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Research article

"*It was the first time someone had died before my eyes…*": A qualitative study on the first death experiences of nursing students

Yasemin Çekiç [a,*], Behice Belkıs Çalişkan [b], Gülhan Küçük Öztürk [c], Deniz Kaya Meral [d], Beyhan Bağ [e]

[a] *Ankara University, Faculty of Nursing, Department of Psychiatric Nursing, Ankara, Turkey*
[b] *İstanbul Beykent University, Faculty of Health Sciences, Department of Nursing, İstanbul, Turkey*
[c] *Nevşehir Hacı Bektaş Veli University, Semra and Vefa Küçük Faculty of Health Sciences, Department of Psychiatric Nursing, Nevşehir, Turkey*
[d] *Istanbul Gelisim University, Faculty of Health Sciences, Department of Nursing, Istanbul, Turkey*
[e] *Ludwigshafen University of Business and Society, Mannheim, Germany*

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ABSTRACT

Background: Accompanying a person at their death is a common experience in nurse education. In addition to all death experiences that are a meaningful part of the nursing profession, the first death experience is very important. However, there is limited understanding of nursing students' first death experiences.
Objectives: This study aimed to explore nursing students' experiences of the death of a person for the first time during clinical practice.
Design: This study was conducted as a qualitative study using a phenomenological design.
Participants: A total of 17 nursing students participated in this study.
Methods: Data were collected through online individual in-depth interviews and were analyzed using content analysis.
Results: Four main themes and eleven sub-themes emerged. The themes were meaning of death (first death, a part of life), process management (death information, physical environment, bad news), after death (empty bed, questioning, death with dignity) and education (curriculum, support, professional perception).
Conclusions: While the first experience of death provides an opportunity for students to learn, this experience reveals various negative emotions and the need for support.

1. Introduction

Death is a concept that forces individuals to deal with questions such as the meaning of life, the existence of a soul, and life after death (Mastroianni et al., 2021). Despite being an inevitable and natural part of life, it is an important subject it is one of the most emotional experiences that challenge individuals (Mastroianni et al., 2021; Zhou et al., 2022). The growing older population in societies, life-extending medical treatments, and technological advancement have led people with fatal diseases to be hospitalized, and most of the deaths occur in hospitals (Zhou et al., 2022; Çıkrık and Filiz, 2021). This increases the rate of healthcare professionals accompanying people during their death in hospitals and impacts them from approaching death in a holistic approach, causing them to perceive death as a medical condition or even a medical failure (Çıkrık and Filiz, 2021).

Nurses and nursing students are among the healthcare groups that accompany the highest number of people as they die among all healthcare professionals. When nurses experience people dying, they feel negative emotions such as guilt, depression, disappointment, sadness, insufficiency, helplessness, and distress (Çakmak et al., 2022). Nursing students express the death experience during their clinical education as one of the most stressful events they have experienced (Bayraktar et al., 2022). The international literature reports that nursing students have difficulty coping with death and are generally emotionally unprepared for the care of people dying and their families (Hökkä et al., 2022; Mastroianni et al., 2021). The first death experience may affect the future reactions of nurses to end-of-life care (Ranse et al., 2018). A negative experience may lead to feelings of insufficiency, leading to the

* Corresponding author at: Ankara University Faculty of Nursing, Department of Psychiatric Nursing, Hacettepe Mah. Plevne Cad. No: 7, 06230, Altındağ, Ankara, Turkey.
E-mail address: ycekic@ankara.edu.tr (Y. Çekiç).

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development of attitudes and behaviours such as fear and avoidance of such situations in the future (Özdemir Köken et al., 2020; Ranse et al., 2018).

Understanding the first death experiences of nursing students during their clinical education is significant and essential in terms of revealing areas in need of improvement in the nursing curriculum to ensure that nurses obtain information, skills, and understanding of end-of-life care. In this study we aimed to examine the subjective experiences of nursing students regarding the first death they encountered in clinical practice. The study results will guide plans to enable nursing students to effectively manage their first death experiences and support them to reduce the negative impact of these experiences.

Study Questions

- What are the experiences of nursing students who accompanied a person at their death for the first time during clinical practice?
- How do nursing students evaluate their first experience of a person's death during clinical practice?

2. Methods

2.1. Study design

This study was conducted between February and July 2023 as a qualitative study using a phenomenological design. Phenomenological design was chosen in this study to gain a deep understanding of students' first death experiences and to elucidate the significance they ascribe to these experiences. The purpose of qualitative research is to seek a contextualized understanding of phenomena, explain behaviour and beliefs, identity processes and understand the context of experiences (Hennink et al., 2020). Phenomenology is an approach to exploring and understanding people's lived experiences. It is especially useful when a phenomenon has been poorly defined or conceptualized. In phenomenological studies, researchers help participants to describe lived experiences without leading the discussion. Through in-depth interviews, researchers strive to gain entrance into participants' world, to have full access to their experiences as lived (Polit and Beck, 2020). It is stated that there is no definite number of participants in qualitative studies, and the number of participants is determined in a way that is consistent with the research question(s), the theoretical position, and analytic framework adopted and ensures data saturation (Saunders et al., 2018; Mocănașu, 2020). Our study was reported according to the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

2.2. Participants and sampling

The population of this study consisted of nursing students at a foundation university in the 2022–2023 academic year. The sample was determined using the criterion sampling method, a purposive sampling method, and included 17 nursing students who accompanied a person at their death for the first time.

2.3. Inclusion criteria of the study

The study included students, who were at least in their 2nd year in the nursing department, had clinical experience, experienced their first death, and volunteered to participate. Students with sensory loss that prevented communication and no clinical experience and students who did not consent to the recording of the interview or volunteered to participate in the study were excluded. No students desired to withdraw after being included in the study.

2.4. Data collection tools

Data were collected with an introductory information form containing the socio-demographic information of the students and a semi-structured interview form.

2.4.1. Introductory information form

It consisted of questions on the introductory features of students to determine the age, gender, and school year of the students and their previous experience of having lost one of their relatives.

2.4.2. Semi-structured interview form

It consisted of open-ended questions evaluating the first death experience that students encountered during the clinical practice (Table 1).

2.5. Data collection

Data were collected by the first researcher using the introductory information and the semi-structured interview forms. The questions of semi-structured questions were asked in the same order during the interviews with the students. The interviews were conducted online considering the students' intensive curriculum and clinical practice, their compatibility with technology due to their age group, and their preferences. The interviews were carried out on the Zoom platform and recorded. Interviews continued until data saturation were achieved. Each interview lasted approximately 50 min.

2.6. Data analysis

The data obtained from the Introductory Information Form were examined in a computer environment and presented as numbers and percentages. Qualitative data were transcribed by the first researcher and then analyzed by the first, second, and third researchers. In total, 260 pages of interview text were used as raw data for analysis. The data obtained from semi-structured interviews were analyzed by content analysis (Kyngäs et al., 2019). The data were coded by the researchers (first, second, and third researchers) independently to create the themes and sub-themes. In data coding, the statements transformed into writing were repetitively read to identify to what each statement corresponded. The condensed meaning units were abstracted and labeled with codes. Codes were interpreted and compared with their differences and similarities. Identical codes in various parts of the interviews were correlated and unified. After coding all data in a similar format and devising a code list, themes and subthemes were formed. Expert opinion were obtained from three independent researchers with experience in qualitative research on the validity of the themes and sub-themes and scientific research on the subject of death. The themes and sub-themes were finalized after taking the expert opinions. The themes were supported by presenting the statements of the participants directly.

2.7. Credibility and trustworthiness of qualitative data

We applied the four key norms of qualitative research: confirmability, credibility, transferability, and dependability to achieve trustworthiness (Lincoln and Guba, 1999; Graneheim and Lundman, 2004). Credibility was achieved using expert rating, taking participants'

Table 1
Questions of the semi-structured interview form.

1. How was your first death experience during clinical practice?
2. What happened after the person died?
3. How did you feel about accompanying the death process for this person?
4. What do you think about the meaning of this experience?
5. How did you cope with the experience of death?
6. What would you recommend to your peers who will have the same experience for the first time?
7. What would you like to have in relation to coping with the first experience of death?
8. Is there anything you would like to add?

consent, and holding long interviews in the study. After the interviews, the participants viewed the transcripts and findings and confirmed their consistency. Researcher diversification was employed to achieve reliability. For confirmability, the interviews were recorded to obtain raw data, and participants' expressions were noted during interviews. Finally, the research design was described comprehensively to achieve consistency to allow readers to grasp the study and its design. We presume that the findings of this study that were obtained from this sample group via interviews could not be generalizable but could be transferable to other settings to achieve consistency and transferability norms.

2.8. Ethical considerations

The study was conducted according to the 1975 Declaration of Helsinki. Before starting the study, the ethics committee approval was obtained from İstanbul Beykent University Scientific Research Publication Ethics Committee for Social Sciences and Humanities of the university where one of the researchers worked (E-45778635-050.99-91353/01.02.2023). Institutional permission was obtained from the university in which the study was conducted. All participants were informed about the purpose of the study, and their verbal and written consent was obtained. The names of the students were kept confidential, and instead of the names, the participants were identified with numbers and genders (i.e., P1-female, P5-male).

3. Results

The mean age of the 17 students was 22.52 ± 2.21 years. Of the students, 13 were female and four were male. Nine nursing students were in their fourth year, five were in their third year, and three were in their second year. Fifteen students had lost one of their relatives or friends, and two had never experienced the death of a relative before. As a result of the content analysis, four main themes and 11 sub-themes were obtained: the meaning of death, process management, after death, and education.

3.1. Theme 1. The meaning of death

It was observed that almost all students tried to make sense of death in their first death experience. The theme of the meaning of death was evaluated with the sub-themes of first death and a part of life.

3.1.1. Sub-theme 1.1. First death

Most of the students stated that they were shocked when they encountered death for the first time. They were surprised with the sudden loss of the person they cared for affecting them negatively. They felt helpless, and their overreaction to the first death experience decreased over time; however, they could not forget the first person dying and their first death experiences:

> "In my first experience of death, I was scared, very emotional at the beginning. Then I was shocked, and I started crying. That was the process, but my fear was more dominant".
>
> (P15-female)

> "I don't remember exactly how I felt at that moment with the shock of the event, but I remember being shocked. It was the first time someone had died before my eyes".
>
> (P4-female)

3.1.2. Sub-theme 1.2. A part of life

All students expressed the meaning of accompanying death and trying to provide care in the mortal world. While emphasizing that death is a part of life, they highlighted the uncertainty of life and that they could cope with the process by accepting death, that death was a fact, and caring for a deceased person professionally was valuable as it was also a part of the profession:

> "Accompanying death in the intensive care unit continuously normalizes death. Death is already a normal condition. I think the response to death is reduced in nurses who work in intensive care units for a long time".
>
> (P12-female)

> "I mean, it is the last stage of the lifecycle, and everyone is going to experience it, of course, and we, nurses, are going accompany that a lot".
>
> (P5-male)

3.2. Theme 2. Process management

Almost all students described their first death experience as a process they tried to manage. Students stated that they tried to learn by experiencing this process and various factors affected the process. The theme of process management was evaluated with three sub-themes: death information, physical environment, and bad news.

3.2.1. Sub-theme 2.1. Death information

Most students stated that they tried to participate in the care and interventions performed during and after death, and the lack of knowledge on this subject caused chaos, panic, and difficulty in managing the process. They stated that when the nurses and trainers in the clinic provided information, especially about the procedures, this comforted the students and facilitated their participation in the process. P14-female stated, "We need to learn more about what happens when a patient dies. If we know these processes better, there will be no chaos. Because the chaos environment causes more tension." Another said:

> We need to know about death, not just CPR, but everything from the drugs to the entire process. Because we never know when we will have to save a patient; I think, we should always try to learn the best and the most accurate.
>
> (P7-female)

3.2.2. Sub-theme 2.2. Physical environment

Almost all students who had their first death experience in the intensive care unit expressed the effect of the environment with the word odor. They stated that the word intensive care was sufficient to evoke death, the nature, structure, and patient profile of intensive care caused obscurity, fear, and anxiety, and the interventions during the first death experience were similar to a movie scene. For example, "…even the word intensive care scares you. When intensive care was mentioned, what came to my mind was death."(P6-female) and:

> I thought the smell was very intense on the day I entered the intensive care unit for the first time. Devices, patients, etc., in intensive care unit. Everything was very bad. It was such a mess that everyone was shouting, it was a very tense environment, a very heated, fast environment.
>
> (P3-female)

3.2.3. Sub-theme 2.3. Bad news

Most of the students mentioned that when they experienced the death of a person for the first time, they got anxious about meeting with their relatives, the reactions of the relatives, and giving bad news. They said that they did not know what to do. They also stated that experiencing the reactions of a person's relatives led them to think about their relatives and be more affected emotionally. One student said:

> "I cannot announce the news of death. At that moment, you do not know the reaction of the patient's relative. Because some people

react very differently. Even if the relative only cries, I still don't know what to do", and another shared:

(P10-Female)

It's hard when you see the relatives of the patients… you hear the screams of the relatives of the patients behind the door. I wonder who will announce the news? How will it be announced, how will the others react? I mean, when you hear those voices, you get even worse.

(P3-Female)

3.3. Theme 3. After death

The after death experiences of the students were evaluated with three sub-themes: empty bed, questioning, and death with dignity.

3.3.1. Sub-theme 3.1. Empty bed

Many students focused on the meaning of the person's empty bed after the person died and was transferred to the morgue. Students emphasized that the emptying of the bed of the deceased person, the replacement of other patients, the continuation of the routine of the intensive care unit, and pretending that nothing happened affected the acceptance of the first death process. For example:

"…when we came back to the clinic after the patient was placed in the morgue, it made me very sad to see the empty bed. Because I was constantly caring for him/her…", and

(P11-female)

"When you come back to the clinic, you get sad when you see that the patient is not there anymore, his/her bed is empty, the monitor is not working…"

(P17-male)

3.3.2. Sub-theme 3.2. Questioning

Most of the students mentioned that they were in search of meaning while questioning death in their first experiences. They stated that encountering death in intensive care for the first time enabled them to evaluate a different dimension of nursing care. Example include:

"I was there at his/her last moment. I thought a lot about who would be there at my last moment. I mean, who will be the last person I will see? How will I feel? How does he/she feel?", and

(P11-female)

"it is life… after the experience of death, it all seemed so meaningless. Is death that simple? How meaningless is life!?".

(P10-female)

3.3.3. Sub-theme 3.3. Death with dignity

Most students stated that people who were deceased should receive dignified care during the dying process and care should be given compassionately when they die. They also emphasized that after death care should be carried out with respect for the deceased. For example:

"… approaching patients very compassionately… I think I should touch their body respectfully…", and

(P16-female)

"I would like that process to be managed a little more calmly. It should not be as is there is no death and life is going on. I think the deceased should be respected".

(P15-female)

3.4. Theme 4. Education

Most students expressed their first experiences of death, stating that education on the death process would support them before clinical practice. They emphasized that allocating more time to education about death in the curriculum would contribute to professional development and perceptions of students. The theme of education was evaluated with three sub-themes: curriculum, support, and professional perception.

3.4.1. Sub-theme 4.1. Curriculum

Many students described being in the same environment with a lifeless body for the first time as an indescribable and challenging situation and emphasized the necessity of cadaver training and morgue visits in the nursing curriculum to manage this situation more effectively. The students stated that their first clinical practice should not be in the intensive care unit and that death-related education should be developed with technological applications (virtual reality glasses, simulations etc.). One student stated:

"Cadaver training enables us to encounter the deceased, a lifeless body. I think it will help us see what people look like after they die, or better understand how we feel", and another said

(P5-male)

"…The 360-degree virtual reality glasses also enable us to observe the environment with the patient. As a matter of fact, using both cadavers and technological tools would improve our experience".

(P15-female)

3.4.2. Sub-Theme 4.2. Support

Most students stated that support (*peer*, *trainer*, *nurses in the clinic*, etc.) was important in their experience of death and could be good for them. They also stated that sharing their experiences and emotions could be an effective support system. Examples include:

"It may be better if people with similar experiences could inform each other. If you want to improve something, you have to share", and

(P1-male)

"If someone had guided me and I could have managed the entire process. I wish I could have been more active within that process".

(P2-male)

3.4.3. Sub-theme 4.3. Professional perception

Most students stated that they questioned the nursing profession after the negative effects of the death experience, death was an integral part of the nursing profession, and they had to face death. For example:

"I questioned nursing. Will I do that, can I do that? There are many areas of nursing that would exceed just a clinical service…", and

(P3-female)

"…will not be my first experience of the death of a patient. We are in this profession… I will work in the departments where there will necessarily be deaths in the future".

(P5-male)

4. Discussion

In this study, most students expressed their first death experience with negative emotions such as shock, surprise, fear, helplessness, and unpreparedness. Similarly, other studies on the death experiences of nursing students in the clinic reported that emotional reactions emerged such as helplessness, fear, sadness, hopelessness, and the feeling that there was nothing they could do (Zhou et al., 2022; Gül et al., 2022; Weurlander et al., 2018; Cheon and You, 2022). The result of our study may be related to the fact that students had not been in the same environment with a deceased individual before and had not cared for an individual during the death process. In our study, students stated that

they experienced many negative emotions in the first death experience, and they perceived death as a part of life and accepted it as a natural aspect of the nursing profession. Similarly, studies in the literature reported that students believed that death was a natural part of life (Sanli and Iltus, 2022; Petrongolo and Toothaker, 2021; Zahran et al., 2022).

In our study, almost all students defined their first experience of a person's death as a process they tried to manage and associated the management of this process with knowledge of death, physical environment, and bad news. The students stated that lacking sufficient information about the death process caused chaos, panic, and difficulty in managing the process, and lacking knowledge about the features of the intensive care unit caused fear and anxiety. They mentioned their concerns about meeting the relatives of the deceased patient, giving bad news, and what they would do in the face of the reactions of the relatives of the patient. In other studies in the literature, nursing students similarly mentioned that the lack of knowledge that would cause errors in practices performed to keep the individual alive (such as CPR), caused intense stress (Wang, 2019). The nature of intensive care and the person's profile made it difficult for students to care for people, causing fear and anxiety during practice (González-García et al., 2020). The reaction of the family to death was much more challenging compared to the death of the person, they felt heartbreak and sadness when reporting death, and these affected their performance and even daily lives (Szczupakowska et al., 2021; Cheon and You, 2022; Zhou et al., 2022). Our study results revealed that students may have perceived a lack of knowledge about care in the death and death process, the loss and mourning reactions experienced by the relatives of the deceased, and being unaware of the clinical development of death as a source of stress in managing the death process.

In our study, most students stated that what happened after patient death affected the acceptance of death, and the empty bed, questioning, and death with dignity sub-themes emerged from the statements about this process. Human beings are characterized by an effort to understand, predict, control to a certain extent, and find meaning in the events that make up their lives (Neimeyer, 2019). Thinking about death can cause everyone to question whether their life is really meaningful (King and Hicks, 2021). With the increase in hospital deaths, students studying in departments involving clinical practice are very likely to encounter and therefore think about death compared to non-healthcare professionals. Similar to our results, Ramírez et al. (2022) emphasized that nursing students did not understand what happened in their first death experiences and they fell into uncertainty with the shock of the event and started questioning.

Nursing students in our study group, who had to encounter the deceased individual and learn about after death as a part of their education and profession, expressed the arrangements and support needs that should be included in the nursing curriculum to cope with the first death experience. In similar studies conducted with nursing students, it was reported that small-group discussion in education, reflective teaching techniques, and simulation-based education increased the experiences related to patient death (Tamaki et al., 2019; Petrongolo and Toothaker, 2021; Cheon and You, 2022) and they needed to talk to their peers, families, and the nurses and trainers they worked with to cope with the experience of death (Weurlander et al., 2018; Kurtgöz and Koç, 2023).

In the nursing profession, the experience of death brings along feelings and thoughts that adversely affect one's own well-being (Zhang et al., 2022). In this study, most students stated that their perceptions about the nursing profession were affected due to the adverse effects of the death experience. In parallel with this finding, Öcalan et al. (2023) determined that nurses changed their perspectives about the nursing profession, realizing the importance and difficulty of their profession after the death experience. In line with our research findings, it was thought that nursing students, who were not sufficiently prepared for the first death experience, had difficulty coping, leading them to reconsider the profession they had selected.

4.1. Limitations and future research

Our research had some limitations. The students included in the study were from a single university. Since interpreting the experience of death may vary according to factors such as culture and personality traits, the fact that these factors could not be evaluated in the emerging themes could be considered another limitation. Future studies could be conducted to analyze cultural and personality traits affecting the experience of death. Since the experience of death is subjective, the research findings cannot be generalized to all nursing students.

5. Conclusion

According to the results of the study, the lack of preliminary preparation for the first death experience in nurse education caused students to feel unprepared, helpless, and alone in this process, increasing their need for psychosocial support. Students considered participation in after death care a privileged experience for their future professional lives. They emphasized the importance of attending with humane and professional care to ensure that the lifeless body of the person they cared for looked peaceful and clean while performing their duties for the last time. The death of the person cared for further complicated the process for inexperienced student nurses, making it more challenging to face the situation. In addition, external factors such as the lack of personnel in the practice venue and problems in time management made participation in the care of people who were dying or the deceased mandatory, not being an option anymore. As observed in this study, it is essential to develop the professional experience and awareness of nursing students to prepare for the death process, to manage this process as best as possible, and to contribute to their understanding and acceptance of this phenomenon in their personal and professional lives.

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CRediT authorship contribution statement

Yasemin Çekiç: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Validation, Visualization, Writing – original draft, Writing – review & editing, Resources, Supervision. **Behice Belkıs Çalişkan:** Conceptualization, Data curation, Formal analysis, Investigation, Resources, Validation, Visualization, Writing – original draft, Writing – review & editing. **Gülhan Küçük Öztürk:** Conceptualization, Data curation, Formal analysis, Methodology, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. **Deniz Kaya Meral:** Conceptualization, Data curation, Validation, Visualization, Writing – original draft, Writing – review & editing, Investigation. **Beyhan Bağ:** Conceptualization, Data curation, Investigation, Project administration, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

Declaration of competing interest

There is no conflict of interest declared by the authors.

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