Abstract

This study explored the experience of student nurses regarding their first patient death during clinical duty. A qualitative research design using the phenomenological approach was employed. A semi-structured interview was conducted with 11 purposively selected nursing students. Colaizzi’s method was used for analysis. Themes from the transcribed data were generated. The data was validated with the participants’ clinical instructors and block mates. The three domains that emerged from this study are: personal experiences, coping mechanisms, and perception towards the nursing profession. Personal experience had three sub-themes: intrapersonal experience, interpersonal experience, and impact of death. Coping mechanisms introduced two sub-themes: emotion-focused and problem-focused coping mechanisms. Two emergent themes arose from perception towards nursing profession: positive and negative. This study underscores the importance of placements and programs in the clinical setting that support and strengthen the coping mechanisms of nursing students.

Keywords: first patient death experience, clinical duty, Colaizzi’s method

Death is perhaps the greatest loss an individual can experience. It is an inevitable end to human life. Nurses play an important role in helping a dying patient end their life with dignity. It is the nurses’ responsibility to establish meaningful relations with patients at the end of life (Browall, Melin-Johansson, Strang, Danielson, & Henoch, 2010).

Nurses who are already working may have already developed coping mechanisms and ways that help them deal with death cases. As for the nursing students who monitor and provide care to the dying patient, the phenomena can be emotionally demanding and can have an impact on their practice. Studies have demonstrated that nursing students have difficulties in dealing with death (Parry, 2011; Edo-Gual, Tomas-sabado, Bardallo-Porras, & Monforte-Royo, 2014; Strang, Bergh, & EK, 2014) and feel emotionally unprepared to care for dying patients (White, Coyne, & Pattel, 2011).

Parry (2011) as cited in Heise and Gilpin (2016) confirmed that nursing students experience considerable anxiety, including feelings of being unprepared for the death of a patient. Students described not knowing how to reconcile their feelings with how they believed they were expected to react (Gerow et al., 2010), and they reported feeling inadequately unprepared for the situation (Parry, 2011). Ek et al. (2014) cited studies from Deffner and Bell (2005) and Cooper and Barnett (2005) stating that nursing students can feel helpless, guilty, and distressed while caring for dying patients. Such emotional reactions limit the professional ability of nursing students to care for dying patients and make it difficult for the students to comprehend the emotional responses of the patients and their families. In addition, previous research indicates that nursing students have little support from clinical instructors at the time of a patient’s death and later (Huang, Chang, Sun, & Ma, 2010).

Assisting student nurses to develop coping skills with regard to the death of patients is important, as student nurses may not be able to distance themselves from getting attached to the patient within the short period of care. While nursing students assist families in the grieving process, they seldom learn how to deal with their own feelings of sadness or loss. However, current researches that talk about how student nurses cope with a patient’s death are scarce and mostly anecdotal.

This study was conducted to address the scarcity of the literature on the topic of coping amongst nursing students. Most current studies focus on staff nurses; however, student nurses who are likely to experience patient death also need guidance to cope with the phenomena. This study seeks to address that dearth by examining the structure of coping from the nursing students’ point of view regarding their first experience of patient’s death during the clinical duty.

Objectives

The objectives of the study were to explore the different experiences of nursing students regarding their patients’ death, identify their coping strategies, and evaluate the impact of the experience on their views of the nursing profession.

METHODOLOGY

A qualitative phenomenological approach was adapted in this study. The researchers used a purposive sampling method to recruit 11 participants using the following criteria: (1) have experienced the death of a patient first-hand, (2) are currently second to fourth year nursing students, (3) are 18 years old and above, and (4) can properly understand what is being asked of them and can articulate themselves in a way that can be clearly understood.
A semi-structured questionnaire composed of open-ended questions was used as a guide during the interview. A voice recorder was used to record statements from the participants, and the data gathered were transcribed and analyzed. Observations from participants’ facial expressions and non-verbal gestures were noted by the researchers.

Triangulation was accomplished through participants, fellow students, and clinical instructors who also witnessed the death of the patient to identify any discrepancies and validate the results. The researchers utilized a checklist for the students and clinical instructors to describe the participant’s reaction, emotions, and behavior during the scenario to verify the statement. For transcriptions, the researchers conducted follow-up interviews with the participants to validate the data gathered.

Colaizzi’s Method was used to analyze the data. This method consists of seven steps. First, the participants’ descriptions of their experiences were read in order to acquire a sense of the whole situation. Second, significant statements that were related to the study were highlighted. Third, those highlighted statements were sorted into groups to formulate meanings and reduce overlapping expressions of the participants. Fourth, meanings were clustered into themes. Fifth, themes were categorized into divisions and subcategories. Sixth, the themes were integrated into a comprehensive description. The researchers formulated and exhausted the description of the phenomenon under the study in as unequivocal a statement of identification as possible. The researchers placed all existing assumptions and biases in abeyance, so as not to influence the data. Finally, the results of the research study were presented to the participants to verify the statements and to validate if there were other aspects of their experience that were omitted or overlooked by the researchers.

RESULT AND DISCUSSION

Personal Experiences Regarding the First Patient Death

The encounter with death constitutes one of the most stressful experiences reported by nursing students during their clinical training (Edo-Gual et al., 2014). The first experience with patient death may pose considerable cognitive, emotional, and clinical challenges because they expect patients in the hospital to recover. Hence, nursing students may experience despair when faced with the unexpected death of patients (Anderson, Kent, & Glynn, 2015; Park, Jee, Kim, & Kim, 2014).

The analysis led to the identification of 10 theme clusters. These clusters transpired through finding common attributes from 56 meaningful statements that led to the saturation of significant statements. Through a process of abstraction and interpretation, the 10 theme clusters were grouped according to relevance, which consequently yielded three emergent themes. Table 1 presents the themes and theme clusters that emerged from the study regarding the personal experiences of the student nurses with regards to death.

### Table 1

<table>
<thead>
<tr>
<th>Theme No.</th>
<th>Emergent Theme</th>
<th>Theme Clusters</th>
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<tbody>
<tr>
<td>1</td>
<td>Intrapersonal Experiences</td>
<td>Shock, Sense of foreboding, Powerlessness, Distress, Guilt and Regret, Empathy</td>
</tr>
<tr>
<td>2</td>
<td>Interpersonal Experiences</td>
<td>Benevolence, Compassion</td>
</tr>
<tr>
<td>3</td>
<td>Impact of Death</td>
<td>Enriching Experience, Intrusive Thoughts</td>
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**Theme 1: Intrapersonal experience.** The participants reported that the experience of patient death invoked overwhelming feelings and emotions of shock, sense of foreboding, powerlessness, distress, guilt, and regret.

**Shock.** The student nurses’ initial reaction of shock was due to the unexpected event that occurred during their clinical duty and their relative unpreparedness. It may also be due to inadequate orientation to the new environment. The impact of this is their realization that practice in the clinical setting is quite different from what they had expected or even imagined (Park et al., 2014).

“I was shocked, knowing that his case, based on what we have read, is manageable” - Participant #6

Participants also talked about their experiences in emergency situations when the patient is on the verge of dying. Emergency nursing is, by nature, sporadic and unpredictable. Licensed nurses are already equipped in emergency situations, but for novice student nurses, this dimension of clinical practice is new. They stated:

“IT was shocking; we only did an interview at that time. Then I went back to the student nurses’ area. After 30 minutes, the nurses suddenly rushed to my patient.” - Participant #7

“I was surprised because nothing bad didn’t seem to be actually happening. It’s like, I was just absent for a few seconds or minutes, then the patient was already dead.” – Participant #6

There were also participants who further expressed their shock because they were able to experience actual death in front of them for the first time.

“I was very shocked because I’ve never seen a dead patient before.” - Participant #11

**Sense of foreboding.** The participants expressed a fear of encountering dying or recently deceased patients.

“Do you know the feeling when you see that your patient can hardly breathe, and you’re the one who is pumping the Ambu bag? Scary. My actions were just
The participants expressed a fear of dealing with dead and dying patients as they viewed this as an encounter with the unknown.

“I feel nervous because I didn’t know what will happen.” - Participant #8

“During the encounter, I felt obviously nervous when they were asking me to help insert the tubes.” - Participant #11

Some participants expressed that they lost the ability to remain calm.

“I panicked because the patient needed CPR.” - Participant #2

“The nurses suddenly rushed to my patient calling for epinephrine and Code Blue, and so I panicked.” - Participant #7

The statements regarding foreboding echo the theme that “The thought of death is more frightening than the actual experience” which emerged from the study of Ek et al. (2014). He stated that the first encounter with death appears to fill student nurses with different emotions of fear or nervousness. Fear is defined as an unpleasant, short-term emotional state that one may experience throughout his or her course of study. The demands of such an experience are compounded by the emotional fear and the trepidation of the unknown (Mumbre, 2010).

**Powerlessness.** The situation of desperately wanting to help someone who is dying, but knowing that there is nothing more that can be done, or not knowing what more one can do, invokes feelings of absolute helplessness in student nurses (Rooyen, Laing, & Kotze, 2005). This was seen in the following statements:

“It seems like my efforts were useless. He was not revived.” - Participant #2

“I didn’t know what to do.” - Participant #3 and Participant #5

“We couldn’t do anything much. We stood and observed.” - Participant #4

“I’m sad because I wasn’t able to do anything.” - Participant #8

“I had no idea what I was supposed to do.” - Participant #11

Huang et al. (2014) conducted a similar study and observed that when seeing doctors and nurses dealing with an emergency situation where a patient is on the verge of losing his or her life, student nurses tend to feel that they are not helpful at all, and consequently do not have a sense of presence. Worse, they consider themselves as a burden that should be moved away from an urgent and fearful space, which tends to decrease their self-esteem.

**Distress.** The death of a patient is a difficult time for everyone involved, including the health care team. Nursing students can feel helpless, guilty, and distressed while caring for dying patients. Such emotional reactions limit their professional ability to care for dying patients and make it difficult for them to comprehend the emotional responses of the patients and their families (Cooper & Barnett, 2005). The following statements describe this experience:

“I cried because it was so depressing, especially after I’ve done my best...” - Participant #6

“I was sad because I took care of the patient for days.” - Participant #9

“I was sad. It was a heavy feeling because that was the first time I saw someone die.” - Participant #10

Two participants also reported getting emotional in the aftermath of the event. They expressed that they experienced heavy feelings and felt like they were physically and emotionally drained. They stated:

“Everything stopped, I cried. Everything really stopped.” - Participant #9

“After that, like after all the adrenaline left. I was so tired and sad, like I kind of wanted to cry because I had never been that close to death.” - Participant #11

A similar study by Heise and Gilpin (2016) found that the majority of students described emotional distress such as feeling upset, sad, uncomfortable, bad, helpless, or guilty. However, Muir (2002) says that sadness relating to the death of the patient is entirely normal and that a nurse should not feel that she is being unprofessional, nor feel ashamed about crying with family members (Rooyen et al., 2005).

**Guilt and regret.** The participants expressed guilt and regret as a result of not being able to intervene to prevent the death of their patients. They felt that there were things that they should have done or should not have done to stop or to interrupt the event.

“I felt guilty, and started to ask myself, ‘Was that my fault?’ I felt hurt inside.” - Participant #3

“It was a distressing feeling because I felt I wasn’t able to do anything because I’m still on training.” - Participant #8

In the Asian context, Huang et al. (2010) stated that students who are new to nursing become concerned that due to their lack of knowledge, they may not have seen something that was important. Nursing students are worried about missing a clue that might have alerted someone to a potential problem (Niederitter, 2009).

Furthermore, nurses who have a strong desire for optimal outcomes may look for clarification and absolution when the outcomes are not achieved. While most nurses in Anderson et al.’s (2015) study viewed this positively, a few nurses found themselves burdened with ongoing guilt and regrets about their experiences. A metasynthesis study of Zheng et al. (2016) revealed that nurses and student nurses feel guilty for failing to provide more support and that they were left on their own to deal with their emotions toward patient death.
Theme 2: Interpersonal experiences. Students who are responsible for basic nursing care can spend a great deal of time with patients during their clinical placements. When death inevitably happens, nursing students try to soothe the demands of the patient and the remaining family members by offering oneself.

Empathy. Yu and Kirk (2009), as cited in Ouzoni and Nakaki (2012), stated that empathy is the capacity to participate vicariously and understand the experience and emotions of others. It can be described as the nurse’s desire to understand what a patient is experiencing from the patient’s perspective. This intellectual understanding allows the nurse to identify the patient’s concerns more clearly. When the unanticipated occurrence of death transpired, participants of this study expressed having an understanding of the feelings brought about the situation. They disclosed:

“I felt sad for them; I empathized with them because I know the feeling of losing someone.” - Participant #1

“It was so sad because the family was expecting the baby and I was sad for the mother.” - Participant #5

Researchers agree on the positive role empathy plays in interpersonal relationships when providing health care. A study states that to prevent feelings of hopelessness, participants use empathy to build a rapport with patients and their relatives, so they feel able to discuss priorities for care (Bradshaw, 2011). Personal encounters with patient death enrich the individual’s view of holistic nursing and empathy towards patients and families (Dorney, 2014).

Benevolence. Benevolence refers to the disposition to do good (Merriam-Webster, 2018). Participants of the study asserted that during and after the occurrence of the death of their patient, they had the desire to help the grieving family members. They felt a sense of responsibility to assist the family members. They expressed:

“I’m willing to help as much as I can.” - Participant #1

Butts (2015) stated that throughout nursing history, nurses have placed a high importance on benevolence, or kindness. The foundational concepts of nursing include doing good, promoting acts to benefit others, preventing harm, or doing no harm. Nurses who use benevolence as a central motivating factor do not just perform acts of kindness in a haphazard fashion when the opportunity arises; they seek out ways to perform acts of kindness rather than only recognizing ways to do good.

Compassion. The personal encounter with patient death enriched the participants’ view of holistic nursing and compassion towards patients and families. Participants felt a connection with some patients and their families. Two participants stated:

“That patient is special for me.” - Participant #2

“I was the one who took care of the patient, that’s why I felt an attachment to the patient for some reason.” - Participant #9

Participants also expressed performing simple gestures of compassion during and after the event and doing their best to make themselves available to the family members. They stated:

“I needed to be strong for the family because it was very distressing. The family was crying, and you too would cry.” - Participant #2

“We comforted the watcher because she was alone.” - Participant #7

“I tried to be strong for the patient in front of the family.” - Participant #10

As these participants reported, it is essential to provide a caring and compassionate environment with prompt and clear directions regarding accommodations for the patients and their bereaved families. Compassion for others is one of the main motivating factors for most individuals who join the nursing profession. Indeed it could be argued that nursing care is synonymous with compassion (Mills, Wand, & Fraser, 2014).

As participants sought to make sense out of this experience, they discovered that this experience fostered their compassionate care for the dying and for the family. Historically, developing “compassionate character” was the impetus for care, and gave the nursing profession its ethos. In Florence Nightingale’s view, good nurses are good people who cultivate certain virtues or qualities in their character – one of which is compassion (Middleton, 2011).

Theme 3: Impact of death. This emergent theme describes the concomitant influence of the patient death on the participants after the death had occurred.

Enriching experience. Participants voiced that they felt privileged upon encountering patient death. It was a learning experience that made them conscious of their strengths and vulnerabilities as novices in the clinical practice. Participants voiced enthusiasm regarding the encounter, as they dealt with an experience that was previously unknown to them and therefore made an impact on their clinical duty experience. They said:

“There’s a part that feels exciting because I see an actual patient dying.” - Participant #7

“It was exciting because I’ve never done it before.” - Participant #11

“I became more cautious because sometimes I’m taking for granted the things that I do, but after that, it’s like in everything you do, you have to ask what if. What if your one mistake can cause the death of the other people?” - Participant #8

The participants’ responses echo the study of Edo-Gual et al. (2014) wherein the students also said that they learned things from a professional point of view, in that they had acquired greater knowledge about the process of dying and the needs of patients and families. This kind of learning was highly valued by the students, as they recognized that the experience not only increased their competences in this area, but also helped them to modulate their own response to death. Despite the impact that the first experience of death can have, all the students also spoke about the process of learning and growth. Edo-Gual et al. (2014) also cited studies (Huang et al., 2005) which suggested that having to face the reality of death can act as a stimulus to personal growth, as it enables the person to take on board difficult experiences, giving them meaning and incorporating them into a system of values.
Intrusive thoughts. An intrusive thought is an unwelcome involuntary thought, image, or unpleasant idea that may become an obsession, is upsetting or distressing, and can be difficult to manage or eliminate (OCD Action, n.d.). Examples of intrusion are flashbacks and nightmares where the event is re-experienced. Participants described these symptoms to the researchers. Participants in the study also stated that they had dreams and trances after their encounter with a patient’s death and that this lasted days to weeks. They stated:

“When I woke up, I remembered her again because she was my first patient who died. I experienced it for two weeks.” - Participant #2

“There’s one time that I dreamed of him.” - Participant #6

“Weeks after the death of the patient, I still dream about it.” - Participant #9

“It’s like one week or two weeks that I’m seeing his face. It was because I was looking at him when his eyes were still open and I was the one who closed his eyes.” - Participant #10

“Sometimes when I’m not thinking of anything, his actual face suddenly flashes in my memory.” - Participant #10

A study by Anderson et al. (2015) similarly reported that participants who are experiencing intrusive thoughts after the occurrence of their patient’s death are those that have been greatly affected by the event and experience on-going distress. One of the most striking features of these accounts is the vivid recall of details provided by participants. In addition to readily providing details of their own thoughts, actions, and feelings at the time, most participants spontaneously recalled the name and age of the patient who had died, pertinent information about family members, and in some cases, highly specific clinical details. Many reported that they had thought about the experience numerous times since it had occurred.

Coping Strategies

Psychologists Richard Lazarus and Susan Folkman (1984) scientifically defined coping as constantly changing cognitive and behavioral efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of the person. The coping mechanism domain concerns the ways students cope with their thoughts, feelings, and experiences after the death of their patient. Table 2 outlines the coping strategies utilized by the student nurses involved in this study.

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<tr>
<th>Theme No.</th>
<th>Emergent Theme</th>
<th>Theme Clusters</th>
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<tbody>
<tr>
<td>1</td>
<td>Emotion-Focused Coping Mechanism</td>
<td>Praying for Guidance and Strength</td>
</tr>
<tr>
<td>2</td>
<td>Problem-Focused Coping Mechanism</td>
<td>Acceptance</td>
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Theme 1: Emotion-focused coping mechanism. Emotion-focused coping mechanism refers to strategies aimed at reducing emotional distress and maintaining a satisfactory mental state, such as dealing with the problem and regulating emotion through palliation. Emotion-focused coping is used when a situation is appraised as unchangeable.

Praying for guidance and strength. The concepts of religion and spirituality comprise different dimensions (affective, cognitive, and behavioral), and prayer is considered an expression of the behavioral dimension. Adults who are dealing with negative life issues and stressful situations often use prayer.

Some of the participants in this study strongly emphasized the value of gaining strength from spiritual beliefs and from being able to pray for the patient’s death and family.

“I prayed that my patient’s family are okay.” - Participant #1

“I prayed at that moment.” - Participant #2

As spiritual beliefs increase, there is an increased belief in the ability to overcome barriers. This finding indicates that spirituality is an essential coping mechanism in a stressful or aversive situation.

Seeking support. Seeking support describes personal efforts in seeking informational and emotional support. This support lets the person know that they are loved, cared for, esteemed, valued and that they belong to a mutually obliging communication network. Most of the participants in this study spoke to either friends or clinical instructors about what happened and what they experienced, mainly because all of them have participated in the care of the patient at some point, thus creating a bond.

“I asked help from my CI; she comforted me. My fellow student nurses were also there.” - Participant #3

“I opened up to my friends because it’s hard to keep it to yourself.” - Participant #9

Distraction. Distraction has been considered a type of emotion-focused coping (Lazarus and Folkman, 1984) which involves minimizing the emotional distress related to a stressor by using behaviors such as watching television, exercising, reading, or engaging in other pleasurable activities to distract oneself from the stressful event.

“I went out with my friends to always have fun because if I’m alone, I remember him.” - Participant #2

“I went out to entertain myself because I really had a hard time then.” - Participant #9
With the exception of one study which found that people high in self-compassion were no more likely to try to do things to take their mind off of negative events, research has not provided insight into how self-compassion might be related to the use of distraction as a means of coping with difficult and distressing events. One question to be addressed is whether distraction is more adaptive in the face of unchangeable stressors.

**Distancing.** Another theme that cropped up among the comments was the feeling of being emotionally distant from the circumstances of the patient’s death. The personalities of nurses may have had some influence on whether or not they reacted emotionally to a patient death. Some nurses perceived they were not affected by death and therefore would not find a debriefing session helpful.

“After that incident, we didn’t talk about it. My duty partner and I decided not to talk about it because it reminds us of what happened. We tried to avoid the topic.” - Participant #6

Distancing describes efforts to detach oneself from the situation and implies avoiding becoming involved with others on a psychosocial level. This coping strategy has been documented as being most evident in the nursing profession where constant exposure to illness and death renders nurses helpless in a stressful environment. By pulling back their conscious awareness of what is occurring within their patients and themselves, they unconsciously guard and defend their personal psychological integrity.

**Theme 2: Problem-focused coping mechanism.** Problem-focused coping mechanisms refer to individual efforts to deal with the sources of stress, by either changing their own behavior or the environmental conditions which precipitated the event (McLeod, 2015). Problem-focused coping includes aggressive interpersonal efforts to alter the situation, as well as cool, rational, deliberate efforts to problem solve.

**Acceptance.** This theme explains that an individual can recognize a situation’s process in an uncomfortable condition and choose to confront their past experiences. More importantly, they accept that suffering is necessary for them to gain valuable knowledge and grow character.

“I had to accept it; we were content we tried our best. There was no regret.” - Participant #4

“It didn’t really traumatize me for anything that much. I realized that I was, like, you know this is part of life. I just kind of accepted it.” - Participant #10

The feelings of acceptance are realized by those participants saying that the event helped them understand and accept the fact that as a future nurse, situations like this could always arise. Since this theme cluster is seen to alleviate the emotional response of the participant, this coping mechanism may help the individual go forward and learn from the experience.

**Perception of Nursing Students Toward the Nursing Profession**

This section describes how nursing students viewed the nursing profession after experiencing the death of a patient during clinical duty. It also describes how they looked at the experience as a whole and how it shaped their vision about nursing as a future career. Table 3 identifies the themes that emerged.

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<tbody>
<tr>
<td>1</td>
<td>Positive</td>
<td>Readiness</td>
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<tr>
<td></td>
<td></td>
<td>Motivation</td>
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<td></td>
<td></td>
<td>Confidence</td>
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<tr>
<td>2</td>
<td>Negative</td>
<td>Uncertainty</td>
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The study found that the experience of patient death influenced the student nurses’ perception of the nursing profession, mostly in a positive way.

**Theme 1: Positive nursing perception.** Nursing care of the dying is a particularly demanding role that requires nursing skill and also necessitates that nurses have insight into their personal beliefs about death and dying. Nurses who have a more positive attitude towards death are more likely to have a positive attitude towards providing end of life care for patients.

**Readiness.** Readiness is an essential and primary element in the profession; therefore the nurse should be ready to work under challenging circumstances. The nurse’s readiness prepares him or her to overcome stress, focus on helping the client, be ready to accept death if it occurs, and comfort the client’s family.

The experience of patient death was not easy as mentioned by the participants; it became a reminder of the amount of readiness and alertness that is required for the job. The participants pointed out that nurses should be ready to provide care to patients and make sure all their needs are met. They were also reminded to be ready when death happens so that they handle things professionally and don’t collapse due to stress.

“As a nurse, you really need to perform your role. Because if your patient is high-risk, you need to fully monitor him to be safe. You need to be serious in your duty.” - Participant #1

“Nursing is hard because you have to experience those things. As a nurse in the future, you will experience those things. That’s why you should be ready for it.” - Participant #7

According to Anderson, Williams, Bost, and Barnard (2008), students look beyond death and see it as a preparation stage for dealing with such cases in the future. Students who reported personal or professional experience with death had more positive attitudes and higher knowledge. Charalambous and Kaite (2013) stated that the death experience becomes a stepping stone in students’ careers and makes them ready to carry out their future responsibilities toward patients who are dying with integrity and professionalism.

**Confidence.** The experience reminded the nursing students to take control of themselves and think positively. It made them more confident in handling dying patients and made them realize how important their role in helping others is.

“I became strong...I want to experience doing something to be of help.” - Participant #2
“From someone who didn’t want to be a nurse before, I am pursuing it more now to become a nurse to be able to help other people. With this experience, I was pushed to be a better person and to be a better nurse.” - Participant #9

The effort to accept death peacefully and look back on their lives proves that the nursing students’ experience of the death of patients had a positive effect on them, encouraging them to lead their lives in a more desirable direction. A study by Park et al. (2014) stated that nursing students expressed that the experience gave them a chance to consider death, life, and the nursing job seriously.

**Motivation.** The patient death experience is a bitter one for nursing students, but it also can be the base from which motivation rises to develop self and make necessary changes to be better nurses. The following are some of the statements that the participants shared:

“I realized that I really like nursing because nurses have the chance to witness the stages of life from birth to death. And it was a privilege to handle the situation. It’s a motivation.” - Participant #3

“It motivated me more to lessen the risk of patient death. It drives me to do a better job in taking care of my patient.” - Participant #4

“It pushed me to better and save people. I was disappointed, but I also saw it as a stepping stone that I should learn from.” – Participant #5

**Theme 2: Negative nursing perception.** Witnessing the transition of caring for a living human being who then becomes a dead body may be emotionally arduous.

**Uncertainty.** Hesitation and doubt to pursue a nursing career can arise after a stressful event such as the death of a patient. The students felt the burden of responsibility, perceiving patient’s death as a stressful and risky situation. One participant showed uncertainty through this statement:

“It’s like half and a half for me now if I would still pursue nursing. It was sad for me because I see dying patients. But then there are these lives depending on me.” - Participant #6

**CONCLUSION AND RECOMMENDATION**

The results of this study provide an understanding of nursing students’ patient death experience in the clinical duty. Participants recognized their feelings of sadness, anxiety, and fear. However, they also felt supported and further recognized the value of the learning experience for future practice. This study underscores the importance of placements and programs in the clinical setting that support and strengthen the coping mechanisms of nursing students.

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