Abstract

Nurses undergo a lot of stress on a normal basis and dealing with end-of-life care can be distressing in a number of ways. The psychological, physical, and psychosocial stress of caring for a patient nearing the end of life can cause the quality of care to degrade as nurses struggle to manage these complex issues. Nurses who are able to utilize coping skills for their own distress can better help patients, and their families, to prepare for death by implementing cultural, spiritual, and personal beliefs and practices. By acknowledging the troublesome nature of this type of care and measuring the type and intensity of stress, nurses can take the right steps toward preventing or treating the distressing experiences that can result of end-of-life care. Reflecting upon the emotions being experienced allows nurses to grieve properly and participate in self-care activities that can relieve some of the negative outcomes that would otherwise occur without directly dealing with such emotions.

End of Life Care and its Effect on Nurses

End-of-life care is a stressful process for nurses and can have negative psychological, physical, and psychosocial effects if coping strategies are not learned and put into practice (Kim & Kim, 2020). Providing care to individuals of all ages requires sufficient training but end-of-life care poses its own special training requirements, and nurses must learn to process the emotional effects of treating patients and allow themselves to grieve when needed to care for themselves (Efstathiou, & Walker, 2014). Knowing how to properly care for individuals as they near the end of their life demands that nurses demonstrate emotional awareness, compassion, and tact (Lewis, 2019).

**End of Life Care**

Before patients enter end-of-life care, they most often are treated in an intensive care unit (ICU) or neonatal intensive care unit (NICU) (Henao-Castaño, Rivera-Romero, & Garzón, 2021; Lewis, 2019). Individuals being treated in these facilities have life threatening conditions due to some sort of trauma or illness that has run its course. It can be a frightening time for the patient and their family, and nurses must learn to effectively deal with the emotional, spiritual, cultural, and physical upheaval that occurs during this time (Efstathiou, & Walker, 2014; O’Brian, Kinloch, Groves, & Jack, 2018).

**Effects on Nurses**

The burden on nurses to provide proper care for patients at the end of their life can be stressful as nurses navigate the psychological, physical, and psychosocial effects on the patient, family, and themselves. Being able to gauge just how much stress nurses are experiencing can help in understanding what kind of effects they are undergoing (Sansó, Vidal-Blanco, & Galiana, 2021). In addition, it is important for nurses to receive support during end-of-life care (Henao-Castaño, et al., 2021).

**Psychological Effects**

Nurses who work in the ICU are faced with the possibility of losing their patients every day because of the extent of their injuries or illnesses (Henao-Castaño, et al., 2021). This can be quite distressing at times, as nurses may develop relationships with their patients and their families over time, and removing any technology that may be keeping the patient alive precedes more suffering before death occurs. It can be especially upsetting for nurses working in the NICU, as they may relate to the loss parents are suffering. The psychological effects of losing a patient who has been suffering, especially if it is a child, can be an enormous emotional burden for nurses to bear, one that can lead to workplace burnout, anxiety, and lower quality care for other patients (Lewis, 2019). If nurses are distracted by their grief, they will not be as effective in caring for patients. Helping families to go through the process of saying goodbye and respecting any cultural, spiritual, or personal preferences can put a strain on nurses trying to provide a peaceful and comfortable approach to death with minimal medical intervention (O’Brian, 2018). If nurses do not feel prepared or properly trained in how to help families and patients during this delicate process, they can feel an added strain (Efstathiou, & Walker, 2014).

**Physical Effects**

Prolonged anxiety and stress can have adverse physical effects for nurses who deliver end-of-life care (Henao-Castaño, et al., 2021). There is also a physical strain on the caregiver’s body due to cleaning and caring for a patient nearing the end of life. This is done to provide a sense of dignity for the patient whether they are conscious or not, as well as for the comfort of the family (Efstathiou, & Walker, 2014). However, the process of lifting or moving a patient’s body for bathing, clothing, and applying topical medications designed for increasing physical comfort as death nears can be physically taxing on nurses, sometimes even causing lasting injuries. As nurses develop relationships with the patient and their family, they may discover that the family wishes to take on some of the physically comforting tasks, leaving nurses to educate those individuals on the proper procedures through demonstration (Efstathiou, & Walker, 2014). Fatigue is a constant problem for nurses providing end-of-life care because of the numerous and complicated responsibilities they are expected to perform on a daily basis (Henao-Castaño, et al., 2021).

**Psychosocial Effects**

Caring for patients as they approach death is a delicate process emotionally and physically, and it requires nurses to pay close attention to the needs and desires of their patients regarding medical and nonmedical care (O’Brian, et al., 2018). Patients often have plans or ideas about the kind of environment, rituals, cultural practices, spiritual rites, and familial participation they would like, in addition to the medical comforts they will or will not receive as they near the end of life. Nurses are expected to learn what these desires are and help implement them as part of the patient’s end-of-life care. This can often be draining, as nurses are already busy with the medical aspect of their job, and they may feel uncomfortable with some of the practices they are being asked to fulfill. A lack of training can leave nurses feeling unprepared and overwhelmed by the diversity of spiritual, cultural, and individual requests of their patients during this time. It can also cause distress for nurses performing spiritual practices that differ from their own beliefs (O’Brian, et al., 2018).

**Coping Strategies**

Coping strategies are important for nurses to develop and use because of the high levels of stress they can experience due the enormous demands they endure during end-of-life care (Kim & Kim, 2020). Learning how to process the emotions effectively can prevent nurses from workplace burnout, lingering psychological distress, physical ailments, and psychosocial discomfort (Sansó, et al., 2021). In addition, understanding the extent of the stress nurses experience can shed light on ways to treat the fatigue and distress that can plague nurses providing end-of-life care. The brief nursing stress scale (BNSS) is one popular method that has been created specifically for measuring six major stressors in nurses related to end-of-life care and nursing in general (Sansó, et al., 2021). By understanding what causes stress, coping mechanisms can be discovered and put into action.

**Reflection**

Taking time to reflect upon the loss or impending loss of a patient is important for nurses to do to avoid developing emotional illness or harmful feelings that can interfere with the care of the patient (Lewis, 2019). By acknowledging their emotions of fear, sadness, shame, guilt, and similar feelings, nurses can begin to accept what is happening and move forward through the process of losing an individual under their care. Learning how to develop emotional intelligence is vital for the mental and emotional health of nurses. When they are able to objectively look at their emotions, they can change the way they perceive the experience of losing a patient and learn to understand their feelings in a new light (Lewis, 2019).

**Grief**

Grief is an expected emotion when an individual loses someone under their care, and having a time and place to grieve for patients during end-of-life care is valuable for nurses, as denying the presence of this emotion can lead to a lower quality of patient care and decreased mental and emotional health in nurses (Kim & Kim, 2020). Having someone to talk with can allow grief to take its course, allowing nurses to experience and release the sense of loss. Nurses must also pay attention to how the grief is affecting their work performance and be willing to seek professional help when needed (Lewis, 2019).

**Self-Care**

Various habits can help reduce the pain nurses experience during end-of-life care. Depending on the individual’s preferences, taking time for the arts, exercise, reading books, watching movies, spending time with friends, and eating healthy meals are all great ways to implement self-care. In addition, continuing education is an excellent way to provide increased levels of resilience, as higher levels of education have been found to increase coping skills and stress management (Kim & Kim, 2020).

**Conclusion**

As nurses are exposed to psychological, physical, and psychosocial distress during end-of-life care, they must find effective coping skills to help them reflect upon the experience, grieve the impending loss, and practice effective methods of self-care (Kim & Kim, 2020; Lewis, 2019). Using the BNSS to determine which stressors are being experienced and the extent of nurses’ distress can provide nurses with the knowledge they need to take the right steps (Sansó, et al., 2021). Staying alert to these factors can help nurses improve their workplace efficacy and provide quality end-of-life care in a variety of situations (Lewis, 2019).

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