

Experiences of growth among nurses caring for children with life-limiting conditions: insights from a narrative review

Micha Massaad ,¹ Marie Friedel^{1,2}

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¹Faculty of Science, Technology and Medicine, University of Luxembourg, Esch-sur-Alzette, Luxembourg

²Université catholique de Louvain Institut de recherche santé et société, Brussels, Brussels, Belgium

Correspondence to
Micha Massaad; micha.massaad@uni.lu

ABSTRACT

Background Caring for children with life-limiting conditions (LLCs) is emotionally and existentially demanding for nurses. While much research emphasises distress, burnout and moral challenges, less attention has been focused on the potential for personal and professional growth resulting from these experiences. This narrative review synthesises qualitative research on personal and professional growth among nurses caring for children with LLCs.

Methods A narrative literature review was conducted across Medline, CINAHL, Web of Science, PsycINFO and PubMed (2005–2025). The review included qualitative and mixed-methods studies focusing on nurses' growth experiences in caring for children with LLC in various settings. Data were extracted and analysed inductively using thematic analysis, supported by narrative synthesis. Methodological quality was appraised using the critical appraisal skills programme (CASP) tool.

Results Seventeen studies from diverse global contexts were included. CASP appraisal indicated moderate–high quality across included studies. Six themes and thirteen subthemes reflected multidimensional growth, encompassing existential and life perspective changes, emotional and psychological development, professional identity, relational enrichment, meaning-based, and spiritual and transcendent transformation. Growth often emerged implicitly, rather than as the primary focus of included studies. The findings resonate with established theoretical frameworks, highlighting growth as both an outcome of adversity and as embedded in caring relationships and reflective learning.

Conclusion Nurses caring for children with LLCs undergo multidimensional growth that enhances well-being and strengthens the quality of care they provide. Supporting these processes through reflective practice, education and institutional strategies may foster resilience, improve retention and elevate the quality of paediatric palliative care.

INTRODUCTION

Paediatric palliative care (PPC) is a comprehensive, multidisciplinary approach to care that addresses not only medical treatments but also the physical, emotional, social and spiritual needs of children and young people

with life-limiting and life-threatening conditions (LLCs and LTCs), along with their families. It starts at the diagnosis of illness and continues until the child reaches adult services or the terminal phase.¹

While caring for children with LLCs can be deeply meaningful, much of the literature has focused on the challenges nurses face. These include grief, sadness, emotional exhaustion and feeling overwhelmed or physically drained.^{2–4} Moral distress is also reported, especially in settings like paediatric intensive care units or oncology wards, where difficult decisions are often made.^{5–6} Long-term exposure to suffering may lead to compassion fatigue and burnout, particularly due to secondary traumatic stress.^{7–8} While these difficulties are real, focusing only on them gives an incomplete picture of nurses' experiences.

Alongside these challenges, nurses may also experience profound personal growth, meaning and fulfilment in caring for children with LLCs. Positive psychological effects in PPC are a developing, yet underexplored area of interest in literature. Growth is signified both by enhanced personal resources, such as more positive self-esteem, increased social resources and new coping skills, and by changes in life philosophies, including deeper spirituality, redefined priorities and greater appreciation of life.^{9–10} Personal growth is commonly referred to as a positive psychological change that occurs following adversity.¹⁰ However, Tedeschi and Calhoun¹⁰ emphasised that growth may also result from maturational processes, accumulated life experiences or extraordinary positive events, not solely from traumatic circumstances. Benevolence has emerged as a positive outcome of caregiving, reflecting feelings of reward, altruism and a desire to improve care for patients.^{11–12} One study showed that

paediatric hospital professionals, even without palliative specialisation, experienced personal growth when caring for children with LLCs.¹¹ This growth was expressed through new or shifts in life perspective, reinforced personal resources and a sense of benevolence.¹¹

Conceptual frameworks provide additional perspectives for understanding these processes: Watson's Transpersonal Caring Theory¹³ highlights the relational and spiritual dimensions of nurses' caregiving, showing how caregiving can transform both patients and professionals. Kolb's Experiential Learning Cycle¹⁴ emphasises how reflection on experience fosters professional and personal growth. Together with Tedeschi and Calhoun's model of post-traumatic growth, these frameworks offer a holistic perspective on nurses' growth, integrating relational and spiritual (Watson), reflective and experiential (Kolb), and adaptive and maturational (Tedeschi & Calhoun) dimensions, illustrating how these processes interact to shape nurses' experiences in challenging care settings.

Despite these findings, there is a lack of qualitative research focusing directly and in-depth on nurses' personal and professional growth in the context of PPC. Existing literature often addresses this phenomenon only implicitly or within broader subthemes. Moreover, nurses are frequently included within multidisciplinary samples, and much of the research is conducted outside of specialised PPC settings.

This narrative review aims to explore and synthesise qualitative research on the phenomenon of personal and professional growth among nurses working with children having LLCs.

METHODS

Study design

We conducted a narrative literature review with a qualitative, global focus to explore the phenomenon of growth among nurses working with children with LLCs. This design allowed for the synthesis of diverse qualitative findings across different care settings, including

PPC, hospice, home-based care, paediatric intensive care units (PICUs) and paediatric oncology. Guided by Ferrari's approach,¹⁵ this narrative review addressed broad questions using defined search criteria, systematic data extraction and thematic analysis, ensuring a structured and rigorous process. These methods allowed us to identify and organise recurring themes related to existential, emotional, professional, interpersonal and spiritual growth. The review was registered on PROSPERO (registration number: CRD420251079226).

Search strategy

The search was conducted between May and June 2025 in the following databases: Medline, CINAHL, Web of Science, PsycINFO and PubMed. The search strategy combined MeSH terms and free-text keywords. The search strategy combined MeSH terms and free-text keywords using Boolean operators (AND/OR) and truncation (eg, nurs*) to capture a wide range of relevant studies (table 1). Covidence software was used to remove duplicates and to manage the screening process.

Inclusion and exclusion criteria

Inclusion and exclusion criteria were determined at the outset (table 2). Studies that focused on nurses caring for children with LLCs and LTCs were included. Studies that explore personal, professional, emotional or spiritual growth were selected.

Data extraction and analysis

A structured data extraction template was used to systematically capture study details (eg, authors, year, country, setting, sample and design) and key findings, including direct quotes related to nurses' growth and positive psychological changes. Relevant data were defined as information describing nurses' experiences of growth, including existential, emotional, professional, interpersonal or spiritual changes, as well as direct participant quotes from the selected articles. Extracted data were inductively and manually coded using conceptual coding, with each piece of relevant data assigned a code

Table 1 Terms used

Concept	Terms / MeSH Used
Palliative Care	"Palliative Care", "Palliative Care Nurses", "Palliative Nursing", "Hospice Care", "Terminal Care"
Paediatric Settings	"Pediatrics", "Pediatric Nursing", "Pediatric Intensive Care Units", "Pediatric Critical Care Nurses", "Hospitals, Pediatric"
Positive Psychology	"Job Satisfaction", "Personal Satisfaction", "Resilience", "Positive Emotions", "Positive Attitude", "Positive Psychology"
Meaning & Satisfaction	"Post-Traumatic Growth", "Professional Growth", "Personal Development", "Personal Growth", "Identity Transformation", "Life Purpose", "Spiritual Growth", "Meaning in Life", "Life Satisfaction", "Meaning in Work"
Nurse Experience & Roles	nurs* AND (experience* OR perspective* OR view* OR role*)
Emotional & Psychological Adaptation	"Psychological Adaptation", "Coping", "Positive Behavior Support", "Coping Behavior"

Table 2 Inclusion and exclusion criteria

Category	Inclusion criteria	Exclusion criteria
Population	Registered nurses working in PPC or caring for children with LLC in hospitals, hospices or home-based care	Studies not including nurses
Focus	Exploring growth-related outcomes	Studies focused only on negative outcomes, AND/ OR were only set in non-paediatric, neonatal or perinatal care contexts
Study Type	Qualitative or mixed methods studies with substantial qualitative data	Quantitative studies with a non-qualitative data component
Timeframe	Published from 2005 to 2025	Studies published before 2005
Language	Articles published in English	Non-English articles
Peer Review	Articles published in peer-reviewed journals	Non-peer-reviewed sources
LLC, life-limiting conditions; PPC, paediatric palliative care.		

representing its meaning. Codes were iteratively reviewed and refined to ensure consistency, resulting in a total of 141 codes. Using inductive thematic analysis, codes were grouped into preliminary themes, which were compared across studies, refined and consolidated into a set of six recurring themes; each further divided into subthemes. Following narrative synthesis techniques, a textual narrative was developed for each subtheme. In total, six themes and thirteen subthemes were identified.

Title/abstract and full-text screening were conducted by one author (MM), while coding, theme development and subtheme validation were independently reviewed by two authors (MM and MF). The CASP tool, following Long *et al*, was applied to assess methodological quality, evaluating rigour, credibility and relevance in qualitative studies. This guidance also emphasises consistent appraisal, including the conceptual coherence between a study's theoretical orientation and its methodological choices.¹⁶

RESULTS

The initial database search identified 823 articles. After removing 333 duplicates, 490 articles were screened by title and abstract, of which 424 were excluded for not meeting the inclusion criteria. The remaining 66 full-text articles were assessed for eligibility, with 49 excluded based on predefined criteria. Finally, 17 articles were included in the final review (figure 1). Six were conducted in the USA (including one jointly with Canada),^{12 17–21} three in Canada,^{11 21 22} three in Türkiye^{23–25} and one each in South Africa,²⁶ Spain,² Brazil,²⁷ China,²⁸ Ecuador²⁹ and Italy.³⁰ The majority employed qualitative designs. Table 3 summarises the characteristics of the 17 studies, including their aims, design and methods, country, settings, participants and key findings.

Through thematic analysis, six themes and thirteen subthemes were identified across the 17 studies. The findings are organised into six themes: existential and life-perspective growth, emotional and psychological growth,

professional development and identity growth, relational and interpersonal growth, growth through meaning and purpose, and spiritual and transcendent growth. Figure 2 visually summarises the themes and subthemes identified in our analysis.

1. Existential and Life Perspective Growth

Shifting life priorities and valuing the present

This existential shift often begins with a re-evaluation of what truly matters in life. Many paediatric nurses find themselves rethinking what really matters in life after caring for seriously ill children, often leading to a redefinition of their personal priorities.¹¹ The constant reminder that things can change suddenly makes them more present with their families and more mindful of how they use their time.^{11 12} Several nurses said they've made real lifestyle changes, like choosing to spend more time with loved ones or trying not to take the everyday moments for granted.^{11 12} A few working in haematology–oncology shared how seeing their young patients fight for life pushed them to value life more and stop postponing life.²⁵ Similarly, in another study, professionals in palliative care reflected on how such work deepened their humanity.²⁹

These intense experiences extend beyond the workplace. Some professionals described a shift in how they see the world, becoming more open, profound and even humble in the way they live and think, reflecting a transformation in personality.²⁰ This kind of reflection was evident in a study with hospice workers, where participants described a deepened sense of purpose and stronger connections with others, both personally and professionally.²⁰ Nurses also described appreciating the small things more and becoming less affected by everyday stress, placing greater value on what is truly important, especially when it comes to family and personal time.¹²

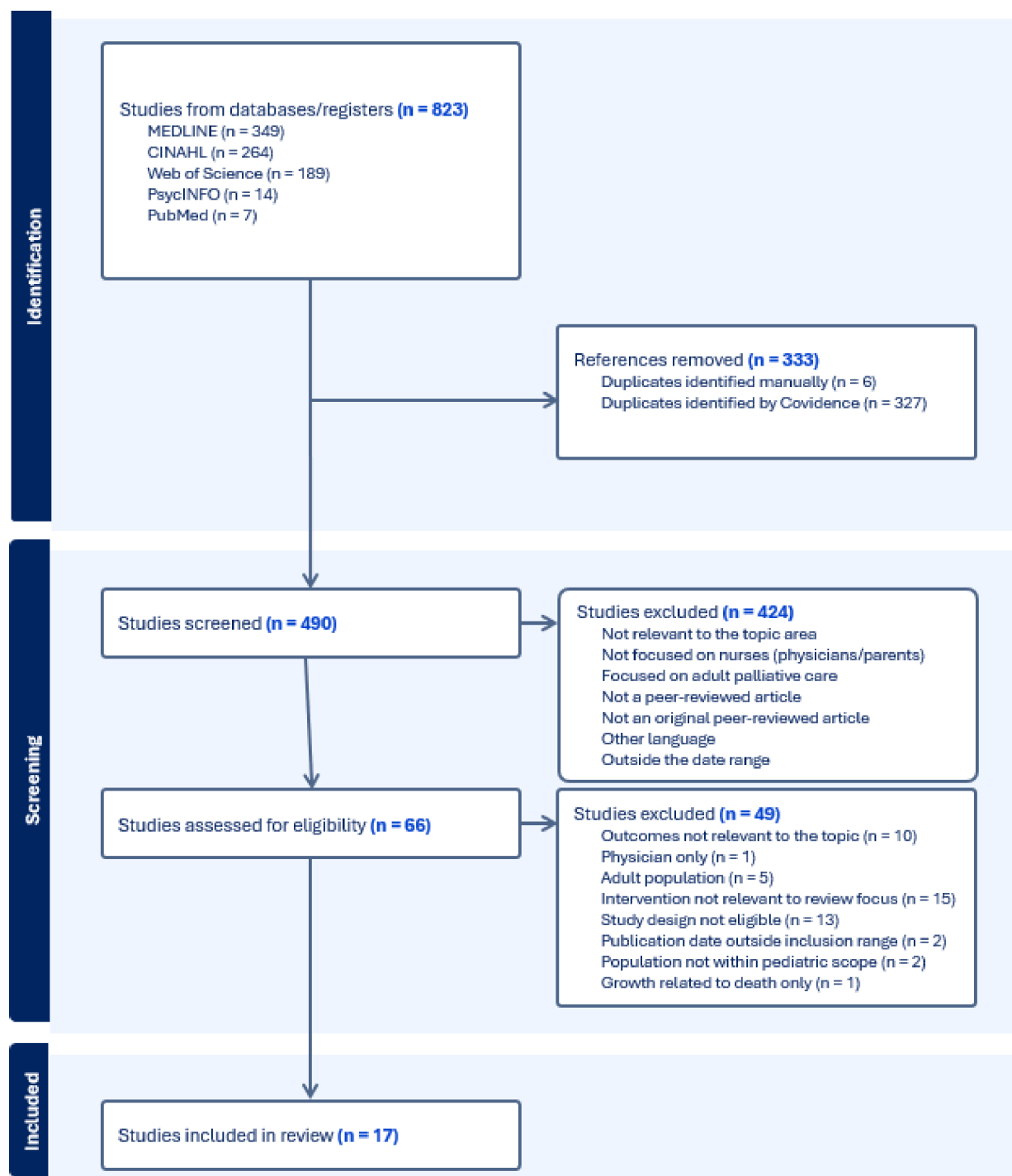


Figure 1 Preferred Reporting Items for Systematic reviews and Meta-Analyses flow diagram of study selection (generated in Covidence).

Gratitude and mindfulness

Nurses expressed gratitude and underwent mindfulness through their work, which developed a deeper sense of appreciation and fostered personal growth both professionally and personally. One remarked on how these experiences had heightened their awareness of everyday blessings, saying, “*I go home, I squeeze my daughter every day, and know every minute that she’s healthy ... [that’s] the most important thing.*”¹¹ For others, this shift took the form of re-evaluating what they found meaningful, leading to a

renewed focus on life’s core values and using their experiences to support others.^{12 29}

Interprofessional clinicians working with children with severe neurological impairment (SNI) also reported significant personal growth. They spoke of gaining perspective on their own biases and of finding meaning in the midst of clinical complexity.¹⁸ These experiences helped them better understand themselves and influenced their understanding of the human condition.¹⁸ One clinician reflected, “*I’m*

Table 3 Characteristics of Included Articles

Author(s) year	Article title	Aim	Design/Methods	Country	Settings	Participants	Main findings
(Beaune <i>et al.</i> , 2018) ¹¹	The Emergence of Personal Growth among Healthcare Professionals Who Care for Dying Children	To identify positive psychological outcomes (eg, altered life perspectives, enhanced resilience) that emerge alongside the challenges of this work, with a focus on nurses, physicians and social workers.	Secondary qualitative analysis of in-depth interviews.	Canada	Canadian paediatric hospital/non-palliative care specialists.	25 Healthcare professionals in a non-palliative ward, not (8 nurses, 8 physicians, 9 social workers) with extensive experience (76% had >10 years in paediatric care).	Three dimensions of personal growth: - Life perspective shifts (gratitude, redefined priorities); - Enhanced personal resources (emotional resilience, communication skills); - Benevolence (advocacy, job satisfaction, sense of making a difference).
(Bassola <i>et al.</i> , 2023) ³⁰	A qualitative phenomenological study of nurses' experiences in caring for infants and children with life-limiting and life-threatening conditions	To understand the experience of nurses caring for infants and children with life-limiting and life-threatening conditions.	Qualitative phenomenological study.	Italy	Paediatric and neonatal intensive care units in Italy.	Twenty-seven nurses are working in paediatric and neonatal intensive care units.	Nurses gain emotional and professional fulfilment, develop resilience, appreciate life more and value empathy and honesty. Peer support, faith and team collaboration aid coping, while case discussions and shared decisions promote personal and professional growth.
(Stayer & Lockhart, 2016) ¹⁷	Living with dying in the paediatric intensive care unit: a nursing perspective.	To understand the perspectives of PICU nurses who provide palliative care to these children and the children's families and to understand the contextual factors associated with the nurses' experience.	Hermeneutic phenomenological interviews.	USA	Paediatric intensive care unit in the northeastern United States.	12 paediatric intensive care unit nurses.	Professional satisfaction, emotional resilience through peer support, sense of purpose and fulfilment from providing compassionate care to the children and their families during this critical time.
(Muskat <i>et al.</i> , 2020) ²²	The experiences of physicians, nurses and social workers providing end-of-life care in a paediatric acute-care hospital	Explored the experiences of social workers, nurses and physicians providing end-of-life care to children in a paediatric acute-care hospital setting.	Qualitative, semi-structured interviews.	Canada	Acute-care paediatric hospital: critical care, neonatology, oncology, transplant, complex care and genetics/metabolics in Canada.	25 Healthcare professionals (physicians, nurses and social workers) hospital that faces many patient deaths based on hospital statistics/ regularly care for children with life-limiting illnesses.	Nurses experienced professional and personal growth through meaningful relationships with families, continuous learning and fulfilment in providing compassionate care. They described their work as a privilege, gaining a deeper appreciation for life and clarity on values. Support from colleagues and traits like humour, faith and openness helped them cope and grow in their roles.
(Budak & Ay Kaatziz, 2025) ²³	"Even though it is difficult, ..., is truly worth everything". A qualitative study on paediatric nurses' end-of-life care experiences	To explore the experiences of paediatric nurses in Turkey regarding end-of-life care, specifically focusing on those working in intensive care units (ICUs), neonatal intensive care units (NICUs) and paediatric units.	Qualitative research, phenomenology design.	Turkiye	Six hospitals of three different types - university, private and public - across eight units and four cities, ICU, NICU providing end-of-life care.	20 nurses from ICU, NICU and paediatric units in providing end-of-life care.	Despite emotional challenges, paediatric nurses found personal and professional fulfilment through their commitment to care. They gained confidence, job satisfaction and deeper life perspective. Their experiences led to emotional growth, acceptance of death and a strong sense of purpose, while also highlighting the need for better training in end-of-life care.

Continued

Table 3 Continued

Author(s) year	Article title	Aim	Design/Methods	Country	Settings	Participants	Main findings
(Turgut & Yildiz, 2023) ²⁴	Investigation of grief and posttraumatic growth related to patient loss in paediatric intensive care nurses: a cross-sectional study	To investigate grief and posttraumatic growth in PICU nurses and to examine related factors	Cross-sectional design and an open-ended question.	Turkiye	87 different PICUs around Turkey.	200 nurses who were working in 87 PICUs.	Post-traumatic growth in PICU nurses is shaped by emotional support, time for reflection and willingness to work in high-intensity settings. Nurses who process their grief effectively, particularly women, show greater growth and resilience. Lower grief levels are associated with increased capacity to grow, highlighting the need for institutional support to foster recovery and professional development.
(Cañas-Lerma <i>et al</i> , 2024) ²⁹	Emotional experiences in palliative care and professional quality of life: a qualitative approach	To explore the experiences that significantly impact the professional quality of life of people providing palliative care (PC) in Ecuador.	Observational cross-sectional qualitative research/ focus groups.	Ecuador	Four cities in Ecuador, individuals working in PC	71 individuals (15 students, 50 professionals and six volunteers) linked to PC. The participating professional and student profiles were physicians (adult and paediatric), social workers, psychologists, nurses, nutritionists, physiotherapists and occupational therapists.	Working in palliative care led to personal growth, valuing life more, using personal experiences to empathise, and relational fulfilment through caregiving, teamwork and gratitude from families.
(Bian <i>et al</i> , 2023) ²⁸	Experience of paediatric nurses in nursing dying children - a qualitative study	To explore paediatric nurses' challenges and effective coping strategies in caring for dying children.	Descriptive qualitative study/ semi-structured interview.	China	Paediatric, paediatric emergency and neonatology departments in a hospital in Hanzhong City, Shaanxi, China	Ten nurses from Paediatric, paediatric emergency and neonatology.	The experience of caring for dying children led paediatric nurses to develop a more positive attitude towards life, making them more passionate about living and more appreciative of their families. Caring for dying children helped nurses value life and family more, positively impacting their life and work.
(Bogetz <i>et al</i> , 2022) ¹⁸	The Impact of Caring for Children With Severe Neurological Impairment on Clinicians	This study aimed to characterise the experiences of clinicians with expertise in caring for children with SNI and their families	Qualitative study/ Semi-structured interviews.	USA	Single tertiary paediatric referral centre in the United States. Clinicians worked in both inpatient and outpatient paediatric care settings, including palliative care, complex care and critical care.	25 interprofessional clinicians: physicians, social workers, nurses/ nurse practitioners, case managers, developmental therapists and other psychosocial clinicians	Clinicians caring for children with SNI experienced personal growth, deeper self-understanding, reflection on biases and greater meaning in their work. They emphasised the importance of teamwork, connection, and respecting families' choices.

Continued

Table 3 Continued

Author(s) year	Article title	Aim	Design/Methods	Country	Settings	Participants	Main findings
(Murphy <i>et al</i> , 2021) ²¹	Paediatric Haematology/Oncology Nurse Spirituality, Stress, Coping, Spiritual Well-being and Intent to Leave: A mixed-method study	To explore, describe and understand how paediatric nurses caring for chronically ill or dying patients use their spirituality to cope with job stress, maintain spiritual well-being (SWB) and continue to work in this specialty	Concurrent mixed-method research design consisted of a web-based survey and interview.	USA and Canada	From the Association of Paediatric Haematology/Oncology Nurses (APHON), United States and Canada	130 Paediatric haematology/oncology nurses (PHONs) were analysed statistically. Semi-structured interviews with 22 PHONs.	Participants described existential spiritual connectedness as a sense of purpose, being true to core values, present in the moment, centred self-awareness, peace as a person, connection to others and the universe, and letting go of physical things. They also perceived their spirituality and spiritual well-being as important to their intent to continue working in a challenging environment.
(dos Santos & Moreira, 2014) ²⁷	Resilience and death: the nursing professional in the care of children and adolescents with life-limiting illnesses	To analyse the resilience of the nursing staff in providing care for children and adolescents with chronic diseases, including coping with their deaths.	Quantitative: Use of the Resilience Scale+Qualitative: semi-structured interviews with nurses.	Brazil	Two paediatric wards of a mid- to high-complexity paediatric hospital in Rio de Janeiro, Brazil.	20 nursing professionals selected from a pool of 56, based on high resilience scores.	Health professionals carry marks from experiencing the living and dying process of children, which becomes a path to building resilience. Through impact, transformation and facing suffering, they develop professional and affective skills, giving new meaning to their practice while embracing vulnerability as part of resilience.
(Rico-Mena <i>et al</i> , 2023) ²	The Emotional Experience of Caring for Children in Paediatric Palliative Care: A Qualitative Study among a Home-Based Interdisciplinary Care Team	To describe the feelings and emotions of professionals working in an interdisciplinary paediatric palliative home care team	Qualitative case study/ In-depth semi-structured interviews.	Spain	The only specialised home-based paediatric palliative care unit in the Madrid region (Spain), based at Niño Jesús Hospital.	18 participants, doctors, specialist palliative care nurses, specialist palliative care psychologists, specialist palliative care social workers, specialist palliative care physiotherapists, and specialist palliative care administrative staff.	Home-based interdisciplinary PPC professionals experienced personal and professional growth, greater satisfaction and a change of perspective on life. Their work led to increased maturity, feeling proud, emotional awareness, tolerance, motivation for continued learning and development of a durable bond with the children and their families.
(Inal <i>et al</i> , 2020) ⁴⁵	Meanings of the Feelings and Thoughts on Children's Haematology and Oncology Service Nurses' Experience: A Qualitative Study	To analyse the feelings and thoughts related to working in the paediatric haematology-oncology unit of the nurses who have worked in this unit in the past, related and the meanings they attribute to it	Qualitative / Semi-structured interviews.	Turkiye	Previously worked in Paediatric haematology-oncology unit in a hospital in Istanbul, Turkey.	15 nurses working experience in the paediatric haematology-oncology but had left their profession.	Working in haematology-oncology helped participants grow professionally, enhancing their experience, confidence and empathy. It also influenced their view of life, leading to greater maturity, responsibility, emotional sensitivity and deeper appreciation for relationships and personal well-being.
(Porter <i>et al</i> , 2022) ¹⁹	"On the Other Side of the Fence": Impact of personal experiences on career path, clinical practice and professional endurance among hospice nurses caring for dying children	To examine if and how personal experiences may influence nurses' decisions to work in paediatric hospice and/or their approaches to caring for dying children.	Qualitative study/ Semi-structured interviews.	USA	Hospice in Tennessee, Mississippi and Arkansas, community paediatric hospice care.	41 hospice nurses care for children with life-limiting conditions.	Hospice nurses described how motherhood enhanced their empathy and shaped their clinical practice. Emotional connection through empathetic caregiving fostered a sense of purpose, meaning and interpersonal growth. These connections support fulfilment in end-of-life care; professional boundaries can sometimes limit this growth.

Continued

Table 3 Continued

Author(s) year	Article title	Aim	Design/Methods	Country	Settings	Participants	Main findings
(Oberholzer & Doolittle, 2024) ²⁸	Flourishing, religion and burnout among caregivers working in paediatric palliative care	To explore factors that promote human flourishing among caregivers working with children in paediatric palliative care in South Africa.	Mixed-methods study/ quantitative questionnaire followed by qualitative open-ended questions	South Africa	Paediatric palliative care settings across South Africa, including: Public and private hospitals, Hospices, Non-profit organisations.	29 caregivers, including: Nurses, doctors, social workers, spiritual counsellors, allied health professionals and programme coordinators.	Participants found their work deeply rewarding, describing it as a calling that brought meaning, purpose and fulfilment. They valued being able to make a difference, especially by advocating for compassionate end-of-life care. Strong relationships with children and families inspired personal growth and resilience, while team interactions provided support, learning and shared purpose.
(DeArmond, 2013) ²⁰	The psychological experience of hospice workers during encounters with death.	To address a gap in the literature on the impact of end-of-life care on the personal life of hospice workers and to focus on the holistic nature of their experience.	Qualitative case study using hermeneutic and psychobiographical methods/ In-depth narrative interviews.	USA	A large hospice in California, USA.	17 hospice workers (nurses, social workers, a pharmacist, a therapeutic harp practitioner, a hypnotherapist)	Personal growth was reflected through a self-reflection, integration of life experiences, spiritual connection and transformative insights. Core themes included interconnectedness, suffering and sacrifice, redemption, and birth and rebirth.
(Vishnevsky et al, 2015) ¹²	The Keepers of Stories: Personal Growth and Wisdom Among Oncology Nurses.	To examine whether oncology nurses experience personal growth and wisdom as a result of caring for cancer patients.	Qualitative grounded theory/Semi-structured interviews.	USA	Various inpatient and outpatient oncology units in a U.S. hospital.	30 oncology nurses in haematology/oncology, bone marrow transplant, radiation oncology and apheresis units.	Oncology nurses in the study reported experiencing personal growth through themes like appreciation of life, new perspective, relating to others, spiritual growth and personal strength, often shaped by both direct and vicarious post-traumatic growth. They also developed wisdom, shown through awareness of life's uncertainty, improved emotional regulation and deeper empathy. A key unifying theme was benevolence, reflected in increased altruism, selflessness and a strong desire to make a difference in others' lives.
ICU, intensive care unit; NICU, neonatal intensive care unit; PICU, paediatric intensive care unit; SNI, severe neurological impairment.							

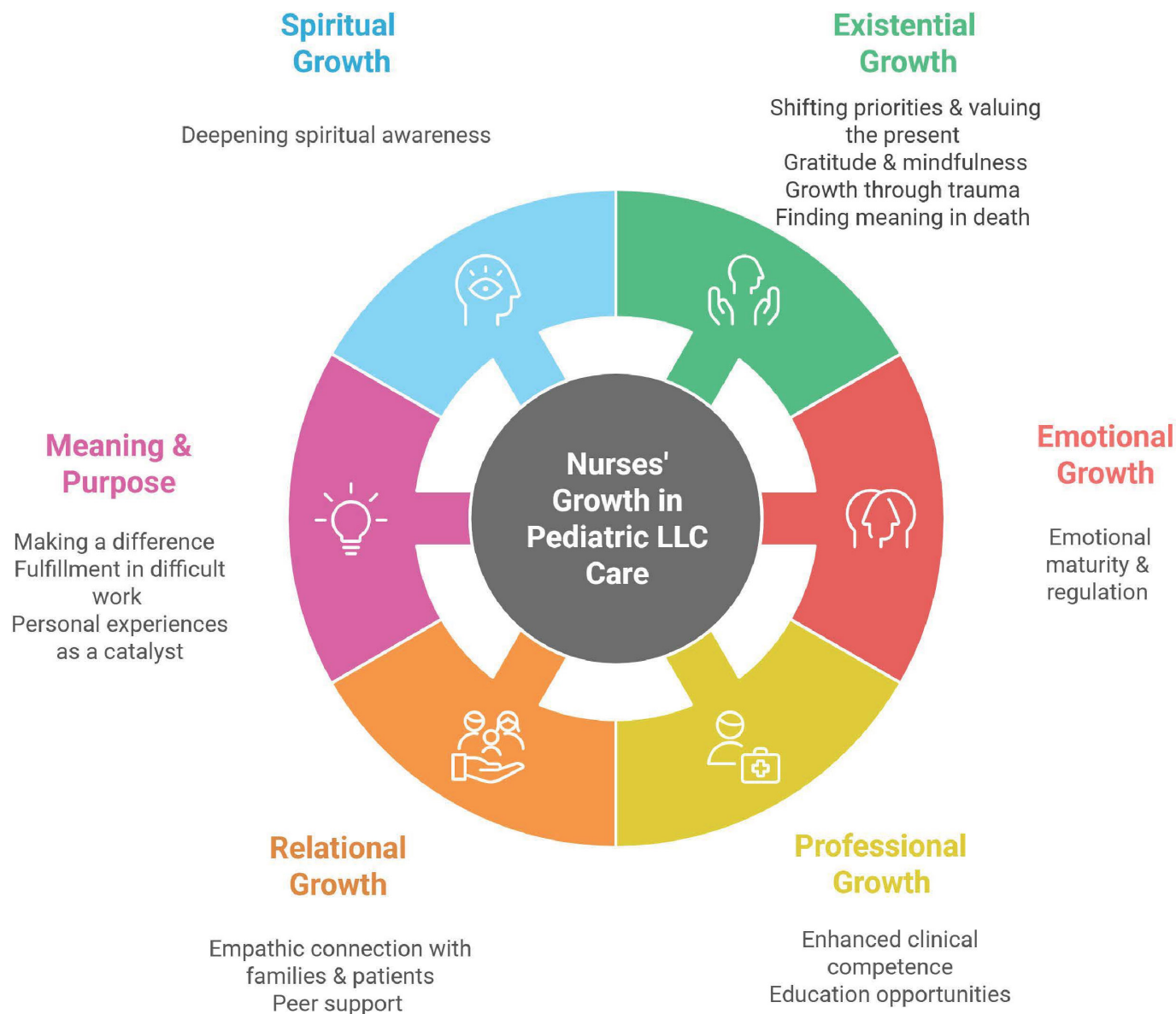


Figure 2 Domains of Nurses' Professional and Personal Growth in Paediatric life-limiting conditions (LLC) Care.

hugely personally impacted by it. I think that it gives you a lot of perspective just in life about the extremes of the human condition.¹⁸

Similarly, nurses who had worked in paediatric haematology–oncology units shared reflections shaped by their unique clinical exposure. For some, the experience had a lifelong impact: “You cannot learn what you have learnt there somewhere else... I owe what I succeed now to what I have learnt there”.²⁵ Others expressed how their work expanded their capacity to love, made them more emotionally responsive in their personal lives and increased their awareness of their families’ health and well-being: “As if I had not lived and felt anything before I worked there...”.²⁵

Growth through adversity and trauma

For many nurses working in the paediatric intensive care unit (PICU) and in oncology settings, repeated exposure to suffering becomes a powerful trigger for post-traumatic growth, reshaping their sense of meaning.

One nurse reflected, “Suffering makes life more beautiful... working here, with all this pain, is my luck,”³⁰ suggesting that close contact with human suffering can awaken a deepened appreciation for life and a renewed sense of purpose and foster sharing with others.^{12 28 30} Some nurses noted that growth after trauma strengthened their resilience and coping ability.^{19 24} Hospice nurses also described resilience through countertransference by transforming emotional adversity into growth and learning.¹⁹

However, when the pace of patient loss leaves no space for emotional recuperation, unresolved trauma may hinder growth.²⁴ In this study, involving 200 PICU nurses across 87 units, those who lacked time for reflection often reported fewer signs of post-traumatic growth following loss.²⁴ In contrast, those who chose to work in emotionally demanding settings often described stronger connections with patients and families, leading to more elevated grief but also greater post-traumatic growth.²⁴

Interestingly, as grief diminished over time, many nurses experienced a rise in post-traumatic growth.²⁴

This shift was not always born from personal trauma alone. Some described growing through witnessing other traumas and the resilience of seriously ill patients. These vicarious encounters led to profound existential insights and a reevaluation of daily life, often expressed as a quiet wisdom acquired through years of emotional presence at the bedside.¹²

Finding Meaning in Death and Dying

Caring for dying children often leaves a deep mark on paediatric nurses, prompting profound existential reflection on death. Some nurses described feeling a sense of closure and fulfilment after providing end-of-life care (EOLC) and being present at the child's passing.²² The child's death was not only a loss but also a moment of learning and personal growth.²² Attending children's funerals helped some find healing and closure.²²

Over time, many nurses became more familiar with EOLC and death-related practices.²³ Facing the certainty of death often led nurses to shift their perspectives on life,^{12 23 28} fostering greater acceptance,^{20 23} understanding of death's non-negative facets,²³ a deeper appreciation for life^{23 28} and stronger connections with loved ones.^{12 28} Among hospice staff, many described becoming more reflective, guiding both the dying and themselves, and developing a sense of peace with death, even seeing it as a form of renewal.²⁰ Others spoke of reduced fear and openness towards death.^{12 20} Oncology nurses noted that witnessing children's courage helped them face their fears of death.¹²

Small gestures, like post-mortem appreciation from a grieving parent, reminded nurses why their role mattered and led them to a sense of fulfilment.²⁹

2. Emotional and Psychological Growth

Emotional maturity and regulation

Caring for children with LLCs often causes nurses to experience deep emotional changes. Many learnt how to manage their emotions, stay calm, express their sadness and develop more compassion,^{11 12 20} which is related to emotional maturity.^{11 12 17 25} These changes felt deeply meaningful, even if not always seen by others.¹² While some described feelings of helplessness and frustration, others described becoming more content and even grateful through their caregiving roles.^{17 20}

This emotional growth usually reflects deeper personal transformation. For many nurses, maturity involves more than controlling emotions; it means becoming better at listening, feeling deeply and being present, sometimes through silence and reflection.^{12 20 25}

Some nurses found themselves becoming more empathetic, even if they hadn't personally experienced loss,^{12 20 29} which shows that their emotional intelligence¹² and self-awareness had increased.^{20 22 29} Many

felt more responsible, humble and connected.^{12 20 25} Nurses used strategies like compartmentalisation to keep their professional boundaries while being emotionally involved.^{18 22}

Having a personal life outside of work was important for participants to cope effectively.²² This includes taking short-term breaks at work, as well as time away from work for their health, exercise and leisure.²² Some mentioned needing time to reflect on their experiences and to allow themselves to feel their emotions.²²

3. Professional Development and Identity Growth

Enhanced Clinical Competence and Professional Growth

Healthcare professionals emphasise that working with seriously ill children significantly contributes to the development of their clinical and communication skills. Many discussed learning from children and families.¹¹ Nurses noted that working in paediatric haematology–oncology enhanced their professional strength.²⁵ Participants noted gaining the ability to conduct difficult conversations, such as talking to families about funeral arrangements, a competence that requires a high level of comfort.¹¹ In addition, participants viewed work as a chance for professional and personal growth, highlighting the unpredictability, problem-solving abilities and continuous learning opportunities from working with each family.²²

Shared decision-making and collaborative case discussions within the team were identified as key contributors to both personal and professional growth.³⁰ Additionally, incorporating families' perspectives into decision-making processes was seen as another valuable way for growth.¹⁸

Effective pain management at the end of life was consistently prioritised by all participating nurses, who highlighted its importance in relieving suffering and ensuring the child was not in pain.^{11 12 17 22 26 29} Nurses expressed a sense of fulfilment in knowing they had 'made a difference' by managing pain effectively and providing reassurance to families.^{12 22} Their dedication to delivering high-quality care until the very end, with a strong emphasis on equitable treatment for all patients, was evident.²³ Additional sources of professional meaning included witnessing symptom relief, supporting families through illness and loss, being accepted by patients and receiving positive feedback.²⁹ One nurse described being naturally shy personally but 'assertive' professionally, reflecting how caregiving can reshape professional identity and confidence.²²

Advocating for improvements in PPC and EOLC, as well as improving the quality of life for children with LLC, included ensuring a pain-free and dignified death, supporting families and advancing overall care quality.^{11 26}

Participants described acknowledging mistakes and uncertainties as an important aspect of growth, reflecting the development of professional humility.¹²

Growth Through Educational Opportunities and Reflexive Practice

Paediatric nurses working in EOLC emphasised the need for improved education both at the institutional level and within university curricula, covering the physical and psychosocial aspects of paediatric terminal care.²³ In addition to the need for training in psychosocial care and emergency interventions, they also highlighted gaps in training related to providing psychosocial support to families and managing emergency interventions effectively.²³ Nurses described their work with children and families as an ongoing learning experience,¹² noting that each family presented a new opportunity for learning.²² Healthcare professionals working in PPC shared that the complexity and challenges of this field contributed to their growth as clinicians and boosted their motivation to seek further training.² Participants emphasised the importance of formal team debriefings as structured opportunities for reflection and coping and called for greater institutional support for these processes.²²

4. Relational and Interpersonal Growth

Empathic Connection with Families and Patients

Many healthcare professionals described the relationships they developed with children and their families as one of the most significant aspects of their work. These connections were not only emotional relations; they were moments of mutual strength, reflection and even personal growth. Several participants described developing close and deep relationships with children and their families they had cared for.^{11 12 18–20 26} Staying connected with families even after a child's passing brought comfort and a sense of continuity in their role.¹¹

In a study involving healthcare professionals caring for children with severe neurological impairment, interactions with parents developed an understanding of family strength and how the child was perceived within their family and community.¹⁸ Passion for work and approaching families with openness were also seen as key traits that enabled relational growth.²² Over time, nurses described learning to take patients' reactions less personally and to understand their frustration.¹² In addition, this work increased interpersonal skills and fostered more meaningful relationships beyond clinical care.^{12 20} Some professionals noted that strict professional boundaries could hinder connections with patients and families, reducing empathy, meaningful interactions and a sense of fulfilment in their role.¹⁹

Peer support and Team connection

Many participants emphasised the value of peer support, often describing the depth of relationships with colleagues.¹¹ Engaging in compassionate care alongside colleagues was seen as reviving and rewarding, encouraging solidarity and a sense of protection.¹¹ This support

was mentioned as an important coping strategy, alongside support from family and friends.^{11 22}

Working within multidisciplinary teams was also a source of joy, particularly when colleagues showed openness to learning about palliative care principles.²⁶ Participants highlighted the importance of having someone to talk to after a tough day and described gaining emotional strength from both coworkers and loved ones.²² Even supportive peers outside of clinical care were seen as a meaningful resource.²² For many working in PPC, these relationships expanded beyond the clinical setting, shaping both their personal and professional lives.²⁰

5. Growth through meaning and purpose

Making a Difference and Finding Reward in Care

Many participants described a deep sense of purpose in their work, rooted in the belief that they were making a meaningful difference in the lives of seriously ill children and their families.^{11 12 26 29} Participants felt they contributed valuable efforts by supporting a child through EOLC.^{11 29}

This sense of benevolence was reflected in professionals' pride and fulfilment from offering meaningful care, even in the face of death.^{11 12} They acknowledged the dual nature of their role, witnessing suffering while still making a positive difference.¹¹ Benevolence emerged as a key dimension of personal growth and professional maturity.¹² Many nurses expressed a strong sense of altruism, natural motivation and satisfaction in helping others. This motivation extended into their personal life and to the community.¹² Nurses found it equally fulfilling to relieve suffering and to make a difference by being present.¹²

Appreciation from families, especially after a child's passing, was deeply validating and reinforced caregivers' sense of meaningful work. One participant shared, "*The families return... I think that gratitude ... they are really very grateful for a job that we do*".²⁹

Several participants described their work as a calling, expressing a deep sense of purpose and feeling they were exactly where they were meant to be.²⁶ Palliative caregivers share a mission in caring for ill children, finding meaning in their work and promoting human flourishing.²⁶

Fulfilment and reward in difficult work

Despite the emotional toll of caring for children with palliative care needs, many healthcare professionals described a profound sense of reward and fulfilment in their work.^{11 12 18 21–23 26 30} As one participant shared: "*I love that I love my job... it's hard work, but I love coming to work every day. I am proud to tell people where I work and what I do and explain to people that it's not sad. It's actually really fun, and rewarding*".¹¹ Another nurse reflected this on their role: "...I'm doing such a noble job..., ...this increases

my self-confidence... the job I'm doing right now might be the most important in the world".²³

Professionals found inspiration and privilege in accompanying children and families through vulnerability, which fostered hope, pride and commitment, even in the absence of a cure or optimal outcome.^{11 12}

Nurses highlighted the valuable life experiences from caring for diverse patients, encountering various ages, ethnicities, races and religions they might otherwise miss.¹²

Personal experiences as a catalyst for growth

Personal experiences were often described as having a significant impact on the career pathways into paediatric palliative care. Several nurses recall themselves as seriously ill children or caring for loved ones, explaining how these moments shaped their empathy and caregiving approach.^{12 19 26} Motherhood also played a role; some nurses said that becoming a mother increased their empathy and allowed them to imagine their child in similar circumstances.¹⁹ One nurse linked her current role as a PPC nurse to her childhood past as a cancer patient and survivor, while another spoke about being hospitalised as a child and how she had positive experiences with nurses, which shaped her compassion in the paediatric hospice.^{12 19 26} For others, experiencing the death of a classmate, sibling or family member during childhood contributed to a deeper emotional impact in their practice.^{19 20} A few participants had even lost a child or had children who survived cancer, turning these experiences into a drive to help others in similar situations.²⁶ In many cases, these personal pasts taught a lasting sense of purpose and vocation to manage this challenging work.^{12 19 20}

6. Spiritual and transcendent Growth

Deepening spiritual awareness and growth

Many participants described their work with children with LLC as a journey of spiritual growth. They spoke of feeling spiritually connected through their work, which gave them a strong sense of purpose, inner peace and alignment with their values.²¹ It also deepened their awareness of the present moment and their connection to others and the world around them, including a detachment from material things.²¹

Several hospice professionals highlighted how the experience deepened their existing spiritual awareness. Some who entered the field had previously undergone a mystic experience or spiritual shift, which increased through their work in the paediatric hospice.²⁰ These caregivers reported a deepened knowledge of God and increased consciousness, prompting a psychological shift resembling a religious transformation.²⁰

Others noted an increase in prayer and spirituality; their prayers shifted from being self-focused toward others.¹² This shift allowed nurses to have more empathy

for patients.¹² For many, caring for patients became a sacred act,¹² and the hospice was described as a meditative space.²⁰

Several participants also spoke about a sense of peace and acceptance that emerged through caregiving. One nurse described feeling at peace after 'giving everything' she could to a family at the end of a child's life (22). Others shared that their spirituality was essential to remain in this demanding work (21). An existential connection with others fosters inner strength, acknowledges humanity and spirituality, and offers oneself in faith (21).

For some, their work was not just a profession, but a divine calling: "I believe this is where God wants me to be," one participant shared (26). Participants experienced deep transcendental spiritual well-being, discovering meaning and purpose in their life journey (21). Some reported ongoing connections with patients beyond death, experiencing soul communication (20). Others reported spiritual experiences such as dreams and numinous experiences that fulfilled their spiritual desires (20).

DISCUSSION

According to the findings of this review, nurses caring for children with LLCs experienced growth across six domains: existential and life perspective, emotional, professional, relational, meaning-based and spiritual. The 17 studies underline that caring for children with LLCs, while emotionally demanding, can also be profoundly transformative. While much of the existing literature has focused on negative outcomes as a result of caring for children with LLCs, such as grief, physical drain, distress, burnout, compassion fatigue and moral challenges.²⁻⁸ These findings also underscore the equally important but less studied dimension of growth, an emerging area of interest that needs further exploration.

It is notable that key subthemes identified in this narrative review, such as *Growth through Adversity and Trauma*, *Fulfilment and Reward in Difficult Work*, and *Personal Experiences as a Catalyst for Growth*, align with existing models of personal growth. For instance, Tedeschi and Calhoun's^{9 10} post-traumatic growth (PTG) model emphasises that significant growth often arises as a result of struggling with highly stressful or traumatic life experiences. This model aligns closely with the experiences described in this review, particularly among nurses caring for children with LLCs. These professionals are regularly exposed to emotionally intense situations, such as complex clinical situations, children suffering and frequent encounters with death, which can profoundly challenge their worldview and potentially foster personal growth. Additionally, many reported personal experiences, such as having been seriously ill in childhood, caring for terminally ill family members or coping with personal bereavement. These moments often served as catalysts for re-evaluating their values and sense of

purpose, ultimately fostering personal growth exactly as the PTG model predicts.

Both the subthemes of *Empathic Connection with Families* and *Patients and Deepening Spiritual Awareness and Growth* are deeply grounded in Watson's *Transpersonal Caring Theory*,¹³ which defines caring as a profound, human-to-human connection that involves emotional, relational and spiritual aspects. Nurses caring for children with LLCs stated they developed empathic, deep bonds with families that went beyond standard care. These relationships are marked by trust, openness and shared emotional connections. In this context, Watson defines transpersonal caring as 'an intersubjective and equal connection between two individuals', which involves caring consciousness, intentionality, presence and the ability to care for oneself and others.¹³ At the same time, many nurses experienced their caregiving as spiritually transformative, expressing a sense of calling, increased awareness and peace through their work. These narratives support Watson's view that transpersonal caring is a deeply involved connection that results in meeting others at the soul or spiritual level. They also resonate with Tedeschi and Calhoun's domain of deeper spirituality, a core component of post-traumatic growth, which emphasises the way adversity can foster enhanced meaning and transcendence. Together, these findings highlight how interpersonal relationships and spiritual connections can lead to profound personal growth for the nurse.

The theme of *Professional Development and Identity Growth*, which includes the subthemes *Enhanced Clinical Competence and Professional Growth* and *Growth Through Educational Opportunities and Reflexive Practice*, is closely in line with Kolb's Experiential Learning Cycle.¹⁴ Nurses described how they learnt directly from practice by dealing with complex clinical situations, managing symptoms at the end of life and communicating with families, while developing confidence and competence. These experiences were often followed by reflection, whether through team debriefings or personal introspection, which helped them process emotional challenges and reconsider their professional approach. These reflections influenced how they approached future care, presenting a learning process based on doing, thinking and adapting. This matches Kolb's model of experiential learning, in which growth occurs through cycles of experience, reflection, learning and application. As Tipton³¹ highlights, healthcare professionals grow when they reflect on what has happened and adjust their thinking; professional growth is thus closely linked to learning through experience, as reflected by the nurses in their narratives.

These theoretical perspectives suggest that nurses' growth when caring for children with LLCs or in palliative care is not only an outcome of adversity but is also embedded in caring relationships and reflective learning. This suggests that growth is a multidimensional process that includes existential and life-perspective changes, emotional and psychological enrichment, professional development, relational growth, enhanced

meaning-making and spiritual transformation, all influenced by both personal and professional experiences.

By recognising and supporting nurses' growth, the healthcare sector can play a vital role in enhancing their well-being and improving the overall quality of paediatric palliative care. Evidence highlights that growth can be fostered through institutional strategies such as bereavement training, reflective debriefings, peer mentoring and the integration of paediatric palliative care into nursing education.^{2 11 19 22 23 30 32} Peer support and teamwork,^{11 20 22 26} alongside child and family-centred care approaches,^{11 12 18–20 26} also contribute to nurses' sense of meaning and fulfilment. Importantly, evidence also shows that tailored education, reflective support and resilience-building foster nurses' professional growth, helping them stay in their roles, retain staff and make paediatric palliative care a more attractive field.^{19 33}

The limitation of this review is that the majority of the included studies did not explicitly focus on growth; instead, it often emerged implicitly or as a subtheme within broader explorations of nurses' experiences, which requires a higher degree of interpretive work during our synthesis. Furthermore, the search strategy, though systematic, may not have captured all relevant literature due to inconsistent keyword usage across studies. In addition, the fact that nurses were often studied within multidisciplinary samples makes it difficult to isolate experiences unique to the nursing role, and much of the existing research was conducted outside of specialised PPC settings, which may affect the transferability of findings.

Future research should investigate whether and how nurses' growth experiences influence staff retention and turnover, and identity strategies to actively encourage personal and professional growth. In particular, studies focusing on specialised paediatric palliative care settings are needed, as growth remains underexplored in this context.

Conclusion

This narrative review highlights that while caring for children with LLCs can be quite demanding, it might even be a source of personal and professional growth for nurses. This review revealed that growth manifests in various facets, such as existential, emotional, relational, professional, meaning-making and spiritual, and can be driven by post-traumatic growth, transpersonal caring and experiential learning. Recognising and supporting growth is essential for improving nurses' well-being and for elevating the care standards of paediatric palliative care.

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ORCID ID

Micha Massaad <https://orcid.org/0009-0000-9155-6263>

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