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**Stress, Coping Strategies and Psychological Well-being
due to End of Life Care among Nurses in Neonatal
Intensive Care Units**

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Intensive Care Units**

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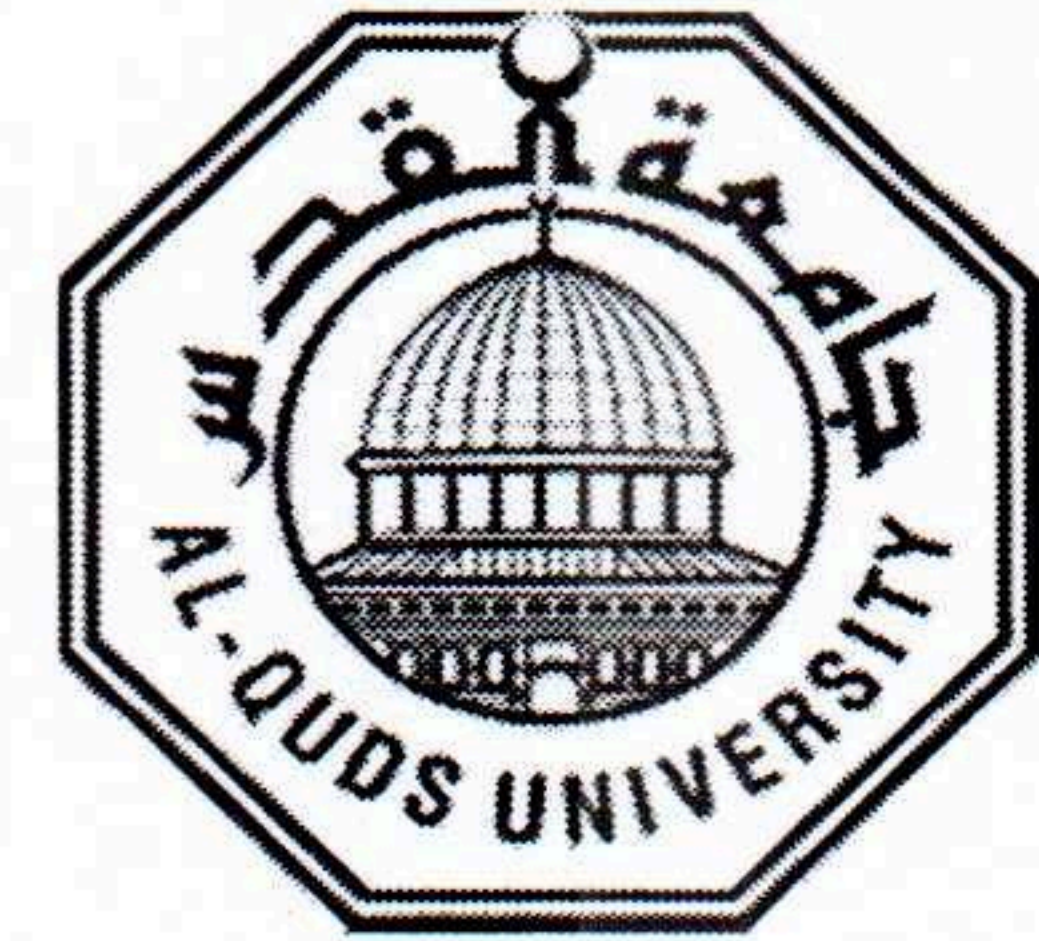
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Life Care among Nurses in Neonatal Intensive Care Units**

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Jerusalem-Palestine

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Dedication

To my father who taught me how to give.

To my mother who supported me on the front line wholeheartedly.

To my brothers who spared no effort to help.

To my study colleagues and my work colleagues.

To all of them I dedicate this work.

Mohammed Ahmed Salman

Declaration

I certify that this thesis has been composed of my own research and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where stated other wise by reference. The work presented is entirely my own.

Signed:

Mohammed Ahmed Nimer Salman

Date:.....

Acknowledgment

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Abstract

End of life care of neonates by nurses at the neonatal intensive care units (NICUs) may contribute to stress and establish coping strategies among nurses, as well as may lead to influence the psychological well-being among nurses who provide the end of life care for these neonates. The study purpose was to identify stress levels due to end-of-life care, coping strategies, and psychological well-being among nurses in the neonatal intensive care units, and to investigate the effect of stress levels and coping strategies on their Psychological well-being. The study is a descriptive-analytical cross-sectional carried out in the level III NICUs of the governmental hospitals at Gaza Strip. The study started in March 2019 and ended in November 2019. The study participants were census population, the sample size is 117 eligible nurses. The data collection was through a valid and reliable self-administered questionnaire. SPSS was used for data entry and analysis, the researcher used simple statistics including frequencies, means and percentages, also independent sample *t* test, One-way ANOVA, and person correlation. The findings of the study showed that the population of the study mostly was from males (65%). Regarding their experience in NICU (40.2%) of the participants have 3 years work experience, 20.5% have 4-6 years of experience, 15.4% have 7-10 years of experience and 23.9% have more than 10 years of experience, also 76.9% of the study participants have bachelor degree in nursing, 17.9% of them have diploma, while 4.3% have higher education certificate. The total mean percentage of the level of nurses' stress due to end-of-life care 69.95%, the most source of stress among nurses due to end-of-life care with neonates is "the unexpected death of neonates". The mean percentage of the level of nurses' coping strategies during the end-of-life care with neonates was 64.34%. The mean percentage of the level of nurses' psychological well-being was 70.08%. The study showed 93.2% of the nurses said that the nurses are in need for educational and training session about end of life care. The study showed that there is no significant difference in the mean level of nurses' stress or coping strategies due to end-of-life care with regard to their ages, gender, marital status, educational levels, working hospital, number of children, and their level of working experience. The result of the study showed was an increase in the level of nurses' stress, will lead to a significant increase in their coping strategies, an increase in the level of nurses' coping strategies, will lead to significantly increase in their psychological well-being. The study concluded that an increase in the level of nurses' stress, leads to a significant increase in their coping strategies, an increase in the level of nurses' coping strategies, leads to a significant increase in their psychological well-being. The study recommended that providing educational sessions and training courses to prepare every nurse in neonatal intensive care units to deal with cases are needed.

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List of Abbreviation

BOS: Burnout Syndrome.

CAP: Child and Adolescent Psychiatry.

DNR: Do Not Resuscitate.

EOL: End of Life

EOLC: End of Life Care.

GNN: Gaza Neonatal Network.

GS: Gaza Strip.

HCP: Health Care Provider.

ICU: Intensive Care Unit.

IES-R: Impact of Events Scale-Revised.

MOH: Ministry of Health.

NICU: Neonatal Intensive Care Unit.

PCBS: Palestinian Central Bureau of Statistics.

PHIC: Palestine Health Information Center.

PICU: Pediatric Intensive Care Unit.

PTSD: Post-Traumatic Stress Disorders.

QOL: Quality of Life

RAM: Roy Adaptation Model.

SJCRH: St Jude Children Research Hospital.

UNICEF: United Nations International Children's Emergency Fund.

UNRWA: United Nations Relief and Works Agency

WHO: World Health Organization.

Chapter one

Introduction

1.1 Background

The environment of neonatal intensive care unit (NICU) can be stressful for nurses as well as infants and their families. In these units, many personnel are involved in the treatment and care of infants. Among all staff members, nurses are responsible for the majority of everyday care procedures of the infants. NICU is a unit designed to provide care for sick and premature infants during the transitional period after birth in which the infant has the most physiological changes (Berma & Elkazaz, 2017).

Despite the development in medical technology, deaths due to respiratory diseases, fetal developmental disorders, and congenital heart malformations accounted for 74.8% infant deaths that occurred in Korea in 2014. Newborns with critical health problems are managed in the NICU, in which nurse's care for high-risk newborns at the forefront of clinical care, in an environment that requires frequent interventions and highly-developed skills for handling emergencies (Park & oh, 2019).

Each year in the United States, over 1 million pregnancies end in fetal death and 19,000 newborns die in the neonatal period. As a result, most NICU care providers face the death of an infant. Some infants die unexpectedly; however, many deaths are anticipated and can be preceded by the support of palliative and end-of-life care. Healthcare providers typically find initiating this to be challenging (Cortezzo et al., 2104). The stress experienced by a nurse and the moral distress is recognized as one of the major sources of stress for nurses who provide end of life care to infants (Lane & Zhang, 2013).

Due to the close relationship between the health care providers and the newborn and his/her family at the NICU the nursing staff deals with difficult emotional situations. The fragility and suffering of an extremely premature baby, in life-threatening conditions, and feelings of anxiety and insecurity of family members are constant in their daily work. In addition, the complications in the newborn's clinical situation are frequent and they require not only technical skills, specific and updated knowledge, but also agility and sensitivity, causing great physical and emotional stress in these professionals (Almeida et al., 2016).