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Nursing students' experiences with encountering dying pa- tients

A literature review

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Abstract <p>Death is a natural part of life and something that nurses deal with at some point in their careers. Some nurses have their first experience with caring for a dying patient while still in nursing school, some graduate with little to almost no actual experience with it. What experiences nursing students have with dying patients is a topic that needs to be studied as there is a great deal to consider in the care of a dying patient. For example, when a patient is dying, their needs, beliefs and wishes should be considered, but one also must take their family and loved ones into consideration. For a student nurse all this might be something new. What to say? What to do? However, as everyone is different, for some students the whole experience can be more familiar, perhaps, because of their previous career, having lost a loved one or other experiences.</p> <p>The aim of this study was to examine nursing students' experiences with dying patients. The purpose was to provide information that could help to develop nursing programmes. A literature review was conducted, and the articles used in the study came from a free database that was accessible through JAMK.</p> <p>According to the results, taking care of a dying patient is often a scary experience that awakens many different emotions. Therefore, nursing students might feel that they need more practical training in order to feel comfortable in taking care of dying patients. In most cases, the students feel that they have acquired insufficient practical experience from their studies with taking care of a dying patient. The conclusions and findings of this literature review provide a perspective on nursing students' experiences from international sources. The results can help develop the curriculum of current nursing studies.</p>		
Keywords Nursing students, experiences, dying patient, end of life and palliative care.		
Miscellaneous		

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1 Introduction

A nurse works with all kinds of patients in all possible kinds of situations. It is the nurse's aim to improve the quality of life of a patient and to protect life. (Ethical guidelines of nursing 1996.) Sometimes there is only so much a nurse and the medical staff can do, however, and despite everyone's best efforts, patients will die.

Nurses caring for dying patients need to be prepared to cater for all kinds of needs. They need to be able to deal with the patients' families and their needs as well as the patients themselves. (Roles and responsibilities 2006.) As nursing students, we feel that our current curriculum does not prepare us thoroughly enough for all that comes with working with dying patients. Facing dying patients in practice has been quite difficult since we have had only a little education on the subject. It is not easy to know what to say or do when they may want to talk about death and/or their condition. Death is a natural part of life, which is why it should be addressed more in nursing education.

This thesis was implemented by collecting literature relating to nursing students' experiences with, perspectives on, attitudes towards and assumptions on dying patients. The information from this research was used to determine whether nursing students gain enough education on the subject.

2 Dying Patient

2.1 Taking care of a dying patient

Most of Finns die from coronary diseases, respiratory diseases, dementia or cancer. Even now when there are more treatments available than ever before, the treatments may be started too late or not at all. Often the patient and their family have been concerned about the disease and the care plan. Discussing these matters can ease their minds and allow them to have more confidence in the treatment. (Lehto, Marjamäki & Saarto 2019) It is important to recognize when a patient is dying. If the patient does not have a clear diagnosis or their condition has not been assessed for a while, it may be difficult to detect the signs of death. Death is a difficult subject, and many patients hope that their situation will improve, and they fear the end of the treatments. Communication skills are essential in this area of nursing. (Korhonen & Poukka 2013.)

A preventive care plan should be made by the doctor and the patient in co-operation so that it can be used to care for the patient in the last stage of their life. This will address the patient's wishes and needs and where to draw the line in terms of treatments and procedures. A practical plan, a care promise, should then be made that includes how all of this will be done in practice. A care plan increases the quality of care and life, helps by putting resources to the best use and supports the ones closest to the patient. (Lehto, Marjamäki & Saarto 2019)

If a patient wishes to die at home, it can be arranged. Even frail patients can be treated at home if the situation allows it. The decision to die at home gives the patient a possibility to live as normal a life as possible until their death. They can be surrounded by their family and friends in a familiar environment. Home care is implemented by a doctor, followed up by nurses' home visits. The home visits are started immediately after the decision to implement home care is made. The home visits are always planned in advance, and they can be more frequent when the patient's death is nearing. The patients should have a contact with a ward where they can go any time if needed. (Alila, Matilainen, Mustajoki, Pellikka & Rasimus 2013, 013, 431)

A dying person might have multiple uncomfortable symptoms. They might have physical problems, such as difficulties with breathing, pain, irritated skin, problems with digestion, they might be tired, hot or cold. Swelling is not uncommon, especially in the legs. Fever is also possible. (Kuoleman lähestyminen 2018.) Nearly all patients dying of cancer, heart and kidney diseases or COPD (Chronic Obstructive Pulmonary Disease) have breathing difficulties and pain in the last weeks of their life. Opioids are the most commonly used pain medication for the dying. (Alila et.al. 2013, 430- 431.)

Relieving the discomfort of the patient can make their condition more comfortable. However, patients might have some other concerns as well. They may have emotional and mental distress, or they might have fears that they want to talk about. (Providing Care and Comfort at the End of Life 2017.) Changes in a person's mental state, such as increased levels of anxiety, disorientation and lowered cognitive state, are also common. A patient may no longer be able to express themselves verbally, and in that case, non-verbal clues need to be interpreted. (Kuoleman lähestyminen 2018.)

The time to move a patient to palliative care is when the patient's life cannot be prolonged significantly with medical care. The purpose of this treatment is to ease the symptoms. Palliative care differs from end-of-life care in the length of the care time. Unlike in end-of-life care, the patient can live for months or years. (Lehto, Marjamäki & Saarto 2019.)

When the patient's death is estimated to be near, a doctor evaluates the situation and makes the decision of end-of-life care. The decision of end-of-life care should be done together with the patient and their family. (Alila et.al. 2013, 430.) Keeping track of the patient's temperature, fluid intake, or other measurements are not important anymore. The patient's symptoms and needs need to be addressed. Otherwise, all unnecessary procedures should be avoided. The care should now consist of listening, conversation and being present. (Korhonen & Poukka 2013.)

A death of a child causes a crisis in a family. The parents and the child's siblings will need comfort and help. The personnel should also have a chance to let out their feelings and talk about what has happened. A doctor tells the family about the child's death. Together with a nurse, they tell the parents what has happened and how to proceed. When the child's family is going to say goodbye, preparations must be made so that the situation is as calm as possible. The child is to be treated with respect, and the wishes of the parents are to be respected. They can take a photograph of the child, a lock of hair, they can invite a church minister and they can look, touch and hold the dead child. It is important to give the parents phone numbers and other instructions on how to proceed. It is recommended for the parents to take sick leave in order to cope with the difficult time. (Alila et.al. 2013, 660.)

2.2 Palliative care

WHO (2019) defines palliative care as a method to improve the quality of life of a dying person and their families. Palliative care includes relief of discomfort, providing a support system and taking into consideration the needs and wishes of the dying patient. Palliative care does not mean that all treatments are stopped, but the patient's condition will ultimately lead to death, which is why it is important to prepare for death, keeping in mind that people can live for years in palliative care. Children's palliative care follows the same basic guidelines as said above. After diagnosing the disease, children's palliative care continues even if the child does not receive any treatment for the illness.

The purpose of palliative care is to improve quality of life, relieve symptoms and help one find and understand treatment options. Palliative care is started on patients with serious illnesses such as Alzheimer's disease, chronic obstructive pulmonary disease, cancer, or congestive heart failure, and others. Receiving palliative care has, in recent studies, shown to allow patients to live longer. (What is palliative care? 2019.)

2.3 End-of-life care

The medical care and the aid given when the patient's life is nearing its end, is called end-of-life care. End-of-life care only includes only the span of time right before the patient is going to die. The decision is made by a doctor, usually when death can be predicted in the following days or weeks. (Korhonen & Poukka 2013.)

The purpose of end-of-life care is to keep the patient comfortable and painless as possible. It is important to have the person's wishes accounted for. Some patients wish to have their friends and family around. Some prefer to die alone. Some wish to die at home, some want to be in the hospital to receive all the possible treatments. Some patients however will not get to choose and when this happens it is best to try and respect their wishes within the limits of the situation and surroundings. (Providing Care and Comfort at the End of Life 2017.)

2.4 Nursing students' experiences from previous research

An article written by Allchin (2006, 112-117) addresses the need for intensified education for students encountering and caring for dying patients. Junior-level nursing students from a New England university took part in the study. The writer questions a group of nursing students about their experiences encountering dying patients and finds that most of the students find that their education has been insufficient in that matter. The aim of the study is to clarify the students' experiences with dying patients and their families in order to improve the content of end of life nursing care studies for nursing students. Feedback from the students propose that the participants' experiences were problematic due to their uncertainty of their part in caring for the dying. When caring for the dying for the first time this phenomenon is not rare. Students that participated in the study find that caring for the dying are experiences are beneficial for them as nursing students, even though they felt hesitant and uncomfortable at first. Not knowing how to interact or implement care for dying

patients and their families cause hesitancy and discomfort in nursing students.

The study finds that students do not stop thinking about their experiences after they leave the dying patients' side, but the thought process continues. The students compare their personal experiences with dying individuals with the experience they have had in practice. Despite being associated with anxiety, discomfort and sadness, the students describe taking care of a dying person as constructive. Taking care of the dying help them understand better what it means to be a nurse. Some of the participants are pleased to have had this experience, because even though it caused them anxiety it is a unique experience that supports their professional growth and clinical skills.

Paul, Renu & Thampi (2019, 142-144) conducted a study that includes both bachelor- and master-level nursing students, to determine their feelings towards dying patients and came to the conclusion that the subject should be studied more. While nurses play an important role in taking care of the dying and providing support to their families, it has been discussed whether nursing students achieve the sufficient amount of education to obtain the necessary tools to provide good care for the dying. Palliative care is a part of the nursing studies' curriculum, however practical experience with patients with a chronic illness ultimately resulting in death, are often left to a minimum.

In a study by Barnett & Cooper (2005, 423- 430), 38 student nurses took part in writing reflective diaries on the subject of caring for the dying. The results state that there are eight major concerns in caring for the dying amongst the students, including what to say to a dying person and how to cope with seeing a patient suffer. This brings anxiety to the students and although they are inexperienced, they are frequently left by themselves to tend to the dying patients and communicate with their families.

Parry (2011, 448- 452) finds in her research findings to be similarities with data she used to conduct her research on student nurses' experience of their first death in clinical practice. The research indicates that first-year nursing students and more experienced nursing students alike are uncertain in

practical situations with dying patients. The findings of Parry's study brings attention to the fact that not necessarily all skills needed to encounter a dying patient are taught in classrooms. The study also questions whether students can be taught to be prepared for taking care of the dying beforehand or not.

Between Californian students, Norwegian students and Swedish students, Hall-Lord et al. (2011, 271-277) finds that Swedish students that have more experience are less concerned about encountering dying patients than less experienced students from California and Norway. The authors of the study point out that it is important to understand the feelings and needs of inexperienced nurses around the world to improve the end-of-life education in nursing programmes.

76 students from different countries in the research by Hall-Lord et al. (2011, 274) answered a questionnaire with two subjects. First one about the concerns toward the dying and the second one about feeling of coherence. Both subjects had also background questions. Some of the students had different kind of answers. Most of the students agree that the dying person should have their last wishes executed. Another subject most of them agreed on is the comfort of patients. The patients all should be able to die as peacefully and pain free as possible. However, concerning how long medical personnel should try and keep patients alive, opinions are somewhat different. A Californian student's opinion is: "...it's better to let them go than to keep them suffering." While a Swedish student wrote: "...we must do as much as possible to keep a dying person alive."

A study by Bergh et al. (2014b, 194) was conducted on nursing students in their first year of studies and later again in the second year, using the Frommelt Attitude Toward Care of the Dying Scale. The FATCOD scale was created to measure nurses or other participants attitudes with taking care of patients who are dying. One third of the scale concerns the patient's relatives and the other two-thirds concern the patient. (Frommelt 1991.) In the study an open-ended question is used. 140 students participated in the study. In this study, some useful information is surfaced from the students' perspectives on the

emotional and intellectual needs of themselves to help them prepare for their work with dying patients.

The study reveals that the students find death to have many different meanings. Some consider it to be difficult to understand and frightening, while others, mostly those with more previous experience, consider it to be natural. The study also finds that nursing students' confidence is possibly affected by fear of death and dying, or fear of encountering patients who are dying. The thought of death awakens different feelings in the students. They feel unqualified to take care of dying patients. They feel like they lack experience, information and skills on the subject. The students find the subject of death to be quite difficult to address and some of them consider dying to be one of the most terrible things that could happen to their patients. (Bergh et al. 2014b, 196-197.)

Alain et al. (2007, 213-217) executed a research about nursing students' end-of-life care learning needs and curriculum. 58 Students answered a questionnaire concerning methods of end-of-life care and the participants previous experiences regarding the matter. Results emphasize the students' desire to learn more, to participate in practical trainings and to improve their skills. Participants of the study recognize the theoretical information to be important but hope for more opportunities to take part in clinical situations and guidance from experienced nurses. The need to learn more about end-of-life care is seen already with first-year students.

Newly graduated nurses do not feel prepared to provide palliative care. However, as they spend more time with dying patients than any other professionals, it is very important for nurses to be competent in providing palliative care. An article by Durepos, Kaasalainen and Russell (2018, 28-29), states that students feel that palliative care should be somehow included in clinical practical placements for nursing students to get more experience.

According to the article nursing students feel anxiety, incompetence and a lack of confidence when caring for dying patients. Technical skills are needed but there are also skills that can be only acquired through experience, such as spiritual, psychological and social pain management.

For many students it is difficult to handle their own emotions and in addition to their own they take on those of family members. This is a challenging situation to handle.

A research conducted by Apmann et. al. (2010, 181-184) is a qualitative study in which research subjects are nurses and nursing students in the United States. The researches wanted to know nurses and nursing students' experiences with dying patients, taking the emotional aspect into account. According to the research there is only a little existing specific information on the aspects, experiences and concerns of nurses caring for dying patients. It is crucial to aid nurses to relieve their stress as it appears they have multiple concerns with caring for the dying. The concerns include the following: time, performance, patients' comfort, the patients' families and communication challenges. The nurses are worried that their lack of experience can result in not giving the best care they can for their patients.

In another study conducted by Bergh et. al (2014a) first-year nursing students' experiences with death and dying patients are explored. First the attitudes towards death were measured with the Frommelt Attitude toward Care of the Dying (FATCOD) Scale model. To gain more understanding of the phenomenon the participants were then asked to be interviewed. 17 out of the original 222 students participated in the interview. Four themes come up in the results: 1. The thought of death is scarier than the actual experience. 2. Daring to approach the dying patient and offering something of oneself. 3. The feeling of not doing enough. 4. Being confronted by one's own feelings.

In a study by Arab et. al. (2015, 192-197) the effects of education on attitudes towards dying patients are addressed, using the FATCOD-scale before and after an educational intervention. In the study it is clear that before an educational intervention the students had neutral to negative thoughts on caring for the dying. After the intervention their attitudes were more positive, which states that education is important when it comes to dealing with dying patients.

Allen and Mallory (2006, 220-221) Conducted a research in which two nursing students had the opportunity to observe a nurse in hospice care. One of the students had an experience with the family of a dying person and was there at the moment of the patient's death, which she describes as an honor. She describes how their curriculum and professor has helped her face the dying patients and their families. The second student describes to have had help from her education to personal situations. Her grandmother wanted to die at home, but no one else was willing to arrange it. With her education she now could.

A research conducted by Eland, Kwekkeboom and Vhal (2005, 173-175) includes 29 nursing students, divided into two groups. One of these groups included 19 students and was called Companions. The other group had 15 nursing students and was called Controls. Each of the students from the companions were to volunteer to spend time with dying patients individually, for at least an hour, and then to report to the entire group by email how the visit had gone. Some concerns about caring for the patients in palliative care rises in the research and six of the most common concerns all in all were used to measure the experiences of these students. Six most common themes are to be able to provide the family and the patient emotional support, providing care postmortem, providing physical care for the patients, psychological effects on themselves and keeping themselves together while taking care of the dying. This research shows that participating in the Palliative Care Companion program can improve students' skills and knowledge and feelings toward dying patients. The nursing students in the Controls group learned from the study but the Companions had a bigger benefit from the experience. The study states the Companion program to be one of the possibilities to reduce unpreparedness for providing care for the dying.

Thompson (2005, 434-440) states in her article that there is only a little knowledge at hand about the effects of educating undergraduate students about death and dying. In her article she assesses baccalaureate nursing students four-month long end-of-life course experiences. She thinks that nurses should have education for coping with psychologically stressful aspects of nursing and nurses should help nursing students to handle their emotions and psychological stress of a dying patient. Her objective is to assess how their

comfort level on caring for the dying changes during the course. The course included classroom lectures with a guest speaker, role-playing, field trip and reading of two subject related books. The students were to complete a questionnaire of 14 statement before and after the course. The study shows that there is improvement on the students' comfort levels after the course. The students were also asked if they think this course should be recommended to all nursing students. Every participant answered that the course was undoubtedly beneficial to their professional growth and should be recommended to all nursing students.

3 Aim, purpose and research question

The aim of this thesis is to find out what experiences nursing students have had with dying patients in their practice. This information can further be used to develop nursing education, which in turn prepares nursing students to work more professionally with a patient who is dying.

The research question for this thesis is “what kind of experiences do nursing students have with dying patients?”.

4 Methodology

4.1 Literature review

Literature reviews can be used for multiple purposes, which is why they can be done in different ways (Latvala & Tuomi. n.d.) There are several processes involved in a literature review. First, creating a research question. Establishing a research question gives a clear idea on what the purpose of the research is. (Ruw 2010, 66.) The purpose of this research paper and research question is to find out what sort of experiences nursing students have regarding dying patients.

After a research question has been resolved, it is determined how to carry out the research. The researcher determines what to include and exclude from the research based on which sources best answer the research question. After this, suitable databases and key words are determined. This leads to data extraction. After appropriate articles, previous researches and other sources are found, their quality needs to be evaluated and the data interpreted. (ibid., 66-68.)

The purpose of a literature review is to gather information from a specific field and find the answer to a research question. (Latvala & Tuomi. n.d.). A literature review helps develop new theories and as is directly applicable to practice (Knafl & Whitemore 2005, 546).

4.2 Scientific article selection process

A search in the Cinahl and EBSCO databases was conducted with keywords nursing students or student nurses AND experiences or perceptions or attitudes or views AND dying patient or end of life or palliative care or dying. Relevant articles were first selected based on the title. If the abstract seemed to answer the research question, and the article was published between 2005-2019, the next step was to see if there was a full free text available of the article. If there was a full text available and the article did hold essential information that could be used for the literature review, the article was chosen.

This literature review is based on research on nursing students' experiences on taking care of dying patients. The paper is conducted by examining previous research and drawing conclusions from the knowledge gained from them. The research used is from all over the world including India, United States of America, United Kingdom and Northern Europe. The sources are published between the years of 2005- 2019.

4.3 Data Extraction and synthesis of data

The data analysis method used for this thesis is inductive content analysis. With content analysis, the purpose is to provide new knowledge and a

thorough description of the phenomenon. Specific instances are used to form a generalized statement (Elo et.al, 2008, 108).

The data analysis was done by highlighting the important data and categorizing it. Based on the chosen categories, conclusions are drawn. After gathering the data, it must be organized. This is done by first open coding the material, which means writing notes in the material while reading it. After that the notes are collected to coding sheets and formed into different categories and subcategories. (Elo et. al. 2008, 111.) The selection process is demonstrated in Figure 1.

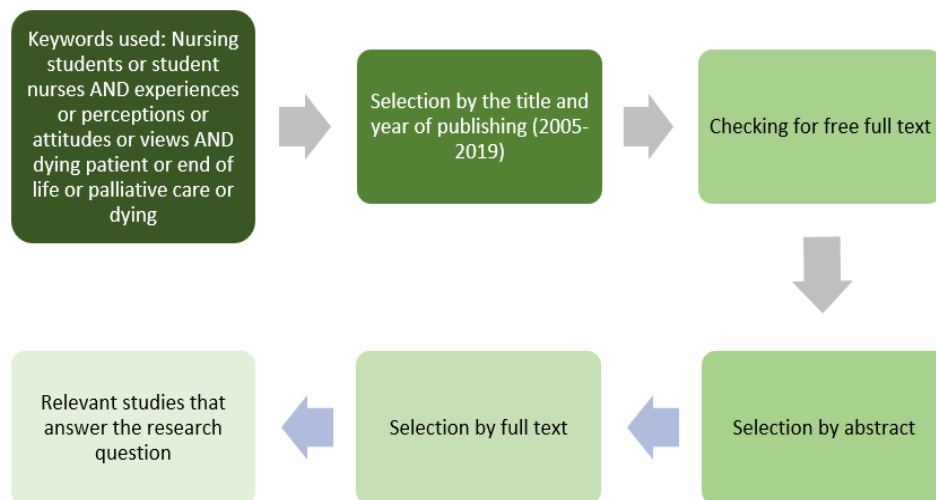


Figure 1 – Selection process

5 Results

5.1 Need for education

One theme that is seen in the results is the need for education and, more specifically, practical experience when it comes to caring for the dying. Paul, Rani, and Thampi (2019, 145) emphasize that hands-on-training is needed in their study. It is not enough to just include theory in the studies, but practical training is needed. In the study by Parry (2011, 452) the importance of practical

experience is shown; students who have had theory on caring for the dying, still feel unprepared to care for dying patients.

In Alain et. al (2007, 216) study results it is shown that the more experience one has with dying patients the more prepared they feel to care for them. Results state that 26% of students in their first year of nursing studies have experience with dying patients and 83% do not feel prepared to take care of the dying, whereas of those in their final year, 91% have experience and only 30% do not feel prepared to care for the dying. Durepos et.al. (2018, 30) analyze in their article the experiences of one nursing student caring for dying patients. The student says: "This situation was new to me. I had not provided palliative care before this clinical experience and I was in my fourth year of my nursing education program. I knew from a textbook what palliative care entailed but I honestly had no idea of what the actual experience would be like and how I would react. It was difficult for me as a nursing student to accept the death of this resident, when most of my education was focused on how to help treat, provide care, and heal." Clearly the student had got education on caring for dying patients, in theory, which gave them the necessary tools to enter such situation, but the lack of previous practical experience made it hard for the student to handle it emotionally.

According to Apmann et.al. (2010, 183), nursing students have trouble communicating with dying patients, which they feel comes from lack of experience. This lack of experience also makes nursing students feel like they are not providing the best care possible for the patients: 'Just maybe lack of experience if I can't, maybe this is more deficit, but just lack of experience of being able to give them the best'.

The study by Arab et.al. (2015, 192-197) supports the theory that practical education supports learning as the students' attitudes towards dying patients became more positive after they had received hands-on-training. All students stated that in their four years of nursing studies they had not received enough information on caring for dying patients.

Thompson's study (2005, 434-440) confirms the fact that in most cases the current education nursing students receive on dying patients is not enough as it is. After the four-month course organized by Thompson, the students stated feeling more confident and comfortable caring for dying patients than before the course. Eland et.al. (2005, 173-175) show with their Palliative Companion Care Program results that more experience with dying patients equals more positive feelings towards taking care of dying patients and more confidence.

5.2 Feelings of incompetence

Death awakens many emotions among nursing students. Feeling of not doing enough or being incompetent is a reoccurring theme in the results. A student stated: 'I found myself looking back to my last contact with them and questioning whether there was anything I could have done that I didn't do...I suppose it's a selfish way of looking at it really because you're looking at yourself because you want to feel better.' (Barnett and Cooper 2005, 426.)

Some students feel like they can not provide enough for the dying patients and that they have limited time to spend with them. They feel that the dying person should be with their loved ones and if that is not the case they hope to be able to care for them in an optimal way. An unexpected death makes students feel inadequate but when a death, that students are prepared for, happens, they feel like they have done something meaningful for the patients. It is the thought of death that makes students feel uneasy, not so much the actual experience. This is because when dealing with death one is dealing with the unknown, especially if there is no prior experience. (Bergh et.al. 2014a, 512.) Lack of confidence is also one of the things that students feel when dealing with death (Durepos et.al. 2018, 29).

5.3 Thought-provoking

In many of the articles it becomes clear that death is a thought-provoking subject. In Allchin's article (2016, 112-117), students describe taking care of a

dying person as constructive. Taking care of the dying helps them understand better what it means to be a nurse. Some of the participants are pleased to have had the experience, because even though it caused them anxiety it is a unique experience that supports their professional growth and clinical skills. One participant noted, "...what I experienced was valuable. It's made me stronger." Similar findings are in Allen and Mallory's article (2006, 220-221), where a student caring for a dying patient described the situation as an honor.

Parry finds in her study that after their first clinical experience with death, all students felt the need to talk (2019, 451). In Barnett and Cooper's article (2005, 428) students felt that talking about their experiences helped with coping. One student said: 'Talking definitely helps because you get other students' ideas and the way they look at things and perhaps how they cope.' When dealing with death in practice, complex feelings are present. In Hall-Lord et.al.'s article nursing students dealing with death also started to think about their own death and mortality (2011, 275).

Bergh et.al. (2014a) find in their study that when seeing patients in the last stages of their lives students feel moved. This is because the situation makes the students reflect on their own emotions. While receiving care patients express emotions that make students feel strong emotions. In situations where it is hard to control one's emotions, students distance themselves from such situations for a while. Sometimes when patients' expresses vulnerability it creates an atmosphere where emotions are expressed freely, which makes it hard for the students to hide their sadness.

6 Discussion

6.1 Discussion of results

According to our study results nursing students do not often have much experience with dying patients and when the time comes to care for a dying person it is a daunting experience. Often when dealing with a new subject for the first

time it may be scary and make one feel uncomfortable. In our research students are most of the time dealing with something they have not had experience with before (caring for dying patients) so it is understandable to feel the way they do. It makes one wonder if the feeling of incompetence, and other negative emotions, would be as strong with another subject that was unfamiliar to students. However, death is a heavy subject and likely takes more getting used to than more common subjects.

The results indicate that nursing students universally require more practical training to feel competent in taking care of dying patients. Our study did not include Finland but from personal experience as nursing students the education as it is does not prepare us well enough. It is mentioned in a few of the researches that this subject has not been studied enough.

It became clear that practical training with taking care of dying patients is needed in order for nursing students to feel confident and competent in that area of nursing. Theory is not enough. The experiences that nursing students have with dying patients are in most cases quite unnerving and students do not feel prepared when faced with such a situation for the first time. After participating in end-of-life care or palliative care courses the students started to show more positive feelings and attitudes. Experience gives student nurses a greater feeling of preparedness and promotes positive feelings amongst them. Reading about palliative or end-of-life care does not prepare students for the complex emotions that it may awaken. In nursing dealing with one's emotions is necessary as suppressing emotions may affect the way one does their job, even if it is unintentional.

In the articles where students expressed positive emotions towards taking care of dying patients were those that specifically studied the effects of more hands-on education, which means the students had proper practical training, appointed staff nurse etc. to help them. Positive emotions were also found on those who had previous experience with caring for the dying. In the articles positive feelings were expressed considerably less than negative feelings. In a few of the cases the students expressed concern and sadness towards the last offices as they were not what they had expected. Feeling of being in a

hurry, sloppy care etc. were reported by some nursing students. (Parry 2011, 450.) This is unfortunate, but not the first time that theory differs from practice.

The need for more education, on the subject of caring for the dying, is clearly visible in the articles and the results of this paper. Especially the need for more practical training in this area is recommended. The feeling of uncertainty and concern for unexpressed feelings and emotions can be found in the articles. It would be important for the student nurses to get a chance to go through the event, when they are faced with their first dying person in clinical practice, with their tutor nurse or their tutor teacher. This way feelings of uncertainty and fear might be prevented from the next encounter with a dying patient.

6.2 General ethical considerations

To conduct an ethical and trustworthy research, the work should be planned, and everyone involved in the research should agree on the goals, ethical questions, responsibilities and research procedure (Finnish Advisory Board on Research Integrity 2012). This research has been conducted by following JAMK report instructions and instructions from the thesis supervisor. The writing process of the report has followed the principles of responsible conduct of research as described by Finnish Advisory Board on Research Integrity (2012). To ensure the accessibility of the data, the sources should be carefully documented (Finnish Social Science Data Archive 2017). At the end of the thesis the reader can find appendices and list of references.

Plagiarism has been avoided by Urkund analysis. The system is used to check if authors of the research paper have used their sources without plagiarism. The supervisor then checks if the references are marked and used correctly (JAMK University of Applied Sciences 2019).

This research has been conducted from data concerning humans and their experiences. For an ethically correct research all permits should have been obtained (Finnish advisory board on research integrity 2012). Since the research was conducted in the form of a literature review based on already existing

trustworthy material, it was noted that all necessary permissions and ethical considerations had been taken into account.

Data was found using the agreed database and search words. Then categorized further by the year of publishing, abstract and free full text option. The articles were read and approved by both authors, from which data was then used on the research.

6.3 Validity, reliability and limitations

Sources for this report have been carefully assessed to be trustworthy. Articles used are from Academic Journals and other sources are from official sites of organizations. The academic journals have been found in Cinahl database, which is accessible from JAMK students. To achieve accurate and current content the publication years were limited from 2005 to 2019. The authors agreed on the keywords and have discussed and assessed all the sources together.

This report is written in English and conducted from articles all over the world, and therefore the authors agreed to only use articles in English. The international database used is free and accessible online for students of JAMK. From the database free full text articles were chosen. Search with specific keywords and criteria found multiple possible articles from which only some were accurate for this research.

6.4 Conclusion and recommendations

Student nurses have multiple different viewpoints on encountering dying patients. The articles show that nursing students with little to no experience with dying patients are uncertain and uncomfortable with encountering dying patients, while nursing students with more experience are more comfortable. The experience and comfortableness are clearly linked to each other. Having more education on the dying in the nursing curriculum could help nursing students feel more confident and comfortable with encountering the dying.

Nursing students' experiences with encountering dying patients is a subject that needs more research. Many of the students in previous researches have recommended the end-of-life courses they took part in, some of them quite long lasting, and in which the students can delve in to the subject of caring for the dying. More of these courses should be held and researched by questionnaires with open ended questions, since they seem to provide the most specific answers to students' needs.

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Appendices

<i>Author, publishing year and place</i>	<i>Title</i>	<i>Aim and purpose</i>	<i>Research method</i>	<i>Essential outcomes</i>
Allchin, L. 2006. USA	Caring for the dying, Nursing Student Perspectives	To find out and refine nursing students' experiences with dying patients and their families to improve the contents of nursing students' curriculum concerning death and dying.	Hermeneutic phenomenology	The study shows that the students felt hesitant and uncomfortable with the patients at first. Some of them could not stop thinking about the experiences they had had during their shifts, after the day had ended. However, the students felt like the clinical practice with the dying had helped them develop in their professional life as well as in their personal life.
Paul, S., Renu, G., Thampi, PT. 2019. India	Creating a Positive Attitude toward Dying Patients among Nursing Students: Is the Current Curriculum Adequate?	To examine the attitude of private school nursing students concerning the dying.	Frommelt Attitude Toward Care of the Dying Scale Form-B (FATCOD-B)	The study found that adding more palliative care to the curriculum and education on how to handle their emotions, it could help in creating a more positive attitude toward the dying.
Barnett, M., Cooper, J. 2005. England	Aspects of caring for dying patients which cause anxiety to first year student nurses.	Finding out which subjects related to the dying cause anxiety in first-year nursing students.	Qualitative research	There were eight main themes that stood out in the research. The subjects included coping with the suffering of the patient, the type of the death and what to do or say. The results pointed to the conclusion that what causes anxiety in student

				nurses are of the caring role. Not because of personal fear of death.
Parry, M. 2011. United Kingdom	Student nurses' experience of their first death in clinical practice.	To find out experiences of student nurses facing death in their clinical practice to recognize the educational needs of the students.	Qualitative research	The students reported to feel anxiety and inadequacy when facing their first death in clinical practice.
Hall-Lord, M., Hedelin, B., Petzäll, K., Smith-Stoner, M. 2011. USA, Norway, Sweden	Nursing students' concerns about end of life in California, Norway, and Sweden.	Researching concerns of nursing students concerning the dying	Quantitative research	More experienced student nurses were more comfortable encountering the dying. There were still concerns of the students' own death and caring for the dying and their families.
Bergh, I., Ek, K., Hammarlund, K., Henoch I., Prahl, C., S., Westin, L. & Österlind, J. 2014b. Sweden.	Swedish nursing students' reasoning about emotionally demanding issues in caring for dying patients.	Finding out the reasoning behind student nurses behind emotionally challenging questions about caring for the dying.	Qualitative research	The study found out three main themes in the students' responses. Perception of death, understanding their position as a student nurse and the responsibilities of a nurse.
Alain, D., Brajtman, S., Casey, A., Fiset, V., Fothergill-Bourbonnais, F. 2007. Canada.	Providing direction for change: assessing Canadian nursing students' learning	Inspecting the educational needs concerning end-of-life care of nursing students about to graduate.	Frommelt Attitudes Toward Care of the Dying Scale (FATCOD)	A third of the nursing students didn't feel adequate to care for the dying. Most of them had positive attitudes but had only little knowledge concerning the dying.
Durepos, P., Kaasalainen, S. & Russell, E. 2018. Canada	Initial experience with palliative care: a nursing student's perspective.	Finding out nursing students' experiences with encountering the dying and preparing the students for providing care for them.	Literature review	The study finds that in previous research nursing student have been found to feel inadequate caring for the dying. As a result the research states that the curriculum for palliative and end-of-life

				care needs to be improved
Apmann, L., Chang, P-C., Halvorsen, B., Johnson, M., Kershek, S., Ogi, M., Peterson, J., Pincon, D., & Scherr, C. 2010. USA.	What is so stressful about caring for a dying patient? A qualitative study of nurses.	Researching the experiences of nurses with caring for the dying and finding out their concerns.	Qualitative research	Nurses showed multiple concerns about taking care of the dying and their families. Finding out what is so stressful about it, can help develop possibilities to educate the nurses for these situations.
Bergh, I., Ek, K., Hammarlund, K., Henoch, I., Prahl, C., Strang, S., Westin, L. & Österlind, J. 2014a. Sweden.	Death and caring for dying patients: Exploring first-year nursing students' descriptive experiences.	The aim of the study is to illustrate the experiences of first year nursing students concerning the death and dying patients.	Qualitative research	The research found four main themes from the first-year nursing students and from them came to the conclusion that nursing students should have constant support while caring for the dying during their education.
Arab, M., Jafari, M., Nassehi, A., Noormohammadi, M.R., Soleimani, F. & Rafiei, H. 2015. Iran.	Caring for Dying Patients: Attitude of Nursing Students and Effects of Education.	Researching the nursing students' attitudes concerning the dying and the effect of further education.	Frommelt Attitudes Toward Care of the Dying Scale (FATCOD)	The research shows that the education has improved the opinions of the students concerning caring for the dying. Before getting more education, they showed mostly negative feelings toward caring for the dying.
Allen, C., Mallory, J. 2006. USA.	Care of the Dying: A Positive Nursing Student Experience.	Assessing the most beneficial experience for the nursing student with the dying and what the experience requires from the staff nurse.	Qualitative research	The most important part of the students experience with the dying is their tutor nurse guiding them through t experience. Their behaviour can affect the nursing students' other encounters with the dying.
Eland, J., Kwekkeboom, K. and Vhal,	Companionship and Education:	Assessing the effects of a Palliative Care Companion	Qualitative research	The program was beneficial for the nursing students as

C. 2005. USA.	A Nursing Student Experience in Palliative Care.	program on nursing students.		well as the patients that had participated, and their families. The program made it easy for students to participate by their own availability and interest.
Thompson, G. 2005. USA	Effects of End-of-Life Education on Baccalaureate Nursing Students.	To assess the nursing students' comfort level changes during the end-of-life course.	Qualitative research	The comfort level of nursing students rose after attending to the end-of-life course. All participants agreed that the course should be recommended to all nursing students.