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ORIGINAL

Being the Backbone of Care: Nurses' Experiences in Managing Palliative Emergencies through Interprofessional Collaboration in the Emergency Department

Ser el Pilar del Cuidado: Experiencias de las Enfermeras en la Gestión de Emergencias Paliativas Mediante la Colaboración Interprofesional en el Departamento de Emergencias

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ABSTRACT

Introduction: emergency nurses often experience tension between following life-saving protocols that emphasize rapid resuscitation and applying palliative care principles centered on comfort, dignity, and quality of life. This contradiction generates emotional distress, ethical dilemmas, and communication challenges with patients, families, and interprofessional teams in the Emergency Department (ED). This study aimed to explore nurses' experiences managing palliative emergencies in the ED.
Method: a qualitative descriptive design was used with data source triangulation. Participants included ten emergency nurses, five palliative patients, and five family caregivers. Data were collected through online focus group discussions with nurses and face-to-face semi-structured interviews with patients and their families until data saturation was reached. Thematic analysis was performed, supported by peer debriefing and member checking, to ensure trustworthiness. Ethical approval and informed consent were obtained from all participants.
Results: five major themes emerged: (1) integration of interprofessional collaboration in managing palliative emergencies, with doctors and nurses as the backbone of care; (2) initial management of palliative patients following general emergency protocols without standardized screening; (3) emotional and ethical strain during decision-making; (4) challenges, including limited resources and family unpreparedness; and (5) the need for specialized systems and structured interprofessional collaboration to ensure comprehensive and compassionate care.
Conclusions: nurses play a pivotal role in managing palliative emergencies through collaborative, compassionate, and timely interventions. Strengthening interprofessional collaboration, integrating early palliative screening, and enhancing nursing competencies are essential strategies to improve quality of care for patients with life-limiting conditions in emergency settings.

Keywords: Palliative Emergency Care; Interprofessional Collaboration; Nurses' Experiences; Ethical Dilemmas; Qualitative Study.

RESUMEN

Introducción: las enfermeras de emergencias a menudo experimentan una tensión entre seguir los protocolos de salvamento, que enfatizan la reanimación rápida, y aplicar los principios de los cuidados paliativos, centrados en el confort, la dignidad y la calidad de vida. Esta contradicción genera angustia emocional,

dilemas éticos y desafíos de comunicación con los pacientes, las familias y los equipos interprofesionales en el Departamento de Emergencias (DE). Este estudio tuvo como objetivo explorar las experiencias de las enfermeras en el manejo de emergencias paliativas en el DE.
Método: se utilizó un diseño cualitativo descriptivo con triangulación de fuentes de datos. Los participantes incluyeron a diez enfermeras de emergencias, cinco pacientes paliativos y cinco cuidadores familiares. Los datos se recopilaron mediante discusiones de grupos focales en línea con las enfermeras y entrevistas semiestructuradas presenciales con los pacientes y sus familias hasta alcanzar la saturación de datos. Se realizó un análisis temático, apoyado por sesiones de debriefing entre pares y member checking, para garantizar la credibilidad. Se obtuvo aprobación ética y consentimiento informado de todos los participantes.
Resultados: surgieron cinco temas principales: (1) integración de la colaboración interprofesional en el manejo de emergencias paliativas, con médicos y enfermeras como el pilar del cuidado; (2) manejo inicial de pacientes paliativos siguiendo protocolos generales de emergencia sin una evaluación estandarizada; (3) carga emocional y ética durante la toma de decisiones; (4) desafíos, como recursos limitados y falta de preparación familiar; y (5) necesidad de sistemas especializados y una colaboración interprofesional estructurada para garantizar una atención integral y compasiva.
Conclusiones: las enfermeras desempeñan un papel fundamental en el manejo de emergencias paliativas mediante intervenciones colaborativas, compasivas y oportunas. Fortalecer la colaboración interprofesional, integrar una evaluación paliativa temprana y mejorar las competencias de enfermería son estrategias esenciales para mejorar la calidad de la atención a pacientes con enfermedades limitantes para la vida en los entornos de emergencia.

Palabras clave: Atención Paliativa en Emergencias; Colaboración Interprofesional; Experiencias de Enfermeras; Dilemas Éticos; Estudio Cualitativo.

INTRODUCTION

The increasing prevalence of chronic and terminal illnesses such as advanced cancer, congestive heart failure, and chronic obstructive pulmonary disease (COPD) has heightened the global demand for palliative care services across community and acute care settings.[1,2] Palliative patients often experience acute exacerbations or crises that necessitate urgent intervention in the Emergency Department (ED).[3] However, the ED is primarily designed for rapid assessment, life-saving interventions, and resuscitation rather than for the holistic, comfort-oriented, and dignity-preserving approach required in palliative and end-of-life situations. This incongruity between emergency and palliative care principles often generates clinical tension and compromises both the quality of care and the patient's overall well-being.[4,5,6]

Emergency nurses occupy a central role in triage, stabilization, and urgent decision-making.[7] Yet, when caring for palliative patients, they often encounter ethical dilemmas, emotional exhaustion, insufficient interdisciplinary collaboration, and a lack of integrated guidelines bridging emergency and palliative domains.[8] Additionally, discrepancies between patients' and families' expectations, particularly concerning resuscitation or invasive interventions, can lead to communication breakdowns and moral distress, further complicating clinical decision-making.[9]

Providing optimal care for palliative emergencies requires not only technical expertise but also empathy, advanced communication competence, and a profound understanding of palliative care philosophy.[10] In Indonesia, however, most emergency nurses have limited formal education and structured training in palliative care, leading to fragmented services, moral distress, and decreased patient and family satisfaction.[11] Despite growing international recognition of the importance of integrating palliative care into emergency services, such integration remains limited in low- and middle-income countries due to resource constraints, inadequate policy frameworks, and a scarcity of contextualized research.[12]

The novelty of this study lies in its qualitative exploration of emergency nurses' lived experiences managing palliative patients within the unique cultural and systemic context of Indonesia. While previous studies have largely focused on organizational models or policy approaches for integrating palliative care into emergency settings,[3,10] few have investigated the experiential perspectives and adaptive strategies of nurses working in developing countries where palliative care systems are still emerging. In addition, previous studies have focused more on the community and family setting.[13]

This study fills that gap by providing empirical insights to guide the development of culturally sensitive training, policy formulation, and interprofessional collaboration in palliative emergency care. Specifically, it addresses the research question: How do emergency nurses experience and manage palliative patients in the Emergency Department? Using a qualitative descriptive design with data source triangulation, this study aims to generate contextually grounded evidence that can inform the creation of an integrated and humanistic

emergency palliative care model, enhancing both the quality of life and the quality of death for patients in Indonesia's emergency settings.

METHOD

Study Design

This study employed a qualitative descriptive design, chosen for its appropriateness in exploring participants' real-world experiences and perceptions within their natural context. The approach enabled an in-depth understanding of how emergency nurses manage palliative patients requiring long-term care in the Emergency Department (ED), emphasizing their interactions, emotional responses, and collaborative practices with other healthcare professionals.

Participants and Sampling

A total of 20 participants were recruited through purposive sampling to ensure rich, relevant, and diverse insights from individuals directly involved in palliative emergency care. The participants comprised ten emergency nurses, five palliative patients, and five family caregivers, allowing for data source triangulation and a comprehensive understanding of the phenomenon. Inclusion criteria for nurses were: (1) having at least two years of experience working in the ED; (2) being aged over 21 years; (3) having direct experience caring for palliative patients, and; (4) willingness to participate voluntarily. Palliative patients were those clinically diagnosed by a physician as requiring palliative management and who had received treatment in the ED. Family caregivers were individuals who accompanied and cared for the patients during their ED admission. All participants demonstrated the ability to communicate their experiences clearly and provided written informed consent prior to participation. Sampling continued until data saturation was achieved, defined as the point at which no new themes, perspectives, or insights emerged from additional interviews. This ensured sufficient depth and breadth of understanding while maintaining methodological rigor.

Data Collection

Data were collected in September 2025 through a combination of online focus group discussions (FGDs)with nurses and face-to-face semi-structured interviews with patients and family caregivers. This multimodal approach was selected to capture diverse perspectives on palliative emergency care in the Emergency Department (ED), including professional, patient, and familial viewpoints. Two FGDs were conducted with emergency nurses via Zoom, each lasting approximately 60–90 minutes. The online format allowed for flexible scheduling and ensured participants' safety and comfort while maintaining confidentiality. Meanwhile, individual's interviews were held face-to-face with patients and family caregivers in a quiet, private room within the hospital to encourage openness and minimize distractions. Each interview lasted 15–30 minutes, depending on the participants' comfort and willingness to share. The research instruments included the researchers as the primary data collection tool, an interview guide, an audio recorder, and field notes. The interview guide comprised three central questions exploring: (1) Nurses' experiences in caring for palliative patients in the Emergency Department; (2) Barriers encountered in delivering palliative care during emergencies; (3) Nurses' expectations and suggestions for improving palliative services in the ED. Probing questions were used flexibly to explore emerging ideas and to clarify participants' statements. All FGDs and interviews were conducted in Bahasa Indonesia to allow participants to express their thoughts naturally. With participants' consent, the sessions were audio-recorded and subsequently transcribed verbatim. Field notes were maintained to document non-verbal cues, contextual nuances, and researchers' reflections that supported interpretive depth and analytic rigor. Data collection continued until data saturation was achieved, indicated by the repetition of information and no emergence of new themes.

Data Analysis

Data were analyzed using thematic analysis following Braun and Clarke's (2006) six-phase framework: (1) familiarization with data, (2) generation of initial codes, (3) identification of potential themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the final report. The analysis was conducted inductively to allow themes to emerge directly from participants' narratives rather than from preconceived categories. Two independent researchers manually coded the transcripts to enhance analytical rigor. After independent coding, the researchers compared and discussed their results to reach consensus on code definitions, theme boundaries, and interpretations. Reflexive discussions with the wider research team were held to ensure thematic coherence, minimize bias, and validate the alignment between data and emerging interpretations. Representative quotations from participants were selected to illustrate each theme, maintaining the authenticity of participants' voices and ensuring transparency in data interpretation.[14]

Trustworthiness

The rigor and credibility of the study were ensured using Lincoln and Guba's (1985) four criteria of

trustworthiness: credibility, transferability, dependability, and confirmability. Credibility was established through data triangulation across multiple participant groups (nurses, patients, and family caregivers), peer debriefing, and member checking, allowing participants to validate the accuracy of interpretations. Transferability was supported by providing thick, contextual descriptions of the study setting, participant characteristics, and direct quotations, enabling readers to assess the applicability of findings to other contexts. Dependability was maintained through an audit trail documenting all stages of the research process including interview procedures, coding decisions, and theme development to ensure transparency and reproducibility. Confirmability was strengthened through reflexive journaling, field notes, and team discussions to mitigate researcher bias and ensure that findings were grounded in participants' perspectives rather than researchers' assumptions. These strategies collectively ensured that the findings reflect an authentic and balanced interpretation of participants' experiences and perspectives on interprofessional collaboration in palliative emergency care.

Ethical Considerations

Ethical approval for this study was obtained from the Institutional Health Research Ethics Committee (Approval No. 097/EA/KEPK.RSBM.DISKES/2025). All participants received a clear explanation of the study's objectives, procedures, and their rights before participation. Written informed consent was obtained from each participant prior to data collection. Confidentiality and anonymity were maintained by assigning pseudonyms and removing any identifiable information from transcripts and reports. Data were stored securely on password-protected devices accessible only to the research team. Participants were informed of their right to withdraw at any time without penalty. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki and adhered to institutional guidelines for research involving human participants.

RESULT

A total of 20 participants were included in this study, consisting of three groups: nurses (N1-N10), palliative patients (P1-P5), and family caregivers (F1–F5). Most nurses were male, aged between 30 and 45 years, with educational backgrounds ranging from Diploma to Master's degree and work experience of 5-24 years. All five palliative patients were female, aged 34-76 years, mostly high school graduates, and diagnosed primarily with advanced cancer (breast, lung, or colon), with duration of illness varying from three months to more than five years. Family participants consisted of three males and two females aged 23-55 years, mostly high school or undergraduate educated, serving as the patients' spouses or children (table 1).

Table 1. Demographic Characteristics of Participants (n = 20)

Nurses Characteristics (n = 10)						
Participant's (code)	Code	Gender	Age (years)	Level of Education	Working Experiences (years)	
Nurses (N)	N1	Male	45	Master	24	
	N2	Male	40	Master	18	
	N3	Female	42	Bachelor	12	
	N4	Male	44	Bachelor	19	
	N5	Male	34	Diploma	9	
	N6	Male	37	Bachelor	10	
	N7	Male	36	Diploma	13	
	N8	Male	37	Bachelor	15	
	N9	Male	33	Bachelor	10	
	N10	Female	30	Diploma	5	
Patient's Characteristics (n = 5)						
Participants (code)	Code	Gender	Age	Level of education	Diagnosis	Length of stay
Patient (P)	P1	Female	34	Senior High School	Ca Mamae	3 Month
	P2	Female	52	Senior High School	Ca Mamae	+/- 2 year
	P3	Female	65	Elementary School	Ca Paru	+/- 2 year
	P4	Female	76	Elementary School	Ca Usus	+/- 5 year
	P5	Famale	56	Senior High School	Ca Mamae	3 month

Family Characteristics (n = 5)					
Participants (code)	No	Gender	Age	Level of education	Marital Status
Family (F)	F1	Male	32	Senior High School	Husband
	F2	Male	55	Senior High School	Husband
	F3	Female	48	Junior High School	Patient's Children
	F4	Male	23	Bachelor	Patient's Children
	F5	Female	29	Bachelor	Patient's Children

This study identified five main themes that describe nurses' experiences in providing care for palliative patients in the Emergency Department (ED). The themes reflect the complexity of integrating palliative principles into an acute and time-sensitive environment, revealing both systemic and interpersonal challenges as well as opportunities for improvement in interprofessional collaboration (table 2).

Table 2. Overview of themes and subthemes identified

No	Theme	Subthemes
1	Expectations for Palliative Care Systems and Policy Integration in the ED	1. Doctors and nurses as the backbone of care 2. Structured interprofessional collaboration and service standards 3. Policy support for palliative care in the ED
2	Absence of Differentiation in Initial Emergency Management of Palliative Patients	1. Initial management follows ABCD emergency protocol 2. Palliative screening not yet standardized
3	Challenges in Managing Palliative Patients in the ED	1. Limited facilities and time constraints 2. Families' unpreparedness to accept the patient's condition
4	Need for Designated Space and System for Palliative Patients in the ED	1. Dedicated palliative unit or care pathway 2. Identification and coordination system with palliative team
5	Nurses' Competence and Collaboration in Palliative Emergency Care	1. Need to strengthen palliative competence 2. Expectation for developing the palliative emergency nursing role

Theme 1: Nurses' Competence and Collaboration in Palliative Emergency Care

Nurses highlighted that effective palliative emergency care depends on their competence in integrating palliative principles and the strength of interprofessional collaboration. Doctors and nurses were perceived as the core team ensuring patient-centered management that addresses not only clinical stability but also comfort, dignity, and communication with families. Collaborative teamwork was seen as fundamental to delivering holistic and compassionate care in the high-pressure environment of the Emergency Department (ED).

Theme 2: Absence of Differentiation in Initial Emergency Management of Palliative Patients

The findings indicated that the initial management of palliative patients in the ED continues to follow standard emergency protocols without a structured process for identifying palliative cases during triage. This lack of differentiation often results in aggressive interventions that may contradict the goals of comfort-oriented care. Participants emphasized the need for a clear screening mechanism and standardized clinical pathway to enable early recognition and appropriate decision-making for palliative patients upon arrival.

Theme 3: Challenges in Managing Palliative Patients in the ED

Participants described multiple barriers that complicate the delivery of palliative care in the emergency setting, including time constraints, insufficient staffing, limited facilities, and the absence of palliative-specific resources. These challenges were further compounded by families' emotional unpreparedness to accept the patient's condition, leading to miscommunication and delays in transitioning from curative to comfort-focused care.

Theme 4: Expectations for Palliative Care Systems and Policy Integration in the ED

Nurses expressed strong expectations for the development of institutional systems and policies to support palliative care integration within the ED. They emphasized the need for clear protocols, coordination mechanisms, and interprofessional guidelines that define the roles and responsibilities of care providers. Integrating palliative care into existing emergency workflows was seen as essential to ensuring consistent, ethical, and patient-centered decision-making.

Theme 5: Need for Designated Space and System for Palliative Patients in the ED

The final theme underscores nurses' expectations for the establishment of dedicated spaces and structured systems for palliative patients within the ED. Participants envisioned a setting equipped to provide comfort, privacy, and dignity, supported by a trained interdisciplinary team. The presence of a designated area and streamlined care process was perceived as vital for improving quality, coordination, and responsiveness in palliative emergency care delivery.

Theme 1: Expectations for Palliative Care Systems and Policy Integration in the ED

Subtheme 1.1: Interprofessional Collaboration and Service Standards

Participants emphasized the importance of cross-disciplinary teamwork, highlighting that doctors and nurses form the backbone of palliative emergency care, and the need for family education to harmonize care expectations.

"In the future, I hope there's a unified understanding among medical staff about palliative and non-palliative cases in the ED." (N1)

"Doctors and nurses are really the backbone here; their coordination determines whether the patient receives timely and appropriate care." (N3)

"Families need more education about palliative care… so they don't expect curative interventions from the ED." (N9)

"The service is already good, but I hope critically ill patients are prioritized so families don't get confused." (P4)

"Once the patient was handled quickly, our family felt calm." (F1)

This theme underscores the need for structured interprofessional collaboration, clear service standards, and policy support to strengthen the implementation of palliative care within the ED.

Theme 2: Absence of Differentiation in Initial Emergency Management of Palliative Patients

Subtheme 2.1: Initial management follows the ABCD emergency protocol Palliative patients were initially treated like other emergency cases, focusing on stabilization according to standard ED procedures

"We don't differentiate palliative patients from other ED patients. They are triaged and treated as emergencies." (N1)

"Procedurally, it's almost the same patients enter as regular emergencies with complaints managed under ABCD." (N4)

"There's no difference in response time between palliative and non-palliative patients; all follow the same emergency standards." (N7)

"All patients are treated the same way until we find out later that they're palliative." (N8)

"The medical staff treat all patients equally there's no discrimination." (P1)

"In the ED, everyone receives equal and proper care." (P2)

"All patients are treated the same by nurses and doctors, no one is treated differently." (F2)

Subtheme 2.2: Palliative screening not yet standardized

There was no standardized mechanism for early identification of palliative patients at admission.

"There's no specific screening for palliative cases; all patients are handled first regardless of their palliative status." (N3)

"We still use general emergency screening rather than a palliative-specific one." (N4)

This theme highlights the urgent need for a structured triage or screening mechanism to ensure that palliative patients are recognized early and managed appropriately.

Theme 3: Challenges in Managing Palliative Patients in the ED

Subtheme 3.1: Limited facilities and time constraints

Nurses described that space and resource limitations often caused prolonged stays for palliative patients in the ED.

"Palliative patients tend to stay longer in the ED; they should go to ICU, but our ICU is limited." (N5)

"Sometimes patients stagnate in the ED while waiting for intensive rooms… there should be a dedicated palliative space." (N8)

"ED nurses don't have enough time to care for palliative patients because we must handle other emergencies too." (N4)

"I stayed in the ED for about eight hours waiting for an inpatient bed. The service was still good, though." (P4)

"I was treated in the ED for almost a day before being transferred." (P5)

"The patient stayed in the ED until a bed became available." (F3)

"We were in the ED for about six hours until the condition stabilized, or a room opened up." (F4)

Subtheme 3.2: Families' unpreparedness to accept patients' condition

Families often struggled to accept the terminal nature of illness and demanded curative treatment.

"Most families haven't accepted the patient's palliative status they still panic and insist on maximal treatment." (N6)

"Families panic and expect full recovery, so they rush to the ED, where care doesn't always meet their curative hopes." (N2)

"The service was fast; once the patient was handled, the family felt calmer." (F2)

This theme emphasizes that resource limitations and emotional distress among families contribute to communication difficulties and delayed decision-making in providing comfort-focused care.

Theme 4: Need for Designated Space and System for Palliative Patients in the ED

Subtheme 4.1: Dedicated palliative unit or care pathways

Participants emphasized that palliative patients should not be placed in general ED areas.

"In the future, palliative patients shouldn't be mixed with others so that non-palliative patients don't panic." (N3)

"There should be a specific ED unit for palliative cases, staffed by trained palliative nurses." (N4)

"For palliative patients, a special room would be ideal, so after stabilization, they can be handed over to the palliative team." (N8)

"My mother stayed in the ED for a day before being moved to the ward." (F5)

Subtheme 4.2: Identification and coordination system with palliative team

Nurses suggested a need for systematic identification and coordination mechanisms with the hospital palliative team.

"In the future, patients identified as palliative should be referred and received directly by the palliative team." (N1)

"Maybe patients could have an identification mark, so we immediately know they're palliative." (N6)

This theme highlights the need for institutional systems and designated care areas to facilitate seamless transitions and integrated care for palliative patients.

Theme 5: Nurses' Competence and Collaboration in Palliative Emergency Care

Subtheme 5.1: Need to strengthen palliative competence

Nurses highlighted the importance of training to improve knowledge and communication skills in palliative care.

"ED nurses need more knowledge about palliative care and ways to enhance their competencies." (N2)

"Besides palliative knowledge, ED nurses should collaborate effectively with the palliative care team." (N10)

Subtheme 5.2: Expectation for developing the palliative emergency nursing role

Participants expressed the need for a specific nursing role that integrates emergency and palliative competencies.

"In the future, we should consider developing *palliative emergency nursing* as a specialized field to help ED nurses handle palliative patients appropriately." (N1)

"The service is already good; I just hope the nurses can respond even faster." (P3)

This theme underscores the importance of training, role development, and structured collaboration to enhance the capacity of ED nurses in managing palliative emergencies effectively and compassionately.

DISCUSSION

This study explored nurses' experiences in providing care for palliative patients in the Emergency Department (ED), identifying five main themes that reveal systemic, professional, and family-related challenges, as well as opportunities for improving emergency palliative care.

Expectations for Palliative Care Systems and Policy Integration in the ED

Participants emphasized the need for structured interprofessional collaboration, noting that doctors and nurses act as the backbone of palliative emergency care, and highlighted the importance of educating families to align care expectations. Effective teamwork and shared understanding among staff and families are recognized as essential to delivering patient-centered palliative care. Policies that integrate palliative pathways in the ED improve both patient outcomes and satisfaction while reducing conflicts between healthcare teams and families.[8,15] These findings indicate that hospitals should establish clear policies, interprofessional collaboration

frameworks, and family education programs to harmonize care expectations, ensure timely interventions, and support ethical decision-making.

Absence of Differentiation in Initial Emergency Management of Palliative Patients

Fact: Nurses reported that palliative patients are initially treated like other emergency cases using standard ABCD protocols, and that no standardized palliative screening exists at admission. This aligns with evidence that emergency care prioritizes stabilization over comfort and palliative needs, with widely used screening tools such as the Surprise Question demonstrating only moderate predictive validity.[16,17] The absence of differentiation underscores the need for context-specific screening tools to identify palliative patients early, allowing ED staff to complement life-saving interventions with palliative-focused care and timely referrals.

Challenges in Managing Palliative Patients in the ED

Nurses identified limited facilities, time constraints, and families' unpreparedness to accept terminal conditions as major challenges. Patients often remain in the ED longer than necessary, and family expectations sometimes conflict with palliative goals. Similar challenges have been reported, showing that palliative patients are at risk of overtreatment, compromising comfort and dignity, while moral distress arises when family expectations conflict with clinical realities.[18,19] These findings highlight the need for structured communication protocols, family education, and dedicated support for nurses to reduce moral distress and ensure that care is aligned with patient-centered and ethical principles.

Need for Designated Space and System for Palliative Patients in the ED

Participants stressed the importance of dedicated spaces for palliative patients and systematic coordination with the palliative care team to optimize care delivery. Dedicated palliative or hospice areas in EDs reduce exposure to chaotic environments and improve satisfaction for patients and families, while interdisciplinary coordination enhances continuity of care and operational efficiency.[20,21] Establishing specialized palliative units or pathways and implementing identification and referral protocols would support both clinical and emotional needs, minimizing stress for families and improving overall care quality.

Nurses' Competence and Collaboration in Palliative Emergency Care

Nurses highlighted the need to strengthen palliative care knowledge and communication skills and expressed interest in developing a specialized palliative emergency nursing role. Emergency nurses require competencies across clinical, psychosocial, and spiritual dimensions to manage palliative patients effectively. Without structured guidance, nurses struggle to balance acute care priorities with palliative needs.[9,22] Continuous professional education and formalization of palliative emergency nursing as a subspecialty would enhance nurse confidence, enable timely triage, improve symptom management, and foster a culture that systematically integrates palliative principles into emergency care.

The findings demonstrate that palliative care in the ED requires structural support, professional competence, interprofessional collaboration, and family engagement. Current emergency protocols prioritize life-saving interventions, often neglecting palliative needs. Implementing standardized screening, dedicated spaces, structured coordination systems, and supportive policies can bridge this gap, ensuring timely, ethical, and patient-centered care for palliative patients.

Implications

The findings of this study have important clinical implications for enhancing the quality of palliative care in emergency departments. Collectively, the five major themes highlight the need to integrate palliative care principles into ED service systems. This can be achieved through the development of standardized screening procedures, the establishment of dedicated spaces and care pathways for terminal patients, and the enhancement of ED nurses' competencies in palliative emergency care. Furthermore, effective interprofessional collaboration and supportive institutional policies are essential to promote coordinated, patient- and family-centered care. Implementing these measures is expected to foster clinical empathy, reduce unnecessary interventions, and ensure dignified, holistic, and effective care for palliative patients in the emergency setting.

Study Limitations

This study has several limitations. First, the small sample size limits the generalizability of the findings. Second, data were obtained primarily through interviews, which may reflect subjective perceptions and introduce potential response bias. Third, the study focused exclusively on nurses' experiences, without including other healthcare professionals involved in palliative care in the ED. Despite these limitations, the study provides valuable insights into the challenges, practices, and expectations of emergency nurses in delivering palliative care. These findings can serve as a foundation for future research aimed at developing standardized palliative

emergency care models and policy frameworks to improve care for terminally ill patients in emergency settings.

CONCLUSION

This study revealed that the experiences of emergency nurses in providing care for palliative patients in the ED are shaped by several key factors: the absence of initial differentiation in patient management, challenges related to limited facilities, time constraints, and families' unpreparedness, the need for dedicated spaces and systematic coordination, the importance of enhancing nurses' competence and collaboration, and expectations for integrated palliative care systems and policies. These findings indicate that ED palliative care, which traditionally prioritizes life-saving interventions, requires further development to address the holistic needs of terminally ill patients effectively. It is recommended that hospitals develop specific policies and guidelines for palliative care in the ED, including the implementation of standardized screening tools, strengthening of human resource capacity, creation of dedicated palliative care spaces, and development of emergency palliative nursing competencies. Continuous interdisciplinary training programs between ED nurses and palliative care teams should be conducted to improve understanding of end-of-life care concepts. Future research using multi-center designs is needed to develop contextually appropriate models of emergency palliative nursing practice tailored to the Indonesian healthcare system.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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