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Research Progress on the Application of Multicultural Nursing in End-of-Life Care: A Review

Yange Wang, Dan Liu*, Chenjing Shi

Department of Respiration and Critical Care Medicine, the 986th Hospital of Xijing Hospital, Air Force Military Medical University, Xi'an, China

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Corresponding Author
Dan Liu*
Email: liudanxy@qq.com

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Abstract

With the progress of globalisation, providing end-of-life care for all kinds of cultures has become an urgent problem for healthcare systems around the world. Patients and their families from different cultural backgrounds have various views on death, decisions about terminal illness, and other caregiving needs. This paper will systematically examine the current application of multicultural nursing in end-of-life care from five aspects: the impact of culture on the demands of end-of-life care, barriers to implementing multicultural nursing, strategies for cross-cultural communication, training programs to enhance cultural competence, and evidence-based approaches and future research directions. Based on recent international research, it can be seen that cultural differences are serious obstacles to providing end-of-life services, and there is an urgent need to develop nursing models that are both culturally sensitive and flexible. The purpose of this paper is to provide theoretical support and practical suggestions for clinical practice and policy planning in end-of-life care, thereby improving the quality and suitability of services for people of all ethnic groups.

Keywords
End-of-life care; Cross-cultural communication; Cultural competence; Death literacy; Multicultural nursing; Palliative care

1. Introduction

With the rapid pace of globalisation and increased international migration, healthcare systems around the world are facing new challenges due to cultural differences among people. Care provision for seriously ill patients at the end of life is a particularly delicate issue. As more diverse cultures have merged, it has created many problems for healthcare workers in understanding different values about death, dying, illness and how to help patients and their families. Continuous changes in society also mean that more people from various countries are receiving healthcare services, requiring doctors, nurses, etc., to be more sensitive to these cultural differences to provide excellent and appropriate care for all people (Hill et al., 2023). Recognizing the importance of culture in health services is driving the introduction of cross-cultural nursing into end-of-life care systems.

Culture affects how patients, their families and healthcare providers, perceive and act in the face of death. Different cultures have varied beliefs about death, mourning customs, family relationships and decision-making processes. Some cultures are more collectivist and inter-

dependent, while others are more individualistic and value self-determination. Therefore, different cultures may have different needs for care, how to talk about pain and emotions, and expectations from doctors or other medical personnel. Given the many different views of death and dying around the world, caregivers need to learn about these cultural differences to provide care that is in line with cultural values. If one does not know about these differences, it can lead to poor communication, reduced satisfaction for the patient and family, and problems in the delivery of care (Zeleke et al., 2025). Moreover, cultural beliefs are also related to socioeconomic factors and can increase difficulties in providing cross-cultural care. Research has shown that people from all walks of life face problems with end-of-life care, such as difficulty communicating with doctors and misunderstandings about different cultures.

Meeting the cultural needs of patients in terms of care is still a serious problem. If this issue is not addressed, it will lead to poor-quality end-of-life care and inequity in symptom management, psychological support, access to palliative care, etc. Linguistic barriers may prevent honest communication about illness or about possible therapies, while societal taboos concerning mortality often block advance care planning of any sort. Furthermore, lack of culturally specific practices or tools in healthcare settings aggravates the disparity of available services. These facts suggest an urgent need for medical professionals to develop cultural competence and to offer care that respects individual identities and particular patient choices (Hill et al., 2023).

Among the key components of multidisciplinary palliative units, nurses are central to the task of bridging cultural divides in care-giving. Their long-term, face-to-face contact with patients and their families gives them special access to cultural needs, to opportunities for discussion, and to ideas about culturally appropriate treatment. Consequently, the cultural competence of individual nurses bears directly upon the capacity to deliver fair, excellent end-of-life care to many types of people. Educational efforts directed toward cultural awareness help them to distinguish features of identity, to avoid assumptions, and to interact politely. Such skills contribute not merely to better clinical results but also to trust and comfort for families of all backgrounds (Hill et al., 2023). Hence, encouraging nurses'cultural development is an important strategic goal in the growth of multicultural palliative nursing.

The paradigm of culturally sensitive nursing presumes a systematic integration of beliefs, values, and traditions held by patients into care routines. Therefore, we can offer compassionate and culturally appropriate end-of-life care for the people. To provide such care, active listening, a deep understanding of culture, and tailored care plans based on the actual circumstances of different cultures are needed. Moreover, it requires institutional commitment to policy-making and resource allocation that favor inclusivity. Cultural sensitivity—when built into day-to-day practice—helps providers meet complex multicultural needs and thus improve the quality and acceptability of palliative care (Zeleke et al., 2025). Such a shift toward culturally oriented care is central to achieving actual patient-centeredness and to promoting equity in end-of-life treatment.

The present review is intended to examine—systematically—recent developments in applying multicultural nursing ideas to end-of-life care. It will evaluate the role of culture in determining care needs, note particular difficulties in practice, and suggest feasible methods of cross-cultural communication. Additionally, it will analyze available forms of cultural competence training (for professionals) and consider what is known—and what still needs to be studied, in this area. By gathering together what has been established, the article proposes a broad basis for planning culturally appropriate nursing care, and for raising the quality of end-

of-life care in today's increasingly varied medical contexts.

2. Cultural Factors Influencing End-of-Life Care Needs

2.1 Cultural Differences in Death Perception

Among cultural viewpoints, those dealing with mortality are of central importance in determining how people cope with end-of-life care—how they come to think of, to accept, or to respond to death.

Death is frequently conceptualized in Western bioethics as an inevitable biological terminus, a view that underscores individual autonomy, candid discourse, and the explicit acknowledgment of mortality. The above framework can help doctors and patients talk freely about their future health and treatment plans in line with the ethical requirements of patient autonomy and informed consent. On the other hand, many Eastern philosophical systems, such as Buddhism and Hinduism, believe that death is a change of state rather than an end; thus, people in these cultures give great spiritual importance to dying and need a calm mind and spiritual preparation at the end of life, which is often achieved through meditation and prayer. In some other cultures, death is considered a taboo subject, and open discussion is avoided due to the fear of offending others or causing distress. For example, many families in Asia may choose not to inform patients of a serious illness to keep a positive attitude. Different cultural views on death and dying lead to various types of care; Buddhist patients seek peace of mind at the end of life, while Muslim patients focus on prayers and rituals that strengthen their faith for life after death. Furthermore, immigrants living in different countries often need to blend their original cultural beliefs with the customs of new places, and their perceptions of death vary among different areas. Therefore, to provide care that truly respects the cultural values and spiritual wishes of all patients, doctors should be well-versed in these cultural differences (Ferguson et al., 2022; Jackson et al., 2023; Scherer et al., 2021).

2.2 The Impact of Family Dynamics and Collectivist Values on End-of-Life Decision-Making

Different cultures have also been shaped by the family and the culture of collectivism in many parts of Asia and the Middle East; this is different from the individual self-determination model in the West. In many collectivist societies across Asia and the Middle East, the family generally makes healthcare decisions, so a person's own will is often given less weight than the consensus of the family and the interests of the whole group. This spirit of collectivism can lead to ethical problems in hospitals around the world where patients' right to self-determination is ignored. For example, the Confucian value of filial piety in Asian countries expects adult children to take good care of their aging parents' medical needs; sometimes, out of fear of causing their parents emotional distress, these children fail to inform them in time about serious illnesses. Families in Latin America and the Middle East also frequently make medical choices together and hope that healthcare professionals will communicate with the entire family rather than focusing solely on the patient. Therefore, doctors need to pay more attention to these cultural differences and adjust their work methods accordingly. Research conducted in Singapore has also found that family circumstances are often cited as reasons for choosing less ideal treatment in non-Western and multi-ethnic areas; that is to say, families are needed to decide how older people are cared for at home (Atout et al., 2021; Schefold et al., 2023).

2.3 Religious Beliefs and Spiritual Needs

Many patients are seeking comfort and purpose in faith-based systems to face the reality of

death and the process of dying, especially at the end of life. Nursing staff and doctors need to be knowledgeable about all kinds of religious ceremonies, taboos and spiritual needs of people from different backgrounds. For instance, according to Islamic end-of-life care, some traditions require praying for help, ritual washing and avoiding death machines; Christians may wish to receive sacraments such as confession and extreme unction; Hindus may hope to bathe in the sacred Ganges water and chant God's name to find peace. These customs are not just symbols; they are ways for patients to face death and define what a "good death" means to them. Research by palliative care specialists in Hong Kong has also found that Chinese cultural values of maintaining family harmony and avoiding direct discussion of death need to be incorporated into clinical practice. Therefore, there is an urgent need to enhance the basic literacy of medical staff in religion and spirituality so that they can sensitively meet all kinds of demands that arise from different belief systems and cultures in their clinical work (Ferguson et al., 2022; Scherer et al., 2021; Shafan-Azhar et al., 2025).

2.4 Preferences for Place of Death and Medical Intervention Choices

Preferences for the place and manner of death, as well as the degree of life-sustaining treatment at the end of life, vary among different cultural groups due to various reasons, such as different views on death, family circumstances, trust in the healthcare system, etc. Some immigrant communities wish to die in their country of origin or at home more strongly, indicating a "dual homeland" identity with deep cultural roots in their native land; thus, such wishes may present logistical and ethical problems for healthcare providers in the host country. In addition, some studies have shown that certain immigrant groups prefer more intensive medical care; this may be because they do not trust the healthcare system, are restricted by cultural taboos related to death, or hold different views on technology and extending life. While extensive research has been conducted on the wishes of terminally ill cancer patients in Western countries, studies on Asian populations are relatively scarce. A qualitative study conducted in Malaysia pointed out the necessity of cultural sensitivity in understanding patients' demands and choices, and similarly, Finland has begun to incorporate multicultural considerations into discussions on palliative care to respect the diverse desires of different people regarding where and how to prolong life (Jackson et al., 2023; Schefold et al., 2023).

2.5 Cultural Barriers and Facilitators to Advance Care Planning

The degree of adoption and application of Advance Care Planning (ACP) varies among different cultures; generally speaking, ethnic minority groups have had lower participation rates for all kinds of reasons, such as traditional social norms, limited health literacy, restricted access to information, and so on. Cultural taboos in Chinese diaspora communities regarding death and the concept of filial piety make people reluctant to talk about advance care planning (ACP); talk of mortality is often considered to bring bad luck, and it may conflict with the wish to protect older family members from emotional distress. At the same time, culturally appropriate ways of delivering education and legal systems that support advance care planning (ACP) can also be used to increase the awareness and obtain the acceptance of immigrant communities. For example, if a country has an excellent ACP system, it may motivate immigrants to plan in advance out of concern for their health in institutions. Research on Malaysian cancer patients near the end of life has indicated that spirituality can be a way of coping, so adding spiritual care to ACP can increase participation. Culturally sensitive approaches and spiritual introspection should be applied in the implementation of ACP to improve both its effectiveness and compatibility with cultural values and personal aspirations (Atout et al., 2021; Jackson et al., 2023; Scherer et al., 2021).

3. Obstacles in Multicultural End-of-Life Care

3.1 Linguistic Hurdles and Their Consequences

Linguistic differences are a serious problem in multicultural end-of-life care settings; it is difficult for doctors and patients to communicate effectively, and thus important information cannot be exchanged. Therefore, in serious situations, lucid communication is needed to transmit medical information and also to understand what patients hope for in their last days, what values and wishes they have. When no professional interpreter is available, family members are often used, but this may lead to misunderstandings or the disclosure of private information. Due to emotions or cultural taboos, family members may unintentionally filter or alter what they are about to tell, resulting in information loss. Simple language skills are not sufficient for the deep expressions of death-related wishes, and many metaphors or culturally specific expressions are used that require special interpretation. Many cultures use indirect words or symbols to talk about death, so professional interpreters and doctors need a high level of cultural and linguistic knowledge to avoid communication errors (Hill et al., 2023).

3.2 Cultural Misconceptions and Bias

Cultural misunderstandings and implicit biases among nursing staff can lead to a wrong perception of patients' circumstances and needs, resulting in unequal medical treatment for people from different cultural backgrounds. Unconscious stereotypes held by healthcare providers may lead to misinterpretation of behaviour, desires or health conditions; thus, this can result in incorrect diagnoses or culturally insensitive care. A lack of knowledge about local customs related to death and mourning is also a problem. For example, some cultures promote collective decision-making and shared grief with families; others prioritize individual autonomy. Failure to consider these differences may result in conflict and dissatisfaction. Although some nurses may be individually culturally competent, systemic and structural biases in the healthcare system also need to be addressed.

Healthcare institutions that are part of the systemic disparity should strengthen their governance structure and operating model to ensure that policies and implementations are culturally sensitive at all levels. Now, through reflective practice and cross-cultural supervision, nurses can be more aware of their own cultural biases, learn about the views of others, and avoid prejudice in treatment situations; continuous self-assessment and improvement will help guarantee fair and humane care for all people in multi-cultural societies, especially at the end of life (Hill et al., 2023).

3.3 Deficiencies in Cultural Competence Education

Only a small number of nurses in the nursing staff have received systematic training in cultural competence, so they are still at the mercy of personal experience and intuition when caring for terminally ill patients from different cultures. Although the current educational initiatives have increased awareness of cultural differences, they have not yet been turned into practical changes in behaviour during daily work. This gap between knowledge and application has limited the effectiveness of cultural competence programs and continues to be an obstacle to providing culturally sensitive care. Data from Spain show that nurses in charge of caring for culturally diverse patients face not only deficiencies in education but also psychological stress caused by cross-cultural misunderstandings and communication problems. Therefore, teaching methods that combine cognitive learning with training in emotional regulation need to be strengthened to help nurses handle all kinds of demands of cross-cultural palliative care.

Finnish studies have shown that it is necessary to systematically foster cross-cultural communication skills among the entire team of healthcare providers, and they have taken steps to integrate cultural competence into national continuing education and professional development plans to help all medical professionals learn how to effectively deal with people from different cultural backgrounds and improve patient health outcomes and satisfaction (Hill et al., 2023).

3.4 Ethical Conundrums and Cross-Cultural Frictions

Ethical issues in cross-cultural end-of-life care often stem from different cultural beliefs and values in various places, as well as changes in the environment of modern biomedical ethics. Nurses frequently face problems such as conflicts between a patient's right to privacy and the family's demand for information in cross-cultural care. For instance, some cultures need joint decisions by several family members, but in the West, people are more focused on their own autonomy and privacy. Different expectations for do-not-resuscitation orders or when to cease life-sustaining treatments can also result in disputes among patients, relatives and doctors. Recently, music therapy has been introduced as an alternative, non-verbal communication method, and aesthetic ideas such as "polyphony" are now used to express emotions and promote cross-cultural understanding. Therefore, to avoid harm from unnecessary medical intervention, personalized care plans need to be developed according to a person's cultural background and life circumstances. Healthcare workers should address these ethical problems from a cultural perspective and collaborate with families and patients to provide all-encompassing, considerate, and value-respecting care (Hill et al., 2023).

3.5 Service Accessibility and Equitable Distribution

Many different problems face the ethnic minority group. There are many reasons why people in different areas do not receive palliative and hospice care; for instance, there are late referrals, a lack of awareness of these resources, socioeconomic disparities, various cultural beliefs about death or distrust in the medical system, and so on. These differences result in a considerable variation in both the utilisation and the quality of palliative care among different ethnic groups. Acceptance rates for such services are also relatively low in some cultures due to all sorts of reasons. These circumstances do not meet the basic requirement of fair access to healthcare, and appropriate corrective measures need to be taken. Differences in "death literacy" within multicultural communities directly limit people's ability to seek out and receive end-of-life care; thus, strengthening community-based education and outreach programs can increase people's understanding and acceptance of palliative care (Hill et al., 2023).

4. Cross-Cultural End-of-Life Communication Strategies

4.1 Patient-Centered Communication Models

Patient-centred communication at the end of life should take into account the different cultures, values and life experiences of all patients individually, rather than using a single cultural norm. People in the same ethnic group may have different views on life and death, so a uniform way of talking is not suitable. Therefore, healthcare providers need to adjust their language according to what each patient needs; in some cases, using indirect expression, metaphors or stories might be more appropriate than directly informing them of bad news. In cultures where death is considered a private matter or emotionally sensitive, indirect communication can help patients talk about their fears and wishes for dying more comfortably. One of the main ways to achieve this is emotional reflection; that is, healthcare providers can control their own emotions to respond gently to the feelings of dying patients during difficult conver-

sations. Swedish research has found that by understanding the cultural context of terminally ill patients in a patient-centred manner, doctors can meet their various demands better and provide respectful and appropriate care (Chedid et al., 2025; Kesecioglu et al., 2024). Thus, patient-centred communication at the end of life is expected to make patients feel understood and more willing to talk about death freely according to their own culture.

4.2 Application of Cultural Mediation and Professional Interpretation

Professional interpreters help bridge the language and culture gap for people at the end of life in diverse societies. Not only are they translators of language, but also cultural brokers who help people better understand each other by conveying the context and emotions in language. To make good use of the interpreter service, interpreters should be fully informed about the patient's clinical condition, prognosis, care goals, etc., so they can accurately transmit the information in accordance with cultural differences. This is not to be avoided; rather, if done carelessly, there will be communication errors, a breach of confidentiality, and increased emotional distress for the relatives. Therefore, the leaders of intensive care units and healthcare administration should actively promote and require the use of professional interpreters to improve the standard of communication and enhance patients' health. A network of community cultural mediators can be established to provide continuous support for cross-cultural cooperation with hospitals, build trust and cooperation among all parties, offer cultural information to help in the design and implementation of culturally appropriate care plans, and provide professional cultural mediators and interpreters at the end of life to overcome language barriers and prevent misunderstandings while respecting the patient's cultural values and wishes (Kesecioglu et al., 2024; Zhao et al., 2026).

4.3 Cross-Cultural Adaptation of Advance Care Planning

Tools and guidelines for in advance care planning need to be adapted to different cultures, considering the values, beliefs and communication patterns of different groups (ACP). Therefore, it is necessary to individualize them so that ACP conversations are more meaningful and respectful, and people are able to participate actively in decisions about their end-of-life care. For instance, a Canadian study has created a decision-aid system that integrates Islamic views on end-of-life care with the legal and health systems of Canada to provide culturally appropriate support for Muslim patients and their families in ACP; thus, religious beliefs have been honoured, problems in the use of healthcare institutions have been solved, and participation in ACP among the Muslim community has been increased. Similarly, Australian research has shown that area-specific interventions, such as translated death literacy indicators, can raise the level of awareness and the ability of people from linguistically and culturally diverse backgrounds to engage in end-of-life care. In short, these customised teaching materials will help individuals and their families better express their wishes for care planning (Chedid et al., 2025; Keon-Cohen et al., 2025).

4.4 Humanistic Care Addressing Spiritual and Religious Needs

A basic part of the idea of culturally competent nursing practice is to incorporate spiritual or religious factors in the care of terminally ill patients. As part of the overall care plan, nurses need to correctly identify the spiritual needs and religious beliefs of each patient and provide corresponding spiritual support. Respecting all religions, prayers, spiritual experiences, etc., regardless of a person's background, is necessary; thus, administrative cooperation should be established to shape hospital policies accordingly. European studies have shown that many nurses lack training or experience in spiritual assistance, so urgent measures need to be taken

to solve this problem.

If people want to improve their level of spirituality, then strict training and abundant digital resources can be provided. For those who are terminally ill (especially in China or other parts of Asia where religion and spirituality are not closely linked), spirituality can offer basic support and a sense of hope. Therefore, nursing assessments should not ignore people's religious attitudes and neglect their basic spiritual needs; rather, they should be taken into account when providing nursing care. In this way, people can maintain their dignity, reduce suffering, find peace of mind at the end of life, and thereby enhance both the quality and satisfaction of care received by them (Almansour et al., 2026; Kesecioglu et al., 2024).

4.5 Advancing Death Literacy and Community Outreach

Death literacy refers to the necessary knowledge, abilities and resources that people need to effectively cope with life-ending crises, the experience of dying and the process of grief. Across all parts of society, to help people at the end of life, their families, and communities, it is necessary to improve their death literacy. Many communities around the world have implemented diverse programs to increase death literacy for various groups, including public awareness campaigns, patient education courses and online forums for ethnic minorities and immigrant communities. These initiatives have shown that using various channels such as workshops, radio and social media, etc., can spread knowledge about death and dying more widely, reduce fear and stigma, and enable individuals to make informed choices. With particular attention given to people in vulnerable situations, it is urgent to create multiple-language, all-media and easy-to-understand learning resources to ensure that everyone has access to crucial information at this time (Chedid et al., 2025; Rabin et al., 2023).

5. Cultural Competency Training and Nursing Education

5.1 Theoretical Framework of Cultural Competency Training

The theoretical foundation for cultural competence training in nursing is an organised development path that goes beyond learning about various cultures. This system generally consists of four parts: cultural awareness, cultural knowledge, cultural skills and cultural encounters; together, they will help nurses gain all-round abilities in working with people from different cultural backgrounds. Cultural awareness refers to being conscious of one's own cultural norms and prejudices; it is the basis for learning about the cultures of different people and helps us be sensitive to them. Cultural knowledge is the study of the worldviews, health beliefs, customs, etc., of various groups, and cultural skills are the abilities to apply this knowledge effectively in actual nursing practice. Finally, cultural encounters provide real-life situations for learning that help us break down stereotypes and adapt better in clinical settings. Therefore, the entire plan is not merely to absorb cultural information; rather, it is an ongoing process of reflection that can enhance a nurse's capacity to care for people from all walks of life well.

Training initiatives have moved away from the transmission of individual knowledge and are now generally focused on cultural competence at the organisational or systemic level. With this broader view, it has been decided that healthcare institutions need to incorporate cultural competence into their own rules, daily operations and even the physical environment to achieve continuous improvement in the quality of care. Multicultural nursing competencies should be added to academic study and clinical practice, and the educational process should actively promote the learning of knowledge, changes in attitude and skills, etc., rather than simply inducing it. Therefore, all-round training can help ensure that nurses are both theoreti-

cally strong and practically capable, and they can provide culturally sensitive end-of-life care that meets the diverse needs of patients better and increases their satisfaction (Chedid et al., 2025; Griffith et al., 2024; Ismail et al., 2025).

5.2 Simulation-Based Instruction and Experiential Learning

Simulation-based teaching and experiential learning have been used to improve the cross-cultural communication ability of nurses in the area of end-of-life care. By participating in role-playing and simulated clinical scenarios, students are put in a safe and controlled environment to practice all kinds of communication skills needed for dealing with cultural differences and emotional problems at the end of life. Experiential learning exposes nursing staff to many cultures and allows them to feel firsthand what communication barriers and misunderstandings arise due to these differences. Therefore, they can develop cultural sensitivity and gain an in-depth, emotional understanding of patients' cultural backgrounds rather than just abstract theoretical knowledge. Simulated training in various cultures is more effective than traditional lectures because it can show how to apply what has been learned in daily life. Through realistic role-playing, nurses can learn cultural ideas and develop flexible communication plans according to the specific circumstances of patients. In addition, interdisciplinary team simulations are also very helpful for learning how to cooperate in multicultural end-of-life care environments; such group activities foster mutual understanding among all kinds of healthcare workers and enable them to plan and provide coordinated, culturally sensitive care services (Farombi et al., 2025; Ismail et al., 2025; Zhao et al., 2026).

5.3 Training in Language and Cross-Cultural Communication Competencies

Good training in language and cross-cultural communication should be provided to help nurses overcome language and cultural barriers in their daily work and ensure the quality of end-of-life care. In addition to basic language skills, these courses should also cover knowledge of cross-cultural interaction, such as recognizing non-verbal cues and culturally specific expressions of silence; thus, nurses can better understand what patients and their families are trying to communicate and respond appropriately from a cultural perspective. Practical training on how to use professional interpreters to improve the quality of communication in sensitive situations and build trust with patients and families will also be provided, and nurses should be able to recognise and address different cultural responses to information on prognosis; for instance, some cultures are more open to discussing death in detail than others.

Although digital health technology and remote interpretation services have been introduced to solve the problem of language barriers, it is not yet known whether they can fully convey the different cultures and emotions of all people during communication without losing anything. Therefore, the teaching in schools should aim to nurture cultural humility by avoiding assumptions about uniform characteristics among ethnic groups or stereotyping them; instead, pay attention to the various ways in which people's cultures differ (Bennet & Agyemang, 2025; Chedid et al., 2025; Ismail et al., 2025).

5.4 Reflective Practice and Self-Awareness

Nurses need to motivate themselves to reflect on their own experiences, improve their sensitivity to cultural differences in emotionally challenging circumstances, identify their own cultural assumptions and values, modify their attitudes towards all types of groups of people, discover any unconscious biases that may affect the quality of care, expose hidden prejudices and stereotypes through organised reflection, and point out any blind spots in cultural sensi-

tivity at the bedside. In cross-cultural care, one should systematically record and analyse one's feelings about cultural differences or misunderstandings to uncover their sources and build a foundation for developing strategies to improve communication and empathy. Therefore, reflection should be integrated into all parts of professional development and not be limited to a particular time or place, enabling nurses to adapt to changes in the cultural environment of various groups of patients and maintain high sensitivity to all kinds of cultural and emotional problems at the end of life (Chedid et al., 2025; Fullilove et al., 2024).

5.5 Support from Educational Policies and System Integration

To build multicultural nursing education institutions, strong policy support and full integration of the healthcare and education systems are needed. Nursing institutions should integrate content on cultural competence at all levels of the education system for college students and regularly organize professional development activities; this should not be done only once or twice. Policymakers need to identify the reasons for the lack of cultural competency training and increase the mandatory nature of such training in nursing education and licensing regulations. Foreign nursing organizations have issued important recommendations and quality standards to help healthcare institutions build effective multicultural nursing education systems. In addition, adding evaluations of cultural sensitivity to the quality assessment system for nursing will motivate institutions to take more responsibility for continuously improving the results of training. Thus, with the full support of all sides, cultural competence will enhance the overall quality and fairness of end-of-life care services (Breland-Noble et al., 2024; Chedid et al., 2025; Farombi et al., 2025).

6. Evidence-Based Practice and Future Research Directions

6.1 Evidence-Based Multicultural Palliative Care Models

Multicultural palliative care should, in light of the evidence, incorporate the latest research, professional knowledge and patient-centred values, give due attention to culturally sensitive aspects, and consider it one of the main reasons for providing care. This framework recognizes that culture affects how people view their illness, choose treatment options, and handle problems related to dying or death to a certain extent.

Therefore, in order to improve the quality of care and enhance patient satisfaction, culturally appropriate ways of doing things should be used. Studies in many countries have shown that when community-based palliative care programs are adapted to local cultural conditions, they can help all groups of people build health literacy and make good use of services; for example, virtual support systems for Asian American women with breast cancer have been shown to improve their quality of life and manage symptoms (Im et al., 2023). However, the impact of these cross-cultural adaptations varies among different languages and cultures, so before such programs are widely introduced in various places, the specific needs for adaptation need to be systematically studied. To reduce cultural barriers in changing behaviour intervention frameworks and reduce bias, the active participation of communities and continuous observation of the intervention process are necessary (Fischer et al., 2024). Future research should continue to track the long-term effects of cultural alteration on palliative care using all kinds of methods, collect real-life experiences from patients of all ethnic backgrounds, and provide strong data support for building culturally sensitive care and equitable end-of-life care systems that respect cultural differences.

6.2 Application of Digital Technology in Multicultural Palliative Care

Digital instruments and telemedicine can be used to address language barriers and improve access to health services for people from different cultural backgrounds in palliative care. Remote interpretation services and multilingual health education materials can be employed to help communicate better and ensure that all patients from different ethnic groups receive proper information about the medical services. Nurses providing spiritual care need to be fully aware of all these diverse needs of such patients and use digital platforms to expand the scope and cultural sensitivity of their assistance. For instance, specialized digital educational materials have been developed for transgender, non-binary and intersex (TNBI) individuals to increase their knowledge and cultural literacy among healthcare professionals; a similar approach should be taken in palliative care (Katta & Davoody, 2025). Digital health education can also help solve the problem of training resource shortages, but we must be careful to address the uneven distribution of digital literacy among healthcare staff and ensure that it can be used effectively. Ethical problems in the use of digital technology, such as data security and cultural appropriateness, also need to be handled properly.

6.3 Multicultural Family End-of-Life Decision Support Systems

Decision-making at the end of life in multicultural families has numerous links, both between generations and across cultures; thus, many forms of communication need to be employed to meet the different needs of patients, relatives and doctors. During family meetings, one must consider cultural differences in the concept of elder authority and avoid using a one-size-fits-all approach.

Do not blindly apply the Western model. Expand the roles of community volunteers and cultural mediators to provide continuous companionship and coordinated support according to the specific circumstances of multicultural families. Another necessary part of multicultural palliative care is to build a bereavement counseling system that is sensitive to cultural differences; it should respect various mourning customs and support systems and help people cope with grief in different cultures. Research has shown that culturally appropriate communication can increase family participation and their satisfaction with end-of-life care; for example, cross-ethnic matching of providers and families is associated with better family-centered care results (Alberto et al., 2021). Therefore, the next step is to build and verify decision-support tools that take into account family interaction and cultural values to improve both the quality and all-encompassing nature of end-of-life services.

6.4 Transnational and Cross-Cultural Comparative Studies

Around the world, there have been numerous comparisons conducted to learn more about the trends and differences in multicultural palliative care under various healthcare systems, cultural policies and societal conditions. They have also revealed how medical institutions and cultural norms in different countries affect the end-of-life experience of patients with the same cultural background. For instance, comparisons between Asian and Native Hawaiian/Pacific Islander groups have shown various differences in the stage and type of cancer at diagnosis, suggesting that customised prevention and control measures are required (Bock et al., 2023). To enable fair cross-cultural comparisons, standardised instruments for assessing multicultural palliative care need to be developed that are both reliable and valid in all cultures. Extending the scope of research to developing countries and other less-represented areas will also add more knowledge to the field and reduce global disparities in multicultural end-of-life care.

6.5 Policy Recommendations and Future Prospects

At the government level, we need to establish and promote national standards for cultural competence and quality indicators in palliative care to ensure fair access to services and provide culturally appropriate care for all people at any time. Healthcare institutions should strengthen long-term cultural liaison programs and multicultural care coordination mechanisms to integrate cultural support services into their daily operations and enhance the continuity and adaptability of care. By promoting collaboration among all disciplines and sectors, we can link public health, social work, community resources, and so on to build comprehensive social support systems for multicultural palliative care. Continuous investment in research on multicultural nursing in palliative care should be made to spread knowledge and improve the quality of life for people from all backgrounds around the world.

7. Conclusion

Exploration of cultural aspects in end-of-life care has shown that there are various problems concerning the experiences of older adults and their families.

Based on the views of experts, cultural beliefs about death, patterns of family decision-making, spiritual needs and desires for care are all basic factors that affect the structure and implementation of palliative care services. Therefore, nursing strategies that are both culturally sensitive and responsive should be regarded as an ethical imperative and a practical necessity to provide care in accordance with the different worldviews of various cultures. Balancing all the diverse research results in this area requires acknowledging the inherent conflict between universal principles of care and particular cultural practices; for example, although patient autonomy is the foundation of Western bioethics, many cultures give more weight to family-centered decision-making and thus pose a challenge to the standardization of care. Therefore, we need to develop flexible frameworks that can be adapted according to various cultural logics without losing the goals of good care and ethical norms. Furthermore, we should be mindful of how cultural factors change and interact with other social factors, such as language proficiency, economic status and systemic disadvantages; the problems that have arisen are diverse but closely related and affect each other, causing serious problems in ensuring equal access to end-of-life care.

Cross-cultural communication is now a way to connect people from different backgrounds in healthcare settings. Based on the above evidence, it can be concluded that a patient-centered communication model will help patients better understand their medical conditions and form a positive attitude towards treatment. Improving the death literacy of the community and healthcare institutions will help patients and their families make more informed decisions about care and reduce anxiety and conflict. The above all indicate that there are many reasons for this and that cultural differences should be considered. A main problem with the above study is that cultural intelligence education has not been systemically introduced into nursing school. The training should also cultivate skills, attitudes and other qualities that help the staff deal with cultural differences in an appropriate way. To ensure that cultural competence continues to be a goal and a standard of care, there should be continuous assessments and feedback. Continuous learning is in line with the changes in culture and the problems that have arisen from diverse patients over time. Looking ahead, the direction of research in this review will be the application of digital technology to improve cultural literacy in end-of-life care. Telehealth platforms culturally adapted decision-making aids and virtual interpreter services are all good ways to solve the problems of distance and language. Culturally appropriate family

decision-support systems can promote mutual understanding, but due to the complexity of care situations, they need to be very advanced and subtle. Several countries have conducted comparative studies to gain more knowledge on how to handle cultural differences in healthcare, identified outstanding global practices and policy innovations, and thus, culturally sensitive end-of-life care has become a research focus in palliative medicine around the world. This paper proposes an integrated way of thinking that respects cultural individuality and preserves the core spirit of care, and by developing all-around skills and institutional systems in conjunction with new data and tools, a fairer, more inclusive and gentle model of care can be built in this area. Such progress yields benefits not only for individuals and their families but also for global ethics and professionalism in end-of-life care.

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Conflicts of Interest

The author(s) declare no conflicts of interest regarding the publication of this paper.

Ethics Statement

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