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Nurses' Attitudes Towards Hospital and Outpatient Palliative Sedation: A Scoping Review

Actitudes declaradas del personal de enfermería sobre sedación paliativa hospitalaria y ambulatoria: una revisión de alcance

Atitudes declaradas do pessoal de enfermagem sobre sedação paliativa hospitalar e ambulatorial: uma revisão de alcance

María Andrea Castro-Bernal*[1]*, *ORCID 0000-0001-9460-6908*
Katerin Cristina Piedrahita Cárdenas*[2]*, *ORCID 0009-0007-5451-5332*
Lina María Vargas-Escobar*[3]*, *ORCID 0000-0003-0052-5467*

[1 2 3] *Universidad El Bosque, Colombia*

Abstract: Introduction: The nursing role during palliative sedation focuses on providing comprehensive support to the patient and their family when using this therapy to manage refractory symptoms that do not improve with conventional treatments. Objective: To explore nurses' stated attitudes toward palliative sedation in hospital and outpatient settings, based on the scientific literature. Methodology: A literature search was conducted in the PubMed, Embase, Scopus, and ScienceDirect databases for articles published between 2018 and 2024, following the Joanna Briggs Institute (JBI) methodology. Results: Fifteen articles were analyzed, and the information was organized into the following categories: specific knowledge; factors related to nurses' beliefs, values, and perceptions; and aspects concerning emotional support and educational needs. Discussion: Nurses in palliative care units face challenges related to managing suffering and uncertainty before and during the administration of palliative sedation, both in relation to the patient and their family. Attitudes toward this therapy vary depending on the care setting, whether hospital-based or outpatient. Conclusions: Ongoing training and interdisciplinary collaboration are essential to strengthen nursing practice, recognizing palliative sedation as an important intervention to meet the needs of patients and their families. Moreover, knowledge levels regarding this therapy vary according to prior experience and the professional's work setting.

Keywords: sedation; nursing; attitudes; ambulatory care; palliative care.

Resumen: Introducción: El rol de enfermería durante la sedación paliativa se centra en brindar un acompañamiento integral al paciente y la familia, al emplear esta terapia para el manejo de síntomas refractarios que no mejoran con los tratamientos convencionales. Objetivo: Explorar las actitudes declaradas del personal de enfermería frente a la sedación paliativa en los ámbitos hospitalarios y ambulatorios, según la literatura científica. Metodología: Se realizó la búsqueda en las bases de datos PubMed, Embase, Scopus y Science Direct, de artículos publicados entre 2018 y 2024, utilizando la metodología del Joanna Briggs Institute (JBI). Resultados: Se analizaron 15 artículos, organizando la

información en las siguientes categorías: conocimientos específicos; factores asociados a creencias, valores y percepciones del personal de enfermería; y aspectos relacionados con el soporte emocional y las necesidades educativas. Discusión: El personal de enfermería en unidades de cuidados paliativos enfrenta desafíos vinculados al manejo del sufrimiento y la incertidumbre antes y durante la administración de la sedación paliativa, tanto en relación con el paciente como con su familia. Las actitudes frente a esta terapia varían según el contexto asistencial, ya sea hospitalario o ambulatorio. Conclusiones: La formación continua y el trabajo interdisciplinario son fundamentales para fortalecer la práctica de enfermería, reconociendo la sedación paliativa como una intervención importante para atender las necesidades del paciente y su familia. Además, el nivel de conocimiento sobre esta terapia varía en función de la experiencia previa y del entorno en el que se desempeña el profesional.

Palabras clave: sedación; enfermería; actitudes; atención ambulatoria; cuidado paliativo.

Resumo: Introdução: O papel da enfermagem na sedação paliativa consiste em oferecer um suporte integral ao paciente e à sua família por meio dessa intervenção, utilizada para o manejo de sintomas refratários que não respondem aos tratamentos convencionais. Objetivo: Explorar as atitudes declaradas de enfermeiros frente à sedação paliativa nos contextos hospitalar e ambulatorial, conforme descrito na literatura científica. Métodos: Foi realizada uma busca nas bases de dados PubMed, Embase, Scopus e ScienceDirect, por artigos publicados entre 2018 e 2024, seguindo a metodologia do Joanna Briggs Institute (JBI). Resultados: Foram analisados 15 artigos, cujos dados foram organizados em três categorias temáticas: conhecimentos específicos; fatores relacionados às crenças, valores e percepções dos profissionais de enfermagem; e aspectos relativos ao suporte emocional e às necessidades educativas. Discussão: Enfermeiros atuantes em unidades de cuidados paliativos enfrentam desafios significativos no manejo do sofrimento e da incerteza antes e durante a administração da sedação paliativa, tanto em relação ao paciente quanto à sua família. As atitudes frente a essa prática variam conforme o contexto assistencial, seja hospitalar ou ambulatorial. Conclusões: A formação continuada e a colaboração interdisciplinar são fundamentais para o fortalecimento da prática de enfermagem, reconhecendo a sedação paliativa como uma intervenção essencial para atender às necessidades dos pacientes e de seus familiares. O nível de conhecimento sobre essa terapia varia conforme a experiência prévia e o ambiente de atuação profissional.

Palavras-chave: sedação, enfermagem, atitudes; assistência ambulatorial; cuidados paliativos.

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Correspondence: María Andrea Castro-Bernal. E-mail: macastrob@unbosque.edu.co

Introduction

Palliative sedation (PS) is a therapeutic intervention used as a last alternative to relieve intolerable physical and/or psycho-emotional suffering in patients with refractory symptoms who do not respond to conventional treatments, in the context of support by palliative care teams. [1, 2] According to the World Health Organization (WHO), approximately 56.8 million people worldwide require palliative care, not only for the relief of physical pain but also to address the emotional, spiritual, and psychological dimensions of their suffering. However, only about 14% of this population effectively accesses palliative care (PC) services. [3]

The above highlights the need for nursing professionals to recognize the importance of a comprehensive palliative approach, aimed at both the patient and their family, and to receive ongoing training that enables them to safely and appropriately apply therapies such as palliative sedation. In this sense, properly identifying the indications for its use and developing ethical, empathetic, and well-founded attitudes toward this practice constitute an essential component of nursing practice in the field of palliative care. Constant assessment of the needs of the patient and their environment, and decision-making focused on their well-being and comfort, are pillars of quality palliative care.

On the other hand, it has been identified that the stated attitudes of nursing professionals toward palliative sedation may vary depending on the healthcare setting (hospital or outpatient) and are influenced by both the training received and the experiences acquired in clinical practice. [4] These differences can generate tensions between theoretical knowledge and the realities of professional practice, especially in contexts where the conditions for interdisciplinary accompaniment are not guaranteed. [5]

In this context, it is necessary to provide training opportunities that strengthen the skills of nursing staff, especially in outpatient settings, where the frequent absence of interdisciplinary teams requires nurses to assume a leading role in addressing the needs of patients and their families. [6, 7] The available scientific literature on nurses' attitudes toward palliative sedation is often presented incompletely, primarily in the results sections of studies addressing other central objectives, highlighting a gap in systematic knowledge on this topic. However, there is a growing trend toward greater nursing participation in the administration of this therapy, highlighting the need to better understand their attitudes, perceptions, and challenges surrounding its application. Considering the above, the following question is posed: What are nurses stated attitudes toward palliative sedation in both hospital and outpatient settings?

Methodology

For the development of this review, the methodology proposed by the Joanna Briggs Institute (JBI) for scoping reviews was used.[8, 9] The purpose of this methodology is to identify key concepts that support a field of research, as well as to clarify definitions, limits and knowledge gaps on a specific topic.[8, 9] It also seeks to compile the best available evidence to contribute to the improvement of clinical practice. The steps proposed by JBI include formulation of the title, definition of the research question, introduction, inclusion criteria using the PCC (Population, Concept, and Context) strategy, search strategies, selection of evidence sources, data extraction, analysis of evidence, presentation of results, discussion, and conclusions. [8, 10]

The search was conducted in four databases: PubMed, Embase, Scopus, and Science Direct, using health sciences descriptors (DeCS) and Medical Subject Headings (MeSH), such as palliative sedation, nursing, palliative care, and health personnel attitude, combined using the Boolean operators AND and OR. Publications in Spanish and English were included, the latter being the language with the largest number of available studies. The information was managed through an Excel matrix and the Rayyan platform, where 191 articles were initially registered, of which 15 were selected that met the established inclusion criteria.

This work was previously registered on the Open Science Framework (OSF) platform, in accordance with international recommendations for research transparency. To ensure methodological rigor in the evaluation of the included studies, the COREQ checklist was applied to 12 qualitative studies and the STROBE checklist to 3 observational studies. [11]

Based on the research question "What are the stated attitudes of nurses toward palliative sedation in the hospital and outpatient settings?", inclusion criteria were defined according to the PCC approach proposed by JBI (see Table 1).

Table 1 – JBI Research Question: Population, Concept and Context

Population	Nursing professionals (according to articles published between 2018 and 2024)
Concept	Declared attitudes of nursing professionals towards palliative sedation.
Context	Hospital and outpatient settings

Types of studies and inclusion criteria

Original studies with qualitative, quantitative, and mixed approaches published between January 2018 and January 2024 were included. Results were limited to Spanish and English, as these contain the largest number of relevant scientific publications on the topic. Reviews and gray literature were not considered due to the lack of a rigorous peer-review process, which is essential to fulfill the objective of this review: to provide reliable evidence to serve as a basis for future research.

Only articles from primary sources that demonstrated the role of nursing staff in palliative sedation management, whether in the adult or pediatric population, were considered. The exclusion criteria applied were articles with restricted access, to ensure the availability and accessibility of the results; previous reviews or studies without primary data (e.g., expert opinions without empirical analysis); undergraduate theses; and studies focused exclusively on pregnant women, as they do not correspond to the focus of the present review.

Search strategy

The search was conducted in four databases recognized for their robustness in the biomedical field: MEDLINE (via PubMed), EMBASE, Web of Science, and Scopus. The search equation used was: (palliative sedation AND nursing AND palliative care AND attitude), applied in both English and Spanish.

The search period was limited to January 1, 2018, and January 1, 2024, yielding a total of 191 records. The previously defined inclusion and exclusion criteria were then applied to these records.

Selecting sources of evidence

Once the results were obtained, technological tools were used for reference management and article filtering. First, all records were uploaded to the Rayyan platform, which allowed for automatic elimination of duplicates. Subsequently, two researchers independently selected studies in three phases: title reading, abstract review, and full reading of the text. Any discrepancies were resolved by consensus.

To ensure methodological rigor, the report was prepared following the recommendations of the PRISMA Extension for Scoping Reviews (PRISMA-ScR). The results of the search and selection process will be presented in detail using the PRISMA-ScR flowchart (Figure 1). [12]

Data extraction

Data extraction was performed independently by two researchers, who thoroughly reviewed each of the included articles. The Joanna Briggs Institute (JBI) critical appraisal tools were used to assess the methodological quality of the studies. [8, 10] The level of evidence in the literature was assessed by administering the Oxford Centre for Evidence-Based Medicine (OCEBM) and Grading of Recommendations Assessment, Development and Evaluation (GRADE) scales.

The information was organized using a matrix designed in Microsoft Excel, which included the following data: article title, authors, source or journal of publication, country, year, methodology, original language, level of evidence, population or participants, study context, results, emerging categories, and additional relevant information. This systematization allowed for structured organization and comparison of the findings. Additionally, the included articles were archived and managed through the Mendeley Data platform, which facilitated the storage, access, and traceability of sources.

Criteria of rigor and selection of articles

To ensure the quality and methodological rigor of the selection process, recognized international guidelines were applied. The COREQ checklist was used to evaluate 12 qualitative studies, while the STROBE checklist was applied to 3 observational studies. These tools allowed us to assess the transparency, internal consistency, and validity of the included studies, thus ensuring the robustness of the findings presented in this review.

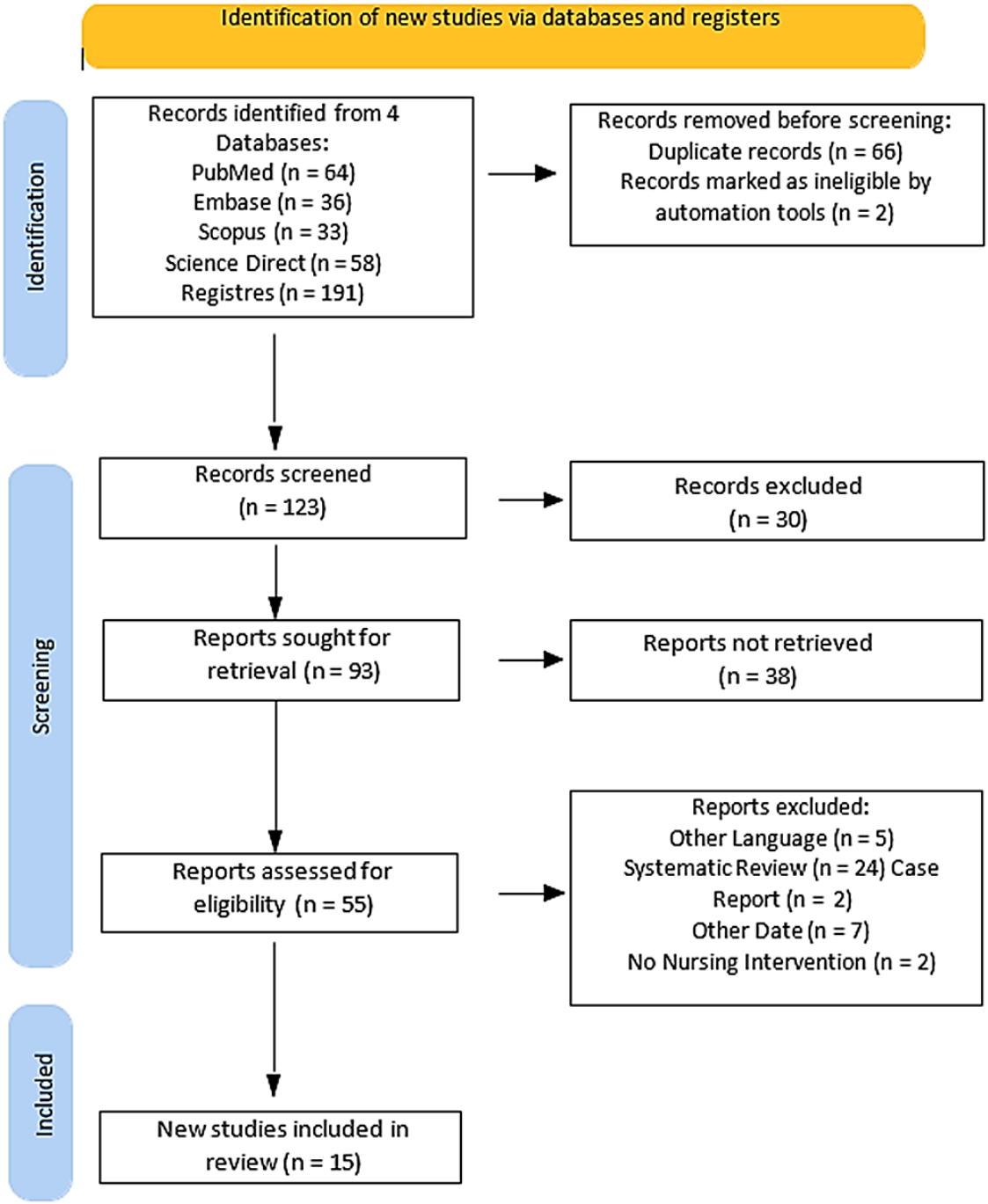

Figure 1. Flowchart of the study inclusion process, prepared according to the PRISMA-ScR guidelines and adapted from the original format. [12]

Results

The 15 articles analyzed represent a sample of recent scientific literature on palliative care, focusing on palliative sedation, clinical decision-making, and nursing staff perceptions. The studies are from Spain, Germany, Finland, the United Kingdom, Belgium, France,

Colombia, Brazil, and Canada. Methodologically, most studies employ qualitative or descriptive cross-sectional approaches, allowing them to explore in depth perceptions, attitudes, and experiences regarding end-of-life care. According to the classification frameworks used for the level of evidence of the studies (OCEBM and GRADE), these correspond to a low level of evidence (5 or very low). However, they contribute to a comprehensive understanding of palliative practice in real-life nursing settings. Details are presented in Table 2.

Table 2 – Characterization of articles on nurses stated attitudes toward palliative sedation in hospitals and outpatients, 2018–2024

Year Country	Database	Keywords	Type of study	Level of evidence OCEBM* / GRADE**	Dimension to which the nursing attitude responds
2023, Spain [13]	PubMed	Palliative care; knowledge; primary care; nursing; care of the dying	Cross-sectional descriptive	4-5/ Very low	Specific knowledge, factors associated with nurses' beliefs, values, and perceptions, and emotional impact and educational needs perceived by staff and families.
2023, Germany [14]	PubMed	Deep sedation; hypnotics and sedatives; palliative care; ambulatory care; qualitative research	Qualitative descriptive	5/Very low	Emotional impact and educational needs perceived by staff and families.
2022, Finland [4]	Embase	Hospice care; nurses; nursing; palliative care; sedation	Qualitative descriptive	5/Very low	Emotional impact and educational needs perceived by staff and families.
2019, United Kingdom [15]	PubMed	Focus groups; hypnotics and sedatives; medical records; midazolam; nurses; palliative care; patient comfort; physicians	Qualitative descriptive	5/Very low	Specific knowledge and emotional impact and educational needs perceived by staff and families.
2018, Netherlands, Brussels [16]	PubMed	Patient participation; decision-making; patient-centered care; continuous sedation until death; palliative sedation; qualitative research	Qualitative with case studies	5/Very low	Emotional impact and educational needs perceived by staff and families.
2021, France [17]	Embase	Interviews; palliative care; professionals; qualitative study; sedation	Qualitative	5/Very low	Factors associated with nurses' beliefs, values, and perceptions.
2018, Colombia[18]	Embase	Clinical skills; deep sedation; emotional stress; knowledge; palliative care; palliative nursing	Exploratory, mixed, qualitative and quantitative	4-5/Very low	Specific knowledge and emotional impact and educational needs perceived by staff and families.
2022, Germany [19]	PubMed	Sedation; sedatives; end of life; hospital; nursing home; qualitative research	Qualitative	5/Very low	Factors associated with nurses' beliefs, values, perceptions and emotional impact and educational needs perceived by staff and families.
2021, Germany [20]	Science Direct	Hospitals; nursing homes; palliative care; hypnotics and sedatives; opioid; intention; qualitative research; deep sedation	Qualitative	5/Very low	Specific knowledge and emotional impact and educational needs perceived by staff and families.
2020, Belgium [21]	Scopus	Palliative sedation; palliative care; pain management; terminal care	Qualitative	5/Very low	Emotional impact and educational needs perceived by staff and families.

2018, Netherlands [22]	Science Direct	Moral distress; nurses; palliative; sedation; qualitative research	Qualitative	5/Very low	Factors associated with nurses' beliefs, values, and perceptions.
2023, Brazil [23]	Scopus	Palliative sedation; terminal care; nursing; palliative care; qualitative research	Qualitative	5/Very low	Factors associated with nurses' beliefs, values, perceptions and emotional impact and educational needs perceived by staff and families.
2022, Norway [24]	Embase	Assisted dying; control; good death; medicalisation; palliative sedation; suffering	Qualitative	5/Very low	Factors associated with nurses' beliefs, values, and perceptions.
2021, United Kingdom [25]	Science Direct	Anticipatory prescribing; anticipatory medications; palliative medicine kit; terminal care; palliative care; mixed methods; end of life care; home palliative care; community nursing; general practice	Mixed methods observational	3-5/ Low-Very low	Factors associated with nurses' beliefs, values, and perceptions.
2024, Canada [26]	Scopus	Continuous palliative sedation; Deep sedation; Palliative care; End-of-life care; Assisted dying; Medical assistance in dying; Euthanasia; Qualitative	Qualitative	5/Very low	Factors associated with nurses' beliefs, values, perceptions and emotional impact and educational needs perceived by staff and families.

* OCEBM (Oxford Centre for Evidence-Based Medicine). OCEBM Levels of Evidence Working Group. The Oxford Levels of Evidence 2. Oxford Centre for Evidence-Based Medicine. 2011.

**GRADE (Grading of Recommendations Assessment, Development and Evaluation). Guyatt GH, Oxman AD, Vist GE, Kunz R, Falck-Ytter Y, Alonso-Coello P, et al. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. BMJ. 2008 Apr 26;336(7650):924–6.

Based on the analysis of the 15 studies included in the review, the findings were classified into three main thematic categories: (1) specific knowledge about palliative sedation management; (2) factors associated with nurses' beliefs, values, and perceptions; and (3) emotional impact and educational needs perceived by both staff and families. The results grouped by these categories are presented in Table 3, including reported nursing attitudes in inpatient and outpatient settings and the number of articles reported in each category.

Table 3 – Publications according to the results categories

Category	Number of articles
Specific knowledge on the management of palliative sedation (13, 15, 18, 20)	4
Factors associated with nurses' beliefs, values, and perceptions (13, 17, 19, 22, 23, 24, 25, 26)	8
Emotional impact and educational needs perceived by staff and families (4, 13, 14, 15, 16, 18, 19, 20, 21, 23, 26)	11

Specific knowledge on the management of palliative sedation

The studies included in this review show that nursing professionals have varying levels of knowledge about palliative sedation, influenced by their training, experience, and the setting of care (hospital or home). In the hospital setting, nurses tend to report greater familiarity with standardized protocols, while in the home setting, they face uncertainty due to a lack of clear practice guidelines and resources.

In the hospital setting, studies such as Mengual et al. [13] found that primary care nurses in Spain have limited knowledge of palliative care and lack specific training in sedation, which limits their confidence in hospital management. Other authors, meanwhile, highlight that in hospital palliative care wards, nurses apply protocol-based practices, displaying positive attitudes toward sedation as a tool to relieve suffering, albeit with some reservations due to ethical considerations [4] they point out that hospital specialists use low doses of sedative medications for comfort, reflecting a conservative attitude toward deep sedation. [15]

On the other hand, in the home setting, nurses are described as feeling like they are "flying blind" in home palliative care due to the lack of clear guidelines for its practice and the difficulty in adjusting the sedation dose, which generates attitudes of insecurity and frustration. [14] Similarly, Grüne et al. [19] note that in nursing homes and hospitals, nurses face logistical and communication challenges with physicians, but in the home setting, although there is a greater level of autonomy, there is less support and guidance.

Nursing expertise regarding palliative sedation management varies between hospital and home settings. In the hospital setting, nurses tend to follow standardized protocols, such as those developed by the European Association for Palliative Care, prioritizing the use of low doses of sedatives with midazolam to ensure patient comfort without inducing deep sedation. [15, 27] These protocols are applied under strict criteria, such as refractory suffering and limited life expectancy, and usually have multidisciplinary support. [4, 20] In contrast, in the home setting, practices are more flexible due to logistical challenges such as a lack of resources and 24/7 availability. In this context, nurses adapt doses according to patient response, relying more on their clinical experience than on formal guidelines; a situation that leads them to rely more on their clinical judgment, which can increase stress and variability in practices. [15, 19]

Factors associated with nurses' beliefs, values, and perceptions

The authors agree that nursing professionals' beliefs, values, and perceptions about palliative sedation are shaped by cultural, ethical, and personal factors, with differences between hospital and home settings. Attitudes range from acceptance to reluctance, influenced by the perception of sedation as an act of care or as an intervention that accelerates death.

In the hospital setting, Vieille et al. [17] found that nursing staff perceived sedation as an ethical practice to alleviate suffering, although in some cases they associated it with moral dilemmas about the end of life, showing ambivalent attitudes between acceptance and rejection. Similarly, in a specialized hospital in Brazil, they expressed "psychological fantasies" about sedation, seeing it as an act of compassion, but also as an emotional burden for nursing staff during direct care with patients at the end of life. Other authors emphasize that they value patient participation in decision-making, which reinforces their acceptance of sedation as a collaborative process that improves their quality of life. [16, 23]

Some nurses, for their part, prefer not to be present during a patient's final moments, especially in hospital settings. [13] One of the factors affecting nursing staff's attitudes toward palliative sedation is the lack of institutional consensus on its use, even though nurses closely monitor patients, identify clinical needs, and communicate their observations to the medical team. [14, 17] For their part, Grüne et al. found that one of the main challenges for nursing staff is determining the right time to start sedation and establishing the correct dose, avoiding potential harm to the patient. Added to this is pressure from family members, who in some cases refuse sedation or demand increased doses, which can conflict with the patient's actual clinical needs. [19]

In the home setting, some authors found that, in nursing homes and home environments, nurses avoid deep sedation for fear of "hastening death," displaying attitudes of resistance based on personal values. They emphasized that in residences where older adults are located, ethical barriers and a lack of consensus with families can arise, generating negative perceptions toward sedation. [20, 21] It was also evident that nurses experience distress when indications for palliative sedation are unclear, and although some advocate for its early use in patients who require it, their suggestions are not always taken into account, leading to frustration as the final decision rests with the attending physician. [21, 22]

Another recurring feeling expressed by nursing professionals, especially on weekends, is uncertainty. This occurs when the need to initiate palliative sedation arises, but medical personnel are unavailable to authorize it, even though the clinical indication has already been identified. [4, 18, 23] Furthermore, some studies highlight that the suffering observed in patients can generate feelings of sadness, anguish, or anxiety, especially when patients identify with them or project their own family members onto them, thus intensifying the emotional burden of their daily work. [18] Furthermore, it has been documented that the initiation of SP can cause additional distress, as family members sometimes perceive that the effects of the medication take longer than expected and express their desire to accelerate the dying process, which generates emotional tension for both the team and the family. [22, 23]

Emotional impact and educational needs perceived by staff and families

The emotional impact of palliative sedation is significant for nursing professionals, and educational needs are a recurring demand both in hospital and home settings. Families also express a need for information and support, influencing staff attitudes.

In this regard, it is also evident from the hospital setting that nurses experience stress when administering sedation, especially when they perceive a lack of clarity in the instructions, displaying attitudes of exhaustion and a need for psychological support during direct contact with patients and their families. Likewise, nursing staff experience emotional impact, hopelessness, and uncertainty, demanding more training to handle ethical dilemmas, reflecting a proactive attitude toward the need for education. [18, 22] Some studies highlight that hospital nurses view sedation as emotionally challenging, but necessary to improve patient suffering, and they request clear guidelines to improve their performance in daily activities. [19, 26]

At the same time, nursing staff's experiences in hospital settings foster the development of skills for symptom management in patients at the end of life, as well as for emotional support for families, especially when faced with manifestations of distress and suffering. In contrast, nurses working in nursing homes report feeling overwhelmed by the high demand for palliative care and the frequent absence of medical staff, which makes timely decision-making difficult. Although some are authorized to prescribe medications,

they decided not to do so due to the ethical dilemma posed by the possibility of accelerating the dying process, a situation that increased their emotional burden and sense of responsibility and uncertainty. [19, 20]

In the home setting, it is also evident that nurses report greater emotional stress due to the loneliness they feel when making decisions regarding medication administration, family pressure from experiencing the patient's symptoms firsthand, and despair while the prescribed doses of medication take effect. [19] Some articles also observed vulnerability on the part of nurses when dealing with patient suffering, generating an urgent need for training not only for staff but also for families due to the emotional burden involved. [14, 18, 25]

Finally, from the educational needs reported in the articles, those related to tools to evaluate symptoms objectively are included, [15] training in communicating bad news and managing ethical conflicts with families. [14, 20] However, these findings underscore the importance of adapting clinical guidelines to the home setting and strengthening non-technical skills in both settings. [18] As well as assessing the level of knowledge about medications used in palliative sedation among nursing professionals with and without postgraduate training.

Strikingly, greater conceptual and practical mastery was observed among professionals without specialized training, highlighting potential gaps in postgraduate programs. These findings underscore the need to strengthen training in palliative sedation, especially regarding the differentiation between palliative sedation and euthanasia, a fundamental aspect for professionals who have initial contact with patients and are responsible for administering medications. [18]

Considering the above, it can be said that, in the hospital, the emotional impact is partially mitigated by institutional support, while at home, direct exposure to family dynamics intensifies stress. Educational needs are common, but at home, emphasis is placed on communication with families, compared to the focus on protocols in the hospital.

Discussion

The results of this review highlight nursing professionals' attitudes toward palliative sedation in both inpatient and outpatient settings, revealing a complex landscape influenced by emotional challenges, interdisciplinary dynamics, and levels of training and experience.

Nursing staff working in palliative care face various emotional challenges related to the suffering, uncertainty, and moral burden that can arise before or during the administration of palliative sedation, both while supporting the patient and within the care team.[15, 18, 22, 23, 26] The attitudes expressed by nurses range from accepting palliative sedation as a fundamental tool for relieving refractory symptoms to experiencing tensions arising from the system's structural limitations and ethical dilemmas present in the care process. [28]

In the hospital setting, nurses show a positive attitude toward palliative sedation, viewing it as the most effective indication for managing refractory symptoms that compromise quality of life. [24, 29] This perception is reinforced by their active role in preparing, administering and monitoring medications, using scales to control the level of sedation [4, 18, 23] They highlight that nurses value collaborative work with the medical team and the family in decision-making, which fosters an attitude of confidence in palliative sedation. However, this acceptance occurs alongside significant emotional challenges. They report feelings of anguish and guilt when nurses perceive that they cannot decide to

administer palliative sedation early to alleviate the patient's suffering, especially if the doctor does not indicate it, which reflects an attitude of frustration at the lack of autonomy. [4, 22]

Training and experience also influence these nursing attitudes, [18, 30] They point out that knowledge about SP in the hospital is acquired primarily through accumulated practice, rather than formal training, which generates attitudes of safety in experienced nurses, but insecurity in less qualified ones. Furthermore, a conservative tendency toward the use of low doses of sedatives is observed, indicating a cautious attitude that prioritizes convenience over deep sedation. [15]

On the other hand, in the outpatient setting, nurses' attitudes towards SP are more ambivalent, marked by a mixture of acceptance and reluctance derived from uncertainty and lack of resources, [14, 20, 30] They describe attitudes of insecurity aggravated by a shortage of trained personnel, especially on weekends, and a lack of medication in nursing homes. [19] However, nurses recognize the usefulness of SP in relieving symptoms such as pain, demonstrating a practical attitude focused on the patient's well-being, rather than on tranquilizing or immobilizing. [20]

In the United Kingdom, Bowers and colleagues [25] highlight a collaborative attitude, where community nurses actively work with doctors to verify palliative sedation prescriptions, reflecting confidence in an interdisciplinary approach. However, one study recognized that the emotional burden is more intense in this context, due to direct interaction with families, who sometimes take on the care and administration of medications at home. [26] This generates stress and an attitude of vulnerability, exacerbated by the difficulty of communicating with the interdisciplinary team outside the hospital setting. [6,18]

Attitudes in both contexts are mediated by emotions such as suffering and uncertainty, which are more pronounced before and during the administration of palliative sedation. [15, 18, 22, 23] In the hospital, the institutional structure and the presence of interdisciplinary teams mitigate these challenges, allowing for more confident and proactive approaches. In contrast, the outpatient setting, with its autonomy and logistical limitations, intensifies stress and anxiety, leading to more reserved attitudes and a dependence on personal experience.

Education and training emerge as a critical factor, [4, 18] They agree that nurses with greater experience and specific training, such as those participating in continuing education programs in countries like China, show more positive and competent attitudes toward palliative sedation. This contrasts with the dependence on informal experience in many contexts, which limits preparation for addressing refractory symptoms and communicating effectively with families. [29, 30]

Finally, some authors point to nursing staff's knowledge of palliative sedation and its medications as derived from years of work experience rather than from formal, structured training, limiting their theoretical understanding of essential concepts. [18] Palliative care training not only improves clinical skills but also facilitates emotional support for families by providing clear information on medication use, their indications, and end-of-life therapies. This strengthens shared decision-making between the interdisciplinary team and the family. [4, 28-30]

Conclusions

Nursing staff attitudes toward palliative sedation reveal conflicts between clinical knowledge, ethical dilemmas, and emotional burden, with differences between hospital and home settings. In the hospital setting, the presence of organizational structures for work and

interdisciplinary support favors greater confidence in decision-making. In contrast, in the home setting, greater autonomy is required, which, combined with the scarcity of resources and medical support, generates uncertainty and the need for specific training. In both settings, nurses recognize palliative sedation as an essential tool to alleviate suffering at the end of life. However, its proper implementation requires knowledge, practical skills, and emotional coping strategies.

Therefore, it is necessary to design continuing education programs in palliative care, adapted to the specific characteristics of each setting. In hospitals, it is key to reinforce professional autonomy and provide emotional support. In the home setting, communication training, clear protocols, and timely access to medications are required. Future research should evaluate the impact of these educational interventions on nursing professionals' competencies, as well as incorporate families' perspectives to understand how their expectations influence clinical decisions related to palliative sedation.

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