patients is unclear. Healthcare assistants have a significant role in caring for the dying but their contribution to pain recognition is unexplored.

Aims: Explore nurses' use of pain assessment tools in patients dying with advanced dementia in hospice, secondary and nursing home care settings and investigate the role of healthcare assistants in pain assessment.

Methods: Semi-structured, face-to-face interviews were conducted with 24 nurses and 14 healthcare assistants. Thematic analysis of verbatim transcripts was used to identify emergent themes. Three researchers confirmed final themes.

Results: The Abbey Pain Scale formed part of the pain assessment protocol for nurses across care settings but most reported challenges in using it with dying patients. Scores based on brief observation were perceived as a poor substitute for knowledge of the patient, observation over time and collateral history from healthcare assistants and family. Most nurses reported pain tools resulted in no measurable clinical outcomes for patients nearing death. Healthcare assistants described methods of recognising and reporting pain and their role in observing for treatment response and side effects. Nurses and healthcare assistants described mixed experiences discussing pain with physicians.

Conclusion: Nursing staff described challenges with integrating pain assessment tools in practice and preferred patient knowledge, observation and collateral history from family and healthcare assistants to assess pain. The contribution of healthcare assistants in recognizing and reporting pain and assessing treatment response is described. These findings have important implications for health policy, nurse education and healthcare provision.

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A Qualitative Study about Comfort Perceptions in Palliative Care Patients

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Background: Comfort is a core concept in palliative care (PC), difficult to define and evaluate. Little is known about what is comfort in patients' perspectives which is really important regarding effective interventions. The study is based on the authors' ongoing PhD research about the development and evaluation of comfort as a complex intervention.

Aim: To analyse perceptions about comfort in PC patients admitted to acute settings.

Methods: Qualitative study using in-depth, semi-structured and face-to-face interviews, from January to March 2015, according to the *Consolidated Criteria for Reporting Qualitative Research*. Interviews were tape-recorded, transcribed verbatim and analysed using interpretative content analysis. Thirteen PC patients, aged over 18 years, with discomfortable experiences in last 15 days were recruited at 5 in-patient medical-surgical settings.

Results/discussion: The majority of participants were male, married and have a cancer (n=7). Five themes and 10 categories emerged: *Me and what I feel* (symptom management); *Me and I how I react* (self-control, vulnerability/disability, information management); *Me a human being in society* (significant relationships); *Me and the meaning of my life* (faith/hope, reconciliation, meaning of life, spiritual distress); *Me and the world around me* (place of care provision). Pain and difficulty in resting were very discomfortable symptoms. Insecurity, physical dependence and transmission of unclear information were considered negative factors for achieving comfort. To love/to be loved, to express gratitude, to feel in peace and to have the control of decisions were considered positive factors. Home is the preferred place to be but hospital is a place of security and relief. The results should be explored in other samples, using other research methodologies.

Conclusions: The study focuses the perspective of PC patients adding a contribution to the meaning of comfort and to the design of more effective interventions.

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Moral Distress Related to Palliative Sedation as Described by Nurses

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Background: Palliative sedation (PS) is used to alleviate unbearable and refractory suffering in the last phase of life, which usually occurs in complicated cases. Previous studies have shown that nurses experience emotional burden related to PS. When emotional burden becomes too much, moral distress can ensue. Moral distress is defined as ''a type of moral conflict that occurs when one knows the right thing to do, but can't pursue the right action.'' Moral distress has not previously been studied in relation to PS.

Aim: The aim of this study was to explore nurses' reports on PS focusing on moral distress and conflicts.