

Personal narratives about death and dying: a case study with nursing students

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Abstract

This study aimed to qualitatively explore students' meanings of a significant death or dying experience described in the first-person: psycho-emotional and spiritual life reflections. Using a narrative-reflection approach, we performed a multiple case study. Ten nursing students from a 3rd-year palliative nursing course were selected based on the richness of their experiences. Topics such as the timing of the loss, the manner of death, role changes after the loss, and adjustment patterns were discussed. The role of the narrative is clearly multifaceted – contributing to the development of a student's identity, providing comfort, and helping to make sense of a 'senseless' event.

Keywords: *Narratives; Loss; Nursing students; Self-awareness; Learning strategy.*

1. Introduction

Man's confrontation with finitude is a theme as old as the consciousness of mortality. Death is an inevitable end that seems to be inscribed in the nature of things. No remedy can be used to avoid it, no matter how much scientific and technological advances are applied to solve great problems. Reflecting about death as a stage of life is a way of learning to live with the full knowledge of our human condition and the clear conviction that we are mortal beings, ephemeral and passing. This should be understood as an opportunity to foster dignity and fraternity (Shim, 2020).

In the field of health, professionals deal in their daily lives with health promotion, treatments, rehabilitation, and with the most varied critical situations, constantly facing the duality between life and death (Vázquez-García et al., 2019). Addressing death in any field is not a simple task. Death is seen as a taboo, denied and unaccepted, cloaked in feelings of dread. Each person carries an individual representation of death, influenced by cultural heritage, personal training, social life, the media, and particularities that contribute to its mystification.

Experiencing a death loss is a universal and very idiosyncratic experience for individuals. According to Meleis' theory (cit in Munck et al., 2018), this transitional experience may constitute a crisis requiring a redefinition of roles. This theory relies on self-perception, as individuals must view changes as significant for them to be considered a transition. Thus, the type, context, and impact of the death loss experience are critical aspects of a positive bereavement process (Krychiw, James & Ward-Ciesielski, 2018).

Kovács (2012) points out that health courses have focused more on technical procedures to the detriment of more humanistic education. There is excessive training in domains such as anatomy, dividing the body into parts, and little training in dealing with life or death. Nursing is the profession closest to the patient, facing the course of the disease, its prognosis, and the possibility of death (Kovács, 2012). The same author also notes that nursing education programs offer few opportunities to develop the nurse-patient relationship and discuss the emotions and feelings generated in the daily care of patients and their families (Kovács, 2012).

The sooner students discuss death, the dying processes and human finitude, the more prepared they will be to perform their duties as nurses. According to Araújo and Silva (2012), communication skills are not acquired over time, that is, more experienced professionals will not have greater communication skills if they are not adequately trained for this purpose. Therefore, evaluating what is being taught and what can be complemented in teaching-learning is essential to improve future professionals and their performance in the various practice scenarios (Szczipakowska, et al., 2021).

Nursing care is a complex practice that cannot be thought of reductively, involving only a mastery of techniques and technologies. Care should consider the complexity of dealing with another human being, understanding their life history, beliefs, emotions and desires, among others. Care should permeate the relationship between people and be revealed through effective communication (Kourkouta & Papathanasiou, 2014). Additionally, when dealing with this topic, there is the possibility of involving all of Carper's patterns of knowing in nursing: theoretical, empirical, ethical, aesthetic (expressiveness and subjectivity), and personal (understanding oneself, authentic and reciprocity relationship with the other) (Rafii et al., 2021).

Creating spaces for awareness, self-knowledge, and reflection about death and dying in undergraduate programs, specifically in nursing, is a crucial step toward enabling students to face life and the process of death, and to die with quality.

1.1. Aims

This study qualitatively investigated nursing students' meanings of a significant death or dying experience. We also explored participant reactions and how they adjusted to the loss of a loved-one.

2. Method

From a constructivist paradigm, a qualitative research design was developed to "illuminate and understand in depth the richness in the lives of human beings and the world in which we live" (Jones et al., 2014, p.11). In order to capture student voices and "rich descriptive experiences, this study utilized a multiple case study featuring a narrative approach" (Shkedi, 2005, p.175).

2.1. Procedures

The research was based on the results of a pedagogical project developed in the Curricular Unit of Nursing in Palliative Care of the degree in Nursing at the School of Health Sciences of the Polytechnic of Leiria (Portugal).

As the education process is undoubtedly influenced by students' experiences in their private lives, they were encouraged to tell their own stories about the death and dying of a loved one. Thanks to this learning strategy, teachers discussed death and dying from the students' perspectives, thus contributing to their preparation.

Written narratives were elaborated between October and November 2021. Several strategies were adopted by the research team throughout the study process to maintain ethical rigour and perceived bias in data collection and data analysis. For instance, narrative anonymity was preserved, the researcher kept a reflexive journal as an audit trail, and interpretations were

shared and validated by researchers. Furthermore, this paper includes data collection details as well as sufficient and accurate citations, allowing the reader to evaluate the research practices used.

2.2. Participants

The authors recruited third-year students enrolled in a palliative care nursing course. To be eligible for this study, students needed to meet two criteria: (1) experienced a death loss that was significant to them while they were enrolled; (2) experienced their death loss at least six months before the start of the study. Purposeful sampling was used for this study to select information-rich cases including participant narratives with different types of losses and different perspectives of coping or adjustment. The research team purposefully chose 10 subjects (five female and five men), all of whom were between the ages of 21 and 37.

2.3. Personal narratives of death and dying

A defining aspect of narrative inquiry involves the researcher re-telling participant narratives. Stories provide a means of contextualizing or locating feelings and emotions within a broader framework of meaning. Narrative analysis is an appropriate way to study students' perceptions of death and dying, allowing the researcher to enter their world and explore their experiences as expressed through stories (Priest, 2000).

We conceived the development of teaching-learning strategies following the principles of experiential learning from the perspective of Burnard (1997). For this author, learning develops through experiences and results from the intersection of personal experiences, reflection on reality, and the knowledge it mobilizes to answer questions about what happens and the changes it can bring. Following this reflective method, some key questions were defined for the narrative structure (see Table 1).

2.4. Data analysis

The study was primarily exploratory and focused on the participants' personal (cognitive and emotional) accounts. Therefore, a thematic analysis approach was chosen because it provides an accessible, theoretically flexible analysis of narrative data. Thematic analysis is a technique for identifying, analyzing, and reporting data patterns (themes) (Braun & Clarke, 2006).

Table 1. Experiential narrative structure on the theme of death and dying

Phenomenon: Describing the experience.
Causality: What factors contributed to this experience?
Context: In what context did it occur and what are the most significant contextual elements of this experience?
Reflection: What was I looking for? Why did I act the way I did? What were the consequences of my action (for myself, for others)? What did I feel during this experience? What factors influenced my decision and actions?
Alternative Actions: At the time, what other options did I have? What would have been the consequences of these other choices?
Learning: How do I feel now about this experience (while I am narrating)? Could I have handled this situation better? What did I learn from this experience?

3. Results and Discussion

Using multiple case narratives, researchers can study how people experience and perceive the world through their stories (Webster & Mertova, 2007). Meleis (2010) states that a situational event, such as a death loss, is linked to how the transition is positively integrated by an individual. Participants discussed issues such as the timing of the death loss, the manner of death, role changes after the death loss, and adjustment patterns.

3.1. *Timing of death loss*

Several participants evoked that their death losses occurred during significant times in their lives. P1 explained that she had just begun her degree when her mother died. Her mother's death marked her academic performance, as she experienced cognitive difficulties in learning and managing emotions. Other participants (P5, P7) indicated that being a student was challenging around the time of their loved one's death. The transitions were difficult for students, who had to deal with a variety of emotions while maintaining their academic life.

Furthermore, several deaths happened around special events such as birthdays and weddings. P6's two death losses occurred on significant days. On Christmas Eve, he lost his great-grandmother, and on his 19th birthday, he lost his grandfather.

3.2. *The manner of death*

Aside from the timing of death, the manner of death had a significant impact on how participants reacted to the loss of their loved ones. All participants agreed that those who died

frequently left loved ones behind, including partners and young children. Unexpected deaths were reported by participants: P6's friend committed suicide and P10's friend was shot while being robbed. There was no warning or preparation for their survivors in either case. Evidence demonstrates that suicide survivors experience stigma in the form of shame, blame, and avoidance (Hanschmidt et al., 2016). Nonetheless, natural deaths participants could plan for, such as P8's grandmother, allowed survivors to say their final goodbyes ahead of time.

3.3. Role changes

Survivors' duties and obligations were also altered as a result of death losses (Munck et al., 2018). Although the deaths of his grandmother and uncle were tragic events, P3 no longer had to assume the caregiver role he had played during most of secondary school. P3 said that a big weight had been removed from his shoulders, although he suffered significant losses and was distraught for that reason.

3.4. Adjustment strategies

Participants received help from both internal and external sources as they struggled to overcome adversity.

a) Internal sources of help began with recognizing that a problem existed, followed by resilience and persistence. Resilience and persistence led to a resolution that came from personal values based on family and faith (Howard-Snyder & McKaughan, 2022). P1, P9, and P10 relied on a thought process or self-talk. P9 called it a mindset, saying, "It's just the mindset of what you want to do about it. You just have to somehow find it in you to keep going." P10 thought to herself, "How could I ever give up?".

During some student bereavement narratives, religion and spirituality were also raised. P2, P4, and P7 treasured and depended on their faith, and reported comfort following their loved ones' deaths because their faith assured them that they would be okay. This was in line with the results of Lattanzi-Licht (2013), who stated that religion and spirituality may offer consolation to those who are dying, as well as peace to their families and friends.

b) External sources of help were evidenced by support from others and came from belonging to the community. Some participants expressed gratitude to those who had supported and comforted them during this difficult period. P8 realized "how fortunate I am to have the support structure that I do." Emotional support, encouragement, and academic help were all provided by this sense of belonging. Despite this, P6 found it difficult to connect with her classmates. Although her classmates tried to console her when her brother died, their actions enraged her rather than soothed her, which is consistent with Balk's (2001) observation that not everyone has the ability to converse with someone who has had a death loss.

3.5. Study strengths and limitations

Several participants stated that there were few opportunities in their daily lives to write about or discuss these types of experiences, which drew them to this pedagogical strategy. The insider status of the researchers facilitated the recruitment of participants and meant participants provided data trustingly. However, we recognize that this study had some limitations. It is possible that a common worldview was assumed, with scarce cultural variability. Moreover, our sample was only composed of third-year students, excluding other stages of educational development with different levels of emotional competency and personal maturity. Also, students had no previous clinical experience in palliative care units, so the results only focus on personal experiences of loss and death.

4. Conclusion

Participants indicated several personal and environmental variables that helped them remain resilient after losing someone close to them due to death. We propose some implications for improving the experiences of bereaved students based on our findings: a) the role of teachers and how they respond to their bereaved students, preparing them for caring for others in similar situations; b) educating and training students about death and dying by using adequate learning strategies such as storytelling, photovoice, narrative approaches, and role-playing; and c) providing counselling support for bereaved students. Lastly, it is evident that the role of the narrative is multi-faceted – contributing to the development of a student's identity, providing comfort, and helping to make sense of a 'senseless' event.

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