**Supplementary Files**

Supplementary File 1. Search strategies used for Pubmed.

Supplementary File 2. Studies excluded through reading full text, including reasons for exclusion.

Supplementary File 3. Reporting checklis-ENTREQ statement.

**Supplementary File 1. Search Strategies for Pubmed.**

**PubMed:**

1. Nurses[MeSH]
2. Physicians[MeSH]
3. Surgeons[MeSH]
4. Health Personnel[MeSH]
5. Medical Staff[MeSH]
6. docto\*
7. medical personne\*
8. health Care Personne\*
9. healthcare professional
10. healthcare provider
11. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10
12. Bereavement[MeSH]
13. Grief[MeSH]
14. Mourning
15. patient death
16. patient loss
17. loss of patient
18. death of patient
19. 12 or 13 or 14 or 15 or 16 or 17 or 18
20. Qualitative Research [MeSH]
21. Grounded Theory[MeSH]
22. Focus Groups[MeSH]
23. qualitative study
24. phenomenology
25. Interview
26. anthropology
27. 20 or 21 or 22 or 23 or 24 or 25 or 26
28. 11 and 19 and 27
29. Filters: Publication date to current(20230411); Language: English
30. Result：572

Supplementary File 2. Studies excluded through reading full text, including reasons for exclusion.

1. Caring for dying children: nurses' experience.Full text not avaliable
2. An examination of the lived experience of physicians in dealing with patient death.Full text not avaliable
3. A phenomenological study of nurses' experience of grief following patient death.Full text not avaliable
4. Grief and Coping Among Healthcare Providers Who Experience Recurrent Loss. Conference abstract
5. Putting your nurse face on: How nurses manage their own grief after the death of a patient within the clinical setting. Conference abstract
6. Learning about maternal death and grief in the profession: a pilot qualitative study.Not coping experience
7. The Lived Experience of Work-Related Loss and Grief Among Pediatric Oncology Nurses.Not coping experience
8. Mixed-Methods Study of the Impact of Chronic Patient Death on Oncologists' Personal and Professional Lives.Not coping experience
9. "Fighting for life and losing": Intensive Care Unit Nursing Staff's Experience With COVID-19 Patient.Not coping experience
10. Deaths During the First Two Waves: A Qualitative Study.Not coping experience
11. An exploration of the grief experiences of neonatal nurses: A focus group study.Not coping experience
12. HOW NURSES GRIEVE FOR CHILDREN WHO DIE IN THEIR CARE.Not coping experience
13. The lived experience of pediatric burn nurses following patient death.Not coping experience
14. Coping Strategies of Nurses in a Palliative Care Unit.Not coping experience
15. Grief experiences of nurses in Ireland who have cared for children with an intellectual disability who have died.Not coping experience
16. Case Study of Nurses' Experiences Related to the Deaths of Their Patients.Not coping experience
17. General practitioners' needs for support after the suicide of patient: A qualitative study.Not coping experience
18. General practitioners' beliefs and attitudes about how to respond to death and bereavement: Qualitative study.Not coping experience
19. Palliative care in paediatric oncology: perceptions, expertise and practices from the perspective of the multidisciplinary team.Not coping experience
20. Hospice nurses' experiences of caring for patients at the end-of-life: A narrative inquiry.Not coping experience
21. "Once you get one maternal death, it's like the whole world is dropping on you": experiences of managing maternal mortality amongst obstetric care providers in Ghana.Not coping experience
22. Professional grief among nurses in Spanish public health centers after caring for COVID-19 patients.Not coping experience
23. When cultural values meets professional values: a qualitative study of chinese nurses' attitudes and experiences concerning death.Not coping experience
24. Riding the Roller Coaster: A Qualitative Study of Oncology Nurses' Emotional Experience in Caring for Patients and Their Families.Not coping experience
25. Grief reactions and coping strategies of trainee doctors working in paediatric intensive care.Not qualitative
26. How do nurses deal with their own grief when a patient dies on an intensive care unit, and what help can be given to enable them to overcome their grief effectively?Not qualitative
27. The Emotional Labor of Personal Grief in Palliative Care: Balancing Caring and Professional Identities.Inappropriate participant
28. Experience of patient death and subsequent bereavement by members of the oncology team in the outpatient setting.Inappropriate participant
29. Impact of Death Work on Self: Existential and Emotional Challenges and Coping of Palliative Care Professionals.Inappropriate participant
30. Emotional reactions of medical doctors and students following the loss of their patients at the Dr George Mukhari Hospital emergency unit, South Africa.Inappropriate participant
31. You have no Choice but to go on: How Physicians and Midwives in Ghana Cope with High Rates of Perinatal Death.Inappropriate participant
32. What Did I Miss? A Qualitative Assessment of the Impact of Patient Suicide on Hospice Clinical Staff.Inappropriate participant
33. Death and dying: the nurses’ emotions in Accident and Emergency.Not in English
34. Nurses' experience of caring for dying patients in hospitals.Not in English
35. Nurses experiences with death in the neonatal intensive care unit.Not in English
36. Emergency room: The daily experiences with the death and dying for the health care professionals.Not in English

Supplementary File 3. Reporting checklis-ENTREQ statement.

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| No | Item | Guide and description |  |
| 1 | Aim | State the research question the synthesis addresses. | √ |
| 2 | Synthesismethodology | Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of methodology (e.g. meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theorysynthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis). | √ |
| 3 | Approach tosearching | Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or iterative (to seek all available concepts until they theoretical saturation is achieved). | √ |
| 4 | Inclusion criteria | Specify the inclusion/exclusion criteria (e.g. in terms of population, language, year limits, type of publication, study type). | √ |
| 5 | Data sources | Describe the information sources used (e.g. electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), greyliterature databases (digital thesis, policy reports), relevant organisational websites, experts, information specialists, generic web searches (Google Scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources. | √ |
| 6 | Electronic Search strategy | Describe the literature search (e.g. provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits). | √ |
| 7 | Study screeningmethods | Describe the process of study screening and sifting (e.g. title, abstract and full text review, number of independent reviewers who screened studies). | √ |
| 8 | Study characteristics | Present the characteristics of the included studies (e.g. year of publication, country, population, number of participants, data collection, methodology, analysis, research questions). | √ |
| 9 | Study selectionresults | Identify the number of studies screened and provide reasons for study exclusion (e,g, for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications t the research question and/or contribution to theory development). | √ |
| 10 | Rationale forappraisal | Describe the rationale and approach used to appraise the included studies or selected findings (e.g. assessment of conduct (validity and robustness), assessment of reporting (transparency), assessment of content and utility of the findings). | √ |
| 11 | Appraisal items | State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g. Existing tools: CASP, QARI, COREQ, Mays and Pope ; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting). | √ |
| 12 | Appraisal process | Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required. | √ |
| 13 | Appraisal results | Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale. | √ |
| 14 | Data extraction | Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? (e.g. all text under the headings “results /conclusions” were extracted electronically and entered into a computer software). | √ |
| 15 | Software | State the computer software used, if any. | √ |
| 16 | Number ofreviewers | Identify who was involved in coding and analysis. | √ |
| 17 | Coding | Describe the process for coding of data (e.g. line by line coding to search for concepts). | √ |
| 18 | Study comparison | Describe how were comparisons made within and across studies (e.g. subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary). | √ |
| 19 | Derivation ofthemes | Explain whether the process of deriving the themes or constructs was inductive or deductive. | √ |
| 20 | Quotations | Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations of the author’s interpretation. | √ |
| 21 | Synthesis output | Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g. new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct). | √ |