Overcoming barriers in hospice and palliative care research is a multi-faceted challenge for researchers conducting intervention studies. The complexity and variations of these barriers are abundant and serious in nature and can threaten the success of intervention research for the hospice and palliative care patient population. This article explores how challenges and barriers to intervention research can be mitigated by nurses caring for patients in hospice and palliative care settings.

AT A GLANCE
- Terminally ill patients participate in intervention research studies for highly personal and altruistic reasons.
- Bedside nurses play a key role in recruiting patients for hospice and palliative care research.
- Nurse practitioners can collaborate with researchers to establish effective strategies for conducting intervention research on hospice and palliative care.

KEYWORDS
nursing interventions; research; hospice; palliative care; barriers

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Barriers to Hospice and Palliative Care Research

A patient-centered approach to intervention studies

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Patients with cancer at the end of life can have altruistic goals, such as having a life that mattered, being part of a larger existential self, feeling free to express themselves, using unrestrained and honest talk, giving back to society, and reconciling and integrating themselves into complete human beings who are engaged in the world (Bloomer et al., 2018). A systematic review by Alexander et al. (2018) reported that patients at the end of life viewed participating in research studies as worthwhile, with the positive benefits outweighing any negative risks, such as an increase in symptoms. According to Wohleber et al. (2012), denying this vulnerable population the right to participate in intervention research studies would also deny their autonomy and show a lack of respect for their humanity.

Gatekeeper Perspective
Access to patients may be limited by family members or caregivers, who can also be known as gatekeepers (Walter & Read, 2011). The patient’s gatekeeper may be his or her family member or a member of the palliative care team, hospice ethics committee, or the interprofessional healthcare team. Research involving patients at the end of life was thought to be damaging, insensitive, and intrusive, and these ethical concerns have been evaluated to determine whether such clinical research exploits an already vulnerable patient population (Walter & Read, 2011). In a systematic review of 30 studies on gatekeeping in palliative care research, Kars et al. (2016) found that the fear of burdening patients is the most commonly reported