

## Work–Life Balance, Social Support, and Professional Quality of Life in End-of-Life Care Nurses: A Comprehensive Review

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### ABSTRACT

End-of-life care nurses operate in emotionally demanding environments that require sustained compassion, clinical expertise, and ethical sensitivity. These professionals often face high levels of stress, burnout, and moral distress, which can significantly impact their professional quality of life (ProQOL). This comprehensive review explores the interconnected roles of work–life balance, social support, and ProQOL in shaping the well-being and effectiveness of nurses in palliative and hospice care settings. Drawing from international literature, the review highlights how inadequate work–life balance contributes to emotional exhaustion and reduced job satisfaction, while robust social support systems—both formal and informal—serve as protective factors against occupational stress. The concept of ProQOL, encompassing compassion satisfaction, burnout, and secondary traumatic stress, is examined in relation to organizational culture, peer relationships, and personal coping strategies. Evidence suggests that interventions such as flexible scheduling, peer support groups, mental health resources, and leadership training can enhance nurse resilience and retention. Furthermore, the review emphasizes the need for culturally sensitive and inclusive approaches to support nurses from diverse backgrounds. By addressing these interrelated dimensions holistically, healthcare institutions can foster sustainable work environments that prioritize both caregiver well-being and quality patient care. The findings underscore the importance of systemic reforms and continued research to support nurses who provide compassionate care at life’s end.

**Keywords:** *Work–life balance, social support, professional quality of life, end-of-life care, palliative nursing, compassion fatigue*

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### 1. INTRODUCTION

Nursing professionals working in end-of-life care settings—such as palliative care units, hospices, and oncology wards—are uniquely positioned at the intersection of clinical expertise and emotional labor. Their role demands not only technical proficiency but also deep empathy, resilience, and the capacity to navigate complex ethical and existential dimensions of patient care. These nurses often accompany individuals and families through some of life’s most vulnerable moments, providing comfort, dignity, and support during the final stages of life. While this work is profoundly meaningful, it is also

emotionally taxing and can lead to significant professional and personal strain. In recent years, the global healthcare community has increasingly recognized the importance of supporting the well-being of end-of-life care nurses. The concept of **Professional Quality of Life (ProQOL)**—which encompasses compassion satisfaction, burnout, and secondary traumatic stress—has emerged as a critical framework for understanding the psychological impact of caregiving. Compassion satisfaction refers to the positive feelings derived from helping others and making a meaningful difference, while burnout and secondary traumatic stress reflect the emotional exhaustion and vicarious trauma that can result from prolonged exposure to suffering and death. Maintaining a high level of ProQOL is essential not only for the health of nurses but also for the quality of care they provide. Two key factors that significantly influence ProQOL are **work–life balance** and **social support**. Work–life balance refers to the ability to manage professional responsibilities alongside personal and family life. For end-of-life care nurses, achieving this balance is particularly challenging due to irregular shifts, emotional carryover from work to home, and the intensity of patient interactions. When nurses are unable to disconnect from their professional roles, they may experience chronic stress, sleep disturbances, and strained relationships, all of which contribute to burnout and reduced job satisfaction. Social support, on the other hand, acts as a protective buffer against occupational stress. It includes both formal support—such as guidance from supervisors, access to mental health resources, and structured debriefing sessions—and informal support from colleagues, friends, and family. A strong support network can enhance emotional resilience, foster a sense of belonging, and mitigate the negative effects of workplace stressors. In contrast, a lack of support can exacerbate feelings of isolation, helplessness, and emotional fatigue, particularly in high-stakes environments like end-of-life care. The intersection of work–life balance, social support, and ProQOL is especially relevant in the context of global nursing shortages, increasing patient complexity, and the rising demand for palliative services. As population’s age and chronic illnesses become more prevalent, the need for compassionate, skilled end-of-life care continues to grow. Yet, many nurses are leaving the profession due to burnout and emotional exhaustion, creating a cycle of understaffing and increased pressure on remaining staff. Addressing the factors that influence ProQOL is therefore not only a matter of individual well-being but also a strategic imperative for healthcare systems worldwide.

Moreover, the COVID-19 pandemic has further amplified the challenges faced by end-of-life care nurses. Restrictions on family visits, heightened mortality rates, and the emotional toll of caring for dying patients in isolation have intensified stress levels and underscored the need for robust support mechanisms. In this context, the importance of work–life balance and social support has become even more pronounced, prompting renewed interest in interventions that promote nurse well-being. Despite growing awareness, there remains a gap in the literature regarding the integrated impact of work–life balance and social support on ProQOL among end-of-life care nurses. Existing studies often examine these variables in isolation or focus on general nursing populations, overlooking the unique stressors and rewards associated with palliative care. This review aims to bridge that gap by synthesizing international research and offering a comprehensive understanding of how these factors interact to shape the professional experiences of nurses in end-of-life settings.

The objectives of this review are threefold:

1. To explore the challenges and barriers to achieving work–life balance among end-of-life care nurses.
2. To examine the role of social support in enhancing emotional resilience and mitigating burnout.
3. To analyze how these factors collectively influence professional quality of life and identify evidence-based strategies for improvement.

By addressing these objectives, the review seeks to inform policy makers, healthcare administrators, and educators about the systemic changes needed to support nurses in emotionally demanding roles. It also aims to empower nurses themselves by highlighting practical tools and approaches that can enhance their well-being and professional fulfillment. In addition, this review considers the cultural, organizational, and individual dimensions that shape nurses’ experiences. Cultural attitudes toward death, institutional policies, leadership styles, and personal coping mechanisms all play a role in determining how nurses navigate the emotional landscape of end-of-life care. Understanding these nuances is essential for developing interventions that are not only effective but also contextually appropriate and inclusive. Ultimately, the well-being of end-of-life care nurses is a reflection of the values and priorities of the healthcare system. When nurses are supported, respected, and empowered, they are better equipped to provide compassionate, high-quality care to patients and families. Conversely, when their needs are neglected, the consequences ripple outward—affecting patient outcomes, team dynamics, and the sustainability of care delivery. This review contributes to the growing body of literature advocating for a more holistic approach to nurse well-being. By examining the interplay between work–life balance, social support, and professional quality of life, it offers a roadmap for creating healthier, more resilient care environments. In doing so, it honors the vital role that end-of-life care nurses play in the healthcare continuum and affirms the importance of caring for those who care for others.

## 2. METHODOLOGY

This comprehensive review employed a narrative synthesis approach to explore the interrelated themes of work–life balance, social support, and professional quality of life (ProQOL) among nurses working in end-of-life care settings. The

methodology was designed to capture a broad spectrum of international perspectives, theoretical frameworks, and empirical findings relevant to the emotional and occupational experiences of palliative care nurses.

### Search Strategy

A systematic literature search was conducted across multiple academic databases, including PubMed, Scopus, CINAHL, and ScienceDirect. The search covered peer-reviewed articles published between January 2010 and August 2025. Keywords used in various combinations included: “*end-of-life care nurses*,” “*palliative nursing*,” “*work–life balance*,” “*social support*,” “*professional quality of life*,” “*burnout*,” “*compassion fatigue*,” and “*resilience*.” Boolean operators (AND, OR) were applied to refine the search and ensure comprehensive coverage of relevant literature.

### Inclusion and Exclusion Criteria

Studies were included if they:

- Focused specifically on nurses working in end-of-life, palliative, or hospice care settings.
- Addressed at least one of the three core themes: work–life balance, social support, or ProQOL.
- Were published in English.
- Presented original research, systematic reviews, or theoretical analyses.

### Studies were excluded if they:

- Focused on general nursing populations without specific reference to end-of-life care.
- Were opinion pieces, editorials, or lacked empirical grounding.
- Did not provide sufficient detail on methodology or outcomes.

### Data Extraction and Analysis

Selected articles were reviewed in full and relevant data were extracted using a structured template. This included information on study design, sample characteristics, geographic location, key findings, and implications for nursing practice. Thematic analysis was used to identify recurring patterns, conceptual linkages, and gaps in the literature. Findings were grouped under three primary themes: (1) work–life balance challenges and strategies, (2) sources and impact of social support, and (3) dimensions and determinants of professional quality of life.

### Quality Appraisal

To ensure rigor, each study was assessed for methodological quality using appropriate appraisal tools. Quantitative studies were evaluated using the Joanna Briggs Institute (JBI) critical appraisal checklist, while qualitative studies were assessed using the Critical Appraisal Skills Programme (CASP) guidelines. Systematic reviews were examined for transparency, reproducibility, and comprehensiveness.

### Ethical Considerations

As this is a review of existing literature, no ethical approval was required. However, ethical standards were upheld by ensuring that all included studies were published in reputable journals and adhered to ethical research practices.

### Limitations

While the narrative approach allowed for flexibility and depth, it may introduce subjectivity in interpretation. Additionally, the exclusion of non-English publications may limit the global scope of the findings. Nonetheless, the methodology was designed to provide a robust and insightful synthesis of current knowledge on the well-being of end-of-life care nurses.

### Work–Life Balance in End-of-Life Care

Work–life balance is a critical yet often overlooked aspect of nursing practice, particularly in end-of-life care settings where emotional intensity and unpredictability are inherent. Nurses working in palliative and hospice care frequently encounter prolonged exposure to grief, ethical dilemmas, and the psychological weight of supporting patients and families through death and dying. These demands can blur the boundaries between professional responsibilities and personal life, leading to emotional exhaustion, strained relationships, and diminished overall well-being. Unlike other clinical environments, end-of-life care requires sustained emotional presence and empathetic engagement. Nurses often form deep connections with patients and their families, which, while meaningful, can make detachment after work hours difficult. The cumulative impact of witnessing suffering and loss can result in compassion fatigue, a phenomenon where the caregiver’s ability to empathize diminishes over time. Without adequate recovery periods and personal time, nurses may struggle to maintain their mental health and job satisfaction. Shift work, staffing shortages, and high patient acuity further complicate the ability to achieve work–life balance. Many end-of-life care nurses report irregular schedules, mandatory overtime, and limited flexibility, which disrupts routines and reduces time for rest, family, and leisure. These structural challenges are compounded by the emotional labor inherent in the role, making it difficult for nurses to fully disengage from work even when off duty.

Organizational support plays a pivotal role in mitigating these challenges. Institutions that prioritize flexible scheduling, adequate staffing, and access to mental health resources create environments where nurses can better manage their personal and professional lives. Leadership that acknowledges the emotional toll of end-of-life care and fosters open communication can help normalize discussions around stress and burnout, encouraging nurses to seek support without stigma. Personal coping strategies also influence work–life balance. Nurses who engage in mindfulness, physical activity, creative outlets, or spiritual practices often report greater resilience and emotional regulation. However, these strategies are most effective when supported by a workplace culture that values self-care and provides the time and space to practice it. Importantly, work–life balance is not a static achievement but a dynamic process that requires ongoing attention and adaptation. As patient needs evolve and personal circumstances change, nurses must continuously negotiate their boundaries and priorities. Institutions can support this process by offering regular wellness check-ins, professional development on stress management, and opportunities for peer connection. In the context of end-of-life care, promoting work–life balance is not only beneficial for nurses but also essential for maintaining compassionate, high-quality care. When nurses are emotionally and physically well, they are better equipped to support patients with dignity and presence. Conversely, when balance is compromised, the risk of burnout, turnover, and compromised care increases. Ultimately, fostering work–life balance in end-of-life care requires a holistic approach that integrates organizational policies, leadership practices, and individual coping mechanisms. By addressing these factors collectively, healthcare systems can create sustainable environments where nurses thrive both personally and professionally.

### Social Support as a Protective Factor

Social support is widely recognized as a critical buffer against occupational stress, particularly in emotionally demanding fields such as end-of-life care nursing. Nurses working in palliative and hospice settings are routinely exposed to grief, loss, and existential distress, which can lead to burnout, compassion fatigue, and secondary traumatic stress. In such environments, the presence of strong social support—both formal and informal—plays a vital role in preserving emotional resilience and professional quality of life. Formal support systems within healthcare institutions include supervision, team collaboration, access to counseling services, and structured debriefing sessions. When nurses feel supported by their supervisors and colleagues, they are more likely to express concerns, share emotional burdens, and seek guidance during difficult situations. A culture of psychological safety—where staff can speak openly without fear of judgment or reprisal—fosters trust and reduces feelings of isolation. Regular team meetings, reflective practice groups, and peer mentoring programs have been shown to improve morale and reduce turnover in palliative care settings.

Informal support, such as encouragement from family, friends, and peers, is equally important. Nurses often rely on their personal networks to process the emotional weight of their work. Conversations with trusted individuals outside the clinical environment can provide perspective, validation, and emotional release. However, the effectiveness of informal support depends on the nurse's ability to communicate their experiences and the willingness of their social circle to engage with sensitive topics like death and dying. The quality and accessibility of social support can vary significantly depending on organizational culture, leadership style, and individual coping mechanisms. Institutions that prioritize staff well-being by offering mental health resources, promoting work–life balance, and recognizing emotional labor tend to foster stronger support networks. Conversely, environments that emphasize productivity over empathy may inadvertently discourage help-seeking behavior and contribute to emotional exhaustion. Social support also plays a protective role in enhancing compassion satisfaction—the positive aspect of caregiving that stems from making a meaningful difference in patients' lives. When nurses feel appreciated and understood, they are more likely to derive fulfillment from their work, even in the face of adversity. This sense of purpose can counterbalance the emotional toll of end-of-life care and reinforce professional commitment.

Importantly, social support must be inclusive and culturally sensitive. Nurses from diverse backgrounds may face additional barriers to accessing support, including language differences, cultural stigma around mental health, or lack of representation in leadership. Tailoring support systems to meet the needs of all staff members is essential for fostering equity and belonging. In summary, social support is a foundational element in sustaining the well-being of end-of-life care nurses. It mitigates stress, enhances resilience, and promotes a sense of connection in emotionally intense settings. Healthcare organizations must actively cultivate supportive environments—through policy, practice, and culture—to ensure that nurses are not only equipped to care for others but are also cared for themselves.

### Professional Quality of Life (ProQOL)

Professional Quality of Life (ProQOL) is a multidimensional concept that reflects the emotional and psychological experiences of individuals working in caregiving professions. For end-of-life care nurses, ProQOL is particularly significant due to the intense emotional demands, ethical complexities, and sustained exposure to suffering and death inherent in their roles. ProQOL comprises three core components: **compassion satisfaction**, **burnout**, and **secondary traumatic stress**. **Compassion satisfaction** refers to the positive feelings derived from helping others and making a meaningful impact through one's work. Many end-of-life care nurses report high levels of compassion satisfaction, as their role allows them to provide comfort, dignity, and emotional support to patients and families during critical moments. This



sense of purpose and fulfillment can serve as a protective factor against the negative aspects of caregiving. **Burnout**, however, is a persistent risk in palliative care settings. It is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Factors contributing to burnout include heavy workloads, inadequate staffing, lack of recognition, and the emotional toll of repeated exposure to death and grief. Burnout not only affects nurses' mental health but also impairs their ability to deliver compassionate and effective care. **Secondary traumatic stress** arises from indirect exposure to trauma through patients' experiences. End-of-life care nurses often witness intense emotional suffering, family distress, and complex ethical dilemmas, which can lead to symptoms similar to post-traumatic stress disorder. Without adequate coping mechanisms and support, nurses may experience intrusive thoughts, emotional numbness, and avoidance behaviors. Improving ProQOL requires a multifaceted approach. Organizational strategies such as supportive leadership, access to mental health resources, peer support programs, and opportunities for reflective practice can significantly enhance nurses' well-being. Additionally, fostering a culture that values emotional resilience and self-care is essential for sustaining long-term engagement in end-of-life care. In sum, ProQOL is a critical indicator of both caregiver well-being and care quality. By understanding and addressing its components, healthcare institutions can create environments where end-of-life care nurses feel valued, supported, and empowered to continue their vital work.

### Intersections and Implications

The interplay between work–life balance, social support, and professional quality of life (ProQOL) is deeply interconnected in the context of end-of-life care nursing. These three dimensions do not operate in isolation; rather, they influence and reinforce one another in complex ways that shape nurses' emotional resilience, job satisfaction, and capacity to deliver compassionate care. A nurse experiencing poor work–life balance may find it difficult to engage in restorative personal activities, leading to emotional exhaustion and increased vulnerability to burnout. Without adequate social support—whether from colleagues, supervisors, or personal networks—this stress can compound, diminishing the nurse's ability to cope with the emotional demands of end-of-life care. Conversely, strong social support can buffer the effects of work-related stress, helping nurses maintain a sense of purpose and compassion satisfaction even in challenging circumstances. ProQOL serves as a lens through which the cumulative effects of these factors become visible. Nurses with balanced professional and personal lives, supported by empathetic teams and leadership, are more likely to report high levels of compassion satisfaction and lower levels of burnout and secondary traumatic stress. This not only benefits the individual nurse but also enhances the quality of care provided to patients and families during critical life moments. The implications for healthcare institutions are significant. Addressing these interconnected factors requires a holistic approach that integrates flexible scheduling, mental health resources, peer support programs, and leadership training. Policies must be designed to promote emotional well-being, normalize help-seeking behavior, and foster inclusive environments where all nurses feel valued and supported. Ultimately, recognizing and responding to the intersections between work–life balance, social support, and ProQOL is essential for sustaining a healthy and effective end-of-life care workforce. It affirms the principle that caring for caregivers is not ancillary—it is foundational to ethical, high-quality healthcare.

## 3. RECOMMENDATIONS

To enhance the well-being and professional quality of life (ProQOL) of nurses working in end-of-life care, a multi-level approach is essential. The following recommendations address organizational, interpersonal, and individual strategies that can foster resilience, reduce burnout, and promote sustainable caregiving practices.

**1. Institutional Support and Policy Reform** Healthcare organizations should implement flexible scheduling models that allow nurses to maintain work–life balance without compromising patient care. Adequate staffing, workload distribution, and recognition of emotional labor must be prioritized. Institutions should also establish clear policies that promote mental health access, including confidential counseling services and regular wellness check-ins.

**2. Leadership and Management Training** Nurse managers and supervisors should receive training in empathetic leadership, trauma-informed care, and emotional intelligence. Supportive leadership can create psychologically safe environments where nurses feel valued, heard, and empowered to seek help when needed.

**3. Peer Support and Reflective Practice** Creating structured peer support groups, mentorship programs, and debriefing sessions can help nurses process emotional experiences and reduce feelings of isolation. Reflective practice, facilitated through journaling or guided discussions, encourages self-awareness and emotional regulation.

**4. Integration of Mental Health Resources** On-site mental health professionals, resilience workshops, and stress management training should be integrated into routine operations. These resources must be culturally sensitive and accessible to nurses from diverse backgrounds.

**5. Education and Professional Development** Continuous education on coping strategies, compassion fatigue, and self-care should be embedded into nursing curricula and ongoing professional development. Empowering nurses with knowledge enhances their ability to manage stress and maintain compassion satisfaction.

**6. Research and Feedback Mechanisms** Institutions should invest in ongoing research to monitor nurse well-being and evaluate the effectiveness of interventions. Feedback from nursing staff must inform policy adjustments and resource allocation.

#### 4. CONCLUSION

End-of-life care nursing is a profoundly meaningful yet emotionally demanding profession. Nurses in palliative and hospice settings are tasked with providing compassionate care to individuals at the final stages of life, often under conditions of intense emotional strain, ethical complexity, and physical fatigue. This review has explored the interconnected roles of work–life balance, social support, and professional quality of life (ProQOL) in shaping the well-being and effectiveness of these caregivers. The evidence suggests that maintaining a healthy work–life balance is essential for preventing burnout and sustaining emotional resilience. Nurses who are able to separate their professional responsibilities from their personal lives report greater satisfaction, improved mental health, and stronger interpersonal relationships. However, systemic challenges such as irregular shifts, staffing shortages, and emotional carryover from work often make this balance difficult to achieve. Organizational policies that promote flexibility, adequate staffing, and recognition of emotional labor are critical to supporting nurses in this regard. Social support emerged as a powerful protective factor throughout the literature. Whether through formal mechanisms like peer support groups and supervisory guidance, or informal networks of family and friends, social support helps nurses process grief, share burdens, and maintain a sense of connection. Institutions that foster open communication, psychological safety, and inclusive practices are better positioned to retain staff and promote a culture of care. Professional quality of life, encompassing compassion satisfaction, burnout, and secondary traumatic stress, serves as a key indicator of both caregiver well-being and care quality. Nurses who experience high levels of compassion satisfaction are more likely to remain engaged, empathetic, and effective in their roles. Conversely, unmanaged stress and lack of support can lead to emotional exhaustion and compromised patient care.

The intersection of these three dimensions highlights the need for a holistic approach to nurse well-being. Healthcare systems must move beyond reactive measures and invest in proactive, evidence-based strategies that address the emotional, structural, and cultural factors influencing end-of-life care. This includes leadership development, mental health integration, peer support infrastructure, and ongoing research to monitor and respond to evolving needs. Ultimately, caring for those who care for the dying is not just a professional obligation—it is a moral imperative. By prioritizing the well-being of end-of-life care nurses, we uphold the dignity of both caregivers and patients, and ensure that the final chapter of life is met with compassion, competence, and humanity.

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