



# Enhancing Nurses' Competence in End-of-Life Care: Literature review

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<p>Abstract</p> <p>Nurses face significant emotional challenges in providing end-of-life (EOL) care, making specialized emotional competence training crucial. This literature review explores the impact of patient death on nurses and highlights the importance of addressing moral considerations in EOL care. The review underscores the potential repercussions of insufficient emotional training, which can affect the quality of EOL patient and family care.</p> <p>By addressing four main themes, nurses can better manage their emotional well-being, mitigate workplace stress, and provide optimal care throughout the EOL journey for patients and families.</p> <p>The review acknowledges limitations, such as the need for diverse perspectives from patients, family members, and healthcare professionals, and recognizes the influence of cultural and religious backgrounds on experiences. Recommendations for future research include longitudinal studies, direct observation of nurses, and the development of evidence-based interventions to support nurses in delivering superior EOL care.</p>		
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Miscellaneous		

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# 1 Introduction

Working as a nurse is always full of different experience, from healthy life to facing death of a patient. So, it is quite challenging to cope with encountering death in different ages, especially based on every single nurse's personality. Some effective strategies for coping with the experience of hospital death as a nurse will be sought using this subject, with an analysis of approved articles in this respect using a literature review article. It is hard to find a unified way of coping with psychological pressure of facing with different ages, as there is a fact that every single person just lives ones. It would be even harder especially for new recruited nurses or nursing students who are more susceptible in facing with inpatient sudden death cases. According to Haegdorens et al. (2019), sudden death is described as a death case without "do not resuscitate" (DNR) orders or, receiving palliative or end stage care, having family present during the process of death, or ceasing or limiting intensive therapy for an incurable illness.

Compared to other healthcare professions, nurses are thought to interact with patients the most. Depending on the patient's health condition, a person may need to stay in the hospital more than once or for a longer period in specific areas of care. Nurses can know clients and their relatives better as a result. The stronger the relationship nurses form with their patients becomes with each additional visit. Helping patients in the final hours or days of their life is not a simple process, which contributes to the extreme stress brought on by the stressful conditions. When a patient dies, the competence to be in that scenario, the desire to help the patients and family members, and the requirement to cope with one's own feelings all have an impact on how nurses behave, both as health care personnel and as humans. (Kostka et al., 2021).

In this article, an understandable pathway for identifying nurse's strategies in their working experience's cases regarding patient death is aimed to be established. The aim of this study is to find strategies of mostly experienced nurses in different fields of hospital work, to be applied in nursing profession, and consequently, to decrease the burden of high psychological pressure during other nurse's working life in similar cases. Therefore, by presenting supportive strategies,

nurses can apply them during their working life in cases of facing with patients' "end of life" situation, and this issue helps them to pass the negative effects regarding death of a patient.

## **2 Effects of death on nurses**

### **2.1 Grief in nursing**

According to Elizabeth Kubler-Ross' "theory of grief"(1973), "grieving people move through five phases as they adjust to their loss: disbelief, rage, struggle, despair, and accepting." Sadness is a common reaction to losing a meaningful object or person, and it is the cost of our commitment and affection for one another. Also, grief is a complex emotion that includes experiences like separation, adoption, and enduring a chronic sickness in addition to the death of a loved one. (Hooyman & Kramer, 2008).

During hospitalization, patients and nurses developed an emotional bond. Grief results from not having this bond once a patient passes away. These nurses may be suffering from severe mental stress and have a strong belief that their patients will recover, which may be the cause of their sadness. Nurses may become disappointed if this does not work. They might also experience grief or a sense of helplessness for failing to help the patient. (Ma, 2021). Experiencing death of a patient causes caregivers to experience various emotions, including regret, grief, anger, disappointment, and even relief (Velarde-García, 2016).

Despite the nurses' duration of employment or position of duty, empathy, regret, and frustration are the most prevalent forms of feelings experienced by nurses in response to client deaths. Compared to the acute care ward and the emergency room, the internal department ward nurses had much greater anxiety levels. The strategies that the nurses use in dealing with stress depends on how long they have been doing nursing and where they work. Observing patients who are dying causes nurses to highly feel stressed and emotionally susceptible. According on a person's clinical work experience and the environment they serve their clients, different stress management strategies might be observed. It is necessary to develop appropriate coping

mechanisms related to the emotional reactions that are triggered when nurses deal with mortality cases while conducting professional responsibilities. (Kostka et al., 2021)

## **2.2 Experience with different cases**

Due to the client's age and the suddenness of the death, which is both opposed to thoughts of healing and is also influenced by the interpersonal connection that arises between patients and their loved ones during long-term hospital stays, dying is felt an extremely traumatic experience. In addition, every single nurse based on the hospital ward, and scope of experience, may have unique strategies which could be applicable to other nurses as well. Older patients dying is common and regarded as a part of the "end of life" process. According to some nurses, the challenge of treating older patients with medical interventions lies in the potential to inadvertently extend their suffering. They argue that in the case of older clients, death is a more common occurrence, and it can bring relief, as it is considered a natural and acceptable part of life for the elderly. This perspective is particularly pertinent when dealing with clients between 70 and 80 years old who experience a significantly reduced quality of life. In such cases, medical interventions aimed at prolonging their lives may be seen as bothersome and could lead to unnecessary suffering (Velarde-García, 2016).

The perception of losing a younger client differs significantly from that of older individuals. In the case of young clients, their death is often seen as a tragic event that elicits powerful emotions such as regret, grief, despair, and a sense of powerlessness. One nurse, reflecting on the loss of a young patient, expressed the sentiment that such deaths are particularly challenging to accept. (Reid, 2013)

When responding to the moral demands, staff members felt apprehensive that they were not "doing the correct thing" or "trying enough" for the patients. Regarding long-term care for clients who are continually near death, the unchangeable nature of death may increase nurses' sense of duty as well as their fear or sorrow because they only get one opportunity to do it properly and cannot make corrections afterwards. In working with people who are approaching the end of

their lives and their families, it has been found that managing the conflicts between being physically engaged and emotionally detached is very important. The necessity of forming relationships between health care professionals and patients is emphasized by holistic nursing. For health care staff who work in long-term treatment, where client losses are prevalent, such connections can be both enlightening and distressing. Some nurses personally engage themselves when strong bonds are developed with special clients. When a client with whom they have a deep relationship passes away, this kind of personal-professional commitment might make them feel even more helpless and guilty. (Ådland et al., 2021)

Velarde-García, (2016), brought attention to the unpleasant experiences of nurses, for whom exposure to suffering and death of a patient, combined with the suppression of feelings, cause 44% of nurses to undergo moderate levels of anxiety, 17% to suffer from severe anxiety, and 8% to encounter the highest levels of stress.

### **2.3 Supportive strategies for nurses**

It has been suggested that sufficient nurse staffing affects patient monitoring, because it enables nurses to dedicate more time to provide care. Lack of staff reduces the time of providing care for inpatient clients, which has a significant effect on the frequency of patient death. This may clarify the link between nurse staff numbers and clinical outcomes like hospital deaths. (Griffiths et al., 2018). Furthermore, it is not apparent how hospitals should be supplied or how nurse effort should be estimated to deliver safe patient care. Numerous patient outcomes, including inpatient fatality, are thought to be influenced by nurse-to-client proportions and nursing level of education. The probability of a hospitalized patient death within 30 days of being admitted was thought to be decreased by staffing levels and a higher percentage of nurses having a bachelor's degree. Furthermore, having enough nurses on duty allows them to dedicate more time providing direct care, which affects the effectiveness of patient monitoring. A major factor in the frequency of missed care is inadequate personnel, which results in the restriction of care time. (Haegdorens et al., 2019).

Additionally, nursing supervisors' guidance has an undeniable effect on nurses' attitudes. Nurses who frequently encounter patient's death experience psychological burden and depression. Therefore, staff nurses should consider the social and occupational duties of nurses to improve their physiological support in their workplace. Health care providers should think about how to handle new nurses' training and education programs as well as how to help nurses of all ages who have varying positions and responsibilities. (Richardson, 2020).

According to the studies, nurses can talk about their feelings or communicate with other colleagues to deal with death. When patients pass away, nurses occasionally withdraw themselves and are unable to talk about their sadness. As a result of this unsafe situation, nurses may decide to leave their jobs or the unit. In addition, opportunities for sharing grief-related emotions with other experts during rest time or meals may provide emotional support for susceptible nurses. (Papadatou, 2000). Bediako Agyei et al. (2022) claimed that nurses in Ghana who work in various care environments reacted emotionally to patients' deaths and experienced sadness. Many nurses have developed unique supportive mechanisms to manage sorrow because they are aware of the deteriorating impacts that experiencing death repeatedly had on their personal and work life. Few nurses reported having access to specialized counseling sessions for coping with their emotions. Nurses who are caring for patients who are dying should receive regular education on effective stress reduction and workplace support. Without a doubt, this will enhance the nurses' health condition as well as the standard of care provided to terminally ill clients and their relatives.

## **2.4 Nursing challenges in providing optimal care**

Nurses as medical professionals are specifically exposed to stress in the present condition of the healthcare system. Among the numerous factors that contribute to stress are rotational shifts, which interferes with nurses' biological rhythms, mental and physical work overload, workplace related issues, interpersonal communication challenges, inadequate income, uncertain career development goals, job inconsistency, and other factors. The loss of a patient allegedly causes intense stress and anxiety among nurses that work in hospitals where they encounter with patients' death. (Tartas et al. 2009). Knowing how to identify one's own grieving processes after a

patient passes away would be helpful for many nurses that work in a medical environment. If nurses can recognize and manage their personal grief, it may open opportunities for changes in other healthcare experiences and personal self-care, and it could improve the quality of patient care that they can offer. (Meller et al., 2019).

One of the nursing duties that is often overlooked when workloads are heavy is patient observation, missed deteriorating hospital cases may cause sudden mortality or cardiac arrest that requires CPR (Recio-Saucedo et al., 2017). Griffiths & et al in their recent study similarly found a strong link between low number of nurses and a higher rate of death (Griffiths, Maruotti, et al., 2018).

Nursing's main objective is to help patients heal from their illnesses or, in the worst case-scenario, pass away peacefully. When a patient passes away, nurses are still required to carry out their professional responsibilities with a strong level of expertise. It is a personal and singular experience for nurses to face with death. Every situation will be unique, regardless of whether a death is anticipated, sudden, peaceful, or traumatic. Creating a comfortable atmosphere for a terminally ill patient as easy as possible is the nurse's major duty in their care. The patient's psychological and emotional support will also need to be managed in addition to their physical health. (Meller et al., 2019).

### **3 Aim, Purpose, and research question**

The aim of this study is to determine the strategies of nurses during their working life with death of a patient. The purpose of this research is to support nursing profession in cases of encountering hospital death to cope with their other responsibilities. Therefore, in the cases of experiences of health care professionals and specially nurses, this research question comes to mind that; What strategies can be employed to enhance nurses' competence in end-of-life care?

## 4 Research methodology

### 4.1 Literature review

A literature review describes, organizes, and assesses the informational sources that have been published on a certain subject. A literature review is more than just a catalogue of publications. It is an analysis of a body of pertinent research that has been published by recognized academics and researchers and relates to a particular research subject. The goal of the literature review is to examine (summarize and evaluate) the most significant and important published material rather than to present a summary of all the publications that is related to your subject. A literature review is an in-depth examination of the prior research that has relevance for the project you are doing. The researcher must also:

- Analyze articles,
- Demonstrate connections between publications,
- Show the relevance to own work.

A literature review gives readers a perspective at the range of expert writings on a certain subject. It indicates that the researcher has deeply investigated and critically analyzed a variety of appropriate sources in addition to carefully researching their subject. The objective of creating a literature review is to explain to the reader what information and concepts have been formed on a subject and what their advantages and disadvantages are. (Connie Griffin, n.d.)

A literature review is a useful method for gathering data published on a certain subject. An introduction is required to explain the purpose of the literature review, as well as the study questions, and to establish the relevance of the subject to professional practice. The introductory part should explain briefly what is known and what needs further research on the subject. Once the topic or question has been determined, relevant keywords must be utilized to search databases for published studies. An effective literature review obliges the researcher to offer a critical interpretation of the research, by which conclusions can be made to improve professional practice. In a critical examination Data is analyzed to determine its reliability and significance. Assessing the literature enables the researcher to evaluate the results and, in certain cases, it may

point out areas that require more study. To understand the research data and bridge the knowledge gap between study and practice, critical analysis is an important step. Additionally, it is necessary to describe the relevance for professional practice and to offer findings that are backed up by the research. (Kowalczyk & Truluck, 2013).

## **4.2 Literature search**

A search strategy for finding related material must be designed when the research topic has been defined and a general review technique has been taken into consideration. Choosing relevant databases, search phrases, and criteria for both inclusion and exclusion are all part of this process. Thus, several important priorities that will ultimately affect the quality and complexity of the evaluation must be made. Search keywords might be words or phrases that are used to find relevant papers, publications, and articles. This terminology ought to be derived from expressions and ideas that are relevant to the study subject. These search phrases might be general or specific, depending on the objective of the study and the research topic. It may be essential to keep in mind adding further limits. (Snyder, 2019)

The chosen research subject should provide the framework for the inclusion criteria of research. Year of publishing, language, type of articles (such as theoretical, randomized controlled study, etc.), and journals are a few examples of factors that may be considered and are frequently employed. Choosing the criteria for inclusion and exclusion for research study is one of the most essential issues in guaranteeing the quality of the study. Yet it is important to remember that all decisions must be transparently justified and supported by logical grounds. This is important since the quality of the literature depends on a variety of factors, including the types of books that are included and how they were chosen, regardless of the methodology used. (Tranfield et al., 2003).

The main inclusion criteria for the research were peer-reviewed studies on nurses' strategies with death, articles published in English, during a twelve-year timeframe (2010 - 2022), and full-text accessibility for the library website of Jyväskylä University of Applied Science students. Non-English articles and those with a Corona virus relation were excluded.

### 4.3 Article selection process

Using the PICOS (Population, Intervention, Comparison, Outcome, Study) technique, the study question: "What strategies can be employed to enhance nurses' competence in end-of-life care?" was subdivided into keywords for each PICOS component:

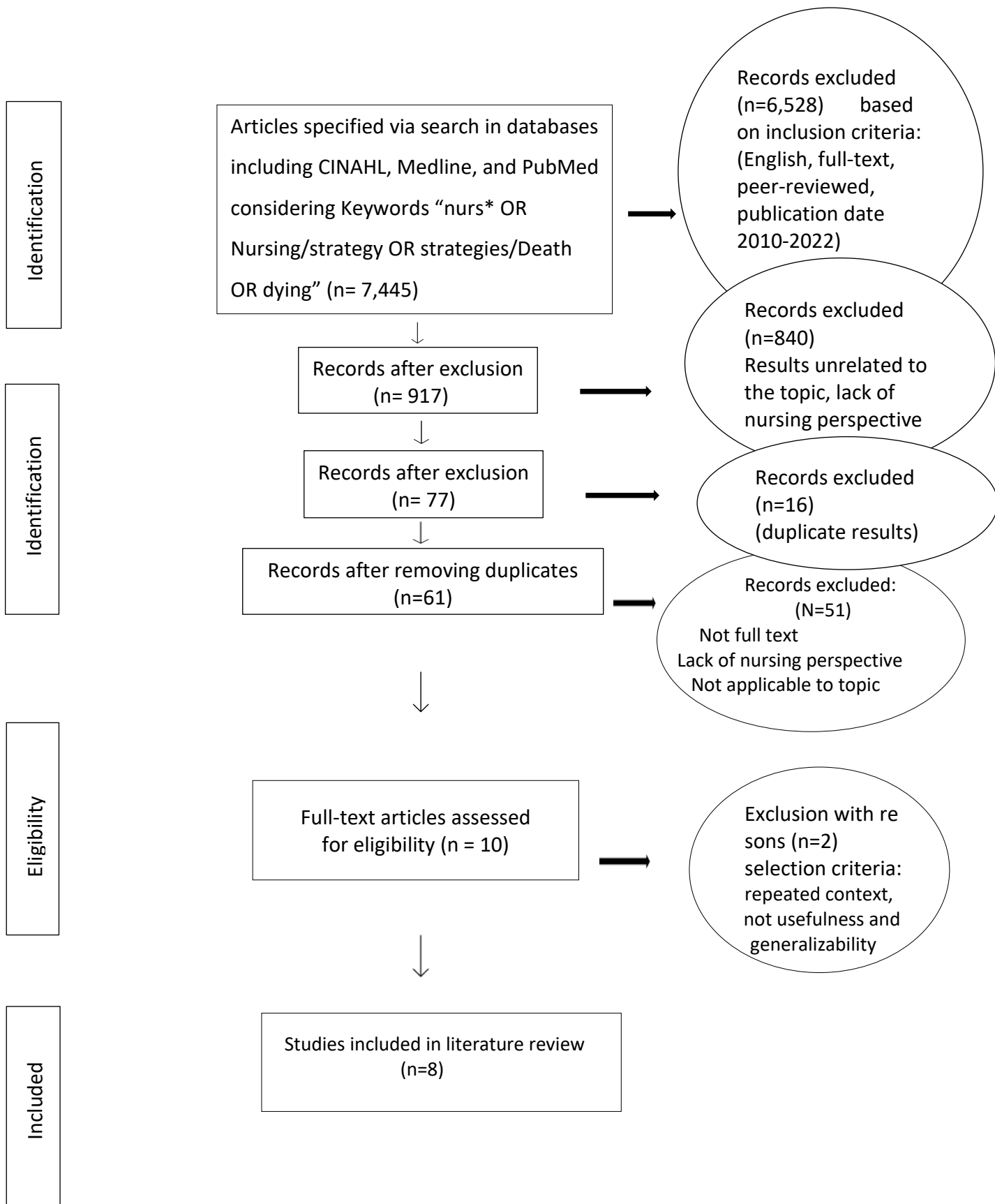
P (Population)	nurses and nursing students
I (Intervention)	strategies
Co (Comparison)	experiencing patient's death
S (Study)	full text, published date 2010-2022, peer reviewed, English

The following search items, that were utilized for the literature review, were derived using the keywords:

Nurs\* OR Nursing AND Strategy OR Strategies AND Death OR Dying

In the search for articles, in addition to keywords, inclusion items were also considered. In the meantime, the articles that passed the peer review filter were selected for their higher scientific value. Also, only articles written in English were used, and the search was conducted in the period from 2010 to 2022 on Cinahl, Medline, and Pubmed databases. In addition, due to the outbreak of the Corona virus in recent years, the articles that resulted in death due to this disease were excluded. After the use of the aforementioned search criteria, the following results were obtained: Cinahl: 2043 articles (n=2043), Medline: 3514 articles (n=3514), and PUBMED: 1888 articles (n=1888). articles in total (n=7445).

After finding the first results among the stated databases, then the search was done based on the inclusion criteria. At first, the results that were not full text, nor in the desired time frame, non-English, or not peer-reviewed (n=6528) were excluded. Then the results that were not related to the topic or lacked nursing perspective were deleted along with duplicates (n= 907). In the end, the cases that did not have similar content and profitability were excluded from the research. The result of the investigation is briefly depicted in the PRISMA (Preferred Reporting Items for Systematic Re-views and Meta-Analyses) chart below for better understanding. (Moher et al. 2009)



**Figure 1: Inclusion and exclusion criteria, PRISMA table**

Using the Hawker scoring approach for the systematic review of qualitative literature, additional analysis of the chosen articles was performed. (Hawker et al, 2002). See Appendix 1 (Table of articles) for the search results chosen for the final quality assessment.

On a scale of one to four, the articles were rated on nine factors, going from extremely poor (1 point) to excellent (4 points):

- 1) Title and abstract: Did the title clearly describe the research?
- 2) Introduction and objectives: Do the background information and the study's aims make sense?
- 3) Data and methods: Were the study's data collection techniques well clarified?
- 4) Sampling: Was the acceptable sampling technique used?
- 5) Data analysis: Was a thorough enough analysis of the data performed?
- 6) Ethics and bias: Were the study's possible bias and ethical ramifications discussed?
- 7) Results: Were the study's conclusions presented in a straightforward manner?
- 8) Generalizability or transferability: Could a larger population use the study's findings?
- 9) Implications and usefulness: How meaningful were the results for practice and policy?

a careful examination of the Hawker scores for the selected articles was conducted. The average score among these articles fell within the range of 30 to 35, with a calculated average of 32.37. Consequently, the decision was made to include all eight of these articles in the literature review due to their consistently acceptable Hawker scores. This approach ensures a comprehensive and thorough analysis of the literature in the context of the research objectives.

The findings were drawn from the analysis of eight selected articles. Selected final articles were sourced from a range of countries, including Spain (in 2015 and 2016), Ghana (in 2022), Nigeria (in 2021), 2 Australia (in 2016), and the USA (in 2011 and 2014). Notably, selected articles encompass a spectrum of research methodologies, comprising one Quantitative Research Study, two Qualitative Studies, two Quantitative Cross-Sectional Studies, one Qualitative Phenomenological Study, one Qualitative Exploratory Descriptive Study, and one Qualitative Interview.

#### **4.4 Data analysis and synthesis**

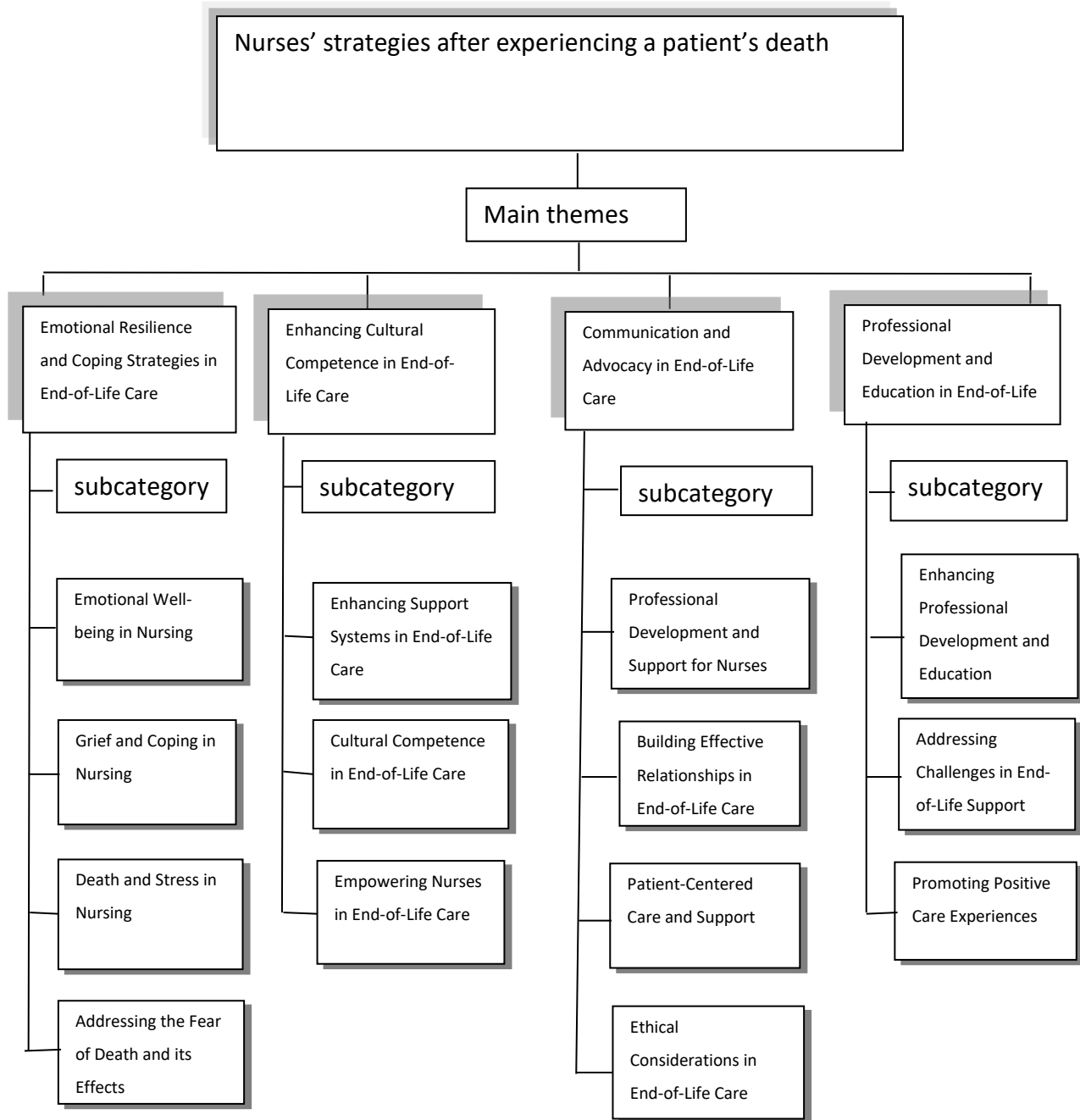
The content analysis method was used in this literature review. The content analysis method's widespread use in nursing research was one of its advantages. It might concentrate on more profound topics exploring the perspectives and experience of patients or medical personnel regarding the investigated topic. (Moule et al. 2017, 55-63)

Establishing comparability between the data sets was crucial when looking at qualitative data since it allowed for identification of present themes and common patterns. A coding system was employed to organize the information into thematic groupings and relevant subcategories according to the quality of the evidence and its applicability to the subject, making it easier to extract data from the selected articles. Similar concepts and concerns were grouped together to enable a more comprehensive analysis of their relationships. Ultimately, a conclusion regarding the effectiveness of the gathered information was drawn based on the gathered evidence. (Cope, 2010,284)

## **5 Results**

Based on the research question posed in the literature review, "What strategies can be employed to enhance nurses' competence in end-of-life care

?”, the selected articles underwent analysis to identify similar themes relevant to the research question. A comprehensive examination yielded a total of four primary themes: Emotional Resilience and Coping Strategies in End-of-Life Care, Enhancing Cultural Competence in End-of-Life Care, Communication and Advocacy in End-of-Life Care, and Professional Development and Education in End-of-Life. The categorization process, involving the analysis of original research articles, the establishment of thematic subcategories, and the subsequent identification of main themes, has been documented in Appendix 3: Categorization Table. A visual representation illustrating the main and sub-categories is presented in the table below.



**Figure 2: main themes and subcategories after analyzing 8 articles.**

## 5.1 Emotional Resilience and Coping Strategies in EOL Care

The significance of providing specialized training in emotional competencies within the nursing field cannot be overstated, as it equips nurses with the necessary skills to effectively navigate their own emotions and resolve conflicts pertaining to end-of-life (EOL) care. The main idea of this training is that it can enable nurses to manage their own feelings and conflicts surrounding EOL care, avoiding these emotions from impeding the provision of high-quality care. Studies have shown that individuals who actively attend to their emotions often report heightened levels of anxiety towards death. (Edo-Gual et. al. 2015, 2435). conversely, once a patient passes away, taking part in rejuvenating, consoling, and reviving activities might help lessen negative feelings. These activities may include engaging in exercise, partaking in family or religious activities such as attending church, and embracing spirituality through practices like reading the Bible or the Quran. (Agyei et. al. 2022, 186)

Moreover, Edo-Gual et. al. (2015) indicated that nursing students who demonstrate clarity and possess effective mood repair mechanisms tend to exhibit reduced fear and anxiety in relation to death. Therefore, the factors of clarity and mood repair have been identified as contributors to a decline in death anxiety. (2435). Nurses working in dialysis units have found solace in the support provided by their colleagues and an identified resource person as an invaluable coping mechanism for the stresses encountered in their work (Tranter et. al. 2016, 105). Additionally, People who possess resilience and can draw upon resilient strategies are better able to deal with adversity and thus feel less anxious. The emerging themes of commitment, finding meaning and purpose in one's work, and deriving satisfaction from compassionate caregiving have all been suggested as outcomes resulting from resilient behavior. (Edo-Gual et. al. 2015, 2435).

Considering the requirement for specialized training in emotional competencies, promoting activities that restore and comfort the spirit following the loss of a patient, and cultivating a resilient mindset, nurses can enhance their emotional well-being (Edo-Gual et. al. 2015, 2435. Agyei et. al. 2022, 186). This, in turn, elevates their capacity to provide adequate care to patients and effectively manage the emotional challenges inherent in their profession.

Nurses often experience grief when a patient passes away, but many of them either hide their emotions or fail to identify their own grief. This concealment is driven by the expectation of professionalism, as nurses must develop emotional resilience to continue caring for their patients. However, these experiences of grief can have long-term effects on nurses' personal and professional lives. The study reveals that nurses' grief can manifest in symptoms such as insomnia, loss of appetite, fatigue, and social isolation. (Agyei et. al. 2022, 183)

Mismanaged grief among nurses has been linked to negative consequences, including increased absenteeism and alcohol misuse. Continual exposure to death and grief in their work environment can lead to work-related stress and eventual burnout. The study participants recognized that failing to acknowledge and appropriately cope with grief may result in sudden outbursts of emotions. To lessen suffering, it is important for nurses to acknowledge their bereavement and engage in discussions about their experiences. (Agyei et. al. 2022, 186,188)

Nurses often form deep emotional connections with patients and their families, particularly when patients have extended stays in the unit. These prolonged interactions, as well as similar personal experiences, lead to greater involvement and a wider range of difficulties and emotions when providing care. (Velarde-García et. al. 2016, 7, 9). It is crucial to establish psychological support programs for nurses and implement specific strategies especially within intensive care units (ICUs) to effectively manage patient deaths (Velarde-García et. al. 2016, 9). According to Agyei et. al., creating a supportive work environment where nurses find meaning in their grief experiences is essential, and it is important for skilled professionals to facilitate discussions and encourage nurses to share coping mechanisms with their team members (2022, p188). The attitudes of nurses towards caring for dying patients are influenced by their years of experience and the specific ward or unit in which they practice. Research has found a positive correlation between nurses' attitudes towards caring for the dying and their years of clinical experience, as well as the number of actual experiences they have had in providing care for dying patients. (Faronbi et. al. 2021, 4, 6). However, it is uncommon for nurses in to actively care for dying patients, which may contribute to avoidance behaviors due to a lack of experience in communicating with patients and their families during these challenging times (Tranter et. al. 2016, 105).

The study findings uncovered that a high number of nurses possess a pessimistic outlook towards death, consequently influencing their display of emotions when caring for dying patients (Faronbi et. al. 2021, 4). Nurses sometimes withdraw themselves and find it challenging to openly discuss their grief in the event of patient deaths (Agyei et. al. 2022, 188). Negative consequences emerge when the expected level of care is not met, leading to patient deterioration or death (Velarde-García et. al. 2016, 9). Nurses' avoidance of death and the fear associated with it may indicate a vulnerability to ineffective coping mechanisms when faced with the loss of long-term stay patients (Tranter et. al. 2016, 105).

## **5.2 Enhancing Cultural Competence in EOL Care**

In the healthcare setting, nurses frequently encounter situations involving death (Edo-Gual et. al. 2015, 2436). It is essential for nurses to possess the necessary skills and competencies to provide comprehensive care in these complex cases. However, research indicates that some nurses may lack confidence, particularly when it comes to delivering existential and spiritual care (Faronbi et. al. 2021, 6). This lack of confidence can lead to feelings of inadequacy and insecurity, which may hinder their ability to provide optimal care and support to patients nearing the end of life.

To address this issue, the role of peer support becomes crucial. Nurses can benefit from the encouragement and assistance of their colleagues, who can provide emotional support and guidance in managing the challenges associated with EOL care. Additionally, individual recognition and management of distress symptoms resulting from providing EOL care are important aspects to consider (Arbour, R. & Wiegand, D. L. 2014, 217). By recognizing and effectively managing their own emotional well-being, nurses can mitigate the potential harmful effects of work-related stress and prevent vicarious traumatization.

According to the study by Valente, Sharon., one nurse recounted a distressing experience when she was the sole nurse on her night shift in a small hospital and was requested to perform "last rites for the infant." Being of Buddhist tradition, she was unfamiliar with the procedure, and it was not documented in the hospital's procedural manual. (2011, p30). This case exemplifies the

importance of cultural competence in end-of-life care, as healthcare professionals need to possess the knowledge and understanding to address diverse cultural practices and beliefs.

In recognizing their deficiency in cultural care knowledge, a significant number of participants actively took steps to enhance their ability to deliver culturally responsive EOL care (Johnstone et. al. 2016, 474). These healthcare professionals acknowledged that the most influential site for cultural learning was their work environment, where they engaged in asking questions, conversing with others, observing cultural practices, and seeking insights from experienced colleagues. They specifically valued the input of family members, often inquiring, "What would you normally do at home?". While some participants believed that cultural considerations only became relevant after a patient's death, it is important to acknowledge that cultural competence should extend throughout the entire EOL care process. (Johnstone et. al. 2016, 475). To address this, it is recommended that health professional education and training incorporate specific cultural competencies tailored to providing effective end-of-life care (Johnstone et. al. 2016, 477).

In the study by Johnstone et. al. (2016), despite perceiving themselves as not being at the forefront of end-of-life (EOL) decision-making, participants firmly believed in their primary role as patient advocates, ensuring the fulfillment of both patients' and families' needs. This encompassed supporting patients in reflecting on the significance of their lives and providing general assistance to patients and their families in coming to terms with the impending death. However, some participants felt excluded from EOL decision-making processes within their respective practice domains, despite their proficiency in recognizing when a patient's life was about to end. (475).

Participants also recognized the significance of nurse-patient and nurse-family relationships, as they could provide valuable support to families throughout the dying process, allowing them to fulfill their roles as advocates and caregivers (Arbour, R. & Wiegand, D. L. 2014, 217). According to Johnstone et. al. 2016, participants highlighted essential strategies for effectively working with family members, including investing additional time, actively listening, understanding the family's values and priorities, determining the patient-family decision-making model, involving a

spokesperson, providing comprehensive explanations, addressing fears, and providing constant presence and support. These approaches aimed to actively engage families in the patient's care, facilitate meaningful communication, and foster collaborative decision-making. (476).

### **5.3 Communication and Advocacy in EOL Care**

Self-esteem is an important aspect to consider when examining the factors that contribute to nurses' job satisfaction and their ability to handle the stress associated with providing end-of-life (EOL) care. Nurses who possess higher levels of self-esteem are more likely to experience greater job satisfaction, which can act as a protective factor against the stressors encountered in their caregiving roles. (Edo-Gual et. al. 2015, 2436).

In addition, in the context of EOL care, nurses recognize the significance of assessing their patients' comfort levels, as it plays a crucial role in ensuring quality care. This assessment becomes an integrated part of their caregiving practice, and they strive to understand the unique needs and preferences of each patient. It is in this context that mentoring relationships become invaluable. When a novice nurse could work alongside an experienced mentor, they gain valuable insights into various aspects of patient care. The mentor can offer explanations and guidance, sharing their expertise on topics such as the physical manifestations observed in patients nearing the end of life, symptoms such as gurgling and fluid accumulation. (Arbour, R. & Wiegand, D. L. 2014, 216) This knowledge not only enhances the novice nurse's understanding but also builds their confidence in providing optimal care to dying patients.

According to Arbour, R. & Wiegand, D. L. (2014), in the realm of professional development and support, self-care and peer support are crucial. These elements foster mutual support among staff, allowing them to openly share their feelings, express grief in a healthy manner, and avoid categorizing their emotions and experiences. By engaging in self-care and seeking support from peers, nurses can also prevent compassion fatigue, a potential consequence of providing EOL care. Mentoring and precepting are inseparable components of nursing education and clinical practice. Although these roles may come with their own challenges, they serve as valuable avenues for

teaching, facilitating skill development, and shaping professional identities among nursing students and new nurses. (217).

Building effective relationships in end-of-life (EOL) care is influenced by various factors that contribute to the well-being of patients, families, and healthcare providers. According to Edo-Gual et. al. one important factor is self-esteem, which not only affects positive emotions and psychological well-being but also enables individuals to navigate conflicts and cope with anxiety and existential threats. Nurses with higher self-esteem exhibit increased self-efficacy and reduced levels of anxiety and stress, enhancing their ability to establish effective connections with patients and families in EOL care settings. (2015, p 2436).

Expressions of compassion and attention to details play a significant role in building effective relationships. Nurses go beyond their basic responsibilities by attending to the specific needs of patients, such as ensuring their appearance is dignified for their families and creating a homelike atmosphere that promotes comfort and positivity, often by eliminating unnecessary technology and distractions. In critical care settings, initial expectations often revolve around aggressive, curative care; however, the focus may shift towards prioritizing comfort, quality of life, and effective symptom management through shared decision-making processes involving patients, families, and healthcare providers. (Arbour, R. & Wiegand, D. L. 2014, 216).

Throughout the dying process, the relationships between nurses, patients, and families become vital sources of support. Nurses not only provide physical comfort but also offer emotional and psychological support, building trust and creating a supportive environment for effective communication, shared decision-making, and person-centered care (Arbour, R. & Wiegand, D. L. 2014, 217). These relationships foster a sense of connection and understanding, contributing to a more meaningful experience for everyone involved.

By acknowledging the influence of self-esteem on relationship-building and emphasizing the significance of compassionate care and tailored support in EOL settings, healthcare professionals can strive to create an environment that fosters meaningful connections and enhances the overall

well-being of patients, families, and nurses (Edo-Gual et. al. 2015, 2436, Arbour, R. & Wiegand, D. L. 2014, 217).

Nurses play a pivotal role in patient-centered care and support during the end-of-life (EOL) journey. They collaborate with social workers and psychologists to ensure physicians recognize and respect the patient's wishes. Acting as connectors, these professionals provide support and facilitate crucial discussions between the patient, healthcare team, and family. They help patients and families focus on what matters most, setting aside negative emotions from past experiences, and prioritizing the patient's requirements. Nurses also advocate for cultural practices, negotiating with hospital policies to create a safe environment that respects patients' cultural traditions. (Valente, Sharon. 2011, 30). In the study conducted by Valente, Sharon (2011), a nurse shared a poignant observation regarding the challenges faced by some medical and other colleagues when accepting the impending death of a patient. She expressed that some of these healthcare professionals have a difficult time acknowledging that the patient is dying. They remain oblivious to the subtle signs of complete organ failure, holding onto a glimmer of hope that the patient will miraculously recover. (30). This observation highlights the emotional complexity that healthcare providers may encounter when dealing with patients in critical conditions.

In EOL care, nurses recognize the significance of family presence and actively encourage and support it. They understand that allowing loved ones to say their final goodbyes can contribute to the patient's and family's emotional well-being. Additionally, nurses provide comprehensive support to families, addressing various needs during this challenging time (Arbour, R. & Wiegand, D. L. 2014, 215). They provide essential information, advocate for family members in healthcare decision-making, and offer emotional support, reassurance, acceptance, and encouragement. Families rely on nurses to provide honest information about the dying process and what to expect (Arbour, R., & Wiegand, D. L. 2014, 216). By fulfilling these roles, nurses ensure patient-centered care and meet the unique needs of patients and their families throughout the EOL time.

Healthcare practitioners' actions and decisions in end-of-life care area are heavily influenced by ethical issues. When caring for terminally ill patients, nurses are confronted with complex ethical

dilemmas. One crucial aspect is the examination of a patient's mental health, symptom management, advance directives, and decision-making when considering a hastened death (Valente, Sharon. 2011, 31). This thorough assessment aims to ensure that the patient's well-being and autonomy are respected while providing optimal care.

The presence of medical and psychological symptoms, along with spiritual distress, can often trigger thoughts of hastening death, even when pain and symptoms have been effectively addressed (Valente, Sharon. 2011 31). To navigate these challenging situations, it is vital to provide nurses with the necessary education and training. Incorporating an educational package within their curriculum and continuing professional development programs is essential (Faronbi et. al. 2021, 6). This initiative would equip nurses with the knowledge and skills required to ethically manage EOL scenarios and advocate for their patients' needs.

Ethical advocacy in EOL care can involve various aspects, including initiating discussions about client's preferences, facilitating a comfortable and dignified death, and promoting family presence during this sensitive time (Arbour, R., & Wiegand, D. L. 2014, 217). By addressing these ethical considerations, nurses can uphold the values of compassion, dignity, and respect, ensuring that patients receive comprehensive and ethical end-of-life care.

#### **5.4 Professional Development and Education in EOL Care**

In the realm of enhancing professional development and education in EOL care, it is crucial to acknowledge the concerns raised by nurses regarding the inadequacy of their professional education in providing culturally competent care to elderly patients and their families (Johnstone et. al. 2016, 477). This recognition underscores the need to prioritize educational initiatives that bridge this gap. Such initiatives should encompass formal educational experiences, encompassing topics like grief and bereavement, as well as strategies for self-care (Arbour, R., & Wiegand, D. L. 2014, 217).

Mentoring and precepting play pivotal roles in the professional development of nursing students and new nurses in clinical practice (Arbour, R., & Wiegand, D. L. 2014, 217). Despite the inherent stress associated with these roles, they are instrumental in facilitating skill development, teaching, and shaping nursing roles. By taking part in formal mentorship and precepting programs, healthcare professionals can create a supportive learning environment that fosters skill acquisition, role clarification, and overall professional growth.

To address the existing shortcomings in professional education, a multifaceted approach is warranted. This includes designing educational programs specifically tailored to the needs of healthcare professionals in delivering culturally competent end-of-life care. These initiatives should encompass formal education, ongoing professional development opportunities, and a comprehensive understanding of grief, and self-care strategies (Arbour, R., & Wiegand, D. L. 2014, 217). By investing in continuous education and personal growth, healthcare professionals can effectively navigate the complexities of end-of-life care and provide compassionate and culturally sensitive support to individuals and their families during this delicate phase of life.

The participants in the study by Johnstone et. al. 2016, acknowledged a lack of formal education in end-of-life (EOL) care, particularly when caring for elderly immigrants in hospital settings. This deficit in formal learning opportunities during their nursing courses left them feeling underprepared to make EOL decisions. (474). Despite these challenges, the participants actively adopted strategies to develop the necessary knowledge and skills, enabling them to provide culturally respectful and meaningful EOL care (Johnstone et. al. 2016, 477).

One aspect that emerged as crucial but often underestimated in EOL care was the role of nurses in maintaining hygiene. According to Johnstone et. al. 2016, Participants recognized that paying attention to the little things and keeping patients clean played a vital role in enhancing their comfort and dignity during this critical phase (476). However, providing end-of-life support can take a toll on healthcare professionals, leading to increased stress, job dissatisfaction, and patient as well as family dissatisfaction with the quality of care (Arbour, R., & Wiegand, D. L. 2014, 216). Emotional fatigue resulting from exposure to patient deaths can further compound these

challenges and may cause individuals to leave specialty areas (Arbour, R., & Wiegand, D. L. 2014, 217).

Additionally, recognizing and valuing the overlooked aspects of nursing care, such as maintaining hygiene and attending to the physical and emotional needs of patients, can contribute to improving the overall experience and outcomes of end-of-life care (Johnstone et. al. 2016, 476). By addressing these issues, healthcare professionals can strive to provide better support for patients and their families while also prioritizing their own well-being to prevent burnout and job dissatisfaction (Arbour, R., & Wiegand, D. L. 2014, 216, 217).

Some nurses consistently expressed a sense of fulfillment and contentment in their work, as they found satisfaction in effectively caring for patients and their families, advocating for their needs, and expressing their professional roles. Their experiences revealed that positive care outcomes were achieved through nurturing bonds between nurses and patients, which helped prepare patients for the process of death and sometimes led to a change in the care plan, with nurses advocating for palliative care instead of curative measures. (Arbour, R., & Wiegand, D. L. 2014, 217, Velarde-García et. al. 2016, 9). This highlights the transformative influence of nurse-patient relationships and the impact they have on care plans, as nurses play a crucial role in urging doctors to provide compassionate end-of-life care. By nurturing strong relationships and facilitating open communication among healthcare professionals, patients, and families, a collaborative approach can be established to ensure the delivery of patient-centered care.

## **6 Discussion and conclusions**

### **6.1 Discussion of the main results**

The analysis of the articles included in this literature review (n=8) revealed the emergence of four principal themes, namely: Emotional Resilience and Coping Strategies in End-of-Life Care,

Enhancing Cultural Competence in End-of-Life Care, Communication and Advocacy in End-of-Life Care, and Professional Development and Education in End-of-Life. Studies have consistently highlighted the difficulties in managing one's own emotions and conflicts, the lack of proper training in emotional competences, and navigating the emotional difficulties involved in EOL care.

In the context of end-of-life (EOL) care, the articles highlighted the importance of special training for nurses in emotional competences. The training aims to equip nurses with the skills to effectively manage their own emotions and resolve conflicts related to EOL care, thereby preventing these emotions from affecting the quality of care provided. Studies have shown that individuals who actively attend to their emotions often report heightened degrees of anxiety towards dying. Conversely, engaging in consoling, and refreshing activities could minimize negative feelings after a patient's death. (Edo-Gual et. al. 2015, Agyei et. al. 2022, Tranter et. al. 2016, Arbour, R., & Wiegand, D. L. 2014)

Clarity and effective mood-recovery mechanisms have been identified as contributors to a decline in death anxiety among nursing students. Nurses working in dialysis units also find solace in the support provided by their coworkers and an identified resource person as robust coping mechanisms for work-related stress. Resilience and resilient strategies also play a role in helping nurses deal with adversity and feel less anxious. Commitment, finding meaning and purpose in work, and deriving satisfaction from compassionate caregiving are suggested outcomes resulting from resilient behavior. (Edo-Gual et. al. 2015, Tranter et. al. 2016)

To improve emotional well-being, nurses require specialized training in emotional competencies, engagement in activities that comfort the spirit following the loss of a patient, and the cultivation of a resilient mindset. Nurses often experience grief when a patient passes away, but many hide their emotions or fail to recognize their own grief due to professional expectations. improper grief control can lead to negative results such as absence from work and alcohol misuse, work-related stress, and exhaustion. Nurses' attitudes regarding caring for dying patients are influenced by their years of experience and the specific unit in which they practice. (Agyei et. al. 2022, Faronbi et. al. 2021, Arbour, R., & Wiegand, D. L. 2014)

Nurses' avoidance of death and fear associated with it may indicate a sensitivity to poor coping mechanisms when faced with the loss of long-term stay patients. In the healthcare setting, nurses frequently encounter circumstances involving death, and it is essential for them to possess the necessary competencies and abilities to provide comprehensive care. Cultural competence is essential in EOL care, as healthcare professionals need to address diverse cultural practices and beliefs. Peer support and discussions about experiences can help nurses acknowledge and cope with grief. (Edo-Gual et. al. 2015, Faronbi et. al. 2021, Tranter et. al. 2016, Valente, Sharon. 2011, Johnstone et. al. 2016, Arbour, R., & Wiegand, D. L. 2014)

Self-esteem plays a role in nurses' job satisfaction and their ability to handle the stress involved in providing EOL care. Nurses recognize the significance of identifying patients' comfort levels and building effective relationships based on compassion, attention to minor issues, and individualized support. Mentoring relationships are beneficial in providing insights into various aspects of patient care, enhancing understanding and confidence. Self-care, collaboration with peers, and mentoring are crucial for professional development and avoiding compassion fatigue. (Edo-Gual et. al. 2015, Faronbi et. al. 2021, Arbour, R., & Wiegand, D. L. 2014)

Effective relationships in EOL care are influenced by factors such as self-esteem, empathy, and specialized support. Nurses play a vital role in patient-oriented care and support during the EOL process, acting as connectors between patients, families, and the medical staff. They advocate for cultural practices and create a comfortable environment that respects patients' cultural beliefs. Nurses also recognize the significance of family involvement and provide comprehensive support to families throughout the dying process. Ethical issues, such as mental health evaluations, symptom management, and making decisions in considering an early death, are important factors in EOL care. (Valente, Sharon. 2011, Edo-Gual et. al. 2015, Velarde-García et. al. 2016)

In conclusion, specific training in emotional capabilities, addressing grief and providing assistance, cultivating a resilient perspective, and developing effective relationships are crucial for nurses in providing reliable EOL care. By recognizing and effectively managing their own emotional well-being, nurses can lessen the potential harmful effects of work-related stress and provide optimal

care to patients and their families. (Edo-Gual et. al. 2015, Agyei et. al. 2022, Tranter et. al. 2016, Johnstone et. al. 2016, Arbour, R., & Wiegand, D. L. 2014)

## **6.2 Further research**

The main concern addressed in the literature review pertains to the effective management of emotions and conflicts in end-of-life (EOL) care. Insufficient training in emotional competencies for nurses emerges as a significant challenge, resulting in emotional issues and potential implications for the quality of care delivered. However, there is a need to explore the efficacy of specialized training in emotional competencies for nurses along with addressing moral considerations in EOL care. These factors can provide insightful information and inform the development of evidence-based interventions to support nurses in delivering optimal EOL care.

## **6.3 Limitations**

Multiple limitations were identified in the literature review. Firstly, the use of cross-sectional designs prevented establishing causal relationships among the variables examined. To overcome these constraints, longitudinal data collection from various student and professional cohorts should be used to make more reliable evaluations about the causal relationships between the variables examined. Another limitation was the narrow viewpoint of studies, which solely focused on the experiences of nurses. It is crucial to broaden the research scope by considering the perspectives of patients, their family members, and other healthcare professionals in intensive care units. Furthermore, the variability in nurses' years of experience and the diversity in clinical protocols across different ICUs introduced additional limitations. The exclusion criteria, including the necessity of a six-month period without personal loss, might have influenced the results obtained. Additionally, it is important to interpret the findings with caution, as the experience of patient death can vary based on cultural, racial, academic, and religious background. Furthermore, the usefulness of the findings may be restricted due to limitations in sample sizes, single-site studies, and the absence of certain professional groups. Grief experiences may not be fully documented in studies due to data that was self-reported. To enhance the understanding in this area, future research should incorporate direct observation of nurses and conduct in-depth

interviews with colleagues. Moreover, it is necessary to address recruitment limitations in specific nursing specialties, such as emergency departments and critical care units, to ensure the applicability of the findings across diverse contexts. Additionally, due to time constraints, the literature review focused on full-text sources that were accessible in online formats. Access to these sources was obtained using the credentials provided by the University of Applied Sciences of Jyväskylä. As a result, the range of materials included in the review was influenced by these limitations.

#### **6.4 Ethical considerations**

in accordance with the guidelines of Jyväskylä University of Applied Science, this literature review was presented to the electronic plagiarism detection system, Turnitin, to uphold academic credibility and prevent any potential instances of plagiarism. As the literature review primarily relied on published research studies, it is important to note that no direct participation from patients or other respondents was involved. Therefore, the information presented in this review reflects the author's understanding and interpretation of the original studies.

#### **6.5 Summary**

In this literature review the crucial aspect of effectively managing emotions and conflicts in the EOL context were explored. Through an extensive analysis, the literature review identified themes that highlighted the drawbacks nurses faced when managing their own feelings and resolving conflicts, primarily due to insufficient training in emotional aspects (Edo-Gual et. al. 2015, Johnstone et. al. 2016). Consequently, these emotional issues could potentially impact the care quality to patients and their families during the EOL process (Edo-Gual et. al. 2015, Velarde-García et. al. 2016, Arbour, R., & Wiegand, D. L. 2014). The literature emphasized the need for specialized training in emotional abilities specifically for nurses. By acquiring the necessary skills to effectively manage their own feelings and remove conflicts, nurses could safeguard the quality of care provided to EOL patients (Edo-Gual et. al. 2015). Furthermore, the review uncovered an interesting relationship between active engagement with emotions and heightened anxiety towards death (Edo-Gual et. al. 2015, Agyei et. al. 2022). However, participating in relaxing and

energizing activities has been identified as a potential method to reduce emotions following the loss of a patient, hence promoting emotional well-being among nurses beyond emotional resilience and coping strategies, this literature review highlighted the significance of various other elements in the realm of EOL care (Agyei et. al. 2022, Edo-Gual et. al. 2015). For instance, nurses understood the importance of assessing patients' comfort levels and establishing meaningful relationships and in-person support (Arbour, R., & Wiegand, D. L. 2014). Additionally, the review underscores the value of collaborations with mentors, which offer invaluable insights into various aspects of patient care, promote deeper understanding, and boost nurses' confidence in their skills (Arbour, R., & Wiegand, D. L. 2014).

In conclusion, this review highlighted the complexity of successful end-of-life care. It highlighted the critical role of specialized training in emotional expertise, participation in activities that offer pleasure when a patient passes away, and development of an attitude of resilience (Agyei et. al. 2022, Edo-Gual et. al. 2015). Moreover, the review emphasized the importance of self-esteem, establishing effective relationships, and promoting cultural competence among nurses (Valente, Sharon. 2011, Johnstone et. al. 2016, Edo-Gual et. al. 2015). By addressing these essential components, nurses can better manage their psychological well-being, mitigate the potential negative impacts of workplace stress, and deliver optimal care to patients as well as families throughout the EOL path.

## 7 References

Ådland, A. K., Gripsrud, B. H., Lavik, M. H., & Ramvi, E. (2021). "They Stay with You": Nursing Home Staff's Emotional Experiences of Being in a Close Relationship With a Resident in Long-Term Care who Died. *Journal of Holistic Nursing*, 40(2), 108–122. <https://doi.org/10.1177/08980101211017766>

Agyei, F. B., Nti, F., Anago, E. K., & Avinu, E. S. (2022). Grief and Coping Strategies of Nurses Following Patient Death at the Konongo-Odumasi Government Hospital, Ghana. *Journal of Client-Centered Nursing Care*, 8(3), 177–190. <https://doi.org/10.32598/jccnc.8.3.434.1>

Arbour, R., & Wiegand, D. L. (2014). Self-described nursing roles experienced during care of dying patients and their families: A phenomenological study. *Intensive and Critical Care Nursing*, 30(4), 211–218. <https://doi.org/10.1016/j.iccn.2013.12.002>

Bediako Agyei, F., Nti, F., Kwadwo Anago, E., & Selasi Avinu, E. (2022). Grief and Coping Strategies of Nurses Following Patient Death at the Konongo-Odumasi Government Hospital, Ghana. *Journal of Client-Centered Nursing Care*, 8(3), 177–190. <https://doi.org/10.32598/jccnc.8.3.434.1>

Cope, M. (2010). Coding qualitative data. ResearchGate. Retrieved from [https://www.researchgate.net/publication/284143585\\_Coding\\_qualitative\\_data](https://www.researchgate.net/publication/284143585_Coding_qualitative_data)

Edo-Gual, M., Monforte-Royo, C., Aradilla-Herrero, A., & Tomás-Sábado, J. (2015). Death attitudes and positive coping in Spanish nursing undergraduates: a cross-sectional and correlational study. *Journal of Clinical Nursing*, 24(17–18), 2429–2438. <https://doi.org/10.1111/jocn.12813>

Faronbi, J. O., Akinyoola, O. D., Faronbi, G. O., Bello, C. B., Kuteyi, F., & Olabisi, I. O. (2021). Nurses' Attitude Toward Caring for Dying Patients in a Nigerian Teaching Hospital. *SAGE Open Nursing*, 7, 237796082110052. <https://doi.org/10.1177/23779608211005213>

Griffiths P, Maruotti A, Recio Saucedo A, Redfern OC, et al. Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study. *BMJ Qual Saf*. 2018. <https://doi.org/10.1136/bmjqs-2018-008043>.

Griffiths P, Recio-Saucedo A, Dall'Ora C, Briggs J, et al. The association between nurse staffing and omissions in nursing care: a systematic review. *J Adv Nurs*. 2018; 74:1474–87. <https://doi.org/10.1111/jan.13564>.

Haegdorens, F., Van Bogaert, P., De Meester, K., & Monsieurs, K. G. (2019). The impact of nurse staffing levels and nurse's education on patient mortality in medical and surgical wards: an observational multicentre study. *BMC Health Services Research*, 19(1). <https://doi.org/10.1186/s12913-019-4688-7>

Hawker, S., S. Payne, et al. 2002. Appraising the Evidence: Reviewing Disparate Data Systematically. *Qualitative Health Research* 12(9): 1284- 1299.

Hooyman, N. R., & Kramer, B. J., 2008. *Living through loss: Interventions across the life span*. New York: Columbia University Press. [Link]

Johnstone, M., Hutchinson, A. M., Redley, B., & Rawson, H. (2016). Nursing Roles and Strategies in End-of-Life Decision Making Concerning Elderly Immigrants Admitted to Acute Care Hospitals. *Journal of Transcultural Nursing*, 27(5), 471–479. <https://doi.org/10.1177/1043659615582088>

Kostka, A. M., Borodzicz, A., & Krzemińska, S. A. (2021). Feelings and Emotions of Nurses Related to Dying and Death of Patients – A Pilot Study. *Psychology Research and Behavior Management*, Volume 14, 705–717. <https://doi.org/10.2147/prbm.s311996>

Kübler-Ross, E., 1973. *On death and dying*. London: Routledge. [DOI:10.4324/9780203010495]

Ma, R. (2021). [PDF] Paediatric oncology ward nurses' experiences of patients' deaths in China: A qualitative study | Semantic Scholar. <https://www.semanticscholar.org/paper/Paediatric-oncology-ward-nurses%E2%80%99-experiences-of-in-Ma-Zhao/aec673b15e48835658293cd5bb84dea3fe3d2a12>

Meller, N., et al., 2019. Grief experiences of nurses after the death of an adult patient in an acute hospital setting: An integrative review of literature. *Collegian*, 26(2), pp. 302-10. [DOI: 10.1016/j.colegn.2018.07.011]

Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., et. al. 2009. Preferred Reporting Items for Systematic reviews and Meta-analyses: The PRISMA Statement. *British Medical Journal BMJ*. 2009;339: bmj. B 2535.

Moule, P., Aveyard, H. & Goodman, M. 2017. *Nursing research: An introduction (3rd edition.)*. Los Angeles: SAGE.

Papadatou, D., 2000. A proposed model of health professionals' grieving process. *OMEGA-Journal of Death and Dying*, 41(1), pp. 59-77. [DOI:10.2190/TV6M-8YNA-5DYW-3C1E]

Recio-Saucedo A, Dall'Ora C, Maruotti A, Ball J, et al. What impact does nursing care left undone have on patient outcomes? Review of the literature. *J Clin Nurs*. 2018;27:2248–59. <https://doi.org/10.1111/jocn.14058>.

Richardson, K. S. (2020). Impact of Exposure to Patient Death or Near Death on Compassion Fatigue in Pediatric Intensive Care Nurses. | Semantic Scholar. <https://www.semanticscholar.org/paper/Impact-of-Exposure-to-Patient-Death-or-Near-Death-Richardson-Greenle/3e47b6b0a834cbd8244055daa82d1dfa1d81075e>

Tartas M, Derewicz G, Walkiewicz M, Budziński W. Sources of job stress among nurses in hospice and surgical ward. *Annales Academiae Medicae Gedanensis*. 2009;39:145–153. [Google Scholar]

Tranter, S., Josland, E., & Turner, K. (2016). NURSES' BEREAVEMENT NEEDS AND ATTITUDES TOWARDS PATIENT DEATH: A QUALITATIVE DESCRIPTIVE STUDY OF NURSES IN A DIALYSIS UNIT. *Journal of Renal Care*, 42(2), 101–106. <https://doi.org/10.1111/jorc.12147>

Valente, Sharon. Nurses' Perspectives of Challenges in End-of-Life Care. *JOCEPS: The Journal of Chi Eta Phi Sorority*. (2011), Vol. 55 Issue 1, p28-31. 4p.

Velarde-García, J. F., Luengo-González, R., González-Hervías, R., Cardenete-Reyes, C., Alvarado-Zambrano, G., & Palacios-Ceña, D. (2016). Facing death in the intensive care unit. A phenomenological study of nurses' experiences. *Contemporary Nurse*, 52(1), 1–12. <https://doi.org/10.1080/10376178.2016.1194725>

Reid, F. (2013). Lived experiences of adult community nurses delivering palliative care to children and young people in rural areas. *International Journal of Palliative Nursing*, 19(11), 541–547. <https://doi.org/10.12968/ijpn.2013.19.11.541>

Tranfield, D., Denyer, D., & Smart, P. (2003). Towards a methodology for developing evidence-informed management knowledge by means of systematic review. *British Journal of Management*, 14, 207–222. <https://doi.org/10.1111/1467-8551.00375>.

Snyder, H. R. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333–339. <https://doi.org/10.1016/j.jbusres.2019.07.039>

## 8 Appendices

### 8.1 Appendix 1. Table of articles

Table of Articles						
Authors, (Year), Country	Aims and Purpose of the Article	Research Methodology or Instrument	Sample (n)	Validity / reliability	Main results	Critical appraisal score (Hawker et. All 2002)
1.Edo-Gual, M., Monforte-Royo, C., Aradilla-Herrero, A., & Tomás-Sábado, J. 2015, Spain	to examine the connections between undergrad nursing students' views on mortality, emotional maturity, flexibility, and self-confidence.	a self-report question form that gathered demographic information and measured self-confidence, perceived emotional maturity, and flexibility as well as fear of death and stress about dying.	760 nursing students from four Spanish nursing schools participated.	cross-sectional approach avoids any causal links between the collected data to be established. The findings' generalizability was constrained using sample limited to nursing undergraduates only. More research is required to evaluate	Social and emotional skills related to effective coping strategies may reduce fear of dying and anxiety about dying in nurses.	33

				various nurse cohorts.		
2. Velarde-García, J. F., Luengo-González, R., González-Hervías, R., Cardenete-Reyes, C., Alvarado-Zambrano, G., & Palacios-Ceña, D. 2016, Spain	To discuss how Spanish nurses who work in critical care units deal with their patients' deaths from their own personal observation.	case notes, personal papers, and deepening semi- and unstructured interviews were some of the methods employed to obtain the data. The Giorgi model was then used to examine the data.	22 nurses took part, with a mean age of 40.8 years and a mean experience of 13.8 years in the field.	The participants were asked to agree on a six-month period during which they had not experienced any personal loss. Because it may not have been lengthy enough to compensate for loss, this strategy may have affected the outcomes.	Support services for nurses should be set up inside these units since nurses in critical care units report feeling a tremendous deal of emotional stress following the death of patients.	33
3. Agyei, F. B., Nti, F., Anago, E. K., & Avinu, E. S. 2022, Ghana	registered nurses who worked in several care units of a significant government health institution in Ghana's Ashanti region were asked about their	Data were gathered using a standardized self-administered questionnaire. The survey results were compiled using typical	79 nurses are employed at a Government Hospital in Ghana, in various wards.	The results merely provide a brief overview of the circumstances at the time of the research. Nevertheless, research in other nations	Frequent education on good grief coping techniques and psychological support for clinical nurses who care for dying	33

	experiences with bereavement and coping.	descriptive statistics.		may provide different results. also , it's possible that the respondents minimized their actual feelings of sadness following the death of a patient.	patients may have a positive impact on nurses' wellbeing as well as the standard of care.	
4. Faronbi, J. O., Akinyoola, O. D., Faronbi, G. O., Bello, C. B., Kuteyi, F., & Olabisi, I. O. 2021, Nigeria	The study looked analyzed sociodemographic factors that influence nurses' attitudes on the concept of passing away and providing care for terminally ill patients in Nigerian teaching hospitals.	A systematic questionnaire that included the Frommelt Attitude Care of the Dying scale was used to gather data about nurses' attitudes regarding caring for patients who were facing death.	213 nurses working in the rehabilitation units encountering terminally sick or dying patients.	With the goal of enhancing nurses' attitudes on providing care for dying, this study supports previous researchers who have argued for integrating an end-of-life training plan into clinical setting.	In order to improve their professional growth plan, nurses need to receive the necessary positive ethnic and religious-concept education about end-of-life care.	30
5. Tranter, S., Josland, E., &	to investigate the thoughts of dialysis nurses about dying	The study asked open-ended inquiries on	52 nurses who were employed at a	this study was carried out in a single dialysis	The study has brought attention	31

Turner, K. 2016, Australia	and death and to find appropriate grief coping mechanisms after a patient's death.	respondents ' thoughts their regular coping mechanisms about death. to examine respondents ' attitudes about death, the DAP R scale was utilized.	dialysis unit.	unit with a small sample. The study's facility also offers a defined renal assistive program, which limits how broadly the results can be applied to other dialysis units.	to the necessity of giving dialysis nurses proper grief support in case of patient death.	
6. Valente, Sharon. 2011, USA	to comprehend nurses' worries, obstacles, and problems in giving end-of-life care as well as their techniques for facilitating a respectful death.	data analysis and qualitative descriptive assessment were employed. The verbatim transcripts of the session audiotapes were cross-checked against the actual transcripts.	six oncology nurses with advanced skills who gave palliative care to end-of-life cancer patients.	The small sample prevents the generalization of the data. To determine whether comparable attitudes occur, more investigation with groups of social workers and other experts is required.	support for nurses who provide care for dying patients is highly demanded , and end-of-life care is a complex process that has an effect on the nurse's professional and individual	32

					obligations	
7. Johnstone, M., Hutchinson, A. M., Redley, B., & Rawson, H. 2016, Australia	to investigate and characterize nursing responsibilities and tactics in EOL decision-making and their potential links to helping elderly immigrants die well.	deep interviews with a sample of nurses and an explorative research technique was done. Thematic and content analytical techniques were used to examine transcribed interviews.	22 registered nurses were chosen from four healthcare units.	High levels of transferability and a good match with nurses working in various settings and clinical situations are present.	To provide an appropriate approach to end-of-life care for Australia's aging immigrant community, the Australian nurses have a vital role to play in guiding policy.	35
8. Arbour, R., & Wiegand, D. L. 2014, USA	to comprehend the experiences of intensive care nurses, and how they do responsibilities in providing patients with care as they shifted from lifesaving to terminal care.	Audiotapes of personal interviews were collected. Concepts, clusters, and divisions were determined using Colaizzi's approach of data processing.	19 nurses working in critical care with terminal patients	The findings of this study are highly applicable for clinical settings, teaching, and research for the best palliative care planning.	it is important to instruct and guide young professionals as they face with care for a dying patient.	32

						average appraisal score	32,37
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## 8.2 Appendix 2. Quality of the articles

Appendix 2. Quality of the articles (Hawker et al. 2002)									
Abstract /title: Did the title clearly describe the research?	Are the background information and the study's aim clear?	Were the study's data collection methods well clarified?	Was the acceptable sampling technique used?	Was a thorough analysis of the data performed?	Were the study's possible bias and ethical aspects explained?	Were the study's results presented clearly?	Generalizability or transferability: Could a larger population use findings?	Implications and usefulness for practice and policy?	Hawker criteria score
Good. Clear overview of the whole study content.	Good. Clearly specified aims and objectives. Definition of main themes of study alongside presenting a full overview.	Good. Methodology described in detail, questionnaire including specific scales for each aspect of study utilized.	Good. Justified number of participants. Target group recruited based on title. Response rate stated.	Fair. Methodology well defined, but analysis method fairly explained.	Good. Consent was taken, and confidentiality explained. Anonymous content assured.	Good. Results focus completely on study aims. Details of tables explained. Findings are supported by enough data.	Fair. Study findings were limited to undergraduates and makes it difficult to be generalized to wider population.	Fair. Study suggests more research, also usefulness of content in practice stated. But no new idea or different content.	33
Good. Abstract explains who, where and what in the study.	Good. Presenting a full background and objective of research and defining existed gaps in knowledge.	Fair. Two step analytic method was done. But could be described better.	Fair. Size of sample acceptable. Explained why sample was chosen. But more detail (age, gender) required.	Good. Data analysis method explained. The way and the people assigned clarified. Different themes explained.	Good. Verbal and written consent were taken. Confidentiality and nurses' consent rechecked to prevent distress during research.	Good. Result partly defined 4 themes for ICU nurses in face with death. Aims well targeted in result.	Fair. Study did not consider family and patients. Some limitations based on experience and education limited transferability of the study.	Good. Offers the need for educating this study in practical setting. Providing a new understanding for nursing education. Further research needed.	33

Appendix 2. Quality of the articles (Hawker et al. 2002)

Abstract /title: Did the title clearly describe the research?	Are the background information and the study's aim clear?	Were the study's data collection techniques well clarified?	Was the acceptable sampling technique used?	Was a thorough analysis of the data performed?	Were the study's possible bias and ethical aspects explained?	Were the study's results presented clearly?	Generalizability or transferability: Could a larger population use findings?	Implications and usefulness for practice and policy?	Hawker criteria score
Good. Explains target group and clearly focuses on main theme of research	Good. The main themes of the study and research question are fully clarified. Clear examples are given.	Good. The way of data collection fully defined and a four-step questionnaire with details explained.	Good. Sample size clarified. Explained who and why this group was targeted. Exclusion criteria explained.	Fair. The analytic statistical package fairly explained. No more details about how it was performed.	Good. Participants were explained about study confidentiality, benefits, and risks. Data was accessible just for researchers.	Good. Easy to understand. Findings were supported in a logical manner. Aims were reflected clearly.	Fair. Based on the content of study (cross-sectional, country-specific), it may reduce chance of transferability of data.	Fair. It asks the need for further research, would be applicable in practice. But it did not bring something new.	33
Good. Abstract with structured and full information of research	Fair. Study questions mostly displayed; background explained clearly.	Good. Data collection in the form of questionnaire was explained in detail.	Fair. Sampling technique explained. Some missing information about who and why this sample was targeted.	Fair. Statistics described. Data analysis explained. More information needed.	Fair. Nurses just informed about being anonymous. Other consents were missing.	Good. The result clearly reflected the research objectives and figures almost fully explained.	Fair. Some of the context explained. More detail needed to make the study comparable with other research.	Fair. Suggest a new perspective, need for education and practice. But did not bring idea for more research.	30

Author	Title
Edo-Gual, M., Monforte-Royo, C., Aradilla-Herrero, A., & Tomás-Sábado, J.	Death attitudes and positive coping in Spanish nursing undergraduates
Velarde-García, J. F., Luengo-González, R., González-Hervías, R., Cardenete-Reyes, C., Alvarado-Zambrano, G., & Palacios-Ceña, D.	Facing death in the intensive care unit. A phenomenological study of nurses' experiences

Appendix2. Quality of the articles (Hawker et.al. 2002)

Abstract /title: Did the title clearly describe the research?	Are the background information and the study's aims clear?	Were the study's data collection techniques well clarified?	Was the acceptable sampling technique used?	Was a thorough analysis of the data performed?	Were the study's possible bias and ethical aspects explained?	Were the study's results presented clearly?	Generalizability or transferability: Could a larger population use findings?	Implications and usefulness for practice and policy?	Hawker criteria score
Good. Clear title and abstract part with full information and definition of data presented.	Good. The study aims are fully explained. Study questions stated clearly in introductory part.	Good. two kinds of survey fully explained. Survey questionn aire, number two was scale-based.	Fair. Sample size was reasonable. But some more data about how and why they were chosen was needed.	Good. data analysis well described. Statistics explained to compare variables among participants.	Poor. Ethical aspects of study poorly explained, no higher authority to prove ethical principles, no mention to confidentiality.	Good. result part clearly reflects the aim of study in a logical manner. Tables are explained.	Fair. Conducting the survey in a single hospital unit with low number of participants limits generalizability of the study.	Fair. Study brought new perspective about supporting nurses, request implementing in practice, but no new idea for more research.	31
Good. Title fully covered the main theme of research in a reasonable order.	Good. The background part fully explained the aims of the study and importance of each part of the study questions.	Good. Methodology clearly explained. Clear to understand the way of gathering data.	Fair. Sample was small for the study context. Some more information needed about gathering participants.	Good. content analysis was done and fully explained. Both quantitative and qualitative aspects explained clearly.	Fair. Ethical issues and confidentiality briefly explained. Could be defined in more detail.	Good. easy to understand. In a reasonable manner defined. Examples of nurses also brought to result part.	Fair. Due to low number of participants, there are limitations in generalizing research context.	Fair. Bring a new idea in terms of perception, the need for education is supported. Now mention to need for further research.	32

Author	Title
Agyei, F. B., Nti, F., Anago, E. K., & Avinu, E. S.	Grief and Coping Strategies of Nurses Following Patient Death at the Konongo-Odumasi Government Hospital, Ghana
Faronbi, J. O., Akinyoola, O. D., Faronbi, G. O., Bello, C. B., Kuteyi, F., & Olabisi,	Nurses' Attitude Toward Caring for Dying Patients in a Nigerian Teaching Hospital

Appendix2. Quality of the articles (Hawker et.al. 2002)

Abstract /title: Did the title clearly describe the research?	Are the background information and the study's aims clear?	Were the data collection techniques well clarified?	Was the acceptable sampling technique used?	Was a thorough analysis of the data performed?	Were the study's possible bias and ethical aspects explained?	Were the study's results presented clearly?	Generalizability or transferability: Could a larger population use findings?	Implications and usefulness for practice and policy?	Hawker criteria score
Good. Abstract shows the content of research clearly. Easy to understand.	Good. research questions brought in a table. Clarifies present gap in Australian population regarding research topic.	Good. the research method named, and usefulness of this method was explained understandably.	Good. Sample was reasonable based on four hospital units. Selection criteria as well as nurses' information clarified in detail.	Good. the analysis of the data described in detail. In easy language. Triangulation and validation were considered.	Good. all consents were taken clearly prior to study, based on an approved method. And confidentiality mentioned.	Good. Study questions answered. Refers to research aims. Result explained in a logical order.	Fair. Some limitation due to optimal cohort of nurses exists in this study, but still transferable to other practical settings.	Good. usefulness of this study what a new insight for education and practice is mentioned. Further research advised.	35
Good. clear abstract and title. Explained main theme of the study.	Good. clear explanation of study aims (questions) and concept is given. Gaps highlighted clearly.	Good. Data collection technique explained. Questionnaire and interviews included. Details clarified.	Fair. Sample size is small. The answer for who and why is given. The way of recruiting participants explained (newspaper).	Good. the way of study analysis clearly explained. Methods and scales for categorization and grouping of themes explained.	Poor. Ethical issues were mentioned briefly. More information needed.	Good. The aims reflected in result. Table explained. The result parts brought in a proper order and easy to understand.	Fair. Some limitations in study research and participants selection lowered study's generalizability rate.	Good. suggests a new idea for more research, brings a new understanding of the subject, advice for education and practice.	32

Author	Title
Tranter, S., Josland, E., & Turner, K.	NURSES' BEREAVEMENT NEEDS AND ATTITUDE TOWARDS PATIENT DEATH: A QUALITATIVE STUDY OF NURSES IN A DIALYSIS UNIT
Valente, Sharon.	Nurses' Perspectives of Challenges in End of Life Care

Title	Nursing Roles and Strategies in End-of-Life Decision Making Concerning Elderly Immigrants Admitted to Acute Care Hospitals	Self-described nursing roles experienced during care of dying patients and their families
Author	Johnstone, M., Hutchinson, A. M., Redley, B., & Rawson, H.	Arbour, R., & Wiegand, D. L.

### 8.3 Appendix 3. Categorization table

Study	Analysis of content	Subcategory	Main category
Edo-Gual et. al.2015	Nurses with less anxiety	Emotional Well-being in Nursing	<b>Emotional Resilience and Coping Strategies in End-of-Life Care</b>
Edo-Gual et. al. 2015	High level of anxiety		
Edo-Gual et. al.2015	Emotional competency to manage feelings		
Edo-Gual et. al.2015	Mood repair to remove anxiety		
Edo-Gual et. al.2015	Resilience to remove anxiety		
Agyei et. al.2022	How to control feelings		
Tranter et. al.2016	Coping with stressors		
Agyei et. al.2022	Nurses do not recognize grieving		

Agyei et. al.2022	Hiding their grief	Grief and Coping in Nursing	
Agyei et. al.2022	Long-term impact		
Agyei et. al.2022	Impact of grief on nurses		
Agyei et. al.2022	Poorly managed		
Agyei et. al.2022	Continual death exposure effects		
Agyei et. al.2022	Recognition of grief		
Velarde-García et. al.2016	Emotional bond	Death and Stress in Nursing	
Velarde-García et. al. 2016	What to do		
Agyei et. al.2022	Supportive environment		
Faronbi et. al.2021	Death is a challenge		
Faronbi et. al.2021	Factors affecting nurses' attitudes		
Tranter et. al. 2016	Lack of experience		
Faronbi et. al.2021	Negative effect of death	Addressing the Fear of Death and its Effects	
Tranter et. al. 2016	Fear of death		

Edo-Gual et. al.2015	Nurses should be equipped for death	Enhancing Support Systems in End-of-Life Care	<b>Enhancing Cultural Competence in End-of-Life Care</b>	
Faronbi et. al.2021	Lack of religious care			
Arbour, R., & Wiegand, D. L.2014	Importance of peer support			
Valente, Sharon.2011	Lack of knowledge about patient's culture	Cultural Competence in End-of-Life Care		
Johnstone et. al.2016	Cultural care knowledge in EOL care			
Johnstone et. al. 2016	Ways of learning cultural beliefs of EOL patients			
Johnstone et. al. 2016	Cultural care of nurses			
Johnstone et. al. 2016	Need for cultural nursing education			
Johnstone et. al. 2016	Perception of nurses about their role			Empowering Nurses in End-of-Life Care
Johnstone et. al. 2016	Role of nurses in EOL care			
Johnstone et. al. 2016	Excluding nurses in decision making			

Johnstone et. al. 2016	Nurses' roles with patients' families		
Arbour, R., & Wiegand, D. L. 2014	Nurses and family members		
Edo-Gual et. al.2015	Job satisfaction	Professional Development and Support for-Nurses	<b>Communication and Advocacy in End-of-Life Care</b>
Arbour, R., & Wiegand, D. L. 2014	Mentoring as a role		
Arbour, R., & Wiegand, D. L. 2014	Nurses' roles together		
Arbour, R., & Wiegand, D. L. 2014	Support examples for nurses		
Arbour, R., & Wiegand, D. L. 2014	Educating nurses to do mentoring and precepting		
Edo-Gual et. al.2015	Self-esteem		
Arbour, R., & Wiegand, D. L. 2014	How nurses make support for patients		
Arbour, R., & Wiegand, D. L. 2014	Expectation of patients		
Arbour, R., & Wiegand, D. L. 2014	Rapid death versus extended time death		
Arbour, R., & Wiegand, D. L. 2014	Nurses and family members' relationship		

Valente, Sharon.2011	Patient wish	Patient-Centered Care and Support	
Valente, Sharon.2011	Narrative of a nurse regarding patient wish		
Valente, Sharon.2011	Nurses support patients		
Valente, Sharon.2011	Example of respect for the culture of the patient		
Arbour, R., & Wiegand, D. L. 2014	Role of nurses for family presence		
Arbour, R., & Wiegand, D. L. 2014	How nurses make support for family members		
Arbour, R., & Wiegand, D. L. 2014	What patients and family members expect from nurses		
Valente, Sharon.2011	Nurses' responsibility in hastening death	Ethical Considerations in End-of-Life Care	
Valente, Sharon.2011	The reasons for hastening death		
Faronbi et. al.2021	Support for nurses		
Arbour, R., & Wiegand, D. L. 2014	Advocacy as a nursing role		

Johnstone et. al. 2016	Professional education was not enough	Enhancing Professional Development and Education	<b>Professional Development and Education in End-of-Life Care</b>
Arbour, R., & Wiegand, D. L. 2014	Professional development		
Arbour, R., & Wiegand, D. L. 2014	Educating nurses to do mentoring and precepting		
Johnstone et. al. 2016	Adopted strategies by some nurses	Addressing Challenges in End-of-Life Support	
Johnstone et. al. 2016	Lack of EOL (End-of-Life) support		
Johnstone et. al. 2016	Role of nurses in quality death		
Arbour, R., & Wiegand, D. L. 2014	Impacts of negative effects		
Arbour, R., & Wiegand, D. L. 2014	Effects of negative consequences		
Arbour, R., & Wiegand, D. L. 2014	Positive feelings		
Arbour, R., & Wiegand, D. L. 2014	Professional development		