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EMPATHY AMONG HEALTHCARE WORKERS IN THE CONTEXT OF PATIENT DYING AND DEATH – A NARRATIVE REVIEW

Empatia pracowników ochrony zdrowia w kontekście umierania i śmierci pacjentów – przegląd narracyjny

Polanowska Marta[1], Krzemińska Sylwia[1]

Faculty of Health Science, Higher Medical School in Kłodzko

Marta Polanowska https://orcid.org/0009-0004-3814-324X
Sylwia Krzemińska https://orcid.org/0000-0001-7695-0967
Correspondence author: sylwia.krzeminska@wsm.klodzko.pl

Streszczenie

Wprowadzenie: Empatia stanowi kluczowy element wysokiej jakości opieki nad pacjentami u kresu życia. W relacjach z osobami umierającymi oraz ich rodzinami pracownicy ochrony zdrowia balansują pomiędzy obowiązkami zawodowymi a zaangażowaniem emocjonalnym, co wpływa na jakość udzielanej pomocy.

Przegląd narracyjny: W niniejszym opracowaniu dokonano syntezy badań dotyczących empatii wśród różnych grup zawodowych, w tym pielęgniarek, lekarzy, opiekunów medycznych, studentów oraz pracowników opieki środowiskowej. Przedstawiono czynniki wzmacniające i osłabiające empatię, strategie radzenia sobie ze śmiercią pacjenta oraz znaczenie wsparcia organizacyjnego. Analizowane publikacje podkreślają złożoność empatii jako reakcji emocjonalnej i kompetencji klinicznej.

Wnioski: Literatura wskazuje, że empatia jest konstruktem dynamicznym, wielowymiarowym i podatnym na wpływy osobowościowe, środowiskowe i strukturalne. Utrzymanie empatycznej postawy wymaga wielopoziomowego wsparcia pracowników ochrony zdrowia, rozwijania zaawansowanych kompetencji komunikacyjnych oraz wdrażania strategii organizacyjnych sprzyjających odporności psychicznej i opiece opartej na współczuciu.

Słowa kluczowe: empatia, umieranie, śmierć, pracownicy ochrony zdrowia, opiekun medyczny, pielęgniarka, lekarz.

Abstract

Introduction: Empathy is a fundamental component of high-quality care for patients at the end of life. In interactions with dying individuals and their families, healthcare workers navigate both professional responsibilities and emotional involvement, which shapes the quality of the care they provide.

Narrative Review: This review synthesizes research examining empathy among various groups of healthcare professionals, including nurses, physicians, medical caregivers, students, and community care workers. The overview identifies factors that strengthen or diminish empathy, explores strategies used by professionals to cope with patient death, and highlights the importance of organizational support. The reviewed studies underline the complexity of empathy as both an emotional response and a clinical competency.

Conclusions: The literature demonstrates that empathy is a dynamic, multifaceted construct influenced by personal characteristics, workplace conditions, and broader organizational structures. Strengthening empathy requires comprehensive support for healthcare workers, the development of advanced communication skills, and institutional strategies that promote resilience and compassionate care.

Keywords: empathy, dying, death, healthcare workers, medical caregiver, nurse, physician.

Introduction

Death and the dying process are inseparable—and at the same time among the most emotionally demanding—aspects of work in healthcare. Medical personnel are confronted with situations in which they must combine clinical competence with the ability to accompany the patient and their family during periods of intense stress, uncertainty, and often profound suffering. Research on the experiences of patients in the terminal stages of illness emphasizes that expectations toward healthcare professionals extend far beyond clinical expertise—individuals at the end of life require presence, attentiveness, emotional support, respect, and empathy [1].

Empathic communication, encompassing both verbal and non-verbal behaviors, directly influences the patient's sense of safety, psychological comfort, and their ability to cope with difficult information regarding prognosis and treatment. Patients who feel heard and understood report greater trust in the therapeutic team, improved cooperation, and higher satisfaction with care, even when the prognosis is unfavorable [1]. Empathy in end-of-life care therefore has both a humanistic and a clinical dimension—it enhances the therapeutic relationship and reinforces the experience of dignity for the patient and their family.

At the same time, although essential, empathy is a demanding and vulnerability-prone construct. The literature highlights that healthcare workers who regularly confront patient death and suffering may experience compassion fatigue, moral distress, and consequently—professional burnout [2–5]. High levels of responsibility, decisional pressure, systemic constraints, and work overload can contribute to diminished emotional sensitivity and the avoidance of engagement as a means of self-protection from excessive stress. Studies indicate that employees working in units with high pace and intensity, such as emergency departments, intensive care units, or palliative care, are particularly at risk [2].

Despite this, the level of empathy is not constant—it may decrease or increase depending on individual, organizational, and educational factors. Studies have shown that empathy can be strengthened through well-designed training programmes and interventions aimed at developing emotional and communication competencies [6–8]. Clinical experience itself may also enhance empathy—particularly when the employee receives team support and functions in an environment that enables reflection, debriefing, and discussion of difficult cases

[9–11]. Interdisciplinary collaboration and a culture of open dialogue help maintain sensitivity while protecting against emotional overload.

A review of recent research clearly indicates that empathy is a key yet delicate competency—it requires reinforcement, nurturing, and systemic support. In borderline situations such as dying, it is empathy that most strongly shapes the subjective experience of the patient and their family. Therefore, understanding the factors that weaken empathy, as well as those that foster its development and sustain it despite professional challenges, is essential.

Aim. The aim of this review was to answer the following question: What are the contemporary scientific findings regarding empathy among healthcare workers—nurses, physicians, medical caregivers, community care workers, and students of medical professions—in situations involving patient dying and death?

Narrative Review Methodology

This review was conducted as a narrative analysis of the literature (2019–2025, with priority given to the last five years). Inclusion criteria included: Polish or English language, full text or reliable abstract, thematic relevance (empathy among healthcare workers in the context of dying and death), and original, qualitative, mixed-methods, or review studies. Papers concerning euthanasia/MAiD were excluded. The search was performed in December 2025 using the Bing search tool across repositories and publisher databases; it included title and abstract screening, full-text assessment, and content quality analysis. A thematic synthesis approach was applied without meta-analysis.

The narrative review was based on data obtained from open and indexed literature databases as well as publishing repositories providing full texts or abstracts of scientific publications in the fields of medicine, nursing, health psychology, and end-of-life care. The main data sources included: Cambridge Core (Cambridge University Press), BMC (Springer Nature), Frontiers Journals (Frontiers in Psychiatry, Frontiers in Public Health), MDPI (Risk Management and Healthcare Policy), SE Health Research Centre (organizational reports – open access), and Dove Medical Press / Taylor & Francis Group. All sources used were publicly accessible (open access or via publisher websites) online in December 2025.

The Importance of Empathy in the Care of Dying Patients

Empathy serves several key functions: it facilitates communication, reduces the patient's anxiety and sense of isolation, allows information to be tailored to the patient’s needs, and supports the family in adapting to the impending loss. Perspectives of patients and families indicate that the empathy of medical personnel is one of the most expected elements of care, alongside clear information and respect for their individual coping process [1]. At the same

time, healthcare workers may experience empathic overload, which can lead to moral distress and hinder the proper performance of professional duties [2,4,5].

Empathy Across Professional Groups

Nurses demonstrate high levels of empathy because they are closest to the patient and spend the most time with them, often being the first to recognize emotional needs and respond to them immediately. Studies show that nurses experience the emotional consequences of working with dying individuals to the greatest extent, as their role involves not only performing medical procedures but also supporting patients and families during moments of uncertainty, fear, and grief [6–8]. During the COVID-19 pandemic, this burden was intensified. Nurses reported profound emotional stress related to the isolation of patients, with whom they were in direct contact, while families were unable to be present in their loved ones' final moments. As a result, part of the emotional responsibility for being "the only person present at the patient's deathbed" shifted onto the staff, leading to increased moral distress and a deep sense of helplessness [6,8]. Qualitative research shows that nurses were required not only to provide medical care but also to act as substitutes for the family, supporting the patient with words, touch, and emotional presence. The literature also emphasizes that attitudes toward death—such as fear, avoidance, neutrality, or acceptance—significantly moderate levels of empathy among nurses and nursing students. Individuals with a higher fear of death tend to limit emotional engagement with the patient, which may function as a defense mechanism protecting against emotional overload. Conversely, acceptance of death—understood as recognizing it as a natural part of life—promotes emotional openness and an empathetic stance, resulting in greater willingness to accompany the patient through the dying process [9,11]. It is also worth noting that nurses' empathy is associated with their competencies in coping with stress and grief, as confirmed by qualitative reviews describing professional and emotional strategies used by healthcare workers. These include sharing experiences within the team, seeking meaning in work, using spiritual support, and rationalizing difficult situations [12–15]. Such strategies help maintain empathy and protect against burnout, particularly in conditions of high emotional burden, such as during the pandemic. Additionally, research on moral empathy and ethical climate in the workplace indicates that nurses working in supportive environments—with clear communication, access to supervision, and interdisciplinary collaboration—demonstrate greater empathetic stability and lower levels of moral distress [16]. This suggests that their ability to respond empathetically does not rely solely on personal predispositions but is also strongly shaped by organizational conditions and workplace culture.

Physicians are responsible for conducting difficult conversations regarding prognosis, therapeutic options, and preparing the patient and their family for the approaching end of life. The literature emphasizes that physicians' empathy is largely cognitive in nature—it manifests in the ability to understand the patient's perspective, accurately interpret their emotional needs, and tailor information to the patient's perceptual and cognitive capacity [1]. This type of empathy is particularly important in situations requiring shared clinical decision-making and in discussions about treatment goals, where the physician must balance accuracy, hope, and authenticity. Studies involving healthcare workers operating in high-pressure environments, such as emergency departments, show that physicians are particularly vulnerable to compassion fatigue and professional burnout. This stems from their role, which includes rapid decision-making, processing significant amounts of information, and frequent exposure to sudden deaths, dramatic events, and the emotional suffering of patients and families. In a study by Di Lorenzo et al., physicians scored the highest on burnout and compassion-fatigue scales, indicating substantially greater emotional burden in this professional group compared with nurses and medical caregivers [12,17]. Despite this high emotional load, the quality of physician–patient communication at the end of life remains a crucial determinant of patient and family experience. Families consistently emphasize that the manner in which information is delivered—the tone of voice, patience, and empathic presence of the physician—can influence anxiety levels, understanding, and the ability to make informed decisions in a crisis situation [1]. Empathic communication by physicians thus becomes not only an element of professionalism but also a form of therapeutic intervention that helps the patient regain a sense of agency, clarify priorities, and make decisions in line with their values.

It is also important to note that the effectiveness of physician communication in end-of-life care depends on organizational factors. Support from an interdisciplinary team, clear procedures for discussions about prognosis, and the ability to consult on difficult cases all enhance both cognitive and emotional empathy, reduce the sense of isolation in decision-making, and help maintain standards of care even under high workload conditions [18]. These findings underscore the need for systemic support for physicians in their communicative role, particularly in situations involving patient dying and death [19].

Medical caregivers constitute an especially important group in the care of chronically and terminally ill individuals due to the nature of their responsibilities, the intensity of contact, and the emotional closeness that often develops in their relationship with the patient. Their daily, direct contact—encompassing personal care activities, assistance with everyday tasks, and support during episodes of deterioration—means that caregivers frequently become significant

figures for patients, sometimes even one of the most essential components of their support system. In hospital settings, medical caregivers achieve high empathy scores comparable to those of physicians and nurses. This was demonstrated in a study by Di Lorenzo et al. conducted in an emergency department, where empathy levels measured with the Jefferson Scale of Empathy (JSE) were high across all professional groups [12]. This indicates that empathy is not solely a function of academic education or professional status—it also arises from the everyday nature of the work, emotional involvement, and the frequency of patient contact. In home-based and community care, the role of empathy becomes even more apparent. Caregivers who accompany patients throughout months or years of chronic illness often form relationships characterized by exceptional closeness and intensity. Long-term contact, the ability to observe changes in the patient's health, and the experience of participating in the patient's daily life foster strong emotional bonds, which may lead to grief and a profound sense of loss after the patient's death [20,21]. Reports from SE Health show that community caregivers often become an "extension of the care system" for families, and for the patient, someone emotionally significant who provides continuous support.

At the same time, home-care work is marked by a high degree of professional isolation—caregivers frequently work alone, without direct contact with a team or access to colleagues' support. This increases emotional strain and the sense of responsibility [20,21]. Unlike hospital settings, where immediate consultation with other team members is possible, home-care workers often must make care-related decisions independently, which can heighten stress levels and hinder emotional balance.

A study by Patynowska et al. involving solo-working medical caregivers found that their psychological well-being—and thus their ability to empathize—is strongly dependent on the level of organizational support. Such support includes the possibility of contacting supervisors, access to consultations, supervisory structures, and clear procedures that help reduce emotional burden and feelings of isolation [22]. The authors note that the absence of support may lead to reduced empathy, burnout, and increased staff turnover, whereas well-designed support systems—including training in communication and emotional coping—significantly improve both care quality and employee well-being. It is important to emphasize that medical caregivers, despite holding the lowest formal position within medical hierarchies, play a crucial role in ensuring continuity of care, monitoring changes in the patient's condition, identifying psychological needs, and fostering an atmosphere of safety and trust. Their work forms the foundation of empathic end-of-life care, and the level of their involvement and emotional

burden indicates that this group requires particular attention within the healthcare system—both organizationally and psychosocially.

Medical and nursing students typically begin their training with a relatively high level of empathy, which, however, gradually decreases as clinical exposure increases and experiences related to patient suffering and death accumulate. This phenomenon is often interpreted as a protective mechanism against emotional overload and empathic strain, yet it carries the risk of normalizing emotional distancing and reducing the quality of the therapeutic relationship in future clinical practice [9,2]. Studies using psychometric tools demonstrate that attitudes toward death—especially fear of death and death avoidance—mediate the relationship between personality functioning and empathy levels, reducing the willingness to provide empathic support in end-of-life situations. Conversely, greater acceptance of death is associated with higher empathy scores, suggesting the need to integrate death education into early stages of medical training [4]. The literature also highlights the importance of emotional competencies. Reviews indicate that emotional intelligence (EI) correlates with higher empathy, reduced fear of death, better coping strategies, and greater psychological resilience in end-of-life contexts. Interventions aimed at building EI—such as end-of-life (EoL) scenario simulations or forms of psychodrama—can enhance both perceived communication competence and the empathic components of clinical practice, serving as a crucial buffer against empathy decline during clinical socialization [25–27]. Promising results also emerge from interprofessional education (IPE) programmes in end-of-life care. Short courses bringing together students of medicine, nursing, and social work—based on experiential learning, reflection, and teamwork—demonstrate lasting effects: participants, even years after completing the training, report more conscious and empathic approaches to conversations about death, greater comfort in communicating with patients' families, and better understanding of team roles at the intersection of clinical decision-making and psychosocial needs [25–27]. Implementing IPE at the preclinical level may therefore mitigate empathy decline by equipping students with tools for emotional regulation and effective, empathic communication in challenging situations.

In summary, the decline in empathy during medical training is not an inevitable phenomenon. It can be mitigated through intentional educational interventions: death and bereavement education, empathy training grounded in practice and reflection, strengthening emotional-intelligence competencies, and interprofessional courses incorporating end-of-life simulations. A curriculum designed in this way supports the maintenance of empathy as a clinical competency rather than merely a personality trait [28–30].

Factors Influencing Healthcare Workers' Empathy

Emotional Intelligence. High emotional intelligence (EI) plays a crucial role in shaping empathy among healthcare professionals, particularly in the context of caring for patients at the end of life. Studies demonstrate that EI—understood as the ability to recognize, regulate, and appropriately use one's own emotions and those of others—is closely associated with higher levels of both cognitive and emotional empathy [25,26]. Healthcare workers with high EI show greater sensitivity to the patient's emotional signals and more consciously adjust their communication to patient needs, which facilitates building a therapeutic relationship and supports decision-making processes.

One important aspect of EI is its relationship with fear of death. According to the review by Su, Tam, and Li, EI influences the ability to regulate emotions associated with confronting death—individuals with higher emotional intelligence experience less existential anxiety and show greater readiness for open conversations about death and patient suffering [25,27]. Lower death anxiety translates into a more aware, calm, and empathetic approach to terminally ill patients, which is critical in end-of-life care.

High EI also promotes greater psychological resilience, which is particularly relevant in professions exposed to chronic stress and frequent encounters with dying. Workers with high EI more often use adaptive coping strategies such as reflection, seeking support, emotional regulation, and cognitive reframing, which protect them from burnout and compassion fatigue. As a result, they are able to maintain stable empathy levels and engage in patient care without excessive psychological strain.

An increasing number of studies also indicate that EI is a malleable competency that can be enhanced through well-designed interventions. The review by Su et al. covering the years 2014–2024 showed that interventions based on end-of-life simulation scenarios, interpersonal-skills training, self-awareness workshops, and reflective methods effectively improve EI among healthcare workers [25]. Importantly, these interventions not only boost empathy but also enhance communication competencies, reduce fear of death, and decrease work-related stress.

Organizational Support. The work environment plays a crucial role in shaping and maintaining empathy among healthcare professionals, as the organizational context determines whether empathy can develop as a professional competency or becomes a source of emotional overload. Staff working in an ethical, supportive environment experience lower levels of moral distress, which promotes sensitivity, emotional openness, and the readiness to establish authentic contact with patients—even in challenging situations such as dying or the death of a loved one [16]. Research by Ibrahim et al. shows that the ethical climate, including transparency of rules, availability of support, and a sense of fairness, influences workers' moral stability and

their ability to make decisions that respect patient values, thereby strengthening empathy and reducing moral distress. One of the most important factors supporting empathy is access to supervision and debriefing—professional methods for discussing difficult clinical situations. Supervision provides space for reflection, emotional normalization, and the development of communication competencies, enabling workers to better cope with the burden associated with encounters with death. Debriefing, particularly after sudden deaths or challenging interactions, allows staff to process emotions, build shared experience, and prevent secondary traumatization. A review by Feng et al. shows that workers who have access to formal coping strategies—emotional, spiritual, and relational—demonstrate higher levels of empathy and a lower risk of burnout [13].

Team collaboration is equally essential, as it creates a safe environment for sharing responsibility and making decisions. Interdisciplinary teams—comprising physicians, nurses, medical caregivers, and social workers—offer mutual support and, through the integration of diverse perspectives, enable a more comprehensive understanding of patient and family needs. Work by Cheng et al. shows that interdisciplinary teams achieve higher ratings of the quality of dying, reflecting their synergistic impact on care quality and empathic practice [11].

Clear communication procedures also play a key role, as they enable consistent information sharing, prevent misunderstandings, and reduce stress associated with uncertainty. Doane et al. highlight that communication problems within clinical teams—such as unclear roles, lack of shared standards, or value conflicts—can lead to tension, hinder collaboration, and weaken staff empathy. Importantly, it is not only the quantity of communication that matters but its quality, coherence, and grounding in ethical values [31].

A supportive work environment thus creates the foundation for empathy—it protects against overload, enables emotional adaptation, and helps preserve the humanistic dimension of care even in the most challenging clinical situations.

Strategies for Coping with Patient Death.

Healthcare professionals employ diverse strategies to cope with patient death, reflecting the multidimensional nature of professional experiences inherent in end-of-life care. According to the metasynthetic review by Feng et al., these strategies can be categorized into several key domains: emotional, cognitive, spiritual, professional, and relational [13].

Emotional strategies involve consciously expressing feelings—such as sadness, grief, or frustration—and seeking opportunities for emotional release, for example through conversation, crying, or participation in farewell rituals. These strategies allow for emotional

“unloading” and protect against the accumulation of tension that might otherwise lead to secondary traumatization.

Cognitive strategies consist of attributing meaning to difficult experiences, interpreting death as a natural part of life, or perceiving one’s professional role as supporting the patient's comfort and dignity. Staff often rely on rationalization (“we did everything possible”) and on framing experiences in terms of values, mission, and professionalism.

Spiritual strategies include drawing on personal beliefs, prayer, meditation, or existential reflection. For many workers, spirituality serves not only as a source of solace but also as a framework that helps them understand and accept the dying process.

Professional strategies refer to clinical tools for emotional regulation, such as supervision, consultation, training, participation in debriefings, or the use of formal support procedures. These strategies enable constructive processing of difficult situations while providing a sense of security and competence.

Relational strategies involve relying on support from colleagues and the team. Sharing experiences, discussing challenging cases, and cultivating a sense of community reduce feelings of emotional isolation and strengthen psychological recovery.

The ability to use these adaptive strategies increases healthcare workers’ psychological resilience, protects against empathic overload, and reduces the risk of burnout [13]. Staff who flexibly draw on multiple sources of support—both internal and external—demonstrate greater stability of empathy and a higher quality of interaction with patients and their families.

Interdisciplinary Perspective

Interdisciplinary teams—comprising physicians, nurses, medical caregivers, social workers, psychologists, and other specialists—play a crucial role in delivering high-quality end-of-life care. Research shows that collaboration between different professions and multidimensional information exchange lead to higher assessments of the quality of dying, as they enable a holistic understanding of the patient’s and family’s needs [11]. In the study by Cheng et al., staff working within interdisciplinary team structures more frequently rated the quality of end-of-life care as “good” or “very good,” particularly when they had greater professional experience and had participated in training on end-of-life care, communication, and recognition of psychosocial needs. This effect arises from the fact that such teams allow not only for the division of tasks but also for the distribution of emotional responsibility, leading to a more stable and empathic stance toward dying patients.

The literature emphasizes that the quality of interdisciplinary collaboration is closely linked to the quality of communication—both among team members and between staff, patients, and

families. Communication issues such as unclear roles, lack of coordination, inconsistencies in information delivery, or conflicts within the team can negatively affect perceptions of care and create a sense of chaos and frustration for patients and relatives [31]. The study by Doane et al. demonstrated that teams with inconsistent or fragmented communication experienced more difficulties in implementing care plans, and patients perceived less coherence and predictability in the treatment process.

Importantly, authors note that the challenge lies not only in the *amount* of communication but primarily in its *quality*, structure, and grounding in ethical values. Effective communication within an interdisciplinary team should include: a clear division of responsibilities, shared establishment of therapeutic goals, regular meetings, transparency of information, and openness to the perspectives of various professional groups. Only under such conditions is it possible to create a coherent, multidimensional care plan that provides the patient with not only physical comfort but also emotional and existential support.

In practice, this means that high-quality team communication strengthens empathy because staff—working within a supportive environment—can share emotional burdens, seek joint solutions, and learn from one another, increasing their sensitivity and interpersonal competence. Interdisciplinary teams therefore become not only an organizational structure but also a mechanism that protects empathy and supports the quality of therapeutic relationships in end-of-life care.

Conclusions

Empathy is a key competency in the care of dying patients. High levels of empathy are characteristic of various healthcare professions, particularly nurses and medical caregivers. Confrontation with death may lead either to an increase in empathy or to empathic overload—depending on the level of support and working conditions. Organizational support, training programmes, and the development of emotional intelligence serve as protective mechanisms for sustaining empathy, while interdisciplinary collaboration forms the foundation of high-quality end-of-life care.

Author Contribution

Conceptualization, S.K. and M.P.; methodology, S.K..; software, S.K.; validation, S.K. and M.P.., formal analysis, S.K..; investigation, M.P.; resources, E.F.; data curation, A.B.; writing—original draft preparation, M.P..; writing—review and editing, S.K.. and E.F.; project administration, S.K. and M.P..;

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