

Hidden Beyond the Social Structure: The Lived Experiences of Intensive Care Unit (ICU) Nurses with End of Life Care (EoLC) Patients In Qatar, A Phenomenological Study

Maidie P. Acosta RL MAIE^a, Tara May B. Panzo^b, Ayman A. Abdurasid^c, Angelica Marie M. Butalid^d, Franchescka Mae S. Mangaba^e, Jayson Daryl C. Signio^f, Heba Abdulfatah Gasmala M. Hasan^g, Leandro G. Calunod III^h, Patricia Kristine R. Quillopeⁱ, Tamim G. Moksir^{j*}

^{a, b, c, d, e, f, g, h, i, j} *Philippine School Doha, Doha, Qatar, PO Box 19664*

^{a, b, c, d, e, f, g, h, i, j} *Research Development, Accreditation and Publication Office, PSD, Doha, Qatar*

^{a, b, c, d, e, f, g, h, i, j} *Research Capstone Project, PSD, Doha, Qatar*

^a *Email: maidie.acosta@psdqatar.com*

Abstract

Nurses are at the forefront of healthcare. Providing care, compassion, and comfort to patients and families, especially in end-of-life care, nurses in Qatar are a source of strength for patients and families as they prepare for difficult decisions and painful realities of life. This qualitative study captures the lived experiences of a selected group using phenomenology as the study design following the semi-structured interviews to possess the impact of intensive care unit (ICU) nurses on end-of-life care patients in Qatar. Three major points were identified as they handled end-of-life patients, and these are Psycho-social concerns, Coping Strategies, and Self-Realization. Psycho-social concerns define the experiences of nurses in end-of-life care which in a way impacted their work performance and can be categorized as Emotional Connection, Family Complications, and Effective Communication. Coping strategies are tactics of nurses to manage and deal with stressful situations that will help them feel better and can be achieved through Self-Preservation, Spiritual Conviction, and Positive Perception. Self-realization is the ability to realize and achieve the nurses' highest potential through Radical Confirmation, Life Appreciation, and Professional Progression. The findings of the study show that nurses managing patients receiving end-of-life care presents a variety of challenges.

* Corresponding author.

It demonstrates how many nurses' lives are significantly impacted and understanding how managing altered priorities may also aid these nurses in integrating more successfully into society, particularly in their academic, social, and psychological aspects.

Keywords: Coping strategies; Emotional Changes; End of Life Care Patients; and Nurses.

1. Introduction

The reality of a patient's mortality can be excruciatingly unpleasant for both the sufferer and their loved ones. Several critical judgments are made at the last minute during this period. During these trying times, there may be concerns about the quality of life of people around them. Nurses step in at this point to encourage, advise and assist patients and families dealing with tough decisions in adjusting to reality. Caregivers understand how to provide emotional support and comfort to the patient and her family during times of uncertainty. End-of-life care is medical treatment provided to terminally sick patients soon before death. The care for the dead and dying creates a plethora of unpleasant feelings and attitudes that have an impact on the quality of patient care [1]. Furthermore, nurses have significant emotions toward patients, particularly terminally sick patients. A study on a nurse's search for end-of-life care in the ICU indicated three major themes: confronting drastic changes in human existence, observing patient transition, and training to be an ICU nurse [2]. Nurses working in clinical departments in inpatient wards must have a broad variety of knowledge as well as various skills and talents in order to care for patients with a wide range of health issues. End-of-life care should enable patients to live as pleasantly as possible before death while also ensuring that they die with dignity. This procedure is carried out in the critical care unit by intensive-care unit (ICU) nurses.

Unlike other fields of nursing, intensive-care units (ICU), ICU nurses monitor patients, administer medications, assist patients with basic needs, chart care, and respond to emergencies. Unlike some other nurses, their patients are often intubated, ventilated, and have multiple IV drips at a time. They must know the ins and outs of a lot more equipment than nurses who practice in a lower-stakes environment. [3]. Intensive-care unit (ICU) nurses also need to communicate with patients' families as many of them are clearly distressed by the patient's situation. Their family member is not only severely sick or injured, but also possibly unresponsive, linked to various machines, and surrounded by a number of medical professionals. You must comfort families while staying realistic as an Intensive-care unit (ICU) nurse.

The term "social structure" refers to the entire collection of organized social structures in a society that emerges from and has an impact on people's actions. In terms of whether a person is of high class or poor, end-of-life care (EoLC) is given to anyone in need. From sheikhs to commoners, it does not matter as a person's life is as valuable as anyone else's. Furthermore, it is beyond the social structure as anyone's life is held in high regard by their friends and family.

Nurses who provide end-of-life care (EoLC) to patients confront the challenge of ensuring that the patient receives what they desire. But, a nurse should make an effort to get to know the patient to support them in the best way possible. Nurses are considered accountable for everything that happens to the patient, such as an

accident that might result in his or her death. As a result, nurses frequently develop compassion fatigue, characterized by diminished feelings of empathy and sensitivity. They also feel helpless and powerless in their situations. The majority of nurses caring for end-of-life care patients expressed negative feelings such as anger, doubt, fear, or anxiety when dealing with death and dying patients [4]. This results in burnout, which means a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands. Nurses who work in this field experience strong emotions with their patients and struggle to help them as a result of those emotions. With these patients, the nurses must acquire compassionate care, which is the recognition, understanding, and emotional resonance with another's concerns, distress, pain, or suffering, coupled with relational action to ameliorate these states and adjust to a schedule, which puts their physical health at risk due to the lack of sleep they receive while taking care of their patients.

The study aimed to answer the central question: "How can the experiences of nurses with end-of-life Care (EoLC) patients in Qatar be described?", with the specific question: "How are the issues nurses encounter with end-of-life care (EoLC) patients in Qatar being dealt with?" The research questions were written to simplify and expand on the main study, resulting in more specific responses.

When nurses spend more time with patients, they form a stronger bond with them, making the patient's death more difficult to accept. Because patients come from a variety of backgrounds, nurses must adapt and learn the best approach to care for each patient, which requires a significant amount of effort and time. Making a patient happy in their final hours is a challenging task for the nurse.

Caring for patients in end-of-life care is tough even for seasoned medical workers, especially when patients die while in their care. The National Health Service (NHS) in England cares for an increasing number of patients, with the extra complexity that comes with individuals living longer lives with many chronic diseases. As a result, professionalism is gained. The nurses understand how they should perform their duties professionally.

2. Methods

The method used in this study is the qualitative phenomenological research method. Phenomenology is a type of qualitative research that focuses on an individual's lived experiences in their environment [5]. Furthermore, this study investigated the topic and issues in-depth, necessitating expertise, insight, and perspective on the subject. The goal of this phenomenological approach was to describe, analyze, and interpret the meaning of human experiences and the societal issues of our participants. In this study, a phenomenological method was required since it met the need to comprehend the changes and obstacles that nurses with end-of-life care (EoLC) patients.

The needed data had been acquired and obtained through online interviews, and the data had then been processed and evaluated to generate the themes discovered. The interview questions were focused on the main obstacles nurses confronted while working with end-of-life care (EoLC) patients, the implications of these challenges, and the modifications. The goal of the research was to see how it affected the participants' personal and professional lives as nurses.

2.1 Research and Locus Sample

This research was conducted at Hamad General Hospital, Doha, Qatar wherein 10 nurses assigned to intensive care units (ICU) were able to share their lived experiences of the end-of-life care patients. Hamad General Hospital is a modern healthcare facility that the people of Qatar may access highly complex and specialized. It offers a wide range of clinical and medical services, including those in the areas of trauma, emergency medicine, paediatrics, critical care, specialized and sub-specialized surgery, specialized medicine, laboratory medicine, diagnostic imaging, and adult rehabilitation.

A total of 10 participants that are nurses assigned to intensive care units dealing with end-of-life care (EoLC) patients in Qatar were selected and interviewed through zoom. The researchers made use of a purposeful sampling strategy in which they used to choose the participants. In addition to this, particular criteria had been met by the participants at the selection. The participants for this research were chosen through the following criteria: (1) Nurses that have experience with end-of-life Care Patients (EoLC) for five years or more in Qatar; (2) they must be working at the Intensive Care Unit (ICU). The criteria such as their actual thoughts and viewpoint that would embody their experiences were carefully examined.

2.2 Data Collection and Ethical Consideration

The data collection process began with the making of interview questions based on the central question and specific questions. The questions were validated by the selected teachers who had relevant professional backgrounds. When the validation was done, the consent forms were emailed to selected participants as a request to participate in the study. The time and location of the interviews were determined by the availability of the participants. The interviews were done with the use of zoom meetings.

Before conducting the interview, a description of the interview was given to the participants. The interview guide and robotfoto were used to interview the participants. The researchers made use of the Zoom recording feature to record the interview for transcribing purposes if allowed by the participants. The recordings were needed for transcription of the participants' shared experiences. The participants were referred to as P1, P2, P3, and so on in the transcription so that the confidentiality of the participants was observed. As part of the qualitative research process, the data interpretation and analysis were used thoroughly with the transcription of oral responses.

2.3 Data Analysis

This study used data gathering directly from the participants' feelings and insights. The responses were collected through a designed interview, the research flow was then recognized using the data analysis steps that follow: (1) Emic data transcription; (2) Emic to Etic transcription; (3) Cool to Warm Analysis; (4) identifying and analyzing themes through the dendrogram tool; (5) and the integration of these themes to the simulacrum of this research. This study gained a thorough and deep understanding of the topic through this systematic procedure and analyzed the experiences of nurses with end-of-life care patients through thematizing. The dendrogram is formed by grouping and reflecting the findings of the cool-warm analysis, which then identifies

the primary themes and their sub-themes, once the data has been analyzed. The simulacrum illustrates how the elements are related to one another and captures the theoretical background of the study. The themes and subthemes are then reinforced by the second level of data analysis through related literature and studies.

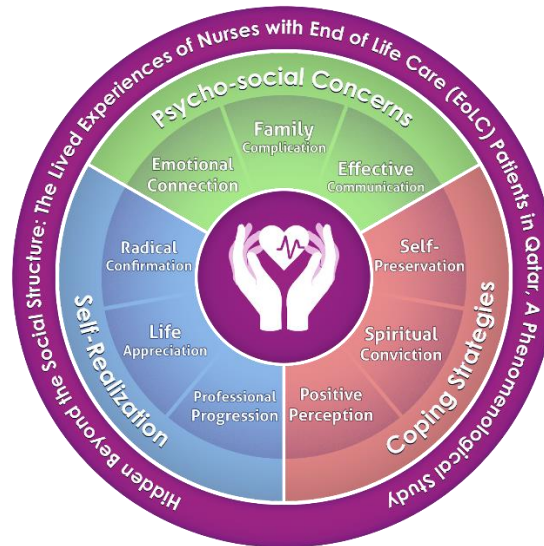


Figure 2: Simulacrum with Themes and Categories.

Figure 2 shows the simulacrum centering on the three major themes: Psycho-social concerns, Coping Strategies, and Self-Realization. The themes show the significant aspects of the nurses' experiences with end-of-life care patients. Furthermore, different sub-themes were specifically identified are Emotional Connection, Family Complication, and Effective Communication under Psycho-social concerns; Self-Preservation, Positive Perception, and Spiritual Conviction under Coping Strategies; and Life Appreciation, Professional Progression, and Radical Confirmation under Self-Realization.

3. Result

Intensive care unit (ICU) nurses deal with different types of patients who are at the end of their lives, which often leads to various difficulties in their daily lives, both personally and professionally. Because of these difficulties, they learned new coping strategies to manage their workload and developed into a better person with a different and renewed outlook on life. This phenomenological study focuses on the lived experiences of nurses caring for patients in end-of-life care in Qatar. It aims to understand the experiences and perceptions of nurses of patients with end-of-life care in Qatar in relation to the struggles and variations relative to the central question, "How can the experiences of nurses with end-of-life Care (EoLC) patients in Qatar be described?", with the specific question: "How are the issues nurses encounter with end-of-life care (EoLC) patients in Qatar being dealt with?" As nurses continue to deal with end-of-life care patients, it causes them to adjust to their situation. Three themes of the topic were produced from the data gathered (1) Psycho-social Concerns; (2) Coping Strategies; (3) Self-Realization. The readers will have a greater understanding of the challenges and coping mechanisms faced by various nurses in Qatar with the construction of the themes and sub-themes.

3.1 Psycho-social Concerns

There are various indicators that the nurses from end-of-life care have experienced. The first major theme describes how nurses in Qatar interacted with patients getting end-of-life care. Concerns about how to handle these patients psychologically and socially are substantial for a nurse. It is crucial to be able to manage their duties without letting people affect their emotions. The psycho-social embodied interplay between social influences and personal thoughts and behaviors of nurses in end-of-life care. Thus, psychosocial concerns describe how it affects nurses' work performance. This article discusses the difficulties they face in managing their relationship with patients receiving end-of-life care in Qatar. Three sub-themes, namely emotional connection, family complication, and effective communication developed from this major theme.

- Emotional Connection

The relationship between nurses and end-of-life patients causes changes, one of which is reflected in their feelings. Modifications have been made to the performance evaluation system for nurses working in the end-of-life care unit to differentiate between personal and professional tiredness. The fight to focus and motivate oneself when these are happening is difficult. End-of-life care nurses may become emotionally attached to their patients because they must always be present with the patients. The nurses' experiences have made them think back on their interaction with the patients they cared for and their struggles when losing a patient as evidently revealed in the responses of our participants:

"It's difficult for the nurse to lose a patient after doing everything possible to keep them alive, thus it's difficult to let them go." (P2)

Due to their extended time with the patient, they probably find it challenging to resist becoming connected as three participants verbalized:

"For these types of patients when they stay longer in the intensive care unit, you'll get attached and have a typical feeling of empathy for the patient." (P8)

"It usually is difficult if you are already attached to the patient. You cannot avoid it. They would grow a special bond with you." (P6)

Nurses who have spent a lot of time in the Intensive Care Unit (ICU) usually develop this kind of strong emotional bond with their patients. With these feelings created, it was occasionally difficult for them to handle losing a patient. Even though these nurses were professionals at handling circumstances of this nature, they nevertheless struggled to concentrate on their regular work tasks. Nonetheless, some nurses train themselves to avoid becoming attached to patients so that they will not struggle to deal right away, as one participant narrated:

"I normally make an effort not to become overly close to patients, especially when they are already nearing death. It will just make it difficult for me to cope." (P4)

Few, however, expressed that to be able to manage their emotions one should work hard and avoid being attached emotionally to patients while taking care of them as expressed by one of our respondents:

“Work hard, but keep your emotions out of it because doing so will cause you to become distracted.” (P3)

Additionally, setting boundaries and separation of emotions while working with patients in end-of-life care helped them work productively and efficiently as two of our participants verbalized:

“You don't have to attach your emotions while taking care of patients because having emotions involved while taking care of them makes it more difficult to deal with if the patient passes away.” (P5)

“Because there should be boundaries and it would have an impact on me, I can't take or bring the emotion with me.” (P9)

On the contrary, there were nurses who already mastered controlling their emotions over the years of working in this kind of environment because they considered their mental well-being and emotional stability when attending to a patient who just pass away under their care as claimed by our participants:

“You should suppress yourself, you should not express your feelings. Keep your emotions aside towards your patients that have passed away, and don't feel guilty.” (P2)

“I usually try not to get too attached to patients especially when they are already dying because that will be another additional burden for you. If you have a lot of things to deal with after work, you get too attached to them.” (P4)

“My emotions are only up to that point in the hospital. You can't stop being sad, especially when you had a patient who was dying at a critical stage.” (P10)

- Family Complication

Being exposed to end-of-life care patients, nurses do not only have to deal with the patients who need end-of-life care but also their family as well. It challenges them to respond to the patient's family concerns as disclosed by one of our participants:

“Experience has shown us that there are challenges outside of only dealing with patients, particularly when dealing with families.” (P10)

Empathetic communication and respect should also be put into consideration when dealing with family members. This scenario can be very difficult to cope with, but the help of the right people who were able to go out of their way to be nice to them and sacrifice their time for them is very important to the family as our respondents confirmed:

“You have to communicate with them and respect them and offer whatever they need that is within the protocol

of the hospital. Give them and their family the support they need.” (P2)

Having a therapeutic mindset benefits not only the patients but families as well. Though, challenging, nurses in end-of-life care possess this unique ability as manifested in our respondents' answers:

“Extend your tolerance and try to comprehend them since it's quite challenging for them.” (P9)

“Be therapeutic to the family.” (P6)

“To empathize with them is simply to acknowledge that you will feel similar feelings for the patient and the relatives as well. Instead, you can just reassure their relatives.” (P8)

This demonstrates the benefit for the families of end-of-life care patients that nurses identify and understand their current emotional condition while maintaining professionalism and confidentiality while showing empathy and compassion to them. The participants stated:

“Make them comfortable. You have to communicate with them and respect them and give them whatever they want that is within the protocol of the hospital. Give them and their family the support they need.” (P2)

“Put yourself in their shoes. try to understand how they are feeling. Also, the same with the family, try to see how the family would feel if you are the one who is in that situation.” (P4)

- Effective Communication

A language barrier between the patient's family and the nurse presents another difficulty for the nurses. Because of a language barrier, nurses might not provide the care that patients need, which is a struggle as two of our respondents verbalized:

“Sometimes, we are unable to bring care to the patient because of language barriers. Sometimes they do not understand our difficulties here in Qatar.” (P3)

“Sometimes it's hard to give your opinion because they might not understand, they might just misinterpret you, it's hard.” (P7)

The nurses are likely to be exposed to certain conditions that enable them to reflect on how to support end-of-life care patients and their families need through effective communication, based on the circumstances they experience about the patients' and the patients' families' requirements. Being able to communicate with patients and families efficiently is one of the nurses' concerns at work as exemplified by our participants' responses:

“We have a lot of patients in the ICU who are in depression because of end-of-life. I would make sure they have emotional support, I make sure that I'm one of their family.” (P1)

“You just have to speak with them as much as possible then ask the relatives to stay with them. Give them the

time to relax and to think. Give them the best communication and you should have effective communication with them.” (P2)

By offering emotional support and taking care to comfort the patients who are suffering from depression, the nurses effectively converse with them. With the ability to keep interacting with patients, the patients can ease and communicate clearly. Three of our respondents expressed:

“In ICU, I just deal with the family, professionally explaining to them what’s going to happen and what we are going to do.” (P4)

“Mostly you would just need to verbalize, the more you talk with them, the patient, their depression would elevate. The most effective way is to communicate and just talk with them about everything, just to ease them.” (P7)

“The patient, converse with them as much as you can while they’re still able to do so. Communication between the patients involved in therapy is crucial.” (P10)

End-of-life care nurses must deal with emotional connections as well. Because nurses have to keep an eye on patients receiving end-of-life care on a daily basis, they grow attached to them. They acknowledged that once they establish an emotional bond or relationship with a patient, it is challenging for them to let them go. Nurses who provide end-of-life care also address family issues. Nurses providing end-of-life care must communicate clearly with the patient’s relatives and other patients to avoid misconceptions and to deliver quality service to patients. But, despite the difficulties, they manage to solve them by providing competent support and handling them.

3.2 Coping Strategies

The second central theme focuses on how end-of-life care nurses cope with a patient’s state or patient’s death and how to deal with the family of the patient. This part discusses what coping strategies nurses do in handling a situation that specifically involves dying patients, deceased patients, and the family of a deceased patient in Qatar.

- **Self-Preservation**

There are other factors for nurses in end-of-life care where one has to learn how to take care of themselves in the workplace. Learning from experience to care for oneself entails learning how to act, speak, or comfort others with their feelings when dealing with end-of-life-care patients. Self-preservation entails letting the nurses rest and taking measures from their workplace. As emphasized by one of the respondents:

“I process my emotions and talk with someone about how I feel. After that it gets tiring so I take a rest.” (P1)

“I believe that as a nurse doing what I do, it’s okay for you to cry afterward if you need to release your tension.

Meditate on any outlet that can relieve our stress. It is much better if you will be able to talk to a professional like a psychiatrist or a psychologist.” (P9)

Nurses who have been in the field of end-of-life care have created a way to cope with the present/current situation being handled. One of the coping strategies includes interacting with other people close to them. This includes socializing and spending time with their close friends and families to divert their attention from their worries, as the participants explained:

“Just finish your work as long as you can provide it for them within the scope. Then after work, you have your friends to go outside with you. If you perhaps do not have them, your family is always there to help you if things are difficult to handle.” (P6)

“When a patient has passed away, I would communicate with my coworkers to ask them if they need some drinks to refresh themselves to release tension, or would be hanging out with my friends rather than staying at home.” (P9)

Few nurses cry or release emotions to relieve tension when dealing with a difficult situation in the work field. Not only that, there are still other coping strategies nurses do. Such examples include taking time to open up, or spending time with their peers or family as a way of removing the burden or stress they have experienced when dealing with end-of-life-care patients. As stated by the participants:

“As a nurse, it's okay for you to cry to release tension. I believe that if you really cannot handle the baggage tension, it's much better if you will be able to talk to a professional like a psychiatrist or psychologist.” (P9)

“I usually vent and voice it out to my colleagues, about what happened to my patient, how I felt about it, how I helped the patient, and how the patient helped me.” (P10)

Some nurses, on the other hand, have separated their jobs from their personal lives. Based on their responses, shows that experience such as witnessing the death of a patient can impact how one thinks as a nurse. They replied in the following manner:

“We just have a certain facility that has a certain protocol on what to do when the patient dies, and I just basically follow it. I tried to be more emotionless when the patient died and just do my job.” (P4)

“Immediately after the patient passes away, we go to post-mortem care where we clean them and pray for them. You must not involve your emotions when you handle patients because you can't function at home well after you handle that patient.” (P5)

- Positive Perception

This demonstrates that nurses provide a warm and safe environment for patients. This is due to the fact that they have already done their best to care for them, and all they can do now is provide the best treatment they can. At

this stage in the job, having a positive perception is important as the participants responded:

“Know how you make the patient feel better and comfortable so you have to say that you are always with them, especially when the patient is conscious, as there is someone in the ICU with anxiety. You have to comfort them that we are here for them in the ICU.” (P3)

“No matter how busy you are, you have to be there for them if they need you, and you have to provide quality care for the patient. I would be with them because they need you to accompany them.” (P8)

Having a positive perception is necessary for the area of nursing. End-of-life care may include forming a connection between the patient and the nurse. This causes nurses to develop a bond with their patients. This is one method for patients suffering from pain to seek comfort from the nurses. This experience can help them discover something positive on the brighter side of life to comfort patients. As the participants indicated:

“I would talk to them, and laugh with them because I think doing this will help them lessen the pain and stress they are feeling.” (P1)

“Just show the utmost concern. Just a small act for the patients you take care of would be big already and they would be thankful to you.” (P7)

Some nurses ready themselves for situations where they know the patient is not going to make it. Nurses take their time to reflect and accept the realities life pursues as they stated:

“I have to accept that it’s going to happen and it’s the consequence in the end because we did our best for them.” (P2)

- Spiritual Conviction

A nurse's faith can assist and guide them in dealing with difficult situations. This is one of the coping strategies nurses use to encourage and hope when dealing with stress. They are permitted to collect strength by praying to their God to keep going despite workplace turbulence. They answered:

“I pray that my focus is always there because once you make a mistake you’d be the one to be put to blame. Instead of making your patient’s life easier, you’re making it harder for them so I always pray for that.” (P3)

“Before I go to work I pray that I can help myself, help the patient and that I and my co-workers deliver the best care for them because it’s difficult when the patient passes away and their family grieves.” (P5)

This reveals that many end-of-life-care nurses manage their problems through belief or faith. Whether it’s a situation in which they must maintain professionalism to avoid mistakes, pray for the end-of-life-care patients, or simply pray for their own strength as disclosed by our respondents:

“Strength. By prayers and also experiences.” (P8)

“There is an area in the ICU itself where I would usually pray for them that they had a peaceful rest or peaceful death.” (P9)

It also shows that some nurses pray for comfort after leaving their workplace. This reveals that praying in difficult conditions encountered while working is a soothing component as one of our respondents revealed:

“Aside from post-mortem, I process my emotions and the situation that happened. After that, I leave my emotions in the hospital and pray for them.” (P1)

A nurse who specializes in end-of-life care must take the time to work through their emotions and devise a plan to help them become more prepared for situations that may affect their job performance. Not only that but having a positive perception while working as a nurse in end-of-life care can have an impact on both your personal and professional life. Having a positive outlook on difficult circumstances can bring about a change. Whether it's from comforting designated patients, comforting family members, or removing yourself from a negative mindset. This demonstrates that when nurses are stressed or confronted with a difficult situation, the answer is to communicate with friends and family or consult with an expert, such as a therapist or a psychologist, practice having a positive view or attitude in life, or face their faith by praying.

3.3 Self-Realization

The third central theme focuses on the gained understanding of nurses from administering end-of-life care to patients. This discusses how nurses better their response in dealing with end-of-life care patients and learnings how to adjust to the different responses of the patient in their end life and the adjustments they have done to themselves to be better equipped and prepared in handling their patients as their work experience increases, as well as the realization they have gained from the experiences they have attained taking care of their patients.

- **Life Appreciation**

As nurses experience handling patients in end-of-life care, where their utmost priority is the life or the remaining time a patient has is held in importance and handled with the utmost care as the duty of the nurse. Fulfilling this duty has the consequence of experiencing how fragile life is. These events have made them aware of how short life is, which causes them to question what they should do and change in their own lives. They emphasized:

“I don't think I see it the same, I realized that life is short, and I need to value life. In the ICU, patients come and go.” (P1)

“It will make you realize how short life is and you should be enjoying your life.” (P4)

“How ironic life is and how life is short. Its impact is on how I can see life. Life teaches you how valuable every time you spend with your loved ones is, how much you should spend your life with quality.” (P10)

Nurses realize how short life is while caring for their patients, which causes them to reconsider their life choices

and future decisions on what is truly important to them and how they want to spend their lives. Nurses do not want to have regrets in their lives. They regard the patients they have cared for as brave for being able to accept what is about to happen.

“Maybe I should be doing things that I will not regret. If you have something you want to do, go for it as long as you are within the boundaries.” (P6)

“In life, do not take things for granted. Everything that you do, do it kindly. Make every goal you have come true.” (P9)

Because they care for patients who are near the end of their lives, nurses value life and try their best to enable these patients to live without regrets before they pass away. The patients' ability to persevere in the face of hardships is seen by the nurses, who are inspired by them as emphasized by our respondents:

“For me, it would change what I would do in the future. Experiencing those kinds of situations would have a significant impact on what I would do.” (P8)

“They are one of the bravest people, they will keep on fighting and try to make each day more valuable, and productive. That is how they are the strongest bravest people and have a high faith.” (P10)

- Professional Progression

Nurses experience losing a patient working with end-of-life care patients. As they gain the experience they also attain knowledge on how to professionally handle and better interact with the patients. As the number of patients they have taken care of, they have learned and better implemented the proper behavior they must conduct while handling the patient that they are assigned to take care of. Three of the participants proved:

“Managing emotions, we are professionals so we need to separate our personal feelings. By being professional you need to know your boundaries and your limits on how much you will comfort your patient.” (P5)

“I try to be strong because sometimes, we become attached to the patients. You shouldn't show it to their relatives.” (P8)

“One should be ethically professional with them, make sure you will give them what they wish before their death and always give them their privacy and confidentiality if requested.” (P10)

In order to handle end-of-life care patients professionally, nurses must respect the patient's privacy, culture, and any requests they may have, which helps the patient feel comfortable and at ease as mentioned by the participants:

“I learned to be supportive of my patient and their family because they are near death. So I make them feel comfortable, and free of pain and I reassure the family.” (P1)

“Respect the culture and respect their decisions. There is still respect even though you are pressured, calm yourself and do not show that you are about to burst. Simply show respect always to him or her.” (P3)

“Be professional and be honest about what is to be expected.” (P6)

“Professionalism in end-of-life care patients is important. You still respect the privacy and dignity of patients.” (P7)

There came a point when nurses put their patients' needs ahead of their own because they are their main priority. However, they bear in mind to adhere to their health standards and policy when a nurse is with a patient as they highlighted:

“I would not prioritize myself. Patients should be the primary focus in end-of-life care, they should be my priority and I would always make sure that they will be comfortable and free of pain.” (P1)

“I learned to give whatever I can give to the patient. Do your best to provide comfort that way you're also doing it for yourself.” (P2)

“Just do the right thing and follow the policy and protocol. There are a lot of policies here. It should be followed so you should follow the standard of care.” (P3)

- Radical Confirmation

Nurses will eventually lose the patient they are taking care of as the nature of giving end-of-life care. With these experiences, they have to learn just to accept these happenings. Realizing that it will be more difficult to move on and provide the proper treatment for the next patient if they do not promptly accept the reality of losing a patient as the respondents responded:

“I accept the fact that the patient died already and that there's nothing you can do that way you don't have guilt anymore.” (P2)

“The value of loving your family more, loving yourself more because you will never know when you will get hit by something which you are not expecting.” (P4)

“It is not that easy but I can let go of the things I have to let go of, I don't want myself to be attached too much even at work so I could healthily balance my emotions.” (P8)

The nurses have to quickly accept the reality that their patient will eventually pass away and that the next patient they will take care of will also pass away. They have to adopt the view that their patient will eventually pass away to give the proper care to the next patient.

Nurses experience losing a patient working with end-of-life care patients. As they gain experience, they also learn how to handle and better interact with the patients professionally. There came a point when nurses put their

patients' needs ahead of their own because they are their main priority. Nurses will eventually lose the patient they are taking care of as the nature of giving end-of-life care. With these experiences, they have to learn just to accept these happenings. The nurses have to quickly accept the reality that their patient will eventually pass away and that the next patient they will take care of will also pass away. They have to realize that this will occur every time so that they can give the proper care to the next patient.

4. Discussion

The study highlights the impact that caring for end-of-life patients can have on the job performance of nurses. The experience of providing care for patients who are dying can be emotionally challenging for healthcare professionals, and can lead to changes in their performance, particularly in areas such as coping, concerns, and realizations. Coping is a crucial aspect of caring for end-of-life patients, as nurses must find ways to manage their own emotions while being present and supportive for their patients. The study aimed to explore the coping strategies that nurses in Qatar use when caring for end-of-life patients, in order to identify best practices and support mechanisms that can be put in place to help nurses manage their emotions and provide the best possible care for their patients. Concerns are another key aspect of caring for end-of-life patients. Nurses may have concerns about their patients' comfort, quality of life, and the emotional impact that their care may have on their patients' families. The study aimed to identify the specific concerns that nurses in Qatar have when caring for end-of-life patients, in order to provide targeted support and training to help nurses address these concerns and provide the best possible care.

Finally, the study aimed to explore the realizations that nurses have when caring for end-of-life patients. This includes the emotional impact that caring for dying patients can have on nurses, as well as the insights and perspectives that they gain from this experience. By understanding the realizations that nurses have when caring for end-of-life patients, researchers can gain a deeper understanding of the emotional and psychological impact of this work and molcan provide targeted support and resources to help nurses cope with these challenges. As a result, they pointed out the following aspects:

4.1 Psycho-social Concerns

Caretakers and patients must communicate effectively. While the patient plays a passive part, the nurse is shown to have a paternalistic attitude and possess leadership qualities. One of the many elements that this connection affects is the level of a patient's autonomy. The nurse-patient relationship should enable the professional to observe the patient's and family's experience with the health and illness processes rather than attempting to change the patient's beliefs and behaviors [6]. The nurse will be able to identify the patient's needs and meet them as long as they are able to communicate effectively. As the nurse provides treatment for the patient, it can help the patient feel more at ease. In order to provide mental support when the patient's loved ones are not present, the nurse becomes a connection point for the patients receiving end-of-life care. By addressing the physical, psychological, social, and spiritual needs of those with life-threatening illnesses and their families, end-of-life care aims to enhance quality of life.

The ability to navigate difficult clinical circumstances and intense emotions is necessary for communicating with clarity and compassion [7]. The nurse's clarity will improve as they effectively communicate

The approach nurses take to patients who are nearing the end of their lives and their level of preparedness are important components in ensuring high-quality patient- and family-centered care. Additionally, palliative and end-of-life care offer practical assistance with daily chores [8]. The goal of establishing a rapport with the patients is to improve the quality of life for the patient, their families, friends, and caregivers. It relies on the patient's needs and whether they receive end-of-life care.

The nurse will continue to advance in experience. Patients frequently arrive and leave. Through that, the nurse would encounter various patient types and learn how to professionally manage them.

A nurse enables clients to complete medical care while directly interacting with their patients. Patients may engage in healthcare choices and be happy with the services they receive, thanks to this relationship. The nurse-patient connection is based on "trust," which gives end-of-life care patients power and enables nurses to speak out for them. There are five important components to this interaction that experts have recognized. Along with other elements like power, respect, empathy, and closeness, trust is at the top of the list.

Many people are uncertain of the procedure or what to anticipate when they seek medical attention or are admitted to a hospital. They might be anxious about what's to come and have trouble understanding the medical lingo. The nurse is there to speak with people who might find it difficult to understand medical terms being used by others [9].

Nurses can build confidence with those they are caring for by concentrating on the patient's perspective. As a result, nurses are better able to understand their patients' needs and how they are managing. The foundation of nursing treatment is compassion. Each nurse owes it to the patients they care for to treat them with compassion; failing to do so might make the patients feel unappreciated and lacking in mental support [10].

In all facets of end-of-life care and decision-making, relatives are engaged. Families are involved in providing care for a chronic or terminal illness, advance directive planning and discussions, decision-making during a chronic illness, implementing advance directives and making crucial decisions near the end of life, and the long-term effects of caregiving and difficult decisions on the family member during bereavement [11].

Family caregiving is usually at the core of what sustains patients at the end of life, even for patients getting complex, intensive medical care for serious and terminal illnesses. Families are important in the emotional and practical aspects of patient care as well as in the choice-making process towards the end of life. At the end-of-life care, the intangible relationship between physicians and patients' families presents both difficulties and opportunities about which physicians may be unprepared.

The job of nurses is built on the assumption that nurses' roles can be extended through continuing professional development which is also considered to be a key factor in nursing retention.

Nursing care's primary goals are to increase patient satisfaction and lessen physical suffering. But they should also know how to help patients and their families decide whether or not hospice and end-of-life care are necessary. Nurses who receive adequate instruction in palliative and end-of-life care may be better able to provide high-quality care with acceptance, respect, and sincerity [12]. Nurses gain knowledge through practice. As they carry out their duties, they adopt new views.

In addition, nurses should be aware of cultural and spiritual beliefs that may affect a patient's end-of-life care. Different cultures and religions may have different views on death and dying, and nurses should be respectful and sensitive to these beliefs. This includes providing access to spiritual and religious resources for patients and their families [7]. Since there are various cultures, nurses must adjust to the patient's culture to provide the most effective healthcare. They must be attentive to the patient's needs and find ways to make the patient feel at home in addition to taking care of them.

Additionally, nurses are essential in helping patients and their families cope with loss. This includes providing emotional support, resources for counseling or support groups, and guidance on coping mechanisms. Nurses should also be aware of their own emotions and seek support and self-care as needed [11]. A nurse may have a lot of responsibilities. In addition to calming the family's emotions, caregivers must also care for themselves.

Through their interactions with patients receiving end-of-life care and their families, nurses are able to communicate their concerns and demonstrate how, despite attachments, they are able to handle situations that are unique to them. This component considers the nurses' availability, the assistance of their coworkers, and their professional lives, all of which are acknowledged in their individuality in how they handle these things while also operating as nurses and individuals.

It takes a lot of personal and interpersonal effort to comfort existential and spiritual suffering. Through their comforting presence, nurses have the power to lessen existential and spiritual suffering. They have the opportunity to recognize patients' resilience and support their bravery to live meaningful lives and die with dignity by developing close relationships with patients and their families.

4.2 Coping Strategies

The coping strategy that nurses use when dealing with patients is to first set their priorities straight. They must always set their priorities straight or else their mind will be all over the place and before and after dealing with their patients they always have a certain mindset that's locked in. A common example would be, not being too attached: if they are less attached to their patient they will be able to handle them attentively without emotions getting in the way.

The ability to think and behave in ways that lessen the difficulty of a situation, whether it be internal or external, is known as coping [13]. Since they are involved with the patient, nurses who have been working for more than a year practice self-care.

While giving patients end-of-life care is a top priority for nurses, they also need to emphasize taking care of

themselves. Any intentional action we take to improve our bodily, mental, and spiritual wellbeing is known as self-care [14]. Through self-care, it can help reduce the nurses' stress.

There are a variety of challenges faced by nurses who provide end-of-life care that have the potential to wear down both the individual and the team by causing burnout and compassion weariness. They must develop the ability to halt. To protect your physical health and wellbeing, you should take all reasonable precautions, such as keeping good hygiene, eating a balanced diet, controlling your stress, and seeking medical attention as needed. Systemic stressors and mental stress linked to healthcare have always been risk factors [15].

Typically, nurses overlook their own needs while working. To reduce stress and support nurses in leading longer, healthier lives, there are a number of routines and exercises that they should follow. The decision to become a nurse is physically and emotionally taxing. Nurses who labor long hours often experience burnout. A sizeable part of a nurse's physical and emotional self is given to their patients and families. When it comes to one's own wellbeing, self-care is frequently disregarded [16]. Because of their workload, it has been overlooked.

Both positive and negative coping techniques were used, including peer support, informal and formal debriefing, cultivating an attitude of intentional gratitude, avoidance, and compartmentalization [17]. The observed changes in practice were all characterized as representing professional development brought about by the use of reflective practice.

One of the common coping strategies nurses use would relate to praying. This helps in relieving stress that impacts nurses' working performance. Nursing administration, nursing organizations, and academics may take into account prayer as a useful coping technique in educating, researching, and examining strategies to help nurses cope with the inherent difficulties of their line of work [18].

Inevitably, nurses are involved in providing dying patients and their families with supportive care. There are numerous ways to think positively, and doing so can result in a number of various outcomes. It can either be a useful coping strategy or can interfere with important conversations and planning about the end of life, and subsequently, add to the distress of a grieving partner.

Because perception is a person's perspective and personal feelings that integrate their own memories and experiences in the process of comprehending a situation, perception is a powerful motivator for action. In this sense, nurses with negative perceptions of death are more likely to experience limitations in supportive End-Of-Life care and would suffer from a lack of knowledge and adequate training. Contrarily, nurses who have a good outlook on mortality will have less worry or fear associated with it. Nurses must acknowledge and address their personal conceptions about death [19]. As they gain knowledge and practice, it will be less difficult for them to manage the situation.

The families and patients they are caring for may put a lot of demands on the terminal caregivers. Burnout may develop over time as a result of the caregiver's interaction with severely ill patients [20]. Although providing hospice care is inherently stressful, staff and volunteers may learn to keep an eye on their own stress response patterns and put self-care strategies into practice to avoid burnout.

Important issues in contemporary healthcare include the provision of person-centered treatment and patient-reported outcomes. In this discussion, the cornerstones of different forms of care are the ideas of "empathy," "sympathy," and "compassion." Empathy, sympathy, and kindness are essential in many areas of healthcare, including palliative care, where alleviating patients' pain and treating their severe illnesses are stated treatment objectives [21].

Coping strategies recognizes nurses who provide care for patients who are in need of end-of-life care for how they overcome the problems they confront. This acknowledgment indicates understanding how helping end-of-life patients demonstrates that people can seek support from those around them rather than keeping it to themselves, including their peers, other family members, and coworkers.

4.3 Self-Realization

Self-realization, the goal of nurses who provide end-of-life care is to be completely familiar with any situation and deal with them smoothly with little to no errors as they are helping patients pass away as comfortably as possible while also supporting their loved ones during this difficult time. While nurses aspire to develop personally and improve as people, they also want to make the patient's experience as pleasant as possible [22]. They come to realize things as a result of the experiences they go through at work.

Each individual chooses a different path for their nursing profession. Some regard it as a calling, a desire to improve communities and society. Others regard it as a commitment that they will be able to support their families and keep their financial security. Most of the time, it mixes aspects of both. Long-term benefits and physical and emotional challenges are both present in being a nurse. A person is affected by nursing for the remainder of their lives. Many nurses really value the opportunity to provide care while seeing humanity at its most helpless. This unique experience comes with a lot of advantages and benefits, all of which are exceptional [23].

Quality of life factors frequently into decisions about care for those approaching the end of their lives. Nurses have a duty to take care of patients, which includes comforting them, reducing their pain and other symptoms, and offering support to them, their families, and anyone else near [24]. The amount of responsibility that nurses shoulder makes their job challenging.

Because families of patients who are hospitalized for pain management and information from multiple points of contact, it is crucial to give patients' needs top priority while they are receiving treatment. A common source of conflict in palliative care is prognostic awareness, or the ability to comprehend the reality of a patient's possible course of a condition or illness [25].

Some nurses can become overly attached to their patients, which can lead to fatigue. When nurses become too attached to their patients they can be overcome with grief which could lead them to have emotional problems.

They are members of a professional clinical team as a registered nurse. However, it can be challenging to always act the part in a high-stress situation. Putting patients first, preserving ethics, and arriving at work with

the proper mindset each and every day are all part of being a professional nurse [26]. Since nurses care for patients and their families, professionalism is necessary for their line of work.

Attachment style and mentalization skills play a significant role in the development of an effective caregiver-patient relationship and the prevention of burnout in caregiving careers. Mentalization weakness is connected to psychological distress and insufficient mood regulation, whereas relying on and attachment avoidance are thought to be burnout risk factors. The attachment insecurity of nursing students may be offset by elevated mentalization. For inexperienced nurses, attachment security may function as a burnout prevention strategy [27]. For those working in the medical industry, training is crucial. It will help them adapt to their profession and prepare them for the type of work they will engage in.

Although there are many challenging aspects of providing end-of-life care for patients, nurses must accept what has occurred and separate themselves from the patients. Additionally important are acceptance, competence, emotional control, and experience. Stress brought on by a patient's passing can be significantly reduced by acceptance. Active coping, acceptance, and seeking expert assistance were the most frequently used coping techniques for anxiety [28]. Compared to other professions, nursing involves experiencing death more frequently. They may therefore be more susceptible than the general population to the damaging effects of negative emotions. A nurse caring for the terminally sick must remain aware that the person going through the most trying circumstances is the focus of her or his work. Therefore, the goal of caring for a patient who is dying is to lessen both physical issues and social, psychological, and psychiatric ones, as well as to help the patient's family. These duties necessitate a thorough patient approach, empathy, and the capacity to manage difficult situations while also attending to the specific needs of the dying patient and his family [29]. The nurse must take care of a lot of responsibilities for the patient. They have the ability to ease the challenges the patients experience because they have been designated to that workplace.

Self-Realization displays a nurse's ability to relate to ensuring accuracies, such as providing compassionate care for those who are terminally ill and others around them. As a result of this worry, the nurse started to feel anxious at work. But this reveals how participants describe their interactions with patients who are nearing the end of their lives. Self-realization guides the nurses into being aware and improves their professional caring toward their patients who are in end-of-life care. Self-realization helps nurses play their role in taking care of their patients with care and professionalism while helping the patients to be able to rest peacefully.

5. Conclusion

This phenomenological study focuses on the experiences of end-of-life nurses as they relate to their experience working with terminally ill patients in an end-of-life care department in Doha, Qatar. End-of-life care is a medical approach that optimizes quality of life and minimizes suffering for people suffering from serious, complex, and generally incurable diseases. End-of-life care nurses abroad face many challenges, including environmental issues, patient issues, communication issues, mentality issues, and the quality of care they provide. Analysis of this study used a qualitative data-gathering approach, achieved by conducting interviews with key informants.

In this study, nurses who provide end-of-life care for patients in Qatar are chosen to highlight the nurses' lived experiences, namely the specific aspects. These nurses participated in a crucial sector, but they still came across situations that only they as individuals could have handled differently.

Psycho-social Concerns that nurses have in their experiences in dealing with end-of-life care patients and their families allow them to express their concerns and show how, despite attachments, they master experiences only they can handle. This element takes into account the nurses' time, the help of their coworkers, and their career, all of which are acknowledged in their individuality in how they handle these things while also functioning as both nurses and individuals.

Coping strategies acknowledge nurses who care for patients in need of end-of-life care on how they overcome the challenges they face, depending on the foundation that the participants gained to build on. This acknowledgment implies acknowledging how caring for end-of-life patients shows that they can turn to those around them, such as their peers, other family members, and work colleagues for assistance, guidance, and support whenever they face challenges rather than keeping it to themselves.

Self-Realization also demonstrates the ability of nurses to relate to current situations, including compassionate care for terminally ill patients and those around them. The nurse became stressed at her workplace as this concern took a toll on themselves. However, this tells how participants describe their experiences dealing with patients at the end of their lives.

Through this study, future research can use the framework established that examines the experiences of individuals from similar backgrounds. The challenging realities that have emerged from the nurses' responses of providing end-of-life care for patients have motivated the participants to be open in situations and seek assistance from anybody they may speak to. It was important for individuals around the nurses to be willing to hear about their difficulties and be understanding of their concerns because the nurses had little support. The participants should continue to quickly adapt to their surroundings given the many duties that come with being a nurse who cares for patients who are at the end of their lives.

After delving into the participants' viewpoint, this study broadens the existence of such a notion by identifying the challenges in various aspects of their work and personal lives, the skills required and utilized to respond to such difficulties, and the learnings gained from their workplace experiences. These difficulties can be represented by a concentric circle diagram consisting of three major themes split into three sub-themes. The three major themes are Psycho-social Concerns, Coping Strategies, and Self-Realization.

The results indicate that end-of-life care nurses in Qatar execute a great display of professionalism in regard to taking care of end-of-life care patients because of their experiences. Whether it be by how they manage their emotions in the workplace, but also by how they communicate with a patient's family. Also, most nurses experienced in Qatar have developed a mindset to suppress or control their emotions when dealing with a patient dying. Nevertheless, nurses must have a healthy lifestyle in order to maintain everything in balance. There are situations where nurses value their job and patients more than themselves. This can affect not just their stress,

but also their job performance. To have satisfactory patient care and to stay away from stress and exhaustion, being exposed to a healthy environment and interaction between their work and their non-work life is important. The results indicate that nurses who work in an environment where they are able to communicate with their peers also have the right to pray to have a good performance in their work field.

This study recommends that future researchers who are interested to know the lived experiences of nurses with end-of-life care patients in Qatar have long-term experience as they have elaborated their experiences based on our research paper, there are nurses that deal with patients with severe illnesses which involve the assessment, diagnosis, and treatment of human responses to actual or potentially life-limiting illness and necessitates a dynamic, caring relationship with the patient and family to reduce suffering, has a long time experience for over 4-5 years in handling patients with end of life.

This research provided a large amount of information and outcomes, yet it still has a lot more space which can be used in future research studies. Given that the nurses interviewed are all from the same nationality, there could be bias when this research had been made causing limitations. The researchers also found that through the online interview used by the researchers and through this because it was not able to elaborate on the participants' experiences that were expressed through their nonverbal cues and body language. The researchers also found that students who were seeking a career in the health sciences were carefully chosen as the sample for this study since they fall within the category of health science students. The results obtained in this study may not be applicable to students outside of this assignment. The researchers advised that the future studies to be conducted must have a sample size that includes a wider variety of nationalities of nurses to have a more accurate finding. Not only that, but it offers a higher level of data dependability and more precise comparative analysis by gathering more responses from more individuals of various backgrounds.

Future improvements can further be implemented to improve the consistency and relevancy of the research for potential future events. Future researchers may be able to widen their learning through the nurses' tactics on how to overcome difficulties and tips in dealing with patients in end-of-life care. More could learn about the participants interviewed and compare the experiences and differences between newly hired end-of-life care nurses and experienced nurses that have been working for more than a year which can relate to their emotions and professionalism. Not only that, but future researchers may also be able to broaden their scope of study to include more hospitals that are outside of Doha that can provide end-of-life care from the given data. To have a more detailed analysis, such given categories include Psycho-social concerns, Coping strategies, and Self-realization.

References

- [1] Abu Hasheesh, M., AboZeid, S., et. al. (2021). Nurses' characteristics and their attitudes toward death and caring for dying patients in a public hospital in Jordan. *Health Science Journal*. [On- line]. 46(81). Available: <https://www.hsj.gr/medicine/nurses-characteristics-and-their-attitudes-toward-death-and-caring-for-dying-patients-in-a-public-hospital-in-jordan.php?aid=2813>
- [2] Jang, S., et al. (2019). Exploring nurses' end-of-life care for dying patients in the ICU using focus

- group interviews. *Intensive and Critical Care Nursing*. [On- line]. 52(73), 3-8. Available: <https://doi.org/10.1016/j.iccn.2018.09.007>
- [3] Meinke, H. (2019). ICU Nursing: What You Need to Know About Working in the Intensive Care Unit. *Rasmussen University*. [On- line]. Available: <https://www.rasmussen.edu/degrees/education/blog/stages-of-emotional-development/>
- [4] Shi, H., Shan, B., Zheng, J., et al. (2019). Knowledge and attitudes toward end-of-life care among community health care providers and its influencing factors in China. *Medicine (Baltimore)*. [On- line]. 98(45). Available: doi: 10.1097/MD.00000000000017683
- [5] Neubauer, B., Witkop, C., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspect Med Educ*. [On- line]. 8(2), 90–97. Available: doi: 10.1007/s40037-019-0509-2
- [6] Molina-Mula, J. & Gallo-Estrada, J. (2020). Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. *Int J Environ Res Public Health*,. [On- line]. 17(3), 835. Available: doi: 10.3390/ijerph17030835
- [7] Brighton, L., et al. (2019). Emotional labour in palliative and end-of-life care communication: A qualitative study with generalist palliative care providers. *Patient Education and Counseling*. [On- line]. 102(3), 494-502. Available: <https://doi.org/10.1016/j.pec.2018.10.013>
- [8] Blaževičienė, A., Laurs, L. & Newland, J.A. (2020). Attitudes of registered nurses about the end – of – life care in multi-profile hospitals: a cross-sectional survey. *BMC Palliate Care*. [On- line]. 19, 131. Available: doi: <https://doi.org/10.1186/s12904-020-00637-7>
- [9] Androus, A. (2022). The Importance of the Nurse-Patient Relationship for Patient Care. *Registered Nursing.org*. [On- line]. Available: <https://www.registerednursing.org/articles/importance-nurse-patient-relationship-care/>
- [10] Bramley, Louise, & Matiti, M., (2014) “How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses.” *Journal of clinical nursing*. [On- line]. vol. 23,19-20: 2790-9. Available: doi:10.1111/jocn.12537
- [11] Huang, X., (2016, July). Tenecteplase versus alteplase in stroke thrombolysis: An individual patient data meta-analysis of randomized controlled trials. *Int J Stroke*. [On- line]. (5):534-43. Available: doi: 10.1177/1747493016641112
- [12] Lin, Dan-Yu et al. (2022, June). “Durability of Protection Against Symptomatic COVID-19 Among Participants of the mRNA-1273 SARS-CoV-2 Vaccine Trial.” *JAMA network open*. [On- line] vol. 5,6 e2215984. Available: doi:10.1001/jamanetworkopen.2022.15984
- [13] Martins, M., Chaves, C., & Campos, S., (2014). "Coping Strategies of Nurses in Terminal Ill" *Procedia - Social and Behavioral Sciences*, [On- line] vol. 113. Available: doi:10.1016/j.sbspro.2014.01.024
- [14] Purdue University Global. (2021). The Importance of Self-Care for Nurses and How to Put a Plan in Place. [On- line]. Available: <https://www.purdueglobal.edu/blog/nursing/self-care-for-nurses/#:~:text=Self%2Dcare%20reduces%20stress%2C%20replenishes,especially%20important%20during%20COVID%2D19.>
- [15] Sapeta, A., Centeno, C., & Arantzamendi, M. (2022). Adaptation and Continuous Learning: Integrative Review of Coping Strategies of Palliative Care Professionals. *Sage Journals*. [On- line]. Available:

- <https://journals.sagepub.com/doi/full/10.1177/02692163211047149>
- [16] Kelbach, J. (2022). The Ultimate Guide to Self-Care for Nurses. *RegisteredNursing.org*. [On- line]. Available: <https://www.registerednursing.org/articles/ultimate-guide-self-care-nurses/>
- [17] Lewis, S. (2017). Exploring NICU Nurses' Affective Responses to End-of-Life Care. *National Library of Medicine*. [On- line]. 17(2), 96-105. Available: doi: 10.1097/ANC.0000000000000355
- [18] Cain, C. (2019). The Effects of Prayer as a Coping Strategy for Nurses. *Journal of PeriAnesthesia Nursing*. [On- line]. 34(6), 1887-1195. Available: doi: 10.1016/j.jopan.2019.03.013
- [19] Park, Y., et al. (2020). "Contact Tracing during Coronavirus Disease Outbreak, South Korea, 2020." *Emerging infectious diseases*. [On- line] vol. 26,10: 2465-2468. Available: doi:10.3201/eid2610.201315
- [20] Patrick, Yusuf et al. (2017). "Effects of sleep deprivation on cognitive and physical performance in university students." *Sleep and biological rhythms*. [On- line]. vol. 15,3: 217-225. Available: doi:10.1007/s41105-017-0099-5
- [21] Sinclair, S., Norris, J.M., McConnell, S.J. et al. (2016). Compassion: a scoping review of the healthcare literature. *BMC Palliat Care*. [On- line]. 15, 6. Available: <https://doi.org/10.1186/s12904-016-0080-0>
- [22] Kristoffersen, M. & Friberg, F. (2014). The Nursing Discipline and Self-realization. *Nursing Ethics*. [On- line]. 22(6). Available: doi: 10.1177/0969733014543967
- [23] Holland, M. (2022). Nurses Reflect on What They're Most Grateful for About the Profession. *Nurse Journal*. [On- line]. Available: <https://nursejournal.org/articles/nurses-express-gratitude-for-the-profession/>
- [24] Roseline A., Tasner, C., & Aichetou, E. (2016). Coping strategies used by nurses in dealing with patient death and dying. *Bachelor's thesis*. [On- line]. 47. Available: https://www.theseus.fi/bitstream/handle/10024/123887/Akuroma_Roseline.pdf?sequence=1
- [25] Nipp, R.D., et al. (2017, August). Coping and Prognostic Awareness in Patients With Advanced Cancer. *J Clin Oncol*. [On- line]. 1;35(22):2551-2557. Available: doi: 10.1200/JCO.2016.71.3404.
- [26] Stasik, S. (2018). What It Means to Embody Nurse Professionalism. *Nursing News*. [On- line]. Available: <https://www.americanmobile.com/nursezone/nursing-news/what-it-means-to-embody-nurse-professionalism/>
- [27] Bordoagni, Giulia et al. (2021, November). "Burnout, Attachment and Mentalization in Nursing Students and Nurse Professionals." *Healthcare (Basel, Switzerland)*. [On- line]. vol. 9,11 1576. Available: doi:10.3390/healthcare9111576
- [28] Kostka, A.M., Borodzicz, A. & Krzemińska, S.A. (2021). Feelings and Emotions of Nurses Related to Dying and Death of Patients – A Pilot Study. *Psychology Research and Behavior Management*. [On- line]. 14, 705-717. Available: doi: 10.2147/PRBM.S311996
- [29] Marcysiak, M. & Dąbrowska, O. (2013). Acceptance of death as a life attitude for nurses and nursing students. *Department of Health Care and Human Sciences*. [On- line]. 3(1). Available: https://www.umb.edu.pl/photo/pliki/progress-file/phs/phs_2013_1/104_-110_marcysiak.pdf
- [30] A Deeper Understanding of Palliative Care. (2021, April 09). [On- line]. Available: <https://online.nursing.georgetown.edu/blog/understanding-palliative-versus-end-of-life-care>
- [31] ANA Center for Ethics and Human Rights (2016). Nurses' Roles and Responsibilities in Providing

- Care and Support at the End of Life. *American Nurses Association*. [On- line]. Available: <https://www.nursingworld.org/~4af078/globalassets/docs/ana/ethics/endoflife-positionstatement.pdf>
- [32] Cedar SH, Walker G (2020). Protecting the well-being of nurses providing end-of-life care. *Nursing Times*. [On- line]. 116(2), 36-40. Available: <https://www.nursingtimes.net/clinical-archive/end-of-life-and-palliative-care/protecting-the-wellbeing-of-nurses-providing-end-of-life-care-13-01-2020/>
- [33] Davidson, A. (2022). How Nurses Can Cope With a Patient's Death. *Nurse Journal*. [On- line]. Available: <https://nursejournal.org/articles/how-nurses-can-cope-with-a-patients-death/>
- [34] Suhonen, R., et al. (2018). Ethical elements in priority setting in nursing care: A scoping review. *International Journal of Nursing Studies*. [On- line]. 88, 25-42. Available: doi: 10.1016/j.ijnurstu.2018.08.006
- [35] Tornøe, K.A., Danbolt, L.J., Kvigne, K. et al. (2014). The power of consoling presence - hospice nurses' lived experience with spiritual and existential care for the dying. *BMC Nurs*. [On- line]. 13, 25. Available: <https://doi.org/10.1186/1472-6955-13-25>
- [36] Zeng, B. (2021). Impact Of Nurse-Patient Relationship on Healthcare Quality. *Ponbee*. [On- line]. Available: <https://ponbee.com/nurse-patient-relationship/#:~:text=The%20nurse-patient%20relationship%20stems%20from%20%E2%80%9Ctrust%E2%80%9D%20that%20empowers,other%20factors%2C%20like%20power%2C%20respect%2C%20empathy%2C%20and%20intimacy>