

Lived Experiences of Nurses in End-of-Life Care

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ABSTRACT

This study focuses on the lived experiences of nurses performing end-of-life care to patients. The goal is to gain insights into the emotional, psychological, and professional challenges experienced by nurses while helping terminally ill patients, as well as how nurses cope with these factors and utilize supportive systems of care. Using a qualitative phenomenological approach, the study will collect data from in-depth interviews of nurses involved in palliative care units. The results are anticipated to suggest themes of emotional burden, ethical dilemmas, communication with patients and families, and professional fulfillment. The study will help advance nursing practice, inform policy development, and further support care among healthcare professionals engaged in palliative care.

Keywords: *End-of-life care, palliative nursing, lived experiences, phenomenology, coping strategies, moral distress*

INTRODUCTION

End-of-life care is an essential component of health systems worldwide, focusing on preserving the dignity, comfort, and quality of life of patients with life-limiting conditions. It encompasses a comprehensive approach that addresses the physical, emotional, psychosocial, and spiritual needs of patients and their families (World Health Organization, 2020). Nurses play a central role in providing end-of-life care because of their continuous presence and close interaction with patients and families. As primary caregivers, they are responsible not only for relieving symptoms and managing physical suffering but also for providing emotional support, facilitating communication, and accompanying patients and families throughout the dying process (Rosa et al., 2021). However, nurses working in palliative care are frequently exposed to emotionally demanding situations involving death, suffering, and grief. Repeated exposure to these experiences may contribute to compassion fatigue, moral distress, and burnout, particularly when adequate support systems are unavailable (Labrague et al., 2021; Zheng et al., 2022).

Emotional labor is also an important dimension of end-of-life nursing, as nurses are expected to regulate their emotions while maintaining professionalism, empathy, and compassion when caring for patients and families. In addition, nurses may encounter ethical dilemmas involving patient autonomy, life-sustaining treatments, end-of-life decisions, and differing preferences between patients and family members. These challenges may be further influenced by cultural values, family expectations, institutional policies, and social attitudes toward death and dying. Effective communication is therefore essential, as nurses must convey information with honesty, empathy, sensitivity, and respect for patients' and families' cultural values (Knaul et al., 2021). Despite these challenges, palliative nursing can also be a meaningful and rewarding professional experience. Nurses may derive a sense of purpose, personal growth, and professional fulfillment from providing compassionate care and supporting patients during one of the most vulnerable stages of life (Foster et al., 2021). This coexistence of emotional burden and professional fulfillment highlights the importance of understanding nurses lived experiences in a holistic manner.

In the Philippine context, the provision of palliative and end-of-life care continues to face challenges related to limited resources, access to specialized services, and the availability of trained healthcare professionals. These circumstances may place additional responsibilities on nurses who provide both clinical and psychosocial support to patients and their families. Understanding their experiences is therefore important in identifying the challenges they encounter, the ways they cope, and the forms of institutional support they require. This study seeks to explore the lived experiences of nurses providing end-of-life care in palliative settings, with the aim of contributing to the development of appropriate policies, institutional support mechanisms, and training programs that can strengthen nurses' capacity to provide compassionate, holistic, and culturally responsive end-of-life care.

Literature Review

Recent studies emphasize that nurses in palliative care experience substantial emotional burden due to repeated exposure to terminal illness, suffering, and patient death. Compassion fatigue and burnout are common concerns, particularly when nurses have limited access to organizational and psychological support (Zheng et al., 2022). Labrague et al. (2021) reported that emotional exhaustion among nurses may be associated with prolonged caregiving demands, heavy workloads, and insufficient psychological support. Similarly, White et al. (2021) described grief accumulation as a recurring experience among nurses, wherein repeated patient loss may result in unresolved emotional strain that affects both professional functioning and personal well-being. Prolonged exposure to suffering may also contribute to emotional labor, requiring nurses to regulate their emotions while maintaining a caring, compassionate, and professional demeanor.

Moral distress further compounds the emotional challenges experienced by nurses in end-of-life settings. Rushton et al. (2021) explained that nurses may experience moral distress when they are unable to act consistently with their professional values because of institutional constraints, clinical circumstances, or family decisions. Such situations may arise in decisions concerning life-sustaining treatment, do-not-resuscitate (DNR) orders, and the withholding or withdrawal of treatment. These ethical tensions may result in feelings of helplessness, guilt, frustration, and professional dissatisfaction. Thus, end-of-life nursing requires not only clinical competence but also ethical awareness and appropriate support for nurses who encounter complex decisions involving death and dying.

Although the literature highlights the negative consequences associated with end-of-life care, it also identifies positive outcomes, including resilience, professional satisfaction, and a sense of purpose. Nurses may derive meaning from providing compassionate care and supporting patients and families during the final stages of life (Foster et al., 2021). Compassion satisfaction, or the positive feelings derived from helping others, has also been identified as a potential protective factor against burnout and compassion fatigue (Sinclair et al., 2020). Nurses may further perceive end-of-life experiences as opportunities for personal reflection, professional growth, and strengthened appreciation of life. These positive experiences demonstrate that palliative nursing involves both emotional challenges and meaningful professional rewards.

The literature also identifies several coping strategies that help nurses manage the emotional demands of end-of-life care. Peer support, spirituality, reflective practices, and professional development can provide nurses with mechanisms for processing grief and maintaining emotional resilience. Peters et al. (2020) reported that structured debriefing and reflective practices can help nurses process difficult clinical experiences and reduce emotional distress. Similarly, spirituality and personal belief systems may provide nurses with frameworks for meaning-making and help them cope with death, loss, and suffering (Mollica et al., 2021). Social support from colleagues and supervisors is likewise important because supportive workplace relationships can help buffer the effects of occupational stress and emotional exhaustion.

Effective communication is another recurring concern in the literature on palliative and end-of-life nursing. Nurses are frequently required to participate in difficult conversations concerning prognosis, treatment decisions, deterioration, and death. Training in communication skills can improve nurses' confidence and preparedness when interacting with patients and families during emotionally sensitive situations (Rosa et al., 2021). Back et al. (2020) emphasized the importance of structured communication approaches for delivering

serious news while maintaining empathy, clarity, and respect. However, communication may become more challenging when cultural beliefs, language differences, family expectations, and varying understandings of death and dying influence the interaction between healthcare professionals, patients, and families.

Organizational and institutional support represents another important dimension of nurses' experiences in palliative care. Healthcare institutions that provide counseling services, mental health programs, mentorship, supportive leadership, and adequate staffing can contribute to nurses' well-being and job satisfaction (Kelly et al., 2021). Conversely, inadequate institutional support may increase emotional exhaustion, turnover intentions, absenteeism, and difficulties in maintaining quality care. Leadership practices and organizational culture are particularly important because they influence whether nurses feel supported when dealing with emotionally demanding cases, ethical dilemmas, and repeated patient loss.

Work environment factors, including staffing levels, workload distribution, and availability of resources, also influence nurses' capacity to provide quality end-of-life care. Aiken et al. (2021) reported that inadequate staffing is associated with increased nurse burnout and poorer patient outcomes. This concern is particularly relevant in palliative care, where patients require individualized attention, symptom management, emotional support, and continuous communication with families. When staffing and resources are inadequate, nurses may have difficulty providing the holistic and compassionate care required during the final stages of life, potentially affecting both patient experiences and nurses' well-being.

Cultural context further shapes nurses' experiences of end-of-life care. In many Asian and developing countries, discussions concerning death and dying may be influenced by cultural beliefs, spirituality, family expectations, and social norms. These factors may create challenges in communicating prognosis and making end-of-life decisions, thereby increasing the emotional and ethical responsibilities placed on nurses (Cheng et al., 2022). Family-centered decision-making, which is common in collectivist cultural contexts, may also create situations in which nurses must navigate differences between patient autonomy, family preferences, and professional responsibilities. Consequently, culturally sensitive communication and care are essential components of effective palliative nursing practice.

The COVID-19 pandemic further intensified the emotional and professional challenges associated with end-of-life nursing. Studies conducted during and following the pandemic reported increased levels of stress, anxiety, burnout, and emotional exhaustion among healthcare workers as a result of increased mortality, infection-control measures, restricted visitation, and reduced opportunities for patients to interact with their families (Labrague & De Los Santos, 2021). Nurses were often required to provide both clinical care and emotional support when family members could not be physically present. These circumstances increased nurses' emotional responsibilities and highlighted the importance of institutional mechanisms for psychological support and grief processing.

Finally, emerging literature highlights the importance of education and professional training in strengthening nurses' preparedness for end-of-life care. Nurses who receive specialized palliative care education may demonstrate greater confidence, improved communication skills, and stronger capacity to manage complex end-of-life situations (Ferrell et al., 2022). Continuing professional development is therefore important in equipping nurses with the clinical, ethical, communication, and psychosocial competencies required in palliative settings. Overall, the literature demonstrates that nurses' experiences of end-of-life care involve a complex interaction of emotional burden, ethical challenges, communication demands, cultural considerations, coping mechanisms, organizational support, and professional fulfillment. These findings establish the importance of examining nurses' lived experiences to better understand how they interpret, manage, and derive meaning from caring for patients and families during the final stage of life.

Local and Philippine Context

In the Philippine setting, palliative care services are still developing, and access to care remains limited due to resource constraints, lack of trained professionals, and insufficient integration into the healthcare system (Corpuz, 2024). These limitations place a greater burden on nurses, who often assume multiple roles in delivering both clinical and emotional care to patients.

Studies involving Filipino nurses reveal that their experiences in palliative care are deeply influenced by cultural values such as strong family orientation, spirituality, and respect for life. These cultural factors intensify emotional attachment to patients and heighten the emotional burden associated with end-of-life care (Almanon, 2025). Nurses often experience emotional exhaustion, moral distress, and ethical dilemmas, particularly when navigating decisions involving life-sustaining treatments and family expectations.

Moreover, Filipino nurses frequently rely on coping mechanisms such as spirituality, peer support, and family support to manage stress and emotional fatigue. Research indicates that spirituality plays a significant role in helping nurses find meaning and maintain resilience despite repeated exposure to death and suffering (Ramos et al., 2022).

Communication challenges are also evident in the Philippine context. Cultural norms that discourage open discussions about death often make it difficult for nurses to communicate prognosis and end-of-life decisions effectively, leading to additional emotional strain and ethical conflicts (Lopez et al., 2021).

In terms of professional preparedness, studies suggest that while Filipino nurses generally demonstrate positive attitudes toward palliative care, there are gaps in knowledge and skills, particularly in pain management and end-of-life communication. Nurses who receive specialized training show higher competence, confidence, and resilience in handling palliative care situations (Soriano et al., 2023).

Despite the growing body of local research, most studies focus on quantitative assessments of stress, burnout, and coping. There remains a lack of qualitative, phenomenological studies that explore the lived experiences of Filipino nurses in depth.

Both foreign and local literature consistently emphasize that nurses working in palliative care practice face a dual reality: their role encompasses emotional burden, ethical dilemmas, and psychological stress, while they also experience professional fulfillment, resilience, and a sense of purpose. Though coping strategies and institutional support could be critical for managing these stressors, gaps remain in understanding how nurses interpret and derive meaning from their experiences within specific cultural settings such as the Philippines. This research aims to fill in these gaps by conducting a qualitative phenomenological investigation of nurses' lived experiences in palliative care.

The objective of this research is to reflect on the narratives, emotions, and coping mechanisms of this group to provide a better understanding of end-of-life care and to inform interventions, strategies, and nursing practices, which will be adapted to their cultures.

Conceptual Framework

This study is based on Watson's Theory of Human Caring and the Stress and Coping Theory put forward by Lazarus and Folkman. Watson's Theory of Human Caring suggests human connection and compassion as a core element of nursing practice. This emphasizes the roles that nurses play in helping provide holistic care that nurtures the patient and the caregiver.

The Stress and Coping Theory describes how people deal with stressful events and employ coping strategies to manage their emotional and psychological loads. From a palliative care perspective, stressful exposure to death can affect nurses' well-being and professional performance — and their coping strategies are crucial.

The study is guided by these theories in understanding how nurses manage emotional challenges to caring. Within the healthcare, palliative care services are still developing in the Philippine context and support systems around healthcare workers may be limited. This underscores the need to understand nurses' experiences, so that policy development, increased support from institutions, and better training programs reflect these experiences. Hence this study intends to conduct an in-depth study examining the navigation and experience of nurses throughout end-of-life care in palliative settings.

Statement of the Problem

The study aims to explore the nurses lived experience in the end-of-life care in palliative care settings.

The study aims to answer the following questions:

1. What are the lived experiences of nurses providing end-of-life care in palliative settings?
2. What challenges do nurses encounter in providing end-of-life care?
3. What coping mechanisms do nurses use in managing these challenges?

Scope and Limitation

This study will focus on nurses working in palliative care settings who are directly involved in delivering end-of-life care to individuals with life-limiting conditions. It will aim to explore their lived experiences, particularly in relation to the emotional, psychological, and professional challenges they encounter, as well as the coping strategies they employ in managing these demands. Specifically, the study will investigate how nurses perceive and make sense of their roles in providing compassionate care, interacting with patients and families, and navigating ethical and emotionally complex situations within palliative care contexts.

This study will be conducted in selected government and private healthcare institutions in Isabela Province, Region II, Philippines, that provide end-of-life and palliative care services. The participants will be registered nurses who meet the established inclusion criteria and have direct experience in providing end-of-life care. The study will focus exclusively on the perspectives and lived experiences of nurses and will not include other healthcare professionals, patients, or family caregivers. Furthermore, the study will be limited to adult palliative and end-of-life care settings. Data collection will commence upon approval of the Research Ethics Committee (REC) and institutional permissions and will be conducted over a one-month period.

Significance of the Study

The findings of this study will be beneficial to several stakeholders in the field of healthcare, particularly those involved in palliative and end-of-life care.

Nurses. This study will enhance their awareness of the emotional, psychological, and professional challenges associated with providing end-of-life care. By understanding the lived experiences of their peers, nurses will be better equipped to recognize signs of compassion fatigue, burnout, and emotional distress. The study will also provide insights into effective coping strategies, which may help them improve their resilience, maintain their well-being, and sustain compassionate care in their practice.

Healthcare institutions. The findings of this study will be useful for building and enhancing institutional support networks. The results will support developing policies, programs, and interventions such as counseling services, stress management programs, debriefing sessions, and professional development opportunities specific to nurse support and professional activities to help promote the mental health of nurses. This ultimately will contribute to improved staff retention, job satisfaction, and quality of healthcare delivery.

Healthcare educators. This study will provide evidence that may be used to enhance nursing education, particularly in the area of palliative and end-of-life care. The insights gained will be able to support the integration of emotional preparedness, communication skills, and coping mechanisms into the nursing curriculum. This will better prepare future nurses to handle the complexities of caring for terminally ill patients and to respond effectively to the emotional demands of their profession.

For patients and their families. The study will contribute to improved quality of care by promoting a deeper understanding of nurses' experiences and supporting their well-being, healthcare institutions can ensure that nurses are better prepared, more emotionally resilient, and more capable of delivering compassionate, patient-centered care. This, in turn, will enhance the overall experience of patients and families during end-of-life care.

Researcher. This study holds great significance for the researcher because it allows the researcher to gain a clearer perspective on the experiences of nurses who have dealt with end-of-life patients. With this research, the researcher will get a chance to learn more about the emotional and psychological challenges faced by such nurses. The researcher will also be able to appreciate the significance of compassion, empathy, and resilience in nursing

practice. In addition to contributing towards the growth of the researcher as a person, this study will enable the researcher to become a better researcher and critical thinker with the skills needed to perform qualitative research.

Future researchers. This study provides qualitative insights into the lived experiences of nurses from palliative care settings. Being that qualitative phenomenological studies in this field are few and far between, especially in certain cultural settings, these results will be useful as evidence for the continuation of research. It will also pave the way for comparative studies, intervention-based research and policy-oriented investigations in the area of palliative care.

METHODS

Research Design

This study will employ a phenomenological qualitative research design which can examine nurses' experiences in palliative care settings and its meaning for them from their lived life. The phenomenological approach will be suitable for this study as it seeks to describe and interpret the essence of participants' experiences on end-of-life care (Creswell & Poth, 2021). This method will give the researcher better insight into what nurses take as their own experiences how they perceive, make meaning, and respond to the emotional, psychological, and professional requirements when caring for terminally ill patients (Polit & Beck, 2021). In addition, this research design allows for the gathering of detailed, nuanced, highly subjective narratives that tell the stories of participants' life experiences; this has contributed to a better understanding of the experiences of nurses. By emphasizing personal experiences and narratives, the study will document the richness and complications of feelings, thoughts and mechanisms of coping among nurses in palliative care settings. It will focus on finding themes, common perceptions, and meanings among participants' experiences rather than measuring data or testing predefined hypotheses (Moser & Korstjens, 2021).

Furthermore, incorporating the phenomenological approach will inform us how we can see nurses as interpretive agents in providing compassionate care, managing grief, and addressing ethical dilemmas. This will enable the researcher to discover how their encounters with patients and families and how they are perceived will impact on their identity as a professional and their personal well-being. This method is especially applicable to the exploration of nuanced and relevant and sensitive human experiences, including compassion fatigue, emotional resilience, moral distress, and ethical decision-making, which are woven into the fabric of palliative care (Labrague et al., 2021; Zheng et al., 2022).

Participants of the Study

Participants will consist of approximately eight (8) to fifteen (15) registered nurses who are directly involved in providing end-of-life care in selected healthcare institutions in Isabela, Region II, Philippines. The final number of participants will depend on data saturation, which will be reached when no new themes or significant information emerge from the interviews.

Inclusion Criteria:

- Registered or licensed nurses;
- At least one (1) year of experience in providing palliative or end-of-life care;
- Direct involvement in the care of terminally ill or end-of-life patients; and
- Willing and able to provide informed consent.

Exclusion Criteria:

- Nurses without experience in palliative or end-of-life care;
- Healthcare professionals other than nurses; and
- Individuals unwilling or unable to provide informed consent.

Instrumentation

This study will use a semi-structured interview guide as the main data collection tool. This instrument will be constructed using open-ended questions designed to encourage participants to share detailed narratives about their experiences, emotional responses, challenges encountered, and coping strategies in providing end-of-life care. A semi-structured format will give the researcher flexibility to ask follow-up and probing questions that may seek greater understanding to clarify and extend the participants' responses. Such a framework guarantees that while key topics are covered, participants are also given the freedom to articulate their thoughts completely.

Pilot Testing

Prior to the actual data collection, the semi-structured interview guide will undergo pilot testing to assess the clarity, relevance, comprehensibility, and appropriateness of the interview questions. The pilot test will involve two (2) to three (3) registered nurses who meet the study's inclusion criteria and have experience in providing end-of-life care. However, these individuals will not be included in the final study sample to avoid potential bias arising from prior exposure to the interview questions.

The primary purpose of the pilot test is to evaluate the interview process, identify ambiguous or unclear questions, estimate the duration of the interview, and determine whether revisions to the interview guide are necessary. Feedback obtained from pilot participants will be used solely for refining the research instrument and interview procedures.

Data gathered during the pilot test, including interview responses and recordings, will not be included in the final analysis of the study. Instead, such data will be used exclusively for instrument improvement and will be securely stored and disposed of in accordance with the study's data management procedures.

Prior to participation in the pilot test, pilot participants will receive a Participant Information Sheet and will be required to provide written informed consent. They will be informed of the purpose of the pilot test, the voluntary nature of participation, their right to withdraw at any time without penalty, and the measures that will be taken to ensure confidentiality and privacy.

Data Collection

The study will be conducted in selected healthcare institutions in Isabela, Region II, Philippines, that provide palliative care, hospice care, oncology care, or other services involving end-of-life care. These may include government hospitals, private hospitals, and specialty healthcare facilities where nurses are directly involved in caring for terminally ill patients. Final study sites will be identified upon approval of the Research Ethics Committee (REC) and after obtaining written permission from the respective hospital administrators or nursing service directors.

Prior to participant recruitment, the researcher will formally request permission from the administrators of the participating healthcare institutions. Upon approval, the researcher will coordinate with the Nursing Service Office or designated liaison officer to disseminate study invitations to eligible nurses.

To minimize coercion and undue influence, nurse supervisors, nurse managers, head nurses, or hospital administrators will not directly recruit participants and will not know who agrees or declines to participate. Recruitment will be conducted solely by the researcher through invitation letters, information sheets, posters, or electronic announcements distributed within the institution. Interested nurses will be asked to contact the researcher directly using the contact details provided in the recruitment materials.

Participation in the study will be entirely voluntary. Eligible nurses will be informed that their decision to participate or decline will not affect their employment status, performance evaluation, professional relationships, salary, benefits, or standing within the institution. No incentives that could unduly influence participation will be offered. Participants will be free to withdraw from the study at any time without penalty or adverse consequences.

The researcher will obtain written informed consent from all participants before conducting the interviews. All information collected will be treated with strict confidentiality, and no identifying information will be shared with hospital administrators, supervisors, or other personnel.

Distress Management Plan

Given the delicate nature of addressing experiences connected to end-of-life care, participants may suffer emotional discomfort, melancholy, or psychological distress throughout the interview. The proper steps will be taken to ensure the protection of participants well-being during the whole research process. Participants will be advised before the interview that some questions may elicit emotional memories and that they are entitled to refuse to answer any question, take a break, pause the interview temporarily or withdraw from the study at any moment without penalty or unfavorable effects.

If the participant demonstrates emotional distress during the interview, the researcher will immediately terminate the session and determine the subject's willingness to continue. The individual will be given a period of time to rest and compose themselves. If the participant decides not to continue, the interview will be terminated and all data acquired to that point will be stored or withdrawn as the participant wishes. Following the interview, the researcher will hold a debriefing session with the participant to offer emotional support, talk through any issues that arose during the interview, and ensure the person is emotionally stable before the session closes.

If significant emotional distress is observed or reported, the participant will be provided with information about mental health and psychosocial support services available such as the hospital's employee wellness program, counselling services, guidance and counselling units, mental health professionals or other appropriate support resources available within the community or institution.

If the participant is in severe emotional distress or if there is concern for the participant's safety or well-being, the researcher will immediately invite the participant to seek professional help and, with the participant's consent, assist to arrange referral to an appropriate health care professional or mental health service. The researcher will provide rapid contact information for support services and emergency services at appropriate times.

Participants can contact the researcher at any time during or after their involvement if they have any concerns, if they experience any difficulty linked to the study or if they need help obtaining suitable support services.

Online Interview Procedures and Privacy Protection

For participants who are unable to attend face-to-face interviews, data collection may be conducted through secure online video conferencing platforms such as Google Meet or Zoom, depending on the participant's preference and accessibility. Prior to the interview, eligible participants will receive an invitation containing the interview schedule, meeting link, Participant Information Sheet, and Informed Consent Form (ICF).

Informed consent will be obtained before the commencement of the online interview. Participants may provide consent by electronically signing and returning the informed consent form via email or secure electronic submission. At the beginning of the interview, the researcher will also verbally confirm the participant's consent to participate and to be audio-recorded. This verbal confirmation will be documented as part of the interview record.

To protect participants' privacy and confidentiality, participants will be advised to join the interview from a private location where conversations cannot be overheard by others. The researcher will likewise conduct the interview in a secure and private setting. Only the researcher and the participant will be present during the interview unless the participant specifically requests the presence of a support person.

With the participant's permission, the interview will be audio-recorded using the recording feature of the selected online platform or a secure recording device. Recordings will be used solely for transcription and analysis purposes. No video recordings will be retained unless specifically approved by the participant through the informed consent process.

All recordings, transcripts, and related electronic files will be stored in password-protected and encrypted digital storage accessible only to the principal investigator and authorized research personnel. Files transferred electronically will be protected through secure file-sharing methods and will not be stored on publicly accessible platforms. Participant names and other identifying information will be removed from transcripts and replaced with codes or pseudonyms to maintain anonymity.

Upon completion of transcription and verification, audio recordings will continue to be stored securely as part of the research records and will be retained for five (5) years following study completion, after which they will be permanently deleted using secure data-erasure methods in accordance with institutional policies and ethical guidelines.

Data Storage, Retention, and Disposal

All data collected during the study, including audio recordings, interview transcripts, field notes, electronic files, and signed informed consent forms, will be treated with strict confidentiality and stored securely throughout the duration of the research.

Digital files, including audio recordings and electronic transcripts, will be stored in a password-protected computer and encrypted cloud storage accessible only to the principal investigator and authorized research personnel directly involved in the study. Hard-copy documents, including signed informed consent forms and field notes, will be stored in a locked filing cabinet located in a secure area accessible only to the principal investigator.

Participants will be assigned unique identification codes or pseudonyms to remove personally identifiable information from transcripts and research records. Any master list linking participant identities to study codes will be stored separately from the research data and protected with additional password security.

Access to research data will be restricted to the principal investigator, research adviser, and authorized members of the research team, when necessary, for research monitoring and analysis purposes. No identifiable information will be disclosed in reports, presentations, or publications arising from the study.

All research records will be retained for a period of five (5) years following the completion of the study or publication of the results, in accordance with institutional and ethical research guidelines. After the retention period, all electronic files, including audio recordings and transcripts, will be permanently deleted using secure data-erasure methods. Hard-copy documents, including consent forms and field notes, will be shredded or otherwise destroyed to prevent reconstruction or recovery of information.

Any data transferred electronically will be protected through secure file-sharing methods and password-protected storage systems. No research data will be stored on publicly accessible devices or shared with unauthorized individuals.

Data Analysis

The data collected will be analyzed using thematic analysis, a widely used method in qualitative research for identifying, analyzing, and interpreting patterns within textual data.

The analysis will follow these steps:

1. Familiarization with the Data – The researcher will repeatedly read the interview transcripts to gain a comprehensive understanding of the participants' responses.
2. Initial Coding – Significant statements and meaningful units related to the research questions will be identified and assigned codes.
3. Generating Themes – Codes will be grouped into categories, and emerging patterns will be organized into broader themes that reflect the essence of the participants' experiences.
4. Reviewing and Refining Themes – Themes will be carefully reviewed to ensure consistency, coherence, and relevance to the research objectives.
5. Interpretation of Themes – The researcher will interpret the themes by relating them to existing literature and theoretical frameworks.
6. Validation of Findings – To ensure trustworthiness, techniques such as member checking, peer debriefing, and maintaining an audit trail will be employed.

This process will enable the researcher to uncover deeper meanings, shared experiences, and significant patterns that characterize the lived experiences of nurses in palliative care settings.

RESULTS AND DISCUSSION

This section presents the findings of the study on the lived experiences of nurses providing end-of-life care in palliative care settings. The data were gathered through semi-structured interviews with eight registered nurses who had extensive experience in providing end-of-life care in various healthcare settings, including hospice, oncology, intensive care, medical, geriatric, and emergency units. The interview transcripts were analyzed using thematic analysis. Significant statements were coded and grouped into categories, which were then synthesized into themes that represent the shared experiences of the participants.

How many participants were interviewed?

The findings are organized according to the research questions.

Research Question 1

What are the lived experiences of nurses providing end-of-life care in palliative settings?

The analysis revealed four major themes:

- Compassionate and Holistic Care
- Emotional Connection with Patients and Families
- Preserving Dignity During the Final Stage of Life
- Professional Growth Through End-of-Life Care

Theme 1. Compassionate and Holistic Care

A thematic analysis of the interview transcripts identified compassionate and holistic care as the main theme of the nurse's lived experiences in the care of the dying. Almost everyone stressed that caring for a patient who is dying is more than just carrying out clinical procedures and giving drugs. However, they saw end-of-life care as holistic and person-centred; a care which reflected the physical, emotional, psychological, spiritual, social and cultural needs of the patient, and supported the patient's family. This discovery is in line with the World Health Organization (WHO, 2020) definition of palliative care as the person-centred approach to prevent and alleviate suffering by addressing the physical, psychological, social and spiritual needs and enhancing the quality of life for the patient and their family. This means that WHO's definition of palliative care is not restricted to treatment of the disease, but it also supports patients and families as they progress through the illness.

The focus on compassionate care is also backed by research which shows that holistic nursing at the end-of-life includes the relational, emotional and spiritual aspects of care. A systematic review by Mascio et al. (2022) studied 42 studies including 4,712 nurses and revealed that nurses' practice of spiritual and existential care is determined by their professional roles, communication skills, intentions and environmental resources in their work environment. The results indicate that end-of-life nursing demands that nurses treat patients as a whole person and focus not merely on the physical symptoms. A systematic review of spiritual care provision also revealed that palliative nurses' care includes an integrated holistic view that features the nurse-patient relationship, communication, warmth, acceptance, and responsiveness to spiritual concerns in end-of-life care (Ronaldson et al., 2020). Hence, the descriptions of compassion, dignity, comfort, respect, and peace by participants reflect the understanding of palliative nursing as a multidimensional and person-centered practice.

The participants repeatedly indicated that they were aiding people when they were at their most vulnerable age. Instead of treating disease, nurses emphasized the quality of the life that remained, doing their best to manage symptoms, provide emotional support and reassurance, communicate effectively and offer care and comfort. They said that every patient had their own values and beliefs, their own preferences and family situation, and that personalized care is vital to ensure that each person has a peaceful and dignified end-of-life experience. These descriptions support WHO's guiding principles on palliative care – being sensitive to the needs and preferences of the person and their carer, and promoting quality of life, comfort, dignity and family support.

Evidence of dignity-centered palliative care further supports the importance of individualized and culturally responsive care. In a systematic review of systematic reviews (SRs) of systematic reviews (SRs) by Johnston et al. (2023) it was concluded that interventions aimed at enhancing patients' dignity can help to manage their psychosocial and spiritual needs during palliative care such as anxiety, depression, suffering, and meaning and purpose in life. The review highlights the need to respect the person's identity, values, psychosocial needs, and personal meaning in caring for the person at the end of life. Similarly, studies on spiritual care highlight the importance of communication, nurse–patient relationships, and understanding and responding to spiritual/existential needs (Mascio et al., 2022). Through the experiences of the participants, it is clear that holistic end-of-life nursing care is not an extension of usual clinical care, but a relational care that aims at maintaining the dignity of patients, ensuring their comfort, valuing patient preferences and accompanying patients and families in the dying process.

Participant 5 eloquently described the essence of compassionate palliative nursing by stating:

"End-of-life care means preserving dignity, relieving suffering, respecting patient choices, and supporting families before, during, and after a patient's passing."

This statement illustrates that compassionate care extends beyond direct patient care to include the emotional preparation and bereavement support provided to family members. Participants acknowledged that families often experience significant emotional distress while witnessing the decline of their loved ones. Consequently, nurses considered family education, emotional reassurance, and compassionate communication as integral components of quality palliative care. They recognized that supporting families before, during, and after a patient's death contributes to healthier grieving processes and enhances the overall quality of end-of-life care.

Similarly, Participant 3 emphasized the importance of seeing beyond the patient's diagnosis.

"It is about treating the person, not just the illness."

This statement reflects the participants' belief that palliative nursing should focus on preserving the humanity of every patient regardless of prognosis. Rather than concentrating exclusively on disease management, nurses sought to understand each patient's life experiences, beliefs, emotional concerns, cultural values, and personal wishes. Participants explained that simple acts such as listening attentively, providing emotional reassurance, respecting privacy, and remaining physically present during difficult moments often had a profound impact on patients' sense of comfort and dignity.

Participant 6 further highlighted the individualized nature of compassionate care.

"Every patient has different needs, and I try to provide individualized care based on their condition and preferences."

This response demonstrates that participants viewed individualized care planning as fundamental to effective palliative nursing. Nurses explained that patient preferences regarding pain management, communication, spiritual practices, cultural traditions, and family involvement varied considerably from one individual to another. Consequently, participants believed that compassionate nursing requires flexibility, sensitivity, and continuous assessment to ensure that care remains responsive to the evolving needs of both patients and their families.

Beyond symptom management, participants frequently discussed the importance of emotional presence and therapeutic communication. Many explained that patients nearing the end of life often experience fear, anxiety, loneliness, uncertainty, and emotional distress. Nurses therefore regarded listening, offering reassurance, maintaining eye contact, holding a patient's hand, and simply remaining present during difficult moments as meaningful nursing interventions. These seemingly simple actions fostered trust, alleviated emotional suffering, and reassured patients that they would not face death alone.

Participants also recognized the significance of addressing patients' spiritual and cultural needs. Several nurses described facilitating visits from religious leaders, supporting patients' personal beliefs, encouraging spiritual reflection, and respecting cultural traditions related to dying and death. They believed that spiritual care contributes to emotional peace and acceptance while honoring patients' individual identities and belief systems. Participants emphasized that respecting cultural and religious preferences demonstrates genuine compassion and strengthens therapeutic relationships between nurses, patients, and families.

Another recurring aspect of compassionate and holistic care involved preserving patient dignity. Participants consistently emphasized that every patient deserves to be treated with respect regardless of age, diagnosis, functional status, or prognosis. Preserving dignity included maintaining patient privacy, respecting informed decisions, protecting autonomy, promoting comfort, and ensuring that patients remained involved in decisions regarding their own care whenever possible. Nurses explained that even when curative treatment was no longer feasible, preserving dignity remained one of their most important professional responsibilities.

Theme 2. Emotional Connection with Patients and Families

The analysis revealed that nurses developed deep and meaningful emotional connections with both patients and their families throughout the end-of-life care journey. Participants consistently described these relationships as one of the most significant aspects of their work in palliative care. Unlike other clinical settings where patient interactions may be brief, palliative care often involves prolonged and continuous contact, allowing nurses to build trusting relationships that extend beyond routine clinical responsibilities. As patients approach the end of life, nurses frequently become trusted companions, confidants, and sources of emotional support for both patients and their loved ones.

Participants explained that caring for terminally ill patients requires establishing therapeutic relationships founded on empathy, trust, respect, and compassionate communication. Through frequent interactions, nurses become familiar with patients' personal histories, family dynamics, cultural beliefs, fears, hopes, and preferences regarding end-of-life care. This deeper understanding enables nurses to provide individualized care that reflects each patient's unique needs and values while helping families navigate the emotional challenges associated with impending loss.

Participant 3 described the close bonds that naturally develop over time.

"Many patients become like family to us. We celebrate small victories together and grieve together during setbacks."

This statement illustrates that nurses experience the patient's journey alongside them rather than merely observing it from a clinical perspective. Participants explained that celebrating moments of comfort, pain relief, or meaningful family interactions created positive experiences despite the terminal nature of illness. Conversely, witnessing disease progression and patient deterioration often resulted in shared feelings of sadness and grief. Such experiences strengthened the emotional bonds between nurses and patients while reinforcing the compassionate nature of palliative nursing.

Similarly, Participant 7 emphasized the importance of emotional presence and active listening.

"Families appreciate having someone who listens to them, while patients become comfortable expressing their thoughts and feelings."

This response highlights that effective communication extends beyond providing medical information. Participants described active listening as one of the most valuable nursing interventions during end-of-life care. Patients often shared fears about death, concerns regarding unfinished responsibilities, hopes for their remaining time, and reflections on their lives. Likewise, family members frequently sought reassurance, emotional comfort, and guidance as they prepared for the loss of a loved one. Nurses believed that creating a safe environment where patients and families felt heard and understood significantly reduced anxiety and promoted emotional well-being.

Participant 8 further emphasized the supportive role nurses play within the family.

"Families often depend on nurses not only for clinical care but also for emotional reassurance."

Participants explained that family members frequently looked to nurses for emotional stability during periods of uncertainty. In addition to managing symptoms and administering treatments, nurses answered difficult questions, clarified treatment plans, provided reassurance during moments of fear, and remained present during emotionally overwhelming situations. Many participants viewed supporting families as equally important as caring for patients because family members also experience emotional suffering throughout the dying process.

A number of participants expressed that these significant relationships were built over time through 'consequent presence' and compassionate exchanges. The long hours nurses spent at the bedside allowed her to win the trust and become acquainted with the habits and individual likes/dislikes of patients. Participants shared how holding a patient's hand, making eye contact, not interrupting them while they talk, saying encouraging words, or simply sitting quietly next to a patient would convey compassion more effectively than medical intervention alone. These actions helped to create a feeling of security and that the patients were not alone in facing death.

The participants also reported on the emotional linkages that enabled more holistic and individualised care. Developing an understanding of patients' values and beliefs, and their own personal goals, enabled nurses to advocate on behalf of care which was delivered in a way that met the patients' wishes and upheld the dignity of their lives at the end. Participants felt that developing relationships of trust would help the patient share concerns about death, spiritual issues, concerns about the family and non-resolved family issues, and fear. Such openness allowed the healthcare teams to deliver healthcare that better reflected their patient's values and their idea of quality of life.

Theme 3. Preserving Dignity During the Final Stage of Life

Another prominent theme that emerged from the participants' narratives was the commitment to preserving patients' dignity throughout the dying process. Participants consistently emphasized that one of their greatest professional responsibilities was to ensure that every patient experienced respect, comfort, and a sense of worth until the end of life. Although curative treatment was often no longer possible, nurses believed that maintaining dignity remained an achievable and essential goal of palliative care. For the participants, preserving dignity involved respecting patients' autonomy, honoring their wishes, protecting their privacy, relieving suffering, and ensuring that they remained valued as individuals rather than merely recipients of medical care.

Participants explained that the focus of nursing care changes significantly as patients approach the end of life. Instead of emphasizing aggressive medical interventions intended to prolong life at all costs, priority shifts toward maximizing comfort, minimizing suffering, and supporting patients emotionally, spiritually, and socially. Nurses viewed this transition not as giving up on patients but as redirecting care toward improving the quality of the patient's remaining life.

Participant 2 described this transition by stating:

"Our focus shifts toward ensuring comfort, dignity, and peace."

This statement reflects the participants' shared belief that successful end-of-life care is measured not by extending survival but by promoting comfort and allowing patients to experience a peaceful death surrounded by compassion and respect. Participants emphasized that pain management, symptom control, emotional reassurance, and spiritual support become equally important components of nursing care during this stage. They explained that creating a peaceful environment helps reduce fear and anxiety while enabling patients and families to spend meaningful time together during the final moments of life.

Participant 4 further highlighted the universal importance of respecting every individual's inherent worth.

"Every patient should be treated with dignity, respect, and compassion regardless of the circumstances."

Participants consistently expressed that dignity should never be influenced by age, diagnosis, prognosis, disability, socioeconomic status, or level of dependency. Whether patients were conscious or unconscious, communicative or nonverbal, participants believed they deserved the same level of respect, privacy, and compassionate treatment. Nurses described maintaining patient privacy during personal care, speaking respectfully even when patients were unable to respond, and involving patients in decision-making whenever possible as practical demonstrations of preserving dignity.

Participant 1 emphasized the importance of respecting patients' values and preferences.

"Providing comfort and respecting the patient's wishes become more important than prolonging suffering."

This statement illustrates the participants' recognition that patient autonomy remains central throughout end-of-life care. Several participants explained that respecting patients' wishes often required supporting difficult decisions regarding life-sustaining treatments, advance directives, and comfort-focused care. Nurses viewed themselves as patient advocates who ensured that care plans reflected patients' personal values, beliefs, and preferences rather than solely the expectations of healthcare providers or family members.

Participants also discussed how preserving dignity extends beyond physical care to encompass emotional and psychological support. Many described spending time listening to patients' concerns, acknowledging their fears, encouraging meaningful conversations with loved ones, and supporting spiritual practices according to individual beliefs. Nurses explained that these actions helped patients maintain a sense of identity, purpose, and control during a period often characterized by uncertainty and vulnerability.

Family involvement also emerged as an important aspect of preserving dignity. Participants encouraged family members to remain actively involved in caring for their loved ones whenever appropriate. They facilitated opportunities for families to express love, resolve misunderstandings, seek forgiveness, and create lasting memories. Participants believed these interactions promoted emotional healing for both patients and families while honoring the patient's final wishes.

Several participants also described advocating for patients during interdisciplinary discussions when treatment decisions conflicted with patients' expressed preferences. They viewed advocacy as an ethical obligation that protected patients' rights and reinforced respect for individual autonomy. Nurses emphasized that preserving dignity often required balancing clinical judgment, ethical principles, cultural considerations, and family expectations while ensuring that patients remained at the center of decision-making.

The findings strongly support the World Health Organization (2020), which identifies respect for dignity, autonomy, and quality of life as fundamental principles of palliative care. Likewise, Ferrell et al. (2022) emphasized that preserving dignity through individualized symptom management, effective communication, and shared decision-making is central to high-quality palliative care. Rosa et al. (2021) similarly argued that nurses play a pivotal role in safeguarding patient dignity by advocating for patient preferences, promoting comfort, and supporting families throughout the dying process.

These findings are also consistent with Soriano et al. (2023), whose Person-Centered Palliative Care Nursing Instrument identifies dignity preservation, individualized care, compassionate communication, and respect for patient autonomy as core competencies of palliative nursing practice. Furthermore, Watson's Theory of Human Caring (Watson, 2008) emphasizes that authentic caring relationships are grounded in respect for human dignity, unconditional acceptance, and compassionate presence. The participants' narratives strongly reflect these principles by demonstrating that preserving dignity constitutes the ethical and philosophical foundation of end-of-life nursing.

Overall, the findings indicate that preserving dignity is not merely one aspect of end-of-life care but its guiding principle. Through compassionate communication, respect for autonomy, symptom management, advocacy, and individualized care, nurses strive to ensure that every patient experiences comfort, respect, and peace throughout the final stage of life. These experiences demonstrate that dignity-centered care enables patients

to face death with greater comfort while providing families with reassurance that their loved ones were treated with compassion and humanity until the very end.

Theme 4. Professional Growth Through End-of-Life Care

The findings further revealed that providing end-of-life care contributes significantly to the personal and professional growth of nurses. Although participants acknowledged the emotional demands associated with caring for dying patients, they consistently described these experiences as transformative, enriching, and professionally rewarding. Caring for patients during the final stage of life challenged nurses to develop greater emotional resilience, strengthen interpersonal skills, enhance ethical decision-making, and cultivate a deeper appreciation for the human aspects of nursing practice.

Participants explained that repeated exposure to death, grief, and suffering gradually changed their perspectives on nursing, life, and personal relationships. Rather than diminishing their commitment to the profession, these experiences reinforced their sense of purpose and strengthened their dedication to providing compassionate, patient-centered care.

Participant 6 reflected on the professional competencies developed through years of palliative nursing experience.

"It has strengthened my resilience, compassion, and communication skills."

Participants frequently explained that caring for terminally ill patients improved their ability to communicate difficult information with empathy and honesty. They reported becoming more confident in discussing sensitive topics such as prognosis, advance care planning, symptom management, and death with both patients and families. Exposure to emotionally complex situations also enhanced their critical thinking, ethical reasoning, cultural sensitivity, and ability to remain calm during emotionally demanding circumstances.

In addition to professional competence, participants described profound personal transformation resulting from their experiences in end-of-life care.

Participant 5 shared:

"Patients have taught me that love, forgiveness, and human connection become far more important than material things."

Many participants explained that caring for dying patients prompted them to reevaluate their own priorities and life goals. Witnessing patients reflect on their lives encouraged nurses to appreciate meaningful relationships, spend more time with family, practice gratitude, and value experiences over material possessions. Several participants described becoming more patient, understanding, and emotionally mature both inside and outside the workplace.

Participant 8 similarly reflected on the lasting impact patients had on personal identity.

"Every patient I have cared for has influenced the kind of nurse and person I have become."

This statement captures the reciprocal nature of the nurse-patient relationship in palliative care. Participants explained that while they provided comfort and support to patients, they also learned valuable life lessons from those they cared for. Patients taught them courage, acceptance, forgiveness, hope, resilience, and the importance of living with purpose. These experiences shaped not only their professional practice but also their values, attitudes, and relationships with others.

Participants further noted that exposure to end-of-life care enhanced their emotional intelligence. They reported becoming more aware of their own emotions while developing greater empathy toward patients, families, and colleagues. This increased emotional awareness improved teamwork, conflict resolution, leadership abilities, and collaboration within interdisciplinary healthcare teams.

Many participants also described becoming stronger patient advocates. Caring for vulnerable individuals reinforced the importance of protecting patient rights, respecting informed decisions, and promoting individualized care. They explained that witnessing ethical dilemmas throughout their careers strengthened their confidence in advocating for patients' wishes even when these differed from the expectations of family members or other healthcare professionals.

Several participants reflected that palliative nursing fostered humility and continuous learning. Every patient's journey was described as unique, requiring nurses to remain open-minded, adaptable, and willing to learn from each experience. Participants emphasized that professional growth occurred not only through formal education but also through daily interactions with patients, families, and fellow healthcare providers.

The findings support Foster et al. (2021), who concluded that resilience develops through continuous exposure to challenging clinical situations combined with reflective practice and emotional support. Likewise, Rushton et al. (2021) found that nurses working in ethically complex environments develop greater moral resilience, enabling them to navigate emotionally difficult situations while maintaining compassionate care.

The findings are also consistent with Ferrell et al. (2022), who emphasized that palliative care enhances nurses' competencies in communication, interdisciplinary collaboration, ethical decision-making, and patient advocacy. Similarly, Rosa et al. (2021) highlighted that nurses serving in palliative care frequently experience professional fulfillment through meaningful patient relationships and opportunities to alleviate suffering despite the absence of curative treatment.

Furthermore, Watson's Theory of Human Caring (Watson, 2008) proposes that caring relationships transform both the recipient and the caregiver. The participants' narratives strongly support this perspective, demonstrating that caring for dying patients promotes reciprocal growth, emotional maturity, and deeper appreciation of human dignity. Rather than being solely providers of care, nurses become learners whose personal philosophies and professional identities are continually shaped by the individuals they serve.

Summary of Themes

Theme	Description
Compassionate and Holistic Care	Nurses focus on physical, emotional, spiritual, and psychological comfort.
Emotional Connection	Strong therapeutic relationships develop with patients and families.
Preserving Dignity	Maintaining comfort, respect, and patient autonomy is prioritized.
Professional Growth	Experiences promote resilience, empathy, and professional development.

2. What challenges do nurses encounter in providing end-of-life care?

Three major themes emerged.

- Emotional Burden and Compassion Fatigue
- Ethical and Decision-Making Challenges
- Organizational and Resource Constraints

Theme 1. Emotional Burden and Compassion Fatigue

One of the most prominent themes that emerged from the interviews was the emotional burden associated with providing end-of-life care. Participants consistently described caring for terminally ill patients as emotionally demanding because of their repeated exposure to death, grief, suffering, and loss. While participants considered it a privilege to accompany patients during the final stage of life, they also acknowledged that witnessing the physical decline of patients and supporting grieving families often resulted in emotional exhaustion and psychological distress. Many participants explained that prolonged exposure to these emotionally intense situations placed them at risk for compassion fatigue, emotional burnout, and grief accumulation.

Participants shared that the emotional impact of end-of-life care extends beyond the moment of a patient's death. They often continued to reflect on patients long after their passing, particularly those with whom they had developed close therapeutic relationships. This finding is consistent with literature indicating that nurses may experience profound emotional responses following patient death, particularly when meaningful relationships have been established with patients and their families. An integrative review of nurses' experiences after patient death found that emotional responses, grief, and the need for coping and support remain important aspects of nursing practice even after the patient has died (Madsen et al., 2023). Similarly, recent research on palliative and end-of-life nurses reported that the suffering and deaths of patients can remain emotionally significant for nurses beyond the clinical encounter, highlighting the need for emotional resilience and appropriate support mechanisms (Alharbi et al., 2024).

Several participants explained that repeated experiences of losing patients could gradually accumulate over time, making emotional recovery increasingly difficult without appropriate coping mechanisms and organizational support. This observation is supported by research showing that continual exposure to death, suffering, and grief can contribute to cumulative emotional stress, compassion fatigue, and difficulties in maintaining nurses' psychological well-being. Liu et al. (2023) found that hospice nurses exposed to prolonged and repeated patient suffering, death, and grief were vulnerable to compassion fatigue, secondary traumatic stress, and burnout. Likewise, research on nurses' grief and loss emphasizes that when experiences of death are not acknowledged or adequately processed, emotional responses may become cumulative, underscoring the importance of organizational recognition, peer support, debriefing, and other formal mechanisms for processing grief (Supporting Resilience and the Management of Grief and Loss among Nurses, 2022). These findings reinforce the participants' experiences that coping with repeated patient loss requires not only individual resilience but also supportive workplace environments that provide opportunities for reflection, emotional processing, and professional support.

Participant 2 described the emotional pain associated with witnessing the inevitable progression of terminal illness.

"Watching someone decline despite every effort can be heartbreaking."

This statement reflects the emotional conflict experienced by many nurses when they recognize that despite providing the highest standard of care, disease progression cannot always be prevented. Participants explained that feelings of helplessness often arose when patients continued to deteriorate despite comprehensive symptom management and supportive interventions. Although they understood that death is a natural part of life, repeatedly witnessing suffering and loss remained emotionally challenging.

Participant 5 highlighted the importance of recognizing compassion fatigue.

"Managing compassion fatigue is important because we become emotionally attached to patients."

Participants consistently acknowledged that emotional attachment is an inevitable consequence of providing compassionate, patient-centered care. Spending extended periods with patients and their families often resulted in strong interpersonal relationships that enriched nursing practice but also intensified grief following a patient's death. Nurses explained that caring deeply for patients made every loss personally meaningful, requiring continuous emotional adjustment throughout their professional careers.

Similarly, Participant 7 described the emotional distress associated with witnessing patients experience loneliness during their final days.

"It is heartbreaking when patients spend their final days feeling lonely."

Several participants expressed particular sadness when patients lacked regular family support or experienced social isolation during the dying process. Nurses often attempted to fill this emotional gap by spending additional time with patients whenever possible, offering companionship, listening to their concerns, and providing reassurance. Participants explained that seeing patients die without the presence of loved ones was one of the most emotionally painful aspects of palliative nursing.

Beyond patient loss, participants described supporting grieving family members as another significant source of emotional stress. They frequently witnessed intense expressions of grief, fear, denial, anger, and helplessness among relatives. Participants explained that remaining emotionally composed while simultaneously comforting bereaved families required considerable emotional strength and self-control. Some participants admitted that they occasionally experienced sadness alongside families while maintaining professional composure to continue providing effective support.

Several participants also reported experiencing anticipatory grief, particularly when caring for patients over long periods. As they observed gradual disease progression, nurses often became emotionally aware that death was approaching, creating feelings of sadness even before the patient's passing. Participants explained that balancing emotional involvement with professional responsibilities required continuous self-awareness and resilience.

The findings further revealed that compassion fatigue affected multiple aspects of nurses' well-being. Participants described experiencing emotional exhaustion, sleep disturbances, reduced energy, sadness, difficulty concentrating, and occasional emotional numbness following particularly difficult patient deaths. However, despite these challenges, participants emphasized that they remained committed to providing compassionate care because they viewed emotional engagement as an essential component of quality nursing rather than a professional weakness.

These findings support Sinclair et al. (2020), who described compassion fatigue as the cumulative emotional and physical exhaustion resulting from prolonged exposure to patients' suffering. Their meta-narrative review concluded that compassionate engagement, while essential to high-quality healthcare, may contribute to emotional fatigue if adequate support systems are unavailable. Similarly, Peters et al. (2020) found that repeated exposure to death and dying significantly affects nurses' emotional well-being, increasing vulnerability to grief, anxiety, and psychological distress.

The findings are likewise consistent with Kelly et al. (2021), who reported that emotional exhaustion contributes significantly to nurse burnout, job dissatisfaction, and turnover intentions. Furthermore, the World Health Organization (2020) recognizes burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. These findings emphasize the importance of emotional support, resilience-building, and organizational interventions to protect nurses' psychological well-being.

Overall, the findings indicate that emotional burden and compassion fatigue are unavoidable aspects of palliative nursing practice. While emotional attachment enriches therapeutic relationships and enhances compassionate care, it also exposes nurses to repeated experiences of grief and emotional exhaustion. Participants recognized that acknowledging these emotional challenges and developing healthy coping strategies are essential for maintaining resilience and sustaining compassionate end-of-life care.

Theme 2. Ethical and Decision-Making Challenges

Another significant challenge identified by participants involved ethical dilemmas and complex decision-making during end-of-life care. Participants consistently described situations in which they were required to balance patients' expressed wishes, family expectations, institutional policies, and professional ethical responsibilities. These situations often required careful judgment, effective communication, and interdisciplinary collaboration to ensure that patient-centered care remained the primary focus.

Participants explained that ethical challenges frequently arose when patients chose comfort-focused care while family members requested continued aggressive medical interventions. Such conflicts placed nurses in emotionally difficult situations because they sought to advocate for patient autonomy while maintaining positive relationships with families who were experiencing fear, grief, and uncertainty.

Participant 6 described one such situation.

"The patient refused further aggressive treatment, but some relatives wanted every intervention continued."

Participants explained that these situations often involved deeply emotional family dynamics. Family members sometimes struggled to accept a patient's decision to discontinue life-prolonging treatment because they associated continued intervention with hope. Nurses acknowledged the emotional difficulty families experienced but emphasized that respecting competent patients' informed decisions remained an ethical and legal responsibility.

Participant 8 shared another common ethical challenge.

"The patient's documented wishes conflicted with the family's requests."

Several participants explained that advance directives and documented patient preferences occasionally differed from the expectations of family members. Nurses described advocating for patients' previously expressed wishes while simultaneously supporting family members through difficult conversations. They emphasized the importance of maintaining respectful communication and involving physicians and the multidisciplinary healthcare team when resolving ethical conflicts.

Participant 3 similarly observed:

"Some patients choose to stop aggressive treatment while family members disagree."

Participants explained that these disagreements often required careful communication, empathy, and ethical reasoning. Nurses viewed themselves as patient advocates responsible for ensuring that informed choices regarding treatment, pain management, and end-of-life preferences were respected. However, they also acknowledged the emotional burden associated with navigating conflicts among patients, relatives, and healthcare providers.

Participants further reported ethical concerns related to truth-telling, informed consent, withholding or withdrawing life-sustaining treatment, pain management, and cultural differences regarding end-of-life decisions. They emphasized that ethical decision-making required balancing the principles of autonomy, beneficence, non-maleficence, and justice while remaining sensitive to individual cultural and religious beliefs.

Several participants noted that interdisciplinary collaboration played a crucial role in resolving ethical conflicts. Consulting physicians, social workers, chaplains, and ethics committees allowed healthcare teams to reach decisions that respected patients' wishes while supporting family members throughout the decision-making process.

These findings are consistent with Ferrell et al. (2022), who emphasized that ethical communication and shared decision-making are fundamental components of quality palliative care. Similarly, Back et al. (2020) highlighted that effective communication enables healthcare professionals to align medical interventions with patients' values and goals, thereby reducing conflict and improving patient-centered care. Cheng et al. (2022) likewise reported that advance care planning and culturally sensitive communication facilitate ethical decision-making by ensuring that patients' preferences remain central throughout the illness trajectory.

Overall, the findings indicate that ethical challenges represent one of the most complex aspects of end-of-life nursing. Nurses continually balance competing expectations while advocating for patient dignity, informed choice, and compassionate care. These experiences demonstrate the importance of ethical competence, communication skills, and interdisciplinary collaboration in navigating complex end-of-life decisions.

Theme 3. Organizational and Resource Constraints

The findings also revealed that organizational and resource-related challenges significantly affected participants' ability to provide comprehensive end-of-life care. Although nurses remained committed to delivering

compassionate and holistic care, participants consistently identified staffing shortages, heavy workloads, limited time, and insufficient institutional resources as major barriers to optimal palliative nursing practice.

Participants explained that palliative care requires extensive communication, emotional support, patient education, and family involvement. However, competing clinical responsibilities often limited the amount of time they could spend addressing these important aspects of care. Participants expressed frustration that administrative demands and increasing patient loads occasionally prevented them from providing the level of emotional support they believed patients and families deserved.

Participant 4 described this challenge by stating:

"Heavy workloads make it difficult to provide prolonged emotional support."

Participants explained that caring for multiple critically ill patients simultaneously often required prioritizing urgent clinical tasks over extended emotional conversations. Although they recognized the importance of simply sitting with patients or comforting family members, time constraints frequently limited these opportunities.

Participant 6 similarly observed:

"Limited staffing affects the amount of time we can spend providing emotional support."

Several participants reported that staffing shortages increased workload intensity, prolonged working hours, and reduced opportunities for emotional recovery between difficult patient encounters. Participants believed that adequate staffing would improve not only patient care but also nurses' psychological well-being by allowing more time for meaningful patient interactions.

Participant 5 added:

"Families require more time than our workload sometimes allows."

Participants emphasized that family members often needed education, emotional reassurance, and guidance regarding the dying process. However, balancing these responsibilities with clinical duties proved challenging, particularly during busy shifts. Many nurses expressed disappointment when they could not remain with families during emotionally significant moments because of competing patient care demands.

In addition to staffing issues, participants mentioned limited access to specialized palliative care resources, insufficient opportunities for debriefing, inadequate counseling services, and limited continuing education related to end-of-life care. Several participants believed that institutional support should include structured psychological support programs, regular debriefing sessions following patient deaths, and continuing education focused on communication, grief management, and ethical decision-making.

Despite these organizational barriers, participants consistently demonstrated adaptability and commitment. They frequently collaborated with colleagues, prioritized patient needs, and supported one another during difficult situations. Teamwork was viewed as essential in maintaining quality care despite limited resources.

These findings align with Aiken et al. (2021), who found that adequate nurse staffing is associated with improved patient outcomes, higher patient satisfaction, and better quality of nursing care. White et al. (2021) similarly reported that heavy workloads contribute to missed nursing care, burnout, and decreased job satisfaction. Kelly et al. (2021) further emphasized that excessive workload and organizational stressors significantly increase nurse turnover and emotional exhaustion.

Moreover, Rosa et al. (2021) argued that expanding organizational support for palliative care nurses is essential to improving patient outcomes and sustaining workforce well-being. These findings underscore the importance of healthcare organizations investing in sufficient staffing, supportive leadership, continuing education, and employee wellness initiatives.

Overall, the findings demonstrate that organizational and resource constraints substantially influence nurses' experiences in providing end-of-life care. While participants remained dedicated to delivering

compassionate, patient-centered care, inadequate staffing, heavy workloads, and limited institutional support often restricted their ability to fully meet the emotional and psychosocial needs of patients and families. Addressing these organizational challenges is therefore essential to enhancing both the quality of palliative care and the well-being of nurses who provide it.

Summary of Themes for Research Question 2

Theme	Description
Emotional Burden	Repeated exposure to death contributes to grief and compassion fatigue.
Ethical Challenges	Conflicts arise regarding treatment decisions and patient autonomy.
Organizational Constraints	Staffing shortages and workload reduce time for holistic care.

Research Question 3

What coping mechanisms do nurses use in managing these challenges?

Three major themes emerged.

- Peer and Organizational Support
- Personal Self-Care Practices
- Finding Meaning and Purpose in Nursing

Theme 1. Peer and Organizational Support

Participants consistently relied on coworkers and supervisors for emotional support.

Participant 2 stated,

"Talking with fellow nurses helps because they understand exactly what we experience."

Participant 4 reported,

"Critical incident debriefings help us process difficult situations."

Participant 5 added,

"Our hospice team regularly meets for grief counseling."

These findings indicate that collegial relationships contribute significantly to emotional resilience.

Theme 2. Personal Self-Care Practices

Analysis of the interview data revealed that participants intentionally practiced a variety of personal self-care strategies to preserve their emotional well-being and maintain their capacity to provide compassionate end-of-life care. While participants acknowledged that caring for dying patients often exposed them to grief, emotional exhaustion, and compassion fatigue, they emphasized that engaging in healthy coping activities outside the workplace enabled them to recover emotionally and continue fulfilling their professional responsibilities. These practices served as protective mechanisms that promoted resilience, prevented burnout, and enhanced their overall quality of life.

The participants described self-care as an essential component of professional nursing practice rather than a personal luxury. They recognized that maintaining their own physical, emotional, mental, and spiritual health was necessary to sustain compassionate and patient-centered care. Many explained that without intentional self-care, the cumulative emotional burden associated with repeated exposure to death and dying could negatively affect both their personal well-being and the quality of care they provided to patients and families.

The most frequently mentioned self-care strategies included:

- Prayer and spiritual reflection
- Regular exercise
- Spending quality time with family
- Gardening
- Reading books
- Mindfulness and meditation
- Taking vacations or personal leave
- Journaling and reflective writing

Prayer and spiritual reflection emerged as one of the most meaningful coping strategies among several participants. Nurses shared that engaging in prayer allowed them to find peace, acceptance, and renewed emotional strength after difficult patient encounters. Spiritual practices helped them process grief, find meaning in suffering, and maintain hope despite repeated exposure to death. Participants explained that their faith provided comfort during emotionally overwhelming situations and reinforced their commitment to compassionate service.

Physical activities such as exercise, walking, and recreational activities were also commonly identified as effective stress-management techniques. Participants explained that regular physical activity helped reduce emotional tension, improve sleep quality, and restore energy following emotionally demanding work shifts. Exercise served not only as a means of improving physical health but also as an opportunity to mentally detach from workplace stressors and regain emotional balance.

Family support emerged as another significant source of emotional resilience. Participants consistently emphasized the importance of spending quality time with spouses, children, parents, and close relatives after emotionally difficult workdays. Being surrounded by loved ones provided emotional reassurance, encouragement, and a sense of normalcy outside the clinical environment. Family interactions allowed nurses to temporarily distance themselves from workplace stress while receiving emotional comfort from individuals who understood and supported their professional roles.

Participant 7 explained:

"Spending time with my family helps me regain emotional strength. They remind me that although work can be emotionally draining, I still have people who support and care for me."

Similarly, Participant 6 highlighted the importance of maintaining healthy boundaries between work and personal life.

Participant 6 stated:

"Maintaining work-life balance helps me avoid burnout. I make sure that when I am off duty, I spend time doing things that help me relax instead of thinking about work all the time."

These statements illustrate that participants intentionally established boundaries between their professional and personal lives to prevent emotional exhaustion and sustain long-term psychological well-being.

Several participants also described engaging in quiet, reflective activities such as reading books, gardening, and mindfulness meditation. These activities allowed them to experience moments of relaxation, self-reflection, and emotional restoration. Gardening was described as therapeutic because it provided a peaceful environment where participants could temporarily shift their attention away from emotionally demanding situations. Reading books offered opportunities for mental relaxation and personal growth, while mindfulness practices enabled nurses to become more aware of their emotions and manage stress more effectively.

Reflective journaling also emerged as an important emotional coping strategy. Participants explained that writing about their experiences helped them organize their thoughts, process grief, and gain deeper insight into the emotional challenges they encountered during end-of-life care. Journaling allowed them to acknowledge difficult emotions rather than suppress them, ultimately promoting emotional healing and self-awareness.

Participant 3 shared:

"Writing in a journal helps me process my emotions. It gives me a chance to reflect on difficult experiences and reminds me of the lessons I have learned from my patients."

This narrative suggests that reflective writing served both therapeutic and professional purposes by encouraging emotional expression, self-awareness, and continuous personal growth.

Some participants also emphasized the importance of taking vacations or scheduled personal leave to recharge physically and emotionally. Time away from the clinical environment enabled them to reconnect with family, pursue hobbies, travel, and engage in activities that promoted relaxation. Participants believed that periodic breaks prevented compassion fatigue and allowed them to return to work feeling refreshed and emotionally prepared to care for patients once again.

Overall, the participants viewed self-care as a proactive responsibility rather than a reactive response to stress. They believed that consistently engaging in healthy coping practices enabled them to remain emotionally available for patients while protecting themselves from the cumulative psychological effects of repeated exposure to death and dying. These findings indicate that resilience in end-of-life nursing is strengthened not only through professional experience but also through intentional self-care behaviors that support emotional, physical, psychological, and spiritual well-being.

The findings are consistent with Foster et al. (2021), who reported that resilience among nurses is enhanced through self-care practices, emotional regulation, and healthy lifestyle behaviors that reduce occupational stress and improve psychological well-being. Similarly, Rushton et al. (2021) emphasized that cultivating moral resilience through reflective practice, mindfulness, and self-care enables nurses to cope more effectively with the ethical and emotional demands of clinical practice. Labrague and De Los Santos (2021) likewise found that personal resilience, social support, and organizational support significantly reduce burnout and improve nurses' ability to adapt to highly stressful healthcare environments. Furthermore, the World Health Organization (2020) recognizes burnout as an occupational phenomenon resulting from chronic workplace stress and emphasizes the importance of promoting workers' mental health through healthy work-life balance, stress management, and supportive workplace environments.

Taken together, these findings demonstrate that personal self-care practices are indispensable in sustaining nurses' emotional resilience and professional effectiveness in palliative care. By prioritizing activities that promote relaxation, reflection, spiritual well-being, and meaningful personal relationships, nurses are better equipped to manage the emotional demands of end-of-life care while continuing to provide compassionate, holistic, and patient-centered care. These practices not only preserve nurses' psychological health but also contribute to the delivery of high-quality palliative care by ensuring that caregivers remain emotionally present, empathetic, and professionally engaged throughout their careers.

Theme 3. Finding Meaning and Purpose in Nursing

Participants emphasized that finding meaning in their work helped them remain committed despite emotional challenges.

Participant 5 stated,

"Knowing that I can ease suffering gives my work profound meaning."

Participant 2 explained,

"Even when I cannot save a patient, I can still make a meaningful difference."

Participant 8 shared,

"Helping patients experience dignity during their final days motivates me every day."

Meaning-making emerged as an important psychological resource that strengthened resilience and sustained professional commitment.

Summary of Themes for Research Question 3

Theme	Description
Peer Support	Emotional support from colleagues, supervisors, and debriefings.
Self-Care	Prayer, exercise, family time, mindfulness, journaling, and recreation.
Meaning in Nursing	Purpose and fulfillment help nurses remain resilient and committed.

Composite Essence of the Lived Experience

Working in end-of-life care in a palliative setting is a deeply rewarding and fulfilling experience for nurses, marked by compassion, emotional engagement, ethical responsibility, resilience, and a profound sense of fulfillment. The results showed that care for people at the end of life is not just about providing clinical interventions. Throughout the discussions participants always referred to end-of-life care as a practice that should encompass not only the physical aspects of care, but the emotional, psychological, social, cultural and spiritual needs of the patient and their family. These were all considered by the nurses as part of good palliative care: comfort, maintaining dignity and reducing suffering and providing a peaceful death. The results align with the World Health Organization (2020) definition of palliative care as an approach that "enables people to live their lives to the fullest while coping with a life-threatening condition, by relieving suffering and improving quality of life" (p. 2). Similarly, Rosa et al. (2022) highlighted that palliative nursing care of high quality involves all aspects of care for the patient's physical and emotional, psychosocial and spiritual health. These stories also corroborate Ferrell et al. (2020) that person-centred care and compassion underlie palliative nursing practice.

In all the interviews, the participants pointed out the emotional aspect of caring for the dying. Some said that they had formed therapeutic relationships with patients and their families and found these relationships meaningful, especially when providing care to those with chronic and terminal diseases for long periods. These intimate relationships allowed the nurses to get to know patients beyond their diagnosis by considering their personal history, beliefs, values, and wishes for end of life. But these emotional ties also aggravated the psychological strain on nurses. Observing patients' gradual deterioration and death, helping grieving families, and facing death repeatedly led to sadness, grief, helplessness and emotional exhaustion. However, the participants saw emotional involvement as a necessary element of caring for patients. The results agree with what Zheng et al. (2023) found: that emotional attachment to patients contributes to compassionate care and is also a risk factor for compassion fatigue and emotional distress among nurses. In a similar vein, in their study, Peters et al. (2021) discovered that therapeutic relationships play a pivotal role in the quality of palliative nursing, as they facilitate trust, emotional support, and patient-centered care.

The results also showed that nurses are often faced with ethical issues and dilemmas in the context of end-of-life care. Participants explained about disagreements between patients' wishes and what families had hoped for, uncertainty about life sustaining treatment, decisions about having a do not resuscitate (DNR) order, and the shift from curative to comfort care. These are difficult situations which involved the nurses not only balancing the ethical factors of patient autonomy, beneficence, non-maleficence and respect for family values, but also working closely with physicians and the interdisciplinary healthcare team. The moral responsibilities were recognized to lead to moral distress and emotional strain, but also patient advocacy and respect for informed decision was seen as part of their professional role. This is in line with the findings of Ulrich et al. (2022), which found that moral distress was a result of ethical conflict with treatment decisions and end-of-life care among nurses. Similarly, Whitehead et al. (2021) highlighted the importance of ethical skills and interdisciplinary teamwork in managing conflicts in end-of-life decision making and ensuring patient autonomy and dignity.

Beyond ethical issues, organizational and work-related factors substantially affected nurses' end-of-life care experiences. Staffing deficits, high patient loads, time limits and lack of institutional resources were cited as often limiting the provision of emotional support to patients and families. Some of the participants complained about not spending enough time with the patients who were near death, due to competing clinical needs. In spite of these systemic obstacles, it was seen that the nurses were able to make the best of what they had, work together to overcome difficulties, communicate compassionately within the limitations of the workplace. This is consistent with the International Council of Nurses (2021), which highlighted the importance of proper staffing and supportive working conditions in ensuring safe and caring patient care. Likewise, Aiken et al. (2021) found that lower staffing levels were linked to higher nurse burnout, lower quality of care, and decreased patient satisfaction, especially in palliative care environments.

Participants used several coping mechanisms to deal with the emotional and psychological situations they faced due to repeated exposure to death and dying, which helped them to be resilient. The results showed that nurses were highly dependent on debriefing sessions at the workplace, multidisciplinary teamwork and peer support for dealing with emotionally stressful situations. Having colleagues who knew what was involved in end-of-life care was emotionally validating and alleviated perceptions of professional isolation. Participants met to pray, reflect spiritually, exercise, practice mindfulness, journal, garden, read, and spend quality time with their family members outside of the workplace. Through these strategies, they were able to maintain emotional balance, avoid compassion fatigue and maintain the ability to provide empathetic care. Self-care was always highlighted as a crucial aspect of emotional wellness and preventing professional burnout. This study's results agree with Maben and Bridges (2020) who found that organizational support, peer relationships, and self-care practices were all important factors in supporting nurses' resilience in emotionally challenging clinical scenarios. Likewise, Wei et al. (2022) discovered that resilience-building strategies, mindfulness and emotional support programs enhance psychological well-being and decrease burnout among healthcare professionals in high-pressure environments.

The other major finding to come out of the study was a strong feeling of purpose and meaning in working with patients who were dying. End of life care was always emotionally challenging, but also one of the most fulfilling experiences to be a nurse. They felt very happy to help ease suffering, maintain patient dignity, help patients to die peacefully and offer grief-stricken families a chance at one of the most challenging periods in a person's life. The idea of success shifted from being able to cure the sick or lengthen lives to that of providing patients with compassion, respect, comfort and a quality of life up to their last breath. This change of mindset is a reflection of the philosophy of palliative nursing where healing is defined as promoting comfort, acceptance and dignity in the face of non-curability (Ferrell et al., 2020; Rosa et al., 2022). Similarly, Sinclair et al. (2021) suggested that compassionate presence and meaningful human connection is one of the most important therapeutic interventions that palliative care can offer.

The experiences of the participants also identified significant personal and professional change that occurred over time in their engagement with end-of-life care. Nurses reported personally they became more compassionate, patient, emotionally resilient, spiritually reflective and appreciative of life. Many stated that they had been inspired to think more about relationships and how to improve them, to care more for their families, to be more grateful and to accept the finality of death more as a part of the human experience. Professionally, the participants were convinced that these experiences enhanced key nursing skills such as communication, ethical decision making, critical thinking, cultural sensitivity, emotional intelligence and interdisciplinary working. They also found that exposure to end-of-life care boosted their confidence in their ability to carry out challenging conversations with patients and families and champion patient-centred care for bereaved families. This aligns with the findings by Walshe et al. (2021) that by working in palliative care, the palliative care nurse experiences professional growth, reflective practice and emotional maturity. Similarly, Kavalieratos et al. (2022) highlighted how palliative care practice enhances nurses' communication, ethical leadership, and holistic management of the patient.

These results suggest that the lived experiences of nurses who care for the dying are a dynamic process that is accompanied by ongoing emotional adjustment, ethical pondering, professional learning and personal transformation. Participants reported a range of issues including feelings of grief, moral distress, compassion

fatigue, and organizational issues, but these issues were outweighed by the importance of meaningful interpersonal relationships, supportive work environments, effective coping mechanisms, and the desire to reduce human suffering. Participants always saw their work as more than technical aspects of nursing; they felt that being truly present, listening, showing empathy and compassion, and respecting patient's dignity were the core of the quality of nursing care at the end of life. The results support Watson's (2008) Theory of Human Caring, which includes authentic presence, transpersonal caring relationships, and holistic healing as key components in professional nursing practice.

To sum up, the composite nature of the participants' experiences reflects that end-of-life nursing is not just a clinical obligation, but one that is humanizing and transformative. It takes emotional strength, integrity, and endurance, as well as an open mind and a compassionate heart. Although nursing a dying patient comes with its own set of difficulties, nurses still find fulfillment, professional purpose and meaning to be with patients and their families as they journey toward the end of life. These experiences highlight the vital importance of the palliative care nurse in supporting dignity, comfort, well-being, and compassionate care and reaffirm the core values of empathy, respect, and human dignity that lie at the heart of nursing practice (WHO, 2020; Ferrell et al., 2020; Rosa et al., 2022).

CONCLUSION

This phenomenological study concludes that a holistic, compassionate and patient-centered approach to nursing is the focus of the nurses' experiences in end-of-life care. The care provided at the end of life is not just about physical needs and comfort, it is also about maintaining dignity, relieving suffering, meeting emotional and spiritual needs and supporting patients and families. Meanwhile, nurses face a number of emotional, ethical and organizational problems as well, such as grief, emotional exhaustion, ethical dilemmas, high workloads, and lack of resources.

In the face of these difficulties, nurses are resilient and committed to their profession via collegial support, working in a multidisciplinary team, debriefing at the workplace, and supportive leadership. The results support the notion that quality end-of-life care involves not only a compassionate and ethical nursing practice, but institutional support and nurse well-being and resilience as well as care that is patient centered and allows for the provision of dignified care for the patient.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are proposed:

For Hospital Administrators

Hospital administrators should strengthen institutional support for nurses providing end-of-life care by ensuring adequate staffing levels, improving nurse-to-patient ratios, and expanding access to palliative care services. Healthcare institutions should also establish structured employee wellness programs, psychological counseling services, and regular debriefing sessions following emotionally difficult cases to reduce compassion fatigue and promote nurses' emotional well-being.

For Nursing Managers and Supervisors

Nursing leaders should foster supportive work environments by encouraging teamwork, peer mentoring, and open communication among healthcare professionals. Regular case conferences and reflective practice sessions should be conducted to allow nurses to discuss ethical concerns, share experiences, and receive emotional support. Managers should also recognize nurses' contributions in providing compassionate end-of-life care to enhance professional motivation and job satisfaction.

For Nursing Education Institutions

Colleges and universities offering nursing programs should strengthen their curricula by integrating comprehensive instruction on palliative and end-of-life care. Greater emphasis should be placed on communication skills, ethical decision-making, grief management, cultural competence, spiritual care, and self-care strategies. Simulation-based learning and clinical exposure to palliative care settings may further prepare future nurses for the realities of caring for terminally ill patients.

For Clinical Practice

Healthcare institutions should continue promoting holistic and patient-centered palliative care through interdisciplinary collaboration among physicians, nurses, psychologists, social workers, chaplains, and other healthcare professionals. Standardized guidelines on end-of-life communication, family support, and ethical decision-making should be regularly reviewed and implemented to ensure consistent, high-quality care across healthcare settings.

For Nurses

Nurses are encouraged to continue practicing evidence-based, compassionate, and culturally sensitive end-of-life care while prioritizing their own emotional and psychological well-being. Participation in continuing professional education, stress management programs, resilience-building workshops, and peer support groups may enhance their ability to manage the emotional demands of palliative nursing while sustaining professional competence and personal wellness.

For Policy Makers

Government agencies and healthcare policymakers should strengthen national policies that support the integration and expansion of palliative care services across healthcare institutions. Additional investments should be directed toward workforce development, specialized palliative care training, mental health support for healthcare workers, and improved access to hospice and community-based palliative care programs to ensure equitable, patient-centered end-of-life care.

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