RESEARCH ARTICLE

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Nurses' Experiences of Grief Care for Terminally Ill Cancer Patients and Their Families: A Qualitative Study

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Abstract

Background: Grief care is a vital yet emotionally demanding component of end-of-life nursing for patients with terminal cancer, with significant implications for family and community well-being. In Jordanian private hospitals, cultural sensitivities surrounding death and limited formal grief-care education may challenge nurses' ability to support patients and families effectively, with implications for sustainable healthcare practice. **Purpose:** This study explored nurses' experiences of grief care work with dying patients and their families from a community health nursing perspective in a Jordanian private hospital and considered its relevance to the Sustainable Development Goals (SDGs). **Methods:** A qualitative study using semi-structured, in-depth interviews was conducted. Twelve nurses with experience caring for terminally ill cancer patients in a Jordanian private hospital participated. Data were analyzed using thematic analysis. **Results:** Results: Twelve nurses participated in the study. Five themes emerged across the periods before, during, and after patient death: (1) hardships and efforts of patients and families in facing death; (2) family reactions during the dying process; (3) providing compassionate nursing care; (4) nurses' experiences in grief care; and (5) nurses' personal and professional transformation. Ten subthemes captured key aspects of these experiences, including patient suffering, family support, stress and acceptance, emotional expression, practical care, nurses' concerns for the bereaved, feelings of helplessness, challenges in grief care, needs for future support, and professional growth. Nurses reported experiencing emotional burden, communication challenges, and moral distress, yet demonstrated resilience, empathy, and development of both personal and professional coping strategies. **Conclusion:** Cultural barriers and limited grief-care training hinder effective end-of-life support. Integrating structured grief-care education, reflective practice, and psychological support into nursing education and hospital systems and community-oriented care models can enhance care quality and promote nurses' well-being, contributing to SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education), and SDG 8 (Decent Work and Economic Growth).

Keywords: Grief care, End-of-life care, Community health nursing, Qualitative research, sustainable development Goal

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Introduction

Globally, approximately 9.9 million people die from cancer each year. In Jordan, cancer represents a growing public health challenge, with national cancer registries reporting a substantial and increasing number of new diagnoses; for example, the Jordan National Cancer Registry documented over 10,700 new cancer cases in 2022, with crude incidence rates of more than 112 cases per 100,000 population. This trend reflects rising exposure to risk factors such as tobacco use and obesity and aligns with broader regional patterns of increasing cancer burden [1].

In Jordanian society, strong family bonds and traditional values mean that family members often serve as the primary caregivers for patients with cancer. Caregiving can impose significant emotional, psychological, and financial strains on families. A cross-sectional study of 257 family caregivers of cancer patients in Jordan found that caregivers experienced notable levels of burden, anxiety, and depression, all of which were significantly associated with poorer quality of life scores [2]. Similarly, among parents of children with cancer, about 75% reported mild to severe caregiving burden, with psychological distress and financial constraints emerging as key predictors of higher burden levels [3]. Another study focusing on caregivers of patients with breast cancer reported that approximately 27.9% exhibited symptoms of depression, with negative impacts on various aspects of health-related quality of life [4].

From an economic perspective, the indirect cost of cancer in Jordan is substantial, with estimates suggesting that cancer imposes an economic burden equivalent to 1.4%–3.6% of the country's GDP, amounting to billions of

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international dollars due to lost productivity and disability [5]. In addition, national reports have highlighted that treating cancer in Jordan costs hundreds of millions of Jordanian dinars annually, placing heavy financial pressure on families and the healthcare system [6].

Enduring the physical tasks and emotional distress involved in caregiving along with the grief associated with disease progression or the loss of a loved one contributes to significantly compromised mental health among caregivers in Jordan. Given these findings, it is reasonable to assert that families of patients with cancer in Jordan have a high need for grief care and psychosocial support. However, despite this evident need, few studies have specifically examined the provision of structured grief care within hospital settings in Jordan, indicating an important gap in both research and clinical practice.

Understanding the experiences and perspectives of oncology nurses who provide end-of-life care in Jordan is crucial for designing grief care interventions that are culturally sensitive and consistent with Jordanian values and beliefs regarding life, death, and mourning. Implementing such approaches can support family caregivers in coping with loss, enhance nursing education and training in palliative and grief care, and help reduce emotional exhaustion and burnout among nurses. From a community health nursing perspective, grief care extends beyond hospital walls, addressing family well-being, cultural practices, and psychosocial adaptation within the community. Accordingly, this study aimed to investigate the experiences of grief care among terminally ill cancer patients, their families, and nurses, as perceived by nurses providing end-of-life care in hospitals in Jordan, with a focus on family-centered care.

Materials and Methods

Design

This qualitative descriptive study was conducted through an interview with a nurse. A nurse with experience providing end-of-life care for a patient with cancer in a Jordanian hospital was recruited using purposive sampling, supplemented by snowball sampling [7]. Data were collected via a semi-structured interview and analyzed following Braun and Clarke's six-phase approach to thematic analysis.

Theoretical Framework

Grief work among family members occurs in two phases: anticipated grief before the patient's death and acceptance of the loss during and after it. According to Pop-Jordanova [8], anticipated grief involves the emotional, psychological, and physical strain experienced when a family anticipates a patient's passing. After the death, family members formally enter the grief work phase. This study considers that patients, families, and nurses experience distinct emotional and practical challenges at each stage before, during, and after the patient's death.

Setting and Recruitment

The study was conducted at a private hospital in central Amman, Jordan. Fifteen nurses were initially recruited from different units, but only 12 continued participation. Recruitment was voluntary, with interested nurses contacting the researchers directly. Interviews were conducted at times and locations preferred by participants, including online. Detailed study information, consent forms, and procedures were provided via face-to-face discussions, emails, phone calls, or online meetings. All participants gave informed consent and were informed of their right to withdraw at any time.

Inclusion criteria included experience caring for terminal-stage cancer patients and their families, willingness to share experiences, and ability to communicate in Arabic. Exclusion criteria included nurses with diagnosed mental health conditions.

Data Collection

Between June 2022 and August 2022, 20 nurses initially expressed interest in participating and were contacted. Basic demographic and professional information—including age, gender, years of experience, education, and marital status was collected. Participants were from respiratory medicine, gastroenterology, hepatobiliary surgery, oncology, and haematology wards. Patients under their care had lung, liver, pancreatic cancers, or leukaemia. Table 1 presents the nurses' characteristics and patient distribution across departments.

Semi-structured, in-depth interviews were conducted to explore nurses' experiences, focusing on: (1) patient and family reactions before and after death; (2) bereavement care provided; (3) nurses' attitudes toward the bereaved; (4) challenges in providing care; and (5) the personal impact of these experiences. The first author (LF) monitored participants' emotions, posed follow-up and guiding questions (e.g., "Why?"; "Can you give an example?"), and conducted interviews individually in Chinese.

Due to COVID-19 restrictions and scheduling constraints, only 12 nurses participated. Three interviews were conducted face-to-face, and nine via the VOOV online platform. Two participants required a second interview for additional clarification or equipment issues. All interviews were recorded and transcribed for analysis.

Data Analysis

Data saturation was reached after the 10th interview, with no new themes emerging; two additional interviews confirmed theoretical saturation. Thus, data from 12 participants were included in the analysis. Data were analyzed using Microsoft Excel following Braun et al. six-phase thematic analysis [9]. First, researchers familiarized themselves with the transcripts, noting initial impressions. Second, initial codes were generated and refined through critical review and discussion. Third, sub-themes and overarching themes were identified from the nurses' perspective, considering patient, family, and nurse experiences across the end-of-life timeline. Fourth, themes were reviewed and combined where appropriate to ensure consistency with the dataset. Fifth, themes were clearly defined and named according to their core content. Finally, the report summarized nurses' experiences and

emotions in providing end-of-life and bereavement care, highlighting patient and family experiences before, during, and after death.

Ethical Considerations

This study was conducted in accordance with the Declaration of Helsinki, ensuring that participants' autonomy and voluntary participation were fully respected. Ethical approval was obtained from the Ethics Review Committee of the private hospital (approval number: KH-148-2022). All participants received detailed information about the study's purpose, procedures, and potential risks and benefits. Informed consent was obtained prior to participation, and participants were assured that they could withdraw from the study at any time without any consequences. Confidentiality and anonymity of participants' data were strictly maintained throughout the research process.

Results

Five main themes and ten subthemes were identified from the thematic analysis of interviews with twelve nurses (Participants A–L) working in a private hospital in Amman, Jordan. The themes reflect nurses' experiences of caring for patients with cancer and their families before, during, and after patient death, encompassing patient suffering, family responses, nursing care practices, emotional challenges, and professional transformation.

Participants

The average interview duration was 38 minutes, with a total interview time of 456 minutes. Participants' ages ranged from 25 to 59 years (mean age: 34.6 years). Their clinical experience ranged from 1.5 to 40 years (mean: 12.4 years). The sample included both male and female nurses. Most participants held a bachelor's degree in nursing, while a smaller proportion completed a three-year nursing diploma program. Participant characteristics are presented in Table 1.

Table 1. Characteristics of Participants (N = 12)

Characteristic	Category	n
Gender	Female	8
	Male	4
Marital status	Married	9
	Unmarried	3
Age (years)	Range	25–59
	Mean	34.6
Years of employment	Range	1.5–40
	Mean	12.4
Education	Bachelor's degree	9 (75.0%)
	Diploma (3 years)	3 (25.0%)
Hospital level	Private hospital, Amman	12
Family history of cancer	Yes	3
	No	9
Interview duration (min)	Range	15–80
	Mean	38

Themes

Theme 1: Hardships and Efforts of Patients and Their Families in Facing Death

Subtheme 1.1. Physical Suffering and Clinical Burden of Advanced Cancer

Participants described patients with advanced cancer as experiencing intense physical suffering, including severe pain, fatigue, loss of appetite, and complications related to disease progression and treatment. Frequent invasive procedures further diminished patients' quality of life, particularly in the final stages.

"Most patients are extremely exhausted by pain and repeated procedures." (Participant A)

Subtheme 1.2. Families' Commitment and Sacrifice in Supporting Patients

Nurses emphasized the extensive efforts made by families to support patients emotionally, physically, and financially. Despite economic hardship and emotional strain, families often prioritized the patient's comfort and treatment continuity.

"Families try everything possible, even when it puts great pressure on them." (Participant C)

Theme 2: Family Reactions across the Dying Process

Subtheme 2.1. Psychological and Social Stress Experienced by Families

Participants reported that families experienced overwhelming stress due to caregiving responsibilities, financial burdens, and uncertainty about outcomes. These pressures often disrupted family roles and future plans.

"Some family members leave their jobs and neglect their own needs." (Participant D)

Subtheme 2.2. Expression of Grief and Gradual Acceptance of Death

Families expressed grief in diverse ways, including crying, silence, shock, and emotional withdrawal. Over time, many gradually accepted death as inevitable and, in some cases, as relief from prolonged suffering.

"After a long struggle, death is sometimes seen as mercy." (Participant E)

Theme 3: Providing Compassionate Nursing Care

Subtheme 3.1. Holistic Care for Patients and Families

Nurses described providing holistic care focused on comfort, dignity, and emotional support. This included pain relief, reassurance, and open communication with both patients and families.

"We care for the patient and the family as one unit." (Participant F)

Subtheme 3.2. Support for Bereaved Families after Death

After patient death, nurses continued to support families by offering private time for farewell, emotional comfort, and respectful postmortem care.

"We give families time and space to grieve peacefully." (Participant G)

Theme 4: Nurses' Experiences and Challenges in Grief Care

Subtheme 4.1. Emotional Impact of Repeated Exposure to Death

Participants described feelings of sadness, helplessness, emotional fatigue, and psychological burden resulting from repeated exposure to patient death.

"Seeing death repeatedly affects me emotionally." (Participant H)

Subtheme 4.2. Barriers to Effective Grief Care

Heavy workloads, time constraints, and cultural sensitivity around discussing death limited nurses' ability to provide comprehensive grief care.

"Families often avoid talking about death, which makes support difficult." (Participant I)

Theme 5: Professional and Personal Transformation of Nurses

Subtheme 5.1. Development of Emotional Resilience and Coping Strategies

Through experience, nurses developed coping mechanisms to protect their emotional well-being while maintaining professional responsibilities.

"I learned how to manage my emotions to continue caring effectively." (Participant J)

Subtheme 5.2. Enhanced Humanistic and Reflective Nursing Practice

Nurses reported increased empathy, reflection, and attention to psychological care, influencing both professional practice and personal life perspectives.

"Now I focus more on the human side, not only technical tasks." (Participant L) (Table 2).

Table 2. Themes and Subthemes Identified from the Analysis

Theme	Subtheme	Phase*
Hardships and Efforts of Patients and Their Families in Facing Death	1.1 Physical Suffering and Clinical Burden of Advanced Cancer	I
	1.2 Families' Commitment and Sacrifice in Supporting Patients	I
Family Reactions across the Dying Process	2.1 Psychological and Social Stress Experienced by Families	I–III
	2.2 Expression of Grief and Gradual Acceptance of Death	I–III
Providing Compassionate Nursing Care	3.1 Holistic Care for Patients and Families	I–III
	3.2 Support for Bereaved Families after Death	III
Nurses' Experiences and Challenges in Grief Care	4.1 Emotional Impact of Repeated Exposure to Death	I–III
	4.2 Barriers to Effective Grief Care	III
Professional and Personal Transformation of Nurses	5.1 Development of Emotional Resilience and Coping Strategies	III
	5.2 Enhanced Humanistic and Reflective Nursing Practice	III

Discussion

This qualitative study explored nurses' perspectives on grief work involving patients with cancer and their families before, during, and after patient death in a private hospital in Amman, Jordan. The findings revealed five interrelated themes and ten subthemes that illuminate the multidimensional experiences of patients, families, and nurses throughout the dying process. The discussion integrates these findings with existing literature and situates them within the sociocultural and clinical context of Jordan.

Understanding Patients' and Families' Experiences at the End of Life

Consistent with Theme 1 (Hardships and Efforts of Patients and Their Families) and Theme 2 (Family Reactions across the Dying Process), nurses described profound physical suffering among patients with advanced cancer, alongside intense emotional, psychological, and financial strain experienced by family members. Patients endured pain, functional decline, and treatment-related complications, while families witnessed this suffering and simultaneously faced anticipatory loss and uncertainty.

These findings align with previous studies demonstrating that advanced cancer significantly compromises quality of life and places a substantial caregiving burden on families, particularly in settings where palliative care services are limited or introduced late in the disease trajectory [10, 11]. Nurses' accounts highlighted families' persistent efforts to support patients emotionally and materially, even when resources were constrained, reinforcing the central role of family caregiving in Middle Eastern cultures [12].

Family reactions evolved over time, reflecting Subthemes 2.1 (Psychological and social stress) and 2.2 (Grief expression and acceptance). Nurses observed emotional trajectories characterized by anxiety, exhaustion, denial, and eventual acceptance of death. Similar trajectories have been reported internationally, where anticipatory grief may coexist with hope and emotional restraint [13, 14]. In the Jordanian context, cultural norms emphasizing patience, faith, and family responsibility appeared to shape how grief was expressed, often leading families to suppress overt emotional distress during the patient's final days.

Importantly, nurses noted that limited communication about prognosis and dying sometimes resulted in unresolved emotions and regret after death. Prior research suggests that meaningful communication before death is associated with healthier bereavement outcomes and reduced complicated grief [12, 10]. These findings underscore the need for early, culturally sensitive communication facilitated by nurses to support both patients and families.

Compassionate Nursing Care and Emotional Challenges

Theme 3 (Providing Compassionate Nursing Care) reflects nurses' commitment to holistic care that extends beyond physical symptom management. Participants described providing emotional reassurance, maintaining patient dignity, and supporting families through presence, listening, and respectful postmortem practices. This aligns with the core principles of palliative nursing, which emphasize patient–family-centered care and psychosocial support [15]. These findings also align with core principles of community health nursing, in which the family is regarded as the primary unit of care and nurses play a vital role in promoting psychosocial well-being within cultural and community contexts.

However, Theme 4 (Nurses' Experiences and Challenges in Grief Care) revealed the emotional toll of repeated exposure to death. Nurses reported sadness, helplessness, and emotional fatigue (Subtheme 4.1), consistent with literature on compassion fatigue and emotional labor in oncology and end-of-life nursing [16, 17]. These emotional responses were compounded by workload pressures, limited time for communication, and insufficient formal training in grief care (Subtheme 4.2).

Cultural sensitivity surrounding death in Jordan where open discussion of dying may be perceived as distressing or inappropriate further complicated grief care delivery. Similar barriers have been identified in other Middle Eastern and collectivist societies, where families may prioritize protection from emotional harm over transparency [18, 19]. Nurses often found themselves navigating between professional responsibilities and cultural expectations, which sometimes led to emotional withdrawal as a self-protective strategy.

The absence of structured bereavement follow-up was also evident. Once families left the hospital, nurses typically lost contact with them, limiting opportunities for continued grief support. This gap mirrors findings from international studies highlighting the lack of continuity in bereavement care within acute hospital settings [20].

Nurses' Professional Transformation and Implications for Grief Care

Despite these challenges, Theme 5 (Nurses' Transformation) demonstrates that repeated exposure to patient death fostered professional growth and personal reflection. Nurses described developing emotional resilience (Subtheme 5.1) and adopting more humanistic, reflective approaches to care (Subtheme 5.2). These transformations are consistent with research suggesting that meaningful engagement with end-of-life care can enhance nurses' empathy, ethical awareness, and professional identity [11]. Supporting nurses' emotional well-being is essential not only for individual resilience but also for sustaining a healthy nursing workforce, which represents a critical component of community and public health systems.

Participants expressed a strong desire to provide more structured grief care for families, including psychological support and peer-sharing opportunities. International models such as family-based bereavement interventions and support groups have demonstrated effectiveness in reducing grief-related distress [18, 15, 21]. While such programs are not yet widely implemented in Jordan, nurses' insights highlight the feasibility of adapting these approaches to local cultural and organizational contexts.

To support this evolution, systemic efforts are required at multiple levels. Educationally, grief care, communication skills, and end-of-life ethics should be integrated into undergraduate and continuing nursing education [22]. Organizationally, hospitals should consider interdisciplinary collaboration and workload adjustments to enable nurses to engage meaningfully with families. At the policy level, national frameworks supporting palliative and bereavement care are essential to ensure sustainability and quality.

Limitations

This study has several limitations. First, the findings are based solely on nurses' perspectives from a single private hospital in Amman, which may limit transferability to other settings. Second, although both male and female nurses participated, the sample size was relatively small. Third, family members' and patients' perspectives were not included; future studies should adopt a multi-perspective approach to better capture the full scope of grief work experiences.

In conclusion, this study provides valuable insights into nurses' experiences of grief work with patients with cancer and their families in Jordan. The findings highlight the complexity of end-of-life care, the emotional burden borne by nurses, and the transformative potential of compassionate practice. Nurses play a pivotal role not only in clinical care but also in supporting families through anticipatory grief and bereavement. Strengthening education, institutional support, and culturally sensitive grief care systems is essential to enhance the quality of care and sustain nurses' emotional well-being.

Relevance to Community and Clinical Health Nursing Practice

The findings emphasize that grief care is an integral component of quality end-of-life nursing practice. Nurses are uniquely positioned to facilitate meaningful communication, support families emotionally, and promote healthier grief processes. Integrating structured grief care into routine clinical practice can improve outcomes for families while enhancing nurses' professional satisfaction, resilience, and commitment to holistic care.

The findings further highlight the importance of continuity of grief care beyond the hospital setting and into the community, ensuring that families receive ongoing psychosocial support following the loss of a loved one. By adopting a family-centered approach, nurses can strengthen family resilience and support adaptive coping with emotional stress and role changes during bereavement. Early, culturally sensitive nursing interventions may contribute to the prevention of complicated grief by identifying families at risk and providing timely emotional guidance. In addition, the emotional burden experienced by nurses underscores that nurse well-being should be recognized as a public health concern, as sustained institutional and educational support

is essential for maintaining a resilient and compassionate nursing workforce.

Author Contribution Statement

Ahmad Mahmoud Saleh: Conceived and designed the experiments, performed the experiments, analyzed and interpreted the data, contributed reagents, materials, analysis tools or data, and wrote the paper.

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Scientific Body / Thesis

This study was approved by the Ethics Review Committee of the private hospital (approval number: KH-148-2022). It is not part of a student thesis

Ethical Approval

Ethical approval was obtained from the Ethics Review Committee of the private hospital (approval number: KH-148-2022).

Data availability

Data supporting the findings of this study are available from the corresponding author on a reasonable request.

Study Registration

This qualitative study was not registered in a clinical trial registry.

Conflict of Interest

The authors declare no conflict of interest.

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