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**AN EDUCATIONAL MATERIAL  
FOR SAMK NURSING STUDENTS ON HOW TO TAKE  
CARE OF DECEASED PATIENT**

DEGREE PROGRAMME IN NURSING  
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<p>Death is an inevitable end that every human must undergo at some point in one's existence in this planet earth. When it comes, it is expected just as it was done at the birth of the person, that adequate care be given as well. The onus then lies on nurses and other caregivers to offer a special professional care to the deceased patient.</p> <p>The focus of this project was to produce an educational material for SAMK nursing students on how to take care of deceased patient. In the material is explained in details step-by-step nursing procedures involved in taking care of a dead body, and to also unravel what nurses do, when and how in providing last nursing care to the patient, as well as offering support to the family through effective communication.</p> <p>The study adopts Power Point presentation in nursing practice. Power Point is an instructive tool for educating and conveying materials in classes. Power Point can enhance teaching and learning session, equipping you to utilize illustrations and other sight and sound to explain understanding and to help diverse learning styles. The study adopts an in-depth description of the all-encompassing and collaborative nursing care for a deceased patient up to the time of interment. This implies that once a patient is ascertained dead, the patient's last moments must be accurately recorded in the patient information system (such information includes death certificate, funeral permit, relatives' contact etc.)</p> <p>The quality of the educational material created was evaluated by giving out a closed-ended e-questionnaire to both SAMK nursing students and teachers for rating. The feedbacks gotten from the questionnaires were analyzed using coding in Excel worksheet and finally presented in a Pie Chart to derive a conclusion.</p> <p>Thus, the laid down procedures examined in this project will enhance the knowledge of nursing students on clinical work on the nursing care and procedures required after the death of a patient, and also kindle the interest of other health practitioners and care givers who may wish to carry out further researches on the topic or other related topics.</p>		
<u>Key words</u> Death, Nursing, Nursing procedures, PowerPoint, Educational material		

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## 1 INTRODUCTION

The project focuses on producing educational material for the teaching nursing students in English in Satakunta University of Applied Sciences. This project became necessary because of the limited educational materials in English when teaching nursing students at SAMK. When completed, this project would have served the purpose of filling the gap created by this paucity of teaching materials.

The project is based on the belief that the moment of death is full of grieving. Hence, knowing what and how to offer quality care is of utmost importance. The emphasis here would be to maintain and stabilize the atmosphere through effective communication and at the same time follow the evidence-based practices and procedures on nursing care after death laid down by the organization. The study will on the long run enhance and deepen nursing knowledge of students. In addition, the experience from this project will go a long to enrich authors' knowledge bank thereby making them as better nurses.

## 2 THE PURPOSE AND OBJECTIVES OF THE PROJECT

The purpose of this project is to produce evidence-based educational material for nursing students on how to take care of deceased patient. It is hoped that the final material will be used in teaching international nursing students of SAMK. This became necessary due to the insufficient materials available in teaching international nursing students in the University. Since the material will be evidence-based it means that the text is relying on the research articles, newly published books and accepted nursing practices among nursing professionals.

The first specific objective of this project is to produce Power point -slides which will help nursing teachers in teaching and SAMK`s international nursing students in their

learning process concerning of the care process of deceased patient. Second objective is to produce material that serves as a guide for nursing students in their clinical work.

### 3 TAKING CARE OF DECEASED PATIENT

A patient is announced deceased when the doctor ascertained that the brain and/or heart has stopped working. According to Collins' dictionary, death is "the permanent end of all functions of life in an organism or some of its cellular components". As asserted death is "When an individual who has sustained either irreversible cessation of circulatory and respiratory functions, or irreversible cessation of all functions of the entire brain, including the brain stem is dead. A determination of death must be made in accordance with accepted medical standards." (Williams 2017). When a person's breathing, heartbeat, other respiratory vital organs and electrical activities of the brain ceases, the person is considered dead.

#### 3.1 Considerations in caring for a deceased patient

Caring for a deceased patient involves both the physical and personal care of the deceased patient's body and nurses should consider care after death as the continuation of individual-centered care they ought to provide whether the patient is dead or alive (Leadership Alliance for the Care of Dying People 2014). It is very important to be empathic and kind with their choice of words when informing the family of the deceased patient about the death of the patient, the nurse should bear in mind that such news could be distressing and painful to the deceased patient family (Greenway & Johnson 2016).

On the cultural and religious background of the patient, caring for the dead patient should take note of the psychological and social issues as well as cultural taboos. It is believed that different cultures may require significantly different approaches (Russell & Gafford 2015). According to Hills and Albarran (2010), attention should be given

to the cultural and religious preferences of the deceased patient. Based on this fact, nurses should be very sensitive to these factors in caring for deceased patient.

In addition, it is the responsibility of the nurse to inspect the deceased patient body to ascertain whether there are external objects like pacemaker in the body. Furthermore, the rule of respecting patient privacy should be adhered to even though we are taking care of a deceased patient. In addition, we should make conscious effort to respect his privacy, wishes and vital information (Martin & Bristowe 2015).

The body and belongings should be treated with respect and dignity (Gary 2019). To this effect, nurses should not breach privacy rules while discharging their duties. Lastly, the procedure should not cause harm nor damage. In other words, avoiding deliberate harm during the performance of nursing procedure. The action or inaction of the nurses would rather be soothing and supporting than inadvertently adding more sorrow to the bereaved family (Gary 2019).

### 3.2 Steps involved when taking care of a deceased patient

Under this heading, we present the procedures involved in taking care of deceased patient before taking to the morgue. The doctor does these procedures immediately after the confirmation of death, and the family members of the deceased person have been informed. It is very essential for nurses who will care for the deceased patient to wear the appropriate protective equipment such as apron and gloves before handling the deceased body in order to minimize any risk of infection from the deceased (Greenway & Johnson 2016).

Deceased patient's face is washed. Close the eyes of the deceased patient gently before commencing by placing a soft gauze to apply light pressure. The eyes may remain closed on its own if they were closed properly immediately after the death of the patient but the eyes cannot close on its own, the nurse can place a soft weight such as a smooth cloth or gauze on the eyes to keep them in position from opening. (Glen 2019).

After the face is washed, the nurse must ensure that the mouth is properly closed before the deceased body begins to get stiff. In case the mouth does not close, the nurse can support the chin by using a soft-weighted sleek fabric or a bandage. This can be done by placing the middle-point of the fabric or bandage at the top of the deceased patient's head and wrapping it around both sides of the face to under the chin and from the top of the head to be tied securely to ensure that the head of the deceased patient remains in position (Hospice UK 2015).

The body of the deceased patient is cleaned with a facecloth using water and a small amount of soap. While washing the deceased patient's body, ensure that the privacy of the patient is highly adhered to and maintained (National Institute for Health & Care Excellence 2015). Here, start with the arms and legs and thereafter proceed by turning the front and back of the torso. At this stage, two people working side-by-side would ensure perfect turning and rolling of the deceased patient. Before moving to another part of the body, ensure that the current part of the body you are working on is properly dried. (Glen 2019).

After the body has been properly cleaned, dressing the deceased patient's body is done according to the personal wishes and deceased's cultural practices. The body is dressed and covered properly with a shirt or a dress for privacy purposes. Wear the deceased patient diaper to absorb any fluid leakage from the lower part of the body, also if the deceased patient has any injuries or fluid that is still leaking fluid or blood, it must be well covered with cotton pads to avoid soilage (National Institute for Health & Care Excellence 2011). The dress to be worn by the deceased patient could be cut up at the back starting from below the neckline at the back of the dress to the bottom to ensure the nurses easily wear it on the deceased body. Gently put the arms into the sleeves of the dress before placing the opening of the neck over the head of the deceased patient afterwards you tuck the sides of the dress under each sides of the body (Hills & Albarran 2010).

Lastly, make sure the arms are properly positioned side by side of the body and the legs are in a straight position. If the deceased patient is placed on a bed with his/her head raised, gently lower the head of the bed to be in a flat position (Glen 2019).

## 4 NURSING EDUCATION IN SAMK

Caring for a deceased patient is a very important topic in nursing education because it is an essential part in the training requirement of nurses. This topic helps to equip nurses and nursing students with the right knowledge to provide an optimal care for deceased patient and their families in a hospital setting. Caring for a deceased patient is a special topic that encompasses the required guidelines for nurses to practice when they care for a dead patient and provide relief for their family members (Von-Gunten & Ferrell 2014). This topic is treated as a section in the nursing education curricula to improve nurses' knowledge, ethical principles and promote the quality of care offered to deceased patients (El-Nagar & Lawend 2013).

SAMK international nursing student are from different parts of the world. The international nursing program in SAMK started in Autumn 2017 with 25 students from different cultural and ethnic backgrounds. Since then, every year new set of international nursing students have been admitted. Based on this succession and consistency, the international nursing program of SAMK has continued to develop and wax stronger year by year. Nursing education in SAMK is hoped to prepare student for a valued profession. In other words, when graduated, they expected to be working with clients of different groups in the quest for promoting health and wellbeing. To be a professional nurse, SAMK's competencies focus on ethical principles, comprehensive and multidisciplinary knowledge, practical skills and interaction skills (SAMK 2020).

### 4.1 Types of educational materials

Before presenting different types of educational materials, it is imperative to explain the meaning of educational materials. Educational materials mean any collection of materials, which include physical and non-physical objects and human resources that a teacher or instructor could use in teaching to facilitate learning process thereby achieving desired learning objectives. Obviously, educational materials have the



potency to aid a student in concretizing a learning experience and in making learning more exciting and interactive. Some core tools used in instructional activities include active participation and assessment. Put differently, educational materials encompass all the materials and physical means, which an instructor might utilize while implementing instruction as well as to facilitate student's achievement of instructional objectives (Lewis, 2019).

Educational materials compose of specific similarities or characteristics, which makes it possible for them to be classified under types. Some materials are in form of audio, which is, giving out educational information as a representation of sound signals e.g. cassettes. Printed format is a typed representation of information on paper form e.g. books. Visual form may include the pictorial representation of information in form of charts etc. Audiovisual form is the combination of presenting an information both in audio and visual form simultaneously e.g. tapes and finally in an electronic interactive format the presentation of information is in form of books and documents in an electronic background accessed by computerized tools e.g. tablets (Lewis 2019). The different types of educational materials are presented in Table 1.

Educational materials are classified under the following headings in the table below:

Table 1. Types of educational materials (Lewis 2019)

Print	Textbooks, pamphlets, handouts, study guide, manuals
Audio	Cassettes, microphone, podcast
Visual	Charts, real objects, photographs
Audiovisual	Slides, tapes, films, television, video, multimedia
Electronic interactive	Computers, graphing calculators, tablets

## 4.2 Power Point as an Educational Material

Power Point presentation as an educational material is used on this project because it is a powerful tool, which is quite adequate for passing the kind of information is wished to convey. It will aid in the better illustration of points, which involves visually for clearer understanding. These days, Power Point is an instructive tool for educating and conveying materials in classes. It was fundamentally created for presentation and not for educating and learning in a study hall. Its applications in instructing and learning settings ought to give better methods for conveying information to the students. Utilized insightfully, Power Point can enhance teaching and learning session, fortifying what you state and permitting you to utilize illustrations and other sight and sound to explain understanding and to help diverse learning styles. (Hashemi, Azizinezhad & Farokhi 2012).

The following justify why Power Point can enhance the teaching and learning experience for both staff and students. Firstly, it gives consolation and support to staff by encouraging the organizing of a presentation in an expert way. The templates gave have been intended to default to great presentation criteria, for example, the quantity of lines of data per slide and suitable text dimensions and types. Utilizing the styles of the default layouts can essentially improve the lucidity and organization of a presentation. This assists in avoiding the regular utilization of unreasonable content frequently found on overhead transparencies (Hashemi, Azizinezhad & Farokhi 2012).

Through blending of media, a presentation can engage various distinctive learning styles and be made more animating. You are urged to integrate progressively advanced visual and sound-related media into presentations. Joining should be possible, either straightforwardly from inside the program or, here and there more effectively, by fitting delaying of the Power Point -slides and utilizing elective innovation. In addition, editing of each Power Point file is largely very easy with minimal reprinting costs. This enables reflection to be actualized. This pave way to evolution in teaching materials whereby the consequences of any revision in terms of either workload or time are minimized (Hashemi, Azizinezhad & Farokhi 2012).

### 4.3 Power Point, manuscript, and production

It is believed that well-written manuscript is a prerequisite for a standard Power Point slides. To that end, manuscript outlines the focal themes, form, and content. Before a standard Power Point manuscript could be produced, it is imperative to take note of the following factors, which are integral in this aspect. The quality of the Power Point manuscript solely depends on the customization of the slides with a school colors and logo. A standard method to ensure that your presentation is creative and captivating to your intended audience is to use school colors and logos if available. They should be used as accents to highlight heading elements or in charts, etc. (Lesley 2015).

The inclusion of animation and slide transitions can add interest to the presentation. However, we will avoid using them for each slide rather save them to transition between different sections of the presentation. In addition, making use of visual aids will make it easy for students to follow along by adding some visual elements throughout the slides' presentation. This may include charts, graphs, and photos, among others (Tom 2017). We incorporated visual aids in our manuscript, and which appeared nicely when produced.

When writing the manuscript, we focused on one concept/idea per slide. We made sure that we avoid having many ideas on one slide as this may overwhelm the audience and can equally create an atmosphere of disinterest if not checked properly. It is very important to leave plenty of white space around various presentation elements. This will make it easy for our reader/audience to focus on your presentation and will avoid the slide presentation looking cluttered. (Lesley 2015).

In the production of the Power Point, efforts were made to ensure that it follows sequential order. That is, creating a slide from scratch should be short and simple. This implies using minimum colors, fonts and projecting the ideas in sequential order for

better clarity. All these factors were taken into consideration in the production of the manuscript.

## 5 PROJECT METHOD

For this project, we used Waterfall method. Dr. Winston Royce introduced this in 1970. This lays emphasis on logical progression in each phase and offered step-to step sequence in project planning to execution and closing (Shikha & Dinesh 2012). It is more suitable for a short time project with a clear-cut starting time and ending time.

Obviously, Waterfall is a straightforward method. For instance, it involves a well-articulated six stages in the development of the project life cycle. These are requirement analysis, system design, implementation, testing, deployment, and maintenance. It is instructive to say that Waterfall allows for early design changes. Here, changes could be done at the early life cycle. This means that there is flexibility in the project design that is project very important and this captured our attention as well.

In sum, the model is suitable when the requirements are clear and well established, the product well defined and known and the project life cycle is short. Our project falls within these requirements.

## 6 PROJECT IMPLEMENTATION

The project implementation stage is the phase where the authors of this thesis project put the project plan and evidence-based theoretical background to action in order to meet the thesis objectives. The instruments we needed for the implementation of this

thesis project were a phone for communicating to one other and a computer for editing and compiling of information.

The writing of this thesis project was done and carried out in different stages within a specific period. It consists of a preliminary stage, which involved the topic selection and searching of relevant literatures to build up the project. The second stage was when the first draft for the plan, which included the objective and aim of the project, was also written and sent to the supervisor for acceptance and corrections. After the plan was corrected and finally accepted, we moved to the third stage. The third stage was making an agreement with SAMK regarding the thesis project. The fourth stage was creating a theoretical background for the project with evidence-based literatures, which were properly referenced. The theoretical background of this thesis project was critically supervised by the project supervisor before it was accepted.

The fifth stage was writing the manuscript (Appendix 1) to be used for creating the Power Point slides and finally, the sixth stage was preparing the Power Point slides presentation, implementation of project, corrections, creating and giving out questionnaire for project evaluation and finishing the project. The last and seventh stage was the submission of the final project thesis to the supervisor for correction and approval. Each stage was written, sent to the supervisor for corrections and approval.

Table 2. Project implementation and timeline

Stages of project	Activity	Time
1.	Preliminary stage (Topic selection and searching of relevant literatures)	November 2019
2.	The first draft of the plan was created and submitted for corrections to project supervisor	January 2020
3.	Making an agreement with SAMK regarding the thesis project	1 <sup>st</sup> -5 <sup>th</sup> of February 2020
4.	Creating a theoretical background for the project with evidence-based literatures	23 <sup>rd</sup> – 31 <sup>st</sup> March 2020
5.	Writing the manuscript for creating Power Point	1 <sup>st</sup> – 27 <sup>th</sup> April 2020

6.	Preparing the Power Point slides presentation, implementation of project. Corrections, creating/giving out questionnaire for project evaluation and finishing the project.	1 <sup>st</sup> - 5 <sup>th</sup> May 2020  11 <sup>th</sup> – 21 <sup>st</sup> May 2020
7.	Submission of the final project thesis to the supervisor for correction and approval	21 <sup>st</sup> May 2020

## 7 RESOURCES AND RISK MANAGEMENT

Several resources, which included both human and material resources, were needed and used to carry out this project effectively. Human resources involved some components such as staffing, recruitment and compensation, which is the payment for service rendered. On the issue of staffing and recruitment, we were unable to recruit another person because of some changes in the process. On payment, both of us contributed money and paid for any cost bore during this project.

On risk management analysis, there are five components that we considered during the process of carrying out this thesis project (Figure 1). These five steps in risk management were integrated into our project and the first step is the identification of risk, which asks what type of risk might be involved in writing this project. For example, operational risk, system risk etc. The second step is the risk measurement and assessment, which tries to unravel information surrounding the risk and assesses their impact. Risk mitigation is the third step and it starts right after the risk has been categorized and measured. Having done that, it is important to report regularly on specific risk measures to keep it at barest minimum. Lastly, the risk governance ensures that everybody undertakes or performs his function according to risk management (Samer & Louay 2012).



*Figure 1. Five components in risk management analysis (modified from: Knowledge-based risk management framework for Information Technology Project. Information journal of information management, vol. 32, pp 50-65.)*

## 7.1 Project Assessment

In the assessment of this project, we were able to coordinate every resource and manage each activity at each stage, though some changes were made to the initial plan, but we were able to put together an alternative plan with the help of our project supervisor. We searched for related evidence-based literatures to create a theoretical frame and background for the thesis project that was sent to our supervisor for approval. The project supervisor highlighted the necessary corrections to be done and we effected these corrections.

The initial plan was to produce an educational video on how to care for a deceased patient for SAMK nursing students, based on the foregoing, due to COVID-19 pandemic, which was beyond our control, our interactions, and meetings were done

virtually. Virtual meeting has its challenges like network failure, among others. A lot of adjustments and changes were incorporated in this project to ensure its quality. However, we were able to manage them perfectly well during the process of writing this thesis project. In addition, SAMK premises were closed indefinitely because of the pandemic, which made it impossible to shoot our video in the school. Therefore, project supervisor and we agreed and decided to use power point presentation as an alternative educational material.

The initial plan which involved writing a manuscript was continued but not for a video production but instead for a power point presentation which made us to stick on the main purpose of the project without deviation. We made a manuscript (Appendix 2) which served as a guide or roadmap to streamline the contents that will be in the power point slides in order to achieve the purpose of the thesis project and the manuscript was written in slides. After the necessary corrections, we started the power point creation. We made sure that each slide in the power point presentation (appendix 3) was prepared according to the manuscript. The preparation of the slides in the power point presentation was made easily and comprehensively because of the already well-prepared manuscript, which we allocated enough time for during its preparation and writing process.

At the initial stage of writing this project, we were able to meet each other physically on frequent occasions to discuss and write the project but due to the corona pandemic, we could not meet physically anymore. We continued meeting and writing the thesis using google docs, which proved to be an effective method as we, could both edit at the same time and comment on each other ideas.

Many times, we had to make several changes to the scheduled time for a particular stage. At most occasions, the time designated to complete a particular stage was not enough due to effecting corrections outlined by our project supervisor. For example, we planned manuscript and report writing from 6<sup>th</sup> to 20<sup>th</sup> of February which was a general estimated plan. However, once we started working with the report and the manuscript, we realized that the time frame that had mapped out for it was not enough to do both the manuscript and the report in general. We created an e-questionnaire (appendix 4) which contains four (4) closed-ended questions. The



questionnaire was sent to both teachers and students to be filled anonymously so that its responses will be used to evaluate the thesis project.

## 8 EVALUATION OF THE PROJECT

### 8.1 Evaluation of the project and resource management

The topic of taking care of deceased patient is quite broad. We were able to limit the topic to taking care of deceased patient. Despite having several information written in Finnish language the authors were able to create a new educational material instead of just translating them. The sole purpose of this project is to produce evidence-based educational material for nursing students on how to take care of deceased patient. Educational material was done as a Power Point presentation in agreement with the SAMK.

To evaluate this thesis project, we created an e-questionnaire (Appendix 4) which we added the Power Point presentation for the respondents to view so that they can evaluate its contents and quality. The questionnaire was sent to both SAMK nursing students and teachers to be answered anonymously. We received a total number of twelve (12) feedbacks (Appendix 5) which were analyzed using Excel work sheet. The feedbacks were analyzed using the coding method in excel work sheet by assigning numbers to the questions. In the Excel work sheet, the questions were coded as Q1 (question 1), Q2 (question 2), Q3 (question 3) and Q4 (question 4) while the responses were coded as 1 (poor), 2 (average), 3 (good), 4 (very good) and 5 (excellent). We created another Excel work sheet to analyze the frequency and total sum of the responses (Appendix 7) to enable us to present the percentages of response for each question in a pie chart (Appendix 8) for easy evaluation of responses gotten from the questionnaires.

The process was quite flexible, and the resources needed for this project were efficiently managed by us. We allocated time and task to each other. In other words,

at each stage, we knew what to do and how to do it. With this, the process was quite smooth without so many hitches. On the issue of the reliability of this presentation, this cannot be assessed reliably until the product has been used in the school for teaching purposes for a longer period.

## 8.2 Summary of the Results

The questions are as follows: Q1 (How would you rate the content of these slides?), Q2 (Have these slides added new knowledge in respect to taking care of a deceased patient?), Q3 (Rate the quality of these slides as an educational material) and Q4 (Overall rating of these slides).

The Pie-chart for Q1 shows that 50% of the respondents rated the contents of the slides to be good, 25% of the respondents rated the contents of the slides to be very good, 17% of the respondents rated the contents of the slides to be average, 8% of the respondents rated the slides to be Excellent and none of the respondents rated the slides to be poor. The Pie-chart for Q2 shows that 50% of the respondents are of the opinion that the slides added new knowledge in respect to taking care of deceased patient. The Pie-chart for Q3 shows that 42% of the respondents rated the slides to be a good educational material, 25% of the respondents rated the slides to be a very good educational material, 17% of the respondents rated the slides to be an average educational material while 8% of the respondents rated the slides to be both an excellent and a poor educational material. Finally, The Pie-chart for Q4 shows that 58% of the respondents rated the overall power point presentation to be good, 17% of the respondents rated the overall power point presentation to be very good and also average, 8% of the respondents rated the overall power point presentation to be excellent and none of the respondents rated the overall power point presentation to be poor.

### 8.3 Ethical viewpoint of the project

In carrying out this project, we made sure that we use evidence-based materials and sources. The citations were done with utmost accuracy to avoid plagiarism. Research ethics was considered concerning creating the e-questionnaire and analyzing it, we ensured the anonymity of the respondents or participants and the confidentiality of their responses or feedbacks to the questions. We made sure that the participants know the purpose of the questionnaire. The participants were under no form of coercion and were informed of their right to participate or not (Keller & Lee 2010). Furthermore, the data analysis process was done ethically by ensuring that data analysis tool used was an evidence-based data-analyzing tool. We also ensured that the inputting and coding of the feedbacks from the questionnaires were done correctly without any form of manipulation, falsification, and fabrication to achieve a reliable result (Warrell & Jacobsen 2014).

Finally, during all the process, we maintained and secured the school links, materials in order not to breach the privacy of the institution. In the same vein, we made sure that the final product of this project is transmitted to SAMK, the institution that ordered for it and not to any other organization.

## 9 CONCLUSION

The onus lies on a nurse to know his/her responsibility when a patient dies. This implies in the wake of affirming the death of the patient, the nurse must take out all the lines, tubes, and catheters from the deceased patient's body in respect to the guiding principles of the profession while preparing the body to be moved to the morgue. It may comprise cleaning and dressing up the deceased patient and maintain accurate information about the dead patient and offer mental help to the patient's relatives.

It is important for nurses to understand that caring for a deceased patient is an important aspect of nursing care because after the death of a patient, physical nursing

care for the deceased body continues as well as care for the family members of the deceased patient. Nursing students need to be well equipped with the right knowledge on how to care for a deceased patient before they start working fully in the healthcare sector. A nurse must be trained to be mentally stable when caring for a deceased patient and must be aware of the ethical considerations related to caring for a deceased patient such as administering the care in a respectful manner in order to protect the dignity of the deceased patient and to honor his cultural or religious preferences.

The feedbacks were from the respondents proved that the educational material we created is found to have good quality information that will help increase the knowledge of how to care for a deceased patient. While conducting this research, we found out that most of the available materials and resources on how to care for a deceased patient were either outdated or not evidence based. This material can be used in schools as lecture materials to teach nursing students and can add to existing literatures, but we hope that further research would be done in this topic in future.

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Manuscript

**Title of power point: AN EDUCATIONAL MATERIAL FOR SAMK NURSING STUDENT ON HOW TO TAKE CARE OF DECEASED PATIENT**

By Anunobi Innocent & Mohammed Abdille

Satakunta University of Applied Sciences

2020.

**Slide 1**

It contains, the title/headline of the topic, Satakunta university of applied sciences logo and the names of the authors. In every slide, Samk logo and author names will appear for copy right purpose.

**Slide 2**

It contains the list of subtopics:

- How death is determined
- Cultural and religious considerations in caring for a deceased patient
- Ethical considerations in caring for a deceased patient
- Things to take account while caring for a deceased patient
- Steps involved in taking care of a deceased patient

In font style of slides, we use Times new roman because it's among the most popular on Windows devices and in SAMK's recommendation. The font size of headlines is 18 and font size of the texts are 16.

**Slide 3**

In this slide, deceased patient is defined and explained.

Death could be defined as when person's breathing, heartbeat, other respiratory vital organs and electrical activities of the brain cease from working. Doctors can only certify death. When a nurse notices that a patient is dead, he/she must do the following:



- Call the doctor to confirm the death and to issue the death certificate/ the funeral permit
- Write down the time of death
- Call and inform the family of deceased patient
- Pack the belongings of deceased patient in a bag

#### **Slide 4**

In this slide, cultural and religious background of deceased patient is discussed.

On the cultural and religious background of the deceased patient, caring for the dead patient should be taken note of the psychological, social, as well as cultural taboos. Different religions have different practices and it may vary even among members of the same faith. For example, in Buddhism, after the body of the deceased patient has been washed, wrap the body properly using a white cloth. In Christianity, there is no specific requirements. After cleaning the body, sheet above the body is put in cross form and flowers on the top. In Islam, female deceased patient is cared for by female nurse and male is cared for by male nurse likewise.

#### **Slide 5**

Respect for deceased patient is discussed in this slide.

- Nurses should treat the deceased patient with respect and care according nursing ethics
- Nurses should be very sensitive when caring for deceased patient, the privacy and wishes should be respected
- The belongings of the deceased patient should be treated with respect and dignity
- All the recordings on the deceased patient file should kept intact

#### **Slide 6**

Checking for external objects or devices on the deceased patient is discussed in this slide.

It is always important to check the entire body of a deceased patient to know if they have any external object in their body like peacemaker or cannula. Do not remove cannula lines or any other external objects from the deceased patient if the body will go for autopsy. A picture of a patient with catheter will be attached to a clearer understanding. This is relevant because it shows an example of a device which could be found on a deceased body to students who may not have an idea of what it means.

### **Slide 7**

This slide has the caption “Steps involved in taking care of a deceased patient.” It serves as little introduction to the subsequent slides.

Certain procedures should be carried out immediately after the confirmation of death by the doctor and the family members of the deceased person have been informed. These steps will be outlined in the next slides.

### **Slide 8**

The materials needed in taking care of deceased patient are outlined in this slide. The following are the materials that would be needed:

- Trolley - used for carrying the materials that would be needed
- Bandage – used to tie the head to keep in position
- Gauze swabs- used to place on the eyes as soft weight to keep it close
- Shaving foam / razor
- Oral hygiene tray
- Mortuary gown / night attire / or according to relatives’ wishes
- Perineal pad / pants- used to absorb any form of liquid spill from the deceased body
- ID Bands
- Sheet
- Disposal bag & cello tape

- Bag(s) for belongings
- Receptacle for soiled linen

A merged picture of a trolley, bandage, gauze swabs and ID bands would be attached below the text. The materials will be listed in two columns.

### **Slide 9**

Before starting the process, nurses are expected to do the following:

- Acknowledge strict personal hygiene. Hand hygiene could be achieved by washing hands with liquid soap and water and apply hand disinfectant.
- Put on gloves, water resistant gown/ plastic apron and surgical mask

### **Slide 10**

In this slide, step by step procedures of cleaning the deceased body is explained.

- Gently wash the deceased patient's face
- Ensure that the deceased patient's eyes are properly closed and in position by placing a soft weight on them
- After that, begin with the arms and legs and then move to the front and back of the body. At this stage, two nurses working side-by-side would ensure perfect turning and rolling of the deceased patient
- Dry the part of the body you are working on before moving to another

### **Slide 11**

The process is continued in this slide.

- Gently close the mouth before the body starts to stiffen. If the mouth will not stay shut, place a rolled-up towel or washcloth under the chin
- To create more support to keep the head in position, use a lightweight, smooth fabric scarf to wrap around the side of the face, under the chin and up to the top of the head where it can be gently tied
- Change diaper and put on clean one

- Tie the legs in order to keep them in the right position. Fill the deceased's details, that is, patient's name, date of birth, time and place of death for correct and easy identification of the body for instance in mortuary. Fix this tag on the deceased's ankle

Attached on the right side of this slide is an image of two nurses putting a soft weight on the eyes of the deceased patient for it to remain close and keeping the head in position by wrapping a scarf or bandage from the chin round the face.

### **Slide 12**

In this slide, how to dress the deceased patient is explained

- To dress and cover the body should be done according to the personal wishes and deceased's cultural practices
- A shirt or a dress can be cut up the middle of the back from the bottom to just below but not through the neckline or collar
- Place the arms into the sleeves first and then tuck in the sides under the body on each side

### **Slide 13**

In this slide, positioning of deceased patient is explained. The arms are positioned alongside his or her body and be sure the legs are straight. If the person is in a hospital bed with the head raised, lower the head of the bed to the flat position.

### **Slide 14**

References and end of power point slides.

Power point presentation

**AN EDUCATIONAL MATERIAL FOR SAMK NURSING STUDENT ON HOW  
TO TAKE CARE OF DECEASED PATIENT**

Innocent & Mohammed 2020



Slide 1.

**CONTENTS**

- How death is determined
- Cultural and religious considerations in caring for a deceased patient
- Ethical considerations in caring for a deceased patient
- Things to take account while caring for a deceased patient
- Steps involved in taking care of a deceased patient

Innocent & Mohammed 2020



Slide 2.

## **Deceased patient is defined and explained**

Death could be defined as when person's breathing, heartbeat, other respiratory vital organs and electrical activities of the brain cease from working. Doctors can only certify death. When a nurse notices that a patient is dead, he/she must do the following:

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Slide 3.

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On the cultural and religious background of the deceased patient, caring for the dead patient should be taken note of the psychological, social, as well as cultural taboos. Different religions have different practices and it may vary even among members of the same faith. For example, in Buddhism, when washing has taken place, the body should be wrapped in plain white cloth. In Christianity, there is no specific requirements. After cleaning the body, sheet above the body is put in cross form and flowers on the top. In Islam, female deceased patient is cared for by female nurse and male is cared for by male nurse likewise.

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Slide 4.

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Slide 5

### **Checking for external objects or devices on the deceased patient**

It is always important to check the entire body of a deceased patient to know if they have any external object in their body like peacemaker, catheter or cannula. Do not remove cannula lines or any other external objects from the deceased patient if the body will go for autopsy.



Slide 6.

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Certain procedures should be carried out immediately after the confirmation of death by the doctor and the family members of the deceased person have been informed. These steps will be outlined in the next slides.

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Slide 8.



**...continued**

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Slide 9.

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- Put on gloves, water resistant gown/ plastic apron and surgical mask

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Slide 10.

## Step by step procedures of cleaning the deceased body

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Slide 11.

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Slide 13.

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The arms are positioned alongside his or her body and be sure the legs are straight. If the person is in a hospital bed with the head raised, lower the head of the bed to the flat position.

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Slide 14.

## References

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## Questionnaire Form

elomake.samk.fi/lomakkeet/10525/lomake.html?esikatselu=true

An educational material for SAMK nursing students on how to take care of deceased patient  
1=poor 2=average 3=good 4=very good 5=excellent

Feedback form

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	1	2	3	4	5
1. How would you rate the contents of these slides?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have these slides added new knowledge in respect to taking care of deceased patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Rate the quality of these slides as an education material?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Overall rating of these slides?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback form

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Coding of Feedbacks in Excel worksheet

The screenshot shows an Excel spreadsheet with the following data:

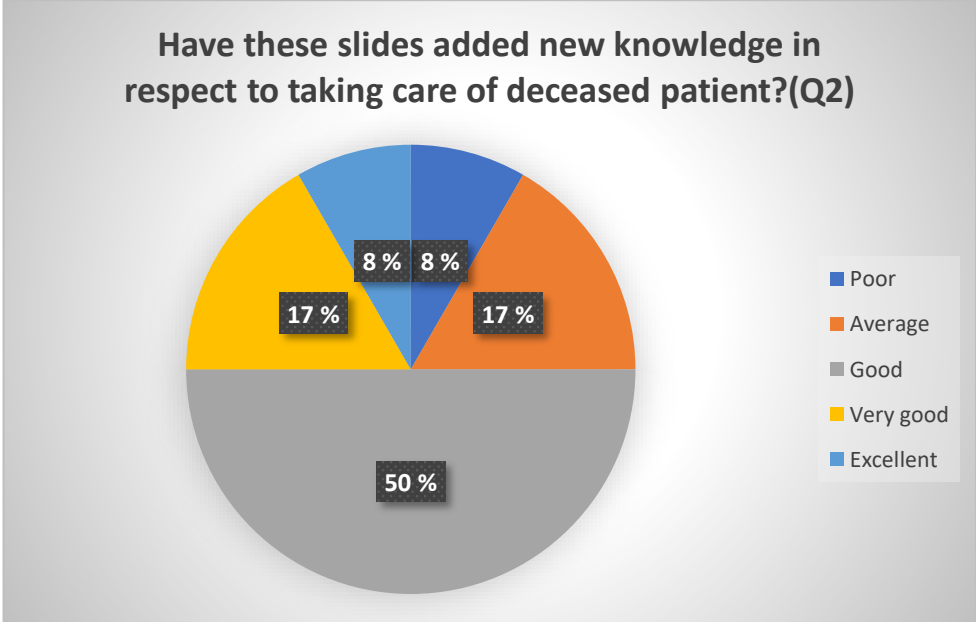
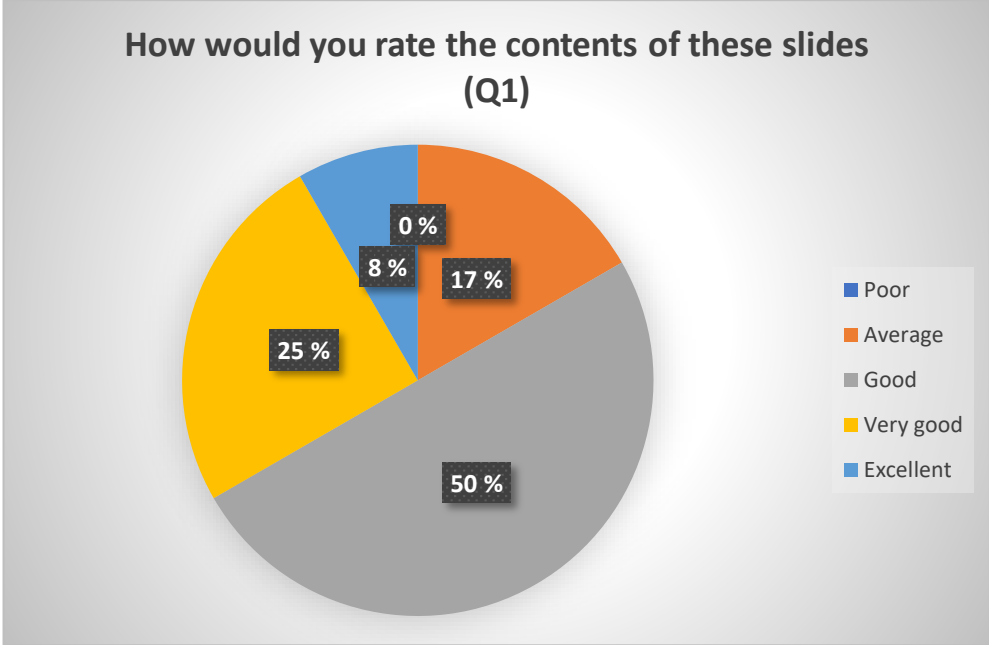
	A	B	C	D	E	F	G
2							
3	ID#	Results_Q1	Results_Q2	Results_Q3	Results_Q4		
4	1	4	3	4	3		
5	2	3	3	3	3		
6	3	3	3	3	3		
7	4	4	4	4	4		
8	5	3	3	3	3		
9	6	3	3	3	3		
10	7	2	2	2	2		
11	8	3	3	2	3		
12	9	3	2	3	3		
13	10	4	4	4	4		
14	11	5	5	5	5		
15	12	2	1	1	2		
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The spreadsheet interface includes the 'Home' ribbon with options for Clipboard, Font (Calibri, size 11, Bold, Italic, Underline, Paragraph, Fill Color, Text Color), and Alignment. The active cell is I15.

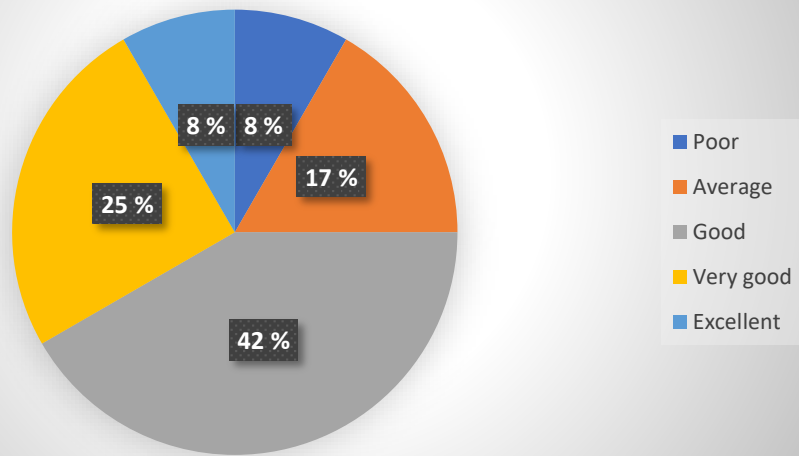




Pie-chart presentations of feedbacks in percentages.



### Rate the quality of these slides as an education material(Q3)



### Overall rating of these slides (Q4)

