Exploring the Emotional and Psychological Impact of End-of-Life Care on Nurses in Tertiary Hospitals: A Qualitative Study

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Abstract

Background: End-of-life (EOL) care presents unique emotional and psychological challenges for nurses, particularly in tertiary hospital settings. While providing compassionate care to terminally ill patients, nurses frequently experience emotional exhaustion, compassion fatigue, and moral distress.

Objective: This study aimed to explore the emotional and psychological impact of EOL care on nurses working in a tertiary hospital, focusing on their experiences, coping strategies, and sources of job satisfaction.

Methods: A qualitative phenomenological approach was used, involving semi-structured interviews with 20 registered nurses in palliative, oncology, and intensive care units. Thematic analysis was conducted to identify key themes related to their emotional experiences.

Findings: Four major themes emerged: (1) Emotional Exhaustion and Compassion Fatigue, (2) Moral Distress and Ethical Dilemmas, (3) Coping Strategies and Resilience, and (4) Meaning and Job Satisfaction. Nurses reported significant emotional strain due to repeated exposure to death and ethical conflicts but also found meaning and fulfillment in their work. Coping strategies such as peer support and mindfulness were critical in managing the emotional toll.

Conclusion: The findings underscore the need for structured institutional support, including ethics training, peer support, and resilience-building programs, to help nurses manage the emotional demands of EOL care while maintaining job satisfaction.

Keywords: end-of-life care, nurses, emotional exhaustion, compassion fatigue, moral distress, coping strategies, tertiary hospital, qualitative research

Introduction

End-of-life (EOL) care is an essential aspect of nursing, particularly in tertiary hospitals where patients with complex, life-limiting conditions are often treated. Nurses who provide EOL care are responsible not only for addressing the physical needs of patients but also for offering emotional and psychological support to both patients and their families during this difficult time. This unique role exposes nurses to significant emotional and psychological challenges, which can lead to compassion fatigue, burnout, and moral distress

(Anderson et al., 2020). Understanding the emotional and psychological impact of EOL care on nurses is crucial for developing strategies to support their well-being and ensure high-quality patient care.

Research has shown that nurses working in EOL care settings experience a wide range of emotions, from empathy and sadness to frustration and helplessness (Seydel et al., 2022). These emotional burdens, if left unaddressed, can lead to long-term mental health issues, including anxiety and depression (Magee and Lusher, 2023). Furthermore, nurses often face ethical dilemmas and moral distress when caring for terminally ill patients, particularly in cases where the goals of care may conflict with personal beliefs or patient wishes (Jameton, 1984).

Despite the emotional strain associated with EOL care, many nurses find meaning and satisfaction in their work, viewing it as a profound opportunity to make a difference in patients 'lives during their final moments (Stokes et al., 2019). However, the support systems in place for nurses, such as counseling services, peer support groups, and debriefing sessions, vary significantly across institutions. There is a need to explore how these support mechanisms can be enhanced to promote the mental well-being of nurses and improve job satisfaction.

This qualitative study aims to explore the emotional and psychological impact of EOL care on nurses working in a tertiary hospital setting. By interviewing nurses with firsthand experience in EOL care, the study seeks to uncover the challenges they face, the coping strategies they employ, and the support they receive from their workplace.

Literature Review

End-of-life (EOL) care is a critical aspect of nursing practice, particularly in tertiary care settings where patients with terminal illnesses often receive complex medical interventions. Nurses play a pivotal role in providing compassionate care, addressing not only the physical needs of patients but also their emotional and psychological well-being, as well as supporting families during the dying process. However, the emotional toll of EOL care on nurses has been widely documented in the literature, with numerous studies emphasizing the need to understand and mitigate the psychological impact on these healthcare professionals (Anderson et al., 2020; Seydel et al., 2022).

Emotional and Psychological Burden

Nurses providing EOL care frequently experience a range of emotions, including sadness, frustration, and helplessness, which can lead to emotional exhaustion and compassion fatigue. Compassion fatigue, described as the cost of caring for others in emotional pain, is prevalent among nurses working in high-intensity environments such as oncology, palliative care, and intensive care units (ICUs) (Cocker & Joss, 2016). Research has shown that nurses in these settings are at higher risk of experiencing burnout, a state of physical, emotional, and mental exhaustion caused by prolonged exposure to emotionally demanding situations (Maslach & Leiter, 2016).

A study by Seydel et al. (2022) highlighted the emotional struggles nurses face when caring for terminally ill patients, particularly when they witness suffering or death. These experiences can result in moral distress, a condition that occurs when nurses feel they are unable to act in accordance with their ethical beliefs due to institutional constraints or conflicts between patient care goals and their own moral values (Hamric et al.,

2012). This distress is further compounded when nurses are required to balance the needs of patients, families, and healthcare teams, often in the face of limited resources or conflicting treatment plans.

Moral Distress and Ethical Dilemmas

The concept of moral distress in EOL care has been a focus of nursing research since the 1980s. Jameton (1984) first introduced moral distress as the psychological dissonance nurses experience when they are unable to perform actions they believe are ethically appropriate due to external factors. In the context of EOL care, nurses often encounter ethical dilemmas related to treatment decisions, particularly in cases where aggressive interventions may prolong life without improving quality of life (Epstein & Hamric, 2009). These situations can cause profound ethical strain, as nurses may struggle to reconcile their professional obligations with their personal beliefs about what constitutes humane and compassionate care.

Studies have found that unresolved moral distress can lead to emotional disengagement, job dissatisfaction, and high turnover rates among nurses (Pishgooie et al., 2019). Nurses may also experience feelings of guilt, frustration, and powerlessness when they are unable to advocate for what they believe is the best course of action for their patients. Addressing moral distress is therefore essential not only for improving nurses' psychological well-being but also for enhancing the quality of patient care.

Coping Strategies and Resilience

Despite the significant emotional challenges associated with EOL care, many nurses develop resilience through coping strategies and support systems. Resilience, defined as the ability to adapt to adversity and maintain well-being, is a key factor in helping nurses manage the emotional demands of EOL care (Martin and McDowall, 2022). Research by Rushton et al. (2015) found that nurses who engaged in reflective practices, such as mindfulness and debriefing sessions, were better able to cope with the emotional strain of EOL care.

Social support from colleagues and institutional resources, such as counseling services and peer support groups, have also been shown to play a crucial role in mitigating the psychological impact of EOL care (Martin and McDowall, 2022). However, studies suggest that these support mechanisms are often underutilized or inconsistently available in healthcare settings (Ceslowitz, 1989). This highlights the need for hospitals and healthcare institutions to develop more structured support systems that can provide nurses with the emotional resources they need to cope with the stresses of EOL care.

Job Satisfaction and Meaning in End-of-Life Care

Despite the emotional toll, many nurses find deep meaning and satisfaction in their work with EOL patients. Caring for individuals in their final stages of life offers nurses a unique opportunity to provide compassionate, patient-centered care, which can lead to a sense of fulfillment and professional pride (Stokes et al., 2019). Studies have shown that nurses who find meaning in their work are more likely to report higher levels of job satisfaction and emotional resilience (Sacco et al., 2015). This suggests that fostering a sense of purpose and meaning in EOL care may be a protective factor against burnout and emotional exhaustion.

Workplace Support and Interventions

The importance of workplace support in helping nurses manage the emotional demands of EOL care cannot be overstated. Anderson et al. (2020) emphasize the need for healthcare institutions to implement structured interventions, such as regular debriefing sessions, mental health counseling, and resilience training programs, to support nurses in this challenging field. Furthermore, leadership support and a positive work environment have been shown to enhance job satisfaction and reduce the emotional burden associated with EOL care (Magee and Lusher, 2023).

In conclusion, the literature on the emotional and psychological impact of EOL care on nurses underscores the complexity of this issue. While nurses often find meaning and fulfillment in their work, the emotional challenges they face can lead to compassion fatigue, burnout, and moral distress. Effective coping strategies, strong workplace support, and resilience-building interventions are essential to promote the well-being of nurses and ensure the delivery of high-quality EOL care. This study aims to contribute to the existing body of literature by exploring the emotional and psychological experiences of nurses working in EOL care in a tertiary hospital setting.

Methodology

This qualitative study was conducted to explore the emotional and psychological impact of providing end-of-life (EOL) care on nurses working in a tertiary hospital. A phenomenological approach was employed to capture the lived experiences of nurses, as this approach is particularly well-suited for exploring personal, emotional, and psychological phenomena in healthcare contexts (Creswell & Poth, 2016). The study took place at a tertiary healthcare facility, over a period of four months.

Study Design

A qualitative, phenomenological design was chosen to explore how nurses perceive and experience the emotional and psychological challenges of EOL care. This method allowed for an in-depth understanding of nurses 'perspectives and experiences by focusing on their subjective reality, which aligns with the study's objective of uncovering the emotional toll of EOL care (van Manen, 2023).

Participants

The study involved 20 registered nurses who provided direct care to patients in the palliative, oncology, and intensive care units (ICUs) of the tertiary hospital. Participants were selected through purposive sampling to ensure that those included in the study had significant experience in EOL care (Palinkas et al., 2015). The inclusion criteria were: (1) registered nurses with at least two years of experience in EOL care, (2) working full-time in the tertiary hospital during the study period, and (3) willingness to share their experiences. Nurses who had less than two years of experience or were not directly involved in EOL care were excluded from the study.

Data Collection

Data were collected through semi-structured, in-depth interviews, which were conducted face-to-face in a private room within the hospital to ensure confidentiality and a comfortable setting for participants. Each

interview lasted between 45 and 60 minutes, and participants were asked open-ended questions to explore their emotional and psychological experiences while providing EOL care. Questions focused on themes such as emotional challenges, coping mechanisms, moral distress, and the support received from colleagues and the institution.

An interview guide was developed based on the literature and expert input, ensuring that the questions were relevant to the study objectives. Some sample questions included: "Can you describe a time when providing end-of-life care had a significant emotional impact on you?" and "How do you cope with the emotional demands of your work?" Follow-up questions were used to probe for deeper insights into the participants' experiences. All interviews were audio-recorded with the participants' consent and transcribed verbatim for analysis.

Data Analysis

Data were analyzed using thematic analysis, following the six-step process outlined by Braun and Clarke (2006). This approach was chosen to identify recurring themes and patterns in the data that captured the emotional and psychological experiences of nurses working in EOL care. The process included familiarizing the researchers with the data through repeated readings of the transcripts, generating initial codes, searching for themes, reviewing and defining the themes, and producing the final report.

Two researchers independently coded the data to ensure credibility and reliability, and any discrepancies in coding were resolved through discussion. Key themes identified during the analysis included "emotional exhaustion and compassion fatigue," "moral distress and ethical dilemmas," "coping strategies and resilience," and "meaning and job satisfaction in EOL care."

Ethical Considerations

Ethical approval for the study was obtained from the ethics committee. All participants provided written informed consent before participating in the study, and they were assured of the confidentiality and anonymity of their responses. Participation was voluntary, and nurses were informed of their right to withdraw from the study at any time without penalty.

To protect participants 'identities, all names and identifying details were removed from the transcripts, and pseudonyms were used in the final report. The audio recordings were securely stored and accessible only to the research team, and they were destroyed after the completion of the study.

Trustworthiness

To ensure the trustworthiness of the findings, the study adhered to the criteria of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility was established through member checking, where participants were given the opportunity to review and validate their interview transcripts. Transferability was addressed by providing detailed descriptions of the study context, participants, and findings, allowing readers to assess the relevance of the results to other settings. Dependability was ensured by maintaining an audit trail, documenting the research process, and discussing coding decisions among the research team. Confirmability was achieved by reflecting on the researchers' biases and ensuring that the findings were grounded in the data collected.

Findings

The analysis of the data revealed four major themes related to the emotional and psychological impact of end-of-life (EOL) care on nurses: (1) Emotional Exhaustion and Compassion Fatigue, (2) Moral Distress and Ethical Dilemmas, (3) Coping Strategies and Resilience, and (4) Meaning and Job Satisfaction. These themes were further divided into sub-themes, and participant quotes are provided to illustrate the key findings.

Theme 1: Emotional Exhaustion and Compassion Fatigue

Participants consistently reported experiencing emotional exhaustion and compassion fatigue due to the demands of providing EOL care. This theme reflects the emotional toll nurses endure when they care for terminally ill patients, particularly when witnessing suffering and death becomes a frequent part of their work.

Sub-theme 1.1: Continuous Exposure to Death and Suffering

Many nurses described the emotional strain of being repeatedly exposed to death and the suffering of patients. Several participants expressed how this constant exposure had led to feelings of emotional exhaustion.

- Participant 5: "Every time I lose a patient, it takes a piece of me with them. No matter how many times it happens, it never gets easier."
- Participant 11: "It's hard to see patients in pain, knowing there's only so much you can do. You get attached to them, and when they pass, it feels like you've failed them in some way."

Sub-theme 1.2: Compassion Fatigue and Emotional Detachment

Some nurses mentioned experiencing compassion fatigue, where they felt emotionally drained and struggled to maintain empathy after prolonged exposure to distressing situations. This sometimes led to emotional detachment as a coping mechanism.

- Participant 3: "After a while, you just start to shut down emotionally. It's like a defense mechanism. You have to protect yourself from feeling too much, or you won't be able to keep going."
- Participant 7: "I feel like I'm running on empty some days. You want to give your best to every patient, but sometimes you just don't have anything left to give."

Theme 2: Moral Distress and Ethical Dilemmas

Moral distress emerged as a prominent theme, particularly when nurses felt that the care being provided did not align with their professional or ethical beliefs. This theme highlights the internal conflicts nurses experience when faced with ethical dilemmas in EOL care.

Sub-theme 2.1: Prolonging Life vs. Quality of Life
Several participants expressed distress when aggressive interventions were used to prolong life, even when they believed it was not in the patient's best interest.

- Participant 9: "There are times when we're doing everything to keep someone alive, but it feels like we're just prolonging their suffering. It's heartbreaking, and I don't know how to make peace with it."
- Participant 14: "I often wonder if we're doing this for the patient or because the family can't let go. It feels wrong to keep someone alive when their quality of life is already gone."

Sub-theme 2.2: Conflicting Family and Patient Wishes

Nurses also faced ethical dilemmas when family members 'wishes conflicted with what the nurse or patient wanted. This often caused moral distress, as nurses felt torn between advocating for the patient and respecting the family's wishes.

- Participant 12: "It's hard when the family is pushing for more treatment, but you know the patient just wants to be comfortable. You feel stuck in the middle, and it's emotionally draining."
- Participant 4: "I've had patients tell me they're ready to go, but their families insist on keeping them on life support. It's painful to see them trapped in a situation they don't want."

 Theme 3: Coping Strategies and Resilience

Despite the emotional and psychological challenges, nurses employed a variety of coping strategies to manage the stress of EOL care. This theme explores how participants navigated the emotional demands of their work and developed resilience over time.

Sub-theme 3.1: Peer Support and Debriefing

Many participants mentioned relying on peer support and debriefing sessions with colleagues as an important way to process their emotions and cope with the emotional toll of EOL care.

- Participant 1: "Talking to my colleagues helps a lot. They understand what I'm going through, and sometimes just venting or sharing stories helps to relieve some of the emotional weight."
- Participant 8: "We often debrief after a patient passes away, and it's a safe space to express how you're feeling. It makes a huge difference."

Sub-theme 3.2: Mindfulness and Reflective Practices

Some nurses used mindfulness techniques, reflective practices, or taking time away from work to decompress as effective ways to maintain their emotional well-being.

- Participant 6: "I've started doing mindfulness exercises, like deep breathing and meditation, to calm myself after a difficult day. It helps me to reset mentally."
- Participant 10: "I try to leave work at work. When I get home, I take a few minutes to reflect on the day and then consciously shift my focus to my family or hobbies."

Theme 4: Meaning and Job Satisfaction

Despite the emotional challenges, many participants found deep meaning and satisfaction in providing EOL care. This theme captures the positive aspects of their work and how it contributed to their professional fulfillment.

Sub-theme 4.1: Finding Meaning in Caring for Patients at the End of Life

Several participants shared that they found EOL care to be one of the most meaningful aspects of their nursing practice. They saw it as an opportunity to provide comfort and dignity to patients in their final moments.

- Participant 15: "It's incredibly rewarding to be there for someone at the end of their life. Knowing that I helped make their passing peaceful gives me a sense of purpose."
- Participant 2: "As hard as it is, there's something very special about being the one to hold a patient's hand as they take their last breath. It's a privilege to be part of that moment."

Sub-theme 4.2: Professional Pride and Fulfillment

Participants also expressed pride in their ability to provide high-quality, compassionate care to patients and their families, which contributed to their overall job satisfaction.

- Participant 17: "Even on the toughest days, I feel proud of the care we provide. I know that we're making a difference, and that keeps me going."
- Participant 13: "EOL care is emotionally challenging, but it's also one of the most fulfilling parts of my job. There's nothing more rewarding than knowing you've helped someone transition with dignity."

Discussion

The purpose of this study was to explore the emotional and psychological impact of end-of-life (EOL) care on nurses working in a tertiary hospital. Through a phenomenological approach, we gained insights into the lived experiences of nurses and uncovered the significant emotional toll that EOL care can take, as well as the strategies nurses use to cope with these challenges. This discussion reflects on the key findings and situates them within the existing literature, while also exploring implications for nursing practice, education, and institutional support.

Emotional Exhaustion and Compassion Fatigue

One of the most prominent findings of this study was the emotional exhaustion and compassion fatigue experienced by nurses who regularly provide EOL care. This finding aligns with existing research that highlights the high risk of burnout among nurses working in palliative, oncology, and intensive care settings (Cocker & Joss, 2016). Continuous exposure to death and suffering, as described by the participants, contributes to emotional exhaustion, leading to compassion fatigue, where nurses feel drained and struggle to maintain empathy.

This study also found that some nurses responded to compassion fatigue by emotionally detaching themselves from their work. Emotional detachment, while a common coping mechanism, may have long-term negative consequences, including reduced quality of care and decreased job satisfaction (Sabo, 2011).

These findings suggest that more attention needs to be given to helping nurses develop healthier coping mechanisms that allow them to maintain empathy without becoming overwhelmed by the emotional demands of their work.

Moral Distress and Ethical Dilemmas

Moral distress emerged as a significant theme, particularly when nurses felt that the care provided was not in alignment with their ethical beliefs. Participants frequently mentioned distress when aggressive interventions were used to prolong life, even when they believed that quality of life had diminished beyond recovery. These findings resonate with the work of Epstein and Hamric (2009), who argue that unresolved moral distress can lead to burnout, job dissatisfaction, and emotional disengagement.

This study also highlighted the conflict nurses face when the wishes of patients and their families diverge. Nurses often found themselves advocating for patient comfort while simultaneously trying to honor the desires of family members who may not be ready to accept the patient's imminent death. Moral distress in these situations not only affects nurses 'well-being but also complicates the care process and can lead to strained relationships between healthcare providers and family members (Hamric et al., 2012). Addressing these ethical challenges through improved communication and ethics training may reduce the incidence of moral distress and improve nurses 'emotional well-being.

Coping Strategies and Resilience

Despite the challenges they face, nurses in this study demonstrated resilience through various coping strategies, including peer support, debriefing sessions, and mindfulness practices. The importance of peer support was emphasized by many participants, who viewed their colleagues as a vital source of emotional relief and understanding. This finding supports existing research that highlights the role of social support in mitigating the effects of emotional exhaustion and preventing burnout in healthcare settings (Martin and McDowall, 2022).

The use of mindfulness and reflective practices was another key finding, suggesting that these techniques can help nurses manage the stress of EOL care by encouraging them to process their emotions rather than suppress them. Reflective practices have been shown to enhance emotional resilience, allowing nurses to develop a greater sense of control and emotional regulation in the face of adversity (Rushton et al., 2015). Hospitals should consider incorporating structured mindfulness and debriefing sessions into their support programs to promote mental well-being and resilience among nurses.

Meaning and Job Satisfaction

While the emotional and ethical challenges of EOL care are substantial, this study found that many nurses derive significant meaning and job satisfaction from their work. Participants frequently described EOL care as a privilege, expressing a deep sense of fulfillment in providing comfort and dignity to patients during their final moments. This finding aligns with research suggesting that finding meaning in work can serve as a protective factor against burnout (Sacco et al., 2015).

The sense of professional pride and fulfillment described by participants indicates that, despite the emotional demands, EOL care offers nurses opportunities for personal and professional growth. This is

consistent with the work of Stokes et al. (2019), who found that nurses often view EOL care as one of the most meaningful aspects of their profession. However, it is crucial to balance this meaning with adequate institutional support to prevent emotional overload and ensure that nurses continue to find satisfaction in their roles.

Implications for Practice

The findings of this study have several implications for nursing practice and institutional support. First, the emotional and psychological toll of EOL care must be recognized by healthcare institutions, and more structured support systems should be put in place to help nurses manage the emotional demands of their work. This could include regular debriefing sessions, access to counseling services, and peer support groups.

Second, institutions should prioritize ethics training and communication skills development to help nurses navigate the ethical dilemmas and moral distress they frequently encounter in EOL care. By fostering an environment where nurses feel empowered to voice their concerns and advocate for their patients, institutions can reduce the incidence of moral distress and improve overall care quality.

Finally, resilience training programs, such as those focused on mindfulness and reflective practice, should be integrated into continuing education for nurses. These programs can equip nurses with the tools they need to manage stress, prevent burnout, and continue finding meaning and satisfaction in their work.

Limitations and Future Research

While this study provides valuable insights into the emotional and psychological experiences of nurses in EOL care, there are some limitations that should be acknowledged. The study was conducted in a single tertiary hospital, which may limit the transferability of the findings to other settings. Future research should explore these experiences in a variety of healthcare contexts, including community-based settings and smaller hospitals.

Additionally, while this study focused on nurses, further research could explore the experiences of other healthcare professionals involved in EOL care, such as physicians and social workers, to gain a more comprehensive understanding of the emotional challenges associated with EOL care.

Conclusion

This study highlights the profound emotional and psychological impact of EOL care on nurses working in a tertiary hospital. While nurses face significant challenges, including emotional exhaustion, compassion fatigue, and moral distress, they also demonstrate resilience and find meaning in their work. The findings emphasize the need for healthcare institutions to provide stronger support systems to help nurses cope with the emotional demands of EOL care, while also fostering an environment where nurses can continue to find fulfillment in their roles.

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