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Feelings about Death among Nursing Students: A Three-Cohort Observational Study

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Abstract

Objective: To describe the feelings about death of students enrolled in the Nursing Degree, who had not initiated their practicum in real care settings. Methods: Three-cohort observational study with open question analysis. *The Collet-Lester Fear of Death Scale*, the *Questionnaire on factors to help dying in peace* and ad hoc questionnaire with 6 open-ended questions was administered to 197 undergraduate nursing students. Results: The students recognized being afraid to face death in the practicum, mainly they fear that it affects them personally, the patient's reaction, contact with death and not knowing what to do. Conclusions: The students believed that death was something that was very present in their profession, expressed fear in facing it in the practicum, they mostly recognized not having enough overcoming strategies, and they would like to receive training on how to face death.
Keywords: Nursing Students. Emotions. Attitude to Death. Nursing Education.

Introduction

Emotions and feelings are powerful forces that affect our daily life and influence our decisions and our behaviour.[1] Thus, distress and anxiety caused by death can have an impact on nurses mental, physical, and general health, and may interfere in the relationship with patients and their families and the quality of care that they provide during the terminal stages of a patient's life. Nia et al. in their literature review, concluded that in health professionals, death anxiety is commonly experienced, and is associated to attitudes of rejection towards the care of dying patients and their families.[2]

These negative feelings and emotions can especially affect Nursing students, who do not yet have the sufficient abilities to face them. Knowing these feelings and emotions, especially before students have started their practicum, can help with the design and implementation of educational projects geared towards the reduction of these negative experiences. Thus, the objective of this study is to describe the feelings and emotions that death and palliative care arouse in Nursing students that had not started their period of practice ("practicum") in clinical areas.

Methodology

This was a three cohorts observational study with quantitative and qualitative analyses**.** The participants were nursing students from the Spanish University of Cantabria from three consecutive academic years: cohort 1: 2016-2017, cohort 2: 2017-2018, and cohort 3: 2018-2019.

The students who had agreed to participate were asked to anonymously complete both the *Spanish adaptation of the Collet-Lester Fear of Death Scale (CLFDS)* and the *Bayes et al. questionnaire of factors for assisting in a peaceful death* and ad hoc questionnaire with 6 open-ended questions.[3 4]

The Collet-Lester scale is a self-administered questionnaire containing 28 items with a Likert-type response format with 5 possible responses, ranging from "most" to "nothing". The 28 items are grouped into 4 dimensions.

The Bayes et al. questionnaire analyses the factors that can assist in a peaceful death. It consists of two parts: in the first

one, participants have to evaluate 11 possible factors that can help people to die in peace. Each of these has 5 response options ranging from 1 ("It would not help me at all") to 5 ("It would help me a lot"). Subsequently, in the second stage, participants have to select, from all the evaluated factors, those that they consider the two most important ones necessary for dying in peace.

Furthermore, a questionnaire with 6 open-ended questions was designed a*d hoc:* 1. What do you think is the best way to die?; 2. What is your greatest fear related to death?; 3. Are you afraid of facing death during your practicum?; 4. Would you like to work in palliative care?; 5. If you had to work in palliative care, what do you think would be your greatest fear?; 6. Do you think Nursing students should receive training related to death?

The quantitative analyses were conducted with *IBM SPSS Statistics v.22* and the *Excel 2013 spreadsheet program*. In order to determine if significant differences existed between the scores from the three cohorts, a Chi-square test was utilized when the variables to be compared were qualitative, and a Student's t-test or an ANOVA when the variables were quantitative. The alpha level of significance was set at 0.05 (two-sided). A p-value of less than 0.05 was considered significant.

Qualitative analysis of the information collected in the open-ended questionnaire used a combination of structural and descriptive coding process.[5] Content analysis of the coded fragments allowed us to identify the following categories: palliative care, fear and training.

Ethical approval was obtained from the University Institutional Review Board. Students were informed about the purpose of the study and consent was obtained from all participants.

Results

From a population of 209 students a sample of 197 students distributed in three cohorts was extracted: Cohort 1 = 71 (2016-2017 academic year), Cohort 2 = 66 (2017-2018) and Cohort 3 = 72 (2018-2019).

At the time of participating in the study, none of the students had started their practicum in real care settings. The mean age was 20.84 years (SD =5.22, range 18-47 years); 83.76 % were women and 67.51 % of the students had not witnessed anyone dying, whereas 87.76 % had suffered the death of a loved one. Also, 50% of them recognized being afraid to face death in the practicum, and 66.13 % admitted not wishing to work in palliative care. Lastly, 100% of the students believed that nursing students should receive training related to the end of life. When comparing the three different academic years, no significant differences were found for any of these variables (Table 1).

Gender is not related with the desire to work or not in palliative care ($\chi2 = 3.75$ p = 0.53) or to the fear of facing death in the practicum ($\chi2 = 2.8$ p = 0.19). The desire to work in palliative care is not significantly associated with having had previous experience with death ($\chi2 = 1.37$ p = 0.50). Although no significant differences are obtained, the students who do not fear facing death in the practicum are slightly older than those who affirm to fear it (21.07 vs 20.04 years of age, t = 0.95 p = 0.35) and the same trend is obtained in the desire to work in palliative care (21.07 vs 20.13 years of age, t = 1.10 p = 0.27).

The Collet-Lester scale was completed by 195 students. As shown in Table 2, the 4 items with higher mean scores were as follows: the loss of a loved one, being unable to communicate with them anymore, seeing how they suffered from pain, and the mental degeneracy of aging. While items that have lower scores were as follows: the disintegration of the body after death, and having to be with someone who wants to talk about death with you. When comparing the three academic years, no significant differences were detected in most of the items.

When comparing the mean scores in the four dimensions of the Collet-Lester scale, no significant differences were obtained regarding whether they had witnessed someone dying or if they had suffered the loss of a loved one (Table 3).

The questionnaire on factors that help people to die in peace was completed by 190 students (5 fewer than the Collet-Lester scale). The questions that obtained the highest scores were: being able to feel close, communicate and strengthen the affective links with my loved ones (this was the most important aspect for 27.78 %) thinking that my life has made some sense (this was the second-most important aspect for 19.70 % of students) (Table 4).

Table 1. Sociodemographic data

	Overall (n=197)		*2016-17 Academic Year (n=63)*		*2017-18 Academic Year (n=64)*		*2018-19 Academic Year (n=70)*		*p*
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	
Age (Mean, sd)	20.8	5.22	22.6	7.47	20.2	4.06	20.2	4.53	0.06[a]
Female	165	83.7	50	79.3	51	79.6	13	20.3	0.06[b]
Male	32	16.2	13	20.6	64	91.4	6	8.5	
Have you witnessed anyone die? Yes	64	32.4	20	31.7	18	28.1	26	37.1	0.44[b]
Have you witnessed anyone die? No	133	67.5	43	68.2	46	71.8	44	62.8	
Have you dealt with the death of someone close to you? Yes	172	87.7	53	84.1	56	87.5	63	90.0	0.59[b]
Have you dealt with the death of someone close to you? No	24	12.2	10	15.8	8	12.5	6	8.5	
Do you fear facing death during your practicum? Yes	62	50.0	-	-	24	44.4	38	54.2	0.36[b]
Do you fear facing death during your practicum? No	62	50.0	-	-	30	55.5	32	45.7	
Would you like to work in palliative care? Yes	42	33.8	-	-	13	24.0	29	41.4	0.06[b]
Would you like to work in palliative care? No	82	66.1	-	-	41	75.9	41	58.5	

[a]ANOVA [b]Chi-square

Table 2. Collett-Lester Scale

Questions	*Overall (n=195)*		2016-17 Academic Year (n=62)		2017-18 Academic Year (n=64)		2018-19 Academic Year (n=69)		*p*[a]
	Mean	*sd*	*Mean*	*sd*	*Mean*	*sd*	*Mean*	*sd*	
Your own death									
1. The total isolation of death	3.64	1.23	3.45	1.24	3.39	1.11	4.03	1.25	0.004
2. The shortness of life	3.71	1.15	3.79	1.04	3.42	1.26	3.91	1.11	0.039
3. Missing out on so much after you die	3.27	1.39	3.37	1.42	2.94	1.36	3.48	1.37	0.063
4. Dying young	4	1.1	3.97	1.12	3.84	1.14	4.17	1.04	0.218
5. How it will feel to be dead	3.02	1.46	2.87	1.34	2.97	1.57	3.2	1.46	0.407
6. Never thinking or experiencing anything again	3.52	1.45	3.58	1.4	3.19	1.58	3.78	1.32	0.056
7. The disintegration of your body after you die	2.03	1.17	2.03	1.14	1.83	1.05	2.22	1.27	0.157
Your own dying									
1. The physical degeneration implied by the process of dying	3.23	1.2	3.19	1.39	3.17	1.08	3.3	1.13	0.792
2. The pain involved in dying	3.97	1.03	3.79	1.19	3.92	0.91	4.17	0.95	0.093
3. The intellectual degeneration of old age	4.2	0.84	4.24	0.88	4.08	0.84	4.28	0.8	0.360
4. The loss of abilities during the dying process	3.97	0.95	3.95	1	3.84	0.96	4.1	0.89	0.293
5. The uncertainty as to how bravely you will face the process of dying	3.39	1.16	3.44	1.15	3.03	1.05	3.7	1.18	0.004
6. Your lack of control over the process of dying	3.51	1.19	3.56	1.21	3.36	1.23	3.61	1.13	0.442
7. The possibility of dying in a hospital away from friends and family	3.79	1.11	3.69	1.17	3.63	1.08	4.04	1.05	0.063
The death of others									
1. The loss of someone close to you	4.74	0.55	4.66	0.7	4.73	0.51	4.83	0.42	0.232
2. Having to see their dead body	3.56	1.29	3.37	1.39	3.69	1.19	3.61	1.29	0.361
3. Never being able to communicate with them again	4.66	0.66	4.63	0.75	4.63	0.65	4.72	0.57	0.613
4. Regret not being nicer to them when they were alive	3.95	1.12	4.05	1.08	3.75	1.13	4.06	1.15	0.209
5. Growing old alone without them	4.15	1.06	4.02	1.14	3.95	1.12	4.46	0.87	0.010
6. Feeling guilty that you are relieved that they are dead	3.1	1.28	2.73	1.23	3.05	1.19	3.49	1.31	0.002
7. Feeling lonely without them	4.28	0.9	4.21	1.04	4.19	0.77	4.43	0.87	0.214
The dying of others									
1. Having to be with someone who is dying	3.24	1.12	3.39	1.03	3.13	1.06	3.2	1.26	0.408
2. Having the person want to talk about death with you	2.21	1.1	2.05	1.08	2.3	1.12	2.26	1.11	0.394
3. Watching the person suffer from pain	4.39	0.77	4.4	0.73	4.22	0.88	4.55	0.65	0.044
4. Seeing the physical degeneration of the person's body	3.82	0.97	3.81	1.02	3.73	0.96	3.9	0.93	0.620
5. Not knowing what to do about your grief at losing a loved one	3.94	1.1	3.85	0.99	3.66	1.26	4.28	0.95	0.004
6. Watching the deterioration of the person's mental abilities	4.14	0.85	4.11	0.81	3.97	0.89	4.33	0.82	0.043
7. Being reminded that you are going to go through the experience also one day	3.43	1.2	3.6	0.98	3.2	1.31	3.48	1.26	0.166

sd: Standard deviation. [a]ANOVA

The open-ended questionnaires were completed by 143 students. As for the possibility of working in palliative care, several students believed that it was very difficult work. The reasons stated by those students who did not want to work in palliative care were that they did not possess the adequate skills, they felt fear of death, and they believed it could affect them personally: *"I would not like to work in palliative care or at least not at the beginning of my professional career, since at the moment I do not think I am ready to face such hard situations, in which you have to be strong and transmit that strength to the patient to ease their stay as much as possible"* (P7. 22-year-old female student). "*I would not work in palliatives since I would probably empathize too much with the patient and the family, and I would suffer far too much in my day to day work. I would be very afraid of discussing the subject of death and having to break the bad news to the family and the patient. Moreover, the patient's reaction to the news would be really difficult to deal with"* (P12. 20-year-old female student).

Table 3. Collett-Lester Scale Dimensions

Dimensions	*Global (n=165)*		*They have seen someone die*		*They have suffered the death of a loved one*	
	Mean	*sd*	*t*	*p*[a]	*t*	*p*[a]
Your own death	23.19	6.18	0.36	0.72	1.52	0.13
Your own dying	26.07	4.97	1.29	0.20	0.72	0.47
The death of others	28.46	4.60	1.22	0.22	0.16	0.87
The dying of others	25.16	4.76	1.61	0.11	1.03	0.30

sd: Standard deviation [a]T-test

The students' main fear was that the experience would trouble them or affect them personally. They also feared the patient's reaction, the actual contact with death or not knowing what to do: "*What I would fear the most would be seeing a person in pain, suffering or alone, and being unable to help them. For me, that situation would be really frustrating"* (P110. 25-year-old female student). "*The most difficult scenario, for me, would be getting to create emotional bonds with the patients their death would affect me deeply and impede me to continue working in this field*" (P19. 23-year-old male student).

All the students believed that they should receive end-of-life (EOL) education, mainly because this type of situation would be very present in their profession, and thus they should know how to face it so that they are not negatively affected: *"I believe it is fundamental. First for the student, because he or she will have to face it, and if it is not done adequately, the student can have personal problems. And second, because it is part of our work, and therefore it is our obligation to have the right knowledge to perform well"* (P52. 25-year-old female student).

Discussion

The fear of facing death in practicum, to see a person suffering from pain not knowing how to react, and that it will affect them personally are the main fears detected in the nursing students who participated in this study. These fears correspond to those specified in other studies.[6–9]

Despite the unpleasant emotions and feelings associated with death emotional support is not always present.[10] The students interviewed in the study conducted by Parry [11], expressed that after they witnessed their first death in clinical practice, they felt that they lacked someone to talk to after the situation. The lack of support for the professionals with whom they shared the care of the patient in the terminal phase was also expressed by the students who participated in the study conducted by Sabala et al. These students also mentioned that to take care of a terminal patient was always a painful experience, which placed them face to face with their weaknesses and insecurities. In general, they attributed their difficulties to their own inability to accept death and the lack of preparation and inexperience.[12] A systematic review conducted by Zheng et al. which aimed to summarize the newly-graduated nurses' experience related to the death of a patient, concluded that without the appropriate preparation for facing this situation, it can be complex and overwhelming, so professional support and institutional support are needed.[13] Ruiz-Pellon et al in their systematic review and qualitative meta-synthesis, conclude that end-of-life educational programs generally helped students acquire communication skills, learn concepts and improve the provision of this type of care.[14]

Age and experience seem to be factors that favored a positive attitude towards the care of a dying patient, and reduced fear of death. In our study, the students who expressed their wish to work in palliative care were slightly older (21.07 vs 20.13 years of age), although this difference was not statistically significant. Hagelin et al., which described the attitudes of 371 fist-year swedish Nursing students about the care of dying patients, found that a more positive attitude was associated to being older and having more experience and education on care.[15] Mondragon et al found, after evaluating the fear of death in 643 nursing students, that 1st and 4th year students had

Table 4. Bayés, Limonero, Romeno and Arranz Questionnaire

Questions	Overall (n=190)		2016-17 Academic Year (n=58)		2017-18 Academic Year (n=62)		2018-19 Academic Year (n=70)		*p*[a]
	Mean	*sd*	*Mean*	*sd*	*Mean*	*sd*	*Mean*	*sd*	
A. Believing that the doctors can control my pain and other discomfort generating symptoms	4.02	0.81	4.03	0.82	3.94	0.79	4.07	0.82	0.615
B. Thinking that my dying process will be short if it creates suffering	3.47	1.22	3.43	1.27	3.34	1.28	3.61	1.13	0.420
C. Believing that I will be able to control my thoughts and physiological functions until the end	4.11	0.92	4.05	0.98	4.02	0.95	4.24	0.84	0.314
D. Believing that my death or my disappearance will not cause an insurmountable problem (economically, affective or another) for my loved ones	4.01	1.13	3.79	1.28	3.95	1.14	4.23	0.95	0.085
E. Being able to feel close to, communicate and tighten the affective ties with my loved ones	4.44	0.80	4.31	0.98	4.42	0.71	4.57	0.69	0.178
F. Thinking that if I do not have a real hope of recovery my life will not be artificially maintained in an intensive care unit.	3.88	1.11	3.79	1.21	4.02	1.06	3.84	1.07	0.509
G. Thinking that my life has made some sense	4.46	0.80	4.34	0.93	4.45	0.82	4.56	0.65	0.329
H. Believing in another life after death	2.72	1.46	2.81	1.52	2.77	1.48	2.60	1.42	0.680
I. Not feel guilty or feel forgiven from past personal conflicts	4.04	1.02	3.91	1.19	3.90	0.82	4.27	1.01	0.061
J. Thinking that if the situation becomes unbearable, I will have help to die fastly	4.02	1.00	3.95	0.93	3.94	1.11	4.16	0.94	0.357
K. Thinking that I will be able to die at home	3.27	1.21	2.91	1.30	3.11	1.12	3.70	1.09	0.000

sd: Standard deviation [a]ANOVA

less fear of death than 2nd and 3rd year students, justifying the lesser fear of the 1st year students to their lack of experience in hospital practice and 4th year students to their greater confidence.[16] Peters et al. in their systematic review, also detected a greater fear of death and more negative attitudes towards the care of the patient at the end of life in younger female nurses.[17] Enríquez and Chavarría obtain higher levels of stress in undergraduate students compared to their peers in the baccalaureate program and argue that confrontation of theory with practice with a more critical approach could be causing higher levels of stress in undergraduate students, thus, they highlight the need to include specific strategies for stress management at the curricular level.[18]

In our study the students reported being afraid of not knowing what to do when facing the death of another person and considered important to receive more training related to the end of life. Several studies have emphasized the lack of training or overcoming strategies [13] as well as the importance for health professionals to have strategies and attitudes aimed at addressing death.[19–22] Better training is important to improve nurse's communication skills.[23] Nonetheless, training in communicative and behavioural skills regarding death is often neglected in health programs.[13,24] Encouraging reflection and the expression of fears and feelings related to death are a fundamental part of EOL education.[25]

This study has different strengths and limitations. The main strength of this study is that data was collected from nurse students in three cohorts, which represents 94.26 % of the population. Also, the combination of quantitative and qualitative data allowed for a greater in-depth analysis of the student's feelings and fears associated with death. Unfortunately, the non-random sampling and the participation of students from a single university and country and the small size of groups when comparisons were made, could be a source of bias that should be taken into account when interpreting the results and the generalization of data must be cautious.

Conclusions

Nursing students expressed fears about death, especially towards the death of others, and they acknowledged that much of their fear was due to not knowing how to act effectively and also that this contact with the death of others would affect them personally in a negative manner and thus demand training related with the topic of death and how to deal with it.

The findings of this study highlight the need to review the education on the end of life offer in undergraduate nursing curricula in order to ensure that, within their training the students acquire, at least, basic knowledge about this subject that reduce their fears and allow them to feel better prepared to provide care at this stage of life.

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