



Supporting pre-registration nursing students in their exploration of death and dying



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ABSTRACT

Student nurses will be exposed to dying patients from the very start of their education. The authors believe that nurse lecturers have a duty of care towards both the student and the patient in preparing them to cope with this experience. End of life care deserves further emphasis within the forum of nurse education. Within this article the authors outline their introduction of a new teaching session at the beginning of the pre-registration nursing curriculum at Birmingham City University to help prepare student nurses from all four fields of nursing to participate in end of life care. This flexible session entitled 'perceptions of dying' allows the students to explore their fears, anxieties and expectations of caring for a patient at the end of their life and discusses the mechanisms available for seeking support. The purpose of this article is to raise debate about the teaching of the subject of death and dying within pre-registration nurse education and to show case the lesson concept that the authors believe could be disseminated further to address this student need.

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Background

Every year in England approximately 500,000 people die (DH, 2013). Despite this number and the raising profile of end of life care (highlighted by the End of Life Care strategy, Liverpool Care Pathway and National Service Frameworks) end of life care is often poorly enacted (DH, 2008, DH, 2013). Around 55% of adult deaths occur in hospital while over 74% of children and 98% of babies with palliative care needs die in hospital (DH, 2008, DH, 2007; ACT, 2009).

Birmingham City University has an annual intake of approximately 750 pre-registration student nurses. It is inevitable with these large numbers and the increasing complexity of clinical care environments that a proportion of these students will be involved in end of life care during their first clinical placement. Malkin et al. (2011) in a study at our institution found that of 177 nursing students 14 had taken an active role in cardiopulmonary resuscitation within the first 6 months of training, 10 of these within the first 3 months. This is supported nationally by the study by Terry and Carroll (2008) which indicated many students have to cope with patient death on their first clinical experience. At Birmingham City

University an adult, child or mental health field student nurse will experience their first placement in the hospital environment, where it is clear the largest proportion of patients die. Jenkins (2011 p. 1) suggests that 'nursing students are often ill-prepared for the emotional impact a death may have on them' whilst Cooper and Barnett (2005) identify that nurse educators have a duty to support the student in this aspect of care. Terry and Carroll (2008) concur, suggesting if this support is inadequate it may affect not only the students' coping strategies, but also their future behaviour towards the dying patient.

End of life care is defined by the Department of Health (2008 p. 47) as care that 'Helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support'. While the World Health Organisation (2013 p. 1) define palliative care as 'An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual'.

The dichotomy of terms that surround end of life care, including palliative care and care of the dying can serve to cause mystery and confusion for student nurses. Students have reported that

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delivering the very best standards in end of life care is a daunting prospect. It however must be achieved in order to provide the best possible experience for the patient, family and the nurse themselves. The authors believe that nurse educators have a duty of care towards their students and patients alike and must ensure that the student nurses that enter the clinical area are adequately prepared for the challenges they will face. The Nursing and Midwifery Council's (NMC) Standards for pre-registration nursing education (2010) state that on entry to the register all student nurses should 'promote health and wellbeing, self-care and independence by teaching and empowering people and carers to make choices, coping with the effects of treatment and the on-going nature and likely consequences of a condition including death and dying' [Nursing and Midwifery Council \(2010 p. 114\)](#). The NMC does not stipulate where in the three year course a student should start to receive education on end of life care to equip them for that final goal on entry to the register. Within the nursing curriculum at our institution end of life care has been explored with increasing complexity within years two and three. Coupled with exposure in clinical placement this input should ensure student nurses are able to deliver this NMC expectation. A concern for the authors however is highlighted in [Mason and Ellershaw's \(2010\)](#) report that although training time for palliative medicine has increased, there are still questions as to whether it is sufficient in preparing clinicians to competently care for the dying patient and their family.

The authors believe that there should be a staged introduction to end of life care to enable the student to grow and develop their skills in this area. At present there is no stand-alone module in the pre-registration nursing curriculum to deliver this. It could be argued that continual education alongside supported clinical experience may offer the best opportunity for students to become involved in end of life care in accordance with their confidence and competence.

The [Dying Matters Coalition \(2010\)](#) aims to raise awareness of death and dying amongst society, reducing the stigma associated with death and bereavement whilst celebrating a good death. By encouraging communication and openness they believe this can be achieved. Although the concept of a 'good death' changes with individuals, for most it would involve no pain, being with loved ones in familiar surroundings and being treated with respect and dignity ([DH, 2013](#)). This is a philosophy supported by the authors and is a catalyst for the development of end of life education to ensure student nurses are able to actively promote and participate in this principle.

[Spouse \(2003\)](#) reports that student nurses harbour fears and anxieties of caring for the dying before their first placement. [Kubler-Ross' \(1970 p. 7\)](#) seminal text outlines 'the trip to the hospital is the first episode of dying'. Literature shows us that student nurses are anxious about breaking bad news or caring for a patient at the end of their life without support ([Allchin, 2006](#); [Carson, 2010](#); [Sanford et al., 2011](#)). A student with limited life experiences or no experience of death, whether personal or professional, may be especially susceptible to this anxiety. A first year student nurse at Birmingham City University summarises:

"I've never experienced death and don't know how I'll feel"

First year student nurse.

As authors and nurse educators we agree with [Terry and Carroll \(2008\)](#) who highlight the importance of preparing student nurses to cope with death and dying early in their career as a negative experience may impact on their ability to cope and affect their future practice. [Hurtig and Stewin \(1990\)](#) identify that it is whilst undertaking education that attitudes towards death and dying are formed and suggest that nurses need to confront their own feelings

about death as without this insight they may not be able to nurse dying patients' effectively. The authors concur and believe this should be achieved within the protection of the classroom, not on clinical placement.

Session design

In light of the discussion above the authors felt that nursing students needed more preparation earlier in their programme to equip them to cope with end of life care. To meet this need a new session entitled 'perceptions of dying' was designed. Its purpose was to enable students to recognise their individual concerns and coping strategies while participating in end of life care, as well as exploring procedures and practicalities. The session takes place within a small group of 15–20 students. Students are divided into their fields to ensure discussion content will be most pertinent to their placements. The session is led by a lecturer/facilitator who is clinically experienced in end of life care within that field. To ensure psychological safety and support participation students, together with the facilitator, identify ground rules at the beginning of the session. These include maintaining confidentiality, anonymity of contributors and respecting the views of others. The students are advised the content of the session well in advance so that any issues, such as a recent bereavement, could be discussed with a facilitator outside the session and support offered. The student would also be offered the option to opt out of the session if they felt this would be most appropriate.

After a preliminary introduction the students are invited to discuss their experiences or anxieties in small groups of 3 or 4 and identify individual concerns which they write, anonymously, on sticky 'post-it' type notes. These are placed around the walls of the room for all students to walk around, view and discuss. This technique allows the students to recognise that their own concerns and anxieties are shared with many others in the group. The students are then invited to group the comments and questions into themes. This interaction allows the students to explore experiences and reflections in a non-threatening manner.

Although the wording often changes, the four broad themes which have been consistently identified by 6 student cohorts (which equates to approximately 2500 students undertaking this activity) are:

- Dealing with the patient's family and answering their questions.
- Practical issues.
- Emotions.
- Guilt or blame.

A subsequent group discussion is facilitated by the nurse lecturer by using the comments and questions on the 'post-its' as a trigger. Every session is therefore individualised to each student group ensuring no-one's questions are left unanswered. The most commonly occurring questions are displayed in [Fig. 1](#).

The themes identified have been preceded by various leading authors within the forum of death and dying. 'Students suggested the expected difficulty of the emotional care of dying patients, the pain of seeing them suffer, the shock of seeing a dead body, and the difficulty of dealing with bereaved relatives' ([Kiger, 1994 p. 680](#)). [Loftus \(1998 p. 642\)](#) study highlights the need of educators to prepare the student nurse 'to face the reality of death and dying'. Although her study was of third year student nurses, the themes identified by them were similar to those identified by the first year nursing students at our institution.

[Cooper and Barnett \(2005\)](#) identify that these worries are still an issue within clinical practice. Their study of 'Aspects of caring for dying patients which cause anxiety to first year student nurses'

- Dealing with the patients family and answering their questions**
- How do you comfort/talk to dying person? What do I say if he/she asks 'am I dying?'
 - Breaking the news to family
 - What is the role of the nurse to support the family?
 - Worried of saying the wrong thing
 - How do you act around the family? If they are crying can you comfort them or give them a hug?
- Practical issues**
- How do you manage pain and comfort?
 - Worried about seeing someone die or a dead body for the first time
 - Not knowing what to do or being alone, feeling helpless
 - What if they have no family or anyone to mourn them?
 - How long will the body stay on the ward?
- Emotions**
- My own emotions
 - Becoming attached to the patient and family and getting too emotionally involved.
 - What if I can't get over my first death?
 - Are we allowed to cry when a patient dies in our presence?
 - Do you get sent home after someone dies in your care? Do you get counselling or support?
- Guilt or blame**
- Lack of being able to help
 - The family blaming you
 - A death being your fault
 - If there is anything you could have done better, if the patient was comfortable.
 - Whether it could have been prevented.

Fig. 1. Examples of commonly occurring questions from student nurses within 'Perceptions of Dying' session.

highlighted eight themes (Fig. 2) that correlate with those above. They also come to the conclusion that their research outcomes were not unique, that the caring relationship of the nurse towards the patient provokes anxiety rather than the fear of death itself. A pertinent issue reported by first year nursing students that is addressed within the session.

Following this discussion a video clip provided by 'Patient Voices' (Pilgrim Projects, 2012) is played depicting a narrative of a mother discussing her sons 'good death'. His mother speaks very highly of the care and consideration her son received in a hospice who enabled him to go on holiday as part of his end of life care. This short 4 min narrative was chosen specifically because it would be pertinent to students caring for both adults and children. Although the video is about the death of an adult it also tells the story of a mother losing her child. Use of this clip not only sparks further discussion amongst the group but also allows them to see the positive impact that excellent nursing can have on a family, ultimately enabling a 'good death' (DH, 2008).

Becker (2009) said that caring for a dying person is a formative learning experience that can have a profound impact, shaping professional values, attitudes and beliefs for the future. A

- Coping with the physical suffering of patients
- What to do or say
- Severing of the relationship with the patient
- Type of death
- Cardiopulmonary resuscitation
- Last offices
- Coping mechanisms
- Interventions that would improve the student experience (Adapted from Cooper and Barnett 2005 p423)

Fig. 2. Cooper and Barnett (2005) Eight themes relating to students anxiety about caring for dying patients.

supportive mechanism must be in place. Becker's work encourages nurses to be aware of their own vulnerability, to share good practice, address potential issues and allow time and space to reflect. These principles are fundamental to the 'perceptions of dying' session. Within the session students are encouraged to discuss mechanisms of support that may be necessary when they encounter death in a professional context for the first time. The use of reflection, support from mentors in practice as well as academic staff, peer support and coping strategies are all discussed and their merits explored. The authors are mindful of the research of Cooper and Barnett (2005) and agree strongly it is the duty of nurse educators to ensure students are offered the means of support to cope effectively with end of life care enabling reflection both in and on practice.

It should be noted that as a university located within a large multicultural society the range of experiences, expectations and cultural practices that student nurses will participate in are vast. This sessions purpose is to explore the students own emotions relating to end of life care within the UK and the focus is not on the cultural practices of last offices or non-western populations. Students are however referred to additional resources that will meet these requirements and that can be used with support in the clinical environment such as 'Guidance for staff responsible for care after death' (NELCP, 2011) and 'Death with Dignity' (Green, 1991).

Educational principles

How to introduce this subject matter appropriately has been documented in the literature for many years (Allchin, 2006; Hurtig and Stewin, 1990; Kurz and Hayes, 2006). Hurtig and Stewin (1990) recognise that students may not wish to examine their feelings in a group situation and state that it may be beneficial to divide the group into those who have had experience of death, whether personal or professional, and those who have not. Hurtig and Stewin

suggest that those with experience may be more willing to share their thoughts with others. They recommend that nurse educators may need to guide the students who feel unable to discuss their feelings, as being self – aware is vital for nursing. In her study of 12 nursing students following a clinical placement, Allchin (2006) also highlights the need to have ‘guided opportunity’ to process experiences both in clinical placement and within university. Allchin holds that the need to reflect on a situation may not be evident to some students and a debriefing exercise led by an experienced educator or mentor in practice can constructively guide the student through the myriad of thoughts they may be left with following their experience of caring for a patient who has died. Students can also be encouraged here to address their own coping mechanisms in preparation for participation in end of life care (Contro et al., 2004).

Kurz and Hayes (2006) suggest that the way education is provided may enable the student to confront their personal attitudes and anxieties of death. This in turn could significantly affect the student’s attitude towards their care of dying patients (Cavaye and Watts, 2012; Mallory, 2003).

Managing stress of events through identification of support and ‘normalising’ dying/death is an area of essential educational development, (Holmes and Rahe, 1967; DH, 2008, DH, 2009). The aim of the session is to create a student-led learning environment conducive to participation and discussion of the, often emotive, subject of death and dying. Although this article focuses on student nurse education, the relevance of this topic is fully transferrable to all healthcare professionals who will have some exposure or involvement with dying patients/clients at some stage of their professional careers.

The concept of ‘perceptions of dying’ relies on a small group format of less than 20 students. The session can be constantly adapted to the individual needs of the current students by exploring their individual anxieties, focusing on different student questions or discussing an individual student’s experience that could not be replicated in another session. Carson (2010) highlighted that small groups should be used when exploring sensitive or emotive issues. This may not be logistically possible in all universities and as such will impact on the student experience (Nicholl and Price, 2012). The collaborative format of students highlighting for themselves the topics for discussion and learning from each other’s experiences means students are actively involved in learning, not the passive recipients of a lecture situation (MacDonald, 1997; Gillan et al., 2013).

Gillan et al. (2013) found in their study of end of life care education that didactic modes of delivery did not provide students with opportunities to examine their own personal reactions to dying patients. Anecdotal evidence from teaching sessions at our institution would support this and also highlights the difficulties in asking an uncomfortable or anxious student nurse in the first few months of their education to discuss their feelings on this topic. Gillan et al.’s (2013) study promotes active learning within end of life care education, a strategy that requires student engagement to promote a much deeper sense of learning and self-reflection. The authors agree with this concept and have utilised it fully within year one of the student nurses end of life education.

The ‘perceptions of dying’ session relies upon the skill of the lecturer to create a dynamic environment where student nurses are able to record their anxieties, thoughts and feelings in written form. Khader et al. (2010) discussed that using several different educational methods, including role play, reflection and discussion, nurses are able to cope with their emotions and thoughts surrounding death and dying. Other papers detail the use of narratives, storyboarding and staged reflective journals to illuminate these issues. (Cooper and Barnett, 2005; Godfrey, 1983; Lillyman et al.,

2011). Biggs (2003) reported that reflective journals were particularly useful to gauge learning and allow students to record incidents or thoughts that allow them to reflect on the content of the topic. This may be an interesting session design for other higher education institutions to consider, however for the introduction of our session the authors felt it inappropriate given the number of students who will be participating in the subject annually.

‘Perceptions of dying’ has been delivered with both students who have not been into the clinical area and those who have undertaken a 10 week field specific clinical placement. The authors are mindful of work by Nicholl and Price (2012) who highlight that the sequence of sessions can impact markedly on the student’s ability to reflect. Research by Mason and Ellershaw (2013) is also noted. This study showed a significant improvement in student’s confidence in the practice of palliative care following training interspersed with clinical experience. The authors are undertaking module evaluation and consulting clinical partners to identify where ‘perceptions of dying’ should now be delivered within year one of the nursing curriculum. Recurring student feedback indicates that the majority of students prefer pre-placement sessions and flexibility within current programme content has enabled this. The authors do harbour concern however that less reflection could take place at this point as students are devoid of clinical experience.

Conclusion

The issues relating to end of life care have been highlighted over the last 30 years. Currently there is increased emphasis on the importance of student nurse preparation in end of life care. Evidence supports the notion that students should be allowed to explore their own feelings, express anxieties and reflect on their experiences to inform their practice. The authors are certain that the introduction of a session that enables students to reflect in this way will help prepare them for their first professional experiences of participating in end of life care. Some students may find this topic distressing and support mechanisms must be put in place to ensure their psychological safety both in university and on clinical placement.

Evidence shows that the subject of end of life care can be approached in different ways, situated within the university or the clinical environment. The authors believe that innovative education alongside supported clinical experience will offer the best opportunity for students to become involved in end of life care. It is the opinion of the authors that the session concept ‘perceptions of dying’ could be adopted within other higher education institutions. It is essential that such work is regularly undertaken for all pre-registration students from all four fields of nursing without delay.

Conflict of Interest

There is no conflict of interest.

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