

Nurses' Unceasing Care of Dying Patients: A Prelude to Silence

Amor Jasmin A. Baltazar, Krenz N. Almeda, Kimberly R. Derige, Edrianna Cassandra B. Pineda, Allysa Jane J. Pugal, Jemina Isabelle A. Remular, Sheila G. Obispo

University of Northern Philippines, Tamag, Vigan City, Philippines
baltazaramorjasmin@gmail.com

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ABSTRACT:

Introduction: Nurses encounter death and dying as an inevitable aspect of their profession. From admission to end-of-life care, Filipino nurses are renowned for providing continuous care, cultivating empathy and a sense of attachment to their patients. They have been the main observers of how this circumstance has affected the patients and their families. Nevertheless, there is dearth of qualitative research on nurses' experiences caring for patients who are dying, particularly in the Philippines.

Objectives: The study investigated and described the lived experiences of hospital nurses in selected public and private hospitals in Metro Vigan, Ilocos Sur.

Methods: This qualitative study explored the experiences of nurses caring for dying patients using a descriptive phenomenological approach. Eleven registered nurses, with 3-5 years of experience, were purposefully selected and participated in one-on-one, semi-structured interviews to share their lived experiences.

Results: The study identified five key themes in nurses' experiences caring for dying patients: circumstances of care (patient differences, emotional attachments, and work challenges), impacts of care (emotional effects and professional growth), nurses' attributes (competence, compassion, and communication), self-care management (coping strategies like resilience and social support), and nurses' aspirations (the need for improved critical care resources and work conditions). These themes provide a comprehensive understanding of the emotional and professional challenges nurses face in end-of-life care.

Conclusions: The study highlights the need to support nurses in end-of-life care by providing adequate resources, training, and compensation, alongside mental health support and coping strategies. It also recommends enhancing education on death and dying and calls for further research to better understand nurses' experiences.

1. Introduction

Death and dying are unavoidable components of life that are both certain and uncertain; people know they will happen but never know when. As inescapable as it is, healthcare team members, such as nurses, must deal with it in their field, which provides hospice and palliative care to dying patients. However, because both are delicate topics, some people may have been resistant to feelings of grief, anxiety, or terror. Others, on the other hand, may still be vulnerable, especially given the increasing number of people who die as a result of unexpected situations.

According to the United Nations, the global mortality rate increased by 15.81% from 57.94 million in 2019 to 67.10 million in 2022 [1]. Meanwhile, the Philippines has a total death rate of 613,936. This is equivalent to an average of 1,677 deaths per day [2]. As a result, nurses are responsible for a variety of tasks, including caring for dying patients and dealing with patient death, which is one of the most difficult situations in clinical practice.

Death and dying were the second most common sources of stress among nurses, owing to the built link between nurses, patients, and their families [3]. This leads to a lack of personal success, low self-confidence, and shame, all of which create concern in delivering treatment to other patients and result in poor quality care [4].

Nurses are well-known in the Philippines for providing constant care to their patients. Even in the final moments of their patients' lives, they offer comfort and support not only to the dying but also to those who remain behind. They have been the major witnesses to the effects of this circumstance on the patients and their families. In return, only a few have witnessed how these scenarios affected nurses because there are few published studies in the country, and none in the Ilocos Region, that address nurses' lived experiences caring for dying and deceased patients.

With this, the study investigated and described hospital nurses' lived experiences caring for dying patients. It specifically described the circumstances and effects of care, their characteristics, self-care management, and desired changes. It aids nurses and student nurses by increasing their knowledge and understanding of death and dying, as well as developing coping mechanisms for dealing with patient death. Furthermore, nursing administration benefits from medical institutions understanding these experiences and developing professional aid for a healthy approach to death. Furthermore, this study may enable the nursing academe in developing a curriculum to assist student nurses in caring for dying and deceased patients, as well as establishing coping strategies. Finally, it advances nursing research by presenting these results as reference for future researchers conducting related studies.

2. Objectives

The study aimed to explore and describe the lived experiences of hospital nurses in caring for dying patients. It sought to outline the circumstances and emotional impacts associated with end-of-life care, identify the self-care attributes and coping strategies nurses use, and examine the changes they aspire to see in their work environment to enhance support for end-of-life care.

3. Methods

This study employed a descriptive phenomenological qualitative approach to investigate and analyze nurses' lived experiences caring for dying patients in public and private hospitals in Metro Vigan, Ilocos Sur. The College of Nursing's Ethics Review Committee gave their approval, as did the hospital's chief at the same institution. The researchers obtained informed consent from participants and asked for their permission to participate in the interview and use audio recordings.

The participants were chosen specifically based on the inclusion criteria: male or female registered hospital nurses who had been working for three to five years. Furthermore, 11 volunteers volunteered to take part in the study. The number of participants was decided till data saturation was reached.

The researchers did a one-on-one semi-structured interview with the following question: "What are your experiences caring for dying patients?" The interview lasted about 30 to 45 minutes. During the interview, the researchers made notes and employed audio recording devices to help collect data, which was then saved in an encrypted folder. Nonverbal cues were used to determine the accuracy and consistency of responses.

Following the interview, the obtained data was transcribed and codes were used to protect the participant's identity and preserve privacy and confidentiality. The transcribed material was then evaluated by academics utilizing Colazzi's Method.

4. Results and Discussion

Below is a conceptual map capturing the profound and compassionate role nurses play in end-of-life care. It highlights the delicate balance of interconnected aspects of a holistic care nurse.

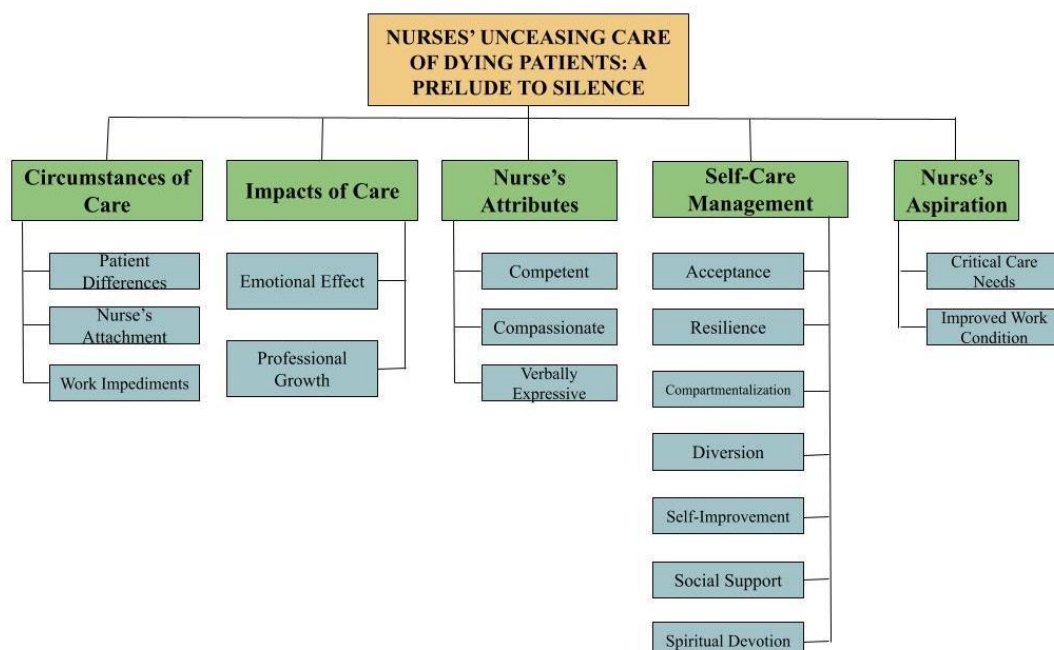


Figure 1. The conceptual map showing nurses' unceasing care of dying patients

The conceptual map depicts five major themes: care circumstances, care impacts, nurse attributes, self-care management, and nurse aspirations. These themes were further divided into 17 categories: Patient Differences, Nurse Attachment, Work Impediments, Emotional Effect, Professional Growth, Competent, Compassionate, Verbally Expressive, Acceptance, Resilience, Compartmentalization, Diversion, Self-improvement, Social Support, Spiritual Devotion, Critical Care Needs, and Improved Work Condition.

Theme 1: Circumstances of Care

The theme, Circumstances of Care, focused on the various scenarios that participants faced while caring for dying patients. Death occurs at unpredictable times. It could happen at any time, expected or unexpected, and at any age. Furthermore, the duration of care creates emotional bonds with patients, which are then altered by feelings of grief when a patient dies. Finally, the participants' challenges hampered the implementation of quality and palliative care for patients and their families [5].

A. Patient Differences

Patient Differences addressed the differences in age and condition among the dying patients that nurses treated. The study of Bian et al. explored how nurses demonstrated self-questioning behavior [6]. Thus, in this survey, participants largely agree that caring for younger patients is one of the most well-known sectors for nurses due to the unique emotional, psychological, and practical challenges.

Participant 3 stated: The younger age group of 30s to 50s...I don't want to have patients of that age. So, from 18 to 50 years old, I am thinking that I did something to prevent them from dying. I did some nursing management like supportive care.

Furthermore, death and dying in older individuals is normal and perceived as a comfort [6, 7]. However, the findings of this study contradict earlier studies because participants regarded caring for elderly patients as one of the most difficult due to emotional attachment. Likewise, both Carlsson et al. [8] and participants in this study found that nurses experience greater emotional strain and have difficulty managing sudden, unexpected deaths.

Finally, nurses are adjusting to caring for dying patients with long-term chronic illnesses by offering medical and supportive care to alleviate pain. In this study, participants were prepared for the patient's gradual conditions due to projected outcomes.

B. Nurses' Attachment

Attachment refers to the link between nurses, patients, and their families. When giving care, particularly during a lengthy hospital stay, nurses get to know their patients better and involve them in the care plan, despite the imminent death [5]. As a result of the formed relationship, long-term care is more difficult to manage than short-term. Nurses will inevitably become busy and may absorb the emotional stressors of their surroundings [9].

Participant 6 stated: The longer you handle the patient, the more difficult it becomes because a relationship has been built between you, the patient, and his relatives.

Correspondingly, it takes longer for nurses to make progress when providing long-term care to patients. This is frequently due to the established nurse-patient interaction, which includes their families. The same study by Kostka et al. discussed how the longer a patient stays in the hospital, the stronger the link is formed [5].

C. Work Impediments

Work Impediments addressed the lack of resources and manpower, which adds to nurses' burden. Medical equipment and supplies are linked with the care of dying patients as well as the professional work surroundings of nurses and other healthcare personnel. Resource restrictions are associated with inadequate palliative care and suboptimal patient outcomes [10]. Participants responded that a lack of resources is still one of the workplace challenges.

Aside from that, understaffing remains one of the issues raised by participants when caring for dying patients. One hurdle and problem in caring for dying patients is personnel shortages and a high patient-to-nurse ratio, with approximately 65% of nurses facing effects such as decreased quality of care due to low nurse availability [11].

Participant 5 stated: There are only a few nurses...most of the time, they travel abroad. There is a lack of manpower in hospitals especially in the ICU and the nurse-patient ratio is not met.

In addition to inadequate personnel, nurses confront increased workload. Workload contributes to nurses' difficulties in caring for dying patients, resulting in a lack of time to spend with patients as well as a high-stress and frenetic workplace, which leads to nurses' physical and emotional tiredness [12]. Participants reported that another issue was the activities, demanding behavior, and complaints of patients' family. These are consistent with the findings of Dziubaszewska et al. , who found that 28.9% of nurses had similar interactions with the relatives of dying patients [13].

Participant 4 stated: There are so many significant others who complain a lot and are stubborn. That is why [our work] becomes toxic.

Theme 2: Impacts of Care

Nurses are under enormous pressure in their work, juggling multiple stressors, including the biggest weight of responsibility for patients' lives and the realities of mortality. Given the complexities of mortality, nurses acquire complicated views toward it, shaped by both personal and professional experiences.

In the health care team, the nurse usually provides comprehensive support to the suffering individual and their relatives. Specifically, for Ilocano nurses, providing holistic care means addressing not only the physical needs but also the emotional, mental, social, and even spiritual aspects of a patient's well-being [14]. Also, providing the highest quality of treatment through supportive techniques becomes an important job for nurses. As a result, nurses' professional and personal lives are affected in both positive and negative ways when caring for dying patients.

A. Emotional Effect

Individual emotions have a strong influence on how people deal with death and dying, which can create a distressing and emotionally charged environment. The death of a patient and following them during the dying process are events that heighten nurses' anxiety and despair, posing a challenge in their professional path [15]. This is similar to individuals expressing sadness after witnessing a patient's death, which elicits sentiments of frustration and tension. Furthermore, the volunteers exhibit indicators of worry after caring for a dying patient, which causes anxiety when caring for other patients. This is natural and common among medical nurses who have observed and treated such patients [5].

Aside from fear, participants demonstrate self-doubt. They were unsure about delivering care and questioned the impact of their efforts. The most occupational pressures in healthcare environments contain negative situations like death and dying [16]. This has an impact not only on the nurse's professional performance, but also on their personal lives, resulting in a loss of self-confidence, guilt, worry, and irritation.

Participant 9 stated: "In this case, I have a feeling that I did not do my best to keep my patient alive, and it feels like there is no contentment on my part ... Feelings of pain and frustration are always present when you put your heart into your work thus, at the end, you will see your patient dying."

The emotional impact of coping with death and dying, particularly feelings of sadness, dread, and self-doubt, is a stimulant that causes a nurse to minimize contact with the dying patient and his relatives, which can impair their ability to offer optimal care to other patients.

B. Professional Growth

Some nurses find that caring for dying patients in their final hours is a truly fulfilling experience. Nurses frequently find joy in satisfying their patients' unique desires and feel privileged to care for them and their families during this delicate period [17]. This experience may even alter their attitudes on life and death, making people more receptive to obstacles at work [18]. In other words, caring for the dying can be a transformational experience for nurses, giving them vital knowledge and resilience.

Healthcare professionals that take on demanding caring duties may enjoy beneficial effects such as personal, spiritual, and career development, as well as high levels of compassion satisfaction [19]. The nurses state that these pleasant sensations please and inspire them to continue improving and establishing a successful practice for both patients and professionals. Positive feelings help to minimize emotional tiredness and low confidence [20].

Dealing with death demands nurses to accept and adapt to continuously changing situations, as well as make swift judgments based on evaluation while maintaining patient comfort and respect. Based on the participants' experiences, they can swiftly estimate the patient's status.

Participant 1 stated: I have been working for three years. We can assess if the patient is still capable [to live] or not. We know already.

Constantly confronting their limitations and mortality develops a growth mentality, enabling individuals to learn, adapt, and strive for improvement. Through their experiences, the participants

gained enough abilities, information, and attitudes to allow them to develop throughout time. The volunteers' experience caring for dying patients poses a unique set of obstacles. While emotionally challenging, these experiences greatly contribute to their personal and professional development, allowing them to deliver superior care to all patients.

Theme 3: Nurses' Attributes

The dying process is unique to each patient and family, as are their responses and demands. The Human Care Theory of Jean Watson emphasizes that healing cannot occur without caring. Watson also defines caring as the core of nursing practice, in which nurses work with patients and their families to alleviate pain, promote health and wellness, and die with dignity (Alharbi & Baker, 2020).

A. Competent

Competent nurses effectively carry out their tasks and obligations, combining their knowledge and abilities to provide safe and quality patient care. One way to demonstrate competence in dying patients is to give patient-centered care, which focuses on the patient's specific healthcare needs, such as symptom relief and suffering [21]. As a result, many ways for achieving this goal were discussed, including medication administration, general comfort-oriented treatment such as positioning and bedside relaxation techniques, personal cleanliness maintenance, and other symptom-relieving measures. In this study, participants satisfied the patients' requirements and gave their all throughout the dying process.

Furthermore, some volunteers treat the dying patient as if they were a member of their family, ensuring complete capacities and quality of care. The findings of Zhang et al. contradict the study's findings, which said that nurses provide professionalism through nurse-patient boundaries and avoid attachments in order to make objective decisions and deliver great care to other patients [7]. To support the participants' responses, the study of Haidrani mentioned the benefits of treating patients as family, which includes developing rapport and being comfortable to feel valued, respected, and cared for, resulting in quality care, greater satisfaction, and motivation to care for other patients [22].

Participant 1 stated: I attached my feelings to the patient. I have a child. I should take care of the patient and consider my child.

Furthermore, skilled nurses use critical thinking when making decisions. Prioritization is utilized in nursing practice to offer care to patients that require immediate attention in fast-paced, high-pressure settings. According to the Prioritarianism idea, the poorest individuals are given priority in the distribution of benefits. In healthcare, this is providing medical assistance to patients that require immediate care, such as those who are extremely ill and on the edge of death [23]. This idea is related to the participant's approach to priority and triage in caring for dying patients.

B. Compassionate

Compassion is another attribute that the volunteers exhibit when caring for dying patients. Compassion is defined as acknowledging and understanding the patient's bodily and emotional states,

as well as taking relational action to alleviate them [24]. The participants demonstrate empathy for patients by nurturing them and considering their feelings and views. They also provide emotional support by actively listening and making calming gestures.

Patient 8 stated: "Most probably, these patients are in a state of anxiety, lonely, depressed, and hot-headed. That is why we have to give them space but also make sure to never lose sight of them ... Offer yourself and listen to them."

Nurses must also acknowledge and understand the sadness and loss experienced by families. Compassionate nurses provide emotional and psychosocial support to families before and after the patient's death [25]. Participants provide sympathy and empathy by verbal and nonverbal assistance, such as accompanying them and offering consoling words and gestures.

C. Verbally Expressive

Family-centered care recognizes the importance of families by respecting each need and decision. One concept of this care is the involvement of the families in planning and decision-making by talking and keeping them informed about the patient's condition [25]. Thus, the participants applied communication with the patient's families to understand and accept death.

Participant 6 stated: I am also the one who explains to the relatives and gives advice to relieve or reduce the pain they feel.

Displaying expertise, compassion, and communication ensures quality treatment and a dignified dying for a patient, as well as assisting families in coping with grief and loss [24].

Theme 4: Self-Care Management

Nurses are typically responsible for providing compassionate care to patients in their final moments. As an important part of the healthcare system, they provide assistance and care at various times, including caring for dying patients. Nurses must have a high level of emotional intelligence and sensitivity to treat their patients' emotional, spiritual, and physical requirements. In return, they must attend to and manage their personal affairs.

A. Acceptance

Nurses play an important role in caring for people who are facing life-threatening diseases or nearing the end of their lives. Many nurses use acceptance as a coping strategy to deal with these issues. Nurses who accept the inevitability of death and discover a sense of purpose in life may be more prepared to deal with the emotional and mental challenges associated with death and dying [15]. Accepting death may help them cultivate a more positive and resilient mindset. This allows them to provide better care and support to their patients and family in their final hours.

Participant 4 stated: You still cannot hinder your patient from passing away. I just accept it, they also just accept it either.

B. Resilience

In the healthcare sector, resilience is essential for providing the best treatment to patients. It entails controlling one's emotions regardless of the circumstances in order to stay focused on the work

at hand. Individual resilience abilities ensure that nurses succeed in their nursing careers and can sustain themselves in tough and unpleasant working environments [26].

Participants became accustomed to these changes and challenges as they were exposed to them on a regular basis, allowing them to understand the concept of death and develop the necessary skills and mindset to thrive in new situations, building their confidence and courage to recover from setbacks, which helps nurses maintain their passion for patient care while also improving patient outcomes.

Participant 4 stated: I need to stay firm and control my feelings so that I can still continue [attending] to other patients, at least I can improve my work so that I will not have to blame myself if I have lackings... You just need to be resilient.

C. Compartmentalization

Managing the emotional toll through compartmentalization is a popular method for nurses to provide effective care while being mentally healthy. Sigmund Freud created the word compartmentalization, which refers to a form of defense mechanism used to minimize dissonance and tension in everyday life [27].

Nurses compartmentalize or isolate their emotions from their working and personal life in order to maintain emotional stability, allowing them to operate properly at work while not redirecting their emotions at home. Nurses can avoid establishing an overwhelming emotional commitment to their patients' results by separating their professional and home lives.

Participant 2 stated: "What happens in the hospital [stays inside], do not take it outside.

D. Diversion

Working long hours to distract oneself from unpleasant or distressing thoughts or feelings is another type of coping [28]. Nurses may be unable to fully focus on their patients' needs, becoming absorbed with their own thoughts and feelings. However, by using diversion, nurses can redirect these elements that may interfere with their nursing duties and allow them to complete their roles. As a result, the individual tends to divert connected emotions toward work.

Participant 10 stated: "Now, the memory of the patient I lost would stay with me for a few days and because of busyness, it is clouded by the amount of work that I have to do...I usually overwork myself in order to cope with the loss."

E. Self-Improvement

To provide the finest care to patients, nurses must constantly develop themselves. Nurses are responsible for their patients' health and well-being, thus it is critical that they work consistently to enhance their practices, knowledge, and abilities to meet the ever-changing needs of the healthcare industry. This allows nurses to better handle work conditions, improve the quality of care they offer, and maintain their well-being in the face of the obstacles that come with the nursing profession.

Participant 1 stated: I am even more keen to care for them [the patients] because you do not want them to die, and that there will be no negative events that will happen. Thus, more quality care should be provided.

F. Social Support

The value of social support in reducing nurses' experiences of loneliness and isolation during end-of-life care [29,30]. A strong social support system, which includes close friends and family, can reduce vulnerabilities and increase resilience to stress [29]. The study of Curcio also emphasizes the benefits of storytelling for nurses, stating that it helps them adapt back into their professions [30]. Talking to someone after a patient dies is the most effective approach to absorb death [31]. Having a solid support system of family and friends helps you cope with stress. Understanding teammates in line creates a pleasant work atmosphere by allowing nurses to rely on one another for support and guidance, building camaraderie within the industry.

Participant 4 stated: I also open up to our colleagues so I can shift [attention] to it. We will not think about it, we will not be depressed, and we can still be productive. It is hard if we think about it deeply. We can not prevent it [death] so I will keep my guts strong.

G. Spiritual Devotion

Many nurses' cultural and spiritual beliefs place a strong emphasis on prayer as a coping method. It provides nurses with a sense of relief, optimism, and a deeper spiritual connection, all of which can be comforting at tough times. Nurses can find peace in prayer, allowing them to recharge their emotional reserves and refocus on their professional responsibilities. Religious coping is one of the viable stress-management strategies [32]. Positive religious coping correlates with improved physical and mental health outcomes. In this element, individuals use the power of prayer to overcome challenging situations.

Participant 4 stated: We just pray... We pray to the Lord that the patient's soul will go to heaven and have sympathy and empathy with the significant others but don't be stagnant there because it may affect your mental health.

Theme 5: Nurses' Aspiration

Nurses who care for dying patients face a variety of problems that can limit their ability to deliver the best possible care. As a result, the Nurses' Aspirations topic focused on how they intended to overcome their issues. Two categories have emerged: critical care needs and better working conditions.

A. Critical Care Needs

Nurses work diligently to ensure their patients' well-being by delivering compassionate care, advocating for their needs, and helping to enhance healthcare services. Advances in technology have made it possible for nurses to execute their professions and care for patients more efficiently and safely [34]. As a result, nurses are continually striving to improve healthcare resources in order to provide better patient care and promote favorable health outcomes.

Participant 11 stated: It is "easier" for nurses to deal with things like this if the technology is more advanced, and to even resuscitate the patient faster.

B. Improved Work Conditions

As the nature of healthcare evolves, nurses strive to improve their practice. Nurses are constantly looking for new methods to improve their skills, knowledge, and practice in order to offer the best care possible to their patients. Nurses fight for policy changes, better working conditions, and more professional resources in their field. This involves improving nurse staffing ratios and providing access to professional development opportunities.

Participant 3 stated: I want us to adopt the 1:2 nurse-patient ratio. For intubation, 1:1 [is needed] to get the full management, full care, and focus towards the patient. Unlike here in the Philippines, we are being trained for 1:4, 1:5 [ratio].

Despite their significant contributions to society, many nurses face challenges and problems that can have a negative influence on their well-being and job satisfaction. Improving job perks, such as salaries and working conditions, is an important topic that nurses have been actively discussing.

5. Conclusion

This study motivated the researchers to investigate nurses' real experiences when caring for dying patients. It provided an arena for the nurses to demonstrate their strong commitment to their profession through their shared thoughts and viewpoints. It has also been demonstrated that nurses' tireless attempts to console patients nearing the end of their lives have exemplified the significant influence of their caring and holistic nursing profession.

Despite the fact that nurses face a variety of challenges in their personal and professional life, they have distinct characteristics that they apply to their work. Furthermore, rather than giving up, they chose to improve in order to effectively play their roles. This study finds that nurses continue to provide unwavering care for dying patients despite experiencing a variety of professional hurdles.

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