Whispers of Comfort: Filipino Pediatric Palliative Nurses' Insights on Holistic Care at New Hope Foundation, China

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ABSTRACT

Purpose of the Study: This study explored the lived experiences of Filipino pediatric palliative care nurses working at the New Hope Foundation in China. It sought to understand how these nurses deliver holistic care to terminally ill children while managing emotional strain, ethical dilemmas, and cultural challenges in a multicultural setting.

Research Method: A qualitative phenomenological approach was employed, using semi-structured interviews with six purposively selected nurses. Colizzi's method guided the data analysis process.

Findings: The analysis revealed six major themes: Applied Whole-Person Care, Emergent Holistic Team-Based Care, Derived Deep Values-Based Care, Faced Ethical Crossroads, Developed Resilience Strategies, and the Importance of Diversity-Informed Care. These themes captured how nurses integrated physical, emotional, spiritual, and cultural care, confronted ethical uncertainties, engaged in interdisciplinary collaboration, navigated cultural differences, and found meaning and purpose in their caregiving roles. Despite the emotional toll, nurses demonstrated resilience and a strong sense of professional and personal fulfillment.

Implications: The study highlights the need for enhanced emotional and institutional support for pediatric palliative care nurses. Recommendations include developing targeted training in holistic and culturally sensitive care, ethical decision-making, and interprofessional collaboration. These insights can inform policy, education, and practice improvements, particularly in resource-limited and culturally diverse care environments.

Keywords: Pediatric palliative care, Filipino nurses' lived experiences, holistic care, ethical dilemmas, cultural competence, resilience, qualitative research, phenomenology, New Hope Foundation China

INTRODUCTION

Background of the Study

"To comfort always, to relieve often, and to save sometimes." – Dr Joyce Hill

Pediatric palliative care (PPC) is a vital component of global health, aiming to improve the quality of life for children with life-limiting and life-threatening conditions. Unlike adult palliative care, PPC addresses unique developmental, emotional, and physiological needs. It provides holistic support to the child and family by managing pain, reducing suffering, and offering psychosocial and spiritual care throughout the trajectory of illness—regardless of curative intent. In this delicate and often emotionally charged field, nurses serve as the cornerstone of compassionate and competent care, forming deeply personal connections with patients and their families.

Despite its profound importance, PPC remains underdeveloped in many parts of the world. The World Health Organization reports that about 40 million people require palliative care each year, yet only 14 % receive it [1]. The unmet need is especially pronounced in low- and middle-income countries where healthcare infrastructure is limited. In the Philippines, where the palliative movement began in the late 1980s with a primary focus on

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adult cancer patients [2], pediatric services have been slow to develop. Contributing factors include insufficient training, lack of policy support, cultural taboos around death, and limited access to resources [3].

Filipino nurses, known globally for their caregiving competence and adaptability, frequently serve in palliative-care roles abroad. Their work in facilities such as New Hope Foundation China offers a unique lens into the ethical, emotional, and cultural complexities of international PPC practice. These nurses face challenges such as language barriers, moral distress, compassion fatigue, and the need to adapt to differing cultural and institutional frameworks. Despite these difficulties, they often bring with them a deep commitment to holistic care rooted in Filipino cultural values of empathy, faith, and family-centeredness.

This study seeks to explore the lived experiences of Filipino pediatric palliative-care nurses working at New Hope Foundation China. Through a qualitative, phenomenological lens, it aims to uncover the insights, struggles, and coping mechanisms that shape their caregiving journeys. The research also seeks to inform nursing education, practice, and policy—especially in under-resourced settings—by offering contextually grounded strategies to support resilience, ethical reflection, and interdisciplinary collaboration. As a pediatric palliative-care nurse with more than a decade of frontline experience, the researcher brings both a professional and empathetic understanding to this inquiry, ensuring that the voices of these nurses are honored and authentically represented.

LITERATURE REVIEW

Nowadays, life expectancy has been increasing along with the number of people living with the disease; this has contributed to the need for palliative care nurses. What is palliative care? It has been defined as patient-centered care to improve the quality of life along the trajectory of the disease and relieve symptoms, discomfort, and stress for children living with life-threatening conditions and their families [4]. The term palliates stems from the Latin term pallium, a cloak-like attire symbolizing a covering of protection. In medical terminology, palliate seeks to minimize the severity of disease [5]. The Institute of Medicine states that palliative care aims to prevent or relieve the physical and emotional distress produced by a life-threatening medical condition or its treatment, to help patients with such conditions and their families live as usually as possible, and to provide them with timely and accurate information and support in decision making. This care and support are not exclusive to individuals perceived to be in the final stages of life and can be offered simultaneously with treatments aimed at curing or prolonging life [6]. The American Academy of Pediatrics endorses these definitions as an approach that enhances the quality of life for patients and their families confronting challenges related to life-threatening illnesses. This is achieved by preventing and alleviating suffering via early identification, precise assessment, and adequate physical, psychosocial, and spiritual treatment [7].

In a palliative care setting, nurses face every day with patients who suffer from debilitating illnesses. In their caring role, palliative care nurses frequently experience stressful situations related to death and dying.

Studies have focused on the dilemmas experienced by palliative care professionals. Moral and ethical distress is one of the many dilemmas palliative nurses experience. Moral and ethical distress can lead to feelings of helplessness and anger. This distress occurs when nurses are asked to act in a manner that is contrary to their beliefs. This disregard for personal and professional values can undermine the nurse's integrity. Nurses struggle with the dilemma between their obligation to follow physicians' orders and their duty to provide a comfortable death [8]. Barriers may occur when healthcare providers are prevented from acting according to their personal values and professional standards. These barriers may be external or internal. External barriers may happen when a nurse's opinion is neither sought nor valued in the workplace. Internal barriers may result when a nurse needs better communication skills or more knowledge and skills to provide palliative care appropriately. These barriers must be resolved to maintain job satisfaction and appropriate patient care. It has been emphasized that health professionals face multiple and complex challenges in the provision of palliative care to children and their families, including inadequate preparation and guidance for caring for dying children and managing the ethical dilemmas that can arise during the provision of such Care [9];[10]; [11]; [12]; [13]; [14]; [15]; [16].

Pediatric palliative care is a growing interest and debate in the medical community. Many palliative care initiatives in the past have targeted adults. Studies have indicated the need for pediatric palliative care education

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and programs [17]. Determination of palliative care needs is different for children and adults. Caring for children requires physical, emotional, social, cognitive, and spiritual development, meaning they receive more aggressive and complicated care than adults. However, only a few experienced professionals can and are qualified to complete this treatment [18]; [19].

Healthcare workers encounter several difficulties while providing care to this demographic of clients and their families. According to Barnard, Hollingum, and Hartfiel [20], providing care for patients nearing the end of their lives requires compassion, reciprocity, professional dedication, and the capacity to interact with patients and their families. It is possible for professionals who observe the suffering of children and their families also to feel anguish and suffering for themselves. Without comprehensive pediatric palliative care programs, nurses may lack the education and training needed to meet the challenges of this special care. As they care for children who are dying, healthcare professionals may feel helpless, angry, depressed, or anxious. These emotions can hasten nursing burnout and raise hospital staff turnover [21].

Annually, over 500,000 infants and children grapple with life-threatening illnesses, constraining their lives with uncertain trajectories. These young individuals experience advanced diseases without access to health services that could alleviate pain, mitigate symptoms, and address psychosocial challenges affecting not only them but also their families [19]. Additional research reveals that less than 10% of the 3,000 hospice programs in the US offer care to children nearing the end of their lives, and even fewer do so for critically ill newborns [22].

Providing palliative care to children is very challenging. This study explored by Roach et al. [23] the challenges experienced by nurses in providing pediatric palliative care to children with leukemia in tertiary care hospitals in Oman. Semi-structured face-to-face interviews were conducted on a purposive sample of 11 nurses in the hematology-oncology units of a tertiary care hospital. Results revealed three main themes and seven subthemes related to challenges in providing pediatric palliative Care: Personal challenges: Nurses were unable to neutralize their emotions, which burdened them emotionally; due to multitasking, nurses were unable to manage their tasks within the expected time frame; nurses were stressful when they participated in explaining the diagnosis to the parents; and nurses felt powerless when the health condition of some children deteriorated. Educational challenges: Nurses felt unprepared to meet the physical/psychosocial aspects of caring for children with leukemia. Organizational challenges: Nurses stated that families and nurses required rooms to pray, rest, and read the Quran, and they needed a private place to speak to families; nurses mentioned that there are a limited number of psychologists to meet the psychological and social needs of children and their families. The study concluded that prioritizing and implementing strategies for a supportive workplace, guided clinical practice, and maximizing nurses' satisfaction is crucial.

In a prior study conducted by Urquiza et al. [24], a comprehensive literature review on burnout syndrome among palliative care nurses was carried out. The review encompassed publications in English, Spanish, or Portuguese, with no restrictions on publication dates. The findings revealed that the prevalence estimates for emotional exhaustion, depersonalization, and low personal accomplishment in palliative care nurses ranged from 24% to 30%, indicating a significant proportion experiencing burnout syndrome. Notably, depersonalization emerged as the most impacted dimension. Occupational factors such as workload, commitment, work environment, conciliation, relationships with patients and families, and psychological factors like extroversion, neuroticism, empowerment, meaning in life, and negative affect were identified as the primary contributors to burnout in palliative care nurses. While not all nurses in this field experience burnout, enhancing working conditions and environments and implementing interventions to reduce or prevent burnout are deemed essential.

Another impact on the provision of pediatric palliative care has been the training of most healthcare providers in dealing with the issues related to the possibility of death in the pediatric population [25]; [26]; [6]; [27]; [28]; [29] Health professionals face multiple and complex challenges in the provision of palliative care to children and their families, including inadequate preparation and guidance for caring for dying children and managing the ethical dilemmas that can arise during the provision of such Care [9]; [10]; [11]; [12]; [13]; [14]; [15], Based on the research results, it seemed that physicians and nurses seldom received the training and opportunities to practice the skills necessary for communicating effectively with dying children and their families [30]; [12]; [31]; [32].

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Inadequate preparation and guidance for health workers make doctors and nurses rarely receive training and opportunities to practice the skills needed to communicate effectively with dying children and their families [30]; [31]; [32]. Training and materials related to palliative care were not provided adequately to doctors due to a lack of time and educational facilities and mentors or teaching staff [33]; [19]. Previous studies have reported that when pediatric patients and their families go home, they may have to rely on health workers with limited experience in treating children with advanced diseases or are unable to provide palliative Care [19].

Health professionals face multiple and complex challenges in the provision of palliative care to children and their families, including inadequate preparation and guidance for caring for dying children and managing the ethical dilemmas that can arise during the provision of such Care [9]; [10]; [11], [12]; [13]; [11]; [15]; [16]. Based on our search results, it seemed that physicians and nurses seldom received the training and opportunities to practice the skills necessary for communicating effectively with dying children and their families [30]; [12]; [31]; [32].

On the other hand, it has also been highlighted in the review of the literature by Kagawa-Singer & Blackhall [34] and Koening & Davis [35] that a substantial amount of progress has been made in understanding the relevance and importance of cultural competence at the end–of–life care for adult patients; however, there is limited information addressing cultural competence in pediatric palliative care. According to Koenig and Davies [35], there seem to be two reasons for the paucity of this type of research. First, pediatric palliative care is a new field, and researchers and academics have recently started focusing on this topic. Secondly, in today's rapidly changing world, the phenomenon of migration of people belonging to different cultures, religions, and ethnic groups is happening so rapidly that educational institutions lag in developing curricula to provide cultural competency training in pediatric palliative care. Knowledge of the cultural background of the family is crucially essential in planning for and providing bereavement care following a child's death. Though much is known about culture and bereavement generally, research specific to children in a multicultural setting is lacking [36]. At the end of their research, it identifies the need for deeper investigation into the cultural and religious values, beliefs, and rituals surrounding severe childhood diseases, end-of-life care, and bereavement support for new Canadians. Healthcare professionals require further information to help them better understand the needs of patients and families belonging to a diverse and growing ethnocultural population. As identified by Braun and Nichols [37], only a tiny amount of information is available for healthcare professionals relating to diverse cultural rituals, beliefs, and practices related to death and dying. This paucity of information is of critical concern when dealing with dying children and their families—gaps in knowledge and sensitivity compromise pediatric palliative Care and bereavement support Care for all.

It was also further discussed in the literature conducted by Angus et al., [38], that the need for training on cultural competence needs to move away from models that portray cultural beliefs as shared, fixed patterns and consider the complicated reality of everyday care provision at the end of life in the home.

Furthermore, Chan et al. [39] also had a study on Palliative care Nurses in Hong Kong. They examined perceived challenges, including knowledge, skills, self, and work environment, of professionals in providing pediatric palliative Care (PPC) in Hong Kong and the differences in perceived challenges between groups. A total of 680 pediatric doctors and nurses participated in the survey. They tended to perceive the provision of PPC as complex and considered "advanced skills" (those dealing with death-related issues) challenging.

Their findings indicate that nurses, less experienced professionals who do not have children and have yet to receive palliative care training, perceived higher challenges in providing PPC. Implications for training and support are discussed.

In the Philippines, Dorenbos et al. [40] stated that dignified dying has not been studied extensively, and few studies have focused on interventions to promote dignified dying, which means that prioritization of interventions in caring for the dying is not yet fully explored, eventually leading to incompetent nurses. In addition, a stated report indicates that the education of physicians and nurses needs to adequately prepare clinicians to provide palliative care, and national data show that they need to prepare to teach many of these competencies.

Moreover, another study was made by Soriano [41]. This study, the inaugural of its kind in the Philippines, is the pioneer in addressing a gap identified in the literature. Previous comprehensive studies on the knowledge and attitudes of practicing nurses in palliative care have yet to be documented across the Philippines. This study's primary objective was to evaluate nurses' knowledge and attitudes toward palliative care. A descriptive comparative method was used to design the study, and a purposive sample of 236 nurses employed in Level III PhilHealth accredited hospitals in Manila, Philippines, was selected. Results revealed that nurses had a fair knowledge and fair attitude towards PC. Also, the level of education and palliative care training showed a significant difference in the level of knowledge in PC.

The literature examined in this review has significant nursing implications. The findings can be applied to pediatric palliative care to enhance nursing care provision. Recognizing these implications opens new possibilities for practical implementation and decision-making.

Theoretical Lens

Many theories can guide this study and show the relationship of nurses to caring provision in palliative settings; among the many theories explored are Callista Roy's Adaptation Model, the Humanistic Theory of Nursing, Davies and Oberle model, and Katherine Kolcaba's Comfort theory.

The theoretical works of Callista Roy's Adaptation Model can also guide this study. Roy's Adaptation model [42] argues that the person is an open and adaptive system that uses an input, processing, and output sequence; people adapt to the internal and external stimuli that surround them and respond to the factors that cause them stress individually due to their changing characteristics.

The coping processes involved in the course and development of adaptation that people carry out include using a large amount of energy, which, according to Roy, could be used to recover from the disease. Roy considers people holistically in his theory and argues that they constantly interact with the environment. The concept of adaptation implies that the person is an open system and responds to internal and external stimuli. The nurse's role in care translates into manipulating environmental stimuli to bring them closer to the person's positive coping field. Adaptation is considered as the effective response to a stimulus.

In this scenario, this study acts as an external regulator. It detects inconsistent behaviors and their stimuli, from which they carry out the appropriate behavior to eliminate or relieve the stimulus, thus guiding towards adaptation. Evidence shows that Roy's model has been used successfully to improve people's quality of life. There has been a study of the application of Roy's Adaptation Model to support nurses.

The humanistic Theory of Nursing highlights the link between the nurse and the person receiving care. It is a nurse-patient meeting where both actors feel affected. According to Wu and Volker [43]., the philosophical perspectives of the Humanistic Theory of Nursing apply to nursing in Palliative Care. The basic concepts of the Humanistic Theory of Nursing can provide a standard nomenclature for the different stages of the Nursing Process in Palliative Care. Nurses' bond of trust and support with the person in the final stage of life is essential to promote the person's comfort, encourage them in decision-making, and promote the maintenance of dignity and quality of life in this last phase. Humanistic nursing is oriented towards the values and purposes of Palliative Care. In this context, the nurse and the people who receive care contribute their perspectives in the nurse-patient encounter. In this way, the Humanistic Theory of Nursing orients the importance of caring, developing empathy, and the nurse-person encounter.

Palliative care favors the holism, dignity, and quality of life of people and their families at an advanced stage of the disease. Figueredo [44] argues that the basic principles of the Humanist Theory of Nursing are appropriate for all professionals who care for people at the end of life since they can provide a vision for nurses to empathize and respond to people close to their deaths.

The Davies and Oberle model [45] was developed to describe the clinical component of the nurse's role in Palliative Care and the attributes of palliative nursing for practice and training programs. The role of Nursing is oriented towards a supportive being with multiple dimensions: to be able to value, to be able to achieve

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connection, to be able to train and do, to be able to find the meaning and the preservation of one's integrity. This model considers that the nurse should not be separated from herself as a person. Newton & McVicar [46] investigated whether the nursing attributes described in the original model were still applied but found no evidence to prove their application in current Palliative Care contexts.

Another theory used is the Comfort Theory. Kolcaba's Comfort model [47] explains comfort as a fundamental need of all human beings and describes comfort as existing in 3 forms: relief, ease, and transcendence arising from health care situations that are stressful, like palliative care settings. As its primary concept in this model, comfort can occur in four contexts: physical, psychospiritual, environmental, and social-cultural. Comfort is achieved when one's needs are addressed. Comfort interventions or nursing actions are made to address patients' specific comfort needs. There are intervening variables to consider when planning these interventions. These are interacting forces that influence patients' perception of total comfort. Achieving improved comfort is the result of implementing suitable interventions in patient care. This can be classified into internal behaviors, peaceful death, and external behaviors. The attainment of a heightened state of comfort encourages stronger bonds among patients, families, and nurses, fostering health-seeking behavior and cultivating a greater sense of comfort. Active participation in positive health-seeking behavior ultimately contributes to superior outcomes, which are intricately linked to the institutional integrity of healthcare organizations—comprising values, financial stability, and overall wholeness. Finally, institutions develop optimal policies and protocols based on evidence collection for a comprehensive application.

Kolcaba's theory emphasizes the relationship between palliative nurses' challenges and the caring provision provided in palliative care. It highlighted that the increased comfort of recipients, which will be the palliative care nurses in this study, will result in increased engagement in health-seeking behaviors. Increased engagement in health-seeking behaviors results in increased quality of care, benefiting the institution, and its results will develop best practices and policies.

These theories are applied to help researchers identify the healthcare needs of palliative care nurses in terms of themes. Through the lived experiences of palliative care nurses, unmet needs were distinguished. It helps researchers understand how this challenge affects nurses' care provision and provides healthcare interventions or recommendations to address nurses' problems—considering all intervening variables that may affect the view of nurses' comfort. Enhanced behavior of nurses can be assessed through the comfort experienced. Interviews were conducted and reassessed to view the relationship of the institutional integrity of the work setting.

Purpose of the Study

The study aimed to explore the multifaceted experiences of pediatric palliative care nurses at New Hope Foundation China and delved into their influences on the provision of care, adaptation to challenges, and insights into holistic pediatric palliative patient care.

Specifically, it sought to answer the following question:

1. How do pediatric palliative care nurses at New Hope Foundation China's varied experiences affect the quality and effectiveness of the treatment they provide, especially when it comes to meeting the special needs of young patients?

2. In what way can pediatric palliative care nurses' diverse experiences and backgrounds aid them in navigating and overcoming the difficulties involved in caring for children who are terminally ill?

3. How does New Hope Foundation China's pediatric palliative care nurses' varied background inform their complete understanding of care, and how does this understanding affect how they treat young patients in need of palliative care?

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METHOD

Design

The research design of this study utilized a qualitative method, specifically employing phenomenological research techniques. Phenomenology, grounded in the understanding that the essence of any phenomenon is ultimately constructed through individuals' lived experiences, emphasizes the exploration and interpretation of participants' beliefs, feelings, and perceptions [48].

Phenomenological research provided a solid foundation for this study, enabling an in-depth exploration of the lived experiences of pediatric palliative care (PPC) nurses [49]. Through semi-structured interviews, participants were encouraged to share their reflections, attitudes, and challenges encountered in their practice [50].

To honor the integrity of phenomenological inquiry, the data were analyzed using Colizzi's [51] seven-step method. This approach supports the rigorous thematic analysis of qualitative data and ensures that the findings remain grounded in the voices of participants.

By integrating Colizzi's method into a phenomenological framework, the study aimed to generate contextually rich insights that can inform interventions, policy development, and supportive strategies to enhance the well-being and effectiveness of PPC nurses.

Study Site

The study took place in China, a vast country located in East Asia, known officially as the People's Republic of China (PRC). With a population exceeding 1.4 billion, China ranks as the world's second-most-populous country. It spans the equivalent of five time zones and shares borders with fourteen countries by land, tying with Russia for the most land borders of any nation. Covering an expansive area of nearly 9.6 million square kilometers (3,700,000 sq mi), China stands as the third-largest country by total land area.

The primary focus of this study was New Hope Foundation Ltd., a pediatric palliative care facility situated in several southern regions of China. New Hope Foundation operates units in prominent cities such as Beijing, Zhengzhou, Luoyang, Nanyang, and Jiaozou. Collectively, these units provide care for a diverse range of very sick, orphaned Chinese children. The facility offers personalized care and medical treatments tailored to the individual needs of the children under its care. Additionally, it provides surgical interventions for those with correctable needs and compassionate care for children requiring a palliative approach.

New Hope Foundation Ltd. boasts a total bed capacity of 365, reflecting its commitment to accommodating a significant number of pediatric patients. The facility is staffed by a dedicated team of seven nursing professionals who work tirelessly to provide essential nursing care to the 96 children currently under their supervision.

Participants

This study employed purposive sampling, a technique in which participants were deliberately selected based on their firsthand knowledge and direct experience with the phenomenon under investigation—in this case, holistic pediatric palliative care. This method aligned with the phenomenological approach of the study, which sought to explore and understand the meaning of real lived experiences as described by those who had personally encountered them.

Six Filipino pediatric palliative care (PPC) nurses were purposively selected from the New Hope Foundation in China. These nurses were chosen for their rich and meaningful experiences in providing end-of-life and comfort care to children with life-limiting conditions. All participants were overseas workers who were either currently employed or had previously worked at the foundation. Each nurse met the inclusion criteria: they were of legal age, held a valid nursing license, possessed legal documentation to work abroad, and had at least two years of hands-on experience in pediatric palliative care. Priority was given to those with advanced training or

certification in pediatric palliative care, such as the Pediatric Advanced Practice Nurse Certification, reflecting their commitment to and depth of engagement with the field.

Excluded from participation were local Chinese nationals, student nurses, undocumented foreign workers, and those unwilling to give informed consent. These exclusions ensured the study maintained ethical rigor and focused on participants who could safely and meaningfully contribute their lived experiences.

The decision to include six participants was grounded in qualitative research standards prioritizing depth over quantity. As Braun and Clarke [52] and Guest et al. [53] pointed out, data saturation in qualitative research could often be achieved with a small, carefully selected group. This sample size allowed for a deeper exploration of each participant's narrative, emphasizing not just what they experienced but how they lived through those experiences, what they felt, and what meaning they derived from them.

Each participant shared personal stories of their work—stories marked by emotional labor, cultural adaptation, moral dilemmas, and profound compassion. Through these accounts, the study captured not just the professional role of a PPC nurse but also the inner journey that accompanied caring for dying children and supporting their families. The participants were not treated as data points but as storytellers whose voices shaped the heart of this research.

Data Measures

Data were collected from the participants through semi-structured interviews; this technique facilitated a more in-depth narrative of the experience of PPC nurses. The study conducted six interviews, each lasting approximately 30–45 minutes through online meetings. All questions asked by the researchers were submitted for validation by experts. The data gathering consisted of three parts: Part 1 collected data to establish the profile of the respondents; Part 2 identified the experiences of PPC nurses; and Part 3 determined the effects on nurses' care provision. Data were collected through audio and video recording, as well as researcher notes.

In the planned interviews, all questions began with the following: participants were asked to state their sex, age, marital status, educational attainment, and years of work experience. This was followed by the prompt, "I know you have been a palliative care nurse for some time. How is your experience?" To deepen the understanding of each participant's experience, follow-up questions were asked, such as: "Could you describe your experience in detail? How has this experience affected you?" The researchers prepared all questions in advance, and interviews were audio recorded to be transcribed.

This study aimed to ensure trustworthiness through credibility, validity, dependability, transferability, and confirmability to maintain rigor. To achieve credibility, the researcher served solely as an investigator, focusing exclusively on the collection and analysis of data, without any other roles or responsibilities that could influence the research outcomes. The researcher and the interviewer—an experienced palliative care nurse with over ten years of clinical experience—ensured that their professional background enhanced the study's credibility. Personal experiences, opinions, and biases were strictly avoided to maintain the integrity of the results.

To ensure the integrity of the research, the author declared no financial ties, familial relationships, or ownership stakes that could influence the study's design, data collection, or interpretation of results.

For validation, all questionnaires underwent content validation and were reviewed by experts for critique and feedback. To ensure dependability, every step, finding, and the result was meticulously detailed and presented. As a further measure of rigor, the study was submitted to a secondary advisor for additional analysis and verification. The analysis process involved comparing and discussing all steps to strengthen validity. Additionally, all collected data were thoroughly reviewed to reinforce dependability.

To support transferability, the study provided readers with a comprehensive description of the phenomenon and general context. Finally, to achieve confirmability, the findings were verified and rechecked by other researchers or experts. The study ensured that the data and interpretations were based on solid evidence and not influenced by the researcher's personal biases or imagination.

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Data Collection Procedure

This study followed the steps to gather information to answer the research topic.

The journey of conceptualizing a research study begins with the identification of a compelling topic or area of inquiry. Motivated by personal interests, gaps in existing literature, or practical concerns within the field of Pediatric Palliative Care, the researchers initiate a journey to explore the topic in greater depth. Thus, creating an initial title for the study.

As the exploration unfolds, researchers immersed themselves in a thorough literature review, meticulously examining academic papers, books, and other relevant sources. This deep dive served to illuminate the landscape of existing knowledge, revealing gaps, controversies, and avenues for further investigation.

Armed with insights from the literature review, researchers formulated clear and concise research questions or objectives. These questions served as guiding beacons, directing the trajectory of the study, and setting the stage for subsequent exploration.

With the research questions in hand, researchers navigate the terrain of research methodology, carefully selecting an approach that aligns with the study's objectives. The researcher picks the qualitative method, offering unique tools and techniques for data collection and analysis.

As the research design takes shape. The researcher presented the concept paper to the panel and sought approval, followed by ethical considerations to ensure adherence to ethical principles and guidelines. This includes seeking approval from the Research Ethics Committee (REC) and ensuring compliance with the Data Privacy Act of 2012, which governs the protection of participants' personal information. A letter of intent to conduct the study was sent to the New Hope Foundation China, informing the founders of the involvement of the PPC Nurses as participants.

With the groundwork laid, the researcher implemented purposive sampling to select participants who met specific criteria relevant to the study. This sampling method is carefully designed to ensure that the participants chosen can provide valuable insights into the research topic. The recruitment process begins by identifying eligible participants from past and current employees of New Hope Foundation, who have relevant experience in Pediatric Palliative Care. The researcher secures the availability of contact information for these potential participants and verifies their suitability based on predefined inclusion criteria. Once the necessary information was gathered, invitations and consent letters were sent via email to the chosen participants. The consent letter clearly outlines the study’s intentions, benefits, and the confidentiality measures in place, in line with the Data Privacy Act of 2012. Participants were given a clear and reasonable time frame to consider their involvement before responding.

If participants consented to join the study, they were asked to sign and return the consent form via email. After consent was obtained, a follow-up email was sent to arrange interviews. These interviews were conducted through Zoom meetings at the participants' convenience, ensuring a smooth and respectful process. To enhance the quality and depth of data collection, the researcher considered inviting a facilitator and join the interviews. This approach helped elicit richer, more detailed responses from participants, while all interview questions were validated by experts to maintain reliability. The interviews were recorded with the participants' approval.

As data flows in, researchers roll up their sleeves and dive into the realm of data analysis. All data gathered were analyzed by experts in this discipline to ensure the validity of the research.

Employing appropriate techniques based on the chosen methodology, researchers unearth patterns, uncover trends, and extract meaning from the raw material of data.

As data flows in, researchers dive into data analysis, employing appropriate techniques to unearth patterns, uncover trends, and extract meaning from the collected data. Experts in this discipline analyzed all gathered data to ensure the validity of the research.

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With the results in hand, researchers interpreted the findings about the research questions and objectives, drawing conclusions and exploring their implications in the broader context of existing literature. The final manuscript was written, and the study's findings were shared and disseminated at research forums or conferences, contributing to the collective body of knowledge in the field. All results and relevant data were provided to the participants and the facility for their development, culminating in the publication of the study.

Trustworthiness

Guided by Lincoln and Guba's four-pillar framework [63] and the nursing standards outlined by Polit and Beck [49], we built rigor into every stage of the study.

Credibility was strengthened through the primary researcher's prolonged engagement in the field, reflexive journaling to bracket biases, member-checking of preliminary themes with all six nurses, and peer debriefing with an external qualitative expert.

Transferability rests on thick descriptions of the New Hope setting and each participant's background, enabling readers to judge the fit with other pediatric-palliative contexts.

Dependability was ensured by a transparent audit trail—raw transcripts, codebooks, and analytic memos—validated through a code–recode check and an independent audit.

Finally, confirmability was addressed by linking every theme to verbatim quotations, maintaining encrypted, de-identified data, and documenting all reflexive decisions, thereby demonstrating that findings stem from the participants, not researcher preference.

Ethical Considerations

In conducting this study, the researchers adhered to ethical standards and general research principles to minimize potential risks. The key ethical considerations included:

Informed Consent: Participants were fully informed about the study's purpose and given time to decide whether to participate, without any coercion. They were provided with information sheets and consent forms, allowing them to ask questions and express concerns before giving written consent. Participants were informed of their right to withdraw from the study at any time, even after providing consent, without any penalty or loss of benefits to which they are entitled.

Privacy and Confidentiality: Participants' identities were protected by using codes instead of names. Their personal information remained confidential throughout the study. The study complies with the Data Privacy Act of 2012, ensuring that all data handling procedures safeguard participants' privacy. Data was collected through interviews, securely stored in encrypted files, and coded to anonymize participant identities. Data processing involves thematic analysis, and only authorized personnel have access to the data. Participants were allowed to access their records upon request. To do so, they may contact the researcher directly, and arrangements were made to provide them with copies of their data, ensuring that this process aligns with confidentiality and ethical standards. Upon completion of the study, all data were securely disposed of by deleting digital files and shredding any physical documents to ensure no traceable information remains.

Minimization of Risk: The study made sure to avoid causing physical, psychological, or social harm to participants. Sensitive topics were carefully handled to focus on the nurses' insights and experiences in providing holistic care, ensuring the well-being of all involved.

Validity and Reliability: The researchers ensured accurate and reliable data collection through content validation, pilot testing, and ethical review by panelists and the Research Ethics Committee (REC). The SPC-REC may also monitor the progress of the study to ensure ongoing compliance with ethical standards and to provide guidance as needed.

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Transferability: Although the findings were not posted online, detailed descriptions were provided through email to help others assess their relevance to different contexts.

Data Sharing and Publication: The researchers presented the findings of this study at relevant academic conferences and submitted the final manuscript for publication in peer-reviewed journals. All data were presented in aggregate form, ensuring that no individual participant could be identified. Participants were informed of the plans for data presentation and publication and will be given the option to receive a summary of the findings. Any data shared in publications will comply with ethical guidelines and ensure the confidentiality of participants.

Data Analysis

The qualitative data were analyzed using Colizzi's [51] seven-step method, a structured approach designed for phenomenological research to ensure depth, rigor, and fidelity to participants' lived experiences.

The process began with familiarization, where the researcher read and re-read the transcribed interviews to gain an in-depth understanding. Significant statements relevant to the phenomenon of pediatric palliative care were then extracted and used to formulate meanings that captured the essence of each nurse's experience.

These meanings were grouped into thematic clusters, reflecting recurring patterns, challenges, and insights across participants. From these themes, a rich, exhaustive description of the phenomenon was developed, highlighting the emotional, ethical, and holistic dimensions of pediatric palliative care nursing.

The fundamental structure of the experience was then distilled, revealing the core essence shared across all participants. To ensure accuracy and credibility, the findings were returned to participants for validation through member checking, confirming that their voices were authentically represented.

This systematic analysis offered deep insight into the experiences of PPC nurses and contributed valuable understanding to the field of pediatric palliative care.

FINDINGS

The study aimed to explore the lived experiences of Filipino pediatric palliative care nurses at New Hope Foundation China. Using Colizzi's seven-step method, 85 significant statements were carefully analyzed. As coding progressed, similar statements were grouped into clusters, resulting in 23 clustered themes. These clusters were refined, reviewed, and synthesized into six overarching themes that encapsulate the essence of the nurses' lived experiences. The thematic process ensured each theme reflected authentic, meaningful insights grounded in the data, directly addressing the research questions on the nature of care, coping mechanisms, and the influence of cultural dynamics in pediatric palliative settings.

Each theme was clearly defined and supported by rich narratives from the participants. The findings not only offer descriptive insight into the clinical, emotional, and ethical challenges faced by the nurses but also reveal the deeper values, purpose, and resilience that drive their work. Throughout the analysis, themes were continually related back to the central research questions, ensuring the findings remained relevant and focused.

The six emergent themes identified in the study are: (1) Applied Whole-Person Care; (2) Emergent Holistic Team-Based Care; (3) Derived Deep Values-Based Care; (4). Faced Ethical Crossroads; (5) Developed Resilience Strategies; and (6) Importance of Diversity-Informed Care.

The presentation of these themes with corresponding sub-themes and participant narratives follows below.

Theme 1: Applied Whole-Person Care (Holistic Care)

Pediatric palliative care nurses provide more than just clinical support; they offer a holistic approach that encompasses the physical, emotional, and spiritual needs of each child. Their lived experiences reflect the

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delicate balance between medical expertise and compassionate caregiving, as they care for medically fragile and often terminally ill children.

Sub-theme 1.1: Ensured Physical Well-Being

Ensuring physical comfort was a fundamental aspect of care. Nurses described a wide range of duties—from administering treatments and medications to performing specialized procedures. *"We update charts, refill medications, and perform procedures like catheterization and NGT insertions,"* explained one nurse (AB03), capturing the routine but critical medical tasks they manage. The focus was not merely on clinical outcomes but on comfort, as another nurse added, *"My main duty is to manage symptoms like pain and ensure my patients are comfortable"* (IG04).

Care routines are comprehensive, involving close coordination with medical directors and constant assessment of patient needs. One participant noted, *"I assess, plan, deliver, and review the children's care while coordinating with the doctors"* (AJN05), highlighting the systematic and responsive nature of their care. Another reflected on the speed at which a child's condition can change: *"Monitoring is essential because sick babies can deteriorate fast, so we intervene at the earliest sign"* (ME01). These accounts underline that physical well-being is not a static goal but a dynamic, responsive process.

Sub-theme 1.2: Ensured Heartfelt Care

Emotional presence was another core element of holistic care. Nurses went beyond technical skills to form connections with their patients. *"On less busy days, I spend time cuddling and playing with the children,"* one shared (IG04), showing how small gestures can significantly impact a child's sense of security. Another stated, *"Just sitting beside them or letting them talk already brings comfort"* (AB03), illustrating how presence and attention are therapeutic in themselves.

Communication also played a key role in nurturing the emotional well-being of both children and caregivers. Nurses ensured that nannies and guardians were kept informed, reassured, and emotionally supported. *"We use friendly approaches and give clear explanations to guardians,"* said one nurse (AJN05). Others highlighted the importance of being emotionally available to caregivers. *"We listen to their concerns and remind them they're not alone in this journey,"* one added (JE06). These findings reflect the emotional labor embedded in palliative care, where validating feelings and creating a safe, comforting environment are integral to healing.

Sub-theme 1.3: Ensured Existential Comfort

Spirituality and meaning-making were important coping tools for nurses, particularly when facing the emotional burden of pediatric loss. Some found comfort through prayer and faith. *"Prayer and support from colleagues help me deal with the emotional toll,"* shared one participant (AJN05), while another added, *"My faith reassures me that the child is no longer in pain"* (JE06). For these nurses, spiritual grounding provided not only personal comfort but also strength to remain present and compassionate during difficult moments.

Creating a home-like, loving environment was also part of the care philosophy. As one nurse shared, *"We don't just offer medical care—we make sure the orphans feel loved and at home"* (ME01). This sense of purpose, of providing dignity and emotional security, was a recurring theme. Nurses saw each child as deserving not just of treatment, but of love, safety, and belonging. *"Children need not only medical care but also emotional and spiritual support,"* emphasized one nurse (IG04). Their work, therefore, is not only clinical but deeply human, aimed at helping children live—and if needed, die—with comfort, dignity, and grace.

Theme 2: Emergent Holistic Team-Based Care

Pediatric palliative care thrives on collaboration, requiring the joint efforts of nurses, caregivers, therapists, and physicians. The care they deliver is not only medical in nature but deeply emotional and psychosocial, made possible through trust, flexibility, and mutual support across the team.

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Sub-theme 2.1: Team Cohesion

A strong sense of teamwork formed the foundation of daily routines. Nurses emphasized the importance of mutual respect and adaptability in working alongside local caregivers. One nurse noted, *"The Chinese nannies were incredibly patient with us, and over time, we learned to communicate well"* (AB03). This dynamic, built on cultural exchange and patience, allowed for effective care delivery despite language and cultural differences.

A typical day reflected structured collaboration, as another shared, *"I start the day with nurse rounds—playing with the orphans, listening to carers' concerns, checking charts, assessing sick babies, and reporting to physicians"* (ME01). These interdependent activities illustrated how every role—from caregiver to clinician—contributed to the shared mission of comfort and stability for the children.

Sub-theme 2.2: Collaborative Dialogue

Communication played a vital role in synchronizing efforts and ensuring safe, ethical care. Nurses emphasized the importance of ongoing updates with medical staff: *"We communicate by phone, text, or email regarding the babies' condition to the physician/s"* (ME01). This ensured timely responses to any changes in a child's status.

Collaboration extended beyond medical coordination, involving allied health professionals. *"Yes, teamwork is everything. We work closely with nannies, physical therapists, occupational therapists, and doctors"* (AB03), one shared, reflecting the full scope of team integration. Nurses adapted to language barriers as well, stating, *"Since there's a language barrier, we've learned to communicate in basic Mandarin and use translation apps"* (AB03).

Emotional communication with caregivers was also emphasized. *"When speaking with caregivers, I focused on active listening, validating their emotions, and providing helpful information"* (IG04). These interactions helped strengthen trust and ensured the emotional needs of both the children and the caregivers were being met.

Sub-theme 2.3: Collaborative Approaches

Routine structures supported flexibility in patient care. *"Our mornings start with rounds at 8 AM, then again at 8 PM"* (AB03), a nurse noted, describing how consistency and vigilance contributed to holistic management. Delegation of responsibilities allowed care to flow efficiently: *"The nannies handle daily needs, but we step in when extra support is needed, especially for special cases"* (AB03).

Nurses also stressed the need to preserve dignity in end-of-life scenarios. *"Apart from nurturing them, for those with a less favorable prognosis, we ensure they have a humane, dignified, and comfortable environment"* (ME01). This sensitivity exemplifies how medical decisions are balanced with ethical care goals. As another nurse affirmed, *"We ensure that medical, emotional, and psychosocial needs are addressed comprehensively"* (IG04), revealing that care delivery is not limited to physical health alone.

Sub-theme 2.4: Strength in Solidarity

Emotional support among team members emerged as a key factor in sustaining morale. One nurse reflected, *"Teamwork is essential. We ask for help when needed and plan events for the children together"* (JE06). This cooperation created a nurturing atmosphere that lightened the emotional load.

The appreciation shown by caregivers also inspired the nurses. *"The carers express their gratitude by saying thank you, as they feel grateful that even though we are foreigners, we deeply care for their orphans"* (ME01). Their expressions of trust and thanks reinforced the nurses' sense of purpose and belonging. Another participant added, *"I was deeply moved by their holistic approach to care, not just for children in palliative care but also those who needed long-term care"* (IG04), capturing how teamwork amplifies the impact of holistic, compassionate care across the board.

Theme 3: Derived Deep Values-Based Care

For the nurses in pediatric palliative care, their work extended far beyond duty—it was a reflection of deeply held values, a sense of calling, and a personal mission to provide comfort, dignity, and hope to children facing life-limiting conditions. Their insights reveal a journey guided by purpose, compassion, and continual growth.

Sub-theme 3.1: The Heart of Caregiving

Many nurses entered pediatric palliative care with a strong sense of empathy and the desire to serve. One nurse explained, *"I have always had a deep sense of empathy for children and families facing serious health challenges"* (IG04), showing how emotional connection was at the core of their vocation. While some were initially drawn by professional growth or financial opportunity, their experiences quickly evolved into something more meaningful. *"Being employed abroad was something I looked forward to. I was fortunate to join the team in China, which helped expand my knowledge and skills and offered better pay. Overall, it has been meaningful and rewarding"* (ME01).

Nurses also found alignment between their personal values and the mission of the organization. *"I was drawn to New Hope Foundation because of its mission to provide compassionate care for orphans in need of medical assistance and palliative care"* (IG04). These values created a foundation of commitment and devotion, making the caregiving experience both personally and professionally fulfilling.

Sub-theme 3.2: Relationship-Based Care

The nurses described how their care transcended clinical interventions to create an environment of emotional safety and familial support. As ME01 shared, *"The facility and the carers became their home and family while they await to get adopted or return to the orphanage"*, illustrating how the team created a nurturing space for the children. The emotional bonds formed were strong and transformative, not just for the patients but for the caregivers too.

One nurse recounted a deeply emotional experience: *"I had a patient in the end stages of a chronic condition. The caregivers and nannies formed a strong bond with the child, and they struggled emotionally as the condition worsened"* (IG04). These attachments highlighted the importance of emotional support systems not only for children but also for those caring for them. The relationships formed in this care environment reaffirm the centrality of love, trust, and emotional presence in palliative nursing.

Sub-theme 3.3: Growth-Oriented Practice

Continuous learning was viewed as essential to thriving in pediatric palliative care. Nurses expressed a strong desire to grow in their roles and expand their perspectives. One nurse, now in another specialty, said, *"Since I already moved to another specialty of nursing, I think those who stayed in palliative care nursing would benefit in continuing studies of different approaches to caring for dying patients not just in the country of practice but also in different parts of the world"* (ME01).

Accessibility of training and development opportunities was also emphasized. *"I would like to see more accessible online training opportunities for healthcare professionals"* (IG04), and *"Continuous learning opportunities and access to resources"* (JE06) reflect the nurses' eagerness to evolve in both skill and insight. Investing in knowledge not only enriched their care but also sustained their motivation and resilience in a demanding field.

Sub-theme 3.4: Deep Gratification

Despite the emotional toll, many nurses found deep and lasting meaning in their work. The privilege of witnessing life, loss, and healing gave them a unique perspective on both professional and personal levels. One nurse reflected, *"Every moment—good or bad—was worth it. These children changed my life just as much as I tried to change theirs"* (AB03). Their journeys were filled with moments of joy amidst sorrow, like seeing transformation in a child: *"Seeing a child who was once frail and sick get better and even find a forever family—that's everything"* (AB03).

The emotional imprint of these experiences remained vivid, as one nurse shared, *"My experiences in pediatric palliative care are something worth remembering, even after many years of practice"* (ME01). This sense of purpose—anchored in love, care, and advocacy—reaffirmed that their work was not just a profession, but a lifelong vocation.

Theme 4: Faced Ethical Crossroads

Pediatric palliative care nurses often found themselves navigating emotionally complex and ethically sensitive situations. Their decisions were not merely clinical but deeply rooted in compassion, personal beliefs, and the moral obligation to uphold the child's dignity. This theme is explored through three subthemes: Compassionate Choices, Balancing Hope and Comfort, and Empowered Medical Decision.

Sub-theme 4.1: Compassionate Choices

Nurses were frequently required to choose between aggressive interventions and comfort-based approaches, always striving to prioritize the child's well-being. One nurse expressed, *"Usahay, we choose comfort, knowing it's in their best interest"* (AB03), reflecting the shift from life-prolonging treatments to quality-centered care. These decisions were not easy and demanded emotional and ethical readiness.

Another nurse highlighted the importance of being mentally and emotionally prepared for this kind of nursing, saying, *"If you are unprepared for the concept of this specialty of nursing, it would be hard to cope with the care for the dying, especially if the orphan is already close to you"* (ME01). This shows that ethical decision-making in palliative care is deeply intertwined with emotional resilience and awareness of what it means to deliver end-of-life care with compassion.

Sub-theme 4.2: Balancing Hope and Comfort in Medical Care

Nurses also shared the difficulty of deciding when to shift from curative intent to comfort care. One challenging situation was shared by a nurse who said, *"One that stands out is deciding between keeping a child comfortable in our care or sending them to a hospital when we know there's little the hospital can do"* (AB03). Such moments placed emotional strain on the team, knowing that transferring a child might not lead to healing, but could instead prolong suffering.

Concerns about the treatment of orphans in hospital settings were also raised. *"Children return from hospitals with multiple IV punctures—it makes me wonder if they were practicing on them or treated differently because they're orphans"* (AB03), one nurse observed, calling attention to potential inequities in care. Another ethical dilemma involved nutritional interventions: *"We faced an ethical dilemma whether to continue feeding via NGT, as the child was no longer responsive. It was unclear if it would improve life or prolong suffering"* (IG04). These reflections reveal the moral tensions of continuing interventions when outcomes may not be beneficial.

Still, nurses remained anchored in the goal of providing dignity and humanity. *"For those with a less favorable prognosis, we ensure they have a humane, dignified, and comfortable environment"* (ME01), one affirmed. These experiences reflect how palliative care nurses constantly weigh hope, suffering, and the child's right to comfort.

Sub-theme 4.3: Empowered Medical Decision

Ethical practice also required nurses to ensure that patients and caregivers were engaged in the decision-making process. A nurse emphasized the importance of clinical vigilance, especially for children unable to express themselves, saying, *"These children can't always express when they're in pain, so we have to be extremely observant"* (AB03). This attentiveness forms part of their ethical duty to advocate for the voiceless.

Transparency and honesty were viewed as cornerstones of care. Nurses worked closely with caregivers to keep them informed and involved. As one explained, *"We communicate with the carers about the status of the babies and involve them in all aspects of care"* (ME01). At the same time, age-appropriate truth-telling was also valued.

"Honesty is key. Even though they're young, they understand more than we think" (AB03), one nurse emphasized, challenging the notion that children should be shielded from conversations about their health.

Ultimately, Empowered Medical Decision represents the ethical commitment of nurses to uphold the rights, understanding, and autonomy of both patients and their guardians through compassionate, clear, and informed communication.

Theme 5: Developed Resilience Strategies

Pediatric palliative care nurses often carry the emotional burden of caring for terminally ill children, making resilience not just a virtue but a necessity. They developed coping mechanisms grounded in self-regulation, social connections, faith, and continuous learning to navigate the emotional challenges they face daily.

Sub-theme 5.1: Self-Soothing Strategies

Nurses emphasized the importance of inner strength and emotional focus in sustaining their caregiving role. One nurse shared, *"I focus on the love and care I can give them. And I lean on my fellow nurses"* (AB03), showing how centering their attention on compassionate service helped transform emotional strain into meaningful work. Another pointed out, *"A positive mindset helps me navigate the emotional challenges"* (IG04), suggesting that optimism played a key role in maintaining their emotional balance.

Understanding the core philosophy of palliative care early on was also essential for emotional preparedness. As one nurse explained, *"If you are unprepared for the concept of this specialty of nursing, it would be hard to cope with the care for the dying, especially if the orphan is already close to you"* (ME01). This recognition underscores the importance of mental readiness as a foundation for long-term emotional regulation.

Sub-theme 5.2: Social Safety Net

Support from both professional peers and personal networks helped nurses cope with the emotional weight of their roles. One nurse shared, *"The carers express their gratitude by saying thank you as they feel grateful that even though we are foreigners, we deeply care for their orphans"* (ME01). Such appreciation served as emotional reinforcement, validating their sacrifices and compassion.

Communication with caregivers also acted as a buffer against emotional isolation. *"We communicate with the carers about the status of the babies and involve them in all aspects of care"* (ME01), noted another nurse. In addition to workplace support, personal relationships played a restorative role. As one described, *"I focus on self-care, reflection, and seeking comfort from my family and friends"* (IG04), highlighting the vital role of loved ones in maintaining emotional strength.

Sub-theme 5.3: Resilience Tools

Beyond emotional responses, nurses relied on practical tools to maintain control and improve care delivery. One highlighted innovation as a strategy, stating, *"Innovations of care in terms of comfort-giving to dying patients would help improve the field of pediatric palliative care"* (ME01). Constant adaptation and skill enhancement allowed nurses to feel competent and empowered, despite the emotional toll.

Empathy also served as a structured response tool. *"Active listening is essential. I also provide reassurance and validate the feelings of both patients and caregivers to help them feel supported"* (IG04). By being emotionally present while maintaining clear communication, nurses created safe, compassionate environments where both patients and caregivers felt understood.

Sub-theme 5.4: Faith-Based Resilience

Spiritual grounding and a strong sense of purpose helped nurses cope with the deeper existential realities of their role. One nurse stated, *"Apart from nurturing them, for those with a less favorable prognosis, we ensure they*

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have a humane, dignified, and comfortable environment" (ME01). This sense of moral and spiritual responsibility provided them with an anchor during moments of loss and helplessness.

Others found resilience in advocacy and forward-thinking goals. *"I see myself advocating for pediatric palliative care awareness"* (IG04), one nurse noted, illustrating how finding long-term meaning in their role helped convert grief into drive and fulfillment.

Sub-theme 5.5: Coming to Terms

Acceptance emerged as a quiet but powerful strategy in sustaining resilience. One nurse shared, *"I think those who stayed in palliative care nursing would benefit from continuing studies of different approaches to caring for dying patients, not just in the country of practice but also in different parts of the world"* (ME01). This reflects how learning and adaptation were not just professional goals but emotional strategies as well—equipping them to understand and accept the emotional gravity of their work.

Ultimately, "coming to terms" wasn't about detachment—it was about acknowledging the pain, learning from it, and allowing it to shape a more grounded, purpose-driven approach to care.

Theme 6: Importance of Diversity-Informed Care

In pediatric palliative care, providing effective and respectful care requires more than clinical skill—it demands cultural humility, open communication, and ethical sensitivity. Nurses working in an international context must constantly navigate diverse belief systems and communication styles, all while honoring the dignity of their young patients.

Sub-theme 6.1: Diversity Awareness

Nurses recognized that cultural awareness was foundational to building trust and providing effective care. As IG04 shared, *"Cultural sensitivity is crucial. Working in China, I had to understand their beliefs and practices"*. This awareness extended to language use, where accurate terminology helped bridge communication gaps. *"Being aware of the correct Chinese medical terminology helps in understanding each other,"* explained AJN05, pointing to the value of linguistic familiarity in professional interactions.

Adapting to the caregivers' cultural context also meant learning their everyday language. ME01 reflected, *"We speak the language that the nannies use; though I did not learn the formal language, I eventually learned the basic medical terms to better care for the orphans."* These statements show that cultural competence is not static knowledge but an ongoing, adaptive process. The more nurses understood the language and customs of those they worked with, the more trust and cooperation they gained.

Sub-theme 6.2: Cross-Cultural Communication

The challenge of language barriers required patience and ingenuity. IG04 described, *"One of the biggest challenges for me was the language barrier, as Mandarin is not my first language. I had to ensure that I made myself understood by both the patient and the caregiver."* This sentiment illustrates how language can either be a wall or a bridge in care delivery.

Effective communication went beyond translation—it required cultural context, tone, and emotional intelligence. Nurses had to read between the lines, interpret non-verbal cues, and use gestures or visual aids to ensure understanding. When done well, culturally sensitive communication helped families feel included, respected, and empowered to participate in decision-making, leading to more meaningful care outcomes.

Sub-theme 6.3: Traditional Healing Approaches

Nurses also encountered traditional health beliefs that often contrasted with palliative philosophies. IG04 recalled, *"A caregiver struggled to understand palliative care due to cultural beliefs emphasizing curative*

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treatments. I took the time to explain palliative care with empathy, ensuring that her cultural values were respected while educating her on the importance of comfort and dignity."

This moment highlights the tightrope nurses walk between honoring a family's beliefs and advocating for compassionate, appropriate care. Many families may initially resist palliative care, believing it means giving up. However, through respectful conversation and gentle education, nurses helped them see that focusing on comfort does not diminish love—it expresses it in another form.

Sub-theme 6.4: Ethical Cross-Cultural Care

Ethical questions become more complex when layered with cultural expectations. IG04 shared a case of a terminally ill child with hydrocephalus: *"We faced an ethical dilemma whether to continue feeding via a nasogastric tube, as the child was no longer responsive. While feeding could provide nutrition, it was unclear if it would improve the child's quality of life or prolong suffering."* These dilemmas required collaborative decisions rooted in ethical reflection and cultural understanding.

The importance of continued learning was also emphasized. ME01 stated, *"Those who stayed in palliative care nursing would benefit from continuing studies of different approaches to caring for dying patients, not just in the country of practice but also in other parts of the world."* Exposure to global practices and ethical perspectives enables nurses to navigate culturally sensitive decisions with confidence and compassion.

DISCUSSION

The findings of this study, which illuminate the lived experiences of Filipino pediatric palliative care nurses at New Hope Foundation China, underscore the multifaceted nature of providing care in this emotionally and ethically complex field. Emerging from the analysis are six core themes—applied whole-person care, ethical crossroads, holistic team-based care, resilience strategies, diversity-informed care, and values-based care—all of which are deeply rooted in existing literature and theoretical underpinnings.

The finding on Applied Whole-Person Care affirms the centrality of addressing not only the physical but also the emotional, psychological, and spiritual needs of the child—a view strongly endorsed by Kolcaba's Comfort Theory [55] . Nurses in the study emphasized providing pain management, emotional reassurance, and spiritual presence—often through simple but profound gestures such as singing, prayer, or touch. Participant narratives like "I sing to her, even if she's unconscious" illustrate the sub-theme Ensured Heartfelt Care, while Ensured Existential Comfort captures the effort to preserve dignity even in death.

These practices are consistent with literature advocating for early, family-centered palliative care [4]. However, a 2023 qualitative study in mainland China found that spiritual support in pediatric palliative care is often informal and lacks systematic integration into care protocols [56]. This contrast underscores the need to institutionalize holistic care frameworks, especially spiritual care, across pediatric palliative contexts in China.

The theme *Emergent Holistic Team-Based Care* underscores the necessity of interdependence among healthcare professionals. Nurses described how team dialogue, cohesion, and cross-disciplinary cooperation helped navigate daily challenges and emergencies. "If we didn't talk and plan daily, everything would fall apart," one nurse stated, capturing the sub-theme *Collaborative Dialogue*.

Kolcaba's institutional integrity domain and literature by Meier & Beresford [18] validate the importance of team-based models. Yet, a 2021 study in China found significant variability in pediatric palliative care team development, emphasizing the need for clearer structural guidelines and standardized interprofessional training [57]. This contrast suggests that while teamwork is idealized and practiced informally in some settings, systemic barriers still limit consistent collaboration across Chinese pediatric care institutions.

The final theme, Derived Deep Values-Based Care, reflects the moral and existential fulfillment nurses derive from their work. Participants often described their role as a "calling," and expressed growth in humility,

emotional maturity, and spiritual depth. One nurse said, *"I have become more human here. I learned how to love children I did not give birth to."*

These insights resonate deeply with the Humanistic Theory of Nursing, which elevates care from technical duty to relational, transformative engagement. Literature by Soriano (2019) supports this, noting that Filipino nurses' attitudes are deeply shaped by lived experience, religious values, and affective connection. Yet, a 2022 integrative review of Southeast Asian palliative care noted major policy and educational gaps, particularly in institutional support for dignified dying [58]. In contrast, Filipino nurses at New Hope Foundation are seen actively advancing dignified care despite systemic limitations, suggesting a grassroots leadership in values-based practice that can inform broader policy development.

Dorenbos et al. [59] point out the lack of institutional research and support for dignified dying in the Philippines, but this study suggests that individual nurses are already advancing the ethos of dignified death, even in the absence of policy or systemic infrastructure. The sub-themes of Purpose-Driven Care and Legacy of Care highlight a future-oriented vision, where nurses become not just caregivers, but advocates and culture-shapers of pediatric palliative values.

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Developed Resilience Strategies reflects how nurses actively construct mechanisms to cope with the emotional and psychological toll of their work. They described self-soothing techniques (e.g., silence, prayer), emotional regulation through acceptance, peer debriefing, and drawing strength from shared faith. One nurse said, "Faith reminds me this work is not just hard, but holy."

Roy's Adaptation Model again offers a fitting lens—resilience here is an adaptive mechanism that supports both personal survival and sustained compassionate care. Kolcaba's comfort theory also finds relevance, as these strategies restore emotional and spiritual ease to the caregiver.

Research by Urquiza et al. [24] and Chan et al. [24] confirms that unaddressed emotional stress can lead to burnout, yet this study paints a more hopeful picture. Through the sub-themes of Faith-Based Resilience, Social Safety Nets, and Coming to Terms, nurses not only survive—but often thrive, transforming grief into wisdom and meaning. This aligns with the Humanistic Theory of Nursing, which sees caregiving as a mutual, redemptive exchange that enriches both giver and receiver.

Though regional studies affirm high emotional tolls in pediatric care, a 2024 Chinese study revealed significant unmet educational needs among nurses, particularly in pain management and end-of-life discussions—suggesting a lack of systemic support for building resilience [61]. While Filipino nurses in this study rely on intrinsic and communal resources, there remains a clear gap in institutional mechanisms that foster professional well-being.

Diversity Awareness

The theme Importance of Diversity-Informed Care uncovers the nuanced ways Filipino nurses navigate cultural and linguistic differences while delivering care. One nurse explained, "Sometimes, a smile and respectful bow

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go further than any word." This speaks to the Cross-Cultural Communication sub-theme, where emotional intelligence often compensates for limited Mandarin.

Koenig & Davies [35] and Kagawa-Singer & Blackhall [35] argue that cultural competence remains a neglected pillar in pediatric palliative training—a concern echoed here. Yet, the nurses' grassroots adaptations—such as learning local words, respecting dietary taboos, or integrating traditional beliefs—demonstrate an emergent, flexible cultural fluency.

A 2024 Chinese study comparing caregiver and clinician perspectives found significant cultural and communication disconnects in end-of-life care [39], reinforcing the importance of culturally adaptive strategies. While this study's participants demonstrated intuitive sensitivity, formal training in culturally grounded palliative approaches remains scarce.

Implications

The findings of this study offer a significant contribution to the field of pediatric palliative care, particularly in the context of cross-cultural nursing practice. By exploring the lived experiences of Filipino nurses at New Hope Foundation China, the study uncovers how these professionals deliver compassionate, values-driven care amid emotional, ethical, and cultural complexities. In doing so, it brings forward voices from a Southeast Asian nursing population operating within the Chinese healthcare setting—a perspective largely absents in existing literature.

What emerges from this inquiry is a richer understanding of how nurses, often with limited formal training in palliative care, navigate high-stakes decisions, provide holistic comfort, and sustain their emotional well-being. These insights expand current theoretical frameworks in meaningful ways. For instance, Kolcaba's Comfort Theory is not only validated but extended to include the emotional and spiritual restoration of nurses themselves. Roy's Adaptation Model finds strong resonance in how these nurses respond to internal moral tensions and external system constraints with resourcefulness and emotional intelligence. Similarly, the Humanistic Theory of Nursing is brought to life through stories of connection, dignity, and mutual transformation between caregiver and child. The Davies and Oberle Model, while traditionally focused on integrated care, is deepened by this study's emphasis on emotional labor and intercultural teamwork.

This study also serves as a wake-up call to healthcare institutions and policymakers. It highlights the urgent need to institutionalize more structured training in pediatric palliative care—particularly in areas such as ethical decision-making, culturally sensitive communication, and emotional coping strategies. The nurses' narratives underscore the importance of ongoing psychosocial support in high-burden care environments, as well as clearer guidelines for end-of-life decisions, especially for orphaned or medically complex children without legal guardians.

On a broader scale, the study challenges nursing education and leadership to recognize pediatric palliative care as a specialized, emotionally demanding field that requires not only clinical skills but deep ethical and cultural competency. Despite limited systemic support, the Filipino nurses in this study consistently delivered high-quality care through teamwork, resilience, and a strong sense of purpose. Their experiences point to the need for reforms in how palliative care is taught, practiced, and supported—both in the Philippines and in international care settings.

In essence, this research brings forward a compelling portrait of the pediatric palliative nurse as an adaptive, ethically grounded, and deeply human caregiver. By doing so, it enriches nursing knowledge, informs theory, and offers a practical foundation for policies that uphold the dignity of both patients and the professionals who care for them. These insights are not only relevant for academic discourse but also vital for shaping more compassionate, inclusive, and supportive palliative care systems worldwide.

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RECOMMENDATION

Drawing from the lived experiences of Filipino pediatric palliative care nurses at New Hope Foundation China—a residential care institution serving orphaned and medically fragile children—this study highlights areas for targeted improvements in nursing practice, institutional support, and policy-making. Given the unique structure of care within this single-site setting, where nurses provide 24/7 support to children without parental guardianship and often face end-of-life decision-making alone or within a small interdisciplinary team, the following recommendations are proposed:

1. Immediate and Feasible Interventions for Nurse Well-Being

(Priority Area: Mental Health and Emotional Support)

Establish structured mental health programs within New Hope Foundation China, such as regular debriefing sessions, access to trauma-informed counseling, and quiet spaces for reflection and prayer.

Develop peer support and mentoring systems where nurses can share experiences, cope with grief, and process emotionally complex cases together.

Recognize and institutionalize faith-based coping strategies—a key source of resilience for many nurses—as part of culturally responsive care models.

2. Enhancing Training and Professional Development

(Focus: Capacity Building and Ethical Readiness)

Integrate pediatric palliative care modules into in-house and continuing education programs at New Hope Foundation China, including topics on managing ethical dilemmas, delivering culturally sensitive care, and supporting dying children with dignity.

Partner with academic institutions and NGOs to deliver training on bereavement support, communication in end-of-life care, and cross-cultural competence tailored to the Filipino-Chinese context.

Encourage reflective practice through the use of narrative journaling, storytelling, and group case reviews as tools for clinical and emotional learning.

3. Institutional and Policy-Level Recommendations

(For Health Leaders and Policymakers)

Health authorities and palliative care organizations in both the Philippines and China should collaborate to create guidelines for ethical decision-making in pediatric palliative care, particularly in orphan-based care settings.

Policymakers should allocate resources to support transnational nurses, especially those in high-burden roles, through language access services, cultural orientation, and psychosocial integration programs.

Advocate for institutional recognition of pediatric palliative care nursing as a specialized field within international care missions, with corresponding investment in training, staffing, and well-being.

4. Curricular Recommendations for Nursing Education

(For Nursing Schools and Faculty)

Incorporate pediatric palliative care as a core element in undergraduate and graduate nursing curricula, with emphasis on cultural humility, ethical literacy, and long-term caregiving.

Develop simulation-based modules that expose students to end-of-life scenarios, emotional self-regulation, and multidisciplinary teamwork in pediatric care environments.

Invite practicing palliative nurses from international care sites such as New Hope Foundation China to share lived insights and contextualized knowledge with students.

5. Recommendations for Future Research

Conduct longitudinal studies to examine how structured emotional and ethical support systems impact nurse retention, moral distress, and patient outcomes over time.

Explore comparative experiences of pediatric palliative care nurses in similar faith-based, orphan-care institutions across Asia to identify best practices and regional challenges.

Investigate the role of spirituality and moral agency in sustaining caregiver resilience, especially in transnational and resource-constrained care environments.

ACKNOWLEDGMENT

This research would not have been possible without the support, guidance, and encouragement of many individuals and organizations.

Dr. Jose Colin C. Yee, my thesis adviser, my deepest thanks for his unwavering support and selfless dedication to completing this research;

Dr. Samuel F. Migallos, Chairperson, and the Panel Members, Dr. Mark Ryan Y. Contaoi, Dr. Cherry Mae M. Manual, and Dr. Sarah Bernadette L. Baleña, for their steady guidance and encouragement;

My participants—the Filipino pediatric palliative nurses and my ever-dearest colleagues at New Hope Foundation—who graciously shared their experiences, insights, and time. Your voices are the essence of this research, and your dedication to providing compassionate and holistic care is truly inspiring. I am honored to have been entrusted with your stories and experiences;

I also salute the Foundation's founders for their inspiring mission. Your commitment to providing care for children with complex medical needs is both humbling and inspiring. Thank you for the opportunity to explore and document the profound impact of your mission.

My family and friends—especially my husband, Hudson Clenuar, and our son, Ashton Kaiden Clenuar—thank you for your unwavering support.

Above all, I thank God.

This work is dedicated to all the children and families navigating the path of pediatric palliative care—may these *"whispers of comfort"* serve as a tribute to the courage, love, and resilience that define your journeys.

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Approval Sheet

In partial fulfillment of the requirements for the degree of **MASTER OF ARTS IN NURSING (MAN)** *this* ***THESIS*** *entitled:*

WHISPERS OF COMFORT: FILIPINO PEDIATRIC PALLIATIVE NURSES' INSIGHTS ON HOLISTIC CARE AT NEW HOPE FOUNDATION, CHINA

has been prepared and submitted by Krishtel Joyce C. Clenuar, *RN* *who is recommended for the corresponding* ***ORAL EXAMINATION.***

DR. JOSE COLIN C. YEE

Adviser

APPROVED *in partial fulfillment of the requirements for the degree of*

Master Of Arts In Nursing (Man)

by the ***Oral Examination Committee:***

DR. SAMUEL F. MIGALLOS

Chairperson

Dr. Mark Ryan Y. Contaoi

Member

Dr. Cherry Mae M. Manual

Member

DR. SARAH BERNADETTE L. BALEÑA

Member

ACCEPTED *in partial fulfillment of the requirements for the degree of*

Master Of Arts in Nursing (Man)

Dr. Sarah Bernadette L. Baleña

Dean

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August 2025

Date

APPENDICES

Appendix A

Letter Of Permission

September 9, 2024

Robin Hill,

Founder

New Hope Foundation

Beijing China Ltd.,

101300

Dear Boss,

I hope you are doing well! First and foremost, I want to express my deep admiration and gratitude for the incredible work that New Hope Foundation continues to do for children in need. The care and compassion your team provide are truly inspiring, and it is this very dedication that has motivated me to reach out to you today.

I am currently conducting a research study titled: "Whispers of Comfort: Filipino Pediatric Palliative Nurses' Insights and Impact on Holistic Care at New Hope Foundation, China."

The goal of this study is to highlight the experiences, challenges, and invaluable contributions of Filipino pediatric palliative care nurses in delivering holistic care to children with life-limiting conditions. Given my deep respect for New Hope Foundation and its mission, I would love the opportunity to include insights from both former and current nurses who have been part of this journey.

With this in mind, I kindly ask for your permission to conduct this study at New Hope Foundation and to invite past and present nurses as participants. The study will involve interviews and surveys, all conducted with the highest level of respect for confidentiality, ethics, and voluntary participation. No sensitive institutional information will be shared, and all necessary protocols will be followed.

I truly appreciate your time and consideration, and I would be happy to discuss any details or concerns you may have. It would mean so much to have your support in shedding light on the meaningful work of pediatric palliative care nurses.

Looking forward to your kind response. Thank you so much for your time, and I hope to hear from you soon!

Warmest regards,

(Sgd)Krishtel Joyce Carmelotes-Clenuar

SPC (MAN student)

Noted by:

(Sgd)Dr. Jose Colin C. Yee

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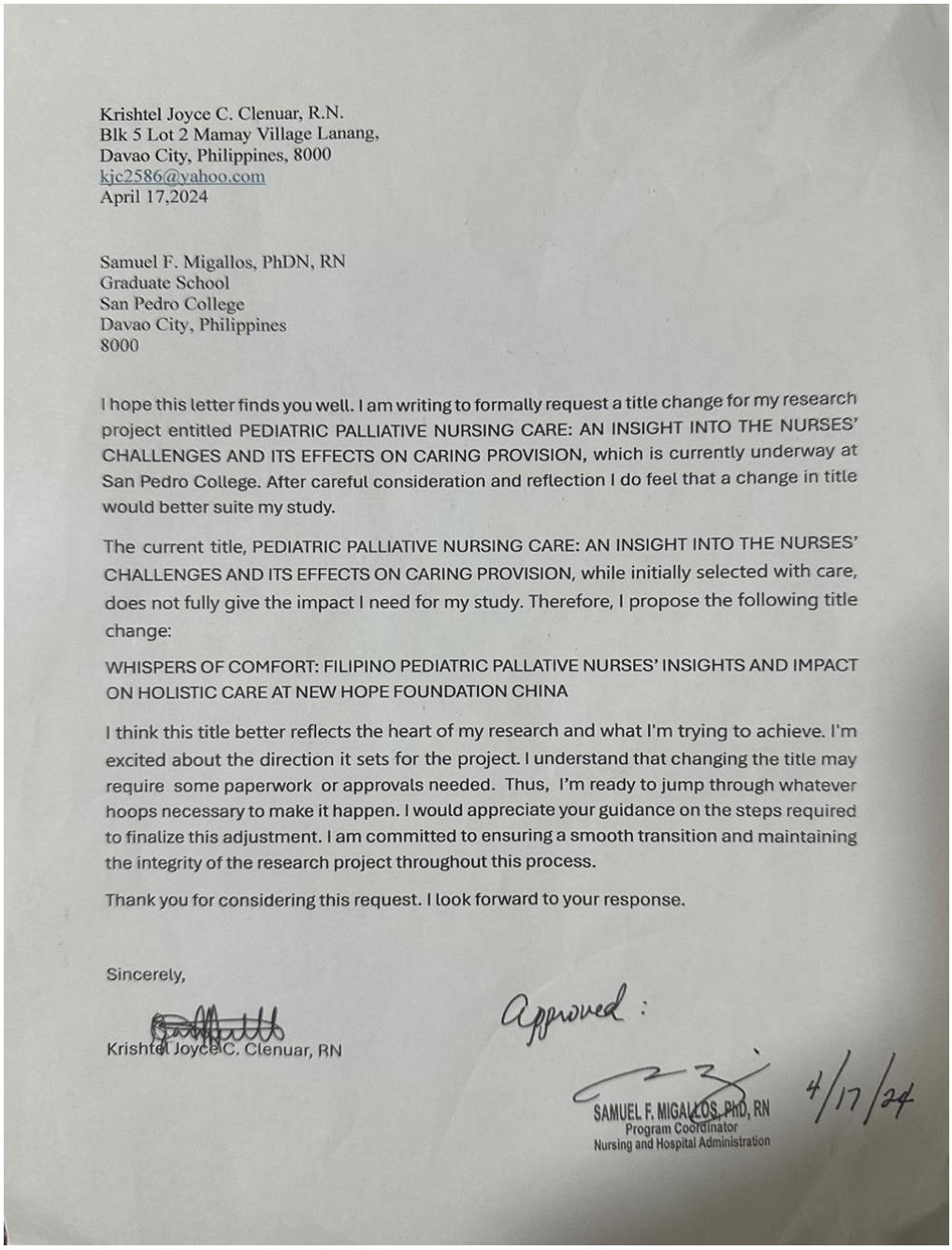
Adviser

Appendix B

Letter of Request to Change Title Name



Krishtel Joyce C. Clenuar, R.N.
Blk 5 Lot 2 Mamay Village Lanang,
Davao City, Philippines, 8000
kjc2586@yahoo.com
April 17,2024

Samuel F. Migallos, PhDN, RN
Graduate School
San Pedro College
Davao City, Philippines
8000

I hope this letter finds you well. I am writing to formally request a title change for my research project entitled PEDIATRIC PALLIATIVE NURSING CARE: AN INSIGHT INTO THE NURSES' CHALLENGES AND ITS EFFECTS ON CARING PROVISION, which is currently underway at San Pedro College. After careful consideration and reflection I do feel that a change in title would better suite my study.

The current title, PEDIATRIC PALLIATIVE NURSING CARE: AN INSIGHT INTO THE NURSES' CHALLENGES AND ITS EFFECTS ON CARING PROVISION, while initially selected with care, does not fully give the impact I need for my study. Therefore, I propose the following title change:

WHISPERS OF COMFORT: FILIPINO PEDIATRIC PALLATIVE NURSES' INSIGHTS AND IMPACT ON HOLISTIC CARE AT NEW HOPE FOUNDATION CHINA

I think this title better reflects the heart of my research and what I'm trying to achieve. I'm excited about the direction it sets for the project. I understand that changing the title may require some paperwork or approvals needed. Thus, I'm ready to jump through whatever hoops necessary to make it happen. I would appreciate your guidance on the steps required to finalize this adjustment. I am committed to ensuring a smooth transition and maintaining the integrity of the research project throughout this process.

Thank you for considering this request. I look forward to your response.

Sincerely,

Krishtel Joyce C. Clenuar, RN

Approved :

SAMUEL F. MIGALLOS, PhD, RN
Program Coordinator
Nursing and Hospital Administration

4/17/24

Krishtel Joyce C. Clenuar, R.N.
Blk 5 Lot 2 Mamay Village Lanang,
Davao City, Philippines, 8000
kjc2586@yahoo.com
May 11, 2025

Samuel F. Migallos, PhDN, RN
Graduate School
San Pedro College
Davao City, Philippines
8000

Good Day Sir,

I hope this message finds you well. I am writing to respectfully request the revision of my research study title. During the course of my recent consultation with a panel member, it was recommended that I make a slight adjustment to better align the title with the qualitative nature of my research.

Originally, my study was titled:
"WHISPERS OF COMFORT: Filipino Pediatric Palliative Nurses' Insights and Impact on Holistic Care at New Hope Foundation China."

However, upon reflection and in response to the valuable feedback given, I would like to revise the title to:
"WHISPERS OF COMFORT: Filipino Pediatric Palliative Nurses' Insights on Holistic Care at New Hope Foundation China."

This change is intended to remove the word "impact," which may suggest a quantitative approach, and instead emphasize the core of my qualitative study—capturing the lived experiences and insights of Filipino pediatric palliative care nurses. I believe this revision more accurately represents the purpose and nature of my research.

Thank you very much for your understanding and consideration. I look forward to your kind approval of this request.

Warm regards,

Krishtel Joyce C. Clenuar, RN

Noted by:

(Sgd)Dr. Jose Colin C. Yee

Adviser

Appendix C

Letter To The Participants/ Informed Consent Form

October 20, 2024

Dear Ma'am,

I hope this message finds you well. My name is Krishtel Joyce C. Clenuar, and I am conducting a research study entitled "Whispers of Comfort: Filipino Pediatric Palliative Nurses' Insights and Impact on Holistic Care" at the New Hope Foundation in China. As part of this study, I aim to explore the experiences and insights of Filipino pediatric palliative nurses and their significant role in providing holistic care to young patients and their families.

Given your valuable expertise in the field of pediatric palliative care, I would like to extend an invitation for you to participate in this research. Your unique perspective and contributions as a Filipino nurse are essential to deepening our understanding of how culturally informed care practices can enhance the quality of life for children in palliative care settings.

By participating in this study, you will have the opportunity to share your experiences, challenges, and reflections on delivering compassionate care within a cross-cultural healthcare environment. Your involvement will help shape future practices and contribute to improving pediatric palliative care both in the Philippines and globally.

Should you choose to participate, your insights will be gathered through interview and all information provided will be treated with the utmost confidentiality. You will also have the option to remain anonymous, and your participation is entirely voluntary, and you are free to withdraw at any point should you wish to do so.

Please find the confirmation section below to acknowledge that you have read and understood the details of the study and agree to participate.

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Confirmation of Participation:

I, [Participant's Name], have read the information provided regarding the research study "Whispers of Comfort: Filipino Pediatric Palliative Nurses' Insights and Impact on Holistic

Care" at the New Hope Foundation in China. I understand the purpose of the study, what my participation involves, and that my participation is voluntary. I agree to participate in this study.

Participant's Full Name: _____

Date:_____
Signature: _____

Please feel free to reach out to me at kjc2586@yahoo.com if you have any questions or require further details. I would greatly appreciate your participation and look forward to the possibility of working together to further enrich our understanding of holistic pediatric care.

Thank you for considering this invitation. I hope to hear from you soon.

Warm regards,

Krishtel Joyce C. Clenuar

MAN Student
San Pedro College

kjc2586@yahoo.com

+63 9279534909

Appendix D

Validated Interview Questionnaire

San Pedro College
12 C. Guzman St., Davao City, Philippines

RESEARCH FORM L

INSTRUMENT VALIDATION SHEET
(Graduate School, Undergraduate and Senior High)

DATE: April 28, 2024

Name of Evaluator:	CHERRY MAE MANUAL, Ph.D
Highest Educational Attainment:	Doctor of Philosophy in Nursing
Institutional Affiliation:	
Position:	
Instrument:	

Instructions:
Kindly evaluate the tool based on the given performance elements. Encircle the number that corresponds to your score.

Performance Elements	**Performance Ratings:** 4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree	**Encircle Score**			
Clarity of Language	1. The vocabulary level, language, structure, and conceptual level of the questions suit the level of respondents.	4	3	2	1
	2. The items are written in a clear and understandable manner.	4	3	2	1
Presentation of Topics	3. The items presented are organized in a logical manner.	4	3	2	1
Suitability of Items	4. The items appropriately represent the substance of the research.	4	3	2	1
	5. The questions are designed to determine the condition, knowledge, perception, and attitudes that are supposed to be measured.	4	3	2	1
Adequateness of Purpose	6. The items represent the coverage of the research adequately.	4	3	2	1
	7. The number of questions per area is adequate enough of all the questions needed for the research.	4	3	2	1
Attainment of Purpose	8. The instrument as a whole fulfills the objectives for which it was constructed.	4	3	2	1
Respondents Friendliness	9. Does the questionnaire create a positive impression, one that motivates respondents to answer it?	4	3	2	1
Objectivity	10. No aspect of the questionnaire suggests bias on the part of the researcher.	4	3	2	1
	TOTAL				

Comments/ Suggestions/ Recommendations:
Create probing questions

Signature Over Printed Name

San Pedro College
12 C. Guzman St., Davao City, Philippines

RESEARCH FORM L

INSTRUMENT VALIDATION SHEET
(Graduate School, Undergraduate and Senior High)

Date:

Name of Evaluator:	*Dr. Mark Ryan Contaoi*
Highest Educational Attainment:	
Institutional Affiliation:	
Position:	

Instructions:
Kindly evaluate the tool based on the given performance elements. Encircle the number that corresponds to your score.

Performance Elements	**Performance Ratings:** 4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree	**Encircle Score**			
Clarity of Language	1. The vocabulary level, language, structure, and conceptual level of the questions suit the level of respondents.	(4)	3	2	1
	2. The items are written in a clear and understandable manner.	4	(3)	2	1
Presentation of Topics	3. The items presented are organized in a logical manner.	4	(3)	2	1
Suitability of Items	4. The items appropriately represent the substance of the research.	4	(3)	2	1
	5. The questions are designed to determine the condition, knowledge, perception, and attitudes that are supposed to be measured.	4	(3)	2	1
Adequateness of Purpose	6. The items represent the coverage of the research adequately.	(4)	3	2	1
	7. The number of questions per area is adequate enough for all the questions needed for the research.	(4)	3	2	1
Attainment of Purpose	8. The instrument as a whole fulfills the objectives for which it was constructed.	(4)	3	2	1
Respondents Friendliness	9. Does the questionnaire create a positive impression, one that motivates respondents to answer it?	(4)	3	2	1
Objectivity	10. No aspect of the questionnaire suggests bias on the part of the researcher.	4	(3)	2	1
	TOTAL				

Comments/ Suggestions/ Recommendations:

One central question will be enough for a phenomenological study.

Dr. Mark Ryan Contaoi
Signature Over Printed Name

San Pedro College
12 C. Guzman St., Davao City, Philippines

RESEARCH FORM L

INSTRUMENT VALIDATION SHEET
(Graduate School, Undergraduate and Senior High)

DATE: _____

Name of Evaluator:	DR. SARAH BERNADETTE L. BALEÑA, RN
Highest Educational Attainment:	Doctor of Philosophy in Nursing
Institutional Affiliation:	San Pedro College
Position:	Dean

Instructions:
Kindly evaluate the tool based on the given performance elements. Encircle the number that corresponds to your score

Performance Elements	**Performance Ratings:** 4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree	**Encircle Score**			
Clarity of Language	1. The vocabulary level, language, structure, and conceptual level of the questions suit the level of respondents.	(4)	3	2	1
	2. The items are written in a clear and understandable manner.	(4)	3	2	1
Presentation of Topics	3. The items presented are organized in a logical manner.	4	(3)	2	1
Suitability of Items	4. The items appropriately represent the substance of the research.	4	(3)	2	1
	5. The questions are designed to determine the condition, knowledge, perception, and attitudes that are supposed to be measured.	(4)	3	2	1
Adequateness of Purpose	6. The items represent the coverage of the research adequately.	(4)	3	2	1
	7. The number of questions per area is adequate enough of all the questions needed for the research.	4	(3)	2	1
Attainment of Purpose	8. The instrument as a whole fulfills the objectives for which it was constructed.	(4)	3	2	1
Respondents Friendliness	9. Does the questionnaire create a positive impression, one that motivates respondents to answer it?	4	(3)	2	1
Objectivity	10. No aspect of the questionnaire suggests bias on the part of the researcher.	(4)	3	2	1
	TOTAL				

Comments/ Suggestions/ Recommendations:
Please see attach file for my suggestions

DR. SARAH BERNADETTE BALEÑA, RN
Signature Over Printed Name

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VALIDATED QUESTIONNAIRE

WHISPERS OF COMFORT: FILIPINO PEDIATRIC PALLIATIVE NURSES' INSIGHTS AND IMPACT ON HOLISTIC CARE AT NEW HOPE FOUNDATION CHINA

Purpose of the Study

The study aims to explore the multifaceted experiences of pediatric palliative care nurses at New Hope Foundation China and will delve into their influences on the provision of care, adaptation to challenges, and insights into holistic pediatric palliative patient care.

Research Design

The proposed design of this study will utilize a qualitative research method, specifically employing phenomenological research techniques.

INTERVIEW GUIDE QUESTIONS

Name (Optional): _____ Nationality: _____
Age: _____ Sex: _____ Civil Status: _____
Years & Months of Service (Pediatric Palliative Nurse):_____

Central Question:

What is the lived experience of Filipino nurses caring for pediatric patients in a palliative care setting at New Hope Foundation China?

Guide Questions:

I. Background and Demographics

A. Personal Information
- Can you tell me a little about yourself? Nationality? Age? Civil Status?
- What is your educational background, and how long have you been a nurse?

B. Professional Background
- How long have you been working in pediatric palliative care?
- What inspired you to pursue a career in this field?
- What drew you to work at New Hope Foundation China , and how has been your overall experience as a nurse?

II. Role and Responsibilities

A. Daily Task
- Can you describe your typical day in pediatric palliative care?
- What are some of the key responsibilities you have in your role?

B. Team Dynamics
- How do you collaborate with other healthcare professionals in your team?
- How do you communicate with patients and their guardians?

III. Insights on Holistic Care

A. Approach to Holistic Care
- How would you define holistic care in the context of pediatric palliative care?
- What aspects of holistic care do you focus on in your practice?

B. Patient and Guardian Relationships
- How do you establish trust and rapport with patients and their guardians?
- What strategies do you use to provide emotional and psychological support?

IV. Impact and Challenges

A. Impact on Patients and Guardians
- Can you share an example of how your care has positively impacted a patient or family?
- How do you assess the effectiveness of your care?

B. Challenges Faced
- What are the most challenging aspects of working in pediatric palliative care?
- How do you cope with these challenges?

V. Cultural and Ethical Considerations

A. Cultural Sensitivity
- How do you address cultural differences when caring for pediatric patients?
- Can you share an example of a situation where you adapted your care based on cultural considerations?

B. Ethical Dilemmas
- What types of ethical dilemmas do you encounter in your work?
- How do you navigate these ethical challenges?

VI. Education and Professional Development

A. Training and Resources
- What kind of training have you received in pediatric palliative care?
- Are there any specific resources or educational opportunities you find helpful?

B. Future Goals
- How would you like to see the field of pediatric palliative care evolve?
- What additional training or support would you like to have in your role?

C. Reflection
- What advice would you give to someone starting out in pediatric palliative care?
- How do you see your role evolving in the future?
- Is there anything else you would like to add about your experiences in pediatric palliative care?

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Appendix E

Verbatim Transcriptions Of Interview

AB03

November 12, 2024 7:30 PM

Respondent: AB03 Duration: 1:08:01

I: Catching up. Giving introduction and copy of interview questions

AB03

START OF INTERVIEW:

I: So to start with, what made you decide to work as a pediatric palliative care nurse sa New Hope Foundation China?

AB03: Honestly, gusto ko makasuway ug work abroad makat-on ug laing culture, and of course, mas dako ang salary. Pero more than that, I really love working with children. Sa hospital before, na-assign ko sa pediatric ward, OB ward, and delivery room, so when I learned nga New Hope takes care of orphaned kids with medical needs, I knew it was something I wanted to do.

I: First time nimo sa China? What was it like when you first arrived in China?

AB03:Yes, and grabe ka overwhelming sa sinugdan. Seeing the children—so tiny, so vulnerable—many with serious medical conditions, and knowing they had been abandoned because of their health problems... sakit ako heart. Pero, pagkakita nako sa ilang mga pahiyom, ilang ka-sweet, I knew I was in the right place. And before I knew it, eight years had gone by.

I: What does a typical day look like for you at New Hope?

AB03:Our mornings start with rounds at 8 AM, then again at 8 PM. If something unusual comes up, we report to the doctors via email. We update charts, refill medications, and perform special procedures like stoma care, bowel irrigation, catheterization, or NGT insertions when needed. The nannies will handle daily needs sa amo patient, but we step in when extra support is required, especially for children with special medical needs.

I: It sounds like teamwork is a huge part of your role. How do you collaborate with other healthcare professionals?

AB03: Yes, teamwork is everything. We work closely with nannies, physical therapists, occupational therapists, and doctors. Since there's a language barrier, we've learned to communicate in basic Mandarin and use translation apps. The Chinese nannies were incredibly patient with us, and over time, we learned to communicate well.

I: Pediatric palliative care is about more than just medical treatment—it's holistic. What does that look like in your work?

AB03: For me, holistic care means giving everything—physical, emotional, and psychological support. Dili lang tambal ang ilang kinahanglan, they need love, comfort, ug companionship. Kaning mga bata, nakasulay na og abandonment, and that pain is deeper than any physical illness.

I: That's heavy. Unsaon nimo pagtabang sa ilang emotional needs?

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AB03: Honesty is key. Even though they're young, they understand more than we think. So I talk to them, let them express their feelings, and just be present. Sometimes, ang simple hug or sitting beside them is enough. And when they're not in school, we play. Play is so important—it builds trust and helps with emotional healing.

I: What are the biggest challenges you face in pediatric palliative care? Unsa and pinakalisod na part sa imong job?

AB03:One of the hardest parts is being constantly vigilant or kanang alert ka pirme. These children can't always express when they're in pain, so we have to be extremely observant. A small behavioral change might mean something serious. And then, of course, there's the emotional toll—seeing children suffer, and sometimes, saying goodbye.

I: That must be so difficult. How do you handle that emotionally?

AB03: Maglisod jud usahay, pero I remind myself why I'm here. I focus on the love and care I can give them. And I lean on my fellow nurses—we share our feelings and support each other through the tough moments.

I: Have you ever faced ethical dilemmas in your work?

AB03: Yes. One that stands out is deciding between keeping a child comfortable in our care or sending them to a hospital when we know there's little the hospital can do. Usahay, we choose comfort, knowing it's in their best interest. It's never an easy choice. Another difficult moment is when children return from hospitals with multiple IV punctures—it makes me wonder if they were practicing on them or treated differently because they're orphans. It's heartbreaking, but I focus on what I can do—giving them love and care when they come back to us.

I: What kind of training have you received in pediatric palliative care?

AB03: I've been trained in stoma care, post-op care, NGT insertion, wound care, and emergency responses like handling seizures or cardiac arrest. But honestly, my greatest teachers have been the doctors and senior nurses I worked with at New Hope. Experience is the best training.

I: How do you hope the field of pediatric palliative care evolves in the future?

AB03: I hope there's more research and training, especially in emergency care for these children. The more we learn, the better we can help. I'd love to see more efficient and compassionate approaches to holistic care.

I: What advice would you give to someone starting in pediatric palliative care?

AB03: Be strong—not just physically, but mentally and emotionally. It's not easy. You'll have moments where you feel helpless or overwhelmed. But the reward is worth it. Seeing a child who was once frail and sick get better and even find a forever family—that's everything.

I: Eight years is a long time. Looking back, how do you feel about your journey?

AB03: Every moment—good or bad—was worth it. These children changed my life just as much as I tried to change theirs. I miss being a PPC nurse, and I'll carry this experience with me forever.

I: AB03, salamat kaayo for sharing your story. Your love and dedication for these kids is truly inspiring.

AB03: Salamat pud! I hope nga pinaagi sa akong story, mas daghan pa ang makasabot sa importance sa pediatric palliative care.

End Of Interview

LE02

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October 31, 2024 8:47 AM

Respondent: LE02 Duration: 1:35:00

I: Catching up. Giving introduction and copy of interview questions

LE02

Start Of Interview:

I: Salamat for taking the time to speak with me today. To start, can you tell me a little about yourself?

LE02: Maayong buntag! Ako si LE—02, 38 years old, Australian citizen pero originally from the Philippines. I graduated with a degree in Bachelor of Science in Nursing in 2007. I worked in the medical-surgical ward in the Philippines for six months before moving to China in 2009. I've been a registered nurse for 15 years now.

I: How long have you been working in pediatric palliative care?

LE02: I've been in pediatric palliative care for eight years since 2009.

I: What inspired you to pursue a career in nursing, especially in pediatric palliative care?

LE02: Actually, ang akong mama kay nurse pod, and she inspired me to follow this path. During that time, there was also a high demand for nurses, so it felt like the right decision. I chose pediatric nursing specifically because I enjoy taking care of children.

I: What led you to work at New Hope Foundation China, and how has your experience been?

LE02: I was looking for better career opportunities. Niadto ko sa New Hope Foundation China kay akong close friend nag-recommend, she told me about their need for more nurses and since hilig man ko sa bata, wala ko nagduha-duha to grab the opportunity.

My experience at NHF has been incredibly rewarding.

I: Can you describe a typical day in pediatric palliative care?

LE02: My day starts with morning rounds at 8:00 AM, where I check on patients, review charts, and assess their condition. Throughout the day, I perform nursing procedures, administer medications, and collaborate with the team. My shift ends with night rounds at 8:00 PM.

I: What are some of your key responsibilities?

LE02: My main responsibilities include patient assessments, performing procedures like catheterization and NGT insertion, administering medications, and ensuring that each child is comfortable and accounted for. I also make referrals and collaborate with the healthcare team.

I: Speaking of teamwork, how do you collaborate with other healthcare professionals?

LE02: Okay ra kaayo. We communicate mostly through text or, call, or direct communication if the doctor is nearby. I also make sure mutual respect and professionalism when working with my colleagues.

I: How do you communicate with patients and their guardians?

LE02: I interact with children and their caregivers daily, building trust through open communication. Since I stay on-site, I am easily accessible for any concerns.

I: In your experience, how would you define holistic care in pediatric palliative care?

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LE02: For me, Holistic care is a comprehensive approach that addresses a child's physical, psychological, social, and spiritual well-being.

I: Which aspects of holistic care do you focus on most in your practice?

LE02: While all aspects are important, the physical aspect is my primary focus—ensuring children are comfortable and symptom-free.

I: How do you establish trust and rapport with patients and their guardians?

LE02: By being honest, approachable, and showing them that I genuinely care. This openness allows caregivers to share any concerns without hesitation.

I: What strategies do you use to provide emotional and psychological support?

LE02: I make myself available, encourage open communication, and spend quality time with children, especially those who are critically ill.

I: Can you share an example of how your care positively impacted a patient or family?

LE02: There was a child with an irreversible heart condition whom I cared for around the clock. Carers were able to see this positivity from me thus they were also being encouraged and was shown hope. My dedication inspired hope among the caregivers. Eventually, that child was able to thrive and got adopted by a loving family and they were very grateful for care provided. It was a touching experience.

I: How do you assess the effectiveness of your care?

LE02: If a child's symptoms, like pain, are well-managed and they pass away peacefully, I know I've done my job. Seeing a sick child smile or play is another sign that my care is effective.

I: What are the most challenging aspects of working in pediatric palliative care?

LE02: It's emotionally challenging, especially since I'm looking after orphan children's. Knowing they don't have families and suffer from terminal illnesses is heartbreaking.

I: How do you cope with these challenges?

LE02: I rely on my faith, optimism, and open communication with my family for emotional support.

I: How do you address cultural differences in patient care?

LE02: By keeping in mind that every culture is different and that it needs to be respected. I know that I am not in my home country and that Chinese people are rooted in their culture, so it is of great importance to be aware of what they believe in.

I: Can you share an example of adapting your care based on cultural considerations?

LE02: Many Chinese caregivers prefer herbal remedies. We try to respect this by incorporating some local medicines they trust, ensuring they feel comfortable with the care provided.

I: What ethical dilemmas do you encounter in your work?

LE02: End-of-life decisions are the most difficult, such as whether to administer morphine, which relieves pain but may hasten death.

I: How do you navigate these ethical challenges?

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LE02: By exploring more about controversial ethical thoughts, having continuous learning and understanding of the principles behind end-of-life care and dying. I also keep in mind and heart the NHF organization's belief which is "To comfort always, to relieve often, and to save sometimes".

I: What kind of training have you received in pediatric palliative care?

LE02: NHF provides lectures from experienced doctors. I also use trusted online resources to expand my knowledge.

I: What additional training or support would benefit your role?

LE02: Attending seminars, training, and certification programs would enhance my skills and expertise.

I: How would you like to see pediatric palliative care evolve?

Nurse: I hope it gains more recognition in the medical field. Increased training and research could improve clinical guidelines and care quality.

I: What advice would you give to someone starting out in pediatric palliative care?

LE02: Be physically and mentally prepared. Have a strong faith and a solid understanding of this field, as it is emotionally demanding—especially when working with children.

I: How do you see your role evolving in the future?

LE02: I see palliative care nursing advancing through more educational programs. I'd love to become an Advanced Palliative Care Nurse Specialist someday.

I: Is there anything else you'd like to share about your experiences in pediatric palliative care?

LE02: Working in this field is an emotional roller coaster. It's heartbreaking when a child passes, but fulfilling when you know you've given them comfort and care. Seeing some children outlive expectations is the most rewarding part.

I: Thank you for your time and for sharing your heartfelt experiences. Your dedication is truly inspiring.

LE02: Thank you. It was a pleasure to share my journey.

End Of Interview

ME01

February 27, 2025 12:13 AM

Respondent: ME01 Duration: 00:45:00

I: Catching up. Giving introduction and copy of interview questions

ME01

Start Of Interview:

I: Salamat kaayo sa pagdawat sa among imbitasyon para sa interview. Aron magsugod ta, pwede ba nimo ishare gamay bahin sa imong kaugalingon — imong nasyonalidad, edad, ug civil status?

ME01: I'm a nurse by profession, a second courser who initially took BS in Computer Science. I'm Filipino, 41 years old, and married.

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I: Unsa imong educational background, ug pila na ka tuig nga nagtrabaho as nurse?

ME01: I have been in the nursing profession for 17 years.

I: Pila na ka tuig nga nagtrabaho ka sa pediatric palliative care?

ME01: I've been working in pediatric palliative care for 4 years in China.

I: What inspired you to pursue a career in this field?

ME01: Initially, it was a career opportunity to work abroad. I used to work in a med-surg floor in one of the facilities in the Philippines.

I: What drew you to work at New Hope Foundation China, and how has your overall experience been?

ME01: Being employed abroad was something I looked forward to. I was fortunate to join the team in China, which helped expand my knowledge and skills and offered better pay. Overall, it has been meaningful and rewarding.

I: Can you describe a typical day in pediatric palliative care?

ME01: I start the day with nurse rounds, which include playing with the orphans, listening to carers' concerns, checking babies' charts, refilling medications, assessing sick babies, reporting to physicians, and checking emails.

I: What are your key responsibilities?

ME01: I'm overall in charge of the medical health of the babies. Since the physicians are remote, mgdepende sya sa ako I relay na important na information.

I: How do you collaborate with other healthcare professionals in your team?

ME01: It is essential that we communicate by means of calling, text or email regarding the health condition of our assigned babies to the physician/s.

I: How do you communicate with patients and their guardians?

ME01: We speak the language that the nannies uses; though I did not learn the formal language, I eventually learn the basic medical terms in their language to better care for the orphans.

I: How would you define holistic care in pediatric palliative care?

ME01: The foundation that I was part of, revolved their mission in holistic approach of care that does not only focuses on the medical aspect of their health but also providing the orphans a nurturing and loving environment as they grow in our care. The facility and the carers became their home and family while they await to get adopted or return to the orphanage.

I: What aspects of holistic care do you focus on?

ME01: Apart from nurturing them, for those with a less favorable prognosis, we ensure they have a humane, dignified, and comfortable environment.

I: So, how do you establish trust and rapport with patients and their guardians?

ME01: By communication and active listening, showing high standard of care for their assigned babies

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I: What strategies do you use to provide emotional and psychological support?

ME01: We communicate to the carer the status of the babies assigned to them and involved them in all aspect of care; We also listen empathetically to them and provide support if they have difficulty and caring for their babies.

I: Can you share an example of how your care has positively impacted a patient or family?

ME01: The carer express their gratitude by saying thank you as they feel grateful that even we are foreigners we deeply care with their orphans

I: How do you assess the effectiveness of your care?

ME01: We always monitor the babies regularly and timely as sick babies often deteriorate fast, it is always best to monitor any changes of their status

I: What are the most challenging aspects of your work?

ME01: I think you have to understand the palliative care in the beginning as if you are unprepared for the concept of this specialty of nursing, it would make a hard time in coping with the care for the dying especially if the orphan is somebody already close to you.

I: How do you cope with these challenges?

ME01: Accepting and understanding the nature of palliative care from the start helps a lot.

I: How do you address cultural differences when caring for pediatric patients?

ME01: Knowing their practices and if it doesn't compromise the overall child health, I actually accept and apply it sometimes.

I: Can you share an example of a situation where you adapted your care based on cultural considerations?

ME01: None that I can recall.

I: What types of ethical dilemmas do you encounter in your work?

ME01: None that I can recall.

I: What kind of training have you received in pediatric palliative care?

ME01: Orientation during the initial phase of employment and policy and processes reading

I: Are there any specific resources or educational opportunities you find helpful?

ME01: I can't remember any official training conducted for us apart from the orientation and preceptorship period.

I: How would you like to see the field of pediatric palliative care evolve?

ME01: Innovations of care in terms of comfort giving to dying patients

I: What additional training or support would you like to have in your role?

ME01: Since I already moved to another specialty of nursing, I think those who stayed in palliative care nursing would benefit in continuing studies of different approaches of caring the dying patients not just in the country of practice but also in different parts of the world.

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I: Unsay imong tambag para sa gustong mosulod sa pediatric palliative care?

ME01: It requires passion and a commitment to providing compassionate care.

I: How do you see your role evolving in the future?

ME01: I've been transitioning across different nursing specialties — from pediatric palliative care to pediatric surgery, and now venturing back to med-surg adult care.

I: Is there anything else you would like to add?

ME01: My experiences in pediatric palliative care are something worth remembering, even after many years of practice.

End Of The Interview

IG04

February 25, 2025 6:54 PM

Respondent: IG04 Duration: 1:15:02

I: Catching up. Giving introduction and copy of interview questions

IG04

Start Of Interview:

I: Thank you for taking the time to speak with me today. To start, can you tell me a little about yourself? What is your nationality, age, and civil status?

IG04: I am originally from the Philippines and lived in China for almost a decade. I am married and have two children.

I: What is your educational background, and how long have you been a nurse?

IG04: I earned my nursing degree from St. Paul University of Dumaguete. I first worked in the pediatric unit of a tertiary hospital in the Philippines before moving to China, where I worked as a pediatric palliative nurse.

I: How long have you been working in pediatric palliative care?

IG04: I have been a registered nurse for 20 years, with 9 years dedicated exclusively to pediatric palliative care.

I: What inspired you to pursue a career in this field?

IG04: I have always had a deep sense of empathy for children and families facing serious health challenges. After working as a pediatric nurse in the Philippines, I had the opportunity to work in an orphanage in China that cared for children with life-limiting health conditions. Seeing the impact of palliative care on a child's quality of life made me realize how crucial this field is.

I: What drew you to work at New Hope Foundation China, and how has your overall experience been as a nurse?

IG04: I was drawn to New Hope Foundation because of its mission to provide compassionate care for orphans in need of medical assistance and palliative care. I was deeply moved by their holistic approach to care, not just for children in palliative care but also for those who required long-term care. They provided a loving and nurturing home for abandoned children while they waited for their forever families.

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I: Can you describe your typical day in pediatric palliative care?

IG04: A typical day starts with morning rounds, where we review patients' charts and any updates.

I assess children with acute health concerns, discuss care plans with the team, and prepare medications. I also monitor any changes in the children and perform necessary nursing procedures. When the day is not too busy, I spend time playing and giving cuddles to my patients. It's a dynamic role, but ultimately, it's about maintaining comfort and dignity for the children.

I: What are some of the key responsibilities in your role?

IG04: My main duties include preparing medications, administering treatments, managing symptoms like pain, and ensuring that my patients are as comfortable as possible.

I: How do you collaborate with other healthcare professionals in your team?

IG04: Teamwork is essential in pediatric palliative care. I work closely with physicians and nurses to create an individualized plan of care for each patient. We ensure that medical, emotional, and psychosocial needs are addressed comprehensively.

I: How do you communicate with patients and their guardians?

IG04: With young patients, I use age-appropriate language and explanations. One of the biggest challenges for me was the language barrier, as Mandarin is not my first language. I had to ensure that I made myself understood by both the patient and the caregiver. If necessary, I sought assistance from native Chinese-speaking staff. When speaking with caregivers, I focused on active listening, validating their emotions, and providing helpful information.

I: How would you define holistic care in pediatric palliative care?

IG04: Holistic care is not just about treating the illness. It means addressing the child's mental, social, and spiritual needs. It's about improving their quality of life, not just managing their symptoms.

I: What aspects of holistic care do you focus on in your practice?

IG04: Aside from pain management and symptom relief, I also focus on emotional and psychological support. I incorporate play, music, and art therapy to ensure that my patients' psychosocial needs are met.

I: How do you establish trust and rapport with patients and their guardians?

IG04: Consistent and compassionate communication is key. I ensure honesty, empathy, and respect for their emotional needs. I also take time to explain procedures and validate their concerns.

I: What strategies do you use to provide emotional and psychological support?

IG04: Active listening is essential. I also provide reassurance and validate the feelings of both patients and caregivers to help them feel supported.

I: Can you share an example of how your care has positively impacted a patient or family?

IG04: I had a patient in the end stages of a chronic condition. The caregivers and nannies formed a strong bond with the child, and they struggled emotionally as the condition worsened. I provided them with guidance, emotional support, and answered all their questions. They expressed gratitude, and I was able to establish a positive relationship with them.

I: How do you assess the effectiveness of your care?

IG04: I assess effectiveness through patient outcomes—how they respond to pain management and symptom relief. Additionally, caregiver feedback helps me evaluate my care approach.

I: What are the most challenging aspects of working in pediatric palliative care?

IG04: Seeing children suffer and not being able to cure them is the hardest part of my job.

I: How do you cope with these challenges?

IG04: A positive mindset helps me navigate the emotional challenges. I also focus on self-care, reflection, and seeking comfort from my family and friends.

I: How do you address cultural differences when caring for pediatric patients?

IG04: Cultural sensitivity is crucial. Working in China, I had to understand their beliefs and practices to provide holistic care while respecting their values.

I: Can you share an example of how you adapted your care based on cultural considerations?

IG04: A caregiver struggled to understand palliative care due to cultural beliefs emphasizing curative treatments. I took the time to explain palliative care with empathy, ensuring that her cultural values were respected while educating her on the importance of comfort and dignity.

I: What ethical dilemmas have you encountered, and how do you navigate them?

IG04: One case involved a patient with severe hydrocephalus in the terminal stage. We faced an ethical dilemma regarding whether to continue feeding via a nasogastric tube, as the child was no longer responsive. While feeding could provide nutrition, it was unclear if it would improve the child's quality of life or prolong suffering. In such situations, we rely on ethical discussions and consult with the medical team to make the best decision for the patient's dignity.

I: What training have you received in pediatric palliative care?

IG04: When I first started in China, I was required to take a short course from the Children's Palliative Care Network and was trained by an experienced palliative care nurse during my orientation.

I: What additional training or support would you like to have in your role?

IG04: I would like to see more accessible online training opportunities for healthcare professionals. I would also love to attend workshops or conferences on pediatric palliative care, especially on advances in pain management.

I: How do you see your role evolving in the future?

IG04: Although I am no longer working as a pediatric palliative nurse, I see myself advocating for pediatric palliative care awareness.

I: What advice would you give to someone starting in this field?

IG04: Self-care is key. This job is emotionally challenging, so taking care of yourself is essential. Also, develop strong communication skills, as you will have important conversations with families about difficult topics.

I: Is there anything else you would like to add?

IG04: Pediatric palliative care requires working with families from diverse backgrounds. Being culturally competent and respectful of different beliefs is crucial in this field.

I: Thank you so much ate IG04 for sharing, spending your precious time with me.

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IG04: Your welcome and hope my answers will help your study.

End Of The Interview

AJN05

November 15, 2024 6:54 PM

Respondent: AJN05 Duration: 55:05:08

I: Catching up. Giving introduction and copy of interview questions

AJN05

Start Of Interview:

I: Good day! Thank you for taking the time to share your experiences with us. To begin, can you introduce yourself? Can you tell us a little about yourself—your name, age, and civil status?

AJN05: Good day! My name is AJN--05. I'm Filipino, 36 years old, and single.

I: Thank you, AJN--05. What is your educational background, and how long have you been a nurse?

AJN05: I finished my Bachelor of Science in Nursing in 2009. I have been working as a nurse for more than a decade.

I: Wow, ang haba na pala noh! How long have you been working in pediatric palliative care?

AJN05: I have been working in pediatric palliative care for eight years.

I: What inspired you to pursue a career in this field?

AJN05: The children I have met in this field are my inspiration. Their resilience and innocence push me to give my best every day.

I: What made you choose to work at New Hope Foundation China? How has your overall experience been so far?

AJN05: I was drawn to the opportunity and the vision of the organization. It has been an amazing and fulfilling experience working as a nurse at New Hope Foundation.

I: Can you describe a typical day in your role as a pediatric palliative care nurse?

AJN05: It depends on the day—sometimes, it follows a routine where I do rounds at 8 AM, stay on-call for the rest of the day, and do another round at 8 PM. Other times, unexpected emergencies arise, such as a child experiencing seizures, distress, severe diarrhea, or vomiting.

I: That sounds challenging! What are some of your key responsibilities in your role?

AJN05: I am responsible for the daily healthcare needs of the children in my unit under the guidance of the medical director. This includes assessing, planning, delivering, and reviewing their care while reporting any concerns to the medical director.

I: How do you collaborate with other healthcare professionals in your team?

AJN05: Communication is key. Discussing a child's needs or problems as a team makes the workplace more efficient and productive.

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I: How do you communicate with your patients and their guardians?

AJN05: For the children, I use friendly interactions. For their guardians, I ensure clear explanations and provide emotional and physical support.

I: When it comes to holistic care, how would you define it in pediatric palliative care?

AJN05: Holistic care means always providing comfort, relieving symptoms as much as possible, and saving lives when we can.

I: What aspects of holistic care do you focus on in your practice?

AJN05: I focus on the physical, mental, social, and spiritual aspects to ensure comprehensive care for my patients.

I: Can you share an experience where your care positively impacted a patient?

AJN05: There was a child I noticed had a big bump on his head. After a CT scan, we discovered he had hydrocephalus. He was rushed for surgery, and it was successful. He returned to my care and recovered well.

I: That must have been fulfilling! How do you assess the effectiveness of your care?

AJN05: I assess it through peer evaluation and by monitoring the patient's progress.

I: What are some of the biggest challenges in pediatric palliative care?

AJN05: The most challenging aspect is dealing with patients in distress and seeing them worsen or pass away.

I: How do you cope with these challenges?

AJN05: I am grateful for the support of my colleagues. I pray for my patients and take comfort in knowing they are no longer in pain.

I: How do you address cultural differences when caring for pediatric patients?

AJN05: Through communication. Being aware of the correct Chinese medical terminology helps in understanding each other and providing the best care for the children.

I: Can you share an example of how you adapted your care based on cultural considerations?

AJN05: In China, when a child has a fever, they usually remove all clothing and give a cold bath. However, I advised them to use a tepid sponge bath and dress the child in light clothing to prevent shivering and discomfort.

I: What ethical dilemmas have you encountered in your work?

AJN05: One challenge is maintaining professional boundaries—sometimes, I become too attached to my patients and their families. Another challenge is cultural beliefs, as many Chinese families prefer traditional medicine over Western treatments.

I: How do you navigate these ethical challenges?

AJN05: I address them by reinforcing professional boundaries, understanding cultural perspectives, seeking guidance when needed, and continuing my education on nursing ethics.

I: What kind of training have you received in pediatric palliative care?

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AJN05: I received in-service training. My co-workers taught me the basics, routines, and special skills like NGT insertion and catheterization.

I: Are there any specific resources or educational opportunities you find helpful?

AJN05: Having readily available resources in the unit is important. For example, when inserting an NGT, it's essential to have an NG tube, gloves, a stethoscope, a syringe, and tape on hand.

I: How would you like to see the field of pediatric palliative care evolve?

AJN05: I would like to see pediatric palliative care become more accessible, especially in rural healthcare units.

I: What additional training or support would you like to have in your role?

AJN05: I would like to advocate for children in palliative care if given the opportunity and resources.

I: What advice would you give to someone starting out in pediatric palliative care?

AJN05: Find your heart's desire. Always empathize, and be prepared to be vulnerable. There will be ups and downs, but you will see the grace in between.

I: How do you see your role evolving in the future?

AJN05: I see myself becoming a pediatric palliative care advocate.

I: Finally, is there anything else you'd like to add?

AJN05: It has been a roller-coaster experience, from having zero experience in palliative care to where I am now. My team, the children, and their guardians have made my journey truly meaningful.

I: Thank you so much, April, for sharing your inspiring journey with us!

AJN05: Thank you as well! I hope this helps other nurses who want to pursue this field.

End Of The Interview

JE06

February 22, 2025 9:53 PM

Respondent: JE06 Duration: 01:05:20

I: Catching up. Giving introduction and copy of interview questions

JE06

Start Of Interview:

I: Good day! Thank you for taking the time to share your experiences with us. To start, can you introduce yourself? Can you tell us a little about yourself—your name, age, and civil status?

JE06: Good day! I'm a Filipino, 33 years old, and single.

I: Thank you! What is your educational background, and how long have you been a nurse?

JE06: I studied Bachelor of Science in Nursing at the University of Baguio and have been a licensed nurse since 2011.

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I: How long have you been working in pediatric palliative care?

JE06: I have been working in pediatric palliative care for 10 years.

I: What inspired you to pursue a career in this field?

JE06: I had never heard of pediatric palliative care while studying nursing in the Philippines. This was my first job, and I grew to love it, which is why I stayed in this field.

I: What drew you to work at New Hope Foundation China? How has your overall experience been?

JE06: My cousin was already working at New Hope Foundation and encouraged me to apply. I was accepted, and I am grateful to work in a place that genuinely cares for both its staff and the children.

I: Can you describe a typical day in your role?

JE06: I start my morning rounds at 8 AM, checking on the children, their charts, and speaking with their nannies about any concerns. I assess the children, refer to the doctor if necessary, check and refill medications, and do charting. Throughout the day, I remain on-call, and I do evening rounds at 7:30 PM, following the same routine as the morning.

I: What are your key responsibilities?

JE06: I am responsible for the children's daily healthcare needs, including assessment, planning, and delivering care. I report concerns to the medical doctor and ensure the best possible treatment for the children.

I: How do you collaborate with other healthcare professionals?

JE06: Teamwork is essential. We ask for help when needed and plan events for the children together.

I: How do you communicate with patients and their guardians?

JE06: It depends on the child's age and ability to communicate. For guardians, I listen to their concerns and answer any questions they have.

I: How would you define holistic care in pediatric palliative care?

JE06: Holistic care means addressing all aspects of a child's well-being—physical, emotional, social, and psychological. It is a bit different in our setting since we work in an orphanage under government care.

I: What aspects of holistic care do you focus on?

JE06: I make sure to address all aspects. For example, if a child is in pain, I assess and provide necessary interventions immediately.

I: How do you establish trust and rapport with patients and their guardians?

JE06: Since we care for orphaned children with severe limitations, we build trust by engaging with their nannies—actively listening to their concerns and involving them in care decisions.

I: What strategies do you use to provide emotional and psychological support?

JE06: Working in palliative care can be emotionally exhausting for the nannies. We support them by listening, explaining the children's conditions, and reassuring them that we are there to help. We also organize events like birthday parties and holiday celebrations to create positive memories.

I: Can you share an example of how your care positively impacted a patient?

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JE06: There are many moments, but the most rewarding is seeing the children happy and comfortable, as well as seeing their nannies feel supported and valued.

I: How do you assess the effectiveness of your care?

JE06: I use pain assessment tools like the Faces Pain Scale for non-verbal children and gather feedback from the nannies.

I: What are the biggest challenges in pediatric palliative care?

JE06: The language barrier, since I am working in China, and the emotional burden of caring for terminally ill children.

I: How do you cope with these challenges?

JE06: I try to learn the language as much as possible. Faith also helps me cope.

I: How do you address cultural differences in patient care?

JE06: I respect cultural practices and ensure clear communication. I listen to the nannies and include their traditions in care when appropriate.

I: Can you share an example where you adapted care based on cultural considerations?

JE06: Chinese traditional medicine is different from Western medicine. When appropriate and safe, we incorporate traditional treatments into the care plan while explaining why certain medical interventions are necessary.

I: What ethical dilemmas do you encounter?

JE06: Decision-making for palliative children, especially whether to continue life-saving treatments.

I: How do you navigate these ethical challenges?

JE06: I consult with fellow nurses, the doctor in charge, and the supervisor while following the organization's policies on palliative care.

I: What kind of training have you received in pediatric palliative care?

JE06: I didn’t receive formal training. I learned through experience and from my co-workers.

I: Are there any resources or educational opportunities you find helpful?

JE06: I learn from my colleagues, the children, and their nannies. I also update my knowledge by reading books and watching educational materials.

I: How would you like to see pediatric palliative care evolve?

JE06: There should be more information dissemination and government support.

I: What additional training or support would you like to have?

JE06: Continuous learning opportunities and access to resources.

I: What advice would you give to someone starting in pediatric palliative care?

JE06: You won’t know everything at once—ask for help when needed and take care of yourself too.

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I: How do you see your role evolving in the future?

JE06: I would like to explore other specialties in the future.

I: Is there anything else you'd like to add about your experience in pediatric palliative care?

JE06: It can be exhausting, but it is a rewarding job.

I: Thank you for sharing your experiences with us!

JE06: Thank you! I hope this interview helps others interested in this field.

End Of The Interview

Appendix F

Thematic Analysis

Significant Statement	Formulated Meaning	Cluster of Themes	Emergent Theme
AB03 *We update charts, refill medications, and perform special procedures like stoma care, bowel irrigation, catheterization, or NGT insertions when needed.* **IG04** *"My main duties include preparing medications, administering treatments, managing symptoms like pain, and ensuring that my patients are as comfortable as possible."* **AJN05** *"I am responsible for the daily healthcare needs of the children in my unit under the guidance of the medical director. This includes assessing, planning, delivering, and reviewing their care while reporting any concerns to the medical director."* **JE06** *I start my morning rounds at 8 AM, checking on the children, their charts, and speaking with*	This focuses on managing the children's medical needs and ensuring their physical health. Ensuring physical well-being through symptom management and comfort care. Ensuring the child's physical well-being through continuous assessment, intervention, and collaboration. Ensuring the child's physical health by conducting ongoing assessments, implementing necessary interventions, and working collaboratively with others. Continuous monitoring is vital in pediatric palliative care to ensure infants' well-being, enabling timely interventions that prevent suffering	Cluster 1: Ensuring Physical Well-Being	**Applying Whole- Person Care**

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their nannies about any concerns. I assess the children, refer to the doctor if necessary, check and refill medications, and do charting." **ME01** *We always monitor the babies regularly and timely as sick babies often deteriorate fast, it is always best to monitor any changes of their status*	and support holistic care.		
LE02 *"Holistic care is a comprehensive approach that addresses a child's physical, psychological, social, and spiritual well-being."* *"For me, holistic care means giving everything—physical, emotional, and psychological support. Dili lang tambal ang ilang kinahanglan, they need love, comfort, ug companionship."* **IG04** *"When the day is not too busy, I spend time playing and giving cuddles to my patients."* **AB03** *"So I talk to them, let them express their feelings, and just be present. Sometimes, ang simple hug or sitting beside them is enough."* **AJN05** *"For the children, I use friendly interactions. For their guardians, I ensure clear explanations and provide emotional and physical support."* **JE06** *"Working in palliative care can be emotionally exhausting*	Emotional support extends beyond the patients to caregivers, emphasizing the importance of empathy and reassurance.	Cluster 2: Ensuring Heartfelt Care (Emotional & Psychological Support)	

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for the nannies. We support them by listening, explaining the children's conditions, and reassuring them that we are there to help."			
ME01 *" The foundation that I was part of, revolved their mission in holistic approach of care that does not only focuses on the medical aspect of their health but also providing the orphans a nurturing and loving environment as they grow in our care.."* **AJN05** *"I am grateful for the support of my colleagues. I pray for my patients and take comfort in knowing they are no longer in pain."* **JE06** *"Faith also helps me cope."* **ME01** *"The foundation that I was part of revolved their mission in a holistic approach to care that does not only focus on the medical aspect of their health but also on providing the orphans with a nurturing and loving environment as they grow in our care."* **IG04** *"Holistic care is not just about treating the illness. It means addressing the child's mental, social, and spiritual needs."*	Offering not just medical support but also a nurturing, loving environment that fosters spiritual and existential comfort for orphans. Spiritual beliefs and peer support are key coping mechanisms. Faith serves as an emotional support system for dealing with the stress of the job Ensuring both medical support and a nurturing, loving environment for orphans' growth and well-being. True holistic care extends beyond physical treatment to include spiritual and existential support, ensuring a sense of meaning and comfort for patients and families.	Cluster 3: Ensuring Existential Comfort (Spiritual & Existential Care)	
AB03: *"Usahay, we choose comfort, knowing it's in their best interest."* **ME01**	Prioritizing comfort over aggressive treatment is seen as compassionate care.	Cluster 1: Compassionate Choices	**Facing Ethical Crossroads** (Navigating Moral Dilemmas in Palliative Care)

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"I think you have to understand palliative care in the beginning, as if you are unprepared for the concept of this specialty of nursing, it would make it hard to cope with the care for the dying, especially if the orphan is somebody already close to you."	Understanding palliative care early is crucial, as ethical readiness helps nurses provide compassionate, dignified end-of-life care.		
AB03: *"One that stands out is deciding between keeping a child comfortable in our care or sending them to a hospital when we know there's little the hospital can do."* *"Another difficult moment is when children return from hospitals with multiple IV punctures—it makes me wonder if they were practicing on them or treated differently because they're orphans."* **IG04:** *" We faced an ethical dilemma regarding whether to continue feeding via a nasogastric tube, as the child was no longer responsive. While feeding could provide nutrition, it was unclear if it would improve the child's quality of life or prolong suffering."* **ME01** *"Apart from nurturing them, for those with a less favorable prognosis, we ensure they have a humane, dignified, and comfortable environment."*	Highlights the ethical dilemma of whether to pursue aggressive treatment or focus on comfort, suggesting a decision to withhold further invasive treatments when they offer minimal benefit. Ethical dilemmas often involve balancing quality of life with life-prolonging measures. Provide both nurturing care and a dignified, comfortable environment, balancing hope and compassion for children with challenging prognoses.	Cluster 2: Balancing Hope and Comfort in Medical Care (*Challenges of Life-Sustaining Treatment Decisions)*	
AB03: *"These children can't always express when they're in pain, so we have to be extremely observant."* **ME01**	Reflects the ethical responsibility to advocate for vulnerable patients who cannot voice their needs, ensuring their pain and	Cluster 3: Empowered Medical Decision (Informed Consent)	

"We communicate with the carers about the status of the babies assigned to them and involve them in all aspects of care."	symptoms are managed appropriately. Transparent communication with carers ensures they are involved in decision-making, promoting ethical and patient-centered care.		
AB03: *"Honesty is key. Even though they're young, they understand more than we think."*	Suggests an ethical commitment to truth-telling and respecting children's capacity for understanding their situation, aligning with principles of informed consent and dignity.		
AB03: *"The Chinese nannies were incredibly patient with us, and over time, we learned to communicate well."* **ME01** *I start the day with nurse rounds, which include playing with the orphans, listening to carers' concerns, checking babies' charts, refilling medications, assessing sick babies, reporting to physicians, and checking emails.*	Points to mutual respect and patience as crucial elements of effective team dynamics. Nurses, carers, and physicians synchronize their efforts to ensure the well-being of the children, reinforcing the importance of collaboration and shared responsibility.	Cluster 1: Team Cohesion (Team Dynamics)	**Emergent of Holistic Team-Based Care** *(Multidisciplinary Teamwork)*
ME01 *" It is essential that we communicate by means of calling, text or email regarding the health condition of our assigned babies to the physician/s."* **AB03:** *"Yes, teamwork is everything. We work closely with nannies, physical therapists, occupational therapists, and doctors."* *"Since there's a language barrier, we've learned to*	Effective communication is essential for collaborative care. Emphasizes open and regular communication among different professionals to ensure cohesive care. Highlights adaptive communication strategies to bridge language gaps, ensuring accurate information exchange.	Cluster 2: "Collaborative Dialogue" (Team Communication)	

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communicate in basic Mandarin and use translation apps." **IG04** *"When speaking with caregivers, I focused on active listening, validating their emotions, and providing helpful information."*	Clear and empathetic communication among team members and with caregivers facilitates informed decision-making and emotional support.		
AB03: *"Our mornings start with rounds at 8 AM, then again at 8 PM."* *"The nannies will handle daily needs sa amo patient, but we step in when extra support is required, especially for children with special medical needs."*	Establishes a routine strategy for comprehensive patient monitoring and interdisciplinary updates. Demonstrates a task-sharing strategy that leverages the strengths of each team member	Cluster 3: Collaborative Approaches(Team Strategies)	
ME01 *"Apart from nurturing them, for those with a less favorable prognosis, we ensure they have a humane, dignified, and comfortable environment."* **IG04** *"We ensure that medical, emotional, and psychosocial needs are addressed comprehensively."*	A collaborative approach ensures compassionate, dignified, and comfortable care for children with challenging prognoses. A multidisciplinary approach to patient care integrates medical treatment with emotional and psychosocial support, creating a well-balanced care strategy.		
JE06 *"Teamwork is essential. We ask for help when needed and plan events for the children together."*	Emphasis on collaborative practices among healthcare professionals.	Cluster 4: Strength in Solidarity (Emotional and Professional Support)	
ME01 *"The carers express their gratitude by saying thank you as they feel grateful that even though we are foreigners, we deeply care for their orphans."*	Expressing gratitude strengthens emotional bonds and acknowledges the professional dedication to caring for orphans with compassion.		

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IG04 *"I was deeply moved by their holistic approach to care, not just for children in palliative care but also for those who required long-term care."*	Providing emotional and professional support within a collaborative team fosters a compassionate and holistic care environment.		
AB03: *"I focus on the love and care I can give them. And I lean on my fellow nurses."* **IG04** *"A positive mindset helps me navigate the emotional challenges."* **ME01** *"I think you have to understand palliative care in the beginning. If you are unprepared for the concept of this specialty of nursing, it would be hard to cope with the care for the dying, especially if the orphan is somebody already close to you."*	Emotional support from colleagues and focusing on care provided helps cope with stress. Emotional regulation involves cultivating a positive outlook to endure the distressing aspects of pediatric palliative care. Understanding palliative care is essential for emotional resilience, helping nurses cope with loss, especially when bonds are formed.	Cluster 1: Self-Soothing Strategies (Emotional Regulation)	**Develop Resilience Strategies** (Coping Mechanisms)
ME01 *"The carers express their gratitude by saying thank you as they feel grateful that even though we are foreigners, we deeply care for their orphans."* *"We communicate with the carers about the status of the babies assigned to them and involve them in all aspects of care."* **IG04** *"I focus on self-care, reflection, and seeking comfort from my family and friends."*	Highlights the importance of cross-cultural support and appreciation in fostering resilience among caregivers. Underscores the role of transparent communication and collaborative involvement in building resilience among caregivers. Social support from loved ones provides emotional strength and resilience, allowing caregivers to manage work-related stress effectively.	Cluster 2: Social Safety Net (Social Networks)	

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ME01 *"Innovations of care in terms of comfort-giving to dying patients would help improve the field of pediatric palliative care."* **IG04** *"Active listening is essential. I also provide reassurance and validate the feelings of both patients and caregivers to help them feel supported."*	Through innovative comfort measures for dying patients can bolster resilience among caregivers and families Active listening and emotional validation, create a nurturing environment for both caregivers and patients.	Cluster 3: Resilience Tools (Practical Coping Strategies)	
ME01 *"Apart from nurturing them, for those with a less favorable prognosis, we ensure they have a humane, dignified, and comfortable environment."* **IG04** *"I see myself advocating for pediatric palliative care awareness."*	By ensuring dignity and comfort for terminally ill patients, caregivers find strength in their mission, reinforcing their emotional endurance. Finding meaning in advocacy and service fosters resilience and provides a sense of purpose in emotionally demanding roles.	Cluster 4: Faith-Based Resilience (Spiritual and Existential Coping)	
ME01 ***"I think those who stayed in palliative care nursing would benefit from continuing studies of different approaches to caring for dying patients, not just in the country of practice but also in different parts of the world."***	Recognizing and accepting the emotional storms in palliative care is crucial for resilience. Continuous learning, vigilance, and emotional preparedness serve as warning signals, helping caregivers brace for challenges while maintaining compassionate care.	Cluster 5: Coming to Terms (Recognition & Acceptance)	
IG04 *"Cultural sensitivity is crucial. Working in China, I had to understand their beliefs and practices."* **AJN05** *"Being aware of the correct Chinese medical terminology*	Culturally sensitive care builds trust and enhances care acceptance. Effective communication requires understanding and using culturally appropriate language.	Cluster 1: Diversity Awareness (Cultural Competence	**Importance of Diversity-Informed Care** (Culturally Responsive Care)

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helps in understanding each other." **ME01** *"We speak the language that the nannies use; though I did not learn the formal language, I eventually learned the basic medical terms in their language to better care for the orphans."*	Learning the local language and engaging with cultural customs demonstrate commitment to understanding and respecting diverse backgrounds.		
IG04 *"One of the biggest challenges for me was the language barrier, as Mandarin is not my first language. I had to ensure that I made myself understood by both the patient and the caregiver."*	Overcoming language barriers through adaptation and patience is essential to ensure clear communication and understanding in healthcare.	Cluster 2: Cross-Cultural Communication (Culturally Sensitive Communication)	
IG04 *"A caregiver struggled to understand palliative care due to cultural beliefs emphasizing curative treatments. I took the time to explain palliative care with empathy, ensuring that her cultural values were respected while educating her on the importance of comfort and dignity."*	Some cultural traditions prioritize curative treatments over palliative care, creating challenges in patient and family education.	Cluster 3: Traditional Healing Approaches (Cultural Beliefs & Health Practices)	
ME01 *"I think those who stayed in palliative care nursing would benefit from continuing studies of different approaches to caring for dying patients, not just in the country of practice but also in different parts of the world."* **IG04** *" One case involved a patient with severe hydrocephalus in the terminal stage. We faced an ethical dilemma regarding whether to continue feeding via a nasogastric tube, as the child was no longer responsive. While feeding*	Culturally responsive care requires ethical boundaries that protect patient dignity while respecting traditions. Continuous learning and ethical vigilance ensure that care decisions align with both professional standards and cultural values.	Cluster 4: Ethical Cross-Cultural Care (Moral Considerations in Cultural Care)	

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could provide nutrition, it was unclear if it would improve the child's quality of life or prolong suffering. In such situations, we rely on ethical discussions and consult with the medical team to make the best decision for the patient's dignity.."	Ethical dilemmas in palliative care often arise when balancing medical interventions with quality-of-life considerations.		
ME01 *"Being employed abroad was something I looked forward to. I was fortunate to join the team in China, which helped expand my knowledge and skills and offered better pay. Overall, it has been meaningful and rewarding."* **IG04** *"I have always had a deep sense of empathy for children and families facing serious health challenges."*	Career growth and financial stability were initial motivations, but the experience ultimately became personally meaningful and fulfilling. A strong sense of compassion and care for vulnerable children serves as the foundation of a career in pediatric palliative care.	Cluster 1: The Heart of Caregiving (Personal & Professional Values)	**Derive Deep Values-Based Care** (Purpose-Driven Care)
IG04 *"I was drawn to New Hope Foundation because of its mission to provide compassionate care for orphans in need of medical assistance and palliative care."*	Aligning personal values with an organization's mission strengthens commitment and dedication to palliative care.		
ME01 *"The facility and the carers became their home and family while they await to get adopted or return to the orphanage."* **IG04** *"I had a patient in the end stages of a chronic condition. The caregivers and nannies formed a strong bond with the child, and they struggled emotionally as the condition worsened."*	Pediatric palliative care extends beyond medical treatment, fostering a nurturing environment where children feel loved and supported. End-of-life care affects not just the patient but also caregivers, requiring emotional support and guidance.	Cluster 2: Relationship-based care(Patient & Family-Centered Care)	

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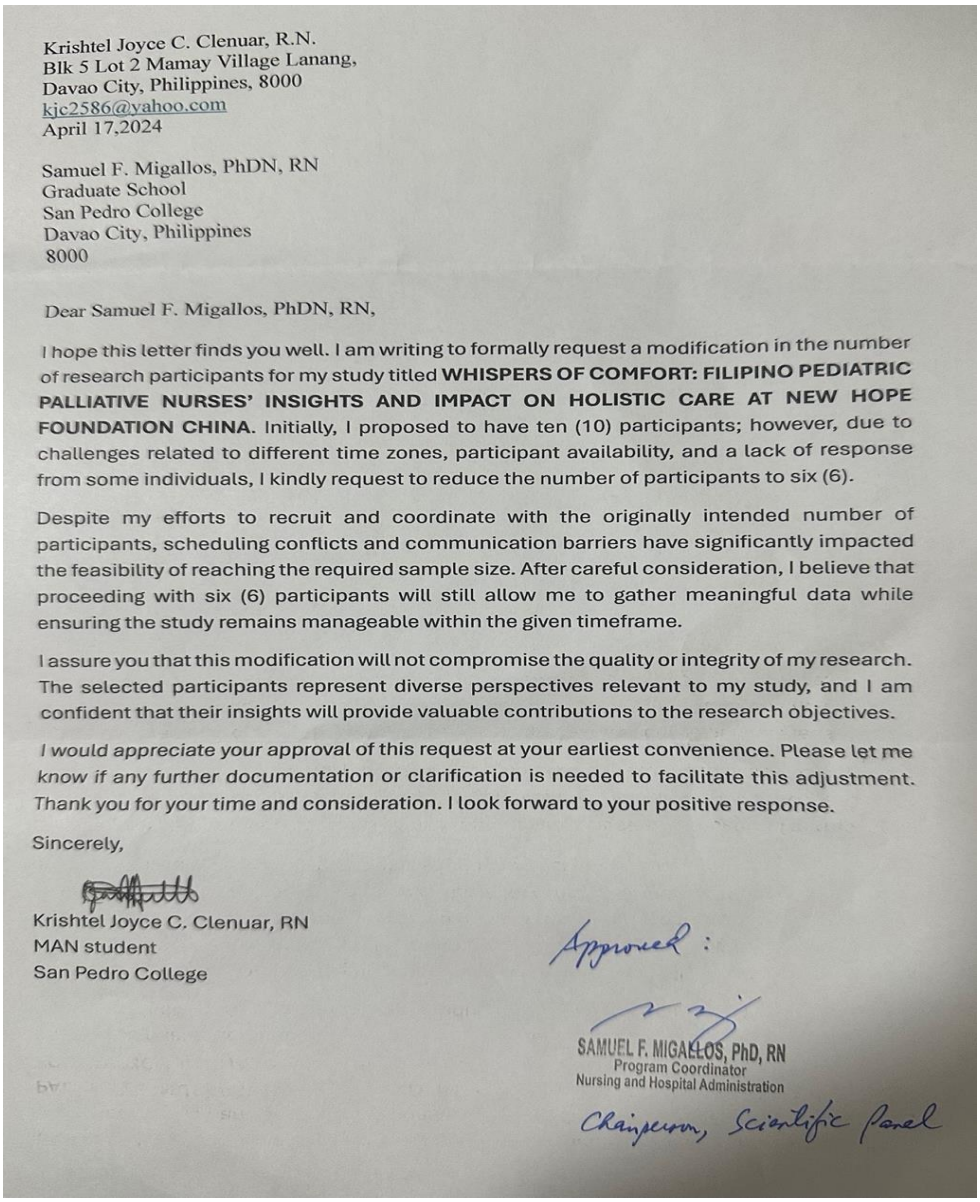
ME01 *Since I already moved to another specialty of nursing, I think those who stayed in palliative care nursing would benefit in continuing studies of different approaches of caring the dying patients not just in the country of practice but also in different parts of the world.* **IG04** *"I would like to see more accessible online training opportunities for healthcare professionals."* **JE06** *"Continuous learning opportunities and access to resources."*	Continuous learning and exposure to global palliative care practices enhance professional growth and improve patient outcomes. Expanding professional development resources can enhance the quality of pediatric palliative care globally. Professional growth in palliative care is essential to adapting to evolving needs.	Cluster 3: Goal-Oriented Practice (Goal-Setting & Professional Development)	
AB03: *"Every moment—good or bad—was worth it. These children changed my life just as much as I tried to change theirs."* **AB03:** *"Seeing a child who was once frail and sick get better and even find a forever family—that's everything."* **ME01** *"My experiences in pediatric palliative care are something worth remembering, even after many years of practice."* **IG04** *"The caregivers expressed gratitude, and I was able to establish a positive relationship with them."* *"I hope this interview helps others interested in this field."*	Sense of fulfillment from positive impact on patients' lives. Positive outcomes for children provide a profound sense of purpose. The impact of working in pediatric palliative care leaves a lasting impression on caregivers, shaping their professional and personal perspectives. Building trust and providing emotional support lead to meaningful relationships in palliative care settings. Reflects a deep sense of fulfillment in palliative care, as it highlights the value of sharing knowledge, inspiring	Cluster 4: Deep Gratification (Sense of Fulfillment and Meaning)	

	others, and contributing to the field's growth.		

Appendix G

Letter Of Request To Decrease



Krishtel Joyce C. Clenuar, R.N.
Blk 5 Lot 2 Mamay Village Lanang,
Davao City, Philippines, 8000
kjc2586@yahoo.com
April 17,2024

Samuel F. Migallos, PhDN, RN
Graduate School
San Pedro College
Davao City, Philippines
8000

Dear Samuel F. Migallos, PhDN, RN,

I hope this letter finds you well. I am writing to formally request a modification in the number of research participants for my study titled **WHISPERS OF COMFORT: FILIPINO PEDIATRIC PALLIATIVE NURSES' INSIGHTS AND IMPACT ON HOLISTIC CARE AT NEW HOPE FOUNDATION CHINA**. Initially, I proposed to have ten (10) participants; however, due to challenges related to different time zones, participant availability, and a lack of response from some individuals, I kindly request to reduce the number of participants to six (6).

Despite my efforts to recruit and coordinate with the originally intended number of participants, scheduling conflicts and communication barriers have significantly impacted the feasibility of reaching the required sample size. After careful consideration, I believe that proceeding with six (6) participants will still allow me to gather meaningful data while ensuring the study remains manageable within the given timeframe.

I assure you that this modification will not compromise the quality or integrity of my research. The selected participants represent diverse perspectives relevant to my study, and I am confident that their insights will provide valuable contributions to the research objectives.

I would appreciate your approval of this request at your earliest convenience. Please let me *know if any further documentation* or clarification is needed to facilitate this adjustment. *Thank you for your time and consideration.* I look forward to your positive response.

Sincerely,

Krishtel Joyce C. Clenuar, RN
MAN student
San Pedro College

Approved :

SAMUEL F. MIGALLOS, PhD, RN
Program Coordinator
Nursing and Hospital Administration

Chairperson, Scientific Panel

Number Of Participants

Biographical Sketch Of The Authors

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Full-time Clinical Instructor,

San Pedro College, Davao City, Philippines

February 2022--PRESENT

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Krishtel Joyce Carmelotes-Clenuar, RN, is a dedicated nurse and clinical instructor with a strong background in pediatric nursing and nursing education. She earned her Bachelor of Science in Nursing (BSN) from Mindanao Medical Foundation College and San Pedro College, Davao City, in 2008, the same year she obtained her nursing licensure. Currently, she is advancing her academic qualifications, having completed 30 units toward a Master of Arts in Nursing (MAN).

Her career began in pediatric care at New Hope Foundation Ltd. in Beijing, China, where she worked as a full-time staff nurse for fourteen years. During this time, she provided comprehensive care for abandoned infants and children with congenital anomalies and critical illnesses, specializing in neonatal assessments, medication administration, post-operative care, and intensive pediatric nursing interventions. Her commitment to patient-centered care and her expertise in managing high-risk pediatric cases solidified her reputation as a skilled and compassionate healthcare provider.

In 2023, Krishtel transitioned into nursing education, joining San Pedro College as a full-time clinical instructor. In this role, she is deeply involved in mentoring and training student nurses, equipping them with the clinical skills, critical thinking abilities, and ethical foundations essential for professional nursing practice. She actively integrates evidence-based practice into her teaching methodologies, ensuring that her students are prepared to meet the demands of modern healthcare.

Krishtel has also pursued continuing education and professional development, participating in various training programs and seminars, including Basic Life Support (BLS) Training, reproductive cancer awareness, mental health advocacy, and leadership development in nursing. Her research interests align with her clinical expertise, focusing on pediatric and neonatal care, maternal and child health, and the enhancement of nursing education through innovative teaching strategies.

As a licensed nurse under the Professional Regulation Commission of the Philippines, Krishtel remains committed to nursing excellence, patient advocacy, and professional growth. Whether in the hospital setting or the classroom, her passion for nursing is evident in her dedication to improving patient outcomes and shaping the future of nursing through education and mentorship.

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Dr. Colin completed his Bachelor of Science in Nursing (BSN) degree from the Notre Dame of Midsayap College (NDMC), Midsayap, Cotabato. He earned his Master of Arts in Nursing (MAN) at the University of the Visayas (UV), Cebu City and Doctor of Philosophy in Nursing (PhD in Nursing) at San Pedro College (SPC), Davao City.

He became a nursing instructor of NDMC in 2011 - 2013 as well as Notre Dame University (NDU) in 2013 - 2016. In 2016 - 2024, he worked as a nurse at one of the biggest Department of Health (DOH) - retained hospitals in the Philippines, the Southern Philippines Medical Center (SPMC), Davao City particularly he was assigned at the Patient Safety Unit as the pioneer nurse and later became the unit manager of Isolation 4 and Intensive Care Unit 4. At the same time, he worked as a visiting and adjunct graduate school professor at SPC - School of Nursing in 2020 up to present.

He was invited as plenary speaker during the First International Research Conference on Healthcare Sciences which dubbed as Liyang 2019 with the theme: Transformative Research towards Collaborative Healthcare Outcome held in Tagum City conducted by the Tagum Doctors College, Inc., Philippines in partnership and collaboration with Burapha University, Thailand. He was a research finalist of the Davao Unity Awards 2020 held at the Sangguniang Panlungsod Session Hall, City Government of Davao. He presented his dissertation entitled: Multifaceted Profiles of Filipino Older Adults. In addition, he was invited as one of the discussants during the PNA's Centennial Celebration, 65th Nurses Week and National Annual Convention 2022 with the topic entitled: Strategic Positioning of PNA Beyond 100 Years, held at the Tent City, The Manila Hotel, Manila, Philippines.

He was the former Vice President for Programs and Development of the Southern Philippines Medical Center Nurses Association (SPMCNA). He was also elected as number one Board of Director (BOD) of the Philippine Nurses Association (PNA) - Davao City Chapter and became the 27th President.

He has been invited as speaker and resource person in national and local plenary assemblies, conventions, trainings, seminars, webinars, nursing ceremonies and lecturer in nursing profession.