

Lisa Johnson

Community College of Philadelphia, Department of Nursing

Pediatric nurses' experiences with exposure to children's traumatic events. Qualitative study

Doświadczenia pielęgniarek pediatrycznych narażonych na kontakt z dziećmi cierpieniem. Badanie jakościowe

ABSTRACT

Pediatric nurses care for some of the most vulnerable and innocent members of society. The repeated witnessing of patient suffering can lead to emotional exhaustion and a desire to leave the profession. The purpose of this qualitative, interpretive and descriptive study was to examine the experiences of nurses in witnessing and participating in the suffering and traumatic experiences of their patients. A maximum variation, purposive sampling technique was used to recruit 17 participants. Analysis of the interview data revealed an overarching theme of Balancing the needs of the child, parent, and nurse. Four themes were identified: *Defining traumatic experiences, managing the burden of professional responsibility and other conflicting emotions, Preventing further traumatization, and making a difference*. The results of this study have significance for advancing nursing education to better prepare nurses for their role in caring for traumatized children and for improve nurses' working environments, self-care, job satisfaction, and retention.


Keywords: pediatric nurses, secondary traumatization, compassion fatigue, well-being


STRESZCZENIE

Pielęgniarki pediatryczne opiekują się dziećmi, czyli osobami najbardziej nieporadnymi i wymagającymi pomocy. Wielokrotne towarzyszenie cierpieniu małych pacjentów może prowadzić do wyczerpania emocjonalnego i wypalenia zawodowego. Celem prezentowanego badania jakościowego był opis doświadczeń pielęgniarek pediatrycznych, związanych z uczestnictwem w traumie ich pacjentów. Do rekrutacji 17 uczestników zastosowano technikę doboru celowego o maksymalnej zmienności. Analiza danych z wywiadu ujawniła temat nadrzędny, tj. równoważenie potrzeb dziecka, rodzica i pielęgniarki. W jego ramach zidentyfikowano cztery tematy: definiowanie doświadczeń traumatycznych, zarządzanie ciężarem odpowiedzialności zawodowej i emocjami, zapobieganie

Acknowledgements: Dr. Barbara Patterson, Widener University

Adres do korespondencji / Address for correspondence: ljohnson@ccp.edu

ORCID: Lisa Johnson  <https://orcid.org/0000-0003-3527-5445>

Licencja/License: CC BY 4.0 

dalszej traumatyzacji i wprowadzanie zmian. Wyniki badania mogą mieć znaczenie dla rozwoju edukacji pielęgniarek, służąc ich lepszemu przygotowaniu do trudnej opieki nad strauumatyzowanymi dziećmi, a także sprzyjając poprawie warunków pracy pielęgniarek oraz otrzymaniu samooceny ich środowiska zawodowego.

Słowa kluczowe: pielęgniarki pediatryczne, wtórna traumatyzacja, zmęczenie współczuciem, dobre samopoczucie.

BACKGROUND

One of the responsibilities of nurses is to alleviate suffering (ICN, 2021). A child enduring pain or a premature death is contradictory to the very nature of human beliefs that children should be pain free and outlive their parents. The death of a child often means the loss of human potential. Repeated exposures to intense emotional and often traumatic experiences have a cumulative effect over time on the personal and professional well-being of nurses (Rourke, 2007). The nature of caring for traumatized or dying children may trigger emotions that leave the pediatric nurse uncertain about how to cope, which increases their risk of losing a sense of purpose and ultimately can negatively impact the nurses' personal and professional lives. A study conducted by Yehene *et al.* (2024) revealed that approximately 77.8% of the pediatric nurses surveyed exhibited moderate to severe secondary traumatic stress, stress symptoms from indirect exposure to trauma (Stamm, 2010). In a study by Buurman, Mank and Beijer (2011), 98% of the nurses experienced at least one traumatic stress event. The most frequent causes of traumatic stress identified by nurses were physical aggression (86.6%), severe suffering of a patient (83.6%), and suicide of a patient (81%).

PURPOSE

The purposes of this study were to describe and find meaning in the experiences of pediatric registered nurses who are exposed to and participate in the suffering and traumatic experiences of their patients. Various researchers have referred to the effects of these experiences as compassion fatigue, secondary traumatic stress, burnout, vicarious traumatization, and countertransference (Berzoff, Kita, 2010; Figley, 1995; Joinson; 1992; Kanter, 2007; Sabo, 2006). However, there remains a lack

of consensus regarding the definition of these concepts or how they differ. This study solely sought to describe and understand the participants' experiences, without labeling the experience.

METHOD

Approval to conduct this study (76–14) was obtained from the Widener University Institutional Review Board for human subject protection. A qualitative, interpretive descriptive methodology was used to answer the two research questions – What are the experiences of pediatric registered nurses who are exposed to and participate in the suffering and traumas of their patients? What is the meaning of working with suffering and traumatized patients for the pediatric registered nurse? Interpretive description methodology provides a means for identifying characteristics, patterns, and structure within subjective perceptions of clinical phenomenon in a useful way. It is best suited for research questions using an interpretive lens to describe a phenomenon in a new way (Thorne, 2008).

Two purposive sampling strategies were used – maximum variation and snowball sampling to capture the multiple contextual realities for pediatric nurses. Inclusion criteria included pediatric registered nurses over the age of 18 who were currently working with children who are suffering or have experienced a traumatic event, had at least one year of pediatric nursing experience, and were English-speaking. The sample consisted of seventeen novice and experience pediatric registered nurses working in a variety of acute, chronic, and primary pediatric settings, including inpatient, outpatient, and community-based facilities.

Once participants consented to participate in the study, semi-structured interviews were conducted at a mutually agreeable time and place.

The interview settings included office space at the researcher's or the participant's place of employment and quiet corners in coffee shops. The interview is an active process in which both the interviewer and the respondent collaborate to create meaning. After completing a demographic survey, the interview began with an opening statement, "Tell me a little about where you currently work, the patient population, and your role as a pediatric registered nurse." Semi-structured interview questions included:

1. Describe what it is like caring for children who are suffering.
2. Describe a recent situation in which you were caring for a patient who was suffering.
3. Describe a patient care situation that has influenced you the most significantly and how it influenced you.
4. How has caring for children who are suffering or experiencing a traumatic event influenced you personally and professionally.
5. How would your family, friends, and coworkers describe your reactions to caring for children who are suffering or have experienced a traumatic event?
6. What meaning do you obtain from these experiences as a pediatric registered nurse?"

Data analysis was inductive, concurrent, and iterative using the constant comparative method. Data analysis began by asking broad questions regarding the data to better understand the overall picture. Examples of questions include, "What is going on here?" and "What am I learning about this?" (Oliver, 2012). Data were constantly compared and contrasted within each interview and between individuals, which led to the establishment of categories and formation of patterns. The data that thematically linked were combined until a new, meaningful way of understanding was reached. The patterns and themes were ordered into a professional narrative that made aspects of the phenomenon meaningful in some new and useful way.

RESULTS

Description of sample

The majority of the seventeen participants were female (76%) compared to male (24%). Racially,

88% of the participants identified as Caucasian, 6% as black, and 6% as "multi-racial Islander." Educationally, most participants had a bachelor's degree or higher (82%). Most of the participants worked full-time (82%) compared to part-time (18%) in acute care settings (65%). Other settings identified were long-term care (6%) and community (29%). Pediatric specialties included neonatology (12%), emergency department/transport (6%), critical care (12%), mental health (12%), hematology/oncology (18%), medical/surgical (6%), home care (12%), and school nursing (24%).

Themes

From the analysis of the interview data, an overarching theme of *Balancing the needs of the child, parent, and nurse* was identified. Several themes within the overarching theme also emerged including *Defining traumatic experiences*; *Managing the burden of professional responsibility and other conflicting emotions*; *Preventing further traumatization*; and *making a difference*. Three of the themes included several subthemes (Table 1).

Balancing the needs of the child, parent, and nurse

Individuals' perceptions and reactions to traumatic events are often determined by a multitude of inter-related factors and nurses must continuously adjust their approach to meet the needs of patients and their families. This need to find balance in meeting the needs of multiple individuals simultaneously was often viewed as challenging and stressful, but necessary for the participants to find meaning in these experiences. The need to balance everyone's needs increases the stress of nurses because not only are they witnessing the suffering of the child and the parent, but they feel helpless in alleviating that suffering. Protecting oneself was often described as difficult because of time constraints and the perception of having a limited support system. At the same time, the participants reported that when the needs of all individuals are not met, the children are more likely to be further traumatized by their experiences, creating a vicious cycle of negative consequences for all individuals involved.

Table 1. Overarching Theme, Themes, and Subthemes

Balancing the needs of the child, parent, and nurse	
Themes	Subthemes
Defining traumatic experiences	<ul style="list-style-type: none"> • Bearing witness to the pain • Coping with unexpected events and self-doubt • Feeling powerless to make it better
Managing the burden of professional responsibility & other conflicting emotions	
Preventing further traumatization	<ul style="list-style-type: none"> • Meeting the needs of parents • Being strong for the child and parent • Protecting oneself from the trauma
Making a difference	<ul style="list-style-type: none"> • Making difficult situations a little better • Fulfilling the nurse's emotional needs • Reframing the nurse's worldview • Growing professionally as a nurse

Defining traumatic experiences. Traumatic experiences in pediatric nursing were considered pervasive and multifaceted experiences and may be perceived differently by the individual child, parent, or nurse. The traumatic experiences described by the participants included procedural pain; physical injuries; physical, sexual, and emotional abuse; emotional suffering; unexpected events; and perceived lack of compassionate and caring behaviors from other healthcare providers. One participant stated, “It depends on the child. You know a simple needle stick could be traumatic for some, the thought of death traumatic to others. Caregiver stress could be traumatic for a child.” From these definitions and examples of traumatic experiences, three subthemes emerged: bearing witness to the pain, coping with the unexpected, and feeling powerless to make it better.

Bearing witness to the pain. Bearing witness involves the sharing of traumatic experiences with the nurse. It is a way of lightening the emotional burden of the experience on the child and their family. When describing exposure to traumatic experiences, participants rarely mentioned the physical injuries of the child, but commonly focused on the emotional pain and suffering related to illness/procedural pain, uncaring or inappropriate behaviors of others, organizational issues, and moral/ethical dilemmas as one of

the greatest sources of distress for nurses. Matt explained that with physical trauma it is easier to put pieces back together than with emotional pain and suffering. Many participants commented on how with experience, performing procedures became even less traumatic because the participant knew what to expect. When describing organizational challenges and the emotional needs of parents, Christopher stated, “It’s sad that you don’t have the time to sit there and talk with them all the time. You’ve got 20 other people and 10 other things and 5 alarms to answer.” Cecily described situations of being forced to perform procedures on a child that she believed were wrong; “it almost seems like abuse. They’re going through all these suffering things, and you can’t fix this.” Cecily described another situation where she made a serious medical error – “It was so serious he could’ve died. It was stressful, traumatic, and incredibly scary.”

Coping with unexpected events and self-doubt. Unexpected events were most often acute deteriorations in a patient’s condition or an unexpected death of a child. Shannon described her experience as, “It was like a crime scene. I’ll never forget that it was traumatic, unexpected, unexplained death.” She further elaborated “with these anticipated deaths, a lot of times you don’t have as much sadness because it was so bad for them being alive, you know?” Several participants

described how the unexpected made nurses question whether they did something wrong that could have harmed the patient. Many times, these unexpected events led to fear and feelings of loss of control and self-doubt.

Feeling powerless to make it better. When unable to meet the needs of their patients, including the child's parents and family, nurses often reported feeling powerless and this contributed to the stress of working with children who were experiencing traumatic events. Val stated, "I don't know what to say back when I'm in these situations and I'm the role model or the person that's supposed to have the guidance and I don't know." In discussing the effects of trauma on children, she continued by saying, "I feel like they are heading for jail and that there's nothing anybody can do to stop it." This need to protect the future also appeared recurrently when discussing the importance of feeling like they are making a difference as pediatric nurses. Christopher described how powerlessness led to frustration "the emotions of just caring for them and wanting to take care of them and no matter what you do it just doesn't seem to relieve their discomfort. That's frustrating." Adrienne discussed that the cases that affect her the most are the ones in which "I just feel like our hands are tied and there's no system in place for a situation like this." These feelings of powerlessness are not only traumatizing for the participants, but on occasions contributed to emotional conflicts within the nurse.

Managing the burden of professional responsibility and other conflicting emotions. Exposure to the traumatic events of children and their caregivers triggered many overlapping emotions in pediatric nurses. Participants discussed valuing and taking their professional responsibilities seriously. However, sometimes the burden of professional responsibility became overwhelming, having to meet the needs of multiple individuals simultaneously; constantly having to be vigilant and anticipate needs to prevent further traumatization. This created many conflicting emotions like anger and the need to remain professional or sadness and inspiration or wanting to make a difference but wanting to leave the profession

or give up. At the same time, many participants described these experiences as life-changing, inspirational, and amazing.

Many participants discussed becoming more emotional with repeated exposure to the traumatic events of children. Judith described crying more, focusing more on the injustices of the world, and even becoming more emotional with happy events as these reminded her of how fortunate she and her family are to be healthy. Many times, the emotions experienced by participants conflicted with their feelings of professional responsibility. Lois stated,

I really needed to fight for him a lot of ways. Like fight the staff, fight my own feeling of you know, frustration with him and really look at the whole picture at all times and see him as a human being, as a child, as somebody worthy of a good life, just, you know, that he wasn't damaged beyond repair.

Participants also described how colleagues and parents who were perceived as not fighting for the child or as contributing to the child's trauma trigger anger and the need to be better patient advocates. Regina discussed how sometimes being strong meant the nurse needing to be self-aware and being able to control personal biases towards the family of the child. Adrienne described feeling angry and guilty "that all this time is being spent dealing with the parent and not the child and I should be more sympathetic with a kid, but instead all my energy is being spent trying to diffuse the parent."

Many participants also described feeling numb or desensitized to the traumatic experiences that they witness. Lois stated, "It's become so common, that there's a part of me that's just sort of numb to it. It bothers other people more than it bothers me." Several participants also discussed how situations that they once found traumatic are now more routine in nature and less bothersome.

Despite these feelings of anger, sadness, and frustration, most participants also reported feeling inspired by the children's attitudes and the parents' strength. They were inspired by how parents found the energy during their time of distress to care and worry about the wellbeing of health care providers.

Preventing further traumatization. This theme involves meeting the needs of the child by having time and patience to help them cope and being able to alleviate any pain and meeting the needs of the parents by being available for them to express their emotions, including them in decision making, and ensuring that their physical needs, mainly food and sleep, were being met. For the nurse to meet the needs of the child and their parents, the nurse needed to be strong and control their emotions. However, they also needed an outlet to express their emotions and protect themselves from the emotional demands of meeting the needs of the child and their parents. The subthemes that emerged were meeting the needs of parents, being strong for the parent and child, and protecting oneself from the trauma.

Meeting the needs of parents. If the parents' needs were met, the participants believed that the parents would be better able to care for their child and would be less likely to take their frustrations out on the nurse. Most participants reported that there currently was not enough emphasis on meeting the needs of parents in the healthcare setting. Shannon stated, "It would be nice if the family could get as much attention and support and care as the child because it's – they're all in one." Adrienne commented, "Even if we don't agree with them, we need their buy-in and we need to like compromise with them because that's the patient's support."

Being strong for the parent and child. Being strong involved nurses controlling their emotions and effectively handling difficult situations including advocating for the child and family. Many participants discussed how emotions were contagious; therefore, nurses needed to be strong to prevent further traumatization. According to Matt, the inability of nurses to control their own emotions often leads to tension and high stress situations. Mark stated, "It's emotionally draining but I feel like in the role that we take as a nurse we have to be strong and at least appear strong." Victoria believed that children could tell when nurses were scared or worried so in her opinion it was important for nurses to not show their emotions.

Another aspect of being strong involved not taking the child or parent's outbursts personally. Participants discussed the importance of remembering these outbursts are the result of intense emotions and the nurse is viewed as a safe outlet for these emotions. Victoria stated, "even though you are bitter and hurt, you have to put that aside and realize they are only kids. Hopefully they will learn and know better in the future."

Protecting oneself from the trauma. Many participants indirectly talked about the need to protect themselves from repeated exposure to the traumatic events of children. Mark noted that nurses think they react well, but in general nurses probably do not react as well as they believe. Several participants mentioned that if nurses internalize their emotions and did not find some type of release; it would "eat away at them." Shannon reported pediatric nurses' reactions to traumatic events were "variable. There's some that can't talk about it, don't want to attend debriefings. Others that get angry. Others that just cry the entire time." Several participants shared that those outside the pediatric specialty may view their current coping mechanisms as negative. According to Lois,

It's just hard to explain until you've been there. It's hard for other people to get that, to get that there needs to be a level of detachment – where you can still have empathy and still, you know, appropriately interact with the patient, but then walk away and not be in tears.

Many participants discussed the challenges with talking about their experiences even with coworkers. Stephanie explained that it is hard to let one's guard down because not all coworkers are supportive and this leaves the nurse vulnerable, afraid to show their emotions. Matt shared that he believed many nurses find it awkward to ask a colleague how they feel.

Making a difference. Caring for children experiencing traumatic events makes a difference not only in the lives of children and their parents, but also in the lives of the nurses. Participants believed that they were having a positive influence in the lives of these children and their families and in a way protecting the future.

This making a difference in the lives of others is what kept them coming back to work despite the stress and emotions that these experiences trigger in the nurse. Participants reported that making a difference in the lives of children helped meet some of their own needs, changed their perspectives on life, and helped them grow personally and professionally. On numerous occasions they described loving what they do and on not being able to imagine doing anything else. The two participants who perceived that they were no longer making a difference discussed how they would be leaving the profession in the near future. Four subthemes emerged from this theme: making difficult situations a little better; fulfilling the nurse's needs; reframing the nurse's worldview; and growing professionally as a nurse.

Making difficult situations a little better. Focusing on the rewards associated with caring for children who are experiencing traumatic events also served as a protective mechanism by decreasing the negativity and stress experienced by the nurse and reminding the nurse that they are making a difference. Several participants discussed how the children are often positive and happy despite their suffering. Val described, "Well you're the bright spot. I come in and they run to me. Mom does too or dad or grandma. They are really happy to have you there." Most participants discussed how even having the smallest positive impact on a child's life was a way of protecting the future.

Fulfilling the nurse's needs. Several participants described how their role as pediatric nurses made a difference in their own lives and helped meet their own, personal needs. It gave them confidence, increased their self-worth, fulfilled their spiritual needs, and gave their life meaning and purpose. Christopher discussed, "I am emotional, so I need to get that out. So, this allows me to that stuff. And men aren't really allowed to be emotional."

Reframing the nurse's worldview. Many participants discussed how exposure to the traumatic events of children had changed their views of others, made them appreciate life more, and helped them find joy in the simple things. Adrienne stated, "I think from seeing kids go through

traumatic events and children's reactions to them and parents' reactions... I try to give people the benefit of the doubt when they are having a bad day or reacting to things like extreme." Other participants supported Adrienne's comment in that their experiences have made them more patient and caring and less judgmental of others.

Although most participants viewed their exposure to children experiencing traumatic events as having a positive influence on their lives, a few nurses stated that they have become less sympathetic of others. Sally stated, "something silly happens or they're upset because they had a little issue at work. I'm kind of like well, you don't have cancer and you're okay." Val believed that her experiences have contributed to her high expectations of others. "There are no excuses for anyone else." Several participants discussed how their family values have changed. James stated, "You go home, and you know you hug them [children]." Most participants believed that their daily exposure to trauma is a constant reminder of how precious life is and not to take time or family for granted.

Growing professionally as a nurse. Many participants described how they have grown professionally and become better nurses, particularly when it comes to advocacy and mentoring newer nurses. Regina stated, "It's made me a better nurse knowing that I am able to handle and deal with and I have been able to identify resources." Many participants also discussed learning to set realistic expectations. Susan commented that she learned to focus on the successes after "realizing you can't save everybody." They learned to value the little things that make difficult situations a little less difficult. Overall, participants recounted how they have become more patient caregivers, better communicators, better mentors, and stronger patient advocates. They also believed that their attention to detail and safe practice had increased.

DISCUSSION

In comparing the study sample to all registered nurses, this sample contained more male nurses, was slightly younger, and was more educated than the general nursing population. The findings of

this study add to the literature and revealed that community and long-term care pediatric nurses are also repeatedly exposed to the traumatic events of children and report similar experiences as the acute care hospital based pediatric nurses.

Consistent with the literature, the participants of this study describe trauma as highly individualized, complex phenomenon that is pervasive in the world of nursing (Alzghoul, 2014). When exploring the first research question, participants provided a variety of examples describing their exposure to children who were experiencing traumatic events. They emphasized that their exposure was not limited only to children, but also included parents, their colleagues, and themselves. The participants discussed that what constituted trauma was often unique to each individual, yet the effects impacted all individuals who were involved and often resulted in numerous, conflicting emotions for the participants. These emotions were often referred to as the nature of nursing and the participants did not feel that they had a lasting negative impact on their personal or professional lives. This contrasts with the literature on compassion fatigue, secondary traumatization, and vicarious traumatization in which it has been reported that nurses experience negative consequences that impact their ability to interact with others, but similar to Dix's et al. (2012) findings that found the rewards associated with caring for children often exceeded the negative consequences.

For the second research question, the *Making a Difference* in the lives of others is the meaning that all participants associated with working with children who are suffering or who had been traumatized and helped mediate the negative consequences of their experiences. This is consistent with Travelbee (1971) that finding meaning determines an individual's ability to endure suffering and Honkavuo and Lindstrom's (2014) study that found nurses' experiences contribute to finding new meaning in life and personal growth. Knowing that they were good at doing what others considered the unfathomable; that they were able to make difficult situations more tolerable; that their efforts were appreciated is what participants described as keeping them in the profession

despite the emotional stress. In addition, many of the participants discussed how these children and their families changed their lives for the positive, showed them what being strong was about, and provided inspiration.

IMPLICATIONS FOR NURSING EDUCATION, PRACTICE AND ADMINISTRATION

The results of this study increased awareness into professional vulnerability and workplace stressors. Many participants reported not feeling adequately prepared to manage these stressors. Therefore, educational opportunities need to be provided to better prepare pediatric nurses to handle workplace stressors, have difficult conversations, and to practice self-care. Students should be encouraged to create meaning out of situations as the ability to find meaning is associated with job satisfaction.

Organizations need to ensure nurses are aware of available resources and that supports are available for nurses during busy and chaotic days. It is also important to ensure that nurses are recognized for doing a good job and making a difference under stressful conditions and to help nurses find meaning in emotionally stressful situations. Changes should be made to the work environment to provide nurses with times and places to decompress. Nurses need to have time and a safe place to talk about their experiences and feel supported by their colleagues and nursing leadership without having to relive the trauma. It is essential that nursing leadership keep lines of communication open, ensure that nurses take their breaks, and that coverage is available while the nurse is on break. Finally, organizations should encourage healthy living, the use of vacation, and the use of employee assistance programs.

FUTURE RESEARCH RECOMMENDATIONS

There is the potential that other situations may reveal different experiences, or experiences and meaning may change as nurses are exposed to new and different situations. Therefore, it is important to continue to monitor and research pediatric nurses' experiences with exposure to

traumatized children and the strength of the relationship between factors that promote the perception of making a difference. The ability to maintain a positive perspective was viewed as an important strategy for finding meaning in work related experiences. Future research should investigate not only strategies to teach nurses cognitive reframing and positive appraisal, but also the effectiveness of those strategies. Research is also needed to develop and test innovative teaching strategies to better prepare nurses for their experiences in the workforce. In addition, global measures of proficiency with dealing with difficult situations should be developed. Finally, further research should be conducted into the experiences of school nurses with exposure to traumatic events of children and what are their needs.

CONCLUSION

The findings of this study contributed to the knowledge of pediatric registered nurses' experiences with exposure to and participation in the traumatic events of children. Consistent with the literature, nurses often used the terms suffering and trauma interchangeably and did not refer to their experiences with exposure to trauma as traumatic. The participants in this study focused more on the rewards of their experiences than on the negative consequences that most of the literature reports. Making a difference is the meaning associated with repeated exposure to the traumatic events of children. The ability of these experiences to make a difference in the lives of the child, parent, and nurse mediated the negative consequences of trauma exposure and fostered job satisfaction among the participants.

REFERENCES

Alzghoul M.M. (2014). The experience of nurses working with trauma patients in critical care and emergency settings: A qualitative study from Scottish nurses' perspective. *International Journal of Orthopaedic and Trauma Nursing*, 8, 13–22, <https://doi.org/10.1016/j.ijotn.2013.04.004>.

Berzoff J., Kita E. (2010). Compassion fatigue and countertransference: Two different

concepts. *Clinical Social Work Journal*, 38, 341–349, <https://doi.org/10.1007/s10615-010-0271-8>.

Buurman B.M., Mank A.P.M., Beijer H.J.M., Olff M. (2011). Coping with serious events at work: A study of traumatic stress among nurses. *Journal of American Psychiatric Nurses Association*, 17, 321–329, <https://doi.org/10.1177/1078390311418651>.

Dix D., Gulati S., Robinson P., Syed I., Klassen A. (2012). Demands and rewards associated with working in pediatric oncology: A qualitative study of Canadian health care providers. *Journal of Pediatric Hematology Oncology*, 34, 430–435, <https://doi.org/10.1097/MPH.0b013e3182580a90>.

Figley C.R. (1995). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those who Treat the Traumatized*. London: Brunner–Routledge.

Honkavuo L., Lindstrom U.A. (2014). Nurse leaders' responsibilities in supporting nurses experiencing difficult situations in clinical nursing. *Journal of Nursing Management*, 22, 117–126, <https://doi.org/10.1111/j.1365-2834.2012.01468.x>.

ICN – International Council of Nurses (2021). *The ICN code of Ethics for Nurses*, https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf.

Joinson C. (1992). Coping with compassion fatigue. *Nursing*, 22(4), 116–120.

Kanter J. (2007). Compassion fatigue and secondary traumatization: A second look. *Clinical Social Work Journal*, 35, 289–293, <https://doi.org/10.1007/s10615-007-0125-1>.

Oliver C. (2012). The relationship between symbolic interactionism and interpretive description. *Qualitative Health Research*, 22, 409–415, <https://doi.org/10.1177/1049732311421177>.

Rourke M.T. (2007). Compassion fatigue in pediatric palliative care providers. *Pediatric Clinics of North America*, 54, 631–+. <https://doi.org/10.1016/j.pcl.2007.07.004>.

Sabo B.M. (2006). Compassion fatigue and nursing work: Can we accurately capture the consequences of caring work? *International Journal of Nursing Practice*, 12, 136–142, <https://doi.org/10.1111/j.1440-172X.2006.00562.x>.

Stamm B.H. (2010). *The Concise ProQOL Manual* (2nd ed.). Pocatello, ID: ProQOL.org.

Thorne S. (2008). *Interpretive Description*. Walnut Creek, CA: Left Coast Press, Inc.

Travelbee J. (1971). *Interpersonal Aspects of Nursing* (2nd ed.). Philadelphia: F.A. Davis.
Yehene E., Asherman A., Goldzweig G., Simana H., Brezner A. (2024). Secondary traumatic stress

among pediatric nurses: Relationship to peer-organizational support and emotional labor strategies. *Journal of Pediatric Nursing*, 74, 92–100, <https://doi.org/10.1016/j.pedn.2023.11.019>.

Źródła finansowania / Funding sources: \$1000 Eta Beta Grant

Konflikt interesów / Conflict of interest: brak konfliktu interesów / no conflict of interest

Otrzymano/Received: 8.01.2025

Zaakceptowano/Accepted: 13.02.2025