

**Article****Nurses' Grief in Caring for Patients with Advanced Cancer:  
A Literature Review***Feni Betriana<sup>1</sup> Waraporn Kongsuwan<sup>2</sup>**<sup>1</sup>Master Student, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand**<sup>2</sup>Associate Professor of Nursing, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand**\*Corresponding author: fenibetriana@gmail.com***Abstract**

*This article aimed to present factors influencing nurses' grief in caring for advanced cancer patients, consequences, and coping mechanism. A literature review was conducted through steps of creating PICO (Population, Intervention, Comparison, and Outcome) questions, searching, apprising, analyzing, and synthesizing the evidences. Relevant literature from electronic databases (PubMed, Proquest, CINAHL, and Science Direct) were searched using the following keywords: 'nurses' grief', 'advanced cancer patient', 'coping management', 'oncology nurses', 'grief resolution', 'grief therapy', 'bereavement', and 'mourning'. Twenty one studies were selected based on the following inclusion criteria: publication date from years of 2011 to 2017, discussing about nurses' grief, English language, full text, and academic journal. Analysis of content were done using matrix table and the articles were appraised based on recommendation of Joana Briggs Institute Critical Appraisal Tools (2016). Findings revealed several factors influencing nurses' grief; relationships with patients, nurses' personal factors, delivering care to the patients, institutional factors and patients' conditions. Consequences of nurses' grief included compassion fatigue, psychological and emotional stress, burnout, sleep disturbances, and disenfranchised grief. Coping management of grief were peer storytelling, distancing from the situation, normalization, emphasizing the positive things, and maintaining contact with the bereaved families. Results of this literature review found limited intervention to help nurses cope with their grief. Therefore, further study about the interventions to support nurses in dealing with professional grief should be designed.*

**Keywords:** advanced cancer; grief, nurses

## Introduction

Caring for patients with advanced cancer can be a challenging and difficult experience for nurses. Nurses are supposed to be ready for preparing the patients and families for terminal conditions in which the grief is likely to start in this situation before the actual death of the patient. Nevertheless, the grief is not only experienced by patients and patients' families, but also nurses caring for the patients. Grief is defined as a normal and complex response of loss<sup>1</sup>. When a patient is diagnosed with advanced stage of cancer, the patient, family, and also nurses may experience grief. Nurses caring for patients with cancer may feel exhausted physically and emotionally<sup>2</sup>.

Even though nurses are faced with grief, the way nurses experienced the grief is not well explained. It was reported that nursing is the first profession that experience grief in relation to their works<sup>3</sup>. However, nurses' grief is not considered significant. Nurses are supposed to provide professional care for patients and families when they grieve but nurses cannot admit their own and their colleagues' grief<sup>4</sup>. This causes nurses to keep going without any resolution of their grief. However, if nurses cannot manage grief effectively, this will lead to several negative consequences which can affect patients, families, and nurses themselves. Ineffective grief process may lead to compassion fatigue, job dissatisfaction, psychological and emotional disturbances for nurses<sup>5-8</sup>. Thus, to capture existing evidences about nurses' experiences dealing with their grief while caring for patients with advanced cancer, it is necessary

to conduct a literature review regarding this issue.

## Objective

This literature review aimed to examine existing knowledge on nurses' grief experiences in caring for patients with advanced cancer focusing on factors influencing the grief, consequences, and coping mechanism.

## Methods

A literature review was conducted following the five steps for evidence based practice nursing<sup>9</sup>. These studies were extracted from searching Indices such as PubMed, ProQuest, Science Direct and CINAHL (Cumulative Index of Nursing and Allied Health Literature) using the following keywords: 'nurses' grief', 'advanced cancer patients', 'coping management', 'oncology nurses', 'grief resolution', 'grief therapy', 'bereavement', and 'mourning'. Inclusion criteria were publication date from years of 2011 to 2017, discussing about nurses' grief, English language, full text, and academic journal while exclusion criteria are non-nurse' grief, non-English, and publication date before 2011. A total of twenty one articles were included in the review. The selection process of the articles is shown on Figure 1. All articles were used to support factors related to nurses' grief, consequences of nurses' grief and coping management nurses used. These studies were appraised based on Joana Briggs Institute Critical Appraisal Tools (2016).

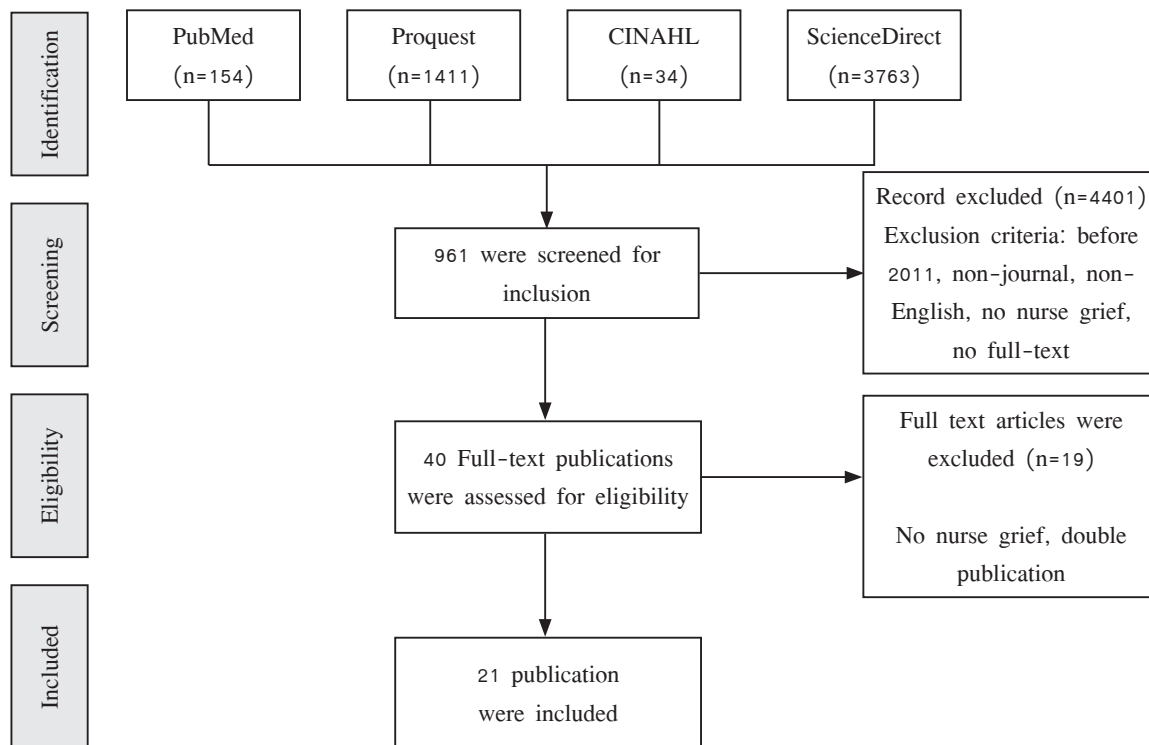


Figure 1. Flow chart of articles' selection process

**Results**

After careful analysis, the following results were found.

**Factors related to nurses' grief**

Factors related to nurses' grief included relationship with patients, personal factors, how nurses deliver care to patients, institutional factors and witnessing patients' condition.

*Relationship with the patients.* Among other factors, relationship with the patients is the commonest factor that contributes to nurses' grief. Nurses build close relationship with the patient which causes grief when a patient dies. It was found that when the relationship becomes very deep, nurses' sense of sadness and loss become deeper<sup>10</sup>. Moreover, it was also reported that the relationship increased the sense of meaning which nurses obtain from the interactions and can affect their response of grief and loss<sup>11</sup>. Nurses' relationship with patients make it

hard for nurses to witness patients' death and cause difficulty for nurses to neglect negative emotions such as frustration, guilt, and helplessness<sup>12</sup>. The deeper and longer the relationship is built between nurses and patients, the deeper the nurses' grief will be.

*Nurses' personal factors.* Personal factors refer to nurses' personality, belief and assumption about themselves, other, values, and personal loss experiences<sup>10</sup>. Seeing patients' death resulted nurses to remember their personal loss and experience grief, particularly when the patients have similar characteristic with their loved ones in term of symptoms, age, circumstance of death, and family structure<sup>10</sup>. Additionally, lack of emotional preparedness for patients' death<sup>13</sup> and female gender<sup>14</sup> are parts of the personal factors which influence nurses' grief.

*Delivering care to the patients.* How nurses deliver care to patients was reported to influence

nurses' grief. When nurses felt they have not provided good care to support patients' need, they seemed to grieve ineffectively after the patient died<sup>10</sup>. In addition, for some nurses who felt inability to deliver professional care to their patients, the grief could stay for longer period and caused doubt about their competencies in providing care to their patients. It was also reported that nurses felt guilt and helplessness when they perceived they were not able to deliver optimum care to their patients<sup>11</sup>.

*Institutional factors.* Institutional factors refer to lack of time and space to grieve<sup>15</sup>, high demands of work<sup>16</sup>, and lack of support provided by supervisor and coworker<sup>13</sup>. A study investigated oncology nurses' perspective on professional bereavement revealed that nurses experienced lack of time and space to grieve when their patients died<sup>15</sup>. They felt not being prepared and supported by the institution at the bereavement period. Another study yielded that nurses need to carry out other nursing duties and face demand for available beds after patients' death<sup>16</sup>. These conditions indicate that institutions take part during bereavement and affect nurses' grief in dealing with patients' death.

*Patients' condition.* Grief was also experienced before patients' death as nurses seeing patients' deterioration. Feeling of sadness leads to nurses distance themselves from the patients to prevent experiencing emotional pain<sup>10</sup>. Another study examining nurses' perspective regarding professional grief revealed that nurses felt difficulty to accept and manage patients' fast deterioration<sup>15</sup>. These conditions created sense of loss among nurses which influences nurses' grief.

### **Consequences of nurses' grief**

Several studies reported consequences of nurses' grief which are psychological and emotional distress, compassion fatigue, burnout, sleep disturbance, disenfranchised grief, intention to leave and job dissatisfaction.

*Psychological and emotional distress.* A clear definition of psychological and emotional were described as feeling sad, crying and thinking about death<sup>8</sup>, feeling guilt and regrets regarding patients' death<sup>17</sup>.

*Compassion fatigue.* Compassion fatigue is mentioned as one of grief experienced by nurses dealing with patients' death<sup>6-8,18</sup>. Compassion fatigue is defined as exhaustion, biological, psychological and social dysfunction as result from caring for traumatized people<sup>7</sup>. Furthermore, it was also reported that inadequate grief after patients' death can lead to compassion fatigue<sup>7</sup>. Another study reported that nurses admitted experiencing compassion fatigue as they care for the dying patients<sup>18</sup>.

*Burnout.* Burnout is defined as syndrome affecting individuals with caring occupations including depersonalization, feelings of emotional exhaustion, and low levels of achievement<sup>5</sup>. Burnout was reported as result from nurses' grief<sup>5,7</sup>. Grief has statistically significant correlation with burnout<sup>5</sup>.

*Sleep disturbances.* Sleep disturbances was reported as one of the consequences of nurses' grief<sup>16,17,19</sup>. Sleep disturbance refers to poor sleep quality, such as non-restorative and fragmented sleep and difficulty falling asleep as result of thoughts about patients' death that occur when going to bed<sup>16,19</sup>. It was reported that nurses exposed to chronic grief reported moderate to severe sleep disturbance<sup>19</sup>.

*Disenfranchised grief.* Disenfranchised grief is defined as grief that is not recognized publicly<sup>16</sup>. Disenfranchised grief occurs as result of nurses' grief<sup>6,16</sup>. The effect of patients' death was not acknowledged openly or socially by nurses until their behavioral change was recognized by family members or colleagues and they realized that they were reacting to a patient's death<sup>16</sup>.

*Intention to leave and job dissatisfaction.* Intention to leave and job dissatisfaction are reported as consequences of nurses' grief<sup>5,17</sup>. Nurses who

experience a high level of grief have an intention to leave either the unit they work in, hospital, or nursing profession<sup>5</sup>. In addition, it is also reported that after a patient died, nurses took time off work, extended leave and never returned to the unit where the death occurred<sup>17</sup>. Moreover, nurses' grief is reported to be associated with job dissatisfaction that leads to career change<sup>5</sup>.

### **Coping management of nurses' grief**

From review of previous studies regarding coping management used by nurses to deal with their grief, five coping management strategies were identified. The common coping managements used are peer storytelling, distancing from the situation, normalization, emphasizing positive aspects, and maintaining contact with the bereaved families. Each coping management will be described as follows.

*Peer storytelling.* Story telling was reported as one of coping management method used by nurses to cope with their grief. Peer story telling or sharing experiences helped nurses to cope with their grief in dealing with patients' death<sup>7,10,15-17,20</sup>. A study exploring nurses' experience of patients' death revealed that nurses who were unable to share their experiences seemed to experience more ongoing emotional distress, while those who were able to share in a team appeared to cope easily<sup>17</sup>. It was reported that nurses turned to their colleagues to talk with and support them<sup>17</sup>.

Furthermore, another study with a mixed-methods approach was conducted to examine peer story telling as a coping method for grieving oncology nurses<sup>20</sup>. That study involved focus group discussion and surveys to the total of nine participants from acute and ambulatory oncology unit. They used a web-based, three-dimensional (3D) virtual world technology (second life) to facilitate peer story telling. The result revealed that peer story telling assisted nurses to find the meaning and identify the benefit of their grief experiences<sup>20</sup>.

*Distancing from the situation.* Distancing from the situation is reported as a way used by nurses to cope with their grief<sup>10,11,15,16,18,21</sup>. Distancing from the situation includes distancing either nurses themselves or their loved one from the situation or from talking about the death of their patients. This method is used to protect nurses themselves and their loved ones.

*Normalization.* Previous studies revealed that normalization is used by nurses to cope with their grief<sup>11,16,21,22</sup>. Normalization refers to acceptance of death, controlling emotion, and labeling. Acceptance of death refers to the condition where nurses accept the death as a normal part of life<sup>22</sup>. Labeling is a way nurses cope by labeling the day of the death using phrase "bad day" or "busy day" instead of telling that there was a death of a patient at that day<sup>21</sup>.

*Emphasizing positive aspects.* Emphasizing positive aspects is reported as a coping management used by nurses in dealing with patients' death<sup>16,21,22</sup>. Emphasizing the positive aspects of their job, patients and themselves are the methods inherent here. It was reported that focusing on positive aspects of the job they have done and emphasizing that the person has lived a good life helped nurses to manage their grief<sup>22</sup>. In addition, it was also reported that nurses felt assisted when coping if they maintained positive memories of the patients<sup>21</sup>.

*Maintaining contact with bereaved families.* Maintaining contact with bereaved family members was reported as one of coping management strategies for nurses to deal with their grief<sup>15,21,22</sup>. Previous study reported that nurses continued to connect with bereaved family members in order to cope<sup>22</sup>. Moreover, it was also mentioned that nurses maintained contact with families after patients died<sup>21</sup>.

## Discussion

The findings of this review revealed issues related to nurses' grief which are factors related to grief, consequences of nurses' grief and coping management of nurses' grief. The commonest factors influencing nurses' grief is relationship with the patients. Patients with advanced cancer may spend longer time in hospital and having interaction more frequently with nurses compared with other setting. This may lead to deeper relationship built between nurses and patients. As consequences, this relationship will bring nurses to experiencing grief when their patients died.

Several negative consequences were reported as results of nurses' grief. Psychological and emotional disturbances are the commonest consequences that are experienced by nurses. Other consequences are burnout, disenfranchised grief, and compassion fatigue which are related to nurses' profession. Unresolved those consequences may affect nurses' work in caring for patients. Furthermore, to cope with their grief, nurses find their own way to make them feel better. Most of the strategies are effective way while one of them which is distancing from the situation is not an effective way to cope with their grief.

From total of twenty one studies, the majority of those studies were conducted in the context of pediatric oncology unit. This can be highlighted children are supposed to have more life expectancy and when they are diagnosed with advanced cancer

and face terminal condition, nurses caring for them tend to easily experience the grief and feel empathy of their condition.

Furthermore, the majority of those studies were conducted in western countries (nine studies in United States, two studies in Canada, two studies in European countries, one study in Australia, and one study in New Zealand). Limited studies were conducted in Asia, with only one study in Hongkong and one study in Japan. This might be related with different health policies and culture between Western and Eastern countries. In Western countries, nurses seemed to be able and have chance to express their feeling due to the death of the patients. The findings of previous study<sup>15</sup> conducted in New Zealand showed that nurses had debriefing after the death of the patients where they could talk openly about their feeling without being judged. On the other hand, a study<sup>10</sup> conducted among Japanese nurses revealed that nurses consciously suppress their grief emotion although they realized their feeling because they felt being judged personally if they talked openly about patients' death. Therefore, the grief phenomenon among nurses in Eastern countries is needed to be more explored.

Thus, since grief is a unique experience that might be different in different cultures with different beliefs. Studies conducted in different context, culture, belief, and countries are recommended.

Table 1. Summary of Literatures about Nurses' Grief

No.	Author	Title	Study Design	Content	Context/Country
1.	Adwan, JZ <sup>5</sup>	Pediatric Nurses' Grief Experience, Burnout and Job Satisfaction	A cross-sectional correlational study (n=120)	Consequences of nurses' grief including burnout, emotional exhaustion, job dissatisfaction, and intention to leave	Pediatric units/ USA
2.	Anderson, et al. <sup>15</sup>	Experiencing Patient Death in Clinical Practice: Nurses' Recollections of Their Earliest Memorable Patient Death	Qualitative study (n=20)	Consequences of nurses' grief include sleep disturbances (sleeplessness, re-experiencing the death event through dream), intention to leave, and emotional distress including feeling guilty and regrets. Coping management used is sharing experience in the team.	Clinical practice/ New Zealand
3.	Barbour <sup>6</sup>	Exploring Oncology Nurses' Grief: A Self-study	Self-study literature review (n=1)	Consequences include emotional distress and compassion fatigue	Oncology/Canada
4.	Boerner, et al. <sup>14</sup>	Grief after Patient Death: Direct Care Staff in Nursing Homes and Homecare	Cross-sectional study (n=220)	Factors included personality (emotional response, characteristic, preparedness for death), institutional factors, and relationship between nurses and patients.	Nursing homes/ USA
5.	Carter, et al. <sup>17</sup>	Sleep Disturbance, Chronic Stress, and Depression in Hospice Nurses: Testing the Feasibility of an Intervention	Descriptive correlational (n=9)	Consequences of nurses' grief included sleep disturbance	Hospice/ USA
6.	Carton & Hupcey <sup>7</sup>	The Forgotten Mourners Addressing Health Care Provider Grief-A Systematic Review	Systematic review (n of articles = 12)	Consequences include burnout, compassion fatigue, and psychological distress.	Pediatric, oncology, palliative care/ USA, Germany, UK/Canada
7.	Chan, et al.	The Perception and Experiences of Nurses and Bereaved Families towards Bereavement Care in an Oncology Unit	Semi-structure qualitative (n=25)	Factors include being acquainted with the patients and developing relationship with the patients	Oncology unit/ Hongkong

Table 1. Summary of Literatures about Nurses' Grief (Cont.)

No.	Author	Title	Study Design	Content	Context/Country
9.	Cook et al. <sup>19</sup>	Coping While Caring for the Dying Child: Nurses' Experiences in an Acute Care Setting	Qualitative study	Coping strategies includes developing boundaries, maintaining positive memories of the patients, distancing themselves from patients and families, and labeling the day of the death.	Cardiac acute unit (pediatric)/USA
10.	Kisorio & Langley	Intensive care nurses' experiences of end-of-life care	Qualitative study (n=24)	Consequence of nurses' grief is psychological and emotional stress. Factor related to grief is relationship with the patients.	Adult intensive care unit/South Africa
11.	Funk, et al. <sup>20</sup>	Meaning-Making and Managing Difficult Feeling: Providing Front-Line End-Of-Life Care	Qualitative study (n=11)	Coping strategies are normalization as accepting the death as normal part of life, emphasizing on positive aspect of the patients and nurses' job. Factors related to grief included close bonds and emotional detachment with the patients and personal loss experiences.	Residential care facility/Canada
12.	Melvin <sup>16</sup>	Professional compassion fatigue: what is the true cost of nurses caring for the dying?	Descriptive qualitative study using semi-structured interview (n=6)	Consequences include professional compassion fatigue and negative physical and emotional effect. Coping strategies is boundary setting, to maintain professional balance.	Hospice and palliative care/USA
13.	Nielsen, et al.	Do we need to change our understanding of anticipatory grief in caregivers? A systematic review of caregiver studies during end-of-life caregiving and bereavement	Systematic review (n of articles = 34)	Factors are previous stressful life events, low level of hope, gender of women, relationship between nurses and patients, and longer pre-loss caregiving time.	N/A
14.	Rice, et al. <sup>18</sup>	Using Second Life to Facilitate Peer Storytelling for Grieving Oncology Nurses	Mix-methods (survey method and qualitative analysis) (n =9)	Coping: storytelling	Oncology unit/USA

Table 1. Summary of Literatures about Nurses' Grief (Cont.)

No.	Author	Title	Study Design	Content	Context/Country
16.	Wenzel, et al. <sup>12</sup>	Working Through Grief and Loss: Oncology Nurses' Perspectives on Professional Bereavement	Qualitative study (n=34)	Factors are witnessing patients' deterioration, nurses' personal loss, close attachments with the patients, and lack of time and space to grief	Oncology unit/USA
17.	Wilson <sup>13</sup>	Ward staff experiences of patient death in an acute medical setting	Qualitative study (n=13)	Factors are organizational pressure, nurses' personal loss experience, nurses' expectation, and circumstance of death. Coping managements are rationalization of thought, taking time out away from patients, and emphasizing on positive job.	Medical unit/UK
18.	Wilson & Kirshbaum <sup>8</sup>	Effects of patient death on nursing staff: a literature review	Literature review	Consequences are emotional impact, compassion fatigue, and disenfranchised grief.	N/A
19.	Stayer & Lockhart	Living with dying in the pediatric intensive care unit: A nursing perspective	Qualitative study (n=12)	Consequences: emotional impact (sadness, frustration, anger, and helplessness) Factors: family reaction, relationship with patients and families Coping management: discussing feeling with colleagues	Pediatric ICU/ USA
20.	Reid	Grief and the experiences of nurses providing palliative care to children and young people at home	Qualitative study (n=7)	Factors: nurses-family relationship Coping: peer support	Children community nursing/Scotland
21.	Kain	An exploration of the grief experiences of neonatal nurses: A focus group study	Qualitative study (n=24)	Factors: acknowledgment of loss by institution, relationship with patients-family Coping: support from colleagues	Neonatal intensive care unit/Australia

## Conclusion

Nurses caring for patients with advanced cancer were reported to develop grief due to loss of the patient. The grief can occur during the continuum of the treatment which is known as anticipatory loss, at the time of patients' death and after patients' death. Previous studies revealed several factors related to nurses' grief which are relationship between nurses and patients, nurses' factors, how nurses deliver care to the patients, institutional factors and witnessing patients' deterioration. Moreover, nurses' grief results in several consequences including emotional and psychological distress, compassion fatigue, burnout, sleep disturbances, disenfranchised grief, intention to leave and job dissatisfaction.

Regarding coping management, there are several strategies which were reported as coping management used by nurses to deal with their grief. Those coping managements include peer story telling where nurses can share their feeling and experience to their colleagues about patients' death, distancing from the situation, emphasizing positive aspects about their job, patients and themselves, normalization, and maintaining contact with bereaved families. From those coping strategies, peer story telling is reported as the commonest factor used by nurses.

## Recommendations and Implications

The findings of this review include factors related to grief, consequences of nurses' grief and coping management of nurses' grief. These findings provide knowledge about nurses' experience of grief. Several coping strategies were highlighted, and they can be suggested by nurses in other context to cope with their grief experience. However, it was highlighted that intervention designed to help nurses cope with their grief are very limited. Thus, intervention supported by colleagues and institution, for example debriefing or mentorship from supervisor should be considered and established for future research to help nurses cope with their grief.

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