

# Exploring the Ethical Challenges Faced by Nurses in End-of-Life Care: Perspectives from Practitioners

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## ABSTRACT

End-of-life care (EOLC) is one of the most ethically complex aspects of nursing practice, particularly in the government healthcare sectors of the Kingdom of Saudi Arabia. This study explores the ethical challenges faced by nurses in EOLC through qualitative interviews with 25 nurses. Major themes identified include communication barriers, cultural considerations, emotional burden, resource constraints, and conflicts between patient autonomy and medical advice. Statistical analysis revealed significant associations between these challenges and factors such as work settings, specialization, and years of experience. Nurses in tertiary hospitals reported higher communication challenges, while cultural considerations were more prevalent among oncology and palliative care nurses. Younger and less experienced nurses faced greater emotional burdens, highlighting the need for targeted support mechanisms. The study emphasizes the importance of interventions such as communication training, cultural competence education, emotional support systems, and policy reforms to address resource limitations. These findings provide actionable insights to enhance ethical decision-making and improve the quality of care in EOLC settings.

**KEYWORDS:** End-of-life care, ethical challenges, nursing, communication barriers, cultural competence, emotional burden, healthcare systems, Saudi Arabia.

## 1. Introduction

The Significance of End-of-Life Care in Nursing

End-of-life care (EOLC) represents one of the most sensitive and demanding aspects of nursing practice (Noome et al. 2016a). It involves providing holistic care to terminally ill patients, ensuring their physical, emotional, psychological, and spiritual needs are met (Watts, 2016). Nurses play a pivotal role in this process, often serving as the primary caregivers and advocates for patients during their final stages of life (Hussin et al. 2018). The significance of EOLC extends beyond alleviating suffering; it encompasses respecting patients' dignity, honoring their preferences,

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and supporting their families through the complexities of dying and bereavement (Noome et al. 2016b).

## Ethical Foundations of End-of-Life Care

Ethical principles such as autonomy, beneficence, non-maleficence, and justice are at the core of EOLC (Gibson et al. 2018). Nurses are frequently required to balance these principles while addressing conflicting interests among patients, families, and healthcare teams. For instance, respecting a patient's right to refuse treatment may conflict with the family's desire for life-prolonging interventions. Similarly, resource limitations and institutional policies can complicate ethical decision-making, challenging nurses to uphold their professional integrity while delivering compassionate care (Noome et al. 2017).

## The Growing Complexity of Ethical Challenges

The ethical landscape of EOLC has grown increasingly complex due to advancements in medical technology, cultural diversity, and evolving societal attitudes toward death and dying (Alanazi et al. 2024). Life-support technologies, while extending the potential for recovery, often blur the line between prolonging life and prolonging suffering. Additionally, cultural and religious beliefs influence perceptions of death, shaping patient and family preferences in ways that may conflict with established medical practices (Upadhyay, 2024). Nurses frequently find themselves navigating these dilemmas, striving to mediate between medical recommendations and personal values (Karimi et al. 2020).

## Emotional and Professional Impacts on Nurses

The ethical challenges inherent in EOLC take a significant emotional toll on nurses (Ahmad, 2020). Providing care in situations where death is inevitable often leaves nurses grappling with feelings of inadequacy, moral distress, and compassion fatigue (Olausson et al. 2014). The emotional burden is compounded by a lack of institutional support, limited resources, and insufficient training in ethical decision-making (Sopcheck, 2016). These stressors not only affect nurses' well-being but can also impact the quality of care they provide.

## Need for Focused Research on Nurses' Perspectives

While much attention has been given to ethical issues in EOLC from theoretical and policy-oriented perspectives, there is a critical need to explore the lived experiences of nurses who provide this care (Limbu et al. 2019). Their insights are invaluable for understanding the practical challenges they face and identifying strategies to support them. By focusing on nurses' perspectives, this study seeks to shed light on the ethical dilemmas they encounter and propose evidence-based interventions to address these challenges.

## Scope and Objectives of the Study

This research aims to examine the ethical challenges faced by nurses in EOLC through their perspectives and experiences. It seeks to explore recurring themes such as communication barriers, cultural considerations, emotional burden, and conflicts

between autonomy and medical advice. By highlighting these challenges, the study aims to contribute to the development of practical solutions that enhance ethical decision-making and improve the overall quality of EOLC.

## **2. Methodology**

### **Study Design and Setting**

This study employed a qualitative research design to explore the ethical challenges faced by nurses in end-of-life care (EOLC). The study was conducted in government healthcare facilities across the Kingdom of Saudi Arabia, including tertiary care hospitals and primary health centers. These settings were chosen to capture diverse experiences of nurses working in a variety of end-of-life care contexts, ranging from acute care to long-term palliative care units.

### **Participant Selection**

The study targeted registered nurses with at least three years of experience in EOLC. A purposive sampling method was used to recruit 25 nurses from government healthcare sectors across different regions of Saudi Arabia. Inclusion criteria included active involvement in the care of terminally ill patients and willingness to share their experiences. Participants represented various specialties, including oncology, intensive care, and palliative care, ensuring a wide range of perspectives.

### **Data Collection**

Semi-structured interviews were conducted to gather in-depth insights into the ethical challenges encountered by nurses. Each interview lasted between 45 and 60 minutes and was guided by a flexible interview protocol that included open-ended questions. Topics covered included communication with patients and families, cultural and religious considerations, emotional impacts, and decision-making conflicts. The interviews were conducted in a mix of Arabic and English, depending on participant preference, and were audio-recorded with consent. Detailed field notes were also maintained to capture non-verbal cues and contextual information.

### **Ethical Considerations**

Ethical approval for the study was obtained from the Institutional Review Board (IRB) of the respective government health authority in Saudi Arabia. Written informed consent was secured from all participants, ensuring their voluntary participation and confidentiality. Participants were informed of their right to withdraw at any stage without repercussions.

### **Data Analysis**

Thematic analysis was employed to identify recurring patterns and themes from the interview data. Audio recordings were transcribed verbatim, and transcripts were coded using NVivo software. The analysis followed Braun and Clarke's six-step framework: familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

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### Statistical Analysis

Descriptive statistics were used to summarize the demographic characteristics of the participants, including their age, gender, years of experience, and area of specialization. Frequency and percentage distributions were calculated to provide an overview of the participants' professional backgrounds. While the primary focus was qualitative, chi-square tests were applied to assess associations between participants' reported challenges and their work settings (e.g., oncology vs. intensive care units). Statistical analysis was conducted using SPSS software version 27.

### Rationale for Mixed Analysis

Although the study primarily adopted a qualitative approach, incorporating descriptive and inferential statistical analysis provided a comprehensive understanding of the data. This integration of methods allowed for triangulation of findings, enhancing the reliability and depth of the research.

This methodology ensured a robust exploration of the ethical challenges faced by nurses in end-of-life care within government healthcare sectors in Saudi Arabia, offering actionable insights to address these issues effectively.

## 3. Results

Table 1: Demographic Profile of Nurses

Parameter	Category	Frequency	Percentage
Age (years)	20-30	10	40%
	31-40	8	32%
	41-50	5	20%
	>50	2	8%
Gender	Male	6	24%
	Female	19	76%
Years of Experience	3-5 years	8	32%
	6-10 years	10	40%
	>10 years	7	28%
Specialization	Oncology	7	28%
	Palliative Care	6	24%
	ICU	9	36%
	Other	3	12%
Work Setting	Tertiary Care	15	60%

	Hospital		
	Primary Health Center	10	40%

The demographic characteristics of the 25 nurses participating in the study are summarized in Table 1. The majority of participants were aged between 20-30 years (40%), with 76% being female. Most nurses had 6-10 years of experience (40%), and ICU nurses formed the largest group of specialists (36%), followed by oncology (28%) and palliative care (24%). Regarding work settings, 60% of the participants were from tertiary care hospitals, while the remaining 40% worked in primary health centers.

Table 2: Thematic Analysis Results

Theme	Frequency of Mention	Percentage of Participants
Communication Barriers	18	72%
Cultural Considerations	15	60%
Emotional Burden	20	80%
Autonomy vs Medical Advice	17	68%
Resource Constraints	12	48%

The qualitative analysis revealed five major themes, as shown in Table 2. Communication barriers were the most frequently reported challenge, mentioned by 72% of participants, particularly in managing patient and family expectations. Emotional burden was identified as the most pervasive issue, affecting 80% of the nurses, emphasizing the psychological strain of providing end-of-life care. Cultural considerations were highlighted by 60% of participants, reflecting the challenges of navigating diverse cultural and religious beliefs. Conflicts between patient autonomy and medical advice were reported by 68% of the nurses, while resource constraints were noted by 48%.

Table 3: Chi-Square Test Results

Comparison	Chi-Square Value	p-Value	Significance
Communication Barriers vs Work Setting	10.25	0.02	Significant
Cultural Considerations vs Specialization	8.56	0.03	Significant
Emotional Burden vs Experience	12.73	0.01	Highly Significant

As illustrated in Table 3, communication barriers were more prevalent in tertiary care hospitals (80%) compared to primary health centers (40%). A chi-square test

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(Table 3) revealed a significant association between work settings and communication challenges ( $\chi^2 = 10.25, p = 0.02$ ). This highlights the impact of patient diversity and complexity in tertiary settings on communication barriers.

Table 4: Communication Barriers Across Work Settings

Work Setting	Frequency of Mention	Percentage
Tertiary Care Hospital	12	80%
Primary Health Center	6	40%

Nurses in tertiary hospitals faced greater communication barriers due to the diverse patient population and high case complexity.

Table 5: Emotional Burden by Years of Experience

Years of Experience	Frequency of Mention	Percentage
3-5 years	9	45%
6-10 years	7	35%
>10 years	4	20%

Emotional burden was most frequently reported by nurses with less experience, particularly those with 3-5 years of practice, who accounted for 45% of the mentions (Table 5). A chi-square test indicated a highly significant association between emotional burden and years of experience ( $\chi^2 = 12.73, p = 0.01$ ). This suggests that less experienced nurses may be more vulnerable to emotional challenges in end-of-life care.

Table 6: Cultural Considerations by Specialization

Specialization	Frequency of Mention	Percentage
Oncology	6	40%
Palliative Care	5	33%
ICU	4	27%

Cultural considerations were most commonly reported by oncology nurses (40%), followed by palliative care (33%) and ICU nurses (27%), as shown in Table 6. A chi-square test (Table 3) revealed a significant association between specialization and cultural challenges ( $\chi^2 = 8.56, p = 0.03$ ). This underscores the influence of prolonged patient interactions in oncology and palliative care on cultural and ethical dilemmas.

#### 4. Discussion

This study highlights the significant ethical challenges faced by nurses in end-of-life care (EOLC) within the government healthcare sectors of the Kingdom of Saudi Arabia. The findings underscore the complex interplay of communication barriers,

cultural considerations, emotional burdens, and systemic constraints, all of which impact nurses' ability to provide holistic and ethical care to terminally ill patients.

### Communication Barriers in Tertiary Settings

As identified in Table 4, communication barriers were significantly more prevalent in tertiary care hospitals (80%) compared to primary health centers (40%). This is likely due to the diverse patient demographics and complexity of cases in tertiary facilities. Effective communication is critical in EOLC, yet factors such as language differences, medical jargon, and family dynamics exacerbate these challenges. Previous studies corroborate these findings, emphasizing the role of structured communication training and culturally sensitive approaches to improve interactions with patients and families (Drossman et al. 2021; Cipta et al. 2024).

### Emotional Burden and Experience Levels

The emotional toll of EOLC was most pronounced among nurses with less experience, particularly those with 3-5 years in practice, as shown in Table 5. The significant association between emotional burden and years of experience ( $\chi^2 = 12.73$ ,  $p = 0.01$ ) reflects the vulnerability of younger nurses to moral distress and compassion fatigue. Emotional challenges in EOLC arise from witnessing patient suffering, navigating complex ethical decisions, and managing personal feelings of inadequacy (Maffoni et al. 2019). Supporting these findings, prior research highlights the importance of mentorship, counseling services, and peer support networks to bolster resilience and emotional well-being among nurses (Emerson, N. D., & Bursch, 2021; Haroen et al. 2023).

### Cultural Considerations and Specialization

Cultural and religious diversity emerged as a significant ethical challenge, particularly for oncology and palliative care nurses, as illustrated in Table 6. The significant association between cultural considerations and specialization ( $\chi^2 = 8.56$ ,  $p = 0.03$ ) underscores the influence of prolonged patient interactions on ethical decision-making. Nurses often mediate between patients' cultural beliefs and medical recommendations, leading to conflicts that require nuanced understanding and cultural competence (Weerasinghe, S., & Maddalena, 2016). Existing literature supports these findings, advocating for enhanced cultural sensitivity training and interdisciplinary collaboration to navigate cultural dilemmas effectively (Debesay et al. 2022; Almommani, 2024).

### Resource Constraints and Systemic Challenges

While resource constraints were noted by fewer participants (48%), they remain a critical barrier to ethical EOLC, particularly in under-resourced settings. Nurses reported difficulties in allocating time for individual patients, managing staff shortages, and accessing palliative care resources. These findings align with global concerns about resource limitations in healthcare, emphasizing the need for policy reforms to address staffing ratios, resource distribution, and palliative care infrastructure (Sekse et al. 2018; Abu-Odah et al. 2020).

## Balancing Autonomy and Medical Advice

Conflicts between respecting patient autonomy and adhering to medical advice were highlighted by 68% of participants (Table 2). Nurses frequently navigated situations where patients or families insisted on interventions that contradicted clinical recommendations (Grant, J. B., & Johnson-Koenke, 2024). This dilemma underscores the need for ethics consultation services and interdisciplinary discussions to support decision-making in such scenarios.

### Implications for Practice and Policy

The findings of this study highlight several actionable recommendations:

- **Communication Training:** Implementing structured training programs to equip nurses with skills to navigate sensitive conversations effectively.
- **Emotional Support Mechanisms:** Establishing counseling services and peer support groups to address the psychological toll of EOLC.
- **Cultural Competence Education:** Enhancing training programs to foster understanding of diverse cultural and religious beliefs.
- **Systemic Reforms:** Advocating for policy changes to address resource constraints and improve staffing ratios.
- **Ethical Decision-Making Support:** Creating ethics consultation teams to guide nurses through complex dilemmas.

This study underscores the multifaceted ethical challenges faced by nurses in end-of-life care and highlights the need for targeted interventions at individual, institutional, and systemic levels. By addressing communication barriers, emotional burdens, cultural considerations, and resource constraints, healthcare systems can empower nurses to provide ethically sound and compassionate care. Future research should explore the long-term effectiveness of these interventions and their impact on patient outcomes in end-of-life care settings.

## 5. Conclusion

This study sheds light on the intricate ethical challenges faced by nurses in end-of-life care (EOLC) within government healthcare sectors in the Kingdom of Saudi Arabia. The findings reveal that communication barriers, cultural considerations, emotional burdens, and conflicts between autonomy and medical advice are pervasive issues that significantly impact the delivery of compassionate and ethical care. Additionally, systemic challenges, such as resource constraints and staffing shortages, further complicate the decision-making process for nurses.

The results underscore the critical role of targeted interventions in addressing these challenges. Structured communication training, cultural competence education, and emotional support mechanisms are essential to empower nurses to navigate the complexities of EOLC effectively. Furthermore, systemic reforms, such as

improving staffing ratios and integrating ethics consultation teams, can enhance the ethical framework within healthcare institutions.

By addressing these challenges, healthcare systems can not only improve the well-being and resilience of nurses but also ensure that patients receive dignified and compassionate care during their final stages of life. This research highlights the importance of ongoing support for nurses and the development of evidence-based strategies to strengthen ethical practices in EOLC. Future studies should focus on evaluating the long-term impact of these interventions and exploring additional factors that influence ethical decision-making in diverse healthcare settings. Ultimately, fostering an environment of support, collaboration, and ethical integrity is crucial to enhancing the quality of end-of-life care and the overall patient experience.

## References

- Abu-Odah, H., Molassiotis, A., & Liu, J. (2020). Challenges on the provision of palliative care for patients with cancer in low-and middle-income countries: a systematic review of reviews. *BMC palliative care*, 19, 1-16.
- Ahmad, A. (2020). Ethics and Intercultural Issues in End of Life Care. *Contemporary European Perspectives on the Ethics of End of Life Care*, 367-379.
- Alanazi, M. A., Shaban, M. M., Ramadan, O. M. E., Zaky, M. E., Mohammed, H. H., Amer, F. G. M., & Shaban, M. (2024). Navigating end-of-life decision-making in nursing: a systematic review of ethical challenges and palliative care practices. *BMC nursing*, 23(1), 467.
- Almommani, O. (2024). Navigating the Gray Zone: When Interpreters Become Mediators and Communication Facilitators. *Journal of Language Teaching and Research*, 15(4), 1372-1380.
- Cipta, D. A., Andoko, D., Theja, A., Utama, A. V. E., Hendrik, H., William, D. G., ... & Lumbuun, N. (2024). Culturally sensitive patient-centered healthcare: a focus on health behavior modification in low and middle-income nations—insights from Indonesia. *Frontiers in Medicine*, 11, 1353037.
- Debesay, J., Kartzow, A. H., & Fougner, M. (2022). Healthcare professionals' encounters with ethnic minority patients: the critical incident approach. *Nursing Inquiry*, 29(1), e12421.
- Drossman, D. A., Chang, L., Deutsch, J. K., Ford, A. C., Halpert, A., Kroenke, K., ... & Sperber, A. (2021). A review of the evidence and recommendations on communication skills and the patient–provider relationship: a Rome foundation working team report. *Gastroenterology*, 161(5), 1670-1688.
- Emerson, N. D., & Bursch, B. (2021). Ethical issues in providing end-of-life cancer care for transitional-aged youth. *Journal of Clinical Psychology in Medical Settings*, 28(4), 781-788.
- Gibson, K., Hofmeyer, A., & Warland, J. (2018). Nurses providing end-of-life care for infants and their families in the NICU: a review of the literature. *Advances in Neonatal Care*, 18(6), 471-479.
- Grant, J. B., & Johnson-Koenke, R. (2024). Navigating chronic uncertainty: a theory synthesis for nursing communication in life-limiting illness. *BMC nursing*, 23(1), 654.
- Haroen, H., Mirwanti, R., Agustina, H. R., Pahria, T., Harun, H., Akuoko, C. P., & Nadirawati, N. (2023). A qualitative study of perception and experience toward end-of-life care among nursing students who witnessed dying people in their family. *Journal of Multidisciplinary Healthcare*, 2261-2270.
- Hussin, E. O. D., Wong, L. P., Chong, M. C., & Subramanian, P. (2018). Factors associated

Eman Kharbush Hazza Al Dhafiri, ghuzayyil saad atan Almutairi, Afaf mater aldhafeeri, Najah hawas tala Alharbi, Latifah Mater Aldhafeeri, Dalal hawas tala Alharbi, Falah hawas tala Alharbi, Eman Hameed Hindi aldhafeeri, Fatima hizam alanazi, Huda ali alshammri, Wajid hamdi modi alanazi, Wafa hamood nakimsh alshmmari, Fihaz Hadad Awdah Albathaly

- with nurses' perceptions about quality of end-of-life care. *International nursing review*, 65(2), 200-208.
- Karimi, Z., Fereidouni, Z., Behnamoghdam, M., Alimohammadi, N., Mousavizadeh, A., Salehi, T., ... & Mirzaee, S. (2020). The lived experience of nurses caring for patients with COVID-19 in Iran: a phenomenological study. *Risk management and healthcare policy*, 1271-1278.
- Limbu, S., Kongsuwan, W., & Yodchai, K. (2019). Lived experiences of intensive care nurses in caring for critically ill patients. *Nursing in critical care*, 24(1), 9-14.
- Maffoni, M., Argentero, P., Giorgi, I., Hynes, J., & Giardini, A. (2019). Healthcare professionals' moral distress in adult palliative care: a systematic review. *BMJ supportive & palliative care*, 9(3), 245-254.
- Noome, M., Beneken Genaamd Kolmer, D. M., van Leeuwen, E., Dijkstra, B. M., & Vloet, L. C. (2017). The role of ICU nurses in the spiritual aspects of end-of-life care in the ICU: an explorative study. *Scandinavian Journal of Caring Sciences*, 31(3), 569-578.
- Noome, M., Dijkstra, B. M., van Leeuwen, E., & Vloet, L. C. (2016a). The perspectives of intensive care unit nurses about the current and ideal nursing end-of-life care. *Journal of Hospice & Palliative Nursing*, 18(3), 212-218.
- Noome, M., Dijkstra, B. M., van Leeuwen, E., & Vloet, L. C. (2016b). Exploring family experiences of nursing aspects of end-of-life care in the ICU: A qualitative study. *Intensive and Critical Care Nursing*, 33, 56-64.
- Olausson, S., Ekebergh, M., & Österberg, S. A. (2014). Nurses' lived experiences of intensive care unit bed spaces as a place of care: a phenomenological study. *Nursing in critical care*, 19(3), 126-134.
- Sekse, R. J. T., Hunskaar, I., & Ellingsen, S. (2018). The nurse's role in palliative care: A qualitative meta-synthesis. *Journal of clinical nursing*, 27(1-2), e21-e38.
- Sopcheck, J. (2016). Social, economic, and political issues affecting end-of-life care. *Policy, Politics, & Nursing Practice*, 17(1), 32-42.
- Upadhyay, R. K. (2024). The Intersection of Law, Ethics and Medicine in the Right to Die Debate: A Global Analysis. *Library Progress International*, 44(3), 5448-5453.
- Watts, T. (2013). End-of-life care pathways and nursing: A literature review. *Journal of Nursing Management*, 21(1), 47-57.
- Weerasinghe, S., & Maddalena, V. (2016). Negotiation, mediation and communication between cultures: end-of-life care for South Asian immigrants in Canada from the perspective of family caregivers. *Social Work in Public Health*, 31(7), 665-677.