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THE PERCEIVED CHALLENGES FACED BY THE NURSES PROVIDING PALLIATIVE CARE TO THE TERMINALLY ILL PATIENTS IN TERTIARY CARE HOSPITAL PESHAWAR

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Palliative care, terminal illness, nursing challenges, qualitative research, emotional burden, health system barriers, Pakistan.

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Abstract

Background:
Palliative care is an essential component of healthcare aimed at improving the quality of life for patients with terminal illnesses. Nurses play a critical role in delivering this care, often under challenging conditions. In low-resource settings, such as Pakistan, palliative care remains underdeveloped, and the nurses providing it face numerous personal, organizational, and cultural challenges.

Aim:
The aim of this study was to explore the perceived challenges faced by nurses while providing palliative care to terminally ill patients at Hayatabad Medical Complex (HMC) in Peshawar.

Methods:
An exploratory qualitative study design was used. Fifteen registered nurses with at least one year of experience in palliative care were selected through purposive sampling. Semi-structured interviews were conducted using an open-ended question guide. Data were transcribed, translated, and analyzed using thematic analysis, including open, axial, and selective coding.

Results:
The study revealed several major themes: emotional and psychological burden, organizational and administrative limitations, lack of formal training, inadequate resources, and cultural misconceptions. Nurses reported emotional exhaustion, insufficient staffing, absence of dedicated palliative care units, and difficulties in communicating with families in denial. Participants highlighted the need for holistic care, multidisciplinary collaboration, and institutional support to improve service quality.

Conclusion:
Nurses providing palliative care face significant emotional and structural challenges that impact the delivery of effective care. Addressing these issues through education, policy reform, emotional support, and dedicated resources is essential to strengthen palliative care services and support frontline nursing staff.

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INTRODUCTION

Palliative care can be taken to mean specialized medical care that aims at offering relief to pain, symptoms, and other emotional distresses to patients who have a limited illness. Patients who are terminally ill are patients diagnosed with an incurable disease and have a life expectancy of not more than six months (Dzierżanowski, 2021). The perceived challenges are the identified and documented barriers or challenges identified by individuals that is, in this case, nurses based on their personal and professional experience (Strang, 2022). Such challenges could be emotional strain, communication problems, ethical issues, insufficient training, and resources against the background of palliative care. It is important to understand which challenges nurses report on providing end-of-life care to enhance the quality of care and assist the nursing workforce.(Tatokoro & Matsuo, 2022).

The demand of palliative care is increasing all over the globe as per World Health Organization (WHO) estimation, there are about 56.8 million individuals who need palliative care annually and 76 % of these are in low- and middle-income countries. Even in the developed countries, with the much-stressed healthcare system, structured palliative care is not available to all patients with terminal illnesses (Geijteman et al., 2024). Nurses, who are usually in the forefront of patient treatments, may often encounter special challenges brought about by providing palliative care services. Research indicates there are varying impacts of these burdens including physical fatigue to emotional burnout particularly in the environment where the specialized palliative units and training do not exist. The issue of palliative care is underdeveloped in most areas with the growing demand, which makes the task of nurses more difficult (Kebudi, Cakir, & Silbermann, 2021).

Terminally ill patients are patients whose care is quite complicated, thus landing a nurse in some emotional and ethical dilemmas. To become a qualified nurse, one must not only be able to control the physical symptoms of patients but, also help both patients and their family emotionally. Such twofold role may cause compassion fatigue, moral distress, and professional dissatisfaction (Omare, 2023). There are no support mechanisms in place like counseling; debriefing, which fuels these problems. Moreover there is also a possibility that the nurses will struggle to cope with their own emotional reactions whilst being professionally composed and able to empathize (Alshammari et al., 2023).

Another great challenge is the communication between terminal illness patients and their families. Nurses have to be in the place where they have to say something hard, deal with unrealistic expectations, or be a comforter during the time when death is breathing nearby. Without any training in end-of-life communication strategies, a nurse may feel not ready and exposed. There are instances in which miscommunication or cultural differences also result in emotional conflict and dissatisfaction of several families supplying to the psychological pressure faced by nurses (Burns, Bally et al., 2023).

Another significant obstacle in effective provision of palliative care is resource limitation. In most medical institutions, nurses have to work under low availability of vital medicine, equipment or even personnel (Stenman et al., 2023). In a low-resource context, nurses are under a lot of pressure to fill the gaps in the system, yet this puts an additional burden on them and subtracts their opportunities to devote time to the specific needs of patients. Such limitations lead to the development of helplessness and the sense of professional inadequacy especially when the patients are needlessly suffering because of an avoidable matter (Pariseault et al., 2022).

Moreover, the lack of formal education and training in palliative care influences considerably the capacity of nurses to provide the high-quality end-of-life care. Most nurses are not taught in university how to deliver a good palliative care program and most do not continue to develop further in this area (Johansen et al., 2022). It is a knowledge shortfall that restrains the abilities and assurance of nurses to care out complex palliative requirements including solidifying the distress, ethical judgment and psychosocial institutions.

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Due to this, most nurses practice a type of learning also known as experiential or informal learning, but this does not necessarily comply with best practices (Agom, Onyeka, Iheanacho, & Ominyi, 2021).

Due to this complexity of challenges, it is necessary to discuss the perceptions of nurses giving palliative care to dying patients. Their experiences can be used to determine gaps in training, policy, and practice, and eventually come up with supportive interventions. In this work, the authors aim to bring the issues perceived to be the greatest by nurses working in palliative care environments, hoping that this information will reach healthcare leaders (administrators, policymakers) and possibly improve the quality of care and the wellbeing of the nurses providing it.

Methodology

The research was done at one of the renowned tertiary care hospitals Hayatabad Medical Complex (HMC) in Peshawar Khyber Pakhtunkhwa Pakistan. The hypothesis of the study was to investigate the perceived problems that a nurse encounters when administering palliative care to the terminally ill patients. The qualitative exploratory study design was chosen and it served a fitting purpose to reveal experience, thoughts and comments that are deeply instilled in nurses in this sensitive nursing field. This design has enabled the discovery of hitherto undiscovered barriers, and has contributed to getting the sophisticated hardships of palliative's care nursing based the approaches of the nurses.

The sample population was registered nurses that had been directly involved in taking care of dying patients at HMC. Purposive sampling method was adopted to select the sample because it was interested in sampling individuals who possessed good knowledge base and practical working experience in palliative care. Responders who had more than one year to offer palliative care were required whereas those who did not want to participate were not to be included. During the study, at first, the sample was supposed to include 1420 nurses; nonetheless, the data saturation was achieved after the 15-th in-depth interview. All participants were taken through informed consent before data collection.

Data Collection Procedure

Semi-structured interviewing guide was used in data collection and led to open-ended and detailed answers. This flexible structure gave freedom to the participants to share their individual experiences, their thoughts and difficulties that they have faced when taking care of terminally ill patients. The interviews gave the nurses an opportunity to share both emotional and practical aspects of work. Privacy, comfort, and minimal interference with clinical duties were met in the organization of setting and timing of interviews.

Data Analysis Procedure

Thematic analysis was utilized to analyze the qualitative data. First, all interviews were audio-recorded and then transcribed verbatim. A bilingual expert provided professional translation of interviews done in Urdu into English. As the authors used Braun and Clarke framework, analysis started with familiarization, whereby they read transcripts several times. The significant statements were then identified through open coding and then categories were formed through axial coding. Thereafter, selective coding was employed in rendering of wider themes out of associated categories. Direct quotes of the participants who participated in the study accompanied every theme to ensure a certain level of authentication and a better understanding. We completed the process by arranging and presenting themes and categories into the logical final report that indicated the major issues which were identified as seen by the nurses in the palliative care environment.

Results and Analysis

Demographics of Participants

Face to face in-depth interview were conducted with total of 13 participants in which 11 were males and 2 were females. Age of all participants was between 28 to 35 years. Educational status of all participants was same but have different

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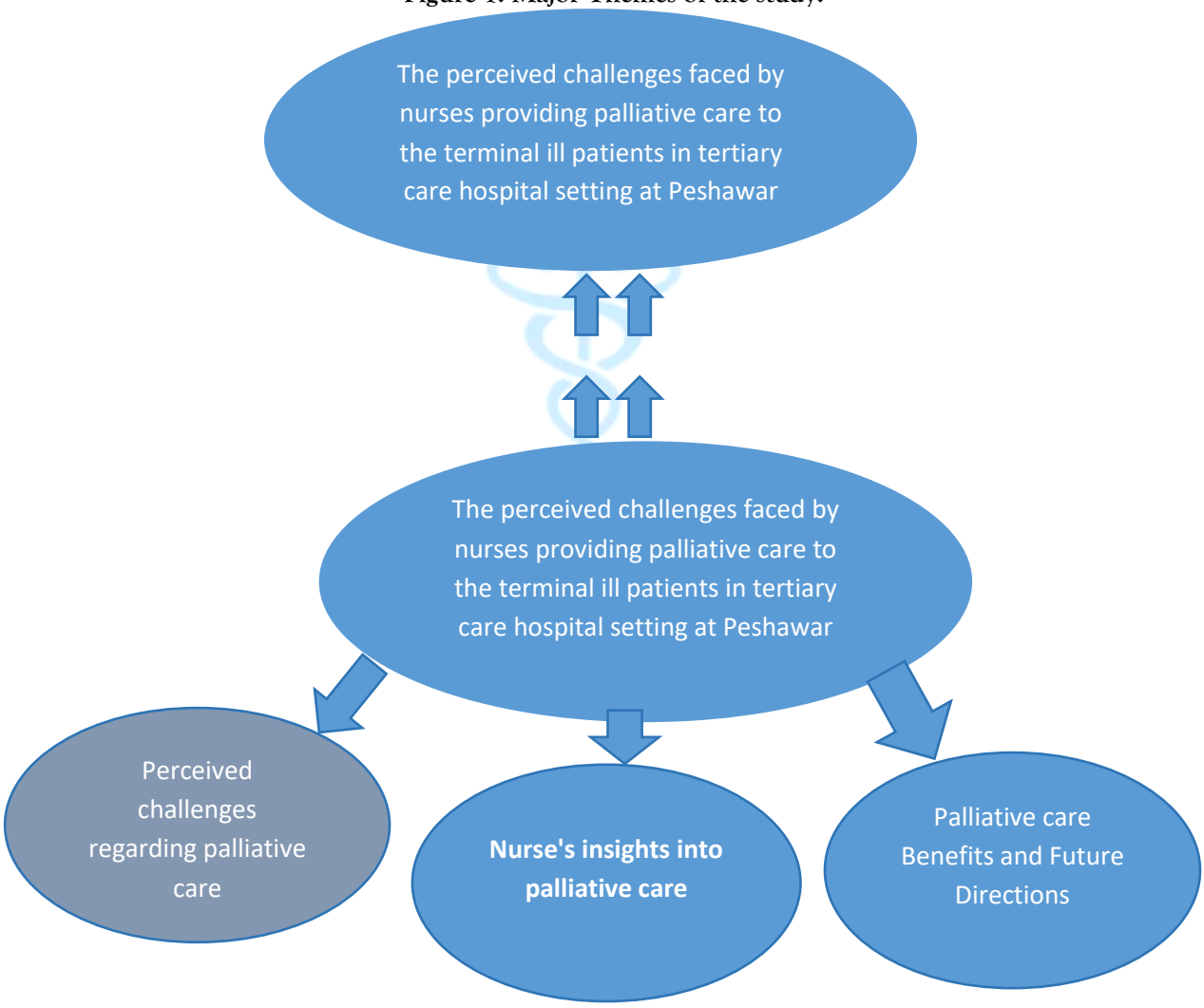
experiences, all the participants were BSN graduated. The working/clinical experiences of nursing graduates were almost above 2 years. All details are shown in the below table [Table 1].

Table 1: Demographic Data of Participants

GENDER	FREQUENCY	PERCENTAGE
Male	11	84.6
Female	2	15.4
Total	13	100
Educational status		
BSN	13	100

Figure 1: Major Themes of the study.



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Theme 1 Nurses' insight s into palliative care

Nurses perceived palliative care primarily as symptomatic care, aimed at relieving pain, managing distressing symptoms, and offering psychological support to terminally ill patients. Additionally, many emphasized that palliative care is holistic, addressing not only physical needs but also emotional, social, and spiritual well-being. Participants highlighted the importance of creating a compassionate environment to enhance patients' quality of life. This dual focus underscores the multidimensional nature of palliative nursing care [Figure 2]

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FIGURE 2: Theme 1 Nurse's insight s into palliative care

Codes and Narrations OF Theme 2

The theme outlines multiple perceived challenges faced by nurses in providing palliative care. Organizational issues such as incompetent administration, insufficient emotional support, and lack of trained staff were commonly reported. Nurses also highlighted resource limitations, including lack of dedicated palliative care units, inadequate funding, and administrative neglect. Cultural sensitivity and communication barriers, such as family denial and widespread misconceptions about palliative care, further complicate care delivery. Collectively, these challenges emphasize the urgent need for structural, educational, and policy-level reforms to improve palliative care services [Table 2]

Table 2: Codes and Narrations OF Theme 2

Theme	Sub-Theme	Codes	Narrations
Perceived challenges regarding palliative care	Organizational challenges	Incompetent administration	*organizational issues in palliative such as insufficient integration of palliative care into existing health systems that leading to fragmented care which is fails to address all aspects of a patient's needs.* ***(P10)***
		Lack of Emotional support	*While providing palliative care I am face significant emotional challenges, including extreme fatigue, emotional attachment, grief, moral distress, and burnout of overburden* ***(P2)***

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		Lack of knowledge	*Many healthcare providers lack of knowledge and necessary skills to manage complex sign and symptoms effectively, which can hinder the quality of care* ***(P9)***
		Denial families	*challenge arises when patients and their families struggle to accept that they are dealing with a terminal illness, there can be significant denial or reluctance to acknowledge the severity of the situation.* ***(P2)***
	Resources limitation	Ward limitation	*Establishing Dedicated Palliative Care Units One of the primary challenges we face at HMC is the lack of a specific unit dedicated solely to palliative care. Creating a separate space designed for terminally ill patients would allow us to provide specialized services tailored to their unique needs,* ***(P2)***
		Insufficient funding	*resource limitations pose a critical challenge. Many healthcare facilities lack inadequate funding in palliative care, which can hinder the delivery of comprehensive services of palliative care* ***(P10)***
		Lack of administrative support	*This is compounded by organizational issues, such as insufficient integration of palliative care into existing health systems that leading to fragmented care which is fails to address all aspects of a patient's needs.* ***(P10)***
		Lack of trained palliative care provider	*Lack of Trained Palliative Care Providers There is often a shortage of healthcare professionals with specialized training in palliative care, limiting the availability of quality services.* ***(P6)***
	Cultural sensitivity	Communication barrier	*Another challenge encounter from families not to accept that their loved one is terminally ill. They often show resistance to discussions about transitioning to palliative care, which is also emotional barriers that hinder effective communication and support.* ***(P1)***
			There is a pervasive lack of awareness about palliative care in our community,

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		Misconception about palliative	*many people equate it solely with end of life care, which is a misconception. This misunderstanding makes it difficult for us to advocate for these vital services and to encourage patients to seek palliative care earlier in their illness.* ***(P8)***
		Knowledge limitation	*Lack of education regarding palliative care in nurses leads to fragmented patient care, increased nurse burnout, and decreased job satisfaction. Providing comprehensive palliative care education and training is crucial to enhance nurse confidence, competence, and delivery of high-quality care.* ***(P7)***

Codes and Narrations

The theme highlights the perceived benefits and future directions of palliative care as seen by nurses. Effective symptom management, early integration, and reduced patient anxiety were noted as key outcomes of quality palliative care. Nurses emphasized the need for dedicated palliative care units, trained staff with patience, and multidisciplinary collaboration. These improvements could enhance care delivery, provide rapid interventions, and ensure continuous patient monitoring for better end-of-life experiences [Table 3].

Table 3: Codes and Narrations OF Theme 3

Themes	Sub-Themes	Codes	Narrations
Palliative Care Benefits and Future Direction	Managing symptoms effectively	Alleviating discomfort	*The benefits of palliative care for terminally ill patients are abundant, mostly cancer patients experience severe pain during their illness, and palliative care focuses on alleviating this discomfort through various approaches including medication and alternative therapies* ***(P1)***
		Early integration to care	*early integration of palliative care can lead to improved patient outcomes, including longer survival rates in some cases due to better symptom management and reduced hospitalizations* ***(P1)***
		Reduce anxiety	*Patients often report feeling more at peace and less anxious about their conditions when they receive appropriate palliative care* ***(P8)***

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	Improved resources and staff allocation	Make Separate unite for palliative care	*Establishing Dedicated Palliative Care Units One of the primary challenges we face at HMC is the lack of a specific unit dedicated solely to palliative care. Creating a separate space designed for terminally ill patients would allow us to provide specialized services tailored to their unique needs. (P2)*
		Hiring more palliative care trained staff	*hire staff nurses who were specialized in palliative care and make multiple resources and also involve family in care, inform administration and country for recommendation to make policies for palliative care(P4)*
		Staff who have higher level of patience	*staff that have high level of patience and also pay them and also for nurses make a proper ratio while caring a patient and also make high resources palliative care(P4)*
	Multi-disciplinary team work	Support from trained professional	*We need a trained professional in palliative care to improve palliative care, in out hospital setting we find ourselves stretched thin, managing multiple roles due to insufficient trained staff. (P8)*
		Provide rapid intervention and stabilization	*If a patient's condition deteriorates suddenly, having them in a hospital allows for rapid intervention and stabilization, this capability can be crucial for managing complications that arise during end of life care. (P5)*
		Proper monitoring	*Patients in hospitals are continually observed, which allows for timely adjustments in their care. This ongoing awareness can help us proactively manage pain and other symptoms, ensuring that discomfort is minimized(P13)*

Discussion

The result of the research showed that palliative care-giving positioned among the nurses upon welfare of terminally-ill patients introduced complicated challenges connected to emotional burden, organizational constraints, institutional weaknesses, as well as lack of resources and cultural barriers. The participants also pointed out that palliative care has the potential of enhancing the quality of life of the terminally ill patients based on symptomatic and holistic role, but yet they have the capacity to practice the same, usually derailed by systemic deficiencies. Nurses often felt too emotionally saturated because they were so heavily engaged with dying patients, as mentioned by prior research, that emphasized emotional burnout and moral distress by palliative care providers (Cai & Lalani, 2022).

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One major issue that came out was that most nurses lacked formal training and knowledge in palliative care, and that influenced their performance in terms of confidence and their services. The result is reflected in the study by Alshammari et al. (2022), who reported that improper evidence-based palliative practices training can provoke a fragmented delivery of care services and dissatisfaction among patients. In contrast to the situation in those countries where the notion of palliative care has become a staple of the nursing curriculum, the education system in the developing world like Pakistan, has not fully adapted it into the framework of the healthcare training. The gap indicates the necessity of institutional change and lifelong professional training programs on palliative care skills.

The insufficient palliative care units and shortage of staff also posed another major problem, further exerting the pressure on the available nursing workforce. The participants advocated the implementation of special units and well-trained personnel to deliver comprehensive and uninterrupted care. These reports are consistent with Yoong et al. (2024), who asserted that the lack of organized palliative care services may cause care gaps and increased caregiver burden. In contrast, multidisciplinary palliative teams and infrastructure are regarded as necessary and are usually established in developed health systems, which leads to improved patient outcomes and fewer readmissions.

Cultural and communication barriers also emerged as prominent themes. According to nurses, families tended to deny the severity of illness, did not want to engage in discussing transition to palliative care and entertained false beliefs that it is a synonymous term that is linked only to end-of-life situations. The studies by Arsenault Knudsen et al. (2021) showed that cultural misunderstandings were similar and that ignorance and stigma in society prevent prompt and efficient palliative care. As more and more Western literature acknowledges early implementation of palliative care, the adverse approach of communities in South Asia to avert its advantages is that, it is mostly related to imminent death.

The burdens on nurses in terms of the absence of support and coping resources were also worthy of mention. Nurses reported the lack of sense of congruence, the feeling of being overwhelmed and burnt out because they are poorly supported emotionally. This is in line with the findings of Kim et al. (2021), who pointed out that palliative nurses experience emotional fatigue and burnout when working, which leads to high turnover rates and low quality of care. Comparatively, health care studies that incorporated psychological support to nurses like debriefing sessions and peer support programs, are included and show a marked decrease in emotional distress (Kelley et al., 2022).

The other observation was the lack of the coordinated multidisciplinary collaboration in delivering palliative care. Respondents pointed at the fact that they had to handle numerous tasks by themselves because there was inadequate personnel and cooperation between healthcare professionals. Such absence of integrated care can be compared with results found by Younas et al. (2023), who exhibited that multidisciplinary cooperation plays a major role with respect to palliative care provision, minimizing errors, and satisfaction rates among both patients and caregivers.

To sum up, this research highlights the dire issues presented to nurses when it comes to administering palliative care in resource-scarce environments. Though they are always dedicated to ensuring patients are comfortable, systemic, educational, and cultural barriers impede best practice. These gaps can be addressed by policy changes, better training and emotional support mechanisms and awareness building, which can result in improving the quality of palliative care and serve as props to the nurses in its frontline. The results support the international push to make palliative care a fundamental element of health systems, in particular, in low- and middle-income countries.

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Conclusion and Recommendations

Deliberating that the patient who has been diagnosed terminally ill found himself facing an extremely wide range of issues when being treated with palliative nursing care by the nurses at the Hayatabad Medical complex, this study concluded that the emotional strain alongside the organizational failures endure together with the limited supply of resources and even the cultural differences. Respondents made constant references to the emotional component of being a part of the palliative care provision to a dying patient, the non-existence of the palliative care training and the lack of infrastructure and admistrational support. The problem of communication with patients and their families, misunderstandings in society concerning palliative care also complicated care delivery. Nevertheless, despite these obstacles, nurses were motivated to enhance the quality of the life of terminally ill patients demonstrating their strength and perseverance.

According to the results of the study, a number of the main recommendations can be made. To begin with severe cases of making sure that everyone understands what palliative care really is the most efficient measure is the inclusion of the intensive palliative care curriculum in the nursing curriculum and then sustained in-service education to enable the build-up of capacity and confidence among the nurses. Second, special palliative care units within medical facilities should be created that is well equipped and staffed to provide specialized and continuative care to the patients. Thirdly, mechanisms of emotional and psychological support like peer support groups and counseling need to be provided to enable the nurses manage with this stress and avoid burnout.

Moreover, popular campaigns are needed to clear the misunderstanding in the culture and the need to integrate the palliative care early within the treatment programs. Lastly, policy-makers and hospital administration should acknowledge the importance of palliative care and devote enough funds, personnel, and organizational resources to its successful delivery. Involving these areas, the healthcare systems will enhance the quality of palliative care services and support the nurse workforce that provides the most important role in the physical forms of end-of-life care due to empathy.

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