

ORIGINAL ARTICLE

Analysis of the Concept of Palliative Care Based on Rodgers' Approach

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ABSTRACT

Background: Application of palliative care has been emphasised in nursing care. Considering the extent of the concept of palliative care over time and its various definitions, this study was carried out with the aim of explaining the concept of palliative care. The aim of this study was to review scientific articles to check the conceptualization of palliative care. The analysis of the evolutionary concept of Rodgers was used as a guiding framework.

Design: A concept analysis paper.

Methods: Search in databases of MAGIRAN, SIENCEDIRECT, CINAHL and PUBMED using keywords of “Palliative care” along with descriptors of “Nursing” and “Medical” was carried out on the published English and Persian studies between the years 2004 and 2024. The data were analysed according to the stages of Rodgers' conceptual model.

Results: A sample consisting of 45 traces was analysed. Five main features consisting of comprehensive care, supporting the patient and his/her family, clinical decision making based on the patient and his/her family preferences, interdisciplinary coordination of care, and a combination of science and art were identified. In addition to these antecedents, there are some other features as follows: the existence of a need for Palliative care, evidence-based symptom management, awareness of the culture, values, and beliefs of patients, a positive and proactive attitude towards palliative care, dynamic communication and empathy with patients and their families, transparency in the role of the provider of palliative care services, organisational support, identification of adaptation strategies with death, and education based on palliative care. Also, positive and negative outcomes and the related concepts were summarised and discussed.

Conclusion: Palliative care is a comprehensive care and dynamic process that covers all aspects of the client's existence. Sufficient knowledge and experience are required to perform effective palliative care as a clinical skill and qualification. Creating the appropriate substructure in order to educate and develop the skills of palliative care for the core team personnel, especially clinical nurses and physicians, is necessary.

1 | Background

Concept analysis plays an important role in advancement of basic knowledge in a discipline [1]. Caring science is an

independent science and a profession that is the basis of knowledge of all professions which have the caring and helpful nature. Care can be considered as the nucleus of clinical actions [2]. One of the dimensions of care is palliative care

palliative care and can initiate actions in training or practice. The consequences have been identified in two forms: positive and negative.

3.5.1 | Positive Consequences

The consequences identified with the highest frequency are the improvement of the quality of life (pain relief, tranquillity, preservation of dignity, and satisfaction) [53]. Palliative care relieves the pain and suffering throughout all stages of the diseases and is not limited only to end-of-life care [77, 78]. Reduction of expenses and duration of hospitalization, reduction of unnecessary offensive processes [79], information about the prognosis of the disease [80], reliable relationships with the patient and family, active participation of the patient and family in the creation and development of the care program, prevention of spiritual suffering, and psychological support were among the other consequences [81]. The study carried out by Sanchez and Chaves also showed that using the caring model in which palliative care merges with usual care can have considerable advantages for patients, including reduction of the period of hospitalization, reduction of the use of emergency services, and reduction of complications [45, 82]. Also, considering the experiences of patients in the study of Fu et al. showed that patients who used specialized palliative care achieved a wide range of self-management skills and self-confidence for controlling the symptoms. This experience has also changed their point of view regarding death and helped them plan for the future [54, 78]. The result of Karlsson et al.'s study also showed that for patients in palliative care, reconciliation can be described as a strive for acceptance, to live in a truthful way, to forgive, and to be forgiven [78].

3.5.2 | Negative Consequences

Drug addiction such as Morphine and failure to provide comprehensive care limit the effectiveness of palliative care and can result in physical, spiritual, emotional, and social suffering [83]. The imbalance between the physician and nurse and lack of unclear duties of each member of the palliative care team can cause role conflicts between the members of the care team, delays in care, unsuitable behaviour, and inefficient care [13]. The results of the study of Fu et al. also showed that the lack of regular assessment and continuous evaluation resulted in failure to implement quality palliative care [54].

3.6 | An Appropriate Example of the Concept

One appropriate way to clarify the concept and its effective applications is a vivid example of the concept that represents all attributes of definitions for the concept extracted from real life, from articles, or a condition made up by a nurse or any other person [16].

- Example: A 70-year-old woman is suffering from ovarian cancer. Her husband died last year and her only daughter is studying in another city. She has been suffering from depression after the cancer diagnosis. Her abdominal pain has worsened for about 3 months. For a month, her daughter has

brought her to the palliative care center for better care. Today, the patient complains of severe pain and says: "come and give me some medicine, so that I can feel better". Her nurse, who knows that her pain is so severe, comes to the room rapidly and, after talking with her, injects her with 20 mg Morphine on the basis of the physician's recommendation. After she calms down a bit, the nurse talks to her more and the patient confabulates with her: if my husband were alive, he would not have let me suffer so much. I cannot move anymore, which means I am not in the mood to even walk. If he were alive, I wouldn't suffer from cancer at all...I miss my husband and daughter so much. The nurse asks the psychologist to talk with the patient. After the psychologist's visit, he suggested contacting her daughter to talk to her mother on the phone or come to meet her in person. In this way, her daughter talked to her on the phone and the patient calmed down a bit. She said that her daughter had promised to come and visit her within a few days. After 2h, the physiologist goes to see the patient to teach her proper exercise movements. Then, the nurse goes to the room again to talk and support the patient and asks her how she feels now and asks her to come with her to the yard for walking, so that she feels better. The patient says: "it is better" and accepts the suggestion for walking.

Implications and Hypotheses of the Concept of Palliative Care: The Final Stage of Concept Analysis Consists of Determination of the Hypotheses and Analysis of the Reasons for Better Development of the Concept That Provides the Opportunity for Discussing the Application of the Findings Derived From the Concept Analysis [16]. Considering This Study, the Hypotheses for Future Studies Are as Follow

- Quality promotion and care safety
- Holistic care with maintaining values, dignity of patients, and moral and legal aspects of care
- Accessibility to palliative care services during the entire period of illness for the clients and families, not only the final stage of the disease.
 - Satisfaction promotion and trust increment between patients and families with health caregivers
 - Independency preservation of patients and self-management skills of symptoms
 - Reduction of expenses for patient and patient care center
 - Conformity of the patient and families with death adaptation strategies

4 | Discussion

The palliative care for adults is a challenge for health care systems throughout the world because the ratio of individuals above 60 years is increasing more rapidly than other age groups in many countries [17]. The merging of palliative care in treatment and caring programs of patients requires the recognition of the concept's dimensions. Considering the dynamism, change, and evolution of concepts, it is necessary to recognize their dimensions over time [14].

In the present study, the concept analysis clarified the point that palliative care is a dynamic concept and process aiming to