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The mental well-being of palliative care nurses

A systematic literature review

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Abstract

Nurses working in palliative care encounter the aspect of death at a higher frequency during the course of their care practice when compared to nurses working in other curative care fields. This is because many of the patients receiving palliative care are at their final stage of life. Individuals respond differently to stressors and the prevalence of these stressors can affect one's mental well-being, overall individual wellness, and the ability to perform one's responsibilities. This study aimed to discuss the mental well-being of palliative care nurses and explore the determining factors that affect their mental well-being. A qualitative research approach of systematic literature review was adapted in this study by keenly analyzing 11 qualitative scientific peer-reviewed articles from the year 2017 to the year 2023. These articles were obtained from scientific databases of Academic Search Elite, CINAHL, and MEDLINE. Inclusion and exclusion method was used in screening and filtering of the articles, and the information was then presented in a Prisma flow chart of data collection.

The findings indicated that the mental well-being of palliative care nurses is viewed from two perspectives. A positive perspective that is characterized by resilience which is a result of factors such as self-care, grief counselling, interpersonal and organizational support. The other perspective that was highlighted in the findings was a negative perspective characterized by burnout and emotional distress which resulted due to factors like heavy workload, the ubiquity of death, and grief. Further research should be undertaken on this topic to increase awareness and contribution of knowledge about well-being not only in palliative nursing but the entire nursing field. The more research is done, the more scientific evidence there is to develop the nursing structure by improving the lives of the nurses, the patients, and their families.

Language: English. **Key words:** Mental well-being, nurses, palliative care, end-of-life-care.

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1 Introduction

Nurses are a very important group of healthcare professionals whose field of work is broad as they deal with patients of all ages, and their families, as well as being the bridge between doctors and patients. Similar to other lines of care, palliative care nurses encounter different challenges in their practice that in one way or another affect their mental well-being. For nurses working in palliative care, the work of caring for terminally ill patients with serious illness can put their own well-being at risk of which they often do not learn this in training, as a result of limited accessibility to evidence based initiatives as well as other approaches aimed at minimizing the advancing threat of overexertion among these nurses. (Back, et al., 2016).

Most of the patients undergoing palliative care are in their final stage of life and palliative care nurses encounter the aspect of death more regularly at a higher frequency as compared to nurses working in other lines of care. This frequent exposure to dying patients makes them easily exposed to issues that take a toll on them, of which are associated with care at the end of life. Pinpointing the different factors that can help in managing the issues that can be either psychological, physical, or social that have the ability to improve the quality of life for the nurses as well as improve the quality of care for the patients. (Sansó et al., 2015). In addition, nurses often do not experience the same kind of closure family members and friends experience when a patient dies, instead, they move forward without attending funerals and more often maintain an ongoing connection with the patient's family to honor and celebrate the deceased patient's life. In some units, it is common for nurses to encounter multiple deaths in a short time span, nonetheless, over time, these experiences become significant on the psychological and physical well-being of the nurses. (Wisekal, 2014).

According to statistics by the World Health Organization (WHO) (2022), an approximate of about 15% of working adults were estimated to have poor mental health brought upon by disadvantageous working environments for example excessive workloads and poor job security. Similarly, a global estimate of over 10 billion working days are lost annually due to depression or work-related anxiety. (WHO, 2022). A decision was made to do research on this topic because it is very crucial to know the well-being of palliative care nurses, caring for terminally ill patients, and investigate the factors that play a role in impacting their well-being for the purpose of raising awareness, increasing knowledge about mental well-being, and finding better ways to improve patient care. As human beings, death is perceived differently from one individual to another and can greatly affect one's mental health.

Palliative care nurses not only have to be strong for their patients but also for the patient's family members, and themselves throughout the entire care process.

2 Background

To set a clear foundation for the topic of this research paper, this chapter aims to elaborate terminologies related to the research topic as well as highlight any former research done in the same context of palliative care. Therefore, this chapter will describe the meaning of mental well-being, explain what palliative care is and briefly discuss the circle of care for a terminally ill patient, highlight the role of nurses in palliative care, and finally dive into the challenges nurses face in palliative care.

2.1 Definition of mental well-being

The concept of well-being is a wide aspect that includes mental, physical, social, developmental and the like. In order for one to fully understand what mental well-being is, one needs to know what the term well-being means as itself. There is no one single way that can surmise the true definition of well-being, but in a widespread concurrence, a state of well-being can be defined as the occurrence of positive emotions and moods for example the feeling of contentment, joy, and satisfaction as well as the absence of negative emotions characterized by depression and anxiety. In summary, a state of well-being is achieved with factors like satisfaction of life, fulfillment, and positivity in functionality. (Centers for Disease Control and Prevention, 2018).

Mental health is a state of mental well-being that enables people to adapt to the regular stresses of life by discerning their abilities, enabling them to live well and work well, resulting in positive contribution to their community. It plays a crucial role in an individual's overall health and quality of life and is very pivotal in making decisions and the establishment of relational connections within the environment. Mental well-being is a fundamental human necessity as it is significant for the advancement of individuals, communities as well as for socio-economic progress. (WHO, Mental Health, 2022). Most nurses have difficulty prioritizing their well-being. They choose to primarily focus on the care of other people, whether it is providing care and support to children, the elderly, or familiar acquaintances. Determinants like physical fatigue from shift work and time constraints play a role in this. Additionally, it is crucial to emphasize the well-being of nurses

for the sake of patient safety and future sustainability of the nursing profession. (Altman & Delgado, 2021).

2.2 Definition of palliative care

Palliative care is a broad aspect of care practice aimed for people with chronic diseases for example cancer, chronic heart diseases, neurodegenerative diseases, kidney diseases, and chronic immunological diseases like HIV/AIDS. It can last a few months and can even span years depending on the individual patient's diagnosis. The main goal of palliative care is not curative, rather it involves making the patient comfortable by alleviating pain and suffering and improving the quality of their lives. (The Finnish Institute for Health and Welfare (THL), 2023). It involves not only providing care and support to the patients but their families, friends, and carers as well. It acknowledges that these severe illnesses affect not only the patient but the entire family. Individuals suffering from these diseases require palliative care particularly when their condition is foreseen to deteriorate gradually. (WHO, 2022).

End of life care is the final stage of palliative care that is administered to terminally ill patients during the last weeks or days of their lives. The fundamental principles of palliative care and end of life care is centered around a care that involves the relieving of pain and other distressing symptoms as well as responding to the patient's physical, social, psychological, and spiritual needs. (THL, 2023). According to WHO, (2022) palliative care is a fundamental necessity in life and not a luxury. It should be accessible and economically viable to any individual needing it.

Furthermore, palliative care can be provided through various approaches. A diverse range of care professionals constitute a palliative care team including nurses, doctors, physiotherapists, social workers, chaplains, and volunteers. For some patients, palliative care is received within their local communities in nearby clinics, under the regular care of their nurses and doctors, whereas others prefer home-based palliative care in which care in which primary care is given by family members, friends, or volunteers with periodic visits from healthcare providers offering support and guidance to care. Alternatively, specialized palliative care services are important and are provided in healthcare settings like hospices, hospitals, or within the community by a specialized team of professionals. (WHO, 2022).

2.2.1 Relationship between palliative care and end of life care

End of life care is known to be the final stage of palliative care, this is because over the course of palliative treatment, the doctor responsible, or the entire palliative care team unanimously reaches the conclusion that the patient is no longer responding to the treatment that is being administered and the care is then progressed to end of life care. It normally commences at the sixth month mark of the patient's final stage of life and the treatment that is being delivered is not curative but just like palliative care, it involves managing symptoms, relieving pain, and discomfort. (NIH, 2021). Care at the end of life involves a team of specialists consisting of nurses, doctors (physicians), social workers, spiritual counselors, and trained volunteers who then work closely with the patients and their families for the purpose of providing medical, emotional, and spiritual support that the patient requires. (NIH, 2021).

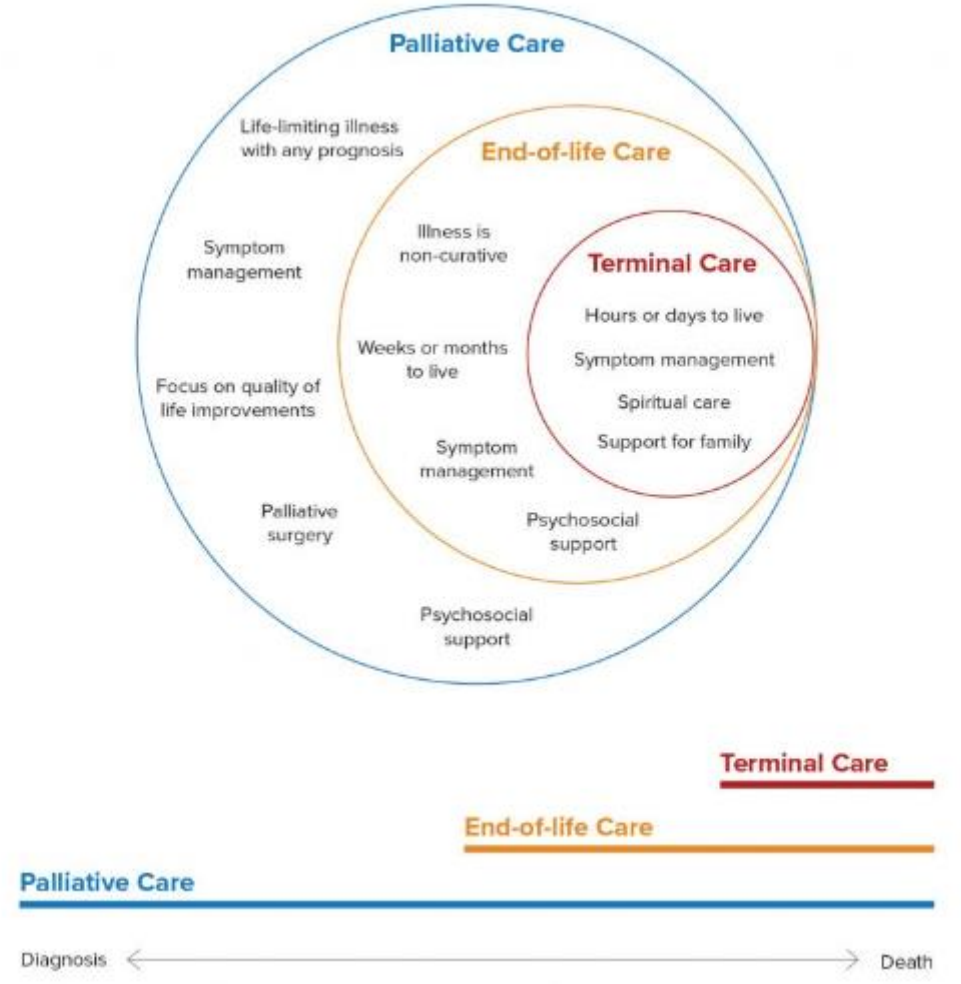

Figure 1. Relationship between Palliative care and End-of-life care.
Retrieved from Closing the gap healthcare (Palliative Care in Ontario: Everything You Need to Know, 2019).

2.2.2 Palliative care standards

According to Cheluvappa and Selvendran (2022), palliative care research conducted in Australia on the palliative care standards within the country, indicated that the Palliative Care Standards in Australia are categorized into two classifications. The first classification comprising of standards 1 to 6, outline the essential resources and facilitators of administering palliative care. Standards 7 to 9, which are categorized in the second classification characterizes the criteria related to patient care quality assurance, care evaluation and service improvement. Healthcare providers utilize the palliative care Australia self-assessment tools and resources to analyze their compliance with the set standards. (Cheluvappa & Selvendram, 2022).

Figure 2. The Australian National Palliative Care Standards. (Cheluvappa & Selvendram, 2022).

Standard 1 of the Australian National Palliative Care Standards addresses the diverse needs of palliative patients. Standard 2 incorporates the collaborative drafting of personalized care for the patients. Standard 3 highlights catering to the needs of the patient's caregivers and family members. The collaborative care plan is refined in standard 4. Standard 5 guarantees the provision of the gradual seamless transition to end-of-life care and the interdisciplinary care. Standard 6, which completes the first classification, involves the support of grief that is experienced by families of the patients and the caregivers. The second classification of the palliative care standards begins with standard 7, of which similar to standard 8, it incorporates the pillar of palliative service care environment and ensuring its quality. Lastly, standard 9 aims to elevate the qualifications, training, effectiveness, and functioning of the care staff. (Cheluvappa & Selvendram, 2022).

Additionally, Cheluvappa and Selvendram (2022), went on to elaborate on the guiding values and principles of palliative care by stating that the fundamental principles guiding

palliative care comprise of dignity, equity, empowerment, compassion, acceptance, support, transparency, and accountability. The main objective in palliative care is to alleviate pain and suffering and it can be initiated early in the course of diagnosis of a chronic illness, depending on the patient's condition. Palliative care also acknowledges the natural progression of life and death without accelerating or delaying death. It encompasses a comprehensive multidisciplinary approach by maximizing patient functionality and enthusiasm, as well as maximizing the quality of life by addressing the spiritual and emotional needs of the patients and their families.

2.2.3 The circle of care for terminally ill patient

A terminally ill patient is a patient with a progressive disease at the end of life who has a few months or less left to live. The life expectancy of a patient in terminal care is less than six months and during this time, the patient's functional ability decreases and may display gradually over a span of days or weeks. (Hui et al., 2013). The main goal of care for a patient suffering a terminal illness is to relieve suffering, maximizing the quality of life, and providing comfort to the patients and their families until the moment of death. Upon receiving a terminal diagnosis, family members of the patients tend to go through a period of increased stress and hopelessness that can manifest itself in the form of anger, conflicts, depression, or other psychological problems. Due to this, care is provided not only to the patient but also their families by a team of professionals. (Akdeniz et al., 2021).

The circle of care for terminally ill patients below depicts the holistic aspect of care in palliative care as well as the roles of each member of the care team. For the purpose of this research paper, only the role of nurses will be discussed since it is relevant to the research topic at hand.

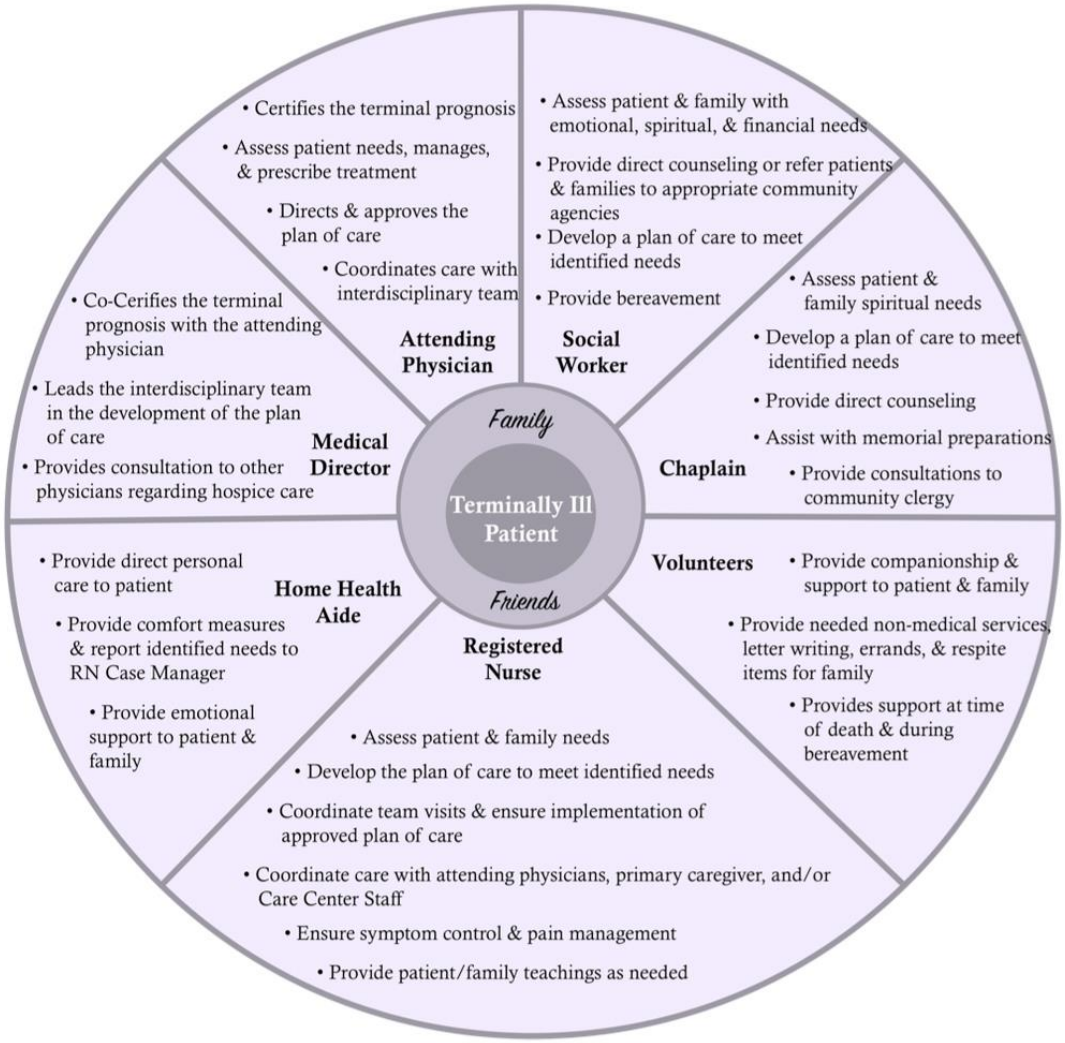

Figure 3. The Circle of Care for a terminally ill patient. (Tranquil Oaks Hospice Care, 2023).

A representation of care of a terminally ill patient depicted in form of a circle, displaying the various roles of different professionals in the team of care.

2.3 The role of nurses in palliative care

The figure represented in the sub-chapter above outlines the nurse's role in providing end of life care to a terminally ill patient, but in order to clearly describe the role of nurses in palliative care, further literature was utilized to explore this information. Sekse et al., (2017) conducted research of a total of twenty-eight studies spanning four continents and ten different countries for the purpose of describing the role of palliative care nurses in providing

care for patients with life-threatening illnesses in various healthcare settings including hospitals and home care. The following were the findings obtained from their research. Nurses described their role in form of availability and being present for the patient. Devoting the majority of their time to their patients and sustaining frequent and consistent patient interaction enhanced the establishment of a special bond among nurses and their patients. Being present in the patient's home, tending to their needs, bedside care, developed a sense of nurse-patient trust, which is a very important attribute in patient care. The findings also demonstrated that the amount of time the nurses spent with the patients was a critical factor in creating a connection that served as a catalyst in the provision of personalized and compassionate nursing care. The research went on to state that nurses cherished this opportunity and stated that it enabled them to provide ideal care to their dying patients. (Sekse et al., 2017).

Nurses also described their role of being a care coordinator with the goal of delivering comprehensive care to the patients and the families. Their accessibility naturally made them the focal point of contact for both patients with their families as well as patients with the other care professionals in the care team. Within the similar aspect of care coordination, nurses play a pivotal role in communication, facilitating effective communication with the patients, families and healthcare team. Nurses perceive this role in communication as encompassing listening attentively to the patient, instigating dialogue, and conveying essential information. (Sekse et al., 2017).

Doing what is needed by fulfilling the patient's essential needs was described as being the nurse's role in caring for a palliative patient. Palliative home care nurses undertook a wide array of duties that included assessment, strategizing (care planning), implementation, and evaluation. These responsibilities summed up the core of the nurses' regular interactions with the patients and their families. (Sekse et al., 2017). Palliative care nurses' full engagement and commitment to their patients was evident in their willingness to move forward in their work of caring for the patients and families involved, even when situations became difficult and made the care process challenging. The nurses' interpersonal competencies and attributes such as empathy, compassion, warmth, and authenticity were significant in the provision of care. (Sekse et al., 2017).

In addition, palliative care nurses also play a role in the recognition, assessment, and management of regressing palliative patients. The progression of a patient to end of life care requires a keen and insightful evaluation of the patient's condition and response to treatment.

This evaluation can comprise of any noted decline in patient functionality, nutritional intake or digestive problems, an alteration in consciousness, excessive use of medication, arising treatment complications, hormone imbalances, abnormal blood exam results, psychological issues, and cardiovascular and renal issues. The nurses use a personalized holistic assessment so as to determine the next step in treatment, by consulting the other care givers in the care team. (Cheluvappa & Selvendram, 2022).

2.4 The role and approach of palliative care nurses in addressing patients' sexual needs

Sexual issues normally carry a stigma of discussion within healthcare. Patients or the patient's partner often expect that palliative care providers will initiate conversations about sexual health in relation to their diagnosis. This tends to place nurses in a preeminent position of addressing sexual matters. By carrying this responsibility, nurses introduce this subject to their patients even though it can evoke conflicting feelings like embarrassment and fear. Additionally, the patient centered care approach inherent in palliative care encourages nurses to incorporate the discussion of sexual healthcare needs into their routine care. However, nurses realize that patients and their partners can be reluctant in broaching a delicate subject like sex. This dilemma leads to nurses having to decide whether to initiate the discussion about sexual health or wait for the respective parties to initiate the conversation. (Benoot et al., 2018).

According to Benoot et al., (2018), the way in which palliative care nurses approached sexual issues was notably influenced by nurses' own personal philosophical principles that define palliative care. These principles incorporated the emphasis of holistic care by involving the elements of care and the nurse-patient relationship. Alternative interpretations of these focal principles initiated misunderstandings among the nurses with regard on how to handle sexual concerns in their daily palliative care practice which consequently lead to an exhibition of different reactions and responses. They went on to state that palliative care nurses saw sexual healthcare and physical intimacy as a means of ensuring quality of life and mentioned positive effects that their patients displayed like reduction in terminal agitation and improvement in verbal communication.

Nonetheless, palliative care nurses also have the responsibility of assisting patients and their partners in addressing unresolved sexual concerns that may come up towards the end of life. There may exist a probable risk that the unresolved sexual issue may affect the patient's

overall well-being and progress. The nurses emphasize the necessity for keen considerations when adressing this issue by being mindful of the efficacy of working through them especially if the patient is impending death. As a result, the aspect of patient's end of life necessitates a balanced approach and emotional care in handling sexual matters. (Benoot, 2018).

2.5 Challenges faced by nurses in palliative care

From the available study done by Hussain (2021), on the challenges nurses face in palliative care, multiple factors contribute to these challenges. Such factors can occur as practical or psychological elements for example trauma and anxiety related to death. In addition, other factors like staff sickness, retention rates, and the quality of patient care are also contributing aspects to challenges that nurses working with palliative patients face. Palliative nursing care requires a broad skill set which involves nurses in the evaluation, planning, and implementation of care which surrounds the physical, emotional, psychological and spiritual aspects for the patient and all those involved in the care process.

Furthermore, the same study revealed that previous research on the challenges faced by palliative nursing indicated that nurses desired to provide high-quality supportive care to their patients and the families involved. However, obstacles like unfavorable working atmospheres, insufficient training relevant to care at the end of life were encountered by these nurses. Other challenges were more practical in nature like constraints, limited resources, poor team dynamics, and insufficient knowledge for example on the treatment options for their cancer patients. (Hussain, 2021).

The problem of communication and the use of blocking behaviors among palliative care nurses was also identified as a challenge. Blocking behaviors adapted by the nurses, prevented the patients from communicating and conveying their concerns to the nurses caring for them. Nurses working in palliative care adapt these behaviors knowingly or unknowingly as a means of coping with the anxieties that are associated with caring for a patient at the end of their life. This was because of the inability or compromising position brought about by the patients' pressing questions about their diagnosis, treatments, and whether they are going to die. Thoughts like "*What am I going to say? What if he/she cries? Will I get into trouble if I tell the patient the truth? They are going to get so angry, I haven't got the time, I might get upset; I like that patient. Professionals don't get upset."* Depicted what goes through the nurse's mind when they encounter a situation where their palliative

patients inquire of them about their general wellbeing and whether or not they will survive their diagnosis. (Faull & Blankley, 2015, pp. 25-26).

Additionally, palliative care nurses handling difficult conversations and the challenge of limited communication in situations where the patient is too ill to communicate, unconscious or dying, differences in language or culture, the patient is in a state of confusion or refuses to discuss the issues pertaining to their health that need to be discussed. In such situations, communication is compromised but the nurses must still overcome this challenge and accept the patient's wishes. Preparing for the conversation with the patients and their family is dependent on whether the environment is conducive to open the discussion, it also depends on whether the nurse has accurate information about the patient and whether the family members might require someone with them as they receive the news. (Faull & Blankley, 2015, pp. 29-30).

Palliative care nurses have to know how to break the bad news, to get the patient and their family to open up and verbalize their understanding of things, summarize and clarify the events that are happening so far in relation to care. Create a space of readiness to know the bad news and how to deal with patient denial if it occurs. If the patient is ready and open to know then the nurse should tell them sensitively, giving the patient an open space to think and digest the information that has been given to them. Palliative care nurses also have to walk the thin line so as not to overload the patient with too much information, guide the patient and make them aware about available support systems and how the process of care will proceed. In addition, palliative care nurses also encounter the question of the patients survival based on their diagnosis. Firstly, these nurses check and see if anyone has spoken to the patient about this specific topic and question themselves why the patient is asking this very question and whether or not they really want to know what death is like. (Faull & Blankley, 2015, p. 29).

Furthermore, the concept of honesty is very important. Palliative care nurses use the recent health report of the patient to justify their opinion as well as the use of simple vocabulary so as ensure the patient understands what is being discussed. On the same concept of honesty, palliative care nurses also have to be open with the patient's family members. Relatives are prone to ask the nurses to conceal some information and the nurses have a responsibility to question this request, get a clear understanding of their fears that caused this request and foster their trust. Palliative care nurses should be open to understand these reasons and let

the family members become aware that they cannot be untruthful to their patients. (Faull & Blankley, 2015, p. 29).

Palliative care nurses also have to deal with angry patients and family members by allowing them to speak and express their emotions without reacting back. Being open and welcoming by using calming vocabularies and making sure that they feel heard. In the presence of any misunderstanding, palliative care nurses should apologize and do their best to explain the current situation and how to move forward. Summarizing and making sure the patient and their family feels understood and offering a follow up and offering them the opportunity to speak to whoever they are comfortable with within the care team. (Faull & Blankley, 2015, p. 29).

Nonetheless, another arising communication circumstance highlighted that palliative care nurses encounter, is when there is a request for euthanasia. Asking the patient what has made them think of this request, understanding the reason for the request by identifying whether it is an identifier of distress or a well thought out choice and explaining to the patient that their request cannot be performed. In doing so, palliative care nurses tackle the distress that led to the request of euthanasia and perform a follow up. (Faull & Blankley, 2015, p. 29).

3 Aim and research questions

The aim of this research is to discuss the mental well-being of nurses working in palliative care and highlight the influencing factors that impact their mental well-being.

Research questions

1. How is the mental well-being of nurses working in palliative care?

2. What are the factors that influence the mental well-being of palliative care nurses?

4 Theoretical Framework

Nursing theories act as a guide for nursing practice by providing nurses clarification on the values and beliefs about holistic care by looking at the entire health process and creating ways to better approach patient care. Additionally, nursing theories help to create a framework upon which nursing research is carried out for the purpose of expanding knowledge essential for nursing practice. Furthermore, although majority of these nursing theories have been developed in the United States of America, they are an invaluable tool

for guiding nursing practice globally across a wide span of cultural groups and a variety of clinical settings. (Younas & Quennell, 2019). Alligood (2018, pp. 164, 292), goes further to explain how nursing theories tend to describe, elaborate, and predict outcomes on the basis of relationships among different concepts of nursing phenomena. Similar to nursing theories, nursing conceptual models are a group of concepts whose relationship explains and produces evidence specific to the discipline in question. They address the entire metaparadigm which constitutes of human beings, health, nursing, and the environment. The research conducted for this study utilizes the work of two prominent researchers in the nursing field: Betty Neuman's systems model and Dorothea Orem's self-care deficit theory of nursing.

4.1 Betty Neuman's Systems model

Derived from the general systems theory, Betty Neuman's systems model reflects on the nature of living organisms as an open system in continuous interaction with themselves and the environment surrounding them. Within the systems model, Neuman gathered knowledge from various disciplines and used it in creating her own version of beliefs and clinical expertise mainly in mental health nursing. Every living being experiences a constant interaction between the environment and a lack of balance within its structure. If the process of maintaining stability is compromised to a certain extent, or if the entity remains in a state of discord for an extended period, it can lead to the onset of unwellness. (Alligood, 2018, p. 232).

Neuman describes her system's model as an exclusive viewpoint rooted in open systems, which offers a cohesive approach to addressing various issues. A system serves as a boundary for an individual client, a group, or multiple groups; it can also be conceptualized as a societal matter. When a client system engages with its surroundings, it outlines the scope of nursing considerations. Furthermore, major concepts have been identified in the model that Neuman utilized to explain her ideas. These concepts are wholistic approach, open system, environment, client system, normal line of defense, flexible line of defense, health, stressors, degree of reaction, prevention as intervention, and reconstitution. (Alligood, 2018, p. 232). For the purpose of this research paper, the concepts of wholistic approach, open systems, environment, wellness, and stressors will be discussed in detail below as described in Betty Neuman's systems model for the purpose of elaborating and understanding the mental wellbeing of palliative care nurses.

i. In Neuman's systems model, the concept of wholistic approach implies to the whole individual seen as a complete entity with interconnected components that are in constant motion in the environment. The approach takes into account all factors that simultaneously influence the individual such as physical, mental, societal, developmental, and spiritual aspects. (Alligood, 2018, p. 232).

ii. An individual is described as an open system in constant interaction with the environment around them. Stress and the response to stress are fundamental elements within an open system. (Alligood, 2018, p. 232).

iii. The environment comprises internal and external factors that surround the individual, exerting an impact on them while also being affected by them, at any given moment. (Alligood, 2018, p. 233).

iv. The concept of wellness explains a state when all the constituent parts of a system (individual) collaborate seamlessly with the entire system (environment), and all the requirements of the system are being fulfilled. (Alligood, 2018, p. 234).

v. Stressors are stimuli that create tension and have the capacity to disturb the stability of a system, resulting in either positive or negative consequences. These stressors can originate from different sources. Intrapersonal factors, which manifest within an individual, include conditioned responses. On the other hand, interpersonal factors, which occur between individuals, encompass elements like role performance. (Alligood, 2018, p. 234).

Neuman's systems model represented as a figure in the Appendix 2 section of this document, depicts the system of an individual as a core at its center, encircled by successive rings. The central most circle symbolizes the fundamental elements necessary for the client's survival and energy sustenance. This core configuration embodies essential survival factors inherent to all humans, including inherent or hereditary characteristics. The broken rings encircling the foundational core structure are referred to as the lines of defense. These rings symbolize the reservoir of resources that aid the client in safeguarding against stressors. (Alligood, 2018, p. 233). Additionally, the straight lines shown in the figure represent the level of health that changes as time progresses and acts as the measure to check how far wellness has changed from the normal state. The outer broken ring represents the flexible line of defense. Neuman describes it as the first way an individual protects itself. When this line gets bigger,

it gives more protection for a short period of time when stressors attack. But when it gets smaller, it gives less protection. (Alligood, 2018, p. 233).

4.2 Orem's self-care deficit theory of nursing

Orem's self-care deficit nursing theory is a major theory that comprises of four correlated theories. The theory of self-care, the theory of dependent care, the theory of self-care deficit, and the theory of nursing systems. Within the theory, major concepts are discussed in order to fully elaborate the impact and significance of self-care to the nursing field. (Alligood, 2018, p. 201). For this research paper, Orem's self-care theory and the major concepts related to the theory are further elaborated.

The theory of self-care describes the term "self-care" as an action system in which individuals deliberately carry out activities for themselves for the purpose of sustaining well-being, health, life, and development. It is a learned attribute in which an individual intentionally practices regularly in reference to their personal requirements and needs. These requirements are dependent on the person's stage of developmental growth, health status, level of energy they can put into self-care, and the surrounding environmental stimuli. The concepts of self-care, self-care demand, and self-care agency lay a foundation upon which this theory stands on. (Alligood, 2018, p. 205).

i. The concept of self-care involves the intentional performance of activities done by capable individuals on their own interest and will for the purpose of maintaining their overall well-being and functioning. (Alligood, 2018, p. 201).

ii. Requisites of self-care is a concept that explains the goals that are to be met in order for an individual to have performed self-care. These requisites include sufficient intake of basic human needs like air, food, and water, maintaining a healthy balance between work and rest, maintaining a balance between tranquility and social activeness, prevention of hazards that are detrimental to human well-being, and lastly, promotion of human development for example through social groups. (Alligood, 2018, p. 201).

iii. The concept of self-care agency describes the complex derived ability of cognitively abled persons to recognize and meet their ongoing needs by performing deliberate and purposeful actions crucial for regulating their functioning and development. (Alligood, 2018, p. 203).

5 Qualitative research method

The research method used in this research paper was a systematic literature review. According to Polit and Beck, (2010) , the type of research method to be used in a research is dependent and may vary on the structure of the research, the statistical aspect of the research (quantifiability), obtrusiveness of the researcher, and the objectivity of the research. For example, in quantitative research, the researcher will undertake methods that are objective as compared to qualitative research which leans more towards subjectivity.

Polit and Beck, (2010), further state that qualitative method of research is characterized by an emergent design whereby researchers reflect on previous studies through analysis and come up with new findings based on the same concept. Furthermore, qualitative research is flexible and elastic, capable of adjusting to what is being learned during the course of data collection, it often involves a merging together of various data collection strategies (i.e., triangulation), it tends to be holistic, striving for an understanding of the whole, it requires researchers to become intensely involved, often remaining in the field for lengthy periods of time and requires ongoing analysis of the data to formulate subsequent strategies and to determine when fieldwork is done.

5.1 Systematic literature review

In nursing research, a systematic review is research that is done to provide an in-depth answer to a clinical question and guide to the best practice. Its aim is to provide reliable evidential summaries of former completed research. Furthermore, systematic reviews are retrospective and observational, they are undertaken to find an answer to a specific research question and can be done qualitatively or quantitatively although sometimes the researcher may use a mixed method for a broader comprehensive review. (Holly et al., 2012).

Additionally, Polit and Beck, (2010), explain that literature reviews aim to inspire new ideas for research and lay a foundation for future studies. When doing a systematic literature review, researchers contribute to the already existing evidence from former studies. Furthermore, they stress on the fact that when conducting a literature review, it is important to rely on primary sources of research rather than the secondary sources. This is because secondary sources of research typically fail to provide a detailed study and are seldom completely objective. (Polit & Beck, 2010). In addition to inspiring new ideas and laying down a foundation for future studies, Systematic literature review has other benefits which include providing a clear and less biased understanding of the research because it involves

a systematic process, it increases the strength of research findings since it is derived from a broader range of studies with similar context analyzed together, it assess consistencies and provides a clear elaboration for possible inconsistencies of relationships across studies, it contributes to clinical practice, and creates a format for ongoing new research evidence. (Holly et al., 2012). For this reason, I chose to undertake a systematic literature review of articles for this research paper because a collection of evidential data will provide a broader aspect and overview of the topic being researched. This will help in analyzing information from various healthcare settings (example in home care, hospitals, clinics) and give a view of the different perspectives of the researchers who have already done a study on this topic, hence contributing more information to the subject to broaden the scope of understanding.

5.2 Data collection

The literature used in this research was obtained from the following databases; Academic Search Elite, CINAHL Complete, and MEDLINE. In order to obtain articles that are related to the research topic, specific search terms were used to direct the search. These search terms were "mental well-being OR psychological well-being OR emotional well-being" AND "palliative care OR end of life care OR terminal care OR hospice care" AND "nurses OR nursing staff". A total of 459 articles were obtained from this literature search. This information is represented in the form of a table in Table 1 below.

Search Database	Academic Search Elite	CINAHL Complete	MEDLINE
Search Category	Mental well-being, palliative care, nurse, patient care outcome		
Search terms	"Mental well-being OR psychological well-being OR emotional well-being" AND "palliative care OR end of life care OR terminal care OR hospice care" AND "nurses OR nursing staff"		
Search hits	105	218	136
Total hits	459		

Table 1 **.** Data collection of research articles.

5.2.1 Data selection criteria

From the articles obtained from the data collection, the search was then minimized in order to remain with articles from the year 2017 to 2023. Additionally, duplicates were observed and the search was then filtered in order to obtain peer-reviewed articles. Articles that were not in the English language and those that did not have the availability of full text were then excluded. Furthermore, the article titles and abstracts were then carefully screened so as to remain with articles that were relevant to the research topic. The inclusion and exclusion selection criteria of the research articles is represented in a table as seen in Table 2 below. Figure 4 displays the Prisma flow chart of article retrieval and screening for the purpose of this research paper.

INCLUSION CRITERIA	EXCLUSION CRITERIA
Scientific articles available in the English language	Scientific articles available in a language other than English
Peer-reviewed articles with full text availability	Non-peer-reviewed articles and articles not available in full text
Articles from 2017 to 2023	Articles before 2017
Articles whose titles and abstract (aim) are relevant to the research topic	Articles whose titles and abstract (aim) were not relevant to the research topic

Table 2. The inclusion and exclusion criteria of research data collection.

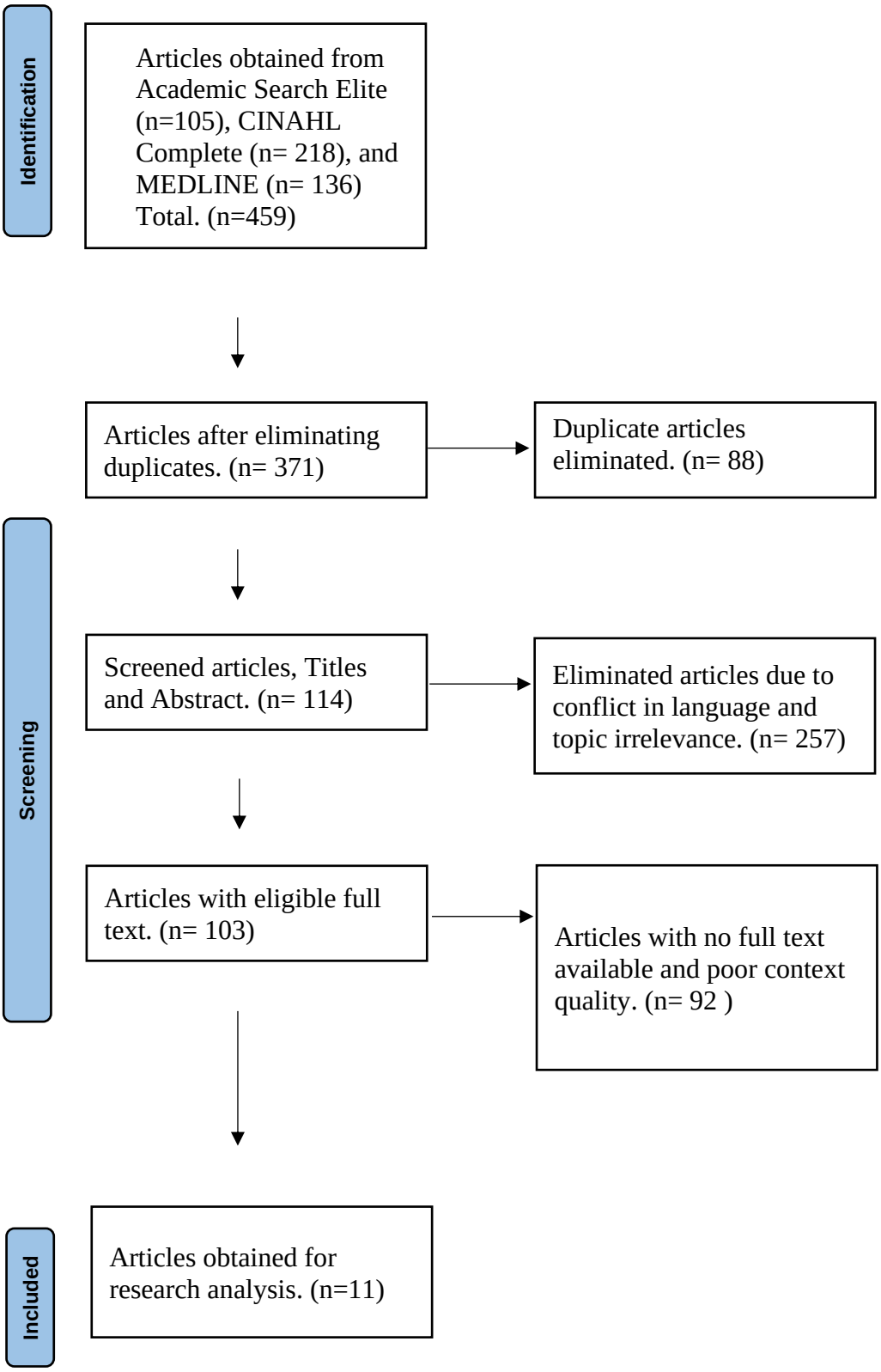

Figure 4. Prisma flow chart of article screening

5.3 Data analysis

According to Polit and Beck, (2010, p. 469), content analysis of qualitative data is the process of analyzing narrative data and distinguishing important themes presented in the study as well as identifying similar patterns of ideas within those themes. They go further to explain that the management of data in qualitative research involves simplifying a complex phenomenon by converting an ample amount of data into smaller manageable segments with a common idea. They construed that this analytical procedure is inductive in nature and puts all these segments of data into a meaningful pattern of ideas that answers the posed research question. (Polit & Beck, 2010). In this similar context, research analysis was conducted by analyzing the selected articles and carefully identifying similarities between them and highlighting the common themes represented in the studies. Furthermore, the frequency of the themes was noted to determine the validity of the presented data. These themes and their corresponding sub-themes are listed and discussed in the results chapter of this research document.

5.4 Ethical considerations

The description of the ethics of research explains that as a system of morally set values which act as a guide for conducting research procedures in which researchers must adhere to. (Polit & Beck, 2010, p. 553). All literature used in this research paper are peer-reviewed articles from scientific journals and sources. The academic code of research ethics that guides the writing of research paper was upheld and the data used from these sources has been cited and referenced to the respective original source. This was done to ensure the presenting of a credible research paper without plagiarism, fabrication, falsification, or misappropriation of data.

According to the Finnish National Board on Research Integrity (TENK), for research to be viewed as ethically acceptable, reliable, and credible, it must be conducted on the basis of responsible conduct of research. (TENK, 2021). For research to have followed responsible conduct, the research must adhere to the principles set by the respective research community, the research method for acquiring and analyzing data must follow scientific criteria, the researcher must acknowledge the work and accomplishments of other researchers through proper citations, the researcher should comply to the scientific knowledge when planning and carrying out their study, possible research permits should be acquired, the entire research

team should have a common agreement on the basis of their research, in the case of conflict of interest researchers should refrain from continuing evaluation and drawing a conclusion, and lastly, data protection legislation should be taken into account. (Finnish Advisory Board on Research Integrity, 2012).

6 Results

This chapter aims to elaborate the thematic results obtained from analyzing the literature that were suitable for answering the research questions posed. A total of eleven peer-reviewed articles were selected from the year 2017 to 2023. These articles have been listed in a table in this document's appendix 3. The analysis of these studies presented crucial information that was then grouped into two themes and four sub-themes as represented in figure 5 below.

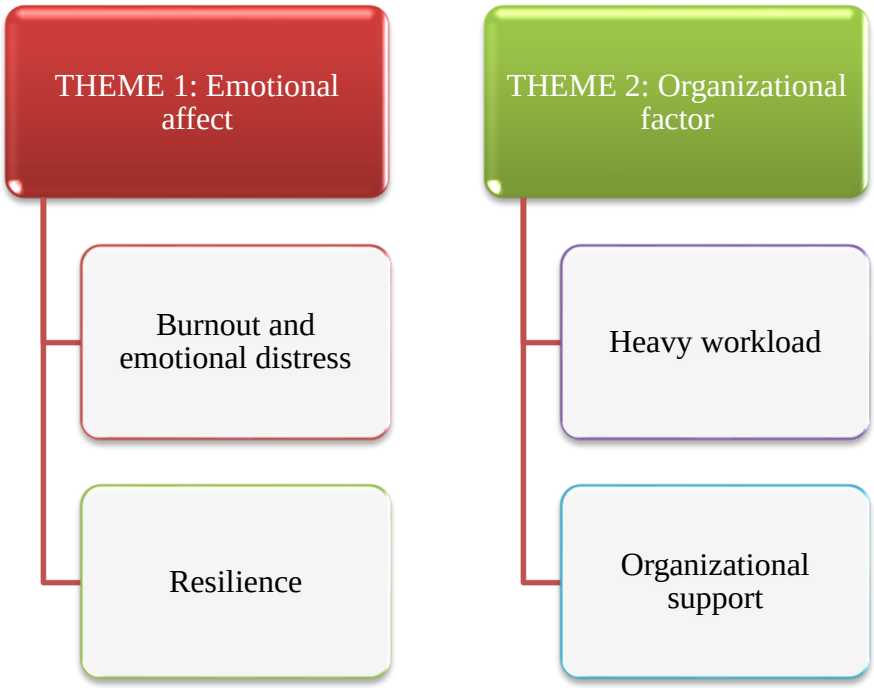

Figure 5. Thematic Analysis.

6.1 Emotional affect

Palliative care nurses experience emotional challenges related to encountering death or unsuitable expectations of the patient's family members in regard to the end-of-life care of their loved ones, which may result in a conflict of interest. Generally, nurses are a candidate for high-risk probability of mental illness, exhibiting burnout symptoms and high-risk probability of leaving their work (profession). This is brought about by symptoms like

sleeping disorders, concentration disorders, minimized performance capacity, emotional fatigue, and depression. Previous experiences on situations that resulted to unfavorable side effects to their patients caused the nurses emotional distress due to fear of hastening their patient's death. (May, et al., 2022; Lind et al., 2022).

Emotional overload and discomfort was seen among pedeatric palliative care nurses describing a negative feeling experiecing the death of children which brought upon suffering for them. The complex care of critically ill patients deposited an emotional mark which led to some nurses contemplating taking a break or leaving their work altogether. "*The professionals used expressions such as 'it leaves a scar', 'they are small wounds that you get', 'it gets added to your backpack', and 'it makes a dent' to refer to the cumulative impact of continuous contact with suffering and the end of life and death of the children they care for in the context of palliative care. "There have been times when I needed to take a break and then come back, because it's really hard."* (Rico-Mena et al., 2023).

6.1.1 Burnout and emotional distress

Burnout is a notion that can be characterized by the exhaustion of an individual and social resources resulting in significant repercussions in healthcare institutions, the people involved and the entire patient community. Burnout greatly influences nurses' delivery of patient quality care. It increases the chances of errors in care delivery and patient satisfaction. In addition, stress related to care delivery among palliative nurses was highlighted. The causes of the stress was due to a number of reasons namely the nurses' close relationship to their patients, the ubiquity of death all around them, symptom management, physical stress due to nursing activities, relaying information to the relatives, and the pressure put on them by the family member's expectations. (May, et al., 2022).

According to Nestor et al., (2021), among the care team, nurses are more probable to succumb to depression and post-traumatic stress compared to the other care professionals, this is because nurses have more direct and extended access to the patients. Higher rates of work-related stress was also seen to be more prevalent among palliative nurses which in turn results in impacting their mental well-being. Furthermore, they went on to state that during critical situations for example during the COVID-19 pandemic outbreak, palliative nurses reported that the isolation from their patients and family members, and working in a state of seclusion was a significant source of stress.

In relation to health and well-being, it was seen that nurses working in general palliative care reported high levels of burnout in comparison to nurses working in specialized palliative care. In addition, they reported higher work-related physical fatigue, discomfort, and desire to leave their jobs. Nurses working in specialized palliative care reported increased emotional demands in caring for their patients and their relatives. (Diehl, et al., 2021). According to Koh et al., (2020) palliative care nurses struggle with total exhaustion during their span of working in the field which also led to difficulty in managing a suitable work-life balance.

Their study included interviews of palliative care nurses who were noted saying *"I had a few patients that I was particularly attached to die, I was crying to sleep, I was feeling exhausted, fatigued, tired, because I worked so many hours, and I did a lot of night duties during that time. I was working as a ward nurse, so I had to deal with a lot of patients' symptoms and problems, and during that time I was just so exhausted that I couldn't think much, and I just continued that for weeks and weeks."* (Koh, et al., 2020).

According to Kavalieratos et al., (2017) burnout was generally reflected as an effect on physical and emotional well-being. Nurses became aware of it after an intensely stressful event example conflict with a colleague or an extremely traumatizing patient death. They characterized burnout as a feeling of tightness and breathlessness, feeling weary and cynical, being mentally, physically, and emotionally exhausted, numbness, sleepless, self critical, feeling trapped, and on edge. Furthermore, they stated that once an individual frequently experiences burnout, it leaves a residual and lingering effects that even when intervened temporarily, it is never completely resolved.

"*I think it's like heart failure. I think it's chronic, and it's there, and if you do not take care of it, it will kill you. And it gets to a point that you can't reverse it."* (Kavalieratos, et al., 2017).

The age of the patient receiving palliative care was also regarded as a stressor among palliative nurses in patient care. Perception among the nurses changed when caring for younger patients due to a complexity in responding to the patients needs. (McKenna, et al., 2022). On a similar note, the emotions presented during the provision of palliative and end of life care, especially with pediatric patients, can impact care delivery satisfaction and induce burnout. It was expressed that from working in pediatric palliative care, nurses were inspired to change their lives for the better and had a heightened sense of life and personal growth. (Rico-Mena et al., 2023).

Additionally, it was observed that an emotional investment was ineviteble and significant to achieve primal patient care. The palliative nurses involved were aware that this could put them in an open position of risk of emotional distress. It was further explained that the commitment to always get things done right and the formation of informal bonds among the palliative nurses and family members made it hard for the nurses to deny requests made by these family members. It was expressed as a feeling of distress and dismay when they could not meet the requests of the families. (Taylor & Aldridge, 2017). A sense of inadequecy was also noted to be felt among palliative nurses in response to the helplessness and frustration of not being able to do enough to help their dying patients. In addition to feelings of inadequecy, emotional distress was stirred among the nurses by seeing some patients die in the absence of family members and also not having enough time to get familiar with the patients as 'persons'. It was more difficult if the patients were unconcious and all thhe nurses had to familiarize themselves with the patients was contained in a plastic bag together with their belongings. (Castaldo et al., 2022).

"It's a huge emotional burden because, out of the 30 patients you care for, you know all of them, you take home all 30, because it's impossible not to take your work home. They say to separate one's personal life from the professional one, but nurses are really screwed because it's impossible to do this in this historical moment […] The other bad thing is this, that it was all so fast that you didn't know anything about the patient, you couldn't know anything, or when you could, you read it from the medical records, but it was all medical information anyway; I mean, it didn't say what their religion was, how many children they had, what they did in life." (Castaldo et al., 2022).

6.1.2 Resilience

Individual experiences and personal occurrences outside of work practice impacted nurses on their ability to handle work related complications that came with caring for a dying patient. It was described that nurses developed an individual coping strategy that they utilized to assist reduction of work associated stressors. This individual coping strategy involved discussing a particular traumatic event with a colleague during the end of the shift, self-reflection, changing out of the work uniform, or even a simple activity like walking the dog, were characterized as ways palliative nurses used to build individual resilience. (Taylor & Aldridge, 2017). It was observed that specialized palliative care nurses had high resilience and well-being status as a result of self-care which was associated with self-care training, or

the development of self-care plans offered in specialized palliative care facilities. (Diehl, et al., 2021; Koh, et al., 2020).

The potency of changing the mindset was seen to help facilitate the development of resilience among palliative nurses. The purposeful process of cognitive transference and setting boundaries helped the nurses magnify their purpose. This helped them discover a new form of meaning in helping their patients and the family members achieve their goal of care. Palliative nurses also purposefully draw a line separating their work life from other parts of their lives by taking part in activities and hobbies that are calming and special to them. Practicing self-care is important in promoting and sustaining resilience. It was explained in depth as a way of learning to love oneself and being able to embrace one's limitations and errors. It also involves being personally accountable for one's own overall well-being. (Koh, et al., 2020).

From their study a nurse was quoted stating *"I learn how to put the work behind me. When I'm working, I try to fully concentrate, to give my patients my full attention. But when I'm off duty, I try to put everything behind me. So, I will do other things and try not to think about my patients; I will do other things like housework, cooking, reading and shopping."* (Koh, et al., 2020).

Figure 6. Transformational growth cycle. From Struggling to Resilience. (Koh, et al., 2020).

Pediatric palliative care nurses expressed that though the repeated complexity of experiencing health, disability, and dying was a source of emotional distress, they observed

the strength of the children and the family during the course of the illness and suffering, and stated that they were left feeling inspired, filled with gratitude, privilege and admiration. They expressed having a state of personal enrichment and growth, compassion satisfaction, and feeling comforted when they saw how the efforts they apply to care for their patients and the families made a positive difference. (Rico-Mena et al., 2023).

6.2 Organizational factor

The influence of the organizational role in understanding the well-being of palliative care nurses is facilitated by proper education and training on how to care for a dying patient. Nurses are in a position of obtaining the knowledge significant when utilizing a palliative care approach. Other known facilitating factors include higher payment compensation, the recognition of palliative care by policy makers, employers, and the society, establishment of legislative regulations for adjusting long working hours, creation of inter-personal unions, and the development of stress-management programs for the purpose of improving the health and well-being of the nurses. (Lind et al., 2022; May et al., 2022).

6.2.1 Heavy workload

It was observed that the workload experienced by a palliative nurse is dependent on issues like staff shortage or occurrences of critical instances like an outbreak of a disease. During the COVID-19 pandemic, palliative nurses stated that their workload, though not statistically, had significantly changed and that their responsibilities were now much more than before the viral outbreak, which in turn caused them to experience higher work-related anxiety and stress. In addition to the increased workload, the nurses supplied emotional, spiritual, and physical care to the patients despite the limitations of knowledge in these areas. The nurses received fast-paced training which only prepared them to provide the physical aspect of end-of-life care and were not full equiped or secure to deliver psychological care to the patients and families. (Nestor et al., 2021; Castaldo et al., 2022; Hanna et al., 2021).

Unfavourable shift patterns that do not make it possible to cover the entire workload assigned to the nurses. This led to the feeling of being pressured and the lack of available time can result to inadequate provision of care. (May, et al., 2022; McKenna, et al., 2022).

"…the workload was both heavy and unpredictable, which negatively affected palliative care provision." (Lind et al., 2022).

Among palliative nurses, a heavy workload was considered a problem but they have accepted the reality and expressed that within the work culture, working extra hours is very common practice and that they were left with feelings of guilt when they did not similarly emulate. Shortage of staff working in a shift was expressed to have made work very physically demanding among the nurses. They cope and carry on with their responsibilities without asking for help because it is uncommon for them to seek out help. (McKenna, et al., 2022; Taylor & Aldridge, 2017).

"Some participants explained that they were reluctant to ask for help during these times, and described the efforts to maintain a positive front for families and to put themselves under additional pressure to 'get it right'." (Taylor & Aldridge, 2017).

There exists a professional struggle in defining the roles of palliative care nurses when caring for their patients. It is regarded as a continuous internal conflict as they have to perform a number of roles when caring for their dying patients. The struggle in identifying their role sometimes causes the nurses to wonder whether their role is more clinical or administrative. This is because they juggle alternative responsibilities at different times during the course of a day. The lack of clarity in responsibilities and time, makes the nurses overwhelmed with work that can cause the inability to fully commit to their patients. (Koh, et al., 2020).

6.2.2 Organizational support

The presence of interpersonal support of feeling safe and strong was noted. The term "safe in numbers" was used to characterize this phenomenon. The support among nurses and their colleagues helped them cope with work-related stressors, for example through informal contact with colleagues, by having a cup of tea together during shift breaks and debriefing. It was observed that it is easy for them to try to seek support from one another in the team rather than from their own families and acquaintances, this was a way of separating work life from home life. Access to clinical supervision and bereavement counseling in the healthcare facility also helped nurses feel supported and allowed them to unload the emotional effect that comes with providing end-of-life care. (Kavalieratos, et al., 2017; Hanna, et al., 2021; McKenna, et al., 2022).

"The emotional distress experienced by nurses was alleviated by the creation of a strong sense of solidarity among the health-care team. The common purpose and mutual support helped to cope with the situation." (Castaldo et al.,2022).

In paediatric palliative care setting , peer support groups among the palliative professionals was significant to help cope with the emotional load that was associated with the complicated care of dying children. The strategies induced open communications among the professionals, encouraging transparency by airing out the pain through open discussions. This was done through meetings online or through bereavement and grief seminars. (Rico-Mena et al., 2023). Collective support within the organizational culture made the nurses stronger not only as individuals but as a team. Receiving assistance from work supervisors and team leaders who displayed admirable qualities of authenticity and sympathy helped palliative nurses cope with the effects of caring for a dying patient. (Koh, et al., 2020).

7 Discussion

This chapter of the study aims to clearly elaborate further the findings of the research conducted. This is done in order for the reader to fully comprehend the intentions of the research and link the results to the conclusion drawn later. Furthermore, the chapter has been subdivided into subchapters that discuss the methodology used in the study, the theory(s) applied, the findings, and highlight the limitations observed during the course of the research.

7.1 Method discussion

This study undertook a qualitative research approach of systematically reviewing peer-reviewed scientific articles obtained from scientific databases namely, Academic Search Elite, CINAHL, and MEDLINE. The search terms used to find the most relevant articles were mental well-being OR psychological well-being OR emotional well-being" AND "palliative care OR end of life care OR terminal care OR hospice care" AND "nurses OR nursing staff". From the search, a total of 459 articles were obtained and by filtering further, 11 scientific articles from the year 2017 to 2023 were selected and noted to be suitable for analysis and result finding.

A systematic literature review approach was suitable for this research because it helped gather relevant evidence to explain the research questions from a collection of 11 scientific qualitative studies from various perspectives and clinical settings, reducing the probability of biasness and increasing the credibility of the findings by increasing knowledge and further understanding of the research question being posed. According to Holly et al., (2012) systematic literature reviews have a greater reliability in comparison to a single evidence

study because they incorporate a summary of a number of research findings that are presented about similar distinct topic or research question. It involves synthesizing relevant studies, appraisal, and identifying similar trends that help answer the posed research questions. This makes systematic reviews to be at the top of research evidence ranking.

By reviewing literature about a particular topic, not only does one gain evidence to support their research question(s), but they also gain further knowledge on the topic they are conducting research on. The researcher gets to view different perspectives into how the topic has been previously discussed by other researchers and in doing so, may help direct the structure of their research and answer the research hypothesis.

7.2 Theory discussion

This study focused more on analyzing the well-being of nurses working with dying patients. It was viewed by the author as a two-sided coin of how individuals are affected by stimuli, and their ability to respond to it. For the purpose of understanding this phenomenon, the works of two nursing theorists were used: Betty Neuman's systems model, and Dorothea Orem's self-care theory.

Neuman's systems model views a human being as an open system in constant interaction with the surroundings, and how one or each can affect the wellness of the other. The concept of wellness was described to be dependent on the environmental stimuli and how internal or external stimuli can affect the balance of the open system (human being). This model proved significant in conducting research about the well-being of palliative care nurses by understanding the numerous factors that influence a person's well-being within a complicated environment. It emphasizes on an individual's reaction to stressors, highlights the lines of defense, lines of resistance and the protective response that an individual has. From the study, it was seen that palliative care nurses encounter various challenges during their work that led to factors that can be detrimental to their mental, physical, and emotional well-being namely burnout, emotional distress, and a considerably heavy workload. These detrimental factors were mentioned in the articles that were analyzed and are considered as what Neuman described in her model as stressors (stimuli) that affects a human being's individual or collective system and in turn takes a toll on their wellness.

In addition, Orem's self-care theory was important in understanding the resilience of palliative care nurses and how practicing self-care helped alleviate symptoms of stressors (Diehl et al., 2021; Koh et al., 2020; Taylor & Aldridge, 2017; Rico-Mena et al., 2023). Self-

care refers to something that an individual does for oneself for the betterment of their overall well-being. Orem explains in her theory that in order for one to carry out self-care one must have the ability to practice self-care, must be intentional, and must be aware of the necessity for self-care. Alligood (2018, p. 204) states that regular deliberate input into themselves and the environment is necessary for human beings to maintain life and function in accordance with their inherent abilities.

7.3 Result discussion

The aim of this study was to discuss the mental well-being of nurses working in palliative care and explore the factors that influence their mental well-being. 11 scientific peer-reviewed articles with a span of six years between them were analyzed to elaborate this topic and answer the research questions that were posed. From the analysis of the evidential data, two main themes and four subthemes were derived and listed. The first major theme identified from the article analysis was *Emotional affect*. Palliative care nurses were found to be emotionally affected by issues in relation to their practice for example, constant exposure to death, especially if the patient was a young child, feeling the need to always meet the needs of the patients' family members (McKenna et al., 2022; Rico-Mena et al., 2023). This in turn resulted into occurrences of symptoms like sleep disorders, concentration disorders, reduced performance capacity, depression, and emotional fatigue. Burnout and emotional distress were terms used to describe the negative mental affect experienced by nurses caring for dying patients (Castaldo et al., 2022; Diel et al., 2021; Lind et al., 2022; May et al., 2022; Nestor et al.,2021; Rico-Mena et al., 2023).

It was observed that burnout is mainly characterized by feelings of exhaustion and was seen to significantly impact the nurses' delivery of quality care by increasing the probability of errors in care delivery and patient care satisfaction. It was also noted that within the care team, nurses were at a high risk of succumbing to depression and post-traumatic stress in comparison to other professionals in the same field (Nestor et al., 2021). There was a finding that in some instances, nurses cried themselves to sleep as a response to being attached to patient that had died, or being overall physically, emotionally, and mentally exhausted. There was an indication that burnout was considered chronic and even compared to the likeness of heart failure, and if not taken care of soon enough, it could lead to death (Kavalieratos et al., 2017; Koh et al., 2020).

The findings of this research presented emotional affect as a two-sided coin. Although palliative care nurses experience negative emotional effects associated with burnout and distress, it was also found that resilience and self-care were significant factors in sustaining well-being among the nurses. Resilience was described as the ability to bounce back up after experiencing something negative. It was expressed that nurses achieved resilience once they identified and understood their struggles, they adapted and changed their perspective, found strength in numbers and kept going. Resilience was depicted as an unbreakable tree that though it bends, it does not break. (Koh, et al., 2020). The perfromance of self-care was also identified where after the end of their shifts, nurses would engage in self-care activities like self reflection or perform other activities that calmed them and made them happy. It was noted that they would intentionally separate work life from home life and high resilience and well-being was reported after practicing self-care in form of self-care training or creating self-care plans (Diel et al., 2021; Koh et al., 2020; Taylor & Aldridge, 2017; Rico-Mena et al., 2023).

Furthermore, the second theme identified was *Organizational factor*. This theme explored the impact of the organizational structure inorder to understand the well-being of palliative care nurses. It was divided into two sub-themes namely heavy workload and organizational support. On the issue of heavy workload, it was observed that the workload experiened by the palliative nurses was determined by staff shortage, time factor, and occurances of disease outbreaks like the COVID-19 pandemic. This factor led to unfavourable shift patterns that led to feelings of distress and inadequate provision of care to the patients. It was also viewed that although the workload was considered a problem, most palliative nurses accepted the situation and saw it as a common occurance within any work culture. Additionally, as being the major care contributor to the patients, it was seen that nurses experienced a struggle of carrying out multiple roles during the course of a day and that there was a need to clearly define their roles and responsibilies in patient care. (Castaldo et al., 2022; Hanna et al., 2021; Koh et al., 2020; Lind et al., 2022; May et al., 2022; McKenna et al., 2021).

Nonetheless, it was seen how organizational suport was significant in helping palliatiive care nurses deal with grief, burnout, and emotional distress. It was noted that some health facilities offered bereavement counseling and one-on-one meetings encouraging their workers to speak their minds and set their emotions free. The existance of support among themselves, helped the team dynamic when it came to care and communication. It was noted that from this support, there was a change in perspective of their work and some reported

having a feeling of gratitude, a fresh view of life and satisfaction. (Castaldo et al., 2022; Hanna et al., 2021; Kavalieratos et al., 2017; Koh et al., 2020; Rico-Mena et al., 2023).

Therefore, the entirety of the analyzed articles were able to provide answers for the research questions that were posed in this study. The first research question that asked "*How is the mental well-being of palliative care nurses*?" was answered by the representation of two sides of the concept of well-being that was observed in the research findings. The findings displayed both positive attributes characterized by resilience as well as negative attributes characterized by emotional distress and burnout. In the further elaboration of these attributes, the author observed the factors that influenced the mental well-being of the nurses. This went on to answer the second research question that asked *"What are the factors that influence the mental well-being of palliative care nurses?"*. Factors like the omnipresence of death and grief, heavy workload brought about by factors like staff shortage, time factor and unclear role definiton, physical, emotional, and mental exhaustion were seen to influence the rise of emotional distress and burnout among the nurses. Whereas, factors like interpersonal support and organizational support, where some healthcare facilities offered grief and bereavement counselling to their staff, as well as the practice of self-care influenced the attribute of resilience and an overall positive mental perception of their work.

7.4 Limitations of the research

Research conducted is always prone to certain limitations. According to Polit & Beck (2010), a researcher is aware and acknowledges the study limitations and takes them into account when explaining the research findings.

The collection of articles utilized in the study analysis were obtained by excluding all systematic review articles since this research itself was conducted under the same method. This in turn limited the number of available articles that were considered suitable in relevance and context. Another limitation encountered was the lack of availability of full text for certain articles that were deemed suitable for this study. It was also noted that majority of the articles being presented from the search were studies that have been conducted within the European territory therefore, limiting the amount of evidence that can be known about the topic in question in relation to other parts of the world. Furthermore, this research was carried out by one author, increasing the probability of bias in comparison to whether it would have been carried out by two or more authors. This would have increased the scope of data search, and the interpretation of the findings would have been much

broader. Despite the mentioned limitations, the articles that were selected and the results obtained were pertinent to this study.

8 Conclusion

Nurses play a significant role in patient care as well as ensuring the provision of quality care among their patients. The questions that were posed in this research were aimed at discussing the mental well-being of palliative care nurses and to determine the influencing factors that impacted their mental well-being. The findings of this research have highlighted that the mental well-being of palliative care nurses is characterized by positive and negative qualities of burnout, emotional distress, and resilience, in relation to their field of practice associated with caring for patients at the end of their lives. As stated, prior, mental well-being is a state of positive mental health that enables an individual to carry out their responsibilities well. When influencing factors come into play, one's overall well-being is affected. The occurrence of a negative mental well-being can negatively impact the quality of patient care being provided since the nurses' abilities to carry out their responsibilities become affected. Issues like grief, and a heavy workload were noted as some of the factors that brought about burnout and distress among the nurses.

On the other hand, it was observed that palliative care nurses displayed the attribute of resilience, self-care, and support which helped in coping with grief, burnout, and emotional distress. This research findings delivered two points of view in explaining the mental well-being of palliative nurses, the negative emotional effect characterized by burnout and emotional distress but also the positive emotional effect which is characterized by resilience, endurance, self-care, and support. Further research needs to be conducted on this topic so as to contribute more to the knowledge in this specific field of nursing care to better improve the well-being of the nurses as well as their patients, and the families involved.

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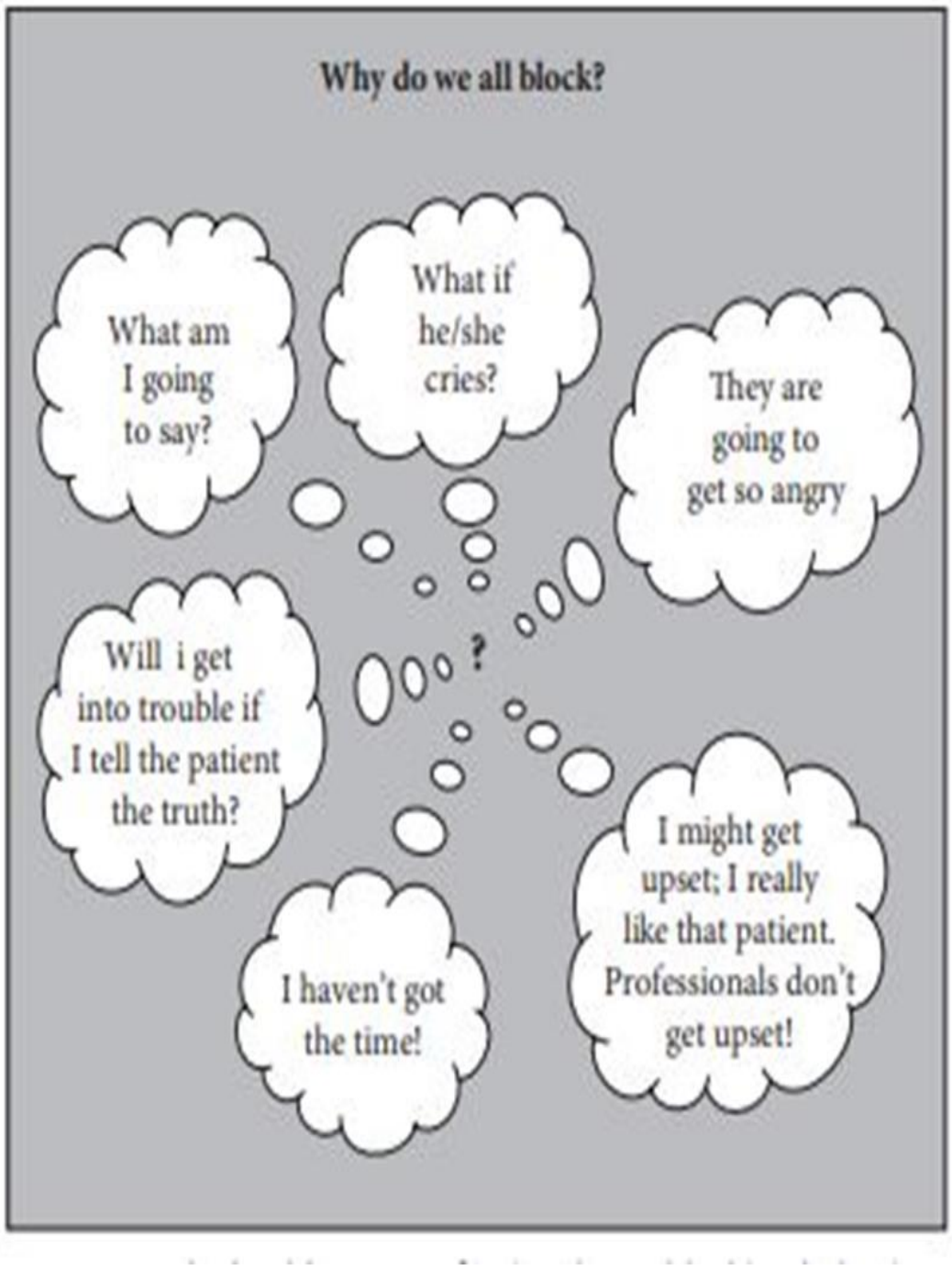
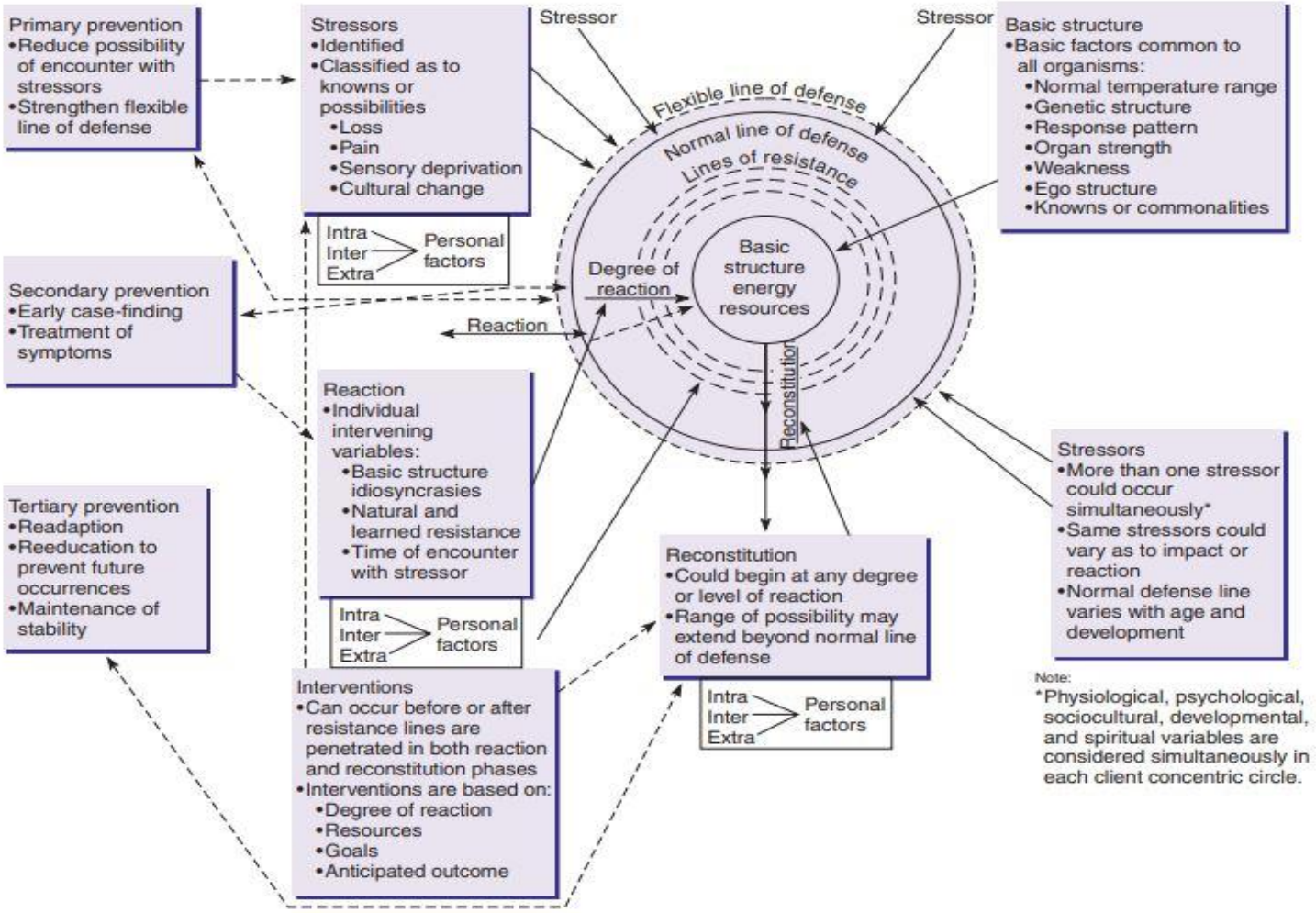
Appendices

Appendix 1. Palliative care nurses using blocking behaviors. (Faull & Blankley, 2015, p. 26).



Appendix 2. Neuman's systems model. (Alligood, 2018, p. 235)



Appendix 3. Table of Analyzed articles.

No.	Title	Bibliographical data	Year	Aim	Method	Result
1	The Emotional Experience of Caring for Children in Pediatric Palliative Care: A Qualitative Study among a Home-Based Interdisciplinary Care Team	Rico-Mena, P., Güeita-Rodríguez, J., Martino-Alba, R., Castel-Sánchez, M., & Palacios-Ceña, D. (2023). The Emotional Experience of Caring for Children in Pediatric Palliative Care: A Qualitative Study among a Home-Based Interdisciplinary Care Team. doi:10.3390/children10040700	2023	The aim of the study was to explore the emotions of health care providers working in pediatric palliative home care.	A qualitative study	The results indicated that the pediatric palliative care providers expressed both positive and negative emotions when administering end-of-life care to young children. Positive emotions included personal growth and work satisfaction, whereas negative emotions included distress due to experiencing a bad deaths.
2	Registered nurses' experiences of caring for patients in hospitals transitioning from curative to palliative care	Lind, S., Bengtsson, A., Alvariza, A., & Klarare, A. (2022). Registered nurses' experiences of caring for patients in hospitals transitioning from curative to palliative care: A qualitative study. *Nursing and Health Sciences*. doi:10.1111/nhs.12982	2022	The aim of the study was do discover the experiences of registered nurses caring for patients transitioning from curative care to palliative care.	A qualitative study	Findings revealed that registered nurses struggled to provide palliative care in the hospitals to patients transitioning from curative care to end-of-life care.
3	Mental and Physical Well-Being and Burden in Palliative Care Nursing	May, S., Gabb, F., Ignatyev, Y., Ehrlich-Repp, J., Stahlhut , K., Heinze , M., . . . Muehlensiepen , F. (2022). Mental and Physical Well-Being and Burden in Palliative Care Nursing: A Cross-Setting	2022	The aim of the study was to examine the physical and mental-wellbeing among	A cross-sectional mixed method study	Their findings indicated that palliative care nurses experienced high

		Mixed-Methods Study. *International Journal of Environmental Research and Public Health*. doi: https://doi.org/10.3390/ijerph19106240		palliative nurses in Germany, and to gain further knowledge into aspects that influence their well-being.		levels of stress within their practice of providing care to their patients. In Specialist Outpatient palliative care (SOPC) and Palliative care units (PCU), nurses expressed feeling heavily burdened due to issues like staff shortage and documentation efforts.
4	Moderating the work distress experience among inpatient hospice staff	McKenna, M., Dempster, M., Jarowslawska, A., Shayegh, J., Graham-Wisener, L., McPherson, A., & White, C. (2022). Moderating the work distress experience among inpatient hospice staff; a qualitative study. *International Journal of Palliative Nursing*. doi:10.12968/ijpn.2022.28.6.280	2022	This study aimed to identify the stressors and management options among healthcare professionals working in an adult hospice facility.	A qualitative study	They conducted interviews and found that the common stressor identified were things like heavy workload, patient care, handling relationships, and pointed out that peer support and breaks were helpful in managing these stressors.
5	Nurses' experiences of accompanying patients dying during	Castaldo, A., Lusignani, M., Papini, M., Eleuteri, S., & Matarese, M. (2022). Nurses' experiences of accompanying patients dying during the COVID-	2022	The aim of the study was to discuss nurses' encounters in caring and	A descriptive qualitative study	The findings indicated psychological effects when caring for the patients, as they

	the COVID-19 pandemic	19 Pandemic. A qualitative descriptive study. doi:DOI: 10.1111/jan.15195		accompanying dying patients in the absence of relatives during the COVID-19 pandemic		provided physical, emotional, interpersonal, and spiritual care.
6	Assessing the impact of COVID-19 on healthcare staff at a combined elderly care and specialist palliative care facility	Nestor, S., O' Tuathaigh, C., & O' Brien, T. (2021). Assessing the impact of COVID-19 on healthcare staff at a combined elderly care and specialist palliative care facility: a cross-sectional study. *Palliative Medicine*. doi://doi.org/10.1177/02692163211028065	2021	The aim of the study was to explore and measure the impact of COVID-19 pandemic on healthcare providers in elderly and specialist palliative care units	A cross-sectional study	Findings indicated a report of increase in workload, responsibilities and work-related stress. There was also fear of contracting the disease and transmitting it to already weak and dying patients.
7	Burdens, resources, health and wellbeing of nurses working in general and specialised palliative care in Germany – results of a nationwide cross-sectional survey study	Diehl, E., Rieger, S., Letzel, S., Schablon, A., Nienhaus, A., Pinzon, L. C., & Dietz, P. (2021). Burdens, resources, health and wellbeing of nurses working in general and specialised palliative care in Germany – results of a nationwide cross-sectional survey study. *BMC Nursing*. doi:https://doi.org/10.1186/s12912-021-00687-z	2021	The aim of the study was to explore and compare the level of responsibilities and health well-being among general palliative care nurses and specialized palliative care nurses	A cross-sectional study	The results indicated that specialized palliative care nurses expressed more emotional effects and greater burden where as general palliative care nurses expressed more physical effects like heavy workload.
8	Health and social care professionals' experiences of providing end of life	Hanna, J. R., Rapa, E., Dalton, J. L., Hughes, R., Quarmby, L. M., McGlinchey, T., . . . Mason, S. R. (2021). Health and social care professionals' experiences of providing end of life care during the COVID-19 pandemic: A qualitative study.	2021	The aim was to investigate the experiences of healthcare providers in providing end-of-	A qualitative study	The findings indicated that healthcare providers reported emotional physical challenges in

	care during the COVID-19 pandemic	*Palliative Medicine*. doi:doi.org/10.1177/02692163211017808		life care during the COVID-19 pandemic		providing end-of-life care. This was brought by increase in patient number, staff shortage, and having heart-breaking conversations with the relatives about their loved one's condition.
9	Burnout and Resilience After a Decade in Palliative Care: What Survivors Have to Teach Us. A Qualitative Study of Palliative Care Clinicians With More Than 10 Years of Experience	Koh, M. Y., Allyn Y.M. Hum, A. Y., Khoo, H. S., Ho, A. H., Chong, P. H., Ong, W. Y., . . . Yong, W. C. (2020). Burnout and Resilience After a Decade in Palliative Care: What Survivors Have to Teach Us. A Qualitative Study of Palliative Care Clinicians With More Than 10 Years of Experience. *Journal of Pain and Symptom Management*. doi:https://doi.org/10.1016/j.jpainsymman.2019.08.008	2020	The aim of the study was to explore the views of burnout and resilience among palliative care providers who have worked in the field for more than a decade.	A qualitative study	The findings indicated that resilience is very significant within the care practice and was achieved through the act of changing the mindset, performing self-care, self-reflection, self-awareness, and evolution.
10	Exploring the rewards and challenges of pediatric palliative care work – a qualitative study of a multi-disciplinary children's hospice care team	Taylor, J., & Aldridge, J. (2017). Exploring the rewards and challenges of pediatric palliative care work- a qualitative study of a multi-disciplinary children's hospice care team. *BMC Palliative Care*. doi:10.1186/s12904-017-0254-4	2017	The aim of the study was to explore the benefits and difficulties associated with working in pediatric palliative care as well as identifying the staff's need for development and support.	A qualitative study	The findings indicated that working in pediatric palliative care was intensive emotionally and multidimensional. Participants in the study expressed that they felt motivated although more support and training

						was required to better improve quality care deliverance.
11	‘‘It Is Like Heart Failure. It Is Chronic . and It Will Kill You’’: A Qualitative Analysis of Burnout Among Hospice and Palliative Care Clinicians	Kavalieratos, D., Siconolf, D. E., Steinhauser, K. E., Bull, J., Arnold, R. M., Swetz, K. M., & Kamal, A. H. (2017). ‘‘It Is Like Heart Failure. It Is Chronic . and It Will Kill You’’: A Qualitative Analysis of Burnout Among Hospice and Palliative Care Clinicians. *Journal of Pain and Symptom Management*. doi:http://dx.doi.org/10.1016/j.jpainsymman.2016.12.337	2017	The aim of the study was to investigate burnout among palliative care providers, identify the causes of burnout, and explore their managerial strategies in coping with burnout.	A qualitative study	Results indicated that burnout was caused by reasons like excessive workload, tension within the care team, and regulatory issues that were associated with patient care. Provision of general palliative care, regular staff rotation, self-care, and organizational support were ways that were used to cope with burnout.