

Article

Experiences of University Nursing Students on Their First Exposure to Death in the Clinical Area

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Abstract: Nursing students face a lot of challenges during their studies including seeing a patient die for the first time in the clinical area. Knowing the difficulties confronted by nursing students on the first time their patients die would enhance teachers' ability in helping the students. The aim of the research was to explore experiences of university nursing students on their first exposure to death at clinical area. A qualitative, descriptive and exploratory design, using purposive sampling was used to identify participants. Semi structured interviews were used to collect data from 11 participants from year 2, 3 and 4. Data was analyzed using thematic analysis. Findings from the research showed that nursing students were affected by death of patients and there was little done to help them cope. Four main themes were developed which included knowledge and training, emotional trauma, mentorship by qualified nurses and nursing student's recommendations. Nursing students experienced emotions of anger, helplessness, guilt, sadness, shock, trauma and compassion. Data also revealed that nursing students received support and good role modeling from qualified nurses but did not receive appropriate supervision. Participants suggested the need for counseling, reflective sessions or debriefing from lecturers, lecture topics on death to be inclusive of students and that students receive more attention. Recommendation drawn from the research findings included counseling for nursing students, lecturers giving nursing students more attention, mentorship of nursing students by qualified nurses and that lectures on death and dying be inclusive of nursing students.

Keywords: clinical area; death; experience; first exposure; nursing students

1. Introduction

Nurses have a principal role in caring for the dying patient [1] and this has been described as the most demanding areas of nursing. It has been evident that majority of nurses lack basic pre-registration education and training in end-of-life care and such an education is essential owing to the great input that nurses and nursing students can have when caring for the dying patient [2].

Caring for patients who are facing death is not simple and can be so difficult. Nurses spend more time with patients than any other part of the multidisciplinary team by monitoring and observing them thus they are the first to identify or detect if there is something wrong [3]. Nursing students also spend an equivalent amount of time with patients as they train under nurses. Nursing students are more likely to be present when a patient dies, and most of the time nursing students are the one who you find spending even more time with the dying patient as they are more eager to learn about their patients. Therefore, nursing students need to be sufficiently prepared for and supported in this part of their role. This is especially important during the initial stages of their education, so that on their first encounter with death they will be more stable. Also, clinical placements are the most important aspects and compulsory in nurse education as it helps them hone their skills and reflexes to ensure they are ready for anything once they graduate and start working as registered nurse [4].

There are many things that occur during clinical attachments for nursing student, some of that they may or may not be physically, mentally or emotionally be prepared for. Death is one the things that occurs in hospitals and students will have to experience it. Death is defined as the irreversible cessation of all vital organs especially circulatory and respiratory function [5]. This means that the body no longer functions and when that happens those around that person are affected. According to Centers for Disease Control and Prevention [6], the leading cause of death in Eswatini is Human Immune Virus with 85% of the population aware of their HIV status. With the corona virus that has invaded the country, the death rate has increased. Corona virus is now the leading cause of death with 1638 deaths from March 2020 up to January 2022 [7]. These patients die in hospitals

under care of nurses and nursing students. This is the burden that the nursing students have to carry on daily basis as they see the death of patients under their care.

The death rate in Eswatini is 9.222 per thousand [8], higher taking into consideration that the population of Eswatini is small. These are people that may have been under the care of nursing students. This may become hard to deal with and it shows how much the university needs to empower the nursing students for this encounter.

The purpose of planned clinical experience for undergraduate students of nursing are primarily to provide students with the opportunity to develop their clinical skills, integrate theory and practice and assist their socialization into nursing [9]. This therefore means that when nursing students come into the hospital setting, they should have been prepared theoretically, emotionally and psychologically for their first death experience of patients in clinical setting. Currently nursing students in Eswatini universities receive lectures on death and dying at level 1 before clinical attachment but there is no pre or post counseling provided that will help them prepare for death in hospitals or wards. As nursing students, the researchers have observed and listened to the reactions and thoughts of other students after seeing a patient die for the first under their care [10]. It was clear that some were able to handle death of patients better as they had experienced loss prior to clinical attachment. Some showed no ability to handle death well as they have not experienced death [11]. This may also be due to that they had formed strong relationships with the patients therefore their death really hurt them. Hence, it was important to explore experiences of university nursing students on their first exposure to death at clinical area in order to determine whether the instructions and lessons relating to death that the nursing students received prior to their first placement was usually helpful and sufficient.

2. Materials and Methods

2.1. Research questions

What are the experiences of university nursing students on their first exposure to death at clinical area?

2.2. Methodology

In this research, a qualitative methodology was used to explore the experiences of university nursing students on their first exposure to death in the clinical area.

2.3. Design

In this research a qualitative, descriptive and explanatory design was used. This was to explore the different experiences of student nurses on their first encounter with death which is to rule out if they are receiving enough preparation and support from both the institution they are enrolled in and the hospitals or clinics they have been attached to.

2.4. Setting of the research

This research was conducted at Eswatini Medical Christian University (EMCU), located in Mbabane, Lomkiri Township.

2.5. Population

In this study the population of the research was nursing students from EMCU doing 2nd, 3rd and 4th year. This levels were chosen because of their knowledge and it is believed that they have experienced their patients dying in the clinical area.

2.6. Sampling

A purposive sampling method was used in this research. Purposive sampling was used based on the fact that researchers needed nursing students that have had the experience or encounter with death so only those who have had such an encounter and were willing to share were interviewed. The inclusion criteria in this research were nursing students who encountered death in the hospital setting, doing year 2, 3 and 4 and were willing to share their experience. This research excluded all nursing students that have had the experience with death but were not willing to share their experience even though they are doing either year 2 or 3 or 4 in EMCU.

2.7. *Sample size*

The sample size was determined by data saturation which occurred when additional sampling yields no new information, but only yields the same data as the one already collected. Eleven is the number of nursing students interviewed.

2.8. *Data collection*

Researchers used semi – structured interview as our data collection techniques. Semi-structured interview is defined as asking open ended questions that allows researcher to discuss further.

2.9. *Analysis*

In the research, researchers used thematic data analysis that is defined as analyse data that entails searching across a data set to identify, analyse and report repeated patterns.

2.10. *Trustworthiness*

This can be established using 4 criteria that include credibility, dependability, confirmability and transferability. Researchers used interviews to collect data, allowed them to engage longer with participants, interviews were recorded to ensure trustworthiness.

2.11. *Ethical considerations*

The researcher applied the ethical principles during collection and analysis of research data to ensure that the population sample was protected and felt safe. Ethical consideration matters because scientific integrity, human rights, dignity and collaboration between science and society. The ethical principles considered included; permission to conduct research, principle of justice , right to autonomy, principles of beneficence and non-maleficence, anonymity and confidentiality, informed consent and dissemination of results. The researchers presented their topic and research proposal in front lecturers at EMCU research topic and research was approved. Researchers also wrote a letter to ministry of health asking for permission to conduct research. Researchers respected nursing students' willingness and unwillingness to participate in research and respected nursing students who did not want to be part of the study. The researchers provided a room where participants were interviewed and each participant was assured of confidentiality so that they freely share their experiences. During data collection the participants were provided with information on why the research was conducted, what the main aim of the study was and information was given on how the research would be beneficial to nursing students that would follow them. They understood information thus they gave researchers written and oral consent to conduct interview thus the necessary data for research was collected. Justice was assured by treating all participants fairly, and the selection of participants was nondiscriminatory, biasness was avoided.

3. **Results**

The data collected was from 11 EMCU nursing students. The purpose of the research was to explore the experiences of university nursing students on their first exposure to patient death in the clinical area. The findings of the research are presented on the basis of the research objective and the research question. A table representing a list of themes and sub themes from main questions asked to all the respondents.

3.1. *Theme; knowledge and training*

This theme consists of four subthemes which are adequate knowledge, inadequate knowledge, shallow training and no training. Some students had adequate knowledge on death and dying and one of them said “yes, I received lectures on death and dying and I was well prepared from the lecture I received in class” (year 3 participant). Others said “yes, we did on our first year, we did a course nursing foundations where there was this topic Death, Grief and loss which addressed the process of dying not just about death of our loved one but the death of a patients. It was more focused on the relatives or family members of the patient not the nursing students on how well they can deal or cope with such” (Year 2 participant 1). “Yes, I remember that we were taught about signs and symptoms of a dying person and how to prepare the body but there was no part that addressed the nursing students or nurses” (Year 3 participant 6).

Table 1. The list of theme and sub-themes

Themes	Sub-themes
Knowledge and training	- adequate knowledge and training - inadequate knowledge and training -shallow knowledge and training -no knowledge and training
Emotional trauma	-sadness -helpless -compassion on the relatives -Shock -guilt
Mentorship from qualified nurses	- Role modeling - Support -No supervision
Nursing students' recommendations	-counseling -reflective session/ debriefing with lecturers -death topic be inclusive of students -more attention -

Many nursing students verbalized that they were not trained before their first clinical attachment. "No we didn't have any form of lecture" (year 2 participant 3). "There was nothing much except for the fact that we were taught about the stages of grief, although this didn't train us on what to do in the hospital environment when such an incident strikes" (Year 4 participant 7). "Truly speaking we didn't receive any form of lecture before our first clinical attachment" (year 2 participant 8). "No, I didn't receive any lecture or preparation" (year 2 participant 9). "No lecture or preparation was received before our first clinical attachment" (Year 2 participant 10). Other nursing students agreed that they did receive lectures but these lectures were too shallow as it did not cover the wellbeing of nursing students and these are their responses; "Yes, we did on nursing foundations where we learnt about death and grief but it was a shallow course" (year 3 participant 4).

3.2. Emotional trauma

Different feelings were evoked and they are sub-themed as; sadness (painful feeling), helplessness, compassion for the relatives, shock and fear and guilt and shame. "It happened during my first week of practical while we were taking care of an old woman who was ill. Unfortunately, while we were assisting her we lost her, she passed away and that was a very painful experience, it was heartbreaking seeing someone loose life while under your care. One just feels helpless, it's so painful and saddening" one student explained (Year 2 participant 1). Another student said "I just felt like everything is a mess, I even thought maybe I have done something wrong. So I stood there confused and couldn't even move to go and report what had just happened until another patient shouted for the senior nurses saying please come and help the students, so I was confused and didn't know what to do as I had just started bathing the patient. I even felt like I was cursed that at such a young age someone has already died in my hands. It even tortured me up to the extent that I called my grandmother every day to check if she was okay" (Year 4 participant 5). "I felt like I was lost, and the hospital was not my place" (Year 2 participant 10).

The majority of the nursing students verbalized how they actually responded to such; "I had so much compassion for the relatives especially because she had a daughter of my age so it was as traumatic as I could imagine even losing my mother. I felt like we didn't do enough and it was so much for me that I could not even cope or focus anymore" (Year 2 participant 1). "My feelings were mainly based on the relatives or a family members of the patient as my first exposure was when I was in the emergency department on a patient whom her relatives were denied access to see and sadly she died that same day so I felt we should have at least allowed them to see her. On my side, I felt like we did all we could so i didn't have any feelings of guilt. Even though, for a couple of days it actually changed the way i viewed life and it brought openness on dealing with other patients" (Year 2 participant 3).

Some nursing students after experiencing the death of a patient they have been taking care of had this feeling; "I was shocked, I felt like I didn't do enough. I felt guilt and it was so painful. I didn't even have the strength to face the relatives. Feelings of guilt, shame, emotions were slightly involved. I couldn't even eat or

talk to my friends. I always had this picture of this patient and it took some time for me to get better” (Year 3 participant 4). “I was so traumatized, in my life I have never seen a dead person and that was my first time, it was saddening. I felt bad also for the relatives as they were also crying” (Year 4 participant 8). Some nursing students had traumatic feelings and guilty after their first time losing a patient they have been taking care of; Participate 6 “Seeing the patient struggling to breath and gasping for air and further dying was so much of a traumatic experience as we had started building a rapport. I felt guilty because the nurses from the night shift said she was fine and recovering so I felt like they didn't do enough and we also didn't do our best after starting our shift” (Year 3 participant 6). ‘It was a very traumatic experience especially because it was my first time seeing someone dies, mainly because I was able to tell that she was now going but didn't have the means to help her. The feelings would come back every day in the clinical area especially in the cubicle where this patient died” (Year 5 participant 7).

3.3. Mentorship by registered nurses

Under this theme, researchers developed 3 subthemes that include role modeling, support and supervision. Some nursing students stated that the registered nurses were good role models but most of the students said the opposite. “Yes, they did try to comfort me as one of the nurses shared her experience and promised me that it will all be fine, rubbing me on my back telling me that this happens and it will be fine and I felt better afterwards. And they realized me early so that I can rest” (Year 3 participant 6). “Yes some tried to give me comfort, although some were cold as they just said this is what nursing is about, you cannot help everyone so you just have to be strong” (Year 2 participant 1). Nursing students state to received support from registered nurses but most report that there was no support received, they had to handle the experience for themselves. “They tried helping us by telling us to take a half day and it was a bit better” (Year 4 participant 7).

“No, we didn't receive any attention, I think mainly because they had a lot of work to be done as they were over 38 patients to be taken care of” (Year 3 participant 4). “No, the nurses didn't do much; they just focused on the relatives of the patient and ignored us like we were not there” (Year 2 participant 2).

When asked if supervision was done well students said “No they didn't help in any way as they were also busy giving medication to other patients. They didn't even ask us on how we felt at that moment; they even told us to do the last office on our own” (Year 4 participant 5). “No, I never received any attention” (Year 2 participant 9). “No I never received any counseling, support or role modeling; I think they also need counseling as to them things seemed normal” (Year 2 participant 10).

3.4. Nursing students' wishes

During the data collection nursing students forwarded what they wished or suggestions on what should be implemented to help them cope as it shows that there was little to nothing done to help them cope. The sub-themes under this main theme include counseling, debriefing sessions with lecturers, death topic inclusive of nursing students and more attention. Nursing students shared that they did not receive any form of counselling from the university and hospital before and after they attach yet they wish they were counselled. “I feel like the university is not doing enough, I feel like there should be pre and post counseling services that are put in place for the students” (Year 2 participant 1). “The institution can hire psychologists that will counsel the students. Maybe the government can train nurses to counsel or give support to nursing students” (Year 2 participant 2). “Our clinical instructors should tell us how to manage such and even share with us their experiences. Even nurses trained to support us could have been better” (Year 4 participant 4). “In the institutions I think before the students can be taught what they will experience there, to learn what death is and how to cope in such an event. They can even hire a psychologist. Also in the hospitals there should be a set up that each ward can have its own psychologist so immediately after such an experience one is referred there.” (Year 4 participant 5). Some suggested “I wish there can be a room for students to express their experiences and get ways to cope with it.” (Year 2 participant 9). Nursing students stated that they wish to be included in terms of how to cope once a patient under your care dies. “I feel like there should be an introduction of a short course lasting a day or two to provide pre counseling on the matters of losing patients” (Year 4 participant 4). A person given adequate attention strives as it means they have support and they are corrected and their skill is sharpened. Nursing students stated that they wished they could receive attention to help them cope with experience.

4. Discussion

Most of the nursing students had negative experiences after their first exposure to patient death in the clinical area. The findings of this research revealed that, almost every nursing student was traumatized by such an experience, especially their first exposure mainly due to inadequate knowledge and training. The research revealed that students lacked adequate knowledge about death or dying and they were made to be involved in some activities such as last office which they appeared unprepared for. Similarly, a previous study on “Nursing student’s first clinical experience with dying patient or the dead” revealed that all of the nursing students reported lack of orientation and preparation for a death experience [12].

In most cases nursing students experienced shock, guilt, trauma, fear and confusion because they were not prepared to care for patient at the end stage of life. This results were similar to those of a previous study done in Wales where participants verbalized feelings of shock and fear [13]. The unpreparedness of the nursing students made them to be expressed to varied emotional and psychological effects of their experiences and could have otherwise be stronger if they had been oriented adequately both with adequate knowledge and training. The author continued to say that students felt inadequately prepare for the situation. Knowledge and training helps to build confidence, resilience and capacity to cope during such circumstances.

Unquestionably, death is inevitable but that is not what one will expect to encounter in their early days of training into a profession. Such experiences lead to emotional and psychological effects. Our findings shed light on this both emotional and psychological, as some of the students could not eat nor sleep, some even found it difficult to continue being in the wards up to extent that they asked to go home and rest for the day after such an experience .

When nursing students are faced with the death of a patient, they need the guidance, support, role modeling and supervision to ensure they cope and are able to continue to learn and acquire skills without the fear and trauma experienced after the death of a patient. In this research, it was evident that most nursing students received good role modeling from qualified nurses which seemed to have helped them cope. This allowed them to cope with the death of patient. This result were different from those of Westwood and Brown who stated that nursing student did not receive any form of support from supervisor [14]. It was concluded that there was need for cooperation support by qualified nurses as nursing students could not move on from experience.

In a case whereby a patient dies, the qualified nurse has to oversee how the nursing student communicates with family relatives as it will be his or her responsibility to inform family and relatives on death of patient. The qualified nurse also has to oversee if the nursing student’s ability to learn new skills is not affected and if the nursing student is not psychologically affected. In this research, the results showed that university nursing students in Eswatini are sometimes not supervised by qualified nurses after the death of patient as participant 5 states that qualified nurses continued with medicating for other patients and ignored them. These results are similar to a research conducted by Fadana and Vember [15] in research on “Experiences of undergraduate nursing students during their clinical practice” as they stated not to receive supervision from their supervisors.

Nursing students require continuous emotional and psychological support as this provides opportunity for them to discuss and share their experiences on the ward with professionals throughout their clinical training. However, our findings revealed that nursing students wished to have received counselling and psychological support in order to deal with their emotional difficulties. It was noted that, students could not forget their experiences and believed that counselling could have been beneficial. Clearly, the students needed professional guidance in the form of pre and post counselling services. Yet, there was no one to counsel or give psychological support either from the hospital or from the university. Both the hospital and the university should therefore provide counselling services for any student who may be faced with emotional difficulties after their exposure to situations like this. The need for counseling of nursing students concur to a conclusion from a research conducted in Ghana [16] whereby there was a need for counseling for nursing students after experience death of patient.

Based on the research, researchers recommend the followings; Counseling for nursing students and qualified nurses since death is difficult to deal with and no person should gets use to it [17]. Researchers recommend that lecturers give nursing students full attention by frequently visiting them, asking them about their wellbeing and how they have been affected emotionally and physically [18]. Researchers recommend that qualified nurses who are placed to mentor nursing students be educated and guided on how to help nursing students deal with the death of patient. Researchers also recommend that lectures on death and dying received be inclusive of some training to help prepare nursing students on what to expect in clinical area [19].

In conclusion, death is inevitable and it will affect persons emotionally, physically and socially, therefore anyone who experiences it needs delicate care. The research findings show that nursing students are really affected by death of patient yet there is little done by universities and hospitals to help nursing students cope with the death of patients. As per the findings, researchers recommend counselling for nursing students, adequate attention from lectures and adequate training and knowledge for first year nursing students as this would help nursing students to excel during clinical practicum.

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