Feature Article

Surrogate Trauma in Nurses Providing Pediatric Palliative Care

A Phenomenological Study

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The aim of this study was to deeply examine the experiences of proxy grief among nurses providing pediatric palliative care. This qualitative phenomenological study was conducted with 16 nurses working in the pediatric ward of a hospital located in the northern region of the country. Data were analyzed using Colaizzi's phenomenological analysis method. The analysis revealed 3 themes (challenges experienced while caring for children in palliative care; secondary trauma and coping processes; proxy trauma and professional resilience) and 9 sub-themes (emotional strain during care, establishing an empathetic bond, emotional exhaustion, traumatic experiences, seeking psychological support, religious coping methods, developing a professional approach, resilience and acceptance, and motivation to continue in the profession). The study found that nurses providing pediatric palliative care experienced significant psychosocial stress. Pediatric nurses were particularly challenged emotionally when caring for palliative patients. In this context, it is important to develop stress-coping skills to help nurses manage vicarious trauma. Strengthening nurses psychologically and spiritually will positively impact their professional lives, which in turn will enhance the quality of care they provide.

KEY WORDS
palliative care, pediatrics, phenomenological study, proxy trauma

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Informed consent was obtained from participants before the interviews began. The recordings and transcripts were stored on a password-protected device.

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INTRODUCTION

Palliative care (PC) is a holistic and multidisciplinary care approach designed to improve the quality of life of patients and families facing life-threatening illnesses; it provides support through early diagnosis, comprehensive assessment, and the prevention or alleviation of physical, psychological, and spiritual distress.[1–3] Pediatric palliative care (PPC), a subspecialty within PC, focuses on providing compassionate, developmentally appropriate, and family-centered care to children with life-limiting or life-threatening conditions.[4] Children referred to PPC teams often live with complex, chronic, or progressive illnesses that require long-term, coordinated, and emotionally intensive care. PPC teams typically consist of physicians, nurses, psychologists, social workers, bereavement

counselors, child life specialists, and administrative staff, all of whom work collaboratively to support the child and family throughout the illness trajectory.[5]

The PPC process often extends over months or years, encompassing periods of diagnosis, treatment, symptom management, functional decline, and, in many cases, end-of-life care. During this process, healthcare professionals are frequently exposed to emotionally demanding situations, including witnessing the suffering, deterioration, and death of a child, experiences known to evoke deeper emotional reactions compared with adult palliative care.[6,7] The prolonged duration of PPC and the close relationships formed with children and their families further amplify the emotional burden on professionals, especially nurses, who provide continuous bedside care and maintain the most consistent contact with both patients and families.[2,8]

This sustained exposure to pediatric suffering may lead to emotional overload, burnout, and compassion fatigue among nurses.[7] When nurses struggle to maintain emotional boundaries, they may experience vicarious (surrogate/proxy) trauma, a phenomenon defined as the cumulative cognitive, emotional, and behavioral impact of indirect exposure to others' traumatic experiences.[9,10] Vicarious trauma can disrupt individuals' core beliefs and cognitive schemas related to trust, safety, control, closeness, and meaning.[11] Nurses experiencing vicarious trauma may report insomnia, intrusive thoughts, physical symptoms, emotional numbness, guilt, social withdrawal, and deterioration in interpersonal relationships—symptoms that can negatively affect both personal well-being and professional functioning.[9,12,13]

Despite the recognition that PPC places nurses at heightened risk due to the depth of relational work and the intensity of pediatric end-of-life care, research exploring vicarious trauma specifically among PPC nurses remains limited.[14,15] Understanding how PPC nurses internalize, interpret, and cope with exposure to children's suffering is crucial for designing institutional support systems and improving long-term care quality. To our knowledge, this phenomenological study is among the first in Türkiye to explore the lived experiences of vicarious trauma among nurses working in PPC. By illuminating the emotional, cognitive, and behavioral dimensions of these experiences, the study aims to raise individual-level awareness and contribute to the development of evidence-based psychosocial support strategies at the organizational level.

This study aimed to create awareness at the individual level and contribute to the development of supportive intervention strategies at the institutional level by thoroughly examining the experiences of PPC nurses from a phenomenological perspective. It is believed that this study, which deeply examined the experiences of proxy trauma in nurses providing PPB, will contribute to the literature.

MATERIAL AND METHOD

Study Design

A phenomenological research design, a qualitative research method, was used to deeply examine the experiences of proxy trauma in nurses providing pediatric palliative care. This design was chosen because it offers a high degree of freedom in defining a new phenomenon (event or experience) from the participants' perspective, providing rich data, and detailing their experiences.[16–18]

Study Group

The study was conducted from August 1 to September 15, 2025, with 16 nurses working in a pediatric palliative care unit in northern Turkey. Criterion sampling, a purposeful sampling method selecting individuals with specific relevant characteristics, was used.[19] The sample consisted of pediatric nurses meeting these criteria.

The inclusion criteria for the study were being a pediatric nurse, providing care to pediatric palliative care patients, and voluntarily agreeing to participate. Nurses who refused to participate or were newly hired in the pediatric palliative care unit were excluded from the study.

Sixteen nurses working in the pediatric palliative care unit of a hospital located in the northern part of the country were invited to participate in the interview. The sample size[16] was determined based on data saturation, and a total of 16 participants were interviewed. The study was also reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.[20]

Data Collection Tools

The study was conducted with 16 nurses working in the pediatric palliative care unit of a hospital located in the northern part of the country. The in-depth individual interview method was used in the study. Voice recording devices were used during the interviews with the nurses in a suitable environment (bright, well-lit, and ventilated). The interviews were conducted using a semi-structured interview form prepared using qualitative research methods, created by the researchers based on the literature, and revised in line with the opinions of 3 experts. In addition, the concepts of 'secondary trauma' and 'secondary traumatic stress' used during the interviews were briefly defined in the data collection section to ensure that participants shared a common understanding.

The questions included in the semi-structured interview form were as follows

1. As a pediatric palliative care nurse, what types of children who require intensive care and treatment do you work with? What challenges do you face when caring for children receiving palliative care? What are your thoughts and feelings towards these children? What are your experiences in this regard?
2. Have you experienced secondary trauma? Can you talk about your process of coping with secondary traumatic stress? What are your experiences in this regard?
3. Have you felt emotionally affected while providing pediatric palliative care? How do you think this has affected you? What are your experiences in this regard?

4. What methods do you use to cope with secondary traumatic stress? How do these strategies help you? Do you have any social support resources during this process? What are your experiences in this regard?
5. How does secondary trauma in nurses affect your professional practice? What are your experiences in this regard?
6. Do you think your experiences in palliative care have influenced your thoughts on parenthood or having children?
7. While caring for a child in the palliative care process, have you ever worried that the same situation might happen to your own child or that they might die?
8. Have you witnessed the death of a child you cared for during the palliative care process? Did thoughts about your patient remain in your mind after they passed away? What were these thoughts?
9. During the pediatric palliative care process, have you ever felt emotionally drained, desensitized, or that you no longer had the strength to give? How did the empathy you felt at the beginning change over time? Did you feel the need to emotionally distance yourself during this process, or were there times when you felt you had to constantly be mentally present at work? What kind of symptoms did all these feelings cause in you?

A preliminary 20-minute interview was conducted with a nurse to assess the clarity and suitability of the questions and to familiarize the researcher with the interview process. Data from this interview were excluded. Study interviews lasted 30–40 minutes, varying according to participants' responses.

Data Analysis

The qualitative data obtained from the interviews were analyzed using Colaizzi's (1978) 7-step phenomenological method. First, 3 researchers independently read and reread the transcripts to gain a clear understanding of the content. Significant statements were identified, organized, and condensed. The meanings within these statements were then interpreted, and the researchers discussed their evaluations until reaching agreement. Afterward, the themes were structured into main themes and subthemes with clearly defined expressions. To support the analysis and allow readers to verify the interpretations, direct quotations from participants were incorporated into the findings.

Ethical Aspects of the Research

This research was approved by the Scientific Research and Publication Ethics Committee of Gümüşhane University (Dated: 25.06.2025, No: E-95674917-108.99-340300). Informed consent was obtained from participants before the interviews began. The recordings and transcripts were stored on a password-protected device. The study was conducted in accordance with the 1964 Helsinki Declaration and the National Research Council's ethical standards. This research was presented as an oral presentation at the 9th National, 5th International Mediterranean, and 4th International Pediatric Nursing Congresses held between 5 and 8 November 2025.

FINDINGS

The demographic and professional characteristics of the individuals participating in the study are presented in Table 1.

However, 75% of participants were female, 50% were married, 75% did not have children, 87.5% had a university degree or higher, 87.5% worked both day and night shifts, and 56.3% had 0 to 5 years of professional experience. In addition, the average age of participants was 28.31 ± 3.04, and the average length of service in palliative care was 41.18 ± 24.89 months (Table 1).

The analysis of data obtained from semi-structured interviews resulted in the identification of themes, subthemes, and codes (Table 2).

The findings presented below indicate that nurses providing palliative care to children experience various psychosocial difficulties during care, such as emotional distress, establishing an empathetic bond, and emotional exhaustion.

Subtheme 1. Emotional Strain During Care

"We care for children who are palliative care patients, both congenital and acquired. I felt very strange during my first months, but I think I've gotten used to it a little now. I felt very foreign here during my first week. Because I had never cared for a palliative care patient before. Right now, I think I'm trying with the hope that they too can recover one day. That's my wish." (K10). "I deal more with diseases that do not respond to treatment, such as SMA Type 1, cerebral palsy, hydrocephalus, etc. The fact that they need constant care, that they cannot express their feelings and thoughts in any way, that they cannot speak, and that the children are in this emotional and psychological state is something that I find difficult and that I feel sad about on their behalf." (K9).

Subtheme 2. Building an Empathetic Connection

"I started to empathize over time. I wanted to distance myself. I began to feel more anxious around the children around me, and I realized that I was starting to restrict my children because we saw so many cases." (K12). "Patients with genetic disorders or those who are healthy but have developed hypoxic sequelae are usually bedridden. It is difficult to understand their parents and sometimes to evaluate their reactions and be patient with them. The fact that parents don't give up hope until the very last moment, even with a pre-existing child, to go for hearing and vision tests is also a factor that complicates the process. I think euthanasia should be applied to these types of children, especially those who undergo painful treatment and have a low quality of life." (K16).

TABLE 1. Demographic Characteristics of Participants (n = 16)

		n	%
Age (28.31 ± 3.04)			
Gender	Female	12	75
	Male	4	25
Marital status	Married	8	50
	Single	8	50
Parental status	Yes	4	25
	No	12	75
School graduated from	High school	2	12.5
	University and above	14	87.5
Work format	Day	2	12.5
	Both day and night	14	87.5
Years of experience in the field	0–5 years	9	56.3
	6–10 years	7	43.8
Palliative care work experience (months) (41.18 ± 24.89)			

Subtheme 3. Emotional Exhaustion

"I realize that I am struggling emotionally, both because of the service I work in and because of the nursing profession, and that my tolerance level has decreased. But at the same time, I realize that my behavior is shaped by the person I am dealing with, and that I sometimes feel compassion fatigue. I want to change services. It has caused me to experience feelings such as stress, anxiety, sleep problems, stomach problems, skin rashes, overthinking, anger attacks, and nervous exhaustion." (K16). "Lately, I feel emotionally drained. I feel like I have no tolerance left for certain things. I understood the importance of professional satisfaction in palliative patients. I find myself thinking that no matter what is done, it will not improve, knowing what the outcome will be. I feel bad about myself." (K15).

Theme 2. Secondary Trauma and Coping Processes

Nurses caring for children in palliative care experience secondary trauma during care and find coping quite difficult.

Subtheme 1. Traumatic Experiences

"Although making eye contact with them each time affects me emotionally and can be challenging, working in this unit reminds me of compassion and conscience, and this brings me happiness both religiously and in terms of professional satisfaction." (K6). "Yes, over time, people can become overwhelmed by feelings of burnout, emotional numbness, and indifference. The sense of empathy also diminished over time because the hospital stays were very long. For me, what happens in the workplace stays in the workplace. But you get pretty tired before you reach that mindset. Working in palliative care especially working in a pediatric palliative care clinic, gradually makes you feel unhappy, hopeless, and a feeling of being utterly useless." (K13).

Subtheme 2. Seeking Psychological Support

"I feel better by talking to my colleagues, friends, people around me, and my family. I try to provide the best care to patients. This way, I feel better about myself." (K15) "I experienced a second trauma. I went to a psychologist to cope. I sought psychological help, especially because I was deeply affected by the Kahramanmaraş earthquake." (K7).

Subtheme 3. Religious Coping Methods

"I experienced it. Many times, I realized I couldn't cope with these things and sought psychological support. Again, being exposed to such traumas from a distance affected me, so praying, praying, thinking that they are a trust helped me cope with such traumas." (K6). "To cope with these types of traumatic stresses, I turn more to religious sources and cope in this way. Because these children have no sin and did not choose this for themselves. I believe that this is the will of our Creator, who knows them and all of us well, and that it can only be overcome by faith in destiny." (K9).

Theme 3. Vicarious Trauma and Professional Resilience

Nurses caring for palliative children experience proxy trauma but use different methods to maintain their resilience in a professional sense.

Subtheme 1. Developing a Professional Approach

"Witnessing the processes of patients and families, while supporting their care, there are moments when I am emotionally

TABLE 2. Experiences of Proxy Trauma Among Nurses Providing Pediatric Palliative Care

Theme	Subtheme	Codes
1. Challenges experienced while providing care to children in palliative care	A. Emotional strain during care	A1. Sadness, A2. Helplessness, A3. Crying, A4. Empathy, A5. Depression, A6. Unhappiness
	B. Establishing an empathetic connection	B1. Seeing the patient as if they were your own child, B2. Attachment, B3. Compassion
	C. Emotional exhaustion	C1. Emotional fatigue, C2. Dehumanization, C3. Habituation
2. Secondary trauma and coping processes	A. Traumatic experiences	A1. Encountering death, A2. Loss, A3. Grief, A4. Fear
	B. Seeking psychological support	B1. Seeing a psychologist, B2. Difficulty coping within the profession
	C. Religious coping methods	C1. Prayer, worship, C2. Trust in God, C3. Belief in destiny
3. Proxy trauma and professional resilience	A. Developing a professional approach	A1. Adapting to the profession, professionalism, A2. Professional satisfaction, A3. Desire to help, A4. Conscience, A5. Compassion fatigue A3. Questioning life
	B. Resilience and acceptance	B1. Hope for recovery, B2. Strength through faith
		B3. Adapting to Difficulties, B4. Inner strength, B5. Trust in God
	C. Motivation to continue in one's profession	C1. Desire to help others, C2. Sense of sacred duty

challenged. I also think that due to the workload, I am lacking in supporting them emotionally in providing holistic care to patients and families." (K14). "There were times when I experienced emotional breakdowns. At first, there were even times when I was afraid to touch the child. But then I got used to it when I took care of everything for those children. Since we have an intense work schedule, I was generally with them anyway. Thanks to this profession and the pediatric palliative care service, I learned to be more grateful, to appreciate how important health is, that being a parent is not easy, that being a mother is not just about giving birth, and what it means to bond with and love a child you don't know." (K8).

Subtheme 2. Resilience and Acceptance

"I often feel like my patience is running out. But I am also aware that I need to behave professionally and impartially. Because this is my profession, and I have to do it to the best of my ability. My empathy has never changed, it has never diminished, but it has worn me down a lot. I feel the need to distance myself from time to time, and when I take my annual leave, I feel much more relaxed mentally." (K11). "When I first started working in the pediatric palliative care unit, I encountered and cared for many palliative patients, and since I was new, I experienced some emotional breakdowns and difficulties. Although the empathy I felt at the beginning sometimes gave way to a little indifference, in general, especially during care time, I was more sensitive and intense in my empathy towards the children. There are many times when I feel the need to work in another department away from the service or take annual leave. I feel mentally and physically wounded." (K9).

Subtheme 3. Motivation to Continue in The Profession

"Yes, I feel like a robot. This has been especially true lately, and when I've been working intensely. After a while, when I pulled myself together emotionally, this feeling gradually disappeared, and spending time with patients again made me feel better." (K4) "It happens. After realizing that the empathy I showed at the beginning was becoming a source of stress for me, I tried not to do it. Yes, there were times when I wanted to distance myself and forget. Because being constantly exposed to patients and their families in the hospital during this process forced me to empathize. I was struggling psychologically. Even outside the hospital, there were times when I thought about the events I experienced at the hospital. These thoughts caused me stress and forced me to be a stressed and irritable person in my life outside the hospital. Outside the hospital, I try not to remember the feelings I experienced at the hospital and not to repeat my thoughts." (K14).

DISCUSSION

Pediatric palliative care is a comprehensive, family-centered approach to care that aims to meet the complex needs of children with life-threatening or life-limiting illnesses. This approach aims to maximize children's quality of life and alleviate pain. The pediatric palliative care team, formed by different healthcare professionals, plays a critical role in determining care goals, managing symptoms, and supporting families through the grieving process after the child's death.[21]

Compared with adult palliative care, the pediatric palliative care process generally lasts longer, so healthcare professionals—especially nurses—tend to form strong emotional bonds with patients and their families. This significantly increases their emotional burden.[22] Nurses working in pediatric palliative care units constantly encounter emotionally challenging clinical situations, which can increase the risk of compassion fatigue and burnout.[23] In this context, our study aimed to examine in depth the vicarious trauma experiences of pediatric palliative care nurses. The findings were evaluated under 3 main categories: (1) difficulties experienced while caring for children receiving palliative care, (2) secondary trauma and coping processes, and (3) vicarious trauma and professional resilience.

Challenges Experienced while Caring for Children Receiving Palliative Care

Nurses encounter many challenges in the pediatric palliative care process, both psychologically and physiologically. Witnessing children's suffering and facing death can cause emotional stress, burnout, and compassion fatigue. The need to suppress emotions, the responsibility to support families, and the effort to cope with successive losses are key factors that increase nurses' psychological burden during this process. In addition, multitasking, staff shortages, and heavy workloads lead to physical strain; this situation brings with it difficulties in time management, lack of support, fatigue, and burnout.[24,25]

In this study, nurses providing pediatric palliative care reported experiencing emotional strain during care—feelings of sadness, helplessness, crying, empathy, depression, and unhappiness—and that they over-empathize—seeing the patient as their own child, bonding, and showing compassion—and experience emotional exhaustion—emotional fatigue, robotization, and habituation. Studies in the literature also support our findings.[6,7,22,26] Pediatric palliative care nurses experience intense emotional distress and burnout. While empathy and attachment increase nurses' job satisfaction, maintaining professional boundaries and developing supportive strategies are critical in preventing burnout. Organizational support and emotional education are necessary to strengthen nurses' well-being.

Secondary Trauma and Coping Processes

Studies indicate that more than half of pediatric nurses exhibit symptoms of secondary trauma. This condition is triggered by factors such as witnessing children's suffering and death and forming intense emotional bonds.[27,28] In our study, nurses providing pediatric palliative care stated that they experienced traumatic experiences encountering death, loss, grief, and fear; sought psychological support going to a psychologist, seeking support within the profession, and used religious coping methods prayer, worship, trust in God, and belief in destiny. These findings are consistent with similar results in the literature.[29–31] Nurses working in pediatric palliative care experience secondary traumatic stress, and social support, spiritual beliefs, and maintaining professional boundaries are prominent coping strategies during this process. Institutional support and regular training programs play an important role in ensuring professional sustainability by increasing nurses' psychological resilience.

Vicarious Trauma and Professional Resilience

Pediatric nurses are at high risk for vicarious trauma (secondary traumatic stress) because they frequently witness traumatic events while working with the child and patients. Indeed, studies indicate that 50% to 78% of nurses are moderately or severely affected by traumatic events.[27,28,31] Pediatric palliative care nurses carry this risk even more because they constantly witness the intense pain and loss experienced by children and their families. In our study, pediatric palliative care nurses developed professional approaches in the process of vicarious trauma and professional resilience adaptation to the profession and professionalism, professional satisfaction, desire to help, conscience, compassion fatigue, questioning life and resilience and acceptance hope for recovery, strengthening through faith, adapting to difficulties, inner strength, resignation and their motivation to continue in the profession desire to help, sense of sacred duty.

Similarly, Gerber and colleagues'[32] study found that pediatric palliative care professionals had low to moderate levels of burnout and secondary traumatic stress; physicians were reported to be affected at higher levels than nurses. Nurses may experience emotional overload during the care process and, in some cases, may show a tendency to consciously distance themselves from patients. Peer support and spiritual beliefs are among the effective coping mechanisms in this process. Furthermore, maintaining professional boundaries is an important factor in reducing the risk of secondary traumatic stress.[28,33]

These findings indicate that pediatric palliative care nurses possess a high level of emotional resilience and maintain their motivation to continue in the profession despite traumatic experiences. However, further research is needed in this area across different cultures and working conditions.

CONCLUSION

The study found that nurses providing pediatric palliative care experience psychosocial stress. Pediatric nurses were

found to be particularly challenged emotionally when caring for palliative patients. In this context, it is important to develop nurses' stress-coping skills to help them deal with vicarious trauma. In this sense, it is thought that psychologically strengthening nurses is important. Psychologically empowered nurses will have a positive impact on their professional lives, which will in turn positively reflect on the quality of care.

Limitations

One limitation of the study is that all participants were nurses working in the pediatrics department of a hospital located in the northern part of the country. The results depend on the participants and the environment in which the study was conducted. The small group of participants does not represent the entire nursing population.

The Relevance of the Paper to Mental Health Nursing

This study examines the emotional distress, grief, and vicarious trauma experienced by pediatric palliative care nurses, contributing to mental health nursing. The findings highlight the importance of psychological support, supervision, and resilience training to protect nurses' well-being and can guide policies to reduce stress, prevent burnout, and enhance psychological resilience.

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