



Palliative Care in Cancer Patients: A Walker and Avant Concept Analysis

Ni Luh Putu Inca Buntari Agustini^a, Ni Wayan Ayu Widia Setiawati^{b*}, Dwi Fitri Genisti^c, I Kadek Agus Andika Adi Putra^d, Komang Ngurah Suputra Prasetya^e, Ni Luh Gede Eka Wahyuni Sudiarsa^f, Putu Ria Laksmi Handayani^g, Ni Luh Dwi Indrayani^h, I Gede Putu Darma Suyasaⁱ

^{a,b,c,d,e,f,g,h,i} Faculty of Health, Institute of Technology and Health Bali, Denpasar, Bali, Indonesia

*e-mail correspondence: widiasetiawati0409@gmail.com

Received: 24 January 2026

Accepted: 24 June 2026

Available online: 1 October 2026

DOI: <https://doi.org/10.25077/njk.v22i2.427>

Abstract

Palliative care aims to optimize the quality of life of people living with cancer and their families through the prevention and alleviation of multidimensional suffering. However, it is frequently mis conceptualized as care limited to the terminal phase, resulting in delayed integration into oncology services. This study aimed to clarify the concept of palliative care in cancer patients using Walker and Avant's concept analysis framework. A PRISMA-guided literature search was conducted in the PubMed and ScienceDirect databases for articles published between 2020 and 2025. The last search was conducted on 06 January 2026. Twenty eligible studies were systematically reviewed to examine the use of the palliative care concept and to identify its defining attributes, antecedents, consequences, and empirical referents. Five defining attributes of palliative care in oncology were identified: holistic care addressing physical, psychological, social, and spiritual dimensions; a primary focus on quality of life and patient dignity; interprofessional collaborative practice; empathic therapeutic communication; and spiritual existential support. Key antecedents included advanced or progressive cancer, high symptom burden, emotional and spiritual distress, diminishing benefits of curative treatments, complex decision making, and the need for advance care planning. The consequences included improved quality of life, better symptom control, reduced psychological distress, enhanced spiritual well-being, increased patient and family satisfaction, and clearer goals of care aligned with patient values. This analysis was limited to English- language articles indexed in two databases. Clarifying the concept of palliative care supports earlier referral, strengthens interprofessional practice, and informs oncology nursing education, clinical decision making, and future research. Across the entire cancer care trajectory and service continuum.

Keywords: Cancer, Concept Analysis, Oncology Nursing, Palliative Care.

INTRODUCTION

Cancer remains a major global health burden and a leading cause of death worldwide. In 2022, an estimated 20 million new cases and around 10 million deaths were reported globally (Bray et al., 2024). Many cancer patients are diagnosed only after the disease has progressed to an advanced stage (Mada et al., 2025; Reynaldi et al., 2020; Setyawan et al., 2023). This delay is often associated with disregarding early symptoms and patients reluctance to seek timely medical evaluation or undergo initial screening (Nugroho & Sucipto, 2020).

Advanced cancer is accompanied not only by physical symptoms but also by profound psychological and spiritual suffering (Aktaş & Uğur, 2023). Hospitalized patients often experience emotional distress



and spiritual concerns alongside uncontrolled symptoms and intensive treatment demands. ESMO (The European Society for Medical Oncology) notes that advanced cancer is typically characterized by multiple, concurrent symptoms that accumulate over time (Crawford et al., 2021). These burdens disrupt social roles, emotional functioning, and overall quality of life, and they also affect families (Gonçalves et al., 2024). This complexity underscores the need for care that integrates physical, psychological, social, and spiritual domains the central orientation of palliative care.

Palliative care is a person-centered, holistic approach for people living with serious illness, aiming to support both patients and those close to them (Agustini et al., 2025; Radbruch et al., 2020). World Health Organization (WHO) (2022) describes palliative care as the prevention and relief of suffering through early identification, comprehensive assessment, and management of problems across physical, psychological, social, and spiritual dimensions. Accordingly, palliative care can be initiated from the time of diagnosis and delivered alongside disease-directed therapies when appropriate (Andriastuti, 2023). In oncology, this framing positions palliative care as a longitudinal model that safeguards comfort, meaning, and dignity across the cancer trajectory.

From a nursing philosophy perspective, palliative care reflects the discipline's commitment to caring for the whole person bio-psycho-socio-spiritual while honoring autonomy and inherent dignity (Agustini et al., 2023; Ferrel et al., 2015). Despite growing endorsement, palliative care is still commonly interpreted as “end-of-life care” or as a signal to discontinue active treatment (Flieger et al., 2020; Magalhães et al., 2024). This narrow interpretation blurs boundaries with supportive or hospice care and fuels stigma around the term “palliative,” creating real barriers to timely, holistic implementation in oncology nursing (Alcalde & Zimmermann, 2022; Magalhães et al., 2024). Therefore, clarifying the concept is important to support consistent language, earlier integration, and coherent education, practice, and research.

METHODS

This study applied Walker and Avant's concept analysis approach. The method proceeds through eight steps: selecting the concept; specifying the purpose; identifying all uses; determining defining attributes; constructing a model case; developing additional cases (borderline/related/contrary, etc.); identifying antecedents and consequences; and defining empirical referents.

Search Strategy

An electronic literature search was conducted in PubMed and ScienceDirect for articles published between 2020 and 2025 to capture recent evidence relevant to palliative care in advanced cancer. The Final database search was conducted on 06 January 2026.

Table 1. Search Terms and Database Algorithm

Terminology	Search Strategy (Syntax)
Mesh Term	(“Palliative Care” OR “End of Life Care” OR “Quality of Life” OR “Palliative Therapy”) AND (“Advanced Cancer” OR “Terminal Cancer” OR “Metastatic Cancer” OR “Advanced-Stage Cancer”) AND (“nursing” OR “nursing care” OR “oncology nursing”)

Inclusion criteria were: (1) peer-reviewed journal articles primarily addressing palliative care, end-of-life care, and advanced-stage or terminal cancer; (2) empirical studies (qualitative, quantitative, mixed methods) and concept analysis papers; (3) English-language publication; and (4) full-text availability. Exclusion criteria were: (1) systematic reviews, meta-analyses, scoping reviews, and narrative literature reviews; and (2) studies not focused on palliative care in cancer.



RESULTS

The initial search retrieved 541 records (PubMed: n = 306; ScienceDirect: n = 235). After duplicate removal, title/abstract screening, and full-text assessment, 20 articles were retained for the concept analysis (Figure 1).

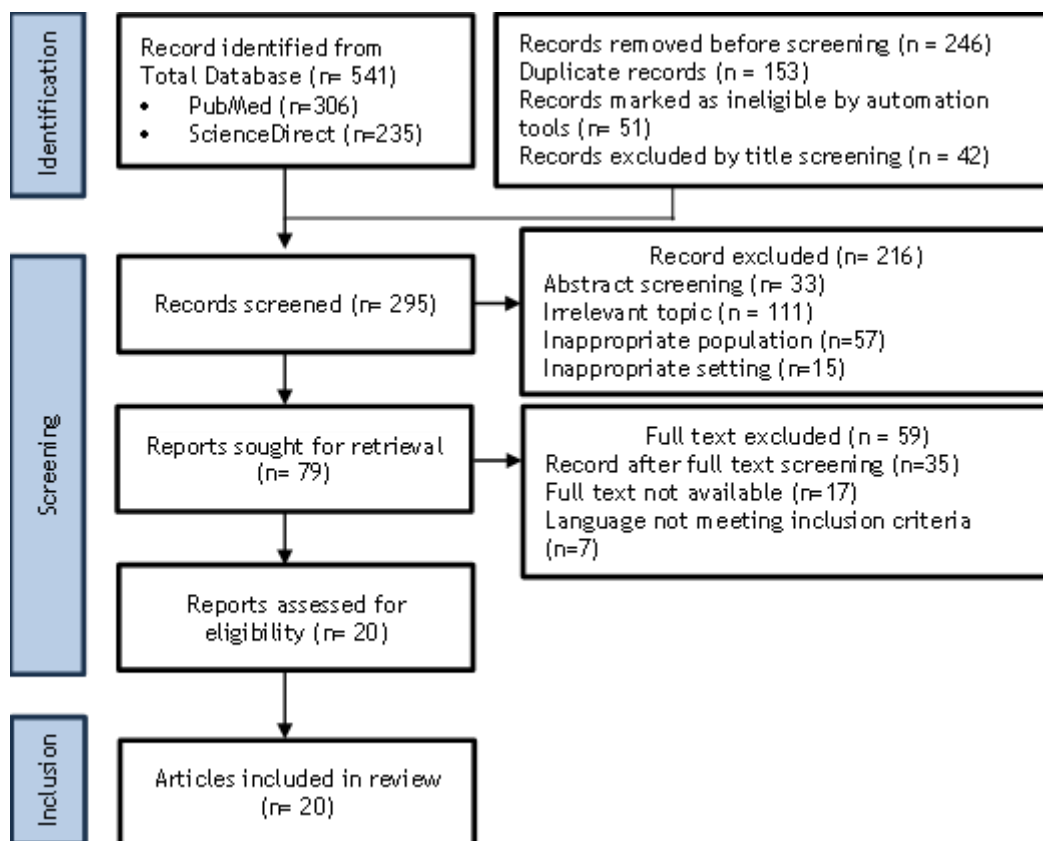


Figure 1. PRISMA Flow Chart of the Literature Strategy for This Concept Analysis

Table 2. Literature Analysis: The Concept of Palliative Care in Patients with Cancer

No	Author (Year)	Aim and Method	Definition of Palliative Care	Defining Attributes	Antecedents	Consequences	Empirical Referents
1	Silva et al. (2025)	Aim: To analyze and clarify the concept of palliative treatment in advanced cancer by identifying antecedents, defining attributes, and consequences. Method: Concept analysis using Walker & Avant.	An integrated approach focused on improving quality of life for cancer patients through the prevention and reduction of physical, psychological, social, and spiritual suffering.	Holistic care; symptom control; interdisciplinary team; patient-centered care; dignity; quality of life; communication	Advanced cancer diagnosis; severe symptom burden; failure of curative therapy; psychosocial distress; spiritual needs	Improved quality of life; comfort; illness acceptance; reduced suffering; dignified care	EORTC QLQ-C30; ESAS; FACT-G; MQOL
2	Aghahosseini et al. (2025)	Aim: To evaluate the impact of palliative care on quality of life and satisfaction in cancer patients. Method: Quasi-experimental study.	Comprehensive services focused on symptom control, psychological support, and improved quality of life.	Symptom management; psychological support; patient satisfaction; holistic approach	Cancer diagnosis; pain and chronic symptoms; emotional support needs	Improved quality of life; higher patient satisfaction; reduced pain and distress	EORTC QLQ-C30; Patient Satisfaction Questionnaire
3	Schenker et	Aim: To evaluate an oncology nurse-led	An early approach	Nurse-led care; early	Advanced-stage	Improved communication	FACT-G; HADS;

Table 2. Literature Analysis: The Concept of Palliative Care in Patients with Cancer

No	Author (Year)	Aim and Method	Definition of Palliative Care	Defining Attributes	Antecedents	Consequences	Empirical Referents
	al., (2021)	primary palliative care model. Method: Randomized Controlled Trial.	integrated into oncology care, focusing on communication, symptom control, and advance care planning.	integration; communication; advance care planning; symptom assessment	cancer; symptom complexity; communication and decision-making needs	n; improved quality of life; readiness for advance care planning	ACP Engagement Survey
4	Morisaku et al. (2022)	Aim: To assess the effect of early palliative care on survival in lymphoma patients. Method: (as reported) Retrospective study.	Early intervention supporting patients with hematologic cancer through symptom management and multidisciplinary support.	Early intervention; symptom relief; multidisciplinary approach	Lymphoma diagnosis; supportive care needs; recurrent hospitalizations	Improved overall survival; better symptom control	Survival time; symptom relief documentation
5	Pornratana et al. (2022)	Aim: To evaluate interprofessional collaboration practices in palliative care for advanced cancer patients. Method: Quasi-experimental study.	Interprofessional team-based care focused on quality of life and suffering reduction.	Interprofessional collaboration; coordinated care; holistic assessment	Advanced cancer; complex care needs; limited resources	Improved quality of life; reduced readmissions; clearer goals of care	QoL scale; readmission rate; anxiety & depression scale
6	Ke et al. (2024)	Aim: To evaluate a multidisciplinary supportive/palliative care model based on distress screening in ambulatory cancer patients. Method: Quasi-experimental study.	A multidimensional supportive approach integrated early through distress screening to identify physical and psychosocial needs.	Distress screening; multidisciplinary care; early identification; individualized intervention; integrated supportive care	Cancer diagnosis; psychological distress; comprehensive care needs; limited early detection	Reduced distress; improved emotional functioning; improved quality of life	Distress Thermometer; EORTC QLQ-C30; psychological distress scales
7	Patil et al. (2021)	Aim: To assess the effect of early palliative care on quality of life in advanced head and neck cancer patients. Method: Randomized Controlled Trial.	Early intervention delivered alongside oncology therapy to reduce suffering and maintain quality of life.	Early integration; symptom management; supportive care; patient-centered approach	Advanced-stage cancer; severe symptoms; impact of aggressive therapy	Partial improvement in quality of life; varied responses; improved comfort	EORTC QLQ-H&N35; QoL assessment scores
8	(Anderson et al. 2022)	Aim: To explore oncology clinicians' perceptions of the role of palliative care. Method: Cross-sectional survey.	An integral component of cancer care that includes pain management, complex symptom management, and end-of-life planning.	Interdisciplinary role; symptom management; goals of care; transition to hospice; communication	Complexity of cancer care; need for service coordination; limited understanding of referral timing	Increased use of palliative care; identification of referral barriers; improved care systems	Provider survey; referral patterns; perceived benefit indicators
9	Ibrahim et al. (2024)	Aim: To assess the effectiveness of a comprehensive rehabilitation program based on palliative care in cancer patients.	A holistic approach integrating physical rehabilitation, psychological support, and	Holistic rehabilitation; family involvement; multidisciplinary	Advanced cancer; functional decline; long-term support needs	Improved physical function; improved quality of life; reduced	Functional assessment scales; QoL instruments;



Table 2. Literature Analysis: The Concept of Palliative Care in Patients with Cancer

No	Author (Year)	Aim and Method	Definition of Palliative Care	Defining Attributes	Antecedents	Consequences	Empirical Referents
		Method: Quasi-experimental study.	family involvement.	support; functional recovery		anxiety and depression	anxiety & depression scales
10	Yuan et al. (2024)	Aim: To evaluate combined pain nursing and hospice care in advanced cancer patients. Method: Quasi-experimental study.	Care focused on pain control, comfort, and emotional support at end of life.	Pain management; hospice philosophy; dignity; comfort-focused care	Severe cancer pain; terminal stage; end-of-life care needs	Reduced pain; improved quality of life; greater acceptance of death	NRS; EORTC QLQ-C30; anxiety & depression scales
11	Matsumoto et al. (2022)	Aim: To evaluate the impact of early specialized palliative care in metastatic lung cancer patients receiving chemotherapy. Method: Retrospective cohort study.	Early specialist intervention to manage symptoms, support clinical decisions, and improve quality of life.	Early referral; specialized palliative team; symptom assessment; continuity of care	Metastatic lung cancer diagnosis; symptom burden; care coordination needs	Improved quality of life; psychological stability; potential survival prolongation	FACT-L; symptom burden scales; survival outcomes
12	Bluck et al., (2022)	Aim: To explore meaning, legacy, and dignity in palliative care. Method: Quantitative study with narrative analysis approach.	A supportive process that helps patients find meaning and purpose and maintain dignity at the end of life.	Meaning-making; dignity; life review; existential support	Terminal illness; existential distress; threat to personal identity	Illness acceptance; improved existential well-being; emotional calm	Dignity Therapy framework; meaning-in-life scales; existential well-being measures
13	Mosher et al. (2024)	Aim: To assess a mindfulness intervention for advanced cancer patients and caregivers. Method: Pilot randomized controlled trial.	A holistic approach including psychological and existential support and advance care planning.	Mindfulness-based care; patient-caregiver dyad; advance care planning; psychosocial support	Advanced cancer; emotional distress; avoidance of end-of-life discussions	Improved quality of life; improved existential well-being; readiness for advance care planning	MQoL; FACIT-Sp; ACP Engagement Survey; anxiety & depression scales
14	Wang & Ding. (2025)	Aim: To assess the effectiveness of integrated palliative care in advanced cancer patients. Method: Randomized controlled study.	An integrated model including pain management and psychological, social, and spiritual support with family involvement.	Integrated care; multidimensional support; family-centered care; compassionate care	Advanced cancer; worsening prognosis; holistic care needs	Improved quality of life; reduced anxiety and depression; higher family satisfaction	EORTC QLQ-C30; GAD-7; PHQ-9; family satisfaction measures
15	Yang et al. (2023)	Aim: To explore associations between pain management, spiritual well-being, and psychological distress in terminal cancer patients. Method: Prospective study.	Care focused on pain control and bio-psycho-spiritual support in the terminal phase.	Pain control; psycho-spiritual care; symptom-focused intervention	Terminal cancer; severe pain; psychological and spiritual distress	Reduced depression and anxiety; improved spiritual well-being (meaning, peace, faith)	NRS; FACIT-Sp; HADS; depression & anxiety scales
16	Sun et al. (2021)	Aim: To evaluate the impact of spiritual care on spiritual health, mental health, and quality of life in advanced cancer patients. Method: Case-	A holistic approach emphasizing spiritual, psychological, and emotional needs to preserve	Holistic approach; meeting spiritual needs; support for meaning and dignity;	Advanced cancer diagnosis; spiritual distress (loss of meaning, existential anxiety);	Improved spiritual health (meaning, inner peace); reduced anxiety and depression;	EORTC QLQ-C15-PAL; EORTC QLQ-SWB32; HADS



Table 2. Literature Analysis: The Concept of Palliative Care in Patients with Cancer

No	Author (Year)	Aim and Method	Definition of Palliative Care	Defining Attributes	Antecedents	Consequences	Empirical Referents
		control/quasi-experimental.	dignity, meaning, and quality of life.	emotional support in advanced disease; quality-of-life focus rather than cure	psychological distress (anxiety, depression); reduced quality of life	improved quality of life; greater acceptance of illness	
17	Balasubramanian et al. (2025)	Aim: To examine associations between palliative care quality and wish to die among end-stage cancer patients in middle-income countries. Method: Cross-sectional observational study.	Comprehensive care quality focused on reducing physical, psychological, and existential suffering in advanced cancer.	Holistic care; existential support; symptom control; dignity; quality of care	Advanced cancer; severe symptom burden; psychological and existential distress; low palliative care quality	Reduced wish to die; improved psychological and existential well-being; improved quality of life	Palliative care quality indicators; Wish to Die scale; symptom burden measures
18	Tsujimoto et al. (2025)	Aim: To explore the experiences of cancer patients receiving palliative radiotherapy in the palliative care context. Method: Qualitative descriptive study (in-depth interviews).	An approach accompanying patients through physical and emotional experiences during palliative therapy to maintain quality of life.	Patient experience; holistic approach; emotional support; meaning-making; coping	Advanced cancer; progressive symptoms; need for emotional support during palliative therapy	Improved coping; illness acceptance; meaning-making	Patient narratives; thematic analysis of lived experience
19	Dai et al. (2024)	Aim: To develop and validate a palliative care assessment instrument for cancer patients in China. Method: Instrument development and psychometric validation study.	A multidimensional service that can be identified and measured through physical, psychological, social, and spiritual indicators.	Measurable outcomes; multidimensional assessment; standardized evaluation; holistic indicators	Need for systematic palliative care assessment; limited validated measures	Objective identification of palliative needs; improved quality evaluation	Validated palliative care assessment tools; QoL scales; psychometric indicators
20	Ko et al. (2020)	Aim: To compare patterns of palliative care and aggressive care at end of life in cancer and non-cancer patients. Method: Retrospective cohort study.	An approach that reduces aggressive care and improves alignment of care with patient goals.	Goal-concordant care; reduction of aggressive treatment; patient-centered care; end-of-life planning	Terminal illness (cancer and non-cancer); risk of overtreatment; mismatch in goals of care	Reduced aggressive care; improved goal concordance; improved end-of-life quality	Treatment intensity indicators; place of death; healthcare utilization data

Select Concept

Palliative care in cancer was selected because advanced malignancy generates complex suffering that extends beyond physical symptoms to psychological, social, and spiritual domains, requiring a holistic nursing response (Aktaş & Uğur, 2023; Crawford et al., 2021). Although conceptually it refers to comprehensive support aimed at quality of life from diagnosis through end of life, palliative care is still frequently treated as synonymous with terminal care (Flieger et al., 2020; WHO, 2022). Inconsistent use alongside terms such as hospice care and supportive care can delay referral and limit appropriate service uptake (Ali & Tyerman, 2024). A Walker and Avant concept analysis is therefore



needed to articulate a precise definition and to delineate defining attributes, antecedents, consequences, and empirical referents that can strengthen palliative oncology nursing practice and scholarship.

Determine the Aims or Purpose of Analysis

The purpose of this concept analysis is to clarify the meaning and boundaries of palliative care in patients with cancer and to identify its defining attributes, antecedents, consequences, and empirical referents, thereby supporting consistent language and earlier, evidence-informed integration within oncology nursing.

Identify All Uses of the Concept

The concept of palliative care is used across clinical practice, policy, education, and research. In service delivery, it refers to care that improves quality of life for patients and families facing life-threatening illness by preventing and relieving suffering across physical, psychological, social, and spiritual domains (WHO, 2022). In nursing, the concept highlights nurses' responsibilities to provide holistic and compassionate care that addresses symptom distress as well as emotional and spiritual concerns (Watson, 2008). It is also used to describe interprofessional, collaborative practice in which patients and families are treated as key partners in decision-making (Ali & Tyerman, 2024; Silva et al., 2025).

In research and quality evaluation, palliative care is treated as a measurable construct operationalized through multidimensional indicators that capture physical, psychological, social, and spiritual outcomes, enabling appraisal of effectiveness in cancer care (Dai et al., 2024). Philosophically, the concept is used to deepen understanding of suffering, dignity, and a dignified death as part of the human life course (Balasubramanian et al., 2025; Jaman-Mewes et al., 2025).

Determine the Defining Attributes

Defining attributes are the core features that differentiate palliative care from other models of care. Across the included literature, five attributes consistently characterized palliative care in oncology nursing: (1) Holistic, person-centered assessment and care integrating physical symptom management with psychological, social, and spiritual support, helping patients pursue balance and peace while living with cancer (Silva et al., 2025; Sun et al., 2021; Wang & Ding, 2025); (2) Prioritization of quality of life and dignity through comfort-focused care that respects autonomy and patients' values even when cure is unlikely (Aghahosseini et al., 2025; Anderson et al., 2022; Bluck et al., 2022; WHO, 2022); (3) Interprofessional, collaborative delivery involving nurses, physicians, and other professionals working with families to coordinate comprehensive support across settings professionals, and families work together to provide comprehensive support for cancer patients. Collaboration enables sustained and comprehensive care throughout the illness trajectory (Ibrahim et al., 2024; Ke et al., 2024; Schenker et al., 2021); (4) Empathic, therapeutic communication that enables honest dialogue about prognosis, goals of care, and advance care planning, aligning decisions with patient preferences (Anderson et al., 2022; Mosher et al., 2024; Schenker et al., 2021); (5) Spiritual and existential support to address meaning, hope, and acceptance in the face of serious illness and mortality; existential suffering may appear as hopelessness, loss of purpose, or a wish to die and is not always equivalent to clinical depression (Balasubramanian et al., 2025). Attention to this dimension strengthens psychological well-being and quality of life (Bluck et al., 2022; Jaman-Mewes et al., 2025; Sun et al., 2021; Yang et al., 2023). Together, these attributes position palliative care as a humane, evidence-informed nursing practice centered on dignity, multidimensional needs, and collaborative care.

Identify a Model Case

A model case is an example that fully reflects all defining attributes of the concept. The following scenario illustrates how palliative care is implemented for an adult with advanced cancer in a way that integrates holistic assessment, symptom relief, interprofessional collaboration, therapeutic communication, and spiritual support.

Mrs. S, a 52-year-old woman with metastatic breast cancer, has had limited response to several lines of chemotherapy. The team shifts the goal of care from cure to comfort and quality of life. Her primary nurse conducts a comprehensive assessment covering physical symptoms, emotional state, family and social resources, and spiritual concerns. Persistent pain is managed using a stepwise analgesic plan complemented by nonpharmacological strategies such as guided breathing and relaxation. The nurse also provides ongoing emotional support through attentive, nonjudgmental listening and helps the family understand the disease trajectory and how to maintain comfort at home. A palliative care team (physician, nurse, dietitian, and other professionals) meets regularly to review symptoms and adapt the care plan. The nurse acts as a liaison so that decisions remain aligned with Mrs. S' values and preferences. During spiritual support sessions, Mrs. S expresses a wish to spend meaningful time with her children without overwhelming pain. With coordinated symptom control, clear communication, and spiritual accompaniment, she reports greater calm and a renewed sense of meaning, while her family feels supported to provide compassionate care through the end of life.

Identify Borderline, Related, and Contrary Cases**Borderline Case**

A borderline case reflects most attributes of palliative care but does not fully represent the concept. A borderline case contains several, but not all, defining attributes. For example, Mr. H, a 60-year-old patient with lung cancer and severe pain, receives pain management from physicians and nurses in an oncology ward. The clinical team focuses on physical symptom control using analgesics and oxygen therapy, but no psychological or spiritual assessment is performed. Although pain decreases and comfort improves, emotional support and therapeutic communication are not optimally provided. This case reflects some palliative care attributes but does not fulfill holistic, collaborative, and spiritual dimensions comprehensively.

Related Case

A related case is similar to palliative care but differs in primary purpose.

A related case shares similarities with palliative care but represents a different concept. For example, Mrs. D is an advanced-stage cancer patient receiving supportive care during chemotherapy. Care focuses on preventing treatment side effects, providing nutrition education, and offering social support to maintain daily functioning. Although this approach supports patient well-being, its primary goal is to sustain chemotherapy rather than address end-of-life preparedness and existential needs. Therefore, it is more appropriately categorized as supportive care and does not fully meet palliative care attributes.

Contrary Case

A contrary case does not reflect palliative care attributes. A contrary case demonstrates what palliative care is not. For example, Mr. R, a 55-year-old patient with advanced colorectal cancer, is hospitalized with continued chemotherapy despite poor prognosis. Care is delivered without systematic pain assessment, without open communication about prognosis, and without psychological or spiritual support. Care decisions are determined entirely by clinicians without involving the patient and family. The patient experiences severe pain, emotional distress, and feels disrespected in decision-making. This case contradicts palliative care principles because it neglects holistic care, quality of life, therapeutic communication, and patient dignity.



Identify Antecedents and Consequences

Antecedents

Antecedents are conditions that precede and prompt the need for palliative care. Across the included studies, key antecedents include progressive or advanced cancer and a complex physical symptom burden (e.g., pain, fatigue, dyspnea, declining function) (Aghahosseini et al., 2025; Patil et al., 2021). Psychological and spiritual distress such as anxiety, depressed mood, loss of meaning, and uncertainty commonly co-occur and often trigger referral (Bluck et al., 2022; Sun et al., 2021; Yang et al., 2023). Additional antecedents include diminishing benefit of curative therapy, increasing decision complexity, and the need for explicit communication about goals of care and advance care planning (Anderson et al., 2022; Morisaku et al., 2022; Schenker et al., 2021).

Consequences

Consequences of palliative care in cancer are reflected in multidimensional benefits. Reported outcomes include improved quality of life, better symptom relief (including pain), and improved psychological outcomes such as lower anxiety and depression (Aghahosseini et al., 2025; Ke et al., 2024; Patil et al., 2021). Studies also describe enhanced spiritual well-being, greater illness acceptance, and strengthened dignity among patients with advanced cancer (Bluck et al., 2022; Sun et al., 2021). Additional outcomes include clearer communication among patients, families, and clinicians; greater readiness for advance care planning; and higher patient and family satisfaction with care (Anderson et al., 2022; Mosher et al., 2024; Schenker et al., 2021). Some reports note survival-related benefits, which are best interpreted as downstream effects of comprehensive, coordinated care rather than direct curative action (Morisaku et al., 2022).

Define Empirical Referents

Empirical referents are observable and measurable indicators that allow a concept to be recognized in practice. In palliative care, empirical referents translate defining attributes into assessable domains, enabling evaluation of holistic needs, quality-of-life outcomes, team collaboration, communication quality, spiritual well-being, and nurse competence.

Holistic patient assessment. This indicator reflects the ability to assess multidimensional needs (physical, psychological, social, and spiritual) in a systematic manner. Tools such as the Integrated Palliative Care Outcome Scale (IPOS) and the Edmonton Symptom Assessment System (ESAS) are commonly used to capture symptom burden and broader concerns across domains. **Quality of life and symptom outcomes.** Instruments such as the McGill Quality of Life Questionnaire (MQOL) and the EORTC QLQ-C15-PAL assess physical comfort, emotional state, social functioning, and existential well-being. **Interprofessional collaboration.** Measures including the Collaborative Practice Assessment Tool (CPAT) and palliative care interdisciplinary team evaluation tools can be used to appraise coordination and communication within teams.

Therapeutic communication and empathy. Tools such as the Consultation and Relational Empathy (CARE) Measure and the Communication Assessment Tool (CAT) can capture patients' perceptions of empathic engagement and information exchange. **Spiritual and emotional support.** Instruments such as the FACIT-Sp12 and the Spiritual Care Competence Scale (SCCS) assess spiritual well-being and clinicians' competence in spiritual care. **Nurse competence and knowledge.** The Palliative Care Quiz for Nurses (PCQN), Self-Efficacy in Palliative Care Scale (SEPC), and other competence measures can evaluate readiness for palliative practice. **Family participation and shared decision-making.** The Family Satisfaction with End-of-Life Care (FS-ICU 24) and Decision Conflict Scale (DCS) can be used to examine family engagement, satisfaction, and the quality of decision-making processes.



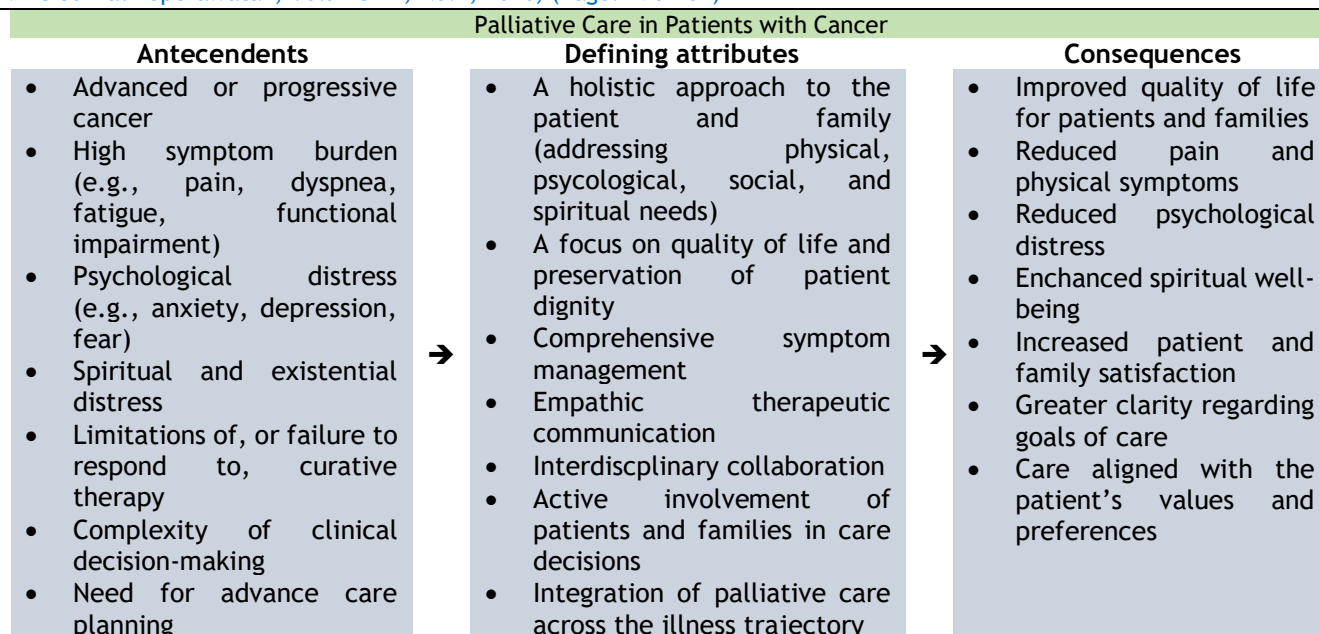


Figure 2. Palliative Care in Patients with Cancer: Antecedents, Defining Attributes, and Consequences

DISCUSSION

This Walker and Avant-guided concept analysis elucidates the meaning and delineates the conceptual boundaries of palliative care in oncology nursing. The findings suggest that palliative care in cancer extends beyond terminal-phase services; rather, it represents a holistic approach embedded throughout the disease course, from diagnosis to end of life. This interpretation is consistent with the WHO, (2022) definition and with ESMO recommendations advocating the early integration of palliative care in advanced cancer management (Crawford et al., 2021). Within oncology practice, palliative care is characterized by proactive symptom control, optimization of quality of life, structured goals-of-care communication, and ongoing support for patients and families, delivered alongside disease-directed treatments when appropriate (Ferrell et al., 2017; Schenker et al., 2021).

The defining attributes identified holistic care, quality of life and dignity, interprofessional collaboration, empathic communication, and spiritual/existential support, highlight palliative care as a philosophically grounded nursing practice. Ontologically, cancer patients are approached as whole persons with multidimensional needs. Epistemologically, care integrates evidence, clinical judgment, and subjective experience. Axiologically, dignity, empathy, and autonomy guide decisions. In this sense, palliative care represents an applied form of human caring focused on meaning and values (Wantonoro et al., 2022; Watson, 2008).

This analysis also suggests that palliative care may present differently across clinical contexts. In heart failure, it often emphasizes long-term symptom control, repeated reassessment, and decision-making within a fluctuating disease course and uncertain prognosis (Ali & Tyerman, 2024). In emergency settings, palliative care may be reactive to acute crises and constrained by limited time and an environment less conducive to sustained communication (Agustini et al., 2025). By contrast, palliative care in advanced cancer more consistently foregrounds existential and spiritual concerns meaning-making, acceptance, and preparation for end of life and is ideally delivered as a planned, longitudinal approach that supports quality of life over time (Bluck et al., 2022; Ibrahim et al., 2024; Yang et al., 2023).

Overall, palliative care should be understood not only as a clinical approach but also as the enactment of nursing philosophy that integrates science, artistry, and human values in practice. This resonates with Watson's Human Caring theory, which locates the transpersonal caring relationship and the caring-healing moment at the center of nursing, where authentic presence and connection can foster healing even when cure is not possible (Watson, 2008). By clarifying conceptual boundaries, this analysis strengthens the theoretical basis for holistic, sustained, value-congruent palliative care in oncology.

This concept analysis has limitation, particularly in the literature search process, which included only two databases (PubMed and ScienceDirect). As a result, some potentially relevant studies indexed in other databases may not have been identified.

CONCLUSION

This concept analysis clarifies that palliative care in advanced cancer is a holistic, dignity-preserving approach that addresses bio-psycho-socio-spiritual needs through symptom relief, empathic communication, spiritual support, and interprofessional collaboration. The analysis identifies key antecedents (progressive disease, complex symptom and distress burden, limits of curative therapy, and the need for advance care planning) and associated consequences (better quality of life, improved symptom control, reduced distress, enhanced spiritual well-being, clearer goals of care, and higher patient/family satisfaction). From a philosophy of nursing science, the concept integrates ontological assumptions about human wholeness and inherent worth, epistemological commitments to evidence and clinical reasoning, and axiological commitments to ethics, compassion, and respect for patient.

REFERENCES

- Aghahosseini, S. S., Karami, M., Rassouli, M., Akbari, M. E., Ebrahimi, H., & Najafi, K. (2025). Impact of palliative care on the quality of life and patient satisfaction in cancer patients: A before-and-after quasi-experimental study. *Journal of Research Development in Nursing and Midwifery*, 22(3), 8-13. <https://doi.org/10.29252/jgbfnm.22.3.8>.
- Agustini, N. L. P. I. B., Indrayani, N. L. D., Widiadnyana, I. N., Aprianini, N. L. P. Y., Lestari, P. I. J., Erawati, N. K., ... Ekabudiningsih, V. (2025). Emergency care for palliative patients in the emergency room: A literature review. *Malahayati International Journal of Nursing and Health Science*, 8(4), 527-537. <https://doi.org/10.33024/minh.v8i4.743>.
- Agustini, N. L. P. I. B., Satriani, N. L. A., Dewi, N. P. A. R., Yulistina, P. D., Dewi, P. S., Putra, P. A. S., ... Yudha, G. K. E. (2023). Philosophy of Science on The Development of Palliative Nursing Practice in The Implementation of Long-Term Care for The Elderly: A Literature Review. *Jurnal Info Kesehatan*, 21(2), 226-238. <https://doi.org/10.31965/infokes.vol21.iss2.1064>.
- Agustini, N. L. P. I. B., Swarjana, I. K., Israfil, I., & Suyasa, I. G. P. D. (2025). Development of a palliative end of life care (PEOLC) model based on transcultural nursing for patients in need of long-term care. *Jurnal Ners*, 20(2), 164-172. <https://doi.org/10.20473/jn.v20i2.65544>.
- Aktaş, A., & Uğur, Ö. (2023). The effect of physical and psychological symptoms on spiritual well-being and emotional distress in inpatient cancer patients. *Supportive Care in Cancer*, 31(8), 473. <https://doi.org/10.1007/s00520-023-07945-7>.
- Alcalde, J., & Zimmermann, C. (2022). Stigma about palliative care: origins and solutions. *Ecancermedicalscience*, 16. <https://doi.org/10.3332/ecancer.2022.1377>.



- Ali, S., & Tyerman, J. (2024). Palliative Care for the Elderly With Heart Diseases in Tertiary Health care: A Concept Analysis. *American Journal of Hospice and Palliative Medicine*, 41(9), 1061-1075. <https://doi.org/10.1177/10499091231213606>.
- Anderson, T. M., Farrell, M. M., Moss, G., Gupta, M., Mooney, S., Daunov, K., ... Lee, R. T. (2022). The perspectives of oncology healthcare providers on the role of palliative care in a comprehensive cancer center. *BMC Palliative Care*, 21(1). <https://doi.org/10.1186/s12904-022-01039-7>.
- Andriastuti, M. (2023). Peran Pelayanan Paliatif dan Suportif pada Pasien Kanker Anak. 25(4), 278-282.
- Balasubramanian, I., Andres, E. B., Chaudhry, I., Ozdemir, S., Manalo, M. F., Zu, W. W. M., ... Malhotra, C. (2025). "Wish to Die" Among Patients With Advanced Cancer: Does Institutional Quality of Care Matter? *Journal of Pain and Symptom Management*, 70(3), 258-266.e1. <https://doi.org/10.1016/j.jpainsymman.2025.05.013>.
- Bluck, S., Mroz, E. L., Wilkie, D. J., Emanuel, L., Handzo, G., Fitchett, G., ... Bylund, C. L. (2022). Quality of Life for Older Cancer Patients: Relation of Psychospiritual Distress to Meaning-Making During Dignity Therapy. *American Journal of Hospice and Palliative Medicine*, 39(1), 54-61. <https://doi.org/10.1177/10499091211011712>.
- Bray, F., Laversanne, M., Sung, H., Ferlay, J., Siegel, R. L., Soerjomataram, I., & Jemal, A. (2024). Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians*, 74(3), 229-263. <https://doi.org/10.3322/caac.21834>.
- Crawford, G. B., Dzierżanowski, T., Hauser, K., Larkin, P., Luque-Blanco, A. I., Murphy, I., ... Ripamonti, C. I. (2021). Care of the adult cancer patient at the end of life: ESMO Clinical Practice Guidelines ☆. *ESMO Open*, 6(4). <https://doi.org/10.1016/j.esmoop.2021.100225>.
- Dai, Y., Ding, J., Daveson, B. A., Chen, Y., Connolly, A., & Johnson, C. E. (2024). Validating performance status and activities of daily living assessment tools for Chinese palliative care in a cancer setting: A cross-cultural psychometric study. *Asia-Pacific Journal of Oncology Nursing*, 11(12). <https://doi.org/10.1016/j.apjon.2024.100613>.
- Ferrel, B. R., Coyle, N., & Paice, J. (2015). *Oxford Textbook of Palliative Nursing* (4 edn; B. R. Ferrell, N. Coyle, & J. Paice, Eds.). Oxford University Press. <https://doi.org/10.1093/med/9780199332342.001.0001>.
- Ferrell, B. R., Temel, J. S., Temin, S., Alesi, E. R., Balboni, T. A., Basch, E. M., ... Smith, T. J. (2017). Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update. *Journal of Clinical Oncology*, 35(1), 96-112. <https://doi.org/10.1200/JCO.2016.70.1474>.
- Flieger, S. P., Chui, K., & Koch-Weser, S. (2020). Lack of Awareness and Common Misconceptions About Palliative Care Among Adults: Insights from a National Survey. *Journal of General Internal Medicine*, 35(7), 2059-2064. <https://doi.org/10.1007/s11606-020-05730-4>.



Gonçalves, F., Gaudêncio, M., Paiva, I., Semedo, V. A., Rego, F., & Nunes, R. (2024). Impact of Symptom Distress on the Quality of Life of Oncology Palliative Care Patients: A Portuguese Cross-Sectional Study. *Healthcare (Switzerland)*, 12(23). <https://doi.org/10.3390/healthcare12232487>.

Ibrahim, A. M., Wahba, N. M. I., Zaghamir, D. E. F., Mersal, N. A., Mersal, F. A., Ali, R. A. E. S., ... Mohamed, H. A. H. (2024). Impact of a comprehensive rehabilitation palliative care program on the quality of life of patients with terminal cancer and their informal caregivers: a quasi-experimental study. *BMC Nursing*, 23(1). <https://doi.org/10.1186/s12912-024-02028-2>.

Jaman-Mewes, P., da Silva de Oliveira, M. C., Ruas, V. G., de Paula Pessoa, V. L. M., Kurita, G. P., & de Góes Salvetti, M. (2025, September 1). Spiritual suffering in palliative care: a concept analysis. *Supportive Care in Cancer*, Vol. 33. Springer Science and Business Media Deutschland GmbH. <https://doi.org/10.1007/s00520-025-09860-5>.

Ke, Y., Neo, P. S. H., Yang, G. M., Neo, S. H.-S., Tan, Y. Y., Tan, Y. P., ... Chan, A. (2024). Impact of a Multidisciplinary Supportive Care Model Using Distress Screening at an Asian Ambulatory Cancer Center: A Cluster Randomized Controlled Trial. *JCO Oncology Practice*, 20(9), 1207-1218. <https://doi.org/10.1200/op.23.00505>.

Ko, Y. T., Ko, M. C., Huang, C. M., Lien, H. Y., Woung, L. C., & Huang, S. J. (2020). Trends of Utilization of Palliative Care and Aggressive End-of-Life Care for Patients Who Died of Cancers and Those Who Died of Noncancer Diseases in Hospitals. *Journal of Pain and Symptom Management*, 60(6), 1136-1143. <https://doi.org/10.1016/j.jpainsymman.2020.06.037>.

Mada, S. N. A., Shafriani, N. R., & Bimantara, A. (2025). Penurunan Kadar CA 15-3 dan Gambaran Kadar Trombosit pada Penderita Kanker Payudara yang Menjalani Kemoterapi pada Tahun 2021-2024. *Jurnal Penelitian Kesehatan Suara Forikes*, 16(3), 776-780. <https://doi.org/10.33846/sf16315>.

Magalhães, J. C. R., Etchegaray, A., & Gonçalves, G. M. S. (2024). Comparison of the perception of palliative care by healthcare professionals in some countries around the world: a systematic review. *Annals of Palliative Medicine*, 13(4), 1090-1100. <https://doi.org/10.21037/apm-24-39>.

Matsumoto, Y., Umemura, S., Okizaki, A., Fujisawa, D., Kobayashi, N., Tanaka, Y., ... Ohe, Y. (2022). Early specialized palliative care for patients with metastatic lung cancer receiving chemotherapy: A feasibility study of a nurse-led screening-triggered programme. *Japanese Journal of Clinical Oncology*, 52(4), 375-382. <https://doi.org/10.1093/jjco/hyab204>.

Morisaku, M., Ito, K., Shimomura, T., Maeda, S., Mori, M., Toyosato, S., ... Yamada, S. (2022). Early Palliative Care Improves Overall Survival in Patients With Lymphoma: A Single-institution Retrospective Study. *In Vivo*, 36(6), 2910-2917. <https://doi.org/10.21873/invivo.13032>.

Mosher, C. E., Beck-Coon, K. A., Wu, W., Lewson, A. B., Stutz, P. V., Brown, L. F., ... Johns, S. A. (2024). Mindfulness to enhance quality of life and support advance care planning: a pilot randomized controlled trial for adults with advanced cancer and their family caregivers. *BMC Palliative Care*, 23(1). <https://doi.org/10.1186/s12904-024-01564-7>.

Nugroho, K. D., & Sucipto, U. (2020). Studi Fenomenologi: Dampak Pengabaian Gejala Kanker Bagi Klien Dan Keluarga. *Jurnal Keperawatan Malang*, 5(1), 46-54. Retrieved from <http://jurnal.stikespantiwaluya.ac.id/>.



Patil, V. M., Singhai, P., Noronha, V., Bhattacharjee, A., Deodhar, J., Salins, N., ... Prabhaskar, K. (2021). Effect of Early Palliative Care on Quality of Life of Advanced Head and Neck Cancer Patients: A Phase III Trial. *Journal of the National Cancer Institute*, 113(9), 1228-1237. <https://doi.org/10.1093/jnci/djab020>.

Pornrattanakavee, P., Srichan, T., Seetalarom, K., Saichaemchan, S., Oer-areemit, N., & Prasongsook, N. (2022). Impact of interprofessional collaborative practice in palliative care on outcomes for advanced cancer inpatients in a resource-limited setting. *BMC Palliative Care*, 21(1). <https://doi.org/10.1186/s12904-022-01121-0>.

Radbruch, L., De Lima, L., Knäuper, F., Wenk, R., Ali, Z., Bhatnagar, S., ... Pastrana, T. (2020). Redefining Palliative Care—A New Consensus-Based Definition. *Journal of Pain and Symptom Management*, 60(4), 754-764. <https://doi.org/10.1016/j.jpainsymman.2020.04.027>.

Reynaldi, A., Trisyani W, Y., & Adiningsih, D. (2020). Kualitas Hidup Pasien Kanker Paru Stadium Lanjut. *Journal of Nursing Care*, 3(2), 71-79.

Schenker, Y., Althouse, A. D., Rosenzweig, M., White, D. B., Chu, E., Smith, K. J., ... Arnold, R. M. (2021, November 1). Effect of an Oncology Nurse-Led Primary Palliative Care Intervention on Patients with Advanced Cancer: The CONNECT Cluster Randomized Clinical Trial. *JAMA Internal Medicine*, Vol. 181, pp. 1451-1460. American Medical Association. <https://doi.org/10.1001/jamainternmed.2021.5185>.

Setyawan, I. B., Kurnia, D., Setiaji, K., Anwar, S. L., Purwanto, D. J., Azhar, Y., ... Achmad, D. (2023). Sociodemographic disparities associated with advanced stages and distant metastatic breast cancers at diagnosis in Indonesia: a cross-sectional study. *Annals of Medicine & Surgery*, 85(9), 4211-4217. <https://doi.org/10.1097/ms9.0000000000001030>.

Silva, L. dos S., Nogueira, L. de A., Coelho, R. de C. F. P., Oliveira, J. L. H. de, Briedis, N. C. de A., Rosa, L. M. da, & Kalinke, L. P. (2025). Palliative treatment in the clinical context of advanced cancer: concept analysis. *Cogitare Enfermagem*, 30. <https://doi.org/10.1590/ce.v30i0.98347en>.

Sun, X.-H., Liu, X., Zhang, B., Wang, Y.-M., & Fan, L. (2021). Impact of spiritual care on the spiritual and mental health and quality of life of patients with advanced cancer. *World Journal of Psychiatry*, 11(8), 449-462. <https://doi.org/10.5498/wjp.v11.i8.449>.

Tsujimoto, A., Kusunoki, J., & Masujima, M. (2025). Experience of patients with advanced cancer undergoing palliative radiotherapy for bone metastases: A qualitative study. *European Journal of Oncology Nursing*, 78. <https://doi.org/10.1016/j.ejon.2025.102946>.

Wang, M., & Ding, X. (2025). Integrated palliative care improves the quality of life of advanced cancer patients. *BMC Palliative Care*, 24(1). <https://doi.org/10.1186/s12904-025-01800-8>.

Wantonoro, W., Suryaningsih, E. K., Anita, D. C., & Nguyen, T. Van. (2022). Palliative Care: A Concept Analysis Review. *SAGE Open Nursing*, Vol. 8. SAGE Publications Inc. <https://doi.org/10.1177/23779608221117379>.

Watson, J. (2008). *The Philosophy and Science of Caring* (Revised). Boulder: University Press of Colorado.

World Health Organization (WHO). (2022). Palliative care.



Yang, Y., Cui, M., Zhao, X., Wang, S., Wang, Y., & Wang, X. (2023). Association of pain management and positive expectations with psychological distress and spiritual well being among terminally ill cancer patients admitted to a palliative care unit. *BMC Nursing*, 22(1). <https://doi.org/10.1186/s12912-023-01259-z>.

Yuan, T., Zhou, Y., Wang, T., Li, Y., & Wang, Y. (2024). Impact research of pain nursing combined with hospice care on quality of life for patients with advanced lung cancer. *Medicine (United States)*, 103(22), E37687. <https://doi.org/10.1097/MD.00000000000037687>.

