GLOBUS PUBLICATION

Globus An International Journal of Medical Science, Engineering and Technology
A Refereed Research Journal
Vol 13 / No 1 / Jan-Jun 2024 ISSN: 2319-8958

LIVED EXPERIENCES OF INTENSIVE CARE UNIT NURSES IN TAKING CARE OF DEATH AND DYING PATIENTS OF COMMUNITY GENERAL HOSPITAL SAN PABLO CITY

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Paper Received: 14.12.2023 / **Paper Accepted**: 12.01.2024 / **Paper Published**: 14.01.2024
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Abstract

This study entails the lived experiences of Intensive Care Unit Nurses in Community General Hospital, San Pablo City, Laguna in handling the death and dying of patients. A total of six (6) participants are interviewed as it was the total number of Intensive Care Unit Nurses in the chosen research locale of the researcher. A semi-structured personal interview with a general set of guided questions served as the research instrument. The Guided Questions used were self-made and consisted of 1 central, 3 corollaries, and 11 self-made guided questions. The Research Findings revealed the following emerging themes. There were four (4) major themes and twelve (12) sub-themes. Autonomy and Challenges of being assigned in the ICU, Meaningful Engagement, Embodiment of Caring, Coping Mechanisms, and Transformation of Life Philosophies and Perspective by experience were the major themes that emerged in this study. While Lack Legitimacy and Uncertainty in Work, Handling Patients with Different Cases, Empathizing with Patients and the Family, Feeling of Ambivalence, Identifying with Patients, Recognizing Limitations, Keeping Work in Perspective, Emotional Distancing, Enabling Decathexis, Managing Own Signal of Stress Tension, Developing a Positive Perspective, Developing a Philosophy of Dying were the sub-themes formed.

Therefore, the researcher concluded that each participant had different experiences, perspectives, realizations, and coping mechanisms in handling death and dying patients. But all of them have the same goal which was to formulate quality care and provide all the needs of their patients. Throughout the study, Intensive Care Unit Nurses have shown devotion, care, and love in the treatment care span of each patient.

Keywords: Lived Experiences ICU Nurses, Coping, Emotional Stress, Experiences, Death and Dying.

Introduction

Nursing advocacy demonstrates how dedicated nurses are to providing care, love, and a sense of security during each patient's treatment. All the nurses in different departments experience providing care to dying patients. This only proves the diversity of nurses in the hospital who provide healthcare to patients in terms of scope, practice, and medical approach. But mostly, Intensive Care Unit Nurses are the ones who are responsible for the total supervision of those critically ill patients also known as patients in end-of-life care. The Intensive Care Unit environment can be confronting not only to the family and visitors of the patient but also to the nurses assigned to provide care.

During the Covid-19 pandemic, the unpredictable death, isolation, and high death toll have been disturbing for the community, particularly health workers in the medical field. Intensive Care Unit Nurses faced this kind of situations every day during the pandemic. As a result, the researcher became more interested in continuing with these studies. Given that Intensive Care Unit Nurses are responsible for the care critically ill patients, they are typically assigned in this kind of scenario as part of their duty. Nurses make enormous sacrifice during the pandemic. It includes how they risk their

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safety and have missed out on time with their loved ones. They also experienced plenty of patient deaths, which caused them to be overwhelmed at their workplace. Indeed, Nurses constantly for the best outcome for their patients' care plan. To provide quality care for patients, they experience being isolated from their loved ones for a month or longer in order to cover their shifts and isolate them, even if his means they are not allowed to go home. They go through these things in order to combat the virus that scares the whole country.

Witnessing a dying patient can be stressful, but encountering a patient's death shortly after giving them care may certainly contribute to a significant stressor in the behavioral capacity of each Intensive Care Unit Nurse. Every death is a terrible thing, but it is also a part of life for everyone. However, nurses must have the best abilities and expertise to deal with such fears and emotions when confronted with the reality of death. When caring for a dying, nurses frequently accompany them and must perform their duties professionally despite emotional stress on their part. These scenarios may lead nursing staff to experience powerful emotions and a great deal of high level of stress. Besides, the process of dying is highly feared throughout the end-of-life phase, and both the nurse and the patient can have notable experiences during this time. Those experiences may be beneficial and can also be destructive when it comes to the Intensive Care Unit Nurses' emotional capacity or how they will cope in situations that may be helpful or harmful to them. (Kostka et al., 2021)

According to Castaldo et al. (2022), Their studies focus on the nurses' lived experience in accompanying dying patients during the COVID-19 pandemic. Nurses describe it as a highly traumatic experience for them. But, despite all the difficulties brought on by the wave of the COVID-19 pandemic, they still provided the best possible care for dying patients, replacing their relatives at the patient's bedside and accompanying them as they left. Nurses also witnessed the death of people in a quick span, a freewheeling death that affects everyone. It was a stressful but remarkable experience for nurses working in hospices or intensive care units. Nurses are used to witnessing a dying patient now and then in their workplace. But seeing so many people die every day was an overwhelming, stressful, and devastating thing, especially when the patient dies alone, without their loved ones beside them.

This appears as a compelling issue nowadays which contributes to the researchers' perspectives of how much they see the need for further investigation, understanding, and analysis of how Intensive Care Unit Nurses cope with and perceive the death and dying of a patient. Thus, this study aims to explore and discuss coping behavior in death and dying patients since this will give new ways of understanding towards nurse-patient relationship. Moreover, this study intends to determine how the impact of patient's death varies among nurses in the Intensive Care Unit at the Community General Hospital San Pablo City.

Theoretical Perspectives

Cognitive Model of Post Traumatic Stress Disorder (PTSD)

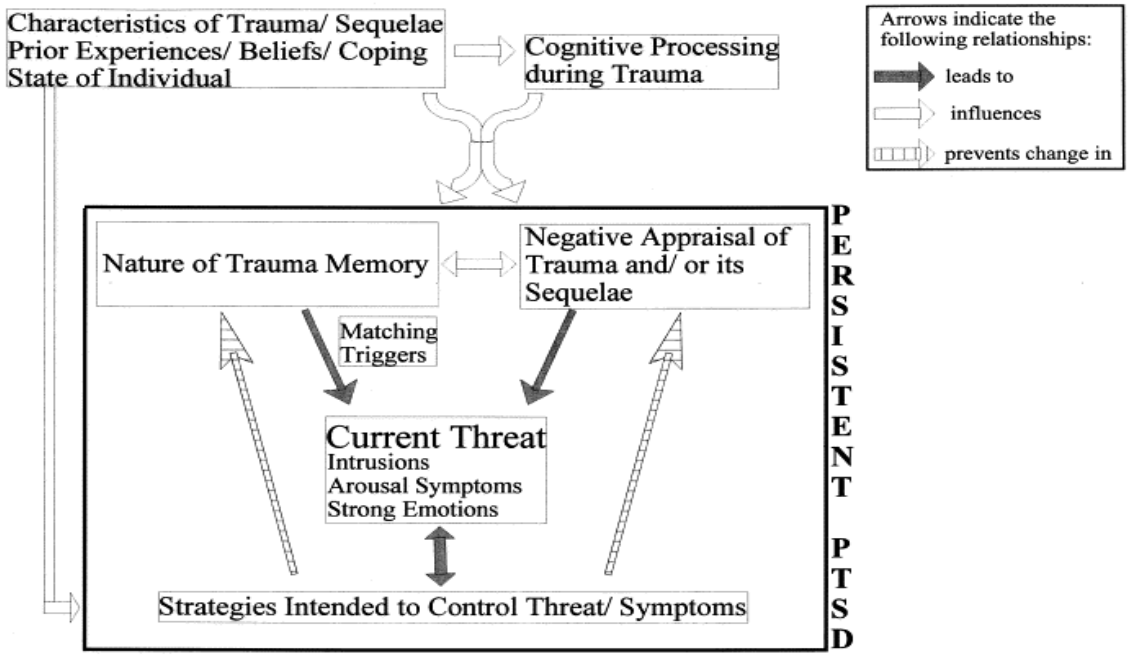

Figure 1: Cognitive Model of Post Traumatic Stress Disorder (PTSD)

According to Levi et al, (2021), as cited in Ehlers & Clark (2000), It is a typical response to traumatic experiences where a person was exposed to actual or death threats, serious injury, or sexual assault is post-traumatic stress disorder (PTSD). Intensive Care Unit nurses are prone to post-traumatic stress disorder (PTSD) since they are the ones who always witness the death of their critically ill patients.

Intensive Care Unit Nurses are at risk of disrupting their behavior patterns since it is not possible for them to avoid numerous traumatic situations at work. This model will help Intensive Care Unit nurses in maintaining a healthy mental and physical state. This will also help in ensuring the quality of care provided by the Intensive Care Unit Nurses whether or not they have suffered PTSD.

Roy's Adaptation Model

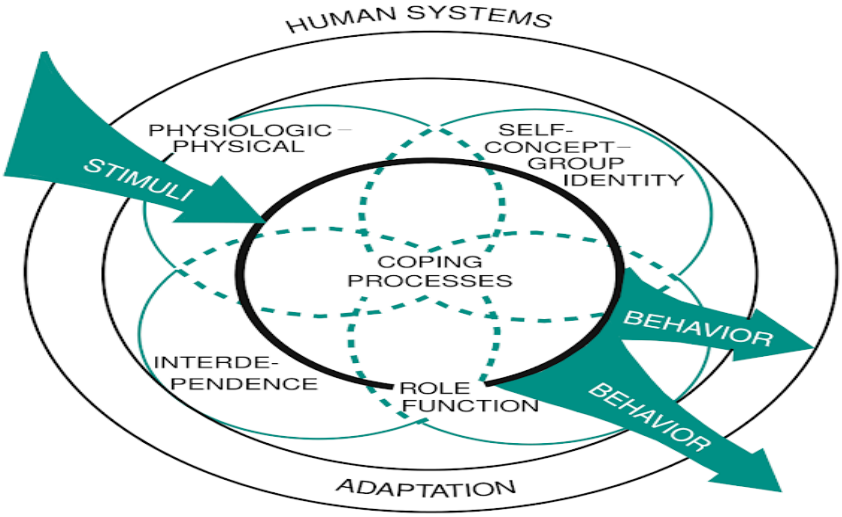

Figure 2: Roy's Adaptation Model

Roy (1976) stated that the environment where the subject lives is a big factor in how they manage to recover from an illness, disease, and experiences. This theory views the subject as an adaptive system when interacting with internal and external environments. Moreover, the environment is either a positive or negative output for the subject as it may compromise them physically or mentally.

This model imparts a valuable framework for giving nursing care to people in good health and those who suffer from acute, chronic, and terminal illnesses. This approach is particularly practical as it reveals the study that nurses function as an interactive and adaptive system that confronts stimuli such as a patient's death. Because environment can either encourage or threaten an individual's health, this model better depicts death and dying as an external stimulus for nurses. Perhaps death might contribute positively or negatively to Intensive Care Unit nurses' competence in their vocation and mental health. This framework also demonstrates how the Intensive Care Unit nurse adapts to the effects of a patient's death and dying, as well as the coping behavior that they employ in such difficult situations.

Theoretical Framework

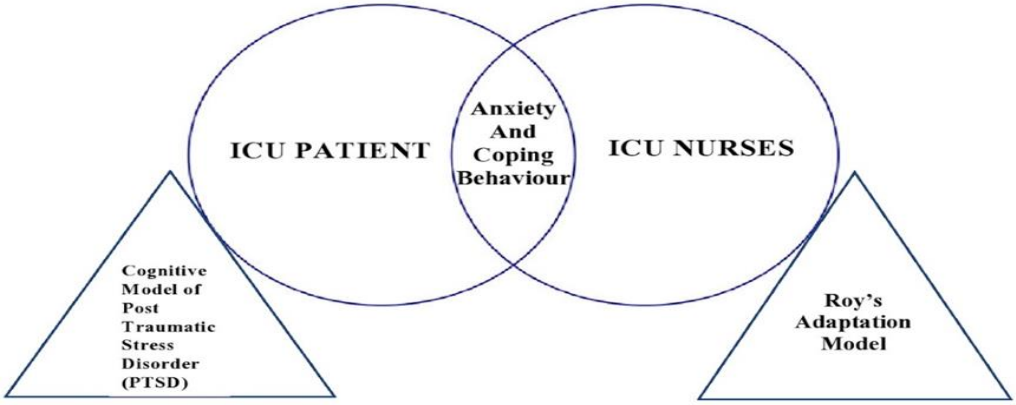

Figure 3: Theoretical Framework of Lived Experiences of Intensive Care Unit Nurses in Taking Care of Death and Dying Patients of Community General Hospital in San Pablo City

This study identified the different lived experiences of Intensive Care Unit Nurses in dealing with death and dying, the Intensive Care Unit, and patients, as well as the coping mechanisms they employ. Roy's Adaptation Model will also be integrated in this study to assess Intensive Care Unit nurses who are continuously interacting with a shifting environment, much alone a morbid one. More so, the Cognitive Model of Post Traumatic Stress Disorder (PTSD) was also incorporated to better evaluate the lived experiences of Intensive Care Unit nurses. The responses of the research participants will be primarily organized by the researchers using the coding method and will be analyzed through thematic analysis. Finally, the researchers proposed adaptational recommendations to Intensive Care Unit nurses on how to develop and substantially improve their coping mechanisms when dealing with death and patients who are dying.

Statement of the Problem

The researchers aim to determine the lived experiences of Intensive Care Unit Nurses at Community General Hospital in taking care of death and dying patients.

Specifically, it sought to answer the following questions:

Central Question

What is the essence of the lived experiences of Intensive Care Unit Nurses in taking care of death and dying patients?

Corollary Questions

1. What are lived experiences of Intensive Care Unit Nurses in taking care of death and dying patients?
2. What themes emerged as a result of the Intensive Care Unit Nurses' lived experiences dealing with death and dying?

Based on the results, what support programs may be provided for Intensive Care Unit Nurses?

Scope and Delimitations

This study focused on the lived experiences of the six staff (6) nurses from the Intensive Care Unit at Community General Hospital San Pablo City in caring for patients who are dying or have died. This includes their perceptions, experiences witnessing patient's death and others who are already dying, and the coping mechanisms they utilized to mitigate the stress induced by these occurrences.

Because of the qualitative approach of this study, which aims to more about each nurse's in-depth lived experiences in handling death/dying patients in a specific area of a hospital, the researchers only focused and selected a single area of engagement, which is the Intensive Care Unit. Additionally, due to the limited time available to learn about the diverse experiences that nurses have had in the other areas of the facility. Nurses who work in Intensive Care Units are the ideal fit for the study's topic since they care for patients who are critically ill.

As a result of the limited sample size of Intensive Care Unit nurses in the area, the limit of this study lacks its generalizability. The study was carried out from September 2022 to May 2023.

Methodology

The researchers utilized a qualitative-phenomenological study to further analyze the insights, experiences, and data of Intensive Care Unit Nurses. This approach aims to determine or identify a certain phenomenon that was experienced by a particular group.

Participants/Respondents of the Study

The participants of the study include the total number of ICU Staff Nurses in the chosen research locales of the researchers. This is composed of one (1) male and five (5) female nurses from the Intensive Care Unit at Community General Hospital San Pablo City.

Instrument/s of the Study

The type of research instrument that the researcher used was a personal face-to-face interview, which was organized individually based on participants' availability. The interview is semi-structured, providing an active, open-ended, and trustworthy method of gathering from the chosen participants.

Data Collection and Analysis

The researchers used audio recording to capture all the comments, filler, laughter, and pauses. Therefore, the researchers were able to obtain the precise and unbiased remarks that the participants imparted in this manner, allowing them to gain a more thorough understanding of their unique insights. The data collected from was kept secured and confidential. The responses are saved in a password-protected file that is only accessible to the researcher.

The coding procedure was followed by the first cycle of coding, which divided the data into sections. The researchers then used an inductive coding also known as open descriptive coding method which is a form of manual coding that is an iterative process that provides a complete and unbiased theme in the data. Followed that affective coding is used to interpret data based on emotions when formulating code.

When organizing and categorizing codes, the researchers organized by pattern to generate categories before verifying with the data encoder to prevent researcher bias. After verification, the data encoder employed pattern coding for the second cycle of coding to refine the codes and assessed each statement's categories to develop an emergent theme and subtheme using a pattern coding and use of color-coding strategy.

After the data encoder and researchers have developed the final themes, the data is triangulated to highlight the data's implications for theory, literature, and practice. The collected data is subsequently examined and confirmed by a data encoder who is an expert on the topic.

Ethical Considerations

The researchers gave more thought to the following so that each study method adheres to ethical norms and considerations. First, they requested permission from their research adviser, the dean of nursing, and the chief nurse of the Community General Hospital of San Pablo City to conduct study on all nurses in the Intensive Care Unit at the Community General Hospital San Pablo City. Before the data gathering, to establish the participant's agreement to engage in this study, the researchers provided informed consent from each of them, as this was voluntary and imposed the rights of the participant to participate or not and to withdraw at any time during the interview. The objectives of the study were also stated before to the interview so that they understood why their participation was necessary.

In accordance with RA 10173 or the Data Privacy Act, the researchers ensure the protection of the obtained information and will be regarded as confidential, as well as indicating that the acquired information will only be used in the study. The researchers will also ensure that the participants of the study will be kept anonymous by addressing them in codes.

The researchers then visited the working place of the participants to meet and debrief on the likely implications of the interview on them.

Results and Discussion

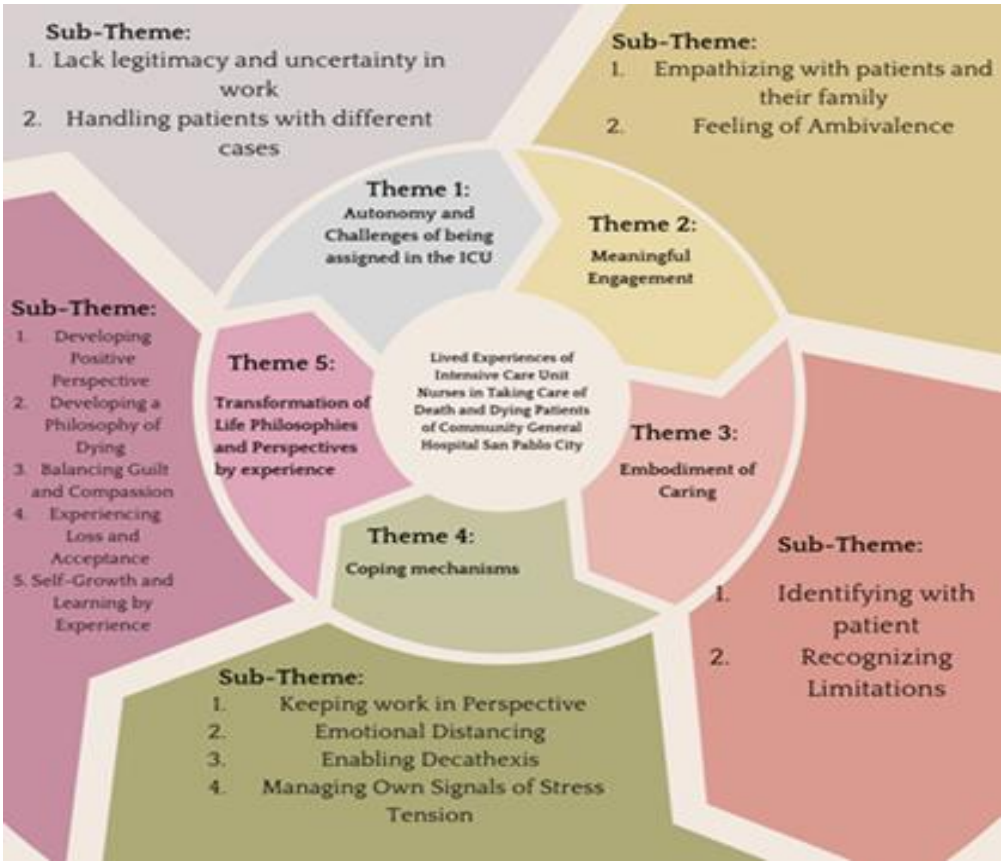

Figure 4: Visual Representation of Themes

Based on the responses of the participants and its conclusion regarding answering the statement of the problem, the study concluded with one (1) central question and three (3) corollary questions.

The first corollary question, which is "What are lived experiences of Intensive Care Unit Nurses in taking care of death and dying patients?". Participants were asked eleven (11) questions

regarding the lived experiences of the Intensive Care Unit (ICU) Nurses in taking care of death and dying patients. Based on the responses, the service and length of being in the ICU ranged from three (3) to nineteen (19) years. Furthermore, some participants had personally chosen the ICU among other areas while some chose it because of the given opportunity to work and learn new knowledge in this area. Some, however, see this as a challenge, while others had no other option because they were assigned to the ICU. When asked about the first time they experienced the death of a patient, some participants had their most memorable experience when handling patients who healed properly while some consider the peak of the pandemic as their most memorable one because they had to risk their lives to take care of the patients. All participants had the same response of affirmation when asked about the first time they experienced it. Some were devastated while others showed professionalism. To further discuss, some participants of the study answered that they were still trainees when they experienced the death of a patient for the first time while others cannot recall theirs. Participants also emphasized that their perceptions of death and dying patients vary. Some realized their duties and responsibilities as nurses to provide quality care, some still felt the burden and one also realized that death cannot be avoided and that they should be able to accept it. When asked about their mental, emotional, and spiritual well-being since they were assigned to ICU, others felt sad, and shocked, while some felt normal. Others had been stressed, depressed, burnt out, or had no effect. Fortunately, though, others still see their mental, emotional, and spiritual state as substantially equipped to do their jobs. In terms of coping, one participant responded that her coping mechanism involves drinking coffee. Other participants, on the other hand, try their best to prepare for the duty they will fulfill, and some find comfort in communicating with their loved-ones. The findings also suggest that some participants detach their attachment to their patients to do better, whereas others opt not to bring their problems from one day to the next. Along with this, some participants acknowledge the different perspectives of becoming better nurses for their patients. The participants were also asked about their thoughts on the supportive programs required for ICU nurses. Emotional support, quality rest, and interaction with other nurses were suggested. Some participants also suggest that they need to be more exposed to such cases to prevent compassion fatigue.

For the second corollary question, “What themes emerged based on the lived experiences of the Intensive Care Unit Nurses in taking care of death and dying that gathered?”. There were five (5) major themes, followed by the fifteen (15) sub-themes that were formed.

The first major themes were **Autonomy and Challenges of being assigned in the ICU**. Most patients in a critical care unit are in unstable physical and mental condition, necessitating respiratory and cardiac monitoring as well as therapeutic alterations; thus, the requirement to assign nurses with varied temperaments, particularly the ICU. Thus, it came up with two subthemes: Lack legitimacy and uncertainty in work, and Handling patients with different cases. According to Levi et al, (2021) as cited in Ehlers & Clark (2000), Intensive Care Unit nurses are prone to post-traumatic stress disorder (PTSD) since they are the ones who always witness the death of their critically ill patients.

The second major theme formed was **Meaningful Engagement** which explains that the engagement of a nurse to his or her own profession is an important factor in doing the job because it determines the drive of an individual nurse to further continue his or her own job. It may also vary to the relationship of a nurse to a patient. According to Nijkamp (2018), Being exposed to the Intensive Care Unit truly increases complexity, and could also result in damages to the physical, cognitive, emotional state of a person to meet its demands. The sub themes were: Empathizing with patients and their families, and Feeling of Ambivalence.

The third major theme: **Embodiment of Caring** describes how the Intensive Care Unit Nurses show their concern for the mental, physical, and social well-being of their patients through their interactions. This idea highlights how critical it is to comprehend patients' experiences and treat them with empathy, compassion, and respect. It entails giving patients the best care possible. The sub themes were: identifying with patients, and Recognizing limitations. A therapeutic nurse-patient relationship is characterized as a helping collaboration built on mutual trust and respect, the promotion of faith and hope, sensitivity to oneself and others, and the use of knowledge and skill to meet the physical, emotional, and spiritual needs of your patient. (Pullen & Mathias, 2010)

The fourth major theme was **Coping Mechanisms**, which highlighted participants' different ways of adaptation and process of coping from a patient's death. The sub themes were: Keeping work in Perspective, Emotional Distancing, Enabling Decathexis, Managing Own signals of Stress or Tension, and Developing a Positive perspective. The fifth and last major theme was **Transformation of life philosophies and perspective by experience**, as can be observed from the participant's responses, they all had distinct experiences and stories

regarding caring for their dead/dying patients. The subthemes were: Developing a Philosophy of Dying, Balancing Guilt and Compassion, Experiencing Loss and Acceptance, and Self-growth and Learning by Experience. According to Betriana & Kongsuwan (2019) empathetic understanding and balancing oneself with anticipating one's death while avoiding and relating to technology in "bargaining" are described as the meanings of the lived experience. Moreover, the study of Roodo, et al., (1999) as cited in Atienza, T., et al (2016), demonstrated that Intensive Care Unit Nurses may have different reactions to the death and a dying patient.

Training, support; experience and expertise; nurse-patient relationship; environmental factors; holistic care approach; reflection and learning were all suggested as answers to the third corollary question, which seeks to determine what programs may be provided for Intensive Care Unit Nurses.

Conclusion

It was determined that the researchers' assumptions for the study corresponded more closely based on the developed major themes.

The first major theme of **Autonomy and Challenges of being assigned in the ICU** which matched the researchers' assumption about the nurses who experienced providing end-of-life care for a patient may have developed anxiety and fear about death and dying patients who were supported by the sub-theme of **handling patients with different cases**. It stated that nurses' feelings may vary depending on the patient they are assigned to, this includes their experiences in handling different patients mostly in terms of dealing with dying children or geriatric patients, whereas other participants expressed grief every time they dealt with such patients. Next subtheme is **the lack of Legitimacy and uncertainty and in work**, based on the data gathered, not everyone who works in the Intensive Care Unit chooses or is interested in working there; some are just assigned or just given an opportunity.

The second major theme **Meaningful Engagement** which displays each nurse's experiences and practices with the dying patient. Supported with a subtheme: Empathizing with patients and their families and feeling of ambivalence.

The third major theme, **Embodiment of Caring** demonstrates the nurses' plan of care and the ways how they may deliver the quality care that the patient needs. This in turn matched the assumption that the professionalism and leadership initiatives of a nurse can contribute to how they would handle the stress of the death of the patient and how they would do ways to debrief**.** This was supported by the subtheme **Identifying with Patients**, which showed the nurses' deep identification and understanding of the patient's identity and condition. Additionally, this is supported by the subtheme **Recognizing Limitations,** in which nurses get to know their patients better, they tend to establish boundaries that will serve as the patient-nurse relationship limits. As part of their care plan, this addresses the nurse-patient interaction. According to Rivelria (2018), there are two types of emotional coping strategies: coping-focused and occupational focused. In recognizing the limitation in caring for a patient enters the Occupational coping strategy which is characterized by the adjustment of one's routine in order to get away from the stressors. Intensive Care Unit nurses tend to focus on the goal of caring itself rather than the process of it which may allow them to continuously develop emotional attachment with the dying patient.

The fourth major theme, **Coping mechanism** theme states the behavior or limitation the nurses set to avoid stressful stimuli to fully affect them both physically and emotionally. This is supported by the sub-themes: **Keeping work in Perspective**, **Emotional distancing, Enabling decathexis, Managing own signal of stress tension.** According to Rivelrina (2018) and Matud et al., (2004), men and women may have different perspectives in terms of coping mechanisms. Women have focused more on avoiding and emotional coping and on the other hand, Men have more emotional inhibition so they may respond to their emotions in a rational way. There are some factors that can contribute to differences of coping mechanisms such as the age, cultural differences and experiences. This matches the assumptions that Intensive Care Unit Nurses may have adopted different coping behavior from their colleagues due to their dissimilarity of lived experiences and the nurses have coped well with death and dying patients**.** Since some participants additionally indicated that one of their coping techniques is talking about their experiences caring for the terminally ill and dealing with patient deaths, both similar and unlike experiences.

The fifth major theme of **Transformation of life philosophies and perspective by experience and Meaningful engagement** are consistent with the assumption that nurses' professionalism and leadership efforts can affect how they would cope with the stress of a patient's passing and how they would go about ways to debrief it. This theme shows the emotional engagement that forms through the devotion of a nurse from the first time of experiencing the death of the patient to the most memorable patient/experiences that they experience in their duty in the Intensive Care Unit Area. It includes the mixed feelings that they may feel in

experiencing death and dying patients. It has shown that the stimuli in the environment of the Intensive Care Unit Area bring to the participants' growth or changes in understanding, awareness, and wisdom.

Recommendations

Based on the findings of the study, the researchers recommend for that the ICU Nurses undertake collaborative activities, gradual exposure in dealing with death and dying patients, counseling and debriefing sessions,

Recommendation for Patient includes creating an effective nurse-patient relationship by executing health educational activities relevant to the ICU Nurses experiences in terms of patient care.

The researchers also recommend gradual exposure in different medical cases as well as complex communication regarding patient cases and plans of care with colleagues.

Suggestions for hospital institutions include staffing support, mentorship programs, and educational seminars that provide continuous education for professional development and growth.

Student nurses are encouraged to have experience with critical or dying patients as part of their clinical practice.

The researchers encourage future researchers to explore this study in a statistical and scientific in order to identify the most important factors that affect the lived experiences of ICU Nurses as well as to examine in a quantitative approach to further specify the precipitating and predisposing factors that cause burden and emotional burnouts of the ICU Nurses which will point out the most vital factors in the study.

Acknowledgments

The authors would like to extend gratitude to the University for the support us in their research work.

Conflicts of Interest

The authors declare that there are no significant competing financial, professional, or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

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