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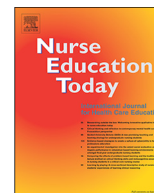

Review

Registered nurses' provision of end-of-life care to hospitalised adults: A mixed studies review

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ABSTRACT

Objectives: To describe, critically appraise and synthesise research regarding nurses' perceptions of their knowledge, skills or experiences in providing end-of-life care to hospitalised adults to help inform both future educational and practice initiatives.
Design: Mixed studies review.
Data Sources: MEDLINE, CINAHL, Cochrane Library, Web of Science and SCOPUS databases were searched for the years 2004–June 2018, along with journal hand-searching and reference list searching.
Review Methods: Two independent reviewers screened the titles and abstracts of studies. Data extraction and quality assessment using the Mixed Methods Appraisal Tool was conducted independently by two reviewers. Disagreements were adjudicated by a third reviewer. Study findings were synthesised thematically.
Results: Nineteen studies met the inclusion criteria. Of them, ten were quantitative, eight qualitative and one mixed-method. All but one quantitative study were conducted in the United States and all but one used some form of survey. The qualitative studies were conducted in a variety of countries and all but one used some form of interview for data collection. Five themes were identified including nurse as a protecting provider, nurse as an advocate, nurse as a reflective practitioner, obstacles to providing quality end-of-life care and aids to providing quality end-of-life care.
Conclusions: Registered Nurses have aligned their end-of-life care with practice with the profession's expectations and are enacting a patient centred approach to their practice. They rely on reflective practices and on the support of others to overcome organisational, educational and emotional the challenges they to providing quality end-of-life care.

1. Introduction

The demand for end-of-life care (EOLC) is expected to continue rising (Etkind et al., 2017). This is largely a consequence of population growth over the decades, extended life expectancy, and the concurrent increase in chronic, debilitating conditions such as dementia (O'Shea et al., 2015; Teitelbaum et al., 2013). Many individuals prefer to die at home (Brogaard et al., 2013; Department of Health, 2008; Neergaard et al., 2011; Shepperd et al., 2011) or in nursing homes (Costa et al., 2016). Yet in many countries such as Australia (Swerissen and Duckett, 2014), Canada (Kiyanda et al., 2015), Ireland (O'Shea et al., 2015) and Thailand (Nagaviroj and Anothaisintawee, 2017), a significant proportion of patients will die in acute care settings, suggesting acute care nurses will be providing some of this care. But, the extent to which the nursing workforce are equipped and enable to provide proficient EOLC has been questioned (Todaro-Franceschi, 2013; White et al., 2001). While a large body of literature focuses on palliative care as a nursing specialty, there is also a need to better understand specific aspects of palliative care such as EOLC (Department of Health, 2008; Department of Health and Children, 2001; Forero et al., 2012). This mixed studies review focuses on nurses' perceptions of their knowledge, skills or experiences in providing EOLC to hospitalised adults. It describes, critically appraises and synthesises the research, to help inform both future educational and practice initiatives.

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2. Background

The term EOLC has been frequently used interchangeably with 'terminal care', 'palliative care', and 'hospice care', generating confusion (Pastrana et al., 2008). Together, these approaches of care focus on treatment of pain; managing physical symptoms; the relief of social, spiritual and emotional suffering; helping patients with decision making; ensuring that their wishes for care are followed; teaching families and caregivers how to act around their loved ones; and providing holistic support to dying patients and their families (National Consensus Project for Quality Palliative Care, 2013). Notwithstanding, distinctions exist between these terms (Radbruch and Payne, 2009).

The World Health Organization (WHO) defines palliative care as 'an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual' (WHO, 2018). EOLC is a distinct part of palliative care (National Cancer Institute, 2012; National Health Service England, 2015). There is no real consensus on the definition of the end-of-life (EOL) period as it is largely dependent on the patient's condition (Beck-Friis and Strang, 1993; National Health Service England, 2015; Radbruch and Payne, 2009). However, it is the time during which treatments and procedures are focused on physical, spiritual, social and emotional comfort (CareSearch, 2017; Radbruch and Payne, 2009).

Unsurprisingly, nurses play an integral role in EOLC, and are expected to provide individualised, holistic, patient-centred care (Moorhead et al., 2012). Yet, studies suggest that nurses may lack the knowledge, skills and experiences required to provide this type of quality EOLC (Arantzamendi et al., 2012; Holms et al., 2014). Previous reviews related to EOLC have focused on specific nursing interventions such as sedation (Abarshi et al., 2014), managing dying patients (Forero et al., 2012), maintaining patient dignity (Guo and Jacelon, 2014), care of prisoners (Wion and Loeb, 2016), and the methods, designs and research foci of palliative care (Henoch et al., 2016). No reviews were found that holistically examined the knowledge, skills and experiences nurses use to provide EOLC.

3. The Review

3.1. Design

A mixed studies review (Pluye and Hong, 2014), a type of systematic review that synthesises results from studies using diverse designs, was undertaken. The review was conducted in seven stages: 1) formulate a review question; 2) define eligibility criteria; 3) apply an extensive search strategy; 4) identify potential relevant studies; 5) select relevant studies; 6) appraise the quality of included studies; and 7) synthesise included studies (Pluye and Hong, 2014). The methods section has been written according to these steps. Throughout the review, regular team meetings occurred, which were monitored by the senior author (WC), experienced in undertaking a variety of systematic review methodologies, to ensure the progress and integrity of this review.

3.1.1. Formulate a Review Question

This mixed studies review was designed to answer the question: What are Registered Nurses' perceptions of their knowledge, skills or experiences in providing EOLC to hospitalised adults?

3.1.2. Define Eligibility Criteria

In the second stage of the review (Pluye and Hong, 2014), the following inclusion criteria was specified: 1) the sample was Registered Nurses working in hospitals; 2) research focused on the knowledge, skills or experiences of providing EOLC; 3) involved adult patients; and 4) empirical, full-text studies, in English, French or Spanish. This time period was chosen because the first comprehensive, high-quality, palliative care service guidelines for nurses were published in 2004 (Ferrell et al., 2007).

Studies were excluded if they involved: 1) nursing students because they are not yet considered professionals with the appropriate educational preparation and capacity to provide EOLC; 2) Nurse Practitioners who have had dissimilar educational preparation and scope of practice to Registered Nurses; 3) research set in hospice wards/centres as nurses working in these areas would be expected to have specialised EOLC skills; 4) nurses' response to the death of a patient, as this does not reflect the provision of EOLC itself; and 5) specific interventions or activities related to providing EOLC such as sedation or analgesic practices, as these aspects have been the focus of previous reviews, where this review intended to consider the holistic provision of EOLC. There was no restriction on study designs.

3.1.3. Apply an Extensive Search Strategy

In the third stage in the review (Pluye and Hong, 2014), a comprehensive literature search with the assistance of a health librarian was conducted. The search dates were between 2004 and 2016 and then it was rerun in June 2018 A systematic, computerised database search was performed in MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, Web of Science and SCOPUS. Databases were selected according to topic suitability and comprehensiveness (Pluye and Hong, 2014). The SPIDER (Sample, Phenomenon of Interest, Design, Evaluation and Research) tool (Cooke et al., 2012) was used in developing the search strategy (i.e. the search was pre-planned), which is detailed in Supplementary Table 1. Other recommended search strategies including journal and reference list hand-searching and Google Scholar were also used.

3.1.4. Identify and Select Potential Relevant Studies

With the assistance of the librarian, one reviewer undertook the search and two reviewers (CK, WC) independently screened the titles and abstracts and then full texts of the articles to determine studies for inclusion; disagreements were resolved through discussion. A flow diagram was used to depict the flow of studies in the review, reflecting the fourth and fifth stages of the review (Pluye and Hong, 2014).

3.1.5. Appraise the Quality of Included Studies

In the sixth stage of the review (Pluye and Hong, 2014), critical appraisal of the data was conducted with the use of the Mixed Methods Appraisal Tool (MMAT) version 2011 (Pace et al., 2012). The MMAT is valid and reliable, allowing for concurrent evaluations of quantitative, qualitative and mixed methods studies, making it an appropriate appraisal tool for this review. The studies were assessed against MMAT criteria and assigned quality scores ranging from 0 (no criteria met), through to 3 or 4 (*** or **** stars) depending on the type of study. Studies with the lowest quality scores were not excluded to maintain a rich body of data for the synthesis, an approach that others use (Delgado et al., 2017). Two reviewers independently appraised the quality of the studies for qualitative (CK and CB), quantitative (CK and AE), and mixed methods (CK and CB) studies. Discrepancies were resolved by referring to a MMAT tutorial, and where consensus could not be reached, a third reviewer (WC) adjudicated the issue.

3.1.6. Synthesise Included Studies

Studies were first described and then synthesised. In order to describe the studies, data extracted included: author, year, country, aim, methodological approach, sample and key findings. Because of the proposed synthesis, the quantitative findings were described descriptively (i.e. in words). Two reviewers independently extracted the data for qualitative (CK and CB), quantitative (CK and AE), and mixed methods (CK and CB) studies.

Next, inductive thematic qualitative synthesis, a form of convergent

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