



## THE CHALLENGES FACED BY GERIATRIC NURSES IN LONG-TERM CARE FACILITIES

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### Abstract

A comprehensive assessment of qualitative evidence on nurses' self-descriptions of their end-of-life care practice has not been conducted. The objective is to compile qualitative information about the end-of-life care practices of nurses in long-term care settings for older persons. Published and unpublished research in English were searched for in the databases MEDLINE, CINAHL, PsycINFO, EMBASE, Mednar, Google Scholar, and Ichushi. Their 137 findings were categorized into 10 distinct groups and subsequently combined into three synthesized conclusions: assuming diverse roles to facilitate the dignified passing of residents, requiring resources and support to maintain professional dedication, and experiencing a discrepancy between responsibilities and authority, which impacts multidisciplinary collaboration. Nurses fulfill multifaceted duties as the healthcare providers with the greatest expertise in addressing the intricate demands of residents. Managers and politicians should provide nurses the authority to address the discrepancy and assist them in acquiring the necessary resources for end-of-life care, thereby ensuring that residents pass away with dignity.

**Keywords:** end-of-life (EOL) care, elderly patients, review, geriatric nurses, nursing interventions.

### 1. Introduction

The provision of end-of-life (EOL) care for older persons in long-term care (LTC) settings is a matter of worldwide significance. End-of-life care refers to the support provided to individuals in the final stages of their life. According to the National Health Service UK (2018), this care encompasses physical, spiritual, and psychosocial assessment, treatment, and support. It is administered by healthcare professionals and ancillary staff to individuals with incurable



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conditions, as outlined by the Australian Commission on Safety and Quality Health Care (2015). The guideline also highlighted the need of providing assistance to families and caregivers, in keeping with the palliative care principles outlined in worldwide recommendations (World Health Organization, 2018). With the increasing global population aging, there will be a greater need for end-of-life care in long-term care settings, as stated by the World Health Organization Regional Office for Europe in 2011.

Nevertheless, long-term care (LTC) facilities often fail to offer adequate end-of-life (EOL) care, as indicated by research conducted by Pivodic et al. in 2018. Many residents approaching the end of their lives suffer from untreated pain, as highlighted by studies conducted by Achterberg et al. in 2010 and Rajkumar et al. in 2017. Furthermore, these individuals experience other avoidable symptoms due to subpar care, as well as negative psychosocial effects such as loneliness and depression. Unfortunately, support for their spiritual needs is also limited, as noted by Greenwood et al. in 2018. There have been reports of family members being dissatisfied with end-of-life treatment in long-term care (LTC) settings. This unhappiness has been linked to inadequate communication between nurses, residents, and family members (Thompson, McClement, Menec, & Chochinov, 2012).

Notwithstanding these challenges, long-term care (LTC) facilities still admit elderly individuals with demanding and intricate health conditions that nurses may not be adequately equipped or qualified to handle. Residents frequently experience a range of chronic health conditions, including serious illnesses like cancer, stroke, or cardiac failure, as well as cognitive impairments or dementia, and behavioral and psychological issues that can hinder necessary care (Midtbust, Alnes, Gjengedal, & Lykkeslet, 2018; Vandervoort et al., 2013). The transition from general aged care to end-of-life (EOL) care is a problem due to the unpredictable timing of residents' approaching death. Frail older persons may pass away without a distinct terminal phase, and their dying patterns might differ significantly (Lunney, Lynn, Foley, Lipson, & Guralnik, 2003). The presence of ambiguity has the potential to generate conflict among residents, families, and caretakers. Long-term care (LTC) nurses are responsible for managing the intricate requirements of residents, since they possess the highest level of expertise in understanding their physical and psychological condition, as well as their preferences and desires.

Several systematic reviews have been conducted on end-of-life care in long-term care (LTC) settings for older persons, with a particular focus on advanced care planning (ACP). These reviews include studies by Beck, McIlpatrick, Hasson, and Leavey (2015), Gilissen et al. (2017), and Mignani, Ingravallo, Mariani, and Chattat (2017). Gilissen et al. (2017) conducted a study of 37 articles and identified 17 preconditions that are necessary for effective Advance Care Planning (ACP) in nursing homes. According to them, healthcare staff and the design of nursing homes are crucial factors in the effectiveness of ACP. Additional systematic studies examined complete geriatric evaluations (Hermans et al., 2014) or the experiences of elderly individuals nearing the end of life in nursing homes (Greenwood et al., 2018). Nevertheless, these studies

failed to prioritize nurses, who are the most crucial healthcare workers in end-of-life (EOL) practice.

There are reviews available that examine the practice and duties of nurses in end-of-life care. However, there is a lack of reviews specifically focused on long-term care settings for older persons. Several research have examined the involvement of nurses in providing palliative care in homecare settings. These studies have shown that nurses play several roles in palliative care and place importance on their contribution. However, they also face challenges related to emotional distress and ambiguity about their position. Karbasi, Pacheco, Bull, Evanson, and Chaboyer (2018) conducted a comprehensive analysis of registered nurses' end-of-life care for patients admitted to hospitals, using a combination of different research methods.

Nurses shown introspection in their professional conduct, although encountered situational obstacles such as limited physical area, insufficient time, and inadequate training to provide exceptional end-of-life care. Sekse, Hunskar, and Ellingsen (2018) conducted a qualitative meta-synthesis to examine the role of nurses in palliative care across various health systems. Their findings revealed that nurses highly valued the responsibilities of "being available" to provide and coordinate care. To fulfill these roles effectively, nurses need enough information, training, direction, and support. The role of nurses in end-of-life care in long-term care (LTC) settings should be distinct from their position in hospital and homecare settings. This distinction is necessary due to several contextual variations, such as the duration of residents' stay, the reason of admission, the placement of physicians, and the nurse-resident/nurse-patient ratio. Moreover, nursing care in long-term care (LTC) settings is now lacking in development, since nurses have historically received training for employment in acute care settings (Spilsbury, Hanratty, & McCaughan, 2015).

## **2. End-of-life (EOL) care**

End-of-life (EOL) care is a crucial skill that nurses in long-term care (LTC) settings must possess (Stanyon, Goldberg, Astle, Griffiths, & Gordon, 2017). These settings typically have multidisciplinary teams consisting of nurses, assistants, physicians, social workers, and volunteers. It is important for all team members to have a clear understanding of their roles and feel comfortable in order to facilitate effective collaboration. However, the end-of-life care practices of nurses in long-term care settings for older persons have not been evaluated. The synthesis of qualitative research on nurses' end-of-life care practice should provide a clear understanding of the necessary care to address the requirements of both residents and their family.

## **3. Coordinating care in prognostic uncertainty**

Nurses monitor patients closely to promptly identify physical indicators of impending death (Kobayashi & Yamashita, 2016). Falls, stroke, or infections are recognized as factors that can lead to residents' decline and overall decrease in function. This can manifest as changes in

behavior, loss of appetite, and discussions about preparing for death, which are considered indicators of impending mortality. When nurses recognize that residents are prepared to go, they provide clear end-of-life care (Porock & Oliver, 2007), assess the need for consultation with a physician, and develop an end-of-life care plan (Kobayashi & Yamashita, 2016; Sakashita & Nishida, 2012).

#### **4. Facilitating the resolution of desires in the process of making decisions for end-of-life care**

In order to ascertain the desires of residents on end-of-life (EOL) matters, nurses actively engage in conversations with residents about death (Wadensten et al., 2007) and facilitate the disclosure of their ideas (Kobayashi & Yamashita, 2016). They may shield residents from contemplating mortality by diverting their attention towards a different topic (Livingston et al., 2012; Wadensten et al., 2007). Resident's attitude towards death might be inferred by observing their behaviors, such as abrupt cessation of food or medication intake (Dwyer et al., 2010; Porock & Oliver, 2007). It is crucial to include residents, family, and clinicians (Gorlén et al., 2013; Kobayashi & Yamashita, 2016) in Advance Care Planning (ACP) to guarantee the preservation of residents' preferences (Phillips et al., 2006).

In order to facilitate communication and aid in end-of-life decision-making, nurses use indirect communication techniques (Lopez, 2009). Nurses may encounter challenges when attempting to cease life-prolonging treatment or halt the transfer of residents to a hospital due to the desires of family members (Ersek et al., 2000; Gorlén et al., 2013; Kobayashi & Yamashita, 2016; Lopez, 2009) or the decision of a physician (Hov et al., 2013) when they are unable to verify the wishes of the residents during their final days.

#### **5. Enabling a painless and peaceful dying**

Nurses strive to provide the highest comfort of residents (Kobayashi & Yamashita, 2016). "As required" prescriptions, proper medication administration (Gorlén et al., 2013), and a reliable evaluation instrument (Phillips et al., 2008) assist nurses in evaluating and relieving the suffering and discomfort of residents. The challenges associated with this role (Dwyer et al., 2010; Irvin, 2000) include the limited proficiency among doctors, concerns among families over residents' potential addiction to pain relief medication (Ersek et al., 2000), and the potential for therapy to be administered against residents' preferences in order to fulfill the requests of their family (Hov et al., 2013). The presence of dementia introduces additional complexities in the treatment of pain and symptoms, since individuals residing in care facilities may exhibit resistance towards drug administration (Kaasalainen et al., 2007).

#### **6. Supporting relatives' coping**

The study conducted by Sakashita and Nishida (2012) highlights the crucial role of nursing practice in understanding and addressing the manner in which residents spend their last days and ultimately pass away. Nurses are aware of the unique identities of residents, including their

cultural backgrounds, personal beliefs, and religious requirements (Bottrell et al., 2001; Livingston et al., 2012; Dwyer et al., 2010; Hov et al., 2013). Society may neglect or disregard them (Gannon & Dowling, 2011). Nurses establish emotional connections with residents (Ersek et al., 2000) and cultivate robust (Irvin, 2000; Livingston et al., 2012), familial (Gannon & Dowling, 2011; Lopez, 2007; Phillips et al., 2006) bonds. Their objective is to provide end-of-life care with empathy (Hirakawa & Uemura, 2013), concentrate on (Sakashita & Nishida, 2012), and discover significance in (Dwyer et al., 2010) the daily lives of each resident till the very end. Nurses facilitate the transportation of residents to sites that are known to them (Kobayashi & Yamashita, 2016) and enable them to bid farewell to their families and the staff (Porock & Oliver, 2007). Nurses advocate for the belief that no one should experience death in solitude, as supported by research conducted by Gannon & Dowling (2011), Kaasalainen et al. (2007), and Porock & Oliver (2007).

### **7. Assisting family members in managing their emotional response**

It is important to communicate a resident's status to their families, including information about anticipated changes in symptoms and the transition to end-of-life care. Engaging in cooperation with family members is also crucial for achieving effective end-of-life care (Hirakawa & Uemura, 2013). Due to the less than ideal conditions in long-term care (LTC) facilities for family to spend time with their dying loved ones, nurses modify the patients' areas to accommodate the relatives and enable them to freely visit (Gannon & Dowling, 2011; Kobayashi & Yamashita, 2016). Assisting family members in managing emotions of guilt and despair (Kaasalainen et al., 2007) is an essential aspect of a nurse's responsibility in end-of-life care. Nurses facilitate communication with family to assist them in articulating their emotions towards the residents (Kobayashi & Yamashita, 2016). Developing strong ties with family members promotes effective coping mechanisms for relatives (Gorlén et al., 2013), hence decreasing the likelihood of litigation and assigning blame (Livingston et al., 2012; Lopez, 2009).

Ensuring a painless and dignified death for residents, despite the problems posed by dementia-related medication refusal, remains a complex task. This issue has been addressed in earlier research by Barry, Parsons, Passmore, and Hughes (2015) and Rajkumar et al. (2017). Recently, researchers have created new techniques to measure pain in older persons with dementia in long-term care (LTC) settings (Chow et al., 2016). Long-term care (LTC) nurses need training assistance to acquire proficiency in providing palliative care for individuals with dementia. Additionally, further research is necessary to develop ways that promote a painless and pleasant dying for individuals with dementia.

Nurses in long-term care (LTC) settings have been shown to play a crucial role in advocating for residents (Dahlin, 2010), especially considering that the cognitive capacity of most patients tends to deteriorate. This advocacy role aligns with end-of-life care in several contexts (Karbasi et al., 2018; Sekse et al., 2018). Nevertheless, nurses also reported that the dignity of dying

residents was compromised by unneeded medical interventions aimed at prolonging their lives, which went against the residents' own preferences but aligned with the desires of their family. It was proposed that providing support to family in dealing with the death of residents is crucial, not only for the pleasure of the relatives but also for upholding the dignity of the dying residents.

Long-term care nurses should confront the task of reconciling the desires of residents and their family members. Nurses' capacity to determine residents' attitudes was influenced by their confidence and understanding of ACP (Froggatt, Vaughan, Bernard, & Wild, 2009). Engaging in training to enhance these abilities would enable nurses to effectively negotiate and advocate for residents' preferences while making decisions on end-of-life care.

Establishing connections with patients is crucial for enabling personalized healthcare in hospital or homecare settings (Sekse et al., 2018; Walshe & Luker, 2010). In long-term care (LTC) settings, the enduring connections formed between nurses and residents enable nurses to provide compassionate care by consistently being there for the residents. Nevertheless, nurses may have trepidation and a desire to avoid confronting the death of residents due to the emotional bond akin to that of a family.

Nurses need assistance and access to resources in order to manage the emotional consequences of providing care for terminally ill individuals. Allocating supplementary personnel might assist them in finding time to confront the mortality of residents, despite their demanding task. Emotional support may assist individuals in managing their own loss and stress. Furthermore, providing educational assistance on communication skills and the significance of religion might assist individuals in understanding their responsibility of offering care to dying people.

This analysis also revealed that nurses assume the position of coordinator among the multidisciplinary teams often seen in long-term care (LTC) settings. The paper further highlighted the importance of cooperation among healthcare professionals, which aligns with earlier research conducted by Leclerc et al. (2014) in LTC settings. Nevertheless, long-term care (LTC) nurses sometimes have challenges in effectively communicating with and experiencing a lack of appreciation from other healthcare practitioners, particularly doctors, comparable to nurses in other healthcare environments (Sekse et al., 2018; Walshe & Luker, 2010).

Several studies have shown that doctors in certain situations have recognized and appreciated the expertise and abilities of nurses. For example, Hanson, Henderson, and Menon (2002) found that physicians acknowledged their dependence on nurses' capabilities. Additionally, Dreyer, Førde, and Nortvedt (2011) found that physicians respected nurses' competences in geriatrics or palliative care. Long-term care (LTC) nurses should be held responsible for their own role in providing high-quality end-of-life (EOL) care. They should also be given the authority, along with appropriate education and training, to make decisions regarding EOL issues like hydration or tube-feeding. This includes the ability to negotiate and collaborate with other healthcare professionals based on their own expertise. Nurses who are given authority and support will

acquire the necessary resources to fulfill their extensive range of responsibilities, in order to assist residents in experiencing a dignified death.

## 8. Conclusion

This systematic review conducted a meta-aggregation of primary qualitative research to synthesis the end-of-life care practice of nurses in long-term care settings for older persons. LTC nurses assume multifaceted responsibilities in order to assist residents in achieving a dignified death. In order to maintain their professional devotion to their jobs, they need resources and assistance. They prioritize collaborating with other healthcare professionals on end-of-life care, but they see a discrepancy between their obligations and their authority, which has a detrimental impact on cooperation, particularly with doctors. Long-term care (LTC) nurses need assistance in addressing the task of facilitating the dignified death of patients. This includes mitigating residents' pain and reconciling the desires of residents with cognitive decline or dementia. Managers and legislators should provide LTC nurses the authority and support they need to fulfill their duties and ensure that their expertise and advocacy are recognized and valued in collaborative care. Additional study is required to elucidate the impact of cultural and systemic factors in long-term care (LTC) settings on end-of-life (EOL) nursing practices across different nations.

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