



Keywords: Healthcare; Palliative care; Paediatrics; End of life; Patients

Introduction

PPC (paediatric palliative care) addresses the needs of children and adolescents with serious medical conditions, serious injuries, or both [1,2]. In difficult or urgent cases involving end-of-life care and grief after the child has passed away, individuals who are part

specialist palliative care psychology, trained hospice care social services, professionals supportive care physiotherapy, and specialist palliative care administrative staff were among the professionals who complied with the at-home-based ID-PPC. The informed consent form was submitted for signature by each participant.

Analysis

Each interview was transcribed, along with researcher notes. Three researchers (PRM, JGR, and DPC) examined the transcribed texts using an inductive thematic analysis. The coding and topic identification process involved reading the entire book, going paragraph by paragraph, and performing a thorough line-by-line examination. The coding process was divided into several stages:

- The first codes were produced.
- Following that, codes were put into categories. Following the grouping of the categories, themes and sub-themes were determined.
- Following a study of the themes, additional themes were discovered, their conceptual maps were created, and the themes were recoded.
- Themes and sub-themes were identified and defined, creating their definition.

Results

This study included 18 individuals (12 women and 6 males). The at-home-based ID-PPC participants had an average age of 38.2 years. These included one non-health employee (5.6%, administrative services personnel), other health professionals (16.7%, psychologists and physiotherapists), non-health professionals (11.1%, social workers), and paediatricians who made up 38.9% of the group. Nurses made up 27.8% of the group. The average tenure of the professionals at the at-home ID-PPC was 6.0 ± 3.4 years. Our findings demonstrated how caring for these kids can impact job satisfaction and burnout among clinicians who provide paediatric palliative care, including end-of-life care. Understanding the psychological effects of palliative care work aids in better understanding the idea of PPC and how it is provided by experts. The at-home ID-PPC specialists considered the advantages that their commitment to PPC affords them, including the capacity to make more sense of life, emotions related to personal progress, fulfilment, depth of knowledge, and a more sympathetic approach to clinical care. Practitioners are encouraged to adopt a new perspective and a more optimistic understanding of life through caring for children and families in the palliative context. They claimed that modifications in their priorities and life objectives had aided in their development as individuals. They also talked about how their PPC experience had aided in their professional growth.

Discussion

Our findings highlighted personal development and compassionate fulfilment by demonstrating how professionals committed to giving PPC experienced good feelings and emotions while providing care. Even while they described their work as calming, they agreed that it often had a significant emotional impact, which was made worse by witnessing terrible deaths. According to the essential elements of personal growth outlined by Tedeschi and Calhoun in five domains, our participants demonstrated improvements in their personal resources and relationships, as well as positive changes in their priorities and aspirations in life, as well as a higher appreciation for life. Beaune et al. demonstrated how, despite not being members of

an ID-PPC, physicians, social workers, and nurses underwent personal growth, had a greater appreciation for their blessings, and became more compassionate when caring for children with life-limiting illnesses. In our participants, benevolence appeared to play a role in their sense of personal progress. It is defined as an altruistic and caring attitude associated to the desire to enhance patient care and has been recognised as a positive consequence of care. The nurses in Conte's research discussed how their work in paediatric oncology had taught them to value their lives and the time they spend with loved ones more. Professionals also highlighted how working in PPC made them a "better professional". The Morrison and Morris study's bone marrow transplant unit nurses highlighted potential in developing new technical skills, learning about specific diseases, and being enriched by daily patient-centered rounds with an interdisciplinary team. They felt fortunate to care for children through what they perceived to be the most difficult moment of their life, much like our participants did. 12%) 0.5 (ir bnals o.50.ighave no compassfd (ful lm(25%) d)Tj07.039 Tw Tt(and co

empathise with the families who have lost a loved one, which they believe may make them weak and prevent them from performing their duties. As a result of care, but not just in the palliative setting, negative emotions and sentiments like grief, agony, sadness, and suffering also surfaced. The experts claimed that cancer or paediatric critical care units were where bad deaths were most painfully experienced outside of palliative care. PPC places a lot of emphasis on the idea of a good death. Less research has been done on what constitutes a "good death" for children than for adults, and the studies that have been done on this topic have all dealt with kids who have cancer.

Our work contributes to filling this knowledge gap by providing pertinent information, drawing on the expertise of the most specialised practitioners in paediatric end-of-life care, and putting light on variables and traits that may lead to a bad death for kids and their families. In line with the anguish and discomfort experienced by the professionals in our study, Lee and Dupree also noted that the major psychological reactions of critical care staff when caring for a dying infant were sadness and grief as opposed to moral distress. When institutional restrictions keep you from acting morally righteously despite knowing what to do, moral discomfort results. Although moral distress is a prevalent emotion in paediatric and neonatal ICUs, a research by Dryden-Palmer et al. found that it is also linked to higher depersonalization of care and confusion around end-of-life decision-making in a child's life. Additionally, the emotional support provided to employees in paediatric critical care units is insufficient to help them deal with the sadness of losing infants.

Our findings demonstrated how the experience of "bad deaths" in other professions, such as oncology or paediatric intensive care, seems to influence professionals to develop an interest in PPC and give up intensive care, as was the case with three of the seven doctors and four of the five nurses who took part in the study. The nurses from Maytum et al.'s qualitative study who were committed to caring for chronically ill children, like our participants, described strategies that reduced episodes of compassion fatigue and were helpful for preventing burnout: picking a work environment in line with their personal philosophy, changing jobs when necessary, or taking advanced training courses.

The assistance given by ID-PPC to other paediatric services working with critically sick children is essential to preventing professional anguish and burnout, according to Jonas and Bogetz. Among American neonatologists, Weintraub et al. found that PPC usage was a predictor of higher compassion satisfaction. Professionals consider that feeling sorrow and grief at the death of the kid demonstrates humanity and a connection to the child and family. According to prior suggestions to minimise weariness and burnout, our results highlighted various techniques incorporated into the home-based ID-PPC performance: peer support, honest communication, family life, and team meetings following challenging clinical circumstances. Professionals can also relax with a sense of humour, optimistic outlook, and time away from the office. These elements aid in explaining the increased satisfaction levels observed by PPC specialists. The European Atlas of Palliative Care expresses the necessity for continued development of PPC, which is presented in this study as an essential viewpoint from our geographic area. This is, as far as we are aware, the only study that has particularly looked at the thoughts and sentiments of professionals associated with a specialised ID-PPC in Spain. Additionally, it significantly adds to the body of literature already in existence, which is mostly devoted to paediatric oncology or end-of-life care. The majority of previous studies mostly focused on the experiences of doctors, nurses, and social workers in PPC, but our research also included psychologists, physiotherapists, and administrative personnel as well as the perspective of the ID-PPC.

Conclusion

Understanding the emotional impact of ID-PPC professionals who work from home helps one comprehend the significance and scope of PPC. The quality of PPC may be raised by including the opinions of ID-PPC professionals to help adopt strategies that reduce professional stress and burnout and support their wellbeing.

Acknowledgement

Not applicable.

Conflict of Interest

Author declares no conflict of interest.

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