**Original Article**

# Examination of Life And Death Perceptions of Internship Nursing Students with Experience of Caring for Unconscious Patients: A Qualitative Study

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**Abstract**

**Purpose:** This study was conducted with the aim of examining the life and death perceptions of internship nursing students who had experience of caring for unconscious patients.

**Materials and Methods:** It is a phenomenological study. The study was conducted with senior year interns who were studying at the Nursing Faculty in a metropolitan city and had unconscious patient care experience.

**Results:** Two main themes emerged and six sub-themes were determined.

**Main theme 1.** *Challenges And Coping Efforts***;** Sub-themes: 1. Anxiety/Sadness; 2. Need for support; 3.The effort to control life; 4. Difficulty maintaining a sense of reality.

**Main theme 2.** *Gains;* Sub-themes:  5. Awareness in perception of life and death; 6. Ability to use empathy effectively; 7.Starting to become Professional.

**Conclusion** This study was presented with the thought of understanding the difficulties and strengths experienced by students who care for unconscious patients, and that this should guide students in education.

**Keywords:** unconscious patient, perception of death, nursing, interns

## Introductıon

The concept of death, which is the absolute and shared by all living creatures, is an unknown reality for every living being (Koç & Sağlam, 2008; Keskin, 2005). Employees working in health-related professions, especially nurses who are in close contact with patients, have great responsibilities. There is a close relationship between the care given to the patient whose death is near and the reactions of the healthcare personnel to the event of death. (Koç & Sağlam, 2008; Öz, 2004). Nurses are in an important position in terms of interacting with the dying patient and providing him with the support he needs. It is an effective way of behavior for nurses to help patients about illness, life, death and loss, to control their own feelings about these issues and to provide better psychological and physical care to patients (Öz, 2004).

Nursing discipline is a professional group based on theories and practices. Clinical teaching for students is a process in which they are in close contact with patients and have the opportunity to practice their individual learning skills. (Karaoz, 2013; Lin et al. 2014; Valiee  et al. 2016). Students have the opportunity to learn about the functioning of the clinic and simultaneously monitor the multidisciplinary communication processes of healthcare professionals with patients. Working with negative role models can negatively affect students' perceptions (Karaoz, 2013). While students' professional personalities develop, it is necessary and important to be aware of their own individual values (Korhan et al, 2018; Karadağlı, 2016).

The aim of the study is to examine the changes in the perception of death and life of internship nursing students, who have experienced caring for unconscious patients, through their experiences.  By analyzing the experiences of the students, it is planned to enable the determination of what they need in the education process, the

existing problems and the issues that need to be supported.

**Materıals and Methods**

**Study Design and Setting :** The study was conducted as a phenomenological study.

**Sample:** The study was conducted with senior intern nursing students who were studying at the Nursing Faculty in a metropolitan city and had unconscious patient care experience.  There is no exact number limit for determining the number of participants to be included in the study in phenomenological studies. The most common guiding principle for evaluating the adequacy of a purposeful sample is saturation (Hennink, Kaiser & Marconi, 2017; Morse, 2015).  Often referred to as data saturation or thematic saturation, the point indicates the point at which data begins to repeat, making further data collection unnecessary (Hennink, Kaiser & Marconi, 2017). In similar studies, this number varies between 5 and 25 people (Creswell, 2013). In this study, data saturation was completed after twelve students.

**Data Collection:** Face-to-face interview technique was used to collect data. On the day of the meeting, the researcher informed the participant about the purpose and duration of the research, how to collect the data, and the roles and responsibilities of the participants. Interviews generally lasted between 10 and 45 minutes and during this time the interviews were recorded with a tape recorder. Interviews were completed in a quiet and suitable environment where only the researcher and the participant were present. Socio-demographic questions and semi-structured questions were directed to students while collecting data. The semi-structured questions used in the interview were prepared to provide freedom and away from guiding the participant (Piri et al., 2018; O'Brien et al. 2014).

Semi-structured interview questions were as follows:

*1. How would you express caring for an unconscious patient?*

*2. What did you feel while caring for an unconscious patient?*

*3. Have your thoughts about life and death changed after you cared for the unconscious patient*?

**Data Analysis:** In the analysis of the data, Moustakas (1994) defined the method as experimental, unbiased or psychological phenomenology (Creswell, 2013, p.79). Data analysis followed the psychological phenomenology of Moustakas (1994); this puts less emphasis on the researcher's comments and more on the description of the participants' experiences.  Moustakas focuses on "stripping (or parenting)" from Husserl's concepts, which argues that researchers must take their own experiences out of judgment in order to approach the phenomenon under study from a pure perspective. The steps followed in data analysis are determining the phenomenon in the study, adding the phrase "freeing the person (the researcher) from prejudices about their own experiences" and collecting data from intern nursing students. In order to create the general essence of the experience, a structure was created in which the textural description of the students' experiences (what the students lived) and the structural classification (under what conditions and how they were experienced) was created. In this study, the above steps were followed in data analysis. Voice recordings were taken during the interviews and transcribed by the researcher. After the researcher completed the data collection, she started working on the texts. Then, the researcher reduced the obtained data to statements and quotations and combined them under themes. In the meantime, he determined the expressions of judgment regarding the sub-themes and placed these ideas in parentheses under the sub-themes. Then, the opinions of an experienced expert on the draft sub-themes and main themes were obtained. The researcher finalized the theme structuring on sub-themes and main themes, taking into account the expert suggestions.  The researcher clarified his prejudices about the sub-themes shown in parentheses in the "Researcher's ideas" sections. For the textural description, the students were asked about their individual experiences of caring for the unconscious patient. In qualitative research, reliability to ensure internal validity and transferability should be provided for external validity (Baskale, 2016).  In this study, one of the steps (shared in parentheses) is given to ensure internal validity, ensure long-term interaction, and reduce researcher bias. A detailed description of the inclusion criteria and working environment is provided as external validation steps. Among the reliability steps, the literature research, detailed transfer of the

research method and processes are the strengths of the study.

**Ethical Considerations:** Permissions were obtained from the institution where the study was conducted and the ethics committee (28.11.2019/12/04-443). The data were collected after the verbal and written consents of the students were obtained. It was announced that patients could withdraw from the study at any time.

**Results:** The demographic distribution of the participants is given in the table below. Average age of the students participating in the study, 22.83 calculated as. The students are all single. They did not graduate from a health-related school prior to their nursing undergraduate education. 25% of the students lived in a metropolitan city. 83.3% of the students do not have a family member with a chronic disease. Students have been practiced in anesthesia, internal medicine and oncology intensive care units (Table 1).

**Table1: Socio-Demographic Distribution of Students**

| | | n | % |
|---|---|---|---|
| *Mean Age* | 22.83 | 12 | 100 |
| Gender | Female | 7 | 58.3 |
| | Male | 5 | 41.7 |
| marital status | Single | 12 | 100.0 |
| Education status | High School | 12 | 100.0 |
| Working Status | Working | 1 | 8.3 |
| | Not working | 11 | 91.7 |
| The place where you lived for the longest time | Village / Town | 9 | 75.0 |
| | Metropolitan City | 3 | 25.0 |
| Do You Have Someone With Chronic Disease? | Yes | 2 | 16.7 |
| | No | 10 | 83.3 |
| Clinical application locations of students | Anesthesia Intensive Care Unit | 4 | 33.3 |
| | Internal Medicine Intensive Care Unit | 4 | 33.3 |
| | Oncology Intensive Care Unit | 4 | 33.3 |

The process of caring for the unconscious patient experienced by the students affected them both positively and negatively. After coding the expressions from his statements, a total of 2 main themes and 7 sub-themes were determined. All of the students experienced different exposures during and at the end of this process, with the effect of their individual characteristics. This process has been an interactive process for them in every sense.

**Main theme 1.** *Challenges And Coping Efforts***;** Sub-themes: 1. Anxiety/Sadness; 2. Need for support; 3.The effort to control life; 4. Difficulty maintaining a sense of reality.

**Main theme 2.** *Gains;* **S**ub-themes:    5. Awareness in perception of life and death; 6. Ability to use empathy effectively; 7.Starting to become Professional.

The biases of the researcher regarding the problems experienced by the students are given

in parentheses in the "Researchers' ideas" section.

**Main theme 1.** *Challenges and Coping Efforts*

**1. Anxiety / Sadness**

**Researcher' ideas:** (Encountering unconscious patients for the first time, the complex technological equipment of the environment can cause students to feel insecure, anxious, and inadequate).

**Students' statements:**

> *"It saddened me that a young patient was in this situation. It was also the first time I witnessed the death of a patient. I am very sorry for the patient, very impressed "(S3, S5)*

> *There was a young female patient who presented with a diagnosis of cerebral hemorrhage. I was very sorry for him. (S4)*

> *"We lost a very young patient, I still feel sorry when I think of it, (S5)*

> *"The thought that I can do something wrong made me very nervous" (S7, S12)*

> *"Lack of reaction in the unconscious patient and being unable to maintain communication gave me a feeling of anxiety" (S8, S9)*

**2. Need for support**

**Researcher' ideas:** (In this change of environment, which students experience for the first time and causes them to experience anxiety, it is expected that they need to be supported).

**Students' statements:**

> *"Before looking at the unconscious patient for the first time, I think it would be good to give each of us detailed counseling ..." (S4, S5, S6)*

> *"When my patient came to the oncology clinic and started to describe his experiences, I was very impressed (his voice was shaking), I was confused about how I should behave with the patient. I didn't know how to react " (S7)*

> *"I thought, "At first, I felt a hesitation, does the patient feel pain? Can he hear me?" (S9)*

> *"I really don't know why I'm speaking in a low voice. Until the last moment I heard that patients do not lose their hearing,but I noticed that I was speaking in an increasingly low tone of voice, I felt that I was drawn to myself, as if they did not react at all" (S9)*

> *"I share with my friends what I feel and experience. For example, I said it when I lost my first patient, but I don't say it anymore.....The first day I was so scared, I was getting nervous on the way to the patient, I always wanted the nurse to be with me when I was doing a procedure. " (S12)*

**3.The effort to control life**

**Researcher' ideas:** (Another method that students use to cope with their anxiety may be an increase in their efforts to control both their own and their families' lives).

**Students' statements:**

> *"My behavior especially towards my family has changed," (S7)*

> *"How much action can I take for myself and my family? I started thinking about smoking, alcohol, lifestyle-related illnesses that we could prevent……. In addition, when I thought about diseases beyond our control, my worries about myself and my relatives increased". (S11)*

> *"I started to be afraid of my family, my family is getting old, one day it will be like this and this is a process that cannot be stopped, my anxiety has increased a little (S12)*

**4.Difficulty maintaining a sense of reality**

**Researcher' ideas:** (The unresponsiveness of unconscious patients can be interpreted as a reaction to their frightening and acceptance of the students).

**Students' statements:**

> *"Very different from looking at a normal patient" (S6)*

> *"There is no way of communication with unconscious patients, it was very different and weird because there was no reaction. I don't know how to express it, but the patient's soul seemed to be taken.*

*His body is there but there is no reaction, I was a little scared " (S8)*

*"The patient's daughter visited, she wanted to cry but she couldn't cry, she withdrew, this affected me very much.I tried to understand how his relatives and loved ones thought of him " (S9)*

*"Looking at these patients was different, felt like we were preparing a half-dead person for death" (S9, S10)*

*"Before I did the procedure, I was explaining the procedure when I first encountered the patient, but I did not explain the procedure I did afterwards, before taking bath or oral care, because unconscious patient did not react, there was no response " (S10)*

*"The unresponsiveness of the patient made me nervous, I approached the patient hesitantly because I saw it for the first time" (S12)*

*"Something impressed me a lot, when relatives and loved ones come to visit, you feel that the patient is more individual. Even after my relatives came, I started to be more kind to those patients, I started following them more, For example I was wondering if it will get better" (S12)*

**Main theme 2.** *Gains*

**5. Awareness in perception of life and death**

**Researcher' ideas:** (Students may have increased awareness when they see unconscious patients, as they begin to review life and death thoughts through their own lives more frequently and intensely).

**Students' statements:**

*"After a minute I saw how it was not, it is not clear what will happen," (S1, S5, S8, S9)*

*"But I'm not afraid of death, I felt how close death was to us" (S2)*

*"The patient's heart stopped, he did not come back, but when I saw that patient, all my loved ones passed in front of my eyes" (S2).*

*"When I saw unconscious patients, I started to think more about death ……It has affected my view of life a little bit,*

*life is short, everything should not be cared for " (S4, S6, S7, S12)*

*"Now death has started to normalize in my eyes" (S5)*

*"My perceptions about life and death have changed" (S6, S7, S10)*

*"I used to think of life as just breathing but I realize it's not like that anymore. Understanding life, I guess to express yourself first to understand yourself and people" (S8)*

*" Actually, after seeing the first unconscious patient, I tried to be happy, to talk to everyone. I think everyone should know the value of life, nothing is more important than health" (S12).*

**6.Being able to use empathy**

**Researcher' ideas:** (Effective use of empathy is necessary and important for healthcare professionals. In this process, students experience using empathy effectively).

**Students' statements:**

*"When I saw the first patient, I imagined a relative of mine in his place. She was a 50-year-old woman, when I felt that way, I tried to help the patient more. Empathized, felt you were in a very difficult situation" (S6)*

*"I started to understand those patients better" (S6)*

*"After I saw the first unconscious patient, I thought of my grandfather who died of cancer, my grandfather was also in intensive care, how has he been treated? I thought" (S12)*

**7.Towards professionalization**

**Researcher' ideas:** (Thanks to their experiences in intensive care units, students can follow the good and bad role model differences, start to show the right behaviors and adopt professional professional concepts).

**Students' statements:**

*"We did not make any explanation because the patient was unconscious before administering a medication to the patient. I think this was a mistake. I think this is somewhat overlooked" (S2)*

*"Some nurses in intensive care unit (ICU) talked loudly, they laughed, I was very uncomfortable for the profession" (S2)*

*"The nurse in the ICU told me: "These patients are in need of us, you have to do every step while performing a procedure for the patients, you are with your vijda while looking at the patient, the better we care for these patients, the better they are ". I liked this very much" (S2)*

*"It is necessary to pay more attention to the unconscious patient, it should be followed continuously addiction to you is high "(S3)*

*"Consciously or unconsciously, it is not very different for me, we want every patient to heal,  and I actually didn't feel any difference until I lost the patient "(S4)*

*"I realized that I wanted to be an intensive care nurse,people who can really do this job very well should work in intensive care. I decided to become an internal medicine intensive care nurse" (S5, S6, S7, S8)*

*"In ICU, I did not think that most of the patients were very different from other patients because they were severe" (S11)*

**Dıscussıon**

In the study, senior nursing undergraduate students' experiences of caring for unconscious patients in clinical teaching processes were examined. The students' perceived life and death concept changes related to the reasons arising from the encounter with these patients and the practice environment were tried to be followed. The students stated that health and life are precious and death is a reality that can happen to everyone and at any moment. Lack of verbal communication with unconscious patients is a situation that threatens students' perception of reality and creates anxiety and fear in their approach to the patient. Most of the students perceive the unconscious patient as close to death. During this process, they feel partly unprepared and are affected by the positive or negative attitudes of clinical nurses.

In the education of health professionals, theoretical education and clinical education are integral parts of a whole that must be given together. Unlike theoretical education, clinical teaching is influenced by many external factors (Korhan et al, 2018). Nursing students can find active learning opportunities during their clinical education and also contribute to their personal and professional development (Liu et al, 2011; Fowler, 2008). Learning style supported by experiences also increases students' awareness of their own emotions (Mallory, 2003; Birkholz et al. 2004).  With hands-on training, students can find the opportunity to discuss death and their emotional reactions to death (Mok, Lee & Wong, 2002).

In a study, it was found that nursing students feel themselves helpless, guilty and sad while caring for dying patients. (Liu et al, 2011; Deffner & Bell, 2005). Nursing students may be negatively affected by the unprofessional attitudes and behaviors of health professionals or lecturers towards patients, their relatives or themselves (Callister et al, 2009; Cameron, Schaffer & Park, 2001; Han & Ahn, 2000). It has been shown that nursing students develop their self-awareness when creative ways are used in teaching (Picard, Landies & Minnick, 2007).

In this study, students made positive and negative inferences depending on the events and processes they witnessed. This situation enabled the students to direct their own professional understanding. When many students felt that they could cope with the effects of the environment they witnessed, they decided to work as intensive care nurses.

Since nurses are at the forefront of end-of-life care, it is imperative that nursing students be prepared for this situation. Studies show that nursing students are unprepared to offer compassionate and quality end-of-life care (Gillan,  van der Riet & Jeong, 2016). In another study, it was determined that nursing students need knowledge and skills to maintain care for a dying patient and to examine their own feelings. The sadness felt distracts students from connecting with patients (Liu et al, 2011). In a study conducted in Sweden, it was shown that when nursing students need to share their feelings and thoughts, they cannot find peers and educators to talk. (Liu et al, 2011; Begat & Severinsson 2001).  During their education, it is important for nursing students to comprehend professional values and to be aware of their individual values in adapting to new professional roles (Karadağlı, 2016). In another study, it was

found that nursing students were uncomfortable while providing care to unconscious patients in intensive care because their privacy was not respected and negative sharing was made with the patients (Korhan et al.2018). It has been shown that nursing students benefit from peer sharing when confronted with the concept of death. Sharing raises awareness about discussing common coping methods and finding solutions.

**Conclusıons and Recommendatıons:** In the study, it was found that the students experienced anxiety and fear when they first encountered unconscious patients, and they also felt anxious in the intensive care environment. Nursing students; It has been determined that there is a need for support before, during and after the application in clinics with severe patients such as palliative care, anesthesia, intensive care and oncology. Nurse educators should allow students to understand their own emotions, give them the opportunity to confront the concepts of life and death in their inner world, and provide support when necessary. It is clear that more work is needed in this area..

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