Nursing Students' First Clinical Experience with a Dying Patient or the Dead: A Phenomenological Study

Isaac Nyarko Kwakye[1,2], James Antwi[3*], Cynthia Essel[4]
and Prince Appiah Yeboah[4]

[1]Faculty of Education and Social Sciences, West End University College, Accra, Ghana.
[2]Department of Health Physical Education and Recreation, University of Cape Coast, Ghana.
[3]Centre for Health and Social Policy Research, West End University College, Accra, Ghana.
[4]Department of Nursing, West End University College, Accra, Ghana.

Authors' contributions

This work was carried out in collaboration among all authors. Author INK designed the study,
performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript.
Authors JA and CE managed the analyses of the study. Author PAY managed the literature searches.
All authors read and approved the final manuscript.

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ABSTRACT

Aim: The aim of the study was to explore nursing students' first clinical experience with a dying patient or the dead.
Study Design: The study employed a qualitative case study design involving six students, homogenous in nature and purposively selected from the nursing department of a private university in Accra. We used in-depth interviews to solicit for lived experiences of the participants and the field data were analysed using Interpretative Phenomenological Analysis technique.
Results: Seven themes emerged from the analysis; reasons for choosing nursing as a profession, emotional and psychological effects, coping strategies, preparation of the student before clinical placement, access to counselling and future thoughts about nursing. Productive and unproductive

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Corresponding author: E-mail: jantwi2327@gmail.com;

forces are used to illustrate the experiences of the students. The results showed that nursing students were inadequately prepared for their first clinical practice and experienced varied negative emotional and psychological effects such as fear and stress. Some of the students were unable to cope with their experiences and as a result wanted to quit the training while others were able to accept the situation due to their personal disposition.

Conclusion: The authors recommend that students should be given adequate orientation or preparation before clinical placement and where possible, counselling services should be made available to them before, during and after their clinical placement both at the hospital and in the school.

1. INTRODUCTION

In 2004, Penelope Ann Hilton edited the book titled 'the fundamental nursing skills' and traced back the evolution of nursing from the women's work to both women and men's work; from caring for the sick to meeting clients' needs through the life course; and from health promotion to what Henderson [1], defines as "primarily assisting the individual in the performance of activities contributing to health and its recovery, or to a peaceful death" and many others.

Indeed, nursing is a profession with endless changes due to changing healthcare environment. Therefore, many scholars continue to express different views about nursing. For example, nursing is said to be the establishment of a meaningful relationship with patients and relatives [2]. Nurses concentrate their activities on symptoms control and quality of life; alleviation of physical and psychological symptoms, as well as social support for the patient and their family [3]. A critical look at nursing through the years shows that nursing is about the care of individuals, families and communities so they may attain, maintain, or recover optimal health and quality of life.

Even though nursing practice involves the experience of patient recovery or death, it is clear that nurses may not want to experience the dying aspect of their work and so, some nurses may easily want to forget about this very emotional aspect of care. Obviously, death can occur in health facilities, homes, or anywhere in society, and the nurse is noted to spend a substantial amount of time with the dying patient [4,5]. Nursing care is such that nurses can or may not go to work a day or a week without encountering people at their end-stage of life. Indeed, this moment of the nursing practice is regarded as very emotional, most difficult, painful, and stressful [6].

This study examines the aspect of nursing care that deals with dying or death – the stage of life which is often discussed amidst anxiety and fear in certain cultures [7] and focuses on the student nurse. Our attention leans towards Hilton's emphasis on what the learner needs to do for the dying or the dead. Hilton's account of dying exemplifies the challenges a beginner is likely to face on an encounter with the dying patient and provides guidance for the beginner. However, Hilton's guidance focuses on the care the learner needs to provide during this period but is silent on what the learner needs to do to cope.

Our study is grounded in Kübler-Ross [8] concept of grief and death reactions and provides a critical analysis of nursing students' first clinical experience from this theoretical perspective. The early writings on grief and death by Kübler-Ross outline five main phases of reaction. They include; denial and isolation, anger, bargaining, depression, and acceptance. We used a blended theoretical approach to construct a framework for interpretation of similar experiences. We brought together Hilton's account on death with its apparent gap and Kübler-Ross's grief reaction forces to provide the theoretical framework for the study.

1.1 Nursing Students' Clinical Experience

The nature of nursing as an epitome of healthcare makes the profession more 'hands-on' requiring intensive clinical practice during training [9]. Clinical practice is therefore an essential part of the nursing professional education where student nurses are supervised by clinical instructors or preceptors to acquire prescribed hours of clinical skills. During this period, students are exposed to many clinical experiences which they might have learnt from pedagogy in the classroom or laboratory simulations.

Certainly, clinical practice is intended to bridge the gap of what students learn in class (theory) and the reality of their profession (practice). It is therefore imperative to prepare the student nurse adequately before they embark on their clinical practice since their first clinical placement experience can be a critical turning point in their educational journey' [10].

Undoubtedly, the literature on nursing education has provided some forms of preparations students' need to undergo before clinical placement; pedagogy training, laboratory simulation exercises, setting the appropriate environment for clinical practice [11]. For instance, nursing students from some Universities in Australia are supported to transit effectively from classroom to the clinical site with additional workshops grounded in the principles of caring pedagogy and student-centered learning [12].

Again, it is reported that nursing students from the University of Dundee receive support from their clinical placement unit prior to their clinical training and this helps them to cope with stress during clinical training [13]. Drawing from the experience of students from Dundee University, Burns and Peterson argue that support services such as mentorship and counselling, also increase collaboration between the university and service providers during student clinical placement. Furthermore, there is evidence to show that the prominence of preceptors at clinical training sites makes clinical environment more endurable for Finish and Swedish nursing students and that ensures effective learning [14].

1.2 Why it Matters

Even though clinical practice presents positive outcomes to nursing students [14], it is also plagued with a number of challenges [15,16,17], which are sometimes contextual in nature [18]. Nursing students are frequently exposed to many risks during their clinical placement because of the nature of the environment they may find themselves [19]. For instance, in South Africa, nursing students are reported to receive limited support from clinical instructors or professional nurses and sometimes experience varied forms of 'bullying' [17]. In Ghana, resource constraints are some of the challenges nursing students face during clinical placements [20].

It appears that measures adopted by educational institutions to prepare students for clinical placements are either inadequate or non - engaging. For example, it has been shown that activities aimed at capacitating nursing students from some Australian universities to manage the challenges associated with clinical placement are contradicting and this may raise students' level of stress and anxiety [10]. These experiences also illustrate gaps in nursing education and practice [21].

Many scholars believe that the persistent gap in nursing education and practice which has existed for many decades and predicted to continue in the same or different form is partly due to insufficient clinical skill acquisition from clinical training of students [21,22]. Nursing students, therefore, need to prepare well during training to be able to provide high quality end-of-life care [6]. However, there is enough evidence to show that nursing students have difficulties in dealing with death because of inadequate preparations [23,24].

As a result, nursing students' require support from clinical nurses and instructors in order to cope with emotional stress in their encounter with a dying patient or the dead. Yet much of the nursing literature on end-of-life care is based on how the nurse can support the dying patient or relatives to cope with the situation with just a few literature examining the emotional and physiological challenges of the nurse as a result of their encounter with the dying or the dead.

In Ghana, many studies on student nurses' clinical placements have focused on students experiences with disease conditions, clinical environment, use of medical devices, application of the nursing processes, stress levels, and coping mechanisms among clinical nursing students [25,26], but very limited literature have examined the student nurse encounter with a dying patient or the dead.

This study, therefore, explores the experiences of nursing students encounter with the dying patient or the dead during their first clinical practice and how they deal with such experiences. We investigate this by finding answers to two main questions: What happens to the student nurse when they encounter a dying patient or the dead during their first clinical placement? And how would a student nurse react on their first encounter with a dying patient or the dead?

2. MATERIALS AND METHODS

2.1 Research Design

The study employed a qualitative case study design using Interpretative Phenomenological Analysis (IPA) technique. The study aims at understanding the lived experiences of the nursing students and as a result, the IPA is considered the most appropriate technique since it is concerned with meanings people give to situations they have experience [27,28]. It could be argued that how people live their environment gives an idea about how they might conceptualize meaning to the environment [29].

2.2 Participants

Our target population was nursing students from a university set up. We purposively selected six students, from the nursing department of a private university in Accra. The smaller sample size is in line with similar phenomenological studies that have yielded cogent results [30]. Starks and Trinidad [28] argue that in a phenomenological study a sample size ranging between one and ten is sufficient to gather data that can adequately articulate in detail the lived experiences of participants.

2.2.1 Recruitment of participants

The researchers' criteria for recruiting participants for the study included; first, participants should be nursing students from a public or private university; second, participants might have had at least one clinical experience; third, participants might have had encounter with death or a dying patient during their first clinical experience; fourth, participants should have interest in the study and finally, participants should agree to participate in the study by signing a consent form.

The research team began the recruitment process by announcing to the second, third and fourth year nursing students of the selected private university to solicit for volunteers. Those year groups were selected because the university's clinical protocols showed that students from those year groups had already undertaken their clinical practice once or more at the time of the study.

Initially, 20 out of the 65 students who met the first and second criteria; as nursing students with clinical experience showed up to participate in the study. Out of this, the research team selected 7 students who met the third and fourth criteria; as having had an encounter with a dying patient during their first clinical placement and also interested in the study. The team then explained to the seven students the nature of the study. The research team informed the participants that the study would be held with the highest level of confidentiality and their names would not be disclosed to anybody.

2.2.2 Demography of participants

The selected students were homogenous in nature and had all experienced the phenomenon being investigated. Participants were all females aged between 20 and 24 years with an average age of 22 years. Four of them were in the second year and one each from third and fourth year class groups. All the participants had gone for clinical training during their long vacation either in a teaching hospital or a district hospital. For the sake of this research, all the participants accounted for their first clinical experiences only. One of the participants saw a patient die during her first day at the ward and was involved in last office. Three students experienced the phenomenon during their second and fifth day of the first week while the remaining two students saw a patient die during their third week on the ward.

Thus, all the respondents had attended clinical placement and they had equally seen a dead person or witnessed a patient die during their clinical placement. The common background of the research participants was important because many best outcomes of phenomenological research are when participants demonstrate common features of lived experiences [28,31].

2.3 Data Collection Procedures

We used in-depth interviews to solicit for lived experiences of the participants. The in-depth interviews enabled us to establish rapport, trust and intimacy with each person – these are key issues commonly found in qualitative research [31]. The interviews were mainly on the experiences and reactions of participants upon seeing the dead or realizing that the patient was dying before them. A semi-structured interview guide was developed for the interviews due to its appropriateness in phenomenological study. It allowed follow-up or probing questions to be asked and therefore enabled clarification of lived experiences.

The interviews were audio-recorded and lasted between 25-45 minutes. Before the interview, the researchers introduced themselves to each participant and described the interview process to the participants. The participants were informed that they will be asked questions about some stressful situations they had experienced during their first visit to the ward when they saw a dead patient or a patient dying before them.

At the beginning of each interview, the interviewer and participant had a brief chat about the nursing profession. This prepared the participant for the main interview and also enabled the researcher establish a common ground with the participants. The interview started with general questions (how did you get into nursing and why nursing as a career?). This allowed participants to freely talk about their chosen profession and if responses were insufficient, the interviewer had the opportunity to probe further.

After establishing rapport with the initial questions, the interviewer wanted to know more about their experiences at the ward for the first time. The questions were then narrowed to the experience of having a patient die before them or seeing a dead patient for the first time at the ward. Probing questions were asked to enable participants share their thoughts and feelings and to know the intensity of the feelings. Some of the probing questions include "could you tell me more about it, how did you feel, could you explain more, and others".

Participants were further asked whether the experience had any physiological effect on them. The interviewers were again interested in how the participants coped with the experiences and wanted to know if the university or the hospital provided any counselling or psychological therapy for them. The participants were further asked if an orientation was given before the clinical placement. Finally, a question was asked to know how their experiences affected their perception about nursing and whether they see themselves working as nurses for an extended period of time. The researchers ensured that they really understood the participants' story rather than just following an ordered set of questions.

2.4 Data Analysis

We analysed the data in accordance with the IPA guidelines [27,28]. We created themes for analysis by following three main steps. First, we read the transcribed texts several times and recorded notes and comments that reflected participants' initial thoughts and observations at the left margin of the transcripts. Second, we identified and recorded common occurrences on the right hand margin of the transcripts. Third, we assigned themes to the common features that occurred and compared the themes from each participant's transcript to recognize related themes and new ones.

A structure was then developed into analysis by identifying themes that form a natural cluster or that were related to one another. We constantly referred to each original transcript in our attempt to structure the themes. A summary table of the structured themes were produced together with quotations from the data that illustrate each theme. This was followed through for the rest of the transcripts. Themes from each transcript were compared with each other to identify common themes and emerging ones. Identified themes were integrated into master themes (see Table 1).

2.5 Data Credibility

To ensure credible data, we used two of Glense [32] procedures in data quality measures to establish the trustworthiness of the research. They included: member checking; and rich, thick description.

2.5.1 Member checking

We identified emergent themes from the data with member checks, where transcripts were reviewed by the participants to ensure that recordings were accurate to their experiences [33]. The research team upheld every belief about the phenomenon being investigated before approaching the analysis [27,28,32]. Participants were given the transcripts for them to read to ensure that all that transpired during the interview had been captured. The lead researcher further discussed with each participant on the final themes generated. This allowed for clarifications and verifications in areas that were not clear during the interviews and it also helped to add to the depth of data collected [31,32]. The themes conveyed by the participants were deemed trustworthy since no changes were further suggested.

2.5.2 Rich, thick description

In order to add to the credibility of the research, we used rich and think description to convey the

findings. This was done by providing many perspectives to the themes and thus enabled the results to become richer and realistic [31]. It also provided a clearer setting and directive for discussion of shared experiences.

3. RESULTS AND ANALYSIS

Seven main themes emerged and they focused on participants' experiences and their coping strategies. We grouped the seven themes into productive and unproductive forces (learning from Kübler-Ross [8] concept of grief and death reactions. We did this based on the assumption that in a social milieu, peoples' reaction to situations are influenced by both productive and unproductive forces and these forces congeal to define individual responses.

3.1 Unproductive Forces

Witnessing the reality of dying or death as a student can trigger emotional and physiological challenges. These challenges can lead to unproductive forces such as fear, stress, trembling, panic and pain. Student nurses expressed their experiences with a dying patient or the dead during their first clinical placement from two main thematic areas; emotional or psychological and physiological effects.

3.1.1 Emotional or psychological effects

All the participants had different ideas and perceptions about the dead and encountering a dying patient. Most of them had the shock of their lives when they first encountered a dead body or dying patient who ended up dying in their presence or later dying. Cynthia said the first time she saw a dead body was during her first clinical placement; "I couldn't do anything ... It was like a drama to me".

"I froze and had Goose bumps all over" said Alberta.

For Evelyn, she was assigned to lift a patient with the assistance of a fellow colleague who also knew nothing about lifting techniques and had no knowledge about the patient they were lifting. Trying to lift the patient, they realised that her skin was peeling into their hands before long the patient was dead in the process of their lifting. "I felt I killed the Patient". Evelyn sadly said and experienced feelings of guilt of a situation she had no control.

However, these same student nurses who had been bruised emotionally from the mere sight of a dead body did not get any consoling or soothing whatsoever but were rather asked to join in performing the last offices, observe and in some instances, made to do it on their own without prior knowledge of what was to be done. Evelyn felt guilty but was not even given the opportunity to reflect about the situation. She was immediately asked to do the last office on her own with assistance from her other colleague student who was also naïve about the work. Evelyn laments:

"she asked us to do it on our own…. I was scared because we were locked alone in the room with the dead body …."

Other participants also said they entertained such fears when they first saw a last office being done or participated in it. The participants cited how the various emotional and psychological effect of seeing a dead patient had on them - the anger, the pain, and the hurtful feeling, and surprise, state of shock, feeling of sadness and even wishing to quit the training.

After going through the hurt, pain and guilt of thinking that she killed a patient and had to do a procedure she was new to and scared to do, Evelyn asked herself:" why did I choose nursing. I want to stop!"

Gifty also had this to say: "at that instant, I had wanted to quit". Some of the participants in the study were angry with God and also questioned why God should allow them to go through that experience.

Some of the students kept having flashbacks and did not seem to have the ability to forget. With the start of a harmless conversation about clinical or the mere mention of having to go on clinical, it triggers the memories. For some, being alone triggers the flashbacks. Nightmares were also common among the experiences the participants had.

Rita said: "anytime I pass in front of the hospital, I will be thinking, and having flashbacks of what happened."

The experiences at the ward made most of the students nurture some ideas which include leaving the bedside soon. Gladys said:

"I don't think I will be on the ward for over five years. I am hoping to go for higher courses so that I can teach or do something else aside from being on the ward."

When Gladys was asked whether she will accept a position as a matron, her first question was: "on the ward?" when the answer was yes, she paused and after thinking for some few seconds she said;

"well, when I am appointed, I will think about it and decide whether to take it or not. But it is not like I will go and make it my ambition of becoming a matron, even on the ward".

3.1.2 Physiological effects

Most of the participants spoke about their inability to continue working again after having that experience. This is how Priscilla put it: "It ruined my day". Some even lost interest in the job and nursing as a profession. Some student nurses felt the nursing profession is about sitting at the nurses' station and measuring and recording vital signs and serving medication. Seeing a dead patient or a dying patient is or was not part of their profession. So having it happen to them caused a lot of stress for these unsuspecting novice student nurses making them have goose bumps all over. Sadly, some ended up crying. Yes, Alberta, when narrating her first experience to her mother said: "I was crying, when telling her what I went through in the ward that day."

Even during the interview, some of the participants could not hold back their tears. It was full of sad emotions. Their eyes were teary and it was difficult to behold such a sight without feeling emotional. Some felt nauseous and feverish. Others had anorexia. The mere sight of food caused some to have flashbacks on how bad things were on the ward and for cleaning up a dead body. This is not what these fresh nursing students wanted to see. It appears that despite all those challenges, some of the students still have interest in nursing as indicated by Priscilla, "in all these, I still love the job"..

Gifty said she threw up one evening after about 24hours of going without food just because she couldn't eat thinking about her experience of seeing a dead body and helping with the last offices. She decided to force something down her throat, *'just a cup of tea'* she said and she even vomited everything. Some had insomnia because they felt the presence of the dead person with them in their bedrooms. Others had them in their dreams in a form of nightmares once they decide to close their eyes at night. They had to stop sleeping in their rooms alone like they have always wished for and invited their friends over to share their rooms and beds as

recounted by Gifty: "what happens during the day?, sometimes, if I sleep, I dream about it". Alberta also said; 'I couldn't eat, I couldn't continue with the work. I am tired'. That was how the students were physically affected.

3.2 Productive Forces

To cope with the realities of witnessing a dying patient the student nurse needed some productive forces to react as opposing forces to the unproductive forces. These forces can ensure resilience, agility, personal drive and reassurance. Student nurses expressed their experiences on how they reacted to emotional and physiological challenges from four main areas; orientation or preparation; counselling or psychotherapy from health facility; family support and personal disposition.

3.2.1 Orientation or preparation

Through it all, it was unfortunate that none of the participants was oriented about clinical practice and the state of the wards they were going to work in. They were left to go to the wards with absolutely no form of preparedness, so 'naked', so to speak. Like going to war with no ammunitions, these naïve students went to the ward with no emotional ammunition and were taken by both surprises and shocks. Some of the students shared their experiences during their preparations before clinical placement and said their preparation focused only on 'bed dressing' and checking of 'vital signs' with no preparation about death and dying. 'It was all about dressing and how to relate to our senior nurses on the ward", says Cynthia

At the hospital, Alberta said:

"they only tell us the history of the hospital, send us round to various wards to tell us that this is the treatment room, this is where we keep our stuff, this is the nurses room, and we are done".

Sometimes students were given orientations by fellow students who had been at the wards few weeks or days ahead of them. According to Evelyn, nurses (in-charges) must be ready to monitor student nurses, and should stop sending students on errand when they ought to learn.

"when we go, they are supposed to monitor everything we do, not to just tell us go and do this, whether you have idea on it or not. They will just tell you go and do this. They should be there to tell us, do it like this, do it like that. So that when they are not there, we can do it on our own

……. yes. At times they will just send you when something is going on that you want to learn. They will just tell you go and buy me this, and when you come back, they will tell you, you have not learnt anything on the ward only what you have been taught in school."

Students were very optimistic that they would have been much stronger if they had been adequately prepared by the university before embarking on their clinical placement. Alberta said; 'if I had some form or orientation, I would be stronger'. Gifty also retorted; 'I would have been better placed for the clinical practice if I had been given orientation about a dying patient'

3.2.2 Counselling and psychological therapy

All the student nurses said they had no form of counselling or psychotherapy after going through the experience of seeing a dying patient or the dead. Gifty said;

"they leave us to face it because they know we will be doing this for a long time…. And not just because you saw one thing, you should be consoled…."

Most of the students believed that counselling could have made them cope with the experiences better. Gladys, agreed that counselling would have made situations better, because;

"counsellors are trained professionals who can make a difference in such situations". Evelyn also stated; "if I had gone to a counsellor, it would have helped me a lot'

Some of the students were of the view that the encounter was going to affect them for a long time because of lack of access to counselling services. Alberta said; 'I think it will take time for it to get out of my mind"

3.2.3 Personal disposition

In terms of individual characteristics, the results show that the participants expressed different behaviours based on who they are and what they understand by the situation. Evelyn needed to embrace the situation as it was. She said; 'and I had to quickly accept the reality in order to become resolute'. Others tried to chat with colleagues to relieve them of the mental solitude and the emotional distress they were going through. For others, they said they turned to social media platforms such as WhatsApp, and got stacked on the page because immediately

they stopped, they started thinking about the issues and reminisced in the situation they met with.

Some students resorted to personal coping strategies like chatting with friends, sending messages on their WhatsApp platforms, encouraging oneself, reading and praying or singing. Gifty Stated: "when I think about it, I just pick my phone and just go on WhatsApp". They needed to psyche themselves and accepted what they had chosen as a profession. Evelyn spoke about reading to help go through the agony and the bitter feelings she had after the experience. Some participants also sang or prayed to God as their way of coping with the situation, probably thinking and knowing that with God all things are possible. Gifty had this to say:

"so I just prayed, because I don't see the reason why I should be seeing her in my dreams because it's just my work I am doing."

This is how Cynthia expressed her anger;

'…. and aside that, I was even angry with myself and angry with God …… I prayed that something like this should not happen in my presence and all of a sudden'.

Cynthia extended her anger to everyone who came close to her and wanted to be left alone at that particular moment.

"Because anyone that spoke to me was just irritating me ……. I was getting angry …… so I just wanted to be left alone, to sit quietly somewhere, where no one is there, just me alone." Cynthia said.

3.2.4 Family support

There were some forms of encouragement from family members. The family members of the students had been handy in helping their daughters. Their mothers and aunties helped them to stand firm in this horrifying situation. Every participant spoke of receiving one or two forms of help from their relatives which enabled them to cope quite well. This is how Alberta's mother encouraged her:

"I was crying, and my mom… my mom asked me why? ……. and she told me that, it's part of life. Yes, so I shouldn't …… it's really painful but I should be calm and take heart."

The findings show that parents spoke words of encouragement, psyched the students and went the extra mile to comfort them.

Table 1. Master themes [page (Line) numbers]

Themes	Cynthia	Alberta	Rita	Gifty	Priscilla	Evelyn
1.Reasons for Nursing						
– Interest/passion	1 (20), 2 (34)	1 (20-21)		2 (35-36) 3 (62)		1 (15)
– Advice/Persuasion	1 (20)				2 (30-31)	
– Desire to help people	3 (77-78)		2 (39-42)	2 (47-49)		
– Poor treatment from nurses	3 (58-59, 61-64, 66-71)					2 (44-46)
– A calling from God					2 (42-46)	
2. Emotional and Psychological Effects						
– Shock/Surprised/ Horrific/ Frozen	6 (147-149)	3 (82-84)	7 (188) 14 (368-371)		4 (115)	
– Sad/bored/ dejected/ Feeling down	6 (168-172)	8 (218)		9 (234-236)	10 (274-275)	13 (361-362)
– Felt bad/ pity			8 (208)	11 (303)		4 (99)
– Disturbed/ Disheartening/ Hurtful/ Painful	7 (181)		5 (120) 9 (250) 10 (260-261)	8 (208-211)		
– Couldn't believe/ Denial	8 (208-209, 211)	12 (337-338)				
– Fear/Scared	7 (192-195)		22 (596-601)	21 (574-575)	5 (123)	11 (306-307) 14 (409-410)
– State of thinking (asking questions)/	9 (243-244)	12 (329-330)		12 (321-323	8 (209)	12 (327-330)
– Anger	9 (253-254)					16 (451-452, 454)
– Bargaining for the dead	10 (259-261)					
– Empathy/sympathy	10 (286-287)	8 (229-230)				
– Had wanted to quit				22 (607)		5 (112-114)
– Flashbacks/vivid memories	13 (365-366,374-375)	21 (594-595)	17 (475-476)	17 (475-476)		24 (672)
– Mental picture/dreams/nightmares				9 (238-241, 244)		20 (567) 21 (569)
– Can't forget			18 (499)	31 (869)		
–						
– Signs of compulsive disorder				34 (934-936)		
– Sense of guilt/ Confused						4 (109-110) 13 (364-366)

Themes	Cynthia	Alberta	Rita	Gifty	Priscilla	Evelyn
3. Physiological Effects						
– Inability to work/loss of interest to work	12 (340-343)			9 (230-232)	11 (282-283)	
– Stress	13 (352)					
– Goose bumps		4 (90-92)	11 (290)			
– Crying		13 (363)		19 (518-520)		
Continuation of Master Themes						
	Cynthia	**Alberta**	**Rita**	**Gifty**	**Priscilla**	**Evelyn**
– Shivering /Felt feverish		12 (345)	11(287-288)			
– Inability to eat/sleep			11 (295-296)	6 (160-162	14 (373-374)	12 (341)
– Fell sick/Headache/feeling hot/ Nausea/ Feeling dizzy/ pains in the eyes				15 (403-404)		14 (396-397)
4. Coping Strategies						
– Acceptance	17 (491-497)	21 (572-574)			19 (534-536)	11 (310-311)
– Chatting					15 (401-402)	
– WhatsApping				25 (696-698)	15 (397-399)	
– Reading						22 (604)
– Self-talk/self-encouragement	15 (417-418) 16 (450-451)		14 (390)	12 (328-329)		
– Encouragement from family and friends	7 (183-186)	(372-374)	15 (394)	18 (488-489)		12 (342-343)
– Pray/sing				17 (463-465)		
5. No Orientation	19 (557-561)	26 (718-719)	20 (537-538)	4 (114-115)	24 (663-664)	22 (625-626)
6. No Access to Counselling and Psychological Therapy	22 (637)	27 (751-755)	21 (566)	30 (850-851)	24 (676)	23 (640)
7. Future Thoughts about Nursing						
– Interest in working as a nurse	23 (685-686)	28 (781)	24 (672-675)	19 (537-539)		25 (694)
– Not ready to be by the bedside	23 (688-689)				21 (721)	
– Experiences will change in future			16 (439-440)		16 (448)	18 (496)
– Opportunity to learn Able to educate new students		21 (597-599)				
– Desire for others not to experience the same situation		23 (654-657)				

4. DISCUSSION

4.1 Emotional or Psychological Effects

Unquestionably, death is inevitable but that is not what one will expect to encounter in their early days of training into a profession. Such experiences lead to emotional and psychological effects. Our findings shed light on this as physiologically, some of the students could not eat nor sleep. Other students felt sick, cried and lost interest in working because they felt they had been stressed by the experiences they encountered at the ward for the first time. Indeed similar experiences by nurses have been demonstrated in the literature [34,35]. However, it is interesting to note that some of the students such as Priscilla has passion for the nursing profession by saying "in all these, I still love the job". What might have caused the continued passion for the job could be the sense of purpose for the profession that students such as Priscilla had.

Emotionally, some of the students were downhearted, scared, felt guilty, experienced flashbacks, confusion, and anger. Some had nightmares, some were in a state of denial and questioned the reality of nursing practice while others had thoughts of quitting. With all these barrage of experiences that were traumatizing to some of them, it was evident that the students had difficulties in dealing with their experiences similar to what had been documented in the literature [23,24]. These forces perhaps contribute to the reason why many nursing students decide either to quit or plan to quit training [24].

4.2 Orientation or Preparation

The analyses show that student nurses were not adequately prepared for their first clinical placement. The study revealed that students lacked adequate knowledge about death or dying and they were made to be involved in some activities such as last office which they appeared unprepared. These findings corroborate similar studies that found that students' nurses feel unprepared before going to the ward for clinical training [36,37].

Most of the students experienced shock, surprise and fear because they were not prepared to care for patient at the end stage of life. This created feeling of anxiety about caring for such patients and some students did not want to get closer to weak or sickling patients [37] with the fear that the patient may die in their hands. Similarly, Parry [38] explored nursing students' first experience of death during clinical practice and found that their experiences caused them some amount of anxiety.

The unpreparedness of the students made them expressed varied emotional and psychological effects of their experiences and could have otherwise be stronger if they had been oriented as Gifty expressed; 'if I had been oriented, I would be stronger'. Orientation helps to build confidence, resilience and capacity to cope during such circumstances.

4.3 Counselling or Psychotherapy

Student nurses require continuous emotional and psychological support through psychotherapy as this provides opportunity for them to discuss and share their experiences on the ward with professionals throughout their clinical training [39]. However, our findings revealed that none of the students received any form of counselling or psychological therapy in order to deal with their emotional difficulties. It was noted that, students could not forget their experiences and believed that counselling could have been beneficial. Clearly, the students needed professional guidance in the form of pre and post counselling services. Yet, there was no one to counsel or give psychotherapy, not even in the hospital or the university. Both the hospital and the university should therefore provide counselling services for any student who may be faced with emotional difficulties after their exposure to situations like these.

4.4 Personal Disposition

The participants also resorted to different means of coping mechanisms based on their individual disposition. Most of the participants said they accepted the situation and re-assigned their fate to it, because to them, they had chosen nursing profession and death as part of nursing care was inevitable. The personal characteristics caused individual students to behave in the way they did to the emotional and psychological effects after their first encounter with a dying patient or the dead. It described the relative stability or nature of coping of each student [40]. Our findings supported this claim as the students expressed different dispositions based on their individual traits. For example, Evelyn needed to embrace the situation as it was. This resulted in her

acceptance of the situation and the fearlessness to move on supporting early writings of Kubler Ross [8], illustrating her agility to respond to situations – perhaps a powerful coping mechanism needed to achieve stability [41]. While Cynthia expressed anger and wanted to be alone, Gifty, for example, resorted to her faith and religious belief by praying. These findings support existing literature that people's disposition defines their reaction to situations [42]. It is therefore important that students know themselves, their individual traits, strengths, and weaknesses to enable them to adapt appropriately to such situations.

4.5 Family Support

Although caring for dying patients can be rewarding to nursing students [30], it can be emotionally challenging for the students [25]. These challenges could partly be attributed to cultural and societal perceptions about the dead. Some of the issues about death are socially connected and originates in the way society views death. In some cultures, talking openly about death and dying is not acceptable because it is considered disrespectful, bad luck, or causes loss of hope and the young adults view death as something abstract and subjective [38,39]. For instance, any conversation in Ghana about death is difficult and painful, and even more so when it occurs among the youth. Our findings lean towards these societal linkages as every participant spoke of receiving some form of help

from their relatives which enabled them to cope tremendously. Therefore family support during situations of this nature is highly recommended.

4.6 Situational – Convergence Model

Our analyses revealed several dimensions to student's first clinical experience. We noted a relationship between the productive and unproductive forces - in line with the grief reaction concept. We argue this discourse from two perspectives using a situational – convergence model (see Fig. 1 below): First, the effect of having an encounter with a dying patient or the dead is an action that is likely to trigger emotional and psychological challenges. This is the situation which can lead to stress and fear (we call them unproductive forces) – difficult to eliminate at that particular moment: Second, the reaction force needed in such cases to enable the student adapt to the situation. This triggers productive forces that tend to converge with the unproductive forces.

We argue that the extent of coping depends on the productive forces - inherent in the adequacy of preparations or orientation of the student nurse before clinical placements (this can lead to resilience); the counselling they receive from clinicians (professional guidance); their own personal disposition (agility); and the (support) they receive from family members when they go home - all constitute reaction forces (we call these productive forces).
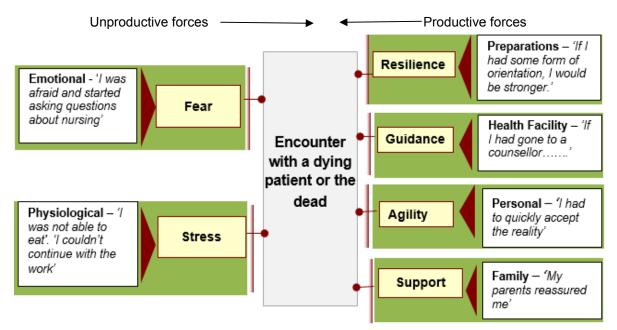

Unproductive forces ⟶   ⟵ Productive forces

Fig. 1. My first clinical placement

Fig. 1. Situational –Convergence Model (Student Nurses' encounter with a dying patient or the dead during their first clinical placement). Source: Constructed by Authors.

From Fig. 1, we demonstrate the productive and unproductive forces. The figure shows that the reactions by the student nurse upon encounter with a dying patient or the dead are persuaded by the situation they find themselves – this is subjective and legitimised in where the students find themselves and what they already know about the situation. Thus the two forces counter each other to provide a balance of stability for the student nurse.

5. CONCLUSION

Our study has shown nursing students' practical experiences with a dying patient or the dead during their first clinical placement using a case study approach. The experiences were captured in seven thematic areas. Some of the experiences were painful and traumatising in such that some of the students were not able to cope with their training and thought about quitting. Our analyses show that the experiences of nursing students during their encounter with a dying patient or the dead constitute both unproductive and productive forces. The unproductive forces present with fear and stress among many others while the productive forces produce resilience, guidance, support and agility. The two forces compound each other to create some level of stability for the student nurse during this period. We suggest the use of a situational – convergence model for interpretation of similar encounters.

6. RECOMMENDATION

We recommend that student nurses should be made to get into the last office business gradually. Students should be adequately prepared before clinical placement. In helping the student to cope with negative clinical experiences or unproductive forces associated with a dying patient, the services of counsellors are needed.

CONSENT

It was made known to participants that their participation was voluntary and they can withdraw from the study at any point in time without any consequences. It was again explained to them that some minimal emotional risk may be involved. This is because participants may be asked a detailed account of their experience of seeing a dead patient for the first time in the ward and this may be traumatizing to some of them. In order to deal with these emotions, participants were counselled before and after the interviews. Finally, 6 students consented to participate because the 7th student voluntarily withdrew from participating due to emotional issues attached to the study.

Also, during the interview, participants were constantly reminded of their freedom to quit at any point in time if they were not comfortable with the line of questions. Participant's confidentiality and anonymity were assured and as a result, pseudonyms were used to represent the names of participants throughout the study. Participants provided a written consent before the start of the interview.

ETHICAL APPROVAL

A letter was written to the ethical committee of the university explaining the purpose of the study. The ethical committee granted the researchers permission to interact with the students to select those who meet the purpose of the study.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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