

# Burnout syndrome and quality of care: Palliative care nurses' experiences and challenges

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## Abstract

**Background:** Nurses working in palliative units are repeatedly exposed to death, complex symptom management and emotionally intense interactions with patients and families. These conditions may lead to emotional exhaustion and physical strain, which in turn can compromise care processes and outcomes.

**Objective:** This study aims to explore the challenges and lived experiences of palliative care nurses through a descriptive qualitative approach.

**Methods:** A qualitative research design employing a descriptive qualitative method was utilized. Semi-structured in-depth interviews were conducted with 18 palliative care nurses working in state hospitals in a province in northern Turkey. The sample was selected using criterion sampling, a purposive method. Data collection continued until saturation was reached. All interviews were recorded, transcribed, and analyzed thematically following the COREQ checklist.

**Results:** The thematic analysis revealed two major themes and five sub-themes, highlighting the burdens of palliative nursing and the reflections of this profession on both individuals and care quality. Emotional, physical, and psychosocial strains were frequently mentioned, along with issues of burnout and the overall impact on care quality.

**Conclusion:** The results indicate that palliative care nurses experience emotional and physical burdens due to caring for palliative patients, and these situations cause burnout in individuals from time to time. In addition, it was determined that psychosocial difficulties can affect the quality of care in palliative units.

## Keywords

end-of-life care, occupational burnout, workload, qualitative research, nurse staff, emotional burdens, physical burden

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## Introduction

Palliative care is both a philosophy and a specialized field aimed at improving the quality of life for individuals facing life-threatening conditions. The World Health Organization (WHO) defines palliative care as a comprehensive approach that alleviates pain and other distressing symptoms while addressing the psychological, social, and spiritual needs of both patients and their families.<sup>1</sup> The primary goal of palliative care is to enhance the well-being of patients and their families while alleviating their discomfort and addressing their concerns.<sup>2</sup> For nursing, care is a unique and indispensable concept. The main purpose of nursing care is to recognize the individual served in a communication and interaction based on mutual trust, to determine the care needs and ultimately to ensure that the individual can cope more effectively with his/her problems and meet his/her needs. In this respect, before providing care to the individual/patient, the nurse determines his/her

needs together with the patient and plans actions for care. While performing these planned actions, nurses combine their professional knowledge, skills and experiences with professional ethical principles and individualize care by considering the culture, beliefs and values of individuals.<sup>3,4</sup> Therefore, individualized care requires focusing on the bio-psycho-social care needs of individuals, gaining and maintaining the patient's independence, and planning care together with the patient. In this context, it is important

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for nurses to respect the uniqueness of the individuals they care for and to provide services knowing that it is the right of every patient to receive individualized care.<sup>5</sup>

The literature highlights that nurses who care for terminally ill patients often face work-related physical strain and psychological disorders. In studies, it is stated that headache, irritability, ulcer/gastritis and sleep problems are frequently seen physically, and anxiety, depression, self-confidence problem, feeling of helplessness and burnout syndrome are seen psychologically.<sup>4,6</sup> In order to provide quality care at the desired level without disruption of health services, the problems experienced by nurses should be minimized.<sup>4</sup> A study involving 31,627 nurses across 488 hospitals in 12 European countries found that those working 12-h shifts or longer experienced high burnout.<sup>7</sup> The ability of nurses to work with high productivity depends on whether the workplace they work in meets their needs, meets their expectations and they do not experience burnout. High performance of nurses is important as it will increase patient satisfaction and quality of care.<sup>8</sup> Qualitative research methods are used in the nursing profession and contribute to the scientificity of the profession.<sup>9</sup> Although numerous international studies have examined burnout and emotional burden among palliative care nurses, these have predominantly employed quantitative methods or focused on structured interventions within Western healthcare contexts. However, experiential and culturally specific aspects of palliative nursing, particularly within the Turkish healthcare system, remain underexplored. Turkey's unique sociocultural structure -including its religious values, family-centered caregiving norms, and institutional dynamics- presents distinct challenges and nuances in palliative care nursing that are not addressed in the global literature. This study seeks to address this gap by exploring experience and perspectives of Turkish palliative care nurses, thereby contributing culturally grounded insights to the international discourse on palliative nursing.

## Methods

### Participants

The mean age of the individuals included in the study was  $37.0 \pm 9.24$  years, the mean duration of employment was  $13.11 \pm 9.11$  years and the mean duration of employment in the palliative service was  $4.0 \pm 2.7$  years. Demographic characteristics of the individuals participating in the study are presented in Table 1.

Throughout this study, the authors followed the Consolidated Criteria for Reporting Qualitative Research (COREQ)<sup>10</sup> and reported accordingly (Appendix 1).

### Study design

This study was conducted between August and October 2024. The design is descriptive qualitative. In research,

the "descriptive approach" is used to shed light on aspects of experiences that are not sufficiently understood. The data collection process involved semi-structured, in-depth interviews with 18 palliative care nurses from two state hospitals in northern Turkey.

### Research team and reflexivity

The research team consisted of two faculty members with expertise in psychiatric and internal medicine nursing. Both researchers had prior clinical experience and formal training in qualitative research methods.

### Sampling and recruitment

A total of 18 participants were included in the study. The sample was selected using the criterion sampling method, a type of purposeful sampling that involves choosing individuals, events, objects, or situations that meet specific characteristics relevant to the research problem.<sup>11,12</sup> Initially, preliminary interviews were conducted with nurses in the palliative care unit. Subsequently, they were provided with information about the study and informed that participation was entirely voluntary. Following this, appointments were scheduled with those who agreed to participate, and interviews were conducted during the agreed time slots.

To collect data, semi-structured in-depth interviews were conducted with 18 palliative care nurses employed at two state hospitals in a province in northern Turkey. The interviews continued until data saturation was achieved, at which point no new information emerged, leading to the conclusion of the data collection process.

A purposive sampling strategy, specifically criterion sampling, was used to ensure that participants met the study criteria: (a) have worked as a palliative care nurse for at least 1 years, (b) having effective communication skills, and (c) providing informed consent. Exclusion criteria included (a) language or hearing impairments that could interfere with communication and (b) unwillingness to participate.

### Data collection

The researchers developed an interview form based on a literature review. This form was divided into two sections. The development of the interview questions was informed by a focused literature review on burnout, job satisfaction, and quality of care in palliative settings. Key sources included both Turkish and international qualitative studies that provided insight into the lived experiences of nurses in similar contexts. The first section contained demographic questions, including age, gender, and years of experience as

**Table 1.** Characteristics of participants.

Participant number	Age	Gender	Marital status	Education status	Chronic disease	Years of working in the profession	Working time in palliative care	Shift worked	Receiving training on palliative care
K1	50	Woman	Married	University	There is	30 years	10 years	Daytime only	No.
K2	47	Woman	Married	High School	No	19 years	4 years	Day and night shifts	No.
K3	36	Woman	Single	Associate Degree	No	17 years	9 years	Day and night shifts	No.
K4	27	Woman	Married	License	No	5 years	1 year	Day and night shifts	No.
K5	41	Woman	Married	License	No	12 years	10 years	Day and night shifts	Yes
K6	29	Woman	Single	Postgraduate	No	8 years	3 years	Day and night shifts	No.
K7	27	Woman	Married	License	Goiter	4 years	3 years	Day and night shifts	Yes
K8	47	Woman	Married	License	No	22 years	2 years	Day and night shifts	No.
K9	46	Woman	Married	License	No	22 years	5 years	Day and night shifts	No.
K10	27	Woman	Married	License	No	3 years	3 years	Day and night shifts	No.
K11	29	Woman	Married	License	No	5 years	3 years	Day and night shifts	No.
K12	26	Woman	Single	License	No	3 years	3 years	Day and night shifts	No.
K13	48	Male	Married	Associate Degree	No	20 years	3 years	Day and night shifts	No.
K14	27	Woman	Married	License	No	5 years	2 years	Day and night shifts	Yes
K15	50	Woman	Married	License	Asthma Psoriasis Arthritis	29 years	3 years	Day and night shifts	No.
K16	38	Woman	Married	License	No	18 years	2 years	Day and night shifts	Yes
K17	40	Woman	Married	License	No	5 years	3 years	Day and night shifts	No.
K18	31	Woman	Single	License	Hypothyroidis m Rheumatoid arthritis	9 years	3 years	Day and night shifts	No.

a palliative care nurse. The second section comprised five core open-ended questions designed for the semi-structured interview. To ensure content and face validity, feedback was sought from three faculty members specializing in mental health nursing and internal medicine nursing. The form was then refined and finalized according to their expert evaluations.

The interviews were conducted face-to-face with participants in private rooms within the hospital's service departments. Prior to the interviews, informed consent was obtained from each participant. Only the researcher and the participant were present during the sessions. Each interview lasted between 35 and 45 min and was audio-recorded with the participant's consent. The transcripts were analysed thematically. Two researchers independently read and analysed the data set, identifying and categorising recurring issues within and between transcripts. Regular group discussions were held to compare and discuss the developing thematic categories. To resolve minor coding discrepancies, the group returned to the actual transcript and compared the interpretation in question with others already coded in a category. This process established a validated coding structure. During the interviews, participants were encouraged to share their perspectives on the challenges faced by palliative care nurses in patient care. Follow-up questions such as "Can you elaborate on your answer?" and "What do you mean by that?" were used to gain deeper insights. All interviews were conducted by the first author. Once the interviews were completed, the audio recordings were transcribed verbatim by two researchers for detailed analysis. The interviews focused on six key questions related to the experiences and challenges of palliative care nurses.

### Questions in the semi-structured interview form

1. What do you think about the emotional and physical burdens of your work as a palliative care nurse? What are your experiences in this regard?
2. Do you experience burnout syndrome? If so, how do you think it affects your daily work performance and the quality of care you provide to patients? What are your experiences in this regard?
3. What satisfactions do you get from working as a palliative care nurse? Which aspects are you most satisfied with? What are your experiences in this regard?
4. What are the psychosocial challenges you face in your job and how do these challenges affect your job satisfaction? What are your experiences in this regard?
5. What do you think about the effects of your job satisfaction levels on your quality of patient care? What are your experiences in this regard?

Audio recordings and transcripts were securely stored on a password-protected device. The research was conducted in compliance with the Declaration of Helsinki and the ethical guidelines of the National Research Committee.

### Interview questions pilot test

A pre-application was conducted with three palliative care nurses in order to improve the comprehensibility and applicability of the data collection forms and to improve and standardize the interview skills of the researcher. As a result of the pre-application, there was no need to make any changes in the questions. However, due to the standardization of the interview, the nurses who participated in the pre-application were excluded from the analysis.

### Validity and reliability of the study

To ensure high reliability in the research, Lincoln and Guba's four key criteria were meticulously followed.<sup>13</sup> Credibility was strengthened by sharing the interview analysis with two highly trained participants for verification. Additionally, detailed descriptions of participant characteristics and research settings were provided to support transferability, enabling other researchers to replicate similar findings in comparable contexts. Reliability was maintained by offering a comprehensive account of the research process. Moreover, in line with the eligibility criteria, direct quotations from participants' statements were included before the analysis.<sup>13</sup> Internal reliability was ensured by three researchers who independently assigned codes to the data. To enhance internal validity, feedback was gathered from five field experts on the research questions, while an additional expert reviewed the findings through a semi-structured interview format.<sup>13</sup>

### Data analysis

The qualitative data obtained from the interviews were analyzed using Colaizzi's<sup>14</sup> seven-step method for descriptive qualitative study. In order to ensure rigor and transparency in the analytic process, the following steps were systematically followed:

#### Step 1: Familiarization

Both researchers read all transcripts multiple times to become immersed in the data and gain a holistic understanding of participants' narratives.

#### Step 2: Extraction of Significant Statements

Key sentences or phrases that directly related to the experience of being a palliative care nurse were identified and extracted. These significant statements served as the foundation for further interpretation. For example, the quote “I feel exhausted from time to time” (P10) was categorized as a significant expression of emotional burden.

#### Step 3: Formulating Meanings

Each significant statement was analyzed to identify its underlying meaning. For instance, from the above quote, the formulated meaning was: “Experiencing emotional fatigue as a result of workload.”

#### Step 4: Organizing into Theme Clusters

The formulated meanings were grouped into clusters of themes. Codes with conceptual similarities were aggregated under common sub-themes such as “emotional burden,” “physical fatigue,” and “burnout.”

### Illustration of theme derivation

For example, multiple participants mentioned symptoms like back pain, leg pain, and sleep disturbances. These significant statements were translated into the meaning unit “persistent physical discomfort.” This meaning unit, along with others such as “repetitive movements during patient care” and “feeling physically worn out,” were combined under the sub-theme “Physical Burden.” This sub-theme, along with others like “Emotional Burden,” contributed to the broader theme “Burdens of Palliative Nursing.”

#### Step 5: Exhaustive Description

A comprehensive narrative was created based on the theme clusters to describe the experiences of the participants in a rich, contextualized manner.

#### Step 6: Fundamental Structure

The essential structure of the phenomenon—how burnout and care quality challenges are experienced by palliative care nurses—was articulated and synthesized from the exhaustive descriptions.

#### Step 7: Validation

Two participants reviewed the results to confirm that the descriptions accurately reflected their experiences. Feedback was incorporated where necessary to improve credibility.

Throughout this process, open coding was employed. The unit of analysis was typically a sentence or short paragraph that captured a unique idea. The initial coding was conducted

independently by two researchers. Discrepancies were resolved through discussion and consensus. For consistency, 10% of the transcripts were recoded after initial coding to ensure internal reliability. A sample of how raw data were coded and transformed into sub-themes and themes is included in Appendix 2.

The unit of analysis was set as meaning units, typically sentences or short paragraphs that captured distinct ideas or emotions. These units were initially identified through open coding. Both researchers independently developed initial codes, which were then compared. Discrepancies in coding were resolved through discussion and consensus. Inter-coder agreement was evaluated qualitatively by re-coding 10% of the data and discussing discrepancies until convergence was achieved. An example of the coding process is provided in Appendix 2, illustrating how raw narrative data evolved into sub-themes and overarching themes.

### Results

As a result of the analysis of the data obtained from the semi-structured interviews, themes, sub-themes and codes were identified (Table 2).

#### Theme 1. Burdens of palliative nursing

This theme includes two sub-themes related to the burdens of palliative nursing for individuals as explained below.

**Subtheme 1. Emotional.** Participants frequently described significant emotional burdens, including exhaustion, emotional fatigue, and reduced motivation affecting care delivery.

*“I feel exhausted from time to time. Intense work tempo, physical fatigue reduce the quality of care...” (P10)*

*“It is extremely tiring and difficult. My lower back pain, foot pain and back pain have become chronic. I experience burnout syndrome. I have reluctance to work. I feel very upset because I cannot get a response even when I tell the patient to give me a finger. They also do not pay me.” (P14)*

**Subtheme 2. Physical.** Nurses reported physical strain associated with patient handling and prolonged work, including low back pain, limb pain, general body pain, headaches and sleep disturbances.

*“Physically, pain occurs due to the position I am in while positioning the patients during care giving.” (P3)*

*“I experience anxiety, stress, low back pain...I feel exhausted from time to time. Intense work tempo, physical fatigue reduce the quality of care.” (P14)*

**Table 2.** Palliative care nurses' experiences and challenges.

Themes	Sub-themes	Codes
<b>The burdens of palliative nursing</b>	<b>Emotional</b>	Mental breakdown, Burnout, Compassion fatigue, Reluctance to work, Compassion fatigue, Feeling helpless, Frequent encounter with the reality of death, Sadness
	<b>Physical</b>	Fatigue, Low back pain, Foot and leg pain, General body pain, Headache, Sleep problems
<b>Reflections of palliative nursing on the individual and care</b>	<b>Quality of care</b>	Concerns about disrupting the quality of care due to burnout, Concern about empathy turning to sympathy in palliative patients, Thinking that busy work schedule reduces the quality of care, Increased motivation to care when appreciated by the patient or relatives.
	<b>Burnout</b>	Experiencing burnout due to frequent encounters with the reality of death, Intense work schedule and physical fatigue Sleep problems due to shift work
	<b>Psychosocial challenges</b>	Tackling emotional burden, Chronic physical fatigue, Witnessing the helplessness of patient relatives, Communication problems with patient relatives, Intense feeling of compassion towards patients, Transforming empathy for patients into sympathy, Patients have little hope of recovery

## Theme 2. Reflections of palliative nursing on the individual and care

This theme includes three sub-themes describing how palliative nursing affects both individual nurses and care processes.

**Subtheme 1. Quality of care.** Participants indicated that emotional and physical burdens, together with insufficient staffing, could negatively affect the quality of patient care and job satisfaction.

*“Due to the insufficient number of nurses, we get very tired and there is no job satisfaction. This situation negatively affects our patient care quality and performance.” (P15)*

*“Most of the time I put myself in their shoes. It's really hard to have a chronic disease that takes you worse day by day, and to live knowing that. Thinking about it, the possibility that one day I could be in their shoes affects me badly. But taking care of them, at least trying to do the best and more than anything else, making an effort to relieve their pain, relieves my fears to some extent. I should do my best so that when I or someone close to me is in the same situation, they will be treated in the same way...” (P7)*

**Subtheme 2. Burnout.** Participants reported episodes of burnout that influenced their outlook and at times challenged professional resilience, though many strive to prevent these feelings from affecting patient interactions.

*“Palliative care is very tiring for me physically and emotionally. Of course, like every human being, there are times when I experience burnout syndrome. But I never reflect this situation to the patients. The only thing I can say about being satisfied is the smile and grateful looks I can see on the patients' faces. Palliative care nursing can sometimes be inversely proportional to my professional experience and my outlook on life. It is sad to witness that the patient is missing at the end of our efforts to maintain life.” (P8)*

**Subtheme 3. Psychosocial challenges.** Psychosocial difficulties experienced by individuals as palliative nurses include struggling with emotional burden, chronic physical fatigue, witnessing the helplessness of patients' relatives, communication problems with patients' relatives, intense feelings of compassion towards patients, turning empathy towards patients into sympathy, and having little hope that patients will recover.

*“In the palliative care service, we witness the most helpless and desperate moments of patients and their relatives. Sometimes we are like the patient's daughter, sometimes like one of the family members of the relative. After establishing a bond in this way, of course, it is impossible not to lose that patient, not to see that patient in their room when they arrive, and not to feel sad when they see the patient lying on their bed afterwards... It is the reality of life. Every patient is special for me... When I come on duty, it is worth everything for the unconscious patients or their relatives to “rejoice when they see my progress.” (P5)*

Although demographic differences among participants were not a primary focus of this study, some qualitative observations suggested potential trends. For example, nurses with longer professional experience sometimes described deeper emotional exhaustion, whereas less experienced nurses appeared to express more anxiety and uncertainty. In addition, older participants occasionally mentioned spiritual coping strategies more frequently than younger colleagues. These observations are anecdotal and not based on structured or statistical analysis.

Moreover, although frequency reporting was not part of the original methodological plan, the most frequently cited issues included emotional exhaustion (noted in 13 of 18 interviews), lower back pain (9 interviews), and loss of motivation (11 interviews).

## Discussion

This study aims to evaluate the challenges and life experiences of palliative care nurses using a phenomenological approach. The challenges and life experiences of palliative care nurses were discussed in two themes.

### *The burdens of palliative nursing*

As a result of the study, it was determined that palliative nursing brings emotional and physical burdens to individuals. Although the palliative care process requires a multidisciplinary team approach, nurses have great responsibilities in this field.<sup>15</sup> Nurses should take into account that the physiological and biopsychosocial needs of patients and their families may be different and plan care in line with ethical principles. Therefore, a trust-based communication environment should be created with the patient and his/her family, privacy should be taken care of and continuity of care should be ensured. In this process, the spiritual needs of the individual and caregivers should not be ignored.<sup>16,17</sup> Palliative care should be holistic and service delivery should be realized with the philosophy that life and death are natural processes for human life.<sup>16–</sup>

<sup>18</sup> Wakefield described the grief of caring for a dying person as a “powder keg” ready to explode at any moment. Providing nurses with the necessary means to prevent this explosion depends on identifying the factors that contribute to their psychological well-being in the workplace.<sup>19</sup> Especially given the rapidly increasing need for palliative care globally, nurses will be at the forefront of palliative and end-of-life care for some time to come. Therefore, designing and implementing appropriate supports for nurses, including educational interventions, should be a priority area.

Alıncak et al., it was determined that nurses mostly focused on improving the quality of life of patients, self-care practices and symptom management in palliative

care. In addition, it was determined that nurses had difficulty in caring for patients in the terminal period.<sup>20</sup> In this context, it is recommended that in-service trainings be given to nurses working in palliative units on issues such as caring for the patient in the last period of life and supporting the family in the mourning process afterwards.

### *Reflections of palliative nursing on the individual and care*

As a result of the study, it was determined that palliative nursing has different reflections on the individual and care. In particular, it was determined that the burnout of some nurses negatively affected the quality of care. Palliative care is a challenging and stressful process for nurses as well as patients and their families. The causes of this stress include challenging symptom management, professional burnout and workload. In addition, being intertwined with death and insufficient education on the palliative care process are among these reasons.<sup>4</sup> In addition to basic care practices, it is important for nurses to recognize their own feelings and thoughts about the concept of death for the palliative care process.<sup>15</sup> The quality of care provided to the individual approaching death and his/her family is related to the meaning nurses attribute to death. In this context, it is also important to examine the difficulties, positive and negative experiences, feelings and thoughts of nurses with qualitative research.<sup>9,21,22</sup> In this context, it is thought that the results of the study will make important contributions to the literature.

In studies in the literature, nurses working in palliative care clinics stated that they sometimes felt helpless and that they were doing a stressful job. In a study, it was determined that burnout levels and stress symptoms of healthcare professionals working in palliative care clinics were high.<sup>20,23</sup> In a study examining perceptions towards death, it was determined that nurses saw death as an inevitable end and perceived death as a natural process.<sup>24</sup> In another study conducted with terminal patients, nurses' experiences and attitudes towards death were examined. In this study, some of the nurses defined death as an extinction, while others defined it as a new beginning.<sup>25</sup> In the literature review, it is seen that the situations that increase the motivation of nurses are appreciation, rewarding, having a team understanding and social activities.<sup>26</sup> In the results of the study, it is thought that nurses experience psychosocial difficulties from time to time, but appreciation from patients or their relatives increases motivation. In this context, it is thought that the quality of care and motivation level can be increased by providing in-service trainings for palliative nurses.

Furthermore, the findings should be interpreted in the sociocultural context of Turkey, where family-centered caregiving norms and religious beliefs significantly shape

nurses' experiences in palliative care. Turkish culture places strong emphasis on compassion, familial responsibility, and respect for patients and elders, which may both buffer and intensify emotional exhaustion. Spiritual beliefs often serve as a coping mechanism, helping nurses to find meaning in patient suffering and end-of-life care.<sup>27</sup> However, these same cultural expectations may increase internalized pressure to provide constant empathy and moral support. Therefore, burnout and compassion fatigue among Turkish palliative nurses should be understood not only as occupational phenomena but also as culturally embedded experiences.

## Conclusion

Being a palliative care nurse brings with it complex emotions and thoughts. Due to the nature of the working environment, seeing the loss/death of patients, managing the complex symptoms of terminal illnesses, frequently participating in end-of-life conversations, spending time with people with intense grief and sadness can negatively affect the nurses working there. The study revealed that nurses working in palliative units experience emotional and physical burdens due to caring for palliative patients, and these situations cause burnout in individuals from time to time. It was also determined that psychosocial difficulties can affect the quality of care in palliative units. The findings of this review support and further highlight the complexity of palliative care nurses' feelings about their roles. This may help both nurses and services take action to alleviate nurses' experiences of stress, anxiety and burnout. The findings may also help broaden our understanding of how patient deaths affect palliative nurses and how they can be better supported in this critical aspect of their work. The studies reviewed identified situations such as increased staff support and more relevant learning and development opportunities.

In this direction, suggestions regarding the needs of patients are as follows;

- Supporting nurses with in-service trainings specific to palliative care clinic,
- Providing in-service trainings for nurses on issues such as caring for the dying patient and then supporting the family in the grieving process,
- It is recommended to create educational contents that will enable nurses to realize their feelings and thoughts about the concept of death.

## Limitations

One of the limitations of this study is the homogeneity of the participant group, which included only nurses from

two state hospitals in a single northern province of Turkey. Consequently, the findings may not be generalizable to all palliative care nurses across different regions or healthcare settings. In addition, the use of the experimental triangulation method is also sufficient as a limitation. Future studies could address this limitation by employing multi-site sampling strategies, including private hospitals and rural clinics, and by using mixed methods to validate qualitative insights with quantitative data.

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## Ethical approval

This study received ethical approval from the Gumushane University Scientific Research and Publication Ethics Committee (Date: 27.06.2024, No: E-95674917-108.99-262621).

## Informed consent

Informed consent was obtained from all participants.

## Author contributions

These authors contributed equally to this work.

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## Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Data availability

Due to ethical considerations, the datasets obtained in this research are not publicly accessible; however, they can be provided by the corresponding author upon reasonable request.

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**Appendix 1.** Combined criteria for reporting qualitative research (COREQ).

## Area 1: Research team and reflexivity

## Personal Characteristics

Number	Item	Guiding questions	Explanations
1	Interviewer/ facilitator	Which author/authors conducted the interview or focus group?	The first author conducted the interview.
2	Identity information	What were the credentials of the researcher, e.g., PhD, MD	First author PhD Second author PhD
3	Profession	What was their occupation at the time of the study?	First author: Associate Professor, Internal Medicine Nursing. Second author Associate Professor, Psychiatric Nursing
4	Gender	Was the researcher a man or a woman?	Two researchers Female
5	Experience and training	What experience or training did the researcher have?	Both authors have taken qualitative courses, have experience in qualitative research and have published qualitative studies in international journals.

## Relationship with participants

6	Relationship status	Was a relationship established before the training started?	No relationship was established before the start of the study.
7	Interviewer's participant knowledge	What did participants know about the researcher, e.g., personal goals, reasons for doing research	Individuals knew that the researcher had a doctorate in internal medicine nursing
8	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator, e.g., bias, assumptions, motives and interests in the research?	At the beginning of each interview, participants were informed about the purpose and objectives of the study.

## Area 2. Study design

## Theoretical framework

9	Methodological orientation and Theory	Which methodological orientation was specified to support the study, e.g., discourse analysis, ethnography, phenomenology, content analysis?	This was a qualitative study.
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## Participant selection

10	Sampling	How were participants selected? e.g., purposeful, convenience, consecutive, snowball	Criterion sampling method, one of the purposive sampling methods, was used.
11	Approach method	How were participants approached, e.g., face-to-face, telephone, mail	The timing of the interviews was determined by the individuals who voluntarily agreed to participate in the study.
12	Sample size	How many participants were there in the study?	A total of 18 individuals were included in the study.
13	Disagree	How many people refused to participate or dropped out? Reasons?	There were no individuals who refused to participate in the study.

## Setting

14	The setting of data collection	Where was the data collected? e.g., home, clinic, workplace	Interviews were conducted in private hospital rooms with only the participant and researcher present.
15	Presence of non-participants	Was there anyone else present apart from the participants and the researchers?	There were no observers.

(continued)

**Appendix 1.** Continued.

Setting			
16	Description of the sample	What are the important characteristics of the sample, e.g., demographic data, history	Individuals who agreed to participate in the study were included in the study.
Data collection			
17	Interview guide	Were questions, prompts and guidelines provided by the authors? Has it been pilot tested?	A semi-structured interview guide was developed based on literature and pilot tested with three nurses.
18	Repeat interviews	Have there been re-interviews? If yes, how many?	No.
19	Audio/visual recording	Was audio or visual recording used to collect data in the study?	Interviews were recorded with a voice recorder
20	Field notes	Were field notes taken during and/or after the interview or focus group?	Responses of all individuals and researcher observations were recorded.
21	Duration	How long were the interviews or focus groups?	Each interview lasted between 35 and 45 min.
22	Data saturation	Has data saturation been discussed?	Data saturation was discussed.
23	Transcripts returned	Have transcripts been returned to participants for comments and/or corrections?	No.
Area 3: analysis and findings			
24	Number of data coders	How many data coders coded the data?	Two researchers and a third individual coded the data.
25	Description of the coding tree	Did the authors provide a description of the coding tree?	The titles and subtitles in the results section represent the final coding tree.
26	Derivation of themes	Were the themes predetermined or derived from the data?	Themes were derived from the data.
27	Software	What software, if any, was used to manage the data?	Data were analyzed manually.
28	Participant control	Did participants provide feedback on the findings?	No.
Reporting			
29	Quotes provided	Are participant quotes presented to illustrate themes/findings? Is each quote identified, e.g., participant number	Source. Participant quotes are provided to illustrate themes/findings. e.g., participant number.
30	Data and findings consistent	Was there consistency between the data presented and the findings?	Yes
31	Clarity of main themes	Are the main themes clearly presented in the findings?	Yes
32	Clarity of small themes	Is there an explanation of the different cases or a discussion of minor issues?	Yes

**Appendix 2.** Sample of theme derivation process using colaizzi's method.

Raw Interview Statement	Formulated Meaning	Sub-theme	Theme
"I feel exhausted from time to time. Intense work tempo, physical fatigue reduce the quality of care..." (P10)	Emotional and physical fatigue impacts care	Emotional Burden	Burdens of Palliative Nursing
"My lower back pain, foot pain and back pain have become chronic." (P14)	Persistent physical discomfort	Physical Burden	Burdens of Palliative Nursing
"Sometimes we are like the patient's daughter, sometimes like one of the family..." (P5)	Deep emotional involvement with patients	Psychosocial Strain	Reflections on Individual and Care
"I suffer from burnout syndrome. It makes me question life." (P15)	Emotional exhaustion leading to existential doubt	Burnout	Reflections on Individual and Care
"Thinking about it, the possibility that one day I could be in their shoes affects me badly..." (P7)	Empathy triggering emotional fatigue	Emotional Burden	Burdens of Palliative Nursing

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