

End of Life Care

Current Awareness Bulletin

March 2025

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

Please contact the Academy Library to request any articles:



ruh-tr.library@nhs.net



01225 82 4897/4898



Carry out basic searches using the Knowledge and Library Hub.



Sign up to NHS OpenAthens to access our subscriptions.



Contact us to receive our bulletins via email each month.



Get personalised alerts via our KnowledgeShare service.

ruh.nhs.uk/library

New training via MS Teams available from the Academy Library:

- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.
Next sessions: 10th April @ 12 noon & 9th May @ 2pm
- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.
Next sessions: 11th April @ 11am & 12th May @ 12 noon
- **Quickfire health literacy – getting your message across**
30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.
Next sessions: 2nd April @ 1pm & 15th May @ 2pm

Book a session today at <https://forms.office.com/e/HyiSXfDaYV> (these sessions will be held on a monthly basis)

Palliative Care Research Conference - Using Research to Optimise Care in Community Settings

We're delighted to be hosting a collaborative Palliative Care Research Conference focusing on palliative care research in residential and community settings. Bringing together researchers, practitioners and patients across residential and community settings to share insights and best practice.

Keynote Speakers include:

Dr Ben Bowers - is a Wellcome Post-Doctoral Fellow, University of Cambridge, and a practicing Honorary Nurse Consultant in Palliative Care. Ben leads the UK-wide QNI Community Nursing Research Forum, building research capacity across nursing specialities. He is the Deputy Theme Lead of Palliative and End of Life Care for the NIHR Applied Research Collaboration East of England.

Dr Tamara Backhouse - is a research fellow at the University of East Anglia. Her research focuses on improving personal care interactions for people with dementia and their caregivers, with a particular emphasis on managing refusals of care in advanced dementia.

Professor Matthew Maddocks - Health Services Research & Rehabilitation at King's College London. Matthew is an academic physiotherapist and completed a PhD on the role of exercise in cancer cachexia in 2010 and has since held National Institute of Health Research post-doctoral, clinical trials and career development fellowships. He is a co-lead for the Palliative & End of Life Care theme of the NIHR Applied Research Collaborative for South London.

Our packed agenda will include a range of topics, such as:

Care home staff's non-medical approaches to harm reduction

- Using injectable end-of-life medications at home
- How can we improve personal care assistance for people living with advanced dementia?

Date - Thursday 5th June 2025

Time - 9:30 - 16:00

Location - Dorothy House, Winsley, BA15 2LE

For more information and registration please visit: **Palliative Care Research Conference - Dorothy House** - <https://shorturl.at/nrJBT>

Enhancing end-of-life care practices on the medicine units: perspectives from nurses and families.

Reid JC. *BMJ Open Quality* 2025;14(1):e003024.

Optimal end-of-life care in acute hospitals is often challenged by barriers including lack of nursing time and capacity, lack of training, and a focus on cure and recovery. This study of views from frontline nurses and patient and family advisors identified 5 important issues that, if addressed, may help to improve end-of-life care. These data informed the development and implementation of several strategies to enhance end-of-life practices.

Interventions to increase utilisation of advanced care planning documentation for hospitalised older adults.

Walker LE. *BMJ Open Quality* 2025;14(1):e002703.

A structured approach that identifies a targeted population at higher risk of mortality, and implementation of a checklist at a daily multidisciplinary huddle provided sustained improvement in advance care planning documentation. This provides the opportunity for improved patient care that is aligned with their values and preferences.

1. Exploring Rapport Formation Between Nurses and End-of-Life Patients: A Meta-ethnographic Synthesis

Authors: Chang, Sung Ok and Jeong, Eunhye

Publication Date: 2025

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 27(2), pp. E81–E91

Abstract: This study aims to deepen the understanding of rapport formation between nurses

and end-of-life patients by synthesizing existing qualitative research. Using meta-ethnography, this research integrates findings from various studies to explore the essence and process of rapport formation from nurses' perspectives. A comprehensive search across MEDLINE, EMBASE, CINAHL, and Web of Science databases in August 2024 identified 13 relevant studies. The quality of these studies was assessed using the Critical Appraisal Skills Programme checklist. The analysis identified 5 key themes in rapport building: "secure acceptance and safety," "genuine and transparent interaction," "insight into the patient's world," "bonding enhanced by professional support," and "advancing connections within boundaries." These themes underscore the role of rapport in enhancing the quality of palliative care, providing emotional stability, and improving the nurse-patient relationship. This study offers valuable insights for health care professionals to strengthen nurse-patient interactions, emphasizing the importance of rapport in end-of-life care.; Competing Interests: The authors have no conflicts of interest to disclose. (Copyright © 2024 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The Hospice and Palliative Nurses Association.)

2. Understanding how volunteer companionship impacts those during the end of life: A realist evaluation

Authors: Downey, John;Cooper, Susan;Bassett, Lynn;Dubeibe Fong, Alejandra;Doherty, Margaret and Cornwall, Jon

Publication Date: 2025

Journal: Death Studies 49(4), pp. 403–412

Abstract: Volunteers are a popular unpaid support role in end of life care yet how accompaniment influences the dying is underdeveloped. This study examined how companionship works, for whom, in what circumstances and why. Initial realist ideas were developed through participant observation (14 months), document analysis, and realist interviews with companionship trainers (n = 6). Theory testing involved volunteer interviews (n = 7), accounts from the dying, proxy accounts for the dying, and written reflections from companionship training. Companionship helps people live well until they die, prepare for death, and experience a good death. Four areas of volunteering explain these outcomes namely a loving friend, a holistic presence, a non-judgmental intermediary, and wrap around care. The four areas activate mechanisms related to reminiscing, preserving dignity/personhood, and easing suffering, contingent on specific contexts. The findings unpack how volunteering exerts its influence and what contextual factors facilitate outcomes, advancing the knowledge in this area.

3. Palliative Care Nurse Specialists' Perspectives on Spiritual Care at End of Life-A Scoping Review

Authors: Dunning, Bronagh;Connolly, Michael and Timmins, Fiona

Publication Date: 2025

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association

Abstract: The purpose of this scoping review was to explore and to summarize the published literature on palliative care nurse specialist's perspectives of spiritual care at end of life. The Preferred Reporting Items for Systematic reviews and Meta-Analyses Extension for Scoping Reviews Checklist was followed. Searches were conducted in 6 online databases (PubMed, MEDLINE, CINAHL, PsycINFO, Cochrane, HSELibrary). Following a rigorous review process, 15 studies met the inclusion criteria. Data were extracted using a template analyzing aims, population, mean age, setting, year of study, methodology, and key findings. The findings were organized into 4 categories: communication, education and experience, religion, and nurse-patient relationship. The research demonstrates that specialist palliative care nurses perceive spiritual care as an important element of holistic care at end of life; however, these nurses also agree that spiritual care is lacking. This deficiency results from a lack of education in spirituality; experience of the nurse; the nurses' own spiritual and religious beliefs and values, fears, and difficulties in communication; and the nurse-patient relationship. The findings demonstrate the necessity to increase the level of spiritual care education in nurse programs, educating nurses on the provision of spiritual care, and how to deal with conflicts in spiritual and religious beliefs.; Competing Interests: The authors have no conflicts of interest to disclose. (Copyright © 2025 by The Hospice and Palliative Nurses Association. All rights reserved.)

4. Factors associated with good death for end-of-life patients in the intensive care unit based on nurses' perspectives: A systematic review

Authors: Hafifah, Ifa;Wisetrith, Wasinee and Ua-Kit, Noraluk

Publication Date: 2025

Journal: Intensive & Critical Care Nursing 87, pp. 103930

Abstract: Background: Ensuring a good death in the intensive care unit (ICU) is crucial due to high global mortality rates. Despite the central role of nurses in end-of-life care, existing reviews often focus on patients or families and overlook nurses' perspectives.; Objectives: This study aims to investigate the factors associated with a good death for end-of-life patients in the ICU based on nurses' perspectives by systematically summarizing current evidence.; Methods: The researchers utilized a systematic review followed the PRISMA 2020 guidelines and was registered with PROSPERO. Databases searched included Scopus, ProQuest, PubMed, ScienceDirect, EBSCOhost, and Google Scholar. Inclusion criteria covered English-language quantitative studies published from the inception until February 20, 2024, that reported factors influencing a good death from the perspective of ICU nurses, and were available in full text. The exclusion criteria included studies with mixed participants if separate analyses for nurses were not provided. Risk of bias was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for analytical cross-sectional studies, and a narrative synthesis was performed.; Results: Five high-quality studies were included, involving 1,654 ICU nurses with an average age between 28.64 and 41.40 years, predominantly female (54.8 % to 91 %). Identified factors included nurses' personal factors, nurses' job characteristics, nurses' clinical competence in end-of-life care, and process of healthcare.; Conclusions: The review highlights the vital factor influencing a good death from ICU nurses' perspectives. Awareness of personal and job-related factors, along with enhanced clinical competence in end-of-life care, are essential for supporting patients to achieve a good death.; Implications for Clinical Practice:

ICU nurses can enhance their clinical competence in end-of-life care. Hospital managers should take into account nurses' work experience when assigning staff and consider implementing fixed shifts. Future research should explore these factors globally and develop interventions to support a good death in the ICU.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier Ltd. All rights reserved.)

5. Organizing to address overtreatment in cancer care near the end of life: Evidence from Denmark

Authors: Hauge, Amalie M.;Lydixsen, Nis and Bech, Mickael

Publication Date: 2025

Journal: Journal of Health Services Research & Policy 30(2), pp. 89–98

Abstract: Objectives: The purpose of this study is to investigate how organizational factors influence the ethical and economic problems of overtreatment of cancer patients.; Methods: The study applies a sequential mixed-method approach. First, our logistic regression model assesses how patient characteristics and hospital department variables influence the use of late cancer treatment (LCT), primarily chemotherapy, in stage IV non-small cell lung cancer cases using Danish registry data. Department-specific variations in LCT use across hospitals are identified, while controlling for population differences. Then, using qualitative data, we explore organizational factors that may influence hospitals' decisions regarding LCT for lung cancer patients.; Results: Between 13% and 33.3% of the studied lung cancer population receive LCT within their last 30 days of life. Variation in LCT can in part be explained by organizational factors specific to the hospital departments and their organization of their treatment decision-making process.; Conclusions: This article is among the first to show how organizational solutions can contribute to curbing overtreatment. Hospital managers can seek to reduce overtreatment by (a) adjusting the format and frequency of patient consultations, (b) improving the cross-disciplinary collaboration structures, and (c) utilizing team conferences for discussions of treatment cessation.; Competing Interests: Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

6. Exploring the challenges experienced by patients and families using palliative and end-of-life care services: A qualitative focus group study

Authors: Kallis, Gina;Hodge, Gary;Wheat, Hannah;Oh, Tomasina M. and Pearce, Susie

Publication Date: 2025

Journal: Palliative & Supportive Care 23, pp. e70

Abstract: Objectives: In the UK, access to dignified and compassionate palliative care is increasingly being reported as inadequate. This is a particular issue in South-West England, where there is an ageing population, historical lack of research, and particular challenges due

to its rural and coastal location. The aim of this study was to provide a holistic view of patient and family experiences of care toward the end-of-life in this location and to collaboratively identify the challenges they face.; Methods: Six qualitative focus groups were held with people who were toward the end of their life, family/carers, and people who were bereaved. Participants were recruited via hospice networks. Most focus groups were face-to-face, and all were facilitated by two researchers.; Results: A range of challenges were identified at different stages of the patient and family carer journey near the end-of-life. These included issues related to the delivery of care, such as communication challenges, a lack of out of hours care, and also a lack of personalized care. Patients and families also experienced everyday challenges due to the impact of living with a life-shortening condition and altered family dynamics as family members became carers. There were also some traumatic experiences of death and a sense of abandonment when care could not be accessed.; Significance of Results: This study provides a core first step in developing partnership working with members of the public, which can be built upon to develop future research agendas. This work has identified areas for improvement, so that ultimately, end-of-life experience for the individual, their carers, and families can be improved.

7. Preventive medication deprescribing in advanced cancer patients approaching end of life

Authors: McKenzie, Jane;Dunn, Catherine;Gard, Grace;Le, Brian and Gibbs, Peter

Publication Date: 2025

Journal: Internal Medicine Journal

Abstract: Previous reports indicated many patients with advanced cancer and limited life expectancy have ongoing preventive medication prescription (PMP) of uncertain benefit and increased risk. Our review of palliative care oncology admissions found high rates of PMP (69%) at time of first palliative care admission, despite high rates of inpatient deprescription (88%) and death at a median of 16 days (interquartile range 10-45) following admission. Rates of PMPs did not vary by time from last systemic treatment ($P = 0.29$) or by prior palliative care involvement ($P = 0.82$). Physicians and the wider multidisciplinary care team may be missing deprescription opportunities for terminally ill patients. (© 2025 Royal Australasian College of Physicians.)

8. Burnout Prevalence and Associated Factors Among Palliative and Hospice Care Professionals During the COVID-19 Endemic: An Exploratory Survey

Authors: Ng, Wan Ru;Hamizah, Nur;Chen, Xiangyi;Yeo, Zhi Zheng;Soh, Keng Chuan and Chong, Poh Heng

Publication Date: 2025

Journal: The American Journal of Hospice & Palliative Care 42(4), pp. 365–371

Abstract: Background: Burnout is a significant issue for palliative and hospice professionals, exacerbated by the impact of Coronavirus Disease 2019 (COVID-19) on healthcare

professionals. It is crucial to update our understanding of prevalence data, identify associated factors, and evaluate support resources during the COVID-19 pandemic.; Methods: We aimed to explore the prevalence of burnout among palliative and hospice care workers, 2 years into the COVID-19 pandemic by using the Maslach's Burnout Inventory; anxiety, using General Anxiety Disorder-7 (GAD-7), workload, risk perception of COVID-19, confidence in protective measures (personal, workplace, and government), and usage and perceived helpfulness of support resources. Univariate logistic regression analysis was conducted to analyse burnout against these factors.; Results: Of the 115 respondents encompassing doctors, nurses and social workers (76.5% female; average age 40.9), 48.7% experienced burnout. Burnout correlated with increased anxiety, higher COVID-19 risk perception, heavier workload, and reduced confidence in protective measures. Peer support, COVID information, and psychological programs were rated as the most effective for coping.; Conclusion: The study indicates considerable levels of burnout among palliative and hospice care workers, linked to workload, anxiety, and perceived risk. Traditional mental health interventions had limited efficacy; respondents favoured peer support and organisational changes. The findings stress the need for a holistic approach, including diverse resources, workload management, and regular mental health assessments.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

9. What are the perceived barriers for nurses providing end-of-life care for patients and their families from culturally diverse backgrounds in ICU? An integrative review

Authors: O'Neill, Kylie and Bloomer, Melissa J.

Publication Date: 2025

Journal: Intensive & Critical Care Nursing 87, pp. 103883

Abstract: Background: Cultural diversity is increasing worldwide. The provision of end-of-life care for people who have culturally diverse rituals, customs and beliefs can present barriers for critical care nurses in delivering high quality end-of-life care.; Aim: To synthesise research evidence about the perceived barriers for critical care nurses providing end-of-life care for patients and their families from diverse cultural backgrounds in ICU.; Research Question: What are the perceived barriers for nurses providing end-of-life care for patients and their families from culturally diverse backgrounds in ICU?; Design: Following protocol registration, a structured integrative review was undertaken across Medline, Embase, APA PsycINFO, CINAHL Complete, Cochrane library, Google Scholar and ProQuest Dissertation and Theses Global databases. A total of 823 records were independently assessed against inclusion and exclusion criteria. All included studies were assessed for quality. Narrative synthesis was used to report findings.; Results: Fifteen studies published between 2010 and 2022 were included. Findings are presented according to four themes: (i) Language and communication, (ii) (Dis) Comfort with religion, (iii) Consensus challenges and (iv) Caring at the end of life.; Conclusion: Recognising cultural diversity provides opportunity for critical care nurses to build awareness and understanding of cultural diversity as a way of optimising end-of-life care, through routine cultural assessment, advocating for professional interpreters to enhance communication and demonstrating openness to diverse cultural needs, preferences and practices.; Implications for Clinical Practice: The obvious first step in countering perceived challenges to end-of-life care is

to increase awareness by acknowledging and respecting difference and diversity. Cultural assessments for all patients admitted to critical care would be an ideal first step in addressing challenges associated with cultural diversity. Greater access to professional interpreters to overcome language barriers is also essential to optimising communication and consensus in decision-making at the end of life.; Competing Interests: Declaration of competing interest
Melissa J Bloomer is associate editor for Intensive & Critical Care Nursing and was not involved in the editorial review or the decision to publish this article. Kylie O'Neill has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024. Published by Elsevier Ltd.)

10. End-Of-Life Symptoms and Symptom Management in Older Adults With Stroke Versus Cancer

Authors: Ramsburg, Hanna;MacKenzie Greenle, Meredith and Hinkle, Janice L.

Publication Date: 2025

Journal: The American Journal of Hospice & Palliative Care 42(4), pp. 382–388

Abstract: Background: Little is known about the end-of-life (EOL) experience in older adults with stroke or how similar the EOL experience is in older adults with stroke when compared to those with cancer. Purpose: We utilized data from the National Health and Aging Trends Study (NHATS) to compare symptoms, symptom management, and overall rating of care in the last month of life between older adults diagnosed with stroke and those diagnosed with cancer. Methods: Logistic regression was used to examine the associations between diagnosis and symptom prevalence, symptom management, and overall care quality, adjusting for care intensity, place of death, and demographic covariates. Results: A total of 747 NHATS participants diagnosed with stroke or cancer were identified. Diagnosis of stroke was associated with whether the symptoms of pain (OR .46, 95% CI .26-.83), dyspnea (OR .32, 95% CI .17-.64), and emotional distress were documented (OR .57, 95% CI .33-.98). Diagnosis was not associated with pain management (OR .85, 95% CI .48-1.48), dyspnea management (OR .97, 95% CI .47-2.03), or emotional distress management (OR 1.02, 95% CI .53-1.97). Correlates of overall care quality included place of death and diagnosis, with patients with stroke more likely to report poorer care quality (OR 1.77, 95% CI 1.03-3.04) as well as those who died in the hospital (OR 2.18, 95% CI 1.26-3.77). Conclusions: Older adults with stroke are at risk for inadequate symptom assessment and documentation, as well as poorer symptom management and poorer overall care quality.; Competing Interests: Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

11. How to educate patients and caregivers on end-of-life nutrition care and support

Authors: Schwartz, Denise Baird;Wolfe Citty, Sandra;Barrocas, Albert and O'Sullivan-Maillet, Julie

Publication Date: 2025

Journal: Nutrition in Clinical Practice : Official Publication of the American Society for

Abstract: Background: There are numerous articles, book chapters, and published guidelines on the topic of clinical ethics in the use of artificially administered nutrition and hydration, which often incorporates end-of-life (EOL) nutrition care and support. Components of clinical ethics involve the importance of ethical principles, patient-centered care, and shared decision-making. However, there is sparse information on how to educate patients and caregivers on this subject.; Methods: Initially, PubMed and the Cochrane Library were used to find articles on the subject. Articles were reviewed and new concepts were identified to include.; Results: There is a practice gap with not applying clinical ethics in practice. The application of clinical ethics, which includes the teach-back method of education, soft skills and behavioral skills training, and potential sacred moments, is not well addressed in the literature. Demonstration of the process of incorporating clinical ethics into practice is beneficial in helping educate clinicians so they can then effectively educate the patient and caregiver on EOL nutrition care and support. Reasons for not applying clinical ethics in actual clinical practice may be because of clinicians not receiving training, the lack of opportunity to observe the technique applied in actual clinical practice, or possibly concern for the presumed additional time required in clinical practice to apply clinical ethics.; Conclusion: Educating patients and caregivers on EOL nutrition care and support presupposes engaging, educating, and empowering clinicians about clinical ethics by demonstrating the process and encouraging educators to incorporate the information in an interdisciplinary/interprofessional curriculum. (© 2025 American Society for Parenteral and Enteral Nutrition.)

12. Unmet Activities of Daily Living (ADL) Care Needs and Associated Risk Factors Among Older Adults with Dementia at the End of Life

Authors: Swearinger, Hazal and Con Wright, Gülçin

Publication Date: 2025

Journal: Journal of Gerontological Social Work , pp. 1–18

Abstract: This paper examined the prevalence of and risk factors associated with unmet needs for activities of daily living (ADL) for older adults dying with dementia. We focused on a sample of 632 older adults in the National Health and Aging Trends Study. Employing Andersen's behavioral model of health, we investigated the association of predisposing, enabling, and need factors and found that older age, using hospice, receiving residential care, and severity of ADL disability were associated with fewer unmet care needs. This study emphasizes the timing of end-of-life care preferences and the quality of care services for older adults with dementia.

13. Caring for Patients With Injection Drug Use-Associated Infective Endocarditis at the End of Life: A Modified Photo-Elicitation Phenomenological Study

Authors: Todt, Kendrea

Publication Date: 2025

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 27(2), pp. E68–E74

Abstract: Admissions for patients with injection drug use-associated infective endocarditis are increasing. Injection drug use-associated infective endocarditis is a serious and often fatal cardiac infection. Nurses are often frustrated when caring for these patients because these care assignments are physically and emotionally demanding. Nurses feel helpless, as they disposition young patients to a funeral homes, morgue, or hospice, or send them home to die, and yet a dearth of information regarding end-of-life care for injection drug use-associated infective endocarditis patients remains. This study explored the lived experiential impact these experiences have on nurses. The method was interpretive and participatory, a modified photo-elicitation phenomenological design. Twenty-nine nurses recruited by purposive sampling took photographs and wrote reflections, with 5 participating in an optional unstructured interview conducted by the author. Three themes emerged from the data that elucidated these experiences as (1) a "heartbreaking" experience to witness, (2) an "exhausting" experience to endure, and (3) a practice-altering experience that transforms. Data analysis reveals that nurses experience intense pain, exhaustion, and, yet, transformation, both negative and positive. Implications for nurses include the need for end-of-life education, formal debriefing process to mitigate turnover, and future research into nature-based therapies to help nurses process trauma, as a form of self-care.; Competing Interests: The author has no conflicts of interest to disclose. (Copyright © 2024 by The Hospice and Palliative Nurses Association. All rights reserved.)

14. Effect of a Peaceful End-of-Life Care Program on Perceived Good Death in People With Advanced Cancer and Their Family Caregivers

Authors: Trakoolngamden, Benchamart;Monkong, Supreeda;Chaiviboontham, Suchira;Satitvipawee, Pratana and Runglodvatana, Yotsawaj

Publication Date: 2025

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 27(2), pp. 94–101

Abstract: Early integration of palliative care benefits both people with advanced cancer and their family caregivers, yet research on holistic end-of-life care and advance care planning remains limited. The primary objective of this study was to examine the effect of a peaceful end-of-life care program on perceived good death outcomes in people with advanced cancer and their family caregivers. Secondary objectives included exploring the program's effect on the quality relationship and end-of-life care knowledge among family caregivers. In this quasi-experimental design with repeated measures, 122 participants were enrolled. On the basis of the Theory of the Peaceful End of Life, the experimental group received a 4-week program comprising health education, self-care for symptom management, advance care planning, psychosocial support, and family involvement plus standard care, whereas the control group received standard care alone. The Good Death Inventory was the primary measurement tool. The results showed a significant improvement in perceived good death, quality relationships, and end-of-life care knowledge in the experimental group, with no such improvements observed in the control group. The program improved good death outcomes, caregiver

relationships, and end-of-life care knowledge. Therefore, early initiation of this program is recommended to optimize its benefits.; Competing Interests: The authors have no conflicts of interest to disclose. (Copyright © 2025 by The Hospice and Palliative Nurses Association. All rights reserved.)

15. End of Life Outcomes Following Comfort Care Orders: A Single Center Experience

Authors: Tucker, Matthew;Hovern, Dayna;Liantonio, John;Collins, Elizabeth and Binder, Adam F.

Publication Date: 2025

Journal: The American Journal of Hospice & Palliative Care 42(4), pp. 321–325

Abstract: Background: Few studies have explored the outcomes of patients placed on comfort care with respect to hospice disposition. The objective of this study was to perform a retrospective analysis of patients who transitioned to comfort care. Methods: We conducted a retrospective study of patients placed on the comfort care order set between July 1st, 2021, until June 30th, 2022. Each individual patient chart was then analyzed to collect multiple clinical variables. IRB approval was obtained as per institutional guidelines. Results: 541 patients were included in the analysis. An average of 1.5 patients were placed on comfort care a day. 424 (78.37%) patients died while in the hospital. The median time on comfort care was 1 day. For subspecialty and hospital medicine patients the median time was 2 days. 40% of non-ICU patients were discharged with hospice services. 60% of patients were in the intensive care unit (ICU) and spent a median of 2.33 hours on comfort care. 19% of these patients were on comfort care for over 12 hours. 94% of the patients placed on comfort care in the ICU died in the hospital as compared to 53% of subspecialty and 59% of hospital medicine patients. Conclusions: The majority of patients placed on comfort care died during their hospitalization demonstrating a real need for comprehensive end of life care and immediate hospice services. For those discharged with hospice services, they spent an excessive amount of time in the hospital waiting for services to be arranged.; Competing Interests: Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

16. Intra-Family End-Of-Life Conflict: Findings of a Research Investigation to Identify Its Incidence, Cause, and Impact

Authors: Wilson, Donna M.;Bykowski, Kathleen A.;Banamwana, Gilbert;Bryenton, Farrell M.;Dou, Qinqin and Errasti-Ibarrondo, Bego

Publication Date: 2025

Journal: Omega: Journal of Death & Dying 91(1), pp. 197–211

Abstract: With few investigations of intra-family end-of-life conflict, this study sought to identify its incidence, cause, and impacts. A questionnaire was completed by 102 hospice/palliative nurses, physicians, and other care providers in Alberta, a Canadian province. Participants reported on how often they had observed intra-family conflict when someone in the family was

dying, and the impacts of that conflict. 12 survey participants were then interviewed about the intra-family conflict that they had encountered, with interviews focused on why conflict occurred and what the impacts (if any) were. Nearly 80% of families were thought to experience end-of-life conflict, periodically or continuously, among various family members. The interviews confirmed three reasons for intra-family end-of-life conflict and three conflict outcomes that were revealed in a recent literature review. The findings indicate routine assessments for intra-family end-of-life conflict are advisable. Attention should be paid to preventing or mitigating this conflict for the good of all.

17. "I Don't Know What to Say": A Multimodal Educational and Environmental Intervention to Improve Bedside Nursing Communication at End of Life

Authors: Wolownik, Gregory and Wholihan, Dorothy

Publication Date: 2025

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 27(2), pp. E61–E67

Abstract: The American Association of Colleges of Nursing identifies palliative and hospice care as one of 4 core spheres of nursing in its new Essentials outcomes. However, research shows inpatient medical-surgical nurses are not adequately trained to deliver end-of-life (EOL) care. This lack of foundational learning leads to gaps when communicating with patients and families and negatively impacts quality of care. When a large urban hospital opened a specialty unit for comfort-focused EOL care, nurses felt unprepared to communicate effectively with patients and families. A literature review and staff interviews identified barriers to communication, such as lack of formal education and experience; personal, cultural, and emotional challenges; and high workload. A multimodal intervention focusing on improving staff nurse communication skills was designed. It included environmental cues, engaging pocket cards, and an education module on communication techniques. Data were collected on nurses' confidence and competence in EOL communication, and qualitative feedback on the usefulness of the interventions was obtained. Nurses demonstrated increased confidence and competence immediately following the education session, enduring at 4 weeks. Nurses reported pocket cards and posters were helpful clinical reminders. Innovative, clinically relevant interventions can positively impact communication skills without requiring increased time commitments or high cost.; Competing Interests: The authors have no conflicts of interest to disclose. (Copyright © 2025 by The Hospice and Palliative Nurses Association. All rights reserved.)

Sources Used:

The following databases are searched on a regular basis in the development of this bulletin: British Nursing Index, Cinahl, Medline along with a number of other sources

Disclaimer:

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.