

ORIGINAL RESEARCH

Experiences of Hindu Nurses in Providing End-of-Life Care for *Pacang Seda* Patients in Bali, Indonesia: A Phenomenological Study



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Article Info

Article History:

Received: 30 January 2025

Revised: 6 December 2025

Accepted: 7 December 2025

Online: 31 December 2025

Keywords:

Dying patients; end-of-life care; nursing experience; *Pacang Seda*; peaceful death

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Abstract

Background: The quality of nursing care for dying patients is influenced by nurses' understanding of the signs of dying, which in Balinese Hinduism are contextualized through the concept of *Pacang Seda*, a near-death phase metaphorically described as emphasizing the attainment of a peaceful final moment. Empirical accounts of nurses' experiences in caring for *Pacang Seda* patients remain limited, highlighting the need for more comprehensive and culturally informed insights.

Purpose: This study aimed to explore the experiences of Hindu nurses in providing end-of-life care for *Pacang Seda* patients using a descriptive phenomenological approach.

Methods: The study employed a qualitative research design with a descriptive-phenomenological approach. Purposeful sampling was conducted by interviewing Hindu nurses (n = 10) with specific experience caring for *Pacang Seda* patients. The interviews took place in their homes without any third party present to avoid bias. Data analysis followed the Colaizzi method, and data validation was conducted through follow-up discussions.

Results: The analysis revealed four main themes derived from the experiences of Hindu nurses: (a) emotional responses, (b) the relationship between medical treatment and *Pacang Seda*, (c) strengthening families, and (d) the integration of spiritual aspects into nursing practice. Nurses displayed emotional responses and facilitated connections between medical treatment and *Pacang Seda*. They actively provided information to strengthen patients' families and engaged in *Pacang Seda* care to facilitate a peaceful journey toward death.

Conclusion: The study's outcomes provide valuable insights into the experiences of Hindu nurses delivering end-of-life care in Bali, underscoring the significance of emotional responses, the interconnection between medical treatment and *Pacang Seda*, the pivotal role of nurses in supporting families, and the specific practices associated with *Pacang Seda* care. These findings contribute to a broader understanding of cultural influences on nursing care, underscoring the need for tailored approaches to end-of-life care.

How to cite: Pratama, A. A., & Wardaningsih, A. (2025). Experiences of Hindu nurses in providing end-of-life care for *Pacang Seda* patients in Bali, Indonesia: A phenomenological study. *Nurse Media Journal of Nursing*, 15(3), 469-483. <https://doi.org/10.14710/nmjn.v15i3.70740>

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1. Introduction

Globally, the demand for palliative care is increasing and has been identified as a research priority in an international Delphi study (Blackwood et al., 2011). Despite this growing demand, palliative care coverage remains limited in many settings. Moreover, although spiritual care is recognized as a core component of palliative care, its integration into routine clinical practice remains inconsistent (Connor et al., 2020; World Health Organization, 2020). As palliative care is closely associated with patients approaching the end of life, spiritual concerns often become more prominent when individuals confront the reality of death.

Death, universally perceived as the separation of the soul from the body and a transition to a new existence, stands as a belief shared across various religions (Belak & Goh, 2024; Betriana & Kongsuwan, 2019; Wang et al., 2018). A critical obstacle to delivering optimal end-of-life care arises from nurses' limited knowledge of practical nursing approaches amid the intricate

dynamics of the dying process. Care provision during this critical phase requires a profound understanding of cultural, spiritual, and emotional dimensions, often extending beyond the scope of conventional medical training. The complexities inherent in providing effective end-of-life care pose significant challenges, necessitating nurses to understand the preparation and delivery of high-quality care (Alanazi et al., 2024; Perangin-angin, 2019).

Recently, systematic reviews on cultural competence and spiritual care training have shown promising benefits for improving nurses' confidence and patient satisfaction; however, the methodological quality of these studies is variable, and their findings are not easily transferable across cultural settings (Nissen et al., 2021; Selman et al., 2021). Furthermore, research focusing on nurses in critical care units has primarily described communication challenges and family involvement during the dying process, yet it often remains descriptive and does not analyze how cultural-spiritual frameworks shape nursing practices (Utami et al., 2020). Nevertheless, implementation faces persistent challenges, especially in a developing country such as Indonesia, where a lack of knowledge among healthcare professionals impedes progress (Haroen et al., 2024; Rochmawati et al., 2016).

Palliative care within the cultural-spiritual framework still needs to be explored in Indonesia. While previous studies have addressed certain aspects of palliative care, particularly those related to family involvement and religious practices (Fitriyani et al., 2018; Rochmawati et al., 2018; Wessner, 2018), the cultural and spiritual dimensions of palliative care in Indonesia remain underexplored. A substantial gap persists, especially concerning the lived experiences of critical-care nurses in delivering end-of-life care (Juwita et al., 2024). Several studies have highlighted systemic challenges, including limited knowledge among healthcare providers, a lack of curriculum integration, and low public awareness, which constrain the development of palliative care services in Indonesia (Agustina et al., 2025; Rochmawati et al., 2016).

In Balinese Hindu tradition, *Pacang Seda* is a natural part of the life cycle (*samsara*) (Eiseman, 1989) that provides a framework for patients and families to accept the dying process, including decision-making and ritual performance. *Pacang Seda*, in Balinese culture, means "near death," the phase when a person is in critical condition and is expected to die soon. This term describes a very weak physical condition, a significant decline in bodily functions, the natural process leading to death, and a sacred situation often accompanied by rituals and prayers from the family. In Balinese culture, the *Pacang Seda* phase is understood as the moment of transition of the soul (*atma*) from this life to the next; it therefore often involves spiritual supports, rituals, and the support of family members and caregivers (Swastika, 2008). This understanding is crucial in care practice because it helps healthcare professionals honor spiritual values, build communication about prognosis, and provide culturally relevant support. However, clinical practice often focuses solely on the medical aspects, neglecting the spiritual and cultural dimensions, thereby creating gaps in the form of limited space for rituals and communication barriers.

Previous research has shown that religious and cultural beliefs significantly influence how nurses approach death (Alshammari et al., 2023), with *Pacang Seda* signifying the dying phase characterized by medically intractable disease, a poor prognosis, and biological and clinical signs of death (Suwendra, 2018). While this concept holds central significance in Balinese Hindu society, no research has specifically explored the experiences of Hindu nurses providing end-of-life care within the context of *Pacang Seda*. Moreover, challenges in Bali extend beyond the hospital setting, including limited palliative care resources, limited understanding among healthcare workers, and the pressing need for culturally appropriate education (Wilson et al., 2024). As a result, there is a gap regarding how near-death care can be aligned with the concept of *Pacang Seda* to be more holistic, culturally sensitive, and effective for both patients and families.

Despite extensive research on end-of-life care across diverse cultural contexts globally, Indonesia's unique cultural and religious landscape remains underexplored. By focusing on Balinese Hindu nurses, this study addresses this research gap and seeks to generate insights into culturally sensitive aspects of nursing practice. Therefore, this study aims to explore the lived experiences of Hindu nurses in Bali in providing end-of-life care for *Pacang Seda* patients. The findings are expected to inform the development of tailored care policies for Hindu patients and provide a foundation for advancing palliative care approaches in other cultural contexts within Indonesia.

2. Methods

2.1. Research design

This study employed a qualitative method with a descriptive phenomenological approach, underpinned by Husserl's philosophy. Phenomenology emphasizes returning to the things themselves to capture the essence of lived experiences by bracketing researchers' assumptions and focusing on the intentionality between consciousness and the phenomenon (Neubauer et al., 2019). This design enabled direct exploration, analysis, and description of Hindu nurses' experiences in caring for *Pacang Seda* patients in Bali, Indonesia. Through this approach, the study sought to uncover how nurses experience and interpret *Pacang Seda* care, thereby revealing the essence of end-of-life care within their cultural and spiritual framework.

2.2. Setting and participants

This study was conducted within the cultural tapestry of Bali, Indonesia, specifically in the intimate, personal spaces of participants' homes. Bali, recognized for its rich Hindu traditions and vibrant cultural practices, provides an unusual setting for investigating the experiences of Hindu nurses providing end-of-life care to *Pacang Seda* patients. Conducting the research in participants' homes provided an authentic, immersive context, enabling a deeper understanding of the cultural nuances and interpersonal dynamics that shaped care provision in this unique Balinese setting. The site choice was intended to convey the essence of the participants' experiences within the cultural, family, and spiritual domains that created the landscape of end-of-life care in Bali.

Purposive sampling was used to collect data through interviews conducted between 30 November and 30 December 2020. Participants were selected through key person sampling, in which the hospital, through the head of the ward, appointed nurses with experience caring for *Pacang Seda* clients. Participants were selected based on specific criteria: (a) Hindu nurses with experience in caring for dying patients, and (b) a minimum of three 3 years of professional experience. A deliberate exclusion criterion was applied to nurses with a medical history of mental illness, such as bipolar disorder. This exclusion criterion was established to maintain the study's focus on the unique experiences of Hindu nurses in delivering end-of-life care, ensuring a more concentrated exploration of cultural and religious dimensions. Excluding participants with a mental illness history helped avoid introducing unrelated variables and complexities. This approach led to a more homogeneous participant group, facilitating a clearer, more targeted investigation of the cultural and spiritual aspects of end-of-life care within Hindu beliefs.

In the initial phase, researchers identified 12 potential participants with recommendations from key hospital personnel. After screening, two participants were excluded because they did not meet the inclusion criteria or were unwilling to participate. Thus, the final number of participants in the in-depth interviews was 10 nurses. The interview process was repeated until the researchers obtained a stable data pattern. Data saturation was reached in the ninth participant interview, as indicated by the absence of new themes or information. An interview with the tenth participant was conducted to ensure consistency of findings and strengthen saturation. After the tenth participant, no significant new meanings were identified; therefore, the researchers discontinued participant recruitment.

2.3. Data collection

The interview guides and questions were thoughtfully developed to align with the study's objectives. The problem formulation, research objectives, and theoretical framework (e.g., *Pacang Seda* and acceptance of death) were reviewed in developing the interview guide. The research focus served as the basis for developing relevant areas of exploration. A literature review was also conducted focusing on near-death care experiences, spiritual support, and the Balinese Hindu cultural context. The results helped determine the psychological, spiritual, and social dimensions of the questions. The questions were open-ended, allowing participants to share their experiences freely. The interview guide that had been developed contained several questions with the focus points being perceptions about *Pacang Seda*, clinical experience, challenges and obstacles, personal feelings and reflections, and supports and hopes.

Content validity was conducted by experts to ensure alignment with the research objectives. The experts who validated the interview guide were selected because they had more than 5 years of experience in near-death care and were actively involved in community and palliative nursing

education, thereby meeting the criteria for content experts. The interview guide in this study was ensured to be credible and content adequate through expert review, pilot interviews with two participants whose characteristics were similar to those of the study population, triangulation, and peer debriefing. The final interview guide can be seen in Table 1.

The interview guides were introduced to participants during the informed consent process, including agreement on the duration. The interview was conducted through two meetings per participant. In the first meeting, the interview was conducted for 30-60 minutes, followed by termination before the interview ended. After that, mutual agreements were established with participants regarding the potential necessity for subsequent meetings. The researcher scheduled the second meeting to clarify the transcription results.

Table 1. The list of interview questions and the expected information

Interview's Questions	Expected Information
Have you ever dealt with a near-death patient? Which event was most memorable for you?	<ul style="list-style-type: none"> - Nursing experience history - Frequency of dealing with dying patients - Most significant/meaningful experience (critical incident)
What happened at that time?	<ul style="list-style-type: none"> - Clinical situation as the patient enters the end-of-life phase - Changes in the patient's condition - Environment, ward situation, family dynamics
How do you deal with this? What do you do?	<ul style="list-style-type: none"> - Emotional, cognitive, and behavioral responses of nurses - Nursing interventions provided - Professional and humanistic attitudes in dealing with deaths
Did you realize or have a feeling that the patient was dying? When did you realize this? Or did you only realize it after the patient died?	<ul style="list-style-type: none"> - Nurse intuition - Clinical experience in recognizing end-of-life signs - When awareness occurs (pre- or post-death)
What was your reaction when you learned the patient was about to die? Why was your reaction so casual? Did you bring your family along for support? What did you say to the family?	<ul style="list-style-type: none"> - Emotional responses (fear, anxiety, calm, sincerity) - Professionalism vs. personal feelings - Communication with family - The role of nurses in spiritual and emotional support
Are you familiar with <i>Pacang Seda</i> ? What is your current understanding of <i>Pacang Seda</i> ? Is <i>Pacang Seda</i> the same as the medical concept of near-death?	<ul style="list-style-type: none"> - Understanding Balinese cultural concepts related to <i>Pacang Seda</i> - Differences between medical and cultural/spiritual perspectives - Integrating local beliefs into nursing practice
How do you apply the <i>Pacang Seda</i> belief to patients nearing death? What do you do when a patient encounters <i>Pacang Seda</i> ? Is the practice the same for patients with different beliefs?	<ul style="list-style-type: none"> - Nursing practices in assisting patients according to culture - Actions taken regarding <i>Pacang Seda</i> (calling family, creating a calm atmosphere, facilitating rituals) - Cultural sensitivity and religious/belief differences - Professional attitude in the context of patient diversity

2.4. Data analysis

Applying Colaizzi's method and following the outlined steps by Speziale et al. (2011), the data analysis process was carried out systematically, as follows: (1) repeated reading of all interview transcripts; (2) reviewing all interview results to gain a comprehensive understanding of the participants' experiences; (3) identifying significant statements relevant to nurses' experiences in dealing with dying patients from the transcripts; (4) formulating the meaning of significant statements through an initial coding process by articulating the essential meaning of each

participant's statement while maintaining the context in which it was conveyed; (5) organizing formulated meanings into theme clusters based on conceptual similarities that represented the participants' experiences; (6) developing an exhaustive description and fundamental structure of the phenomenon by synthesizing the theme clusters to describe nurses' experiences in caring for dying patients (*Pacang Seda*); and (7) validating the findings with participants (member checking) to evaluate whether the findings accurately reflected their experiences.

Two researchers (AAP and SW) were directly involved in the coding process. Both conducted the coding independently, and the coding results were then compared. Differences in interpretation were resolved through discussion until consensus was reached, with an additional researcher acting as a peer debriefer to strengthen validity. As a part of the validation step, the results were presented to the participants to ensure an accurate reflection of their experiences and to reinforce the credibility of the findings. The validated results were then integrated into the overall study outcomes and descriptions, offering readers a comprehensive understanding of the experiences of Hindu nurses in caring for *Pacang Seda* patients, grounded in participants' authentic perspectives. Mutual agreements were established for potential subsequent meetings, either for further interviews or to validate interview transcripts. Verbatim transcripts were meticulously prepared by cross-referencing recorded conversations with contemporaneous notes and further verified through clarification with participants in subsequent meetings.

2.5. *Trustworthiness/rigor*

The phenomenon under study was comprehensively explored by integrating insights from both literature review and participants' narratives. Participant statements, rich with descriptions of the phenomenon, were meticulously transcribed and analyzed. Pertinent statements aligned with the study's objectives were identified, with keywords systematically marked for further scrutiny. Through thematic analysis, the essential meanings embedded in these statements were elucidated, leading to the identification of key categories. To ensure methodological rigor, this study adopted the trustworthiness framework originally proposed by Lincoln and Guba (1985), and further elaborated in contemporary qualitative research literature. Trustworthiness was established through four criteria: credibility, dependability, confirmability, and transferability, which are widely recognized as fundamental standards for evaluating the quality of qualitative research (Ahmed, 2024; Johnson et al., 2020; Stahl & King, 2020). These criteria, ensuring that the findings accurately represent participants' experiences, are consistent and transparent, remain grounded in the data, and can be meaningfully applied to similar contexts.

Credibility was maintained through member checking and adequate researcher involvement during the interview process. Dependability was ensured through an audit trail and systematic documentation of all stages of the study. Confirmability was achieved through reflective notes and a data-driven analysis process. Transferability was strengthened by detailed descriptions of the research context, participant characteristics, and data collection procedures. These categories were then compared to discern both differences and commonalities, culminating in the emergence of overarching themes and subthemes. Detailed descriptions of these themes were meticulously crafted, constituting the study's core findings. To ensure robustness, the results were rigorously validated by participants through follow-up discussions, thereby enriching the authenticity of the findings. The validated results were seamlessly integrated into the final narrative, providing readers with a comprehensive understanding of the experiences of Hindu nurses in caring for *Pacang Seda* patients (Morse & Field, 2013).

The researchers recognized the potential for bias arising from differences in Javanese cultural and Islamic backgrounds compared with those of the Balinese Hindu participants. To ensure data validity, the researchers involved Hindu religious leaders in the triangulation process to ensure the interpretation of *Pacang Seda* aligned with the participants' cultural and spiritual context.

2.6. *Ethical considerations*

This study was approved by the Research Ethics Committee, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, Indonesia (Reference Number 286/EC-KEPK FKIK UMY/XI/2020). Informed consent was obtained from all participants after they were informed about the study's purpose and procedures. Participation was voluntary, and participants could withdraw at any time without consequences. During data collection, due to the COVID-19 pandemic, interviews were conducted in participants' homes, adhering to strict health protocols.

Participant confidentiality was ensured by removing all personal identifiers. Participants were identified using the code P (Participant), and all data were anonymized and securely stored.

3. Results

3.1. Characteristics of participants

The results showed that the participants were Hindu nurses aged 29-32 years, comprising five male and five female nurses. Most participants had a diploma degree in nursing ($n = 7$), and 5 participants had 10 years of work experience. The detailed characteristics of the participants are summarized in Table 1.

Table 1. Characteristics of study participants ($n=10$)

Variables	Frequency (f)	Percentage (%)
Gender		
Male	5	50
Female	5	50
Age (years)		
29	1	10
30	3	30
31	3	30
32	3	30
Education		
Bachelor of Nursing and Nurse Professional Program	3	30
Diploma of Nursing	7	70
Working experience (years)		
<10	1	10
10	5	50
>10	4	40

3.2. Experiences of Hindu nurses

The data analysis gleaned from Hindu nurses' experiences in caring for *Pacang Seda* patients revealed a comprehensive understanding structured around four main themes (Figure 1). Within the theme of emotional responses, nurses showed a range of reactions, including initial responses, expressions of grief, and moments of reflection. The theme of the relationship between medical treatment and *Pacang Seda* care elucidated nurses' perspectives on hallucinations experienced by dying patients, the intricacies of medical treatment, and the depth of their knowledge regarding *Pacang Seda*. Strengthening families emerged as a pivotal theme, encompassing the nurses' roles in informing and supporting families throughout the challenging process. The final theme, *Pacang Seda* care, underscored the significance of nurses in recognizing signs of *Pacang Seda*, inviting Hindu religious leaders when appropriate, and integrating spiritualism into medical treatment. These findings collectively contribute to a nuanced understanding of Hindu nurses' experiences in providing end-of-life care in Bali, emphasizing their multifaceted roles in addressing emotional dynamics, medical complexities, family support, and spiritual aspects.

3.2.1. Emotional responses

Caring for *Pacang Seda* patients and their families elicited strong emotional responses among participants. These responses included initial reactions to the death of the patients, feeling grief, and reflection about the incident, which are elaborated as follows:

All of a sudden, the patient had a cardiac arrest—no pulse, no breathing. At first, to be very honest, any sort of knowledge I had was gone. My mind went blank. I have dealt with many things before, but I think that moment was the hardest that I had to face and feel. (P1)

Of course, I would feel empathy, and I also felt compassion for the patient's condition and family. Particularly, if the patients are still young as I have mentioned before... young, and should have lived a longer life, but Ida Sang Hyang Widhi Wasa (The One and Only Almighty God in Hinduism) determined otherwise. Of course, I would empathize with that. (P3)

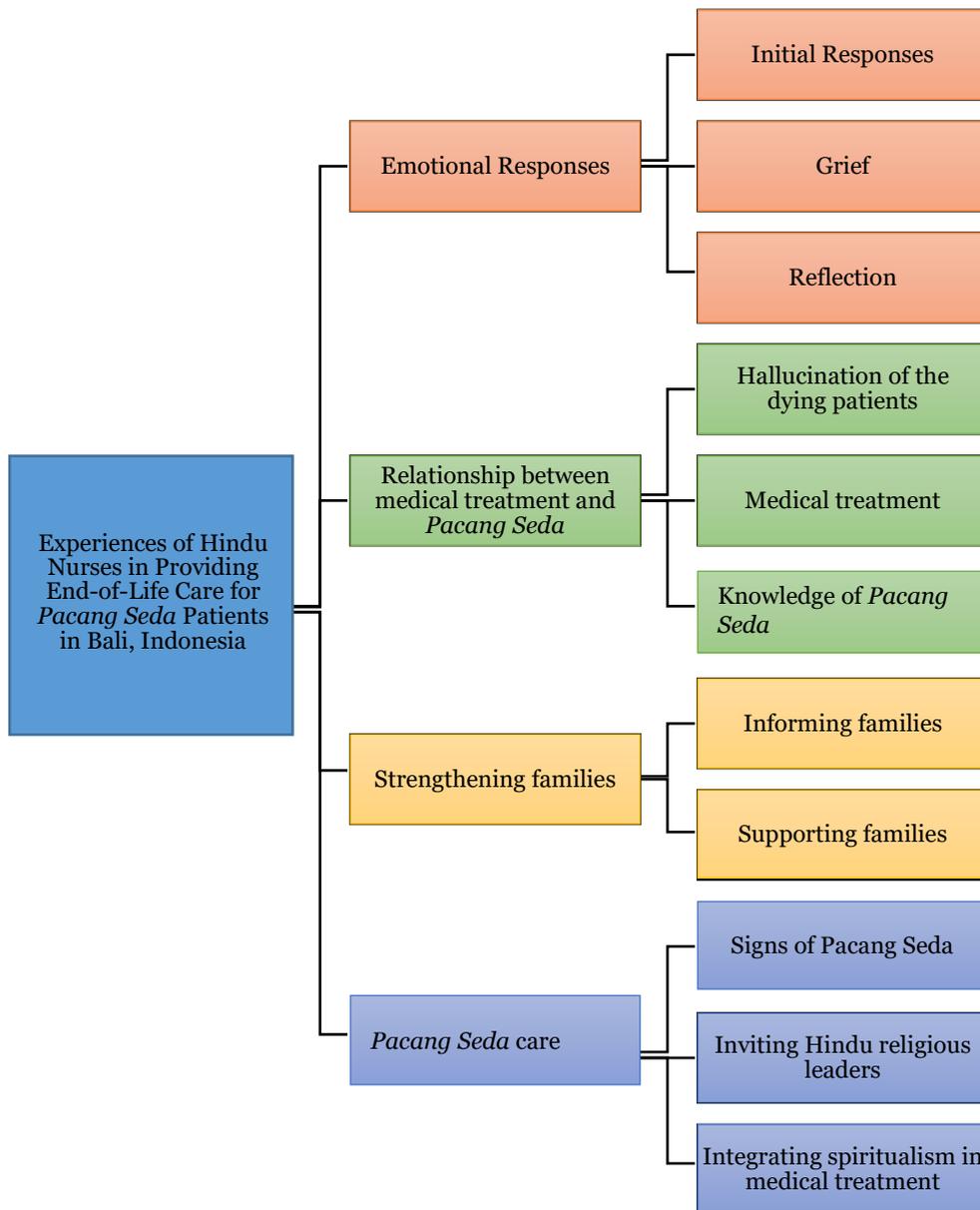


Figure 1. Main themes and categories emerging from the experiences of Hindu nurses providing end-of-life care for *Pacang Seda* patients in Bali, Indonesia

The first time having to deal with the death of a patient, participants revealed that due to their inexperience in caring for *Pacang Seda* patients, they did not realize any signs of *Pacang Seda*. Participants experienced a range of emotions, including panic and fear. They were unable to implement any theoretical knowledge. Their mind went blank. Feelings of empathy, compassion, and sorrow emerged as they relate to the patient's family and to hypothetical situations in which the participants would be in the family's position. These experiences made participants reflect upon themselves resulting in: (a) maturity in caring for *Pacang Seda* patients, (b) caring attitude and compassion with clients' conditions, (c) composure in dealing with *Pacang Seda*, (d) lessons learned about letting go of a loved one from the patient's family and the concept of health-sickness-death being in the hands of God, (e) realization about their lack of experience during the first days of work when caring for *Pacang Seda* patients and the differences between the responsibilities as an apprentice student nurse and a nurse on duty, (f) optimum care and responsibilities as professional nurses.

3.2.2. Relationship between medical treatment and Pacang Seda

Participants were asked to describe the relationship between medical treatment and *Pacang Seda* based on their experiences. They reported observing critically ill patients hallucinating, conducting medical treatment, and having an understanding of *Pacang Seda* as follows:

Usually, patients who experienced a decreased level of consciousness would mumble and ramble to themselves. The accompanying family of the patients would then talk to the nurse on duty, "Why are they talking to themselves? They are saying that someone is already coming to pick them up." There were such experiences—it all depends on the patients' condition. (P4)

Pacang Seda is the process when death is drawing near. Well, it might be similar to the moment of dying, but this is a Hindu teaching. My understanding of Pacang Seda, the soul of the person, remains, but the body has become rigid since death is near. The patient is in a coma—unconscious—and the breathing is abnormal, like faltering. (P1)

It is uncertain whether the soul of a patient who is able to die peacefully would reincarnate. In Balinese Hinduism, we are taught about 'reincarnation'. Well, reincarnation depends on one's personal deeds when they were still alive. If a person performs good deeds, reincarnation is possible, and vice versa. If I implement Pacang Seda care, it does not necessarily mean that reincarnation is certain for that patient because Pacang Seda is only about facilitating the peaceful death of Hindu patients. (P3).

The participants stated that due to the decreased consciousness of critically ill patients, they would occasionally experience hallucinations. These hallucinations were experienced and observed by the patients' families as well. Participants always provided medical treatment to critically ill patients throughout their *Pacang Seda* process. To ensure comprehensive care was administered to *Pacang Seda* patients, the participants learned from senior nurses about caring for critically ill patients, collaborated with medical doctors for providing care and treatment, provided optimum care in accordance with the doctors' instructions, observed the patients' overall conditions and vital signs, and carried out medical treatment in accordance with standard procedures.

Regarding *Pacang Seda*, nurses provide end-of-life care not only to dying patients but also to their families. Nurses have significant roles in calming the family so that *Pacang Seda* patients can die peacefully. *Pacang Seda* and end-of-life care from the medical perspective are similar. However, *Pacang Seda* care allows the chanting of mantras to dying patients with the hope of providing them with a peaceful death. Furthermore, there is no correlation between reincarnation and *Pacang Seda*, as the possibility of reincarnation depends on a patient's good deeds while still alive.

3.2.3. Strengthen families

The participants always attempted to communicate and inform the patients' families about their conditions from the beginning of care, when conditions worsen, until *Pacang Seda*. Information was delivered to avoid any preventable complaints. The participants also have roles to support and strengthen the families during adverse situations. Descriptions of the participants' experiences when attempting to console the patients' families are as follows:

Well, in between administering medical treatment to the patients, we also communicate, inform, and educate the families about the patients' critical conditions and the possibility of mortality. These are all done to prevent any shock to the families if the patients were to die. In case they are unable to accept their loved one's death, then file a complaint against us. (P5)

In Hinduism, medical and non-medical treatments are conducted, or based on one's religious belief or faith, with the help of a paranormalist. The family does this in the hope that the patients could recover and be well again, although we know that the patients were

given a critical or terminal prognosis. Well, we facilitate families to conduct all of these procedures. (P3).

The participants informed and educated patients' families about medical conditions that the families may not have understood, to avoid future complaints. These were carried out to support medical management and professional nursing care. The participants supported the families by providing biopsychosociospiritual comfort, preparing their mental condition, motivating them, allowing them to assist their loved ones with prayers, facilitating them in performing deeds related to their religious beliefs, assisting the families in praying for the patients, and bridging communication with the physicians.

3.2.4. The integration of spiritual aspects into nursing practice

The participants' role in preparing a peaceful death for both patients and their families by conducting Pacang Seda care is a vital necessity. Their experiences about the signs of *Pacang Seda*, inviting Hindu religious leaders, and integrating spiritualism in medical treatment are described as follows:

While we allow the families to say prayers for the patients, sometimes we also suggest that the family play the Gayatri mantra in the hope of putting the patients in a state of serenity and peace when facing death. (P5)

...then administering air tirta (holy water). Occasionally, if the patient's family wants me to give air tirta to the patient, then I will help. For example, the family may want air tirta to be consumed by the patient's body. Well, we will do that via nasogastric tube (NGT). (P3)

Furthermore, the family usually wishes to give air tirta—water blessed with words of prayer—to the patients. We will allow families to do that, but we also inform them that patients in critical condition cannot drink the water, as it may enter the lungs and worsen their condition, even if their condition is already unfavorable. It may also accelerate their death. Well, we only suggest the best for the sake of the families and patients. (P7)

Generally, participants recognize the signs of *Pacang Seda* patients, such as a rigid, rather cold body, a congested, strained throat, breathing difficulty, and decreased consciousness. They revealed experiences in caring for *Pacang Seda* patients in which they had to invite Hindu religious leaders in order to have spiritual support to prepare for a peaceful and dignified death. Another experience of integrating spiritualism into medical treatment was also described. They facilitated a serene and peaceful death by giving *air tirta*, *Gayatri mantra*, and daily offerings (*sesajen canang sari*). Such rituals were carried out to give offerings to God.

4. Discussion

This study explored the experiences of Hindu nurses in providing end-of-life care for *Pacang Seda* patients in Bali, Indonesia. The findings shed light on the multifaceted aspects of providing *Pacang Seda* care, emphasizing the intricate interplay between emotional responses, medical treatment, family support, and the unique *Pacang Seda* care approach administered by Hindu nurses. The discussion unfolds the nuanced layers of care provision within the socio-cultural context of Bali, encapsulating Hindu practices in end-of-life care.

4.1 Emotional responses

In a recent qualitative study at an Indonesian hospital ICU, nurses reported profound emotional responses when caring for dying patients, including feelings of sorrow, empathy, and the struggle to regulate their own emotions (Utami et al., 2020). These findings echo the broader literature on end-of-life care, which documents the emotional complexity nurses face when confronted with the inevitability of death (Ratnasari et al., 2025). Notably, prior research found that some nurses display reluctance or avoidance toward engaging with dying patients or the topic of death, associations that potentially impede the quality of care delivered to terminal patients (Long et al., 2023)

The present study emphasizes that professional care extends beyond patients to encompass their families. Nurses, as facilitators in this process, play a crucial role in supporting the mental well-being of the accompanying family. The establishment of therapeutic relationships and post-death motivation emerge as essential components in alleviating the profound sense of loss experienced by the family (Funk et al., 2018). Recognizing and addressing the psychological and emotional needs of nurses themselves is imperative, as it influences their coping mechanisms and overall performance in caring for terminally ill patients (Khalaf et al., 2018).

4.2 Relationship between medical treatment and *Pacang Seda*

Integrating medical treatment and *Pacang Seda* is a noteworthy aspect of the nurses' experiences. The study highlights instances where patients, in the throes of delirium as consciousness decreases, received medical treatment aligned with established procedures. The unity between the stages of *Pacang Seda* and medical perspectives underscores the importance of Hindu nurses comprehending these dynamics. This finding aligns with existing literature on nurses' challenges in providing culturally competent care, emphasizing that nursing care should extend beyond empathy to include understanding patients' cultural backgrounds (Hochman & Natan, 2017; Morandi et al., 2019). Hallucinations occur when individuals suffer delirium as a result of certain medical illnesses or drugs (Wilson et al., 2020). To date, nursing care has been confined to empathy without accounting for patients' cultural backgrounds (Hochman & Natan, 2017). Therefore, incorporating cultural–spiritual understanding into clinical care is essential for providing holistic end-of-life nursing care.

The study advocates an integrated approach in which knowledge and understanding of patients' cultures enhance nurses' ability to implement culturally sensitive nursing care. This holistic understanding minimizes potential conflicts with medical treatment and reinforces the importance of cultural competence in healthcare delivery (Ellina et al., 2020; Im & Lee, 2018). Furthermore, evidence suggests that nurses' spiritual competence directly influences the quality of spiritual care, underscoring the need for professional development to strengthen this competence and improve patient well-being (Fadlilah et al., 2024).

4.3 Strengthening families

As the principal medical personnel regularly engaging with patients' families, nurses are essential in conveying information and offering bio-psycho-socio-spiritual support. Recent studies have highlighted the need to incorporate the biopsychosocial-spiritual (BPS-S) paradigm into nursing practice to effectively meet patients' holistic needs (Umberger & Wilson, 2024). Nurses serve as facilitators, helping families identify solutions, offer inspiration, and sustain positive connections during challenging processes such as *Pacang Seda*. Nurses' contextual moral support can improve the psychological, emotional, social, and spiritual well-being of the patients' families (Rosser & Walsh, 2014). The involvement of healthcare workers during key moments provides solace to family members, underscoring nurses' essential position in the comprehensive support network for terminally ill patients (Kim & Kim, 2024).

Moreover, nurses' structural and psychological empowerment is associated with enhanced job performance and patient care results. Empowered nurses can deliver holistic care that includes the biopsychosocial and spiritual dimensions vital for supporting patients and families throughout end-of-life care (Sarıköse & Çelik, 2024). Furthermore, recent studies show that the contextual moral and relational support that nurses provide to families of dying patients plays a significant role in easing family burden, facilitating shared decision-making, and enhancing the overall quality of end-of-life care (Becqué et al., 2021; Paterson et al., 2024). A systematic review study further confirms that structured Islamic spiritual care interventions reduce anxiety and depression among critically ill patients, reinforcing the need to integrate spiritual support as part of culturally sensitive nursing practice (Fadlilah et al., 2024). Similarly, Islamic Spiritual Care (ISC) has been recognized as an effective non-pharmacological intervention in reducing stress and depression in High Care Unit patients, complementing medical treatment and enhancing holistic well-being (Wulandari & Muhith, 2024). This study emphasizes the value of nurses' presence during *Pacang Seda*, indicating that the companionship of healthcare professionals brings comfort to family members (Giles et al., 2019). This reinforces nurses' integral role in the broader support network surrounding terminally ill patients (Pratama & Wardaningsih, 2020).

4.4 The integration of spiritual aspects into nursing practice

Pacang Seda care, a profound facet of Hindu practices in Bali, Indonesia, embodies a sacred responsibility carried out with reverence by Hindu nurses. This unique approach extends beyond the conventional scope of end-of-life care, embracing the patient and their family. Central to the efficacy of *Pacang Seda* care is the profound understanding that Hindu nurses must cultivate of its signs. Integral to the *Pacang Seda* care framework is facilitating the presence of Hindu religious leaders during the end-of-life process. This inclusion serves as a vital support system, bridging potential differences in religious beliefs and cultures among patients and their families. The study underscores the pivotal role of religious leaders in navigating these differences and addressing the spiritual needs of patients and their families (Persson et al., 2018).

In the rich tapestry of Hindu rituals, chanting the Gayatri mantra and using *air tirta* (holy water) in purification rituals stand out as profound elements. These religious obligations contribute significantly to the spiritual dimensions of *Pacang Seda* care. The *Gayatri mantra*, echoing through the sacred moments, is a source of solace, fostering a sense of closeness to God, *Ida Sang Hyang Widhi Wasa*. The purification ritual, performed with *air tirta*, holds transformative power, alleviating patient anxiety and paving the way for a journey toward death imbued with sincerity and peace (Candrawati et al., 2018; Widana & Sriartini, 2020). *Pacang Seda*, deeply rooted in cultural and religious nuances, exemplifies a holistic, spiritually enriching approach to end-of-life practices. The study accentuates the profound impact of Hindu nurses as healthcare professionals and as custodians of sacred traditions, guiding patients through culturally and spiritually meaningful end-of-life care.

5. Implications and limitations

The implications of this study resonate across nursing practice, education, and policy, particularly within the unique context of Balinese Hinduism and the distinct end-of-life care practices observed in *Pacang Seda*. For nursing practice, the findings empower nurses with cultural insights into the steps and signs of *Pacang Seda*, enabling them to deliver more informed and sensitive care during this crucial phase. Cultural knowledge is essential for delivering comprehensive, patient-centered treatment that covers physical requirements while respecting Balinese patients' and their families' profound spiritual and cultural values. The study emphasizes the need to incorporate culturally relevant courses in nursing school to equip future nurses to interact with diverse religious and cultural practices. This entails incorporating practical training modules and case studies centered on end-of-life care in Balinese Hinduism, hence preparing nursing students with the requisite knowledge and empathy to address the intricacies of *Pacang Seda*. Educational institutions must partner with local religious and community leaders to ensure that nursing graduates are proficient in these practices and able to meet the cultural expectations of the communities they serve. This emphasis aligns with the findings of Kasimovskaya et al. (2023), which highlight the essential role of transcultural training in preparing nurses with the cultural competence necessary for effective palliative care. Preparedness in transcultural care directly enhances patients' quality of life and cultivates greater trust between caregivers and families.

The study also highlights the need for nursing policies that align with Balinese Hinduism, thereby integrating cultural and religious components into institutional practices and enhancing policy formulation. These regulations may require implementing culturally relevant training for nurses and creating designated areas in healthcare facilities for religious and spiritual practices related to *Pacang Seda*. Policymakers should integrate recommendations for culturally sensitive communication with patients and their families, helping healthcare personnel address the emotional and spiritual aspects of end-of-life care. Future research initiatives may investigate the quantitative dimensions of *Pacang Seda* care, utilize longitudinal studies to assess its long-term impacts, and perform comparative analysis across nurses from various cultural backgrounds in Bali. Such research would yield a more thorough comprehension of how various cultural contexts affect nursing practices and patient outcomes in end-of-life care. Furthermore, interdisciplinary study incorporating anthropologists, sociologists, and religious scholars could enhance understanding of the intricate relationship between cultural beliefs and healthcare practices in *Pacang Seda*.

This study is subject to several important limitations. First, restrictions associated with the COVID-19 pandemic substantially curtailed opportunities for direct observation and in-person

interaction with patients and healthcare providers, thereby narrowing the depth and variability of qualitative data that could be gathered. Second, the spiritual and philosophical dimensions of *Pacang Seda*, which are inherently personal, largely intangible, and not directly observable, present methodological challenges for empirical documentation and analytical interpretation. These constraints underscore the need for future investigations to incorporate mixed-methods approaches, combining quantitative measures with in-depth qualitative interviews and ethnographic engagement, as well as closer collaboration with Balinese spiritual practitioners to more accurately capture the cultural and spiritual complexities of *Pacang Seda* in end-of-life care. By acknowledging the distinctive cultural frameworks of Balinese Hinduism and *Pacang Seda*, healthcare practitioners can cultivate a more empathetic and respectful approach in attending to patients in their final moments. The findings enhance the existing literature on transcultural nursing and urge healthcare organizations and politicians to prioritize cultural competence as an essential aspect of nursing care.

6. Conclusion

This study revealed the lived experiences of Hindu nurses in Bali in providing care for *Pacang Seda* patients, by identifying four key themes: emotional responses, the interface between medical treatment and *Pacang Seda*, family support, and the integration of spiritual aspects into practice. These findings contribute to a deeper understanding of culturally grounded nursing in the context of Balinese Hinduism.

This study also has significant implications for nursing practice, education, and policy by emphasizing the importance of holistic, culturally sensitive end-of-life care. It highlights the need to incorporate cultural competence and spiritual care training into nursing curricula and to develop institutional policies that respect local beliefs, such as *Pacang Seda*. Although constrained by limited observations during the COVID-19 period and challenges in accessing spiritual rituals, the study provides foundational insights into the cultural and spiritual factors shaping end-of-life care. Future research should explore strategies for integrating *Pacang Seda* into palliative care programs, conduct cross-cultural analyses, and assess the outcomes of culturally sensitive end-of-life practices.

Acknowledgments

The authors would like to thank the Master of Nursing Program at Universitas Muhammadiyah Yogyakarta and Sekolah Tinggi Ilmu Kesehatan (STIKes) Buleleng for their support in this research.

Author contribution

SW contributed to the development of the research plan, data analysis, writing of the research results, and dissemination to journals. Meanwhile, AAP contributed to conceptualization, instrument development, the licensing process, participant recruitment, data collection, transcription, phenomenological analysis, interpretation of the results, and manuscript preparation.

Conflict of interest

The author declares that there is no conflict of interest in this research.

Declaration of the use of Artificial Intelligence (AI)

Generative artificial intelligence (ChatGPT, OpenAI) was used during the preparation of this manuscript to assist with language refinement, grammar correction, and organization of ideas. The authors critically reviewed and revised the outputs and assume full responsibility for the accuracy and integrity of the manuscript.

References

Agustina, H. R., Purba, C. I. H., Eriyani, T., Haroen, H., Fitri, S. U. R., Alshammari, M. A., Azwadina, A., & Ramdhani, M. Z. (2025). A scoping review of palliative care education for preregistration student nurses in the Asia Pacific region. *Journal of Multidisciplinary Healthcare*, 18, 2271–2280. <https://doi.org/10.2147/JMDH.S501701>

- Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 2, 100051. <https://doi.org/10.1016/j.glmedi.2024.100051ff>
- Alanazi, M. A., Shaban, M. M., Ramadan, O. M. E., Zaky, M. E., Mohammed, H. H., Amer, F. G. M., & Shaban, M. (2024). Navigating end-of-life decision-making in nursing: A systematic review of ethical challenges and palliative care practices. *BMC Nursing*, 23, 467. <https://doi.org/10.1186/s12912-024-02087-5>
- Alshammari, F., Sim, J., McErlean, G., & Lapkin, S. (2023). Registered nurses' beliefs about end-of-life care: A mixed method study. *Nursing Open*, 10(12), 7796–7810. <https://doi.org/10.1002/nop2.2027>
- Becqué, Y.N., Rietjens, J.A.C., van der Heide, A., & Witkamp, E.A. (2021). How nurses support family caregivers in the complex context of end-of-life home care: A qualitative study. *BMC Palliative Care*, 20, 162. <https://doi.org/10.1186/s12904-021-00854-8>
- Belak, R.M & Goh, K.H. (2024). Death anxiety and religiosity in a multicultural sample: A pilot study examining curvilinearity, age, and gender in Singapore. *Frontier in Psychology*, 15, 1398620. <https://doi.org/10.3389/fpsyg.2024.1398620>
- Betriana, F., & Kongsuwan, W. (2019). Lived experiences of grief of Muslim nurses caring for patients who died in an intensive care unit: A phenomenological study. *Intensive & Critical Care Nursing*, 52, 9-16. <https://doi.org/10.1016/j.iccn.2018.09.003>
- Blackwood, B., Albarran, J. W., & Latour, J. M. (2011). Research priorities of adult intensive care nurses in 20 European countries: A Delphi study. *Journal of Advanced Nursing*, 67(3), 550–562. <https://doi.org/10.1111/j.1365-2648.2010.05512.x>
- Candrawati, S. A. K., Dwidiyanti, M., & Widyastuti, R. H. (2018). Effects of mindfulness with gayatri mantra on decreasing anxiety in the elderly. *Holistic Nursing and Health Science*, 1(1), 35–45. <https://doi.org/10.14710/hnhs.1.1.2018.35-45>
- Connor, S. R. (Ed.). (2020). *Global atlas of palliative care at the end of life (2nd ed.)*. Worldwide Hospice Palliative Care Alliance.
- Eiseman, F. B. (1989). *Bali: Sekala and niskala: Essays on religion, ritual, and art*. Periplus Editions.
- Ellina, A. D., Nursalam, N., Yunitasari, E., & Rusmawati, A. (2020). Patient satisfaction about nurse caring behavior based on Swanson's theory of caring and transcultural nursing theory. *International Journal of Psychosocial Rehabilitation*, 24(9), 737–743. <https://doi.org/10.61841/wvv29s72>
- Fadlilah N., Muhith, A., & Setiyowati, E. (2024). Nurses' spiritual competence towards spiritual care and patient satisfaction: A systematic review. *Journal of Applied Nursing and Health*, 6(2), 545–556. <https://doi.org/10.55018/janh.v6i2.256>
- Fitriyani, N., Juniarto, A. Z., & Utami, R. S. (2018). Life quality of end of life patient's family in intensive care units. *Indonesian Journal of Nursing and Midwifery*, 6(1), 16–24. [https://doi.org/10.21927/jnki.2018.6\(1\).16-24](https://doi.org/10.21927/jnki.2018.6(1).16-24)
- Funk, L. M., Peters, S., & Roger, K. S. (2018). Caring about dying persons and their families: Interpretation, practice and emotional labour. *Health & Social Care in the Community*, 26(4), 519–526. <https://doi.org/10.1111/hsc.12559>
- Giles, T. M., Hammad, K., Breaden, K., Drummond, C., Bradley, S. L., Gerace, A., & Muir-Cochrane. (2019). Nurses' perceptions and experiences of caring for patients who die in the emergency department setting. *International Emergency Nursing*, 47, 100789. <https://doi.org/10.1016/j.ienj.2019.100789>
- Haroen, H., Maulana, S., Harlasgunawan, A. R., Rahmawati, S., Riansyah, A., Musthofa, F., & Pardosi, J. F. (2024). Barriers and facilitators of early palliative care in the trajectory of people living with chronic condition: A mini review using socio-ecological framework to inform public health strategy. *Journal of Multidisciplinary Healthcare*, 17, 4189–4197. <https://doi.org/10.2147/JMDH.S473457>
- Hochman, O., & Natan, B. M. (2017). Patient-centered care in healthcare and its implementation in nursing. *International Journal of Caring Science*, 10(1), 596-600.
- Im, E. O., & Lee, Y. (2018). Transcultural nursing: Current trends in theoretical works. *Asian Nursing Research*, 12(3), 157-165. <https://doi.org/10.1016/j.anr.2018.08.006>
- Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A Review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education*, 84, 7120. <https://doi.org/10.5688/ajpe7120>

- Juwita, H., Prihatini, S., & Qasim, M. (2024). Palliative care and end of life interventions based on culture, religion, and belief: Qualitative. *Science Midwifery*, 12(4), 1616–1625. <https://doi.org/10.35335/midwifery.v12i4.1728>
- Kasimovskaya, N., Geraskina, N., Fomina, E., Ivleva, S., Krivetskaya, M., Ulianova, N., & Zhosan, M. (2023). Russian nurses' readiness for transcultural care of palliative patients. *BMC Palliative Care*, 22, 87. <https://doi.org/10.1186/s12904-023-01198-1>.
- Khalaf, I. A., Al-Dweik, G., Abu-Snieneh, H., Al-Dake, L., Musallam, R. M., BaniYounis, M., Al-Rimawi, R., Khatib, A. H., Allah, A. H., Atoum, M. H., & Masadeh, A. (2018). Nurses' experiences of grief following patient death: A qualitative approach. *Journal of Holistic Nursing*, 36(3), 228–240. <https://doi.org/10.1177/0898010117720341>
- Kim, Y., & Kim, D-H. (2024). Interventions for family involvement enhance end-of-life care for hospitalized patients: An integrative review. *BMC Nursing*, 23, 917. <https://doi.org/10.1186/s12912-024-02538-z>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.
- Long, N. H., Thanasilp, S., Anh, T. T., Minh Chinh, N. T., & others. (2023). Death anxiety and its related factors among advanced nurse practitioner candidates: A cross-sectional study. *Nursing Forum*, 2023, 6403193. <https://doi.org/10.1155/2023/6403193>
- Morandi, A., Thompson, J. L., Bellelli, G., Lucchi, E., Turco, R., Gentile, S., Trabucchi, M., MacLulich, A., Meagher, D., Ely, E. W., Pandharipande, P., & Smith, H. (2019). Delirium in patients with dementia and in children: Overlap of symptoms profile and possible role for future diagnosis. *European Journal of Internal Medicine*, 65, 44–50. <https://doi.org/10.1016/j.ejim.2019.04.023>
- Morse, J. M., & Field, P. A. (2013). *Nursing research: The application of qualitative approaches*. Springer.
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97. <https://doi.org/10.1007/s40037-019-0509-2>
- Nissen, R. D., Viftrup, D. T., & Hvidt, N. C. (2021). The process of spiritual care. *Frontiers in Psychology*, 12, 674453. <https://doi.org/10.3389/fpsyg.2021.674453>.
- Paterson, L. A. & Maritz, J. E. (2024). Nurses' experiences of the family's role in end-of-life care. *Health SA Gesondheid*, 29, a2565. <https://doi.org/10.4102/hsag.v29i0.2565>
- Perangin-angin, M. A. (2019). Pengetahuan dan sikap mahasiswa keperawatan tentang keperawatan paliatif di Universitas Advent Indonesia [Knowledge and attitudes of nursing students about palliative nursing at Universitas Advent Indonesia]. *Klabat Journal of Nursing*, 1(1), 88–95. <https://doi.org/10.37771/kjn.v1i1.383>
- Persson H. Å., Sandgren, A., Fürst, C. J., Ahlström, G., & Behm, L. (2018). Early and late signs that precede dying among older persons in nursing homes: The multidisciplinary team's perspective. *BMC Geriatrics*, 18, 134. <https://doi.org/10.1186/s12877-018-0825-0>
- Pratama, A. A., & Wardaningsih, S. (2020). Nurses' experiences in caring for dying patients: A literature review. *JKKI Jurnal Kedokteran dan Kesehatan Indonesia*, 11(3), 284-289. <https://doi.org/10.20885/JKKI.Vol11.Iss3.art10>
- Ratnasari, F. R., Maria, J. C., & Sitanggang, Y. F. (2025). Nurses' experiences of end-of-life care in ICU. *NERS Jurnal Keperawatan*, 21(1), 125–131. <https://doi.org/10.25077/njk.v21i1.244>
- Rochmawati, E., Wiechula, R., & Cameron, K. (2016). Current status of palliative care services in Indonesia: A literature review. *International Nursing Review*, 63(2), 180-190. <https://doi.org/10.1111/inr.12236>
- Rochmawati, E., Wiechula, R., & Cameron, K. (2018). Centrality of spirituality/religion in the culture of palliative care service in Indonesia: An ethnographic study. *Nursing and Health Sciences*, 20(2), 231–237. <https://doi.org/10.1111/nhs.12407>
- Rosser, M., & Walsh, H. (2014). *Fundamentals of palliative care for student nurses* (1st ed). Wiley-Blackwell.
- Sarıköse, S., & Çelik, S. Ş. (2024). Structural and psychological empowerment among newly graduated nurses and related factors: A mixed methods study. *Journal of Advanced Nursing*, 80(7), 2917-2928. <https://doi.org/10.1111/jan.16022>
- Selman, L. E., Chao, D., Sowden, R., Marshall, S., Chamberlain, C., & Koffman, J. (2020). Bereavement support on the frontline of COVID-19: Recommendations for hospital

- clinicians. *Journal of Pain and Symptom Management*, 60(2), e81–e86. <https://doi.org/10.1016/j.jpainsymman.2020.04.024>
- Speziale, H. S., Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. Lippincott Williams & Wilkins.
- Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, 44(1), 26–28. <http://www.jstor.org/stable/45381095>
- Suwendra, D. (2018). *Anthology: Model of character education in Hinduism*. Nilacakra.
- Swastika, I. K. (2008). *Vrasphati Tattwa*. Pustaka Bali Post.
- Umberger, W. & Wilson, M. (2024). Translating the biopsychosocial-spiritual model into nursing practice. *Pain Management Nursing*, 25(1), 1–3. <https://doi.org/10.1016/j.pmn.2023.12.008>
- Utami, R. S., Pujianto, A., Setyawan, D., Naviati, E., & Rochana, N. (2020). Critical care nurses' experiences of end-of-life care: A qualitative study. *Nurse Media Journal of Nursing*, 10(3), 260–274. <https://doi.org/10.14710/nmjn.v10i3.31302>
- Wessner, P. B. (2018). Last chance to care: An autoethnography of end-of-life care in Indonesia. *The Qualitative Report*, 23(9), 2238–2250. <https://doi.org/10.46743/21603715/2018.3309>
- Wang, L., Li, C., Zhang, Q., & Li, Y. (2018). Clinical nurses' attitudes towards death and caring for dying patients in China. *International Journal of Palliative Nursing*, 24(1), 33–39. <https://doi.org/10.12968/ijpn.2018.24.1.33>
- Widana, I. G. K., & Sriartini, N. M. (2020). Pendidikan agama Hindu bagi pramuwisata dalam rangka meningkatkan kepatuhan terhadap tata tertib kawasan suci Pura Tirta Empul [Education of Hindu religion for tour guides to increase adherence to the regulations of divine area of Pura Tirta Empul]. *Widyanatya*, 2(02), 1–10. <https://doi.org/10.32795/widyanatya.v2i02.1041>
- Wilson, F., Wardani, E., Ryan, T., Gardiner, C., & Talpur, A. (2024). Barriers and mechanisms to the development of palliative care in Aceh, Indonesia. *Progress in Palliative Care*, 32(1), 22–28. <https://doi.org/10.1080/09699260.2023.2256177>
- Wilson, J. E., Mart, M. F., Cunningham, C., Shehabi, Y., Girard, T. D., MacLulich, A. M. J., Slooter, A. J. C., & Ely, E. W. (2020). Delirium. *Nature Reviews Disease Primers*, 6(1), 90. <https://doi.org/10.1038/s41572-020-00223-4>
- World Health Organization. (2020, August 5). *Palliative care* (Fact sheet). <https://www.who.int/news-room/fact-sheets/detail/palliative-care>
- Wulandari, M., & Muhith, A. (2024). Islamic spiritual care in supporting emotional stability in high care unit patients: A systematic review. *Journal of Applied Nursing and Health*, 6(2), 457–467. <https://doi.org/10.55018/janh.v6i2.243>