

# Critical Aspects in Assessing Palliative End-of-Life Care: A Narrative Review of Family Support and Spiritual Needs

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## Abstract

**Aims:** To review the existing evidence on the assessment of spiritual needs and family support in palliative end-of-life nursing care.

**Methods:** A narrative review was conducted using databases, including ScienceDirect, EBSCOhost, ProQuest, and PubMed. Keywords included “palliative care,” “assessment tools,” “family,” and “spiritual.” After applying the inclusion criteria, 12 relevant articles were analyzed.

**Results:** Two major assessment domains were identified. First, spiritual needs encompass perceptions of death, hopelessness, dependency, fear, avoidance, anxiety, stress, depression, Quality of Life (QoL), and religious barriers. Second, family support includes caregiver burden, fatigue, depression, declining physical health, anxiety, and financial stress. These factors influence both patient well-being and the family’s capacity to provide end of life care.

**Conclusion:** Spiritual needs and family support are interconnected and critical components of a comprehensive palliative nursing assessment. Integrating structured spiritual and family assessment tools into clinical practice is essential for developing culturally sensitive holistic care plans that enhance quality of life and death. Future nursing education, clinical training, and policies should prioritize systematic assessment approaches and interdisciplinary collaboration to strengthen end-of-life care.

*Keywords: end of life care, family support, palliative care, spiritual care*

## **Introduction**

Advances in medical science and an increase in life expectancy have contributed to a growing number of patients living with chronic and life-limiting illnesses, creating an urgent need for high-quality palliative care (WHO, 2018). Palliative care is a holistic approach that aims to enhance the quality of life of patients and families facing life-threatening conditions through the prevention and relief of suffering across the physical, psychological, social, and spiritual dimensions (WHO, 2023). In the end-of-life phase, these needs become increasingly complex, requiring comprehensive assessments that address both the patient's spiritual well-being and the role of family support in care and decision making (Quinn & Connolly, 2023; Sudore et al., 2014).

Spiritual and family dimensions are central to achieving a dignified and peaceful death. For patients, unmet spiritual needs, such as finding meaning, forgiveness, or hope, have been linked to increased anxiety and depression and lower quality of life (Martins et al., 2024). For families, emotional, informational, and practical support is essential to sustain caregiving capacity and reduce distress during the dying process (Kim & Kim, 2024). However, these domains often receive less attention in clinical nursing assessments than physical symptoms (Agustini et al., 2025; Kallis et al., 2025). Nurses play a pivotal role in identifying and addressing these needs; however, evidence shows that the essential components of spiritual and family support assessment remain underdeveloped and inconsistently applied in practice (Batstone et al., 2020).

Globally, approximately 56.8 million people require palliative care each year, of whom two-thirds are adults aged >50 years. Despite this high demand, access to palliative care remains limited, particularly in low- and middle-income countries (WHPCA 2020). Barriers frequently reported by patients and families include a lack of personalized care, emotional distress during the dying process, and feelings of abandonment when services fail to meet their holistic needs (Kallis et al., 2025). These challenges emphasize the importance of accurate and comprehensive nursing assessments at the end of life to ensure that interventions are responsive to patients' spiritual concerns and the psychosocial and caregiving capacity of families (Batstone et al., 2020; Sudore et al., 2014).

Recent studies have identified persistent gaps in nurses' ability to assess and integrate spiritual and family support dimensions into palliative care planning (Özmen & Keskin; Vithana et al., 2025). The contributing factors include inadequate training, the absence of structured assessment tools, and the limited emphasis on these domains within existing care models (Paterson & Maritz, 2024; Temelli & Cerit, 2021). Consequently, palliative nursing care often prioritizes the management of physical symptoms, such as pain control, wound care, and comfort measures, while spiritual distress and family burden remain underassessed and undertreated.

Therefore, this narrative review aimed to identify and synthesize evidence regarding the critical aspects involved in assessing family support and spiritual needs in palliative end-of-life nursing care. The findings are expected to serve as a conceptual foundation for developing comprehensive, contextually relevant, and culturally sensitive nursing assessment tools that reflect the multidimensional nature of palliative care and promote holistic patient and family well-being at the end-of-life.

## Methods

This study employed a narrative review design, which allowed for the synthesis of diverse types of evidence and provided a broad understanding of the conceptual, clinical, and contextual issues related to the assessment of spiritual needs and family support in palliative, end-of-life care. The review process followed five structured stages, adapted from Sukhera (2022) and aligned with current best practices for narrative reviews in the nursing and palliative care literature, ensuring rigor and transparency (Sukhera, 2022). First, the rationale for choosing a narrative review was clearly articulated, emphasizing its suitability for synthesizing diverse evidence on the spiritual needs and family support in palliative care. Second, the scope and boundaries of the review were defined to maintain its focus and relevance. Third, clear inclusion and exclusion criteria were established to guide the study selection. Fourth, reflexivity was incorporated by considering the reviewers' perspectives and potential biases that could influence the synthesis process. Finally, a comprehensive analysis of the selected studies was conducted to identify key themes, integrate the findings, and highlight gaps in existing assessment instruments.

The guiding review question was: *“What are the critical aspects to be considered in nursing assessments of family support and the spiritual needs of palliative end-of-life patients?”* This review focused on two key domains: (a) aspects of assessment related to family support among palliative patients and (b) aspects of assessment related to spiritual needs among palliative patients. Both domains were explored in relation to the nursing process and the context of end-of-life care.

A structured literature search was conducted in four international databases: ScienceDirect, EBSCOhost, ProQuest, and PubMed using a combination of keywords and MeSH terms: “palliative care” AND “assessment tools” OR “nursing assessment” AND “family support” OR “family caregivers” OR “family assessment” AND “spiritual care” OR “spiritual needs.” Boolean operators (AND/OR) were used to combine search terms, and the reference lists of the included studies were screened manually for additional relevant publications. Studies included were published in English between 2015 and 2025, focused on palliative or end-of-life care in adults, discussed family or spiritual assessment components related to nursing care, and were peer-reviewed journal articles, reviews, or grey literature relevant to the topic. Studies focusing solely on pediatric palliative care, addressing only physical symptom management without psychosocial or spiritual dimensions, or conference abstracts, editorials, or commentaries without empirical or conceptual data were excluded. All identified articles were screened by title and abstract to determine their relevance. Full-text screening was conducted for potentially eligible studies. To ensure the credibility of the included evidence, each study was appraised using the Joanna Briggs Institute (JBI) Narrative Review Checklist, which assesses relevance, methodological transparency, and quality of interpretation. Only articles meeting acceptable quality criteria were included in the final synthesis of the results.

Data from the selected studies were extracted using a structured matrix that included the author, year, study design, population, setting, key findings, and identified assessment aspects. The analysis was conducted descriptively and thematically, focusing on identifying recurring patterns and critical components of assessment related to family support (e.g., caregiver burden, fatigue, depression, anxiety, financial stress) and spiritual needs (e.g., meaning, hopelessness, fear of death, dependency, and

religious barriers). The findings were narratively synthesized and grouped into conceptual categories that highlight the essential aspects of end-of-life palliative nursing assessment.

**Table 1.** Literature Search Summary

Database	Search Keywords / MeSH Terms	Number of Articles Retrieved	Search Date	Articles Included After Screening
PubMed	“palliative care” AND “assessment tools” AND “family” OR “caregivers” AND “spiritual” OR “spiritual needs”	86	May 5, 2025	5
ScienceDirect	“palliative care” AND “assessment” AND “spiritual” AND “family”	94	May 6, 2025	3
EBSCOhost	“palliative care” AND “spiritual needs” OR “family support” AND “assessment tools”	78	May 8, 2025	2
ProQuest	“end-of-life care” AND “palliative” AND “spiritual assessment” AND “family”	61	May 10, 2025	2
<b>Total</b>		<b>319</b>		<b>12</b>

**Results**

A total of 319 studies were initially retrieved from four databases (ScienceDirect, EBSCOhost, ProQuest, and PubMed). After removing duplicates and screening the titles and abstracts, 27 articles were reviewed in full. Based on the inclusion and exclusion criteria, 12 studies were included in this review. Studies were selected because they specifically addressed aspects of family support or spiritual needs in nursing assessments of patients requiring palliative and end-of-life care. Articles focusing exclusively on psychological distress, death anxiety, or quality of life without reference to family or spiritual assessments were excluded. Of the 12 included studies, seven were empirical studies (four qualitative, two quantitative, and one mixed-method), and five were conceptual or tool-development studies describing the assessment instruments used in palliative and end-of-life care.

**Table 2.** Studies on Assessment Tools for Evaluating Family Support and Spiritual Needs in Palliative and End-of-Life Care

No	Authors (Year)	Study Design / Setting	Main Findings	Important Issues Identified
1	Zimmermann et al. (2016)	Qualitative, multicenter, hospital setting	Participants perceived palliative care as linked to death, despair, and dependency, and fear and stigma discouraged early referral.	Fear of death, stigma, dependency, avoidance
2	Emanuel et al. (2023)	Quantitative cross-sectional	The Death Anxiety and Distress Scale was correlated with religious struggle and dignity-related distress.	Anxiety, stress, religious struggle
3	Ullrich et al. (2017)	Quantitative cross-sectional, inpatient PC unit	Terminally ill patients experience high psychosocial burden, anxiety, and depression, and their QoL is lower than that of the general population.	Psychological burden, anxiety, depression, low QoL
4	Perpiñá-Galvañ et al. (2019)	Mixed-methods, Spain	Family caregivers reported fatigue, anxiety, and depression, and excessive burden reduced their health status.	Family burden, fatigue, depression, health decline
5	Lyon et al. (2022)	Qualitative interviews with families	Families described their hopes for the future, limited personal time, and financial stressors.	Hope, time constraint, financial problem
6	Plinke et al. (2023)	Quantitative survey	Family members of palliative patients experienced depression and anxiety and perceived patients' QoL negatively.	Family anxiety, depression, perception of QoL
7	Kondeti et al. (2021)	Quantitative survey, home-based care	Low-income families reported higher care burdens and limited support access.	Economic burden, caregiver strain

Among the seven studies included (Table 2), four employed quantitative cross-sectional designs, one used a mixed-methods approach, one was qualitative, and one was community-based research. Collectively, the evidence demonstrates that both patients requiring palliative care and their families experience multifaceted burdens encompassing physical, psychological, spiritual, and socioeconomic dimensions. Families were particularly vulnerable to anxiety, depression, and financial strain, underscoring the need to assess family support alongside patients' spiritual and emotional needs. The reviewed studies reported complex and interrelated problems affecting both the groups. Patients commonly experience fear, hopelessness, dependency, avoidance, anxiety, and spiritual distress, while families experience

caregiving burden, fatigue, depression, and financial hardship. For instance, Zimmermann highlighted the stigma and fear associated with palliative care (Zimmermann et al., 2016), while others emphasized caregivers' emotional exhaustion, anxiety, and economic difficulties (Lyon et al., 2019; Perpiñá-Galvañ et al., 2019; Plinke et al., 2023). Similarly, Kondeti et al. demonstrated that low-income families experience heavier caregiving burdens and limited access to psychosocial and financial support (Kondeti et al., 2021). These findings underscore that palliative care needs extend beyond symptom management to include spiritual and psychosocial dimensions for both patients and their families. Although some studies focused more broadly on psychological or existential distress (Emanuel et al., 2023; Ullrich et al., 2017), they were retained because such distress is closely intertwined with spiritual suffering and family coping capacity at the end of life. Together, these studies demonstrate that spiritual well-being and family support are mutually reinforcing components of holistic palliative care, highlighting the necessity of comprehensive nursing assessments that integrate both domains.

**Table 3.** Studies on Assessment Tools for Evaluating Family Support and Spiritual Needs in Palliative and End-of-Life Care (n=5)

No	Authors (Year)	Research Title	Assessment Tool(s) Used or Developed	Research Area/ Focus	Focus on Spiritual Needs/ Family Support	Authors' Recommendations
1	O'Reilly, S., et al. (2016)	The impact of a novel tool for comprehensive assessment of palliative care (MPCAT) on assessment outcomes	MPCAT (Multidimensional Palliative Care Assessment Tool) includes physical, cognitive, psychosocial, and carer needs.	Patient-based assessment focusing on the early multidisciplinary evaluation of complex palliative needs.	This includes carer needs and psychosocial aspects, with minimal attention to spirituality.	Further studies are needed to optimize tool implementation and team-based integration.
2	Nuraini, T., et al. (2017)	Comfort assessment of cancer patients in palliative care: A nursing perspective	The Comfort Assessment Instrument measures physical, psychospiritual, social, and cultural discomfort.	Nursing-based assessments in Indonesian settings focus on patient comfort and psychospiritual distress.	Spiritual Domain: Incorporates psychospiritual items within comfort assessment.	Develop valid, reliable, and culturally adapted instruments to support holistic nursing practices.
3	Selman, L. E., et al. (2018)	Patients' and caregivers' needs, experiences, preferences, and research priorities in spiritual care: A focus group study across nine countries	Focus group exploration of patients' and families' perceptions of spiritual assessment practices and unmet needs.	Qualitative, multi-country study exploring spirituality in end-of-life care for patients and caregivers.	Strong focus on the spiritual and family dimensions of care.	Spiritual assessment should be embedded as a routine part of palliative nursing practice globally.
4	Norinder, M., Axelsson, L., Årestedt, K., Grande, G., Ewing,	Family caregivers' experiences of discussing their needs with a nurse during specialised	The Carer Support Needs Assessment Tool Intervention (CSNAT-I) is a validated 14-domain tool integrated into a five-stage person-centered process.	Palliative home care: A qualitative descriptive study on nurse-caregiver dialogue.	Explores caregivers' experiences of discussing support needs with nurses. It focuses on emotional, practical, and informational support and is indirectly	We recommend the routine use of the CSNAT-I in home care to empower caregivers, strengthen nurse-family communication, and guide

	G., & Alvariza, A. (2023)	home care utilizing the Carer Support Needs Assessment Tool intervention: A qualitative study			linked to existential and spiritual well-being.	individualized support planning.
5	Fang, Chun-Kai; Cheng, Sung-Yuan; Pi, Shih-Hsuan; Wu, Ya-Li; Lin, Keng-Chen; Pan, Ruei-Yi (2024)	Development, Validity, and Reliability of an Instrument to Assess Patient's Spiritual Well-Being	The Patient's Spiritual Well-Being Scale (PtSpWBS) is a 15-item questionnaire developed through qualitative (Colaizzi method) and quantitative analyses.	Development and validation of a spiritual well-being assessment tool for patients with various illnesses (not limited to palliative care). This study focused on the reliability, validity, and practical application of clinical spiritual care.	There is a strong focus on spiritual needs. The instrument was constructed from patient and family narratives to assess two domains: spiritual awareness and spiritual dynamics. Family members' perspectives were included in the qualitative phase to ensure a holistic understanding of spirituality.	The PtSpWBS has high reliability (Cronbach's $\alpha=0.899$ ) and validity, and is suitable for use by clinical spiritual care providers and pastors in hospitals.

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Table 3 presents five key studies that developed or utilized assessment tools to evaluate family support and spiritual needs among patients receiving palliative and end-of-life care. Each tool demonstrates a different focus and degree of comprehensiveness in addressing the dimensions of holistic care. The Multidimensional Palliative Care Assessment Tool (MPCAT), developed by O'Reilly et al. (2016), emphasizes the early multidisciplinary assessment of complex palliative needs, integrating physical, cognitive, psychosocial, and caregiver domains. Although it includes carer and psychosocial components, its attention to spirituality remains limited, highlighting the need for more comprehensive spiritual inclusion in palliative care. In contrast, the Comfort Assessment Instrument represents a nursing-based approach that incorporates the psychospiritual and cultural dimensions of comfort (Nuraini et al., 2017). This instrument enables nurses to evaluate not only physical discomfort but also emotional and spiritual distress, reflecting the importance of culturally sensitive tools in Indonesian palliative care. Selman et al.'s qualitative, multinational study explored how patients and family caregivers perceive and prioritize spiritual care across nine countries (Selman et al., 2018). The findings revealed that both groups viewed spiritual assessment as an essential yet often overlooked component of holistic palliative care. Participants emphasized the importance of compassionate conversations that address meaning, faith, hope, and relational connections, underscoring the universality of spiritual needs near the end of life. Similarly, Norinder et al. investigated family caregivers' experiences using the Carer Support Needs Assessment Tool Intervention (CSNAT-I) in specialized home care (Norinder et al., 2023). Their findings highlighted that structured, nurse-led discussions about caregivers' needs enhance emotional and practical support while indirectly contributing to spiritual and existential wellbeing.

The authors recommend integrating the CSNAT-I into routine home care to empower families and strengthen nurse-caregiver communication. Finally, Fang et al. developed and validated the Patient's Spiritual Well-Being Scale (PtSpWBS), a 15-item instrument derived from patient and family narratives (Fang et al., 2024). This tool explicitly measures two domains: spiritual awareness and spiritual dynamics, to capture the multidimensional nature of spiritual well-being. The PtSpWBS demonstrated high reliability and validity, making it suitable for clinical use by nurses, chaplains, and spiritual care providers to identify patients in need of targeted spiritual support. Collectively, these studies show a progressive movement toward integrating spirituality and family support into palliative care assessments. However, most existing instruments focus predominantly on physical and psychosocial factors. This synthesis underscores the ongoing need for culturally appropriate, multidimensional assessment frameworks that holistically address patients' and families' spiritual, emotional, and relational needs in end-of-life care.

**Table 4.** Critical Aspects in Developing a Palliative End-of-Life Care Assessment on the Patient's Family and on the Spiritual needs of palliative patients

<b>Patient Spirituality</b>	<b>Family Support and Caregiving Condition</b>
<ul style="list-style-type: none"> <li>● Patient perception of death</li> <li>● Hopelessness</li> <li>● Dependency level</li> <li>● Fear</li> <li>● Avoidance</li> <li>● Anxiety</li> <li>● Stress</li> <li>● Quality of life</li> <li>● Depression</li> <li>● Religious or spiritual barriers</li> </ul>	<ul style="list-style-type: none"> <li>● Family burden</li> <li>● Family fatigue</li> <li>● Family depression</li> <li>● Decline in family health status</li> <li>● Family anxiety</li> <li>● Family economic strain</li> <li>● Limited access to psychosocial support</li> </ul>
Zimmermann et al. (2016); Emanuel et al. (2023); Ullrich et al. (2017); Nuraini et al. (2017); Selman et al. (2018)	Perpiñá-Galvañ et al. (2019); Lyon et al. (2022); Plinke et al. (2023); Kondeti et al. (2021); Selman et al. (2018)

Table 4 synthesizes the critical aspects identified across the reviewed literature that form the empirical and conceptual foundation for developing a palliative end-of-life assessment focusing on patients' spiritual needs and family support. The aspects listed under *patient spirituality*, including perception of death, hopelessness, dependency, fear, and anxiety, were primarily derived from three studies that highlighted psychological and existential suffering as integral to spiritual distress (Emanuel et al., 2023; Ullrich et al., 2017; Zimmermann et al., 2016). Similarly, another study (Nuraini et al., 2017) emphasized psychospiritual discomfort and the importance of assessing the meaning, faith, and hope in holistic nursing care. The inclusion of "religious or spiritual barriers" reflects the findings of Selman et al. (2018), who reported that patients and families often experience unmet spiritual needs due to insufficient spiritual dialogue within clinical practice. For the family support dimension, evidence from Perpiñá-Galvañ et al. (2019), Lyon et al. (2022), Plinke et al. (2023), and Kondeti et al. (2021) consistently shows caregiver burden, fatigue, depression, and financial strain as dominant concerns affecting family functioning and caregiving capacity. These aspects were reinforced by Selman et al. (2018), who underscored the interdependence between family well-being and patients' spiritual comfort at the end-of-life. Collectively, these findings highlight that effective nursing assessment in palliative care must address not only symptom management but also patients' existential suffering and the caregiving context of the patient. The synthesis of these domains provides a conceptual roadmap for constructing culturally sensitive, holistic assessment tools that can guide nurses in delivering person- and family centered care.

**Discussion**

The findings of this review emphasize that effective palliative and end-of-life care requires comprehensive nursing assessments that address both patients' spiritual needs and the family's caregiving conditions. Patients experience multifaceted physical, psychological, and existential distress that affects their quality of life and well-being, while families face burden, fatigue, depression, anxiety, and financial strain (Perpiñá-Galvañ et al., 2019; Plinke et al., 2023; Zimmermann et al., 2016). These findings underscore that holistic palliative care extends beyond symptom management to include

the spiritual and psychosocial dimensions that are critical to patients and their caregivers.

#### Assessment of Spiritual Needs

Spiritual needs are not limited to religious questions or rituals; they encompass meaning-making, hope, reconciliation, dignity, and existential concerns (Puchalski et al., 2014). Several instruments have been developed and adapted to assess these needs. The HoPCAT-CP explicitly integrates the spiritual and family support domains alongside physical and psychological assessments. It addresses patients' search for meaning, hope, and coping with end-of-life conditions, reflecting a broad and culturally sensitive approach to spirituality in palliative care. The Comfort Assessment Instrument similarly includes psychospiritual and cultural items, enabling nurses to evaluate both existential distress and physical discomfort (Nuraini et al., 2017). The MPCAT incorporates carer needs and psychosocial aspects, but its attention to spirituality is limited, highlighting a gap in multidimensional assessment tools (O'Reilly et al., 2016). Conceptual frameworks synthesize existing tools such as the ESAS, POS, and FICA, but often do not operationalize spiritual assessment into structured, validated items. Focus group findings (Selman et al., 2018) reinforce that patients and families perceive spiritual needs, including dignity, meaning, and hope, as essential but often neglected. These studies collectively reveal that while tools for assessing spiritual needs exist, most instruments either superficially emphasize religious practices or insufficiently integrate spirituality within comprehensive assessments. This gap indicates the necessity for tools that operationalize existential domains alongside religious considerations, ensuring that nurses can identify and address deeper spiritual concerns during end-of-life care.

#### Assessment of Family Support

Family support is a critical component of holistic palliative care, encompassing caregiver burden, fatigue, depression, declining health status, anxiety, and economic strain (Kondeti et al., 2021; Lyon et al., 2019; Perpiñá-Galvañ et al., 2019; Plinke et al., 2023). Instruments such as the HoPCAT-CP offer structured approaches to evaluate these dimensions, allowing nurses to assess the caregiver's capacity, psychosocial well-being, and overall family functioning. In practice, thorough family focused assessments enable nurses to design interventions that enhance patient care and promote family health, resilience, and effective decision-making, ultimately supporting the family as a key partner in the palliative care process (Israfil et al., 2025; Kim & Kim, 2024).

#### Linking Spiritual and Family Assessment

The reviewed literature demonstrates that spiritual well-being and family support are closely interdependent, as patients' existential distress can intensify family stress, and caregiver burden can negatively affect patients' spiritual comfort and emotional well-being. Instruments that simultaneously assess both domains, such as the HoPCAT-CP and Comfort Assessment Instrument, are essential for comprehensive, family centered palliative care. Despite these advancements, notable gaps remain: many tools prioritize physical and psychosocial needs over spirituality, often reducing spiritual assessment to a single domain or a few questions rather than a structured, multidimensional evaluation; spiritual assessment frequently emphasizes religious practices without adequately addressing meaning-making, hope, reconciliation, and dignity, which are critical components of holistic end-of-life care; and the integration of family support into spiritual assessment remains limited, even though evidence shows that these domains

are mutually reinforcing. Addressing these gaps offers an opportunity to develop culturally sensitive, multidimensional instruments that operationalize both existential and family oriented aspects of care, thereby enhancing the quality and global relevance of holistic nursing interventions.

Future efforts should focus on developing culturally sensitive multidimensional assessment tools that integrate spiritual and family support domains as core elements of holistic palliative care. Nurses should receive targeted training to conduct and document these assessments as part of routine practice, which should be supported by clear guidelines and interdisciplinary collaboration. Educational curricula must strengthen spiritual care competence, and healthcare institutions must implement family centered support programs to reduce the caregiver burden. Policy integration and cross-cultural validation of tools, such as the HoPCAT-CP, are essential to ensure global applicability. Further research should examine nurse-led interventions and their impact on patient and family well-being.

### **Limitations**

This review had several limitations. First, the search strategy was limited to four electronic databases (ScienceDirect, EBSCOhost, ProQuest, and PubMed), which may have excluded relevant studies indexed in other databases. Second, only studies published in English were included, introducing a potential language bias. Third, the synthesis relied on the subjective interpretation of study findings, which may have influenced the conclusions drawn. Finally, variability in study designs, settings, and assessment instruments limited direct comparisons across studies. Despite these limitations, this review provides a comprehensive overview of current tools and highlights important gaps in developing holistic, family and patient-centered assessment instruments in palliative care.

### **Contribution to Global Nursing Practice**

For global nursing practice, these findings underscore the importance of adopting or adapting assessment instruments that go beyond religion to capture patients' spiritual needs, including existential concerns, reconciliation, and hope, while also providing a structured evaluation of family support, caregiver burden, and psychosocial well-being. These instruments should be culturally sensitive and validated for diverse patient populations. By implementing comprehensive assessments that integrate both patient and family dimensions, nurses can deliver truly holistic, patient- and family centered care that enhances quality of life, facilitates meaning-making at the end of life, and strengthens family resilience, aligning with WHO recommendations for palliative care and international best practices.

### **Conclusion**

A holistic nursing assessment in palliative care requires attention to both the spiritual needs of patients and the support provided by their families. Existing instruments offer a valuable foundation; however, significant gaps remain in fully operationalizing the spiritual and family support domains. Developing multidimensional, culturally sensitive tools that integrate existential, relational, and psychosocial aspects can enhance the quality of nursing assessments, strengthen global nursing practice, and improve outcomes for patients and families at the end of life.

### Author Contribution

All authors contributed to the entire content of this manuscript.

### Conflict of interest

The authors declare no conflicts of interest.

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