

## **Patient's Death: Lived Experiences of Nursing Students in a Private Institution**

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### **ABSTRACT**

This research explored the lived experiences of 3rd and 4th-year Nursing students at Saint Mary's University concerning patient deaths during clinical duties. This study aims to uncover unique insights within the context of Saint Mary's University, drawing on a synthesis of existing literature, including qualitative studies examining the emotional impact, the need for support and education, the importance of having coping mechanisms, and feelings of unpreparedness among nursing students globally. Through qualitative interviews with nursing students, this research sought to shed light on student nurses' experiences with patient death encounters. By exploring these themes within the specific contexts of Saint Mary's University, this research contributes to a deeper understanding of the challenges and opportunities inherent in providing compassionate end-of-life care education and support to nursing students.

*Keywords:* clinical duties, death, end-of-life care, lived experiences, nursing students, patient-death

### **INTRODUCTION**

Death is an inescapable aspect of the human journey, profoundly influencing life from birth to its final moments. It remains one of the most difficult scenarios to explain, teach, and comprehend fully. Nurses, as the largest sector within the healthcare system, are regularly confronted with the realities of death and dying, often providing care to patients in terminal or end-of-life stages. The concept of "placing work" highlights the continuous efforts in palliative care to create meaningful environments for dying patients, emphasizing a holistic, multidisciplinary approach.

Elisabeth Kübler-Ross (2015) critiques the medical education system for prioritizing technical knowledge over interpersonal relationships, leaving medical students ill-equipped for meaningful patient interactions. The dying process, as described by ELNEC (2010), involves the cessation of physical, psychological, social, and spiritual life. However, Lowey (2015) acknowledged that even if nurses have the obligation to facilitate patient wishes at the end of life, a smooth dying process cannot always be ensured. In fact, this experience may add another dimension of stress for student nurses in clinical practice (García Rodríguez et al., 2023).

Health professionals frequently encounter death, influencing both their professional and personal lives. While Pancardo (2021) found that students' attitudes toward death improved with training and exposure, nursing students often feel unprepared and vulnerable when providing end-of-life care (Gillan et al., 2014; Bailey & Hewison, 2014).

In line with this, early clinical placement may help students avoid misconceptions about caring for the dying (Lown & Gaines, 2019), and this first experience can determine their future professional practice (Anderson et al., 2015). Szczupakowska et al. (2021) reported that 86.3% of nursing students experienced patient death, with common emotions being "reflection on the fragility of life" and "compassion." They highlight a need for increased education in this area. Similarly, Gallagher et al. (2014) found nursing students experienced an average of 5.5 patient deaths within a 10-15 day palliative care clinical placement.

Nursing students often find a profound sense of professional identity through encounters with death, gaining a deeper understanding of their role in end-of-life care (Villanueva, 2019). Yet, navigating this emotional terrain is difficult; many Filipino students utilize emotional detachment to cope (Mateo et al., 2020), a tendency made worse by

insufficient institutional support (Zheng et al., 2017). Consequently, Philippine nursing programs must evolve to better prepare students for these inevitable clinical realities. Appiah (2020) found that faculty teaching experience significantly correlates with nursing education quality. Likewise, Oducado et al. (2019) found a significant correlation between theoretical classroom instruction and Related Learning Experiences (RLE) performance.

Despite educational efforts, students often lack preparation for emotional challenges (Van der Wath & Du Toit, 2015). Hence, drawing on Cheon and You (2022), this research explored how students navigate death and dying. This study highlights research opportunities in understanding coping mechanisms, support systems, and the longitudinal impact of these experiences on career paths, job satisfaction, burnout, and patient care approaches.

This study, conducted in the academic year 2024-2025, aims to explore the lived experiences of nursing students at Saint Mary's University who encountered a patient's death during their clinical rotations, focusing on their insights gained during their clinical duties. To achieve this, the profile of the respondents in terms of their year level and sex and the lived experiences of nursing students who encountered patient death during their clinical duties were determined.

Through their reflections, the study highlighted the key themes and insights that emerge, offering a glimpse into how these moments of vulnerability shape their growth as individuals and future healthcare providers.

## METHODOLOGY

This study utilized a qualitative research design, specifically a phenomenological approach. This approach allowed for a deep exploration of the lived experiences of nursing students encountering patient death, aiming to uncover the essential meanings and universal structures of consciousness associated with this phenomenon. Semi-structured interviews and thematic analysis were employed to explore these experiences and perspectives.

The study was conducted at Saint Mary's University (SMU) in Bayombong, Nueva Vizcaya, Philippines. SMU, established in 1928, is administered by the Congregation of the Immaculate Heart of Mary (CICM) and is known for its academic reputation and values-based education. The research focused on students in the Nursing Department under the School of Health and Natural Sciences (SHANS), which provides comprehensive education combining theoretical instruction with practical clinical experience. Participants were nursing students enrolled at Saint Mary's University during the academic year 2023–2024 who were actively engaged in clinical practice and had personally experienced the death of a patient for the first time. Inclusion criteria specified third- or fourth-year nursing students, ensuring sufficient clinical exposure. Participants were selected through purposive sampling. One participant was chosen for pilot testing, and 15 for the main interviews. The study focused specifically on their first encounter with patient death, even if they had experienced multiple.

The primary research instrument was a researcher-made semi-structured interview guide. It was designed to elicit rich, in-depth insights into students' encounters with death in the clinical setting and was evaluated by three Psychology Department faculty members for validity. The guide included two sections: demographic information (age, sex, academic year) and open-ended questions covering personal experiences with death, emotional/psychological impact, professional growth, and support systems. The semi-structured approach allowed for flexibility and consistency in data collection.

The researchers followed a systematic and ethical approach to data collection. To ensure privacy, participants' identities were anonymized, and all data were securely stored. A debriefing followed each session, giving participants a chance to ask questions or share

additional thoughts. They were also given a small token of appreciation. Data security was maintained by immediately locking recordings and notes in a location accessible only to the research team. Additionally, participants were allowed to review their transcriptions to confirm accuracy. The interviews were conducted over a span of four months, from August to November 2024.

Once data collection was complete, thematic analysis, based on the framework of Braun and Clarke (2006), was employed to interpret the findings. This analytical process involved systematically coding the transcripts, identifying patterns, and organizing them into meaningful themes. Each response was carefully examined to uncover recurring emotional, cognitive, and professional experiences. The goal was to gain a deeper understanding of how student nurses process and make sense of patient death during clinical practice. Through this method, the researchers were able to construct a nuanced and coherent narrative that captured the essence of the participants' lived experiences, highlighting both the challenges and the personal growth that arose from their encounters with loss.

## **RESULTS AND DISCUSSION**

### **Section 1. Profile of the Participants**

A total of 15 participants selected through purposive sampling - two third-year and 13 fourth-year students, participated in this study. The sample consisted of 5 male and 10 female participants, ranging in age from 19 to 22 years old. The students were assigned to various clinical areas including the Emergency Room, Delivery Room, Ward, Intensive Care Unit, and Medical Ward.

The Emergency Room had the highest number of cases, with eight participants, reflecting its critical nature and frequent exposure to life-threatening emergencies. The Delivery Room had three participants, emphasizing the emotional complexity of witnessing death during or after childbirth. The Intensive Care Unit and Medical Ward each had two participants, both areas where patients often face severe or end-stage conditions.

### **Section 2. Insights of the Participants Regarding Death Based on their Experience with Patient Death**

The insights of the participants from experiencing patient death varied. Some students (Participants 1 and 2) acknowledged that nursing care extends from birth to death, which can happen suddenly and unexpectedly, and that death is inevitable and transformative for both patients and healthcare providers. Others (Participants 3, 4, 11, and 12) emphasized that death is a natural process, grief is essential, compassion should be balanced with professionalism, and death should be handled with empathy and proper grieving rather than passive acceptance. They also noted that death is painful for families, and nurses might question if more could have been done. Nurses must accept death as a normal part of their practice. Participants 5 and 6 highlighted the importance of compassion and respect when dealing with death, and that death highlights life's fragility and encourages self-reflection.

Participants 7 and 8 believed that nurses can provide comfort and dignity in the process, and that death should not be feared but understood and accepted as a part of life. Participants 9 and 10 focused on emotional acceptance of death to facilitate compassionate care without emotional burden, and that even in death, nursing care should be given with dignity and respect. Finally, Participants 13, 14, and 15 reflected on the deep experience of dying and the importance of living fully, the emotional toll of death on nurses requiring focus on patient care, and the reinforcement of emotional preparedness in clinical settings.

### *Specific Themes*

#### *Emotional Endurance*

Nursing students often enter clinical practice unprepared for the profound emotional impact of patient deaths. This emotional journey is marked by an initial shock, a lingering burden, and, over time, the emergence of resilience. Many students recount how their first encounter with death became a defining moment. One participant shared how they began to question their capabilities: “Noong first time ko mamatayan ng patient, talagang kinuwestiyon ko yung ability ko as a nursing student. Kapag ba nurse na ako, lagi na lang ba ako mamatayan ng patient? Kulang ba yung skills ko?” [The first time I experienced patient death, I really questioned my ability as a nurse. I wondered if I would always experience patients dying. Are my skills not enough?]. Such self-reflection underscores the vulnerability nursing students feel when faced with loss. For others, the trauma manifests physically. One student “completely froze” upon witnessing a stillborn baby, illustrating how intense emotions can paralyze action in high-stakes situations. Sudden, unexpected deaths, such as encountering a dead-on-arrival (DOA) case in the ER, emphasize the unpredictable and often harsh realities of healthcare.

While nursing encompasses the entire human lifespan, the transition from curative intervention to palliative comfort redefines the professional role beyond merely saving lives. This shift is particularly poignant in cases of perinatal death, where the absence of a newborn’s cry creates a haunting atmosphere of loss. Such moments are further intensified when students witness the family’s collective grief; indeed, the emotional toll often peaks during interactions with grieving children. As one student noted, hearing a child’s distress can be more traumatizing than the death itself, leaving the student with a profound and lasting sense of helplessness.

Moreover, performing post-mortem care, while clinically routine, carries emotional weight that many students are not adequately prepared for, especially when grieving families are present. Despite experiencing grief themselves, nurses are expected to maintain composure, resulting in an unspoken emotional burden. In such times, peer support becomes a vital outlet for emotional processing. While patient deaths are painful, they often catalyze personal and professional growth, inspiring students to enhance their clinical competencies and reaffirming their dedication to compassionate care.

#### *Importance of Time*

In critical care, time becomes a vital determinant of patient outcomes, shaping how nursing students perceive urgency, precision, and the value of life itself. This theme highlights their growing awareness that every second matters, not just in the technical sense, but in the emotional and existential dimensions of patient care. One student remarked, “Yung mga ganon is nag-iinspire sa akin na mag-aral ka pa ng theories, at hindi lang theories pati sa practical nursing din... how important even a single second can be, whether it’s saving a life or putting a patient in danger in that split moment” [Those moments inspire me to study not only theories but practical nursing too...].” This reflection emphasizes the gap between theoretical knowledge and real-world application, showing how clinical experiences push students to refine their skills and appreciate the weight of their decisions.

Witnessing the sudden deterioration of a patient, how quickly someone can shift from stable to critical, teaches students the fragility of life. These moments are both humbling and alarming, reinforcing how medical outcomes can hinge on a single action or moment of hesitation. Such experiences also go beyond the clinical and prompt deeper introspection. For many students, encounters with death become a mirror, compelling them to confront the impermanence of existence. They begin to reflect not only on their roles as caregivers but also on how they live their own lives, recognizing the need to live with intention, to value every moment, and to approach their future profession with both urgency and compassion.

### *Acceptance of Death*

This theme captures the emotional evolution of nursing students as they transition from an initial state of shock and a deep desire to prevent patient loss, to a more mature and accepting view of death as an inevitable aspect of both life and the nursing profession. One participant reflected on the unpredictability of life, stating, “No matter how careful you are, when it’s your time to go, it’s your time,” emphasizing the importance of living meaningfully and expressing gratitude before it is too late. This insight represents a personal shift toward embracing mortality and finding value in the present. Acceptance, however, does not mean emotional detachment. Rather, student nurses learn that grieving is a vital part of the healing process—both for themselves and for their ability to maintain compassion in patient care. Through grief, they discover the importance of emotional honesty and the need to care for their own mental well-being alongside their professional duties.

Peer support plays a significant role in this journey, as discussing shared experiences helps students manage the emotional toll and prevent burnout. Despite gaining experience, the fear of facing another loss remains present, especially when caring for patients in similar situations to those who previously died. Yet, these fears are often met with moments of redemption—such as hearing a baby’s cry after a past stillbirth—which restore hope and reinforce the meaning of their work. Over time, students learn to desensitize—not by becoming indifferent, but by building emotional resilience that allows them to function effectively without losing empathy. Reassurance comes from knowing they did everything they could, as expressed in the phrase “binigay mo lahat, wala kang pagkukulang doon” [You did everything you could do],” which helps them cope with guilt and move forward. Ultimately, the integration of clinical skills with the emotional realities of death shapes their professional identity, allowing them to balance scientific competence with human compassion.

### *Educational Training*

This theme underscores the gap that student nurses often experience between academic instruction and the emotional realities of clinical practice, particularly in dealing with patient death. While theoretical knowledge lays the groundwork, students find that it is the hands-on experiences—especially those involving high-pressure scenarios like CPR and post-mortem care—that truly prepare them for the demands of the profession. One student reflected, “Experiences like this really help prepare us for what lies ahead,” highlighting the importance of emotional strength and resilience in the healthcare field. Despite their foundational education, many students admit feeling emotionally unprepared when facing patient loss, especially during the intimate and respectful process of post-mortem care.

This dissonance is further complicated by the perception that death is a routine part of healthcare. While students acknowledge that encountering death has become a “normal” part of their clinical experiences, they also emphasize the ongoing need to treat every patient—living or deceased—with dignity and compassion. One participant shared, “We believe in treating patients with dignity, even after death,” reflecting a strong ethical commitment despite limited training in this area. These insights point to a pressing need for enhanced educational support that goes beyond technical skills. Bridging this gap requires more robust training programs focused on emotional resilience, ethical decision-making, and compassionate practices, ensuring that nursing students are not only clinically competent but also emotionally prepared to navigate the human aspects of care.

### **Conclusion**

The study’s findings offer valuable insights into the profound emotional and professional transformation that occurs within student nurses as they encounter patient death during their clinical training. These experiences highlight the importance of integrating emotional resilience

and coping mechanisms into nursing education, fostering a deeper understanding of time, mortality, and the weight of the decisions nurses must make in life-or-death situations.

The results suggest that nursing education could benefit from a stronger focus on emotional preparedness alongside clinical training. While technical skills are critical, managing emotional challenges like grief, loss, and moral distress is equally important. Nursing programs should emphasize emotional resilience, providing tools through supportive networks, reflective practices, and stress management techniques. This approach could improve their emotional resilience and enhance their ability to maintain empathy and compassion under difficult circumstances.

Furthermore, the findings underscore the significance of post-mortem care training, an area many student nurses felt inadequately prepared for. Nursing curricula should dedicate more attention to this, equipping students with both practical skills and emotional intelligence to provide compassionate support to grieving families.

Realizing that time can be a matter of life and death is another important takeaway. The awareness of the fleeting nature of time, both in immediate patient care and life's broader scope, can catalyze personal growth. This shift in perspective emphasizes the need for nursing education to instill mindfulness, not just in patient care but also in helping students understand the importance of living with purpose and appreciating every moment.

Finally, a more holistic approach to nursing training is essential for emotional endurance. This includes fostering resilience through real-world scenarios, providing tools to process grief, and supporting mental health through counseling and wellness programs. By cultivating an environment where emotional health is valued, nursing programs can better equip students to manage the complexities of their future careers, producing highly skilled and deeply compassionate nurses capable of navigating emotional challenges while remaining strong and empathetic.

## **Recommendations**

The findings of this study suggest several key recommendations for various stakeholders in nursing education and practice. For the Nursing Department, it is essential to strengthen support systems by incorporating structured discussions and simulation-based activities related to death, dying, bereavement care, and stress management into both classroom instruction and clinical training. These initiatives should be complemented by formal support services, such as access to counseling, wellness programs, and workshops aimed at stress reduction, to better equip students emotionally and psychologically for patient loss.

Instructors also play a critical role and are encouraged to promote reflective practices and facilitate peer discussions that help students process their experiences and build effective coping strategies. Establishing mentorship programs and peer support groups can provide a safe, supportive environment for students to share personal experiences and receive guidance.

For future researchers, further exploration is needed into the diverse factors that may influence how students respond to patient death, such as prior experiences with loss, cultural perspectives, or levels of clinical exposure. Using quantitative methods to assess coping strategies or the emotional impact of these experiences can yield broader, generalizable insights. Additionally, evaluating the effectiveness of specific interventions—such as grief counseling, mindfulness training, and debriefing sessions—can help identify evidence-based approaches for preparing nursing students to face end-of-life care with resilience and compassion.

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