



ISSN Print: 2664-9187
ISSN Online: 2664-9195
Impact Factor: RJIF 5.42
IJNHS 2024; 6(1): 34-39
www.nursingjournals.net
Received: 07-01-2024
Accepted: 11-02-2024

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Nurses' attitude towards end-of-life care: A systematic review

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DOI: <https://doi.org/10.33545/26649187.2024.v6.i1a.59>

Abstract

Nursing practice entails end-of-life care since it significantly influences patients and their families. How these healthcare professionals handle this delicate situation affects their standard of care. This systematic review synthesizes previous research to comprehend nursing staff attitudes in various healthcare contexts, including palliative care and non-cancer cases. Hence, its purpose is to pinpoint patterns, gaps, and potential areas for practice enhancement. The research conducted a systematic review, which involved looking for studies published from 2020 to 2023 in four electronic databases (Google Scholar, PubMed, PubMed Central, and Science Direct) that produced 24 articles. Quantitative and qualitative research examining nursing staff attitudes about end-of-life care were included in the inclusion criteria. Data collection was through a standardized form, and the synthesized narrative was to find common themes and patterns. The evaluation revealed six main factors: the emotional impact, the need for education and training, patient-family-centered care, communication and interdisciplinary teamwork, cultural and ethical issues, and the accessibility of resources and support networks. The study concluded that medical centers should underscore compassionate, empathetic, patient-centered, and dignified end-of-life care to nurses who meet each patient's needs.

Keywords: Nurses, end-of-life care, emotions, compassion fatigue, patient-centered

Introduction

Research Problem

End-of-life care is an essential nursing practice component that significantly impacts patients and their families' satisfaction. Nurses' attitude towards activities surrounding these medical services determines the care they deliver to their clients in this delicate situation (Kim *et al.*, 2020) ^[12]. It is essential to comprehend these attitudes for these nursing staff to provide end-of-life care more effectively. Nurses' perceptions about these cares emerge from their experiences and training (Knowledge) and who needs them the most (Etafa *et al.*, 2020) ^[6]. As such, this systematic review consolidates previous studies to understand how nursing staff members feel about providing these services. It focuses on the palliative care provisions but diversifies in different settings and healthcare needs, such as among non-cancer patients (Kim *et al.*, 2020) ^[12]. This review seeks to identify trends, gaps, and possible areas for nursing practice improvement in end-of-life care.

Objectives

- **O1:** To comprehensively study and evaluate the literature on the attitudes of nursing personnel regarding end-of-life care.
- **O2:** To pinpoint the prevalent trends, variations, and elements affecting nursing staff behavior when providing end-of-life care.
- **O3:** To offer suggestions based on research for improving nursing practice in facilities providing end-of-life services.

Significance of the Study

A detailed study of the attitudes of nursing staff toward end-of-life care will help healthcare organizations create specialized training programs, support networks, and interventions. The findings will raise the standard of end-of-life care, encourage patient-centered procedures, and lessen the emotional strain on healthcare professionals by enhancing nursing staff

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attitudes.

Methods

Systematic Review

A systematic method was the most appropriate because it enables an inclusive and rigorous synthesis of the existing research on nursing staff attitudes toward end-of-life care. Other studies, like Li *et al.* (2021) [14] and Mughal and Evans (2020) [15], used a similar methodology to understand nurses' views, experiences, and effective interventions in end-of-life care. A systematic review ensured an evidence-based and impartial investigation of this subject by methodically compiling and evaluating all pertinent studies.

Inclusion and Exclusion Criteria

The inclusion criteria entailed quantitative and qualitative studies focusing on nurses' attitudes towards end-of-life care as a stand-alone practice or within hospice or palliative care. Studies published in English between 2020 and 2023 were relevant and hence included. Articles without full access, non-English, review-based, and published before were less helpful and thus excluded in this systematic review.

Searched Strategy and Keywords

The current researcher used four electronic databases (Google Scholar, PubMed, PubMed Central, and Science Direct) to search for appropriate articles published between 2020 and 2023. The following keywords and phrases helped explore the databases; "end-of-life," "nurses," "attitude," "emotions," "emotional distress," "compassion fatigue," "ethics," "nurses' attitude towards end-of-life care," "communication," "collaboration," "family-centered care," and "ethics." Different combinations of these terms and phrases produced all the needed results.

Study Selection: The current author assessed the articles (Independently) using three codes: yes, no, and maybe. These codes assist in determining whether a source is eligible. For instance, yes implied an article was to be used, no was rejection, hence removal from the list, and maybe was for those that needed further assessment before concluding.

Data Collection/ Extraction

The current researcher adopted a standardized form to collect data. It contained the author (s), publication year, sample size (type), research design, and the program's contents. The authors used the guidelines in Mughal and Evans (2020) [15] to code the data as "unequivocal, credible and unsupported" during extraction (p. 6). These labels were to show the credibility of the findings in each source.

Data Synthesis

The study used a narrative synthesis to identify similarities and differences in the article's findings to form themes. Li *et al.* (2021) [14] observe that the approach necessitates focusing on multiple questions about an issue. In this study, the data synthesis involved two critical steps. One was identifying commonly addressed themes. Two, synthesis of the findings to determine whether they are robust to be alone or combined to form a significant pattern.

Results

PRISMA

Figure 1 below shows the PRISMA diagram. While following the guideline in Saad *et al.* (2022) [23], the chart has inclusion and exclusion process the current researcher relied on to reach the final studies. A search in the four databases yielded (n = 28147). After screening and determining eligibility, as shown in Figure 1 below, the final number of articles included was 24.

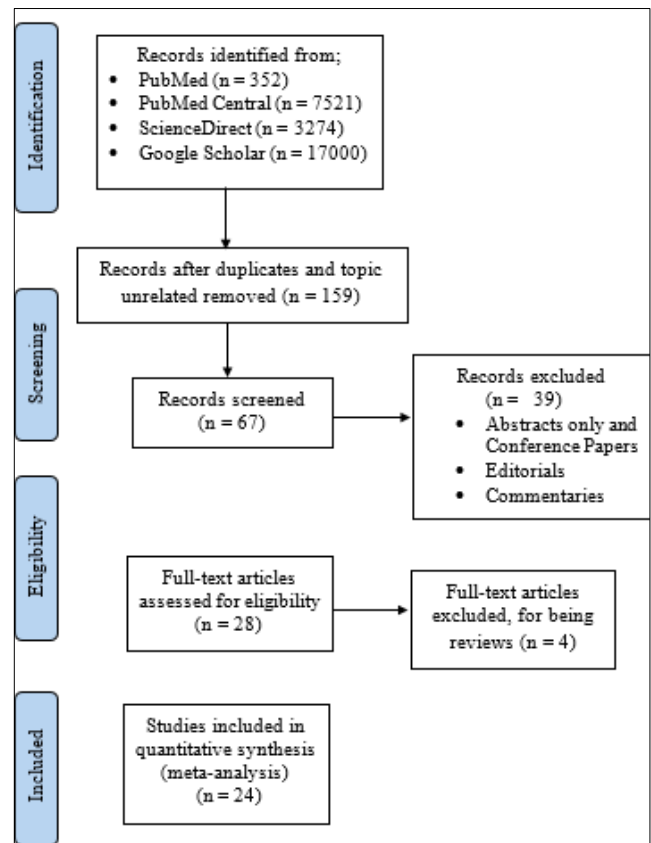


Fig 1: PRISMA Flow Diagram

Organization of Articles Based on Design or Methods

Out of the 24 reviewed articles, there were ten different research designs. Table 1 below represents the organization of these sources based on their designs. The most dominant design was cross-sectional, followed by descriptive correlational.

Table 1: Frequency of Design or Methods in the Articles

Research Design / Method	Frequency (f)
Case study	1
Qualitative Descriptive	1
Cross-sectional descriptive	10
Descriptive correlational	3
Quasi-experimental	2
Multicenter cross-sectional	1
Descriptive and comparative	2
Qualitative study design	2
Qualitative exploration	1
Multi-stage comparative	1

Discussion, conclusion, limitation, and recommendation
Findings and Discussion: Nurses' attitudes towards end-of-

life care revolve around six crucial themes (factors) evident in the 20 studies.

Emotional Impact of End-of-Life Care on Nursing Staff

Nursing staff's emotional response to end-of-life care is a complex issue featured in various studies, with the researchers carefully considering them. According to Park *et al.* (2020) ^[19], nurses who provide these services frequently expose themselves to strong emotional feelings like loss, sorrow, and empathy. As a result of these emotions, their psychological health may suffer. These impacts cause burnout and emotional tiredness, creating negative attitudes towards those who work in end-of-life and palliative care (Etafa *et al.*, 2020) ^[6]. For instance, nurses may form close emotional attachments with patients who are terminally ill and their families. In these cases, these attachments make it difficult for them to deal with loss and the emotional strain of their duties (Park *et al.*, 2020) ^[19]. Seeing patients suffer and experiencing the sadness of bereaved families can cause nursing workers to become emotionally exhausted.

Research shows that the emotional toll on nursing staff can appear in multiplicity, such as post-traumatic stress disorder (PTSD) symptoms, moral anguish, and compassion fatigue (Ravaldi *et al.*, 2023) ^[2]. The characteristics of compassion fatigue include emotional tiredness and diminished empathy. An analysis by Cho and Cho (2021) ^[4] indicates that nurses with these features cannot dedicatedly provide much-needed high-quality end-of-life care. When nursing personnel perceive a disconnect between their ethical principles and the care they deliver, it can cause internal conflict and emotional upheaval. Cho and Cho. (2021) ^[4] describes these feelings as moral distress that are part of PTSD elevated through end-of-life decisions that can include many intricate choices about a child and their family. These studies' clarion call is that healthcare facilities must prioritize the psychological health of their nursing staff to manage these emotional difficulties, including resources like counseling services, debriefing sessions, and chances for self-care.

Training and Education Needs

The studies revealed that nursing staff training and education directly impact how they view providing end-of-life care. Nursing staff receives thorough training in end-of-life care, such as resilience and mandatory moral distress solutions, giving them the knowledge and abilities to manage this delicate area's complexities (Pattison *et al.*, 2020) ^[20]. For instance, specific training in palliative care and end-of-life communication can increase a clinician's skill and sense of security in addressing the particular needs of patients and their families. Fristedt *et al.* (2021) ^[7] found that exposing undergraduate students and recently registered nurses to various clinical circumstances helps them develop broader perspectives and a more compassionate approach to providing end-of-life care. The exposure improves their understanding of illness trajectories and death, allowing them to develop welcoming professional attitudes.

However, studies emphasize the need for continuing education and professional growth in the healthcare sector. The dynamics of healthcare are constantly changing with new best practices, ethical questions, and communication methods (Dehghani *et al.*, 2020) ^[5]. Therefore, nursing staff must participate in ongoing education to stay current on the most recent developments in end-of-life care. Each

establishment can play a crucial part by regularly providing training, seminars, and mentorship opportunities (Wang *et al.*, 2023) ^[26]. These programs can ensure that their nursing staff is well-prepared to deliver high-quality end-of-life care that aligns with modern standards and compassionate practice.

Patient-Family-Centered Care

One of the pillars of nursing practice is providing patient- and family-centered care, especially regarding end-of-life care. The level of patient and family participation in decision-making and care planning significantly influences nursing staff attitudes (Nourmohammadi *et al.*, 2022) ^[16]. Professionals provide more holistic, individualized, and dignified end-of-life care when patient and family desires are their priorities. In dying programs, nurses use patients, their families, and other present providers to assess existing opportunities that can enhance patient-family-centered care (Brown *et al.*, 2022) ^[1]. Nursing staff members who actively involve patients and families the discussions about treatment alternatives, pain management, and emotional support help patients and families feel empowered and in control during these extremely trying times.

Patients and their loved ones become unhappy and distressed when their needs do not get special attention. It occurs mainly when nursing personnel display attitudes that are less patient and family-centered (Huang *et al.*, 2022) ^[10]. Care that feels impersonal and disconnected stems from failing to consider patients' values, cultural origins, and unique needs. Romem *et al.* (2023) ^[22] suggest that nursing staff must receive instruction and hands-on training emphasizing the significance of patient and family-centered care and providing them with the communication skills necessary to engage in meaningful conversations with patients and families. Fulfilling these requirements can foster a partnership in decision-making and care delivery.

Communication and Interdisciplinary (Interprofessional) Collaboration

Nursing staff attitudes have a significant impact on effective communication and interdisciplinary collaboration. According to Chen *et al.* (2022) ^[3], these essential end-of-life and hospice care components fit into daily client interactions. Nursing staff's views toward working with other healthcare providers, such as doctors, social workers, and spiritual counselors, impact patient results. Positive attitudes encouraging courteous and open communication among team members improve care coordination (HamdanAlshehri *et al.*, 2023) ^[8]. The interdisciplinary functions ensure that patients receive in-depth assistance in managing their physical, emotional, and spiritual requirements at the end of life. For instance, a nurse who respects the advice of a palliative care specialist can help the patient manage their pain and symptoms more effectively (Sena & De Luca 2022) ^[24]. This professional collaboration increases patients' quality of life in their final days.

However, unfavorable attitudes or communication hurdles among medical personnel hampers holistic care delivery. Fragmented care and missed chances to address patients' and families' concerns adequately can emerge from nursing personnel failing to participate in interdisciplinary discussions or actively exchanging crucial patient information (Ravaldi *et al.*, 2023) ^[2]. Such attitudes may unnecessarily cause patients and their loved ones great

agony and distress. Promoting an environment that values efficient communication and interdisciplinary cooperation highlights the worth of respect for one another and the need to work together to provide the finest end-of-life care (Hansen *et al.*, 2022) ^[9]. Nursing personnel's constructive attitudes and cooperative behaviors depend on the training programs and institutional support.

Cultural and Ethical Concerns

Nursing staff attitudes are crucial for appropriately handling cultural diversity and ethical quandaries in end-of-life care. Cultural competence is essential, as shown by attitudes of respect, empathy, and openness to different views and behaviors (Wang *et al.*, 2023) ^[26]. Nursing professionals must understand that patients' and families' cultural backgrounds may influence how they and their loved ones view and understand death and dying. For instance, while individual autonomy is valued in some cultures, the family may play a more significant part in decision-making in others, like in Asia (Lall *et al.*, 2021) ^[13]. A more patient-centered and culturally sensitive approach is made possible by attitudes that accept these differences, ensuring that the care provided is in line with the values and preferences of the patients.

Furthermore, when making ethical judgments in end-of-life care, such as those involving the withholding or withdrawing of life-sustaining treatments, palliative sedation, and organ donation, the attitudes of the nursing staff remain crucial. Špoljar *et al.* (2022) ^[25] observe that these healthcare employees are guided in making moral decisions that respect the patient's dignity and wants by ethical attitudes that prioritize patient autonomy and beneficence. On the other hand, attitudes that lack ethical awareness may lead to moral anguish and unsatisfactory judgment. These staff undervalue ethic-based approaches such as care planning, decision-making, and bereavement, which are mandatory indicators of observed patients' rights (Kim *et al.*, 2020) ^[12]. Systematic training and ethical talks can give nursing personnel the attitudes and abilities required to negotiate these complex cultural and ethical factors, ultimately improving the standard of care they give to those who are dying.

Availability of Support Systems

The availability of suitable support structures and resources inside healthcare institutions considerably impacts nursing staff attitudes regarding end-of-life care. Their capacity to deliver effective and compassionate care depends on the availability or absence of these resources (Cao *et al.*, 2022) ^[2]. For instance, having access to social workers, spiritual counselors, and palliative care teams can improve the overall support provided to patients and their families. Participants in Cao *et al.* (2022) ^[2] perceived end-of-care at the university to be superficial and easy to forget. These undergraduate nurses added that "without the instruction and learning support from their clinical teacher," it was hard to manage all end-of-life clinical practices (p. 6). Nursing staff who perceive institutional assistance in these areas are more likely to display positive attitudes as they know they have a network of experts to draw upon when facing complicated end-of-life concerns (Jeong & Eun, 2020) ^[11]. However, a lack of such resources can create anger and stress, causing nursing personnel unfavorable attitudes toward providing end-of-life care.

In addition, support systems must include counseling services and debriefing sessions. In end-of-life care, nursing personnel encounter emotionally taxing events, such as seeing a patient suffer or resolving problematic family dynamics (Ortega-Galán *et al.*, 2023) ^[18]. The availability of options for personnel to process their feelings and debrief these experiences impacts how they feel about them. Even as nurses seek institutional support, patients under hospice care need round-the-clock encouragement and counseling services (Oak & Kim, 2020) ^[17]. Institutions that prioritize these assistance programs show a dedication to the mental health of their nursing staff. Such commitments, in turn, encourage a more upbeat and sympathetic approach to end-of-life care (Wu *et al.*, 2021) ^[27]. Thus, a summation of the literature is that healthcare organizations must understand how support structures and resources affect the attitudes of nursing staff to deliver high-quality end-of-life care.

Conclusion

The systematic review illuminates the varied perspectives of nursing professionals on end-of-life care. Regular and practical training, the emotional toll on nursing personnel, and their dedication to patient- and family-centered emerged as crucial issues from the literature. Effective communication, interdisciplinary cooperation, and sensitivity to cultural and ethical issues influence these attitudes. The availability of tools and support mechanisms inside healthcare organizations is crucial for encouraging optimistic attitudes among nursing personnel. Healthcare organizations can create focused interventions, staff training initiatives, and support systems to improve the standard of end-of-life care. It is also crucial to develop a culture of compassion, empathy, and ongoing learning among nursing staff to guarantee that these practices adhere to the highest standards of respectable and patient- and family-centered approach.

Limitation

As this systematic review depends on published papers, which could not reflect all available research on the subject, it has a risk of publication bias. Pertinent research might have been inadvertently eliminated due to the inclusion criteria and search phrases utilized. The included research's varying methodological standards (10) can also impact the results' strength. Attitudes among nursing staff may change over time because healthcare practices are dynamic. As a result, this review may not fully reflect these changes.

Recommendation for Future Studies

Future studies should include conducting qualitative interviews or surveys to learn more about the attitudes of the nursing staff toward end-of-life care. With the help of longitudinal studies, it would be possible to monitor the evolution of attitudes and evaluate the success of initiatives to modify them. Investigating how organizational culture and leadership affect nursing staff attitudes in various healthcare settings may also yield valuable outcomes for enhancing end-of-life care procedures.

Conflict of Interest

Not available.

Financial Support

Not available.

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How to Cite This Article

Dakka FJ. Nurses' attitude towards end-of-life care: A systematic review. *International Journal of Nursing and Health Sciences.* 2024;6(1):34-39.

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