. (1979). *Nursing: the Philosophy and Science of Caring*. Little, Brown and Co., Boston.
- Watson, J., (1988), *Nursing: Human Science and human care*, New York: National League for Nursing.

- Watson, J. (1989). Watson's philosophy and theory of human caring in nursing. In J. Riehl-Sisca (Ed.) *Conceptual models for nursing practice* (3rd ed) 219-236). Norwalk: CT: Appleton & Lange, New York.
- Watson, J. (2005). *Caring science as sacred science*. Philadelphia: FA, Davis.
- Wenzel, J., Shaha, M., Klimmek, R., & Krumm, S. (2011). "Working Through Grief and Loss": Oncology perspectives on professional bereavement". *Oncology Nursing Forum*, 38(4).
- Werth, J. J., Gordon, J. R., & Johnson, R.R. (2002). Psychosocial issues near the end of life. *Ageing and Mental Health*, 6(4), 402-412.
- White, K. R., Coyne, P.J., & Patel, U. B. (2001). Are nurses adequately prepared for end-of-life care? *Journal of Nursing Scholarship*, 33(2), 147-51.
- World Health Organization, Report, (2005).
- Wilkinson, S. (1991), 'Factors which influence how nurses communicate with cancer patients'. *Journal of Advanced Nursing*, 16, 677-88.
- Wilkinson, J. M. (2007). *Nursing process and Critical Thinking*, (4th Ed.) Pearson Education, Sadle River, Prentice Hall, New Jersey.
- William, S. A. (1998). Quality and care: patients' perceptions. *Journal of Nursing care quality*, 12(6), 18-25.
- William, L., & Wilkins. (2007). *How to deal with death and dying*. Wolter Kluwers business. ISBN L-58255-660-L90000.
- Wolman, B., (199). *Anxiety and related Disorders*. New York NY, John Wiley.
- World Atlas of Palliative Care at the End of Life. (2014).
- World Health Statistics. (2009) - World Health Organization, www.who.int/whosis/whostat/2009/en/
- World Health Organization, (2004). WHO definition of palliative care. <http://www.who.int/cancer/pall/definition/en>.
- World Health Organization, (2010).
- Worth, A. (2009). Vulnerability and access to care for South Asian Sikh and Muslim patients with live limiting illness in Scotland: prospective longitudinal qualitative study. *British Medical Journal*, 338-b183.
- Wortman, C. B., & Conway, T. L. (1985). The role of social support in adaptation and recovery from physical illness. In S. Cohen & S. L. Syme (Eds.), *Social support and health* (281-302). Orlando, FL: Academic Press.

- Wortman, C., & Dunkel-Schetter, C. (2010). Interpersonal relationship and Cancer: *A theoretical Analysis, Journal of Social Issues, 35*(1), 120-155.
- Yeakal, S., Maljanian, R., Bohannon, R. W., & Coulombe, K. H. (2003). Nurse Caring behavior and Patient Satisfaction: Improvement after multifaceted staff intervention. *Journal of Nursing Administration, 33*(9), 434-436.
- Yin, R.K. (1984). *Case Study Research: Design and Methods*. (2nd. Ed.) Thousand Oaks: Sage publications.
- Zabora, J., BrintzenhofeSzoc, K., Curbow, B., Hooker C., & Piantadosi, S., (2001), The prevalence of psychosocial distress by cancer site. *Psychooncology, 10*, 19-28.
- Zamanzadeh, R., Azimzadeh, A., Rahmani, L., & Valizadeh. (2010). Oncology patients' and professional nurses' perceptions of important caring behaviors. *British Medical Journal of Nursing, 9*(1), 10.
- Zastrow, C. (2013). Health problem and Medical and Social Services. Brooks/Cole.20, Davis Drive, Belmont CA94002-3098, USA.
- Zeinah, G. F. A., Al-Kindi, S. G., & Hassan, A.A. (2013). Middle East experience in palliative care. *American Journal of Hospice and Palliative Medicine 30* (1), 94-99
- Zeitz, K. (1999). Nurses as patients: the voyage of discovery. *International Journal of Nursing Practice, 5*, 64-71.
- Zerwekh, J.V. (2006). *Nursing Care at the End of Life, Palliative Care for Patients and Families*. F.A. Davis Company, Philadelphia, PA 19103.