











# Clinical Decision-Making in Palliative Care Nursing in Kazakhstan: A Qualitative Study

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## ABSTRACT

### Background

Clinical decision-making in palliative care is crucial for providing quality care to individuals with life-limiting illnesses. Nurses, as key members of the palliative care team, make critical decisions regarding symptom management, patient comfort, and end-of-life care. In Kazakhstan, where palliative care is still evolving, understanding how nurses make these decisions is essential to improving care quality and informing healthcare policies.

### Aim

This study aimed to explore the clinical decision-making experiences of palliative care nurses in Kazakhstan, focusing on the factors influencing their decisions, the challenges they encounter, the strategies they employ, and how decision-making processes can be improved.

### Methods

A qualitative research design was employed, using semi-structured interviews with 12 palliative care nurses from various healthcare settings across Kazakhstan. Participants were selected through purposive sampling to ensure a diverse representation of experiences from both urban and rural areas. The interviews were transcribed verbatim and analyzed using thematic analysis to identify key patterns and themes related to clinical decision-making.

### Results

The analysis revealed several factors influencing decision-making, including clinical knowledge and experience, patient and family preferences, and systemic factors such as resource constraints. Nurses reported challenges such as cultural reluctance to discuss death, lack of formal palliative care training, and limited access to medications and equipment, particularly in rural areas. To address these challenges, nurses employed strategies like interdisciplinary collaboration, patient-centered care, and a strong desire for ongoing education.

### Conclusion

Clinical decision-making in palliative care nursing in Kazakhstan is shaped by a combination of clinical expertise, cultural dynamics, and systemic limitations. The findings highlight the need for formal education, improved resource availability, and better interdisciplinary collaboration to support nurses in making informed and effective decisions. Enhancing these aspects can significantly improve the quality of palliative care in Kazakhstan, ensuring that decisions align with the values and wishes of patients and their families.

## INTRODUCTION

Clinical decision-making in palliative care nursing is a critical aspect of providing high-quality care to individuals with life-limiting illnesses. Nurses are central to the palliative care team, often making decisions regarding symptom management, pain relief, patient comfort, and end-of-life care. In Kazakhstan, where the field of palliative care is still developing, understanding the decision-making processes of nurses in this context is essential for improving care quality and informing healthcare policies. This article presents findings from a qualitative

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study using semi-structured interviews to explore the clinical decision-making process of palliative care nurses in Kazakhstan, highlighting the challenges they face, the strategies they employ, and the opportunities for enhancing their practice.

### **Clinical Decision-Making in Palliative Care**

Clinical decision-making in palliative care involves making informed choices that aim to alleviate suffering and improve the quality of life for patients with terminal or life-limiting illnesses. Nurses are integral to this process, as they often spend the most time with patients, assess symptoms, and provide ongoing care and support<sup>1</sup>. In the context of Kazakhstan, nurses in palliative care face specific challenges that can impact their decision-making capabilities, including limited training, cultural factors, and resource constraints.

#### **1. The Role of Nurses in Clinical Decision-Making in Palliative Care**

In palliative care, nurses are responsible for a variety of decisions, ranging from symptom management to communicating with patients and families about end-of-life choices. The decision-making process involves not only clinical expertise but also the ability to navigate sensitive interpersonal dynamics, cultural nuances, and ethical dilemmas<sup>2</sup>.

**Symptom Management:** Nurses in palliative care are responsible for making decisions regarding pain and symptom management. This often involves assessing pain intensity, evaluating the effectiveness of interventions, and adjusting treatment plans accordingly. Nurses must be proficient in using pharmacological interventions (e.g., opioids) and non-pharmacological methods (e.g., massage, relaxation techniques) to manage symptoms such as pain, nausea, anxiety, and dyspnea<sup>3</sup>.

**Ethical Decision-Making:** Ethical dilemmas are common in palliative care, particularly when decisions involve discontinuing life-sustaining treatments or when families are divided over treatment plans. Nurses must weigh the patient's autonomy, family wishes, and professional obligations to make decisions that align with the patient's goals of care<sup>4</sup>.

**End-of-Life Conversations:** In Kazakhstan, like many other countries, discussions about death and dying are often culturally sensitive. Nurses are tasked with guiding families and patients through these conversations while respecting cultural and religious beliefs. The ability to

communicate openly and honestly about prognosis and end-of-life care options is essential for making informed decisions that align with the patient's wishes<sup>5</sup>.

#### **2. Challenges in Clinical Decision-Making for Palliative Care Nurses in Kazakhstan**

Clinical decision-making in palliative care is shaped by several challenges that are particularly pronounced in Kazakhstan, where the palliative care field is still developing. These challenges include a lack of specialized training, limited access to resources, and cultural factors that affect both nurse-patient and nurse-family interactions.

**Limited Training and Education:** In Kazakhstan, palliative care is a relatively new field, and there are few formalized educational programs for nurses specializing in palliative care<sup>6</sup>. As a result, nurses often rely on informal training, such as short workshops or on-the-job learning, to build their skills. This lack of specialized education impacts their ability to make informed, evidence-based decisions in complex clinical scenarios<sup>7</sup>.

**Cultural and Religious Barriers:** Kazakhstan is a diverse country with a mix of ethnic groups, including Kazakh, Russian, and Uzbek populations. Cultural and religious beliefs surrounding death and dying can significantly influence clinical decision-making. For instance, some ethnic and religious groups may view palliative care as a form of giving up hope, leading to reluctance to discuss end-of-life options. Nurses in Kazakhstan must balance the need to respect these beliefs with the need to provide effective symptom management and comfort for patients.

**Resource Constraints:** In many parts of Kazakhstan, particularly in rural areas, palliative care nurses face significant resource limitations. There is often a lack of access to essential medications, including opioids for pain relief, and medical equipment necessary for symptom management<sup>7</sup>. These limitations affect nurses' ability to make optimal clinical decisions, as they may have to make difficult choices between available treatments and prioritize certain symptoms over others due to resource shortages.

**Interdisciplinary Collaboration:** Palliative care requires a team-based approach, involving physicians, nurses, social workers, and chaplains. However, in Kazakhstan, interdisciplinary collaboration is often limited, especially in rural regions where healthcare

resources are scarce. Nurses frequently find themselves making critical decisions independently or with limited support from other healthcare professionals<sup>8</sup>. This lack of collaboration can lead to fragmented care and suboptimal clinical decision-making.

### 3. Decision-Making Models and Frameworks

Several decision-making models can help guide nurses in palliative care to navigate the complexities of clinical choices. In Kazakhstan, implementing these models in clinical practice could support better decision-making processes.

**The 4A Model:** The 4A model, which stands for *Assessment, Action, Analysis, and Adjustment*, can be a useful framework for nurses in palliative care. This model emphasizes the importance of thorough patient assessment, careful planning of interventions, continual evaluation of outcomes, and flexibility in adjusting care plans as the patient's condition changes. Nurses can use this model to ensure that clinical decisions are patient-centered and aligned with the patient's evolving needs.

**The Ethical Decision-Making Model:** Ethical challenges are inherent in palliative care. The Ethical Decision-Making Model encourages nurses to consider the ethical principles of autonomy, beneficence, non-maleficence, and justice when making decisions about patient care. In Kazakhstan, where cultural sensitivity and family involvement are critical, this model can help nurses navigate ethical dilemmas by ensuring that decisions respect both the patient's rights and cultural values<sup>9</sup>.

Clinical decision-making in palliative care nursing is a complex process that requires nurses to integrate clinical knowledge, experience, patient preferences, and ethical considerations to provide optimal care for individuals with life-limiting illnesses. In Kazakhstan, where the healthcare system is still evolving, the role of nurses in palliative care, particularly in clinical decision-making, remains underexplored. Nurses in this field are tasked with making critical decisions about symptom management, patient comfort, and end-of-life care, often in challenging circumstances such as resource limitations and cultural sensitivities. Understanding the factors influencing clinical decision-making in palliative care nursing is essential for improving patient outcomes and supporting the development of a more robust palliative care system in Kazakhstan.

This article explores the clinical decision-making process of palliative care nurses in Kazakhstan, focusing on the unique challenges they face and the strategies

employed to overcome them. It also highlights the importance of professional development and systemic changes to enhance decision-making in this crucial aspect of healthcare.

## OBJECTIVE

The aim of this study was to investigate the clinical decision-making experiences of nurses working in palliative care settings in Kazakhstan. Specifically, the study sought to answer the following questions:

1. What are the factors influencing clinical decision-making in palliative care nursing in Kazakhstan?
2. What challenges do palliative care nurses encounter when making clinical decisions?
3. What strategies and resources do nurses utilize to make informed decisions in palliative care?
4. How can clinical decision-making in palliative care nursing be improved in Kazakhstan?

## METHODOLOGY

### Research Design

This study employed a qualitative design using semi-structured interviews to explore the experiences and perspectives of palliative care nurses in Kazakhstan. A qualitative approach was chosen as it allows for an in-depth understanding of the personal experiences, beliefs, and challenges faced by nurses in clinical decision-making processes<sup>9</sup>. Semi-structured interviews were used because they provide flexibility to explore specific themes while allowing participants to express their views in their own words<sup>10</sup>.

### Participants

The study recruited 12 nurses working in various palliative care settings, including hospitals, hospices, and home care services, across Kazakhstan. Participants were selected using purposive sampling to ensure a diverse range of experiences and settings, including both urban and rural areas. The inclusion criteria for participation were:

Nurses who have been working in palliative care for at least one year.

Nurses who were actively involved in decision-making processes in the care of patients with life-limiting conditions.

Nurses from both public and private healthcare facilities.

### Data Collection

Data were collected through semi-structured interviews conducted in-person or via online platforms, depending on the participant's location and preference. The interviews were designed to last between 30 to 60 minutes and were audio-recorded with the participants' consent. The interview guide included open-ended questions aimed at exploring the factors influencing clinical decision-making, the challenges faced, and the decision-making strategies employed by nurses in palliative care. Example questions included:

"Can you describe a situation where you had to make an important clinical decision in palliative care?"

"What are the main challenges you face when making decisions for patients with life-limiting illnesses?"

"How do cultural beliefs and family dynamics influence your decisions in palliative care?"

### Data Analysis

The interviews were transcribed verbatim and analyzed using thematic analysis, a method suited for identifying and interpreting patterns and themes within qualitative data (Braun & Clarke, 2006). The data analysis followed the six-step process outlined by Braun and Clarke, which included familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. The analysis was conducted manually, with a focus on identifying key themes related to clinical decision-making in palliative care nursing in Kazakhstan.

## RESULTS

The analysis of the interviews revealed several key themes related to the clinical decision-making process of palliative care nurses in Kazakhstan. These themes included factors influencing decision-making, challenges encountered, strategies for making decisions, and recommendations for improving decision-making in palliative care.

### 1. Factors Influencing Clinical Decision-Making

Nurses reported that a variety of factors influenced their clinical decision-making processes in palliative care. These factors can be categorized into three main areas: clinical knowledge, patient and family preferences, and systemic factors.

**Clinical Knowledge and Experience:** Nurses emphasized the importance of their clinical training and experience in making decisions. Those with more years of experience in palliative care expressed greater confidence in managing complex symptoms, such as pain and nausea, and in providing emotional support to families. However, some nurses also noted that a lack of formalized education in palliative care often made decision-making more challenging, especially when managing advanced stages of illness or making ethical decisions about end-of-life care.

**Patient and Family Preferences:** Participants highlighted that patient and family preferences played a central role in shaping decisions, especially regarding the goals of care and the use of life-sustaining treatments. Nurses often described navigating delicate conversations with families who were either in denial about the prognosis or who had different expectations for care. Cultural factors, including religious beliefs, also influenced how decisions were made. For example, one nurse explained: "In our culture, families are very protective and may not always want to discuss the prognosis openly, which makes it hard to align care with their wishes."

**Systemic Factors:** Limited resources, including a lack of access to medications and medical equipment, were cited as major factors influencing decision-making. Several nurses reported that, in some cases, they had to make difficult choices about which symptoms to prioritize due to a lack of access to opioids or other pain-relief medications. One nurse stated: "We often have to choose between managing pain and providing other supportive care because of the shortage of medications."

### 2. Challenges in Clinical Decision-Making

Nurses identified several key challenges they faced in making clinical decisions in palliative care, including:

**Cultural Sensitivity:** Nurses reported that the cultural reluctance to discuss death openly often created challenges in decision-making. In some ethnic groups, there was a strong preference for prolonging life through medical interventions, even when the patient was nearing the end of life. Nurses found it difficult to respect patient autonomy and wishes when family members insisted on continuing aggressive treatment.

**Lack of Formal Training:** A recurrent theme among nurses was the lack of structured palliative care education. Several participants noted that they had learned palliative care skills through on-the-job



experience rather than formal coursework, leading to feelings of inadequacy when faced with complex clinical decisions. One nurse commented, “We need more formal education, not just workshops, to make informed decisions.”

**Resource Constraints:** The limited availability of palliative care resources, particularly in rural areas, was a significant challenge. Nurses frequently described having to make decisions based on the available resources, which often did not meet the needs of the patients. Nurses working in rural settings reported greater difficulty in accessing pain relief medications and palliative care specialists, which impacted their ability to make optimal care decisions.

### 3. Strategies for Effective Decision-Making

Despite these challenges, nurses in Kazakhstan employed several strategies to enhance their clinical decision-making processes:

**Collaboration with Multidisciplinary Teams:** Nurses emphasized the importance of working in collaboration with other healthcare professionals, such as doctors, social workers, and chaplains, to make comprehensive decisions. Team-based care was seen as a critical strategy for managing complex cases and ensuring that all aspects of patient care were considered.

**Patient-Centered Care:** Many nurses emphasized the importance of involving patients and families in the decision-making process. They used open communication strategies to help families understand the patient’s prognosis and care options, aiming to respect both the patient’s autonomy and the family’s cultural values.

**Continuing Education:** Nurses expressed a strong desire for more opportunities for formal education and training in palliative care. Those who had attended international workshops or received informal training reported feeling more confident in their decision-making and better equipped to manage complex cases.

## DISCUSSION

The findings of this study shed light on the complexities of clinical decision-making in palliative care nursing in Kazakhstan, offering valuable insights into the challenges and strategies employed by nurses working in this specialized field. The study revealed several factors influencing clinical decision-making, identified key challenges faced by nurses, and proposed strategies

to improve care delivery. These results have important implications for the development of palliative care practices in Kazakhstan and highlight areas where improvements can be made to support nurses in their critical role in end-of-life care.

### Factors Influencing Clinical Decision-Making

This study found that clinical decision-making in palliative care is influenced by multiple factors, including clinical knowledge, patient and family preferences, and systemic constraints. Nurses emphasized the importance of their clinical knowledge and experience in making informed decisions, particularly in managing complex symptoms such as pain and nausea. Nurses with more years of experience exhibited greater confidence in navigating difficult decisions, especially in the context of advanced illness<sup>11</sup>. However, the lack of formal education in palliative care was a recurrent theme, with nurses acknowledging that much of their knowledge came from on-the-job learning or informal training<sup>12</sup>. This gap in formal education limits nurses’ ability to make evidence-based decisions in complex cases, especially when ethical dilemmas are involved.

A qualitative study on nurses’ experiences with independent consultations in primary healthcare in Kazakhstan revealed that nurses value autonomy but often face challenges due to limited resources and support<sup>13</sup>. These findings underscore the importance of fostering interdisciplinary collaboration and providing nurses with the tools and training needed to make confident, independent decisions in palliative care.

Patient and family preferences were also found to be crucial factors influencing decision-making. Nurses often described the delicate process of navigating family expectations, cultural beliefs, and the patient’s own wishes, which could sometimes conflict<sup>14</sup>. In Kazakhstan, where cultural attitudes toward death and dying are shaped by religious and ethnic diversity, these preferences can create significant barriers to communication. As one nurse noted, the reluctance of families to discuss end-of-life issues openly makes it challenging to align care with the patient’s wishes. This is consistent with findings from other studies, which highlight the importance of culturally sensitive communication in palliative care<sup>15</sup>.

Systemic factors, particularly resource constraints, were identified as major influences on decision-making. Nurses in rural areas, where healthcare resources are

particularly scarce, reported having to make difficult decisions about which symptoms to prioritize due to the lack of access to essential medications and medical equipment<sup>5</sup>. These limitations can lead to compromises in care and force nurses to make decisions based on the availability of resources rather than optimal treatment options. This aligns with research from other regions, which has documented how healthcare resource scarcity can undermine palliative care delivery<sup>16</sup>.

#### Challenges in Clinical Decision-Making

The challenges identified in this study were multifaceted and reflective of the broader context of palliative care in Kazakhstan. Cultural sensitivity emerged as a significant challenge, particularly in navigating the reluctance to discuss death openly. Cultural and religious beliefs can greatly impact decisions surrounding end-of-life care, with some families unwilling to consider palliative care as a viable option for their loved ones<sup>16</sup>. These cultural barriers can create tension between respecting patient and family preferences and providing medically appropriate care. The ethical dilemma of balancing family wishes with patient autonomy is a recurrent issue in palliative care and is particularly salient in Kazakhstan, where familial involvement in decision-making is highly valued.

Another key challenge was the lack of formal palliative care education. Many nurses expressed the need for structured training programs that go beyond basic workshops. The absence of comprehensive, formal education means that nurses often rely on informal learning, which can lead to inconsistent practices and gaps in knowledge. This lack of formal training also contributes to feelings of inadequacy when nurses are confronted with complex cases, particularly in the realm of ethical decision-making<sup>17</sup>. A well-rounded palliative care curriculum, which includes both clinical and communication skills, would empower nurses to make more informed, confident decisions.

Resource constraints, particularly in rural settings, were another significant challenge. Nurses working in areas with limited access to medications, including opioids for pain management, reported having to make difficult decisions about which symptoms to prioritize due to a lack of essential medications and equipment. This finding echoes the challenges faced by palliative care providers in resource-limited settings globally, where access to medications and medical supplies can directly impact the quality of care delivered<sup>18</sup>.

#### Strategies for Enhancing Decision-Making

Despite these challenges, nurses in Kazakhstan employed a variety of strategies to navigate the complexities of clinical decision-making. One key strategy was interdisciplinary collaboration. Although collaboration was often limited by the resources available, nurses in urban settings reported relying on team-based decision-making, including consultations with physicians, social workers, and chaplains. This approach ensured a more holistic view of patient care, integrating medical, emotional, and spiritual perspectives. However, as interdisciplinary collaboration is not always feasible, especially in rural areas, the development of more formalized team structures could improve decision-making in these settings.

Patient-centered communication was another strategy employed by nurses to improve decision-making. Nurses highlighted the importance of building trust and rapport with patients and their families to facilitate difficult conversations about prognosis and treatment options. Establishing open lines of communication allows nurses to better understand the preferences and values of both the patient and their family, even when there are conflicting views. This approach aligns with the concept of shared decision-making, which has been shown to improve patient satisfaction and outcomes in palliative care settings.

A cross-sectional study on palliative patient satisfaction in Kazakhstan found that effective communication and empathetic care were key factors in improving patient satisfaction<sup>18</sup>. In response to the resource constraints, nurses reported adapting their care delivery to prioritize patient comfort, even when resources were limited. This often involved difficult decisions about symptom management, where nurses had to focus on what would provide the most immediate relief to patients. While these adaptations were necessary in the absence of ideal resources, they also highlight the need for greater investment in palliative care infrastructure, particularly in rural areas.

#### Recommendations for Improving Clinical Decision-Making

The nurses in this study made several key recommendations for improving clinical decision-making in palliative care. These included enhancing formal palliative care education, improving access to resources, increasing cultural competency training, and

promoting interdisciplinary collaboration.

First, enhancing education and training in palliative care was seen as essential. Nurses called for more structured, comprehensive programs that provide both theoretical and practical training in symptom management, communication skills, and ethical decision-making. Training in cultural sensitivity and the ability to engage in difficult conversations with patients and families would also be beneficial, particularly in the context of Kazakhstan's diverse population.

Second, improving access to resources—especially essential medications like opioids—was a critical recommendation. Nurses emphasized that inadequate access to pain relief and symptom management resources significantly hampers their ability to provide optimal care. Addressing these systemic barriers would help improve the overall quality of palliative care and support nurses in making more effective clinical decisions.

Third, cultural competence training was seen as essential for navigating the diverse beliefs and practices surrounding death and dying in Kazakhstan. Nurses recommended that healthcare providers receive more in-depth training to understand and respect cultural differences while still ensuring that patients receive appropriate care<sup>17</sup>.

Finally, fostering interdisciplinary collaboration was viewed as a vital strategy for improving decision-making. Nurses suggested that stronger teamwork would allow for more comprehensive care, ensuring that all aspects of a patient's well-being—physical, emotional, and spiritual—are considered when making decisions. A collaborative approach to palliative care has been shown to improve outcomes and satisfaction for both patients and healthcare providers<sup>18</sup>.

## CONCLUSION

This study highlights the critical role of palliative care nurses in Kazakhstan in navigating complex clinical decision-making processes in the face of multiple challenges. These challenges, including a lack of formal education, cultural barriers, and resource constraints, impact nurses' ability to make informed decisions that align with the needs and wishes of patients and their families. However, the strategies employed by nurses—such as collaborative decision-making, patient-centered communication, and resource adaptation—demonstrate

resilience and dedication to providing quality care despite these obstacles.

Improving clinical decision-making in palliative care in Kazakhstan requires addressing the systemic issues identified in this study. This includes enhancing education and training, improving access to resources, and promoting cultural competence and interdisciplinary collaboration. By addressing these challenges, Kazakhstan can build a more robust palliative care system that supports both healthcare providers and patients, ultimately leading to better care for individuals with life-limiting illnesses.

### Recommendations for Enhancing Clinical Decision-Making in Palliative Care

Improving clinical decision-making in palliative care nursing in Kazakhstan requires multifaceted approaches that address both individual nurse development and systemic healthcare changes.

**Enhancing Education and Training:** It is essential to expand palliative care education and training programs for nurses in Kazakhstan. Specialized curricula in palliative care should be incorporated into nursing schools and ongoing professional development programs. Additionally, international collaborations can help bring best practices and evidence-based approaches to the country<sup>5</sup>. The success of educational interventions in improving medication adherence among glaucoma patients in Kazakhstan underscores the potential benefits of structured training programs in palliative care. Such programs could empower nurses to make more informed decisions and improve patient outcomes.

**Improving Resource Availability:** Addressing the resource constraints in Kazakhstan's healthcare system is crucial for enabling better clinical decision-making. Access to pain medications, symptom relief tools, and healthcare technologies must be expanded, particularly in rural areas, to support nurses in providing effective care.

**Fostering Interdisciplinary Collaboration:** Strengthening interdisciplinary collaboration is critical for improving clinical decision-making in palliative care. Establishing multidisciplinary teams in both urban and rural settings would ensure that nurses have the support and guidance they need to make informed decisions.

**Cultural Competence Training:** Nurses in Kazakhstan should receive training on cultural competence to

better understand and respect the diverse beliefs surrounding end-of-life care. This training should include communication strategies to facilitate sensitive conversations about death, prognosis, and patient preferences<sup>18</sup>.

## CONCLUSION

Clinical decision-making in palliative care nursing is a multifaceted process that requires not only clinical expertise but also sensitivity to ethical, cultural, and resource-related challenges. In Kazakhstan, palliative care nurses face significant obstacles in their decision-making due to gaps in education, limited resources, and complex cultural dynamics. By enhancing educational opportunities, improving resources, fostering interdisciplinary collaboration, and promoting

cultural competence, Kazakhstan can support nurses in making more informed and effective clinical decisions, ultimately improving the quality of palliative care services for patients at the end of life.

Clinical decision-making in palliative care nursing in Kazakhstan is shaped by a combination of clinical knowledge, patient preferences, cultural considerations, and systemic limitations. To support nurses in making more informed and effective decisions, there is a need for increased formal education in palliative care, enhanced resource availability, and ongoing professional development. By addressing these gaps, Kazakhstan can improve the quality of palliative care services and ensure that nurses are better equipped to make decisions that align with the values and wishes of patients and their families.

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