North Asian International Research Journal of Multidisciplinary

CIF IMPACT FACTOR:4.465

ISSN: 2454-2326 Vol. 4, Issue-9 September-2018

Index Copernicus Value: 58.12

BIAG IKARARUWA: COPING EXPERIENCES OF FILIPINO NURSES IN LOSING PATIENTS

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ABSTRACT

This exploratory sequential mixed-method aimed to develop a valid and reliable instrument which can assess the coping interventions constructs through exploration of the coping experiences of Filipino nurses in losing patients. Phase 1 of the study was conducted through individual in-depth interview for eleven participants whom saturated the data. Seven essential themes were illuminated using Colaizzi's methodology: Influential domains, Nursing the dying, Attachments beyond care, Synergistic outcomes, Antagonistic effects, Support systems and Coping interventions. The finding assisted the development of the 12-item Coping Interventional Tool for Nurses which was validated by the three doctoral-prepared experts and 30 overseas Filipino nurses, who were conveniently selected as respondents for the phase 2 of the study. Cronbach's alpha coefficient was utilized to test the validity of the items and determined the scale's internal consistency reliability and found to be 0.88 for the overall items in the scale that made it reliable.

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I. INTRODUCTION

Death is inevitable and defined as a fundamental loss. It is also a reality of life, something everyone has to deal with. Perhaps, it can stimulate people to grow in their understanding of themselves. Based on Kozier, et.al

(2008), death can be viewed as the dying person's final opportunity to experience life in ways that bring significance and fulfilment. Nurses encounter this more than most. They come across death and part of their profession is learning how to cope with loss. Nurses are sometimes trained how to help families deal with their loved one's death, seldom are nurses trained on how they too can deal with the loss of a patient. It can be a very emotional and traumatic time for a nurse when this occurs, especially if the nurse was attached to the patient. Nurses are advised not to get emotionally attached to patients, but sometimes it does happen – after all nurses are humans. Regardless of the time span of their nurse-patient interactions, when patients die, it will be difficult and painful.

People experiencing loss often search for the meaning of the event, and it is generally accepted that finding meaning is needed in order for recovery to occur. However, persons can be well adjusted without searching for meaning, and even those who find meaning may not see it as an end point but rather an ongoing process.

Nurses are especially vulnerable to the debilitating condition because of the nature of their work and the constant exposure to death. They spent a lot of time with patients than physicians, physical therapies or other health workers.

Service to individuals at the end of life and their families is an experience rich with meaning. Some important tasks can be accomplished only at life's end, providing the opportunity for life review, recovery and reminiscing legacy. It is a time of potentially profound emotions and spiritual connections, letting go of the physical self and embracing the intangible reality. As nurses gain years of experiences, they become better at managing their emotions and grief. To be involved professionally at this crucial time is deeply rewarding and yet demanding.

The researcher chose this topic because there is no coping interventional tool use by institutions after their nursing employees experience losing patient, which may offer necessary support to nurses and potentially improve patient care and staff satisfaction.

The purpose of this study is to explore the common coping experiences of Filipino nurses in losing patients and to develop and validate a coping interventional tool.

OBJECTIVES

The researcher explored the coping experiences of Filipino nurses in losing patients. Specifically, the research designed to come up with valuable data and information to the following:

1. The coping experiences of Filipino nurses in losing patients be described in terms of:
   1.1. Influential domains
   1.2. Nursing the dying
   1.3. Attachments beyond care
   1.4. Synergistic outcomes
   1.5. Antagonistic effects
   1.6. Support systems
   1.7. Coping interventions
2. The proposed coping model from their experiences.
3. The reliability of the coping interventional tool for nurses.
4. The validity of the coping interventional tool for nurses.

II. METHODOLOGY

This study utilized exploratory sequential mixed method design on the assertion that qualitative and quantitative researches, in combination, provide an audacity of understanding of phenomenon than either forms of research by itself. Exploratory sequential design was consisted of gathering and immersing essentials of qualitative data first, followed by the collection and analysis of quantitative data. This is usually used when exploration of a phenomenon is highly imperative to generate items for development of an instrument that will be tested in a quantitative phase.

This study underwent two phases of research methodology. The first phase of the study was qualitative exploration of coping experiences of Filipino nurses in losing patients. The second was quantitative phase, wherein an instrument was formulated from the concepts and data of the qualitative phase.

III. RESULTS AND DISCUSSION

PHASE 1 OF THE STUDY

Following the process of reflective analysis from Colaizzi's methodology, a matrix of categories and themes were developed from the data. Irrelevant comments were omitted; meanings were categorized and themes were allowed to surface. There were seven themes extracted from the data gathered: "Influential domains", "Nursing the dying", "Attachments beyond care", "Synergistic outcomes", "Antagonistic effects", "Support systems", and "Coping interventions". Within the first theme, three following categories were identified: death concept in curriculum, memorability of a deceased, and limitations within capacity; two categories arose in the second theme: professionalism and holistic. Three categories were identified on the third theme: affectional bonds, counter transference, and extension of the nursing role; and two categories under the fourth theme fall under the following: gratefulness, hope and joy and willingness. Three categories were identified on the fifth theme: psychological distress, emotional distress and physical distress; and three categories under the sixth theme: peer support, familial support, and institutional support. On the seventh theme, seven categories were derived: death at ease, relief, self-improvement, learning through experiences, stress debriefing, nurses coping mechanisms and acceptance.

Table 1
Themes and Categories Identified in the Data Gathered

Themes	Category
Influential domains	Death concept in curriculum
	Memorability of a deceased
	Limitations within capacity
Nursing the dying	Professionalism
	Holistic nursing care
Attachments beyond care	Affectional bonds
	Countertransference
	Extension of the nursing role
Synergistic outcomes	Gratefulness
	Hope and joy
	Willingness
Antagonistic effects	Psychological distress
	Emotional distress
	Physical distress
Support systems	Peer support

	Familial support
	Institutional support
Coping interventions	Death at ease
	Relief
	Self-improvement
	Learning through experiences
	Stress debriefing
	Nurses coping mechanisms
	Acceptance

THEME 1. INFLUENTIAL DOMAINS

There are many factors that can influence the nature and intensity of one's losing experience on people, including nurses. Whether the death is expected or sudden has an impact on the bereavement process.

In the first theme, three categories were identified: death concept in curriculum, memorability of a deceased, and limitations within capacity.

Table 2. Influential domains

Theme	Category
Influential domains	Death concept in curriculum
	Memorability of a deceased
	Limitations within capacity

THEME 2. NURSING THE DYING

Nurses have a crucial role to play in helping the dying patients to accept their conditions. They are in privileged position of being able to communicate to patients clearly and compassionately, talking about their priorities and type of care they wish to receive. Also, their experience, knowledge and skills they want to share, that may help to support patients and families to make informed decisions.

Caring for the dying patient is as much a challenge as it is rewarding. It is a challenge because health care services are no longer focus on establishing treatment and cure, but the chief purpose in this type of care is to

maximize comfort. In doing so, one of the principles of end-of-life care is achieved in allowing the patient to die with dignity. Nurses' first-hand encounter with death shows them the reality; thus, forces them to question own mortality. To a layperson, the process of dying is an unknown area; but for a nurse, it is a steep learning curvature. Nurses may feel that when people die, it doesn't affect the care delivery, which is absolutely ridiculous as they are human too.

In this theme, two categories were identified: professionalism, and holistic nursing care.

Table 3. Nursing the dying

Theme	Category
Nursing the dying	Professionalism
	Holistic nursing care

THEME 3. ATTACHMENTS BEYOND CARE

Attachment is defined as the tendency of human beings to make strong affectional bonds with exceptional others. Protective and healing relationships between healthcare professionals and patients are created on trust. Patients come to trust healthcare professionals when they feel understood and have their concerns responded to with care and compassion.

Although nurses are taught to maintain emotional distance from patients, the line between a professional and personal relationship with a patient can become imprecise.

In line with this, empathy is an individual's strong emotional response to others' emotional reactions. To appropriately express empathy, it needs to possess social skills. Nurses should have to fall back on professional code of conduct. This is the unwritten rule of not showing and involving emotions over patients. The reality is that nurses are humans too, and they are going to get emotionally involved. Showing some emotion to patients and family is common, but it must not be in the delivery of proper safe care.

Being aware of their attachment may help professional caregivers to be conscious of their own contributions to their relationships with patients and to become more sensitively attuned to them.

In the third theme, three categories were identified: affectional bond, counter transference and extension of the nursing role.

Table 4. Attachments beyond care

Theme	Category
Attachments beyond care	Affectional bonds
	Countertransference
	Extension of the nursing role

THEME 4. SYNERGISTIC OUTCOMES

Synergy is the enhancement of effectiveness that results when driving forces work together. Meanwhile, nurses are essential providers of health care throughout people's lives until death occurs. Carer's presence and actions can provide emotional and physical support for the person who is approaching the end of their life. They know first-hand the patient's desires and needs and can help staff in the institution to make things as restful as possible during this stage. There are services that carer can provide as additional assistance at this time. This could include information dissemination or counselling. The care of family members becomes ever more central to the holistic care of the dying person. Their prime need is to be reassured of the patient's comfort.

Nurses can provide regular opportunities for the family member to understand or be updated on the condition, treatment and/or care given to the patient. Nurses can help both the dying person and those close to them understand the situation as it evolves. Caring for them with intelligence, insight and understanding will contribute greatly to their experiences and how they will grieve after death for the loss. This is the legacy of nurses to those they care for.

End-of-life care is a way for people to prioritize the wishes of the patient and the family and is in no way "giving up". It is a specialized care and support that works to create ease and comfort for the patient and the family.

In this theme, three categories were identified: gratefulness, hope and joy and willingness.

Table 5. Synergistic outcomes

Theme	Category
Synergistic outcomes	Gratefulness
	Hope and joy
	Willingness

THEME 5. ANTAGONISTIC EFFECTS

Antagonist is a situation that opposes another. End-of-life care presents many challenges for healthcare professionals, as well as for the patients and their families. In addition, the care of the dying patient must be considered within the context of the psychological, physical and social experiences of a person's life.

Health care professionals who manage the treatment of patients at the end of life often face obstacles in providing optimal care. Unfortunately, health care personnel who are responsible for the treatment of patients at the end of life commonly lack adequate training to help guide decisions and to deliver dreadful information to patients and families. Death means the loss of the patients; this may be interpreted by medical caregivers as that they have in some way failed in their work.

Perhaps, a healthcare personnel's personal anxiety about death and disease may be further incited by interactions with a dying patient. In particular, healthcare professionals often think of death as a sign of failure or as an enemy rather than as a natural and universal part of the life process.

Given the unique process of each person's death, algorithmic strategies are often inadequate to guide patients, their families and the healthcare workers who care for them through this complex and emotionally challenging process. In this theme, three categories were identified: psychological distress, emotional distress and physical distress.

Table 6. Antagonistic effects

Theme	Category
Antagonistic effects	Psychological distress
	Emotional distress
	Physical distress

THEME 6. SUPPORT SYSTEMS

Support system is a network of people who provide an individual with practical or emotional support. It will be a long struggle in order to help them back fully in their previous life routines. Those who are grieving can create a support system by: (a) taking people up on their offers of help, (b) being specific with requests for help, and (c) continuing outdoor activities.

Furthermore, an important support system may include extended family, friends or members of the professional helping community. Reaching out to others and accepting support is often difficult particularly when they are hurt so much. But the most compassionate self-action one can take at this crucial time is to find a support system of caring associates and relatives who will provide the understanding one need. They may search a support group in their area that they will possibly attend. There is no substitute for learning from other persons who have experienced the same death incident.

Grieving persons have the right to express their grief; no one has the right to take it away from them. This is why a support system is such a valuable resource. In this theme, three categories were identified: peer support, familial support and institutional support.

Table 7. Support systems

Theme	Category
Support systems	Peer support
	Familial support
	Institutional support

THEME 7. COPING INTERVENTIONS

Death gives meaning to the existence and preciousness of life. There are recent improvements in the caring for the dying. Nurses bridged the gap and have had a central role, not only caring for dying patients and their families, but also in supporting people through many other losses. Members of health care teams are often prepared for the losses that come. However, people need time to achieve a balance between avoidance and confrontation with painful realities of death.

It have been emphasized the importance of self-care and work-life balance in post-death experiences for nurses. It presented the opportunity to discuss other activities to support nurses, including remembrances for patients or professional assistance.

It is anticipated that nurses will feel better, if they are prepared to recognize the issues, commit to striving for better self-care and recognize when professional assistance is needed.

In this theme, seven categories were identified: death at ease, relief, self-improvement, learning through experiences, stress debriefing, nurses coping mechanisms and acceptance.

Table 8. Coping interventions

Theme	Category
Coping interventions	Death at ease
	Relief
	Self-improvement
	Learning through experiences
	Stress debriefing
	Nurses coping mechanisms
	Acceptance

PHASE 2 OF THE STUDY

This second phase was undertaken to develop an instrument measuring the presence of coping interventions among Filipino nurses. The researcher engaged in the exploratory sequential mixed-method because instruments to evaluate coping interventions of Filipino nurses were not available.

The instrument was composed of 12 items on a four-point Likert-type scale (strongly disagree, disagree, agree, and strongly agree) about coping interventions obtained from eleven (11) participants' lived experiences interpreted using phenomenological approach and comprehensive review of related literatures. Likert-type scale is a psychometric scale ascribing qualitative data to quantitative value to make it amenable to statistical analysis.

The tool was easy to administer and required only 3-5 minutes to complete. The wording of items was regarded as comprehensible by participants. There were thirty (30) respondents selected and qualified with the inclusion criteria, who completed this phase. Male (N=9; 30.0%) and female (N=21; 70.0%) registered nurses, who ranged from 23-39 years old and have 3-9 years nursing work experience. A total of 100% provided complete and usable responses.

Table 9. Demographic Characteristics of Phase 2 Respondents

Variables/ Categories	N (%)
GENDER	
Male	9 (30.0%)
Female	21 (70.0%)
AGE	
≤ 24 years old	1 (3.3%)
25 – 30 years old	26 (86.7%)
≥ 31 years old	3 (10.0%)
YEARS OF PRACTICE	
≤ 3 years	2 (6.7%)
4 – 5 years	18 (60.0%)
≥ 6 years	10 (33.3%)
TOTAL	**30 (100%)**

All data were analyzed by statistician using Statistical Package for the Social Sciences or SPSS version. The tests of the reliability and construct validity of the Coping Interventional Tool for Filipino Nurses used Cronbach's alpha.

Table 10. Reliability Coefficients

Cronbach's Alpha	N of Cases	N of Items
.88	**30**	12

Internal consistency was calculated using Cronbach's alpha coefficient. Cronbach's alpha reliability coefficient normally ranges between 0 and 1. There is actually no lower limit to the coefficient. The closer Cronbach's alpha coefficient is to 1.0 the greater the internal consistency of the items in the scale. An alpha of .70 is probably a reasonable and acceptable goal. An examination on the Cronbach's alpha value of the 12-item instrument showed that an overall reliability coefficient of the instrument was .88 (N=30; items=12); indicating that the developed instrument has a high degree of internal consistency.

IMPLICATIONS TO THE NURSING PRACTICE, EDUCATION AND RESEARCH

The implication of the study to the nursing practice is to evaluate present coping interventions of Filipino nurses in losing patients. This may provide them essential knowledge and skills in coping through activities and utilizing support needed by nurses. As the loss crisis will be intervened appropriately, nurses can extend the same

support to their fellows forming immense camaraderie as a result. They may serve as an active agent for nation building in transforming health care services in the country.

The implication of this study to the nursing education and research is to give information about the participants' feelings following losing of patients. This may also assists nursing students about coping interventions that will be of practical use in such profession. The researcher understands that this study will contribute in broadening the perspectives of Filipino nurses on coping interventions in losing patients and encourage other researchers for further research and integrate them to nursing education.

IV. CONCLUSION AND RECOMMENDATIONS

Based on the findings, the following conclusions are drawn:

1. Common influential factors on coping of Filipino nurses in losing patients are as follows: death concepts learned in school curriculum, memorability of the deceased patients and limitations of nurses as humans.
2. End-of-life care is efficiently delivered by Filipino nurses to their dying clients with utmost professionalism and in holistic approach.
3. Caring for a dying person is incorporated with affectional bonds and counter transference, especially in lengthy duration of caring. Nurses also extend themselves to comfort the grieving family/ relatives.
4. Nurses are grateful for the dignified death of patient, besides their hopefulness and willingness to bring the patient in pre-admission status. In particular, when relatives become satisfied for the health services rendered to achieve such objective.
5. Psychological, emotional and physical distresses are usually experienced by Filipino nurses after losing patients.
6. Support networks, from peers, family and the institution, Filipino nurses are working with, play a vital role to hasten their coping response and regaining their morality.
7. Feeling at ease in death cases is experienced by Filipino nurses in their constant exposure with such. They feel relieved after the death, for it also means reduced suffering in the patient's life.
8. Learning is expected in Filipino nurses through their experiences in dealing with death. It is an avenue for self-improvement and acquiring knowledge in the variety of effective coping mechanisms.
9. There is a need for health care institutions to conduct stress debriefing, as it plays a prime importance in the coping processes of Filipino nurses who loss patients, after assessment. This will help in boosting nurses' morale, continuity of efficient health care services and patient satisfaction.

10. Acceptance should be an ingredient in the coping process of Filipino nurses in losing patients. They must consider other patients, next in the admission line, who need their utmost quality care and assure to offer enhanced care to them.
11. The instrument developed suggests that it is a suitable instrument for exploring the coping interventions of Filipino nurses in losing patients.

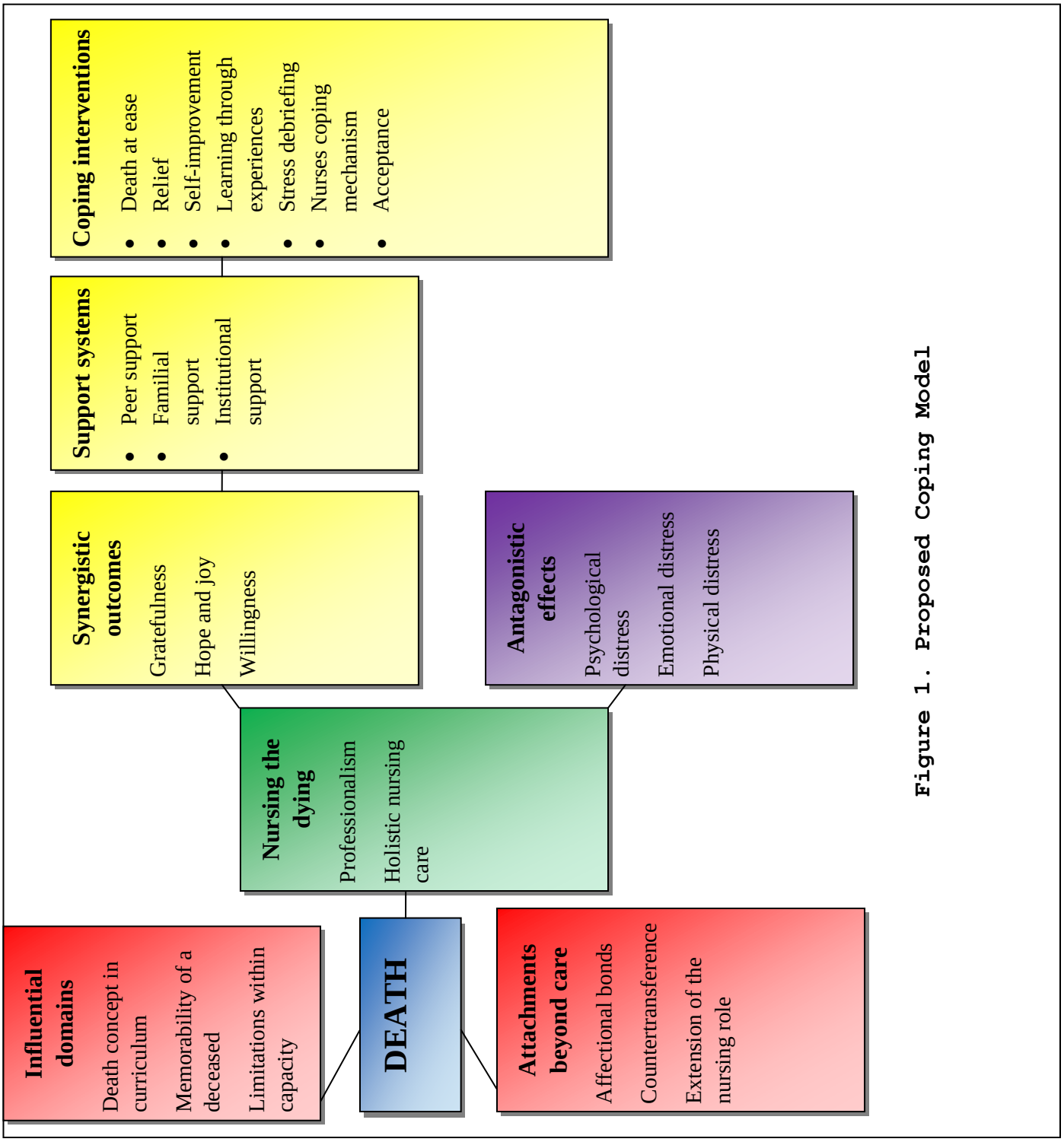

Figure 1. Proposed Coping Model

Figure 1 illustrates the proposed coping model based on the coping experiences of Filipino nurses in losing patients. The first outline is the factors that contribute to the coping experiences of Filipino nurses with death. The second outline displays the attachments observed by the participants in their experiences. The third outline or the time of death, quality nursing care is appropriately rendered, as shown in the fourth outline. The fifth outline denotes the negative effects of death experiences with the participants while the sixth outline denotes positive outcomes. The seventh outline shows the availability of support gained by Filipino nurses after the experiences. Lastly, the eighth outline presents a variety of coping interventions from the experiences of Filipino nurses in losing patients. Coping interventions are necessary to help nurses in dealing with their feelings of loss through building their morale, to continuously perform in their quality care services delivered for the society.

As a result, 12-item coping interventional tool for Filipino nurses was developed which composed of two parts, first part involves the profile of the respondents, and second part involved rating of the coping interventions with certain parameters. Cronbach's alpha coefficient was utilized to test the validity of the items and determined the scales internal consistency reliability and found to be 0.85 for overall items in the scale that made it reliable.

RECOMMENDATIONS

Based on the findings presented and conclusions drawn, the following recommendations are hereby given:

1. Nursing administrators should assess the coping response of Filipino nurses in losing patients. They must also intervene by conducting stress debriefing sessions, providing support and allowing ample time for acceptance.
2. Educational institutions must teach variety of coping interventions in losing patients to their nursing students. This will be of practical use in their career path as nurses.
3. Readers and other researchers can elicit and pursue more studies about coping experiences of Filipino nurses in losing patients utilizing other methodological approach to further validate the data that have been gathered in this study. Additionally, the present study represents the development and validity of the Coping Interventional Tool for Filipino Nurses. However, the validation of measurement instruments is a complex and continuous process, and there is evidently a need for further studies that can administer the tool and tested further for its psychometric soundness with a larger sample size. The results of this study would also enable the instrument to be improved and made more robust.

REFERENCES

1. Andrew, S. & Halcomb, E.J. (2009). "Mixed Methods Research for Nursing and the Health Sciences". Blackwell Publishing Ltd.
2. Anngela, L. & Busch, M. (2011). "Stress and Grief Among Family Caregivers of Older Adults with Cancer: A Multicultural Comparison from Hawai'i". Journal of Social Work in End-of-Life and Palliative Care, 7(4), 318-377. doi: 10.1080/15524256.2011.623460.
3. Atienza, T.J., et.al (2016). "Understanding the ICU Nurses' Experiences on Death and Dying: An Integrated Review". The Malaysian Journal of Nursing, 8(1) 12-18.
4. Aycock, N. & Boyle, D. (2009). "Interventions to Manage Compassion Fatigue in Oncology Nursing". Clinical Journal of Oncology Nursing, 13, 183-191. doi: 10.1188/09.CJON.183-191.
5. Balk, D.E. & Corc, C.A. (2009). "Adolescent Encounters with Death, Bereavement and Coping". Springer Publishing Company LLC, New York NY.
6. Beraldo, L.M., et.al (2015). "From Frustration to Coping with Caring for Death by Nurse Technicians". Rev Bras Enferm, 68(6):705-711. Doi:http://dx.doi.org/10.1590/0034-7167.20156806031.
7. Black, B.P., Wright, P.M. & Limbo, R. (2016). "Perinatal and Pediatric Bereavement in Nursing and Other Health Professionals". Springer Publishing Company, LLC, New York, NY.
8. Blank, A.E., O'Mahony, S. & Selwyn, A. (2007). "Choices in Palliative Care: Issues in Health Care Delivery". Springer Science + Business Media, LLC, New York, NY, USA, p.45.
9. Bonanno, G.A. (2008). "Sadness and Grief. In M. Lewis, J.M. Haviland-Jones & L.F. Barrett (Eds.)". Handbook of Emotions, (3rd ed., pp. 797-810). New York, NY: Guildford Press.
10. Buglass, E. (2010). "Grief and Bereavement Theories". Nursing Standard, 24(41), 44-47.
11. Burgess, L., et.al (2010). "Personality, Stress & Coping in Intensive Care Nurses: A Descriptive Exploratory Study". Nursing in Critical Care, 15(3), 129-140.
12. Butts, J.B. & Rich, K.L. (2016). "Nursing Ethics across the Curriculum and Into Practice". Jones & Bartlett Learning LLC, an Ascend Learning Company, Burlington MA, 4, 330.
13. Cairney, J. & Streiner, D.L. (2010). "Mental Disorder in Canada: An Epidemiological Perspective". University of Toronto Press Incorporated, Canada.
14. Caughney, A.B. (2010). "Cases and Concepts: Step 1 Basic Science Review". Lippincott Williams & Wilkins, p.267.
15. Crump, S.K. (2010). "Critical Care Nurses' Perceptions of Obstacles, Supports & Knowledge Needed in Providing Quality End-of-Life Care". Dimensions of Critical Care Nursing, 29(6), 297-306.

16. Davies, L. (2016). "Informal Learning: A New Model for Making Sense of Experience". Routledge, New York, NY.
17. De Souza, J. & Pettifer, A. (2013). "End-of-Life Nursing Care: A Guide for Best Practice". Sage Publications Ltd., London.
18. Edo-Gual, M., et.al (2014). "The Impact of Death and Dying on Nursing Students: An Explanatory Model". Journal of Clinical Nursing, 23(23), 3501-3512.
19. Faull, C. & Blankley, K. (2015). "Palliative Care". Oxford University Press, New York, NY, United States of America, 2.
20. Feldman, D.B. & Lasher, S.A., Jr. (2007). "The End-of-Life Handbook: A Compassionate Guide to Connecting With and Caring for a Dying Loved One". New Harbinger Publications, Inc., Oakland, CA.
21. Fessick, S. (2007). "The Use of a Staff Retreat with a Grief Counsellor for Inpatient Medical Oncology Nurses to Assist with Bereavement and Coping". Oncology Nursing Forum, 34(2), 529.
22. Funnell, R., Koutoukidis, G. & Lawrence, K. (2009). "Tabbner's Nursing Care: Theory and Practice". Elsevier Australia, ACN, 5, p.134.
23. Gallagher, O., et.al (2014). "Nursing Student Experiences of Death and Dying during Palliative Care Clinical Placement: Teaching and Learning Implications". In Transformative, Innovatives and Engaging. Proceedings of the 23rd Annual Teaching Learning Forum, Perth: The University of Western Australia. Retrieved January 5, 2017 from http://ctl.curtin.edu.aulprofessional_development/conferences/tlf2014/refereed/gallagher.pdf.
24. Gagliardo, T. (2016). "Effective Coping Mechanisms for Nurses Following Patient Death". The University of Rhode Island.
25. Gerow, L., et.al (2010). "Creating a Curtain of Protection: Nurses' Experiences of Grief Following a Patient's Death". Journal of Nursing Scholarship, 42(2), 122-129.
26. Grochow, D. (2008). "From Novice to Expert: Transitioning Graduate Nurses". Nursing Management, 39(3), 10-12.
27. Hinderer, K.A., et.al (2014). "Burnout, Compassion Fatigue, Compassion Satisfaction & Secondary Traumatic Stress". Journal of Trauma Nursing, 21(4), 160-169.
28. James, S.R., Nelson, K. & Ashwill, J. (2013). "Nursing Care for Children: Principles and Practice". Elsevier Saunders, St. Louis, Missouri, 4, p.262.
29. Jurkiewicz, R. & Romano, B.W. (2009). "Coronary Artery Disease and Experiences of Losses". Arq Bras Cardios, 93(4), 345-352.

30. Karanikola, M.N.K., et.al (2012). "Exploration of the Association Between Professional Interactions and Emotional Distress of Intensive Care Unit Nursing Personnel". Dimensions of Critical Care Nursing, 31(1), 37-45. doi: 10.1097/DCC.0b013e31823a55b8.
31. King, P. & Thomas, S. (2013). "Phenomenological Study of Intensive Care Unit Nurses' Experiences Caring for Dying Patients". Western Journal of Nursing Research, 35(10), 1292-1308. doi: 10.1177/0193945913492571.
32. Kozier, B. et.al (2008). "Fundamentals of Nursing". Pearson Education South Asia Pte. Ltd., 8 (1): 34, 1081-1101.
33. Lemone, P., et.al (2014). "Medical-Surgical Nursing: Critical Thinking for Person-Centered Care". Pearson Australia Group Pty Ltd, Midland Typesetters, Australia, 2, 100-101.
34. Louw, D.J. (2014). "Wholeness in Hope Care: On Nurtering the Beauty of the Human Soul Spiritual Healing". Deutsche Nationalbibliothek.
35. Marini, I. & Stebnicki, M.A. (2016). "The Professional Counselor's Death Reference". Springer Publishing Company, LLC, New York, NY, 2.
36. McCillen, R. (2008). "End of Life Decisions: Nuerses Perceptions, Feelings and Experiences". Intensive and Critical Care Nursing, 24, 251-259.
37. Mealer, M., et.al (2007). "Increased Prevalence of Post-Traumatic Stress Disorder Symptoms in Critical Care Nurses". American Journal of Respiratory Critical Care Medicine, 175, 693-697.
38. Mealer, M., et.al (2012). "A Qualitative Study of Resilience and Posttraumatic Stress Disorder in the United States ICU Nurses". Intensive Care Med, 38, 1445-1451. doi: 10.1007/500134-012-2600-6.
39. Melvin, C. (2012). "Professional Compassion Fatigue: What is the True Cost of Constructivist Grounded Theory". International Journal of Qualitative Methods, 5(1), 1-10.
40. Mostofsky, E., et.al (2012). "Risk of Acute Myocardial Infarction after the Death of a Significant Person in One's Life". Circulation, 125, 491-496.
41. Naido, V. & Sibiya, M. (2014). "Experiences of Critical Care Nurses of Death and Dying in an Intensive Care Unit: A Phenomenological Study". Journal of Nursing and Care, 3, 179.
42. Newman, M.A. (2008). "Transforming Presence: The Difference that Nursing Makes". Philadelphia: F.A. Davis.
43. Newman, M.A. (2011). "Health as Expanding Consciousness". Retrieved January 2, 2017 from http://healthasexpandingconsciousness.org/home.index.php?option=com.content&talkview&id=5&Itemid=6.

44. O'Brien, P.G., Kennedy, W.Z. & Ballard, K.A. (2013). "Psychiatric Mental Health Nursing: An Introduction to Theory and Practice". Jones & Bartlett Learning LLC, an Ascend Learning Company Burlington, MA, 2, p.46.
45. O'Connell, C.B. (2015). "Gender and the Experience of Moral Distress in Critical Care Nurses". Nursing Ethics, 22(1), 32-43. doi: 10.1177/0969733013513216.
46. Oliver, D. (2013). "End-of-Life Care in Neurological Disease". Springer-Verlag, London.
47. Perkins, H.S. (2016). "A Guide to Psychosocial and Spiritual Care at the End of Life". Springer Science + Business Media, LLC, New York, NY, USA.
48. Peters, L., et.al (2013). "How Death Anxiety Impacts Nurses' Caring for Patients at the End of Life: A Review of Literature". The Open Nursing Journal, 7, 14-21.
49. Peterson, J., et.al (2010). "Where do Nurses go for Help? A Qualitative Study of Coping with Death and Dying". International Journal of Palliative Nursing, 16(4), 432-438.
50. Piquette, D., et.al (2009). "Stressful ICU Medical Crises: How Individual Responses Impact on Team Performance". Critical Care Medicine, 37(4), 1251-1255. doi: 10.1097/CCM.0b013e31819c1496.
51. Polit, D. & Beck, C. (2008). "Nursing Research: Generating and Assessing Evidence for Nursing Practice". (8thed.). Philadelphia: Wolters Kluwer-Lippincott Williams & Wilkins.
52. Poncet, M.C., et.al (2007). "Burnout Syndrome in Critical Care Nursing Staff". Am J Respir Crit Care Med., 175, 698-704.
53. Ricci, S.S. & Kyle, T. (2009). "Maternity and Pediatric Nursing". Wolters Kluwer Health | Lippincott Williams & Wilkins, Philadelphia PA, p.1023.
54. Sarles, S. (2010). "Learn at Home for Great Shalom". Organizational Strategies Publishing, Austin, Texas, United States of America.
55. Sato, M. (2015). "Nurse Experience of Grief and Coping in the Intensive Care Unit". The University of Arizona.
56. Selder, F.E., et.al (2014). "Nursing Education in Thanatology: A Curriculum Continuum". Routledge, New York, NY, USA, p.57.
57. Sheppard, K. (2014). "Compassion Fatigue Among Registered Nurses: Connecting Theory and Research". Applied Nursing Research, 28, 57-59.
58. Singleton, J.K., et.al (2015). "Primary Care: An Interprofessional Perspective". Springer Publishing Company, LLC, New York, NY, 2.
59. da Silva, R., et.al (2011). "Caring for the Patient in the Process of Dying at the Intensive Care Unit". Revista da Escola de Infermagem da.USP 45(3), 735-745.

60. Smith, M. & Segal, J. (2014). "Coping with Grief and Loss". Retrieved January 2, 2017 from http://www.helpguide.org/mental/grief-loss.htm.
61. Stamm, B. (2010). "The Professional Quality of Life Elements Theory and Life Measurements". Retrieved January 2, 2017 from http://www.proqol.org.
62. Swinton, J. & Payne, K. (2009). "Living Well and Dying Faithfully: Christian Practices for End-of-Life Care." Wm. B. Eerdmans Publishing Co. Cambridge UK, p.51.
63. Udomluck, S., et.al (2010). "Development of Thai Nurses' Caring Behavior Scale". Pacific Rim International Journal Nursing Research, 14 (1), 32-44.
64. Videbeck, S.L. (2010). "Psychiatric Mental Health Nursing". Lippincott Williams & Wilkins.
65. Walter, C.A. & McCoyd, J.L.M. (2009). "Grief and Loss Across the Lifespan: A Biopsychosocial Perspective". New York, NY: Spring Publishing Company, LLC.
66. Wenzel, J., et.al (2011). "Working Through Grief and Loss: Oncology Nurses' Perspectives on Professional Bereavement". Oncology Nursing Forum, 38:4.
67. Wilson, J. & Kirshbaum, M. (2011). "Effects of Patient Death on Nursing Staff: A Literature Review". British Journal of Nursing, 20(9), 559-563.
68. Wright, M., et.al (2010). "Hospice and Palliative Care in Southeast Asia: A Review of Developments and Challenges in Malaysia, Thailand and the Philippines". Oxford University Press Inc., New York.
69. Wu, T., et.al (2014). "Male ICU Nurses' Experiences of Taking Care of Dying Patients and their Families: A Gender Analysis". American Journal of Men's Health, 1-9.