NURSES' EXPERIENCES OF CARING FOR PATIENTS WHO ARE DYING AND DEAD: A DESCRIPTIVE PHENOMENOLOGICAL STUDY

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DECLARATION

We hereby declare that this research output is our original work and it has been written by us in its entirety. We have duly acknowledged all the sources of information which have been used in this output.

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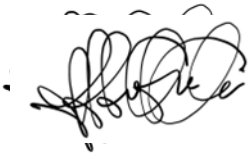
APPROVAL SHEET

This research study entitled "**NURSES' EXPERIENCE OF CARING FOR PATIENTS WHO ARE DYING AND DEAD: A DESCRIPTIVE PHENOMENOLOGICAL STUDY**" prepared and submitted by Charene Mae Q. Jueves, Divin M. Maestrado, Sheen Michael C. Manego, Jhazzy Angelique Ribbonette Mayol, Fatima Rechel Metillo, Erica Noel Ann L. Mojello. In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, has been examined and recommended for acceptance and approval for the oral examination.



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The Researchers

ABSTRACT

Nurses are at the forefront of clinical practice, and their role in caring for patients facing death is paramount. Collaborating with other healthcare professionals, including palliative care teams, nurses provide comprehensive and effective care, addressing not only the physical needs but also the emotional and spiritual aspects of a patient's well-being. Witnessing tragedy and human suffering daily, nurses play a critical role in reducing patients' suffering and supporting peaceful dying when recovery is impossible. This study explored the nurses' experiences when caring for dying patients, serving as a guide for nursing educators and policymakers to enhance nurses' support and improve the level of care. The study conducted in Ozamiz City involved eight nurses selected through a snowball sampling technique based on specific criteria. Through in-depth interviews, the researchers gained comprehensive and detailed information about the nurses' encounters with dying and deceased patients in hospitals around Ozamiz City. The researchers employed Collaizi's (1978) seven-step method for data analysis, providing a comprehensive understanding of nurses' experiences with patient death. This involved identifying significant statements, formulating meanings, clustering themes, and validating the findings through participant confirmation. The findings revealed the emotional toll nurses experience when facing patient death, encompassing shock, sadness, guilt, powerlessness, and foreboding. These emotional challenges impact their well-being, highlighting the need for better support and coping mechanisms. Despite these difficulties, nurses demonstrate compassion, empathy, and adaptability, striving to improve their professional practice when dealing with the profound impact of patient death. The study emphasizes the importance of effective

support systems and training to enhance nurses' coping abilities and promote compassionate care. Future nursing and palliative care researchers may explore the effectiveness of counseling, peer support groups, and mentorship programs in mitigating the emotional burden of caring for dying patients.

Keywords: *care of dying and dead patients, impact of death, improving experience, interpersonal experience, intrapersonal experience*

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INTRODUCTION

Rationale of the Study

"*Nurses shall collaborate with other health care providers for the curative, preventive, and rehabilitative aspects of care, restoration of health, alleviation of suffering, and when recovery is not possible, towards a peaceful death*" (Philippine Nursing Act of 2002, Article 6, Section 28). Dealing with the loss of a patient is undeniably one of the most challenging and demanding encounters in clinical practice. Nurses, who often witness tragedy, suffering, and human distress as part of their daily work, are crucial in providing complete and effective patient care. Nurses collaborate with other healthcare professionals to address the curative, preventative, and rehabilitative components of care in an interprofessional approach.

Nursing encompasses a holistic approach to care, considering not only patients' physical needs but also their emotional and psychological well-being. It involves empathy, compassion, efficient communication, and active listening, fostering a therapeutic nurse-patient bond built on mutual respect and trust. Through the concept of caring, nurses can positively impact patients' experiences and outcomes, promoting comfort, assurance, and trust while addressing both physical and emotional aspects of treatment.

According to Svenaeus (2019), suffering goes beyond physical pain and includes the inability to engage in fundamental activities that give meaning to one's life. It can also involve losing the desired perception by others and the erosion of

one's dignity and identity. In their encounters with patients, healthcare professionals strive to understand the patient's experience of suffering empathically and through dialogue, in addition to exploring the physical aspects of their condition.

The dying process is an inevitable part of existence (Kostka et al., 2021), and providing comfort to patients approaching death is a vital responsibility for nurses. Besides addressing their physical needs, patients require psychological, spiritual, and social support. Nurses are crucial in offering comprehensive support to patients and their families during this challenging time. By engaging in sympathetic communication, active listening, and collaboration with the healthcare team, nurses can create a compassionate and dignified end-of-life experience for all involved.

Dealing with a patient's death is emotionally taxing for nurses (Zheng et al., 2018). The close relationship developed with patients over time can lead to feelings of attachment, and nurses may experience a range of emotions, such as grief, remorse, and personal questioning. Coping mechanisms and emotional support are essential for nurses in these situations. Additionally, when assisting the patient's family, healthcare professionals must approach the situation with compassion and empathy, providing guidance and support throughout this difficult time.

The study aims to explore how nurses in the Philippines care for dying and deceased patients. While nursing education provides theoretical knowledge, it may only partially prepare nurses for the emotional challenges of caring for the dying and dead. Understanding nurses' experiences in this context can lead to improved training programs and policies that support them in this important work, ultimately enhancing the care provided to patients and their families.

This descriptive phenomenological study seeks to gather crucial data and knowledge about nurses' experiences in caring for dying patients. By narrating nurses' experiences, the study aims to identify current concerns and problems that need to be addressed, benefiting both the participants and the healthcare community. It can also guide student nurses, offering insights and knowledge to better prepare them for caring for dying patients in their future clinical practice. Ultimately, the study's significance lies in providing valuable information and insights into nurses' experiences, improving clinical practice, and benefiting healthcare and educational institutions.

Theoretical Framework

A theory related to our study is the theory of Nursing as Caring by Anne Boykin and Savina Schoenhofer. Boykin and Schoenhofer aimed to show through their theory that caring is a fundamental aspect of who we are as individuals, that it is embedded in us from birth, and that it grows over time. Aiming to develop one's capacity for caring fully is a lifelong process that is ideal for practical reasons (Boykin & Schoenhofer, 1990). Boykin and Schoenhofer claimed that this genuine and deliberate caring relationship benefits the patient and the nurse, who experiences greater personal and professional fulfillment. Although it should come naturally to be caring, outside stressors, such as patient deaths, can easily change a nurse's perspective and commitment to caring as nursing. A nurse can hope to succeed by consistently modeling Nursing as a Caring Theory.

Assumptions of the Nursing as Caring theory are: (a) persons are caring by virtue of their humanness; (b) persons live their caring moment to moment; (c) persons are

whole or completed in the moment; (d) personhood is living life grounded in caring; (e) personhood is enhanced through participating in nurturing relationships with caring others; (f) nursing is both a discipline and a profession.

Boykin and Schoenhofer's caring theory emphasized caring as the central concept in nursing. The findings from this study on nurses' experiences in caring for dying patients aligned with Boykin and Schoenhofer's caring theory and have implications for nursing care. The study highlighted the nurses' emotional experiences, the impact on their professional identity, and the importance of empathy, compassion, and communication in the nurse-patient relationship. It also emphasized the challenges of managing emotions and the need for self-care and support. By integrating the principles of Boykin and Schoenhofer's caring theory, nursing care can address nurses' emotional well-being, foster authentic relationships, improve communication, and promote holistic care for patients and families.

The fourth theme is the challenges nurses face in caring for dying patients. The subtheme within this theme is giving information. Informing the family about a deceased patient's condition can present communication challenges for nurses, particularly when it comes to the family's response. This may result in fear, anxiety, emotional distress, and other negative emotions that occur under different circumstances.

The fifth theme focuses on the growth of the nurses caring for dying and dead patients. It emphasizes the need for interventions and strategies to enhance the quality of care provided. This theme encompasses various approaches, including education and training for healthcare professionals, implementing guidelines and protocols for care, and fostering supportive environments that address patients' and providers' emotional and

psychological needs.

In conclusion, caring for dying patients involves various themes and subthemes that shape nurses' experiences and challenges. Understanding and addressing these themes can contribute to developing interventions and support systems that enhance the quality of care provided and the well-being of patients and healthcare providers.

Conceptual Framework

Each individual is impacted by death. It is an unavoidable reality that every human being must deal with. However, death is becoming a more concealed aspect of our daily lives. Through the confinement of the dying to institutions, the researchers have been protected from the reality of death. The result is a lack of exposure to death and the dying process throughout adulthood. Instead of being recognized as a natural byproduct of living, death is perceived as a tragic and aberrant component of life when it occurs. Caring for dying patients is a complex and emotionally challenging task for nurses. According to Boykin and Schoenhofer's theory, Nursing as Caring can serve as a framework to direct nursing practice. Since all people are caring, being human means being required to express one's fundamental loving nature; it is a goal and, more importantly, a lifetime practice to develop one's capacity for showing care. The theory aligns with the themes and sub-themes because they can influence how we care for others, improving and delivering excellent nursing care. To understand the experiences and challenges involved in this process, a conceptual framework can be developed with various themes and subthemes. The following paragraphs will discuss each theme and its corresponding subthemes.

The first theme is the intrapersonal experience/emotions. Nurses may experience various emotions in this theme while caring for dying patients. The sub-themes include shock, guilt, sadness, powerlessness, and foreboding. The shock may arise from unexpected or sudden deaths, while guilt can stem from feelings of not doing enough or making mistakes. Sadness is often felt due to witnessing suffering, while powerlessness arises from the inability to prevent or cure the patient's condition. Foreboding refers to anticipation or anxiety about the patient's impending death.

The second theme is the interpersonal experience, which focuses on the interactions and relationships between nurses and dying patients. The sub-themes within this theme are sympathy, benevolence, and being kind and compassionate. Sympathy involves understanding and sharing the patient's feelings, while benevolence emphasizes goodwill and acts of kindness. Being kind and compassionate is essential to providing comfort and support to dying patients, ensuring their dignity and well-being.

The third theme is the impact of death on nurses. The subtheme within this theme is intrusive/unwanted thoughts. Witnessing death and the suffering of patients can lead to intrusive thoughts, memories, or images that nurses may find distressing. These thoughts can affect their emotional well-being and may require appropriate support and coping strategies.

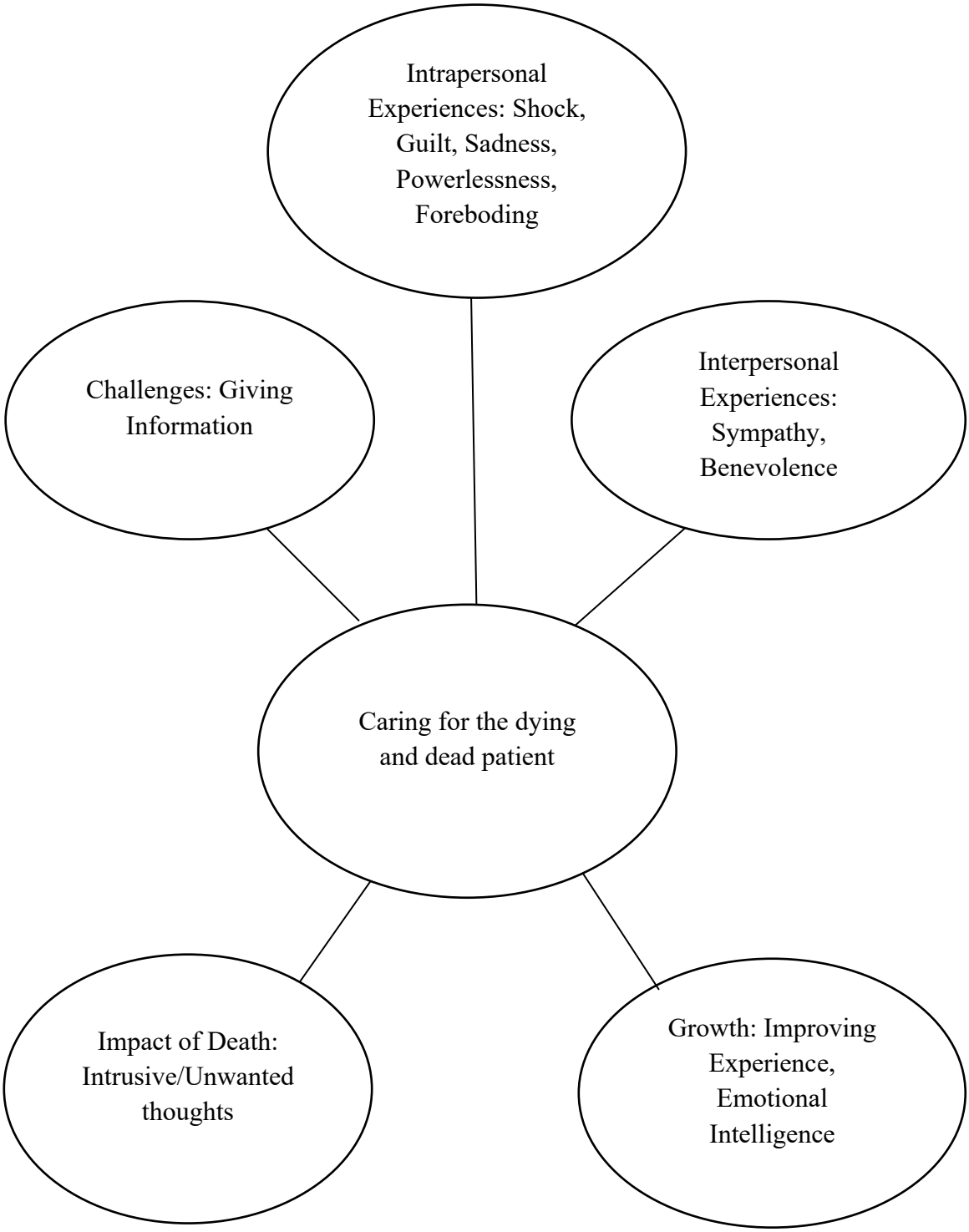

Figure 1. *Conceptual representation of the themes and sub-themes based on the findings.*

Research Question

The researchers asked the participants to describe their experiences of a dying and dead patient. Specifically, the participants answered the general question, “What is your experience of caring for a patient who was dying and dead?”

Objective of the Study

The objective of the study was to describe the nurses’ experiences of caring for patients who are dying and dead.

Chapter II

RESEARCH METHODOLOGY

This chapter presents the research design, research setting, participants of the study, instruments, data-gathering procedure, ethical considerations, and data analysis.

Design

This study utilized a descriptive qualitative phenomenology anchored to Edmund Husserl's philosophy. This method is extensively employed in fields outside of psychology, such as the health sciences. This study used a phenomenological framework to explore the nurses' experiences of caring for a dying and dead patient and provided a collective description of the event for all participants.

Descriptive phenomenology was used to describe the essence of the experiences of the studied individuals. This research approach is one of the most widely employed methodologies as it strives to set aside preconceived notions and assumptions about an individual's experiences, emotions, and reactions to a certain scenario (Rodriguez & Smith, 2018). Thus, the use of Colaizzi's (1978) method of data analysis in this qualitative descriptive study effectively divulges and imparts the experience's cognizance and insight. This is because Colaizzi's data analysis is a vigorous and meticulous qualitative method that corroborates the veracity and authenticity of its results (Wirihina et al., 2018).

Setting

The study was conducted in Ozamiz City. Ozamiz City and its surrounding areas have a wide range of highly specialized private and public healthcare establishments,

including single-specialty and multi-specialty hospitals in Ozamiz City, with over Ozamiz City hospitals catering to the highest quality healthcare services.

Participants of the Study

Eight nurses were selected who experienced caring for dying and dead patients. Data saturation is the point in the research process when no new information is discovered in data analysis, and this redundancy signals to researchers that data collection may cease (Faulkner & Trotter, 2017), determining the sample size.

The following set of criteria was used during the selection: 1) nurses who experienced caring for a dying and dead patient during their care; 2) must be currently working in hospitals around Ozamiz City and was assigned either in the Emergency Room, Operating Room, Intensive Care Unit, and Medical Ward; 3) had at least 2 years of working experience; 5) willingness to cooperate in completing the interview; and 6) able to recall their experiences of caring with a dying and dead patient. Exclusion criteria included: 1) people who are not directly caring for the patient, such as management or support staff; 2) nursing students experiencing caring for dying and dead patients during nursing practice.

The first interviewee was known to the interviewers, and to give a comprehensive and detailed information about the phenomenon under inquiry, the remaining participants were recruited by snowball sampling. Snowball sampling, a key method in qualitative research, relies on networking and referral. Researchers begin with a few initial contacts (seeds) who meet the research criteria and invite them to participate, gradually expanding the sample through referrals (Parker et al., 2019). Eight participants were satisfied and qualified for the inclusion and exclusion criteria, were given information about this study,

including its purpose, method, and the promise of confidentiality. The participants were also informed that they had the right to choose whether to participate or drop out.

Instruments

Guide questions (appendix C) were used in gathering the data. The questions were validated in the interview with nurses who passed the inclusion criteria for this study. The question items were refined based on the responses to elicit more detailed and thoughtful responses. The researchers asked the participants general background questions and described their experiences caring for dying and dead patients.

Data Gathering Procedure

Before gathering the data and implementing the study, the researchers did the following steps in order to perform a thorough and more systematic data gathering procedure. The steps are as follows.

The researchers first asked permission from the Dean of the University to conduct the study. A letter of request was secured to implement the study from the Dean of the College of Nursing.

Then, the researchers asked permission from the participants before proceeding with the study. This generally required writing a protocol that describes the purpose of the study, the research design and procedure, the risks and benefits, the steps taken to minimize risks, and the informed consent and debriefing procedures. Upon identifying possible participants for the study, the researchers were able to set a convenient and agreed-upon schedule for both the participants and the researchers.

Upon the consent of the participants, the researchers started recording the entire process. The researchers explained the purpose of the study, the rights and responsibilities of the researchers and participants, and the interview duration (at least 45 minutes to 1 hour). The researchers began by greeting the participants and ensuring comfort for the interview to proceed systematically and build rapport.

The participants were asked a set of questions based on the study's general questions. The face-to-face interviews were recorded and documented. Careful journaling was followed to note the participants' facial expressions, gestures, tone of voice, and other covert cues. Following the interview, the researchers expressed their gratitude to the subjects for helping with the research and guaranteed that all information acquired would be treated in strict confidence. Then, the researchers transcribed the data within 24 hours and created themes regarding the gathered data.

During the eighth participant, data saturation was achieved. The themes generated from the participants' experiences are repetitive, and no new data emerged. Following the definition of data saturation, it was concluded that it is achieved.

To review and transcribe, the researchers recorded the interviewers' arrival and departure times, the duration of the interview, as well as any participant behavior as part of the journaling. Upon the completion of theme generation, the researchers had member checking whereby the researchers asked the participants to review the drafts of the written reports of the study and give additional feedback to establish the accuracy of the findings. This kind of checking is one of the procedures for verifying the accuracy of the data.

Ethical Considerations

Respect for the right to make decisions or to exercise one's self-determination is what autonomy means. Throughout the investigation, the subjects were asked for their permission in writing before being explained verbally, and they were informed of the following:

The study aimed to describe the various experiences that the participants had when having to take care of dying patients during their clinical duty. The advantages of participation may outweigh any potential negative effects. When reflecting on their experiences, participants might still be affected, but this could aid in assisting them in letting go of their underlying negative feelings. The researchers had a backup psychologist in case any participant showed psychological distress during the interview. None of the participants during the interview displayed any problems or difficulties.

-Some participants became visibly emotional while sharing their personal experiences and even cried. However, when asked if they would like to be referred to a psychologist, they refused, responding that they were perfectly fine and that their outpourings resulted from remembering those moments spent caring for dying patients. From that, the researchers immediately asked the reason for their reaction because that was the best time to gain more impactful responses. At that time, the participants were also provided some time to fully process their emotions before being asked whether they still wanted to proceed with the interview, postpone it, reschedule it, or decide not to participate.

-The opportunity to create a meaningful life from their experiences is one of the advantages offered to novice nurses who agree to participate in this study. Moreover, the

researchers did not provide any monetary gift or benefit because the participants suggested not to; according to the participants, they were willing to participate and prepared to take part in this study without obtaining anything in return. Additionally, the participants also wanted to help the researchers, who are future nurses, to understand these occurrences better.

Participants' information was retained in strict confidence. The audio recording on tape was stored in a very secure location. The deliberate manner of sample selection upheld the concepts of justice throughout. The best respect and fairness were shown to novice nurses. Information on how to reach the researcher for responses to inquiries about the study; the researchers provided email addresses and contact numbers. The participation terms included the freedom to decline or renounce at any moment. The participants were informed with consent, voluntarily participated, and had a right to decline or withdraw during the interview.

Beneficence was the major point of this research. The word "beneficence" denotes an act of goodness. Acknowledging the participant's cooperation, the researchers provided snacks during the face-to-face interview as a sign of their gratitude for participating in the study.

Data Analysis

The researchers utilized Collaizi's (1978) seven-step method for data analysis, which includes the following: 1) understanding or getting a sense of the protocol and familiarization, 2) identifying significant statements, 3) formulating meanings, 4) clustering themes, 5 & 6) integrating results and exhaustive descriptions, and 7) validation process Colaizzi's seven-step analysis process, which has been demonstrated to

be rigorous and reliable, constituted the foundation for data analysis. Colaizzi's seven-step analytical procedure offers researchers simple, linear, and logical stages (Wirihana et al., 2018).

To further understand the participants' verbal expressions and the underlying meanings of their experiences, this study includes non-verbal reactions documented in field notes. Colaizzi's seven-step procedure of data analysis, according to Morrow et al. (2015):

Understanding or getting a sense of the protocol and familiarization

The first step is to understand or get a sense of the research protocol, which the researcher went over. Then, the researchers transcribed the information obtained during the interview and had it verified to make sure that the transcription and recorded data were accurate.

After which, the researchers familiarized him or herself with the data, by reading through all the participants' accounts several times. This process ensured that the communicated information was not tampered with during transcription. In order to maintain participant confidentiality, only their response number was included in the written transcription of the participants.

Identifying significant statements

The second stage was about identifying all statements in the accounts that are of direct relevance to the phenomenon under investigation. It commenced with the written transcription, translation, or making of important statements. The term "taking out or

creating significant statements" refers to the researcher going back through each transcript and eliminating phrases or sentences that are directly relevant to the subject of the study (Colaizzi, 1978). The participants' feelings or thoughts were then transposed into a table layout along with the relevant statements. Following each interview, the significant statements (SS) were coded sequentially (e. g., SS1) for all participants. Only significant statements in relation to the topic on hand were included and other incidental statements were disregarded.

Formulating meanings

After extracting significant statements (SS) from the transcription, the carefully identified meanings relevant to the phenomenon that arose from a careful consideration of the significant statements. The researchers must reflexively “bracket” his or her presuppositions to stick closely to the phenomenon as experienced (though Colaizzi recognizes that complete bracketing is never possible). The researchers took precautions to prevent themselves from deviating from the intended meanings because the formulation of FMs was challenging. The researchers evaluated and validated the important assertions for accuracy and compliance with the formulated meaning (FM). Colaizzi (1978) stated that the researchers ascertained and illuminated the unseen meanings while taking into account the various perspectives and possibilities of the phenomenon described in the initial transcript "and must not formulate meanings that have no connection with the data". For confirmation to maintain concentration when developing FMs, the researchers communicate it with the research adviser. After developing all FMs, the researchers generated cluster themes based on these refined

meanings.

Clustering themes

The researchers clustered the identified meanings into themes that are common across all accounts. By reading over the transcript and examining the significant statements (SS) and formulated meaning (FM), this phase was completed.

The researchers discussed the developed meanings, themes, and topic clusters with the adviser. Again, bracketing of presuppositions is crucial, especially to avoid any potential influence of existing theory.

Integrating results and exhaustive description

Colaizzi's fifth and sixth phases involved analyzing, compiling the data on the subject under study into a comprehensive description, and figuring out its underlying structure. Combining the described themes with the theme clusters enabled us to complete this stage. The researchers wrote a full and inclusive description of the phenomenon, incorporating all the themes produced at step 4. Then, the researchers condensed the exhaustive description down to a short, dense statement that captures just those aspects deemed to be essential to the structure of the phenomenon. The researchers verified the transcription's accuracy by examining the formulated meanings, pertinent statements, and the transcription.

Validating

Colaizzi's final step in the data analysis process is the validation of findings. The clusters were confirmed as accurately describing the experiences of the participants by going back to them and asking them to confirm the validity of the descriptive results (full description) with their actual outcomes. The complete description was provided to the participants so they could read it and evaluate the situations they came across while providing care for patients who were dying and eventually passed away. All participants agreed that the researcher's thorough explanation accurately depicted their thoughts and experience.

Chapter 3

RESULTS AND DISCUSSIONS

In this chapter, the researchers present the study results that focus on describing the experiences of nurses caring for dying and dead patients. This chapter highlights the insights gained from data analysis, capturing the emotional challenges and professional growth nurses encounter in this context. By sharing these results, the researchers aim to thoroughly describe nurses' experience when caring for the dying and dead.

All people are caring. This is the fundamental view that grounds the focus of nursing as a discipline and a profession. The unique perspective offered by the theory of Nursing as Caring builds on that view by recognizing personhood as a process of living grounded in caring. This is meant to imply that the fullness of being human is expressed as one lives caring uniquely day to day. Living grounded in caring is enhanced through participation in nurturing relationships with caring others, particularly in nursing relationships (Boykin & Schoenhofer, 1990). Nurses' feelings of sadness, guilt, sympathy, powerlessness, and other experiences when caring for dying patients can be understood in the context of the theory of Nursing as Caring. According to the theory, nurses form a transpersonal caring relationship with their patients, which involves deep emotional connections and empathy. When nurses establish such connections with dying patients, they become emotionally invested in their well-being and can experience various emotions.

One of the most demanding and difficult situations in clinical practice was thought to be dealing with a patient's death (Zheng et al., 2018). The findings were established, correlating the significant statements and perspectives made by the

participants. Data saturation was reached after interviewing eight nurses who had experienced caring for dying patients, whose information can be seen in Table 1.

This study included eight participants who are licensed nurses working around hospitals in Ozamiz City, one male and seven females. The participants were middle-aged adults ranging in age from 27 to 46 years. Four nurses worked in the Medical Ward, three in the Emergency Room, and one in the Intensive Care Unit. They had at least two years of experience caring for dying patients and patients who suddenly died during their care.

Table 1

Characteristics of Participants

Participant no.	Age	Gender	Registered Nurse	Specialist Nurse	Years of Experience
Nurse A	31	Female	2016	Emergency Room Nurse	7
Nurse B	29	Female	2018	Medical Ward Nurse	5
Nurse C	27	Female	2021	Medical Ward Nurse	2
Nurse D	33	Female	2015	Emergency Room Nurse	8
Nurse E	37	Male	2011	Medical Ward Nurse	12
Nurse F	28	Female	2020	Emergency Room Nurse	3
Nurse G	41	Female	2007	Medical Ward Nurse	16

Before transcribing the participants' responses, the researchers first reviewed and examined the interview notes. In order to come to a conclusion, the researchers applied Colaizzi's data analysis method (1978), which consists of seven steps.

Colaizzi's Seven-Step Method of Data Analysis

Understanding or getting a sense of the protocol and familiarization

Before analyzing the data, the researchers reviewed the study's procedures. The information from the interviews was then recorded, and the researcher familiarized with the data and carefully reviewed the transcription to ensure that it matched the information recorded during the interviews. To accurately portray what the participants intended to say, the procedure's main objective was to ensure the transcription was accurate. For privacy and deference reasons, each participant's names were omitted from the written transcription. The names of the participants were concealed by using pseudonyms for the number.

Identifying significant statements

The researchers used written transcription to develop or extract significant statements. Carefully re-reading each transcript and deleting words or phrases directly relevant to the subject under study constitutes taking out or making noteworthy remarks (Colaizzi, 1978). To correspond with the transcription of the participants' feelings or emotions, the significant statements were arranged in a table-like format. Each transcription was examined after each interview, and the significant statements (SS)

were categorized according to order. Twenty-six significant statements (SS) were obtained from the interviews with the eight selected participants.

Formulated meanings

The next stage was to create formulated meanings (FMs) derived from the significant statements after creating the significant statement from the transcription (Colaizzi, 1978). Five themes were created from the twenty-six (FMs), which were coded. The five main themes were then divided into twelve sub-themes. The researcher took care to avoid changing the meanings to ones that were unrelated to the study. The researcher, therefore, double-checked and confirmed the important statements. According to Colaizzi (1978), when determining these formulated meanings, the researcher "must not formulate meanings that have no connection with the data" and instead ascertain and illuminate the unseen meanings while considering the various perspectives and possibilities of the phenomenon described in the original transcript.

Organizing the cluster of themes

The last step is organizing cluster themes out of the formulated meanings. Eventually, the twenty-six coded formulated meanings were organized into five themes, and twelve sub-themes emerged with the guidance of Colaizzi's analysis method to describe the experiences that came across the nurses while providing care for patients who were dying and eventually passed away. The emerging themes included (1) intrapersonal experiences, (2) interpersonal experiences, (3) impact of death, (4) challenges, and (5) growth. The subthemes were shock, guilt, sadness, powerlessness, foreboding, sympathy, benevolence, compassion, intrusive or unwanted thoughts, giving

information, improving experience, and professional growth. These were the following cluster themes with the corresponding subthemes.

Table 2

Cluster of Themes

No.	Theme Cluster	Sub-themes
1	Intrapersonal Experiences	Shock
		Guilt
		Sadness
		Powerlessness
		Foreboding
2	Interpersonal Experiences	Sympathy
		Benevolence
		Compassion
3	Impact of death	Intrusive/Unwanted thoughts
4	Challenges	Giving Information
5	Growth	Improving Experience
		Emotional Intelligence

Theme 1: Intrapersonal experiences

The participants reported that the experience of patient death invoked overwhelming feelings and emotions of shock, distress, guilt, powerlessness, and sense of foreboding.

Shock

According to (Boyes, 2018), psychological shock is a response to a stressful situation that causes you to feel an intense surge of powerful emotions and a corresponding bodily reaction. Due to their unpreparedness and the unforeseen event that happened while the participants were providing care, the nurses' immediate response was shock. It might also result from a need for proper acclimatization to the new surroundings or unknown circumstances.

> "Wala gud ko nakakaon sa akong dinner ato ma'am kay murag na shocked ko sa nahitabo."
>
> -(**I wasn't able to eat my dinner at that time ma'am since I was shocked by what happened**.) Nurse A

Sadness

According to (Holmes, 2023), unhappiness and melancholy are characteristics of the emotional state of sadness. It is regarded as one of the most fundamental human emotions. It is a common reaction to unpleasant, painful, or depressing circumstances. These emotions can feel more intense at times and milder at other times. Everyone involved, even the healthcare providers, struggles when a patient dies. While providing care for patients who are dying, nurses may experience helplessness, sadness, remorse, and distress. The following statement describes this experience:

> "Na sad kayko to think nga atong time nga gi tabang namo siya wala gyud namo sya na revive."
> (**I was really sad to think at that time we're resuscitating him, but we weren't able to revive him.**) Nurse B

Five participants acknowledged feeling emotional following the incident as well. The participants described having heavy sensations and feeling exhausted both mentally

and emotionally stating:

> "Nihilak gani ko after og pag uli kay mao lage na attach kayko sa akong patient."
> (**I even cried after going back home because as I've said, I was so attached to my patient.**) Nurse B
>
> "I really remembered crying when the little girl died." Nurse D
>
> "Syempre na sad ko ato pud pero dapat professional japon ta."
> (**Of course, I got sad too but we still have to be professional**.) Nurse E
>
> "Pirte nakong hilak gyud hagolgol nahilak. Kay paborito mangud to nako sya na pasyenti ba."
> (**I cried so much, like fiercely crying since he was still my favorite patient.**) Nurse G
>
> "I can't help but feel emotional. To be frank, I felt a sense of unease when I was trying to retrieve the patient's life because it was my first patient death experience." Nurse H

Guilt

Guilt is defined as a strong and intense emotion that arises when a person does not act by his/her values, judgments, or social standards and thinks that they violate such values and standards (Önol, 2022). Due to the nurses' inability to take action to save their patients' lives, the participants acknowledged guilt. In their opinion, there were several things they could have—or shouldn't have—done to halt or hinder the event.

> "I felt guilty and nag start kog ask sa akong self if it was my fault kay lage murag nawala kos akong self wala ko kabalo unsa akong angay buhaton kay naratol ko."
> (**I felt guilty and I started to ask myself if it was my fault since I felt like I had lost myself as I didn't even know what I really should do as I was frantic**.) Nurse A
>
> "Na-guilty pud ko ma'am kay murag dili enough akong gibuhat to save my

patient.”
(**I also felt guilty ma'am because it seems like I didn't do enough to save my patient**.) Nurse C

Powerlessness

Simonovich et al. (2022) define powerlessness as the nurses' inability to influence an outcome and voice their concerns. The sensation of helplessness, according to NANDA-I, is "the perception that one's action would not significantly affect a result; a lack of control perceived about a current situation or an immediate happening." This was seen in the following statements:

> “Kanang dili ka kabalo unsay buhaton or unsaon pag approach sa iyang family so maghulat nalang ka nila na ma relaxed na sila.”
> (**It’s like you don’t know what to do or how to approach his family, leaving you to wait for them to relax.)** Nurse E
>
> “I was dumbfounded and didn’t know what to do.” Nurse F
>
> “I was not an effective nurse at that time kay wala ko kabalo unsay buhaton.”
> -(**I was not an effective nurse at that time as I didn’t know what to do**.) Nurse F

Foreboding

According to (Trivedi, 2023), foreboding is an extreme form of uncertainty or suspicion that characterizes uneasiness and anxiety about future occurrences. They are marked not just by grave uncertainty but also by anxious worry about the future. The participants acknowledged their anxiety about interacting with dead and dying patients since they saw this as an experience with the unknown.

> "Grabe akong kakulba og karatol ato gakurog gud ko gabutang sa iyang oxygen mask kay murag kabalo ko sa akong kaugalingon nga anytime mamatay gyud ni."
> (**I was so nervous and frantic to the point of shaking when I put on his oxygen mask as I anticipated it myself that he's going to die anytime**.) Nurse A

> "Kulba nga wala ko kasabot atong galisod na kaayo sya og ginhawa, teary-eyed gud ko galantaw ma'am."
> (**I was nervous and did not understand at that time when he was having a hard time breathing, I got teary-eyed as I watched ma'am**.) Nurse C

Theme 2: Interpersonal experiences

Throughout their clinical rotations, nurses who are in charge of providing basic nursing care are able to spend a lot of time with patients. Nurses attempt to soothe the needs of the patient and the rest of the family through offering themselves when death eventually occurs.

Sympathy

According to Guerrero (2019), it is the act of imagining oneself in another person's position and feeling, whether it is with joy or grief, the other person's sentiments. This has the impact of enlivening joy and relieving pain through shared emotions. Nurses constantly face challenges, hardships, and heartbreak throughout their nursing careers; they know that not all patients survive. They communicated:

> "Naluoy pud kaayo ko sa iyang family galantaw nga perting hilak mura sakit kaayo sa akong dughan."
> (**I really felt sad watching his family who were crying so much. It aches my heart so much.)** Nurse B

Benevolence

A good deed or inclination to be kind are examples of benevolence (Vocabulary,

2023). The study's participants indicated they wanted to support the bereaved family members during and after their patient's death. The nurses had a duty to help the family since they felt responsible. They expressed:

> "Gi try man jud namo tanan ba para mabuhi sya kay gusto pa sya muoli sa ilaha pero wala gyud."
> **(We tried everything we could in order for him to live because he still wants to go home but he never made it**.) Nurse C

> "Kana pung kabalo naka na padulongay na imong pasyente pero padayon lang japon ka sa imong duties kay murag naa kay makita pa na hope ba sa relatives sa imo pasyente."
> **(It's like that you already know that your patient is on the way to his deathbed, but you still need to continue with your duties as it seems like you can still see the hope of your patient's relatives**.) Nurse F

> "We must give quality care they deserve bisan paman og kamatyunon sila."
> **(We must give the quality care they deserve even if they are dying.**) Nurse C

> "I dedicated myself wholeheartedly to providing the best possible care I can give." Nurse H

The participants stated that even if their patient is dying, they still want to give them the best care and their family the assistance they require. According to Martinez (2013), although it is not a nurse's duty to go above and beyond what is required by their profession, some nurses have an unexplained urge to share in the load and suffering of their fellow human beings and accept it as their own. During these occasions, nurses unconsciously believe that the patients they care for are not just individuals but also fellow humans. Moreover, he said, resources are not finite but boundless if one desires to produce them; therefore, caring is not resource-dependent but rather resource-sensitive. In this view, caring is how mankind shares its abundance.

Compassion

Compassion is a virtue and a necessary trait of nursing and being a nurse. It is a feeling evoked by witnessing others' pain that leads to taking measures to help them (Dalvandi et al., 2019). Being compassionately responsive to the care needs of patients is one of the professional standards of nursing. The participants' perspectives on holistic nursing and compassion for patients and families were strengthened by their personal experience with patient death. Some patients and their families resonated with the participants. Participants felt a connection with some patients and their families. The participants stated:

> "As a nurse, kailangan maka establish jud pud kag relationship sa family sa dying patient kay if ever mamatay najud, at least makahatag japon kag comfort jud for the family."
> (**As a nurse, you need to be able to establish a relationship with the family of the dying patient because if ever the patient dies, at least you can still provide comfort for the family**.) Nurse F

Participants also mentioned showing the family members some basic actions of compassion prior to and following the incident, as well as trying everything they could to be available to them. Two participants stated:

> "Naa iyang family tapos magpaguol-guol kas atmosphere? dili jud so dapat positive environment japon imo ipakita"
> (**The patient's family is present and you're trying to make the atmosphere gloomy? No, so you need to show them a positive environment**.) Nurse E

These participants stated that offering a compassionate environment and prompt and comprehensive instructions regarding accommodation for patients and associated

grieving family members is of the utmost importance. Participants found that this experience had cultivated their compassion for the dying and the family as they tried to make their way through it.

Theme 3: Impact of Death

The concurrent impact of the patient's death on the participants after the death had already occurred is described in this emergent theme.

Intrusive/Unwanted Thoughts

Intrusive thoughts refer to repeated occurrences of feelings related to the inciting event (Kaur et al., 2022). Examples of intrusion are flashbacks and nightmares where the event is re-experienced. Participants provided the researchers with descriptions of these symptoms.

Participants in the study also reported having dreams and going into trances for days to weeks following witnessing a patient's death. They stated:

> "2 weeks gud ko ga suffer ato kanang makadamgo ko balik sa nahitabo ba"
> (**I have been suffering for 2 weeks at that time as if I can have flashbacks from that situation**.) Nurse A
>
> "Luoy kaayo gyud to siya ma'am oy kahilak gud tawon makadumdom sa iyang porma atong gakalisod siya"
> (**He's really pitiful looking back at how he was, I felt like crying when I remember his state at that time of his difficulties in the situation**.) Nurse B
>
> "Sad gyud ko mga 1 week, usahay mata-matahon gud ko but still nag

function japon ko as a nurse”
(I felt sad straight for a week, sometimes I had nightmares but still I continued functioning as a nurse.) Nurse G

The vivid recollection of details offered by participants is one of the most striking aspects of these narratives. Most participants spontaneously remembered the name and age of the deceased patient, relevant information about family members, and, in some cases, highly specific clinical facts, in addition to quickly sharing specifics of their thoughts, deeds, and emotions at the time. Many said they had reflected on the experience many times after it had happened. The encounter was something that many people said they had thought about often after it had happened.

Theme 4: Challenges

Nursing challenges are difficult situations, experiences, or expectations that are common in the nursing profession. These challenges include physical, emotional, and mental experiences that result from the particular requirements of working as a nurse (Indeed, 2023). The nurses’ experience of caring for dying patients affects not only nurses’ emotional experience but also other aspects of nurses’ lives, including giving information. The researchers identified these subjects as a theme called challenges as nurses also encounter difficult challenges when caring for dying patients are described further in this theme.

Giving Information

Nurses often face difficulties when they are tasked with communicating with the

families regarding the condition or status of a deceased patient. A study by Galehdar et al. (2020) showed emotional distress of delivering bad news as an emerging theme when caring for the dying and the dead. They expressed:

> "The most challenging part as a nurse is not actually caring for somebody but explaining things to people who do not want your explanation or who do not understand what you're trying to say, who are not open to it." Nurse D

Theme 5: Growth

There are constantly new and emerging ways to advance nurses' skills and achieve new professional heights, one of the best advantages of the nursing profession. The ability of nurses to grow from these experiences and within the nursing profession depends on their ability to adapt when caring for dying patients and dealing with patient death (Smith, 2023).

Improving experience

Following a patient's death, participants expressed adaptability. They learned their advantages and disadvantages as beginners in the clinical profession through the learning process. Participants expressed enthusiasm about the interaction since they encountered something previously unknown that influenced their professional experience. They said:

> "As time goes by naka adapt raman sab ko and I learned that it's part of my job" (**As time went by, I was able to adapt and I learned that it's part of my job.**) Nurse A

> "Pero in the long run, kay dili na dayon ka maaffected after ka maka experience ug daghan na patient deaths"
> (**But in the long run, you will not get affected even after experiencing**

many patient deaths.) Nurse F

Emotional Intelligence

Emotional intelligence (EI) can be described as the ability to manage one's emotions and the emotions of others. EI has emerged across several disciplines and has gained traction in the nursing profession as EI promotes the well-being of nurses, which subsequently impacts patients and families (Raghubir, 2018).

> "Being a nurse, you have to be emotionally mature para maka handle kag tarong sa imong mga patients."
> (**Being a nurse, you have to be emotionally mature so that you can handle your patients properly.)** Nurse B

> "Maglisod gyd ko handle sa ako emotions that time pero kung dili pud tungod ato nga experience dili gyd nako ma imagine kung unsa nako karun as a nurse"
> (**I had a hard time handling my emotions at that time but if it wasn't for that experience, I can't imagine what kind of nurse I would be right now.)** Nurse C

Exhaustive Description

The findings revealed a profound emotional journey for nurses, encompassing feelings of shock, sadness, guilt, powerlessness, and foreboding. The nurses' encounters with patient death triggered a sense of shock as they faced unforeseen and emotionally charged situations during patient care. The dissonance between their expectations and the reality of clinical practice left them taken aback, realizing the complexities of their profession.

Emotional impact loomed large as nurses grappled with profound sadness when patients could not be revived, leading to helplessness and guilt. The emotional attachment they formed with patients made the experience more challenging, leaving them with a sense of responsibility for the outcomes, even when beyond their control.

Furthermore, nurses experienced a profound sense of powerlessness, grappling with their eagerness to help patients while facing the harsh reality of their limitations. Uncertainty about patient outcomes and their inability to alter the course of events left them feeling distraught and emotionally drained. This foreboding about the unknown added to their emotional burden.

The nurses' interpersonal experiences centered on their interactions with dying patients and their families, displaying profound compassion, empathy, and benevolence. They provided unwavering support and care, easing the needs of patients and their families during this trying time. This compassionate approach fostered strong connections between nurses and those they cared for, creating a supportive environment for patients and families.

The impact of patient death extended far beyond the event as nurses grappled with intrusive thoughts. Flashbacks and nightmares haunted them for days or weeks after witnessing the patient's death, illustrating the lasting emotional toll they carried with them.

However, amid these challenges, nurses demonstrated remarkable adaptability and professional growth. With each experience, they learned to cope better and mature emotionally, understanding the demands of their profession. This resilience allowed them to handle future encounters with greater emotional stability.

Despite their dedication, nurses faced challenges when communicating with patients' families, especially when met with resistance or misunderstanding. Effective communication demanded sensitivity and empathy, adding further complexity to their role.

Chapter 4

SUMMARY, FINDINGS, CONCLUSION, AND RECOMMENDATIONS

Summary

The study focused on nurses' experiences of caring for dying and deceased patients, exploring the central question: "What is your description of your experience of caring for a patient who was dying?" Eight participants were selected using snowball sampling for qualitative, in-depth, face-to-face interviews. Collaizi's method was employed, resulting in 26 significant statements (SS) and 24 formulated meanings (FM). The researchers delved into the multifaceted experiences of nurses when confronting patient death, revealing a profound emotional journey. In the theme of intrapersonal experiences, nurses shared their overwhelming feelings of shock, distress, guilt, powerlessness, and foreboding. The sudden and emotionally charged situations they encountered during patient care left them unprepared, challenging their expectations and highlighting the complexities of clinical practice. Nurses grappled with the dissonance between what they had anticipated and the reality of providing care in life-and-death situations.

Findings

1. Intrapersonal Experiences: Nurses' experiences with patient death evoke profound emotional responses, including shock, sadness, guilt, powerlessness, and foreboding. Shock often arises from unpreparedness for the event and the immediate stress of providing care during unforeseen circumstances. Sadness is a common reaction to loss, often intensified by the emotional attachment to patients. Nurses frequently feel guilt

over perceived failures to save their patients, questioning their actions and decisions. Powerlessness reflects their frustration at their inability to alter outcomes or provide solutions, leaving them feeling ineffective. Foreboding manifests as anxiety and unease about future patient deaths, driven by fear of the unknown

2. Interpersonal Experiences: Nurses' interactions with dying patients and their families highlight their capacity for sympathy, benevolence, and compassion. They empathize deeply with the families' grief and strive to provide comfort and support. This emotional engagement fosters strong connections and underscores the importance of creating a positive, supportive environment even in the face of death. Nurses often go beyond their professional duties, driven by a profound sense of humanity and responsibility towards their patients and their families.

3. Impact of Death: The death of a patient has a lasting impact on nurses, manifesting as intrusive and unwanted thoughts. Nurses experience flashbacks, nightmares, and persistent emotional distress, sometimes for weeks after the event. These vivid recollections include detailed memories of the deceased patient, their family, and specific clinical moments, indicating the deep emotional and psychological imprint left by these experiences.

4. Challenges: Nurses face significant challenges in their roles, particularly in communicating with patients' families. Delivering bad news and explaining the situation to grieving or resistant family members causes emotional distress and requires a high degree of sensitivity and empathy. This aspect of their job can be as challenging as the physical and emotional demands of providing care.

5. Growth: Despite the difficulties, nurses demonstrate substantial growth through these

experiences. They develop emotional intelligence, learning to manage their own emotions and better support their patients and families. Over time, they adapt to the realities of their profession, becoming more resilient and less affected by patient deaths. This growth fosters professional and personal development, enhancing their ability to provide compassionate care while maintaining emotional stability.

Overall, the study reveals the profound emotional journey nurses undergo when dealing with patient death. It highlights their emotional struggles, interpersonal strengths, the lasting impact of these experiences, the challenges they face, and their ability to grow and adapt in their professional roles

Conclusions

Caring for dying patients is a profound and emotionally charged journey for nurses. The findings of this study shed light on the multifaceted experiences nurses undergo when facing patient death. Nurses encounter a range of powerful emotions, including shock, sadness, guilt, powerlessness, and foreboding, as they navigate the complexities of clinical practice and the unpredictability of patient outcomes. The emotional impact of patient death is significant, as nurses form deep connections with their patients and feel a sense of responsibility for their well-being. The challenges of facing the unknown and feeling powerless in the face of death weigh heavily on their emotional well-being. However, the study also highlights nurses' remarkable resilience and adaptability. Through the process of learning and growth, nurses develop emotional maturity and gain a deeper understanding of their profession, which enables them to navigate future encounters with greater stability.

Despite the emotional toll, nurses display remarkable compassion, empathy, and

benevolence in their interactions with dying patients and their families. They provide unwavering support and care, creating a supportive environment for patients and families during this difficult time. The impact of patient death lingers beyond the event itself, as nurses may experience intrusive thoughts and emotional distress. This calls for ongoing support and resources to address their emotional burden.

Effective communication with patients' families presents additional challenges, demanding sensitivity and empathy. Providing training and support for nurses in this aspect can help them navigate these difficult conversations with greater skill and understanding.

In conclusion, the study underscores the importance of addressing nurses' emotional well-being and providing them with the necessary support and resources to cope with the challenges of caring for dying patients. By fostering a supportive and compassionate environment, healthcare institutions can empower nurses to continue providing high-quality care while preserving their emotional well-being. Ultimately, this will improve end-of-life care for patients and their families, ensuring a dignified and compassionate experience during life's most vulnerable moments.

Recommendations

1. Intrapersonal experiences: Nurses can use counseling services, peer support groups, or mentorship programs for emotional assistance. They can better understand their emotions and find opportunities for personal development through regular self-reflection. Peer support groups and debriefing sessions offer a secure environment for sharing and learning from one another's experiences. Work-life balance, professional

development, and emotional resilience building through training programs should all be priorities for nurses.

2. Interpersonal experiences: Encourage nurses to listen to patients actively without interrupting or passing judgment. Patients may feel heard and understood in a supportive setting because of this. Nurses can interact with patients and their families caring and selflessly. Small acts of kindness can generate a sense of altruism and foster excellent interpersonal interactions. By placing themselves in the patients' shoes and considering their experiences and obstacles, nurses can cultivate a true sense of compassion and deliver comprehensive treatment.

3. Impact of death: Improved communication with patients, their families, and the interdisciplinary team is important. Encourage open and honest discussions about prognosis, treatment options, and patient preferences to ensure a shared understanding and facilitate informed decision-making. Nurses can promote self-care and mental health support to recognize the potential impact of death-related experiences. Aid in implementing support programs, such as debriefing sessions, counseling services, and self-care initiatives, to address and manage intrusive thoughts and emotional distress from exposure to death.

4. Challenges: For nurses grappling with the challenge of communicating with grieving families, it's crucial to acknowledge their own emotions, gather pertinent information, approach with empathy, honesty, and transparency, actively listen to the family's needs, offer support and resources tailored to their situation, and follow up to provide ongoing assistance and reassurance, fostering a sense of comfort and understanding during this difficult time.

5. Growth: Nurses should embrace lifelong learning and view encounters with patient deaths as opportunities for personal and professional growth. Seeking support and mentorship from experienced colleagues can aid in coping with the emotional impact of these situations. Participation in workshops and training focused on emotional resilience and effective communication can better prepare nurses to handle such challenges. Developing emotional resilience through self-care practices and cultivating emotional intelligence is crucial in maintaining a positive outlook. By creating a supportive environment that encourages open discussions and understanding, nurses can foster their professional growth and enhance their ability to provide compassionate care during difficult times.

6. Future researchers: Future researchers in nursing and palliative care should consider conducting longitudinal studies to examine the long-term impact of patient death on nurses' emotional well-being and professional identity. Additionally, they should explore the effectiveness of support strategies such as counseling, peer support groups, and mentorship programs in mitigating the emotional burden of caring for dying patients. Investigating the role of communication and patient-centered care, as well as the impact of technological advancements, can lead to innovative solutions that enhance nurses' coping abilities and improve the overall quality of palliative care. Addressing these research areas will contribute to the continuous improvement of nursing practices and support systems, benefiting both nurses and the patients they care for.

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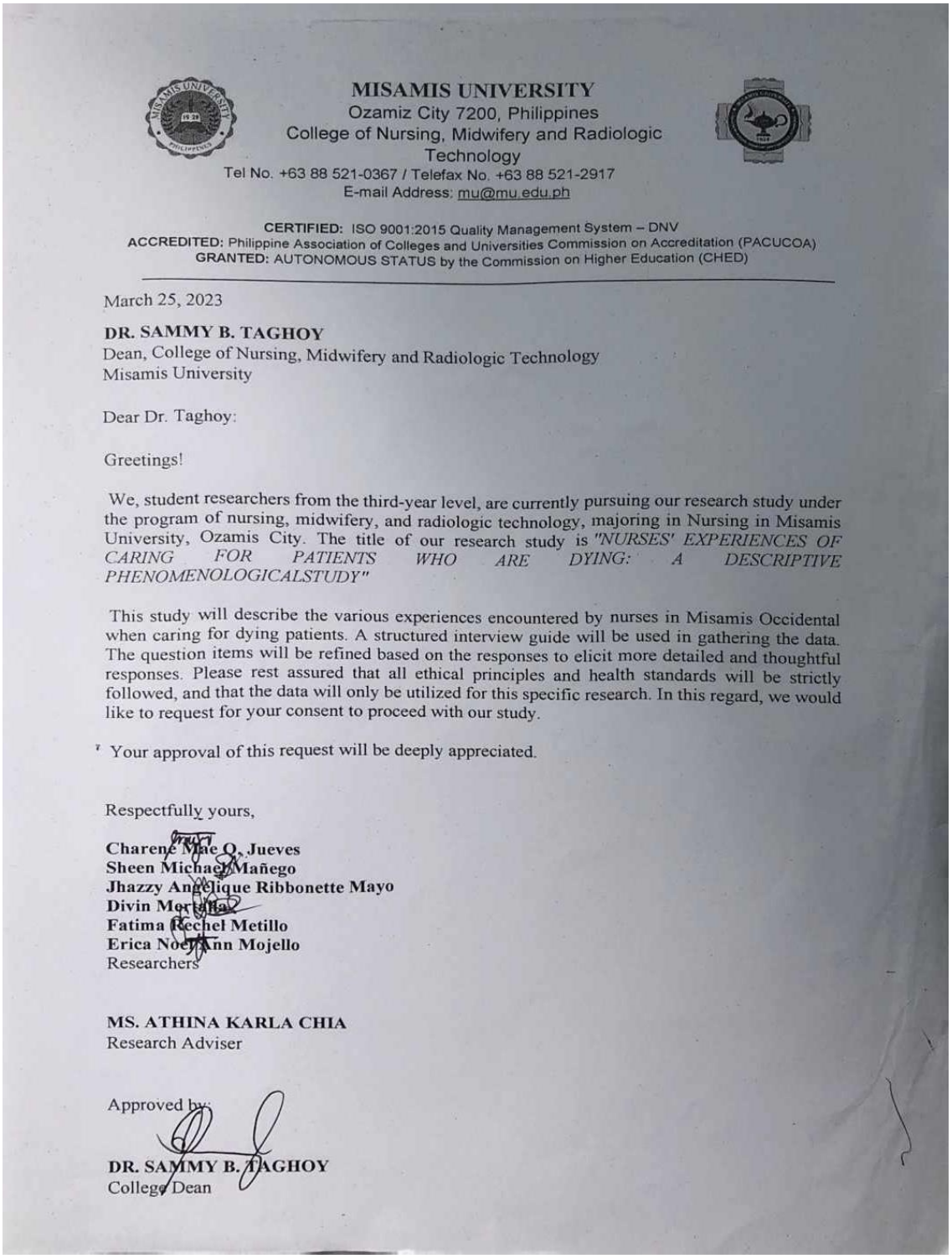
Appendix A: Request letter from the Dean of the College of Nursing



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CERTIFIED: ISO 9001:2015 Quality Management System – DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

March 25, 2023

DR. SAMMY B. TAGHOY
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Taghoy:

Greetings!

We, student researchers from the third-year level, are currently pursuing our research study under the program of nursing, midwifery, and radiologic technology, majoring in Nursing in Misamis University, Ozamis City. The title of our research study is *"NURSES' EXPERIENCES OF CARING FOR PATIENTS WHO ARE DYING: A DESCRIPTIVE PHENOMENOLOGICALSTUDY"*

This study will describe the various experiences encountered by nurses in Misamis Occidental when caring for dying patients. A structured interview guide will be used in gathering the data. The question items will be refined based on the responses to elicit more detailed and thoughtful responses. Please rest assured that all ethical principles and health standards will be strictly followed, and that the data will only be utilized for this specific research. In this regard, we would like to request for your consent to proceed with our study.

Your approval of this request will be deeply appreciated.

Respectfully yours,

Charene Mae O. Jueves
Sheen Michael Mañego
Jhazzy Angelique Ribbonette Mayo
Divin Mortellaro
Fatima Rechel Metillo
Erica Noey Ann Mojello
Researchers

MS. ATHINA KARLA CHIA
Research Adviser

Approved by:

DR. SAMMY B. TAGHOY
College Dean

Appendix B: Consent Form

MISAMIS UNIVERSITY
Ozamiz City
College of Nursing, Midwifery and Radiologic Technology RESEARCH INFORMED CONSENT FORM

NURSES' EXPERIENCES OF CARING FOR PATIENTS WHO ARE DYING: A DESCRIPTIVE PHENOMENOLOGICAL STUDY

This study is titled Nurses' Experiences Of Caring For Patients Who Are Dying: A Descriptive Phenomenological Study in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing.

Researcher

This study is to be conducted by Charene Mae Q. Jueves, Sheen Michael C. Mañego, Jhazzy Angelique Ribbonette Mayol, Divin Mertalla, Fatima Rechel Metillo, and Erica Noel Ann Mojello who are pursuing the degree in Bachelor of Science in Nursing at Misamis University College of Nursing, with Athina Karla Chia as the adviser. The researchers can be contacted through this mobile numbers 09616020162, 09639397808, 09614182452, 09054917685, 09616880119, and 09108675634 or email address charenemaej@gmail.com, masheenmichael123@gmail.com,mayol.jhazzy@gmail.com, divinmaestrado77@gmail.com,metillofatima@gmail.com,and noelann1235@gmail.com.

Purpose of the Research

The study will be conducted with the purpose of understanding and describing the nurses' experience when caring for a dying patient. Using a descriptive phenomenological approach, the focus will be on a description of nurses' experiences. By narrating the experiences of the nurses, it is intended to make it possible to identify which current concerns and problems need to be addressed.

Description of the Research

This study focuses on a descriptive phenomenological approach that is grounded on Edmund Husserl's philosophy. In sciences outside of psychology, such as the health sciences, this methodology is widely used. The experiences encountered by nurses when caring for dying patients is examined in this study using a phenomenological paradigm.

Potential Benefits

The significance of this study is to collect important data, knowledge, and information regarding the experiences of our participant nurses. This study aims to be of benefit to the selected participants in a way that researchers and readers are able to

know about their feelings and emotions as they undergo this phenomenon. This study could also be of help to student nurses as this will serve as a guide on how to handle the said phenomena if ever they are to encounter it. The clinical practice would be benefitted as well as this will help in supporting or improving the way how nurses deal with this phenomenon and lastly, to healthcare and educational institutions.

Confidentiality

The data provided by the participant will be considered strictly confidential and will not be given to others without written permission from the participant.

Publication

The study will be published in journals and may also be presented in conferences. Data pertaining to the study should be destroyed five years after publication of the study.

Participation

This study ensures that all participants are willing to volunteer and take part in the data collection process with no coercion. The participants are also given the freedom to continue with the interview, postpone and reschedule the interview, or may opt to withdraw participation.

Informed Consent

Given the information above, I confirm that the potential harms, benefits, and alternatives have been explained to me. I have read and understood this consent form, and I understand that I am free to withdraw from my involvement in the study any time I deem it to be necessary or to seek clarifications for any unclear steps in the research process. My signature indicates my willingness to participate in the study.

Printed Name and Signature of the Research Participant Date

Appendix C: Interview

Protocol Introduction:

The researchers will ask the participants a general question, “What is your description of your experience of caring for a patient who was dying?”

Core Questions:

1. When did you experience caring with a patient who was dying?
2. What was the most memorable caring experience you can share about this patient that you are talking about?
3. What was the case of the patient you were caring for?
4. What did the environment look like when you were caring for the patient?
5. What was your approach in caring for a dying patient?
6. What emotions did you experience while caring for a dying patient?
7. What was the most challenging aspect of caring for a dying patient?

Concluding Question:

1. Do you have anything else to add?
2. Do you have any concerns?

Appendix D: Themes and Sub-themes

No	Themes	Sub-themes
1	Intrapersonal experiences / Emotions	Shock Sadness Guilt Powerlessness Foreboding Dealing with emotions
2	Interpersonal experiences	Sympathy Benevolence/Being Kind Compassion
3	Impact of death	Intrusive/unwanted thoughts
4	Challenges	Giving information
5	Growth	Improving Experience Emotional Intelligence

Appendix E

Significant Statements and Formulated Meanings

Significant Statements	Formulated Meanings	Sub-themes	Main Themes
SS1	**FM1**		
"Wala gud ko nakakaon sa akong dinner ato ma'am kay murag na shocked ko sa nahitabo."	Nurses experience shock when caring for the dying and dead.	Shock	Intrapersonal Experiences
SS2	**FM2**		
"Na sad kayko to think nga atong time nga gi tabang namo siya wala gyud namo sya na revive."	Nurses experience sadness when caring for the dying which then led to a death of a patient.	Sadness	Intrapersonal Experiences
SS3	**FM3**		
"Nihilak gani ko after og pag uli kay mao lage na attach kayko sa akong patient."	Nurses experience sadness when caring for the dying which then led to the death of a patient.	Sadness	Intrapersonal Experiences
SS4	**FM4**		
"Syempre na sad ko ato pud pero dapat professional japon ta."	Nurses feel sad but they still have to be professional in order to give proper care.	Sadness	Intrapersonal Experiences

SS5 *"Pirte nakong hilak gyud hagolgol nahilak. Kay paborito mangud to nako sya na pasyenti ba."*	**FM5** Nurses experience sadness when caring for the dying which then led to the death of a patient.	Sadness	Intrapersonal Experiences
SS6 *"I felt guilty and nag start kog ask sa akong self if it was my fault kay lage murag nawala kos akong self wala ko kabalo unsa akong angay buhaton kay naratol ko."*	**FM6** Due to the nurses' inability to take action to save their patients' lives, the participants acknowledged guilt.	Guilt	Intrapersonal Experiences
SS7 *"Na-guilty pud ko ma'am kay murag dili enough akong gibuhat to save my patient."*	**FM7** Due to the nurses' inability to take action to save their patients' lives, the participants acknowledged guilt.	Guilt	Intrapersonal Experiences
SS8 *"Kanang dili ka kabalo unsay buhaton or unsaon pag approach sa iyang family so maghulat nalang ka nila na ma relaxed na sila."*	**FM8** Nurses often feel as though they are not particularly helpful and, consequently, lack a sense of presence as they witness medical professionals coping with a crisis situation where a patient is on the verge of death.	Powerlessness	Intrapersonal Experiences

SS9 *"I was dumbfounded and didn't know what to do."*	**FM9** Nurses often feel as though they are not particularly helpful and, consequently, lack a sense of presence as they witness medical professionals coping with a crisis situation where a patient is on the verge of death.	Powerlessness	Intrapersonal Experiences
SS10 *"I was not an effective nurse at that time kay wala ko kabalo unsay buhaton."*	**FM10** Nurses often feel as though they are not particularly helpful and, consequently, lack a sense of presence as they witness medical professionals coping with a crisis situation where a patient is on the verge of death.	Powerlessness	Intrapersonal Experiences
SS11 *"Grabe akong kakulba og karatol ato gakurog gud ko gabutang sa iyang oxygen mask kay murag kabalo ko sa akong kaugalingon nga anytime mamatay gyud ni."*	**FM11** Nurses acknowledged their anxiety of interacting with dead and dying patients since they saw this as an experience with the unknown.	Foreboding	Intrapersonal Experiences

SS12 *"Kulba nga wala ko kasabot atong galisod na kaayo sya og ginhawa, teary-eyed gud ko galantaw ma'am."*	**FM12** Nurses acknowledged their anxiety of interacting with dead and dying patients since they saw this as an experience with the unknown.	Foreboding	Intrapersonal Experiences
SS13 *"Naluoy pud kaayo ko sa iyang family galantaw nga perting hilak mura sakit kaayo sa akong dughan."*	**FM13** Nurses express sympathy when having to deal with the dying and death.	Sympathy	Interpersonal Experiences
SS14 *"Gi try man jud namo tanan ba para mabuhi sya kay gusto pa sya muoli sa ilaha pero wala gyud."*	**FM14** Nurses still want to give them the best care and their family the assistance they require as an act of kindness.	Benevolence	Interpersonal Experiences
SS15 *"Kana pung kabalo naka na padulongay na imong pasyente pero padayon lang japon ka sa imong duties kay murag naa kay makita pa na hope ba sa relatives sa imo pasyente."*	**FM15** Nurses still want to give them the best care and their family the assistance they require as an act of kindness.	Benevolence	Interpersonal Experiences

SS16	**FM16**		
"We must give quality care they deserve bisan paman og kamatyunon sila."	Nurses still want to give them the best care and their family the assistance they require as an act of kindness.	Benevolence	Interpersonal Experiences
SS17	**FM17**		
"I dedicated myself wholeheartedly to providing the best possible care I can give."	Nurses still want to give them the best care and their family the assistance they require as an act of kindness.	Benevolence	Interpersonal Experiences
SS18	**FM18**		
"As a nurse, kailangan maka establish jud pud kag relationship sa family sa dying patient kay if ever mamatay najud, at least makahatag japon kag comfort jud for the family."	These participants stated that it is of the utmost importance to offer a compassionate environment as well as prompt and comprehensive instructions regarding accommodations for patients and associated grieving family members.	Compassion	Interpersonal Experiences
SS19	**FM19**		
"2 weeks gud ko ga suffer ato kanang makadamgo ko balik sa nahitabo ba"	The nurses provided the researchers with descriptions of having flashbacks and nightmares.	Intrusive thoughts	Impact of Death

SS20	**FM20**		
"Luoy kaayo gyud to siya ma'am oy kahilak gud tawon makadumdom sa iyang porma atong gakalisod siya"	The nurses provided the researchers with descriptions of having flashbacks and nightmares.	Intrusive thoughts	Impact of Death
SS21	**FM21**		
"Sad gyud ko mga 1 week, usahay mata- matahon gud ko but still nag function japon ko as a nurse"	The nurses provided the researchers with descriptions of having flashbacks and nightmares.	Intrusive thoughts	Impact of Death
SS22	**FM22**		
"The most challenging part as a nurse is not actually caring for somebody but explaining things to people who do not want your explanation or who do not understand what you're trying to say, who are not open to it."	Nurses often face difficulties when they are tasked with communicating with the families regarding the condition or status of a deceased patient.	Giving information	Challenges
SS23	**FM23**		
"As time goes by naka adapt raman sab ko and I learned that it's part of my job"	Following a patient's death, the nurses expressed adaptability.	Improving Experience	Growth

SS24	**FM24**		
"Pero in the long run, kay dili na dayon ka maaffected after ka maka experience ug daghan na patient deaths"	Following a patient's death, the nurses expressed adaptability.	Improving Experience	Growth
SS25	**FM25**		
"Being a nurse, you have to be emotionally mature para maka handle kag tarong sa imong mga patients."		Emotional Intelligence	Growth
SS26	**FM26**		
"Maglisod gyd ko handle sa ako emotions that time pero kung dili pud tungod ato nga experience dili gyd nako ma imagine kung unsa nako karun as a nurse"		Emotional Intelligence	Growth

Transcript

Nurse F

Researcher: Good morning sir! I am a student from Misamis University taking up Nursing and currently a third-year student. I am here to humbly ask for your participation in our study titled "NURSES' EXPERIENCES OF CARING FOR PATIENTS WHO ARE DYING AND DEAD: A DESCRIPTIVE PHENOMENOLOGICAL STUDY". We are looking for nurses who have had an experience in caring for dying patients who had died after. We think that you fit our set criteria that's why we chose you as our participant. I would be asking you a few questions regarding your experience would that be okay with you sir? We assure you that the data gathered will remain confidential.

Researcher: To start with, what is your description of your experience when caring for your patient who was dying.

Participant: Okay ra bisaya?

Researcher: Oo okay ra

Participant: Unsa gani to?

Researcher: Unsa imo na experience? Imong overall na nabati atong nag care ka for a dying patient

Participant: Hinuon kato siya na pasyente kay kabalo najud mi na near end of life najud to siya. Living siya pero murag imo pud gitabangan ug prepare ang pasyente ba na naa siyay comfortable na death tas also kanang gatabang pud kag prepare sa iyang mga significant loved ones. Although sad ang ilang family, at least naa kay matabang ba mga dili bitaw sila ingon nga kanang "katapusan na ng mundo" nga

feeling na murag imo silang gi prepare sa posible na mahitabo so at least naka tabang ka nila. Pero at the same time, sad pud kay of course namatay gud so ma sad pud ka sa family na nabilin pero relieving rapud siya kay at least nakatabang rapud ka sa imong own way na ma comfort ang pamilya tas sa pag ready sa ila pud ba.

Researcher: Unsa pud nga experience imo mahinumdoman na memorable kayo sa imoha while nag take care ka sa iya?

Participant: Of course kanang magkuha kog vs tas kanang murespond pa siya. Kanang mag kuha ko bp tas murespond pa siya. Kanang naa pami conversation everytime muadto ko sa iya room mag hatag kog meds tas mag regulate sa IV mga inana ba kay sige paman mig storya ato tas matingala nalang dayon ka pagbalik nimo kay ga tinga na diay kay wala na. Kalimot man gud ko sa case ato niya sir murag CKD man yata to siya so mao to akong memorable na experience na everytime mo visit ko niya kay magka interact pami niya ba.

Researcher: Unsa pud imong overall approach sa iyaha? Na inig sulod nimo sa iyang room sir? Participant: Overall approach? Unsay pasabot nimo sir?

Researcher: Kanang approach nimo sa iyaha and sa family inig sulod nimo sa ila room sir. Participant: akong approach ato na time is jolly no kay of course naa iyang family ato tas mag sad2 ka edi ma sad pud sila so dapat positive lang japon and positive environment imong mahatag sa ila

Researcher: Unsa mga challenging na part ato sir?

Participant: Challenging kay inig muadto siya sa cr or mag turn to side. Dakoon man gud to siya na pasyente so kailangan jud nimo siyang tabangan kay di man pud siya maka salig sa iyang own strength mao need nimo siya tabangan ba and alalayan

nimo siya mag cr, mag ambulate or turn to sides tas change diaper pud

Researcher: Unsa pud na klase na environment imong makita inig sulod nimo sa ila room sir? Participant: Okay lang sila japon. Normal lang man tas iya mga anak ga take care lang sa ilang mama mao sila nag atiman. Kuan man pud gud toxic man gud to siya na pasyente tas naa pud to siyay ngt. Pero pagka kuan kanang wala na siyay respond2 tas murag galuya na siya dadto na dayon sila murag ga worry na sila permi tas sige na silag pangutana about sa status sa ila pasyente kay dili naman to siya kaayo mostorya gud.

Researcher: Naa pakay gusto e add sir? Na mga concerns ato?

Participant: at first kanang ma kuan ka uy samot nag mamatay jud. Kanang wala ka kabalo unsaon pag approach sa family sa pasyente ba. Lisod pud muingon kag “okay rana” na kabalo ka na dili man jud okay. Kanang wala ka kabalo unsay first ilitok sa ila ba na namatay na ila pasyente. Kanang wala ka kabalo unsay buhaton kay inig ingon sa doctor na time of death kay inana kay ma emotional naman dayon na ang family sa pasyente. Kanang dili ka kabalo unsay buhaton or unsaon pag approach sa iyang family so maghulat nalang ka nila na ma relaxed na sila. Tas as a nurse dapat professional lang japon ka. Mao nang importante kayo na imo sila ma prepare jud daan sa unsay possible na mahitabo ug mao nay importansya sa health teaching na ma explainan nimo sila about sa sakit ug makasabot sila ug tarong ba so mao rato.

Researcher: Okay sir. Salamat kayo sa imong time sir na gihatag para maka participate sa among study. Amo e make sure sir na makabalo ka sa results and outcomes sa akong study.

Participant: Okay thank you pud.

Nurse H

Researcher: “So una nakong pangutana ma’am, kanus a man ka nakaexperience ug pagcare sa patient nga kanang padulungay na kamatayon or kanang kamatyonon najud?”

Participant: “Kato nga time nga na-assign ko sa ICU sir.”

Researcher: “So unsay case sa imong pasyente ma’am? Nganong na-assign mana siya sa ICU?” Participant: “Umm kuan to siya sir kanang nay respiratory failure dayun kadugayan nagka-

cardiac arrest na dayun siya sir.”

Researcher: “Kanang cardiac arrest ma’am sa pinaka ulahi nana siya nahitabo?” Participant: “Yes sir sa ulahi na nahitabo sir.”

Researcher: “Okay ma’am, so kanang while naa ka sa sulod sa ICU, unsa may panan-aw nimo sa iyang environment ma’am samtang nagcare ka sa pasyente nimo?”

Participant: “Kuan siya sir sakto ra iyaang kadak-on sa environment tas hilom kay to didto dayun siya ra usa didto to nga time nga naa siya sa ICU sir.”

Researcher: “So mingaw diay kayo didto

ma’am?” Participant: “Oo sir mingaw kayo.”

Researcher: “Limpyo pud didto sa sulod

ma’am?” Participant: “Yes sir.”

Researcher: “Aw okay ma’am so while naa ka didto ma’am kanang giunsa nimo pag-approach ang pasyente ma’am para masugdan ang imong pagcare niya?”

Participant: “Umm akong gibuhat ato sir kay nag-monitor ko niyag maayo tas ako

siyang giistorya hinay-hinay nga kanang ma-accept sa pamilya nga inadto nga sitwasyon.”

Researcher: “So while nagcare naka niya ma’am kanang siyempre padulong naman siya kamatay, unsa may kanang imong mga emotions nga imong nabatian ma’am kanang while nag- care ka atong imong pasyente ma’am?”

Participant: “Definitely sir, naguol pud jud ko adto pero kanang to be honest, nakulbaan sab ko nga katong pagretrieve ato kay syempre pinaka first time pa jud to nako nga death experience.”

Researcher: “So, sa tanan nimong pag-care ato sa pasyente ma’am kanang unsa imong pinakachallenge nimo ma’am nga na-care sa imong pasyente?”

Participant: “Kato rajung pagretrieve nako sir kay grabi kay dili najud to siya matabang pero I still tried my best.”

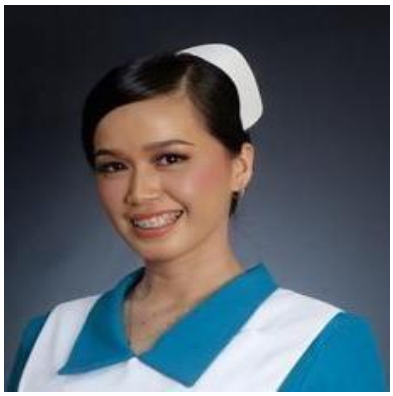
Researcher: “So naa pa kay laing ma-add ma’am?”

Participant: “Wala na sir wala nakoy memorable experience kay halos tulog man gud and pasyente ato sir pero pwede sab tong pag-retrieve nako niya memorable sad to at the same time kanang challenging jud pud to siya kayo.”

Researcher: “So naa pkay nga laing concerns ma’am?”

Participant: “Wala na sir oi kato ra.”

CURRICULUM VITAE



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Honors and Awards

Elementary Salutatorian — Batch 2013-2014

With High Honors — S.Y. 2018-2019

2nd Placer Editorial Writing RSPC — 2013

Skills

Proficient in Canva and Microsoft Office Suite (Word, Powerpoint)

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Honors and Awards

Skills

Skillful in Microsoft Office Suite (Word, PowerPoint)

Communication skills

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Secondary: Xavier University Senior High School
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Batch 2017-2018

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Honors and Awards	Loyalty Award — Batch 2011-2012 Loyalty Award — Batch 2017-2018
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Secondary:	San Isidro Academy of Tudela Inc.
	Upper Centro, Tudela
	Batch 2018 - 2019
Tertiary:	Misamis University
	H.T. Feliciano St., Ozamis City
	Currently studying

Honors and Awards

With Honors — Batch 2013-2014

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Skills	N/A
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Secondary:	Clarin National High School Pob-3, Clarin, Misamis Occidental Batch 2018 - 2019
Tertiary:	Misamis University H.T. Feliciano St., Ozamis City Currently studying

Honors and Awards	First Honorable Mention — Batch 2013-2014 With Honors — S.Y. 2018-2019
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Hobbies	Dancing and Reading Manga

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Father's Name:	Noel L. Mojello

Educational Background

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Secondary:	Calabayan National High School Calabayan, Ozamis City Batch 2018 - 2019
Tertiary:	Misamis University H.T. Feliciano St., Ozamis City Currently studying

Honors and Awards	7th Honor — Batch 2011-2012
	With Honors — S.Y. 2018-2019
	RSPC 7th Place Photojournalism — 2018
Skills	Painting and Sketching
Hobbies	Painting and Sewing