IMPACT: International Journal of Research in Applied, Natural and Social Sciences (IMPACT: IJRANSS)
ISSN (P): 2347-4580; ISSN (E): 2321-8851
Special Edition, Oct 2017, 1-20
© Impact Journals

EXPLORING THE LIVED EXPERIENCE OF CRITICAL CARE NURSES IN PROVIDING CARE FOR TERMINALLY ILL PATIENTS: A PHENOMENOLOGICAL STUDY

FATMA ABD EL AZIZ MOHAMMED[1], ABEER SAAD ZAGHALOUL ESWI[2] & MANAL SAYED ISMAIL[3]

[1]Assistant lecturer of Critical care and Emergency Nursing, Faculty of Nursing, Cairo University, Egypt

[2]Professor, of Maternal & Newborn Health and Vice Dean of Graduate Studies & Research, Faculty of Nursing, Cairo University, Egypt

[3]Professor, of the Critical Care& Emergency Nursing Department and Vice Dean for Education & Students Affairs, Faculty of Nursing, Cairo University, Egypt

ABSTRACT

The environment of an intensive care unit (ICU) has been recognized as a very stressful, high-tech, fast paced and emotionally charged atmosphere. The aim of the current study was to explore the lived experience of critical care nurses in providing care for terminally ill patients**.** Hermeneutic phenomenological design was used for the current study. Different ICUs at El Manila University Hospital (unit 1, 2, 3) and intensive care unit at the National Cancer Institute A purposeful sample was used in the current study. In the current study, the researcher reached the saturation point after 17 participants. Three tools were utilized for data collection: Personal background questionnaire; The lived experience of critical care nurses in providing care for terminally ill patients was assessed by semi-structured interview that included eight open ended questions; Audio tape recording as an instrument. The current study revealed that more than half (58.82%) of the participants in the age group (28-37), the majority (70.58%) were female nurses. More than half of these nurses (52.94%) had a Technical Nursing Institute. The findings of the current study identified four main themes in exploring the lived experiences of critical care nurses in providing care for terminally ill patients: (I) Feelings about caring for terminally ill patients; (II) Providing the best care; (III) Coping; (IV) Unforgettable cases.

KEYWORDS: Critical Care, Experience, Phenomenological, Terminally

INTRODUCTION

Working in the ICU can be traumatic for nursing personnel. Critical care nurses are faced with the repeated exposure to death and dying. Often they are involved in caring for patients who have a terminal illness, are actively dying or those who are faced with the possibility of impending death. Critical care nurses often have a difficult time coping with the stress that comes with caring for those who are dying. Repetitive exposure to resuscitative measures, end-of-life care needs, prolonging life by pharmacological and mechanical means and the continuous adjustment of these critical care nurses to this hostile environment, results in psychological disorders such as post-traumatic stress disorder (Marianne &, Sherman, 2014)**.** Moreover, the challenge of terminal illness is to learn to live with dying. It is a disease that cannot be cured or adequately treated, and that is reasonably expected to result in the death of the patient within a short period of time. This term is more commonly used for progressive diseases such as cancer or advanced heart disease than for trauma. It indicates a disease that eventually ends the life of the sufferer, a patient who has such an illness may be

referred to as a terminal patient, terminally ill or simply terminal (Beal, 2017). You, Downar & Fowler (2015) reported that nurses are on the Frontline of healthcare, providing quality care to patients and their families. Nursing is considered a profession in which caring plays a pivotal part, caring began back in the days of Florence Nightingale as she administered care to dying servicemen. While the care of the patient is unarguably the most important aspect of healthcare today, consideration must be given to the emotional response that nurses encounter when a patient becomes unstable and dies. Stress is a component of healthcare. Nurses who care for terminally ill patients experience stress. The center of emotional caring within a nurse may potentially be drained with unrelenting stress and may be exhibited as fear, grief, guilt, anxiety, apathy, burnout, compassion fatigue, moral distress, powerlessness, frustration and the stress cascade. End-of-life describes a timeframe or a transition from one state of declining health to an alternative state that will, ultimately, and despite all efforts, end in death. The outcome of care for the dying, as for all patients and their families, is measured in their perceptions of that care. There are several variables that influence the quality of care administered to patients and their families during this time. Because the goal of ICU is to preserve life, transitioning from curative to palliative care has proven to be stressful sometimes to the point of tears for these nurses (End-of-Life Nursing Education Consortium, 2014). Critical care nurses are the ones who work most closely with the patient and the patient's family; therefore, they are in a unique position to provide emotional, physical, and spiritual support and act as an advocate for the patient and family. Understanding the critical care nurses' perceptions of the care they provide at the end of life is needed so that education and support can be tailored to their needs. In meeting the needs of these nurses, the patient and the patient's family are more likely to receive the best possible end-of-life care (Kelley and Morrison, 2015).

METHODS

Aim of the study

Ways to explore the lived experience of critical care nurses in providing care for terminally ill patients

Research Design

The Hermeneutic phenomenological design was used for the current study that is concerned with the life world or human experience as it is lived. The focus is toward illuminating details and seemingly trivial aspects within experience that may be taken for granted in our lives, with a goal of creating meaning and achieving a sense of understanding (Connelly, 2010).

Research Questions

What is the lived experience of critical care nurses in providing care for terminally ill patients?

Setting

Different ICUs at El Manila University Hospital (unit 1, 2, 3) and intensive care unit at National Cancer Institute

Participants

A purposeful sample was used in the current study. The Purposive sample size is often determined on the basis of theoretical saturation (the point of data collection when new data no longer bring additional insights to the research questions). In the current study, the researcher reached the saturation point after 17 participants.

Inclusion Criteria

Critical care nurses with different educational level, with at least one year of nursing experience in providing care for terminally ill patients.

Tools of Data Collection

Three tools were utilized for data collection: Personal background questionnaire; The lived experience of critical care nurses in providing care for terminally ill patients was assessed by semi-structured interview that included eight open ended questions which helped the critical care nurses to deeply express their experiences in providing care for terminally ill patients; Audio tape recording as an instrument, as it considers a vital tool in data collection in qualitative researches.

Ethical Consideration

A primary approval to conduct the study was obtained from the research ethics committee of the Faculty of Nursing, Cairo University, Participation in the current study was voluntary; each participant had the right to withdraw from the current study at any time. An oral description of the current study was clarified to the participants in the study and written consent was obtained from each one to record the interview. After each interview, the researcher wrote a verbatim transcription for each interview and replaced the names of the participants by code numbers to keep the privacy and confidentiality. All audiotape recordings were kept in secured locker.

Procedure

Interview Preparation: Before conducting the interviews, the researcher prepared an interview guide used to direct the conversation toward the topics of the research; the interview questions were formulated in a way that helped the nurses to answer the research question. It was written in a language that is comprehensible to the participants, which helped them to express their lived experience in providing care for terminally ill patients.

After obtaining permissions to proceed with the proposed study of the authorized personnel in the selected intensive care units, the researcher started with an assessment of the feasibility of the current study regarding the willingness and cooperation of the staff personnel and setting. The participants were recruited after explaining the aim and nature of the current study, then the participants ' permission for audiotape recording of interviews was granted, confidentiality of the recorded data was maintained. Participants were interviewed three times in three different occasions. Each interview lasted approximately 25-40 minutes. The sitting of conducting the interviews was convenient to the participants and the researcher. All interviews were audio-recorded with the participants' permission. As regards, the first interview it aimed to establish rapport and gain trust with the nurses included in the study.

Regarding the second interview, it was concerned with clarifying some issues related to the participants' experience in providing care for terminally ill patients. The third interview aimed to validate data as well as certain participants' perception and to assist the researcher in naming the emerging themes. It was conducted when data analysis was completed, and the themes are identified, the researchers review the literature to place the findings within the context of the phenomenon. To obtain trustworthiness of data analysis the researcher returned to each participant to be sure that analysis was related and relevant to the critical care nurses' experiences (member checks).

Data Analysis

The data analysis in the current study was primarily based on the phenomenological method of Giorgi. The purpose of Giorgi's phenomenological psychology research is "to capture as closely as possible the way in which the phenomenon is experienced". Gorgeous five sequential steps include: collection of verbal data, reading the data, breaking the data into meaning units, organization and expression of the data from a disciplinary perspective, and synthesis or summary of the data. As regards, Giorgi's data analysis steps were summarized as the following.

Get a Holistic Sense of the Whole Text

Once the interview data were transcribed and transcripts were sequenced in the order in which they occurred, the researcher independently reviewed all of the data in order to get a holistic sense of each participant's experience. Verbatim transcriptions were read through to obtain a feeling of the interview again. The researcher also re-listened to each audio-recorded tape, reading through the text to check for accuracy of transcription and to gain a sense of the text as a whole then, the researcher met to discuss the general impressions. This method helped the researcher to understand the meaning of the experience from the participants' viewpoints, and not in terms of the researchers believe about the topic under study.

Demarcate Meaning Units

After a sense of the whole has been grasped, the researcher met again to develop coding categories as a means of discriminating meaning units. Through this process, the researcher identified a series of meaning units in the participants' own words, and compared similarities and differences in the pools of meanings, and then the researcher tested emerging categories through comparing them with the interviews. This was done so that the true essence and meaning of the critical care nurses' experiences of critical care nurses in providing care for terminally ill patients would not be lost during the data analysis process.

Reflection and Transformation of the Meaning Units and the Relevant Expressions into Psychological Language

Next, the researcher organized the meaning units into a chart and described using additional interview transcript that represented the essence of the participants' experience of critical care nurses in providing care for terminally ill patients. In another way, the raw data were organized and expressed through a psychological perspective (Giorgi, 1997). Throughout this process, the researcher was able to reach a consensus in regards to all changes to the meaning units, which involved reorganizing and collapsing them several times over the coding process.

This refinement process included incorporating feedback from the participants into the final stages of the coding process. In general, feedback confirmed and was consistent with the findings.

Synthesis and Validation

Lastly, relationships among the meaning units were discussed and synthesized before selecting metaphors from the participants own words were employed to describe these relationships. Validation was done in which the interpreted analysis was given back to the participants to check congruence of the written themes with what they exactly meant.

Trustworthiness

According to Polit and Beck (2008), the researcher wants the findings to reflect the truth. Research that is inaccurate or holds a biased viewpoint cannot be of any benefit to nursing practice. Due to the nature of the current study being a qualitative one, methods of enhancing trustworthiness were utilized and the following four principles outlined by Guba's strategies of credibility, transferability, dependability and confirm ability were applied.

Credibility

Credibility is a criterion for assessing the 'truth'. A qualitative study is credible when the findings are immediately recognized by others as their own experience. So, credibility was achieved through recruited a purposeful sample for the current study. The information was probed until data was saturated to ensure credibility of the current study finding. This also ensured that there is a confidence that there was truth in the collected data and truth in the way the data was interpreted by the researcher, in addition; the collected and analyzed data were presented to the participants and they were asked if this data were reflected their experience.

The researcher listened to each audio recorded tape, then read the verbatim transcriptions, many times to understand the meaning of the participant's experience and feeling. After that the researcher utilized the member checks that mean the data and interpretations are continuously tested as they are derived from members of various audiences and groups from which data are obtained with the participants to clarify and confirm the identified findings and to eliminate researcher bias when analyzing and interpreting the results.

Transferability

Transferability refers to the generalization of the data or the extent to which this data can be applied to other settings or sample populations (Polit and Beck, 2008). In the current study, this was achieved through thick description of data and purposive sampling. Transferability was also promoted in the current study by ensuring that there was an adequate amount of data collected to provide evidence of research findings in the current study.

Dependability

Dependability refers to evidence that is consistent and stable (Polit and Beck, 2008). It also, reflect reliability (if the work were repeated, in the same context, with the same methods and with the same participants, similar results would be obtained). The researcher, achieved the dependability in the current study by two strategies:

- Description of research methods which included the provision of dense description of participant recruitment, data collection, data analysis, synthesis and verification.
- Applying bracketing during the data analysis, bracketing refer to the process by which the researcher explicitly sets aside as far as is humanly possible, all preconceived experiences, belief, biases and ideas to understand the research participant's experiences as it is present.

Confirmability

Polite and Beck (2008) mentioned that conformability is similar to objectivity, in the current study results are derived from participation information related to the context of the study. The researcher established interpretations of the

findings are derived from the data and of the participants' original views. The researcher biases do not have a place in the current study; the explanation of the context of the study, tape recordings, the provided data analysis and the result of the finding increased the conformability of the current study.

RESULTS

Table1: shows that more than half (58.82%) of the participants in the age group (28-37), the current study includes both sexes, the majority (70.58%) were female nurses. More than half of these nurses (52.94%) had a Technical Nursing Institute. One third (35.29%) of the participants had nursing experience ranged from (10-14) years in the critical care unit and providing care for terminally ill patients.

Table 2: Shows that the current study identified four main themes that expressed the lived experiences of critical care nurses in providing care for terminally ill patients: (I) Feelings about caring for terminally ill patients; (II) Providing the best care; (III) Coping; (IV) Unforgettable cases. Each category was further delineated with subthemes.

As regards the first main theme in the current study that is represents the participants' feelings during their lived experience in providing care for terminally ill patients. This experience can evoke different types of feelings. Therefore, the main theme, including seven subthemes: (1) Sadness, (2) Helplessness and powerlessness, (3) Frustration and depression, (4) Physical stress (burn out), (5) Uncertainty, (6) Feeling happy with recovered patients, (7) Feeling helpless during last moments of a patient's life, (8) Death at the end, and (9) Psychological attachment with the patient.

Sadness

The findings of the current study revealed that the majority of the participants felt sad and grief during providing care for terminally ill patients because they considered it as stressful and painful experiences the participants described the terminally ill patient that he was completely helpless, the following statements made by participants confirmed this: "When I provide care for terminal patients (Pause) I feel very despondent for them and their families (Pause) I truly empathize with the patients"

Helplessness and Powerlessness

Dealing with terminally ill patient and patient approaching death on an everyday basis is extremely anguishing and wearisome, causing feelings of helplessness, powerlessness, and a lack of confidence in view of the patient's suffering and the failure of professional actions of health care providers specially the critical care nurses. "It is a very difficult experience when you meet terminally ill patients daily, and then they pass away (pause) Patients do not improve, and different treatments are not working, and the care provided does not have a positive outcome (pause) This is why I feel helpless with these patients."

Frustration and Depression

The findings of the current study also revealed that providing care for terminally ill patients is a difficult task for everyone, especially the critical care nurses who spent most of time with them. "I try to give everything I have, but nothing else works (Pause) It is very draining and you feel depressed. (Deep breath) You know (Pause and talking softly); I can also reach a state of boredom!!"

Physical Stress (Burn Out)

Moreover, the findings of the current study revealed that nursing is a highly stressful profession, the critical care nurses who have higher stress tolerance remain in the mainstream of this noble profession. "Yes of course. Sure, it has impacted my work, for example critical patient is different than stable one, in the case of two stable patients I can provide proper care without feeling tired but the terminally ill patient need for intensive care shower and wound care, there are some patients have a difficult care, might be connected with mechanical ventilator and need for suction and may be infected, so, I feel with physical stress. I try to overcome my feeling. The patient has to receive the best care."

Uncertainty

Regarding the uncertainty theme, from the participants' point of view they are believed that they have to provide care for the terminally ill patients until the last moment, and understood that no one can determine when the patient's life will be ended or when the death will be occurred. “I really believe that only God knows when, where, and how someone will die (Pause) it is in God’s hands (Pause) This is why we must provide the best care until the last second.”

Feeling Happy with Recovered Patients

“I have seen difficult cases. (Deep breath) I remember this one case (Pause) the patient suffered from severe heart failure (Speaking in a low voice and with a little smile) but he loved life (pause). He connected with the mechanical ventilator for three months. God cured him and he went off the ventilator, even though his case was terminal!”

Feeling Helpless During Last Moments of Patient's Life

Another pertinent theme that emerged regarding caring for terminally ill patients, the participants mentioned that there were hard and difficult times for anyone to provide care for patients in the terminal stages of the disease and known they are going to die. The participants described their feeling as the following: “Oh, I do not know what to tell you (pause) the last moments of a patient’s life (pause), I might cry and this affects me deeply, but there is nothing I can do, especially after we have done everything we can to save a patient’s life!”

Death at the End

The findings of the current study showed that the participants expressed their feeling regarding curing the terminally ill patients and described that as" despite the challenges of treatment and management, which has been provided to them but at the end the patients were dying". Furthermore, the participants added when there is no perspective that the patients will improve, taking care of them become extremely exhausting: it is complex care that offers no reward for the efforts were made. The critical care nurses expressed their experience as the following: “It is unsatisfying to feel like we can not treat these patients; it’s also painful (Pause) to realize that it is difficult to treat someone who is going to die either way.”

Psychological Attachment with the Patient

The participants' feeling with the terminally ill patients sometimes can be affected by the patient’s role and responsibilities within the family, age and length of ICU stay. The following statements made by participants confirmed this

As regards the second main theme in the findings of the current study, the participant added that they have to provide concern for all patients' rights, the good care and hope for a cure. Furthermore, it contains seven subthemes: (1) Equality in care, (2) Patient's rights, (3) Providing care until the last moment, (4) Hope for a cure, (5) Peaceful Death, (6) Empathy with the patient's families, and (7) avoid the conflicts.

Equality in Care

The findings of the current study revealed that the participants most of the time emphasized that they provided the same care for all the patients in the ICU and this was the nature of work inside the ICU with the differential diagnosis. There were some patients have been recovered and others not. In addition, they already understand their job, so they can deal with. The following statements described this: "Every patient is treated the same (pause). Every patient gets all their rights; we're like this with all the patients."

Patient's Rights

Regarding this subtheme, the participants in the current study respect all the patient's rights in receiving the required care and treatment during stay in the ICU. The following statements supported this: "I know that I have to do the same with all the patients (pause) My psyche might suffer because of the patient's condition (pause) But we have to provide the patients with proper care; it's not their fault They have to be treated as basic patients."

Provide Care until the Last Moment

The findings of the current study showed that the critical care nurses felt ethically responsible to do their best in caring for the patients with the terminal illness. Also, the participants mentioned that they have to consider providing care for the terminally ill patients until the last moment in the patient's life and this doesn't mean to leave these patients until they are dying, the following statements supported this: "Even until the last second (peas) we have to provide the patient with care and attention."

Hope for the Cure

In addition, the findings of the current study revealed that the critical care nurses considered emotional energy in the care of terminally ill patients. Not only they provided quality care, but also provided emotional comfort and hope in order to alleviate patient's depression, so, they provided hope for healing and recovery. The participants expressed their feeling by this description: "I work with terminally ill patients while I hope they recover (pause) I try to give the most; there might be a chance for them to get better."

Peaceful Death

Furthermore, the findings of the current study revealed that the participants believed that after providing the required care for the terminally ill patients, they facilitated the peaceful death for them and promoted dying with dignity. The following statements supported this: "During the final moments of a patient's life (pause), we might leave the patient alone after we've provided them with the necessary care; we let them die in peace (pause) The mechanical ventilator and the medications are working, but we close the curtains"

Empathy with the Patients' Family

The findings of the current study also showed that the participant not just caring for the terminally ill patients, but also supported their families regarding to this painful situation. The participants most of the time informed the relatives with the patient prognosis. The following statements clarify this: “The families of terminally ill patients are in a bad state (pause) there’s nothing I can do for them. However, I try to give them hope for recovery because everything is in God’s hands (pause) we allow them to remain with patients for a long time during visiting hours (pause); and to make them accept God’s plan.”

Avoid Conflicts

In addition, the findings of the current study revealed that the participants mentioned that there are conflicts occurred with some relatives while they are asking about their patient’s condition and progress it may be because they are not accepting the patient’s deterioration and they are already under stress. So, most of the time the critical care nurses ask the responsible doctors to explain the actual situation to the patient’s family members to avoid any conflicts with the patients’ families. The following statements confirmed this: “We cater to the demands of the families of the patient (pause) if they are reasonable, we might discuss the patient’s case a bit. If they haven’t grasped the situation, we let the doctors talk with the families (pause) this is because problems might arise with the families of the patients at a later date.”

Regarding the third main theme in the findings of the current study, the critical care nurses strived to cope with the many stresses and tension inherent in caring for the terminally ill patients, as well as those of everyday life. In order to be helpful, the critical care nurses need to maintain a healthy balance between caring for others and caring for themselves. Ways of coping are myriad in nature; they may be internal or external, but all are defense-oriented serving to protect the individual from being overwhelmed. The choice of coping method seems to depend on external circumstances, the suddenness or chronicity of stress and tension, the resources available to the nurse and an individual’s predisposition to one or other coping pattern. This main theme contains five sub themes :(1) Accept work and death, (2) Increase the faith, (3) Familiarization, (4) Emotional separation, and (5) Need for support.

Accept Work and Death

The participants in the current study expressed their acceptance of the nature of work inside the ICU and added that this job and they have to adapt. Furthermore, the participants understand the causes of death for terminally ill patients after acquiring the adequate experiences with the work. So, they accepted the work and the death, the critical care nurses gave very open and honest comments regarding their experience as follows: “When I started working with these cases (pause), I started to learn causes of death and causes of diseases and their complications. I started to accept death."

Increase the Faith

Values and beliefs are instrumental in the coping process to successfully adapt to stressful situations. Religious beliefs may also help the critical care nurses to cope by decreasing their perception of distress that are experienced over providing care for the terminally ill patients. Moreover, religious beliefs help alleviate anxiety, depression and distress over the end of life care for the patients. Others participants reported that this experience increased their Islamic faith. The participants in current study have illustrated this finding as follows: “When I work with these cases, I feel closer to God (Deep breath) my faith in God increases; and I learn from working with these cases.”

Emotional Separation

Maintaining emotional separation may serve a protective function for the critical care nurses in avoiding over-involvement in the process of sadness and depression, which occurs during providing care for the terminally ill patients. Moreover, the critical care nurses added it may not well be unhealthy to cry for the terminally ill patients or in front of the patients are in the presences of their families. Most of the time, critical care nurses are trying to control their feelings and maintain a professional barrier. A different view was offered by some nurses who stated that: "I think that working with terminally ill patients we know that the patients will die, and that is truly painful (pause) However, I try to overcome my feelings, I won't go crying next to them (pause) I give them hope that they will recover."

Need for Support

Moreover, the frequent exposure, for patients with terminal stages of diseases and death are a source of psychological conflict for the critical care nurses in an ICU. It is apparent from the participants' reports that if the psychological well-being of the nursery is not taken into consideration, patient care can be ultimately affected. The findings of the current study showed that the critical care nurses need for support and empowerment to help them reliving their suffering, giving adequate guidance and the required knowledge about caring for the terminally ill patients and dealing with stressful situations because there are individual differences between them. This is supported by the following statements: "I wish there were lectures or courses for nurses on terminally ill patients (Pause) People are different, some nurses can handle it, while others can't (pause) If they do something like this, it will be better for us and the patients."

Regards the last main theme in the current study, this is concerned with the most difficult cases have a huge impact for the critical care nurses during their lived experience of providing care for the terminally ill patients .The findings of the current study also revealed that the participants still remember group of patients who have a terminal illness. They described their experience and feeling during providing the care for this special group of patients and reported that they cannot forget these patients. The statements below supported this notion: "Many cases have affected me over the years (pause) about three years ago, there was a gynecologist and his wife was a patient. They had a deep emotional attachment that I will never forget. (Deep breath) The husband was deeply attached to his wife (pause) He would spend a lot of time with her during visitation. She was in a coma, but her eyes would tear up when he would hold her hand! Her cancer was in its final stages these moments are difficult for me to witness."

Table 1: Percentage Distribution of the Participants as Regards Personal Background Questionnaire (N=17)

Characteristics Participants (N=17)	N	%
Age group		
(18-27)	1	5.88%
(28 -37)	10	58.52%
(37- 47)	6	35.29%
Gender		
Female	12	70.58%
Male	5	29.41%

Marital Status Single Married Divorced Widow	17	100 %
Level of Education		
Technical nursing institute	9	52.94%
Diploma	6	35.29%
Bachelor	2	11.76%
Master/doctorate	0	0%
Years of Experiences		
(5 - 9)	2	11.76%
(10-14)	6	35.29%
(15-19)	2	11.76%
(20-24)	3	17.64%
(25-29)	4	23.52%

Table 2: The Main and Subthemes Expressed the Lived Experiences of Critical care Nurses in Providing care for Terminally Ill Patients

Main Themes	Subthemes
I- Feelings about caring for terminally ill patient.	1. Sadness. 2. Helplessness and powerlessness. 3. Frustration and depression. 4. Physical stress (burn out) 5. Uncertainty. 6. Feeling happy with recovered patients. 7. Feeling helpless during last moments of patient's life. 8. Death at the end. 9. Psychological attachment with the patient.
II- Providing the best care as possible.	1. Equality in care. 2. Patient's rights. 3. Provide care until the last moment. 4. Hope for cure. 5. Peaceful death. 6. Empathy with the patient's family. 7. Avoid the conflicts.
III- Coping	**1.** Accept work and death. **2.** Increase the faith. **3.** Familiarization. **4.** Emotional separation. **5.** Need for support.
IV- Unforgettable cases.	

DISCUSSIONS

This part reflected the current study results compared with other studies and answered the research question.

According to Andersson, Salickiene, and Rosengren (2016), the fast patient throughput in ICUs means that nurses may have to start caring for a new patient before they have been able to process their feelings about the death of the last patient. When nurses do not have the opportunity to resolve their grief or articulate their feelings, the grief reactions accumulate over time. Cumulative grief can lead to emotional and physical symptoms. Such symptoms can have a detrimental effect on nurses, both personally and professionally, and may result in both occupational stress and burnout.

Regarding to the first Main Theme: Feelings about Caring for Terminally Ill Patient

Helplessness and Powerlessness

The findings of the current study showed that, the participants expressed their feeling regarding dealing with terminally ill patient and patient approaching death on an everyday basis is extremely anguishing and wearisome, causing feelings of helplessness, powerlessness, and a lack of confidence in view of the patient's suffering and the failure of professional actions for health care providers specially the critical care nurses. This finding is the same line with Laura, Anne, Lene, Brenda, Teresa,(2010) that investigated ICU Nurses' Experiences in Providing Terminal Care and indicated that, the nurses in this study feel powerless and like a failure when their patient does not get well. Also, this finding was supported by Volker and Deborah (2001) in their study of Oncology Nurses' Experiences with Requests for Assisted Dying from Terminally Ill Patients with Cancer and documented that, the participants expressed sense of distress.

Foxall, Zimmerman, Standley, Bene (1990) in their study A comparison of frequency and sources of nursing job stress perceived by intensive care, hospice and medical-surgical nurses found that, death and dying were most stressful to ICU and hospice nurses. Similarly, Elpern, Covert, Kleinpell (2005) who studied Moral distress of staff nurses in a medical intensive care unit found that, ICU nurses experienced moderate levels of moral distress which adversely affected job satisfaction, retention, and psychological and physical wellbeing. As researcher's point of view could be due to that the critical care nurses are the ones who work most closely with the patients and their families so, the participants can considered that the working in the ICU may be traumatic. Moreover, critical care nurses are faced with the repeated exposure to death and caring for patients who have a terminal illness.

Frustration and Depression

The findings of the current study also revealed that providing care for terminally ill patients is a difficult task for everyone specially the critical care nurses who spent most of time with them. All the participants felt frustration and depression during their experience with this group of patients. This finding is in agreement with Lewis and Gloria (2013) who studied Burnout and stress: A phenomenological study of ICU nurses' experiences caring for dying patients they documented that, critical care nurses experienced sounds of death in intensive care, discomfort, personal feelings, developing coping skills. Similarly, Araujo, Silva, and Francisco (2004) who studied nursing the dying: essential elements in the care of terminally ill patients reflected that, Brazilian nurses caring for dying patients should be receiving psychological and emotional support.

Furthermore, Steinhauser etal. (2000) who studied Factors considered important at the end of life by patients, family, physicians, and other care providers, founded that, some of the participants experienced physical and emotional exhaustion this finding is corresponding to the current study finding. Also, Sedigheh , Karin , Stefan , and Terttu (2010) who studied the Caring for Dying and Meeting Death: Experiences of Iranian and Swedish Nurses is in concordance with the finding of the current study and showed that, caring for patients who will soon die and not being able to help them bring feelings of frustration. They learned to keep a balance between being professionals and being close to the people who were dying and their families. In this regards caring for patients who are at the end stage of their disease and working in an intensive care environment can lead to feeling of frustration and depression for the critical care nurse who provide the direct care for the terminally ill patients.

Physical Stress (Burn Out)

The current study revealed that nursing is a highly stressful profession, the critical care nurses who have higher stress tolerance remain in the mainstream of this noble profession. Those nurses, whose passion for nursing overflow, are said to have greater endurance but caring for terminally ill patients can lead to physical stress. This finding supported by Araujo, Silva, and Francisco (2004) in their study of Nursing the dying: essential elements in the care of terminally ill patients, and documented that, nursing the terminal patient is hard and complex work. It requires the maintenance of emotional balance together with technical and scientific skills, and an accurate perception in order to provide adequate assistance to the individual needs of each patient. Therefore, providing care for the terminally ill patients may be required intensive nursing care more than others patients and terminal care can be associated with considerable stress, and burnout for the critical care nurses.

Uncertainty

Moreover, the findings of the current study reflected that, from the participants' point of view they believed that they have to provide care for the terminally ill patients until last moment, and understood that no one can determine when the patient life will be ended or when the death will be occurred. Also, only our God has the ability for controlling our live and death so, our God can care the patient at any time. This finding is in concordance with that found by Waraporn (2009) who studied Thai Nurses' Lived Experience of Caring for Persons Who Had a Peaceful Death in Intensive Care Units, it revealed that, the participants accepted that they could not predict the time of death and that death happens regardless of its expected time. Regarding to the researcher's point of view, it could be due to the impact of spiritual relation with God and religion for the participants during providing care for the terminally ill patients.

Death at the End

The findings of the current study showed that, the participants expressed their feeling regarding caring the terminally ill patients and described that as" despite the challenges of treatment and management which has been provided to them but at the end the patients were died. It is complex care that offers no reward for the efforts were made. This finding is in agreement with Brenner (2000) who studied Lessons for critical care nurses on caring for the dying and reflected that, the participants expressed that the deaths are in an ICU are sometimes perceived as failures for ICU staff. As the researcher's point of view it could be related to increasing of the mortality rate among the terminally ill patients in the ICU.

Regarding to the Second Main Theme: Providing the best care as Possible

Peaceful Death

The current study revealed that the participants believed after providing the required care for the terminally ill patients that they facilitated the peaceful death for them and promoted dying with dignity. This is supported by Nikolaos and Wendly (2014) who studied Intensive care nurses' experiences of providing end-of-life care after treatment withdrawal: a qualitative study they founded that the participants doing their best to facilitate a comfort. Similarly, the study by Kongsuwan and Locsin (2009), Promoting peaceful death in the intensive care unit in Thailand who explored the promotion of a peaceful death in ICUs.

Psychological Attachment with the Patient

Moreover, the current study reflected that the participant's feeling with the terminally ill patients can be affected with the patient's role and responsibilities within the family, age and length of ICU stay. This finding is in concordance with that of Naidoo (2011) who studied Experiences of Critical Care Nurses of Death and Dying In An Intensive Care Unit: A Phenomenological Study, and reported that, it was apparent from the participants' responses that the thoughts on death of an elderly or aged patient often crossed a critical care nurse's mind. For some of the participants, it helped in shifting the focus from one of deep sorrow and grief to one of reality. Similary, Laura, Anne, Lene, Brenda, Teresa (2010) who investigated ICU Nurses' Experiences in Providing Terminal Care indicated that, The nurses described how it is more difficult to provide terminal care for younger patients.

These findings were consistent with a study done by Glaser and Strauss (2004) who examined the Awareness of dying. They found that, when younger patients died, every possible thought that entered a critical care nurse's mind focused on helping this patient onto the road to recovery.

In addition, Thorn and Kline (2008) in their study of Assessing nurses' attitudes toward death and caring for dying patients in a comprehensive cancer center which noted that age, years of experience and personal values of a nurse affected the way death and dying was coped with in an ICU.

Empathy with the Patient's Family

The current study showed that, the participant most of the time informed the relatives with the patient prognosis. As well, the critical care nurses understood that in the situation of terminal illness the family members have many stressors, fear, worry, hope and think about many things so, the participants answered them about their questions and supported them. The participants explained their experience pointed to the value of facilitating the visit of the patient's family and permit unrestricted family presence, as well as enhancing relations between the doctor and family members. This finding is in concordance with that of Phyllis, King, Sandra, and Thomas (2013) that studied the Phenomenological Study of ICU Nurses' Experiences Caring for Dying Patients and found the Nurses expressed a willingness to discuss impending death with the patient and the family, often initiating such conversations. They characterized their communications with the family as being more direct and sometimes more honest than the physician's.

Similarly, Chaipet (2007) who studied ICU Nurses' Experience in Caring for Dying Patients. He documented that, the intensive care nurses understood that taking care of the dying patients' relatives helped them to accept death. Moreover, Lackie (2003) who studied Critical Care Nurses' Lived Experiences of Providing a Good Death and developed the theme "family as focus." That concerned with the families needed psychological support. Moreover, the admission to ICU can be frightening and overwhelming to patients and their families. So, the participants in the current study considering the providing support for the patient's family.

Equality of Care

The finding of the current study revealed that, the participants felt that there is no variation in dealing with the terminally ill patients, also, these patients didn't have hand in their condition and they have to be treated as basic patients.

This finding is in agreement with Natalie and Pattison (2010) who studied the Cancer Patients' Care at The End of Life in a Critical Care Environment: Perspectives of Families, Patients and Practitioners indicated that, the critical care nurse providing the best care.. From the researcher's point of view it may be related to kindness of the participants in providing care for the patients during terminal illness and applying of the ICU policy.

Provide Care until the Last Moment

The findings of the current study showed that the critical care nurses felt ethically responsible to did their best in caring the patients with the terminal illness. Also, the participants mentioned that they have to consider providing care for the terminally ill patients until the last moment in the patient's life and this doesn't mean to leave these patients until they are died. Moreover, the participants most of the time emphasized that they provided the same care for all the patients in the ICU. This finding is in agreement with a study of Communication with dying patients – perception of intensive care units nurses in Brazil by Monica and Maria (2004), they reflected that, the participants clarified the need to identify the individual demands of with terminal patients, recognized of the importance of communicating with the dying, and identified individual needs when death is imminent.

Regarding to the third Main Theme: Coping

Accept work and Death

The participants in the current study expressed their acceptance for the natural of work inside the ICU and added that these were their job and they have to adapt. Furthermore, the participants understand the causes of death for terminally ill patients after acquiring the adequate experiences with the work. This finding is contradicted with Shorter and Stayt (2010), who studied Critical care nurses' experiences of grief in an adult intensive care unit, and revealed that sometimes critical care nurses prefer to distance and disassociate themselves from the dying patient in an attempt to cope with the impact of grief and trauma that death brings. In this regards, it could be related to the years of experiences for the participants in providing care for the terminally ill patients who enabled them to dealing with death.

Emotional Separation

Furthermore, the current study represented that most of the time the critical care nurses are trying to control their feeling and maintain a professional barrier. This finding similar to Laura, Anne, Lene, Brenda, Teresa, (2010) who investigated ICU Nurses' Experiences in Providing Terminal Care and documented that, dealing with dying patients and their families required coping strategies on the part of nurses. Most of the coping strategies described by the nurses are positive and adaptive coping strategies.

In addition, a study of Reactions to Patient Death: The Lived Experience of Critical Care Nurses by Hinderer and Katherine (2012) documented that, the critical care nurses expressed utilize the coping methods in caring to dying patients.

Also, Kirchhoff and Beckstrand (2005) who studied providing end-of-life to patients' critical care Nurses' perceived obstacles and supportive behaviors and documented that, nursing can be an emotional experience and it becomes important for critical care nurses to identify ways to cope with their feelings while working with dying patients. Another study for Farber (2006) who studied the respectful death model: Difficult conversations at the end of life and suggested that, nurses often rely on personal coping strategies to deal with complex issues and many participants in this study used similar strategies. Short-term personal coping strategies are certainly worthwhile for maintaining a professional demeanor

in the clinical setting.

Increase the Faith

The participants in the current study also mentioned that, religious beliefs may also help the critical care nurses to cope by decreasing their perception of distress that are experienced over providing care for the terminally ill patients. This finding is in agreement with Sedigheh , Karin , Stefan , and Terttu (2010) who studied the Caring for Dying and Meeting Death: Experiences of Iranian and Swedish Nurses and showed that, the learning process of caring was also interpreted by nurses as expanding self-consciousness. Nurses in both Iran and Sweden experienced relations with dying persons that made them change the way they looked at their own lives.

Need for Support

Moreover, the current study revealed the critical care nurses need for support and empowerment to help them regards reliving their suffering, giving adequate guidance and the required knowledge about caring for the terminally ill patients and dealing with stressful situations. According to Ayed, Sayej, Harazneh, Fashafsheh, and Eqtait, (2013), who studied The Nurses' Knowledge and Attitudes towards the Palliative Care Journal of Education and Practice, a research on end-of-life care, death, and dying shows that caring for dying patients is one of the most stressful facets of a nurse's career? Coupled with the fact that nurses in general lack adequate education on death and dying patient care suffers at one of the most crucial times in life. From the researcher's point of view, it is a very painful and stressful task for the critical care nurses who provide direct and regularly care for the terminally ill and dying patients. So, the participants mentioned that they need for support.

CONCLUSIONS

Four major themes were extracted from participants lived experiences related to providing care to terminally ill patients as follow:(I) Feelings about caring for terminally ill patient; (II) Providing the best care; (III) Coping; (IV) Unforgettable cases.

RECOMMENDATIONS

Based upon findings of the current study, the followings are recommended: Establish training course about stress management in the intensive care unit. Provide adequate and a comprehensive explanation for the newly graduated critical care nurses about the nature and atmosphere of the intensive care unit, care for the terminally ill patients and their families, end of life care, palliative care, death and dying in intensive care unit. Finally consider the individual differences and emotional changes among the critical care nurse especially who provide care for patients with cancer.

ACKNOWLEDGEMENT

The authors would like to express their sincere gratitude to all participants, for their acceptance to participate in this study and for their time and effort during the interviews. As well, appreciation, and thanks go to the hospital administration that facilitate the completion of this study.

REFERENCES

1. Marianne M, Sherman D., (2014). Peri-Death Nursing Care In: Palliative Care Nursing, Fourth Edition: Quality

Care to the End of Life, Edition 4. New York, Springer Publishing.

2. Beale, L., (2017). Human Disease and Health Promotion, john Wiley and sons, Canada, USA.
3. You, J., Downar, J., Fowler, R, A., (2015). Barriers to goals of care discussions with seriously ill hospitalized patients and their families: a multicenter survey of clinicians. JAMA Intern Med; 175:549.
4. End-of-Life Nursing Education Consortium. ELNEC Fact Sheet]. Washington (DC): American Association of Colleges of Nursing; (2014). http://www.aacn.nche.edu/elnec/about/fact-sheet.
5. Kelley, A., S., Morrison, R., S., (2015).Palliative care for the seriously ill. N Engl J Med.; 373:747-755.
6. Connelly, L., M., : (2010).What is phenomenology? MEDSURG Nursing, 19(2): 127-128.
7. Polit and Beck, (2008). Nursing Research, Generating and Assessing Evidence for nursing practice, Lippincott publications, 8th ed: 5-11.
8. Laura, E., Anne, Y., Lene, S., Brenda, H., Teresa, W., (2010). ICU Nurses' Experiences in Providing Terminal Care, Critical Care Nursing,Vol. 33, No. 3, Wolters Kluwer Health Lippincott Williams & Wilkins.
9. Volker, Deborah L., (2001). Oncology Nurses' Experiences With Requests for Assisted Dying From Terminally Ill Patients With Cancer, Oncology Nursing Forum, Vol. 28 Issue 1.
10. Foxall, M., J, Zimmerman, L., Standley, R., Bene, B.,(1990). A comparison of frequency and sources of nursing job stress perceived by intensive care, hospice and medical-surgical nurses. Journal of Advanced Nursing.
11. Elpern, E., H., Covert, B., Kleinpell, R., (2005): Moral distress of staff nurses in a medical intensive care unit.AmJCrit Care.
12. Lewis and Gloria, (2013). Burnout and stress: A phenomenological study of ICU nurses' experiences caring for dying patients by, United States,Arizona.
13. Araujo, Silva, and Francisco, (2004). Nursing the dying: essential elements in the care of terminally ill patients, International Nursing Review, Volume 51, Issue 3, DOI: 10.1111/j.1466-7657.2004.00225.
14. Steinhauser, K.,E, Christakis, N.,A., Clipp, E.,C., McNeilly, M., McIntyre, L., and Tulsky,(2000). Factors considered important at the end of life by patients, family, physicians, and other care providers. JAMA.
15. Sedigheh I., Karin A.,1 Stefan ., and Terttu H.,(2010). Caring for Dying and Meeting Death: Experiences of Iranian and Swedish Nurses, Indian J Palliative Care. doi: 10.4103/0973-1075.68405, PMCID: PMC3144438.
16. Waraporn K., (2009). Thai Nurses' Lived Experience of Caring For Persons Who Had A Peaceful Death In Intensive Care Units, Atlantic University Boca Raton, Florida.
17. Kwadwo Ameyaw Korsah, Considerations for care of Persons Living with Type 2 Diabetes in a Ghanaian Hospital: Lessons from Hermeneutic Phenomenological Enquiry, International Journal of Humanities and Social Sciences (IJHS), Volume 6, Issue 2, February-March 2017, pp. 31-52
18. Brenner, Z., R.,(2000). Lessons for critical care nurses on caring for the dying. Critical Care (online), 22(1): 11-12. Available: WWW: http://www.cconline.org.

19. Nikolaos, E., and Wendly,W., (2014).Intensive care nurses' experiences of providing end-of-life care after treatment withdrawal: a qualitative study, Journal of clinical nursing, volume 23.

20. Kongsuwan, W., & Locsin, R., C., (2009). Promoting peaceful death in the intensive care unit in Thailand. International Nursing Review, 56(1), 116-122.

21. Naidoo, V., (2011). Experiences of Critical Care Nurses of Death and Dying In An Intensive Care Unit: A Phenomenological Study.

22. Glaser, B.,G., and, Strauss, A.,L., (2004). Awareness of dying. Aldine: Sociology of health, volume 16, No.,3.

23. Thorn and Kline (2008).Assessing nurses' attitudes toward death and caring for dying patients in a comprehensive cancer center. Oncology Nursing Forum. doi: 10.1188/08.ONF.955-959.

24. Phyllis, A., King, Sandra, P., Thomas, (2013). Phenomenological Study of ICU Nurses' Experiences Caring for Dying Patients Western Journal of Nursing Research 35(10).

25. Chaipet, O., (2007). ICU Nurses' Experience in Caring for Dying Patients. Prince of Songkla University, Had Yai, Songkla, Thailand.

26. Lackie, K., A., (2003). Exploration of critical care nurses' lived experiences of providing "good" death., Dalhousie University School of Nursing.

27. Natalie, A. Pattison, (2010). Cancer patients' care at the end of life in a critical care environment: perspectives of families, patients and practitioners.

28. Monica, Maria, (2004). Communication with dying patients – perception of intensive care units nurses in Brazil Journal of Clinical Nursing, Volume 13, Issue DOI: 10.1046/j.1365-2702.2003.00862.

29. Shorter, M., & Stayt, L., C., (2010).Critical care nurses' experiences of grief in an adult intensive care unit. Journal of Advanced Nursing 66(1), 159–167.doi: 10.1111/j.1365-2648.2009.05191.

30. Hinderer and Katherine, (2012). Reactions to Patient Death: The Lived Experience of Critical Care Nurses by Dimensions of Critical Care Nursing: Volume 31 - Issue 4 - p 252–259, Lippincott Williams & Wilkins.

31. Kirchhoff, K., T., and Beckstrand, R, L., (2005). Providing end-of-life to patients' critical care Nurses' perceived obstacles and supportive behaviors. American Journal of Critical Care. 14(5): 395-403.

32. Farber, A., (2006). The respectful death model: Difficult conversations at the end of life. In:Katz R, Johnson T, eds. When Professionals Weep: Emotional and Countertransference Responses in End-of-Life Care. New York: Routledge.

33. Ayed, A., Sayej, S., Harazneh, L., Fashafsheh, I., Eqtait, F.,(2015). The Nurses' Knowledge and Attitudes towards the Palliative Care Journal of Education and Practice,(6)No.4.