REVIEW ARTICLE

End-of-Life Care from Nurse and Doctor Viewpoints in Emergency Departments

I Putu Juni Andika[1], Ratna Indriati[1], Safaruddin[1], Lilik Sriwiyati[1], Tri Yahya Christina[1], Yusriani Saleh Baso[2], Istichomah[3], Sartika[4]

[1] STIKES Panti Kosala Jalan Raya Solo - Baki Gedangan, Grogol District, Sukoharjo Regency, Central Java, Indonesia 57552
[2] Al Hikmah Nursing Academy 2 Brebes, Sirampog District, Brebes Regency, Central Java 52272
[3] Universitas Adhirajasa Reswara Sanjaya, International No., Jl. Antapani Lama Jl. Terusan Sekolah No. 1, RW. 2, Cicaheum, Kiaracondong District, Bandung City, West Java, Indonesia 40282
[4] Faculty of Sports and Health (FPOK) Department of Nursing, Gorontalo State University, Jalan Jendral Sudirman No.06, Kota Tengah District, Gorontalo City, Gorontalo, Indonesia 96128.

ABSTRACT

While end-of-life care (EOLC) for malignant conditions is well-documented, far less attention has been paid to non-malignant diseases, particularly within global emergency department (ED) settings. This review explores the unique challenges ED physicians and nurses face in delivering safe, appropriate, and high-quality EOLC to patients with non-malignant conditions. The literature search was performed using PubMed, Science Direct, and Google Scholar databases, spanning the years 2019 to 2024. Challenges in providing effective EOLC, as reported by nurses and physicians, are organized into seven major themes: The challenges in delivering effective EOLC, as reported by nurses and doctors, were organized into seven key themes: (1) the emergency department's layout and infrastructure, (2) insufficient family engagement, (3) excessive workload, (4) effective communication and decision-making processes among ED personnel, (5) the availability of necessary resources such as time, space, and interdisciplinary support, and (6) the implementation of palliative care practices within the ED, and (7) staff training and education in this area.
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Corresponding Author:
I Putu Juni Andika, M. Kep
Email: Juniputudtd@gmail.com
Tel: +6283145607889

INTRODUCTION

The emergency department plays a crucial role as its main objective is to provide immediate care for individuals suffering from trauma, sudden illnesses, or injuries (1). The Emergency Department is unique compared to other units due to its highly stressful and chaotic nature, where managing patients with non-acute conditions nearing the end of their lives presents significant challenges (2).

Individuals who exhibit symptoms of poorly controlled chronic conditions outside the hospital frequently turn to the emergency department for medical attention (3). This indicates that the emergency department frequently deals with patients in need of palliative care and end-of-life support services (4). The World Health Organization (WHO) defines palliative care as an approach designed to enhance the quality of life for patients and their families who are dealing with the difficulties of life-threatening illnesses. (5,6). Although palliative care is commonly linked to end-of-life care for patients in their final stages, end-of-life care itself focuses specifically on the support given in the immediate period leading up to death (7). This study indicates that patients who may pass away within hours or days can benefit from comprehensive end-of-life care, addressing their psychological, emotional, and spiritual well-being (8).

To facilitate the provision of palliative and end-of-life care in acute settings, frameworks and guidelines have been established in developed nations, including the United States, the United Kingdom, and Canada (9,10). For these conditions, the National Institute for Health and Care Excellence (NICE) has developed specialized recommendations. Most guidelines created for end-of-life care in specific diseases, such as advanced-stage breast cancer, primarily aim to enhance patient outcomes and quality of life (12). However, the majority of individuals do not succumb to cancer (13,14). Despite the growing body of literature on palliative care,

especially for cancer patients in emergency departments, there remains a significant gap in established guidelines for end-of-life care addressing other life-limiting conditions, such as heart failure. This gap is even more pronounced in underdeveloped countries, where standardized protocols or national guidelines for end-of-life care in emergency settings are often absent (15). Moreover, limited attention has been given to how nurses and doctors perceive and implement end-of-life care in such contexts, highlighting a critical need for integrative reviews that explore their viewpoints in diverse clinical and geographical settings (16). This review article seeks to examine the difficulties faced by healthcare providers, such as nurses and doctors, in providing safe, effective, and high-quality end-of-life care to patients with non-malignant conditions who visit the emergency department.

METHODOLOGY

The strategy used is to collect journals as sources for literature research using The PubMed Journal, Willey Online Library, and Google Scholar websites. Reference years for the literature are from 2019 to 2024. Search strategies using the keywords “"staff attitudes" OR "healthcare provider attitudes" AND "palliative care" OR "terminal care" OR "end-of-life care" AND "emergency services" OR "emergency department"). This procedure guarantees that all articles are pertinent and appropriate, enabling the full text to be downloaded and saved for further use.

Studies were eligible for inclusion if they met the following criteria: (1) peer-reviewed original research; (2) exploration of end-of-life care from the perspectives of emergency department nurses and physicians; (3) publication between 2019 and 2024; and (4) availability as full-text articles in English. Conversely, non-original publications—such as editorials, letters to the editor, reviews, and opinion pieces—were excluded. The literature screening and selection workflow were structured and refined in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

The initial screening based on keywords revealed 493 articles were identified: 36 from PubMed, 73 from ScienceDirect, and 384 from Google Scholar. Based on the suitability of the title and abstract content, the number was reduced to 235 articles. A full-text review further narrowed the selection to 86 articles, which were independently evaluated against the inclusion criteria, leaving 72 articles. 14 articles were chosen for the final stage.

RESULTS

Out of 493 articles identified, 14 studies were found to satisfy the inclusion criteria (Figure 1). Among these,

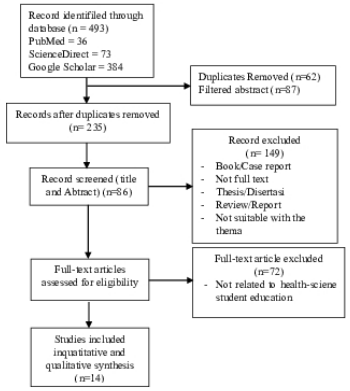

Figure 1. PRISMA flowchart for literature search and selection

Figure 1: PRISMA flow diagram of the study selection process

12 studies were conducted in economically developed countries(18,19,28,29,20–27), Additionally, two studies were conducted in emerging economies, one of which included Singapore (30,31).

Study Characteristics

The specific characteristics, research aims, designs, settings, and participant profiles of the 14 included studies are summarized in Table I. Out of the 14 studies reviewed, seven articles used qualitative methods (18–22,28,31), while three articles employed a cross-sectional quantitative design (23,24–29), and two articles utilized retrospective analysis methods (25–27). Only one study was based on a mixed-methods design, and one article used a prospective multicenter study method (26-30). Among the 14 articles reviewed, 13 were conducted in general hospitals (18,19,28,29,31,20–27), whereas only one study was conducted in a private hospital emergency unit (30). Regarding the sample characteristics from the 14 reviewed articles, seven articles used samples consisting of emergency department staff and nurses (18–20,28–31), while three studies included both doctors and nurses (21–23). Four of the studies included a diverse group of professionals, such as doctors and technicians, within the setting (24–27).

Education and Training in End of Life Care

According to nine studies, it is crucial to provide nurses and physicians with adequate training and education in end of life care to ensure its effective implementation in the emergency department (18,20–22,24,25,27,31,32). According to several studies, one of the primary challenges in delivering effective end of life care is the

Table I: Data extraction from the research that are included

Author and Country	Aim	Design and Method	Setting	Participants
Author: Douplat et al., (2019) Country : France	The aim of this study is to describe the decision-making process in withholding and withdrawing life-sustaining treatment in the emergency department for patients who are unable to communicate and the outcomes for those patients.	Prospective multicenter study	Emergency department Unit	15 nurse
Author: Economos et al., (2019) Country : France	To assess the appropriateness of end-of-life care provided to actively dying patients attending the hospital's emergency department for primary care.	Retrospective analysis	Emergency department Unit	20 nurse
Author: Wong et al., (2020) Country: China	Understanding the supporting and hindering factors in the healthcare system regarding the provision of quality palliative and end-of-life care from the perspective of healthcare professionals.	A qualitative study design	Emergency department Unit	72 Staff
Author: Sadler et al., (2020) Country: Saudi Arabia	This study aims (1) to determine the incidence, nature, and course of disease in deaths in the emergency room; (2) to investigate the extent to which discussions about end-of-life care are conducted; (3) to analyze the level of aggressiveness of treatment; and (4) to determine whether palliative care services have been consulted.	Retrospective study was conducted	Emergency department Unit	25 nurses
Author: Baylis et al., (2019) Country: Canada	Describing the number of Canadian postgraduate EM training programs with a palliative and end-of-life care curriculum.	A Cross-sectional survey	Emergency department Unit	26 staff
Author: Strautmann et al., (2020) Country: German	The aim is to gain a better understanding of the perspectives of nursing home staff regarding the current end-of-life care situation in Germany.	A cross-sectional study	Emergency department Unit	10 doctor
Author: Beckstrand et al., (2019) Country: Amerika Serikat	Identifying emergency nurse recommendations on how design can have a negative or positive impact on care for dying patients and their families.	A Qualitative Study	Emergency department Unit	170 staff/ doctor
Author: Lai et al., (2018) Country: China	The aim of this research is to explore the experiences of healthcare providers in caring for patients at the end of life in non-palliative care settings.	A Qualitative study	Emergency department Unit	26 staff/nurse
Author: (30) Country: Singapore	To explore the perspectives of doctors and nurses in the Emergency Department regarding (i) spirituality, (ii) the domain of spiritual care in end-of-life care, and (iii) the factors influencing the provision of spiritual care in the Emergency Department.	Mixed-method design	Emergency department Unit	112 nurse
Author: Gonella et al., (2021) Country: Italian	To explore nurses' perspectives on the process by which end-of-life communication impacts end-of-life care goals for residents in nursing homes.	A qualitative descriptive study	Emergency department Unit	14 nurse
Author: Mughal & Evans, (2020) Country: UK	The purpose of this review is to identify and synthesize studies that describe the views and experiences of emergency nurses in providing end-of-life care, in order to understand the barriers and challenges they face while caring for these patients and to identify factors that can support the provision of appropriate care.	A qualitative	Emergency department Unit	11 pnurse/ doctor
Author : Chan et al., (2020) Country : China	To assess nurses' perceptions of what constitutes optimal end-of-life (EOL) care in hospitals and to evaluate the barriers nurses perceive to providing EOL care.	A cross-sectional study	Emergency department Unit	175 nurses
Author : Tiah et al., (2023) Country : Singapore	To explore the perspectives and experiences of key stakeholders regarding end-of-life care in the emergency department.	A descriptive qualitative study	Emergency department Unit	36 staff/nurse/ doctor
Author : Wright et al., (2018) Country : UK	To collaboratively identify priorities for improving emergency physician involvement in emergency-based palliative care for the elderly.	A qualitative study	Emergency department Unit	15 doctor

limited understanding of this area (23,26,29,30). The study utilized focused group discussions, engaging emergency department nurses who had completed advanced training to strengthen their knowledge and competencies in nursing. Integrating end of life care into nursing curricula is vital, alongside developing clinical standards to boost nurses' proficiency in providing patient and end of life care.

According to the researchers, nurses' comprehension of the value of end of life care in the emergency setting may be shaped by their engagement in training sessions on the subject. One major challenge in implementing EOLC is the nurses' idealized view of a 'good death.

Implementation of Palliative Care within the Emergency Department

A significant challenge is the lack of dedicated palliative care teams within the emergency department. This shortfall restricts emergency physicians from developing practical skills in managing terminally ill patients in partnership with palliative care specialists, thereby influencing the effectiveness of end of life care delivery. Palliative care plays a critical role in managing terminally ill patients within the emergency department. The authors highlight that a lack of focus on palliative care often leaves many patients uninformed about the end of life care options available to them.

This research identified seven central themes highlighting the difficulties encountered by emergency department (ED) staff in delivering effective end of life care (EOLC) to patients with progressing non-malignant conditions in the ED environment. "Several elements affect the quality of end-of-life care in the emergency department, including: (1) Insufficient emergency department layout

and infrastructure, (2) Insufficient family engagement in end-of-life decision-making, (3) Excessive workload among emergency department staff, (4) Effective communication and decision-making processes among emergency department personnel in coordinating end-of-life care, (5) Insufficient availability of necessary resources such as time, space, and interdisciplinary support, and (6) Insufficient implementation of palliative care practices within the emergency department, and (7) Insufficient staff training and education in this area.

DISCUSSION

Overall, healthcare professionals in primary emergency departments offer sufficient care to patients in the terminal phase of their illness (27). Emergency healthcare providers must be competent in identifying end of life conditions, delivering essential pain and symptom control, and conducting meaningful palliative care conversations within the emergency care context. Visits to the emergency department offer a critical chance to evaluate and modify care plans, including Do Not Attempt Resuscitation (DNAR) decisions, for patients with a clear end-of-life care trajectory (25). The following are seven findings identified from the researcher's review:

Theme 1: Insufficient emergency department layout and infrastructure have been frequently identified by staff as a significant challenge in delivering high-quality end-of-life care, as reported in numerous studies. In contrast, the architecture of specialized units, such as palliative care and oncology departments, is generally not perceived as an impediment to end-of-life care in other hospital settings. Physicians and nurses in the emergency setting often feel that the facility's design complicates the provision of care for terminally ill patients, despite the existence of established layout guidelines (23,24–29).

Insufficient emergency department layout and infrastructure, combined with the noisy and often disruptive atmosphere, may contribute to difficulties in providing effective patient care. A recent study highlights that the design of the emergency room can hinder the management of patients with advanced cancer. Furthermore, emergency department staff report concerns about the lack of patient privacy, which presents significant challenges in delivering optimal end-of-life care (32). This could imply that emergency department staff uniquely perceive the layout of their workspace as a challenge, regardless of the type of life-threatening condition being treated. It is important to highlight that healthcare professionals in other medical settings do not view department design as an obstacle.

Caring for dying patients is a complex and demanding aspect of emergency nursing. It is vital to recognize the role that insufficient emergency department layout and infrastructure play in shaping end-of-life care. The structure and organization of the emergency department can directly limit the level of care nurses are able to offer to patients at the end of life.

Theme 2: "Insufficient emergency department layout and infrastructure require reorganization to provide adequate space for patients and their families. While modifying the existing layout and design may be challenging, improvements in space, layout, and privacy should be prioritized when constructing new emergency departments or remodeling old ones. Further research is needed to determine the impact of emergency department design on end-of-life care, in order to deliver the highest quality treatment for patients nearing death (19,20–27).

Theme 3: Insufficient emergency department layout and infrastructure remain a major barrier to providing optimal end-of-life care. Emergency rooms should be reorganized to ensure adequate space for patients and their families. Although modifying the existing layout and design may be challenging, improvements in space, layout, and privacy should be prioritized when constructing new emergency departments or remodeling old ones. Further research is needed to determine the impact of emergency department design on end-of-life care in order to deliver the highest quality treatment for patients nearing death (28,29).

Theme 4: Effective communication and shared decision-making among healthcare professionals in the ED are essential to ensure quality end-of-life care. However, the fast-paced and high-pressure work environment in the ED often results in fragmented communication between physicians, nurses, and other team members. This can result in delays in recognizing a patient's end-of-life condition, inconsistent messages to patients and families, and unclear goals of care (15,26).

Theme 5: The provision of end-of-life care (EOLC) in emergency departments (EDs) is often hindered by limited time, inadequate space, and insufficient interdisciplinary support. Time constraints in the ED make it difficult for healthcare providers to engage in comprehensive care discussions or advance care planning (18,22).

Theme 6: Integrating palliative care into emergency department (ED) practice remains a significant challenge for both nurses and physicians. Despite the increasing recognition of palliative care as essential for patients nearing end of life, many emergency departments lack structured protocols or formal training to implement these practices effectively (25,27).

Theme 7: Effective end-of-life care (EOLC) in emergency departments depends heavily on the training and education of healthcare professionals. Many emergency physicians and nurses report feeling inadequately prepared to manage dying patients, particularly when

it comes to complex symptom control, ethical decision-making, and communication with families (30,31).

Research recommendations from various parts of the world have enabled the revision and adaptation of certain end of life care standards, such as those implemented in China. However, to our knowledge, many low-income countries still lack a comprehensive understanding of end of life care practices (27). The development of end of life care protocols, informed by the review's findings, can improve the quality of life for dying patients by providing clear guidelines for emergency department staff to implement in their daily practice (31).

The primary strength of this review is its systematic approach. It represents the first comprehensive analysis of emergency department staff perspectives on the challenges of delivering end of life care in EDs. However, this review also has limitations. A significant portion of the data reflects the nursing perspective, leaving limited insights from other emergency department medical and allied health professionals.

As a result, comparing the findings between developed and developing countries is challenging due to the scarcity of data from the latter. The majority of the studies included in this review were conducted in developed nations, with only one study originating from a developing country.

CONCLUSION

This review identified seven key themes influencing the delivery of end-of-life care in emergency departments: (1) insufficient emergency department layout and infrastructure, (2) insufficient family engagement in end-of-life decision-making, (3) excessive workload among emergency department staff, (4) effective communication and decision-making processes among emergency department personnel in coordinating end-of-life care, (5) insufficient availability of necessary resources such as time, space, and interdisciplinary support, (6) insufficient implementation of palliative care practices within the emergency department, and (7) insufficient staff training and education in this area. Utilizing the results of this review to create end of life care frameworks may improve the quality of life for patients nearing the end of life by providing ED staff with practical, clear guidelines for their everyday work. Current research lacks clarity on how ED staff in developing countries view end of life care and whether their perspectives are similar to or differ from those in developed countries when it comes to caring for dying patients in emergency settings.

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