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Core competencies of nurses in palliative care in the intensive care unit: A literature review

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Abstract

Background: Palliative care is a healthcare approach that aims to improve the quality of life of patients with life-threatening illnesses through symptom management, psychosocial and spiritual support, and effective communication. The need for palliative care in the Intensive Care Unit (ICU) continues to increase alongside the growing complexity of critically ill patients. Nurses, as frontline healthcare providers, play a crucial role in implementing palliative care and therefore require comprehensive and standardized core competencies.
Purpose: To examine research findings related to core competencies in palliative care among ICU nurses and to identify the factors influencing these competencies in clinical practice.
Method: This study employed a literature review design using a narrative synthesis approach. Literature searching were conducted in PubMed, Scopus, ScienceDirect, SAGE, and Google Scholar for articles published between 2020 and 2025. Among the 312 articles identified, eight studies met the inclusion criteria and were analyzed in depth.
Results: The findings indicate that core competencies in palliative care among nurses consistently encompass several key domains, including clinical symptom management, therapeutic communication, team collaboration, ethical and legal aspects, psychosocial and spiritual support, and self-reflection and professionalism. However, the level of nurses' competencies, particularly in the ICU, remains predominantly in the low to moderate categories. Various factors influencing competency include work experience, level of education, self-directed learning ability, attitudes toward death, and moral distress. In addition, studies have revealed that palliative care education and training remain suboptimal, which contributes to variations in practice and quality of care.
Conclusion: Palliative care competencies among ICU nurses still require strengthening, particularly through structured education, competency-based training, and the integration of palliative care into clinical practice. Strengthening educational systems and organizational support is essential for improving the quality of palliative care services in the ICU.

Keywords: End-of-Life Care; ICU Nurses; Nurses' Palliative Core Competencies.

INTRODUCTION

Palliative care is a healthcare approach that focuses on improving the quality of life of patients and their families facing life-threatening illnesses through the prevention and relief of suffering (World Health Organization, 2020). This approach includes early identification, comprehensive assessment, and management of physical, psychological, social, and spiritual problems experienced by patients throughout the course of the disease (Radbruch, De Lima, Knaul, Wenk, Ali, Bhatnaghar, & Pastrana, 2020). Globally, the need for palliative care continues to increase in line with the rising prevalence of chronic and degenerative diseases, such as cancer, cardiovascular diseases, chronic

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respiratory diseases, and end-stage organ failure (Sleeman, De Brito, Etkind, Nkhoma, Guo, Higginson, Gomes, & Harding, 2019; Etkind, Bone, Lovell, Cripps, Harding, Higginson, & Sleeman, 2020). It is estimated that more than 60 million people each year experience serious health-related suffering requiring palliative interventions, with the majority occurring in low- and middle-income countries (World Health Organization, 2020). This situation indicates a significant gap between the need for and the availability of quality palliative care services.

In the context of modern healthcare, palliative care is no longer limited to the terminal phase but has evolved into an approach that can be provided from the early stages of life-threatening illness (Hui & Bruera, 2016; Ferrell, Twaddle, Melnick, & Meier, 2018). This approach emphasizes the integration of curative and palliative therapies to address patients' needs holistically. Therefore, palliative care requires multidisciplinary involvement to manage complex symptoms while maintaining optimal quality of life (Radbruch et al., 2020). The need for palliative care is also increasing in the Intensive Care Unit (ICU), a setting that provides care for patients with critical conditions and life-threatening organ failure. The ICU often becomes the place of care for patients with advanced-stage diseases or acute conditions with a high risk of mortality (Pickkers, Darmon, Hoste, Joannidis, Legrand, Ostermann, & Schetz, 2021). Despite advances in medical technology that have improved the ability to sustain vital organ function, mortality rates in the ICU remain high, particularly among patients with complex critical conditions and multiple organ failure (Vincent, 2019). This condition indicates that many ICU patients are in the end-of-life phase and therefore require an approach that not only focuses on curative treatment but also on relieving suffering, enhancing comfort, and improving quality of life (Curtis, Treece, Nielsen, Gold, Ciechanowski, Shannon, & Engelberg, 2016; Hui, Kim, Roquemore, Dev, Chisholm, & Bruera, 2018).

The integration of palliative care into critical care practice is essential to ensure patient- and family-centered care. This approach includes effective symptom management, clear communication regarding goals of care, and emotional support for patients and families in facing the end-of-life process (Kuebler, Monroe, Ricciardi, Westlake, Sorenson, Pederson, & Bruera, 2024). The application of palliative care principles in the ICU has been shown to improve communication between healthcare providers and families as well as to support clinical decision-making that aligns with patients' values and preferences (Mediani, Sada, Nuraeni, & Subu, 2024). In the implementation of palliative care in the ICU, nurses play a central role as healthcare professionals who interact most frequently with patients and their families. Nurses are responsible for monitoring patient conditions, managing symptoms, providing emotional support, and facilitating communication among patients, families, and the healthcare team (Omidi, Abdi, & Rezaei, 2025). These roles require nurses to possess comprehensive competencies, including clinical skills, therapeutic communication, and psychosocial and spiritual support (Radbruch et al., 2020; Ferrell et al., 2018).

Despite the recognized importance of palliative competencies, several studies indicate that nurses' competencies in delivering palliative care remain suboptimal. These deficiencies are frequently attributed to inadequate formal education in nursing curricula and limited professional training focused on end-of-life care (Hökkä, Martins Pereira, Pölkki, Kyngäs, & Hernández-Marrero, 2020). Furthermore, psychological factors such as attitudes toward death, experience in caring for terminally ill patients, and levels of moral distress also influence nurses' capacity to provide optimal palliative care (Taher, Azizi, Rohani, Koukamari, Rashidi, Araban, & Karimy, 2025; Agil, Agustina, Judijanto, Ulfah, Nurhayati, & Fatma, 2025). This suggests that palliative competence is shaped not only by clinical knowledge and skills but also by nurses' psychological and professional readiness. Nevertheless, comprehensive reviews that specifically examine core palliative care competencies among ICU nurses, particularly those integrating professional and psychological factors, remain scarce. Therefore, a more thorough literature review is warranted to identify core competency domains and the factors influencing them within the context of critical care.

This literature review aims to examine research findings related to core competencies in palliative care among ICU nurses and to identify the factors influencing these competencies in clinical practice.

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The findings are expected to provide a comprehensive overview and serve as a foundation for the development of educational programs, professional training, and healthcare policies directed at improving the quality of palliative care in the ICU.

RESEARCH METHOD

This study employed a literature review design using a narrative synthesis approach to examine core competencies in palliative care among nurses in the Intensive Care Unit (ICU) and the factors influencing them. The literature search was conducted systematically across five electronic databases, namely PubMed, Scopus, ScienceDirect, SAGE, and Google Scholar, for articles published between 2020 and 2025. The search strategy utilized a combination of keywords, including “palliative care competence,” “palliative care competency,” “end-of-life care,” and “intensive care unit,” combined with Boolean operators (AND and OR) to identify relevant articles aligned with the research focus.

The inclusion criteria in this review were as follows: (1) original research articles and quantitative review articles; (2) studies addressing palliative care competencies among nurses; (3) research populations consisting of nurses or healthcare professionals involved in palliative care; (4) articles published between 2020 and 2025; (5) full-text articles available in English; and (6) studies conducted in healthcare settings such as hospitals, ICUs, or units related to palliative care. The exclusion criteria were as follows: (1) articles that did not specifically address palliative care competencies; (2) studies involving populations other than healthcare professionals or those not including nurses; (3) article types other than original research and quantitative reviews, such as editorials, opinion pieces, and conference abstracts; (4) articles published outside the 2020–2025 range; (5) articles unavailable in full text or not published in English; and (6) studies conducted outside healthcare settings relevant to palliative care.

The article selection process was carried out in stages, beginning with the screening of titles and abstracts, followed by a full-text review to assess eligibility based on the inclusion criteria. Irrelevant, ineligible, or duplicate articles were excluded throughout the selection process. Based on this procedure, a total of eight articles met the inclusion criteria and were included in the final analysis. Data from the selected articles were systematically extracted, encompassing study characteristics, research design, geographic location, sample size, study variables, measurement instruments, and key findings related to palliative care competencies.

Data synthesis was conducted using a descriptive narrative approach to identify patterns, similarities, differences, and factors influencing palliative care competencies among ICU nurses. The processes of identification, screening, and selection of literature were illustrated in a flow diagram following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, to enhance transparency and methodological rigor in the study selection process.

Based on the literature search conducted across the selected databases, a total of 312 articles related to palliative care competence and end-of-life care were identified. Following title and abstract screening, 264 articles were excluded due to irrelevance to the research topic, non-nurse populations, or insufficient focus on palliative care competencies.

After the initial screening, 48 articles remained and were assessed for duplication across databases. At this stage, 12 duplicate articles were removed, resulting in 36 articles eligible for full-text review. During the full-text assessment, 28 articles were excluded for failing to meet the inclusion criteria, such as employing qualitative designs, lacking focus on palliative care competencies, or not involving nurse populations.

Consequently, a total of eight articles met all inclusion criteria and were included in this literature review to identify key findings related to core palliative care competencies among nurses in the Intensive Care Unit (ICU).

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RESEARCH RESULTS

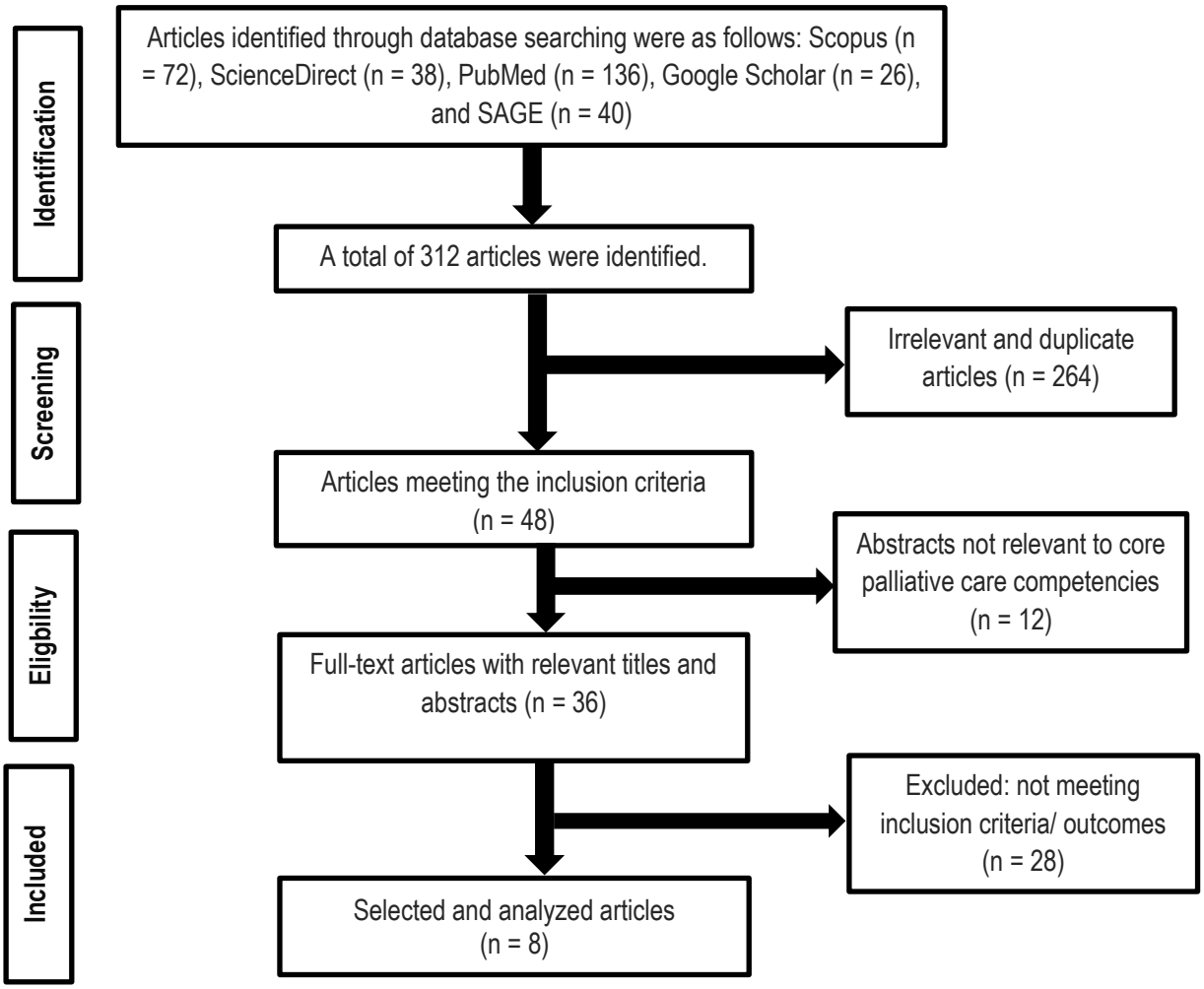


Figure 1. The Flow of Article Screening

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Table 1. Data Extraction Results

(Authors, Year) (Country)	Research Method	Sample Size	Findings
(Hökkä et al. 2024) (Finland/ Europe)	Mixed methods (Online Nominal Group Technique + survey)	19 experts + 108 respondents	Identified 10 core palliative care competencies (symptom management, communication, empathy, spiritual care, ethics, teamwork, self-reflection, etc.).
(Cai et al., 2025) (China)	Cross-sectional	693 ICU nurses	Knowledge, attitudes, and behaviors of ICU nurses regarding palliative care remain suboptimal, reflecting challenges in implementation, particularly in settings focused on life-saving interventions rather than end-of-life comfort.
(Guan., et al.2025) (China)	Cross-sectional	342 nurses	Palliative care competency among ICU nurses remains at low to moderate levels, influenced by both professional and psychological factors, including internal motivation.
(Peng et al., 2025) (China)	Cross sectional study	342 nurses	Moral distress and negative attitudes toward death are negatively associated with palliative care competency, while positive attitudes show a positive association
(Kurnia et al., 2020) (Indonesia)	Correlational cross-sectional	127 ICU nurses	No significant relationship between knowledge and self-confidence, indicating that knowledge alone is insufficient without comprehensive training approaches.
(Nie et al., 2025) (China)	Multicenter cross-sectional study	1.198 nurses	Palliative care practice ability is relatively good and influenced by education level, interest, core competencies, and pain assessment skills.
(Alshammari & Kolehmainen, 2024) (Saudi Arabia)	Cross-sectional study	142 nurses	Education and training in end-of-life care remain suboptimal, with variations in practice and competency levels among ICU nurses.
(Alhaddar et al, 2025) (Palestine)	Cross-sectional study	81 respondents	Knowledge and attitudes are relatively good; however, practice remains suboptimal, highlighting a strong need for comprehensive training, especially in communication, symptom management, and end-of-life care.

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The study results indicate that the core palliative care competencies of ICU nurses remain in the moderate-to-low category, especially in end-of-life communication, spiritual support, and ethical decision-making. Meanwhile, symptom management emerged as the strongest competency domain among ICU nurses because it is directly related to daily clinical practice. A study in China found that scores for knowledge (73.67), attitudes (77.1), behavior (75.84), and training needs (78.16) related to palliative care competencies were all below the moderate level (Cai, Wang, & Song, 2025). Other researchers identified three competency groups among ICU nurses: low competency (31.2%), moderate competency (47.2%), and high competency (21.6%), indicating that the majority of nurses still require improvement in palliative care competencies through structured training (Guan, Zhang, & Zhao, 2025)). The study also found that most ICU nurses still face limitations in providing education on end-of-life care and in managing the emotional experiences of patients and their families (Cai et al., 2025). A study in Saudi Arabia reported that nurses' low confidence in communicating poor prognoses and discontinuing treatment was influenced by a lack of palliative communication training and the emotional burden of caring for critically ill patients (Alshammari & Kolehmainen, 2024)).

The End-of-Life Care Communication

The results indicated that end-of-life communication care is one of the competencies that has not yet been optimally mastered by ICU nurses. Communication competence encompasses both verbal and non-verbal communication, including open and active communication as well as active listening, which are essential in palliative care (Hökkä, Ravelin, Coupez, Vereecke, Brennan, Mathe, Brandstötter, Paal, Spanu, & Mitrea, 2024). In palliative care, this competence emphasizes the importance of being fully present, empathic communication, interaction with patients' families, and dignified and responsive communication (Hökkä et al., 2024). Therapeutic communication is positioned as a core competency in palliative care because it plays a crucial role in building therapeutic relationships and supporting clinical decision-making for patients and their families (Guo, Dai, & Wang, 2024). Most ICU nurses still have limitations in providing education regarding end-of-life care and in accommodating the emotional experiences of patients and families (Cai et al., 2025). Nurses' low self-confidence in communicating poor prognoses and treatment withdrawal is influenced by insufficient palliative communication training and emotional burden when caring for terminally ill patients (Alshammari & Kolehmainen, 2024). Furthermore, attitudes toward death and moral distress also affect ICU nurses' communication competence when engaging with patients and families in the final phase of life (Peng, Guan, & Zhu, 2025).

Symptom Management

Symptom management competency is the most dominant domain among ICU nurses. This competence encompasses the ability to identify and assess symptoms in the palliative context, principles of symptom control including pharmacological and non-pharmacological approaches, pain management, holistic assessment, and the use of validated instruments such as the Edmonton Symptom Assessment System (ESAS) (Hökka et al., 2024). Symptom management competency was found to be higher than communication and spiritual support competencies, although most nurses remained in the moderate competency category (Guan et al., 2025). Educational background and clinical experience significantly influence nurses' ability to manage pain and symptoms in terminally ill patients (Alshammari & Kolehmainen, 2024). In addition, symptom management competencies also include oral care, catheter care, wound care, stoma management, and observation of physical, psychological, and social symptoms in terminal patients (Peng et al., 2025). Furthermore, symptom control is considered a core competency in palliative care services aimed at improving patient comfort and quality of life (European Association for Palliative Care, 2019).

Spiritual Psychosocial Support

Regarding psychosocial and spiritual support, the results showed that ICU nurses' competence in this domain remained at a low to moderate level. Psychosocial support encompasses responding to the psychosocial needs of patients, providing support to patients and their families, delivering culturally

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sensitive care, and offering grief and bereavement support across the various phases of palliative care (Hökka et al., 2024). Spiritual support includes understanding the meaning of spirituality in the palliative care context, assessing patients' spiritual needs, providing appropriate spiritual support, and demonstrating openness to patients' religious and existential concerns (Hökka et al., 2024). Nurses' moral distress and emotional readiness have been shown to significantly influence their ability to provide psychosocial and spiritual support to terminally ill patients (Peng et al., 2025). In addition, most ICU nurses still require further training to effectively address the emotional experiences of patients and their families (Cai et al., 2025). Furthermore, spiritual support is recognized as an integral component of holistic palliative care; however, its implementation remains suboptimal due to the predominance of the curative approach in ICUs and the limited integration of spiritual care education into nursing practice (Hökka et al., 2024; European Association for Palliative Care, 2019).

Ethics

Ethical decision-making competency is one of the essential aspects of palliative care in the ICU. This competency encompasses an understanding of ethical issues in end-of-life care, practicing in accordance with moral and ethical values, knowledge of palliative care legislation, ethical decision-making at the end of life, the legal basis for changing goals of care, advance care planning (ACP), and patient advocacy in palliative care (Hökka et al., 2024). Moral distress has been shown to significantly influence nurses' ability to navigate ethical decisions involving terminally ill patients (Peng et al., 2025). In addition, effective communication is essential for supporting shared decision-making among healthcare professionals, patients, and their families (Guo et al., 2024). However, many ICU nurses continue to experience difficulties in managing decisions related to treatment withdrawal and discussions concerning do-not-resuscitate (DNR) orders (Alshammari & Kolehmainen, 2024). Furthermore, understanding ethical principles and respecting patients' values are recognized as fundamental competencies in palliative care practice (European Association for Palliative Care, 2019).

Interprofessional Collaboration

Interdisciplinary collaboration is a key competency in delivering high-quality palliative care in the ICU. Palliative care practice competency is influenced by organizational factors, work experience, and the ability to collaborate effectively within a multidisciplinary team (Nie, Lv, Li, & Jia, 2025). Interdisciplinary collaboration is essential to address the needs of patients and their families throughout the continuum of care, from diagnosis to the bereavement period (Peng et al., 2025). Effective interprofessional communication also enhances care coordination and supports patient-centered clinical decision-making (Guo et al., 2024). However, several studies have reported persistent barriers to effective interprofessional collaboration, including inadequate communication among healthcare professionals, differing perceptions regarding the goals of care for terminally ill patients, and hierarchical work cultures within ICUs (Nie et al., 2025; Guo et al., 2024; Peng et al., 2025). Strengthening collaboration among nurses, physicians, psychologists, spiritual care providers, and other healthcare professionals is therefore essential to improve the quality of palliative care and ensure that patients' physical, psychological, social, and spiritual needs are addressed comprehensively (Nie et al., 2025; Peng et al., 2025; Guo et al., 2024).

DISCUSSION

The core competencies of palliative care among ICU nurses represents a multidimensional ability that includes aspects of knowledge, clinical skills, communication, psychosocial and spiritual support, ethical decision-making, and interprofessional collaboration. These competencies are essential elements in the provision of holistic care to critically ill patients, particularly in terminal conditions and end of life care. This finding is consistent with the conceptual framework of palliative competencies developed by the European Association for Palliative Care and Hökkä et al. which posits that palliative competencies represent an integration of cognitive, affective, and psychomotor abilities in delivering patients-and family-centered services.

The most dominant competency domain in various studies is symptom management in clinical practice. Patients in the ICU generally experience complex symptoms such as pain, dyspnea, delirium,

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agitation, and anxiety arising from critical illness conditions and invasive procedures. Therefore, nurses' ability to assess and manage symptoms serves as an important indicator of the quality of palliative care. However, the findings of this review indicate that symptom management competencies remain at low to moderate levels. This suggests that a number of nurses do not yet posses optimal readiness in providing comprehensive symptom management. Such low competency levels may be attributed to insufficient specialized palliative training, limited clinical experience, and the dominance of the curative approach in the ICU which is more oriented to the preserving life toward ensuring patient comfort.

In addition to symptom management, end-of-life communication represents the most challenging competency domain. Palliative communication is not only related to the delivery of medical information, but also encompasses the ability to build therapeutic relationships, accompany families in facing terminal conditions, and facilitate the process of clinical decision-making. ICU nurses often encounter difficulties when required to convey a poor prognosis, kept but repositioned, or provide emotional support to patients' families. This condition is further exacerbated by the absence of structured palliative communication training in nursing education and hospital-based professional development programs. As a result, many nurses felt insecure and experienced anxiety when confronted with sensitive discussions related to death and dying. In fact, effective communication has been demonstrated to improve the quality of the end-of-life care, reduce family anxiety, and support create care decisions that are in accordance with the patient's value. The ethical and psychological aspects are also important factors that influencing palliative competency among ICU nurses. Research indicates that moral distress has a negative association with palliative competence. ICU nurses frequently experience moral conflicts when required to care for terminally ill patients with aggressive intervention which are considered no longer provide clinical benefit. Such situation can give rise to emotional burden, psychological fatigue, and a decline in the quality of clinical decision making. In addition, negative attitude towards death can also inhibit the ability of nurses in providing emotional and spiritual support to patients and families. These findings suggests that palliative competencies not only require technical capabilities, but also emotional readiness, resilience, and effective coping skills that are good in dealing with death.

Psychosocial and spiritual support remains a domain that has not yet been optimally implemented in the ICU environment. The predominance of medical intervention in ICU services often results in the emotional, social and spiritual needs of patients being overlooked. In fact, terminally ill patients and their families require spiritual support as an essential component of coping with suffering, anxiety, and the end-of-life process. The limitations of spiritual care competencies in nurses can be influenced by the insufficient integration of spiritual care content in the nursing education curriculum and the lack of spiritual care training in hospital setting. As a result, palliative care services have not been fully holistic in accordance with the principles of modern palliative care. Furthermore, interprofessional collaboration competency is important components in the successful implementation of palliative care in the ICU. Palliative services requires multidisciplinary cooperation involving physicians, nurses, psychologists, spiritual car providers, social workers, and other healthcare professions. Effective collaboration can help align care objectives with the needs and preferences of patients and families to enhance continuity of care. However, interprofessional communication barriers, a hierarchical culture in healthcare settings, and the lack of coordination of teams can affect the quality of the Palliative implementation in the ICU.

Therefore, strengthening collaborative competencies must be recognised as an essential component of nursing education and clinical practice. Overall, the synthesis findings indicate that core palliative care among ICU nurses still requires strengthening on various domains, especially the end-of-life communication care, psychosocial and spiritual support, and psychological readiness in dealing with death. Educational background, clinical experience, professional training, intrinsic motivation, and organizational support have emerged as the primary determinant influencing the level of nurses' competency. These finding affirm the importance of developing competency-based education, clinical communication training, end of life care simulation,

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and psychological support for ICU nurses. The implementation of palliative competency standards recommended by the European Association for Palliative Care and the strengthening of the nursing education curriculum is a strategic step toward improving the quality of palliative services in the ICU. With optimal palliative competencies, nurses are expected to provide care that is more holistic and compassionate, with sustained focus on enhancing the quality of life of patients and families in the final phase of life.

CONCLUSION

Based on the findings of this literature review, core paliative care competencies among ICU nurses represents a multidimensional ability that includes clinical aspects, communication, ethics, psychosocial and spiritual, and interprofessional collaboration. The level of nurses' competency remains varied and tends to be suboptimal, especially in the end-of-life communications care and psychosocial and spiritual support. These competencies are influenced by various factors, including education and training, clinical experience, professional factors, and psychological aspects such as attitudes toward death and moral distress. This indicates that the development of palliative competencies cannot be addressed partially, but rather requires a comprehensive and integrated approach.

Therefore, systematic efforts are needed through strengthening nursing education curricula, implementing competency-based training, expanding clinical experience opportunities, and sustaining organizational support. This approach is expected to enhance nurses' capacity in providing holistic, high-quality, and patient-centered palliative care withing the ICU environment.

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