



# **Nurses Coping Skills in Pediatrics Palliative Care.**

## **A literature Review.**

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**Abstract**

Background: Pediatric palliative care aims to alleviate suffering and improve the quality of life for children with life-limiting conditions. Nurses, as primary caregivers, face significant emotional and psychological challenges while providing such care. Understanding and enhancing their coping skills is vital for their well-being and the quality of care they deliver.

Aims and purpose: The aim of the study was to is to amalgam current information from different research sources on the coping skills of nurses on pediatrics palliative care. The purpose was to present evidence-based information that health care workers and nurses can use to improve pediatric palliative care. Methods: Literature review method was used and data retrieved from CINAHL, Google Scholar and ProQuest databases. A total of seven articles selected were reviewed and analyzed. PICOS criteria were used to determine the inclusion and exclusion of the selected articles.

Results: The study found out that nurses employ a variety of Organizational support, social support, and Personal copying strategies. Organizational support, debriefing session with effective communication and team collaboration played a critical role in managing stress. Social support, such as family and peer support, was also significant in alleviating stress. Personal coping strategies, including Self-care such as Mindfulness and relaxation techniques & Physical exercise and Setting boundaries further contributed to their ability to cope with the demands of pediatric palliative care. Nurses with access to these support systems demonstrated better resilience and lower stress levels

Conclusion: Effective coping skills are essential for nurses in pediatric palliative care to manage stress and maintain their well-being. organizational support, including team collaboration, debriefing sessions, enhances nurses' coping abilities. Social support systems, particularly emotional and peer support, are crucial in reducing stress. Personal coping strategies, such as self-care, mindfulness, and physical exercise, play a significant role in promoting resilience. Implementing targeted interventions that incorporate these elements can significantly improve nurses' coping skills, benefiting both the caregivers and their patients

**Keywords/tags (subjects),**

Pediatrics, palliative care, nurses, support, end-of-life, care, Health

**Miscellaneous (Confidential information)** none

## Contents

<b>1</b>	<b>Introduction .....</b>	<b>3</b>
<b>2</b>	<b>Pediatric palliative care.....</b>	<b>4</b>
2.1	Definition of Palliative Care.....	4
2.2	End-of-life care as part of palliative care .....	6
<b>3</b>	<b>Pediatric palliative care.....</b>	<b>7</b>
3.1	Nurses' role in pediatric palliative care.....	8
3.2	Nursing Challenges in pediatric palliative care .....	9
<b>4</b>	<b>Study aims, purpose and research question. ....</b>	<b>13</b>
<b>5</b>	<b>Methodology.....</b>	<b>14</b>
5.1	Literature Review .....	14
5.2	Data search and selection .....	15
5.3	Data analysis.....	19
<b>6</b>	<b>Result .....</b>	<b>20</b>
6.1	Organizational support.....	21
6.2	Social support.....	22
6.3	Personal coping strategies .....	24
<b>7</b>	<b>Discussion.....</b>	<b>25</b>
7.1	Discussion of the main findings.....	25
7.2	Validity and reliability.....	27
7.3	Ethical considerations and study limitations .....	27
7.4	Critical appraisal .....	28
7.5	Conclusion and recommendations for further studies.....	28
	<b>References .....</b>	<b>30</b>
	<b>Appendices .....</b>	<b>35</b>
	Appendix 1. Summary of reviewed articles .....	35
	Appendix 2. Critical appraisal of the article .....	40

## Figures

Figure 1	The selection process occurred by applying inclusion and exclusion criteria. ....	17
Figure 2	. Prisma flow chart .....	18

## Tables

No table of figures entries found.

Table 1 General steps for literature review (Templier & Paré ,2015). .....	15
Table 2 PICOS Criteria .....	16
Table 3. key search words.....	16
Table 4. Example of data analysis process.....	20
Table 5. The Sub-Categories and Main Themes Derived from the Data Analysis .....	21

# 1 Introduction

Approximately 56.8 million people including 25.7million people from the previous year need palliative care, but only 14 % of the patients at the end-of-life care in need of palliative care (PC) get the service. Pediatric palliative care target different group who are acknowledged as delicate and with life threatening conditions (WHO, 2020). Several lines of evidence suggest that accomplishing the objectives, the health care workers and the individuals working in this field need to acknowledge and understand the meaning of palliative care and the population with which they are dealing. It is important to understand the requirements of children with life threatening conditions and their parents. Dealing with distress needs handling situations beyond physical signs and support needs to start from diagnosis (Taylor & Aldridge, 2017). National Institute of Nursing research (2015) interprets pediatrics palliative care as a complicated process that conquers disturbing symptoms that affect children seriously. Palliative care provides support emotionally, physically, psychologically and helps the family to manage their feelings and in such a situation. Palliative care extends further to enhancing better communication, discussion sharing of ideal process on the health provision, among the health care workers, family, and child. The collaboration of nursing teams and the family makes pediatric palliative care uncomplicated and dependable (Negrete & Tariman, 2019).

Pediatric palliative care (PPC) is an exceptional care provided to pediatric patients that aims to alleviate suffering, improve quality of life, and create a conducive environment for children suffering from serious diseases and their families. Pediatric nursing is a medical specialization focusing on children and pediatric care. Pediatric nurses work with other health professions in a multidisciplinary way to enhance quality care for the children. Different nurses have different experiences, perspectives, and threatening conditions (WHO, 2020). To achieve goals, the health care workers and the individuals working in this field need to acknowledge and understand the meaning of palliative care and the population with which they are dealing. It is important to understand the requirements of children with life threatening conditions and their parents. Dealing with distress needs handling situations beyond physical signs and support needs to start from diagnosis (Taylor & Aldridge, 2017).

PPC is involved with a health specialized team and well trained in handling pediatrics according to law and authority. The group works together appropriately to enhance support and care for children suffering from different conditions. Palliative care is accessible at any age and stage of development of a disease. Palliative care is opted, excluding healing but to make life comfortable. It is evident and advisable to initiate palliative care promptly upon diagnosis and receipt of results, therefore palliative care being established has also benefited the family (Fraser et al., 2020). Caring for children can be quite challenging, especially when it is a chronic disease, since children's severe illnesses are not common and normal compared to adults in which there is more information and knowledge. Lack of adequate training and information which is knowledge and skills on evidence based may lead to inconvenient situations. Although the team works actively to achieve their goal and deliver the best quality service, it may be a burden when communication is ineffective (Cheng et al., 2019).

## **2 Pediatric palliative care**

### **2.1 Definition of Palliative Care**

World Health Organization 2016 definition of Palliative Care “Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, along the same line Radbruch et al. (2020) subsequently argued that through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychology, and spiritual(Radbruch et al., 2020). This is care for the terminally ill and the care being provided by the healthcare sector both for the patients and their families or friends. The goal is to alleviate suffering and make life more comfortable (Mercadante et al., 2018). Palliative care begins when a discovery is composed of long-term or life-threatening conditions. Upon approval palliative care and continue with normal illness treatment according to the health care services and the patient discussion (Mercadante et al., 2018).

According to WHO (2023), Since palliative care is a global responsibility, it is considered an essential component of people-centered health services. However, it is estimated that only 14% of those in need of palliative care receive it. Palliative care is widely required in the health care sector. Patients with chronic illness are adults suffering from diseases such as diabetes (4.6%), Aids

(5.7%), CRD (10.3%), Cancer (34%) and leading is cardiovascular diseases (38.5%). Different theories exist in literature regarding these diseases commonly diagnosed but there is an abundance of conditions that require palliative care. Shortness of breath, pain, dysphagia, weight loss, nausea, anorexia, cachexia, and fatigues are the most frequent symptoms projected by people under palliative care (Gleeson, 2020). Pain in PC should be considered as a priority and taken care of as per the aim and purpose provided. Pain comes with anxiety, depression, stress, and emotion, thus managing these symptoms make palliative care dependable, and people feel comfortable (Gai et al., 2020). Palliative care medicines such as opioids for relieving pain according to the level of pain. Management of pain and making the patient comfortable reduces the situation from getting chances of stress, anxiety, and aggressiveness. WHO works with health organizations to ensure high quality service on palliative are administered (WHO, 2020).

The WHO (2020) estimates that yearly 56.8 million people need palliative care in low- & middle-income countries; and 98% of the children need palliative care. Half of the population of pediatrics who need palliative care are found in Africa. Pediatric palliative care in Africa faces unique challenges and is in urgent need. The burden of pediatric HIV in sub-Saharan Africa is heavy with 1.8 million children aged 0-14 and 15 million HIV-related orphans, without access to quality care. Despite the enormous need, the provision of children's palliative care in Africa is almost non-existent with very few health workers trained and confident to provide care for dying children (Harding et al., 2014). Palliative care improves quality of life for patients living with serious conditions thus, there is a demand for palliative care from the continuous progress of serious illness disposed of. Globally countries need to improve palliative care and strengthen their services, they also use palliative care team approach to enhance support to health care workers and patients (WHO, 2020)

Palliative care can be administered over extended periods, hence the primary objective being alleviation of suffering and offering support to both family members and friends throughout the process. In decision making considering the situation and the patient's concern some care might be non-medical with no medicine provided during the care period. The doctor or the health care provider makes the decision, but discussion with the patient or the family must take place for the correct purpose of care and eligibility of care. Palliative care does not end at death, but it also involves keeping the wishes of the deceased and treating them with respect according to their wishes and family members (Finnish Institute for Health and Welfare, 2023). Palliative care is core

centralized care that enhances and improves a patient's quality of life and reduces suffering to them and their families. These management help patients suffering from an incurable disease in treating the social, emotional, physical, and spiritual problems that the illness can bring (Mercedante et al., 2018). According to the condition and wishes, palliative care can be implemented in hospitals, nursing homes, specialized clinics or at home. Critically ill, end-of-life care or palliative care in pediatrics does not only trigger the parents and the family but also the nurses caring for the children in a physical, mental, and spiritual way (Stayer & Lockhart, 2016). As healthcare for pediatric patients improves, rates of survival rise, therefore, there is an increased need for palliative care. Early diagnosis and treatment plan implementation are crucial for improving the effectiveness of palliative care. It is necessary to follow all health care service protocols, have a deeper comprehension of the extent and applicability of the PC to obtain the essential information on palliative care. Hence using evidence-based information is crucial because it offers high-quality data, a professional assessment of health condition, and it increases understanding and self-assurance (Chong et al., 2019).

## **2.2 End-of-life care as part of palliative care**

End-of-life care is the support and treatment given to the ill during the pronounced end of treatment and considering their wishes following treatment to the end care. End-of-life care can also be defined as an integral component of palliative care, it addresses specifically the needs of individuals who are believed to be in their last year of life (NIH, 2022). End-of-life care is part of palliative care, meaning its programmed for an abbreviated period while palliative care is broad care that can be accomplished over years from a person who has serious illness (Mu et al., 2019). End-of-life care supports people's end of treatment, it involves discussions with family to come to a conclusive agreement (Mu et al., 2019). It is also common that a person may want to know more or understand what happens when a person dies. People have different end-of-life experiences due to different conditions, age, and physical function. Pain, anxiety depression and stress are common symptoms experienced by most patients in this stage, thus it is important to treat these symptoms to the utmost capacity. Due to the patients' fear of death, it is important to support their moods and try to maintain a conducive environment during their care (NIH, 2020).

According to Mu et al. (2019), end-of-life care also includes mental support and emotional support since distress during this period is common for both the patient and their families. Open communication is involved during this period to enhance good and appropriate decision making

among the parties involved in the care. In end-of-life care a patient's needs and wants might be different depending on the patient's preferences and the choice of care. A selection of patients may decide on their care plan and the choice of place they would like to rest. These cares vary according to the patient's choice or the family member's decision whether to continue with the treatment until the last point or to cancel the care (NIH, 2022).

### **3 Pediatric palliative care**

According to WHO (2023), an estimate of 170,000 children living in Europe in need of palliative care die each year. Data on palliative care services from regions suggest that 20 countries, majority are in the western European countries with high income have access to palliative care thus low to middle income countries have the less developed palliative care. PPC is underdeveloped worldwide as generally palliative care is underdeveloped in most countries due to inaccessible equipment and materials needed for quality care provision. In this generation pediatric palliative care is also dispensed in home setting environments thus it is not limited, more information and awareness are progressing and growing on the need of PPC (Wager et al., 2022). Despite pediatrics having a lifetime condition, some are able to understand their situation, thus can communicate how they feel, their emotions and what they require. These cares support both the child and the family and offer care in different situations, especially with a vulnerable family (Fraser et al., 2020).

Approach to PPC includes multiple components with a resolute team to provide care and support. Proper pain and symptom management at the end-of-life care brings comfort and reduces distress as well as anxiety to children and their families, hence a high quality of life (Snaman et al., 2020). All decisions on pediatrics are made by parents from the discussion with the health care team on a multidisciplinary approach. The decision should adhere to the goals, values, and determination on the process. The health care team together with the child and the family engage to make a proper decision based on the situation. (Chong & Abdul, 2017). Significant medical conditions that are considered in pediatric palliative care are cardiovascular diseases, neurologic disorders, cancer, infectious diseases, among others. When palliative care is executed, some of the symptoms are dyspnea, suffering, anxiety, depression, stress, agitations, aggression, and others (Snaman et al., 2020).

Pediatrics is an accomplished specialty that deals with children's mental health, physical and psychological development. Pediatrics is concentrated on the health of infants, adolescents, and children, psychology, and growth. The main aim in PPC is to provide quality care and support for the family and the patient but not to cure illness or recovery but give the best quality of life. Pediatric care involves special treatment of children under the age of eighteen, providing care and comfort. There is consideration of individual needs and special treatment according to the patient's wishes governing the rules required. Pediatrics are still developing mentally, physically, and emotionally hence they require exceptional care (Hardin & Hackel, 2017). Death among kids can have an enormous impact to the parents, family members, and healthcare providers, even though death to adults may not have an immense impact. In pediatrics part of end-of-life care imply having conversation with the family about the outcome and the imminent death of their child; thus, the discussion involves emotions, knowledge, and support (Mu et al., 2019).

Palliative care helps patients cope with life situation illness for a greater period as end-of-life care improves briefly. End-of-life care for children involves emotional and difficult choices, and conversation within parents. The role might differ between the care giver and the family due to cultural differences or practices, through evidence based the caregivers are able to administer care accordingly. During end-of-life care a patient has the right to express their wishes and how they wish to be treated and cared for accordingly (Walker et al., 2023). As palliative care only enhances quality of life and manages pain, it is also component of end-of-life care. Palliative care teaching allows for making end-of-life care decisions; end-of-life care has recently been given priority in numerous health considerations (Walker et al., 2023).

### **3.1 Nurses' role in pediatric palliative care**

Understanding PPC and the requirement in the field is a significant difficulty in pediatric palliative care because there is an absence of information regarding PPC. It becomes quite challenging to express PPC in an approach that is both formal and adaptive in knowing what it entails in terms of requirements and skills. While the WHO's definition of PPC presents an efficient starting point, care is essential in every instance because it deals with exceptional children and young adults, so familiarity with and understanding of particulars are important (Taylor et al., 2017). Palliative care

is a specialty in medicine that tends to improve the quality of life of patients. Both adults and pediatric palliative care are recognized as vital present care and considered essential. The aims in both palliative care as they all play the same role of relieving suffering but the way it may be approached may differ. Pediatrics and adults are different people, thus need different care and how conversation is involved is different considering the preference and might not be able to make decision (Chelazzi et al., 2023).

According to American Nurses Association (2015), pediatric nurses play a vital role in providing care and medical support for children and comprehensive support to children and their family. Nurses are skilled in managing pain and other distress symptoms to ensure the child's comfort in end-of-life care which is the last, nurses provide compassionate care to the child and family (Hardin et al., 2017). Nurses actively collaborate with other team members to provide holistic care that involves the physical, spiritual, and emotional needs of the child and the family (Benini et al., 2008). Nurses face various kinds of challenges in pediatric palliative care which may impact on professional practice and personal well-being. The challenges nurses face is multifaceted and can be defined in various difficulties encountered while providing comprehensive care to children with life-threatening conditions and their family. Dealing with children requires expectations, especially from the parents who are emotionally stressed, and as a nurse trying to give the best care may lead to difficulties and challenges (Akard et al., 2019).

### **3.2 Nursing Challenges in pediatric palliative care**

Pediatric palliative care presents unique challenges for nurses since the care involves compassion and empathy and due to them dealing with children, it could be overwhelming. Unlike adult care in pediatric care, one the main source of caregiving is their parents or family who participate in the care and each process done, and this leads to one of the challenges faced by nurses. Dealing with children who are in palliative care can be exceedingly difficult and also hinders nurses' boundaries and limitations (Akard et al., 2019). Some of these challenges are:

#### **Decision making in pediatrics palliative care.**

Decision making in pediatric palliative care is a complex process that involves multiple stakeholders and requires a delicate balance between medical knowledge, ethical consideration, values and the child and family preference. Regardless of the reports that support children's ethical rights and the ability of the pediatric in making their own health issues decision, usually they are not involved in the decision-making sense, pediatrics' are considered under-age, and they lack ability to make the correct choices. Both parents and guidance are fully involved in their children's care, including making all decisions required for the child's benefit. (Dreesens et al., 2019). Pediatric parents or family are part of the caregivers since they understand their children well and they could explain more about how the child usually is and what is done when or on what occasions. Pediatric parents participate in decision making and this leads to challenges faced by nurses due to disagreement in decision making and not coming to a clear conclusion. Family makes choices based on emotions and what they could want on that point and as a nurse it becomes difficult to explain why these are done in an unusual way apart from what they would like (Fraser et al., 2020).

Adults are anticipated to understand more about their health and have different autonomy, although if they are in a life-threatening situation decision making also involves family members. The health team will help with the discussion to make sure the family is comfortable and able to make a correct decision. The family has a significant role in decision making thus they can suggest how and what they would like to happen considering their family strategy (Chelazzi et al., 2023). In adults, the time for reference of palliative care may take time to be processed due to their condition or disease they may be having. Family in pediatrics are actively involved in the situation, encouraging better medical care and support (Chelazzi et al., 2023).

### **Communication challenges**

Communication with children is a particularly challenging situation for the nurses since they face difficulties in communicating effectively with an ill child and their family members. Pediatric communication requires simple profession words thus nurses need to analyze and think. It can be difficult for children to speak their thoughts, feelings, emotions, and several are unable to communicate with words. In communicating with children, this requires diverse levels of skills professionally to oversee the child in a palliative care situation (Chong & Abdulla, 2017). Nurses in pediatric care undergo emotional suffering, physical and stress. They have different experiences and exposure according to the age and stage of care in pediatrics. Although death can be frequent

but also it has a profound impact on the care team (Mu et al., 2019). Nurses often struggle with communicating effectively with ill children and their families during these sensitive times and often feel anxious when they lack appropriate answers to deliver to the family. Sometimes communication may involve emotions and feelings especially when the parents ask questions relating to how they could act in such situations as parents (Stayer & Lockhart, 2016).

Nurses felt they had less educational training in learning how to effectively understand and communicate with a child. They did not have enough guidance on various kinds of methods of communication that could be used on a child (Roach et al., 2023). They face emotional stress thus during the discussion of the end-of-life care become emotional to them as they often struggle with balancing on the truth or give hope which led them to discomfort (Chong & Abdulla, 2017). Sometimes families may have unrealistic expectations which can lead to misunderstanding due to miscommunication, family or guardian may misinterpret the nurse language about their Childs health thus impacting decision making and creating misunderstanding (Stayer & Lockhart, 2016). Pediatric nurses dealing with palliative care children also find it difficult to communicate with children, especially from different languages and cultures. Most nurses find it difficult when there is a language and culture barrier, thus communication could be misunderstood or difficult to understand each other, the nurse and the pediatric patient or the family.

### **Organizational challenges**

According to Taylor & Aldridge, (2017) they say that caring for children in end palliative care needs perseverance since there is a difference in culture, belief and understanding. Barriers in organizational culture make palliative care complicated although it is important for nurses to know their clients well. This puts a great deal of pressure on nurses, especially when they cannot meet the demands. Parents have a significant of emotions thus they support friends and other people. Pediatric care involves a considerable amount of knowledge, skills, and teamwork for effective health care work. Nurses find it difficult and challenging when there is a shortage of staff due to an overload of work. Pediatric care can be overwhelming thus when there are fewer team members, there is a rise in stress and pressure for the nurses, making them not deliver their best. Teamwork is important since nurses need support among each other and encouragement to promote the best quality care and this makes pediatric task uncomplicated, and work is accomplished accordingly (Góes et al., 2020). Nurses are conferred more responsibilities and workload to take care of

multiple patients with their family, limiting the nurses and leading to incomplete work. The strain of managing patient care and administrative tasks can be overwhelming (Roach et al., 2023). Nurses often have anxiety and distress due to the number of works they are overseeing and the burden of taking care of an ill child. Nurses, especially those who are closely taking care of the ill child, develop emotional distress which may cause anxiety. Nurses feel the pressure due to considering the child as their own family members thus burdens them emotionally (Roach et al., 2023).

### **Challenges experienced by nurses due to death of pediatric.**

Nurses involved in the care of dying children experience different challenges, since dealing with the loss of a child can lead to many reflections, emotions, and in acceptance due to the long-term bond that may have been formed. Nurses would question their care and level of knowledge, especially when caring for a child until their last day. Often pediatric nurses experience emotional turmoil and anxiety when providing care to end-of-life children thus being overwhelmed due to the intensity of their emotions and an extensive number of questions (Ma et al., 2021). First experience of nurses dealing with a child's death affect them psychological and emotional due to lack of enough training and personal training on how to manage such situations, thus leading them to constrains moment. Nurses feels overwhelmed when a child has died especially due to their bond and family grieving about their loss makes nurses emotional. Nurses may experience burnout due to grief and sadness as they cannot control their emotions and they have substantial number of thoughts especially if they were the main nurses in charge of the care, this situation can be difficult for them (Mu et al., 2021).

### **Personal challenges**

In pediatric palliative care nurses face various personal challenges that significantly impact their well-being and profession. Nurses experienced stress due to the emotional intensity of caring for sick children and their parents who are undergoing psychological stress; thus, they must cope up with their emotions while providing compassionate care (Roach et al., 2023). Nurses expressed that caring for children and their families was an extremely challenging experience, which turned harder if they happened to be mothers or had close family members who were the same age. Nurses who are parents experience emotional challenges taking care of terminally ill children as

they can relate to their own children and understand what the family is going through. Being with grieving parents and extended families overwhelmed a variety of nurses, and witnessing the death of a small child was emotionally disturbance. They also faced difficulties in caring for their child from parents who had unrealistic expectations. Nurses were concerned that parents might make decisions that were not best for their patients (Chong & Abdulla, 2017).

Nurses experience a challenge in time management and multitasking in all the sections. As a pediatric nurse working could be overwhelming, especially working alone in a busy schedule interferes with their working performance and the kind of care provided. Having multiple pediatric patients and having to deal with their families was challenging to nurses leading them to work burnout and fatigue thus interfering with working ability (Roach et al., 2023). Nurses often experience personal grief when they encounter death of a child, they used to take care thus become challenging to manage these emotions during such times. It was also difficult for nurses to balance professional boundaries while providing compassionate care to children (Mu et al., 2021). It was difficult for nurses to be able to balance and maintain a healthy work-life and their own mental and physical health due to stress, overworking and lack of support affected them and this become a challenge to them and the care they provide (Góes et al., 2020).

#### **4 Study aims, purpose and research question.**

The main aim of this study is to amalgam current information from different research sources on the coping skills of nurses on pediatrics palliative care. In relation to the research's aims, the main purpose is to present evidence-based information that health care workers and nurses can use to improve pediatric palliative care. Based on the information provided the research question intends to answer; what are the essential coping skills for nurses in pediatric palliative care?

## 5 Methodology

### 5.1 Literature Review

A Literature review approach is a study that includes research, evaluating and summarizing body of writings in a specific topic or research. The study used is literature review to establish and understand nurses' experiences on pediatric palliative care (Cooper et al., 2019). Through findings and integration of different reviews, literature can answer an abundance of questions. A literature review can provide more credible answers to research questions than a single study can by integrating the findings and perspectives from various empirical studies. It is a body of academic work that gives detailed information and evaluated material thus making research easy and providing knowledge to the researcher for starting point (Paul & Criado, 2020). The published literature on a specific topic or research question is thoroughly examined and evaluated in a literature review, also known as a narrative review. Book sections, journal articles, dissertations, conference proceedings, association papers, and conference proceedings are all included in the reviewed literature. The most relevant research is included, with additional references to significant previous and current research and approaches. Background, context, and a description of how your research will advance the field are all provided (Winchester & Salji, 2016).

According to Paul & Criado, (2020) literature review provides different summary of the various review article formats and an explanation of their value for upcoming researchers. Thus, reviewing articles helps readers grasp the research topic at the forefront, point out areas for future research, and identify research gaps. Literature reviews create new theoretical frameworks, integrate existing literature, synthesize previous studies, and identify knowledge gaps to provide multiple critical discussions on a particular research theme. The literature review's main goal is to identify key research gaps in whatever context as the new researchers can suggest new directions on the gaps found. Review articles provide new different ideas with reference to making work easier for the researchers. Templier & Paré (2015) present six different steps for the literature review (see table 1). Literature review was selected as a research method for pediatric palliative care since it can help identify the most effective interventions, areas of research that require more exploration.

Table 1 General steps for literature review (Templier &amp; Paré ,2015).

Synopsis of the Steps and Process of the Literature Review
1. Developing the research question and objective
2. Looking through the body of existing literature
3. Determining inclusion criteria
4. Evaluating primary research quality
5. Extracting data
6. Analyzing data

## 5.2 Data search and selection

The study was collected from an electrical data search, CINHALL Ultimate (EBSCO), Pro quest database, and Google Scholar accessed by student from online library of Jyväskylä university of applied science. “And” and “or” were used together with the search words Nurses copying skills or nurses experience, pediatric or children or adolescent and palliative care or terminal ill or end-of-life-care (see table 3). With the search word a total of 3025 articles were found. Inclusion criteria used to select the articles used in this study were, full text articles, peer reviewed and direct access, accessible to JAMK students, language of publication is English, published date between 2014-2024, peer reviewed articles with a search on PICO's table (Table 2)

Table 2 PICOS Criteria

P (population)	Pediatric nursing or pediatric care
I (Interest)	Nurses coping skills or strategies
CO (Context)	Palliative care or end-of-life care
S (study design)	In English, peer reviewed and published from 2014 - 2024

Table 3. Key search Words

<b>KEY SEARCH WORDS</b>
<b>Nurses coping skills OR nurses' strategies OR nurses experience</b>
<b>Pediatric OR children OR adolescent</b>
<b>Palliative care OR terminal ill care OR end of life care</b>

Figure 1 The selection process occurred by applying inclusion and exclusion criteria.

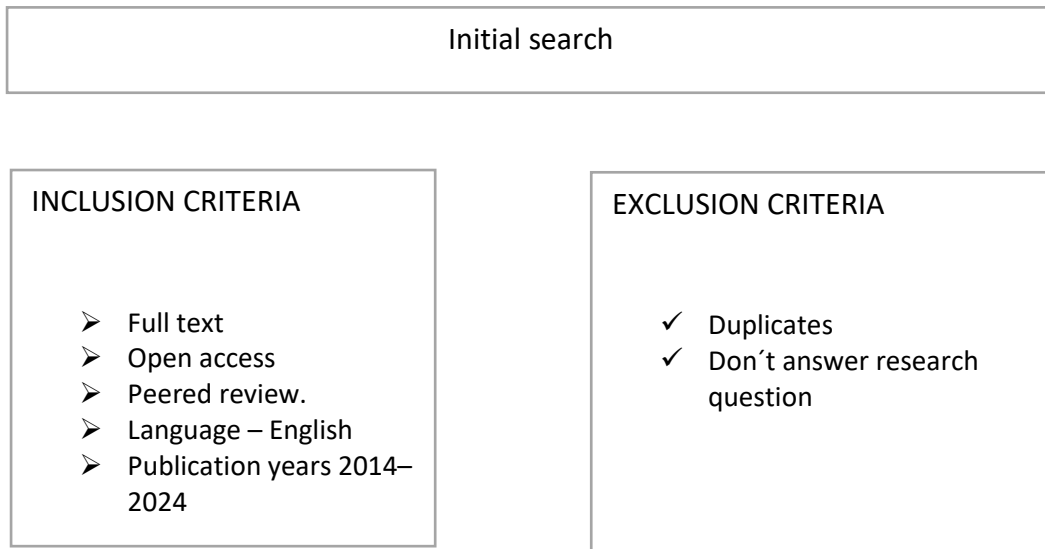
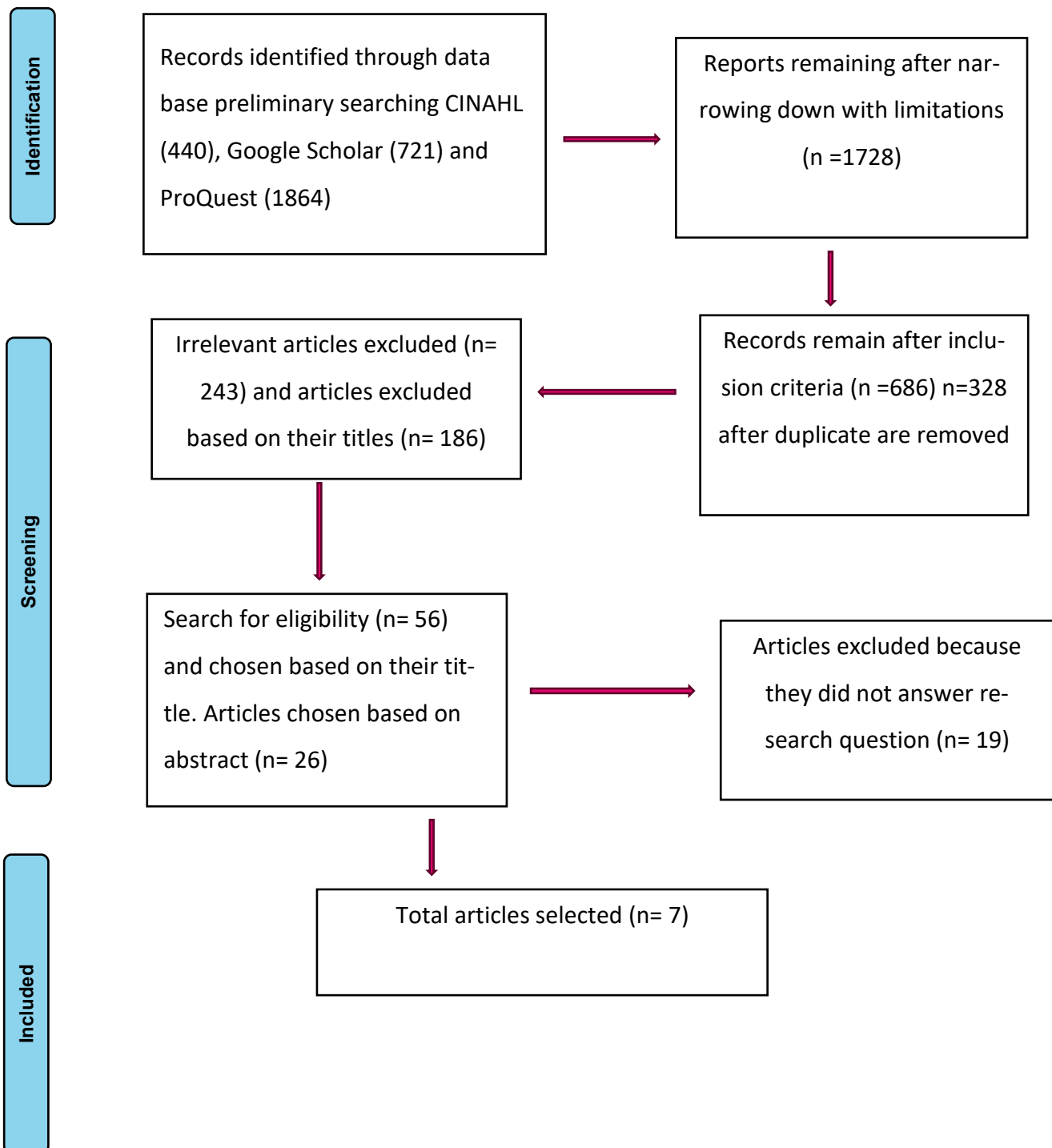


Figure 2 . Prisma flow chart



### 5.3 Data analysis

Data analysis is an important aspect in research thus its main purpose is to gather the articles' findings. A technique that may be utilized with quantitative data as well as qualitative is content analysis, which can be implemented deductively or inductively. The study's purpose will determine which of these is employed. The inductive method is advised if there is insufficient or incomplete previous research regarding the phenomenon (Elos & Kyngäs, 2008; Lauri & Kyngäs, 2005). Content analysis is an approach to study designed at providing knowledge, new perspective, an expression of facts, and a useful action guide by drawing valid and verifiable implications from data to their context. Researchers use content analysis to explain perspectives and experiences that humans get thus provides evidence and perceptions to different people experience (Kyngäs, 2019). As a result, the data analysis for this study was conducted using the inductive content analysis approach.

An inductive content analysis is performed using three main phases: data reduction, data categories and obstructions. During the first content analysis it can be challenging for the researcher since there are no specific guidelines to be used. A researcher carefully analyses the differences and similarities between coded information with the objective to read, arrange, integrate, and form categories, concepts, and topics during the analytical process (Kyngäs, 2019).

Table 4 below shows an example of a data analysis.

Table 4. Example of data analysis process.

Category	Subcategory	Themes identified from research article
Organizational support	<ul style="list-style-type: none"> <li>✓ Team collaboration and debriefing sessions</li> <li>✓ Professional counsel</li> </ul>	<ul style="list-style-type: none"> <li>➤ Leadership approval and accountability</li> <li>➤ Effective communication skills</li> <li>➤ Colleagues support.</li> </ul>
Social support	<ul style="list-style-type: none"> <li>✓ Emotional support</li> <li>✓ Peer support</li> </ul>	<ul style="list-style-type: none"> <li>✓ Peer support</li> </ul>
Personal coping strategies	<ul style="list-style-type: none"> <li>✓ Self-care</li> <li>✓ Boundaries</li> <li>✓ Spiritual beliefs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Mindfulness and relaxation techniques &amp; Physical exercise</li> <li>✓ Self-regulation</li> <li>✓ Balancing professionalism and humanness</li> <li>✓ Focusing on the positive side</li> </ul>

## 6 Result

The findings of this research focus on the coping strategies used by nurses or professions during pediatric palliative care. From the review of the data analysis three main themes were developed which were generated from the reviewed articles. These themes are Organizational support, social support, and personal coping strategies. The table below shows a summary of the main themes and sub-themes derived from the reviewed article.

Table 5. The Sub-Categories and Main Themes Derived from the Data Analysis

Main themes	Sub-category
Organizational support	<ul style="list-style-type: none"> <li>• Debriefing sessions, discussing challenges with colleagues</li> <li>• Team collaboration</li> </ul>
Social support	<ul style="list-style-type: none"> <li>• Family support</li> <li>• Peer support</li> </ul>
Personal coping strategies	<ul style="list-style-type: none"> <li>• Self-care such as Mindfulness and relaxation techniques &amp; Physical exercise</li> <li>• Setting boundaries</li> </ul>

## 6.1 Organizational support

### Debriefing sessions

One organization resource is debriefing sessions where individuals or teams discuss their experience after a challenging situation. Debriefing sessions always allow participants to reflect on what happened, identify lessons learned and discuss the way forward. This session aims to provide emotional support as the nurses express their challenges and talk more about their experience. According to Suryani et al. (2018), it states that through these sessions nurses can manage challenges such as stress, tiredness and maintain their well-being. Debriefing sessions offer a safe space for nurses to articulate their feelings and share their experience with their peers, which helps in processing emotions related to patient care, including grief and frustration. In cases of crisis or critical incidents, the debriefing process allows healthcare workers to cope up with physical and psychological effects of traumatic events (Carreno et al., 2023). Nurses felt supported by their senior colleagues when they visited for an assessment, and they would talk and learn more from their seniors making their work easier. Their visit provides space and opportunity for reflection thus helping nurses learn from recent events and plan for future solutions (Chong & Abdulla, 2017).

Effective communication involves exchanging ideas, knowledge and thoughts thus ensuring clarity and purpose. It is essential since it involves both emotions and intension behind the message, it also leads to satisfaction and the act of being understood (Chong & Abdulla, 2017) Pediatric nurses experience a lot of challenges, by communicating to their leaders and getting support and encouragement makes them more appreciative of their work and the ability and accountability to give their best despite of the challenges (Bian et al., 2023). Debriefing sessions lead to increased benefits to the nurses, and the team members, skills attainment whereby the nurses can acquire knowledge and different skills. They are able to understand and learn more about threats to patient safety and care. Debriefing also promotes improvement at both individual and systems level (Carreno et al., 2023).

### **Team collaboration**

Collaborating with other Colleagues or team members can be therapeutic, thus it is essential since it impacts the patient care and work culture. Through collaborations, one can find information and share information, concerns, and worries. Effective communications ensure significant changes in patient care and other nurses may get comfort. Mu et al. (2019) Nurses feel relieved when sharing things with their team members. This makes them able to continue and find confidence and power to continue taking care of the children and the family. Teamwork allows pediatric nurses or professionals to share their pediatric experiences, challenges and learn from one another. Team collaboration provided were seen by nurses as a way of improving their well-being and also working skills (Suryani et al., 2018), Nurses find teamwork helpful in both taking care of the pediatrics and their families. These strategies significantly helped reduce stress, anxiety and overworking as also facing the pediatric families. It is also important for nurses to keep balance between professionalism and humanity; thus, this helps them to focus on their work. Nurses collaborate with different departments such as social workers and counselors to get emotional support and be able to help families cope with grief, loss, and end-of-life decisions (Carreno et al., 2023).

## **6.2 Social support**

### **Peer support**

Peer support is the opportunity people provide; knowledge, experience, and emotions to help each other, there are opportunities to share hardships and feelings with another colleague. According to Foster & Hafiz (2015) explore more on how peer support is essential to professions

dealing with their emotional impact, it is one of the most important coping strategies used in confiding in peers and seeking support. Peer discussions are important since they discuss their expression and this includes the death of children and the experience in palliative care (Stayer & Lockhart, 2016). Engaging in peer support programs is helpful to reduce perceived stress and thus colleague support is very essential and important as you are able to express and find comfort and emotional support. Nurses are finding it easy to share with their colleagues as colleagues are perceived as a source of support due to their unique ability to relate with the experience (Mu et al., 2019).

Peer support enables pediatric nurses to share their feelings and express these feelings to other colleagues who are observed as a valuable source of support thus they find comfort, and this helps them adjust to the situation and move forward (Mu et al., 2019). Dealing with a child who is dying can be difficult thus, other colleagues who have had same experience engaging with them helps the situation and nurses are able to gain support and cope with the situation. Understanding the impact of other healthcare professions could affect other professionals (Foster & Hafiz, 2015). Pediatric nurses express the need to consider their different experiences of handing pediatric palliative care and their families, sharing this experience is beneficial as they all learn from each other experiences (Stayer & Lockhart, 2016).

### **Family support**

Family support is viewed as one of the coping strategies outside the workplace; it is the support from families and partners. Family support is important to nurses as they view their families and partners as understanding, compassionate and people who provide emotional validation by acknowledging their challenges and expressing their gratitude for care thus this helps nurses reduce the feeling of isolation and burnout (Foster & Hafiz, 2015). Nurses can share other different experiences they encounter, how their day has been, and what kind of experience they were getting support from their families. Family offers empathy and compassion to the nurses; they also listen to them. Nurses feel safe crying on their family shoulders, leaving all the burden and being relieved. Nurses feel safe at home, especially nurses who have children when they see or engage with their children all the problems, sorrows and burdens fed away. Family provides a sense of joy and peace, and this helps physically and psychologically (Carreno et al., 2023).

Family activities are always exciting for pediatric nurses and refreshing thus they gain strength and have the energy to continue and do better. Nurses felt like when talking to their partners and children they would forget the situation and focus on that moment thus (Chong & Abdulla, 2017).

Family understanding is essential for nurses to navigate the challenges of pediatric palliative care. Family members help the nurses to focus on their caregiving role thus helping them process experiences and emotions related to caring for ill children (Stayer & Lockhart, 2016).

### **6.3 Personal coping strategies**

#### **Self-care**

Personal coping strategy self-care is an especially important aspect of maintaining well-being, especially for healthcare professionals working in challenging environments like pediatric palliative care. Pediatric nurses use their emotions while treating a child and taking care of their family thus it is important for them to take care of their own emotions, and their health. Training their feelings as part of self-care is essential for nurses when taking care of a palliative child thus, they are able to maintain their professionalism (Foster & Hafiz, 2015). Self-care allows nurses to stay calm, balance their emotions and feelings and be able to take care of pediatrics and their family in all situations, giving their absolute best treatment. Nurses are able to communicate better when their mental state is good, making work easier (Mu et al., 2019). Nurses treating dying children, and their family also affect them physically and as a health care professional dealing with stress reduce the work pace and also being unable to give quality treatment. It is important for nurses to develop a positive mind and differentiate between personal and professional, they need to process their emotions effectively. This process involves acknowledging feelings and seeking professional help if needed and practicing self-compassion (Carreno et al., 2023).

Nurses should recognize their individual strength and contributions and how they impact lives thus appreciating themselves. Nurses need to retain their energy thus activities such as spending time with their loved ones, engaging in hobbies, doing physical activities since they help reduce stress and help maintain a balance posture. Nurses find a solution in reading books or watching movies while in distress as a psychological method of distracting their minds from the situation. (Carreno et al., 2023; Bian et al., 2023). Practicing mindfulness activities help them and their bodies to relax and reflect and it is an effective way of taking care of themselves (Bian et al., 2023).

## **Setting boundaries**

As a health care profession setting boundaries is crucial, thus nurses actively manage personal and professional boundaries to deliver competent and compassionate care. Working in pediatric palliative care can be challenging thus enhancing boundaries helps nurses to stand firm in such situations and do their level best as they can differentiate their personal lives and professional (Carreno et al., 2023). Setting boundaries also involves how to control your emotions to avoid any professional harm that can occur, thus setting standards in all situations. In demanding situations as nurses, trying to maintain their profession is important, especially not thinking as a mother or a family member but as a health care professional who has competence, skills, and knowledge to deliver the best (Chong & Abdulla, 2017).

## **7 Discussion**

### **7.1 Discussion of the main findings**

This literature study reviewed seven articles to identify what kind coping skills nurses dealing with pediatric palliative care have. Through the analysis three principal themes and six sub themes emerged; Organizational support, debriefing sessions, and teamwork; Social support, peer, and family support; personal coping strategies, self-care and setting boundaries. First, in organizational support, the combination of debriefing session and team collaboration can be considered an important coping skill used by pediatric nurses in palliative care (Suryani et al 2018). Through organizational support, nurses can get emotional support, physical and psychological. According to the results, nurses who engage in debriefing sessions can face challenging situations appropriately and conquer their fears (Carreno et al., 2023). Working together and collaborating with other health care professions makes work easier, thus nurses can learn from each other and correct and help each other. Effective communication and sharing information while working as a team with the goal of delivering the best in all situations (Bian et al., 2023; Chong & Abdulla, 2017; Mu et al., 2019). Organizational support also enhances confidence in the nurses and impacts on the urge to work hard and reflect, learning and getting solutions in challenging situations.

Social support, which involves both peer and family support, was another coping strategy used by pediatric palliative nurses. Getting the chance to discuss with your peers how you are feeling and what kind of challenging situations you are going through, by discussing and confiding in your

peers getting understood and support is essential (Foster & Hafiz, 2015). Peer discussions are conveyed to be one of the most important discussions done, since there are common goals and experiences. Nurses are able to share their emotions and feelings and also hear from other people with different experiences (Stayer & Lockhart, 2016; Mu et al., 2019; Foster & Hafiz, 2015). Family plays a significant role in providing support to their people. Considering how important families are, family support is powerful thus nurses feel the relief of burnout, they get energy, strength, and a stable mentality from the support from family. Nurses see their family as a source of joy, compassion and empathetical (Carreno et al., 2023). Getting to have different activities with the family helps the nurses reduce stress and anxiety, some of the nurses speak on how being with their children, partner and family helps them emotionally and physically (Stayer & Lockhart, 2016).

Another significant coping skill used by nurses in pediatric palliative care is personal coping strategies which involve self-care and setting boundaries which were severally examined studies. Personal coping strategies are viewed as an important self-defense on how to relate with things. Having to know yourself is one of the important mechanisms that a nurse can use. Being able to manage and adapt to stress, adversity or challenging situations individually (Carreno et al., 2023; Foster & Hafiz, 2015; Mu et al., 2019). It is important to know how to manage individual emotions and how to deal with different situations. Mental and physical stability is important, especially for nurses to do their work properly. Establishing and maintaining boundaries, setting clear limits

In conclusion these strategies provided by other different authors were dependable and practical to the pediatric nurses as it considered as a great tool for the nurses. Being able to find support from colleagues, seniors, family members and friends is especially important during difficult moments. Team members understand the burden more and from debriefing moments you are able to find a solution or gain more confidence from other people's experience. Nurses' mental health is important thus understanding yourself and setting your own coping strategy is important for easy and providing quality care.

## **7.2 Validity and reliability**

Validity and reliability are defined based on their quality, value, authenticity, and truthfulness thus reliability is the consistency and dependability of a research while validity is defined as the accuracy determined on the study in the research (Kyngäs et al., 2019). In literature review, its quality is therefore important and the researcher's responsibility to provide quality information with evidence. On this basis, the researchers retrieved their data from recommended evidence-based articles accessible to the students of JAMK, university of applied sciences. Plagiarism was avoided by following citing and paraphrasing guidelines of The American Psychological Association 7th edition to insure credit to the authors of the original source. For this study and research reliability was uphold since the study were categorized and followed from 2015-2024, they were full text and peer reviewed and the language was in English, and the material chosen were mainly accessible by JAMK student making it easier to find reliable and valuable source (CINHAL, ProQuest and Google scholar). These materials were accessed by the research used in the research process and acknowledging the authors by providing reference.

## **7.3 Ethical considerations and study limitations**

Conducting literature review or any other research must be governed by certain rules and regulations, which involve nursing ethical codes of conduct and guidelines. Before the research, the ethics committee should have permission with written consent from participants, ensuring approvals obtained (Clark, 2019). Ethical considerations are particularly important and thus must be maintained through the process of research. Therefore, the researchers are responsible for conducting the research in an honest, transparent, and unbiased way, also giving credit to the work of other researchers. The researcher must explain in detail every process and be able to answer related questions (Clark, 2019). There is numerous research done on nurses experiencing palliative care but limited results on nurses coping skills on pediatric palliative care. The research was conducted ethically by following the systematic process of literature review writing. Additionally, JAMK University of Applied Sciences' research reporting guidelines were followed in conducting the current literature review. The Turnitin Similarity tool was used to check the review for plagiarism.

## 7.4 Critical appraisal

Critical appraisal is the process of carefully and systematically examining research to assess its trustworthiness, relevance, and value. It is an essential skill for evidence-based medicine, allowing individuals to use research evidence reliably and efficiently. This process helps nurses make decisions on the choice of research and information gathered (Hawker et al., 2002). Hawker et al., 2002 develop an assessment structure with nine characteristics which are abstract and title, introduction, aims, sampling method, data analysis, ethical considerations, results and findings, transferability, implications, and usefulness of the articles selected. These methods were used to review articles, and the result was agreed by the research author. It also included grading, and score based on the author's perception 4= good and it was the highest score, 3= fair, 2= poor and 1= extremely poor as it was the lowest score, total of 36 highest and 9 lowest. The author had 7 articles with the highest of 36 and lowest of 33, hence the articles were reliable and relevant for the research.

## 7.5 Conclusion and recommendations for further studies

In pediatric palliative care nurses face significant emotional and psychological challenges. Effective coping strategies are essential for maintaining their well-being and ensuring high-quality care for patients, especially pediatrics. Nurses' coping skills in pediatric palliative care should be considered as an important aspect in the health care systems. It is important for nurses to be able to cope with difficult moments and situations. Nurses being able to deal with mental and physical health. Nurses benefit from a great support system, including having debriefing sessions, team support and great teamwork and peer support, which is particularly important. Sharing experiences with colleagues and encouraging each other promotes confidence and the energy to keep doing it. Family and friend support is important as nurses feel heard and understood, which helps in inconvenient situations.

Organizing training, education on coping strategies and promoting debriefing sessions frequently help support the nurses and make them feel prepared in all situations with less stress. Having a wonderful team and working in a conducive environment where there is support among each

other makes work easier and nurses feel they are not alone and the burden of working alone, and too much work decreases as quality of care is provided. When in an organization the environment is conducive everything runs faster, easier, and greater results can be seen. Mental and physical work together, thus it is important for nurses to take care of themselves and mental health through different activities such as mindfulness, physical exercises, and different hobbies. These skills help nurses manage their emotions at work, resulting in better outcomes for both the nurses and the pediatrics, thus maintaining professionalism and providing quality care.

The findings of this study were based on seven articles selected which could not be generalized to the smaller number of articles. Some gaps were identified which could be considered in other different research areas. Further research is needed to understand more of the challenges nurses take care of a pediatric in palliative care and more coping strategies used as the topic is important. Having to understand more of the challenges helps to gain more reliable solutions. More different coping skills are needed by nurses for them to provide quality care.

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## Appendices

### Appendix 1. Summary of reviewed articles

Authors (year) Country	Purpose and Aims of the Study	Research Methods or Instrument	Sample (n)	Validity / reliability	Main results	Critical appraisal  (Hawker et al, 2002)
Carreno et al. (2023) Basel	The aim of this studies is to explore the feeling and experience of nursing staff when faced with the death of a pediatric patient in the ICU.	A qualitative study based on hermeneutic phenomenology was conducted through a semi-structured interview.	10 nurses (30% of the staff) from the pediatric ICU referral hospital were interviewed.	The findings are dependable and can be related to other nurses, however, it cannot be generalized to other nurses due to the number of nurses interviewed and the place of	Four main themes were identified which were: negative feelings about coping with the death of a child in the ICU, wrong care models: sympathy instead of empathy, coping strategies in the face of the death of the child admitted to the	33

				interview was in the ICU.	ICU and lack of training and institutional support.	
Bian et al. (2023) China	It is to explore pediatric nurses' challenges and effective coping strategies in caring for dying children.	A qualitative method was adapted, data were collected using semi-structured interview.	10 nurses from the pediatric, pediatric emergency, and neonatology departments.	The findings are dependable since different nurses from different departments were selected.	Three themes were generated: stressors, consequences, and coping strategies.'  Ten sub-themes were generalized.	36
Chong & Abudallah (2017) American	The aim of this study was to explore the experience of community palliative care nurses providing home care to children	A qualitative study was conducted. Data were collected with semi structured interviews.	16 nurses who have provided care to children and was analyzed using thematic analysis	The findings are reliable and can be generalized	Two categories were identified: (1) challenges nurses faced and (2) coping strategies. The themes identified from the categories are communication challenges, inadequate training and knowledge, personal suffering, challenges of the system, intrapersonal coping	33

					skills, interpersonal coping strategies, and systemic supports.	
Forster & Hafiz (2015) Australia	To explore health professionals' perceptions of bereavement, support the loss of a child.	research was underpinned by the assumptions of social constructionism.	10 health professionals e.g., doctors, nurses, social workers, and family in 7 cases of pediatric death.	Findings are valid and could be generalized.	Five themes were identified for health professionals, constructions around coping emerged as peer support, personal coping strategies, family support, physical impact of support and spiritual beliefs.	35
Stayer & Lockhart (2016) America	To describe and interpret the essence of the experiences of nurses in Pediatric Intensive care units who provide palliative care to children	A hermeneutic phenomenological study.	12 Pediatric Intensive care unit nurses in the Northeastern United States. Face-to-face interviews and field notes were used	Findings are valid and dependable	5 major themes were detected: journey to death; a Lifelong burden; and challenges delivering care, maintaining self, and crossing boundaries. These	35

	with life-threatening illnesses and the children's families		to illuminate the experiences.		themes were illuminated by 12 subthemes	
Suryani et al. (2018) Indian	to explore and to understand the meaning of children's comfort at the end of their life for nurses.	Descriptive qualitative phenomenology design.	Nurses who have experience in caring for the child at the end of their life were interviewed with an open-ended question.	The findings are reliable, however cannot be generalized or related to the aims of the study.	This research identified six themes: striving to reduce children's suffering, realizing what children wanted, observing the children felt comfortable in their family's acceptance of their condition, facing internal and external conflict, experiencing mixed feelings knowing the children's condition, and requiring support from all parties.	33

Mu et al. (2019)	Review objective was to synthesize the best available evidence concerning nurses' experiences when providing EOLC to children in the PICU.	Systematic review was applied.	Six qualitative articles from three different countries were chosen for the review using methods from the Joanna Briggs Institute.	Findings are reliable and based on the different articles used from three different countries, can be generalized on further discussion.	The themes discovered included the following: insufficient communication, emotional burden, moral distress from medical futility, strengthening resilience, and taking steps towards hospice.	35
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## Appendix 2. Critical appraisal of the article

Authors	Abstract tittle	Introduc- tion & aims	Methods & data	Data ana- lysis	Sampling	Ethics	Result	Transfera- bility or generaliza- bility	Implication and useful- ness	Total
Carreno et al. (2023) Basel	4	4	4	4	4	2	3	3	4	33
Bian et al. (2023) China	4	4	4	4	4	4	4	4	4	36
Chong & Abudallah (2017) American	3	4	4	4	4	2	4	4	4	33

Forster & Hafiz (2015) Australia	4	4	4	4	4	4	3	4	4	35
Stayer & Lockhart (2016) America	4	4	4	4	4	4	3	4	4	35
Suryani et al. (2018) Indian	4	4	4	4	4	4	2	3	4	33

Mu et al. (2019)	4	4	4	4	4	4	2	4	4	35
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