THE NURSING PERSPECTIVES AND EXPERIENCES ON END-OF-LIFE CARE IN INTENSIVE CARE UNITS: A METASYNTHESIS OF QUALITATIVE STUDIES

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ABSTRACT: *Unfolding the significant role, perspective and experiences of intensive Care Unit (ICU) nurses in End-of-Life (EOL) care. The immeasurable emotional and psychological bonds, demands of work, restriction on role amplification and complexities of hospital settings and guidelines are faced daily by ICU nurses. This systematic review synthesizes previous research studies on the involvement and dealings of ICU nurses to colleagues, patients and patient's family on EOL care, including challenges on communication, work situations, ethical and moral dilemmas. The objective of the study is to synthesize qualitative studies that explore ICU nurse's perspectives and experiences in providing end-of-life care. It utilized qualitative metasynthesis. The systematic review employed a careful evaluation and consolidation of qualitative studies. This method is a synthesis of themes that generate other themes with the ICU nurses perspective and experiences on EOL care. It conducted a systematic review which involved appraising for qualitative research studies from 2015-2025 taken from electronic databases (Scopus, Scispace, PubMed, and ProQuest). The quality of the incorporated qualitative research was meticulously evaluated utilizing the Critical Appraisal Skills Programmed (CASP) qualitative checklist. From 231 qualitative studies, only 28 studies met the inclusion criteria and were reviewed and filtered. From 115 themes, they were reduced to 36 and later four main themes were identified: (1) Communication challenges (2) Selfless service (3) Ethical and Moral Dilemmas (4) Silence and Solace in death and dying. The study revealed the significant role of ICU nurses in the provision of EOL care. The solicited years of experience impregnated by challenges and difficulties created an altruistic vocation of ICU nurses. There is an urgent need for a multi-layered response to the emotional, ethical, and communicative challenges that the ICU nurses face in EOL care.*

Keywords: ICU Nurses, end-of-life care, dilemmas, significant role, commit to care

INTRODUCTION

People find death to be one of, if not, the most depressing life experiences one must go through. In the concept of sharing a relationship with the departed towards the end of their life, the majority are heavily affected by this instance which would completely alter their entire character. For the nurses especially in intensive care units, it is fairly the same, the main difference – having to experience death multiple times a day and be expected to continue aid in optimum service, to smile and be cooperative, to think above and beyond more patients that one can handle, and to repeat everything until medical assistance ceases to exist.

The objective of the study is to synthesize qualitative studies that explore ICU nurse's perspectives and experiences in providing end-of-life care. It has been noted that the nursing paradigms of enhancing communication, reducing symptom burden, and supporting families are aligned with the common domains of EOL [11, 12].

LITERATURE REVIEW

Nurses play a very important role in EOL care in the ICU, where it is a challenge [1, 2], and it is well identified that nurses have a decision-making role as they create bridges between families and other members of the healthcare team , in decisions at the end of life [3]. Nurses in the ICUs, especially when dealing with their patients on their end-of-life experience mental health strains, specifically emotional dealings [4-6], familial concerns and issues [7], ethical issues and beliefs [8, 9], and lack of knowledge that strains decision making [10]. A review of literature pointed out common themes: (1) Communication challenges; (2) Selfless service; (3) Ethical and Moral Dilemmas; and (4) Silence and Solace in death and dying.

METHODOLOGY

This systematic review was conducted while strictly adhering to the format presented in the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines, per Ebscohost, Scispace, PubMed and ProQuest, Use Boolean operators (AND, OR) to combine terms, such as ("end of life" OR "terminal care") AND ("intensive care units" OR "critical care"). Limit search to articles published from January 1, 2015, to August 15, 2025. Document each step of search process, including databases searched, keywords used, and filters applied, and the number of results retrieved, to ensure transparency and reproducibility as recommended by PRISMA guidelines.

This review included qualitative studies that examined the perspectives and experiences of ICU nurses in diverse intensive care environments, such as Medical Intensive Care Units (MICU), Surgical Intensive Care Units (SICU), and Neonatal Intensive Care Units (NICU). Studies were excluded if they were quantitative or if qualitative data regarding nurses' perspectives were not clearly presented. Furthermore, studies that exclusively examined the experiences or perspectives of patients and their families, omitting the viewpoints of ICU nurses, were excluded. Studies that solely presented the perspectives of family members or were conducted in settings other than intensive care units, including general wards, emergency departments, or outpatient facilities, were excluded from consideration. Non-peer-reviewed articles, conference abstracts, editorials, and opinion pieces were excluded from consideration.

A total of 231 articles were initially retrieved. After duplicates were removed, 71 articles underwent title screening. Following this, a full-text review was conducted, narrowing the selection to 33 articles. These 33 studies were then evaluated using the Critical Appraisal Skills Programme

(CASP) qualitative checklist to assess their quality based on research aims, methodology, data collection, ethical considerations, and analytical rigor.

During the CASP appraisal, the researchers engaged in thorough deliberations to discuss the findings and address any uncertainties. Five articles were excluded at this stage due to critical methodological concerns, insufficient detail, and failure to meet key quality criteria. The reasons for removal included unclear study aims, inadequate data collection methods, and lack of transparency in ethical considerations. Importantly, 16 checklist items across the remaining studies received a "can't tell" rating, reflecting unclear or insufficient reporting rather than poor quality. These studies were retained because they offered relevant and valuable insights despite some gaps in reporting.

Ultimately, 28 articles met the quality standards and relevance criteria, forming the final set included in this review. Data from these studies were then systematically extracted to inform the synthesis.

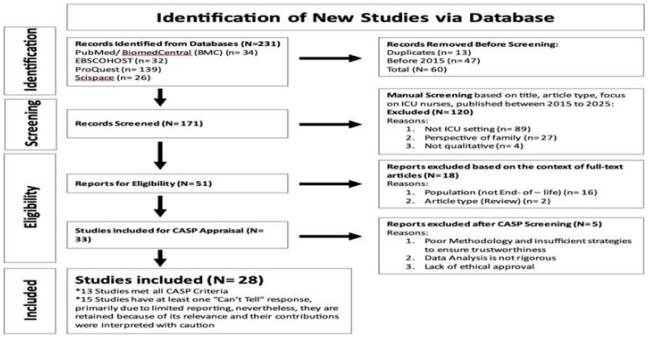

Figure 1. Flow diagram of study selection

RESULTS AND DISCUSSIONS

The current study explores to review qualitative studies related to the nurse's perspective and experiences on end-of-life care in intensive care units. From 231 qualitative studies, only 28 studies met the inclusion criteria and were reviewed and filtered.

Theme 1: Communication challenges

After reviewing and evaluating various qualitative research studies on end-of-life (EOL) care, communication is one of the leading concerns among nurses, colleagues, patients and families. Through communication, the expectation and features of end-of-life care are provided to all. Communication in EOL care faces challenges and hurdles, as it may find difficulty in decision making, anticipation of the care provided and received. Truly enough, the approach and methods on how to communicate with the families and colleagues obtain dilemmas [13-15]. An effective communication on EOL care requires involvement of nurses, colleagues, patients and families, which also necessitate partnership and trust [16]. Communication challenges are present at all times, it cannot be denied, and it is obviously the burden and concern of ICU nurses especially in the EOL care. ICU nurses described them as breakdown and crisis [17], improved communication between staff and families [18] and quality intense communication [19]. When dealing with patient in EOL care, ICU nurses experienced breakdown and crisis in communication because they felt that there is scarcity of emotion involved and declining teamwork referring to the issue of medical and mechanical updates and diminishing rapport thus generating a spiteful cycle which drains the ICU nurses on EOL care [20].. Quality intense communication is ICU nurses strategize to explain in a way to inform the family about the condition of the patient especially if it is deteriorating. It also highlights the relevant role of the ICU nurses narrating multidisciplinary care in an easy-to-understand method and at the same time educating them [21].

From 115 themes, they were reduced to 36 and later four main themes were identified: (1) Communication challenges (2) Selfless service (3) Ethical and Moral Dilemmas (4) Silence and Solace in death and dying. Each of these themes will be described and explicated by means of extracts as presented in Table 1:

Table 1.Themes and Categories Generated from the Meta-analysis

Cluster Themes	Emergent Themes	Meta Themes
a) Chaotic dealings and family conflicts with regard to decision making	Communication challenges	Nursing Perspective and Experiences on End-of-Life Care in Intensive Care Units
a) Genuine Call to serve b) Willpower to overcome challenges c) Limitless sacrifices to bear d) Seasoned ICU Nurse	Chaotic dealings and family conflicts with regard to decision making	
a) Challenging circumstances between truth and reality b) Mind over matter c) A wave of immeasurable dilemmas	Ethical and Moral Dilemmas	
a) Tyranny and destitution b) Deafening silence of death c) Penance of agony and devastation d) Hinted by own deep of despondency	Silence and Solace in death and dying	

Chaotic dealings and family conflicts with regard to decision making

According to ICU nurses, communication becomes uncontrolled when there are instances where a patient's family has high standards and expectations whether it came from a rich and educated family or a low-income and illiterate family. The concern is when the patient's family cannot accept the patient's condition. The dilemmas of ICU nurses in explaining and understanding the medical terms and the medical care. ICU nurses utilized case conferences together with the patient's family which is very helpful in the delivering decision making on EOL care [22]. ICU nurses are bombarded with loads of work; they are already stressed in the provision of care among patients in ICU, especially those receiving EOL care. In the realm of the nursing

profession, it is physically, psychologically, emotionally and socially draining. Some nurses would even state that delivering bedside care is nothing compared to the difficulty of dealings, interaction and communication problems with the patient's family. In addition, another concern for chaotic dealings on decision making on EOL care, ICU nurses stated that the neglect to consider cultural needs and respect to cultural practices of patients and family leading to a negative direction [23]. When practicing cultural competency, ICU nurses are required to observe, and practice respect the cultural diversity and uniqueness of patients and family, enabling them to participate in the discussion and conduct decision making in EOL care.

Theme 2: Selfless service

The frontliners, the unsung hero, the modern hero without capes, patient's advocate, and many more; these are tag lines for nurses, and they are described with more, explicit, and profound meaning because they were inspired and grateful for the contribution of nurses in the care of their patients and families. ICU nurses are highly skilled and are competent in providing care to critically ill patients [24, 25]. The exhaustion of reviving the patient, troubleshooting the decreased and increased values of electrolytes, oxygen, and blood chemistry makes the whole ICU as a field of warzone. Once the patient's condition is stabilized, the ICU nurse experienced calmness and satisfaction, all ready and set in for another wave of toxic and pressured situations. ICU nurses are bound to commit their role in the provision of care to their patients as well as dealing with the family. Oftentimes, ICU nurses are the leading support system of patients and family who themselves are undergoing stressful and challenging times. ICU nurses provide health education, show empathy and compassion. ICU nurses ensure quality care when rendering service, this unwavering care is a manifestation of unconditional commitment of nurses [26].

Genuine call to serve

ICU nurses are effective in EOL care because of their physical and psychological resiliency. It is the innate capacity and distinguished capabilities which made them work without hesitancy [27]. ICU nurses are expected and personally responsible in the provision of care, comfort and promote safety among patients and families [28, 29]. ICU nurses continue to deliver attention, comfort and needs up to the dying patients such as keeping good hygiene, washing and dressing patients. ICU nurses perform these acts of service for both the patients and family in order to experience tranquility. Giving comfort is a sensitive act, completing the work for without any reason, it is just a mere act of support and care [30]. On the other hand, ICU nurses' foundation of care is identified as the root cause of care later developed by intertwining years of motivation, witness of experiences and valuing the profession [31].

Willpower to overcome challenges

Caring for patients in EOL care is truly challenging, ICU nurses encounter various difficulties such as extreme emotional and psychological exhaustion after consecutive death. ICU nurses are requesting for support such as counselling and debriefing sessions so that they can be freed from this work fatigue [32]. Sometimes it's not the physical demand that makes the work difficult, but the emotional attachment invested by ICU nurses [33]. The common ethical dilemmas by ICU are experienced when a patient's family cannot accept the fact that their patient is dying and expect that the life of the patient is extended. Another conflicting belief is the relative's point of view in using tradition healing practices introduced while modern medical approaches is given, ICU nurses are explaining the fact to relatives however considering the cultural respect and sensitiveness, they make effort to deliver in a professional way and not offend the beliefs and practices [34]. Another problem which CU nurses need to overcome are barriers in EOL in ICU settings such as the inadequate standard protocol in EOL, lack of hospital room prepared in EOL care, lack of privacy for families and patients [35]. ICU nurses may not have the capacity and power to create and improve these barriers; however, this barrier can be referred as a recommendation to improve the EOL care. Nurses' emotions may be affected by various reasons, their personal life, situation in work and their moods during their shifts [36, 37]. According to ICU nurses, caring for an undying patient is rewarding especially when the patient recovers, it takes time, numerous nursing efforts and medical collaboration. It gives a positive vibe and ICU nurses are inspired for patients who survived death, it is a symbol of hope and optimism giving these nurses confidence and strength to fulfill their duty [38]. However, there are also concerns emerging among ICU nurses, such as if their close colleague is not on duty they prefer to be transferred to another shift and another concern is the lack of experience by a younger colleague, it is considered challenging since younger colleague are stressed in coping how to provide caring process [39].

Limitless sacrifices to bear

Nursing care of ICU nurses are assured among their patients, they are motivated to provide the utmost and quality care, however, their capability is challenged along with circumstances they faced every day, tattered with weight of workloads, ICU nurses are still human beings, they also experienced negative feelings such anxiety, burnout, frustration, futility and sadness [40]. Seeing death in a different perspective is another concern, it may be negative for others, however, ICU nurses view this as liberation from the dying patients, and they are freed from conflicts and pain. For ICU nurses, a patient's death may bring undesirable news; however, their conscience and doubts are cleared knowing that these ICU nurses gave the patient a peaceful and dignified death [41]. The experiences of ICU nurses in delivering EOL care is identified as the driving core, the gained experience, the motivation to care and their commitment in their work as a nurse make the ICU nurse to give more of themselves and service [42]. They may be affected with various factors to restrain them such as ethical dilemmas, conflicting cultural belief and practices, communication problems among colleagues and family but still ICU nurses become a symbol of resilience, swaying toward optimism.

Seasoned ICU Nurse

In general, nurses can give more than enough of what they can give. They are the most noble and resilient profession no matter the circumstances and what condition they are in. ICU nurses are experts in providing holistic care and are experienced in giving EOL care. ICU nurses played a pivotal role bridging the gaps of communication challenges, cultural sensitiveness challenges, caring and competency challenges

[43]. Although years culminate in a nurse, they are still needed to refine an ICU nurse. There is a need for specialized, continuing training for ICU nurses in EOL care. It focuses on caring competencies, assessment, evaluation, mental and emotional needs of ICU nurses which enable ICU nurses to be effective and be better ICU nurses [44]. Through attending seminars, training and workshops, ICU nurses develop and increase their knowledge and skills for self-empowerment. The making of an ICU nurse to become an expert highlighted the ability and competency to present herself/himself to the platform where the patient is the center of care [45]. Patients will come and go, both undying and dying, the nursing profession is needed. The significant role of ICU nurse is required in the provision of holistic EOL care. Valuing optimization is required; the knowledge, skills and competency of each ICU nurse is appreciated in the care of patents in the ICU [46].

Theme 3: Ethical and Moral Dilemmas

The ICU environment has an ethical and moral complexity, especially during end-of-life (EOL) care, wherein nurses faced challenging decision - making among professional obligations, institutional constraints, and their own moral compass. This theme describes the challenges that the nurses encounter in delivering ethically sound and compassionate care while experiencing systemic barriers and emotional distress. It is evident in the studies reviewed that ICU nurses are always in a difficult situation wherein they still continue to provide their compassionate care to their patients even if they know that the prognosis is poor and the patient is very near to the end of his life [47, 48]. This common and repeated situation of their daily task made them uncomfortable to balance between ethics and their emotions, which unfortunately is not being recognized or given importance in the healthcare system.

Challenging circumstances between truth and reality

This subtheme highlights the moral tension ICU nurses experience when clinical facts are not the same as from the expectations of patients' families or the decisions of physicians. In the study of Sperling [49], it is provided that nurses are often aware that continuing treatment for the patient is actually useless as the prognosis is already poor. However, this fact is very hard for them to convey the truth because of reasons beyond their control such as the institutional protocols, cultural sensitivities and most commonly is the physician-led communication hierarchies in the healthcare institutions. This ethical contradiction is not only present in one study but also evident in pediatric and neonatal ICUs in which conflict arises between the patients' families' emotional needs and the healthcare realities [50, 51]. Moreover, some studies provide that the cultural and religious contexts may demand a positive outlook of the situation which on the other hand pressures the nurses to be honest but at the same time provide hope to the families [52-54]. These circumstances burden the nurses as they are facing conflict with their morals by not telling the reality to their patients and their families.

Mind over matter

This subtheme reflects the internal coping mechanisms nurses use to emotionally overcome those morally distressing experiences. Oftentimes nurses experience psychological problems whenever their professional duties are in conflict with their personal values such as when performing an intervention to the patient that would cause suffering to the latter instead of alleviating the condition [55]. Nurses then adopt strategies such as emotional detachment, trusting in their religious faith and focusing only on their tasks to be able to cope up with the stress of their environment and still effectively function in the intensive care unit [56, 57]. By doing these strategies, nurses still maintain their professionalism which they have to portray in front of the families. However, these repeated practices often result in internalized oral distress that haunts them as it already accumulated overtime [58, 59]. These findings describe that nurses in end-of-life care are facing conflict in exercising their emotional authenticity as opposed to their professional duty. To remain effective in their roles, they tend to neglect their emotions as they have to prioritize their clinical duties as a nurse.

A wave of immeasurable dilemmas

This subtheme captures the cumulative nature of ethical challenges ICU nurses encounter across repeated EOL situations. Nurses are experiencing these ethical dilemmas repeatedly in their daily tasks. However, they do not receive support from their leaders and even their institution such as emotional support, debriefing and most importantly the adequate training on how to handle and manage these situations in the EOL care of their patients [60, 61]. Additionally, the moral burden of nurses is aggravated by the reasons beyond their capacity such as institutional barriers on excluding them in the decision-making and not providing access to the palliative care resources which made them inaudible and unwarranted in the management of their patients [62, 63]. In summary, nurses in the EOL care are burdened with the ethical and professional inconsistency in managing their patients and support a dignified death [64, 65]. Over time the heavy burden that the nurses are carrying every day would certainly result in emotional exhaustion and burnout. To be able to address these dilemmas, it is empirical that the transformation in the system must be initiated by the institution. Through their leadership, providing moral support and ethics education would definitely improve the process of providing emotional well-being of both the nurse and the patient.

Theme 4: Silence and Solace in Death and Dying

This theme reveals how ICU nurses experience and interprets the unusual silence in the event of death. It is evident that an intensive care unit environment is full of chaos with the urgency of every procedure for each patient, the rapid responses by the healthcare workers and the non- stop of alarms from different equipment. But whenever a patient dies, it provides a stillness and emotional moment for everyone. The transition from vigorous interventions to the EOL care in the intensive care unit is always supplemented by a remarkable emotional atmosphere of silence and grief. Moreover, the silence that follows death of a patient is oftentimes the avenue that provides the nurses experiencing distress and fights their own emotional disturbances. As evident in the studies, this theme exemplifies how the nurses attribute suffering, face their own weaknesses in managing EOL situations and strive for a better healthcare service despite some institutional constraints and emotionally draining nature of the work [66-68].

Tyranny and destitution

This subtheme describes the ways in which the clinical environment itself restricts the provision of compassionate, patient-centered end-of-life care which is a contradiction to an ideal standard of care for our patients. In some studies, ICU nurses illustrate the structural limitations of their environment such as the repeated, bothersome alarms coming from the equipment, noises from the other patients and healthcare workers, overcrowding of the limited space in intensive care units and the understaffing as their remarkable hindrances in delivering quality and dignified care to their patients [69, 70]. Nurses described these environmental stressors as obstruction in providing compassionate care to their patients. As a result they feel guilty or even categorize themselves as incompetent whenever they cannot perform or provide the kind of care and ideal environment that their patients deserve. Additionally, those nurses working abroad with culturally distinct environments from their own such as in Saudi Arabia are experiencing more challenges as the place is highly distinct especially in the religious belief and customs of the country. Working in a foreign country would definitely test the resilience of a nurse and would result in her emotional distress, especially if these cultural practices do not align with her professional practices. Therefore, one must be a culturally competent nurse to be able to manage those struggles in a foreign land [71].

Deafening silence of death

This subtheme describes the intense emotional effect of the solemnity that happened after the patient's death. Managing the patient and saving his life by exerting all the efforts possibly became so upsetting to a nurse whenever the former died [72, 73]. Being present in passing of a patient and maintaining in silence would mean respect in the sacredness of life which in turn reinforces emotional isolation [74, 75]. Displaying the behavior of emotional silence after death experienced by the nurses and the families is a form of mourning wherein the loved ones left behind cannot expressively pour out the heaviness that they felt in their hearts at the moment of loss [76, 77].

Penance of agony and devastation

This subtheme highlights the agony that ICU nurses undergo while providing end-of-life care. The nurses, being around with the patient 24/7 and constantly coordinating with the families, are the ones hearing and witnessing the sufferings of the patient and the emotional pain of the families. This common scenario placed the nurses in a compromising situation wherein they were already internalizing the emotional pain of the families for the reason that they had already developed a bond with them. It is more painful to the nurses knowing for themselves that they do not have control of the situations to make it better [78, 79]. This emotional labor that was experienced by the nurses was described as a form of self - punishment wherein they just silently endured grief without receiving healing or were given an access appropriate process for debriefing, emotional support, or psychological relief. This aggravated emotional suffering of nurses resulted from repeated exposure to deaths that were accumulated in their daily practice [80, 81].

Hinted by own deep of despondency

This subtheme addresses the long-term emotional and existential consequences of repeated exposure to death and dying. Despite being the caregivers of the patients, there are reported cases wherein nurses feel inadequate and question their roles to their patients. Consequently, nurses feel emotionally down and feeling hopeless thinking that the management they have provided was not quality patient care [82, 83]. There are many nurses who suffered a lot emotionally because of their hidden grief and experiencing burnout. As a result, over a period of time these heavy emotional loads that they have been carrying greatly affected not only their clinical performance but also their perspectives in life [84, 85]. Moreover, it is reported in the study of Xu et al. [86] that some nurses adhered to informal briefings available such as brief rituals and bonding with their peers or friends to be able to cope up with the difficulty that they are experiencing. However, despite the strategies they have applied, still they feel disconnected for not having access from the support of their institution. It is essential that the nurses be supported during an emotional distress.

Limitations

There were few limitations found in this review. The studies that were included from the countries such as Arabia, Indonesia, Turkey reflected context-dependent conditions that may constrain applicability within highly standardized or resource-intensive ICU environments [87-89]. Another limitation is the different theoretical frameworks employed across the reviewed studies which will restrict its ability to correlate findings with a similar conceptual model. In addition, the studies of Flannery et al. and Jordan et al. did not report the demographic such as gender, years of ICU experience, or designation at work whether the participant is a bedside nurse or charge nurse which would somehow affect how the nurses encounter the ethical struggles or emotional distress. Finally, there were studies that were still included in this metasynthesis even though they did not clearly address researcher - participant relationships. This inclusion limits the reflexivity of the findings.

CONCLUSIONS AND RECOMMENDATIONS

The systematic review conducted in this study reveals the significant role of ICU nurses in the provision of EOL care. The solicited years of experience impregnated by challenges and difficulties created an altruistic vocation of ICU nurses. Their work is inclined by several factors on communication, commitment in work, ethical and moral dilemmas and their distinctive character as they face death, dying patients and surviving patients. The immeasurable emotional and psychological bonds, demands of work, restriction on role amplification and complexities of hospital settings and guidelines are faced daily by ICU nurses. The experiences on EOL care gave ICU nurses a solace of hope and courage, determined to commit themselves to higher standards of care in EOL care.

It is highly recommended that the ICU nurses be given the opportunity to freely raise their concerns and take active part in the decision-making, especially with regards to the EOL care of their patients. Promoting the debriefing sessions regularly will aid the nurses maintain their mental and emotional wellbeing. It is imperative to integrate comprehensive training in the EOL care and equip the student nurses not only with critical thinking and clinical skills but also prepare them to be competent and emotionally

resilient individuals to be able to face the challenges in the care of patients . Moreover, hospital leaders must prioritize safe staffing ratios especially in the intensive care units.

Implication for Practice

The implications of this study calls for an urgent need for a multi-layered response to the emotional, ethical, and communicative challenges that the ICU nurses face in EOL care. Institutional policies should be improved, regular review and revision of nursing curriculum and addressing the burdens of caregiving. These are all essential steps and imperative toward sustaining not only the well-being of ICU nurses but also the quality of care they provide.

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Declaration of Competing Interest

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REFERENCES

[1] Bach, V., Ploeg, J., & Black, M. (2009). Nursing roles in end-of-life decision making in critical care settings. Western Journal of Nursing Research, 31(4), 496–512. https://doi.org/10.1177/0193945908331178

[2] Boby, S. (2019). End of life – The nurses' perspective. Qatar Medical Journal, 2019(2), 19. https://doi.org/10.5339/qmj.2019.qccc.19

[3] Boby, S. (2019). End of life – The nurses' perspective. Qatar Medical Journal, 2019(2), 19. https://doi.org/10.5339/qmj.2019.qccc.19

[4] Alanazi, N. H. (2024). Intensive care unit nurses' experiences in caring for end-of-life patients in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 21(7), 931. https://doi.org/10.3390/ijerph2107093

[5] Jordan, P., Clifford, I., & Williams, M. (2015). The experiences of critical care nurses with regard to end-of-life issues in the intensive care unit. Africa Journal of Nursing and Midwifery, 16(2), 71–84. https://doi.org/10.25159/2520-5293/35

[6] Mediani, H. S., Sada, F. R., Nuraeni, A., & Subu, M. A. (2024). Healthcare professionals' experiences in providing palliative care in an intensive care unit in Indonesia: A phenomenological study. Journal of Multidisciplinary Healthcare, 17, 4427–4439. https://doi.org/10.2147/JMDH.S486021

[7] Alanazi, N. H. (2024). Intensive care unit nurses' experiences in caring for end-of-life patients in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 21(7), 931. https://doi.org/10.3390/ijerph2107093

[8] Palmryd, L., Rejno, Å., Alvariza, A., & Godskesen, T. (2025). Critical care nurses' experiences of ethical challenges in end-of-life care. Nursing Ethics, 32(2), 424–436. https://doi.org/10.1177/09697330241252975

[9] Dartey, A. F., Johnson, B. B., Klutsey, E. E., Zigah, J., Okai, B., Ahorli, R., Appati, J. A., Essiakoh, B., & Afaya, A. (2025). Experiences of intensive care unit nurses in end-of-life care at Ho Teaching Hospital, Ghana: A qualitative study. BMC Nursing, 24, 699. https://doi.org/10.1186/s12912-025-03226-2

[10] Kisorio, L. C., & Langley, G. C. (2016). Intensive care nurses' experiences of end-of-life care. Intensive and Critical Care Nursing, 33, 30–38. https://doi.org/10.1016/j.iccn.2015.11.002

[11] Boby, S. (2019). End of life – The nurses' perspective. Qatar Medical Journal, 2019(2), 19. https://doi.org/10.5339/qmj.2019.qccc.19

[12] Aslakson, R., Cheng, J., Vollenweider, D., Galusca, D., Smith, T. J., & Pronovost, P. J. (2014). Evidence-based palliative care in the intensive care unit: A systematic review of interventions. Journal of Palliative Medicine, 17(2), 219–235. https://doi.org/10.1089/jpm.2013.0409

[13] Dartey, A. F., Johnson, B. B., Klutsey, E. E., Zigah, J., Okai, B., Ahorli, R., Appati, J. A., Essiakoh, B., & Afaya, A. (2025). Experiences of intensive care unit nurses in end-of-life care at Ho Teaching Hospital, Ghana: A qualitative study. BMC Nursing, 24, 699. https://doi.org/10.1186/s12912-025-03226-2

[14] Xu, D.-D., Ding, X.-B., Hou, R.-T., Chen, N.-N., Cheng, C.-L., & Hu, F. (2025). Experiences of providing end-of-life care in adult intensive care units: A qualitative study. BMC Nursing. Advance online publication. https://doi.org/10.1186/s12912-025-03340-1

[15] Utami, A., Sujarwo, Fauziyah, P. Y., Mustadi, A., Hidayat, R., & Rofiki, I. (2024). Bibliometric analysis of research developments on differentiated instruction. European Journal of Educational Research, 13(3), 1421-1439. https://doi.org/10.12973/eu-jer.13.3.1421

[16] Taylor, E., Moeke-Maxwell, T, & Anderson, N. E. (2024). Māori end-of-life care in the intensive care unit: A qualitative exploration of nursing perspectives. Australian Critical Care, 37(1), 106–110. https://doi.org/10.1016/j.aucc.2023.09.01

[17] Xu, D.-D., Ding, X.-B., Hou, R.-T., Chen, N.-N., Cheng, C.-L., & Hu, F. (2025). Experiences of providing end-of-life care in adult intensive care units: A qualitative study. BMC Nursing. Advance online publication. https://doi.org/10.1186/s12912-025-03340-1

[18] Dartey, A. F., Johnson, B. B., Klutsey, E. E., Zigah, J., Okai, B., Ahorli, R., Appati, J. A., Essiakoh, B., & Afaya, A. (2025). Experiences of intensive care unit nurses in end-of-life care at Ho Teaching Hospital, Ghana: A qualitative study. BMC

Nursing, 24, 699. https://doi.org/10.1186/s12912-025-03226-2

[19] Mediani, H. S., Sada, F. R., Nuraeni, A., & Subu, M. A. (2024). Healthcare professionals' experiences in providing palliative care in an intensive care unit in Indonesia: A phenomenological study. Journal of Multidisciplinary Healthcare, 17, 4427–4439. https://doi.org/10.2147/JMDH.S486021

[20] Xu, D.-D., Ding, X.-B., Hou, R.-T., Chen, N.-N., Cheng, C.-L., & Hu, F. (2025). Experiences of providing end-of-life care in adult intensive care units: A qualitative study. BMC Nursing. Advance online publication. https://doi.org/10.1186/s12912-025-03340-1

[21] Mediani, H. S., Sada, F. R., Nuraeni, A., & Subu, M. A. (2024). Healthcare professionals' experiences in providing palliative care in an intensive care unit in Indonesia: A phenomenological study. Journal of Multidisciplinary Healthcare, 17, 4427–4439. https://doi.org/10.2147/JMDH.S486021

[22] Utami, A., Sujarwo, Fauziyah, P. Y., Mustadi, A., Hidayat, R., & Rofiki, I. (2024). Bibliometric analysis of research developments on differentiated instruction. European Journal of Educational Research, 13(3), 1421-1439. https://doi.org/10.12973/eu-jer.13.3.1421

[23] Taylor, E., Moeke-Maxwell, T, & Anderson, N. E. (2024). Māori end-of-life care in the intensive care unit: A qualitative exploration of nursing perspectives. Australian Critical Care, 37(1), 106–110. https://doi.org/10.1016/j.aucc.2023.09.01

[24] Keskin Kızıltepe, S., & Koc, Z. (2024). Intensive care nurses' experiences related to dying patients: A qualitative study. Omega: Journal of Death and Dying, 88(3), 1016–1030. https://doi.org/10.1177/00302228211051856

[25] Mediani, H. S., Sada, F. R., Nuraeni, A., & Subu, M. A. (2024). Healthcare professionals' experiences in providing palliative care in an intensive care unit in Indonesia: A phenomenological study. Journal of Multidisciplinary Healthcare, 17, 4427–4439. https://doi.org/10.2147/JMDH.S486021

[26] Alanazi, N. H. (2024). Intensive care unit nurses' experiences in caring for end-of-life patients in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 21(7), 931. https://doi.org/10.3390/ijerph2107093

[27] Royani, Z., Yazdi, K., & Mahmoodi-Shan, G. R. (2024). Motivations behind end-of-life care: A qualitative study of Iranian nurses' experiences. BMC Palliative Care, 23, 261. https://doi.org/10.1186/s12904-024-01582-5

[28] Mani, Z. A. (2024). Bridging cultural gaps in end-of-life care: The experiences of international charge nurses in Saudi Arabia. BMC Nursing, 23, 865. https://doi.org/10.1186/s12912-024-02514-7

[29] Keskin Kızıltepe, S., & Koc, Z. (2024). Intensive care nurses' experiences related to dying patients: A qualitative study. Omega: Journal of Death and Dying, 88(3), 1016–1030. https://doi.org/10.1177/00302228211051856

[30] Gallagher, A., Bousso, R. S., McCarthy, J., Kohlen, H., Andrews, T., Paganini, M. C., Abu-El-Noor, N. I., Cox, A., Haas, M., Arber, A., Abu-El-Noor, M. K., Baliza, M. F., & Padilha, K. G. (2015). Negotiated reorienting: A grounded theory of nurses' end-of-life decision-making in the intensive care unit. International Journal of Nursing Studies, 52(4), 794–803. https://doi.org/10.1016/j.ijnurstu.2014.12.003

[31] Royani, Z., Yazdi, K., & Mahmoodi-Shan, G. R. (2024). Motivations behind end-of-life care: A qualitative study of Iranian nurses' experiences. BMC Palliative Care, 23, 261. https://doi.org/10.1186/s12904-024-01582-5

[32] Kisorio, L. C., & Langley, G. C. (2016). Intensive care nurses' experiences of end-of-life care. Intensive and Critical Care Nursing, 33, 30–38. https://doi.org/10.1016/j.iccn.2015.11.002

[33] Wu, T. W., Oliffe, J. L., Bungay, V., & Johnson, J. L. (2015). Male ICU nurses' experiences of taking care of dying patients and their families: A gender analysis. American Journal of Men's Health, 9(1), 44–52. https://doi.org/10.1177/1557988314528236

[34] Mani, Z. A. (2024). Bridging cultural gaps in end-of-life care: The experiences of international charge nurses in Saudi Arabia. BMC Nursing, 23, 865. https://doi.org/10.1186/s12912-024-02514-7

[35] Ozga, D., Wozniak, K., & Gurowiec, P. J. (2020). Difficulties perceived by ICU nurses providing end-of-life care: A qualitative study. Global Advances in Health and Medicine, 9, 2164956120916176. https://doi.org/10.1177/2164956120916176

[36] Mani, Z. A. (2024). Bridging cultural gaps in end-of-life care: The experiences of international charge nurses in Saudi Arabia. BMC Nursing, 23, 865. https://doi.org/10.1186/s12912-024-02514-7

[37] Utami, A., Sujarwo, Fauziyah, P. Y., Mustadi, A., Hidayat, R., & Rofiki, I. (2024). Bibliometric analysis of research developments on differentiated instruction. European Journal of Educational Research, 13(3), 1421-1439. https://doi.org/10.12973/eu-jer.13.3.1421

[38] Alanazi, N. H. (2024). Intensive care unit nurses' experiences in caring for end-of-life patients in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 21(7), 931. https://doi.org/10.3390/ijerph2107093

[39] Kisorio, L. C., & Langley, G. C. (2016). Intensive care nurses' experiences of end-of-life care. Intensive and Critical Care Nursing, 33, 30–38. https://doi.org/10.1016/j.iccn.2015.11.002

[40] Alanazi, N. H. (2024). Intensive care unit nurses' experiences in caring for end-of-life patients in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 21(7), 931. https://doi.org/10.3390/ijerph2107093

[41] Keskin Kızıltepe, S., & Koc, Z. (2024). Intensive care nurses' experiences related to dying patients: A qualitative study. Omega: Journal of Death and Dying, 88(3), 1016–1030. https://doi.org/10.1177/00302228211051856

[42] Royani, Z., Yazdi, K., & Mahmoodi-Shan, G. R. (2024). Motivations behind end-of-life care: A qualitative study of Iranian nurses' experiences. BMC Palliative Care, 23, 261. https://doi.org/10.1186/s12904-024-01582-5

[43] Ratnasari, A., Dwisusanto, Y. B., & Sahid. (2025). The rationale of biophilic design: From theory to practice. IOP Conference Series: Earth and Environmental Science, 1510(1), 012001. https://doi.org/10.1088/1755-1315/1510/1/012001

[44] Dartey, A. F., Johnson, B. B., Klutsey, E. E., Zigah, J., Okai, B., Ahorli, R., Appati, J. A., Essiakoh, B., & Afaya, A. (2025). Experiences of intensive care unit nurses in end-of-life care at Ho Teaching Hospital, Ghana: A qualitative study. BMC Nursing, 24, 699. https://doi.org/10.1186/s12912-025-03226-2

[45] Mediani, H. S., Sada, F. R., Nuraeni, A., & Subu, M. A. (2024). Healthcare professionals' experiences in providing palliative care in an intensive care unit in Indonesia: A phenomenological study. Journal of Multidisciplinary Healthcare, 17, 4427–4439. https://doi.org/10.2147/JMDH.S486021

[46] Takmak, S., & Kuzu Kurban, N. (2025). The effect of telehealth based on symptom control and rational medication use on self-efficacy, anxiety-depression, and symptoms in male patients with COPD: A quasi-experimental study. Galician Medical Journal, 32(1), e-GMJ2025-A02. https://ifnmujournal.com/gmj/article/view/e-GMJ2025-A02

[47] Palmryd, L., Rejno, Å., Alvariza, A., & Godskesen, T. (2025). Critical care nurses' experiences of ethical challenges in end-of-life care. Nursing Ethics, 32(2), 424–436. https://doi.org/10.1177/09697330241252975

[48] Ibrahim, A. M., Abdel-Aziz, H. R., Mohamed, H. A. H., Zaghamir, D. E. F., Wahba, N. M. I., Hassan, G. A., Shaban, M., El-Nablaway, M., Aldughmi, O. N., & Aboelola, T. H. (2024). Balancing confidentiality and care coordination: Challenges in patient privacy. BMC Nursing, 23, 564. https://doi.org/10.1186/s12912-024-02231-1

[49] Sperling, D. (2024). They choke to death in front of your very eyes: Nurses' lived experiences and perspectives on end-of-life care during COVID-19. BMC Palliative Care, 23, 35. https://doi.org/10.1186/s12904-024-01352-3

[50] Rubic, F., Curkovic, M., Brajkovic, L., Nevajdic, B., Novak, M., Filipovic-Grcic, B., Mestrovic, J., Lah Tomulic, K., Peter, B., & Borovecki, A. (2022). End-of-life decision-making in pediatric and neonatal intensive care units in Croatia: A focus group study among nurses and physicians. Medicina, 58(2), 250. https://doi.org/10.3390/medicina58020250

[51] Elsharkawy, N. B., Osama Mohamed, E. R., Alaa, H. H., Katooa, N. E., Abunar, A., Dena Marwan A. Attallah, Dewan, M., Alruwaili, M. M., Alruwaili, A. N., Enas, M. A., Arab, Q. A., & Marwa, M. O. (2025). Resilience in the shadows of loss: a hermeneutic phenomenological study of neonatal intensive care nurses' coping after infant loss in Saudi Arabia. BMC Nursing, 24, 1-17. https://doi.org/10.1186/s12912-025-03509-8

[52] Alanazi, N. H. (2024). Intensive care unit nurses' experiences in caring for end-of-life patients in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 21(7), 931. https://doi.org/10.3390/ijerph2107093

[53] Utami, A., Sujarwo, Fauziyah, P. Y., Mustadi, A., Hidayat, R., & Rofiki, I. (2024). Bibliometric analysis of research developments on differentiated instruction. European Journal of Educational Research, 13(3), 1421-1439. https://doi.org/10.12973/eu-jer.13.3.1421

[54] Xu, D.-D., Ding, X.-B., Hou, R.-T., Chen, N.-N., Cheng, C.-L., & Hu, F. (2025). Experiences of providing end-of-life care in adult intensive care units: A qualitative study. BMC Nursing. Advance online publication. https://doi.org/10.1186/s12912-025-03340-1

[55] Ibrahim, A. M., Abdel-Aziz, H. R., Mohamed, H. A. H., Zaghamir, D. E. F., Wahba, N. M. I., Hassan, G. A., Shaban, M., El-Nablaway, M., Aldughmi, O. N., & Aboelola, T. H. (2024). Balancing confidentiality and care coordination: Challenges in patient privacy. BMC Nursing, 23, 564. https://doi.org/10.1186/s12912-024-02231-1

[56] Keskin Kızıltepe, S., & Koc, Z. (2024). Intensive care nurses' experiences related to dying patients: A qualitative study. Omega: Journal of Death and Dying, 88(3), 1016–1030. https://doi.org/10.1177/00302228211051856

[57] Elsharkawy, N. B., Osama Mohamed, E. R., Alaa, H. H., Katooa, N. E., Abunar, A., Dena Marwan A. Attallah, Dewan, M., Alruwaili, M. M., Alruwaili, A. N., Enas, M. A., Arab, Q. A., & Marwa, M. O. (2025). Resilience in the shadows of loss: a hermeneutic phenomenological study of neonatal intensive care nurses' coping after infant loss in Saudi Arabia. BMC Nursing, 24, 1-17. https://doi.org/10.1186/s12912-025-03509-8

[58] Xu, D.-D., Ding, X.-B., Hou, R.-T., Chen, N.-N., Cheng, C.-L., & Hu, F. (2025). Experiences of providing end-of-life care in adult intensive care units: A qualitative study. BMC Nursing. Advance online publication. https://doi.org/10.1186/s12912-025-03340-1

[59] Utami, A., Sujarwo, Fauziyah, P. Y., Mustadi, A., Hidayat, R., & Rofiki, I. (2024). Bibliometric analysis of research developments on differentiated instruction. European Journal of Educational Research, 13(3), 1421-1439. https://doi.org/10.12973/eu-jer.13.3.1421

[60] Ratnasari, A., Dwisusanto, Y. B., & Sahid. (2025). The rationale of biophilic design: From theory to practice. IOP Conference Series: Earth and Environmental Science, 1510(1), 012001. https://doi.org/10.1088/1755-1315/1510/1/012001

[61] Sperling, D. (2024). They choke to death in front of your very eyes: Nurses' lived experiences and perspectives on end-of-life care during COVID-19. BMC Palliative Care, 23, 35. https://doi.org/10.1186/s12904-024-01352-3

[62] Flannery, L., Peters, K., & Ramjan, L. M. (2020). The differing perspectives of doctors and nurses in end-of-life decisions in the intensive care unit: A qualitative study. Australian Critical Care, 33(4), 311–316. https://doi.org/10.1016/j.aucc.2019.08.004

[63] Royani, Z., Yazdi, K., & Mahmoodi-Shan, G. R. (2024). Motivations behind end-of-life care: A qualitative study of Iranian nurses' experiences. BMC Palliative Care, 23, 261. https://doi.org/10.1186/s12904-024-01582-5

[64] Gallagher, A., Bousso, R. S., McCarthy, J., Kohlen, H., Andrews, T., Paganini, M. C., Abu-El-Noor, N. I., Cox, A., Haas, M., Arber, A., Abu-El-Noor, M. K., Baliza, M. F., & Padilha, K. G. (2015). Negotiated reorienting: A grounded theory of nurses' end-of-life decision-making in the intensive care unit. International Journal of Nursing Studies, 52(4), 794–803. https://doi.org/10.1016/j.ijnurstu.2014.12.003

[65] Ozga, D., Wozniak, K., & Gurowiec, P. J. (2020). Difficulties perceived by ICU nurses providing end-of-life care: A qualitative study. Global Advances in Health and Medicine, 9, 2164956120916176. https://doi.org/10.1177/2164956120916176

[66] Alanazi, N. H. (2024). Intensive care unit nurses' experiences in caring for end-of-life patients in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 21(7), 931. https://doi.org/10.3390/ijerph2107093

[67] Akpınar, Y. Y., Donmez, C. F., & Astı, N. (2025). Experiences related to grief and death from the perspective of nurses caring for individuals approaching the end of life: A qualitative study. Journal of Psychiatric Nursing, 16(1), 68–79. https://doi.org/10.14744/phd.2025.53911

[68] Elsharkawy, N. B., Osama Mohamed, E. R., Alaa, H. H., Katooa, N. E., Abunar, A., Dena Marwan A. Attallah, Dewan, M., Alruwaili, M. M., Alruwaili, A. N., Enas, M. A., Arab, Q. A., & Marwa, M. O. (2025). Resilience in the shadows of loss: a hermeneutic phenomenological study of neonatal intensive care nurses' coping after infant loss in Saudi Arabia. BMC Nursing, 24, 1-17. https://doi.org/10.1186/s12912-025-03509-8

[69] Xu, D.-D., Ding, X.-B., Hou, R.-T., Chen, N.-N., Cheng, C.-L., & Hu, F. (2025). Experiences of providing end-of-life care in adult intensive care units: A qualitative study. BMC Nursing. Advance online publication. https://doi.org/10.1186/s12912-025-03340-1

[70] Ratnasari, A., Dwisusanto, Y. B., & Sahid. (2025). The rationale of biophilic design: From theory to practice. IOP Conference Series: Earth and Environmental Science, 1510(1), 012001. https://doi.org/10.1088/1755-1315/1510/1/012001

[71] Mani, Z. A. (2024). Bridging cultural gaps in end-of-life care: The experiences of international charge nurses in Saudi Arabia. BMC Nursing, 23, 865. https://doi.org/10.1186/s12912-024-02514-7

[72] Kim, Y., & Kim, D. H. (2024). Nurses' experience of end-of-life care for patients with COVID-19: A descriptive phenomenology study. Nursing & Health Sciences, 26(2), e13124. https://doi.org/10.1111/nhs.13124

[73] Lee, M. N., Kim, Y. J., Suk, J. W., Wang, H. J., & Lee, H. Z. (2024). Nurses' experience of good nursing care for terminally ill and end-of-life patients: The client-nurse, practice, and environment domains. Journal of Hospice and Palliative Care, 27(4), 120–130. https://doi.org/10.14475/jhpc.2024.27.4.120

[74] Sperling, D. (2024). They choke to death in front of your very eyes: Nurses' lived experiences and perspectives on end-of-life care during COVID-19. BMC Palliative Care, 23, 35. https://doi.org/10.1186/s12904-024-01352-3

[75] Alanazi, N. H. (2024). Intensive care unit nurses' experiences in caring for end-of-life patients in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 21(7), 931. https://doi.org/10.3390/ijerph2107093

[76] Utami, A., Sujarwo, Fauziyah, P. Y., Mustadi, A., Hidayat, R., & Rofiki, I. (2024). Bibliometric analysis of research developments on differentiated instruction. European Journal of Educational Research, 13(3), 1421-1439. https://doi.org/10.12973/eu-jer.13.3.1421

[77] Keskin Kızıltepe, S., & Koc, Z. (2024). Intensive care nurses' experiences related to dying patients: A qualitative study. Omega: Journal of Death and Dying, 88(3), 1016–1030. https://doi.org/10.1177/00302228211051856

[78] Akpınar, Y. Y., Donmez, C. F., & Astı, N. (2025). Experiences related to grief and death from the perspective of nurses caring for individuals approaching the end of life: A qualitative study. Journal of Psychiatric Nursing, 16(1), 68–79. https://doi.org/10.14744/phd.2025.53911

[79] Asadi, N., Royani, Z., & Pourkhajoei, S. (2025). Care intertwined with anxiety and helplessness: The experiences of ICU nurses from COVID-19 disease's end of life—A qualitative study. BMJ Open, 15(1), e087329. https://doi.org/10.1136/bmjopen-2024-087329

[80] Ratnasari, A., Dwisusanto, Y. B., & Sahid. (2025). The rationale of biophilic design: From theory to practice. IOP Conference Series: Earth and Environmental Science, 1510(1), 012001. https://doi.org/10.1088/1755-1315/1510/1/012001

[81] Mani, Z. A. (2024). Bridging cultural gaps in end-of-life care: The experiences of international charge nurses in Saudi Arabia. BMC Nursing, 23, 865. https://doi.org/10.1186/s12912-024-02514-7

[82] Mohamed, O. A., Zuaiter, H. A., & Najm, O. (2024). Shrinkage characteristics of sustainable mortar and concrete with alkali-activated slag and fly ash binders: A focused review. Materials Today: Proceedings. Advance online publication. https://doi.org/10.1016/j.matpr.2024.05.058

[83] Dartey, A. F., Johnson, B. B., Klutsey, E. E., Zigah, J., Okai, B., Ahorli, R., Appati, J. A., Essiakoh, B., & Afaya, A. (2025). Experiences of intensive care unit nurses in end-of-life care at Ho Teaching Hospital, Ghana: A qualitative study. BMC Nursing, 24, 699. https://doi.org/10.1186/s12912-025-03226-2

[84] Keskin Kızıltepe, S., & Koc, Z. (2024). Intensive care nurses' experiences related to dying patients: A qualitative study. Omega: Journal of Death and Dying, 88(3), 1016–1030. https://doi.org/10.1177/00302228211051856

[85] Elsharkawy, N. B., Osama Mohamed, E. R., Alaa, H. H., Katooa, N. E., Abunar, A., Dena Marwan A. Attallah, Dewan, M., Alruwaili, M. M., Alruwaili, A. N., Enas, M. A., Arab, Q. A., & Marwa, M. O. (2025). Resilience in the shadows of loss: a hermeneutic phenomenological study of neonatal intensive care nurses' coping after infant loss in Saudi Arabia. BMC Nursing, 24, 1-17. https://doi.org/10.1186/s12912-025-03509-8

[86] Xu, D.-D., Ding, X.-B., Hou, R.-T., Chen, N.-N., Cheng, C.-L., & Hu, F. (2025). Experiences of providing end-of-life care in adult intensive care units: A qualitative study. BMC Nursing. Advance online publication. https://doi.org/10.1186/s12912-025-03340-1

[87] Mani, Z. A. (2024). Bridging cultural gaps in end-of-life care: The experiences of international charge nurses in Saudi Arabia. BMC Nursing, 23, 865. https://doi.org/10.1186/s12912-024-02514-7

[88] Ratnasari, A., Dwisusanto, Y. B., & Sahid. (2025). The rationale of biophilic design: From theory to practice. IOP Conference Series: Earth and Environmental Science, 1510(1), 012001. https://doi.org/10.1088/1755-1315/1510/1/012001

[89] Alanazi, N. H. (2024). Intensive care unit nurses' experiences in caring for end-of-life patients in Saudi Arabia: A qualitative study. International Journal of Environmental Research and Public Health, 21(7), 931. https://doi.org/10.3390/ijerph2107093