



# Unmapped Crossroads: The Lived Experiences of Expatriate Nurses about their Palliative Medical Practices in Doha, Qatar

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**ABSTRACT: Background:** Palliative care is a medical treatment that relieves pain and other symptoms caused by a severe illness. Although it is widely accepted in other parts of the world, it is relatively new in the Middle East. Qatar only introduced it in 2008, so the public has yet to experience it. This study investigates the lived experiences of expatriate nurses regarding their palliative approach in medical care units in Doha, Qatar. **Method:** This study used a qualitative data collection method, which was accomplished by conducting key informant interviews, answering the central question, “How do expatriate nurses deal with the challenges of medical practices in Doha, Qatar?” as it seeks to understand the lived experiences of expatriate nurses in medical care units in Doha, Qatar. A semi-structured interview was utilized to collect the necessary data through which the emerging themes were formulated based on the responses of the participants. **Findings:** Based on the expatriate nurses' verbal musings in the palliative care unit in Doha, Qatar, the key to understanding their untold lived experiences rely upon three main themes, namely: (1) *Patient Supervision*, (2) *Work Conditions*, and (3) *Work Adaptation*. **Conclusion:** Expatriate palliative nurses in Qatar have the necessary skills to provide adequate patient care, adjust to their patients' diverse backgrounds, and adapt to their demanding working conditions. However, nurses who work in palliative care are prone to stress, emotional distress, and burnout due to the profession's challenging and melancholic nature. To counteract such difficulties, a favorable working environment and balanced workload distribution are essential for these nurses.

**Keywords:** challenges, difficulties, expatriate nurses, palliative care.

## INTRODUCTION

Palliative care is a type of medical treatment that focuses on relieving pain and other symptoms caused by a severe illness, regardless of a patient's diagnosis or stage of the disease. In 1990, the World Health Organization (WHO) recognized palliative care as a specialty dedicated to relieving suffering and improving the quality of life for patients with life-limiting illnesses or serious injuries. Early palliative care improves patients' quality of life while reducing unnecessary hospitalizations and healthcare utilization. It includes a wide range of services provided by professionals who equally support the patient and their family – including physicians, nurses, support workers, paramedics, pharmacists, physiotherapists, and volunteers. It can help patients go about their daily lives and improve their ability to undergo or complete medical treatments by alleviating various symptoms. Palliative care seeks to provide medical care to people suffering from serious illnesses such as cancer or heart failure.

*Palliative care* is defined as alleviating suffering, treating pain and other distressing symptoms, providing psychological and spiritual care, and serving as a support system for patients and their families in the early stages of their disease trajectory or regardless of the illness outcome in many countries around the world. By minimizing clinical problems, improving discharge planning, and reducing avoidable hospitalizations, readmissions, and emergency room visits, palliative care teams also help reduce overall healthcare expenditures (May et al., 2016; Taylor et al., 2020). While widely accepted in other parts of the world, Palliative care is a relatively new concept in the Middle East, having only been introduced in Qatar in the year two thousand eight. Meeting the rising demands of the population, involving a multi-disciplinary team focusing on education and research, palliative care in Qatar has established a successful model for ensuring that the population receives high-quality care. It was the first healthcare provider in the region to receive Joint Commission International accreditation, which puts it on par with international standards, and is helping to meet the needs of Qatar's population and maintain its status as a successful model (Bharani et al., 2018). Palliative care is provided by hospitals in Qatar, most of which are private hospitals. The National Center for Cancer Care and research, a part of Hamad Medical Corporation and Al Amal Hospital in Qatar offers palliative care.

Nurses in palliative care face numerous serious challenges, which may impact them physically and mentally. As stated by Parola et al. (2018), nursing in palliative care entails serious challenges. It involves interacting with suffering and dying patients and

increasing burnout risk. The nurses are tasked with looking after patients that are challenged by physical pain, depression, a variety of intense emotions, the loss of dignity, and hopelessness, as well as the seemingly mundane actions that need to be undertaken at the end of life. Going to work has exposed frontline workers to unprecedented stress and pressure, jeopardizing their mental, physical, emotional, and even social well-being (Real et al., 2021).

Palliative care requires expertise and advanced knowledge to treat people with terminal illnesses. According to Schroeder and Lorenz (2018), palliative care nurses have advanced knowledge of individual care for patients with terminal illnesses. They have to get enough knowledge to provide the best treatment possible. Those who wish to perform palliative care training must complete four years of training to become a registered nurse (RN) or a certified medical professional who provides care to terminal patients after recovery is no longer feasible. Through the training, nurses acquire knowledge, skills, and values that can assist them in communicating and caring for people who are facing a life-limiting illness or advancing to the end of their everyday lives. Palliative care is a sensitive role for nurses that require planning and preparation.

To alleviate the debilitating symptoms and enhance the quality of life of chronically ill patients, palliative care is an effective tool for pain relief, symptom improvement, and existential well-being. Paiva et al. (2020) state that caring for patients with chronic diseases, according to the philosophy of palliative care, is an efficient way to provide better conditions for the continuity of life, preventing, treating, performing actions for them, or even guiding their family. Illnesses that palliative care caters are heart failure, cancer, dementia, chronic obstructive pulmonary disease (COPD), and cirrhosis. Heart failure is becoming increasingly common in developed countries and spreading rapidly worldwide. Roughly five percent of patients with heart failure have an end-stage disease that is refractory to medical therapy. Cancer is a common illness that palliative care nurses handle. Cancer patients can benefit from palliative care as it focuses on the entire person rather than their disease alone. Dementia is a deterioration of the brain. Although the disease progresses slowly, it eventually causes the brain to stop working and need assistance from a family of healthcare professionals. Chronic obstructive pulmonary disease is a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema and chronic bronchitis. Cirrhosis is when scar tissue replaces healthy liver tissue, refraining the liver from working usually, and is termed an end-stage liver disease. Getting palliative care early is critical for those diagnosed with life-limiting conditions, such as dementia, who may benefit from palliative care by alleviating discomfort or distress. Palliative care consultation relieves symptoms, improves patient satisfaction, and decreases care costs for these patients. Despite this, only a tiny fraction of end-stage heart failure patients receive palliative care consultation.

An understanding of the dying patient's experience should help nurses improve their care of the terminally ill. Being informed of the latest techniques to handle the physical and psychological symptoms of patients with terminal illnesses is important for health professionals for them to manage (Ramanayake et al., 2016). This can lead to stress and make the practitioners uncomfortable having to confront patients who are dying as they are placed under the pressure of keeping up with various techniques to hopefully eliminate such symptoms. These health professionals face multiple problems such as lack of time, unavailability of certain medication or equipment, and shortage of staff.

This study explores the Lived Experiences of Expatriate Nurses in their Palliative Care Approach in Medical Units in Doha, Qatar. This study also used a qualitative approach in collecting data, accomplished by conducting key informant interviews, answering the central question, "How do expatriate nurses deal with the challenges of medical practices in Doha, Qatar?", as well as the specific question, "What are the difficulties encountered by the expatriate nurses in Doha, Qatar in the palliative care unit?"

Upon conducting this study, this research can benefit people by giving better insight and understanding of the expatriate nurses in the palliative care unit. It will encourage and motivate expatriate nurses to learn and be more interested in palliative care, develop better remedy plans for the patients and their families, and help expand their capabilities and expertise in palliative care. Students who plan on going into the medical field can learn more about the hardships and challenges they will face if they pursue the palliative care system while also seeing how these nurses deal with these obstacles and learning from their experiences. Future researchers will benefit from this study as well. The research can help future researchers develop new ideas and conduct research related to this study. With the recently growing rates regarding the spread of COVID-19, heat stroke is common in Qatar during the summer, and breast cancer is becoming more common in women. This study will give the general public a better understanding of the importance of palliative care from the perspective of expatriate nurses working in medical care units in Doha, Qatar.

## METHOD

This study is qualitative research in phenomenological design. As stated by Busetto et al. (2020), qualitative research is the study of the nature of phenomena particularly appropriate for answering why something is (or is not) observed, analyzing complex multi-component interventions, and concentrating on intervention improvement. Simply put, it is an iterative process in which the scientific community improves its understanding by making new significant distinctions as it gets closer to the phenomenon under investigation (Aspers & Corte, 2019). It aims to understand the lived experiences of expatriate nurses regarding their palliative approach in medical care units in Doha, Qatar.

This study used a phenomenological approach as it delivers the need to understand the practices experienced by palliative care nurses in the palliative care unit. The research study's main focus was the various experiences of expatriate nurses working in Doha, Qatar. Virtual interviews were utilized to collect and obtain the required data which were then analyzed to produce the themes found in the simulacrum. The questions asked in the interview revolved around the unexplored challenges and experiences faced by palliative care nurses.

This study sought to describe the experience of working as an expatriate nurse in a palliative care unit in Doha, Qatar. This study employed an open-ended, bias-free methodology. The purpose of this research was to gain a thorough understanding of expatriate nurses' experiences in the palliative care unit.

## Research Locus and Sample

This study enlisted the help of selected expatriate nurses in Doha, Qatar, who shared their enlightening experiences as members of the palliative care unit. The participants were selected using purposeful sampling and with their consent, allowing us to record the interview under certain conditions, such as keeping it confidential. In addition, we gained the approval of the relevant authorities at the research location. Purposeful sampling is an approach widely used in qualitative research to identify and select information-rich cases for the most effective use of limited resources (Patton, 2002, as cited in Palinkas et al., 2013). Participants were selected based on the following criteria: (a) they must be expatriate nurses working in Doha, Qatar, and (b) they must have been a member of the palliative care unit for at least two years. It is also worth noting that each participant's gender and nationality (except for locals or Qataris) were drawn from a broad range of categories to avoid response bias. Protocols were followed to obtain the consent of the participants and the authorities involved in conducting the research. This research study took place at Philippine School Doha (PSD). The school is located in Doha, Qatar.

## Data Collection and Ethical Consideration

Following ethical guidelines in research is essential to the study's success. For the study to be viable, data and information must be collected. An interview with expatriate nurses in Doha, Qatar was conducted to collect data and necessary information for the study. The researchers prepared an interview questionnaire as a guide in asking the participants. The questionnaire is composed of thirty-two (32) questions that probe how expatriate nurses deal with the challenges and difficulties they encounter in the palliative care unit and their usual procedures in handling patients in need of palliative care. The researchers gathered the information for the study by asking participants for their consent to participate in the interview and permission to record the conversation. All information gathered by the researchers was treated as highly confidential at all times. The researchers also ensured that the participant's backgrounds, personal information, and data shared remained confidential to protect their identity, and were well maintained and secured. The importance of maintaining the privacy of the participants was required to ensure the research's ethical standards.

## Data Analysis

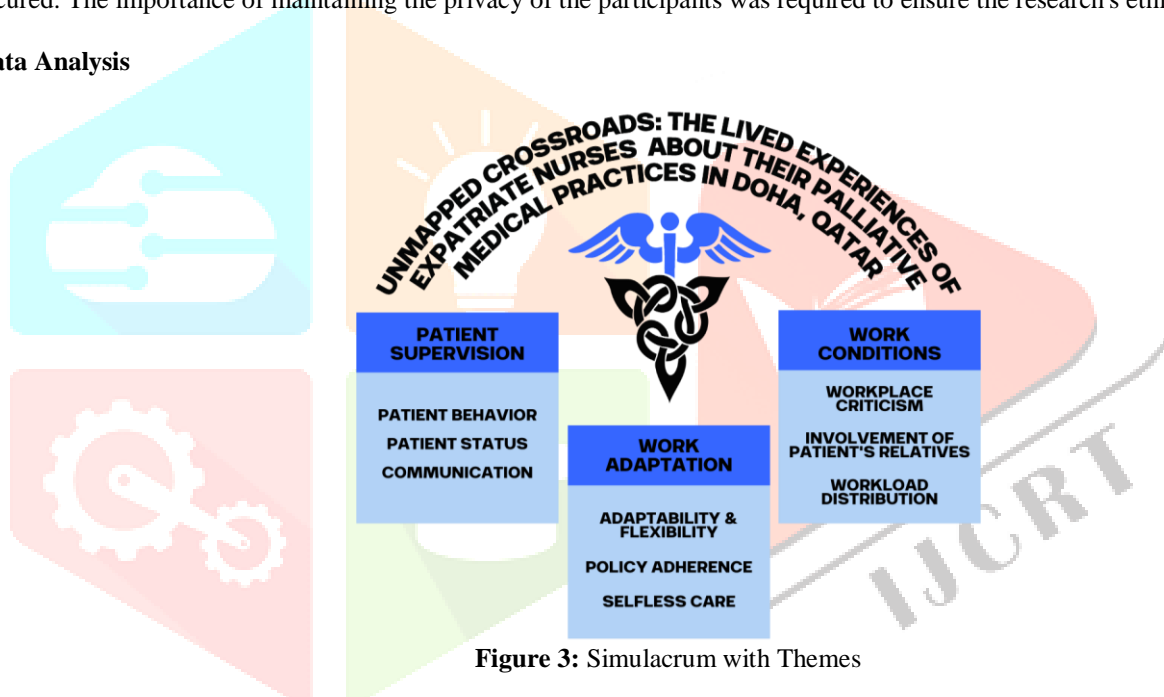


Figure 3: Simulacrum with Themes

The figure depicts the themes that emerged from data analysis. The diagram is divided into three (3) blue boxes, each of which contains the main themes of *Patient Supervision*, *Work Conditions*, and *Work Adaptations*. This is followed by their sub-themes in a lighter shade of blue. The symbol in the center is the upper half of the Caduceus, a widely used medical symbol, combined with a variation of the Celtic knot known as the Triquetra, which denotes the three stages of life: life, death, and rebirth. As a whole, the symbol represents the nurses in the palliative care unit in this study. All of the three (3) boxes are now then connected with a line to show its connection to one another. Analysis and thematizing were made after gathering all of the necessary information and data. The researchers transcribed all of the participants' responses in chronological order as the interview was conducted via video conference and voice recording. The responses were subjected to the emic approach, which entails interviewing individuals in various roles to communicate their insights on the problem (Townsend & Urbanic, 2014), before undergoing the etic approach, which involves writing an account from the researchers' perspective (Mennell, 2015). Following the emic-to-etic transcription, the researchers performed cool analysis to modify the responses in a comprehensible manner and to summarize all of the participants' responses.

## RESULTS

This phenomenological study discusses the experiences of expatriate nurses working in the palliative care unit in Doha, Qatar. It seeks to comprehend their perspectives and experiences with regard to the central question, "How do expatriate nurses deal with the challenges of medical practices in Doha, Qatar?" Furthermore, this study centered on the specific question, "What are the difficulties encountered by expatriate nurses in the palliative care unit in Doha, Qatar?"

The participants shared and discussed their thoughts and comments on the subject, carefully considering such responses and notions, otherwise known as 'verbal musings.' Based on the expatriate nurses' thoughts about the palliative care unit in Doha, Qatar, the key to understanding their untold lived experiences rely upon four main themes, namely: (1) Patient Supervision — patient-centered factors that contribute to difficulties and elements that denote work performance; (2) Work Conditions — workplace elements that contribute to the difficulties they face; and (4) Work Adaptation — the prevalent and essential traits and skills that expatriate nurses possess as members of the palliative care unit. The following sub-themes emerged under Patient Supervision: *Patient Behavior*, *Patient Feedback*, *Patient Status*, and *Patient Satisfaction*. Under Work Conditions emerged *Workplace Criticism*, *Workload Distribution*, and *Involvement of Patients' Relatives*. Finally, the sub-themes found under Work Adaptation are *Adaptability & Flexibility*, *Selfless Care*, and *Policy Adherence*.

## PATIENT SUPERVISION

The first major theme is all about the lifestyle and care given to the patients and how the palliative care nurses handle and deal with each patient. Patient Behavior, Patient Feedback, Patient Status, and Patient Satisfaction are some of its sub-themes. The primary responsibility of these nurses is to take excellent care of patients by attending to their physical needs, avoiding disease, managing medications, and keeping an eye on their health. Nurses must watch and monitor the patient while documenting any pertinent data to support treatment decision-making.

### Patient Behavior

The patient's behavior significantly affects the effectiveness and adherence to the treatment. Patients frequently engage in inappropriate behavior because of fear of being ill and having to radically adjust their lifestyles if they get chronic illnesses like cancer and diabetes. The way a patient behaves might also reveal their emotional condition, which may include emptiness, remorse, rage, and hopelessness.

*"The main factor is stress and the patient's behavior since everyone is different from the other. For example, how the patients would demand requests, like how they would prefer hot temperature over cold. Especially with patients diagnosed with Alzheimer's and dementia, their behaviors tend to become aggressive if you fail to obey their requests." (P1)*

*"The thing is, the patients—even if they are patients—they have their own rights; they can refuse. If we are administering medication and the patient is refusing because he doesn't like the way or he doesn't like the medication, a hundred percent, he can refuse it." (P3)*

*"Of course, if they are dissatisfied or if they're angry with you, they will not obey your advice or suggestion, especially when you are giving them medicines; they will not take the medicines. They won't let you comfort them. They will not allow you to feed them, the patient." (P8)*

The participants claimed that every patient is different. The palliative nurses' way of dealing with patients may cause dissatisfaction or refusal of medications by the patient. While this can be emotionally or mentally taxing for nurses, patient behavior also serves as their basis for what care to provide and how to provide it.

### Patient Status

Patient status refers to a person's well-being and health, including whether they are healthy and whether their symptoms or suffering on account of their sickness have lessened. An individual patient might occasionally be ambulatory, only little improved, or completely bedridden. It is challenging for nurses to provide care for patients who are at a low point and unable or unable to communicate. In this section, we see how nurses may deal with and control the expectations of their patients. This sub-theme encompasses how nurses encourage and support the way of life of their patients.

*"It's a challenge; because it's almost a serious illness. Health-wise, it's challenging in all aspects. It's challenging because a patient's situation can get worse at any time. Patient mood swings, family inquiry and involvement, health issues—everything. It's challenging. (...)" (P3)*

*"(...) patients are near the end stage, or kind of like in an acceptance of their end stage, so they are special patients. They have special needs unlike other patients, so you have to consider that their rights are in the frontline; you accept all their demands, so that's a big challenge—you [would] find the patients a bit challenging. (...)" (P5)*

The participants expressed how challenging it is due to a patient's condition's susceptibility to deteriorate, necessitating that all nurses provide their fundamental needs. The participants expressed how difficult it is because a patient's condition is prone to deterioration, necessitating that all nurses provide their basic needs. Furthermore, it may be more difficult because they must take the patient's preferences and rights into account. Ultimately, a patient's status becomes a challenge for nurses because their condition usually requires a focus on reducing the chances of their condition worsening.

## Communication

This sub-theme encompasses communication and the different ways in which palliative care nurses handle patients. This includes difficulties in the communication process such as cultural differences (language barriers, religious beliefs, etc.), as well as determining the most effective way to approach a patient and their family or how to make them more comfortable. In addition, interventions that occur during palliative care make sure that both the nurse and patient are on the same page. As a result, palliative nurses understand patients' needs and wants. This will enable them to make decisions about their care.

*“Language barriers entail a greater portion of the difficulties. Due to language barriers, patients cannot completely describe their condition or how a certain situation happened due to limited vocabulary, thus affecting the appropriate care needed and further investigating the patient’s needs; some details are lost in translation. The same is true when explaining certain procedures, including why a certain medication is prescribed. These examples greatly affect the quality of care and patient experience which takes a toll on the emotional well-being more to the patient and in turn frustrates the health care provider.” (P2)*

*“There are instances where a patient would feel shy—for example, a male and female. Because if I am a male nurse attending to a female client, the main thing is, as you know, it’s Qatar—the religion, their cultural way matters. So, some patients will feel shy and won’t be comfortable to open their problems or their issues. So when we are facing problems like this, we’ll give a female staff nurse so they’ll be more comfortable.” (P3)*

*“If you’re caring for [patients], especially if you’re working abroad, number one is the culture of your patient level. For me, I was working before in Saudi Arabia, so it’s my first time working in a Muslim country. It was very difficult adjusting to the culture.” (P8)*

According to the participants, it can take some time for the patient and the nurse to get used to each other because communication can be difficult due to various factors and barriers between them. Patients struggle to open up about their discomforts and issues, making nurses unable to provide complete care.

## WORK CONDITION

The third major theme focuses on workplace factors that contribute to the difficulties faced by expatriate nurses in the palliative care unit. The setting, social dynamics, and physical characteristics of the workplace are all factors in how well people do their duties. The workplace has implications on how people perceive their well-being, relationships with coworkers, collaboration, and productivity. It delves into the sub-themes of workload distribution, workplace criticism, involvement of patient's relatives, and the nurse's health. The term environment refers to the factors and conditions that expatriate nurses encounter in the workplace.

### Workplace Criticism

Every profession is open to criticism. Nurses receive constant criticism, and if they commit even one mistake, it is pointed out and considered an annoyance. Foreign nurses in palliative care can receive negative feedback from patients, colleagues, and bosses. Such feedback, whether favorable or unfavorable, is crucial for these nurses.

*“I started getting comments from patients, supervisors, and colleagues. Negative feedback starts to increase and you start getting criticized. That means you didn't meet everyone's standards on your team. If you don't live up to the standards of others, you will be criticized. The same level of care should be maintained for the entire team. Otherwise, you'll confuse or destroy your team's name.” (P5)*

However, such criticism can be interpreted as an indication that the nurses' performance can be improved. Feedback from coworkers and superiors may indicate that there are better ways for nurses to render patient care.

*“Technically, criticism is not a negative word for me because being criticized means the time or moment has come when you can improve. Well, there's a saying that not all criticism is bad, and not all praise is good. So if you're being criticized, most people will feel bad when they are being criticized. But I look on the bright side when I am being criticized. If I am being criticized, these are things I have to improve. (...)” (P7)*

One of the participants mentioned that they preferred to look on the bright side of things, viewing these criticisms as an opportunity to improve nurses' performance. By utilizing feedback received from coworkers and superiors, nurses can provide better care for patients.

### Workload Distribution

Workload Distribution refers to the amount of workload distributed among palliative care unit members, which is frequently related to the patient-to-nurse ratio and has an impact on the quality of care provided by nurses to their patients. Palliative care nurses bear a great deal of responsibility as their patients are constantly in critical condition or are nearing the end of their lives. This requires nurses to devote more time, care, and effort to each patient while remaining objective and unbiased. However, in some cases, the

amount of responsibility exceeds the number of people available to handle it, posing challenges for palliative care nurses, and affecting their work performances and productivity.

*“You can say, like, the shift cancellation; we do shifts during Covid, and you have to do twelve hours continuously, then you get one day off, and maybe even on that day you still will be on call. Another thing is transportation. I have to spend, like, one and a half hours for the journey from here to there; I have a 12-hour shift plus those three hours. Then it’ll be like 15 hours, that’s too much. So if you have a family, it’s very difficult to manage everything. What I will say is, it’s the overloaded work schedule and the shift cancellation. If you have a good team, everything will be okay.” (P3)*

*“When you say quality care, the distribution of patients should be properly distributed; just as I have already said, balance. (...) Technically, you cannot manage ten patients, diagnosed with cancer, all at once. So, if you’re just gonna handle one, two, I’m gonna handle one patient, I will definitely give the best quality I can give—of course, it’s not ideal especially when you’re a nurse. We have to take care of like two, three—even four—but it’s fine.” (P7)*

The participants believe that workload distribution is usually uneven, bordering on overloading, because it affects them not only at work but also in other areas such as family time and transportation time. They do, however, state that as long as they have a dependable team or a balanced patient-to-nurse ratio, quality care will be delivered smoothly.

### **Involvement of Patient’s Relatives**

The involvement of the patient's relatives is an aspect of the nurses' working conditions in which the patient's family or relative is engaged in and responsive to the medical procedures given to the patient, which impacts the nurses and their work in a variety of ways. The majority of the participants discussed its negative impact as due to relatives having doubts about the medicines and treatments their family is receiving, or due to the belief that the nurses are not doing enough to help the patient. Interference and criticism from relatives frequently cause nurses to work less efficiently as most of the relatives would either become meddlesome or less cooperative. According to the participants, this is often due to their general lack of understanding of palliative care and its practices, as some stated:

*“We get criticism a lot because they don’t know what palliative (care) is. They think that the only thing we do is ‘change their diapers,’ but the reality is, not only do we take care of the patient but also their families. Sometimes the worst criticism is from the relatives themselves. They are thinking that we aren’t doing anything but we try to give everything because the patient’s condition is getting worse.” (P2)*

*“Sometimes there are family members that don’t believe in this modern medicine that we’re giving them. Sometimes that becomes the problem, but through proper explanation, they would hopefully understand what we’re doing.” (P6)*

The patient's family's concern is understandable, but it may also become an impediment to the nurses' efforts to fulfill their duties. The relatives' tendency to be less cooperative in palliative care due to a lack of understanding puts pressure on nurses to do more than is likely for a patient, but they make sure to resolve such conflicts by communicating to achieve understanding from both sides.

### **WORK ADAPTATION**

The third main theme discusses how palliative care nurses can demonstrate and implement their training in their work and the care they provide to their patients. ‘Work Adaptation’ refers to nurses' ability to cope with their workload, adjust to their patients' needs, and maintain and abide with their work protocols..

#### **Adaptability & Flexibility**

Palliative care providers must be able to adapt to different patients, regardless of gender, culture, or nationality, and respond quickly and appropriately to their needs. In some cases, a patient's beliefs or customs may differ from their own, but this should not be a hindrance or barrier to providing quality care. This sub-theme pertains to the palliative care nurses' ability to adjust to their patient's needs and preferences as well as unprecedented occurrences that may arise while they work. Patients may often disagree with the way the nurses provide their care, thus, the nurses must adjust and cater to their needs, with or without the help from their colleagues or superiors. This is usually resolved by observing or communicating with their patients, as mentioned by the participants:

*“(…) So, what we will do is communicate with the patient and discover their problems and we’ll find a good solution for that. Because if the patient care delivered by a nurse is not good, we’ll ask them what was lacking, and what more they need. (...)” P3*

*“(…) We can sense or observe that the patient is dissatisfied with the treatment from the procedure we are performing. At this point, we should inquire about the patient's discomfort and make an effort to fix it.” (P5)*

The feedback communicated to the nurses also serve as a reference to determine the necessary improvements they should make to meet patient satisfaction, as one participant stated:

*"(...) I will recognize the short-comings to the patient and will assure that necessary steps are taken to prevent any dissatisfaction from occurring and to find ways to improve. (...)" (P2)*

To some, it is sufficient to maintain composure in the face of such difficulties as it aids in resolving or dealing with them:

*"(...) Whatever the situation, just stay calm; whatever the problem that arises, just stay calm and be confident in dealing with the situation." (P8)*

### Selfless Care

Selfless care refers to a trait that makes palliative care nurses naturally good caregivers, especially for patients in severe conditions, is one of their professional requirements. A nurse's nature is to put the health and comfort of others before their own, with no expectation of compensation. Despite the difficulties, foreign nurses working in the palliative care unit have a good outlook on their jobs since helping others comes before self-care is vital to them.

*"This is my opinion only, as I knew from my heart that the medical field is tasked with helping people, and I desired to help people." (P1)*

*"(...) what I feel is, if you can help them, if you can make them comfortable in managing all their needs, you can be more satisfied with the way, because it depends upon each individual. (...) I prefer working in palliative care; it's more comfortable for me, and I can know the patients and their inner feelings. As a nurse, I feel that I can solve their problems and make them happy, and make their remaining days happy and prosperous. I feel like I get some satisfaction in walking in palliative care, rather than walking in other units." (P3)*

*"We can choose from different specialties in nursing to provide palliative care. My satisfaction will come from taking care of a patient for a long period." (P4)*

The participants shared the same sentiment and attitude toward their responsibilities as caregivers, finding comfort in their work and a desire to help others. Despite the strenuous and melancholic nature of their work, they believe there is a sense of reward and satisfaction in seeing their patients improve or simply providing care and support.

### Policy Adherence

In the context of this study, 'Policy Adherence' refers to nurses' sense of compliance with standard protocols regarding patient supervision procedures, particularly when a prompt and definitive decision is required. Policies are there to set standards of care the nurses can provide without causing errors. The policies act as a backbone for the palliative care nurses which they can incorporate with patients. Adherence to the policy is important as it influences the nurses to provide satisfactory service.

*"In a hospital, you have certain rules, policies, controls, and regulations, and you have limitations in using medications, and you have limitations in drug dosages. (...) You have your own rules kept by your corporation or your facility to restrict the orders or misuse." (P5)*

*"As for me, simply be proficient and professional in what you do. Do what is required by the policies, as stated in the policies, and then focus on your tasks. Simply follow the policies when performing your duties, is what I'm saying. You must comply because if you go against the rules and follow one's intuitions instead, it will be a breach of conduct in the workplace. If you strictly adhere to the policy and execute it correctly, you will be safe." (P6)*

The participants stated that there are rules that must be followed. As nurses working in a specific institution with rules and protocols, they must adhere to the policies that have been delegated to them and should have limitations when conforming to the needs and preferences of the patients since they still have treatment plans for the patients and must monitor medicines or dosages being administered, as mentioned by another participant:

*"(...) In palliative care, we'll just follow after the diagnosis is actually with them. Once the patient is diagnosed, there is already a treatment plan for that. So, what we are doing is just following and implementing only this treatment plan for them." (P8)*

Essentially, adhering to policies and protocols mitigate errors that may jeopardize a patient's health, especially since these patients are already in critical condition, and also serves as a reference for nurses in deciding on the best course of action to take while palliating their patient's life.

### DISCUSSIONS

As members of the palliative care unit, the participants are bound to encounter circumstances that prompt them to correlate with various aspects of their professional and personal lives, such as *Patient Supervision, Work Conditions, and Work Adaptation*. The

primary goal of this study is to further discuss the unseen experiences and challenges faced by expatriate nurses working in the palliative care unit and to bring light to this new concept in this foreign country. Through the process, the participants shared profound diverse insights. As a result, they have highlighted the following aspects:

## **PATIENT SUPERVISION**

The central theme of Patient Supervision covers the way of medical management given to the patients of palliative care by the nurses and how they use their skills, techniques, and strategies in taking care of the patients. This includes the way of handling the patients' daily life, giving them their needs, and simply giving them the best possible care. More on health, due to persistent differences in access and results across gender, wealth, and countries and regions, good health is not as accessible to all which makes health inequity a major problem. (Coe et al., 2022).

The patient is entitled to receive excellent care from the caregiver. According to Phillips et al. (2021) that nurses' vigilance at the bedside is essential to their ability to ensure patient safety. Patients are guaranteed all applicable human rights. Healthcare workers must respect and be responsible for each patient's autonomy, dignity, right to informed consent, right to privacy, right to confidentiality, and right to take part in healthcare decisions. Matso (2015) stated that nurses report some of the most job stress in the healthcare industry, which leads to burnout and stress. But hospitals that have a high number of satisfied nurses also report better patient outcomes. People with good physical health have sharp sensory capacities with keen senses of touch, vision, hearing, taste, and smell. Mental health allows us to experience joy, direct anger, limit harmful impulsive behavior, and avoid serious depressive episodes. Social health gives people a strong sense of belonging to a community. Nurses play an important role in ensuring patient safety while providing care directly to patients. While physicians make diagnostic and treatment decisions (Phillips et al., 2021). Nurses have an essential role to play in the assessment and planning of patient care (Ajibade, 2021).

## **Patient Behavior**

Patient Behavior refers to the behavior of the patients and how the nurses handle these behaviors. Different patients exhibit different behaviors, which are the result of a variety of factors.. According to Mohiuddin (2019) that patient behavior is frequently characterized as disruptive behavior because they have altered mental states that include dread of getting sick, worry about out-of-pocket expenses, and lifestyle changes if they have a chronic condition. Additionally, inappropriate language, excessive requests, and sometimes even physical abuse are issues that caregivers frequently deal with. With that, nurses have the role of often understanding difficult patients and planning different strategies in order to cope with those difficult patients resulting in better communication, less stress, and health improvements (Schuermeyer et al., 2017).

## **Patient Status**

Health status is the impact of disease on patient function as reported by the patient (Rumsfeld, 2022). This refers to a patient's medical conditions both physical and mental health, receipt of health care, medical history, genetic information, evidence of insurability, and disability. According to Hoogwerf (2022), caring for a patient who is in a clinical trial always puts the patient's safety and care first. Health facilities should be scientifically and medically appropriate and of good quality. Among other things, this requires the provision of necessary medicines and equipment, skilled medical professionals, and adequate water and sanitation.

## **Communication**

Communication talks about the challenges that expatriate nurses face in dealing with patients who are not good at expressing themselves. It focuses on developing knowledge of interactional processes and the communicative behavior of the patient. Communication with patients is essential for the successful outcome of individualized nursing care for each patient (Kourkouta & Papathanasiou, 2014). According to Andrade et al. (2019), communication is an effective therapy for people in the terminal phase. It helps with reducing a patient's anxieties, doubts, and concerns as well as helps in making the patient feel understood. Through communication, it would be easier for the nurses to help the patients as they understood what the patients are feeling.

## **WORK CONDITION**

Nursing is a profession that faces many challenges as a result of the hospital environment; they must deal with sick patients and their stressed families, as well as the death of a patient and the subsequent grief, as well as the stress that shifts workplaces on nurses' families and the limitations on their social activities (Ahmed, 2012). In order to employ more successful ways of applying professional values, we need to be aware of the significance of the values from the perspectives of nurses and nursing students in various hospitals, educational settings, and cultural contexts. Additionally, because organizational and managerial culture and support at the workplace have an impact on professional values, such values may change over the course of a nurse's career (Poorchangizi et al., 2022).

Work Conditions' central theme focuses on workplace factors that contribute to the difficulties encountered by expatriate nurses in the palliative care unit. It focuses on how nurses deal with external factors such as criticism from relatives, how these factors affect their well-being, and how they deal with the massive amount of work they receive. Studies stated that the nursing work conditions are a determining factor. It appears that when patients have positive experiences with nursing care, nurses have a positive and healthy work environment (Kieft et al., 2014).

A healthy environment means that nurses would be able to achieve high quality easily and manage to accomplish their tasks successfully. Such a work environment is one in which nurses can both achieve organizational goals and derive personal fulfillment from their work (Kieft et al., 2014). Additionally, healthy work conditions also mean that nurses would provide the best quality



care to their patients. Kieft et al. (2014) also stated that nurses working in such an environment are encouraged to provide excellent nursing care to patients.

### **Workplace Criticism**

Workplace Criticism talks about the criticisms that nurses face in their workplace. It poses both benefits and drawbacks for palliative care nurses. Every day, nurses face workplace criticism, which causes them to be unable to meet work demands as more criticism arrives. A nurse's inability to meet work demands can lead to illness or psychological distress as stated by Costeira et al. (2022). A study done by Etkind et al. (2014) stated that feedback improves awareness of unmet patient needs and allows professionals to act accordingly when they are working. As a result, the quality of life of patients is improved emotionally and psychologically. While negative feedback from colleagues or superiors implies room for growth or improvement, good team chemistry also contributes to healthy work conditions. According to Dijxhoorn et al. (2021), healthcare professionals require a team and organizational approaches to maintain a healthy work-life balance, implying that nurses should be given "inside aid" to help them maintain their composure in the face of stress and burnout if they are to thrive in a generally despondent environment. Furthermore, Pastrana et al. (2021) found that coping strategies such as team and family support are important factors in workers' ability to adapt and respond. In addition, studies have found that optimism and proactive coping when dealing with work-related stresses improve nurses' quality of life and are effective in preventing burnout symptoms (Fathi & Simamora, 2019).

### **Workload Distribution**

Workload Distribution in palliative care units has an impact on nurses' work performance as well as their personal health. According to a study by Diehl et al. (2021), palliative care nurses who reported work dedication, a well-functioning team, and supervisor acknowledgment were less likely to face quantitative demands and burnout than those who did not. Additionally, the nurses' workload also affects service delivery. A study conducted by Gunasekera et al. (2021) in Sri Lanka discovered that high workload is most likely the cause of the relatively less time spent at new patient consults and that the variety of cancers treated may also contribute to their high workload. Furthermore, increased workload causes palliative care nurses to spend less time with their own families, adding stress to both parties. Based on a study conducted by Khoshnood et al. (2018), physicians compensate for increased workload by sacrificing family and personal time, putting in long hours, and relying on colleagues for assistance. Uneven workload distribution or excessive workload in the palliative care field increases the likelihood of exhaustion, and as stated by Khoshnood et al. (2018), burnout rates have been shown to be higher in palliative care providers.

### **Involvement of Patient's Relatives**

Lastly, while patient and family involvement was identified as a key facilitator of palliative care, it was also identified as a barrier for clinicians due to difficulties with shared goal setting and communication (Alshehri et al., 2020). The Involvement of Patient's Relatives affects the palliative care nurses' work in terms of feedback or criticisms, decision-making, and procedural advancement, which in turn affects the overall quality of patient care. According to the findings of Anderson et al. (2019), doctors were held accountable for discussing prognoses and making decisions, whereas nurses were held accountable for providing individualized care. This puts nurses in a strained position as the first point of contact with patients since communicating with a skeptical or uncooperative relative hinders their ability to work efficiently, especially during time-sensitive emergencies. Nurses cannot just make a decision about whether the patient will receive a diagnosis, they have to ask their family as the decision is more of the responsibility of the patient's relatives. As stated by Olding et al. (2015) that during a patient's stay in the ICU, family members must frequently assume responsibility for health-related decision-making, including diagnostics, treatment, and therapeutic care. The involvement of their families can affect the treatment positively or negatively depending on how the patient's relatives perceive the situation. Patients and family members bring their own diverse set of experiences, expectations, and beliefs about what participation should entail, just as unit culture shapes the possibilities for patient and family participation. Patients and their families perceive and conceptualize participation or involvement differently depending on their social position, cultural expectations, and previous experiences with healthcare consultation, according to evidence from other healthcare settings (Olding et al., 2015). The involvement of relatives is critical, especially when their family members have a life-threatening disease that is difficult to cure, such as cancer. As stated by Laidsaar-Powell et al. (2016), the involvement of family members in cancer treatment decision-making is variable and complex. Many family behaviors such as researching treatments, asking questions, recalling information, and acting as a sounding board were highlighted in the current study, which often began before consultations and continued after a decision was made. However, while family members may make an important contribution to decision-making, most participants stated that the patient's needs and preferences were paramount. Therefore, it is also difficult for the nurses to make the decision as both the relative's and the patient's decision is equally significant.

### **WORK ADAPTATION**

The central theme of Work Adaptation focuses on the quality of service that palliative care nurses can provide while upholding the hospital's set of values and standards. It deals with how nurses act within the hospital and how nurses are set to provide care.

Palliative and nursing care highlight comprehensive care which supports the needs of the patient, including the evaluation of the patient's physical, emotional and spiritual health. As mentioned by Hagan et al. (2018), symptom management, communication, and advocacy are the needed elements for delivering palliative care. Palliative care nurses in hospitals and home care have the ability to increase the quality of care, with that, hospitals should carefully choose nurses with a good background of training and knowledge (Engel et al., 2021).

## Adaptability & Flexibility

As mentioned by Middleton (2022), adaptability is a critical attribute in nurses. Adaptability & Flexibility will enable nurses to become better equipped to react to situations that require quick decision-making, as well as to be responsive in performing different practices and tasks. Flexibility can be achieved in different ways and nurses are expected to achieve it by multi-skilling, establishing good teamwork between workmates, and enhancing work autonomy which gives the employees to work in a way it is comfortable for them (Wise et al., 2020). Resilience in palliative care nurses occurs when nurses imply their experiences and thoughts to be able to construct a proper decision and purpose in relation to the demand of that situation (Powell et al., 2019). Effective coping and adaptation in this difficult environment foster resilience when confronted with adversity (Ramalisa et al., 2018). Adaptability and flexibility improve performance among health workers as nurses can easily adapt to changes, difficulties, and challenges presented at work. They also have the ability to recover quickly and bounce back effectively from conditions and utilize their own skills (Handini et al., 2020).

## Selfless Care

The Selfless Care of the nurses determines the compassion of nurses and their nature towards their patients. As stated by Akman and Cinar (2020), helping patients with a compassionate and altruistic attitude improved the quality of care the nursing students provided. To add on, the selflessness of nurses, in which they prioritize the patients before themselves, affects caring behavior in a positive way. The selflessness of nurses has been described as "the heart of nursing" as this altruistic behavior can create a connection with patients and promote a patient's well-being (Parker et al., 2022). A study conducted by Messineo et al. (2021) on first-year nursing students shows that they have high empathy scores and altruistic motivations when choosing nursing as their choice of profession. With that, as they continue to work with patients, their selfless attitude grows and their willingness to serve people affects the health of others in a positive way. Nurses support patients to live life to the fullest, and they deserve the same privilege (American Nurses Association, 2017). Today's nurses are vital members of society because they promote health, educate the public and their patients on how to avoid illnesses and injuries, take part in rehabilitation, and offer care and support. That is why they deserve to be protected as well (Freeman, 2021).

## Policy Adherence

Another factor that affects the quality of care that nurses provide is the ethics of the hospital or the policies in it. Policy Adherence was the primary criterion for palliative care nurses when it came to the procedures to follow when dealing with their patients. As stated by Kamal et al. (2020), healthcare professionals and administrators frequently refer to standards and guidelines first when performing service planning and resource allocation, as well as discussing an organization's current performance, because they provide general guidance. In addition, an understanding of the infrastructure, provisions, services, and the hospital itself affects the performance of the nurses (Wentlandt, 2016). A better understanding of the policies within the hospital act as a guide for palliative care nurses to ensure the flow of practice and give out satisfactory care. The World Health Organization defines health policy as "the decision, plans, and actions that are undertaken to achieve specific health care goals within a society." It includes any law, rule, or research that affects the well-being of patients and healthcare professionals. Through policy work, nurses can influence healthcare for patients now and in the future. You can advocate for patient information to be at an appropriate level in plain language using health literacy guidelines (University of North Dakota, 2021).

Overall, the ability of a nurse to adapt to their work and personal lives, to be selfless and altruistic to their patients, and to adhere to work protocols is essential in the field of palliative care. This will test the nurses' abilities in every possible situation and how they will learn to adapt to changes.

## CONCLUSION

This phenomenological study focuses on the experiences of Expatriate Nurses regarding their Palliative Approach in Medical Care Units in Doha, Qatar. This research aims to gain a broad view of the lived experiences of the expatriate palliative nurses. Palliative care is a field of medicine that provides patient-centered care at all stages of a serious illness to individuals and their families. It focuses on relieving suffering, setting goals of care, and managing physical symptoms. Expatriate palliative nurses faced numerous challenges, including environmental issues, patient issues, how they adapt and the quality of care they provide. Each palliative nurse is different, but they all face the same challenges. With these difficulties, it tests their flexibility and their limitations as a palliative nurse. In our study, we found that the challenges nurses face are related to Patient Supervision, Work Conditions, and Work Adaptation which are further divided into three sub-themes each. Patient Behavior, Patient Status, and Communication are the sub-themes for Patient Supervision. Workplace Criticism, Workload Distribution, and Involvement of Patient's Relatives are sub-themes of Work Conditions. Adaptability and Flexibility, Selfless Care, and Policy Adherence are the sub-themes for Work Adaptation. The analysis of the study uses a qualitative data collection approach, which was accomplished by conducting key informant interviews, answering the central question, "How do expatriate nurses deal with the challenges of medical practices in Doha, Qatar?", as well as the specific question, "What are the difficulties encountered by the expatriate nurses in Doha, Qatar?" After conducting this research, this study shows that nurses attaining a team approach will lead to an easier experience as doing it alone will be difficult. In addition, nurses need to master the skills such as the ability to effectively communicate with patients and their families, as well as explain complex information to patients, as they frequently require clarification about disease progression, medication, and treatment plans. The ability to have strong emotions capable of dealing with daily losses and dealing with anyone's criticism is essential for palliative care nurses.

The concept of Palliative Care is a brand-new introduction to the Middle East. This study proposes that there is a lack of information present about Palliative Care. After probing deeper into the participants' viewpoint, this study broadens the existence of such concepts by identifying the challenges in various aspects of their work and personal lives, the skills required and utilized to respond

to such difficulties, and the insights gained from their workplace experiences. This study acknowledges that there are indeed present difficulties faced by nurses in palliative care and that there is gatherable data to support this. Difficulties from the patients, the workplace, the colleagues, and even their own hindrances. These difficulties can be organized in three (3) boxes containing the major themes and the sub-themes in bullet form; to add on, there is also a line connecting the boxes as these shows that they are connected to each other. The three (3) major themes are *Patient Supervision*, *Work Conditions*, and *Work Adaptation*. Given that this is a new and unfamiliar field in the Middle East, specifically in Qatar, the participants' responses suggest that they experience similar, if not the same difficulties. This would then lead to the assumption that despite being placed in different hospitals, all the other palliative care nurses have experienced these difficult situations.

These findings propose that expatriate palliative care nurses in Qatar learn to adapt to diverse people and settings. Despite the nature of their work being surrounded by new and different patients, cultures, and working environments, they can manage adjusting to their patient's needs and give them the care they deserve. In addition, the nurses' experiences greatly shows that maintaining a level-headed attitude during work will ensure that their emotions will not affect their work performance. Furthermore, nurses should maintain a healthy work-life balance as nurses are most likely to prioritize patients before themselves, affecting their health. To provide adequate patient supervision and avoid burnout and stress, having a positive environment and connection to work and non-work activities. Findings also suggest that nurses observe an excellent working environment with the involvement of teamwork between coworkers and the fair distribution of workload.

This study recommends that future researchers who would choose to improve their findings investigate the experiences of local or Qatari palliative care nurses to see if there are any significant variations or discoveries in their experiences in the field. Aside from these disparities or discoveries, finding participants with a much higher level of experience in palliative care, such as those with more than five years of experience, may provide this research with a more in-depth understanding of the gathered data as well as new potential further analysis. Furthermore, different categories of the results may be investigated and questioned further to improve this research Focusing on one main topic—*Patient Supervision*, *Work Conditions*, and *Work Adaptations*—to properly explore those findings and gather new information. Another recommendation to improve this research is to focus on one hospital. As each hospital has a different work environment, work ethics, and rules, gathering nurses within the same company will add in-depth findings about a particular proficiency.

This study has produced a lot of data and outcomes, yet still has limits that leave room for future studies with comparable goals. The fact that all of the participants in this study's interviews were nurses with a variety of nationalities and levels of training is one of its shortcomings. The researchers advise using a larger and more diversified sample size in future studies to produce more accurate and objective results. A greater level of data reliability and more precise comparison analysis is ensured by collecting more replies from more individuals with diverse backgrounds.

Further improvements may be applied to make the research paper more articulate and fitting for future events. With that, future researchers may expand the locus of the research, expanding it to different hospitals and nurses in Qatar such as in Al-Khor or Dukhan. Another factor is adding to the criteria of participants, to gather either newly recruited palliative care nurses or highly experienced palliative care nurses to give variations in the data. For further in-depth responses, research a particular theme such as *Patient Supervision*, *Work Conditions*, or the *Work Adaptations* of palliative care nurses to get more specific information on those subjects.

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## BIOGRAPHICAL SKETCH



**Jeffreick Jann M. Pajarillaga** is the group's research leader and one of the researchers involved in the creation of this study. He has been a resident of Doha, Qatar, for the past 11 years, having previously studied in the Philippines before transferring to Philippine School Doha in first grade. He was a Grade 11 student at the time of the creation of this study. Back in the Philippines, one of his most notable accomplishments was being valedictorian in kindergarten and grade one. During the 2017-2018 school year, he also finished third in the Sci-yaw contest at PSD's science fair. Jeffreick believes in the quote by James Cameron, "If you set your goals ridiculously high and it's a failure, you will fail above everyone else's success." This means that aiming high yields better results; you win when you achieve your major objectives. And, even if you fail, as Cameron stated, your failure will be greater than everyone else's success.



**Mishi Kaye A. Conti** is one of the researchers who worked on this study. She has lived in Doha, Qatar, for almost nine years, having started her studies in the Philippines before transferring to Philippine School Doha in 4th grade. She is a Grade 11 student at the time of this research. One of her biggest achievements includes her team being placed champion in the diagram making during the science fair 2019–2020, in grade 9 and becoming part of a school event volunteer. She believes in Brian Tracy's saying that, "There are no limits to what you can accomplish, except the limits you place on your own thinking." Anyone can achieve anything, but our own lack of self-confidence, self-belief, or readiness to believe that we can achieve anything is what restricts us.



**Eleighnor Caitlin J. Diokno** is one of the commendable researchers who worked on this study. She began this research as a Grade 11 student. She has been in Doha, Qatar, for approximately four years, having begun her studies in the Philippines before transferring to the Philippine School Doha in ninth grade (Academic Year 2019–2020). One of her most notable achievements during her time at PSD was winning a gold medal in the Clash of Wizards 2020, Team Category (9th Grade). She was also a consistent top scorer of her section in ninth grade, a bronze awardee in tenth grade, and a Laureola awardee in eleventh grade. She also believes that, while results are important, it is the process that reveals the significance of what was accomplished.



**Cyril Dave M. Estrella** is one of the notable researchers who worked on this study. He has stayed in Doha, Qatar back in 2011 and has transferred to Philippine School Doha back in the 2nd year of kindergarten. He was a Grade 11 student at the time of this research. He is consistent in maintaining a general average of 90 in every quarter upon entering Philippine School Doha. He also had the opportunity to join the intramurals basketball team in the school year of 2016–2017, placing as the champions, and placing 3rd in 2019–2020. He has passion for what he does and abides by the quote of the late basketball player Kobe Bryant: "Job's finished? I don't think so," meaning that one should celebrate after the accomplishment of a certain task not before, not during, but after the job has been truly done.



**Sam Tyrell V. Makiramdam** is one of the noteworthy researchers involved in the making of this study. He has lived in Doha, Qatar, for the past 14 years, having studied in Malaysia before transferring to Philippine School Doha in Nursery. While conducting this research, he was a Grade 11 student. He became a bronze medalist in S.Y 2009–2010. His achievements included being involved in the time to shine singing competition and ranked 4th in 2016–2017. He believes failure is just another opportunity to learn how to improve ourselves and do the best we can do.



**Vianna Joy F. Manalo** is one of the researchers who worked on this study. She has lived in Doha, Qatar, for almost fifteen years, studying in Philippine School Doha since Kindergarten. She was a Grade 11 student at the time of this research, now taking up Science, Technology, Engineering, and Mathematics (STEM). With her favorite subject being science, she hopes to become part of the health industry. One of her biggest achievements is being a black belt in the martial arts of taekwondo and becoming part of the school's journalism in 2021–2022. She is passionate about writing, and believes in Jules Renard's saying that, "Writing is the best way to talk without being interrupted," meaning that writing is a way to freely communicate what you think without disturbance.



**Trisha Nicole C. Tecson** is one of the researchers who worked on this study. She has lived in Doha, Qatar since she was 1 year old and has been studying in Philippine School Doha. She is a grade 11 student at the time of this research, taking up Science, Technology, Engineering, and Mathematics (STEM), hoping to be a future health professional. She is a quarterly achiever and was a bronze awardee when she was in 10th grade. She also had the opportunity to join the "Amazing Race" in the school year of 2018–2019, placing 3rd. She is passionate about dance and was part of the HIYAW dance troupe. She believes in the saying, "It does not matter how slowly you go as long as you do not stop," by Confucius, meaning that you must go on even if progress does not show instantly.