

## ORIGINAL ARTICLE

# Understanding nursing personnel's health while working in end-of-life care—A hermeneutical study

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## Abstract

**Aim:** This study aimed to explore nursing personnel's health while working in end-of-life care.

**Introduction:** End-of-life care is challenging both for nursing personnel and for the healthcare organisation, as retaining nursing staff is difficult. Although end-of-life care involves the risk of burnout, it also encompasses protective factors that can lead to personal and professional development and satisfaction, and that can enable personnel to encounter their own inner selves. In order to focus on the health of nursing personnel we chose the theory of caritative caring as our theoretical perspective.

**Method:** A qualitative inductive research design with a hermeneutical approach was chosen to explore nursing personnel's health while working in end-of-life care. Two assistant nurses and six registered nurses with experience in end-of-life care at a palliative care unit participated. The study was approved by a Regional Ethical Review Board.

**Results:** The results are presented on three levels: rational, structural and existential. In the rational level, fellowship and togetherness with colleagues, as well as being able to distinguish between private life and work were important for nursing personnel's strategies for maintaining their health. At the structural level, social togetherness, sharing emotions and being involved in each other's emotions were important for nursing personnel's health. The existential level showed that the nursing personnel's own existential situation was affected when their inner self was emotionally affected by the patients' suffering. The awareness of suffering, life and death made the nursing personnel feel inner security, both as nursing professionals and as human beings.

**Conclusion:** A common perspective based on a theory of caritative care may be helpful for retaining nursing personnel. While the study highlights nursing personnel's health while working in an end-of-life care context, the results may also be applicable to nursing professionals' health in other contexts.

## KEYWORDS

caring, end-of-life, hermeneutical, nursing personnel, working life

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## INTRODUCTION

End-of-life care forces nursing personnel to think about death while working but also encourages them to take care of their own lives. Hussain [1] highlights the personal and professional challenges inherent in palliative care services. Liu and Chiang [2] show that nurses working in end-of-life care experience emotional stress and personal suffering when witnessing patients' suffering. Personal experiences of suffering can enable an encounter with one's own self. However, it can be difficult for healthcare organisations to retain nursing personnel in end-of-life care. The shortage of nursing personnel is an escalating worldwide challenge that requires urgent action [3]. Studies are needed concerning how nursing personnel can manage health-related threats while working in end-of-life care.

Previous research shows that nurses seem to be lonely and neglected in their own existential struggle when caring for terminally ill patients, thus improvements are needed that focus on the nurse as a professional and human being, as well as on organisational level leadership [4]. Kisorio and Langley [5] reported that end-of-life care in an intensive care unit is psychologically and emotionally challenging, characterised by difficulties that are heart-breaking, touching and painful. Jung and Matthews' [6] scoping review of nurses' experiences and perception of end-of-life care in Korea shows that they have a high level of stress. Older assistant nurses working in elder care experienced their work situation as physically and mentally demanding. However, they considered the work meaningful and support from colleagues was important for well-being [7].

Research shows that various factors affect nursing personnel working in end-of-life care. Factors that lead to the risk of burnout for nurses in palliative care teams include having too much to do, poor relationships with other team members, difficulty building a relationship with relatives, and lack of organisation. Factors that can protect against burnout are providing nursing care that has a positive impact on the lives of patients and their relatives, and creating an ethics policy of care and teamwork. Working in palliative care can also have a positive emotional impact on nurses, such as giving them the sense of helping patients and feeling happy about what they do, which develops and gives them both personal and professional satisfaction [8]. Gonçalves et al. [9] reveal that there was a difference between personal, work-related and patient-related burnout among nurses in the National Network of Palliative Care in Portugal during the COVID-19 pandemic. *High levels of personal burnout were found in 71 nurses (46%), high levels of work-related burnout were present in 68 nurses (44%) and high levels of patient-related burnout in 33 nurses (22%)* [9], p. 4. On the other hand, Diehl et al. [10] found that nurses in specialised palliative care had a better health status

and wanted to remain in the profession more than those working in general palliative care. In an explorative study of eight nurses' reasons for remaining in the profession, Dunn [11] reported that the core reason was the intention to care compassionately. Nilsson [12] describes a theoretical model (The swAge-model consisting of three levels: individual, organisational and enterprise, and societal) as a tool that managers can use to ensure a sustainable working life for staff.

End-of-life care is challenging for nursing personnel as human beings but can also offer an opportunity to encounter their own inner selves. There is a lack of studies illuminating nursing personnel's health while working in end-of-life care. However, an understanding of the health of these professionals could increase knowledge about their working life in the palliative care context, which makes the present study important.

## The pre-understanding and theoretical perspective

In line with Ödman and Gadamer [13, 14], the researchers' pre-understanding is built on their historical understanding of the phenomenon. This is the second study in a project that focuses on nursing personnel's personal and professional development in end-of-life care. The first study explored nursing personnel's motivation in end-of-life care. It revealed that nursing personnel's emotional engagement was a driving force in end-of-life care. An awareness of their own vulnerability as human beings and their own existential situations also emerged [15].

The chosen theoretical perspective in the study is based on Eriksson's caritative theory, rooted in a humanistic-hermeneutic scientific tradition [16, 17]. We seek to understand the meaning behind immediate experiences [18, 19]. We chose this theory to gain an understanding of the human being, health and caring. The theory also fits well with the phenomenon explored in this study, enabling us to move beyond immediate experiences of health towards an understanding of health while working in end-of-life care for the participating nursing personnel, thereby adding new nuances of knowledge to the core of caring [19]. In Eriksson's theory, health can be understood as bearable suffering, where the human being co-creates health in a movement between doing, being and becoming [20, 21]. The first and the third researchers' pre-understanding is based on their familiarity with the substance and methods within the theory of caritative caring. The second researcher has more experience of caring pedagogy. These different experiences enriched the interpretation of the material and highlighted potential bias.

All researchers in this study are registered nurses (RN) and have different insights into and experiences of

end-of-life care. The first researcher has experience working, teaching and researching in the palliative care context as well as being a relative of a patient receiving end-of-life care. The second and the third researchers have experience in researching and are relatives of patients receiving end-of-life care.

## Aim

This study aimed to explore nursing personnel's health while working in end-of-life care.

## METHOD

A qualitative research design with a hermeneutic approach inspired by Gadamer [22, 23] and Ödman [13, 24] was chosen to explore nursing personnel's health while working in end-of-life care. The choice of Ödman [13, 24] in the hermeneutic approach was due to the three-level interpretation structure. According to Gadamer [14], hermeneutics is about understanding text through interpretation. The interpretation process moves from the parts to the whole and each part can only be understood in the light of the whole and the whole can only be understood based on the parts [25]. A text cannot be understood at once, as it is necessary to read back and forth between the parts and the whole to gain a new or different understanding. The hermeneutic circle comprises an interlacing movement between tradition and the interpretation, described as a structural ontological moment of understanding [14]. The researchers' pre-understanding is also of importance in the development of a new or different understanding [25]. The challenges involved in the hermeneutical writing process are to capture the interpretations and describe them as explicitly and correctly as possible [24].

## Participants

The nurse manager at the palliative care unit gave permission to carry out the interviews. The eight female participants (two assistant nurses and six RNs aged 25–65 years, median age 42 years, with between 1.5 and 11 years' experience of end-of-life care at a palliative care unit) received both written and oral information about the study, including the fact that confidentiality was ensured, that participation was voluntary, and that they could withdraw at any time without giving a reason. The participants were free to choose the location of the interviews. As the participants included both RNs and assistant nurses they are referred to as nursing personnel in the study.

## Data collection

Individual face-to-face interviews with open-ended questions were chosen to explore nursing personnel's health while working in end-of-life care. The individual interviews were performed during spring 2019 by the first and second authors during their working hours and lasted between 30 and 60 min. The open-ended questions were: What gives you the strength to encounter patients at the end of life in their vulnerability and suffering? What do you want to achieve in caring? Describe a situation where you were particularly affected. There were also follow-up questions such as: What do you think? What do you feel? and How do you deal with it? The interviews were audiotaped and transcribed verbatim by the first and second researchers.

## Interpretation

All researchers were involved in the interpretation of the material. The interpretation process began by reading the material several times to gain an understanding of the whole. The interpretation consisted of three levels, namely rational, structural and existential understanding. The first level was close to the participants' statements about their health in end-of-life care. In the second level, the patterns and structure of situations or events that affect nursing personnel's health in end-of-life care emerged. The third level constituted a hermeneutical understanding of nursing personnel's health based on the previous levels [24]. An example of the three-level interpretation process is presented in Table 1. The interpretation of the material was an open process, moving between the parts and the whole of the material as well as between the levels until a new whole began to emerge about the phenomenon, which is in line with Ödman [13].

## Ethical considerations

The study was approved by the Regional Ethical Review Board (Dnr: 1161–18/2019–00634). Participation was voluntary and the participants could withdraw at any time without giving a reason. The study adhered to the World Medical Association [WMA] Declaration of Helsinki [26] and to ethical principles of research [27]. The study follows the General Data Protection Regulation [GDPR 2016/679] [28] regarding the participants' personal data, which were anonymised in the material, and to which only the authors had access. If distressing feelings or thoughts arose during the interviews the participants were offered follow-up calls. None of the participants requested a follow-up call.

**TABLE 1** A draft from an interview as an example of the interpretation process at three levels in accordance with Ödman.

Text from one interview	Rational level	Structural level	Existential level
...think we have a very <i>good fellowship</i> between doctors, nurses, assistant nurses and also the collaboration with physiotherapists, occupational therapists, team nurses of course, the dietitian, the deacon and the secretary... and <i>no one can handle everything oneself</i> and <i>I trust my colleagues</i> who take over the job to do as good a job as I do... of course, when you return to work you can wonder how it went with the patient you had last time who was so bad... <i>you know that they can die at any time</i> and thinking how fragile life is because one moment you can be alive, while in the next you no longer live... <i>I want to feel that I have done a good job and done something positive in all the misery for the patient and also help my colleagues...</i> I believe that I can <i>distinguish between personal life and work...</i> I walk quite a lot... I also have a lot of friends.	Nursing personnel strive to maintain their health in end-of-life care	Social togetherness with colleagues safeguards the health of nursing personnel	Nursing personnel's existential situation while working in end-of-life care was affected emotionally by the patients' suffering and awareness of death, as well as a feeling of well-being and fellowship with colleagues

## Rigour

According to Polit and Beck [29], trustworthiness in the assessment of qualitative research is important. We have tried to manage the material by remaining close to the participants' statements and describing the interpretation process as carefully as possible. In hermeneutical studies, the authors' pre-understanding is important for the ability to develop a new or different understanding of a phenomenon [25]. To avoid our pre-understanding affecting the interpretation of the material, all the researchers were aware of and discussed the theoretical perspective, such as Eriksson's theory and end-of-life care. The material was read by all the researchers several times in an open way, in order to gain an overall understanding of it, as well as a new or different understanding of the phenomenon. Although eight interviews can be considered a small sample, after completing the interpretation process the researchers concluded that the material was rich and substantial, consistent with the aim, and that further interviews were unlikely to add any significant patterns or variations to the material. Lincoln and Guba [30] describe four aspects that may be useful in terms of trustworthiness in research, that is truth value, applicability, consistency and neutrality. Ödman's [24] interpretation model was used to establish the trustworthiness of the study and to describe the hermeneutical writing process. We have attempted to ensure as much truth value and neutrality as possible in the study, which was enabled by our pre-understanding. However, in hermeneutical interpretation, pre-understanding is important for gaining a new or different understanding.

## RESULTS

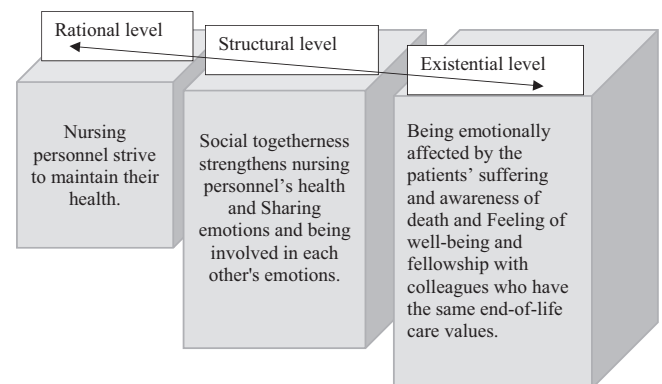
The results of the interpreted material follow Ödman's [24] three levels of interpretation to explore nursing personnel's health while working in end-of-life care (Figure 1).

### Rational interpretation

The first level, the rational interpretation, is close to the material and concerns nursing personnel striving to maintain their health while working in end-of-life care.

### Maintaining health in end-of-life care

Fellowship and togetherness with colleagues at the palliative care unit were important, as was being able to

**FIGURE 1** Description of the result with the three levels of interpretation.

distinguish between private and working life. Through fellowship, they strove together in what nursing personnel themselves expressed as “difficult journeys” to do the best for patients and their relatives. Taking advantage of each other’s skills and supporting each other gave nursing personnel a sense of security, making them feel that they could handle the work in order to provide the best possible care for patients and relatives. The open-minded environment that existed in the unit meant that the nursing personnel dare to ask each other for support in difficult situations. As the work contained grief and happiness, it was a consolation to know that they could talk with each other, but also give consolation by listening to colleagues.

The nursing personnel struggled together and had mainly positive feelings when they finished their working day, feeling that they had done their best for patients and relatives. They could go home and let their colleagues, whom they trusted, take over the responsibility for the care of the patients. One participant described how they struggled and shared things together at the unit:

...share a lot of difficult things... and when we have made such tough journeys together, where we have been dependent on each other and have carried each other in different ways because we have different skills, where we somehow collaborate when things are difficult...(IP1).

All nursing personnel in the team were important and contributed to the care with their knowledge. Although they worked together in the team, they could sometimes feel inadequate as nursing professionals and human beings. They placed high demands on themselves, while at the same time, they were required to do even more. The administrative work took time and could be more demanding than facing the patients’ suffering.

To achieve good health, it was important to distinguish between private life and work. Private life had an impact on the nursing personnel’s health, as it was a means to recover one’s strength. Activities outside work, such as walking, also brought recovery, as did good relationships with family and friends. One participant expressed her view of private life as follows:

...on the other hand, it is good that you do not have too many difficulties in your private life... that you have good relationships, friends and the family and things to look forward to (IP4).

If the nursing personnel had no time to talk with each other before going home after a strenuous day at work, they

were filled with thoughts about what had happened that day. On such occasions, they wanted to be left to themselves and not speak to anybody, not even their relatives. Usually, the relatives did not ask much about work, even if the question was well-intentioned.

The rational interpretation shows that fellowship and togetherness with colleagues, as well as being able to distinguish between private life and work were important for nursing personnel’s strategies for maintaining their health while working in end-of-life care. Fellowship and togetherness at the unit may be considered a source from which nursing personnel gain strength and health in working life. Based on this understanding, the next level in the interpretation involves identifying the structure and patterns in situations that affect nursing personnel’s health in end-of-life care.

## Structural interpretation

At this level, the structural interpretation involves finding structures or patterns based on what emerged in the interpretation of the material to serve as starting points for the final interpretation at the existential level. The structural interpretation concerns what nursing personnel do to safeguard their health. The patterns identified in the structural interpretation are *Social togetherness strengthens nursing personnel’s health* and *Sharing emotions and being involved in each other’s emotions*.

### Social togetherness strengthens nursing personnel’s health

Social presence meant a great deal to the nursing personnel and gave them a sense of well-being. In terms of health, it was vital that they could talk to each other, be listened to, understand each other and be able to ask questions about things they felt unsure about. Everyone was needed and teamwork was important for meaningful caring and making the patients’ end of life as good as possible. The social togetherness at work was not obvious and it was important that everyone contributed to fellowship and togetherness. One participant described social togetherness at the unit:

One has to contribute to fellowship to create a good climate... oh I like people to socialize... they appreciate when you (as nursing personnel) come, like a breath of fresh air ... that stirs the pot a little... and we help each other too... so no question is too stupid and you always get an answer... and you dare to ask (IP5).

The experience of security and happiness at work meant that the nursing personnel's own health could be maintained. They tried to understand each other and created a group dynamic in the team, which made it easier for them to strive together towards the same goal in caring for the patients. This gave them an understanding of the fact that although they did things differently in caring, they still had a common mission in caring for patients who were at the end of life. The nursing personnel's own health was positively affected when they felt happiness and security at work. One participant described the work:

We are passionate about the same thing, we are passionate about our patients and about our job... we all love our job... I think this also has to do with the fact that we are working in the same direction... we want to do good for patients and relatives and for each other, so I think we have a common mission (IP6).

Humour was an important tool that made it easier for the nursing personnel to handle difficult situations, and contributed to well-being at the unit. The fact that there was consensus and a common value base for caring for patients at the end of life allowed them to relax, be themselves and joke.

### Sharing and being involved in each other's emotions

Sharing and being involved in each other's emotions was about being able to show different emotions. It could involve laughing and crying, being angry, frustrated and despondent. There was an open-minded environment in the unit that enabled the showing and sharing of emotions that arose. Being able to show what they felt in the situation gave the nursing personnel strength in their work. Strength contributed to their health, leading to a sense of security and the certainty that they were doing their best. It gave them the inner strength to struggle on, even if they felt that they had not succeeded in alleviating a patient's suffering. The emotional presence was important for the nursing personnel's health and was partly about being involved in caring for the patients but also in caring for each other as colleagues. Getting involved could be about observing the other's body language or tone and being able to ask how they felt. One participant described the fellowship:

Fellowship... taking care of each other, reflecting a lot among ourselves and also talking about things that are difficult... asking how they are doing and how they're feeling... one

might know that someone has had a hard time.... it feels like it's us, a fellowship... helping each other, it's nice (IP7).

At this level, the structural interpretation discerned patterns concerning what nursing personnel does to maintain their health. Social togetherness, sharing emotions and being involved in each other's emotions were important for nursing personnel's health. Based on the earlier levels, the third level constitutes a hermeneutical understanding of nursing personnel's health in end-of-life care.

### The existential interpretation

At this level, the nursing personnel's descriptions are understood about how they strive to maintain their existential health. Their existential situation emerged in the existential interpretation. The existential situations are *Being affected emotionally by the patients' suffering and awareness of death* and *Feeling of well-being and fellowship with colleagues who have the same end-of-life care values*.

### Being affected emotionally by the patients' suffering and awareness of death

The nursing personnel's own existential situation was affected when their inner self was emotionally affected by the patients' suffering at the end of life. Being emotionally affected was perceived as part of caring that developed them both as human beings and nursing professionals. Being emotionally affected by the other person's suffering awakened their inner ethos, making them reflect on their own existence. Caring for patients at the end of life was about interpersonal encounters. It was important to be emotionally affected in these situations in order to develop both as a human being and as a nursing professional. Being able to show feelings and talk with their colleagues made it easier for them to forget about work when they got home. One participant described being emotionally affected by the patients' suffering:

...we have to be professional and deal with emotions and thoughts... but getting used to it, no, I don't think that's possible... that is what is so amazing, all these encounters and all the emotions that both give and take strength but the benefit is that you can finish work so you don't have to go home with it... sometimes you take it home with you... but not very often because we can usually reflect together (IP6).

Talking to colleagues and sharing feelings about how they were emotionally affected in situations developed them both as nursing professionals and human beings. The nursing personnel could not dwell on death for too long because it drained their strength from them. They were aware of the fact that life was finite and that death was present in caring. This awareness allowed them to focus on talking about life and still be present both as human beings and nursing professionals. One participant described awareness of death:

Everyone here knows that you're going to die but we live until we die so then you might as well talk about other things while one is still here... I want to feel that I have done a good job and something positive despite all the misery for the patient... and also helped my colleagues (IP2).

The encounter with patients was interpersonal. In the encounter, the nursing personnel were both nursing professionals and human beings, they saw, were present and took responsibility for the patients at the end of life. The interpersonal caring encounters provided strength and gratitude, both as nursing professionals and as human beings.

### Feeling of well-being and fellowship with colleagues who have the same end-of-life care values

The awareness of suffering, life and death made the nursing personnel feel inner security in themselves as nursing professionals and as human beings. Knowing how quickly life could change made the nursing personnel feel humbled and respected with regard to life, both their own and that of others. It allowed them to take advantage of moments that gave meaning to their life. The nursing personnel felt secure in end-of-life care. They experienced security in fellowship with colleagues who had the same end-of-life care values, which may explain why they have the courage to stay with patients and relatives until the end of life. The nursing personnel felt a sense of well-being both as nursing professionals and as human beings. One participant expressed a feeling of well-being:

I feel good because I feel like I'm walking around being kind and good... you get so much in return by being friendly (IP7).

## DISCUSSION

This study aimed to explore nursing personnel's health while working in end-of-life care. Fellowship and social

togetherness with colleagues may be considered a source to strengthen nursing personnel's health. It can be compared with what Eriksson describes as caring communion [16]. In Hilli and Eriksson's [31] study about determining the concept of home, they state that the home is characterised by fellowship. In a Covid-19 ward, Thrysoe et al. [32] found that nurses experienced new solidarity among colleagues, describing how they were closer to each other, reflected together and could talk about their private life. All were needed and everyone's knowledge and different experiences were important. It is also shown in this study that the nursing personnel's private life was important for their health. Among other things, good relationships and walking were ways of recovering one's strength and sometimes it was necessary to be alone with one's thoughts after a difficult working day.

Nursing personnel's health involves an openness to each other about experiences that have affected them. It comprises being listened to, trying to understand each other and being able to ask questions about things that they feel unsure about. This is in line with Johansson and Lindahl [33], who describes the importance of sharing emotions and reflecting with colleagues in end-of-life care. This can enable nursing personnel to encounter their own inner selves, which could lead to them becoming more motivated in end-of-life care [2].

Nursing personnel becomes emotionally affected both as human beings and as nursing professionals in end-of-life care. They consider it important to be emotionally affected in end-of-life care to develop both as human beings and as nursing professionals. This is in line with Liu and Chiang [2], who describe nurses as witnesses of patients' suffering in end-of-life care. According to Karlsson et al. [15], the appeal of patients' vulnerability is a driving force in nursing personnel's efforts to alleviate patient suffering in end-of-life care. Being emotionally affected by patients' suffering as a human being and as a nursing professional can be understood as a striving to feel at home in ethos. According to Eriksson, good caring derives from ethos, the human being's innermost room [16]. Nyholm et al. [34] present an ethical practice model, the core of which is the common ethos with five ethical values, and which is considered a prerequisite for sustainable care. Based on the understanding of the study by Nyholm et al. [34] and from the present result, a common ethos from the perspective of Eriksson's caritative theory may have an impact on nursing personnel's health while working in end-of-life care, contributing to a sustainable working life.

What most surprised us as researchers were that fellowship, social togetherness with colleagues, sharing experiences and involvement in each other's emotions have a deep impact on nursing personnel's health. Our new understanding of nursing personnel's health while working in end-of-life care gives us a deeper knowledge of the importance of

consensus about caring values in teamwork in the palliative context. Consensus can contribute to fellowship, social togetherness and an understanding of each other both as nursing professionals and as human beings. Good health for nursing personnel in end-of-life care can facilitate a sustainable working life. Reflection in the team about caring in clinical practice and the values of caring may be important for sustainable health for nursing professionals in this context, as it can contribute to fellowship and social togetherness. In addition, knowledge of Eriksson's theory can contribute to nursing personnel's understanding of each other as human beings, as well as health and caring in end-of-life care. The open-minded environment in the unit, the importance of teamwork in caring for patients, and reflecting together can strengthen nursing personnel's fellowship and the social togetherness in their team and in their personal movement towards developing both as human beings and as nursing professionals. Sharing and being involved in each other's emotions concerns both grief and happiness.

## CONCLUSION

In light of our understanding of health, while working in end-of-life care from the perspective of Eriksson's caritative theory, health is both a movement and an integration. This study contributes to an understanding of the meaning of fellowship in the experience of health while working in end-of-life care. The meaning of nursing personnel's own health in end-of-life care can be understood as fellowship with colleagues, social togetherness, being emotionally affected by the patients' suffering, sharing experiences and being involved in each other's emotions. Maintaining an open-minded climate at the unit is also important, as it enables nursing personnel to share emotions and be involved in each other's emotions. A good private life also has an impact on nursing personnel's health. A common perspective about caring may be helpful in palliative care and can contribute to a sustainable working life. Reflecting together about caring values at the workplace may strengthen the nursing personnel in their caring and as a group. When patients and their relatives experience consensus in the caring perspective at the unit, it can make them feel more secure.

## Limitations

Although this study was based on only eight participants (two assistant nurses and six RNs), the interview material was rich and substantial. The use of Ödman's three levels of interpretation may help the reader to understand the interpretation process, and may also give the study a truth value and consistency. The results highlight nursing

personnel's health while working in palliative care. The understanding that emerged from the study may apply to reflections on nursing professionals' health in other workplaces such as municipal health care, primary health care and other hospital units. However, nursing personnel's health while working in end-of-life care is highlighted, which may add new knowledge as few studies have revealed its importance.

## AUTHOR CONTRIBUTIONS

MK and AK designed the study. MK and SP collected the data. MK, SP and AK analysed the data and prepared the manuscript. All the authors contributed to and agreed on the final version of the manuscript.

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## CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

## ETHICS STATEMENT

The study was approved by the Regional Ethical Review Board (Dnr: 1161-18/2019-00634).

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