Palliative Care Nursing in Tertiary Hospitals: Challenges in Addressing Cultural Sensitivities

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Abstract

Culturally sensitive palliative care is critical in tertiary hospital settings where diverse patient populations require nuanced approaches to end-of-life support. This qualitative study explored the challenges nurses experience in delivering culturally competent care in a multicultural tertiary hospital. Fifteen nurses with at least one year of palliative care experience participated in semi-structured interviews. Thematic analysis revealed three core themes: (1) Communication Barriers**, including language differences and cultural nuances in nonverbal cues; (2)** Ethical and Moral Dilemmas**, centering on conflicts between patient autonomy and family or religious values; and (3)** Institutional and Resource Limitations**, highlighting a lack of specialized training and time constraints. These findings underscore the importance of institutional support, targeted training programs, and interdisciplinary collaboration to strengthen nurses' ability to provide culturally responsive care. Addressing these challenges can improve patient outcomes, enhance nurse satisfaction, and foster a more inclusive palliative care environment.**

Keywords: Cultural Sensitivity, Palliative Care, Nursing, Tertiary Hospital, Qualitative Research

Introduction

Palliative care aims to relieve suffering and improve quality of life for patients with life-limiting illnesses, while also supporting their families (World Health Organization [WHO], 2002). Despite growing recognition of its importance, implementing culturally sensitive palliative care in tertiary hospital settings remains a complex task. Nurses, who often serve as the primary care providers, face significant challenges when attempting to address the diverse cultural beliefs, values, and traditions that influence end-of-life decisions (Giger & Davidhizar, 2002).

In multicultural environments, patients and families bring distinct expectations regarding pain management, spiritual support, and communication styles (Mok and Chiu,2004). Failure to acknowledge these differences can lead to inadequate symptom management, reduced patient satisfaction, and ethical dilemmas (Tjale & De Villiers, 2004). As a result, nurses in tertiary care settings must develop culturally competent approaches that incorporate sensitivity to various cultural norms, while still adhering to evidence-based palliative practices (Davidhizar & Giger, 2004). This paper explores the specific challenges nurses encounter in providing culturally sensitive palliative care and offers strategies to enhance the quality of care in tertiary hospital environments.

Literature Review

Culturally sensitive palliative care is increasingly recognized as a critical component of high-quality end-of-life services, particularly in tertiary hospital settings (Betancourt, Green, & Carrillo, 2002). Research indicates that nurses play a crucial role in identifying and responding to patients' diverse cultural beliefs,

values, and traditions (Giger & Davidhizar, 2002). This literature review synthesizes findings from studies conducted between 2000 and 2014, focusing on the challenges nurses face when providing culturally competent care, as well as potential strategies for overcoming those challenges.

1. **Definition and Importance of Cultural Sensitivity in Palliative Care**

   Cultural sensitivity in palliative care involves recognizing and respecting the cultural backgrounds, practices, and values that shape patients' perspectives on illness, dying, and bereavement (Mok and Chiu,2004). When nurses fail to acknowledge the significance of cultural nuances, it can result in miscommunication, under-treatment of symptoms, and moral distress for both patients and providers (Tjale & De Villiers, 2004). Betancourt et al. (2002) argue that culturally sensitive care promotes trust, enhances patient satisfaction, and may contribute to better clinical outcomes.

2. **Challenges in Addressing Cultural Needs**

   Several studies highlight barriers that hinder the delivery of culturally sensitive palliative care in tertiary hospitals. First, language differences present a major obstacle, especially when patients and family members have limited proficiency in the dominant language (Davidhizar & Giger, 2004). Misinterpretations or the lack of appropriate interpreters can compromise the accuracy of assessments and patient education. Second, there is often insufficient institutional support and limited training for nurses in cultural competence, resulting in inadequate preparation to handle complex cultural needs at the end of life (Oishi & Murtagh, 2014). Third, time constraints and high patient turnover within tertiary hospitals can make it challenging for nurses to build rapport and engage in meaningful cultural assessment and discussions (Waird and Crisp, 2016).

3. **Ethical Dimensions of Cultural Sensitivity**

   The ethical basis for culturally competent palliative care stems from the principles of respect for autonomy, beneficence, nonmaleficence, and justice (American Nurses Association [ANA], 2001). Nurses must navigate ethical dilemmas that arise when cultural beliefs conflict with standard care practices, such as pain management protocols or do-not-resuscitate orders (Kelly & Minty, 2007). Studies suggest that open communication, shared decision-making, and flexibility in care planning can mitigate these conflicts (Oishi & Murtagh, 2014). Moreover, respecting patients' spiritual and religious customs at the end of life is an essential ethical and professional responsibility (Tjale & De Villiers, 2004).

4. **Strategies to Enhance Cultural Competence**

   Numerous interventions have been proposed to improve cultural competence in palliative care nursing. Giger and Davidhizar (2002) emphasize the use of structured transcultural assessment models to systematically explore patient beliefs, values, and healthcare expectations. Training programs focusing on cultural humility—an approach that encourages self-reflection and openness to diverse perspectives—have also been shown to improve nurses' communication and interpersonal skills (Betancourt et al., 2002). Additionally, institutional policies that support interpreter services, ongoing cultural competence education, and interdisciplinary team collaboration can facilitate comprehensive, patient-centered care (Waird and Crisp, 2016).

5. **Implications for Practice and Research**

   The literature consistently points to the need for nurse educators and hospital administrators to invest in cultural competence training and policy development (Kelly & Minty, 2007). More robust research on best practices for integrating cultural assessments into daily nursing workflows is also needed (Oishi & Murtagh, 2014). Future studies might focus on patient outcomes related to cultural competency interventions, as well as the economic impact of culturally sensitive approaches on healthcare systems (Betancourt et al., 2002). Understanding these dimensions can help strengthen the evidence base for policy reforms and shape the future of nursing practice in tertiary palliative care.

Methodology

Study Design

A qualitative descriptive design was employed to explore the experiences of nurses providing palliative care in a tertiary hospital, with particular focus on the challenges related to cultural sensitivities. The qualitative approach allows for in-depth understanding of complex phenomena directly from those who have first-hand experiences, aligning well with the goal of capturing nuanced cultural dimensions in palliative care (Creswell, 2011; Polit & Beck, 2010).

Setting

The study took place in the palliative care unit of a large tertiary hospital located in an urban, multicultural region. This setting was chosen because tertiary hospitals often serve highly diverse patient populations, thereby providing a rich environment to examine cultural sensitivity in end-of-life care (Betancourt, Green, & Carrillo, 2002).

Participants and Sampling

A purposive sampling strategy was used to recruit Registered Nurses (RNs) and Advanced Practice Nurses (APNs) working in the palliative care unit. Inclusion criteria were:

1. At least one year of experience in palliative or hospice care.
2. Direct involvement in patient assessment and care planning.
3. Willingness to participate in a 30–60 minute interview.

Efforts were made to include nurses from various cultural backgrounds to ensure diverse perspectives (Giger & Davidhizar, 2002). The final sample consisted of 15 nurses (11 female and 4 male), which is considered sufficient for achieving thematic saturation in qualitative studies (Polit & Beck, 2010).

Data Collection

Data were collected over a three-month period using semi-structured, in-depth interviews. An interview guide, developed after reviewing literature on cultural competence in palliative care (Mok and Chiu,2004), covered topics such as:

- Experiences with culturally diverse patients and families.

- Communication strategies and barriers in end-of-life discussions.
- Ethical dilemmas related to culturally sensitive care.
- Institutional policies or support systems impacting cultural competence.

Interviews were conducted in a private room within the hospital to ensure confidentiality and minimize disruptions. Each interview was audio-recorded with participants' consent and transcribed verbatim for analysis (Speziale et al., 2011).

Data Analysis

Data analysis followed a thematic analysis framework (Braun & Clarke, 2006). The transcripts were first read multiple times to gain familiarity with the content, then coded line-by-line to identify meaningful segments related to cultural sensitivity challenges. Codes were grouped into subthemes and, subsequently, broader themes were generated to capture the essence of nurses' experiences (Polit & Beck, 2010). To enhance trustworthiness, two researchers independently coded all transcripts and discussed discrepancies until consensus was reached.

Ethical Considerations

Ethical approval was obtained from the hospital's ethics committee before commencing the study. Participation was voluntary; all participants provided written informed consent and were free to withdraw at any time without any repercussions (American Nurses Association [ANA], 2001). Confidentiality was maintained by assigning each participant a unique code in all transcripts and reports. Additionally, care was taken to respect the sensitive nature of discussing end-of-life issues, and participants could choose not to answer any questions that made them uncomfortable (Tjale & De Villiers, 2004).

Findings

Data analysis yielded three main themes related to the challenges nurses encountered when providing culturally sensitive palliative care in a tertiary hospital: (1) Communication Barriers, (2) Ethical and Moral Dilemmas, and (3) Institutional and Resource Limitations. Each theme encompassed sub-themes that highlight specific facets of the nurses' experiences. Participants are referred to by numeric identifiers (e.g., P1, P2) to maintain anonymity.Theme 1: Communication Barriers

Sub-theme 1.1: Language Differences

Many participants described the difficulty of communicating complex medical information and end-of-life decisions in a language not fully understood by patients or their families. Even with interpreter services, nurses expressed concern about potential misunderstandings that could affect care.

"It was really challenging explaining advanced directives to a patient who spoke almost no English. Sometimes, the family only partially understood, and I worried about them missing key details." (P2)

"We had one interpreter for the entire hospital. By the time they arrived, the patient's condition might have worsened, or the family had already made decisions without complete information." (P7)

Sub-theme 1.2: Cultural Nuances in Communication

Beyond language, participants also highlighted difficulties in interpreting nonverbal cues, such as facial expressions and body language, which can differ greatly between cultures. Several nurses reported that they had unintentionally offended patients by violating cultural norms related to eye contact or personal space.

"I once touched a patient's hand to comfort her, but later learned that direct physical contact with strangers is frowned upon in her culture. She seemed uneasy after that." (P1)

"Some families expect detailed information, while others want less disclosure. It's tough balancing respect for cultural preferences with the need to keep them fully informed." (P10)

Theme 2: Ethical and Moral Dilemmas

Sub-theme 2.1: Conflicts with End-of-Life Wishes

Participants described ethical tensions when cultural or religious beliefs conflicted with standard medical guidelines. In some cases, families insisted on life-sustaining treatments contrary to the patient's previously stated wishes, causing distress among nursing staff.

"A patient had a living will requesting no aggressive interventions. However, his family, guided by their beliefs, wanted everything done. I felt torn because I wanted to respect the patient's autonomy but also honor the family's cultural practices." (P4)

"We sometimes see families postponing critical conversations or refusing palliative measures altogether because they believe discussing death can hasten it." (P12)

Sub-theme 2.2: Preserving Professional Integrity

Nurses also grappled with upholding professional standards of beneficence and non-maleficence while respecting cultural demands that might challenge best practices in pain management or symptom control.

"One family objected to certain pain medications on religious grounds, even though the patient was in severe pain. It was heartbreaking to see him suffer, but we had to find an alternative approach." (P9)

"The hardest part is deciding when to advocate for what I know is clinically best versus honoring their cultural stance. It's a delicate balance." (P3)

Theme 3: Institutional and Resource Limitations

Sub-theme 3.1: Lack of Dedicated Training

A common thread among participants was the lack of formal training or continuous education on cultural competency in palliative care. Nurses felt that more robust, institution-wide programs could equip them with the necessary skills to navigate cultural complexities.

"I've had some generic cultural training, but it wasn't specific to end-of-life care. It would be so beneficial to have targeted workshops that address real-life palliative care scenarios." (P13)

"We need more than a one-time orientation. Cultures aren't static, and ongoing learning is essential to stay aware of emerging cultural needs." (P5)

Sub-theme 3.2: Time and Resource Constraints

Lastly, participants indicated that the fast-paced environment of a tertiary hospital and limited staffing sometimes prevented them from engaging in thorough cultural assessments or discussions with patients and families.

"Between our heavy workload and short staffing, I often don't have the time I'd like to sit down and really understand each patient's cultural background." (P8)

"We want to provide holistic care, but if we're running between patients, it's hard to do anything beyond the basics." (P6)

Discussion

The purpose of this study was to explore the challenges that nurses face when providing culturally sensitive palliative care in a tertiary hospital setting. Three main themes emerged: **Communication Barriers**, **Ethical and Moral Dilemmas**, and **Institutional and Resource Limitations**. These findings offer insights into the multifaceted ways in which culture intersects with end-of-life care, mirroring some of the broader issues highlighted in the literature (Betancourt, Green, & Carrillo, 2002; Giger & Davidhizar, 2002).

Communication Barriers

Participants frequently noted that **language differences** complicated end-of-life discussions, a challenge also reported by Davidhizar and Giger (2004). Miscommunication or delayed interpreter availability can lead to incomplete patient education, misunderstandings about treatment options, and lower patient and family satisfaction. This finding underscores the importance of reliable interpreter services and culturally nuanced communication techniques (Betancourt et al., 2002).

Beyond literal language translation, **cultural nuances in communication** emerged as a critical sub-theme. Subtle nonverbal cues—eye contact, touch, and personal space—vary significantly across cultural groups (Giger & Davidhizar, 2002). The results here corroborate earlier research suggesting that cultural factors can influence not only how patients and families process health information but also their comfort level in clinical settings (Mok and Chiu,2004). The need to balance openness with respect for each patient's cultural norms is integral to high-quality palliative care.

Ethical and Moral Dilemmas

Nurses in this study reported feeling torn between respecting **patient autonomy** and honoring **family or cultural values**, especially when these values appear to conflict with the patient's expressed wishes or standard palliative practices (Kelly & Minty, 2007). This tension aligns with the literature on ethical decision-making in end-of-life care, where healthcare providers often face moral distress when cultural or religious beliefs dictate interventions that might prolong suffering (American Nurses Association [ANA], 2001).

Additionally, participants highlighted the ethical complexities of **preserving professional integrity** while navigating religious or cultural taboos around pain management. Previous studies confirm that spiritual or religious beliefs can shape decisions about narcotics, sedation, and life support, and nurses often need to adapt care plans accordingly (Oishi & Murtagh, 2014). This indicates a pressing need for guidelines that integrate both evidence-based clinical practice and cultural competence, allowing nurses to remain ethically grounded while meeting patient and family needs (Tjale & De Villiers, 2004).

Institutional and Resource Limitations

One of the most recurrent concerns was **lack of dedicated training** in cultural competence. Although brief cultural awareness sessions may be offered during orientation, participants felt these were insufficient for the complexity of palliative care scenarios. Waird and Crisp (2016) similarly emphasizes that ongoing, scenario-based training is crucial to enhance nurses' confidence and skill in handling culturally sensitive end-of-life situations.

Additionally, the **time and resource constraints** inherent to tertiary hospital settings contributed to feelings of frustration and burnout. With demanding patient loads and limited staffing, nurses often struggled to invest the time needed for comprehensive cultural assessments. This mirrors findings by Polit and Beck (2010), who note that workplace structures must support nurses' efforts to provide patient-centered care. When institutional policies fail to address these systemic issues, nurses may feel unable to incorporate cultural insights into daily practice (Betancourt et al., 2002).

Implications for Practice

The data highlight the need for **institution-wide strategies** that bolster cultural sensitivity in palliative care. These might include:

- **Enhanced interpreter services** and technology-based translation tools to mitigate language barriers.
- **Ongoing training programs** focused on cultural humility and scenario-based learning specific to palliative care.
- **Interdisciplinary collaboration** among nurses, social workers, chaplains, and other healthcare providers to address ethical dilemmas and spiritual needs.
- **Policy reforms** that acknowledge the importance of cultural competence, potentially mandating minimum staffing levels or protected time for nurses to engage in deeper patient and family consultations.

Strengths and Limitations

A key strength of this study lies in its qualitative approach, allowing rich, detailed narratives from nurses' firsthand experiences in a culturally diverse setting (Creswell, 2011). However, the findings are limited by the single-site nature of the research; thus, transferability to other hospital systems or regions should be approached with caution. Future studies could include multiple sites or quantitative measures to assess the impact of culturally sensitive interventions on patient outcomes and organizational costs (Betancourt et al., 2002).

Conclusion

Overall, the study highlights that nurses play a pivotal role in delivering culturally sensitive palliative care but often confront communication challenges, ethical dilemmas, and systemic constraints. Aligning with prior research, these findings underscore the need for robust institutional support, comprehensive training, and interprofessional collaboration (Giger & Davidhizar, 2002; Mok and Chiu,2004). Emphasizing cultural competence in palliative care not only benefits patients and families but also supports nurses in fulfilling their professional and ethical obligations.

References

1. American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements.* ANA.
2. Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2002). Cultural competence in health care: Emerging frameworks and practical approaches. *The Commonwealth Fund*, 576.
3. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
4. Creswell, J. W. (2011). Controversies in mixed methods research. *The SAGE*.Giger, J. N., & Davidhizar, R. E. (2002). The Giger and Davidhizar transcultural assessment model. *Journal of Transcultural Nursing*, 13(3), 185–188.
5. Mok, E., & Chiu, P. C. (2004). Nurse–patient relationships in palliative care. *Journal of advanced nursing*, *48*(5), 475-483.
6. Polit, D. F., & Beck, C. T. (2010). *Essentials of nursing research: Appraising evidence for nursing practice* (7th ed.). Wolters Kluwer/Lippincott Williams & Wilkins.
7. Speziale, H. S., Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. Lippincott Williams & Wilkins.
8. Tjale, A. A., & De Villiers, L. (2004). *Cultural issues in health and health care: A resource book for Southern Africa.* Juta.
9. Waird, A., & Crisp, E. (2016). The role of advance care planning in end-of-life care for residents of aged care facilities. *Australian Journal of Advanced Nursing, The*, *33*(4), 26-34.
10. Davidhizar, R. E., & Giger, J. N. (2004). A review of the literature on care of clients in pain who speak little English. *Journal of Practical Nursing*, 54(2), 15–18.
11. Kelly, L., & Minty, A. (2007). End-of-life issues for aboriginal patients: A literature review. *Canadian Family Physician*, 53(9), 1459–1465.
12. Oishi, A., & Murtagh, F. E. (2014). The challenges of uncertainty and interprofessional collaboration in palliative care for non-cancer patients in the community: A systematic review of the literature. *Journal of Patient-Centered Research and Reviews*, 1(3), 163–174.
13. World Health Organization. (2002). *WHO definition of palliative care.* WHO. https://www.who.int/news-room/fact-sheets/detail/palliative-care