Nurses' experiences balancing personal, cultural and professional values in end-of-life care

Jay Balante

Lecturer - Nursing
PhD Candidate | The Daffodil Centre | Cancer Care Research Unit
Susan Wakil School of Nursing and Midwifery | Sydney Nursing School
Faculty of Medicine and Health

THE UNIVERSITY OF SYDNEY

PhD Supervisors:
Prof Kate White
A/Prof Diane van den Broek
Dr Bora Kim

Acknowledgement:
The Daffodil Centre Postgraduate Research Scholarship

CCRU | Cancer Care Research Unit

The Daffodil Centre
A partnership between Cancer Council | The University of Sydney

Nurses are central to the complex interplay of care practices, organisational demands, and cultural norms, balancing these factors to provide culturally responsive and person-centred care.

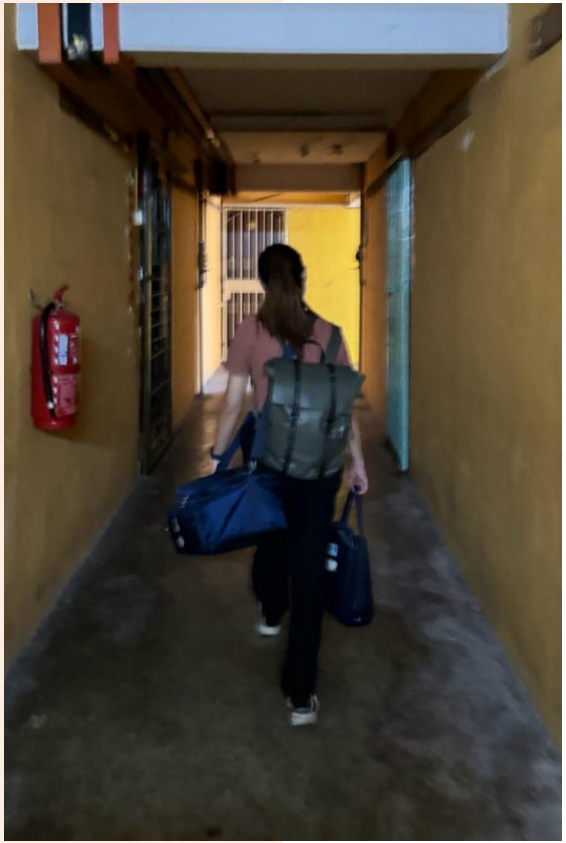
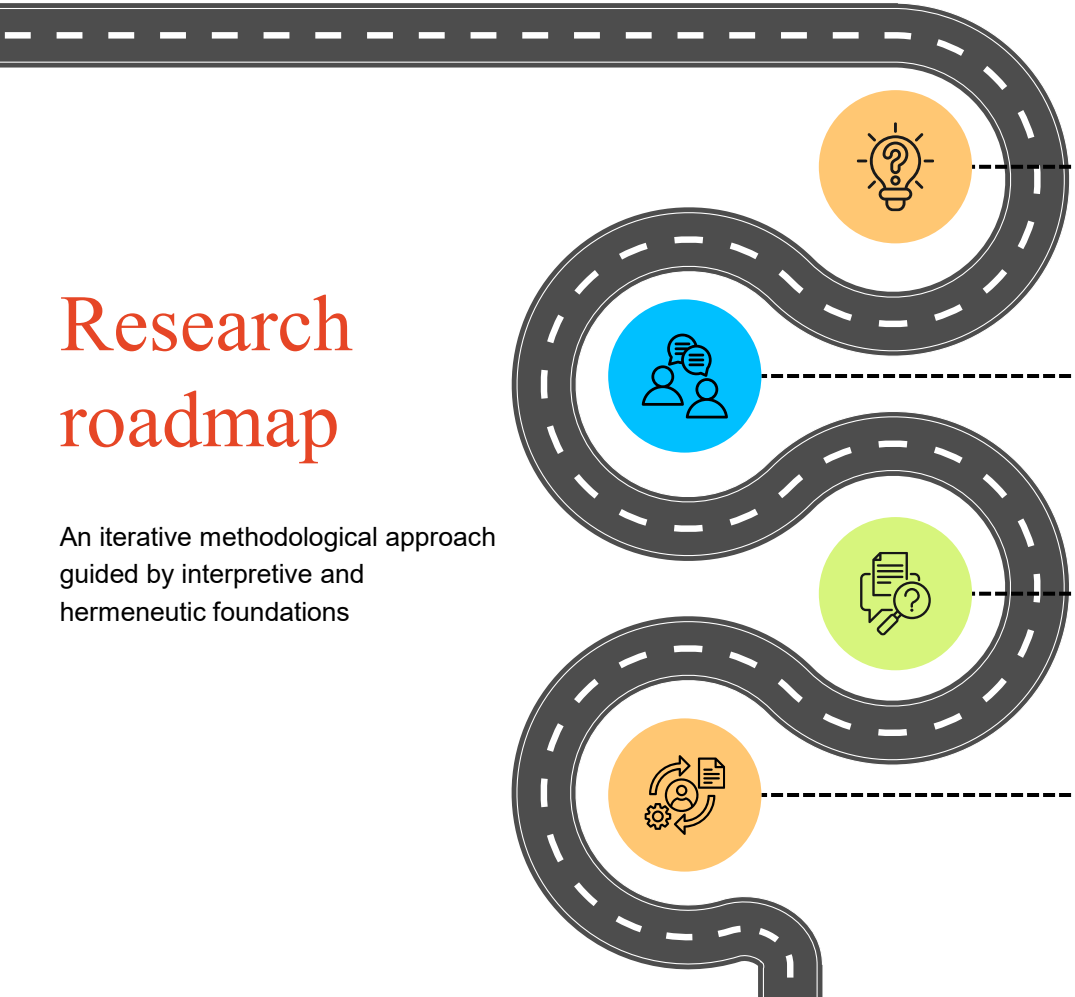


Photo taken during fieldwork in Malaysia

Research roadmap

An iterative methodological approach guided by interpretive and hermeneutic foundations



Overarching research aim

Explore nurses' experiences navigating how care values and cultural beliefs inform end-of-life care

Study 1 - Interviews

11 internationally educated nurses from South, East and Southeast Asian countries working in Australia

Study 2 – Interviews and observations

Case study of two palliative care settings: inpatient unit in NSW, Australia and community care setting in Kuala Lumpur, Malaysia

Integration of findings

Key research findings

End-of-life care is shaped by the intersection of

- ethnocultural beliefs and practices
- palliative care philosophy
- healthcare systems
- organisational contexts

Nurses balanced organisational pressures and cultural expectations, *challenging their values while reconciling care* approaches.

Culture shaped end-of-life nursing practice

> *Her mum was still breathing, so I encouraged her to talk and pray with her mum, because I knew that was something they had been doing a lot.*
>
> [Sandy]
>
> Study 2

- Patients' and families' ethnocultural values and practices guided care approaches.

Culture shaped end-of-life nursing practice

> *Although there was time pressure, I tried to stay longer with the patient because there were no family members. That is what we usually do [back] home if the patient is sick…. When you come from a different country, you cannot accept that patients can be dying alone.*
>
> [Jasmine]
>
> Study 1

- Patients' and families' ethnocultural values and practices guided care approaches.
- Nurses navigated tensions between cultural values and palliative care; some conflicted with nurses' core values.

Culture shaped end-of-life nursing practice

> *For me, dignity is important… respecting a person as a human being and how we treat them. This helps me remain grounded in my job. This is important to me due to my personal experience when my father died. I witnessed how my father's needs were not attended to with respect when he had a cardiac arrest.*
>
> [Fiona]
>
> Study 2

- Patients' and families' ethnocultural values and practices guided care approaches.
- Nurses navigated tensions between cultural values and palliative care; some conflicted with nurses' core values.
- Nurses drew on their own values and practices, shaping how they interpret their professional role and what constitutes 'good' care.

Culture shaped end-of-life nursing practice

> *In our cultural practice, when someone is dying, you must be there [with the person] and offer a prayer. If I see that the patient is Catholic and they are about to die alone, I will normally stay with them for a few minutes, so they feel some presence… Once they passed away, I whisper a prayer so that they rest in peace.*
>
> [Amira]
>
> Study 1

- Patients' and families' ethnocultural values and practices guided care approaches.
- Nurses navigated tensions between cultural values and palliative care; some conflicted with nurses' core values.
- Nurses drew on their own values and practices, shaping how they interpret their professional role and what constitutes 'good' care.

Organisational and interpersonal dimensions of care

Organisational culture

Within organisations, explicit and implicit expectations shaped nurses' roles and interactions with patients, families and the multidisciplinary team.

Family dynamics

Navigating family dynamics was necessary yet complex, revealing a less visible, often unrecognised dimension of care.

Multidisciplinary team

Colleagues were described as either a source of support or frustration, as diverse approaches to care were not always recognised or valued.

Nurses reconciling care

Cultural awareness and humility

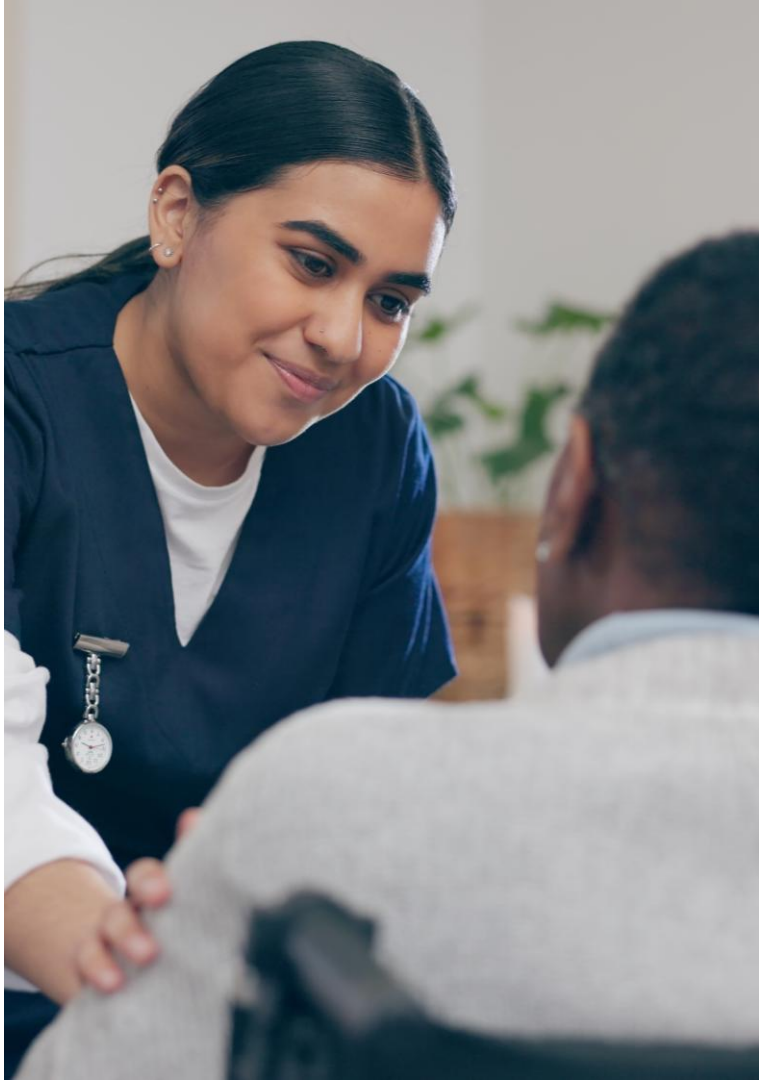
They remained aware of how their cultural identities shaped their perspectives on care, while being respectful of patients' and families' cultural systems.

Navigating tensions

Nurses' efforts to be present, support families, and offer person-centred, culturally responsive care - *often seen as invisible aspects of nursing care.*

Sensemaking and recalibrating agency

Their agency as nurses reflects not only technical but also reflective and personal dimensions, combining knowledge, skills, and values into their way of being.



Nurses reconciling care

Cultural awareness and humility

They remained aware of how their cultural identities shaped their perspectives on care, while being respectful of patients' and families' cultural systems.

Navigating tensions

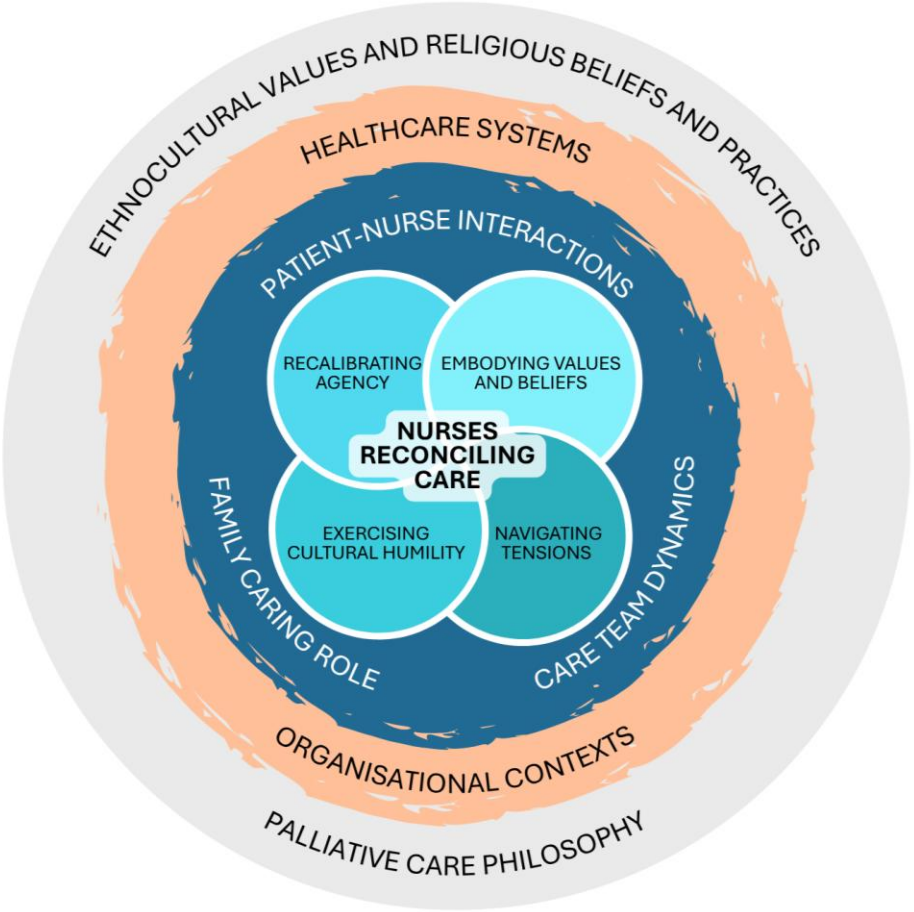
Nurses' efforts to be present, support families, and offer person-centred, culturally responsive care - *often seen as invisible aspects of nursing care.*

Sensemaking and recalibrating agency

Their agency as nurses reflects not only technical but also reflective and personal dimensions, combining knowledge, skills, and values into their way of being.

> *In our religion, touching the other gender is considered a sin… After joining [this healthcare organisation], I developed the practice of shaking hands as a means of introduction and to build rapport with patients, regardless of gender. Over time, I have come to accept this as part of my professionalism...*
>
> [Chloe]
>
> *Study 2*

The conceptual framework of nurses' reconciliation of end-of-life care



Implications for practice

Nurses' efforts to reconcile care also represent a humanistic and ethical process consistent with the *art of nursing*.

Recognising what nurses bring to their practice is critical to strengthening nursing care.

A collective approach to fostering inclusivity and cultural humility within a diverse multidisciplinary workforce is necessary.

Nurses could *flourish* in their meaningful yet complex work delivering end-of-life care if structural and organisational conditions allow.

Publications derived from this research


International Journal of Nursing Studies 118 (2021) 103930

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

How does culture influence work experience in a foreign country? An umbrella review of the cultural challenges faced by internationally educated nurses

Jay Balante[a,*], Diane van den Broek[b], Kate White[a]


DOI: 10.1111/jan.14814

REVIEW

JAN WILEY

Mixed-methods systematic review: Cultural attitudes, beliefs and practices of internationally educated nurses towards end-of-life care in the context of cancer

Jay Balante[1] | Diane van den Broek[2] | Kate White[1]


JAN

Leading Global Nursing Research

EMPIRICAL RESEARCH QUALITATIVE | Open Access

Cultural Beliefs and Practices of Internationally Educated Nurses in the Context of Cancer and End-Of-Life Care: A Hermeneutic Inquiry

Jay Balante, Diane Van Den Broek, Kate White

First published: 02 August 2025 | https://doi.org/10.1111/jan.70119

Jay Balante
Lecturer - Nursing
PhD Candidate | The Daffodil Centre | Cancer Care Research Unit

The University of Sydney
Susan Wakil School of Nursing and Midwifery | Sydney Nursing School
Faculty of Medicine and Health

jay.balante@sydney.edu.au