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Nurses' Attitudes Toward Do-Not-Resuscitate Orders in Intensive Care Units of Tertiary Care Hospitals in Lahore: A Descriptive Cross-Sectional Study

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Abstract

Background: Do-Not-Resuscitate (DNR) orders are essential components of end-of-life care that guide healthcare professionals in withholding cardiopulmonary resuscitation (CPR) when it is unlikely to provide meaningful benefit to patients. Intensive Care Unit (ICU) nurses play a pivotal role in implementing DNR decisions and supporting patients and families during end-of-life care.
Objective: To assess the attitudes of nurses working in intensive care units toward DNR orders in tertiary care hospitals in Lahore, Pakistan.
Methods: A descriptive cross-sectional study was conducted among 202 registered nurses working in the ICUs of Jinnah Hospital and Lahore General Hospital, Lahore. Participants were selected using purposive sampling. Data were collected using a structured questionnaire adapted from Naghshbandi et al. (2019), comprising demographic characteristics and 11 attitude-related items measured on a five-point Likert scale. Data were analyzed using SPSS version 26. Descriptive statistics including frequencies, percentages, means, and standard deviations were used.
Results: Among the 202 participants, 75.2% were female and 24.8% were male. Positive attitudes toward DNR orders were observed across most questionnaire items, with mean scores ranging from 4.07 ± 0.86 to 4.29 ± 0.59. The highest agreement was reported for the statements "If CPR for my loved ones is futile, I would like to order DNR for them" (Mean = 4.29 ± 0.59) and "DNR order is not in conflict with my religious beliefs" (Mean = 4.29 ± 0.59). The negatively worded item regarding cultural barriers demonstrated a low mean score (1.69 ± 0.68), indicating disagreement with the statement. Overall, 93.6% of participants exhibited positive attitudes toward DNR orders, while 6.4% demonstrated neutral attitudes.
Conclusion: ICU nurses in tertiary care hospitals demonstrated predominantly positive attitudes toward DNR orders, reflecting acceptance of ethical end-of-life decision-making and recognition of patient dignity. Continuous professional education, institutional policies, and ethical training are recommended to strengthen confidence and consistency in DNR implementation.

Keywords: Do-Not-Resuscitate, DNR, intensive care unit, nurses, attitude, end-of-life care, Pakistan

Introduction and Background

Advances in critical care medicine have significantly improved survival outcomes among critically ill patients. However, healthcare professionals frequently encounter situations in which aggressive interventions, including cardiopulmonary resuscitation (CPR), may no longer provide

meaningful clinical benefit. In such circumstances, Do-Not-Resuscitate (DNR) orders serve as an important component of end-of-life care, allowing healthcare providers to respect patient autonomy and prevent unnecessary suffering. (Pun, Brenda T., et al.,2019)
Nurses are central to the implementation of DNR decisions because they spend substantial time with patients and families and are directly involved in end-of-life care. Their attitudes toward DNR orders can influence communication, patient advocacy, and quality of care. Previous studies have reported that nurses generally demonstrate favorable attitudes toward DNR orders; however, ethical concerns, cultural values, religious beliefs, and institutional policies may influence their perceptions and practices. (Park, Y. R., Kim, J. A., & Kim, K., 2011.)
Despite growing international research on DNR decisions, evidence from Pakistan remains limited. (Waseem, Muhammad, et al..,2026) Understanding nurses' attitudes toward DNR orders is essential for improving end-of-life care practices, supporting ethical decision-making, and informing educational interventions. Therefore, this study aimed to assess the attitudes of ICU nurses toward DNR orders in tertiary care hospitals in Lahore.

Methods

Study Design

A descriptive cross-sectional study design was employed.

Study Setting

The study was conducted in the intensive care units of Jinnah Hospital Lahore and Lahore General Hospital Lahore.

Study Population and Sample

The study included 202 registered nurses working in ICU settings. Participants were recruited through purposive sampling.

Inclusion Criteria

Registered nurses working in ICUs.
Minimum six months of clinical experience.
Willingness to participate.

Exclusion Criteria

Nurses on leave during data collection.
Administrative or non-clinical nursing staff.
Student nurses and nursing interns.
Nurses with known psychiatric illness.

Instrument

Data were collected using an adopted questionnaire developed by Naghshbandi et al. (2019). The instrument consisted of demographic variables and 11 items assessing attitudes toward DNR orders. Responses were measured on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

Data Collection

After obtaining institutional permission and informed consent, questionnaires were distributed during duty shifts. Participation was voluntary, and confidentiality was maintained throughout the study.

Data Analysis

Data were analyzed using SPSS version 26. Descriptive statistics including frequencies, percentages, means, and standard deviations were calculated.

Ethical Considerations

Ethical principles of autonomy, confidentiality, anonymity, and voluntary participation were maintained. Written informed consent was obtained from all participants prior to data collection.

Results

Demographic Characteristics

Of the 202 participants, 152 (75.2%) were female and 50 (24.8%) were male. Participants represented diverse educational backgrounds, including Diploma in Nursing (21.8%), Post-RN BSN (22.3%), BSN (22.3%), MSN (16.8%), and other qualifications (16.8%).

Table 1

Demographic Characteristics of Participants (N = 202)

Variable	Category	n	%
Gender	Male	50	24.8
	Female	152	75.2
Education	Diploma	44	21.8
	Post-RN BSN	45	22.3
	BSN	45	22.3
	MSN	34	16.8
	Others	34	16.8

Attitudes Toward DNR Orders

Participants demonstrated favorable attitudes toward DNR orders across most items. Mean scores ranged from 4.07 to 4.29, indicating agreement with statements supporting DNR implementation. The strongest agreement was observed for support of DNR in futile CPR situations and the belief that DNR orders do not conflict with religious beliefs. Conversely, participants largely disagreed that culture creates difficulty in dealing with DNR decisions.

Table 2

Overall Attitude Toward DNR Orders

Attitude Category	n	%
Positive	189	93.6
Neutral	13	6.4
Negative	0	0.0

Discussion

This study revealed that ICU nurses generally hold positive attitudes toward DNR orders. The high percentage of positive attitudes (93.6%) suggests widespread acceptance of DNR as an ethical and clinically appropriate component of end-of-life care.

The findings are consistent with previous studies demonstrating favorable perceptions of DNR among healthcare professionals. Nurses recognized the role of DNR orders in reducing patient suffering, preserving dignity, and preventing futile interventions. Strong agreement regarding

DNR decisions for loved ones and compatibility with religious beliefs indicates that participants viewed DNR as ethically acceptable rather than contradictory to personal values.
The low score observed for cultural barriers suggests that cultural considerations were not perceived as major obstacles in DNR implementation. This finding may reflect increasing professional awareness and ethical understanding among critical care nurses.
Despite the overwhelmingly positive attitudes observed, a small proportion of participants remained neutral. This uncertainty may be related to legal ambiguity, communication challenges, or insufficient training regarding DNR policies. Continued educational initiatives and institutional support are therefore necessary.

Implications for Nursing Practice
The findings highlight the importance of:
Continuing education on ethical aspects of DNR decisions.
Development of clear institutional DNR guidelines.
Strengthening communication skills for end-of-life discussions.
Enhancing interdisciplinary collaboration in critical care settings.
Integrating DNR-related ethical content into nursing curricula.

Limitations
The study was limited to two tertiary care hospitals in Lahore, restricting generalizability. Purposive sampling may have introduced selection bias. Additionally, self-reported responses may be affected by social desirability bias. The cross-sectional design prevents determination of causal relationships.

Conclusion
ICU nurses working in tertiary care hospitals in Lahore demonstrated predominantly positive attitudes toward DNR orders. Nurses acknowledged the ethical value of DNR decisions in preserving patient dignity and preventing unnecessary suffering. Ongoing professional education, supportive institutional policies, and clear clinical guidelines are essential to ensure effective and ethically sound implementation of DNR practices.

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