

## REVIEW ARTICLE

# The meaning of life of nurses working in palliative care: integrative literature review\*

*O sentido da vida dos enfermeiros no trabalho em cuidados paliativos: revisão integrativa de literatura*

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## ABSTRACT

The aim was to identify the scientific evidence surrounding the meaning of life of nurses working in palliative care in a hospital, through an existential perspective. The integrative review was performed through searches in the indexed databases LILACS, MEDLINE, BDENF, CINAHL, and SCOPUS from 2008 to June 2019, following the PRISMA recommendations. Twelve international papers were selected from which three categories emerged: “existential experiences of nurses working in palliative care”, “the meanings and significations assigned by nurses in palliative care” and, “coping strategies and interventions pointed out as overcoming existential questions”. It is important to know the motivating sources guiding nurses’ decisions, as well as the creation of strategic windows in care to give meaning to the nurses’ work. Additionally, to represent an essential value in their lives, that will promote satisfaction and favor the care culture to patients in palliative care.

**Descriptors:** Existentialism; Spirituality; Nurses; Palliative Care.

## RESUMO

Objetivou-se identificar evidências científicas acerca do sentido da vida dos enfermeiros no trabalho em cuidados paliativos no contexto hospitalar numa perspectiva existencialista. Revisão integrativa conduzida nas bases indexadas LILACS, MEDLINE, BDENF, CINAHL e SCOPUS no período de 2008 a junho de 2019, seguindo as recomendações da ferramenta PRISMA. Foram selecionados 12 artigos internacionais dos quais emergiram três categorias temáticas: “experiências existenciais de enfermeiros que trabalham aos cuidados paliativos”, “os sentidos e significados atribuídos pelos enfermeiros em cuidados paliativos”, e “estratégias de enfrentamento e intervenções apontadas como superação de questões existenciais”. Para que o trabalho dos enfermeiros tenha sentido e represente um valor importante em sua vidas, torna-se importante conhecer as fontes motivadoras que orientam suas decisões, bem como a criação de janelas estratégicas no cuidado que promovam satisfação e desempenho no processo de trabalho e favoreça a cultura do cuidado a pacientes em cuidados paliativos.

**Descritores:** Existencialismo; Espiritualidade; Enfermeiros; Cuidado Paliativo.

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## INTRODUCTION

The meaning of life constitutes a question of a philosophical-existential basis about the purpose and meaning of human existence. It is something primary in the man, which emerges from uneasiness related to the direction and ultimate life goal, intentions, and ideals to be valued and that have reasons to be; that is, vital importance<sup>(1)</sup>.

When mobilizing the person in its existence, the meaning of life has the premise that each individual has their calling or specific mission than needs to be executed concretely to achieve its self-realization<sup>(2)</sup>. This “meaning”, grounded on the existential-phenomenological slope, is based on the natural flow of experiences that constitute the consciousness of being, and it is inseparable from the temporal space dimension and of the world dimension in which the man is inserted<sup>(3)</sup>.

Connected to the spiritual dimension, this “meaning” directly relates to the values of each person, and it is the motivation factor of one’s existence at the measure that the person experiences, perceives, remembers, judges, values, and desires something throughout life<sup>(4)</sup>.

Thus, to think about the meaning of life in healthcare requires to comprehend its peculiarities, especially concerning nurses working in palliative care. That is, the meaning of life at work is beyond the singular reference; that is, the act of caring for the other’s life as a way to produce health<sup>(5)</sup>.

Palliative care as a therapeutic modality inclines to the end of life period of patients without a cure possibility. It aims at health promotion and quality of life, alleviating human suffering, controlling pain, and other symptoms, through active and integrative assistance<sup>(6)</sup>. It is an approach that values the individual and subjective character of symptoms, as well as the interaction between biological, social, cultural, spiritual, affective, behavioral factors, within others, which need interventions from a multi-professional and interdisciplinary team<sup>(7)</sup>.

In the hospital context, nurses take on significant responsibilities, and they face challenges caused by innumerable adversities inherent from the patient’s illness and the continuous contact with human finitude<sup>(8)</sup>. Studies show that when nurses work in places where the finitude of life is present, they face the patient’s existential questions due to their inexorable destiny. It makes them susceptible to adverse psychosocial effects, profound reflections about their lives and, experiences in the context where they are<sup>(9,10)</sup>.

In this perspective, these professionals need to acquire emotional and affective skills beyond their competencies in the scientific and technical spheres. In this path, when confronted with many challenges in their work, there is the need to be understood in their essence so that they can bring meaning to their existence through their work. However,

the literature is scarce in terms of the meaning of life of nurses working in palliative care.

The study aims to contribute to a better performance of nurses in palliative care while widening the knowledge about the implications of the existential questions in their practice. The humanization of the assistance is configured as a significant challenge when professionals are not well equipped and transparent regarding the role they perform.

Thus, the study points the importance of comprehending the work of nurses with a focus on the existential meaning, aiming potential benefits to their workforce with total engagement in the working environment and quality of assistance. It is noteworthy that the undeniable contribution in the process of personal self-realization and professional development. Based on these considerations, this study aims at identifying the scientific evidence surrounding the meaning of life of nurses working in palliative care in the hospital context from an existentialist perspective.

## METHODS

This study is an integrative review of the literature sustained by the recommendations proposed by Ganong<sup>(11)</sup>: formulation of the guiding research question, sample selection based on the selected descriptors for the theme, categorizing the studies, assessing the studies, interpreting the results and disseminating the review or the knowledge synthesis.

The research guiding question was formulated following the PCC strategy (Population, Concept, and Context)<sup>(12)</sup>. The following structure was designed considering these elements: P: nurses; C: meaning of life in the work with palliative care and C: hospital unit. From this perspective, the following question was created: For the nurses, what is the meaning of life in the work with palliative care in the hospital environment?

The search for studies was performed in June of 2019. To map the literature, an investigation was conducted using the portal Virtual Health Library (VHL) and accessing the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System on-line (MEDLINE), and *Bases de dados em Enfermagem* (BDENF); and using the Platform of the Coordination for the Improvement of Higher Education Personnel (CAPES) assessing the databases: SciVerse SCOPUS and Cumulative Index to Nursing and Allied Health Literature (CINAHL).

As a search strategy, the *Descritores em Ciências da Saúde* (DeCS) and Medical Subject Headings (MeSH) were used: “Existentialism”, “Spirituality” and “Nurse”, combining the three terms with the boolean operator “AND”. To expand the search, the key-word “Meaning of Life” was added to the descriptor “Existentialism” with the boolean operator “OR”,

resulting in the following strategy: “Existentialism” OR “Meaning of life” AND “Spirituality” AND “Nurse”.

By observing the gaps in the investigated scientific production, a new search strategy was planned by crossing the following descriptors/key-words: “Existentialism” OR “Meaning of life”(key-word) AND “Nurse” AND “Palliative Care”.

For the selection of studies, the following inclusion criteria were established: full-articles, publications from 2008 to June 2019, written in English, Spanish, and Brazilian Portuguese. The subsequent studies were excluded: duplications, studies missing abstract or full-text, reviews, theses, dissertations or monographs, and also the ones unrelated to the theme.

In sequence, two independent researchers assessed the titles and abstracts, excluding the ones inadequate to the theme. After, they read in detail the remaining publications and selected the ones guiding the study’s aim.

Once the final sample was determined for the extraction of information relevant to the study, a synoptic chart was created with the following information: authors/year of publication/country of origin, study design, periodic, evidence, and limitations. It is noteworthy that the critical analysis of the selected publications was considered and treated in a descriptive, qualitative fashion, and the results were presented following the rigor and recommendations of the PRISMA statement (Preferred Reporting Items for Systematic Reviews and Meta-Analysis)<sup>(13)</sup>. In sequence, the findings were grouped by similarity, organized in thematic categories, and discussed from an existentialist perspective.

## RESULTS

The search resulted in 68 references. Twelve were excluded due to duplication, 39 due to inadequate theme after reading the titles and abstracts. From the 17 references selected for full-reading, only 12 studies were in the final sample. To better identify the methodological path and study selection, a flow-chart in Figure 1 shows the identification and inclusion of studies.

The results of this review revealed that all selected studies were published in English language international journals. Regarding their development, a few had their data collection in more than one country simultaneously, adding a total of 14 countries: five were developed in the American continent, five in Europe and four in Asia.

About the methodological design, most were qualitative: nine studies and three were quantitative. Regarding the year of publication, it includes 2008, 2009, 2013, 2014, 2015, 2017, and 2018. There was a publication gap between 2009 and 2013.

The characteristics of the included studies in this integrative review are presented in Chart 1, given the guiding question.

## DISCUSSION

There was a discrete production of material about the study aim, once, in ten years, only 12 publications discussed the existential issues that caused implications in the life context of professional nurses as well as in their work dynamic.

To better ratify the findings and fundamentally discuss them considering the convergence of subjects (in regards to the existential field of nurses working in palliative care), these were categorized in three main themes as: “Existential experiences of nurses working in palliative care”, “The meanings and significations assigned by nurses in palliative care” and “Coping strategies and interventions pointed out as overcoming existential questions”, presented below

### Existential experiences of nurses working in palliative care

Nurses working in palliative care are part of a group of health professionals who experience daily the patients’ existential questions. Such exposures make their work complex, multifaceted with deep emotional vulnerabilities<sup>(14-17)</sup>.

The results of this study illustrated that nurses working in this assistance modality experienced emotional challenges in the face of pain, suffering, anguish, anxiety, insecurity, and the proximity to the patient’s death<sup>(14,16)</sup>. These experiences are marked as questions that are ethically and morally difficult, being the most common causes of stress at work with decreased quality of assistance<sup>(15,16,18)</sup>.

These findings are similar to a study developed with nursing professionals who work in oncologic palliative care. Such a study described that nurses working with patients at the end of life experienced negative emotional impacts associated with feelings of guilt, revolt, and impotence rooted in unreal expectations of not offering the best care to the patient<sup>(19)</sup>.

In the existentialist bias, negative emotions foresee the freedom to decide and act when facing some situation and the recognition of meaning<sup>(3)</sup>. Thus, some of the cited issues were: to experience balancing the responsibility at your work and the guilt for not being able to stop the patient’s suffering and to keep the patient alive; balancing between the fear and courage of “letting the patient go” (even knowing that this was the moment for the fact to occur), and at last, balancing the hope and despair related to the patient’s death. These questions awaken in nurses, what in fact, interfere with their professional attributions, in their personal life, and their freedom of action<sup>(16,17)</sup>.

The studies in this review showed that nurses consider their roles as something that goes far beyond technical skills, especially when acting in areas where the end of life is present. Their work does not only refers to the patient’s health but also their dignity<sup>(20,21)</sup>.

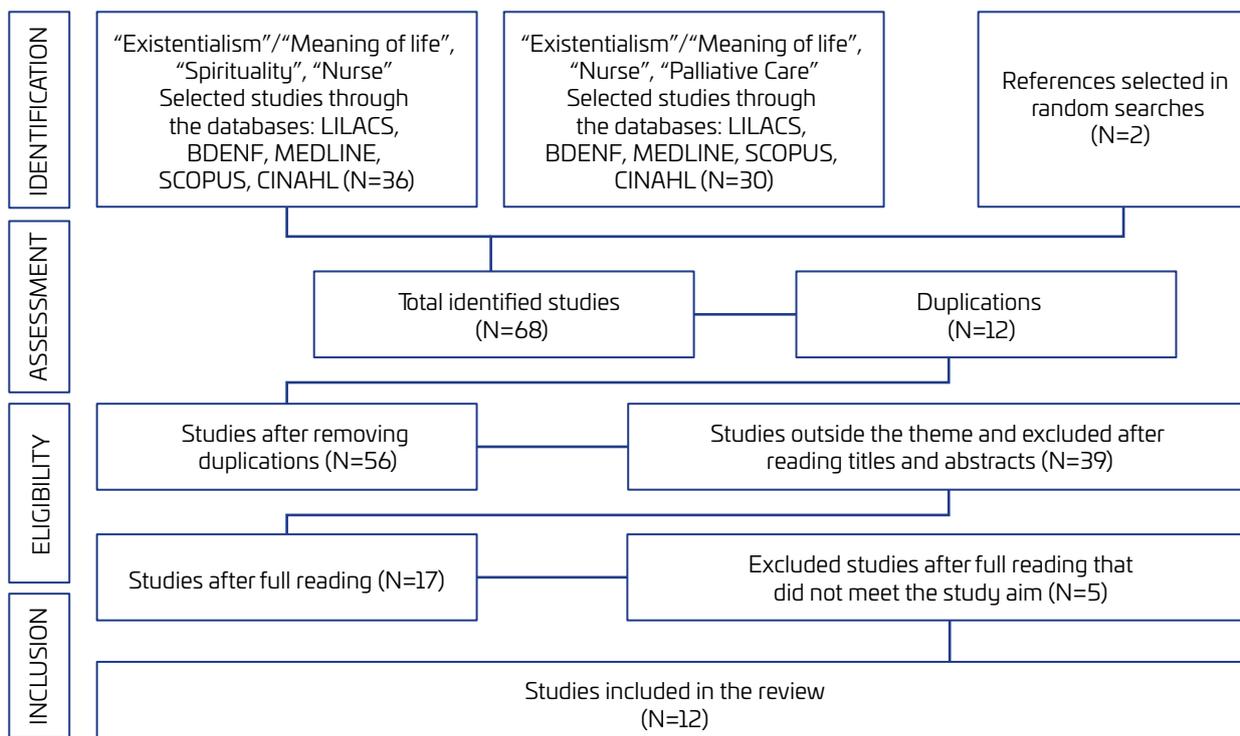
When addressing personal experiences from the phenomenological existentialist perspective, the true meaning is in the man's path in re-signifying their existence<sup>(22)</sup>. The essence of each one's existence is given by their consciousness that is addressed to something different from himself: a meaning in performing, another human being in encountering and/or a cause to surrender<sup>(23)</sup>. Therefore, from their own experience of suffering related to the patient, the chosen work makes nurses have a possibility to apply and improve their moral and ethical values solely.

Another question that arose in the review was that nurses, when experiencing the finitude of life at work, at the same time that they care for the patient, they transmute the patient's pending problems for him/herself with direct interference in their personal lives<sup>(14,15,17)</sup>. These results corroborate with a study conducted in Norway, which showed that these professionals are reluctant to get involved with patient's existential and spiritual questions because when they experience the patient's suffering, they feel exposed to their anxieties related to suffering and death. Therefore, they prefer to keep themselves only in a "technical occupation"<sup>(24)</sup>.

Thus, existential questions can become a threat to the personal identity, physical and emotional integrity of these professionals, as well as to cause implications to the patient's safety and the result of their work. At this point, the needs of these professionals to have their health assisted in their work environment becomes evident, as recommended by the National Agency of Priorities in Health Research<sup>(25)</sup>.

Other questions addressed in the study that is capable of causing imprecision and difficulty in positively answering the emotional exposures ad the patient's biopsychosocial and spiritual dimensions were: the lack of psychological and emotional prepare, insufficient training in the health organizations, organizational barriers by the lack of resource, increase in the workload and, the insufficient time<sup>(14,16,18,26,27)</sup>. Thus, this review points that there is a need for nurses to have more significant opportunities regarding being better prepared, trained, and educated in the perspective of palliative care, providing motivation and reflexion about their existential questions and the exercise of their activities with efficiency and quality<sup>(14,18,21,26,27)</sup>.

Still, despite the studies emphasize the feelings of insufficiency and uncertainty about how nurses answer



Source: Flow-chart created by the author.

**Figure 1.** PRISMA flow-chart of studies identified in the Integrative Literature Review using the descriptors/ key-words: "Existentialism"/"Meaning of Life", "Spirituality", "Nurse"; and "Existentialism"/"Meaning of life", "Nurse", "Palliative Care" in the BVS and CAPES portals, and randomly selected studies. Niteroi, Rio de Janeiro, 2019.

**Chart 1.** Distribution of selected studies according to authorship, year, country, design, journal, outcome, and conclusion. Niteroi, Rio de Janeiro, 2019.

Authors Year Country	Design	Journal	Outcome	Conclusion
Ong KK, Ting KC, Chow YL 2018 Singapore	Descriptive qualitative study	Journal of Clinical Nursing	To care for patients at the end of life causes profound positive and negative effects on nurses. It is known that the adverse effects have a greater impact and make their experiences dissatisfaction, while at the same time, they cause tension. On the other hand, this dissatisfaction leads to existential reflection about the meaning of life and death with implications in the clinical practice.	To alleviate the tension faced by nurses, they need to be involved in conversations with themselves and groups, developing better communication between all members involved: team, patients, and family members. Thus, there will be an incentive, support, and competence in the work environment bringing the true existential meaning of this experience.
Toivonen K, Charalambous A, Suhonen R 2018 Finland	Hermeneutic phenomenologi- cal study	Scandinavian Journal of Caring Sciences	Nurses caring for patients with dementia reported that spirituality is in the existential center and corresponds to the pre-requirement to the holistic care practice.	The nurses' understanding of their spiritual needs becomes a useful tool that allows them to perceive and explore the true essence at work, thus adequately caring for the patient.
Karlsson M, Kasén A, Wama-Furu C 2017 Sweden	Hermeneutic qualitative study	Palliative Support Care	Nurses who work in the palliative care context are affected by the patients' physical, spatial, and temporal emotions. This experience awakens the conscience of their existential issues and ways of caring.	Nurses associate the atmosphere of palliative care to the profound reflexion about their responsibilities of caring for the human being, allowing mutual experiences, that is, between patients and nurses.
Malloy DC, et al 2015 Canada, India, Japan, Ireland, Korea	Exploratory qualitative study	Online Journal of Issues in Nursing	Nurses signify their work in three ways: forming their own identify, a commitment with the other and with their profession and, the responsibility of maintaining continuity towards other nurses, guaranteeing organizational support.	The "willingness to mean" the work has a vital role in the promotion of meaningful work bringing productivity, personal and professional satisfaction. Hence the need for stimulus and incentive in the workplace.
Henoch I, Strang S, Browall M, Danielson E, Melin-Johansson C 2015 Sweden	Randomized controlled trial	Palliative & supportive care	The training program for existential support at work assists nurses in meeting their existential experiences and, consequently, a better perception of life, death, relationships, and profession. This internal change is meaningful because it decreases stress in their lives.	The creation of educational interventions through a training program that includes the reflection about existential questions allows the increase in communication efficacy between nurses and patients.

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Chart 1. Continuation.

Authors Year Country	Design	Journal	Outcome	Conclusion
Browall M, Henoch I, Melin-Johansson C, Strang S, Danielson E  2014  Sweden	Descriptive qualitative study	European Journal of Oncology Nursing	The work with patients in the final stages allows existential experiences with pain, death, insecurity, and anxiety, which can trigger burnout and stress. Despite the challenges, nurses consider themselves privileged to assist these patients.	Nurses who continuously deal with profound patients' emotional experiences need to be attentive about the ambiguity of feelings and reflections about the meaning of work in their lives so that they can assist the patient with honesty and dignity.
Gama G, Barbosa F, Vieira M  2014  Portugal	Descriptive qualitative correlational study	European Journal of Oncology Nursing	Nurses are exposed to stressing factors and experiences as the patients suffer because they are dying. The emotional overload is complex, without considering the specific requirements of the organization.	The need for nurses to receive emotional support is evident, specifically in final life care. It would be conducive if they practiced these coping strategies during undergraduate and graduate training.
Ahsberj E, Carlsson M  2013  Sweden	Exploratory qualitative study	International Journal of Older People Nursing	Nurses that provide support to patients experience beyond the practical care aspects, existential issues related to the weakened body. This fact brings the feeling of impotence and opportunity to reflect on their existential questions: transience, objective and life meaning., relationships, and enjoyment of the present moment.	Nurses who provide holistic support to patients have an opportunity to make their role existentially meaningful. However, it becomes a need to have the chance to perfect themselves, to be valued, and to have time at work to reflect on such questions.
Henoch I, Danielson E, Strang S, Browall M, Melin-Johansson C  2013  Sweden	Randomized controlled trial	Journal of Pain and Symptom Management	The tested training generated reflexions about existential subjects, such as death, freedom, and solitude, which directly affects the dynamics and development of nurses in their work.	The study points out that the creation of short-term training involving nurses' existential subjects results in an increase in trust, dialogues, and attitudes at work— consequently, better attention to patients.
Fillion L, Duval S, Dumont S, Gagnon P, Tremvlay I, Bairati I, Breitbart WS  2009  Canada	Clinical randomized trial	Psycho- Oncology	The group reading of existential themes allowed benefits to working with palliative care, with satisfaction and emotional quality of life. Besides that, it helped nurses to intervene in patients' existential and spiritual issues.	Interventional strategies centered on the meaning of work stimulate the satisfaction and quality of life in the spiritual and emotional areas of nurses who work in palliative care. However, it is necessary to develop specific instruments focused on existential concerns so that the true meaning of work in their lives is unveiled.

Continue...

Chart 1. Continuation.

Authors Year Country	Design	Journal	Outcome	Conclusion
Ekdahl M, Wengstrom Y 2008 Sweden	Exploratory qualitative study	European Journal of Cancer Care	Nurses and chaplains integrating the multi-professional team need to execute their roles without being constrained from their duties. So the work with patients becomes meaningful and profound.	Coping strategies work as a tool for nurses. Therefore, they can deal with existential experiences related to pain, death, life, suffering, and solitude, and consequently, decrease the stress.
Hudacek SS 2008 United States, Slovakia, Japan, Argentinian, Cuba	Qualitative Phe- nomenological study	Journal of Nursing Education	Nurses describe that care is inherent to their existence and contemplates seven dimensions: self-care, compassion, spirituality, community reach, comfort, crisis interventions, and donation beyond limits. Therefore, it goes beyond that only technical skills.	Nurses describe their experiences in palliative care as a care practice that causes a difference in their lives and patients' lives processes. They point their care practice as valuable and meaningful.

and relate with the patient's existential demands, one of the studies presented in this review, conducted in Portugal, showed that professionals have significantly lower levels of emotional exhaustion and depersonalization if compared to nurses who work in other departments that not palliative care. They simultaneously describe their experiences as adrenalizing and enriching, leading to personal and professional growth<sup>(15)</sup>.

In the existential analysis, the "presence" of death reflects the finitude of life and suffering. However, it is in the transitioning of existence that the man has the potential to transform the experienced circumstance in incentive to conduct responsible actions in achievement and human realization<sup>(28)</sup>. Thus, when nurses notice themselves involved due to suffering, they can transmute this emotion into consciousness by considering their work as a unique and exclusive task with countless possibilities of transformation.

Therefore, it was seen that the experiences of nurses in the routine of palliative care awaken positive and negative emotions, and they are considered in the realm of existence as universal. Still, in the existentialist strand, whenever the man invests in what he believes, he is capable of transcending the deepest of his being and of fully justifying the content of his existence<sup>(29)</sup>.

### The meanings and significations assigned by nurses in palliative care

The purpose of work in the context of palliative care in this review is described as a gift, a keepsake, and talent<sup>(20)</sup>. It is

also considered as a compromise with an offer of oneself to the other, being part of the essence of these professionals and creating their identity<sup>(21)</sup>. This offer of oneself to the other was related to the release of feelings of love, compassion, solidarity, reciprocity, sense of humanity and spiritual growth: fundamental values for nurses to give meaning to their work<sup>(17)</sup>.

A similar result was seen in a study conducted with Australian Palliative Nurses, that affirmed that the work is estimated as a central role in the lives of these professionals and it is related to positive feelings of gratitude and value to life not only the patient's life but their lives as well<sup>(30)</sup>. In another study, the meaning given to work was associated with the load subjectivity and the peculiar characteristics of the profession, fostered by the cultivation of pleasure, satisfaction, and pride feelings related to what they perform<sup>(31)</sup>.

The meaning, in the phenomenological vision, is comprehended in terms of empathy, as it transpires through the intersection of the man's experience, and the intersection of their experiences with the other's experience, that is, by the meshing of experiences. Therefore, the meaning is unfolded in the reflexive and intersubjective experience between the nurses' work with the patient, in a way that allows the self-transcendence<sup>(4)</sup>.

In this review, nurses comprehend their work as a compassion journey, personal development, and teamwork<sup>(14,20,21)</sup>. Besides, they note the experience at work in palliative care make them increase their appreciation for life, to value relationships with family and friends, prioritize less material things and to be grateful for each day of life<sup>(26)</sup>. They aggregate to the palliative care work valuable personal lessons, learning lessons with

ethical questions of life and death and maintenance of human dignity<sup>(16,20,21)</sup>.

The performed work was identified as something that makes them deepen reflections about how their attitudes affect the lives of people for a long time, so they need to be attentive not only to what their work means to them but also for the ones whom they are caring for<sup>(20)</sup>. Thus, the work is felt like something that allows the development of the human side and the concern with the other's wellbeing, connected to the desire to "do good deeds"<sup>(20,27)</sup>.

Thus, studies point that respect for the individual's singularity is what gives meaning to work, and it involves a relational process and of a bond, causing significant emotional involvement between the patient, family, and nursing professionals<sup>(32,33)</sup>. The man is a being of countless choice possibilities; however, one needs to be responsible for them and to deal with its consequences<sup>(23)</sup>. Such responsible choices are conducted following individuals' ideals and values, implicating in the direction of authentic and singular meaning. In other words, the meaning given by nurses to life through their work is understood in terms of values.

Under this optic, these values represent the driving spring of human motivation, and they are configured as attitude related when the man can transform an unavoidable suffering in realization; experienceable, when the man surrenders to an experience where beyond giving, he can receive something from it, (for example, in the cause of a nurse who experiences feelings related to the other that can echo for a whole life) and, creative, where it is found that the real meaning of life is given when you offer something to the world, for example, through a good doing or a work is done<sup>(23)</sup>.

Nonetheless, despite the meaning of life residing precisely in the realization of values, the lack of time and autonomy are increasingly scarce and incompatible with the work demands, making their job increasingly de-personalized lacking meaning in many situations<sup>(15)</sup>.

In this direction, a job lacking meaning was related to the loss of hope due to difficulty in propitiating quality of life and satisfaction to patients when facing the provided care and that are considered essential<sup>(16)</sup>. Another factor for the "emptiness" at work was linked to feelings of impotence, uncertainty, insufficiency, anxiety, and fear that trespass the professional relationship with the patient<sup>(16)</sup>.

Therefore, the work becomes depersonalized and unmotivated for what is about to be accomplished<sup>(15,16,32,34)</sup>. From the existentialist phenomenological perspective, this "emptiness" represents the emptying of the reason of being, being understood as the lack of addressing to the other, to a cause, a person, or a meaning in performing<sup>(35)</sup>.

With effect, the study emphasizes that in certain situations, the lack of meaning makes nurses vulnerable to emotional

exhaustion and professional drainage that can awaken not only the physical illness, as the mental and spiritual, besides compromising one's values and personal norms<sup>(15,18,35)</sup>. On the other hand, besides the critical attributes of the palliative care nurses job corroborate to the profound loss of meaning, when connected to a reason for the continuity of the function, a personal intrinsic motivator arises, and it is capable of provoking a change in the work meaning, directing to a significant existence<sup>(27,36)</sup>.

## Coping strategies and interventions pointed out as overcoming existential questions

Nurses in palliative care are challenged in many organizational, professional, and individual situations, including being present in many passages, direct exposure to patients and families' anguish, besides dealing with their existential and emotional particularities. Studies pointed out that nurses appropriate the spiritual dimension, developing self-care, and coping strategies to meet the stressing nature of the job.

This review illustrates that the spiritual dimension (self-care and coping strategies) have been the base so that nurses can deal with the emotional and existential suffering in the context of loss and death experienced at palliative care work<sup>(15,16,20,26)</sup>. Despite having different orientations and meanings, the spiritual dimension in question-related to finding the meaning and answers for fundamental questions of life<sup>(37,38)</sup>.

In existentialism optics, the spiritual dimension relates to the individuals as an angular rock that authentically allows the capacity of unfolding the meaning<sup>(39)</sup>. It can be said that this dimension is capable of strengthening nurses by providing wellbeing, peace, harmony, comfort, relief, and hope when considering situations that cause constant suffering and anguish in an environment where death is daily present.

It was explicit in the study that the nurse's connection with spirituality corroborates in the building of a professional connection with the inner self, and with the patient, and it is a pre-requirement to overcome obstacles and to keep the balance and readiness in the development of their job<sup>(20,27,38)</sup>.

Self-care strategies were related to recreational activities outside of work, such as: to play golf, meditation, to go out with family, to have friendships and social support from work peers, and to follow some religious orientation<sup>(18,21,27)</sup>. The religious resources related to having faith in a higher being and, to pray before and after their work shift<sup>(18,27)</sup>.

In relation to active coping, nurses tried to fill gaps in their practice searching for training and educational guidance<sup>(26)</sup>. In this context, a study conducted in Japan

reinforces such question suggesting that training based in emotional and existential issues should be conducted in palliative care units for these health professionals so they can better manage, rebuild and update assumptions about life and death, and to enhance self-competence to face such challenges<sup>(40)</sup>.

Sharing feelings and experiences with colleagues, family, and friends was a way to release emotional tension<sup>(21)</sup>. As passive coping, the strategy used was connected to the thought of “only do your job”, as a personal code that usually was adopted when feeling frustration, oppressed, or with difficulties in performing their jobs<sup>(27)</sup>. Interventional strategies were also seen in the study through the development of focus groups and training, an opportunity for nurses to reflect on existential questions that appear in their practice as ways to benefit the assistance to patients about such questions<sup>(14,15,17,18,41,42)</sup>.

Corroborating with the studies mentioned above, a study in Denmark described the development and assessment of a training program to improve the existential communication of the professional with cancer patients. The results pointed to positive changes in the post-intervention, as the increase of existential self-consciousness, improvement of patient's consciousness who need existential communication and, the rise in confidence in the capacity of conducting existential communication<sup>(10)</sup>.

Despite studies pointing to the need for investments in the health of nurses who directly work with the existential demands of the patient, there is evidence that the lack of valuing of the wellbeing of these participants in the workplace, which causes barriers to their work capacity<sup>(14,15,21,26)</sup>. From these questions, the development of these training courses/group support positively affects the confidence of nurses in their ability to communicate, as improvement in self-efficacy, self-awareness, satisfaction in the workplace and quality of life were seen, as well as, in the role to re-humanize the assistance provided to patients.

In this instance, to know the needs and perspectives of nurses related to the work conducted in the palliative care specialty through the exchange of experiences/training fosters the search of the vital meaning, as well as generates the stimulus for the praxis of these professionals in their work in an effective, meaningful way and free of “emptiness of meaning”.

## CONCLUSION

This study presented an integrative review of the meaning of life of nurses working in a hospital palliative care environment. It was seen that the nurse's work in palliative care is emotional, mentally fatiguing and can adversely affect the nurses' health and consequently, the attention to patients.

It was identified that for the nurse's work to have meaning and to represent an important value in these professionals' lives; it becomes essential to know the motivating sources that intrinsically and extrinsically orient their decisions and influence their satisfaction and, in the performance of the work process.

Besides, studies incite the need to open strategical windows for the care of these professionals from the perspective of train them in their professional practice so they can concretize care based on assistance quality and patient safety, promoting self-development, personal and professional satisfaction.

Regarding the study limitations, it is noteworthy that the production of scientific production was majorly from developed countries and international. Thus, the existential experiences of these professionals cannot be generalized due to differences in culture, financial, social, religious, technological aspects, and its peculiarities. It is necessary to conduct new investigations so that new elements can arise and back up the knowledge about the theme.

Another limiting aspect relates to the translation of the palliative care modality of the current study. Thus, new studies are needed in specific contexts in many ramifications of palliative units aiming at broadening new spaces in the discussion and articulations between the existential experiences of nurses and their caring practices.

Despite these limitations, the results are useful for new research about existential questions, especially in Brazil, where there is incipient scientific production. With effect, it is expected that this study will serve as a contribution for nurses to signify and resignify their practices in conscious transforming actions, and that can ethically contribute to the culture of care for patients that are in palliative care and also, to create interfaces with current public health policies.

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