



Nurses' cultural competence in End-of-life care

A Literature Review

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Bachelor's Thesis
Bachelor of Health Care Nursing
[Nursing Top-Up program]
2025

Degree Thesis

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Arcada University of Applied Sciences: Nursing Top-up, 2025

Commissioned by:

Arcada University of applied Sciences

Abstract:

The thesis examines the use of cultural competence in nursing practice in end-of-life (EOL) care, such as how nurses provide culturally competent care to patients and families throughout the terminal phase of life. End-of-life care is not just managing bodily symptoms; it also involves addressing psychological, social, spiritual, and cultural issues. With increasingly heterogeneous populations, nurses are faced with the challenge of providing care that is sensitive to individual values, beliefs, and preferences of patients from multiple cultures. This literature review summarizes how cultural competence is defined in End-of-life care and how nurses integrate it into practice. This study analyzed 19 articles using inductive content analysis. Cultural competence is one concept that can be described by more than one dimension, which are self-knowledge, culture knowledge, attitudes, communication, and adaptability of care according to the patients' cultures. In Finland, end-of-life care is a well-established and regulated part of the national healthcare system, and the healthcare professionals have a professional as well as legal duty to provide patient-autonomy-respecting, dignity-respecting, and culture-respecting care.

Keywords:

Nurses, Cultural Competence, End-of -life care

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1. Introduction

In the increasing multicultural societies of today, health professionals must be capable of delivering care that values and addresses the cultural beliefs, practice, and values of their patients. Understanding communicating with and effectively interacting with patients from other cultures requires cultural competence, which is required across health care but most especially in end-of-life care. As Givler, Bhatt, and Maani-Fogelman (2023) highlighted, cultural competence plays an essential role in pain and palliative care Aswell as same in end-of-life care, in which patients' decisions and choices are based on profoundly rooted assumptions about illness, suffering, dying, and death. For nurses, who are often on the front lines of patient care during these sensitive moments, the ability to provide culturally competent care is core to helping patients and families with dignity, respect, and compassion (Giver et al.,2023)

According to WHO (2020) End-of-life care is increasingly recognized as a critical part of healthcare, needing not only medical expertise but also profound sensitivity to emotional, cultural, and ethical issues. 56.8 million individuals worldwide and 25.7 million within the final year of their life need palliative care every year, but an estimated only 14% of them receive palliative care and most unmet needs falls among low-and middle-income nations. WHO acknowledges palliative care as human right, integral to the right to health, and stress the importance of its early integration in the course of illness to minimizing suffering, unnecessary hospital stay, and overuse of health services.

Death is a part of life, but society avoids talking it. Most caregivers feel unprepared when they are providing end-of-life care due to medical tasks, communications, decision-making, and bereavement. Healthcare providers also feel unprepared to handle death because it is not well covered in their training. End-of-life care not only requires clinical skills but also cultural competence and emotional care to handle each patient's unique needs and dignity (Oates & Maani, 2022).

To ensure that individuals in Finland recieve good and equal end-of-life care, national recommendations have been developed. These aim at central issues like being treated in time, having personal care plan established, symptoms control, and supporting families. A national registry enusre the monitoring and improvement of quality of care over time (Valtioneuvosto, 2025).

2. Background

2.1 End of life care

Finland population is aging rapidly the number of people getting older at the age of 65 and older went from 15 % in 2000 to 22% in 2019 and will grow upto 28% by the year of 2050 it is happening at a faster then in most countries as people grow older the essential care such as hospital bed capacity as well as the need of long-term care is also rises (Komp-Leukkunen, 2018).

End-of-life care refers to the care and support that is provided to the individual who are in the final phase of a terminal illness or nearing the end of life. Its main focus is to provide comfort, dignity and quality of life rather than the cure of the disease. This type of care may include managing pain and symptoms, emotional and spiritual support, and to assisting families in coping with the stress of losing a loved one. End-of-life care is last for days, weeks, or even months which is depending on the person's conditions. Death is a reality of a life that will be faced by everyone at a same point in a time, all healthcare professionals must be prepared to provide care for patients during this important time (Huffman & Harmer, 2023).

End-of-life care and palliative care are closely related but they have key differences. Palliative care starts at any stage of a serious illness and can be given alongside treatment which aims to cure. It focuses on better quality of life by relieving pain, symptoms, and emotional and spiritual distress, and supports both the patients and their family. In comparison, End-of-life care is a type of palliative care given in the final phase of life, when recovery is no longer possible. Which focuses on comfort, dignity, and support during the dying phase.

Patients do not respond to treatment in the end-of-life care, but patients can improve in palliative care (Nacak & Erden, 2022).

End of life care is aimed at enhancing quality of life achieving dignified death that is in accord with the values and wishes of the individual. End of life care is ruled by laws and guidelines which is defined by the ethical principles of care that are personal self-determinations, integrity and respect for human dignity (Finnish Institute for Health Care, 2023).

In Finland end of life care is an integral part of the health care system which is focused to provide comfort, dignity, and assistance to individuals who are near to the end-of-life care. Finland has developed complete guidelines and a supportive legal framework to maintain quality care including symptoms management, psychosocial supports, and patient rights. The country's dedication to end of life care is evidenced by its expanding services, financial supports, and education with a vision to provide for an elderly population and those with chronic illness (Kontro, 2025).

Finland's legal framework for end-of-life care and palliative care is designed on key laws and guidelines that ensure high-quality care while protecting patient rights. The *käypä hoito* (current care) guidelines (2019) provide evidence-based care for symptoms control, emotional support, and to maintain patients' dignity. The Patients Rights Act (1992) ensures patients'

rights to informed consent, participants in decisions, and dignified treatment. The Social Welfare Client Act (2000) protect the dignity and respect of social service recipients. The Healthcare professionals Act (1994) regulates the qualification and ethical standards of healthcare professionals, and the patient Record Regulations (2009) regulate the maintenance and confidentiality of patient records. These acts and guidelines together form a comprehensive legal framework to deliver empathetic, patients-focused end-of-life care in Finland (Kontro, 2025).

2.2 Culture

Culture is shared beliefs and practices of a group. It affects how people see the world and their health. Since everyone reacts to illness based on their culture, healthcare providers need to understand these differences to give better care. Knowing a patient's culture helps build trust and leads to better treatment results (Hernandez & Gibb, 2019).

Culture is a set of ideas, beliefs, values, customs, and habits that shape the thinking, feelings, and behavior of individual in different situations. Culture is influenced by race, ethnicity, religion, language, and social background. Culture has a significant role in healthcare, especially in end-of-life care. One must understand the culture of a patient. Beliefs of a patient may shape his or her outlook towards illness, death, and medical decisions. Through the use of cultural assessment tools like the CONFHER Model, healthcare providers can better deliver more respectful and patient and the patient's family (Huffman & Harmer, 2023).

In today's globalization world, increasing numbers of migratory movements are altering the demographic and cultural makeup of many countries. Such diversity introduces diverse traditions, beliefs, and values that affects that way people perceive health, illness, and death. Cultures plays a significant role in influencing decisions, expectations, and practices, and practices with end-of-life care. However, health systems are often western based and can be unable to meet the needs of culturally diverse patients. This presents problems for nurses, who are the forefront of providing care and interacting with patients and families. Cultural competency is needed to provide respectful and effective palliative care that honors each patient's background and beliefs (Cáceres-Titos et al., 2025).

2.3 Cultural competence and nursing

Cultural competence is the ability to effectively communicate with people from diverse cultures. It is developing attitudes, behaviours, and policies that allow professionals and organizations to work effectively in multicultural settings. It is not just a matter of having facts readily available or training, but it is about continuously developing through awareness, skill building, and responsive behaviour. It is a process that goes on, and it goes forward in stages, from learning about cultural differences to being proficient in responding to them effectively (Villagran, 2022).

Cultural competence means being aware of your own feelings, thoughts, and surroundings, but not letting them influence how you treat people from different culture. It involves understanding and respecting the culture of your patients and adjusting your care to fit their cultural needs. Cultural competence is an important part of nursing because it helps provide fair and appropriate care to all patients especially those from different background (Antón-Solanas et al., 2021).

In Finland, patients have right to obtain end-of-life care that is in harmony with their values, in concordance with their beliefs, and culturally suitable. The Finnish Act on the status and rights of patients (785/1992) gives assurance that every patient is treated with dignity and their individual needs met, including religious and cultural desires. Healthcare professionals inspire to develop cultural competency in order to provide respect and sensitive care, especially when handling dying cases. This ensures that patients will feel understood and cared for as they move towards the end of their lives (Ministry of social Affairs and Health, 2025).

2.4 Theoretical Background (Transcultural Nursing Theory)

Transcultural nursing started in the mid-1900s, with Madeleine Leininger's work in the 1960s playing a major role. As the world become more connected, the need for culturally aware healthcare grew, and transcultural nursing theory was created to focus on understanding and respecting cultural differences in nursing. Over time, new ideas like cultural competence, cultural sensitivity, and cultural knowledge were developed and used in nursing research and practice (Lim & Lee, 2018)

Cultural Competence is key part of Transcultural Nursing Theory. This theory involves being aware of your own cultural biases, learning about other cultures, and adjusting care to meet individual patient needs. By practicing cultural competence, healthcare providers can overcome barriers that affect communication, trust, and patient outcomes. As the world becomes more diverse, cultural competence has become essential in healthcare. It helps reduce healthcare disparities, improve patient outcomes, and create a more inclusive healthcare system. The Transcultural Nursing theory offers valuable insights but applying it can be challenging. Achieving cultural competence requires ongoing education and self reflection, which can take up a lot of time for busy health care workers. Understanding the

cultural differences of each patients group can be overwhelming. As health care becomes more global, transcultural nursing will be even more important (Ellenbecker, 2023).

3. Aims and Research Question

The aims of our literature review is to explore cultural competence in end-of-life care more involved on acquiring about knowledge how culture becomes involved in end-of-life care and how nurses might aid patients and families from diverse cultures.

Research Question

1. How is cultural competence defined in End-of-life care?
2. How can nurses provide End-of-life care while considering cultural aspects?

4. Methodology

4.1 Literature review

Literature review is a method of collecting and summarizing existing research to build theory and knowledge. The literature review method must be used in the research because it helps in assessing current theory or evidence, establishing the validity of theories, and exploring relationships variables. It is essential for bringing together the state of knowledge on a research topic, recognizing research gaps, identifying research agendas and informing the development of theory. Literature review provides a strong background for understanding research areas and helps in the formulations of new conceptual models or theories (Snyder, 2019).

It play a vital role in research since science is based on existing knowledge in all fields reviews are required to keep with the constantly rising Health studies. This helps researcher, students, and practitioners identify, assess, and summarize findings large number of studies and articles . Literature reviews can take two main forms. The most common one is `` literature review`` or ``background`` part in a article or thesis chapter. The second form of literature review , which is focused on the main chapter, compose and original and important work of studies . Instead of assisting single researchers work it provides strong foundation for any one interesed in specific topic(Lau & Kuziemy, 2017)

4.2 Data collection

In the process of data collections, we used a Arcada libguides as major resources for searching articles. We searched the article through different data base such PubMed, Academic Search complete (EBSCO), CINAHL complete (EBSCO), Sage, Google scholar. We also search from internet using google to get appropriate articles which seems to be of the reliable sources and scientific studies. The major keywords that used for our searching articles were “End of life care”, “Cultural competence”, “Culture”, and “End of life care AND Nurse”.

Table 1. Database search

Databases	keywords	Hits	After screening full articles and literature were read	Articles were chosen
EBESCO	Nurses*AND *Cultural competence* AND * End of life care*.	274	Full text articles	5
CINAHL	Nurses*AND *Cultural competence* AND * End of life care*.	212	Full text articles	2
PubMed	Nurses*AND *Cultural competence* AND * End of life care*.	10	Full text articles	2
Sage	Nurses*AND *Cultural competence* AND * End of life care*.	1228	Full text articles	4
Science Direct	Nurses*AND *Cultural competence* AND * End of life care*.	789	Full text articles	3
Google Scholar	Nurses* AND* Cultural competence* AND* End of life care*.	17,900	Full text articles	3

This table is related to our thesis keywords, with suitable database being in line with the words of search. The search process was directly by well chosen criteria, mainatining data consistency when retrieved and integrity in our research, as given in the above table.

4.3 Inclusion and exclusion Criteria

Table 2: Inclusion and exclusion criteria

Inclusion Criteria	Exclusion criteria
<ul style="list-style-type: none"> • Publication was published from the year 2016 to 2025. • Studies are full text, can be accessed freely. • Studies written in English language. 	<ul style="list-style-type: none"> • Publication studies more than 10 years ago. • Studies that lack free accessibility. • Articles written without the use of English language.

The Following Nineteen articles were selected based on the inclusion and exclusion criteria mentioned above:

1. Alanazi, M. A., Shaban, M. M., Ramadan, O. M. E., Zaky, M. E., Mohammed, H. H., Amer, F. G. M., & Shaban, M. (2024). Navigating end-of-life decision-making in nursing: A systematic review of ethical challenges and palliative care practices. *BMC Nursing*, 23(1), 467. <https://doi.org/10.1186/s12912-024-02087-51>.
2. Akdeniz M, Yardımcı B, Kavukcu E. Ethical considerations at the end-of-life care. *SAGE Open Medicine*. 2021;9. doi:[10.1177/20503121211000918](https://doi.org/10.1177/20503121211000918)
3. Alshammari, F., Sim, J., Lapkin, S., & Stephens, M. (2022). Registered nurses' knowledge, attitudes and beliefs about end-of-life care in non-specialist palliative care settings: A mixed studies review. *Nurse Education in Practice*, 64, 103294. <https://doi.org/10.1016/j.nepr.2022.103294>
4. Balante, J., van den Broek, D., & White, K. (2021). Mixed-methods systematic review: Cultural attitudes, beliefs and practices of internationally educated nurses towards end-of-life care in the context of cancer. *Journal of Advanced Nursing*, 77(9), 3618–3629. <https://doi.org/10.1111/jan.14814>
5. Bjelica, M., & Nauser, J. A. (2018). *End of life care for the Hmong population: A cultural competency educational program for hospice nurses*. *Hmong Studies Journal*, 19(2), 1–18. <https://research-ebSCO->

com.ezproxy.arcada.fi:2443/linkprocessor/plink?id=0270e909-86ad-3228-a4d9-e125295b0898

6. Brooks, L. A., Bloomer, M. J., & Manias, E. (2019). Culturally sensitive communication at the end-of-life in the intensive care unit: A systematic review. *Australian Critical Care*, 32(6), 516–523. <https://doi.org/10.1016/j.aucc.2018.07.003>
7. Camara, C., & Rosengarten, L. (2021). Faith-sensitive end of life care for children, young people and their families. *British Journal of Nursing*, 30(5), 276–279. <https://doi.org/10.12968/bjon.2021.30.5.276>
8. Chen W, Chung JOK, Lam KKW, Molassiotis A. End-of-life communication strategies for healthcare professionals: A scoping review. *Palliative Medicine*. 2022;37(1):61-74. doi:[10.1177/02692163221133670](https://doi.org/10.1177/02692163221133670)
9. Dakka, F. J. (2024). Nurses' attitude towards end-of-life care: A systematic review. *International Journal of Nursing and Health Sciences*, 6(1), 34–39. <https://doi.org/10.33545/26649187.2024.v6.i1a.59>
10. Glyn-Blanco, M. B., Lucchetti, G., & Badanta, B. (2023). How do cultural factors influence the provision of end-of-life care? A narrative review. *Applied Nursing Research*, 73, 151720. <https://doi.org/10.1016/j.apnr.2023.151720>
11. Haavisto, E., Kaunonen, M., Juujärvi, S., & Joronen, K. (2021). Nurses' required end-of-life care competence in health centres inpatient ward – A qualitative descriptive study. *Scandinavian Journal of Caring Sciences*, 35(2), 577–585. <https://doi.org/10.1111/scs.12874>
12. Hafifah, I., Wisarith, W., & Ua-Kit, N. (2024). Factors associated with good death for end-of-life patients in the intensive care unit based on nurses' perspectives: A systematic review. *Intensive and Critical Care Nursing*, 83, 103930. <https://doi.org/10.1016/j.iccn.2024.103930>
13. KAIHLANEN, A.-M.; HIETAPAKKA, L.; HEAPONIEMI, T. Increasing cultural awareness: qualitative study of nurses' perceptions about cultural competence training. <https://research-ebSCO-com.ezproxy.arcada.fi:2443/c/vonq4v/viewer/pdf/mdgamlnvv?modal=cite>

14. Lai, W. S., Liu, L. C., Chen, H. M., & Anna, A. (2023). Integrated immediate postmortem and acute bereavement care: Competency-based entrustable professional activities for nursing. *Nurse Education Today*, 126, 105812.
<https://doi.org/10.1016/j.nedt.2023.105812>
15. MIAN, R.; REJNÖ, Å. The meaning of culture in nursing at the end of life – an interview study with nurses in specialized palliative care. 2024. <https://research-ebSCO-com.ezproxy.arcada.fi:2443/c/vonq4v/viewer/pdf/mdgamlnvv?modal=cite>
16. PEREIRA, R. A. M.; SOUSA VALENTE RIBEIRO, P. C. P. Ways and means to comfort people at the end of life: how is the nurse a privileged player in this process? <https://research-ebSCO-com.ezproxy.arcada.fi:2443/c/vonq4v/viewer/pdf/dedfejvlzb>
17. Phillips G, Lifford K, Edwards A, Poolman M, Joseph-Williams N. Do published patient decision aids for end-of-life care address patients' decision-making needs? A systematic review and critical appraisal. *Palliative Medicine*. 2019;33(8):985-1002. doi:[10.1177/0269216319854186](https://doi.org/10.1177/0269216319854186)
18. Phiri, G. G., Muge-Sugutt, J., & Porock, D. (2023). Palliative and end-of-life care access for immigrants living in high-income countries: A scoping review. *Gerontology and Geriatric Medicine*, 9, 23337214231213172.
<https://doi.org/10.1177/23337214231213172>
19. Sumalinog R, Harrington K, Dosani N, Hwang SW. Advance care planning, palliative care, and end-of-life care interventions for homeless people: A systematic review. *Palliative Medicine*. 2016;31(2):109–119. doi:[10.1177/0269216316649334](https://doi.org/10.1177/0269216316649334)

4.4 Data Analysis

The present study used inductive content analysis to analyse the data. Inductive content analysis (ICA) is a method of analysing data. Inductive content analysis is qualitative research method this method is used in health professional education to reveal and interpret complex data without using established theories or hypothesis. This method is an initial approach for beginning researchers, particularly in educational settings, where it can potentially reveal

deeper meaning in participants views and experiences. Inductive content analysis allows researchers to derive themes and patterns from the data itself and rather than forcing it into predefined categories (Vears & Gillam, 2022).

The process of inductive content analysis have several stages . The first process begin with the data collection where qualatitative data such as interview or the text are gather. Before analyzing the data, read through it to get familier with the content. Specially if you did not collect it yourself which helps you graps the overall meaning (Morse, 1994). Next, researcher engage in open coding where the read the data and identify overall the concepts and themes without predetermined categories. These themes are the next categorized and cluster together produce patterns. A constant comparison follows, whereby emerging themes are cross compared within the data set to verify and make sure consistency. Finally, findings are interpreted in order to develop meaningful results, and a report is formulated with obvious depication of themes and their connections to research questions (Vears & Gillam, 2022).

This Strategy provides flexibility and guidance to the authors to analysis process. Relavent data pertaining to nurses cultural competence in end of life care were collected systematically. And, Once sufficient data were collected, the authors ceased data collection to meticulously review and observe the data from different perspectives. The data was then reduced and coded into concepts, categories, themes that answered the research question, "How is cultural competence defined in End-of-life care?"

And "How can nurses provide End-of-life care while considering cultural aspects?", with great regard to reaching rational.

5. Ethics

Ethical values are required by any medical and all professional. Ethics comes from the Greek word "ethos", which is character. Ethical values are broad rules of conduct that provide a practical basis for deciding what kind of actions, intentions, and motivations are valued.

Ethics are moral principles that govern how the individual or group will behave or conduct themselves. The domain of concern relates to right and wrong of things and encompasses the decision-making process in deciding the ultimate outcome of such things. Every

individual has his or her own set of morals and ethics. Healthcare ethics are important as the employees must recognize healthcare issues, make reasonable judgments and decisions

in line with their values within the parameters of the laws that govern them (Haddad & Geiger, 2023).

This bachelor's thesis followed the principal of research ethics and the responsible conduct research, as outlined by Finnish National Board on Research Integrity TENK (2019), and follows the academics standards set by Arcada University of Applied sciences. According to TENK, It is essential for researcher to respect the work and intellectual property of others by giving appropriate credit through accurate referencing.

Since this research is based solely on a literature review and no empirical evidence and direct interaction with human subjects are employed, the ethical concerns have focused on compliance with transparency, correctness, and intellectual integrity in using secondary materials. All quoted material was carefully read and referenced as appropriate in respect of the contribution of the original authors.

The literature included in this review was selected based on predefined inclusion criteria, with a preference for peer-reviewed, scientifically reliable, and up-to-date publications. To maintain academic credibility, databases such as (Insert databases used, e.g., PubMed, CINAHL, SciencesDirect) were used for sourcing material. The data were treated with content analysis that helped to maintain findings in an organized and unbiased way. This thesis also followed Arcada's writing guidelines strictly during research process. To ensure reliability of results, an open and transparent strategy was used to choose and examine literature. Proper documentation of each step was done so that others can understand and reproduce the process if needed. Ethical concerns were used in every step of research.

Ethical consideration were prioritized throughout the research process. Ethical consideration in this research concern in this study were with insuring transparency minimizing bias, and critically evaluating the quality and relevance of included, Studies As Suri (2020) emphasize research ethics in systematics review go beyond avoiding misconduct-being critically self-aware and transparent in the selection, analysis, and presentation of the evidence choosen. This involves addressing attention to potential bias, ensuring quality and relevance of studies included, and being mindful of how finding may impact educational policy, practice. Ethical rigor was maintained through systematic choice of sources expert subjectivity, and detailed documentation of review process (Booth, Sutton, & Papaioannou, 2019).

The articles used in this reserach were taken from the trusted academic database in nursing field and all selected articles came from nursing journal were carefully reviwed before use. The research questions of this research was approved by the supervisor at Arcada university of applied sciences.

6. Result

This literature review aimed to explore nurses' cultural competence in providing end-of-life care, and identify How is cultural competence defined in End-of-life care and

How do nurses provide End-of-life care while considering cultural aspects. We are selected nineteen articles for this literature review. The articles were published between 2015 to 2024, and originated from different countries like, Saudi Arabia, turkey, Australia, united states, United Kingdom, Brazil, Finland, Thailand, Taiwan, Sweden, Portugal, Canada and studies where different method are used. This chapter presents the main findings of the research in accordance with data gathered and analysed. The findings are described in the order of the research questions and determine the key patterns and themes observed. Each section deals with a specific aspect of the research and providers a brief overview of what was found.

6.1 Cultural competence in the End-of-life care

Cultural competence in the End-of-life care is characterized generally as the ability of the health care worker to deliver care that respects patients' and their families' diverse cultural values, beliefs, and practices. Certain studies emphasize the point that cultural competence required the integration of cultural knowledge, attitudes, and skills in the clinical practice (Brooks et al., 2023). Ethical issues in the End-of-life care frequently due to cultural misunderstanding, and therefore cultural competence is necessary for effective decision-making (Alaniz et al., 2024). Cultural competence involves faith- sensitive practices, as presented by Camara, and Rosengarten8 2021).

6.1.1 Awareness and respect towards other cultures

Research shows that being aware and respectful toward other cultures are main keys providing high-quality of care in end-of-life care. Nurses need to understand and respect the cultural, values, and practices of patients and their families. End of life care is defined as the planning and support that individuals go through as they reach the end of their life. It encompasses physical, emotional, social, spiritual, and cultural aspects and allows individuals to cope with the conflicting emotions and changes individuals experience while dying. It is intended to address not only the health care but also psychological and social difficulties of dying (Glyn-Blanco et al.2023).

Another research highlighted that cultural competence training for nurses helps them better guide verifying care settings and respect the beliefs and practices of patients from various backgrounds (Kaihlanen et al.2019).

Cultural awareness is fundamental in providing End-of-life care, it also found that nurses competence in cultural and religious care is often considered to be poor. When nurses understand the importance of cultural competence, it is often addressed only in the context of multiculturalism and religion, with limited attention to broader cultural aspects (Haavisto et al.2021).

Being aware to cultures is especially important in setting where patients come from different cultures or religious backgrounds. This describes how internationally trained nurses may face challenges in adapting to new cultural expectations but may overcome such challenges with proper support and training (Balante et al.2021).

Here is also discussed the importance of faith- sensitive end-of-life care for children and youth people, emphasizing the importance of health care providers to be aware and respect individual religious practices of patients to provide comfortable care (Camara & Rosengarten 2021).

6.1.2 Building Good relationship and clear communication

Clear communications is a vital section of the end-of-life care, facilitated easier shared decision-making and ensure that patient and family wishes are respected. Nurses must be skilled to negotiate sensitive topics such as prognosis treatments modalities, and end-of-life wishes.

End-of-life care aims to reduce suffering and respect the patient's preference. Nurses often face ethical conflicts with the patient, family, and society. Good communication and shared decisions are the most important, and advance directives provide a guarantee that the patients wish are followed when they cannot speak themselves (Akdeniz, Yardımcı, & Kavukcu, 2021).

The fact culturally sensitive communication is used in end-of-life care within intensive care units (ICUs). They found that communication between health care providers , patients and families is often made challenging by differences in language, decision-making styles, and beliefs about death, when nurses take time to understand these culture values, languages ,decision-making and attitudes towards dying, when nurses take the time to learn about these culture values and interact with empathy and respect, it facilitates trust and makes families more supported. The authors highlighted the culturally sensitive communication is essential for delivering high-quality, patient-centred end-of-life care in diverse ICU settings (Brooks et al.2019)

The effective communication entails an understanding each patient's cultural backgrounds, emotional status, and family dynamics. The study highlighted that healthcare providers should use empathetic language, respect to cultural norms, values and involve families in decision-making when appropriate. Respecting cultural beliefs and using flexible communication were noted as a master key to build trust and alleviate anxiety in both patients and families during end-of-life care (Chen et al. 2022).

Emphasised the significance of effective communication in care plans coordination and in promoting patient and families, and healthcare team is highlighted, this suggests the significance of effective communication to guide advance directives and patient preferences (Haavisto Et al. 2021)

A study examined barriers and obstacles to access to end-of-life and palliative care for immigrants in high-income countries and founded that communication is the main barrier. Language differences, unavailability of interpreters, and cultural miscommunication often lead to poor communication between healthcare providers and immigrant patients or their

families. The research set that in situations where the communication is linguistically and culturally inappropriate, it may result in confusion, mistrust, and compromised quality of care. The authors proposed the use of trained interpreters by the health workers and development of culturally appropriate communication strategies such that the ensure immigrant patients are well educated, treated with dignity, and assisted in their end-of-life care decisions (Phiri et al.2023).

6.1.3 Respecting patients' Spiritual and religious Beliefs

Addressing religious and spiritual needs is a core component of holistic End-of-life care. Nurses must recognize and respect individual religious rituals to provide compassionate care.

Spiritual support is noted to be part of End-of-life care; however, nurses lack the competencies and resources to be responsive to spiritual needs. This shows that nurses need spiritual care education to address the changing needs of patients and their families at End-of-life care (Haavisto et al.2021).

The influence of cultural challenges on the End-of-life care delivery, and a knowledge of patients' religious and spiritual beliefs is a prerequisite for giving respectful and individualized care (Glyn-Blanco et al 2023).

Discussed the need for faith-sensitive End-of-life care for young people and young adults, explaining how healthcare professionals need to understand and learn about respect individual religious traditions to provide compassionate care (camara &Rosengarten 2021). This explored the concept of culture in end-of-life nursing, establishing that the cultural background of nurses affects their provision of spiritual care, and that cultural competence training is needed to deliver effective spiritual care and religious beliefs (Mian & Rejnö 2024).

6.1.4 Providing support to family and relatives

Social support and family involvement are also major end-of-life care, provides that to promote the emotional well-being of both the patients and the family. Nurses need to support families both before and after patient's death so that they are prepared and receive the right advice.

The competence of nurses includes caring for families during and after the patient's death, thereby preparing them and appropriately guiding. This highlights the importance of preparing nurses with skills and support to enable them to assist families appropriately during the End-Of-Life care process (Haavisto et al 2021).

Hafifah et al.2024) emphasized that for most cultures, families are at the forefront of decisions for care, acting as advocates and interpreters of patient values and preferences. In their systematic review, they observed that a good health was often experienced when the patient had loves one's present, spiritual or religious needs met, and family harmony maintained during dying.

That nurse's perception, attitudes, and knowledge about end-of-life care influence nurses' ability to care families, especially in non-specialist palliative care. This gives the nurses the

necessity to be trained on spiritual care to fulfil the different needs of patients and families during the end-of-life care (Alshammari et al.2022).

In performing a systematic review demonstrating that attitudes of nurses towards end-of-life-care are affected by several important factors, such as family support and social relationships. The review highlighted that nurses generally perceive family involvement as a critical part of delivering effective and compassionate care. Nurses realize that they need to provide care not only to the patients but also to his or her family members during this challenging period. This is the line with a patient- family-centered model of care, where open communications, emotional support, and shared decision-making between patients and their families are emphasized. These practices are critical in enhancing the quality of end-of-life care and ensuring that the emotional and psychological needs of all parties are addressed (Dakka et al.2024).

The homeless individual lack families support to them, and therefore advance care interventions are even more required to assist them with their end-of-life needs are meet or not (Sumalinog et al 2016).

6.2 By Providing Culturally Responsive End-of-life care

This review described nurses as key to providing culturally sensitive end-of life care by acknowledging, respecting and responding to patient's various backgrounds, values and beliefs. During the studies, several key themes were present.

6.2.1 Understanding of cultural Beliefs and Values in End-of- life care

Nurses may significant role to provide culturally competent care towards the end of life through understanding the deep meaning of patient's cultural values and beliefs. There are differing viewpoints concerning death, dying and what comprises a "good death" among cultures. Some patients have ideas about death as a spiritual journey, while others focus on staying connected to family or maintaining dignity through some rituals (Camara & Rosengarten, 2021)

Understanding these beliefs allows nurses to deliver care that genuinely respects patients' wishes. For example, in some cultures, death is avoided as a topic of conversation because it is believed to bring bad luck, while others expect open, honest, direct discussions (Brooks, Bloomer, & Manias, 2019). Nurses must recognize and adopt to these differences to build trust and avoid causing unintentional harm. Religion would generally play a role in the end-of-life decision- making e.g. asking for prayer, some food and fluid restrictions, or wishing that family member engage in planning (Camara & Rosengarten, 2021). Culturally sensitive nurses pay close attention to fulfilling such spiritual needs sensitivity and with respect. Complication arises when patients 'cultural expectations were different from hospital policies or medical practices. Nurses must need to find balance between respecting cultural values and providing safe, ethical care (Alanzi et al., 2014). Respecting and understanding patients personal cultural background generally helps nurse to provided more compassionate, meaningful and humanized care at the end of life (Mian & Rejnö 2024).

That a cultural competency education program helped hospice nurses improve their cultural awareness when caring for Hmong patients who terminally ill. Nurses showed a

much higher awareness of cultural differences following the training, and this maintained even three months following the training. However, the program did not lead to significant differences in the other domains cultural knowledge, skills, encounters, or desire. Overall, the training showed a trend in the right direction in enhancing nurses' ability to provide culturally responsive care to Hmong patients (Bjelica & Nauser 2018). That nurses play a central role in comforting dying patients by offering emotional, physical, and culturally sensitive care through empathy and personalized care (Pereira & Ribeiro 2023)

6.2.2 Communication in culturally competent End-of- life care

Effective communication is especially important when nurses deliver end-of-life care to patients, especially from diverse cultures. Nurses must listen carefully, speak gently and respect the culture and religious practices of each patient (Brooks et al., 2019; Chen et al., 2022).

Some cultures ask for open communication about dying, while others prefer to protect the patient from bad news or to have the family make the decision (Camara et al., 2021)

Rosengarten, 2021). Nurses need to answer flexibly in terms of how and when they communicate, with the use of simple language, patience and involving interpreters where required (Phiri et al., 2023).

Respect for religion, tradition, and emotions helps build trust and makes the patients feel listened to respected in their final days (Glyn-Blanco et al., 2023; Mian & Rejnö, 2024). Effectual communication which respects cultural differences makes patients feel more comfortable particularly in End-of-life care where inform decision making is crucial health care professional especially nurses must be competent in culturally sensitive communication. (Phiri et al., 2023)

The nurses need to possess specific competencies to provide quality postmortem and acute bereavement care, including knowledge of religious and cultural rituals. Experts agreed that communication, collaboration, and the display of compassion skills are essential. The findings highlight the importance of culturally competent care during and after patient death (Lai et al. 2023).

In short, empathetic, respectful and flexible communication helps nurses provide care that respects each person's culture at the end of life.

7 Discussion

This review of the literature examines the conceptualization of cultural competence in end-of-life care and the ways in which nurses provide culturally respectful care. The finding was that cultural competence is essential for providing individualized, respectful, and effective End-of-life care. It entails being sensitive to one's own biases, understanding patient's cultural beliefs and values, and adapting care practices.

Nurses need to address several cultural aspects in End-of-life care, spirituality, religion, communication style and family participation. Research repeatedly highlighted that respect for patient's religious and spiritual beliefs is crucial, but most nurses are not trained to

deliver proper spiritual care. This emphasizes the importance of further special education in nursing schools (Haavisto et al., 2021; Mian & Rejnö, 2024).

Good communication is an ongoing difficulty, particularly in multicultures where attitudes toward death, decision-making attitudes, and language possible barriers to miscommunication. The suitable wording must be used, explain engaged as necessary, and flexibility shown by patient's and family's communication choice (Phiri et al., 2023)

Another important observation is the role of family support and social bonding in End-of-life care. Families hold central places in decision-making, emotional support, and rituals in many cultures. Nurses should help patients and their families so that they may have a dignified and humane experience (Dakka et al., 2024)

Culturally responsive care-such as honoring diverse understandings of what a "good death" is requires nurses to move beyond everyday care and engage in empathic, person-centered care. However, institutional policies sometimes will not align with cultural norms, and nurses must negotiate a middle path between ethical, safe care and cultural responsiveness (Alanzi et al., 2024)

Finally, studies show that cultural competence education and ongoing education increase the quality of nurse's culturally responsive End-Of-Life care provision (Bjelica & Nauser, 2018). The Transcultural Nursing Theory supports this with its core emphasis on self-awareness, cultural information, and adaptive and approaches to care (Ellenbacker, 2023). In summary, nurses play a key role in offering culturally sensitive End-of-life care. Even though the legal frameworks in countries like Finland ensure culturally appropriate care, there are logistical concerns, especially regarding communication, spiritual care, and family involvement. Continuing education and institutional support care required to equip nurses with competencies needed to deliver care for patients from different backgrounds with respect and empathy.

8 Conclusion

This thesis highlights the fact that cultural competence is one of the basic components of quality End-of-life care. Nurses play a central role in the delivery of care that is respectful, compassionate, and congruent with patients and families cultural, religious, and personal values. Cultural competence in End-of-life care includes effective communication, spiritual sensitivity, family involvement, and deep understanding of different cultural beliefs. Though policy and legal systems support culturally competence care, challenges remain- particularly in communication and in spiritual care. Ongoing education, institutional support, and the application of Transcultural Nursing Theory are essential to equip nurses with competencies necessary to provide compassionate and culturally relevant end-of-life care in increasingly multicultural communities. Findings suggested that culturally competent nurses are better able to build trust with patients and families, especially, when making challenging emotional and ethical decisions at the end of life. Respect for religious and spiritual beliefs was identified as an important aspect of culturally responsive care, yet most nurses receive no formal training or support to enable them to provide this. Communication was a further overarching theme- culturally competent and clear communication reduced misunderstanding, facilitated collaborative decision-making and meant that patient's wishes were followed. Language barriers and the lack of interpreter services, however, too often undermined care, especially for immigrants and minority ethnic groups. This thesis highlights the fact that cultural

competence is one of the basic components of quality end-of-life care. Nurses play a central role in the delivery of care that is respectful, compassionate, and congruent with patients and families cultural, religious and personal values. Cultural competence in End-of-life care includes effective communication, spiritual sensitivity, family involvement, and deep understanding of different cultural beliefs. Though policy and legal systems support culturally competent care, challenges remain- particularly in communication and in communication and in spiritual care. Ongoing education institutional support and the application of Transcultural Nursing Theory are essential to equip nurses with competencies necessary to provide compassionate and culturally relevant end-of-life care in increasing multicultural communities. Finding suggested that culturally competent nurses are better able to build trust with patients and families, especially when making challenging emotional and ethical decisions at the end of life. Respect for religious and spiritual beliefs was identified as an important aspect of culturally responsive care, yet most nurses receive no formal training or support to enable them to provide this. Communication was a further overarching theme- culturally competent and clear communication reduced misunderstanding, facilitated collaborative decision-making and meant that patients wish were followed. Language barriers and the lack of interpreter services, however, too often undermined care, especially for immigrants and minority ethnic groups.

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10 Appendices

10.1 Appendix 1: Overview of Analysed Articles

No	Author, year, country	Topic/purpose	Methodology	participants	Main outcomes	limitations
1.	Alanazi, M: A, Alrashidi, L.M, Alshamma Ri.F.O.&. (2024), Saudi Arabia	Navigating end-of-life decision-making in nursing: A systematic review of ethical challenges and palliative care practices.	Systematic review	Not applicable	The research found that nurses experience ethical dilemmas in the end-of-life care. Improved communication, palliative care, and appropriate training enhances patient comfort and assist nurses in their practices.	The study limitation is in consistent study quality, limited cultural scope, lack of long-term research, possible data overlap, and language bias.
2.	Akdeniz M, Yardimci B, Kavukcu E (2021)	Ethical consideration at the end-	Literature review	Not specified	The article highlights the importance of ethical principle	The articles discuss universal

		of-life care			in the end-of -car, such as the respect for the respect for the wished of the patient, avoiding unnecessary treatment, promoting decision-making, and emphasis on palliative care.	ethical principle but lacks discussion on cultural differences and roles of the various healthcare professionals in the end-of the care.
3.	Alshammar I, F., Sim, J., Iapkin, S., Stephens, M. (2022), Saudi Arabia	Register nurse' Knowledge attitudes and beliefs about end-of-care in non-specialist palliative care settings.	Mixed methods systematic review	Doesnot involve the primary data	Nurse generally lacks confidence and sufficient knowledge in the EOL care; attitudes and beliefs are shaped by cultural, education, and systematic factors	
4.	Balante, J., van den Broek, D., White, k. (2021)	Cultural attitudes, beliefs and practices of internationally educated nurses towards end. of-life care in the	Mixed method systematic review	Not specified	The main outcomes of the articles are culturally diverse internationally educated nurses possess varying attitudes,beliefs,and practices when it comes to end-of-life care, often derived from their cultural background.	

		context of cancer				
5.	Bjelica, M.& Nauser, J.A. (2018)	To improve cultural competence in the provision of end-of-life care to the Hmong population.	Pre-post test pilot study using a culture competence assessment tool (IAPCC-R)	9 Hospice nurses	The study shows improved cultural awareness; no significant change in overall competence scores	The study's limitations are small, limited generalizability, short evaluation.
6.	Brooks, L.A., Blommer M.J., Manias, E (2019)	Culturally sensitive communication at the end-of-life in the intensive unit:	Systematic review	Does not involve the direct participants.	The main outcome of the article is that culturally sensitive communication enhances end-of-life care in the ICU with the help of training for healthcare providers helping overcome barriers and enhancing patient and family satisfaction.	The findings may not hold completely across all ICU settings or cultures.
7.	Camara, C., & Rosengarten, L. (2021)	Faith-sensitive end of the life care for the children, young people and their families.	Review article	No participants	The article emphasizes the significance of faith-sensitive end-of-life care, urging healthcare workers to honour different religious beliefs to improve the quality of care	The limitations of the article are that it lacks empirical data and discusses practical challenges

					and family satisfaction.	s to implementing faith-sensitive care to a limited extent.
8	Chen w, , Chung Jok, Lam KKW, Molassiostie A. (2022)	End-of-life communications strategies for healthcare professional	Scoping review	No direct participants	The review identified seven strategies for effective end-of-life communication, focusing on preparation, empathy, family involvement, and clear information to enhance patient-centred care.	The article is that there was no quality evaluation of the studies, few viewpoints of patients and families, cultural bias towards Anglo-Saxon nations, and difficulty generalizing results to all healthcare settings.
9	Dakka, F.J. (2024)	Nurses' attitudes towards end-of-life care.	Systematic review	No specified participants	The article found that nurses attitudes towards end-of-life care are influenced by emotional impact, education needs, communication, and resources, with a focus on	This article includes a narrow selection of studies that were published between

					the requirement for compassionate, patient-centred care	the years 2020-2023, language restriction to English studies, potential publication bias, and not quality assessing the included studies. They may affect the competences and validity of the findings.
10	Glyn-Blanco, M.B., Lucchetti, G., & Badanta, B. (2023)	How do cultural factors influence the provision of the end-of-care?	Narrative review	Does not involve direct participants	Identified concluded that increasing awareness and providing training to healthcare professionals on cultural dimensions of death can enhance the quality of end-of-life care.	The article contains limited empirical evidence and underscore the complexity of integrating cultural considerations into end-of-life care.
11	Haavisto, E., Kaunonen, M., Juujärvi, S., &	Nurses required end of life care competences	Qualitative descriptive study	20 registered nurses	The study had found that that the nurses need effective patient-centred care,	The study utilizes a small number of

	Joronen, K. (2022)	ce in health centers inpatient Ward-A qualitative descriptive study			communications, and ethical competence to provide optimal end-of-life care and have found a high demand for education and support for these areas.	participants from single inpatient wards, which may restrict the generalizability of findings.
12	Hafifah, I., Wisarith, W., & Ukita, N. (2024)	Factors associated with good death for end-of-life patients in the intensive care unit based on nurses' perspectives	Systematic review	Not specified	Found that nurses' personal characteristics, work environment, end-of-life care capability, and supportive healthcare systems influence a good death in the ICU.	The review includes a small number of inadequacies of Intervention Research, potential cultural bias, response to nurses' opinions only (and not to patients and families), and risk of publication bias.
13	Kaihlane N, A.-M Hietapak KA, L., Heponiemi M, T.	Increasing cultural awareness:	Qualitative study	20 nurses (registered & practical)	The study concluded that cultural competence training is useful to improve communication and patient care,	The study was conducted in a single hospital, and thus generaliz

					with suggestions for more immigrant voices and web-based options	ability is compromised. Participation was voluntary, which has the potential for self-selection bias. All nurses did not attend all training sessions, and the doctors did not attend.
14	Lai, W.S., Liu, L. C., Chen, H. M., & Anna, A. (2023)	Integrated immediate postmortem and acute bereavement care: competency based entrustable professional activities for nursing	Conceptual/Competency	Not specified	The outcomes was the creation of five levels of EPAs (Entrustable Professional Activities) to guide nursing education and bridge the gap between competencies and clinical practice in end-of-life care.	No patient and family voices were represented, and as a consequence the findings cannot be generated across all clinical settings or cultures.

15	Mian, R., Rejnö, A (2024)	The meaning of culture in the nursing at the end of life-an interview study with nurses in specialized palliative care.	Qualitative interviews	Not specified	Found that nurse acknowledge the effect of culture on end-of -life care and that this brought about a self-reflection of their own biases and more person-centered approaches.	The study is a small sample size, lack of patient/family perspective, video interviews limiting depth of data, and no exploration of nurses' cultural background or education requirements.
16	Pereira, R.A.M.; Sousa Valente Rebeiro,P.C.P.	Ways and means to comfort people at the end-of-life care address patients decision-making needs?	Not clearly stated	Not specified	This found that the comfort in the dying phase was an integral part of nurse based on empathy,communication,and overall care.	The study focuses primarily on the nurse's perspectives but may have some other determinants overlooked for comfort care.
17	Phillips G,Lifford K, EdwardsA,poolman M, Joseph-williams N.	Do published patient decision aids for end-of-care	Systematic review& appraisal	Not specified	There were scant decision aids at the end of life with mixed quality. The majority were devoid of values,	There were not many decision aids available. The

		address patients decision-making needs?			planning, and emotional support. Use of evidence and patient participants were minimal. More user participation and easier evidence-based content are the authors' recommendations .	quality varied and could not be compared. Some aids may have been missed. Findings were based only on published information, not real-world use.
18	Phiri,G.G., Muge-Sugutt, J., & Porock, D (2023).	Palliative and end-of-life care access for immigrants living in high-income countries:	Scoping review	Not specified	The articles found that migrants in affluent countries face palliative care barriers via language, cultural differences, religious needs, and desire for family involvement. The study requires culturally competent care and welcoming policies to maximize access.	Limitations of the article include small sample size, focus on a few countries , exclusion of non-English studies, and lack of analysis of specific immigrant groups.
19	Sumalinog R, Harrington	Advance care planning,	Systematic review	Does not provide	The review found that advance care planning and	The study did not properly

	K, Dosani N, Hwang SW.	palliative care and end-of-life care intervention for homeless people:		specified number	palliative care interventions in homeless persons are uncertain in effect and advocated more rigorous research. The review concluded that advance care planning and palliative care interventions in homeless persons are uncertain in effect and advocated more rigorous research.	address the special needs of homeless patients, and information was limited on patient outcomes, caregiver burden, and cost-effectiveness. The study did not properly address the special needs of homeless patients, and information was limited on patients' outcomes, caregiver burden, and cost-effectiveness.
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10.2 Appendix 2: Abstracted Data table

Main Groups	Cultural competence in the End-of-life care				Providing Culturally Responsive care	
Generic Groups	Awareness and respect towards other cultures	Building Good relationship and clear communication	Respecting patients' Spiritual and religious beliefs	Providing support to family and relatives	Understanding of cultural Beliefs and values in end-of-life care.	Communication in culturally competent care
Subgroups	<ul style="list-style-type: none"> . Nurses need to respect and understand different culture religious. . Special care is needed for patients from diverse or religious backgrounds. 	<ul style="list-style-type: none"> . Clear, empathetic communication with patients and families. . Addressing language and cultural 	<ul style="list-style-type: none"> . Respect for cultural spiritual and religious beliefs in end-of-life care. . Important of cultural competence training for nurses. 	<ul style="list-style-type: none"> Involving families in care and decision making. . Supporting emotional needs of both patients and families. 	<ul style="list-style-type: none"> . Understand cultural beliefs and values. . Role of religion and spirituality . Importance of cultural competency education. . Nurses' role in providing emotional and 	<ul style="list-style-type: none"> . Adapting communication styles to cultural needs. . Use Interpreters and religious practices. . Respect for traditions and religious. . Importance of empathy and collaboration. . Competence for postmortem and bereavement care.
Unit of analysis (article)	4,7,10,11,13	2,6,8,11,18	7,10,11,15	3,9,11,12,19	1,5,6,7,15,16	7,10,14,18

