Experiences of healthcare professionals in providing palliative end-of-life care to patients in emergency departments: a systematic review protocol

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Review question/objective: The objective of this review is to identify and synthesize the best available evidence on the experiences of healthcare professionals in providing palliative care to patients at the end of life in emergency departments.

Keywords Doctor; emergency departments; end-of-life care; nurse; palliative care

Background

During the late 1960s, the early development of palliative and end-of-life care was deeply rooted in oncology. Since then, the need for expert palliative care services has rapidly increased and now extends to other long-term health conditions, such as cerebrovascular disease, and chronic cardiovascular and respiratory diseases. Although there is the notion that palliative care and end-of-life care are not the same, and end-of-life care is part of the palliative care, these terms are commonly used interchangeably in everyday practice and in literature. For the purpose of this review, these terms will be used interchangeably. According to the World Health Organization, palliative care is defined as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.” Patients and their significant others may express the preference of receiving care at home during their end of life. Unfortunately, unmanageable symptoms, financial issues and limited access to palliative care services have resulted in patients having to attend the emergency department (ED) for care.

The ED is increasingly recognized as a potential site to provide palliative care to patients at their end of life. Although the true incidence of patients with these health needs in ED remains unknown, it is expected to increase over time as the population ages. As such, all healthcare professionals working in the ED are likely to be expected to provide this care. However, such provision of care in the ED setting is not without concerns. The practice in emergency care is characterized by managing acute health problems, making critical decisions under pressure and with limited time to discuss treatment plans and preferences with patients and their families. This ED culture may not be conducive to providing quality palliative care. Indeed, healthcare professionals report mixed feelings about providing this type of care in the ED setting.

Studies from other clinical settings have demonstrated that the attitudes, beliefs and experiences of healthcare professionals when giving palliative care may influence the wellbeing of patients and the quality of care they provide. Pessin et al. reported that healthcare professionals of other clinical settings had diverse experiences toward existential issues when providing this care, which ranged from positive, personal growth to negative and distress. Other reported experiences included a sense of incompetence to alter the course of the disease and burnout. In addition, the quality of care provision was also impacted, including having a negative attitude toward caring for dying patients at the end of life if clinicians were anxious about death, feeling uncomfortable about discussing...
death and dying with the terminally ill patient. These factors influenced the treatment recommendations to patients.

Given that the provision of palliative care is increasing and that it has significant implications for the practice and wellbeing of healthcare professionals working in the ED, understanding the caring experience from their perspectives will add to the body of knowledge in this area. No systematic review regarding this topic has been found in relevant databases, including the JBI Database of Systematic Reviews and Implementation Reports, the Cochrane Library, CINAHL and PROSPERO. Thus, identifying and synthesizing the best available qualitative evidence is warranted to enhance understanding about the experience of care provision and related issues, such as the perceived facilitators and barriers from a healthcare providers’ perspective.

Inclusion criteria

Types of participants
The current review will consider studies that include healthcare professionals working in EDs, specifically, doctors and nurses as they are the major care providers in the ED. For patients, the focus will be those who suffer from advanced and chronic incurable diseases.

Phenomenon of interest
The phenomenon of interest is the experiences of healthcare professionals in providing palliative care to patients presenting to EDs at their end of life.

Context
The context of this review will be EDs, including adult or pediatric EDs. There is no restriction regarding the characteristics of the settings such as whether the ED is a trauma center or a department within a teaching hospital.

Types of studies
The current review will consider studies that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

Search strategy
The search strategy aims to find both published and unpublished studies. A three-step search strategy will be utilized in this review. An initial limited search of MEDLINE (OVID) and CINAHL will be undertaken, followed by analysis of the text contained in the title and abstract, and of the index terms used to describe articles. A second search using all identified keywords and index terms will then be undertaken across all included databases. Third, the reference list of all identified reports and articles will be searched for additional studies. Only studies published in English will be considered for inclusion in this review. There is no restriction on dates of published studies to be considered for inclusion in this review.

The databases to be searched include MEDLINE, Embase, Scopus, Web of Science, ProQuest Medical Library, CINAHL Plus and ScienceDirect.

The search for unpublished studies will include ProQuest Dissertations & Theses A&I.

Initial keywords and phrases to be used include healthcare professional; healthcare staff; healthcare provider; doctor; nurse; end-of-life care; EOL care; palliative care; experience; attitude; perception; relationship; emergency department; accident and emergency; A&E; ER; ED; emergency room.

Assessment of methodological quality
Papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review, using standardized critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI; Appendix I). Any disagreements that arise between the reviewers will be resolved through discussion or with a third reviewer.

Data extraction
Data will be extracted from papers included in the review using the standardized data extraction tool from JBI-QARI (Appendix II). The data extracted will include specific details about the phenomena of interest, populations, study methods and outcomes of significance to the review question and specific objectives. Any discrepancy will be resolved through discussion and consensus among the authors.

Data synthesis
Qualitative research findings will, where possible, be pooled using JBI-QARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through
assembling the findings rated according to their quality, and categorizing these findings on the basis of similarity in meaning. These categories will then be subjected to meta-synthesis to produce a single, comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible, the findings will be presented in narrative form.

References
3. Reid C, Gibbins J, McCoubrie R, Forbes K. Palliative care is not same as end of life care. BMJ 2011;342:
Appendix I: Appraisal instrument
QARI appraisal instrument

**JBI QARI Critical Appraisal Checklist for Interpretive & Critical Research**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unclear</th>
<th>Not Applicable</th>
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<td>1. Is there congruity between the stated philosophical perspective and the research methodology?</td>
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<td>2. Is there congruity between the research methodology and the research question or objectives?</td>
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<td>3. Is there congruity between the research methodology and the methods used to collect data?</td>
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<td>4. Is there congruity between the research methodology and the representation and analysis of data?</td>
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<td>5. Is there congruity between the research methodology and the interpretation of results?</td>
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<td>6. Is there a statement locating the researcher culturally or theoretically?</td>
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<td>7. Is the influence of the researcher on the research, and vice versa, addressed?</td>
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<td>8. Are participants, and their voices, adequately represented?</td>
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<td>9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?</td>
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<td>10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?</td>
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Overall appraisal: [ ] Include [ ] Exclude [ ] Seek further info. [ ]

Comments (Including reason for exclusion):
Appendix II: Data extraction instrument
QARI data extraction instrument

**JBI QARI Data Extraction Form for Interpretive & Critical Research**

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<th>Description</th>
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**Study Description**
Methodology

Method

Phenomena of interest

Setting

Geographical

Cultural

Participants

Data analysis

Authors Conclusions

Comments

Complete □ Yes □ No □
<table>
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<th>Findings</th>
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Extraction of findings complete: Yes ☐ No ☐