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REVIEW ARTICLE

Experiences of death in neonatal nurses: A review

Yenidoğan hemşirelerinde ölüm deneyimleri: Derleme

Cihan KAYA[1], Sevda ARSLAN[1]

[1]Düzce University, Faculty of Health Sciences, Department of Pediatric Nursing, Düzce, Türkiye

Abstract

Neonatal death is not merely a biological termination; it is a multifaceted phenomenon with profound psychological and emotional impacts for both parents and healthcare professionals. These losses, occurring in the earliest stages of life, combined with the loss of hope and potential, become an existential and professional struggle, especially for nurses. Neonatal nurses carry intense emotional burdens while fulfilling their professional responsibilities on the fine line between life and death. This review aims to examine the emotional and psychological impacts of neonatal death on nurses, their reactions to death, coping strategies, and the role of institutional support mechanisms. It also aims to contribute to the promotion of sustainable and ethical nursing care by offering educational and institutional recommendations for improving death coping skills in pediatric nursing practice. Furthermore, repeated exposure to neonatal death may adversely affect nurses' professional quality of life, emotional resilience, and long-term psychological well-being. Strengthening institutional support systems and integrating structured bereavement education into nursing practice may enhance nurses' coping capacities and reduce the risk of burnout and secondary traumatic stress. Promoting multidisciplinary collaboration and psychosocial support mechanisms is essential for sustaining compassionate and ethical neonatal care. Therefore, addressing the emotional needs of neonatal nurses should be considered a critical component of quality healthcare delivery.

Keywords: Neonatal death, nursing, neonatal nursing, death experience.

Özet

Yenidoğan ölümü, yalnızca biyolojik bir sonlanma değil hem ebeveynler hem de sağlık profesyonelleri için derin psikolojik ve duygusal etkiler barındıran çok boyutlu bir olgudur. Yaşamın en erken evresinde gerçekleşen bu kayıplar, umutların ve potansiyelin yitimiyle birlikte değerlendirildiğinde, özellikle hemşireler açısından varoluşsal ve mesleki bir mücadeleye dönüşmektedir. Yenidoğan hemşireleri, bu süreçte yaşamla ölüm arasındaki ince çizgide profesyonel sorumluluklarını yerine getirirken aynı zamanda yoğun duygusal yükler taşımaktadırlar. Bu derleme, yenidoğan ölümlerinin hemşireler üzerindeki duygusal ve psikolojik etkilerini, ölüm karşısında verdikleri tepkileri, başa çıkma stratejilerini ve kurumsal destek mekanizmalarının rolünü incelemeyi ve pediatri hemşireliği pratiğinde ölümle başa çıkma becerilerini geliştirmeye yönelik eğitimsel ve kurumsal öneriler sunarak, sürdürülebilir ve etik hemşirelik bakımının desteklenmesine katkı sağlamayı hedeflemektedir. Ayrıca, yenidoğan ölümlerine tekrar tekrar maruz kalmak, hemşirelerin mesleki yaşam kalitesini, duygusal dayanıklılığını ve uzun vadeli psikolojik iyilik halini olumsuz etkileyebilir. Kurumsal destek sistemlerinin güçlendirilmesi ve yapılandırılmış yas eğitimi hemşirelik uygulamalarına entegre edilmesi, hemşirelerin başa çıkma kapasitelerini artırabilir ve tükenmişlik ile ikincil travmatik stres riskini azaltabilir. Çok disiplinli işbirliğini ve psikososyal destek mekanizmalarını teşvik etmek, şefkatli ve etik yenidoğan bakımını sürdürmek için gereklidir. Bu nedenle, yenidoğan hemşirelerinin duygusal ihtiyaçlarının karşılanması, kaliteli sağlık hizmeti sunumunun kritik bir bileşeni olarak görülmelidir.

Anahtar Kelimeler: Yenidoğan ölümü, hemşirelik, yenidoğan hemşireliği, ölüm deneyimi.

INTRODUCTION

Throughout human history, death has been not merely an end, but also a universal phenomenon imbued with profound meanings for both individuals and societies. This phenomenon is examined not only as a biological process but also in terms of its cultural, social, and psychological dimensions. The definition of death, however, varies according to societies' belief systems, cultural values, and scientific advancements (1). In modern medicine, death is generally defined as the irreversible cessation of all vital life functions (2). However, the effects of death are not limited to the individual who has lost their life; they can also leave long-term psychological and emotional impacts on those in their immediate circle (3).

Pediatric death is a unique situation that encompasses the most complex and emotional aspects of the concept of death and is often perceived not merely as the loss of a single life but as the loss of an entire future (4). The death of a child creates a profound traumatic impact on both family members and healthcare professionals because it goes against the natural course of life (5). In families who have lost a child, intense grieving processes, post-

Corresponding Author: Cihan KAYA cihan255426@ogr.duzce.edu.tr
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traumatic stress, and long-term psychological effects are frequently observed. This situation creates profound emotional impacts not only for the child's family but also for the healthcare providers involved in their care (6,7)

As individuals who witness child deaths and experience this process on both a professional and human level, pediatric nurses confront the reality of death more intensely. It has been observed that the loss of life encountered in pediatric intensive care units sets the stage for nurses to experience symptoms of secondary traumatic stress. This situation can significantly impact the effectiveness of care provided while seriously affecting nurses both physically and mentally (8). The process of coping with pediatric deaths requires a complex balance between empathy, ethical responsibility, and professional boundaries. This underscores the need for the nursing profession to be equipped not only with technical skills but also with emotional resilience and the capacity for psychosocial support (9).

This study aims to understand the effects of death on the emotional and psychological well-being of neonatal nurses, their coping strategies, and the role of team-based support mechanisms in this process. Additionally, the challenges neonatal nurses face during their processes of confronting death and how these processes reflect on their professional attitudes will be analyzed. This research aims to contribute to the development of educational and institutional interventions that will strengthen death-coping skills in pediatric nursing practice.

Neonatal Death

Neonatal death is defined by the World Health Organization (WHO) as a death occurring within the first 28 days after birth. These deaths are frequently associated with health issues such as complications during pregnancy and childbirth, birth trauma, infections, and respiratory and cardiovascular problems (10). The neonatal period is the most vulnerable stage of human life, and death is viewed not merely as a biological process but as a source of profound psychological and emotional trauma. Additionally, the literature reports that nurses who exhibit negative attitudes toward death struggle to provide palliative care (11).

The most effective strategies for preventing neonatal deaths include strengthening prenatal care, early screening and interventions, and the presence of specialized healthcare teams during childbirth. Interventions in these units can help ensure the survival of infants, particularly those with respiratory and cardiac issues. However, care in these units should not only focus on physical recovery but also take into account the infants' psychological and emotional development (12). Such losses can cause deep grief, trauma, and emotional distress in parents, while also posing a significant emotional burden for healthcare professionals (13).

Neonatal nurses may have to cope intensively with conflicting emotions such as hope, fear, denial, and acceptance during the grieving process. Factors such as moral distress, guilt, and empathic burden are directly linked to burnout (14). While holding onto hope for the baby's recovery on one hand, the fear of facing negative outcomes on the other can transform the care process into an internal conflict (13).

A nurse's ability to recognize their own emotions and accept this process enhances the quality of care and facilitates the provision of psychosocial support to the family. Following the loss of a baby, emotional reactions such as guilt, depression, and anxiety are frequently observed in parents, which increases the need for professional support (13).

Strengthening the neonatal intensive care infrastructure and expanding professional training are critical to improving survival rates. In this regard, telehealth, group care, and psychosocial support services have improved neonatal outcomes (12).

Healthcare professionals working in intensive care units face psychological effects such as stress, burnout, and depression. Burnout among neonatal intensive care nurses is associated with moral distress, attachment fears, and feelings of guilt (14). In particular, moral distress, conscientious pressure, and attachment-related difficulties are significant predictors of burnout (14). According to the study, educated professionals are more likely to seek psychological support following a death (13). To help healthcare workers cope with these emotional impacts, institutional support, psychological

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counseling services, and education programs focused on moral distress are recommended.

Differences In Nurses' Perceptions Of Newborn And Adult Patient Deaths

Nurses' emotional response to neonatal deaths is more intense compared to adult patient deaths because newborns are at the very beginning of their lives and their innocence leaves a distinct psychological impact on healthcare staff. While adult deaths are generally perceived as more acceptable and natural, infant deaths can trigger more intense emotional reactions among healthcare workers. Alam and colleagues (2024) found that nurses in neonatal intensive care units develop personal strategies to cope with unpredictable workloads, and that this burden largely stems from heightened sensitivity to infant deaths. This suggests that nurses approach neonatal deaths from a human rather than a professional perspective and experience greater burnout (15).

In contrast, adult patient deaths are perceived by most nurses as a natural part of the life cycle, leading to a more rational approach. In a study conducted by Lai and Chen (2025), it was observed that factors such as parental involvement and emotional support in neonatal care deepened nurses' perception of death; meanwhile, it was emphasized that nurses in adult intensive care tend to work in a more task-oriented manner and maintain emotional distance (16).

In another study, the vast majority of pediatric nurses reported that communicating with families regarding a child's death is more challenging compared to communicating about an adult's death (17). Emotional reactions to a child's death may include symptoms such as guilt, feelings of inadequacy, and depression. Healthcare workers who witness a child's death typically exhibit higher levels of grief and trauma symptoms. In a different study, 64% of pediatric healthcare workers reported experiencing feelings of guilt or inadequacy following a failed pediatric resuscitation (18). This situation can lead to professional burnout and compassion fatigue. However, some studies have failed to find a significant association between empathy satisfaction and burnout among intensive care nurses exposed to child deaths (19).

Strategies For Neonatal Nurses To Cope With Neonatal Deaths

Neonatal intensive care units are emotionally demanding clinical environments where nurses frequently work on the fine line between life and death. Nurses working in these units may experience intense stress, guilt, burnout, and symptoms of post-traumatic stress, particularly when the infants in their care pass away (20). In this context, nurses must employ various coping strategies to both maintain their professional functioning and preserve their psychological well-being.

Research indicates that among the most commonly used strategies nurses employ when coping with death are seeking social support, turning to religious and spiritual resources, relying on professional knowledge and skills, and utilizing meaning-making mechanisms (21). In particular, religious and spiritual coping helps nurses accept the loss and interpret the situation as "fate" or an "inevitable outcome," thereby reducing the emotional burden (22).

Some studies have shown that structured support programs enhance nurses' coping skills. For example, structured bereavement education programs have significantly reduced the levels of stress nurses experience following a death (23). In coping with child deaths, peer support, psychological processing, and education play a significant role. Most healthcare workers have indicated that talking with colleagues after a child's death is the most beneficial form of support (24).

Institutional support systems also play a significant role in this process. Post-death team debriefing sessions, supervision services, and access to psychological counseling provide effective environments for nurses to express and normalize the emotions they experience (25). However, some nurses develop individual coping strategies by writing, keeping a journal, or engaging in artistic activities (26).

Despite all these strategies, it should not be forgotten that some nurses may experience long-term psychological effects and that traumatic experiences can leave lasting scars. In particular, a study conducted in Italy revealed that healthcare professionals working in neonatal intensive care units experienced symptoms

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of secondary traumatic stress and burnout following infant loss (13).

In conclusion, it is evident that neonatal nurses require multifaceted support mechanisms at both the individual and organizational levels during the process of coping with death. Effective coping strategies are of critical importance in enabling nurses to maintain their psychological well-being while also sustaining the quality of care. Therefore, the systematic support of interventions such as structured programs, spiritual resources, and peer support is essential.

Factors Influencing The Experience Of Death Among Neonatal Nurses

Factors influencing the death experience of neonatal nurses must be evaluated across a broad spectrum, ranging from individual characteristics to organizational dynamics. The nurse's demographic characteristics, professional experience, perception of death, level of emotional intelligence, and previous traumatic experiences can directly shape this process (27). In particular, the feeling of helplessness in the face of death and exposure to parents' emotional reactions can lead to empathy fatigue among nurses (28). Additionally, the extent to which nurses are involved in end-of-life decision-making processes, the presence of institutional support mechanisms, and cultural factors also significantly influence this experience (29). Qualitative studies have shown that nurses can make sense of this experience in a healthier way through open communication, supervision, and structured post-death feedback sessions.

Age

Nurses' ages may be a significant determinant of how they cope with death. It has been reported that younger nurses, particularly those with limited clinical experience, experience greater difficulty coping with emotionally intense situations such as death (30). This finding aligns with evidence suggesting that stress tolerance and emotional resilience develop with age. Some studies have shown that nurses under the age of 30 experience higher levels of anxiety and burnout in the face of pediatric death (31).

On the other hand, emotional regulation capacity also develops with increasing age (32). It has been found that older nurses are able to approach the reality of death with a more professional distance and set their empathetic boundaries more effectively (30). Therefore, it is recommended that age be evaluated not merely as a chronological data point, but also as an indicator of emotional resilience.

Gender

Gender is a psychosocial variable that influences how healthcare workers cope with stress. It has been found that female nurses express their emotions more openly and develop a higher level of empathy in the face of death (33). This situation may increase the risk of secondary trauma in some female nurses working in high-stress environments such as intensive care units. It has also been reported that female nurses engage in more intense emotional interactions with patients' families (34).

Male nurses, on the other hand, have been noted to adopt a more detached approach when confronting death, which can serve as both an advantage and a disadvantage. Some studies indicate that male nurses experience less emotional burden but struggle to establish connections with patients and their families (35).

Professional Experience

Professional experience is a key factor that enhances a nurse's ability to cope with death. It is frequently noted that newly graduated or inexperienced nurses experience higher levels of anxiety and a sense of inadequacy when faced with death (36). Lack of experience can lead to traumatic experiences, particularly during initial encounters with death. Some studies have found that nurses within their first five years of practice require more support in coping with pediatric deaths (36).

Experienced nurses typically encounter a greater number of deaths and critical situations. This experience can enhance their ability to cope with death and increase their emotional resilience (37). However, experience does not always guarantee automatic adaptation; it is emphasized that prolonged exposure may also carry the risk of secondary trauma and desensitization (34).

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Clinical Setting

Nurses working in neonatal intensive care units face various emotional and psychological challenges when they witness death. Neonatal intensive care units are an extremely stressful work environment situated on the fine line between life and death. Nurses in these units are forced to confront death directly, and this experience often takes a psychological toll on them and can leave traumatic effects (38).

For example, nurses working in emergency departments are confronted with sudden and unexpected deaths. Nurses working in emergency departments are under intense stress, which further complicates their ability to cope with death (39).

Neonatal and pediatric nurses often incorporate parents' trauma into their own. Therefore, the factors influencing nurses' experiences of death in pediatric units can become more complex due to the emotional bond formed with parents and the impact of long-term care processes (40). This situation directly determines the impact of the clinical setting on the nurse.

CONCLUSION

The experience of encountering death among neonatal intensive care nurses is not merely a clinical reality; it is also a multifaceted psychosocial process. In this process, nurses bear a heavy emotional burden as they confront losses occurring at the very beginning of life, while striving to maintain a delicate balance between their professional identity and their human side. The literature indicates that this experience can lead to effects such as secondary traumatic stress, empathy fatigue, burnout, and guilt in nurses. The extent of these effects is significantly influenced by individual and environmental variables, such as the nurse's age, professional experience, gender, and the characteristics of the clinical setting.

In this context, the widespread implementation of structured educational programs, institutional support mechanisms, and professional supervision practices is of great importance to support nurses in coping with death-related experiences. Additionally, supporting individual-level religious, spiritual, and creative coping strategies may contribute to maintaining nurses' psychological well-being. In conclusion, developing the capacity to cope with highly stressful situations, such as neonatal deaths, is considered a fundamental necessity for nurses to maintain the quality of care they provide and to preserve their psychological resilience in the long term. Accordingly, coping skills related to death must be supported at both the institutional and academic levels in professional practice.

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