Relational model of nursing students’ experiences of death and dying during their clinical training

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Death → fear and anxiety

Nurses contact with death and suffering:
- Influence to their attitudes
- Risk in compassion fatigue

Encounter with death → stressful experience for nursing students:
- Post-mortem care
- Communication with patient and family
- Coping with Suffering
Aims

✓ To explore the relationships between emergent themes identified in students’ own accounts of their experiences of death and dying during clinical training
**Methods**

**Design:** Interpretative Phenomenological study

**Sample:** Twelve nursing students with a mean age of 23.5 years (SD= 5.2)

**Data collection:** Semi-structured interviews (n = 12)

**Data analysis:** Colaizzi’s seven step procedure
## Findings

<table>
<thead>
<tr>
<th>Categories</th>
<th>Freq.</th>
<th>%</th>
<th>Sub-themes</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling uncertain</td>
<td>6</td>
<td>50.0</td>
<td>Impact of seeing the dead body</td>
<td>Impact</td>
</tr>
<tr>
<td>Feeling impotent</td>
<td>8</td>
<td>66.6</td>
<td>Impact of what death implies:</td>
<td></td>
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<tr>
<td>Feeling frustrated</td>
<td>7</td>
<td>58.3</td>
<td>fragility, irreversibility, finitude, certainty, etc.</td>
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<tr>
<td>Being affected</td>
<td>12</td>
<td>100.0</td>
<td>Impact of not being able to talk about death</td>
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<tr>
<td>Feeling sad</td>
<td>7</td>
<td>58.3</td>
<td>Fear of emotional contagion</td>
<td></td>
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<tr>
<td>Silence</td>
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<td>25.0</td>
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<td></td>
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<tr>
<td>Awareness of mortality</td>
<td>7</td>
<td>58.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of suffering</td>
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<td>75.0</td>
<td></td>
<td></td>
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<tr>
<td>Not knowing what to say</td>
<td>12</td>
<td>100.0</td>
<td>Training in how to break bad news</td>
<td>Training in end-of-life care</td>
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<tr>
<td>Not knowing what to do</td>
<td>11</td>
<td>91.6</td>
<td>Training in managing your emotions</td>
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<tr>
<td>Fear of doing harm</td>
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<td>66.6</td>
<td>Training in post mortem care</td>
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<tr>
<td>Confusion regarding knowledge about end-of-life treatments</td>
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<td>41.6</td>
<td>Training in relation to palliative sedation and the concepts of euthanasia</td>
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<td>Lack of awareness about physical changes to the dead body</td>
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<td>withholding/withdrawal of life support</td>
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<tr>
<td>Attitudes of health professionals to death</td>
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<td>41.6</td>
<td>Ethical care</td>
<td>Ethical issues</td>
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<td>Unfinished business</td>
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<td>91.6</td>
<td>Ethical dilemmas</td>
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<tr>
<td>Emotional suffering</td>
<td>7</td>
<td>58.3</td>
<td>Beliefs</td>
<td></td>
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<tr>
<td>Spiritual suffering</td>
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<td>50.0</td>
<td>“Good” and “bad” death: Being allowed to die</td>
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<tr>
<td>Pain</td>
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<td>91.6</td>
<td></td>
<td></td>
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<tr>
<td>Being alone</td>
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<td>50.0</td>
<td></td>
<td></td>
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<tr>
<td>Doubts about what is needed</td>
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<td>33.3</td>
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<tr>
<td>Talking</td>
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<td>100.0</td>
<td>Accepting death as part of life</td>
<td>Coping</td>
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<tr>
<td>Crying</td>
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<td>33.3</td>
<td>Talking about death</td>
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</tr>
<tr>
<td>Sharing</td>
<td>9</td>
<td>75.0</td>
<td>Support from qualified staff</td>
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<tr>
<td>Doing things for the patient and family</td>
<td>8</td>
<td>66.6</td>
<td>Being involved in patient care</td>
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<tr>
<td>Spirituality</td>
<td>6</td>
<td>50.0</td>
<td>Beliefs</td>
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<tr>
<td>Enriching experience</td>
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<td>41.6</td>
<td>Professional learning</td>
<td>Learning, growth and healing connections</td>
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<tr>
<td>Special experience</td>
<td>9</td>
<td>91.6</td>
<td>Personal learning: growth</td>
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<tr>
<td>Privilege</td>
<td>6</td>
<td>58.3</td>
<td>Healing connections</td>
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<tr>
<td>Acquiring knowledge</td>
<td>10</td>
<td>50.0</td>
<td></td>
<td></td>
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<tr>
<td>Gaining experience</td>
<td>11</td>
<td>41.6</td>
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</tbody>
</table>
The analysis identified 5 themes:

- Impact
- Training in EOL care
- Coping
- Learning/Growth/Healing
- Ethical issues
Experiencing the death of a patient

**IMPACT**

"You never forget the first patient who dies"

**COPING**
- Accepting death as part of life
- Talking about death
- Support from professionals
- Being involved in patient care

**NORMALIZING DEATH**

- Age of the deceased
- Circumstances of the death
- Relationship / bond with the deceased

**ETHICAL ASPECTS**
- Ethical care
- Ethical dilemmas
- "Good" and "bad" death: unfinished business, being "allowed to die", pain, feeling alone
- Beliefs

**TRAINING**
- Managing emotions
- Post mortem care
- Breaking bad news
- Palliative sedation, euthanasia, withholding/withdrawal of life support

**Uncertainty**

**Emotional contagion**

**Awareness of the irreversibility of death**
- Age of the deceased

**Awareness of the universality of death**
- Circumstances of the death

**Seeing the dead body: physical changes**
- Relationship / bond with the deceased

**Awareness of the finite nature of death**

**Awareness of fragility and vulnerability**

**Experiential, active and participatory learning**

**Personal and Professional Learning**

**Growth**

**Healing Connections**
Conclusions

- The relational model described here could be a useful tool as it is based on the needs reported by nursing students themselves.

- It could serve as a starting point for the design of nurse training programmes in relation to EOL care.

- This ensures that future nurses will offer high-quality care in EOL and this will prevent professional emotional fatigue.
The impact of death and dying on nursing students: an explanatory model.

Edo-Gual M1, Tomás-Sábado J, Bardallo-Porras D, Monforte-Royo C.

Abstract
AIMS AND OBJECTIVES: To explore nursing students’ experiences of death and dying in clinical practice.

BACKGROUND: The encounter with death constitutes one of the most stressful experiences reported by nursing students during their clinical training. In particular, it can be difficult for student nurses to cope with the patient’s suffering, to provide postmortem care and to communicate with the patient and his/her family as death approaches. Although some research has been carried out in relation to this phenomenon, there remains a need to identify and understand the situations and experiences that are of most concern to students, those which may affect their ability to cope and, therefore, interfere with the care they are able to offer to the dying patient and his/her family.

DESIGN: Qualitative descriptive and hermeneutic study.


THANK YOU

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