

# **Examining the Experiences of Nurses Providing End-of-Life Care.**

**A Systematic literature review**

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Degree Thesis in Health Care and Social Welfare

Education: Bachelor of Health Care, Nursing

Vaasa            2024

## **BACHELOR'S THESIS**

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**Title:** Examining the experiences of nurses providing end-of-life care; a systematic literature review.

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**Date:** 10<sup>th</sup> November 2024 **Number of pages:** 37 **Appendices:** 1

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### **Abstract/Summary**

Nurses who provide palliative and end-of-life care encounter many emotional difficulties due to demanding nature of their work. This systematic literature review examines the experiences of nurses providing end-of-life care, focusing on the challenges they face and the coping mechanisms they employ. The study analysed 8 peer-reviewed articles to address two primary research questions: What are the experiences and challenges faced by nurses in end-of-life care, and what strategies do they use to cope and maintain their well-being? The analysis identified three broad themes: emotional experiences, professional challenges, and coping mechanisms.

The profound effects of caring for patients who are dying are characterized by emotional experiences, which include moral distress, compassion fatigue and the feeling of sadness. Communication problems, moral dilemmas and the requirement to strike a balance between technical knowledge and emotional support are examples of professional challenges. Coping mechanisms reveal various strategies nurses use to manage stress, such as seeking organizational support, engaging in self-care practices, and relying on peer relationships.

This review points out the complexity of end-of-life care from nurses' perspectives and stresses the significance of creating effective support networks and training initiatives. It underscores the need for healthcare organizations to enhance work environments and support system for nurses in this challenging profession. By understanding these experiences and challenges, healthcare institutions can better equip nurses to provide high-quality end-of-life care while maintaining their own well-being.

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**Language:** English

**Keywords:** End-of-life care, emotional experiences, coping mechanisms, and nurses mental well-being.

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# EXAMENSARBETE

**Författare:** Kipchirchir Vincent

**Utbildning och ort:** Sjukskötare, Vasa

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**Titel:** Undersökning av erfarenheterna hos sjuksköterskor som ger vård i livets slutskede; en systematisk litteraturöversikt

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**Datum:** 10 november 2024 **Sidantal:** 37

**Bilagor:** 1

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## Abstrakt

Sjuksköterskor som ger palliativ vård och vård i livets slutskede stöter på många känslomässiga svårigheter på grund av arbetets krävande karaktär. Denna systematiska litteraturöversikt undersöker erfarenheterna hos sjuksköterskor som ger vård i livets slutskede, med fokus på de utmaningar de möter och de copingmekanismer de använder. I studien analyserades 8 referentgranskade artiklar för att besvara två primära forskningsfrågor: Vilka erfarenheter och utmaningar möter sjuksköterskor i vård i livets slutskede och vilka strategier använder de för att hantera dessa och upprätthålla sitt välbefinnande? Analysen identifierade tre breda teman: emotionella upplevelser, professionella utmaningar och copingmekanismer.

De djupgående effekterna av att vårda patienter som är döende kännetecknas av emotionella upplevelser, som inkluderar moralisk stress, compassion fatigue och känslan av sorg. Kommunikationsproblem, moraliska dilemman och kravet på att hitta en balans mellan teknisk kunskap och känslomässigt stöd är exempel på professionella utmaningar. Copingmekanismer visar på olika strategier som sjuksköterskor använder för att hantera stress, till exempel att söka organisatoriskt stöd, ägna sig åt egenvård och förlita sig på kamratrelationer.

Denna översikt visar hur komplex vården i livets slutskede är ur sjuksköterskornas perspektiv och betonar vikten av att skapa effektiva stödnätverk och utbildningsinitiativ. Den understryker behovet av att hälso- och sjukvårdsorganisationer förbättrar arbetsmiljön och stödsystemen för sjuksköterskor i detta utmanande yrke. Genom att förstå dessa erfarenheter och utmaningar kan vårdinrättningarna ge sjuksköterskorna bättre förutsättningar att ge högkvalitativ vård i livets slutskede samtidigt som de upprätthåller sitt eget välbefinnande.

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**Språk:** Engelska

**Nyckelord:** Vård i livets slutskede, emotionella upplevelser, copingmekanismer och sjuksköterskornas psykiska välbefinnande.

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# OPINNÄYTETYÖ

**Tekijä:** Kipchirchir Vincent

**Koulutus ja paikkakunta:** Sairaanhoidaja, Vaasa

**Ohjaaja(t):** Åsa Lågland

**Nimike:** Elämän loppuvaiheen hoitoa tarjoavien sairaanhoitajien kokemusten tarkastelu; systemaattinen kirjallisuuskatsaus.

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**Päivämäärä:** 10 marraskuu 2024 **Sivumäärä:**37

**Liitteet:** 1

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## Tiivistelmä

Palliativista hoitoa ja saattohoitoa antavat sairaanhoitajat kohtaavat monia emotionaalisia vaikeuksia työnsä vaatavuuden vuoksi. Tässä systemaattisessa kirjallisuuskatsauksessa tarkastellaan saattohoitoa antavien sairaanhoitajien kokemuksia ja keskitytään heidän kohtaamiinsa haasteisiin ja heidän käyttämiinsä selviytymiskeinoihin. Tutkimuksessa analysoitiin kahdeksan vertaisarvioitua artikkelia, joissa käsiteltiin kahta ensisijaista tutkimuskysymystä: Millaisia kokemuksia ja haasteita saattohoitotyötä tekevät sairaanhoitajat kohtaavat ja millaisia strategioita he käyttävät selviytyäkseen ja ylläpitääkseen hyvinvointiaan? Analyysissä tunnistettiin kolme laajaa teemaa: emotionaaliset kokemukset, ammatilliset haasteet ja selviytymiskeinot.

Kuolevien potilaiden hoitamisen syvällisille vaikutuksille ovat ominaisia tunnekokemukset, joihin kuuluvat moraalinen ahdistus, myötätuntoväsytys ja surun tunne. Viestintäongelmat, moraaliset dilemmat ja vaatimus löytää tasapaino teknisen tiedon ja emotionaalisen tuen välillä ovat esimerkkejä ammatillisista haasteista. Selviytymismekanismit paljastavat erilaisia strategioita, joita sairaanhoitajat käyttävät stressin hallitsemiseksi, kuten organisaation tuen hakeminen, itsehoitokäytännöt ja vertaissuhteisiin tukeutuminen.

Tässä katsauksessa tuodaan esiin saattohoidon monimutkaisuus sairaanhoitajien näkökulmasta ja korostetaan tehokkaiden tukiverkostojen ja koulutusaloitteiden luomisen merkitystä. Siinä korostetaan, että terveydenhuollon organisaatioiden on parannettava työympäristöjä ja tukijärjestelmää sairaanhoitajille tässä haastavassa ammatissa. Ymmärtämällä näitä kokemuksia ja haasteita terveydenhuollon laitokset voivat antaa sairaanhoitajille paremmat valmiudet tarjota laadukasta saattohoitoa ja samalla ylläpitää omaa hyvinvointiaan.

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**Kieli:** Englanti

**Avainsanat:** Elämän loppuvaiheen hoito, tunnekokemukset, selviytymiskeinot ja hoitajien henkinen hyvinvointi.

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# 1 Introduction

We are all born into a life that is marked by a profound journey that will inevitably come to an end. This journey honours all ages, serving as a constant reminder that people must face mortality whether they are children, young people, or adults, with each life stage bringing with it particular difficulties and experiences. Death and dying remain mysterious and inevitable aspects of life, marking the conclusion of our personal narratives. Despite their universal nature, these topics are often considered sensitive and are frequently avoided in discussions, reflecting society's complex relationship with mortality (Dorji & Lapierre, 2022). The profound questions surrounding the meaning of death and the afterlife have given rise to significant mental distraction, stress and anxiety among the nurses and bereaved family members. These fundamental problems have significantly impacted on their social, emotional, physical, and spiritual well-being. Human rights principles recognize that palliative care should be person-centered, acknowledging that individual needs are unique. Furthermore, research indicates that pain and difficulty breathing are the two common symptoms experienced by patients receiving palliative care (Brennan et al., 2019).

According to the World Health Organizations (WHO) survey from August 5, (2020), an estimated 56.8 million people worldwide require palliative care, with 25.7 million of those in their final year of life. The increasing prevalence of chronic non-communicable diseases and an aging population are the primary factors driving the need for palliative care. The WHO's 2020 global report further indicates that 40-60% of expected deaths require palliative care. The breakdown of these cases by diseases is as follows; cardiovascular disease (38.5%), cancer (34%) chronic respiratory disease (10.3%), Aids (5.7%) and diabetes (4.6%). The report attributes these rising figures to the omission of palliative care by the national policies, insufficient training on palliative care for healthcare professionals and inadequate access to opioid pain relief medications. The International Council of Nurses (ICN) recognizes that nurses continue to perform commendable roles in palliative care, demonstrating key qualities essential for providing care to dying patients and their families. Despite their professional capabilities, these nurses also struggle with their own personal attitudes towards death, highlighting the complex interplay between professional responsibilities and personal emotions in end-of-life settings (Youdin, 2014).

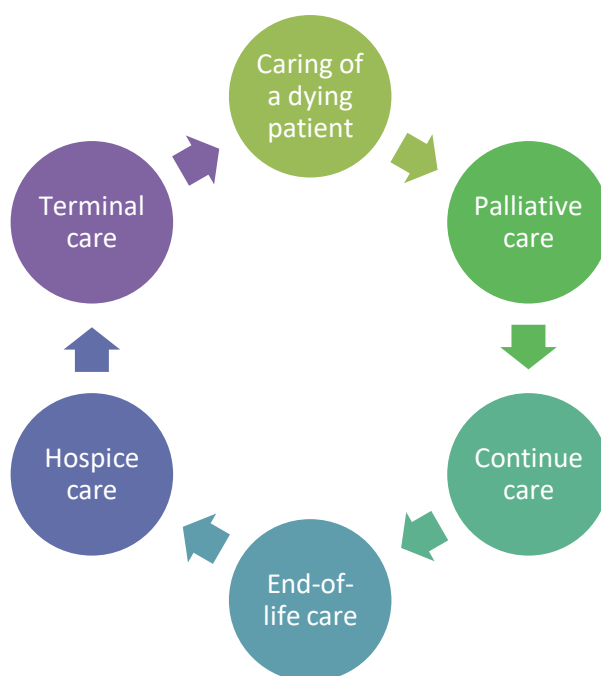
Nursing practice demands specific skills, empathy and psychological resilience in order to provide care for patients at their end-of-life stages. Ensuring that patients receives comfort, dignity and support during this stage of life is a critical role that nurses plays in providing

end-of-life care. Therefore, nurses must possess essential abilities and skills to deal with dying patients and their experiences will help the researchers, policy makers and organizations in identifying factors that influence nursing care (World Health Organization, 2018a). To improve the delivery of end-of-life care, improve patients' outcomes and promote the well-being of healthcare professional (nurses), it is essential to understand the experiences that nurses endures when caring for terminal ill patients.

In today's society, there are diverse expectations and demands surrounding the process of dying. Palliative care offers nurses a unique opportunity to gain deeper insights into patients and their family, understanding their desires, needs and goal for the end-of-life care. This patient-centered approach allows the healthcare professionals to provide more individualized and compassionate care, aligning medical interventions with the individual's wishes and values as they approach death. During my clinical practice in the hospital, I encountered a patient who was over 90 years and approaching the end of his life. He shared with me that he had had ample time to accomplish what he was meant to do in his life and believed he had left nothing undone during his healthy years. Consequently, he viewed dying as the best decision for him at this stage. However, this perspective conflicted with his son's wishes, as the son continually encouraged him to keep fighting, expressing that they needed him at home. As nurses, our focus in such situations should be on providing quality care and ensuring a dignified death for patients, while also sensitively navigating the complex family dynamics involved (Walker et al., 2024).

## 2 Background information

This chapter establishes the framework for the investigation and aims to understand the research problem. Based on available data, providing end-of-life care presents complex challenges for nurses, who must balance the competing needs of palliation, treatment-focused care, and their own well-being. This background section will address various aspects of nurses' experiences in providing end-of-life care, including the difficulties they face, their coping mechanisms, and their learning requirements in this critical field of healthcare delivery. Additionally, key terms related to end-of-life care will be defined to provide clarity as shown in figure (1) below. By exploring these complex aspects, this chapter lays the groundwork for further investigation into this important and evolving field of nursing practice.



**Figure 1: Terminologies associated with caring for a dying patient.**

### 2.1 Definition of nursing experiences

Developing one's understanding of practice as a nurse is defined as a lifelong process that involves a gradual and ongoing interplay between experience, meaning, and the real world. The knowledge of providing psychosocial and spiritual support which occurs at the end-of-life is associated with the kind of trainings and experiences nurses have undergone and the framework laid down when dealing with this subject. Experienced nurses see palliative care as an extension of primary care, whereby quality care relies heavily on experienced knowledge

and good communication skills. The aim is to focus on alleviation of symptoms and promote comfort (Ho et al., 2022).

It is ironical that a nurse who is trained in end-of-life care is not the one who perform this task on daily practice. Therefore, nurses should learn how to cope with the evolving and changing nature of the healthcare industry. It is necessary to understand the gap that exist between the role of nurse and their humanity when dealing with patients. They should be aware of what affects their patients in their end-of-life stage and offer reliable support. Some patients and families may have different beliefs concerning palliative care and use of opioids analgesics which might affect the level of managing pain among the patient. Nurses and family strenght are necessary because they are the significant promoters of best end-of-life care (Ding et al., 2022).

## **2.2 Nurses well-being and quality of life**

Being in a good mood, feeling positive about oneself, and maintaining an optimistic outlook on life are key aspects of well-being. This state indicates happiness and life satisfaction, free from negative phases such as depression and anxiety. On the other hand, mental health is a broad and complex subject that encompasses our daily activities and their impact on our overall well-being. It involves factors such as sleep patterns, rest periods, diets, interpersonal relationships, and physical activities. Mental health is also influenced by the decisions we make in life (Diehl et al., 2021).

A sense of meaning and fulfillment in life is a strong indicator of mental well-being. High levels of well-being enable us to engage fully in our daily activities and recognize our strengths and abilities to maintain positive relationships with ourselves and others. Mental well-being is also characterized by the capacity to adjust and adapt to life events. These qualities are particularly crucial for end-of-life nurses due to the nature of their work, which involves patient-centered care in an environment subject to constantly changing needs. The ability to maintain well-being allows these nurses to provide compassionate care while navigating the emotional challenges involved in their profession. Sometimes, these nurses experience professional disappointments, patient death and difficult in interactions with patients and their families. All of these incidences may be a burden to nurses and it will contribute to adverse effects on their health and well-being (Camden, 2023).

Nurses spent most of their time with patients and their families and during this interactions, they encounter end of life threatening illnesses like cancer and sometimes managing the pain

among the patients is hard and thus, witnessing their patients' suffering may make them to feel dissatisfied with life. Normally, nurses may find themselves in a shift of perspectives on how they respond to how much time the patient has left. Some of the questions like, "*am I going to die?*" is among the difficult questions a nurse find hard to handle and this might affect their mental well-being. Nurses on this occasion experience their own shift in their attitudes towards death and dying as a result of caring for and supporting a dying patient. Nurses, therefore, need self care and regular support from the organisations to recharge their health and well-being (Maslach, 2001) .

### **2.3 Emotional stress among the nurses**

According to WHO, (2023), Stress is a short term disruption in a person's behaviour and emotional state. It occurs when an individual is under excessive pressure where he/she cannot manage. When a person feels overburdened and questions their ability to handle the demands placed on them, they are termed to be stressed. A stressed person is triggered by an agent or an event (stressor) and this is an obstacle or a threat to their well-being. Stress can sometimes motivates some people to engage themselves in an act that benefits them and sometimes discourage them. The higher the number of stressors, the higher the chances that individuals feel stressed (Ingleton & Larkin, 2015, p.111).

Nurses experiences occupational stress and satisfaction at work due to their constant interaction between them and their working environment (person-environment match). In a number of ways, match is define as the extent to which an individual's desire and values corresponds with the expectation of the work (Vlassi et al., 2023).

According to Ingleton & Larkin, (2015, p.110), there are 6 aspects of work and personal life that can either promote commitments and fits at work or possibly lead to burn out and workplace stress among the nurses ( workload, control, recognition and reward, sense of community, justice and values at work). The symptoms of burn out includes depersonalisations, loss of individual's achievement and emotional fatigue.

Workload among the nurses does not only involves the physical and mental care towards the patient but they are also expected to address and satisfy the emotion of the same patient and their families (emotional labour) (Hogg et al., 2018). More burden on nurses occurs more in situations where no physical solution is available, and caring period will likely end in death.

Nurses providing care to end of life patients may reflect on and re-evaluate their personal values and at times they may become frustrated that the dying person and those close to them are not getting sufficient help from the system or the system have failed them. They are likely to feel suspicious about their own death, and these nurses sometimes feel that they lack the necessary education or experience to provide the kind of specialized care that the patient needed (Ingleton & Larkin, 2015, p.111).

Stress in nursing therefore is likely to occur when important understanding about patient care is disrupted, tools, equipment or system failed to work, nurses suffer from injury, loss or difficult situations and at time they are required to learn new skill. Nurses need to manage their emotions when providing the care needed as well as engaging the patients and their families (Vlassi et al., 2023).

#### **2.4 Emotional labour in End-of-Life care.**

According to Mazhindu, (2003) thought, emotional labour is the control of one's emotion and behaviour (an individual's feelings and behaviour) in order to fulfil the requirement of a job. This emotional labour increase substantially for healthcare professionals, especially whose roles involves end-of-life care. Healthcare professionals have to deal with their own grief on top of emotional strain of caring for patients who are near death.

Due to their own experiences with death, the staff members frequently experience a great deal of anxiety (an abundance of anxiety/stress) which can negatively impact their capacity to provide care. The main worry is to understand how medical personnel who are trained or are capable of safeguarding, protecting and to restore live can manage the increased emotional strains (burden) that comes with providing end-of-life care for patients. This question is relevant when considering a large image of stress at work in the healthcare field. These workers frequently engage in a lot of emotional labour leading to burn-out and overall work related stress (Zambrano et al., 2014).

To address this challenges, it is essential to establish beneficial coping mechanisms. This study aims to address a number of workplace techniques which has been used aiming to help healthcare professionals manage stress and avoid burnout. These strategies involves offering opportunities for personal development that are centred on stress management and adaptability creation as well as encouraging open communication and offering emotional support (Zambrano et al., 2014).

Healthcare professionals encounter these circumstances in their day-to-day work in a healthcare setting; being with the dying, being affected by their deaths, and employing mechanisms to cope with the situations. This involves a range of shared experiences related to death, as noted by (Todd, 2013), including the challenges and emotional reactions associated with patient loss, as discussed by (Hughes & Lavery, 2024). These experiences also encompass how nurses manage these situations to maintain their well-being.

## **2.5 Coping strategies by nurses**

Despite nursing being a discipline which involves caring and showing compassion, nurses often face recurring issues with ethical in their practice due to their own sufferings or suffering they experience in their work. Taking part in care and witnessing patient's pain may contribute to emotional distress, exhaustion and burn out among the nurses (Li et al., 2023). This is a privilege and an obstacle at the same time because those events usually involves making decisions that have a long lasting impact on all the parties involved. To overcome these obstacles, nurses employed various techniques like exercising self control, seeking assistance on how to manage stress and adopting various ways of dealing with problems themselves (Van Zyl & Noonan, 2018).

To manage the emotional demands of their work, healthcare professionals frequently use a range of coping mechanisms. Maintaining mental health requires professional assistance such as debriefing sessions. Nurses are capable of setting and maintaining boundaries while being aware of their emotional involvement with the aid of emotion-focused coping strategies. Furthermore, maintaining their general resilience and emotional well-being requires them to employ problem-focused coping mechanisms like efficient workload management, striking a balance between their personal and professional lives, and engaging in restorative activities (Hussain, 2021).

## **2.6 Palliative care, Terminal care ,and Hospice nursing**

According to WHO, (2020), when no further treatment is available or desired by patient, the goal of care shifts to providing comfort, relieving pain and other symptoms, and maximizing the quality of life. At this stage, there is no intention to hasten death (World Health Organization, 2018a).

Palliative care is defined by the World Health Organization, (2018b) as the prevention and alleviation of suffering for both adult and paediatric patients, as well as their families, who

are facing life-threatening illnesses. This encompasses the physical, psychological, social, and spiritual suffering of patients and their families. Palliative care is compared to good health where early detection, thorough evaluation, and treatment of these challenges are essential components. It improves quality of life, supports comfort and dignity, and can positively influence illness progression. Palliative care can be initiated early in the illness alongside therapies aimed at prolonging life and continues to support families even after a patient's passing (Sellars et al., 2022).

Terminal care refers to the care provided to patients approaching their death, with the primary aim of promoting a peaceful and dignified death. It is an opportunity to provide comfort despite the difficulties faced by the patient. Planning for a healthy death is essential, fostering hope that positive memories will remain (Thomas, 2022). A common dilemma in end-of-life care involves deciding between initiating palliative care and continuing life-prolonging treatments. The WHO Alma Ata Declaration (1978) defines health as a condition where an individual is physically, socially, and mentally fit rather than merely free from illness.

Hospice nursing is described as a palliative care support program that offers a comprehensive medical, psychological, social, and spiritual care to dying patients and their families (Youdin, 2014, p.195). It is essential for healthcare professionals to be motivated to facilitate the dying process and address end-of-life experiences effectively (Ingleton & Larkin, 2015).

## **2.7 Care considerations for terminally ill patients**

Caring for patients with terminal illnesses requires a compassionate and holistic approach to enhance their quality of life during the final stages of their disease. Nurses play a crucial role in this process by managing symptoms and providing emotional support (World Health Organization, 2018a). For patients who are approaching the end of their lives, careful planning is crucial to ensuring that their choices and desires are honoured. This planning entails determining who needs care and understanding the standards for evaluation and intervention. To identify patients who require specialised care and to ensure that the necessary criteria are met, healthcare professionals must collaborate (Youdin, 2014, p.193). Once decisions regarding care have been made, it is vital for nurses to communicate this information clearly to both patients and their families, which requires strong communication skills (Sung et al., 2019). Effective communication is essential also when discussing patient's condition and end-of-life desires, such as Do Not Resuscitate (DNR) (Andrade et al., 2022).

The special needs of terminally ill patients require nurses to take a person-centred approach to their care. According to Mason et al., (2022), maintaining patient comfort to avoid pressure sores, helping with personal hygiene, and offering physical support by making sure the right drugs are given to relieve pain are all crucial aspects of care. In addition to providing emotional comfort and emotional confidence, nurses must also respect patients' spiritual beliefs by giving them time for reflection and prayer. Additionally, psychological and emotional support can be enhanced by promoting the sharing of memories and experiences. Engaging families with patients significantly improves emotional well-being.

Other crucial components of care include nutrition and hydration where nurses provide preferred foods while meeting dietary requirements and make sure patients are getting enough water to avoid dehydration (Hall et al., 2019). Comfortable bedding and relaxing music play a major role in creating a relaxing environment that enhances patient comfort (Frey et al., 2020).

Nurses working in acute hospital settings frequently have limited time, which makes it difficult for them to give dying patients the personalised treatment they need. Insufficient time spent with each patient can result from balancing the needs of several patients, handling family communications, and working with doctors. Patients may experience feelings of loneliness as a result of lack of interaction, which also increases stress levels for nurses and patients (Ho et al., 2022).

Psychological distress can result from nurses feeling unsuitable in their professional role following a patient's death. Regularly confronting death can cause disruptive emotions in nurses because they may feel they have failed in their duties and experience conflicting feelings of sadness or anger. Their capacity to explain the circumstances surrounding a patient's death is hindered by this emotional load (Latham et al., 2023).

The provision of holistic end-of-life care depends on the competent cooperation of multiple healthcare professionals. In order to relieve physical symptoms and support a dignified death, this interdisciplinary team usually consists of registered nurses, doctors, social workers, chemists, and spiritual leaders. It is crucial to understand the responsibilities of each team member in order to provide optimal care (Pype et al., 2018; Taffurelli et al., 2021).

Informed decision-making about available care options is greatly aided by following guidelines for conversing with patients and their families. By keeping their word, nurses have a crucial role in giving patients and families' confidence (Nyatanga, 2017).

When a patient experiences cardiac or respiratory arrest, a doctor may issue a DNR order, which states that cardiopulmonary resuscitation should not be carried out. The patient's wishes, which can be expressed orally or in writing following consultation with a doctor, are in line with this decision. There are also instances where emergency medical services are not required to start CPR if the patient has indicated that they would prefer not to, in accordance with out-of-hospital DNR orders (Hadley, 2020).

When it comes to making crucial decisions about end-of-life care, nurses are guided by ethical principles. It is critical that nurses respect patients' autonomy, which means they must have the knowledge and abilities to respect patients' desires when it comes to interventions like DNR orders or concerns about physician-assisted suicide (Griffith, 2017). Given that patients' desires for food and liquids frequently decrease as they get closer to death, giving artificial nutrition and hydration raises ethical concerns.

### **3 The aim of the study and the research question.**

The aim of this study is to investigate the experiences of nurses providing end-of-life care, understand the difficulties they encounter and the coping mechanism they use in order to improve their well-being in the end-of-life settings.

#### **3.1 The research question**

- i. What are the experiences and challenges faced by nurses providing end-of-life care?
- ii. What mechanisms do nurses use to cope up and improve their well-being?

## **4 From Novice to Expert theory**

Patricia Benner's Novice to Expert theory provides a valuable framework for conceptualizing the development of nursing skills and knowledge, particularly in the context of end-of-life care. This theory emphasizes the importance of experiential learning and situational engagement in developing nursing competencies.

When a nurse is in Novice stage, they usually lack practical experience and rely mostly on policies and procedures to manage patient care. They frequently have trouble making decisions in difficult circumstances, like those that arise in end-of-life situations, where moral and emotional issues are crucial. The complex nature of end-of-life care may stress novice nurses, which demands guidance from experienced colleagues (Benner, 1984).

As nurses gain experience, they proceed up to the advanced beginner stage, where they continue to rely on established protocols and at the same time, they are beginning to identify patterns in patient care and gain basic understanding of the complexities involved in end-of-life care. At the competent stage, after two to three years of experience, nurses gain a deeper understanding of the goals of patient care, develop their ability to manage symptoms and offer compassionate support. They are also capable of making a well-informed decision by depicting their prior experiences. At proficient stage, nurses adopt a holistic perspective of their patients and their families for them to provide compassionate care during difficult times. They also develop intuitive clinical judgement, which enables them to anticipate needs and have meaningful conversations about care plans (Benner, 1984).

Last but not least, at the expert stage, nurses possess a wealth of experience that enables them to offer individualized, high-quality care without solely depending on policies and procedures. Skilled nurses are more capable to mentor less experienced co-workers and handle challenging clinical situations with ease, which improves the overall outcome of end-of-life care (Alligood, 2018,p.99-107).

Applying Benner's theory in this research will enable the researcher to efficiently compare how varying nursing experiences affect the provision of compassionate care in end-of-life scenarios. In addition to illustrating the pathway from novice to expert, this framework emphasizes how important experiential learning is in forming nursing practice in an end-of-life environment (Alligood, 2018,p.100).

## 5 Research methodology

Access to primary research information among healthcare professionals is essential in today's dynamic world, where change is inevitable and adapting to new strategies is necessary. For this work of examining the experiences of nurses caring for end-of-life patients, it was crucial to select a methodology that aligns with the research questions. This approach enabled the researcher to obtain the necessary information from the literature to guide the research process effectively. Focusing on first-hand accounts and recent studies ensured that the research reflects current practices and challenges in end-of-life care thus providing valuable insights into this critical area of healthcare.

### 5.1 Systematic literature review

A research literature review is a written summary of the state of evidence on a research problem. It begins with a question, involves gathering and analysing information and presenting the findings. A literature review lays the foundation for creating new ideas from an evidence based practice (EBP) making it an important stage in a research process. This chapter explains how to carry out literature review and also how to conduct critiques reviewed of the previous studies. Literature review can be related to a thorough investigation, whereby, proper planning and implementation is required. Whether driven by a question from EBP or a newly formulated research question, procedure involves gathering, analysing, interpreting the results and presenting the written down findings (Polit & Beck, 2010,p.170)

Data for analysis are obtained from primary and secondary sources whereby the primary source explains the work done by the researcher who conducted the study while the secondary source uses the information which have been done by other researchers and does not provide much information about the study and its aim. In most of cases, a literature search may result in non-research references such as opinions and other case reports which can be in the literature but only the empirical references which has evidence through data analysis is included. It is therefore, necessary to differentiate between the references when doing the research. Non research reference can offer in-depth description of research findings and evaluating the degree of our understanding of research problem by analysing and combining empirical evidence (Polit & Beck, 2010,p.171).

*“Writing a well-written literature reviews is an art and a science that adheres to a scientific process rather than just a mechanical procedures,”* (Polit & Beck, 2010, p.172). A high-quality literature review possesses several essential features; it must be comprehensive and

exhaustive to guarantee its relevance, and it should incorporate the most recent references to reflect the current knowledge in the field. Secondly, to safeguard the consistency and transparency, a systematic literature review approach is critical. This approach should include well-defined inclusion and exclusion criteria, as well as clear rules for making decisions. Reproducibility of review is necessary in that, a second reviewer using the same methodological framework should obtain the same conclusion concerning the existing evidence. A good literature review should also be objective and avoiding biasness by presenting a wide range of opinions. The features explained above demonstrates how complex it is when conducting a literature review and its significance in the growth of academic debates (Polit & Beck, 2010, p.172).

## **5.2 Data collection**

Data collection is technique where information related to the topic of study is gathered and it seek to provide answers to the research question. Online database from Tritonian-Novia library was used to search for articles related to this study. Specifically, Academic Search Elite, MEDLINE and CINAHL Complete were the reliable scientific databases from which peer-reviewed articles were sourced. To obtain the information, the following search terms were used: "nurses experience" OR "nurses' attitude" OR "nurses' perspectives" AND "palliative care" OR "terminal care" OR "end-of-life care" AND "coping strategies.". A total of 151 articles were found using this targeted search. Eight publications, focusing on works published between 2015 and 2024, were considered appropriate for inclusion in the study after strict filtering criteria were applied. This selection process ensured that the findings were relevant and implemented reflecting current practices and attitudes in the field (Polit & Beck, 2010, p174-177).

## **5.3 Inclusion criteria for articles**

For this study, specific selection criteria were used to select articles. The focus was on articles that addressed the experiences and challenges faced by nurses providing end-of-life care as well as the coping strategies they employed. The selection process began with examining the article titles followed by reading their abstracts. Only full-text articles published between 2015 and 2024 and available in English were included in the study. The inclusion and exclusion criteria for the research articles are detailed in Table 1 below (Patino & Ferreira, 2018).

Initially, 151 articles were identified. After a thorough screening process, duplicates and articles with poor contextual quality were excluded retaining only the peer-reviewed articles. The process of selecting articles is illustrated in the PRISMA flow chart in Figure 2 where it visually guides the reader from the very first aspect of article selection (the identification of the articles) to the final aspect, which is the inclusion of selected studies (Page et al., 2021).

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
Peer reviewed articles	Non-peer reviewed articles
Full text article available	Articles without full text
Articles published between the year 2015-2024	Articles published before 2014
Articles available be in English language	Articles not published in English
Articles related to research questions	Articles not related to research question
Article which has reference and abstract	Article with no reference and no abstract

**Table 1: The inclusion and exclusion criteria of research data collection.**

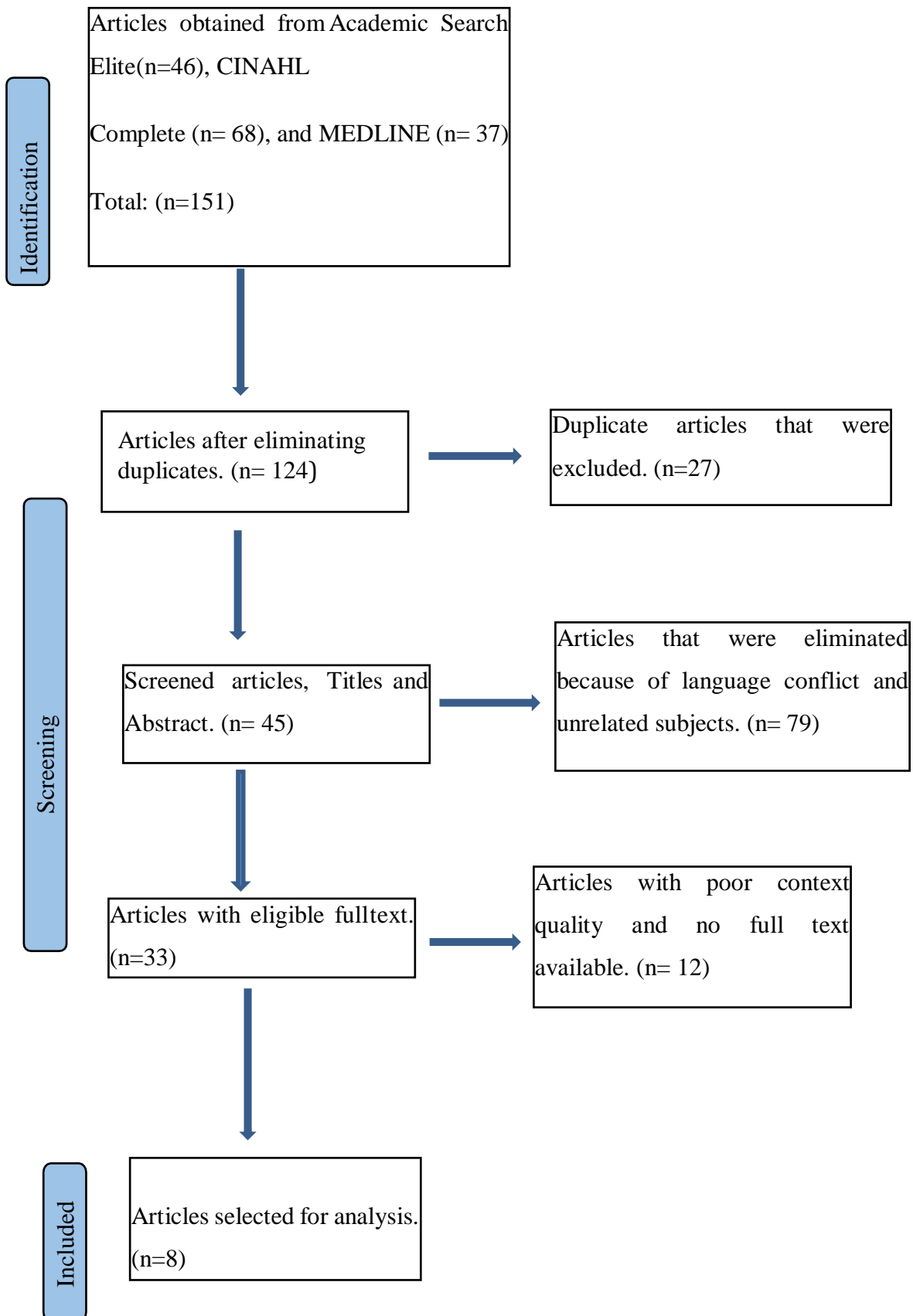


Figure 2: Prisma chart

#### **5.4 Data analysis-content analysis**

Content analysis is a qualitative research technique that is used to examine and interpret the information from previous studies. This method is efficient and cost effective in that, data used is from primary sources and less time is spend retrieving it. It provides a wide range of options because large volume of data is available for the study. Challenges encountered during the process include the inability to get specific elements of data suggesting that different variables should have been taken into considerations in the previous study. Despite these limitations, the available information provides an opportunity to expand the existing body of knowledge (Polit & Beck,2010,p.295).

In conducting systematic literature review on the experiences of nurses caring for end-of-life patients, structured approach was employed to analyse the selected articles and derive meaningful results as indicated in the sub section (5.3) above. The article selection procedure as shown in the PRISMA flow chart (Figure 2), offers transparency into the methods used to screen and select the articles for inclusion in this review (Page et al., 2021). A qualitative data analysis was performed on the chosen articles and thematic analysis was employed to identify common themes and subthemes in the information offered in the literature. Data was systematically coded by identifying key statements about the experiences, difficulties, and coping mechanisms of nurses, and then developed broad themes from these codes that summarize the key findings from each study (Scharp & Sanders, 2019). This thematic framework made it possible to fully understand nurses' roles in end-of-life care in a detailed manner (Attard Cortis & Muir, 2022).

The data were compiled to emphasise the common experiences of nurses in providing care for patients nearing the end of their lives, focusing on their coping strategies, emotional reactions and ethical dilemmas (Scharp & Sanders, 2019). This summary shed light on the difficulties nurses encounter as well as the methods they use to keep themselves healthy while providing compassionate care. The findings of the analysis are presented in the results chapter of this research for easy comparison with other studies. This enables the researcher to develop a meaningful conclusion regarding the experiences of nurses in end-of-life care and add informative knowledge to the field of nursing practice and end-of-life care (Attard Cortis & Muir, 2022).

## 5.5 Ethical considerations

The Finish Advisory Board on Research Integrity (TENK) is the body which was created in the year 1991 under the Ministry of Education and Culture and their main work is to enhance research integrity (RI) and address morals pertaining scientific study. Research Integrity and ethical acceptability depends on the Finnish code of conduct and is supported by basic values like dependability, honesty, respect and accountability. Maintaining integrity needs to follow and adhere to good research practice at every stage of research cycle and if it is not followed, it may raises claims of violation of research integrity (TENK, 2024).

Ethical considerations were prioritized to maintain the integrity of this research. Although the study is a systematic literature review and does not involve direct interaction with human subjects, it was essential to respect the original authors and participants whose experiences were documented in the selected studies. This ensured their findings were conveyed accurately without misinterpretation (Mohd Arifin, 2018).

In the analysis of reviewed articles, it was ensured that consent and confidentiality guidelines were strictly followed, particularly given the sensitive nature of topics like end-of-life care is, where participants' dignity must be respected. Data integrity was upheld by carefully screening and choosing only peer-reviewed publications that satisfied specific criteria, enhancing the credibility of the findings and ensuring that they were based on trustworthy research (Nii Laryeafio & Ogbewe, 2023).

To promote transparency, PRISMA flow chart was utilized to outline the article selection process, providing readers with an understanding into how articles were chosen and highlighting the ethical diligence of the research (Page et al., 2021). Additionally, ethical standards for citation were practiced by giving credit to all the sources used during the research. This upholds academic integrity while also acknowledging the contributions of other researchers. A full list of references was also included at the end of the thesis to ensure complete transparency regarding the sources reviewed throughout the study (Wager & Wiffen, 2011).

By addressing these ethical issues, a thorough and respectful analysis of nurses' experiences in end-of-life care was conducted while upholding high ethical standards throughout the research process (Wager & Wiffen, 2011).

## 6 Results

This chapter provides the results of examinations of eight (8) articles which meet the study's aim and addresses the research questions. The aim of this study was to investigate the experiences of nurses providing end-of-life care, understand the difficulties they encounter and the coping mechanism they use in order to improve their well-being in the end-of-life settings. The research questions were, what are the experiences and challenges faced by nurses providing end-of-life care? and secondly, what mechanisms do nurses use to cope up and improve their well-being? The articles analyzed are presented in the appendix (A). After carefully analysing the articles, the following themes and subthemes were identified as provided in the table 2 below.

Themes	Sub-Themes
Emotional experiences	Emotional stress and burnout
	Compassion fatigue
	Emotional attachment
Professional challenges	Communication difficulties
	Workload and staffing
	Ethical dilemma
	Professional development and Organization support
Coping mechanisms	Support system
	Self-care practices
	Personal and professional growth

**Table 2. Thematic analysis**

The experiences and challenges faced by nurses when providing care to an end of life patients was divided into themes work related to emotional experiences and professional challenges (Scharp & Sanders, 2019). Emotional experiences includes, emotional stress and burnout, emotional attachments and compassion fatigue whereas professional challenges involves communications difficulty, workloads and staffing, ethical dilemma, professional development and organization support. It was evidence from the study that nurses seek to overcome this obstacles by obtaining support from the organization through professional counselling and team support as well as family support, or engaging self-care practices like separations, spending time with family, discussing deceased patients and even praying. As a result, they reported that their experiences and support enable them to grow professionally by finding the meaning in their work and building resilience which contributed positively to their personal health. These findings are discussed below;

## **6.1 Emotional experiences**

This section discusses the emotional landscape of nurses at work while providing end-of-life care, an integral part of a nurse's career that influences performance and well-being. The emotional context is complex, with engagement of feelings that range from compassion and sadness to frustration as nurses navigate the challenges supporting patients and their families through such a fragile time. The current chapter will highlight the qualitative data of the selected studies to give emphasis on the emotional difficulties that are evident among nurses in this setting.

### **6.1.1 Emotional distress and burnout**

This involves the feeling of sadness, grief and emotional fatigue experienced by nurses as a results of caring of dying patients. Emotional obstacles arises when a nurse want to start difficult discussions with patients and their families concerning critical health conditions such as sudden deterioration in health and having encountered a negative reactions to recent bad news. Novice nurses noted that, families often act as obstacles in end of life care by frequently changing the treatment plans and not honoring the patients' wishes (Chu & Taliaferro, 2019; Toh et al., 2021). Nurses experience intense emotions such as, grief, guilt and frustrations during their initial encounter with patient's death precisely if they have developed a strong relationship with them (Cedar & Walker, n.d.; Keskin Kızıltepe & Koç, 2024).

In response, a nurse said, *“I just did the best I could. I felt at that time, I thought that I was ready. I felt like skills wise I was ready, but emotionally, I was not ready. Mainly, the hardest part for me is dealing with the family. Because of their grief, you have to be there for them. It was my first time in that kind of situation”* (Chu & Taliaferro, 2019).

According to Lin et al., (2022), physical symptoms like crying, headache and sleeping disturbances were common. Psychological effects experienced the first time the patient passed away included fear, confusions and desire to leave profession (Keskin Kızıltepe & Koç, 2024). Difficulty in explaining certain changes in patients’ conditions, handling negative reactions from families, struggling with what to say to grieving families, challenges in communicating with physicians about care plan and patients examinations as well as coping with grief was more common in novice, inexperience and non graduate nurses with no training in end of life care as compared to their colleagues who were older, experienced, educated and had end of life trainings (Chu & Taliaferro, 2019; Keskin Kızıltepe & Koç, 2024; Limbu & Taylor, 2021; Toh et al., 2021; R.-S. Zheng et al., 2015). Providing care for patients who are near death puts nurses under increased emotional strains that can result in burnout.

One participant responded that, *“I simply cannot forget the first time I experienced the death of a patient. It was a traffic accident. The patient was an overweight person. Intubation was done, we worked hard and blood was spilled all around the place. I can never forget that scene, I could not get rid of the feeling and its effects for few days. Then, the more patient death I experienced, the more I get used to it. We have to get used to it, otherwise, things won’t work”*(Keskin Kızıltepe & Koç, 2024).

Other respondent comment was, *“I just think, think and think. Did I do the things...I need to do? Did I do this? I can’t sleep. I just think, and I could not sleep”* (Chu & Taliaferro, 2019).

According to Cedar & Walker, (n.d.), workplace stress such as increased patients’ load and complex care needs makes providing end-of-life care for nurses more stressful. This was supported by Zheng et al., (2015) which pointed out that, providing fundamental care such as pain management, avoiding invasive procedures and ensuring patients’ comfort requires times and resources. (Keskin Kızıltepe & Koç, 2024) further illustrated about hospital environment related factors to be workload, insufficient resources and lack of trainings in end-of-life care as the contributing factors to burnout. Therefore, the high demands for acute care in palliative care settings limits the time nurses can dedicate to other end-of-life patients.

### 6.1.2 Compassion fatigue

This is the impact of prolonged exposure to patient's dying and death from prolonged suffering. Majority of the nurses were in distress and were experiencing difficult to deal with pain and death of their patients and this negatively affected how they meet their other patients' psychological needs as well. Some nurses with the history of personal grief demonstrated a positive reactions to patient death (Lin et al., 2022) .

(Cedar & Walker, n.d.) explained that, when nurses encountered terminally ill patients on a regular basis, they are likely to experience emotional exhaustion and this has a significant negative impact on providing compassionate care. The study further highlights that while caring for patients with long-term illnesses caused nurses to feel more compassionate fatigue, they also experienced higher levels of emotion when caring for younger patients who were dying. (Wahlberg et al., 2016) explained about the significance or the emotional cost of seeing the suffering and death of patients as the major burden in this situation and is also a major component of end-of-life care. Despite the emotional tolls, nurses strive to provide compassionate care, empathizing with patients and their families (Keskin Kızıltepe & Koç, 2024).

### 6.1.3 Emotional attachment

This is the sense of bonding and affections for those close to you. A nurse for instance can develop bonding with patients and their families. This was enabled through family involvement in care, which alleviated some of the nurses' burden. Novice nurses reported that they developed a meaningful connections with patients and their families, finding it an honor to provide care during final moments of life (Chu & Taliaferro, 2019; R.-S. Zheng et al., 2015).

The emotional impact of death, dying and suffering of their patients may affect the way nurses execute their daily works and as a result, most of them were unable to recover from this experiences and this has affected their mental health (Lin et al., 2022). This situations sometimes make them to loss morale in their work completely and often left them thinking of this suffering on a personal level or even his family members (Keskin Kızıltepe & Koç, 2024).

Based on statement of one nurse, *"They treated us as the saviour or intimate friends. We're important resources for their coping with death, so we gave them strength, faith, and fought cancer with them"* (R.-S. Zheng et al., 2015).

## 6.2 Professional challenges

This chapter addresses workplace challenges facing nurses when providing end-of-life care. This aspect of practice has profound personal and professional implications. Some of the challenges that occur have to do with ethical dilemmas, resource issues, and communicational needs for patients and their families. This section aims at summarizing specific challenges that nurses go through at work and later discusses the strategies they use in an attempt to overcome these challenges.

### 6.2.1 Communication difficulties

These are obstacles that people have when conveying or understanding informations. It is attributed by multiple factors that affects our communication abilities. Nurses faces challenges in discussing end-of-life issues with patients and their families. This incidences occurs when providing explanations about certain deteriorations in patients' conditions, breaking bad news to patient or talking after a patient is informed of bad news. The same nurses also reported the emotional troubles they encountered during this discussions, handling negative reactions from families and managing their expectations and emotions (Limbu & Taylor, 2021; Toh et al., 2021).

Based on a nurse, *"I tried to say something nice, 'you are getting better, and might go home next week.' Cheat them again? I doubt it....They surely have realized they're going...But we are not allowed to tell them the truth. So the best way is to keep silence, no more talk at all"* (R.-S. Zheng et al., 2015).

(Chu & Taliaferro, 2019) noted that, novice nurses struggles with what to say to grieving families, which has an impact on the care they provide. Additionally, they encounter challenges in communicating with physicians about patient examinations, care plan, and negative impact of not being updated on patients' information . Factors which influences communicational difficulties included, age where younger nurses' experiences higher level of communication difficulties, years of experiences and it this situation, novice nurses face more challenges during communications compared to experienced nurses (Toh et al., 2021).

Nurses with strong religious beliefs tended to be more selective about the topics they chose to discuss regarding end-of-life care. This selectiveness may result from a desire to have conversations that reflect their beliefs, leading to reluctance to start conversations that might go against their values. For example, a nurse may choose not to discuss a patient's wishes if

they believe they contradict their religious beliefs. This can hinder open and honest communication and reduce the amount of support offered to patients and their families (Limbu & Taylor, 2021).

On the other hand, nurses who do not adhere to any particular religion may approach these discussions with great openness and allow for a deeper exploration of the patient's preferences and worries (Chu & Taliaferro, 2019). Some nurses indicated that their adherence to traditional Chinese cultural values significantly limited their discussions about death and dying. This distinction highlights the significance of cultural competency in nursing practice since effective communication can be improved by acknowledging and respecting the beliefs of others (Lin et al., 2022; R.-S. Zheng et al., 2015).

A nurse comment about this topic was, *“There is absolutely no word ‘death’ or ‘dying’ in our conversations with patients. At least I never directly say those kinds of unlucky words”* (R.-S. Zheng et al., 2015).

### **6.2.2 Workloads and staffing**

The workload of a nurse providing end-of-life care includes symptom management, comfort measures, and emotional support for patients and their families. It is essential to have efficient documentation, coordination, and communication with interdisciplinary teams. While assembling a diverse team of nurses enhances comprehensive care, adequate nurse staffing ratios guarantee safe care for patients nearing the end of their lives. Nurse assignments that are consistent promote therapeutic relationships and enhance the quality of patient experiences (Lin et al., 2022).

According to Keskin Kızıltepe & Koç, (2024) and Wahlberg et al., (2016), there is a high number of patients per nurse, inadequate personnel and lack of time allocated for psychosocial care for terminal patients and their families. The high demand for acute care in palliative care settings limit the time nurses can dedicate to end-of-life patients.

According to one nurse, *“a nurse can handle three patients and that the duties and responsibilities of a nurse are not restricted to just one patient. It also involves computer work and paperwork involving filling out a lot of forms. She concluded by saying that their workload is really demanding”* (Keskin Kızıltepe & Koç, 2024).

### 6.2.3 Ethical dilemma

This scenario occurs when a nurse must choose between two competing values and that there is no clear way to fulfil ethical obligations. Making decisions in these kind of situation is difficult because each choice has unfavourable consequences. This subtheme emerged as a result of a participant's comment that, *“It hurts to give patients active treatment at the end-of-life when it could endanger them more”* (Limbu & Taylor, 2021).

(R.-S. Zheng et al., 2015) highlights how critical it is to uphold patient dignity even when they are unconscious and illustrated how some Chinese families choose to extend life despite their loved ones' incurable illnesses, which frequently results in physical and emotional pain. Participants argued that giving these patients resuscitation compromises their dignity. Other nurses misled patients with terminal cancer about their prognosis and as a result, they felt disoriented and ashamed. They stated that they had kept the patients' impending death a secret in order to maintain their faith and hope in fighting the illness.

Nurses find it more difficult to care for terminally ill patients who would rather die than receive further treatment. Still, a few acknowledge that they occasionally violate regulations for terminally ill patients. They described situations in which patients or their families asked for euthanasia, which was prohibited in the country and as a result, they continued with treatment and caregiving procedures even though they thought they were ineffective (Keskin Kızıltepe & Koç, 2024).

A nurse noted that, *“some even ask us to assist with suicide because of the unbearable pain. All I do is to assess the patients frequently, communicate with their doctors, administer painkillers, or place a patient-controlled analgesia pump for them. Some pain could be controlled, but others not...I tried my best to help them”* (R.-S. Zheng et al., 2015).

### 6.2.4 Professional development and organizational support

Assuring that nurses have the requisite skills and resources to improve the quality of end-of-life care is dependent upon both organisational support and professional development. In order to provide patients and their families with effective support, especially for those who lack experience, nurses must complete specialised education and training in palliative and end-of-life care. Lack of training drives these nurses to frequently struggle with documentation, pain management, and communication (Limbu & Taylor, 2021; Lin et al., 2022). As they empower nurses with the knowledge and abilities required to handle challenging situations, ongoing training programs are essential to addressing these issues,

particularly when talking about delicate subjects. Likewise, in order to maximise the efficacy of end-of-life education, training curricula must incorporate cultural and religious considerations (Toh et al., 2021).

One participant was noted saying that, *“Things like learning about how to set up a syringe driver and things like that, which I think most of us know but we don’t do with a lot of dying patients. Maybe like updates on that at least yearly if not six-monthly”* (Limbu & Taylor, 2021).

Another nurse responded that, *“.....some of them are frightened to die and are in despair and depression...if I know their psychological experience and how to deal with this, I’m more than happy to help. We should be provided some training programs about psychological care”* (R.-S. Zheng et al., 2015).

Organisational support is equally important in that; Institutional guidelines should place a high priority on communication training for new nurses in order to support them in effectively managing their unique challenges. The physical setting in which care is given has a big influence on the standard of care as well and providing compassionate care can be compromised by small spaces (Limbu & Taylor, 2021). According to Cedar & Walker, (n.d.) and Wahlberg et al., (2016), participants highlighted the need for more staff, counselling services, and acknowledgement of their efforts to promote a positive working environment. The effectiveness of initiatives such as the End-of-Life Nursing Education Consortium (ELNEC) in enhancing communication proficiencies and tackling ethical issues highlights the significance of well-planned educational curricula (Toh et al., 2021). Healthcare organisations can better prepare nurses to provide efficient and compassionate care to patients facing terminal illnesses by combining strong organisational support with ongoing professional development.

Here is a respond from one participant, *“I think it is very noisy; it isn’t very relaxing for the relatives because it’s not really the environment [they want to be in] if they had a choice”* (Limbu & Taylor, 2021).

### **6.3 Coping mechanisms**

This chapter discusses nurses' coping strategies while working in the care of patients at the end of life, which is an important part of their practice that helps them in keeping emotional and professional pressures associated with their day-to-day work under control. Due to the

intensity of the situation, caregiving during a patient's terminal stage of life is always stressful and emotionally exhausting, which demands the use of effective coping strategies in the protection of one's personal well-being and professional effectiveness. It also attempts to seek from the qualitative data provided various coping strategies of nurses, which include professional development, mindfulness techniques, peer support, and self-care practices. Gaining an understanding of this coping mechanism is important for fostering resilience among nurses and enhancing the overall quality of care given to patients and their families in end-of-life settings.

### 6.3.1 Support system

Nurses providing end-of-life care largely rely on friends, family, and co-workers to handle the emotional demands of their work by sharing their feelings and emotions and by also spending time with them (Keskin Kızıltepe & Koç, 2024). Managing the physical and emotional challenges involved in providing care for patients who are terminally ill requires strong teamwork and mutual support among co-workers. One participant's response was, *"it's hectic, but if you've got a good team, it's just like everyone supports each other and you're going through the same thing."* (Limbu & Taylor, 2021).

Other nurse response was, *"I think it helps when I talk to other nurses. She [colleague] kept on saying, you did everything that you could. You know there was no way [of] knowing, but it gets harder when you know the family"* (Chu & Taliaferro, 2019).

Due to their greater clinical work experiences, older nurses tend to be more open-minded of death than their younger counterparts when providing end-of-life care. In this context, they play a crucial role as mentors for their inexperienced colleagues, offering guidance and assistance in creating care plans for patients nearing the end of their lives (Limbu & Taylor, 2021). Therefore, nursing professionals need formal support systems to help them deal with the emotional demands of their jobs even though many turn to friends and co-workers outside of their workplaces for informal support networks (Lin et al., 2022).

Some respondents pointed out that support provided by their organizations was often described as *"nothing"* or *"was offered at a time when the nurses were unable to attend"* (Wahlberg et al., 2016).

Nurses understood the value of family in providing comfort and support, and some sought guidance from their relatives with medical backgrounds. A nurse responded that, *"When it*

*is a sad day, I would talk to my husband about what happened. Umm, I would talk to my mother. Sometimes I will call my mom, who is also a registered nurse. I kind of go over things with her. Even with my patients with poor outcome(s), I would call her. Make sure I did everything right”*(Chu & Taliaferro, 2019).

### **6.3.2 Self-care practices**

Nurses who provide end-of-life care to patients employ various personal-care techniques to manage stress and the emotional burden of their works. Engaging in social activities such as exercise and yoga, along with hobbies and relaxation techniques can help nurses to manage the anxiety of providing end-of-life care (Cedar & Walker, n.d.).

Despite this, a lot of nurses, especially new registered nurses tend to employ emotional distancing as a coping mechanism. This is a self-regulated protective approach that entails keeping oneself emotionally separated from patients in order to safeguard integrity and prevent burnout, compassion fatigue, and emotional exhaustion (Chu & Taliaferro, 2019). Some nurses choose to keep emotional distance from their patients by avoiding close relationships, while others find solace in prayer and self-acceptance through crying. More so, some nurses reported avoiding talks and gatherings with patients' families, whereas others discovered peace in spending time with them following a patient's death (Keskin Kızıltepe & Koç, 2024; Wahlberg et al., 2016).

Some of the nurse's statement about this situation was; *“In general, after the patient's life ends and the doctor gives the news, I sit in a separate room with the family and try to talk to them. I touch their shoulder, I hold their arms; I hug them...we remain silent for a while...we cry together...we talk to each other...”* (Keskin Kızıltepe & Koç, 2024).

According to a novice nurse; *“I kind of turned off my emotion. I just had a patient who passed on my shift that I helped to withdraw care. It was my patient, and I withdraw care; then he passed. That was my first time. I took care [for] him a lot, but then he passed on [a] different shift. And it did affect me for a couple of weeks, thinking about the meaning of life if it was my family member. When it comes to a stressful situation, I just tend to kind of do rather than feel”* (Chu & Taliaferro, 2019).

### 6.3.3 Personal and professional growth

End-of-life care nurses frequently look for both professional and personal fulfilment in their work. The tasks associated with providing end-of-life care can have a significant impact on nurses' personal lives and relationships. By reflecting on their work, nurses can gain a deeper understanding of the significance of their roles and how they affect patients and their families. The experience made them stronger and more competent to manage the situation. For instance a novice nurse reflected that, *“he gained knowledge and skills in caring for dying patients from repetition of experience”* (Chu & Taliaferro, 2019).

Nurses are advised to participate in regular debriefing sessions following a patient's death to help process their experiences and lessen emotional stress, despite some reluctance. One participant echoed that these debriefings help employees to foster gratitude and teaches the team how to provide better care in the future (Limbu & Taylor, 2021; Wahlberg et al., 2016).

A nurse's physical and emotional well-being may suffer when providing care to terminally ill patients but it is also a profound and unique experience to judge their clinical work and personal life. When it comes to giving dying patients the best care possible, senior nurses were more qualified and experienced than junior nurses because they tend to have more positive overall experiences and are less negatively impacted by their caring experiences (Lin et al., 2022; R.-S. Zheng et al., 2015).

In addition to improving the quality of support for patients and their families, the compassionate care provided by nurses in end-of-life settings contributes to the nurses' own significant professional development by helping them to become more emotionally intelligent, to communicate more effectively, and to gain important insights into the complexities of mortality and the human experience (Keskin Kızıltepe & Koç, 2024; Lin et al., 2022).

One nurse describe this situations as follows, *“I put myself in the shoes of the patient's relatives. I empathised at that moment. If I were the patient's son, how would I behave now; what would I do? I thought all this. You feel sorry for your patient.....you hope and pray that they went to heaven”* (Keskin Kızıltepe & Koç, 2024).

Resilience has been defined as the potential of nurses to regulate death anxiety, traumatic events, stress, and burnout. Some possible positive outcomes of such interventions are indirect post-traumatic growth, compassion satisfaction, hope, and increased perspective-taking. It is worth noting that resilience is, in fact, a process-in other words, which facilitates

constructive adjustment following adversity rather than just an outcome characterized by overcoming adversity. Nurses can enhance resilience by retaining good-positive relationships, accepting that everything around them is not under their control, and by being optimistic about the future. While caring for patients who have terminal illnesses, nurses could cope with stress, build resilience, and provide quality end-of-life care with continued attention to their own well-being first through strategies implemented in both organizational and individual levels (Cedar & Walker, n.d.; Wahlberg et al., 2016).

## **7 Discussion**

This chapter tries to give an in-depth analysis of the findings of this study in relating methodology, background data, and theoretical framework. These connections will help the reader to get a greater understanding of the experience and challenges faced by the nurses in the end-of-life care environment. This chapter discusses how the methodology selected allowed for an understanding of significant aspects of nurses' experiences, contextualization of the findings within background information, and how the theoretical framework supports the interpretation and explanation of the situations observed. By doing this, nurses will be able to understand their experiences at work and how they relate to factors that impact their resilience and overall health.

### **7.1 Method discussion**

A systematic literature review was utilized as the research method to explore the experiences and challenges faced by nurses providing end-of-life care. This approach worked well because it made it possible to conduct a thorough examination of existing literature, combining the findings from multiple studies to identify common themes and ideas and thereby enhancing reliability of the findings. The systematic review methodology facilitated a strict selection procedure, guaranteeing that only excellent, peer-reviewed articles published between 2015 and 2024 were included. This approach not only provides a solid foundation for addressing related research questions in subsequent studies, but it also consolidates knowledge (Nightingale, 2009).

The study also employed a qualitative research approach, which was very beneficial for examining complex phenomena such as the attitudes and experiences of nurses in end-of-life care. This approach facilitates a deeper understanding of the opinions of the participants, offering rich, contextual information that quantitative techniques might lack (Merriam, 2009).

While other approaches, like qualitative interviews with nurses, might have yielded in-depth personal insights, the systematic literature review gave a wider view by displaying a range of experiences in a variety of settings. A more comprehensive understanding of the difficulties faced by nurses in providing end-of-life care was made possible by this method, which also reduced any potential biases in relation to individual interviews.

In general, the systematic literature review was a suitable option for this thesis since it successfully addressed the research questions while abiding by accepted scientific standards. The rigorous article screening process was further demonstrated by the use of the PRISMA flow chart (Figure 2), which increased transparency and credibility (Merriam, 2009).

## **7.2 Results discussion**

The aim of this study was to examine the experiences of nurses caring for end-of-life patients. Through systematic analysis of the literature, three major themes emerged: emotional experiences, professional challenges, and coping strategies. Within each of these themes, several subthemes were identified, providing a detailed understanding of complex nature of end-of-life care from the perspective of nurses. The study highlights the diverse experiences of nurses caring for dying patients and various challenges they encounter in providing care. The findings reveal the significant emotional impact of this work on nurses, the professional difficulties they face, and the diverse coping mechanisms they employ to maintain their well-being and continue providing high-quality care.

The findings of this research reveals significant themes regarding the emotional experiences and professional challenges faced by nurses in end-of-life care, highlighting a deep connection to Benner's theory of novice to expert. This framework underscores the critical role of experiential learning and the gradual development of clinical judgment, which is reflected in the results indicating that more experienced nurses' demonstrated greater confidence in navigating difficult discussions surrounding death and dying. This observation aligns with Benner's assertion that expertise is cultivated through practice and reflective learning (Benner, 1984).

Emotional challenges emerged clearly in the study, reflecting Benner's emphasis on the complementary influence of education and experience in fostering a deeper understanding of illness and suffering. The emotional toll on nurses caring for dying patients was evident, as many reported feelings of sadness, emotional exhaustion, and compassion fatigue. Experienced nurses are often better equipped to help their patients and families process their feelings about death because they have experienced it themselves. This aligns with the findings of Lin et al., (2022), which explains how nurses who have undergone personal bereavement respond positively to patient deaths by finding purpose in their work. This observation also resonates with Benner's narrative of a nurse who provided comfort to a

grieving son, illustrating how personal experiences can enhance empathy and support (A *Collection of Readings Related to Competency-Based Training*, 1994, p.133-134).

The study's findings align closely with the existing information on the challenges faced by nurses in end-of-life care settings. The research highlights how high patient loads, excessive paperwork, and the need for multidisciplinary coordination hinder nurses' ability to focus on critical patient care responsibilities, such as pain management and comfort provision. These factors contribute to burnout, characterized by heavy workloads and inadequate resources, as noted by (Cedar & Walker, n.d.) and (R.-S. Zheng et al., 2015). Additionally, the study emphasizes the fundamental stress between the need for emotional self-protection and the demands of compassionate care, a challenge highlighted by (Keskin Kızıltepe & Koç, 2024). These findings collectively emphasize the urgent need for institutional support to address the adverse effects of emotional labour on nurses' mental health and job satisfaction in this field.

The study explores the significant emotional impact and challenges faced by nurses when they develop close relationships with end-of-life patients. Such bonds, while rewarding and providing dignity to patients in their final moments, also impose a significant emotional burden on nurses, often leading to feeling of sadness, guilt and frustration, especially during their initial experiences with patients (Cedar & Walker, n.d.; Keskin Kızıltepe & Koç, 2024). This emotional struggle is articulated by a nurse who feels prepared in terms of skills but finds himself or herself emotionally unready for the realities of patient loss as highlighted by Chu & Taliaferro, (2019) and Zheng et al., (2015). Understanding these dynamics through the Len of attachment theory can provide valuable tool into how nurses navigate these relationships and emotional toll they endure (Thompson et al., 2022).

Regarding professional challenges, the study results are consistent with the study by Benner, (1984), which suggests that nurses encounter various obstacles during their transition from novice to expert roles, emphasizing the importance of both clinical knowledge and interpersonal skills. The subthemes related to professional challenges in this study align with Benner's claim that nurses frequently struggle with communication, particularly when discussing end-of-life issues with patients and families. The findings indicate that nurses face difficulties initiating these end-of-life conversations due to cultural or personal discomfort, echoing Benner's depiction of the nurse's encounter with the young man, which highlights the complexity of these discussions and the necessity for skilled communication (A *Collection of Readings Related to Competency-Based Training*, 1994, p.133-134).

This study's findings align well with the existing literature on communication challenges faced by nurses, particularly those who are inexperienced or working in end-of-life care settings. The research by Limbu & Taylor, (2021) and Toh et al., (2021) highlights that inexperienced nurses often encounter more communication challenges, which can negatively impact the quality of care they provide. This observation is consistent with Benner's (1984) Novice to Expert theory, which illustrates how novice nurses struggle with various aspects of patient care, including effective communication. The example from Zheng et al., (2015) about a nurse feeling pressured to lie to patients about hope illustrates the complex ethical and emotional challenges nurses face in end-of-life care. This dilemma points out the need for specialized communication training that addresses the unique demands of end-of-life care, as emphasized in the current study.

The study highlights the complex interplay between beneficence and patient autonomy, revealing how nurses often struggle with moral conflicts when required to administer treatments that may prolong suffering or when families insist on aggressive interventions despite a patient's poor prognosis. These ethical challenges can lead to significant moral distress, especially when nurses feel pressured to act against their ethical convictions or professional judgement. This observation aligns with previous research by Limbu & Taylor, (2021) and Zheng et al., (2015), which emphasizes the need for strong ethical frameworks and effective support networks within healthcare organizations.

Furthermore, the findings stress the importance of ongoing education in end-of-life care, communication techniques, and ethical decision making as essential for enhancing nurses' competencies, and is consistent with the study by Toh et al., (2021). Creating a supportive working environment that acknowledges the emotional toll of end-of-life care while providing sufficient staffing and resources is crucial.

Coping strategies emerged as a vital theme in the research, Benner emphasizes that experience is about developing one's understanding through practical experiences rather than just accumulating practice time. Nurses employ various approaches to manage stress, including seeking organizational support, practicing self-care, and relying on peer relationships. This resonates with Benner's work which illustrates how nurses can use sharing personal philosophies as a coping strategy to process their experiences and support others. The findings highlight how mutual understanding and shared experiences foster resilience and meaning among nurses, reflecting Benner's concept of situational awareness and the ability to handle challenging patient needs effectively (Benner, 1984).

The findings from this study and study by Alodhialah et al., (2024) reveal a significant similarity in the coping mechanisms and support systems utilized by nurses in end-of-life settings. Both studies highlight the importance of self-care practices, including mindfulness, exercise and hobbies as well as the value of peer support and reflective practices. Both studies emphasize the crucial role of workplace support and organizational resources, including counseling services and resilience training, in maintaining nurses' emotional well-being. The importance of mentorship is highlighted by Alodhialah et al., (2024) study, which complements the emphasis on professional growth and regular debriefing sessions mentioned in this study. In addition, both studies highlight how team dynamics and bonding are in assisting nurses in overcoming the emotional strain of their jobs. These results stress the need for a holistic approach that includes ongoing professional development, organizational support and personal coping mechanisms to help nurses be resilient in end-of-life care.

A strong sense of purpose, derived from providing compassionate care to patients in their final days, was identified as a key factor in helping nurses navigate the emotional demands of their role. This is consistent with earlier research by Hong, (2023) that highlights the importance of finding meaning in one's work as a protective factor against emotional exhaustion and burnout. Additionally, the study by R. Zheng et al., (2018) emphasizes the importance of ongoing education and skill development in maintaining motivation and engagement, which in turn strengthens emotional resilience. These findings support the idea that professional development not only enhances competence but also reinforces nurses' confidence and sense of proficiency in their work. Furthermore, recognition and appreciation received for their work, whether through formal awards or simple expressions of gratitude, played a significant role in maintaining nurses' morale and emotional well-being. This promotes the importance of creating a supportive work environment that acknowledges the efforts of nurses by healthcare organizations (Camden, 2023).

These findings of this systematic literature review on nurses' experiences in providing end-of-life care must be judged in light of the limitation that, first, the rigorous inclusion criteria, which limited the literature source to primary research articles only, might have excluded valuable insights from systematic reviews. It was difficult to identify articles that similarly addressed the two research questions, and it also indicated the need for more comprehensive investigations. Moreover, the fact that this study had one researcher provided the possibility of subjective analysis and interpretation. These drawbacks highlight the need for more primary research, broad investigations that cover a range of nurse experiences, and

collaborative research initiatives in order to minimize individual bias and generate more reliable analyses in the field of end-of-life nursing (Bearman & Dawson, 2013).

## **8 Conclusion**

In conclusion, the challenges that nurses experience in providing care for patients nearing the end-of-life are amendable only through an all-inclusive approach: improved communication skills, manageable workloads, ethical guidance, and ongoing professional development. The addition of effective support networks and enthusiastic self-care routines plays an important role as well. It is through the creation of an atmosphere that emphasizes these elements that healthcare organizations can improve the services provided to the dying patient while safeguarding the emotional well-being of their nursing staff.

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<https://www.who.int/news-room/questions-and-answers/item/stress>

## Appendix A: Analyzed articles

No	Database	Article	Bibliographic data	Country	Year	Aim	Method	Results
1	Academic search elite	Nurses' communication difficulties when providing end-of-life care in the oncology setting: a cross-sectional study	Toh, S. W., Hollen, V. T., Ang, E., Lee, Y. M., & Devi, M. K. (2021). Nurses' communication difficulties when providing end-of-life care in the oncology setting: a cross-sectional study. <i>Supportive Care in Cancer</i> , 29(5), 2787–2794. <a href="https://doi.org.ezproxy.nova.fi/10.1007/s00520-020-05787-1">https://doi.org.ezproxy.nova.fi/10.1007/s00520-020-05787-1</a>	Singapore	2021	The goals of this study are to: (1) investigate the communication challenges that nurses face when giving end-of-life (EOL) care; (2) identify the relationships between communication challenges and different stakeholders; and (3) ascertain the influence of socio-demographic factors on identified communication challenges.	a cross-sectional study	The study revealed that, nurses who struggle to communicate with members of the healthcare team are also more likely to struggle to communicate with patients, families, and when explaining things to them. The following factors have been linked to increased communication difficulties among nurses: younger age, non-graduate status, less years of experience, adoption of a faith, and lack of EOL care training.

2	CINAHL complete	Novice RNs' lived experience providing end-of-life care: A Hermeneutic phenomenology	Chu, R. Z., & Taliaferro, D. (2019). Novice RNs' Lived Experience Providing End-of-Life Care: A Hermeneutic Phenomenology. <i>International Journal for Human Caring</i> , 23(4), 302–311. <a href="https://doi-org.ezproxy.no-via.fi/10.20467/1091-5710.23.4.302">https://doi-org.ezproxy.no-via.fi/10.20467/1091-5710.23.4.302</a>	USA	2019	To explore the lived experience of novice RNs' who care for dying patients in acute care setting to understand the meaning of their experience	Semi-Structured interviews	The findings identified 3 major themes: a) obstacles in end of life care; (b) personal response; and (c) coping strategies and 12 subthemes. Despite the obstacles in care, compassionate care was provided that resulted in professional growth
3	CINAHL complete	Experiences of surgical nurses in providing end-of-life care in an acute care setting: a qualitative study	Limbu, T., & Taylor, P. M. (2021). Experiences of surgical nurses in providing end-of-life care in an acute care setting: a qualitative study. <i>British Journal of Nursing</i> , 30(18), 1084–1089. <a href="https://doi-org.ezproxy.no-via.fi/10.12968/bjon.2021.30.18.1084">https://doi-org.ezproxy.no-via.fi/10.12968/bjon.2021.30.18.1084</a>	United Kingdom	2021	To investigate the experience of surgical nurses caring for dying patients	Qualitative study (semi-structured interviews)	Five themes emerged: symptom management; perceived barriers encountered when providing end-of-life care; awareness of and preference for such care; strong team support as a facilitator; and future training and assistance.

4	CINAHL complete	Chinese oncology nurses' experience on caring for dying patients who are on their final days: A qualitative study	Rui-Shuang Zheng, Qiao-Hong Guo, Feng-Qi Dong, & Owens, R. G. (2015). Chinese oncology nurses' experience on caring for dying patients who are on their final days: A qualitative study. <i>International Journal of Nursing Studies</i> , 52(1), 288–296. <a href="https://doi-org.ezproxy.no via.fi/10.1016/j.ijnurstu.2014.09.009">https://doi-org.ezproxy.no via.fi/10.1016/j.ijnurstu.2014.09.009</a>	China	2015	To elucidate Chinese oncology nurses' experience of caring for dying cancer patients	Qualitative descriptive study (semi-structured interviews)	The data revealed five themes: care for dying cancer patients, care for family members during the last stages of life, cultural sensitivity and communication, moral distress and self-limitations, self-reflection, and benefit-finding.
5	Academic Journal	Intensive Care Nurses' Experiences Related to Dying Patients: A Qualitative Study	Keskin Kızıltepe, S., & Koç, Z. (2024). Intensive Care Nurses' Experiences Related to Dying Patients: A Qualitative Study. <i>Omega: Journal of Death &amp; Dying</i> , 88(3), 1016–1030. <a href="https://doi-org.ezproxy.no via.fi/10.1177/00302228211051856">https://doi-org.ezproxy.no via.fi/10.1177/00302228211051856</a>	Turkey	2024	To describe intensive care nurses' experiences of caring for dying patients	Qualitative study	Four themes emerged: (I) the emotions felt when the patient died for the first time; (II) the thoughts and feelings regarding the impact of death; (III) the challenges faced while giving care; and (IV) coping mechanisms in this circumstance.

6	CINAHL complete	Protecting the wellbeing of nurses providing end-of-life care	Cedar, S. H., & Walker, G. (2020). Protecting the wellbeing of nurses providing end-of-life care. <i>Nursing Times</i> , 116(2), 30–34.	United kingdom (London)	2020	How do health professionals, who are trained to save and restore lives, cope with the increased emotional labour of caring for patients at the end of their lives and those dying in their care?		The topic of workplace stress in providing excellent patient care is covered in this article. It examines the ways in which employees and institutions can prevent burnout and manage stress, especially when providing care for patients who are near death. One such strategy is to emphasise the hospital chaplaincy's function as a resource for all staff members, regardless of their faith.
7	Academic search elite	Death-coping self-efficacy and its influencing factors among Chinese nurses: A cross-sectional study	Lin, X., Li, X., Bai, Y., Liu, Q., & Xiang, W. (2022). Death-coping self-efficacy and its influencing factors among Chinese nurses: A cross-sectional study. <i>PLoS ONE</i> , 17(9), 1–14. <a href="https://doi.org/10.1371/journal.pone.0274540">https://doi.org/10.1371/journal.pone.0274540</a>	China	2022	To investigate death coping self-efficacy(DCS) and its influencing factors among the Chinese nurses with an aim of reducing risks to adverse emotional distress, and help them participate in end of life care and improve quality of life of patients	Cross-sectional study	The parameters for coping with grief, getting ready for death, and receiving hospice care were ranked from low to high. The previous year's attendance in hospice care education courses, the experience of visiting the deceased's family, and the nurses' perspective on death were all factors that affected their DCS.

8	Academic search elite	Distress and Coping Self-Efficacy in Inpatient Oncology Nurses	Wahlberg, L., Nirenberg, A., & Capezuti, E. (2016). Distress and Coping Self-Efficacy in Inpatient Oncology Nurses. <i>Oncology Nursing Forum</i> , 43(6), 738–746. <a href="https://doi-org.ezproxy.noia.fi/10.1188/16.ONF.738-746">https://doi-org.ezproxy.noia.fi/10.1188/16.ONF.738-746</a>	New York	2016	To examine distress and coping self-efficacy in inpatient oncology nurses	Cross-sectional survey design	A mean nurse distress thermometer (NDT) score of 8.06 indicated that survey respondents were highly distressed. Lower levels of distress were reported by those with higher coping self-efficacy ratings. Using a statistically significant Pearson coefficient of -0.371, a moderately negative correlation was observed. Open-ended question responses highlighted typical stressors and suggested strategies that organisations could use to assist nurses.
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