

Nurses' Perceptions of Obstacles and Supportive Behaviors in Providing End-of-Life Care at Oncology Centers

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ABSTRACT

Caring for end-of-life patient is one of the most challenge things in nursing profession. The nurse not only should take care of the end-of-life people but also need to face to their families, so before coping this, there should be a correct cognition of end-of-life. Objectives of the study were to assess the levels of nurses' Perception for Obstacle and helpful behavior regarding care of dying patients at oncology centers, examine the relationships between nurse's perception and demographic variables. A cross-sectional design was conducted on Iraqi nurses in Middle Euphrates at three centers (N =150). Data analysis included descriptive statistics and Kruskal-Wallis H, Mann-Whitney U analysis. the study showed that more than half of nurses perceive a moderate perception of obstacles and helpful behaviors when caring for dying patients. The finding revealed that their inverse relationship between nurses' education level and obstacles while their positive relationship between nurses' education level and helpful behavior. The study showed a statistically significant regarding nursing perception with years of experience. It is of the utmost importance that supervisors in an oncology environment maintain regular debriefing sessions, promote effective teamwork and offer good support and guidance, in order to sustain a supportive working environment. Providing support for Nurses who working in oncology centers including strategies that would help improve the authority of the nursing profession, Create a physical environment in which nurse area able to talk with family about End-Of-Life issue.

Keywords: Perception, Obstacles, Supportive Behaviors Oncology Centers

INTRODUCTION

Cancer patients endure significant suffering, but this burden often extends to their families as well. In many cases, informal family caregivers are responsible for supporting cancer patients at various stages of the disease. Despite receiving little to no formal training, these caregivers frequently serve as primary advocates for their loved ones¹. Nevertheless, family caregivers remain an underrepresented group in discussions surrounding cancer and its broader impact. The National Consensus Guidelines for Quality Palliative Care emphasize the importance of viewing the patient and their family as a unified "unit of care"².

Approximately 74% of cancer caregivers provide continuous, around-the-clock care, which can result in emotional exhaustion, psychological distress, and financial strain³. Palliative care services play a crucial role in supporting these caregivers by offering practical and emotional assistance, including financial planning, counseling, and educational resources.

End-of-life care (EOLC), a component of palliative care, focuses specifically on the final phase of a patient's life. It is defined as a

holistic approach encompassing the physical, emotional, and spiritual dimensions of illness, as well as patients' and families' preferences regarding medical decision-making and the care of the dying⁴.

However, healthcare professionals who lack adequate training in palliative care often face challenges in meeting these complex needs⁵. Among the key factors influencing the effectiveness of palliative care delivery is the expertise of medical staff—particularly nurses—who are essential members of the palliative care team and are responsible for addressing the medical, functional, social, and spiritual dimensions of care⁶.

Insufficient knowledge and understanding of palliative care may hinder nurses' ability to assess patient needs and appropriately deliver care, limiting their eligibility to work in palliative care settings. To address this gap, in-service training and continuous professional education in EOLC are recommended as strategies to enhance nurses' capabilities and improve patient quality of life⁷. Such education is particularly vital for nurses in intensive care settings, where they frequently encounter end-of-life cases and may struggle with providing effective support⁸. A major barrier to optimal EOLC remains the lack of knowledge in this area⁹.

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Furthermore, existing literature indicates that many nurses lack confidence in managing dying patients, often experiencing emotional discomfort when addressing death-related topics with patients and families¹⁰. This emotional strain may result in professional detachment as a coping mechanism, even among experienced practitioners (McConnell et al., 2016)¹¹. Conversely, several facilitating behaviors have been identified as vital to enhancing the quality of EOLC. These include proactive strategies such as pursuing specialized training, seeking mentorship, and engaging in continuous professional development. Learning from experienced colleagues also strengthens nursing competencies¹¹. Establishing a calm and patient-centered environment—by minimizing unnecessary medical equipment and focusing on psychological comfort—is a core nursing responsibility¹². Comprehensive EOLC should also address hygiene, pressure area management, spiritual needs, and symptom control using analgesics, sedatives, and anti-mucolytics¹³.

Finally, encouraging family participation in care decisions, physical presence, and emotional connection plays a critical role in preserving patient dignity and enhancing well-being in the final stages of life^{12,13}. Collectively, these practices contribute to achieving a “good death,” defined by comfort, dignity, and peace.

MATERIAL AND METHODS

Study Design: A descriptive cross-sectional design was employed to assess nurses' knowledge regarding the care of dying patients in oncology centers. The study was conducted over a period extending from October 1, 2022, to March 15, 2024.

Study Setting: The research was carried out in selected oncology centers within the Middle Euphrates region. The designated centers included Babylon Center for Oncology, Imam Hussein Center, and the National Hospital for Oncology and Hematology.

Study Sample: A convenient non-probability sample consisting of 150 nurses was selected. These participants were actively working in the identified oncology centers at the time of data collection.

Ethical Considerations: Ethical approval was obtained for the use of the National Survey of Critical Care Nurses' Perceptions of End-of-Life Care as the primary instrument in this study. Formal informed consent was secured from all participants. All data collected were kept confidential and used solely for the purposes of this research.

Study Instrument: The instrument used for data collection was a structured questionnaire aimed at evaluating nurses' knowledge. It consisted of three main sections:

Demographic Data of Nurses: This section gathered general demographic information about the participants and included three items:

- Age
- Gender
- Educational qualification

Employment Characteristics of Nurses: This section focused on participants' professional background and included five items:

- Years of experience in oncology care
- Number of beds in the ward
- Number of beds under the nurse's responsibility
- Experience in providing end-of-life care
- Participation in educational programs related to end-of-life care

Perceptions Questionnaire: The researcher used the National Survey of Critical Care Nurses' Perceptions of End-of-Life Care. A questionnaire was built by Beckstrand and others¹⁴. The researcher emailed authors who built the questionnaire. All were contacted and granted permission to use the questionnaire in research. The official permission was given by the corresponding author of the questionnaire.

This questionnaire divided into two parts:

Nurses perception for obstacles to providing end-of-life care to dying patients

The researcher select (15 items from 29 item in original questionnaire) that are appropriate for health system. this part scored for largest obstacles as (0- Not an Obstacles , 1- Small Obstacles , 2- Medium Obstacles , 3-Large Obstacles , 4- Extremely Large Obstacles) and scored for most frequent obstacles as (0- never occurs, 1- sometimes occurs, 2- fairly often occurs , 3-very often occurs , 4- always occurs).

Nurses' perception for helpful behaviors (or helps) to providing end-of-life care to dying patients

The researcher select (12 items from 24 items in original questionnaire) that are appropriate for health system. this part scored for largest helpful behaviors as (0- Not A Help , 1- Small Help, 2- Medium Help, 3-Large Help, 4- Extremely Large Help) and scored for most frequent helpful behaviors as (0- Never Occurs, 1- Sometimes Occurs, 2- Fairly Often Occurs , 3-Very Often Occurs , 4- Always Occurs).

Questionnaire Validity: The original scales were in English and were translated into Arabic using the back-to-back translation method to ensure accuracy. Content validity was assessed by distributing the scales to a panel of 10 experts from various universities in Iraq to verify their validity. The scales were accepted with a high Content Validity Index (CVI) of approximately 0.99.

Questionnaire Reliability: A pilot study was conducted from October 1, 2022, to April 8, 2024, to examine the reliability of the research questionnaire used in this study. Cronbach's Alpha was employed as a statistical measure to assess internal consistency, resulting in a reliability coefficient (r) of 0.72, indicating an acceptable level of reliability.

Data Collection Methods: Data collection began using a self-administered questionnaire filled out by nurses working in oncology centers at the time of the study, after explaining the main parts and items to them. The average time taken by participants to complete the questionnaire was approximately 20 minutes. Data collection took place between July 24, 2023, and September 10, 2023.

RESULTS

According to sociodemographic data for study sample, the researcher found that the mean age was 27.18 years. The age group 25-29 years old accounted for the highest percentage. Regarding gender, approximately one-third of study participants were female nurses (62.0%), concerning education qualification, the majority held a diploma in nursing (61.3%) (Table 1).

According to above table the years of experience in the oncology unit, those with 1-3 years of experience constituted the majority at 63.3%. Regarding the number of beds in their units, the majority of nurses reported having less than 20 beds in their unit (88.0%). In terms of providing end-of-life care for dying patients, the majority of nurses had previously provided care for dying patients (79.3%). Finally, approximately half of the study participants had not attended any education of sessions related to the care of dying patients (50.7%) (Table 2).

Table 1. Distribution of Studied Sample related to their Socio-demographic Data

Socio-demographic data	Classification	No.	%
Age	20-24 years	31	20.7
	25-29 years	87	58.0
	30-34 years	21	14.0
	35-40 years	11	7.3
	<i>Mean age ± SD = 27.18 ± 3.73</i>		
Gender	Male	57	38.0
	Female	93	62.0
Educational qualification	Diploma in Nursing	92	61.3
	BSc. Nursing	55	36.7
	Master in Nursing	3	2.0

No. Number; %= Percentage

Table 2. Distribution of Studied Sample related to their Employment characteristics

Employment characteristics	Classification	No.	%
Years of experience in oncology center	1-3 years	95	63.3
	4-6 years	41	27.3
	> 6 years	14	9.3
No. of beds in your unit	< 20 bed	132	88.0
	20-30 bed	16	10.7
No. of beds under your responsibility in unit	>30 bed	2	1.3
	<5 bed	48	32.0
	5-10 bed	99	66.0
Are you provided end-of-life care for dying patients	>10 bed	3	2.0
	Yes	119	79.3
Are you get educational program about end-of-life care	No	31	20.7
	Yes	74	49.3
	No	76	50.7

No. Number; %= Percentage

The study results illustrated the overall responses from nurses concerning the obstacles they encounter when caring for dying patients, both in terms of the nature of these obstacles and their frequency. On average, the collective score for these obstacles was 35.07 (SD=11.47), indicating that approximately (59.3%) of nurses experienced a moderate perceived of obstacles while providing care to dying patients. Additionally, the collective average score for the frequency of these perception was 33.12 (SD=12.03), revealing that around (62.0%) of nurses reported encountering these obstacles in a little frequently during their care of dying patients (Table 3).

The study results illustrated the overall responses from nurses concerning the helpful behaviors during caring for dying patients, both in terms of the nature of these help and their frequency. On average, the collective score for these helpful behaviors was 25.24 (SD=10.02), indicating that approximately (55.3%) of nurses experienced a moderate perceived helpful behavior while providing care to dying patients. Additionally, the collective average score for the frequency of these help was 23.35 (SD=9.26), revealing that around (58.7%) of nurses reported encountering these helpful behaviors in a little frequently during their care of dying patients (Table 4).

DISCUSSION

Nurses' Perception of Obstacles in Caring for Dying Patients

The present study highlights the concept of perceived obstacles, indicating that these barriers are not purely objective but are also

shaped by individual nurse experiences and emotional responses. Approximately 59.3% of nurses reported a moderate perception of obstacles, suggesting that while not overwhelming, these barriers are consistent and significant in the clinical context. The most prominent perceived obstacle was the lack of recognition of nurses' input in patient care decisions (Item 15, Mean = 2.69). This aligns with findings by Blaževičienė and others¹⁵ who reported that oncology nurses frequently feel a lack of professional autonomy, often experiencing disregard for their opinions in end-of-life (EOL) decision-making.

Additionally, family-related challenges were identified as substantial obstacles, including denial of prognosis, lack of cooperation, mistrust of healthcare staff, and the emotional strain caused by the presence of multiple family members. These findings are consistent with Utami & Putri¹⁶ who reported that families often serve as barriers to effective EOL care due to their emotional responses and lack of preparedness.

Nurses' Perception of Helpful Behaviors in EOL Care

The study also explored nurses' perception of supportive behaviors during EOL care. Approximately 55.3% of participants reported a moderate level of perceived helpful behaviors. Although present, these behaviors were not consistently experienced, indicating opportunities for institutional improvements in support systems. The most frequently perceived supportive behaviors included:

1. Peer support—having fellow nurses cover other patients after a death.
2. Assistance with post-mortem paperwork by support staff.
3. Family acceptance of the patient's dying process.

These findings suggest the importance of teamwork and structured institutional support, as well as the need for improved family communication and awareness during the dying process.

Table 3. Overall Nurses Perception of Obstacles in Providing Care for Dying Patients

Scale	M	SD	Score	No.	%
Obstacles (15 Q)	35.07	11.47	Low (0-20)	12	8.0
			Moderate (20.1-40)	89	59.3
			High (40.1-60)	49	32.7
			Total	150	100.0
Frequency of Obstacles (15 Q)	33.12	12.03	Never (0-20)	16	10.7
			Sometimes (20.1-40)	93	62.0
			Always (40.1-60)	41	27.3
			Total	150	100.0

Min.: Minimum; Max.: Maximum, M: Mean for total score, SD=Standard Deviation for total score

Table 4. Overall Nurses Perception of Helpful Behaviors in Providing Care to Dying Patients

Scale	M	SD	Score	No.	%
Helpful Behaviors (12 Q)	25.24	10.02	Low (0-16)	35	23.3
			Moderate (16.1-32)	83	55.3
			High (32.1-48)	32	21.3
			Total	150	100.0
Frequency of Helpful Behaviors (12 Q)	23.35	9.26	Never (0-16)	36	24.0
			Moderate (16.1-32)	88	58.7
			Always (32.1-48)	26	17.3
			Total	150	100.0

Min.: Minimum; Max.: Maximum, M: Mean for total score, SD=Standard Deviation for total score

Socio-Demographic Characteristics and Their Influence on Perception

The average age of participating nurses was 27.18 years (SD = 3.73), which is consistent with findings by Alnajjar¹⁷ who reported similar age ranges among oncology nurses. Most participants were female (62.0%), aligning with Admass¹⁸ who reported that 62.3% of oncology nurses were women.

In terms of professional experience, 63.3% of nurses had between 1–3 years of service, mirroring the findings of Admass¹⁸. Notably, 50.7% of the sample had not received prior education or training related to EOL care. This is close to Abboud others¹⁹ were found lack of training and educational courses in for nurses in oncology center.

Perception and Age

Although no statistically significant differences were found between age groups regarding perception of obstacles, the researcher attributes this to cultural normalization of stressors or possible unawareness of the impact such obstacles have. This aligns with the notion that emotional resilience may develop independently of age in culturally specific settings.

Perception and Educational Level

A significant inverse relationship was found between educational level and perceived obstacles, while a positive relationship existed between education and perception of helpful behaviors. These findings support those of Hussin²⁰ who noted that a higher level of education significantly improves nurses' perceptions of EOL care quality. Advanced curricula may better prepare nurses for complex EOL situations.

Perception and Years of Experience

Experience was significantly associated with perception of supportive behaviors ($p = 0.004$). Nurses with more experience demonstrated stronger perception of helpfulness in EOL care. This observation is supported by Park²¹ and Hussin²⁰ who emphasize that experienced nurses are more confident and better equipped to communicate with dying patients and manage emotionally taxing environments.

Perception and EOLC Experience

The study revealed a positive correlation between prior EOLC experience and nurses' perception, consistent with the findings of Jung²², who found a significant correlation between EOLC perception and performance ($r = 0.78$, $p < 0.001$). Clinical exposure enables the development of coping strategies and professional maturity.

Perception and Participation in Educational Programs

Participation in educational programs was also significantly associated with enhanced perception. This finding echoes Wong²³, who demonstrated that short-term EOLC education improved perceived competencies in symptom management, communication, and self-care.

Recommendations

Develop structured educational programs on palliative and end-of-life care, including components on inter-professional communication, to enhance nurses' perception and performance.

Ensure availability of written guidelines on palliative care in oncology settings to update knowledge and support positive perceptions and attitudes.

Provide institutional and emotional support for oncology nurses through regular inter-professional team conferences, dedicated spaces for family communication, and initiatives that empower the nursing role in EOL decision-making

CONCLUSION

Nurses' perception of obstacles in EOL care is most significantly influenced by the lack of consideration for their professional opinions, while peer support is seen as the most helpful behavior.

Perception is significantly shaped by educational level, years of experience, direct involvement in EOL care, and participation in educational programs.

The findings highlight the need to strengthen training and support systems, especially for less experienced nurses, to improve both perception and care quality in oncology settings.

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Competing Interest: None

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