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Educational Program for New Nurses Dealing with the Death of Patients

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Abstract

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FNP, Turabo University, 2017

BSN, Sacred Heart University, 2004

Project Submitted in Partial Fulfillment

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Doctor of Nursing Practice

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Abstract

The exposure of newly graduated nurses to the death of their patients causes a significant emotional impact that may affect the nurses' job performance and social interaction with the patients' families. Therefore, it is necessary to explore the clinical circumstances, the impact, the challenges and rewards of the nurses' first experiences with the death of a patient. This education program focuses improving knowledge and decreasing negative feelings of newly graduated nurses towards death and supporting their understanding of this phenomenon as one that is part of nursing professional practice. Knowles' theory of adult learning informed this project. Fifteen newly graduated nurses who work in a hospital in a metropolitan area of Puerto Rico participated in the education program that included a pretest and posttest questionnaire measuring the impact of the death of patients on newly graduated nurses and the actions to be taken by nursing professionals following the patient's death. The results of the project show that newly graduated nurses conceive the death of a patient as a significant event that has a high emotional impact and is a strong experience for most of the nurses. Almost all the participants (93%) completely agreed that after finishing the course, they felt an increase in their knowledge about the subject. This project will contribute to social change by providing a systematic, practical, and appropriate educational process to help newly graduated nurses' cope with the death of their patients. This educational project could also serve as a basis for development of protocols and policies to guide the process of end of life care for nursing professionals who face the death of their patients in hospital environments.

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Section 1: Nature of the Project

Introduction

Nursing research on death was first published in the 1950s when researchers in California studies the interactions between hospital staff and end-of-life patients (Quint, 1967). Other studies in the US and internationally have examined the phenomenon of patient death and the impact on health care providers (Anderson, Kent, & Owens, 2015; Fridh, Forsberg, & Bergbom, 2009; Gelinas, Fillion, Robitaille, & Truchon, 2012). These studies suggest some commonalities, such as nurses crying with the family of the deceased patient, while others are culturally specific, including inhibitions regarding talking death, or staying away from the family once the patient dies to avoid being affected by the event (Yam, Rossiter & Cheung, 2001). It should be noted that the nurses who were recently graduated may be most affected. In Puerto Rico, according to data provided by the Puerto Rico Council of Education (Consejo de Educación de Puerto Rico, 2016), approximately 995 associate and baccalaureate nurses graduate on average annually, which means a significant number of newly graduated nurses are a part of the working force program. The exposure of newly graduated nurses to the death of their patients causes a significant emotional impact that may affect their job performance and their social performance with the patients' families (Johnson, 2011). Therefore, it is necessary to explore the clinical circumstances, the impact, the challenges and rewards of the nurses' first experiences with the death of the patient.

For this DNP project, newly graduated nurses participated in an educational session aimed improving their knowledge regarding care of patients and families at end-of-life. Data were obtained using a pretest and posttest design. The project participants

work in a hospital institution located in a metropolitan area of Puerto Rico, where they offer direct care to the patients.

Problem Statement

There is a demonstrated need to help newly graduated nurses to cope with the death of their patients. This DNP project proposes an education program that addresses the deficiencies regarding the effect that the deaths of patients have on the professionalism and emotional state of graduated nurses. The education program focused on the behavior that graduated nurses' manifest in hospitals when they face the death of their patients. It is of upmost importance that professional health care employees of any kind have the knowledge and tools required to deal with the death of a patient and the post care process.

Among the emotions manifested by graduated nurses when their patients die, especially when the event occurs the first time for a new nurse, emotions that are predominant include anxiety, depression, feeling of emptiness, failure, and anguish (Montoya Juarez, 2006). According to Anderson, Kent and Owens (2015), it is the newly graduated nurses who are likely to be most significantly affected by the death of their patients, especially if it is the first time, they have direct contact with this phenomenon. Finally, Jezuit (2000) found that nurses reported their intention to quit nursing because of their level of suffering (Jezuit, 2000).

Therefore, it is imperative that a staff nurse educational program such as the one proposed in this DNP project be implemented to help maintain a professional and healthy work environment in which nurses, patients, and family members can be safely involved in. This program met the needs of the nursing staff participants and increased their

knowledge and ability to deal with feelings caused by the deaths of their patients and will hopefully help to increase health care quality.

Purpose statement

The goal of this project is to create an education program that helps staff manage emotions before the death of a patient and to help reduce the negative impact this phenomenon has on the nurses, their patients and their family members.

The proposed educational program was based on the capabilities of behavioral health care required of nurses in hospital institutions before and after the death of their patients. The following project questions correlate with behavioral health care competencies expected from newly graduated nurses in the face of the death of a patient. The answers to these questions identified the ability of nurses to manage the death of their patients and help design the educational program.

The following questions guided the objectives for the education and address the education program goals:

1. What is the significance of a patient's death for newly graduated nurses?
2. How does the death of a patient affect the newly graduated nurse emotionally? Does he/she identify with the patient to such an extent that he/she could not maintain his/her objectivity and empathy in the process of post-mortem care?
3. How does this affect the quality of care that the graduated nurse has to offer to the family of the deceased patient? Could he/she provide support and attention to the family and significant individuals in an objective and empathic way?

4. After the event of the death of a patient, how does it affect productivity and fulfillment of other work responsibilities?
5. After the event of the death of a patient, how does it affect his/hers personal and social life?
6. How willing is the newly graduated nurse to face death again, or to care for moribund or critically ill patients?
7. What gaps does the recently graduated nurse have in relation to their own needs in order to adequately face the death of their patients?
8. What is the willingness of the newly graduated nurse to improve his/her competencies in behavioral health care that he/she manifests when she faces the death of his/her patients?

DNP Project Question

The DNP Project Question follows from these education program questions is: Does an education program regarding emotional self-care and behavioral self-competencies when dealing with patient death increase nurses' knowledge regarding strategies to deal with the death of patients?

It is hoped that the educational program will reduce the threats to nurse's personal and professional integrity and at the same time increase the quality of health care for patients and families.

Nature of the Doctoral Project

The sources of evidence that were included in this DNP project were a pre and post-test to assess for a change in knowledge before and after an educational program related to the management of the death of patients. Nurses were asked to complete a pre-

test before attending an educational session developed as part of the DNP project and would also be asked to complete a post-test immediately after the educational session. This method is aligned with the doctoral project by evaluating the levels of knowledge before and after the intervention. It is hoped that the results of this DNP project will help to reduce the negative reactions that some have recently graduated nurses have when their patients die.

Significance

This project contributed to the continued education of nursing staff. Through this education, a positive effect is expected to improve knowledge to decrease negative feelings of nurses towards death and understand this phenomenon as one that is part of nursing professional practice.

Not only will this project help nurses, especially newly graduated, to manage patient's deaths more efficiently, but it would also help them structure a more professional output when it comes to any other field in health care. As a profession, nursing strives to ensure that the interests of the profession best serve the interests of society (Fowler, 2015). To fulfill their professional obligation to society, it is essential that nurses be qualified at an educational level and have sufficient experience to care for individuals, families, groups, communities, and populations. In addition, to be aware of current evidence-based practices, newly graduated nurses must commit to continue acquiring the necessary competencies in terms of knowledge, skills, and attitudes in accordance with the patient's health needs (Cooper, 2009) especially when faced with death (Perdigon & Strasser, 2015). The competence implies that each nurse is responsible

of his/her profession and society in the promotion of safe and quality practices (ANA, 2010).

Summary

In this section it has been shown that the study of the death of patients began in the 1950s. Since then there is concern about the care offered by nursing professionals to patients after death. This care is affected by the emotions that some nursing professionals can cause the death of their patients, especially the newly graduated nurses. This group of nurses have been identified as emotionally vulnerable to the death of their patients. Therefore, it is necessary to explore the clinical circumstances, the impact, the challenges, and the rewards of the nurses' first experiences with the death of the patient. An educational program has been proposed that allows new nurses to improve their interventions and manage their emotions in the face of the death of their patients. This DNP project proposes an education program that addresses the deficiencies in the effect that the deaths of patients have on the professionalism and emotional state of the registered nurses.

Section 2: Background and Context

Introduction

Death is a natural event to which nurses are frequently exposed. However, some studies show the poor training of nurses to deal with the death of patients and the consequences of this lack of preparation and training (Maza-Cabrera, Zavala-Gutiérrez, & Merino-Escobar, 2009). For this purpose, this section of the proposal presents the background and the context to support this educational project. Additionally, concepts,

relevant to nursing practice, local context of the project, the role of the DNP student, and the role of the team were addressed.

Concepts, Models, and Theories

The theory that informed this DNP project is Knowles' Theory of Adult Learning (Knowles, Holton III and Swanson, 2015). Knowles' theory was chosen because the theory is well suited to describe the way in which newly graduated nurses learn and are well related to the development of nursing staff education. Knowles et al. (2015) explained the central principles of adult learning theory such as (a) the student's need to know, (b) self-directed learning, (c) the student's previous experiences, (d) the willingness to learn, (e) learning to solve problems, and (f) motivation to learn.

The theory emphasizes the need to replace the curiosity in the adult of the reasons why he must know a content, that is, to know the "why" behind education (Knowles et al., 2015). The characteristics of an adult in education is to look for learning opportunities, and whatever is significant, the student appropriates what he or she is learning (Knowles et al., 2015). The principle of previous experiences for the adult learners describes how previous experiences impact how adult learners connect with the educational content and how their experiences can help or hinder new learning (Knowles et al., 2015).

Knowles et al. (2015) explained that adult learners are motivated to learn when the information provided assists them in solving problems in their own lives. The professional development of newly graduated nurses through education is appropriate when the Adult Learning Theory is used. Nursing professional development for the purposes of this DNP project was defined as the actions that support the newly graduated

nurse in obtaining knowledge, experience and refinement practice as a means to improve practices and personal results (Knowles et al., 2015). The principles explained above can be used in the development of nursing education. These principles are those that must be used for the DNP educational project.

The application of the theory was based on the Whole-Part-Whole (WPW) learning model, proposed by the same Knowles, Holton III and Swanson (2015), which divides an educational program into three phases. This model has proven to be useful in the development of educational programs (Knowles et al., 2015).

In this model, the learner is exposed to the concept of adult learning. This concept is divided in different parts individually, these parts— even though are separate— all unify at some point and finalize the conformation of “adult learning”. The first "everything" in the model describes how the learner is exposed to the learning opportunity (Kobayashi et al., 2008). Knowles et al. (2015) explains that in the first part of the model it is important to motivate learners to learn by ensuring that the content is relevant and meaningful for the learners. The second section of the model is the "part" phase. This part of the model is where the concept of education is analyzed in parts. Knowles et al. (2015) stated that for the second "everything" to be effective, learners must have mastered the "parts" first. The second "everything" is the section where the learners are introduced to the education. In this section, education is linked to previous experiences and a general understanding of the concept is acquired (Kobayashi et al., 2008).

In this DNP project, the first "everything" was the introduction of the concepts of death, feelings and beliefs about the death of patients, in the context of the practice of the

nurses. The "part" section was where the educational concepts were taught and evaluated. That is, issues such as death and the emotions that emanate, empathy versus sympathy, sociability versus empathy, principles of care and protocols, how to handle emotions. The final "everything" the learner brings the content back and allows the newly graduated nurses to apply what they had learned using the nurses' previous experiences and the new knowledge they will gain on the management of feelings and emotions in the face of death, a patient and the comfort to offer to the family. Knowles' adult learning model helps provide a framework for the educational program on the management of patient loss resulting in his death.

Relevance to Nursing Practice

The importance that new nurses recruited in hospital institutions give to patient care at the time of death is one of the most significant challenges in their professional work. Nursing professionals are generally educated to save lives, so in the face of the death of their patients, they may feel frustrated or stressed by the situation they are facing. These situations are related to post-mortem care, work with the loss of the family and complete the legal documents related to the death of your patient. Equally, and no less important, the new nurse faces his/her feelings and emotions related to death, which can result in an inappropriate management of the situation (Lopes Magalhães & Lyra da Silva, 2009).

One of the implications of this educational project in nursing practice is that it should be focused on the training and preparation of nurses, how to deal with the death of their patients, and that they can visualize it as a natural event in the field of the health. Studies presented by Arellano-Martínez, Pacheco-Rodríguez, and Vargas-Daza (2008),

have shown that the nurses found that the preparation and training on post-mortem care was insufficient and incomplete in said component or was absent during your professional preparation.

For such purposes, the care of patients when they die means for the new nurses an obligation that they must assume with the few tools obtained during their education; before this they construct meanings of abandonment, helplessness, suffering, need to hide emotions, vulnerability in their mental health, wear and fear that could affect the quality and humanization of their mental health and care (Lopera-Bethancourt, 2015). Therefore, the educational development to improve the training of new professionals who are recruited in hospital institutions can be a useful tool to minimize the deficient knowledge they have in the absence of appropriate training during their training as nurses.

An educational program aimed at improving the preparation of new nurses before the death of their patients may result in a significant improvement in care, in the attitude of nurses in the face of death, and reduction the emotions or negative feelings of this professional when his patients die. It is considered that educational progress not only forms in technical and scientific competences, but that it should include ethics and aesthetics. It is imperative to include patient care when dying in the nursing curriculum and continuing education in health institutions, as well as open spaces to talk about death in a natural way. The above will allow organizations to have a nursing staff empowered with their emotions, focused on caring for their patients even in their final stage of life, doing so with quality, safety, and sensitivity.

Local Background and Context

The project was carried out in Puerto Rico (Commonwealth of Puerto Rico). In Puerto Rico, there are about 57 hospitals located around the island, although most of them are located in the metropolitan area. There are some 23,000 registered nurses according to the last census of the College of Nursing Professionals of Puerto Rico (Colegio de Profesionales de la Enfermería de Puerto Rico, 2015). The majority (65%) work in hospital institutions, the rest work in non-traditional settings or in hospices, home care, nursing homes, etc. According to the Department of Health of Puerto Rico (2015), vital statistics reveal that 30,000-people died that year, while the main causes of death are: cancer (5,219), cardiovascular diseases (5,087), diabetes (3,145), Alzheimer's disease (1,828), cerebrovascular diseases (1,352), accidents (1,045), respiratory diseases (999), nephritis is (892), homicides (869), septicemia (804), pneumonia and influenza (752) and hypertension with (568), and other mostly chronic conditions. It is primarily the patients with chronic disabling or death-causing conditions that require and seek health services in the different hospitals around Puerto Rico.

Despite the fact that death is a phenomenon that nurses face every day, it is an issue that is avoided (Anderson et al., 2012). It is the nursing professionals who have the first contact with Puerto Rican patients with chronic failing conditions, and they are the ones in charge of coordinating the care to meet the needs of the patient and their family. The events of the death of a patient in Puerto Rico, as in other countries, are stressful events that nursing professionals must handle. In Puerto Rico, the losses of significant family members trigger mourning events that are related to the way culture has encouraged the manifestation of pain. The losses in a family are manifested through

crying, shouting at or demanding from God, and this often leaves the health team in search of answers to questions related to the death of the loved one. It is the nurses, and not the doctors in Puerto Rico, who deal with the family and post-mortem care once they receive the news of the death of their loved one. This causes a state of high stress, frustration, and anxiety in the Puerto Rican nursing professionals who try to maintain control of the situation that is occurring. That is, nurses must deal with feelings and emotions related to the death of their patients and in turn, are expected to meet the comfort and education needs of the family.

Nursing research on death were first published in the 1950s when researchers in California studies the interactions between hospital staff and end-of-life patients (Quint, 1967). Studies on the care of the dying patient were later focused on hospice care and spiritual care for the patient, interventions to improve the control of symptoms (Halstead & Roscoe, 2002), and questions of protocols that affect end-of-life patients and families (Jacobs, Boruck, & Burton, 2002). More recently, academics have turned their attention to the study of palliative care (administered to patients with serious illnesses, which may or may not be terminal) and end-of-life care (during the last hours and days) (Lewis, 2013).

Meeting the needs of dying patients is complex and a difficult task for many nurses across diverse settings. Studies have shown that caring for the dying awakens emotions of sadness, guilt, anger, fear, grief, and pain (Papadatou & Bellali, 2002). Nurses have reported a sense of moral distress when treating dying patients or offering post-mortem care to patients who have already died during their work shift (Ferrell, 2006).

Studies have been conducted on the death of patients in various countries and cultures (Anderson et al., 2015; Fridh et al., 2009; Gelinas et al., 2012). The results of these studies suggest that some reactions to death are universal, such as nurses who cry after the death of the patient with family members, while others are culturally specific, such as avoiding talking about the subject; not expressing feelings or staying away from the family once the patient dies to avoid being affected by the event (Yam et al., 2001).

More patients die in high-tech, acute care, settings than in hospice or hospice care facilities (Institute of Medicine, 2013). The location of death is influenced by age, sex, level of illness, and socioeconomic status (Grunier et al., 2007). Critical care units, for example, are places of aggressive healing where death is perceived as a treatment failure. Gelinas et al. (2012) confirms this in a qualitative study with a focus group of nurses about their stressors of working in acute care settings close to the experience of death, in which they expressed feelings of helplessness and failure. The noted that the most stressful problem was finding resources to provide "decent conditions" for dying patients (Gelinas et al., 2012).

Qualitative studies of nurses working with the death of patients or dying, provided details in which nurses express shared suffering with their patient and family. In another study nurses reported their desire to leave nursing because of their level of discomfort (Jezuit, 2000). Further, in a study by Espinosa, Haile, Symes, Walsh, and Young, (2010) some nurses developed an "insensitive" attitude in which they avoided having an emotional bond with dying patients.

The End-of-life Nursing Education (ELNEC) Consortium was established to integrate end-of-life care in hospital settings across the life span. The goals of the training

are to improve the care of patients who are dying by providing education to nurses who support their care. The curriculum covers symptom management, pain management, and communication at end of life. The program has been modified to meet the needs of undergraduate and graduate nursing students as well as acute and critical care nurses. The program has also been adapted to meet the learning needs of nurses who care for adult and pediatric populations. There are per participant costs involved in utilizing the ELNEC programs for nursing staff education (Ferrell et al., 2007; Malloy, Sumner, Virani, & Ferrell, 2007; Malloy et al. 2008; Oshea et al., 2015).

In Puerto Rico, according to the statistics provided by the Puerto Rico Council of Education (2016), approximately 995 associate and baccalaureate nurses graduate on average annually, which means a significant number of newly graduated nurses who must be part of the program and of the working force. The exposure of recently graduated nurses to the patient death causes a significant emotional impact that affects their job performance and their social performance with their family (Johnson, 2011). Therefore, it is necessary to explore the clinical circumstances, the impact and the challenges and rewards of the nurses' first experiences with the death of the patient. According to Zheng, Lee, and Bloomer (2006), understanding the experience of newly graduated nurses on death becomes necessary for the design of training programs and interventions to improve the quality of care and support for new graduates. Wilson and Kirshbaum (2011), add that education about grief theory and the support of others are useful for staff in the development of strategies to cope with the deaths of patients.

Role of the DNP Student

As a profession, nursing is responsible to society. The pact of nursing with society is to ensure that the interests of the profession better serve the interests of society (Fowler, 2015). To fulfill their professional obligation to society, it is essential that nurses must be qualified at an educational level and have sufficient experience to care for individuals, families, groups, communities, and populations. In addition, to be aware of current evidence-based practices, newly graduated nurses must commit to continue acquiring the necessary competencies in terms of knowledge, skills, and attitudes in accordance with the patient's health needs, especially when faced with death (Perdigon, & Strasser, 2015; Cooper, 2009). Competence implies that each nurse is responsible to himself or herself, the profession, and society in the promotion of safe and quality practices (ANA, 2010).

The provisions and declarations of the ANA are essential for this DNP project and the role that the DNP student should assume before its responsibility to improve the practice of nursing through education. The identification of gaps in the behavior shown by a recent graduated nurse in the face of the death of their patients in Puerto Rico have been a concern of this DNP student. Therefore, it is expected that the DNP student in his role as an educator and through the development of an educational program according to the needs will reduce the negative reactions that have recently graduated nurses have when their patients die.

An educated staff can help themselves and others by offering sensitive, empathetic, objective, and quality services to all patients and families to those whose care is delegated. Through education, a positive effect is expected to decrease the negative

feelings of nurses towards death and to understand this phenomenon as a part of their professional practice. It is clear that nursing education when delivered in a positive way will add value for the people who receive care. The goal was to create an educational program on the management of emotions before the death of patients and the approval of the same by the hospital authorities will provide a systematized education, which the author aims to be implemented by the organization in the future.

Summary

New initiatives and changes in practice are achieved through education. An education project that is aimed at helping new nurses to face positively the death of their patients is an essential action plan for all involved. The use of a theory and method ensures that the education plan is comprehensive and complete so that success can be achieved. Although there may be obstacles, theory and model continue to direct the education plan towards the final goal. Section 3 will continue to analyze how the education plan data will be collected and analyzed.

Section 3: Collection and Analysis of Evidence

Introduction

This project provides an educational plan that presented a new program aimed at helping new nurses deal with the death of their patients in a private hospital in Puerto Rico. The DNP educational project is considered an essential tool for the development of the necessary skills for nursing professionals in the face of the death of their patients. The previous sections explained why an educational project is needed and the impact it will have on the participants. Section 3 will discuss the collection and analysis of the evidence as it pertains to the education project.

Practice-Focused Question

The proposed educational program was based on the capabilities of behavioral health care required of nurses in hospital institutions before the death of their patients. The following project questions correlate with behavioral health care competencies expected from newly graduated nurses in the face of the death of a patient. The answers to these questions identified the ability of nurses to manage the death of their patients and help design the educational program.

1. What is the significance of a patient's death for newly graduated nurses?
2. How does the death of a patient affect the newly graduated nurse emotionally? Does he/she identify with the patient to such an extent that he/she could not maintain his/her objectivity and empathy in the process of post-mortem care?
3. How does this affect the quality of care that the graduated nurse has to offer to the family of the deceased patient? Could he/she provide support and attention to the family and significant individuals in an objective and empathic way?

4. After the event of the death of a patient, how does it affect productivity and fulfillment of other work responsibilities?

5. After the event of the death of a patient, how does it affect his/hers personal and social life?

6. How willing is the newly graduated nurse to face death again, or to care for moribund or critically ill patients?

7. What gaps does the recently graduated nurse have in relation to their own needs in order to adequately face the death of their patients?

8. What is the willingness of the newly graduated nurse to improve his/her competencies in behavioral health care that he/she manifests when she faces the death of his/her patients?

Sources of Evidence

The Director of Institutional Education (DIE), who was responsible for training new nurses recruited in the institution, and several experienced staff nurses served as the project expert stakeholders. The general education plan and evaluation was approved by the DIE. Initial program objectives were developed from the literature and from discussions with the stakeholders. The evaluation (pre and post-test) were developed from the education program objectives and has undergone the same iterative evaluation. The project was evaluated at each step of development by the stakeholders this ensured that it was meeting the general objectives of the educational plan. The DNP student, at the end of the development, presented the program to the stakeholders to determine if the developed program and evaluation should be revised. The DIE provided final approval

for the implementation of the education program as part of the orientation that new nurses would receive in units of care in hospital.

The program was implemented with new graduate nurses in a hospital in Puerto Rico. The DIE provided the date and time for the education program to be delivered by the DNP student. The data were obtained using a pre-test and post-test design of a group of newly graduated staff nurses. Nurses would be asked to complete a pre-test before attending an educational session and would be asked to complete a test immediately after the educational session. A pre and posttest is one of the most common ways to measure participant learning on a specific topic. To do this, questions related to all the topics covered during the education section appeared on the test. When the tests are scored, the investigator assigns a numerical score to both the pre-test and the subsequent post-test to show the participant's progress. It is expected that the score after the test must be higher than the score prior to the test. Participants were also asked to complete a course evaluation that is provided for professional development activities by the nursing education department of the hospital.

Analysis and Synthesis

Descriptive statistics were used to analyze the results of the pre and post-test differences. Using Microsoft Excel, graphs were created to show the impact the education had on the pre- and post-test scores. These graphs show how the test scores were impacted by the education program. With the survey software, the data can be collected and analyzed both individually and cumulatively. The survey software also has a feature to look at question bias if there is any. Depending on the overall results of pre- and post-

test, the data can look at individual question scores as well. This provided a well-rounded analysis of the data.

Protections

Walden University IRB approval was obtained prior to collection of data (IRB approval # 02-19-19-0749029). The data were collected through pre- and post-test. Participants were given the choice to participate or not through a standardized form of consent. The evidence was confidential with no participant names to protect identity and integrity. All data will be kept in a locked cabinet for five years and then destroyed.

The data were analyzed to show whether there was an impact on the participant's knowledge and if that impact was significant. Confidentiality and data protection were maintained through anonymous participation and removal of any identifiers in the data that would indicate the participants identity. The tests were coded to be able to determine of the individual's knowledge has improved through their participation. To avoid missing data, all questions of the survey were required in order for the data to be used.

Summary

This section covered the process for collection and analysis of evidence. The methodology used to develop the education in the context of the project question was also described.

Section 4: Findings and Recommendations

Introduction

The purpose of this DNP project was to evaluate, and then develop, an educational program to help nursing professionals deal with the loss of a patient. In this section, the following topics will be discussed: The results of the participant demographics, before and after effects on nursing professionals after education intervention, the evaluation of the course, and a summary of this DNP project.

Data Collection Strategy

Data were collected between February and April 2019. All data were collected face-to-face using a pretest and posttest design. Fifteen newly graduated nurses who work in a hospital in a metropolitan area of Puerto Rico, were asked to complete a consent form, then a pre-test in the format of a questionnaire to measure strategies of nursing professionals to confront the death of patients. After attending the educational intervention, they were asked to answer the questionnaire in a posttest session. The instruments for the project also included a questionnaire to evaluate the training course presentation.

Participants were recruited by a hospital in an urban city in Puerto Rico. The participants attending the educational intervention were recruited via verbal communication with a sign-up sheet at said hospital, then a reminder email was sent to those wanting to participate. This email contained the time, date, and place the educational intervention was scheduled for according to what was established by the hospital.

Project Question

The project was guided by the DNP project question: Does an education program regarding emotional self-care and behavioral self-competencies when dealing with patient death increase nurses' knowledge regarding strategies to deal with the death of patients?

Education Program Questions

The following education program questions guided the objectives for the education and addressed the education program goals:

1. What is the significance of a patient's death for newly graduated nurses?
2. How does the death of a patient affect the newly graduated nurse emotionally? Does he/she identify with the patient to such an extent that he/she could not maintain his/her objectivity and empathy in the process of post-mortem care?
3. How does this affect the quality of care that the graduated nurse has to offer to the family of the deceased patient? Could he/she provide support and attention to the family and significant individuals in an objective and empathic way?
4. After the event of the death of a patient, how does it affect productivity and fulfillment of other work responsibilities?
5. After the event of the death of a patient, how does it affect his/hers personal and social life?
6. How willing is the newly graduated nurse to face death again, or to care for moribund or critically ill patients?
7. What gaps does the recently graduated nurse have in relation to their own needs in order to adequately face the death of their patients?

8. What is the willingness of the newly graduated nurse to improve his/her competencies in behavioral health care that he/she manifests when she faces the death of his/her patients?

Results

Characteristics of the Sample

The sample included 15 newly graduated nurses with two years or less of professional experience in the practice. The demographic characteristics of the sample are shown in Table 1. The participants of the DNP project were eight male nursing professionals (53%) and seven female nurses (47%). The highest percentage of the nurses who responded to the survey were 25 to 30 years old (47%, *n* = 7). A notable 20% reported an age under 25 years old (*n* = 3). A same percentage (20%, *n* = 3) indicated between 31 to 40 years of age and two nurses (14%) were 41 years or older. Most of the participants (53%) were single and 40% were married. Only one nurse was widowed (7%). One inclusion criterion for participating was to be a recently graduated nursing professional with two years or less of experience. Of the participants, 40% reported less than a year practicing the nursing profession (*n* = 6). One third have been in the profession for one year (33%, n = 5), and 27% (*n* = 4) reported two years of experience as a nurse.

Table 1

Demographic Distribution of Newly Graduated Nurses (n =15)

Variable	Frequency (*f*)	Percentage (%)
Gender		

Female	7	47%
Male	8	53%
Age		
Under 25 years old	3	20%
25 to 30 years	7	47%
31 to 40 years	3	20%
41 to 50 years	1	7%
51 years or older	1	7%
Marital status		
Single	8	53%
Married	6	40%
Widowed	1	7%
Years of professional experience		
Less than a year	6	40%
1 year	5	33%
2 years	4	27%

In the demographic section of the questionnaire, the participants were asked about the themes of stress situations, training and experience coping with death. Figure 1 illustrates that 80% of the newly graduated nurses (n = 12) have had experience with the death of a relative or friend. Nine (60%) of the 15 nursing professionals' participants admitted that they can easily be affected by stress situations in their daily life. Based on their answers, the majority of the nurses have not received any type of training in coping with death (73%, n = 11), although 53% think they were not sufficiently knowledgeable to face the death of a patient (n = 8).

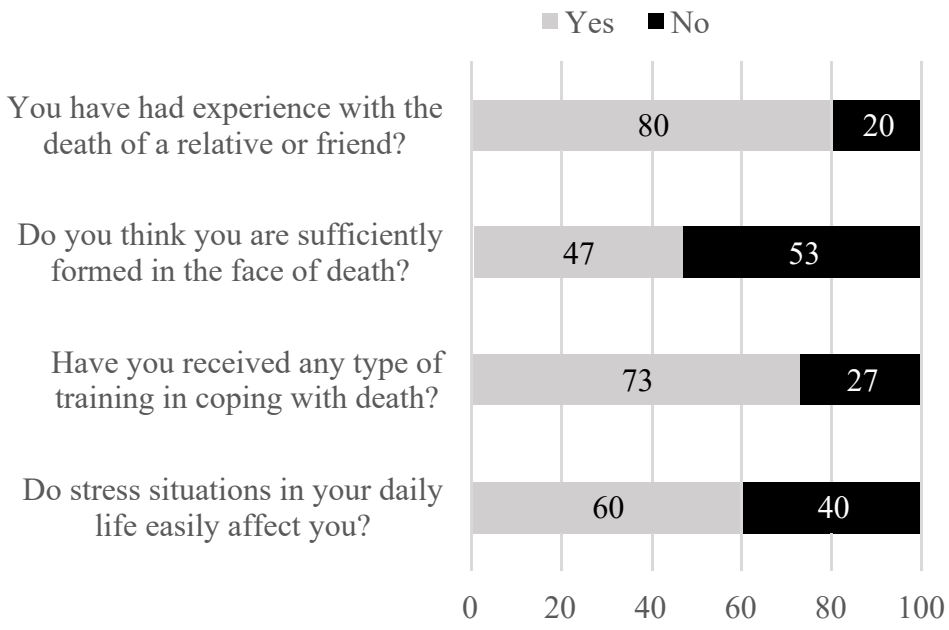

Figure 1. Percentage distribution of newly graduated nurses by stress situation, training and experience coping with death *(N* =15)

Analyses for the Education Program Questions

At the outset of this DNP project, eight key questions were postulated to guide the data collection and analysis. This section provides the discussion of the results and their contextualization within the review of literature on how the death of patients impact on nursing staff. Education program questions 1 to 6 required the classification of the 45 premises of impact before the death of a patient and behaviors or emotions presented after witnessing the death (Part II of the *Questionnaire to measure the impact of the death of patients on newly graduated nurses*) based on the participants' best correspondence with the focus of attention of each question. Education questions 7 and 8 were addressed with the pretest results and the pretest-posttest analysis, respectively. Descriptive statistics, percentage distributions and paired samples *t*-tests were used to analyze the

data collected and compare the two sets of answers to the *Questionnaire to measure the impact of the death of patients on newly graduated nurses* (pre- and post- tests). Tables and figures were prepared to depict the findings of this DNP project.

Education Program Question 1: What is the significance of a patient's death for newly graduated nurses?

Table 2 presents the premise and findings of the significance of a patient's death for newly graduated nurses. Newly graduated nurses conceived a patient's death as a significant event that nobody in the nursing profession gets used to over time (73%) and signifies death with the metaphor of "a bitter pill to swallow" (67%). This significance alludes to an unpleasant or painful experience. In addition, the death of a patient was linked to the notion of a hard circumstance, not necessarily associated with peace (53%) or the feeling of satisfaction (47%). A patient's death was also well acquainted by the sample with the conception of a failure (40%). This result highlights that the death of a patient can be perceived as a deviation or misbehavior in the provision of the treatment or care. Despite these ideas, a high percentage of the nurses (67%) expressed that they can overcome the death of their patients.

Table 2

Significance of a Patient's Death for Newly Graduated Nurses

Premises	Frequency *f*	Percentage %
I believe that death is a bitter pill to swallow	10	67
I believe that the death of a patient is something that nobody in the Nursing profession gets used to over time.	11	73
The death of patients means that treatment and care have failed	6	40
I find it hard to understand that you have to feel good (or at least satisfied or at peace) when a patient dies.	7	47
It's hard for me to let a patient go in peace.	8	53
I can overcome the death of my patients.	10	67

Education Program Question 2: How does the death of a patient affect the newly graduated nurse emotionally? Does he/she identify with the patient to such an extent that he/she could not maintain his/her objectivity and empathy in the process of post-mortem care?

Nine premises of impact before the death of a patient and 17 behaviors or emotions were classified as emotional reactions of newly graduated nurses to the experience of death at their working scenario. This DNP project found that the emotional impact caused by the death of a patient was a strong experience for the majority of the nurses (80%, $n = 12$). The most common reported impacts were feeling anxiety, guilty, and fears about death, in particular, if this took place during the nurses' work shift or while they are at the room with the patient. Five nurses (33%) described seeing a corpse

as a terrifying moment for them. Table 3 exhibits the results by premises of the emotional impact.

Table 3

Emotional Impact of the Death of a Patient on Newly Graduated Nurses

Premises	Frequency *f*	Percentage %
I am very afraid of the death of my patients.	11	73
It makes me nervous that my colleagues talk about the possible death of one of my patients.	8	53
I am afraid that one of my patients will die during my work shift.	11	73
I am afraid that a patient will die alone with me in his room.	13	87
Seeing a corpse terrifies me.	5	33
The death of an elderly patient impacts me less than the death of a child.	10	67
I feel guilty when a patient dies.	11	73
The emotional impact caused by the death of my patients is strong.	12	80
I feel anxiety when a patient who is under my care dies.	13	87

In the previous table, regarding other issues, ten of the 15 newly nurses (67%) answered that the death of an elderly patient impacts them less than the death of a child. This suggests that the respondents can have more or less difficulty coping with death according to the age of the patient. The finding warns about the newly graduated nursing professionals' need for more training with respect to the death of younger patients.

Several nurses expressed nervousness when colleagues talk about the possible death of one of their patients (53%, *n* = 8). Nervousness evokes stress, agitation, restlessness, and apprehension responses.

In terms of behavior and emotions exhibited by the newly graduated nurses after witnessing the death of a patient (Table 4), two female nurses (13%) defined their behavior as being normal, because it is a normal part of life. One of the participants also expressed that the death of patients does not affect her. In addition, she associated the experience with the emotions of peace, hope, and satisfaction, the other nurse did not feel those positive emotions. This leads to the conclusion that all the nurse participants, with the exception of one, indicated two or more negative emotional responses after experiencing the death of a patient.

Participants reported frustration (73%) and the impossibility to offer postmortem care as they would like (67%). A second set of emotional responses, represented by 40% to 47% of the nurses, was characterized by guilt, courage, and the tendency to remember the experience demonstrated by the statement that they carry the image of death in their mind and it lasts for quite some time. This finding points to the patient's death as an event that involves more thinking from the nurses and the need to be processed more thoroughly due to be an unpleasant and strong event for these professionals. Only one participant confessed fear of own death and two were afflicted by nightmares. In summary, from the results there is evidence that there is an emotional impact of patients' death on newly graduated nursing professionals.

Table 4

Emotional Response of Newly Graduated Nurses After Witnessing the Death of a Patient: Behaviors or Emotions

Behaviors or emotions	Frequency *f*	Percentage %
Insomnia	2	13
Normal, it does not affect me since it is a normal part of life death	2	13
Normal, the death of my patients does not affect me	1	7
Nightmares	4	27
Guilt	7	47
I disconnect	5	33
Frustration	11	73
Courage	6	40
I carry that image of death in my mind and it lasts for quite some time	6	40
Fear of another person dying	7	47
Fear of my own death	1	7
Increases fear of death	2	13
Peace	1	7
Hope	2	13
Satisfaction	3	20
I cannot offer postmortem care as I would like.	10	67
I find it difficult to maintain a sense of objectivity.	5	33

Education Program Question 3: How does this affect the quality of care that the graduated nurse has to offer to the family of the deceased patient? Could he/she provide support and attention to the family and significant individuals in an objective and empathic way?

The significance of death revealed by newly graduated nurses and its emotional impact in their life can affect the quality of care that these professionals offer to the family of the deceased patient. A notable 40% (6 of 15 newly graduated nurses) pointed out that they do not know how to comfort or what to say to the patient's family, as seen in Figure 2. This finding suggests the possibility of an inadequate quality of care, support and attention to the family due to the lack of knowledge and skills in the management of the death process, which includes the aspects of an objective and empathic understanding of the relatives needs and concerns when they go through this experience.

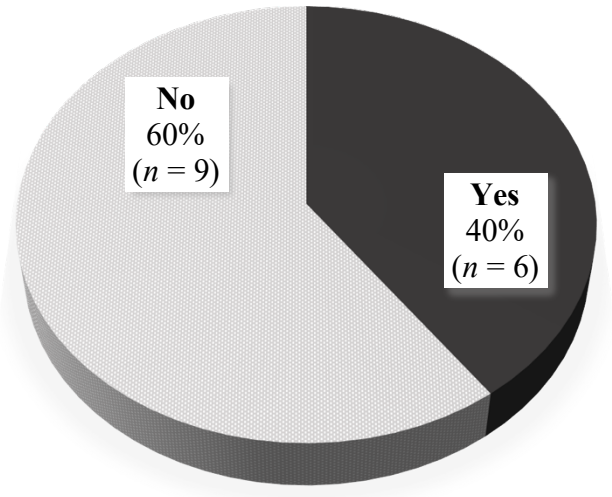

Figure 2. Distribution of newly graduated nurses by the behavior "I do not know how to comfort or what to say to the patient's family"

Education Program Question 4: After the event of the death of a patient, how does it affect productivity and fulfillment of other work responsibilities?

Eight premises included in the questionnaire were aligned with the topic of nurses' productivity and fulfillment of other work responsibilities after the death of a patient. As shown in Table 5, the main concern of the participants were the legal consequences due to the death of a patient. All the newly graduated nurses (100%) were afraid to be accused of negligence for the death of a patient, go to court, or that the death of a patient becomes a medical-legal case. The majority of the nurses (53%) alleged that the death of a patient does not allow them to concentrate while at work. The lack of concentration or a limited span of attention can hinder productivity at work and increase the possibility of mistakes or poor decisions. The ability to make well thought out decisions is of critical importance for healthcare professions that are responsible to heal and save lives. However, no participant mentioned to make mistakes or could not continue working on the shift. On the other hand, more than 40% of the professionals surveyed indicated that the death of a patient affected their performance as a nurse and evidence difficulty to function with an optimal level and quality. In contrast, only 33% conceded a decrease in their level of productivity and compliance with other tasks.

Table 5

Newly Graduate Nurses' Productivity and Fulfillment of Other Work Responsibilities After the Event of a Patient's Death

Premises	Frequency *f*	Percentage %
The death of my patients has affected my performance as a nurse.	6	40
The death of my patients does not allow me to work concentrated.	8	53
I fear that they accuse me of negligence for the death of a patient.	15	100
I am afraid to go to court, or that the death of a patient becomes a medical-legal case.	15	100
I cannot continue working on the shift.	0	0
I make mistakes.	0	0
I find it difficult to function with an optimal level and quality.	7	47
Under my level of productivity and compliance with other tasks.	5	33

Education Program Question 5: After the event of the death of a patient, how does it affect his/hers personal and social life?

The death of a patient can have an impact on nurses outside their work environment and can affect their personal and social life. Nearly half of the newly graduated nurses (47%, $n = 7$) understood that the death of their patients makes it difficult to perform their daily activities outside the hospital (see Table 6). In a more direct way, three nurses noted that the experience of the death of a patient has affected their personal and social life (20%). The crosstabulation of both items or premises revealed that eight nursing professionals claimed that the event of the death of a patient has affected their lives on personal and social levels. This finding highlights personal vulnerability of some nurses, beyond the work environment, when faced with the death of a patient.

Table 6

How Does the Event of a Patient's Death Affect Newly Graduate Nurses' Personal and Social Life?

Premise, behavior or emotion	Frequency *f*	Percentage %
The death of my patients makes it difficult for me to perform my daily activities outside the hospital.	7	47
My personal and social life is affected.	3	20

Education Program Question 6: How willing is the newly graduated nurse to face death again, or to care for moribund or critically ill patients?

Direct responses of the newly graduated nurses suggested that they can be exposed to another experience of patient death (93%) and did not find it difficult to take care of patients close to death such as the dying or critically ill (100%), as displayed in Figure 3.

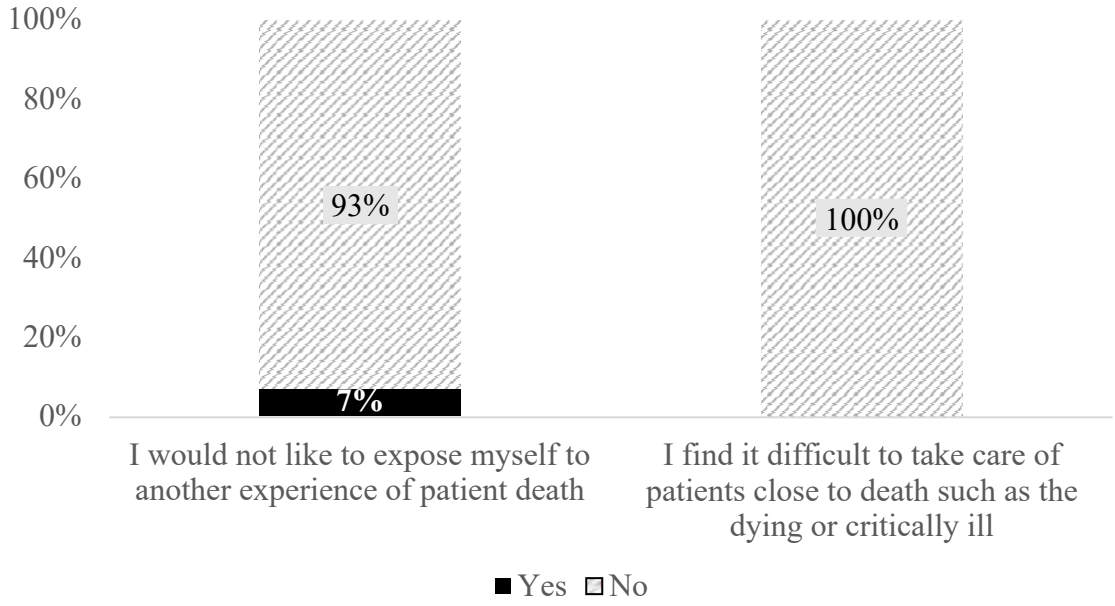

Figure 3. Percentage distribution of newly graduated nurses by willingness to face death again, or to care for moribund or critically ill patients (n = 15)

However, these findings are clearly disconfirmed by the answers provided by the sample to the pretest in terms of the strategies used to confront the death of patients and the impact before that experience, particularly in terms of the emotions or behaviors presented after witnessing the death. The results of the pretest are discussed below.

Education Program Question 7: What gaps does the recently graduated nurse have in relation to their own needs in order to adequately face the death of their patients?

This DNP project has identified the gap that newly graduated nurses in order to adequately face the death of patients based on the pretest results used to measure strategies they practice confronting this experience previous to the training course. The answers of the majority (47%) of the nurses participating in the project reflected lack of training to deal with their patients' deaths and need of skills to confront this experience, such as to better support the relatives in grief. In general terms, a noticeable percentage of the nursing professionals surveyed exhibited certain level of impact before the death of a patient (Figure 4).

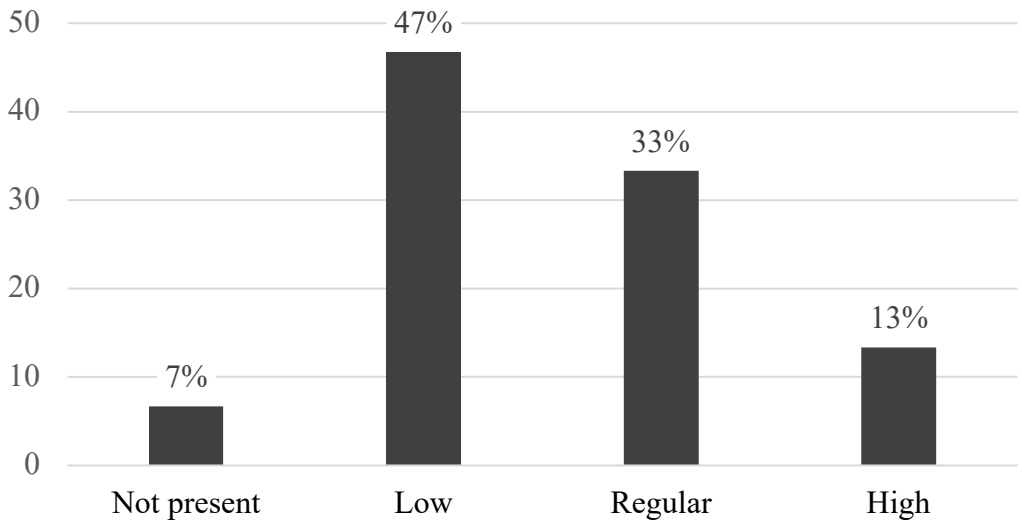

Figure 4. Distribution of newly graduated nursing professionals by impact before the death of a patient (n = 15; M = 2.53).

The summary in Table 7, pinpoints that many of the nurses with two years or less of professional experience agreed that they try to separate themselves from the death of

patients (87%), focus in documentation without prioritizing the management of the relatives (80%) and need of information (60%), advice and support (73%) on how to deal with death. Critical emotional impact of patients' death on nursing professionals were also revealed. Nurses recognized they feel as if they are in shock when a patient under their care died (87%), the negative trait of self-criticism due to the death of patients (80%), their anxiety and fears about death (67%), and the risk-taking behavior to refuge in painkillers and alcohol consumption when a patient die (67%). A high percentage of the nursing professionals admitted their lack of knowledge of what to say or how to act when one of their patients dies (87%).

Table 7

Percentage Distribution of Newly Graduated Nurses by Strategies to Confront the Death of Patients Prior to Training Course: Pretest Results (Mean scores: 5 = Very high impact, and 1 = Not present)

	Premises		Agree	Neutral	Disagree	Mean
		n	%	%	%	*M*
1	When facing the death of my patients I act objectively and empathically.	15	54	13	34	2.60
2	When I face the death of my patients, I act without involving my feelings, I stay on the sidelines.	15	67	20	13	4.07
3	When facing the death of my patients I maintain a strong image before their relatives.	15	80	7	13	4.07
4	When one of my patients dies, I try to separate myself from the situation trying to forget about the matter as soon as possible.	15	87	7	7	4.33
5	When one of my patients dies, I focus on being able to complete all the documents as a priority, then I manage the family and the post-mortem care.	15	80	0	20	4.40
6	I provide comfort to the family after the death of my patients with a minimum of difficulty.	15	13	0	87	3.80
7	I act hastily to complete the processes after the patient's death as soon as possible.	15	67	0	33	3.73
8	I try to offer him a dignified and peaceful death, but my anxiety and fears about death dominate me.	15	67	20	13	3.80
9	I do not know what to say, nor how to act when one of my patients dies.	15	87	0	13	4.27
10	I seek advice and support from other staff when one of my patients dies.	15	73	13	13	2.27
11	I seek to learn from others with more experience when I face the death of my patients.	15	73	20	7	2.00

(continued)

Table 7 (continued)

	Premises		Agree	Neutral	Disagree	Mean
		n	%	%	%	*M*
12	I try to win the sympathy and understanding of the patient's family when he dies.	15	80	20	0	1.80
13	Since the death of my first patient I am looking for information on how to deal with death.	15	60	13	27	3.53
14	I criticize myself severely in the face of the death of one of my patients, I always think that more could be done for him, or that he could provide better care.	15	80	7	13	4.20
15	I take refuge in the use of some painkiller, or drinks when one of my patients dies.	15	67	13	20	3.80
16	I establish a plan of action in advance for the moment my patient's death occurs.	15	47	7	47	2.73
17	When a patient dies, I strive to create a positive meaning of the stressful situation by focusing on my personal development.	15	60	7	33	2.40
18	I feel like fleeing when a patient under my care died.	15	87	7	7	4.33

The gap or lack of ability of recently graduated nurses in relation to their own needs in order to adequately face the death of their patients unveiled the need for training of these professionals in the care towards the end of life and death, as highlighted by D'Souza et al. (2013) and Vargas (2011). Gaps were mainly associated, as shown by the mean scores noted, with emotional aspects and the overwhelming desire to escape from the dying process and the inability to respond with empathic actions.

Education Program Question 8: What is the willingness of the newly graduated nurse to improve his/her competencies in behavioral health care that he/she manifests when she faces the death of his/her patients?

The majority of the participants initially evaluated themselves as not sufficiently informed in the process of how to face the death of a patient (53%, $n = 8$). This was corroborated at the pretest stage, as previously discussed under RQ7, with the gaps of knowledge and management of death identified. The proposal of an educational program implemented in the format of a training course was based on the capabilities of behavioral health care required of nurses in hospital institutions before the death of their patients and the search of their empowerment regarding emotional self-care and behavioral self-competencies when dealing with this challenging event.

The pretest means scores ranging from 2.27 to 4.40 revealed that newly graduated nursing professionals need to improve their competencies in behavioral health care to face the death of patients (see Table 8). A high mean score (near to 5) represented a very high impact on nurses before the death of patients. When the same strategies to confront the death of patients were measured at the posttest stage, a substantial decrease in the mean scores were observed in almost all the competencies. Mean scores at the posttest ranged from 1.27 to 2.93, which suggests that competencies in behavioral health care to face the death of patients improved after the training course, this data is presented later.

Table 8

Percentage Distribution of Newly Graduated Nurses by Strategies to Confront the Death of Patients Prior to Training Course: Posttest Results (Mean scores: 5 = Very high impact, and 1 = Not present)

	Premises		Agree	Neutral	Disagree	Mean
		N	%	%	%	*M*
1	When facing the death of my patients I act objectively and empathically.	15	100	0	0	1.27
2	When I face the death of my patients, I act without involving my feelings, I stay on the sidelines.	15	13	13	73	2.27
3	When facing the death of my patients I maintain a strong image before their relatives.	14	21	43	36	2.79
4	When one of my patients dies, I try to separate myself from the situation trying to forget about the matter as soon as possible.	15	20	27	53	2.47
5	When one of my patients dies, I focus on being able to complete all the documents as a priority, then I manage the family and the post-mortem care.	15	20	7	73	2.40
6	I provide comfort to the family after the death of my patients with a minimum of difficulty.	15	73	7	20	2.00
7	I act hastily to complete the processes after the patient's death as soon as possible.	15	33	7	60	2.80
8	I try to offer him a dignified and peaceful death, but my anxiety and fears about death dominate me.	15	13	13	73	2.47
9	I do not know what to say, nor how to act when one of my patients dies.	15	0	13	87	1.87
10	I seek advice and support from other staff when one of my patients dies.	15	53	7	40	2.93

(continued)

Table 8 (continued)

	Premises		Agree	Neutral	Disagree	Mean
		N	%	%	%	*M*
11	I seek to learn from others with more experience when I face the death of my patients.	15	93	7	0	1.80
12	I try to win the sympathy and understanding of the patient's family when he dies.	15	53	7	40	2.73
13	Since the death of my first patient I am looking for information on how to deal with death.	15	80	0	20	3.87
14	I criticize myself severely in the face of the death of one of my patients, I always think that more could be done for him, or that he could provide better care.	15	14	33	53	2.53
15	I take refuge in the use of some painkiller, or drinks when one of my patients dies.	15	0	0	100	1.13
16	I establish a plan of action in advance for the moment my patient's death occurs.	15	87	7	7	2.07
17	When a patient dies, I strive to create a positive meaning of the stressful situation by focusing on my personal development.	15	93	7	0	1.67
18	I feel like fleeing when a patient under my care died.	15	0	7	93	1.20

Results of the paired *t*-tests conducted to analyze pretest-posttest data are displayed in Table 9. Twelve of the strategies under evaluation were significant ($p < .01$). This finding entails that the implementation of the training course improved the development of nursing professionals' competencies to face the death of their patients. A remarkable change toward the management of their emotions and impact of the patients' death was detected. Nurses reflected improvement in terms to: maintain a strong image before the patients' relatives [posttest $M = 2.79$, $t\ (13) = 3.798$, $p < .01$)] and overcome

the desire to escape from the situation, demonstrated by the decrease to separate or forget the matter [posttest $M = 2.47$, $t\ (14) = 5.553$, $p < .001$)], refuge in the use of painkiller or alcohol [posttest $M = 1.13$, $t\ (14) = 8.367$, $p < .001$)], and feel like fleeing when a patient dies [posttest $M = 1.20$, $t\ (14) = 10.222$, $p < .001$)]. The sample also demonstrated a positive change after the intervention regarding the management of anxiety and fears [posttest $M = 2.47$, $t\ (14) = 4.183$, $p < .01$)]. Other examples of improvement were observed in respect to know what to say or how to act [posttest $M = 1.87$, $t\ (14) = 11.225$, $p < .001$)] and a better disposition to provide comfort to the patient's family with minimum difficulty [posttest $M = 2.00$, $t\ (14) = 4.447$, $p < .01$)].

Table 9

Paired Samples t-tests on Pretest and Posttest for Strategies of Nursing Professionals to Confront the Death of Patients

	Premises	Mean scores		*t*	df	Sig. (2-tailed)
		Pre	Post			
1	When facing the death of my patients I act objectively and empathically.	2.60	1.27	3.251	14	0.006**
2	When I face the death of my patients, I act without involving my feelings, I stay on the sidelines.	4.07	2.27	4.323	14	0.001**
3	When facing the death of my patients I maintain a strong image before their relatives.	4.07	2.79	3.798	13	0.002**
4	When one of my patients dies, I try to separate myself from the situation trying to forget about the matter as soon as possible.	4.33	2.47	5.553	14	0.000**

** p < .01

(continued)

Table 9 (continued)

	Premises	Mean scores		*t*	df	Sig. (2-tailed)
		Pre	Post			

5	When one of my patients dies, I focus on being able to complete all the documents as a priority, then I manage the family and the post-mortem care.	4.40	2.40	4.369	14	0.001**
6	I provide comfort to the family after the death of my patients with a minimum of difficulty.	3.80	2.00	4.447	14	0.001**
7	I act hastily to complete the processes after the patient's death as soon as possible.	3.73	2.80	1.859	14	0.084
8	I try to offer him a dignified and peaceful death, but my anxiety and fears about death dominate me.	3.80	2.47	4.183	14	0.001**
9	I do not know what to say, nor how to act when one of my patients dies.	4.27	1.87	11.225	14	0.000**
10	I seek advice and support from other staff when one of my patients dies.	2.27	2.93	-2.000	14	0.065
11	I seek to learn from others with more experience when I face the death of my patients.	2.00	1.80	0.899	14	0.384
12	I try to win the sympathy and understanding of the patient's family when he dies.	1.80	2.73	-3.108	14	0.008**
13	Since the death of my first patient I am looking for information on how to deal with death.	3.53	3.87	-0.791	14	0.442
14	I criticize myself severely in the face of the death of one of my patients, I always think that more could be done for him, or that he could provide better care.	4.20	2.53	6.614	14	0.000**
15	I take refuge in the use of some painkiller, or drinks when one of my patients dies.	3.80	1.13	8.367	14	0.000**
16	I establish a plan of action in advance for the moment my patient's death occurs.	2.73	2.07	1.348	14	0.199
17	When a patient dies, I strive to create a positive meaning of the stressful situation by focusing on my personal development.	2.40	1.67	2.128	14	0.052
18	I feel like fleeing when a patient under my care died.	4.33	1.20	10.222	14	0.000**

Furthermore, the highest mean differences (> 2.00) were found on the strategies displayed in Figure 5. The training course had a greater improvement in the nurses' competencies to face the death of patients with a better behavior to dialogue about this

matter, take actions to deal with it and assume directly the experience. This can be sustained by the evidence that, before the training course (posttest stage), more nurses informed they seek to learn from others with more experience in the death of patients (pretest 73% and posttest 93%), and that they are looking for information on how to deal with death (pretest 60% and posttest 80%).

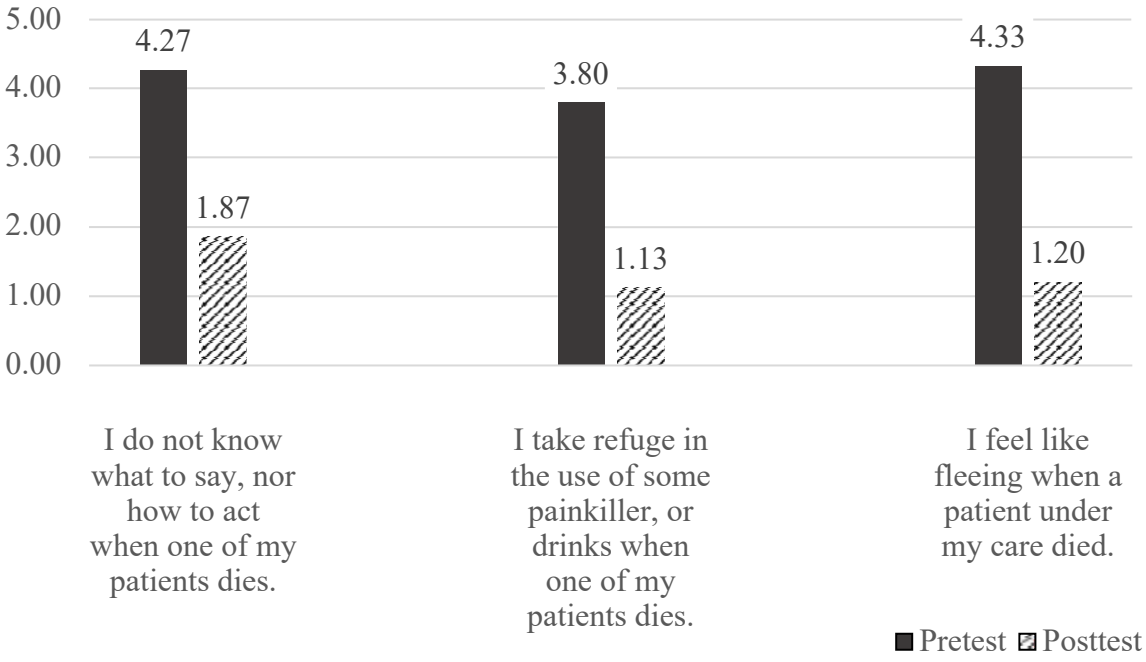

Figure 5. Mean scores on strategies with the highest mean differences comparing pretest-posttest data (n = 15; Mean difference > 2.00).

Training Course Evaluation

The newly graduated nurses participating in the project filled out the evaluation survey after they had completed the training course. The course was developed by the DNP student based on the literature review related to the subject and taking into consideration the educational needs of the organization. The pre-test was carried out two weeks before implementing the educational program, because the results had to be tabulated to adjust the workshop based on the specific needs of the nursing professionals.

Once the results of the pre-test were tabulated, the content development of the educational program was completed with approval of the organizations nurse educator and the nursing director. The course was implemented by the DNP Student in agreement with the administration of the agency where the project was carried out. This was due to the fact that the nursing professionals who were part of the project had rotating shifts assigned and had to coordinate in time for the nursing supervisors to authorize them to attend the education at a day and time when everyone agreed. The educational program was a workshop type, with PowerPoint presentation (Appendix A) that focused on the strategies to be used by nurses to face the death of their patients. This educational course lasted 5 hours (9am to 12m and 1pm to 3pm), it was offered in a single session. Prior to implementing the course, this was reviewed by the institution's educator and the nursing director, in order to ensure that the course met the expectations of the administration where the project was being carried out. Once the hours of the educational workshop were over, the DNP Student proceeded to administer the post-test aimed at measuring the change in the type of strategies that nursing professionals would use to face the death of their patients. The educational program met all the expectations expected and the tabulation of the post-test confirmed it.

The premises in this survey aimed at evaluating the workshops that were designed for the nursing professionals to face the death of their patients. Feedback was requested to evaluate the experience and improve its quality in order to be helpful in future education and training of nursing professionals in the management of the death of patients. All the premises of the evaluation revealed that 100% of the respondents either completely agreed or indicated in agreement with the aspects under evaluation. Almost

all the participants (93%) agreed that after finishing the course, they felt an increase in their knowledge about the subject. The same percentage (93%), completely agreed that the course offered has helped them complete their professional training. The mean score of both premises was 4.93. The 53% of the newly graduated nurses completely agreed that the level of difficulty of the course was appropriate ($M = 4.53$). This was the lowest percentage registered under the level “completely agree”. Table 10 presents the responses from participants about the training course.

Table 10

Distribution of Newly Graduated Nurses by Evaluation of the Training Course on Strategies to Face the Death of Patients (*n* = 15)

Premises	Level of agreement or disagreement		Descriptive statistics	
	Completely agree	In agreement	Mean	Standard Deviation
	f (%)	*f* (%)	(*M*)	(*SD*)
1. The level of difficulty of this course is appropriate	8 (53%)	7 (47%)	4.53	0.516
2. I would recommend this course to other nurses	13 (87%)	2 (13%)	4.87	0.352
3. The exercises carried out reflected important aspects of the subject	13 (87%)	2 (13%)	4.87	0.352
4. The materials given were appropriate and relevant	11 (73%)	4 (27%)	4.73	0.458
5. After finishing the course, I feel that I have increased my knowledge about the subject	14 (93%)	1 (7%)	4.93	0.258
6. The course offered has helped me complete my professional training	14 (93%)	1 (7%)	4.93	0.258
7. The course offered has increased my interest in the subject	13 (87%)	2 (13%)	4.87	0.352
8. In general, the course has covered my expectations	13 (87%)	2 (13%)	4.87	0.352
9. The teacher of the course has fulfilled my expectations	12 (80%)	3 (20%)	4.80	0.414
10. The course integrates theory and practice	9 (60%)	6 (40%)	4.60	0.507

The newly graduated nurses expressed satisfaction with the training course. As illustrated in Figure 6, 73% (*n* = 11) were totally satisfied with the course and 27% (*n* = 4) satisfied. This high level of general satisfaction with the training course confirms the relevance of this educational intervention for nursing professionals.

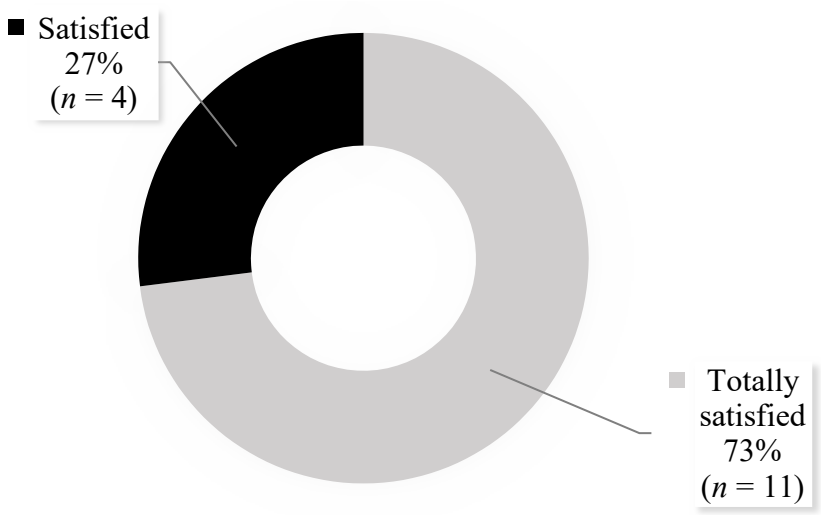

Figure 6. Level of general satisfaction of newly graduated nurses with the training course on strategies to be followed by nursing professionals to face the death of patients (*n* =15)

Recommendations

Following are the recommendations that arise from the results of this project.

1. Train nursing supervisors so that they can identify the adaptive behaviors of recently graduated nurses in the face of the death of their patients.

2. Given the negative impact of patient deaths on newly graduated nurses, it is important to develop support groups in hospitals to help them deal with this event in a positive manner.

3. There is a need to develop more training for recently graduated nursing professionals regarding the death of patients in hospital institutions.

4. Recent graduates need peer mentors to be appointed to help them cope with the death of their patients, at least during their first two years of experience. This should be aimed at the newly graduated nurse having a greater reflection on death and the need to be more thoroughly process this unpleasant and strong event for these professionals.

5. Inclusion as part of the curricular content in the training of future nursing professionals courses on the death of patients and how to deal with it, to reduce the possibility of inadequate quality of care, support and attention to the family due to the lack of knowledge and skills in the management of the death process, which includes aspects of an objective and empathetic understanding of the needs and concerns of family members when they go through this experience.

6. In nursing staff meetings they should separate a space to talk about how they have felt before the death of a patient and help them look for positive and proactive strategies before these events so that the emotional, social and work health of the newly graduated nurse is not affected.

7. Develop a correlational study where the relationship between the variables of death strategies and the education received in the nursing programs can be measured. With this type of study, the gap or lack of capacity of newly graduated nurses can be determined in relation to their own needs to adequately deal with the death of their patients during their years of education.

8. Develop a replica of this project with a group of newly graduated nurses to determine significant trends and conclusive data on the impact that death of patients has on this group of nurses.

9. Extend the project to other populations of nurses that include experienced nurses and recent graduates, with a view to comparing the impact of the death of their patients and thereby determine if there are significant differences among this population.

10. Apply the educational program implemented in the format of a training course for hospitals, and that it be offered during the general orientation that is offered to all newly recruited nurses before starting their work in the hospital unit where they will be assigned.

Strengths and Limitations of the Project

Next, the strengths and limitations of the project are detailed. They are based on the results and challenges to carry out the project.

Strengths

1. In the project it was determined that in most of the newly graduated nurses the death of their patients has a high emotional impact, and this is usually unpleasant.

2. In the project, it was possible to validate that the knowledge about the strategies to be used in the death of their patients was deficient, which affected the way they handled the family and the post-mortem care, as well as the attitude they assumed before this event, which was not appropriate.

3. In the project it was possible to determine that the strategies to deal with the death of the patients in the recent nursing graduates are inadequate and have negative

consequences in the quality of care that they provide to the family and the effect this can have on the family. the emotional, social and work health of the nurses themselves.

4. In the project, it was possible to validate that a training program aimed at improving the strategies to manage the death of patients in newly graduated nurses was significant. Therefore, it is proven that education is one of the most important tools to modify the attitudes, knowledge and skills of nurses in the face of the death of their patients.

5. The project confirmed that recently graduated nurses like to participate in training workshops that help increase their knowledge in hospitals, which is corroborated in the evaluation conducted by this training offered in this project.

6. The design of the quasi-experimental pre and post-test type project facilitated the collection of data and validated the positive effect of exposing recently graduated nurses to a training process on strategies to deal with the death of patients.

7. The project could validate the need to offer more education to recent graduates about the event of the death of their patients, both at the hospital level and at the university level.

Limitations

1. The sample of the project is not representative; therefore, it is not possible to reach applicable conclusions or trends aimed at the population of recently graduated nurses and their impact on the death of their patients.

2. Locating and identifying newly graduated nurses was another of the limitations of the project, since they had to have two years or less of experience and not all hospital institutions have a significant number of recent graduates. In fact, the expectation in this project was to recruit 20 newly graduated nurses, however only 15 were reached.

3. The fact that a training workshop was going to be offered hindered the schedule and arrangements of work shifts that supervisors had to do, since the nurses who were part of the project were active nurses in their units. that delayed more than expected the implementation of the educational workshop. In fact, it was necessary to eliminate 5 of the nurses, who participated in the pre-test, but could not go to the workshop, due to difficulties of work shift arrangements.

4. The questionnaires were subjected to a content validation test, not a pilot test, this test can be useful to measure the reliability and the degree of reliability of the construct through the Cronbach test.

5. The fact that specific studies were not found with the subject in Puerto Rico, made it difficult to contextualize the practice problem properly and with that to be able to compare the results obtained in this project with similar ones made on the island.

6. As the project had several phases: pre-test, application of training, post-test, and evaluation of the training program it became difficult to ensure that participants attended each of the phases.

7. The training workshop offered was developed based on the educational needs reflected in the pre-test, but this workshop was not necessarily covered or was done to cover all the aspects that a recently graduated nurse should know about the death of their patients and how deal with the impact of this.

Section 5: Discussion of Results

Introduction

The discussion that follows is the interpretation of the results obtained in light of the project question and objectives. The project compares the results obtained with other studies, that have investigated nurses' responses to the death of their patient. Similarities with current findings and those that are different are noted. In the latter case, the reasons for which these differences are attributed are explained (Polit-O'Hara & Hungler, 2003). For this purpose, the discussion of the results are presented, followed by the conclusions and implications for nursing.

Analysis of the Results

The results of the project show that newly graduated nurses conceive the death of a patient as a significant event that no one in the nursing profession gets used to over time. In fact, the results of the project show that the death of patients has a high emotional impact and was a strong experience for most of the nurses. These findings coincide with studies conducted by Peters et al. (2013). Further, recent graduates, who are in the care of dying or terminal patients, experience a higher level of anxiety than those who have dealt with death more often. Once the patient dies, the nurse may feel less comfortable providing postmortem nursing care. According to Matsui and Braun (2010) and Zyga, Malliarou, and Lavdaniti (2011), younger nurses systematically reported a greater fear of death and more negative attitudes toward patient care at the end of life, that makes it difficult for them to offer comfort and attention to the family of the deceased patient.

In the project carried out it, was evidenced that the most common impacts caused by the death of the patients in the recently graduated nursing professionals were anxiety, guilt, and the fears about the death. These impacts were especially important if the death occurred during the work shift or when they were in the room with the patient. In addition, they reported frustration and the challenges of offering postmortem care as they wanted. Also, the participants reported a major concern regarding the legal consequences surrounding the death of a patient. All the newly graduated nurses feared being accused of negligence for the death of a patient, or that the death of a patient would become a medical-legal case. These data coincide with studies conducted by Leung, Esplen, and Peter (2012), in which they found that nursing professionals become angry or frustrated when their patients die or when they are present during the death. It was found that recent graduates sometimes cannot provide appropriate services to other patients when witnessing the death of one of their patients. In fact, Peters et al. (2013), pointed out that the newly graduated nurses most often fear possible legal or civil consequences that may occur after the death of a patient.

In the project conducted, it was found that the strategies used by newly graduated nurses to face the death of their patients are not adequate. The newly graduated nurses who participated in this project try to separate themselves from the death of the patients, and they focus on the documentation without prioritizing the handling of the relatives. The participants indicated that they feel the desire to leave the room when a patient in their care dies. The results of the project also highlight the negative feature of self-criticism due to the death of patients, their anxiety and their fears about death, and risk behavior to take refuge in analgesics and alcohol consumption when a patient dies. A

high percentage of nursing professionals admitted that they did not know what to say or how to act when one of their patients die. These data coincide with studies conducted by Acosta López (2016) which indicated that, in the case of nurses, it can be said that they frequently face death, therefore, they suffer, to a greater or lesser extent, anxiety and unrest that can be translated into inadequate care, such as, for example, rejection, flight or insecurity, among other reactions, having to face their own fears in the face of death. According to Gálvez et al. (2013), recently graduated nursing professionals despite having an academic training on death complain of not knowing what do before the death process or death as such, they indicate a lack of personal resources, or professional training, a lack of guidance provided by the institutions where they work, and difficulty interacting with family members. Thus, the strategies that recently graduated nurses use to manage the process of death of their patients, according to Cumplido and Molina (2011), for the most part are inadequate.

Before offering the educational program, most of the project participants initially evaluated themselves as not sufficiently trained in the face of death. This was corroborated in the pre-test stage, where they are evidenced by knowledge gaps and death management. In fact, preliminary test scores ranging from 2.27 to 4.40 revealed that newly graduated nursing professionals need to improve their competencies in behavioral health care to cope with the death of patients. When the same strategies to cope with the death of patients were measured in the post-test phase, a substantial decrease in average scores was observed in almost all competencies. These data coincide with those expressed by Grupo Mémora (2017), who pointed out that one of the most difficult moments nurses is the death of their patients. For this reason, this group developed an

online educational support program for nurses with a view to helping them to appropriately deal with the death of their patients, which was successful. In fact, the project coincides with the data found with Tomás Sábado and Guix Llistuella (2001), which indicates that younger nursing professionals have a negative attitude towards death and that exposure to educational programs on the subject significantly improves their attitudes before the death of their patients.

This project demonstrated that once the course was taken, the management strategies of the death of the patients changed significantly. Twelve of the strategies under evaluation were significant ($p < .01$). This finding implies that the implementation of the training course improved the development of the skills of nursing professionals to face the death of their patients. A noticeable change was detected towards the management of their emotions and the impact of the death of the patients. The nurses reflected an improvement in terms of maintaining a solid image before the relatives of the patients and overcoming the desire to escape from the situation. These findings were demonstrated by the decrease to separate or forget questions asked, not taking refuge in the use of analgesics or alcohol and a decreased urge to flee when a patient dies. The sample also showed a positive change after the education regarding the management of anxiety and fears. In addition, other examples of improvements were observed with respect to knowing what to say or how to act and a better disposition to provide comfort to the patient's family with the minimum difficulty. This data coincides with the study conducted by Cabrera, Escobar, and Gutiérrez (2009), who point out that nursing professionals who received education during their study years and took workshops and education on death improved their attitude and management on this phenomenon. Also,

these authors emphasize that it is important to improve the undergraduate preparation and preparation during new graduate professional development, to reaffirm a positive attitude that is reflected in better attention and reduced fears and anxiety. In this regard, Abalo (2018), adds that it is necessary to continue advancing with the education and preparation offered to nurses about death.

Finally, the newly graduated nurses expressed their satisfaction with the training course. The participants expressed a high level of general satisfaction with the training confirming the relevance of this educational intervention for nursing professionals. The data presented coincide with a study carried out by Feijoo Portero, and Porto (2018), where nursing professionals who are exposed to educational programs on death help them to improve their attitude towards death, and to improve their levels of anxiety, which makes them feel highly satisfied with their learning. According to Aradilla Herrero, and Tomás-Sábado (2006), the results of education on death suggest that when the understanding of the meaning of death and its assumption increases as a natural process, there is a decrease in death anxiety. The above supports the fact that nursing professionals like to learn new strategies that allow them to improve their quality of care. In fact, those nurses who feel uncomfortable and often overwhelmed emotionally in the care of terminal patients and their families, need specific training that allows them to develop effective coping strategies to overcome the anxiety that the process involves.

Conclusions

In this project, it was possible to validate that the newly graduated nurses conceive the death of a patient as a significant event that nobody in the nursing profession gets used to over time. In fact, the results of the project show that the death of

patients has a high emotional impact and is a strong experience for most of the nurses who participated. The most common impacts reported were anxiety, guilt, and fears about death, particularly if this occurred during nurses' shift or when they were in the patient's room. In addition, the participants reported frustration and the impossibility of offering postmortem care as they wanted. Also, in the review of evidence that the main concern of the participants were the legal consequences due to the death of a patient. The newly graduated nurses feared being accused of negligence for the death of a patient, going to court or that the death of a patient would become a medical-legal case.

The strategies that newly graduated nurses use to cope with the death of their patients are not adequate in most of these. They try to separate themselves from the death of the patients; they focus on the documentation without prioritizing the handling of the relatives. They recognized that they feel the desire to leave the room when a patient in their care dies. It also highlights the negative feature of self-criticism due to the death of patients, their anxiety and their fears about death, and risk behavior to take refuge in analgesics and alcohol consumption when a patient dies. A high percentage of nursing professionals admitted that they did not know what to say or how to act when one of their patients dies.

Before offering the educational program, most of the project participants initially evaluated themselves as not sufficiently trained in the face of death. This was corroborated in the pre-test stage, evidenced by knowledge gaps and death management. In fact, preliminary test scores ranging from 2.27 to 4.40 revealed that newly graduated nursing professionals need to improve their competencies in behavioral health care to cope with the death of patients. When the same strategies to cope with the death of

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Once the course was taken, the death management strategies of the patients changed significantly. Twelve of the strategies under evaluation were significant ($p<.01$). This finding implies that the implementation of the training course improved the development of the skills of nursing professionals to face the death of their patients. A noticeable change was detected towards the management of their emotions and the impact of the death of the patients. The nurses' reflected an improvement in terms of: maintaining a solid image before the relatives of the patients and overcoming the desire to escape from the situation, demonstrated by the decrease to separate or forget the question, not taking refuge in the use of analgesics or alcohol and the urge to flee when a patient dies diminished. The sample also showed a positive change after the intervention regarding the management of anxiety and fears. Also, other examples of improvements were observed with respect to knowing what to say or how to act and a better disposition to provide comfort to the patient's family with the minimum difficulty.

Finally, the participants expressed a high level of general satisfaction with the training course, confirming the relevance of this educational intervention for nursing professionals. It was concluded that newly graduated nurses have a high emotional response in the face of the death of their patients and that the strategies used to face the death of patients are negative. However, when exposed to an educational program on strategies to cope with the death of patients, newly graduated nurses improved significantly in terms of the impact of the death of their patients and modified their strategies to positive ones to surpass the event of the death of their patients. This suggests

that competencies in behavioral health care to cope with the death of patients improved after the training course.

Implications for Nursing

The project showed that newly graduated nursing professionals need educational programs aimed at reducing the emotional impact of the death of their patients. Educational programs in hospitals aimed at improving the clinical skills of recent graduates. It must be recognized that the transition from new graduate to staff nurse has its challenges, and one of them is to face the death of their patients. It is demonstrated that nursing professionals, by increasing their knowledge of management strategies to face death, feel more secure and willing to offer sensitive care of the highest quality to patients and families during their death and post-mortem process. The nursing professional has, within its functions, to help human beings to face the transition from life to death. A warm, favorable and supportive attitude is expected with the patient and family. It has been shown that nurses who manage to increase their knowledge through education related to death assume a positive attitude or perception in the face of death and offer better care by appropriately caring for their patients, and their families, at the time of death.

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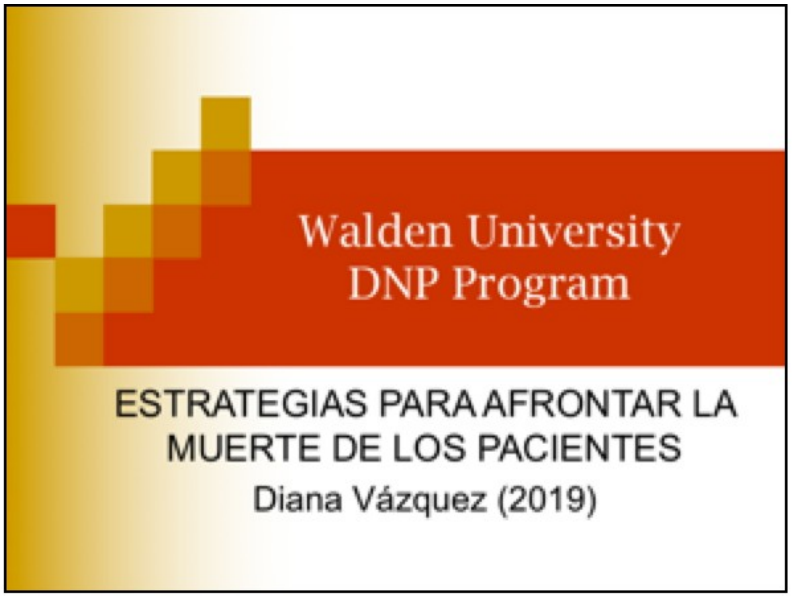
Appendix A: Educational Presentation

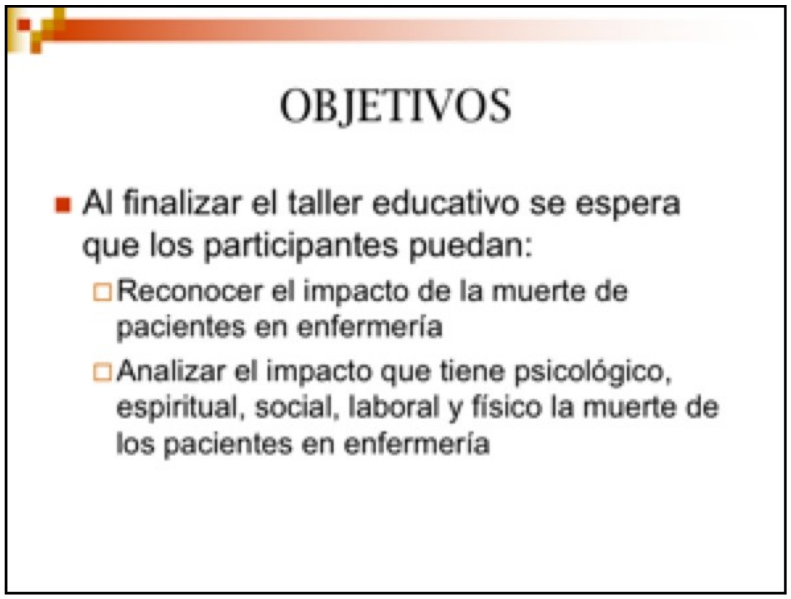


Walden University

DNP Program

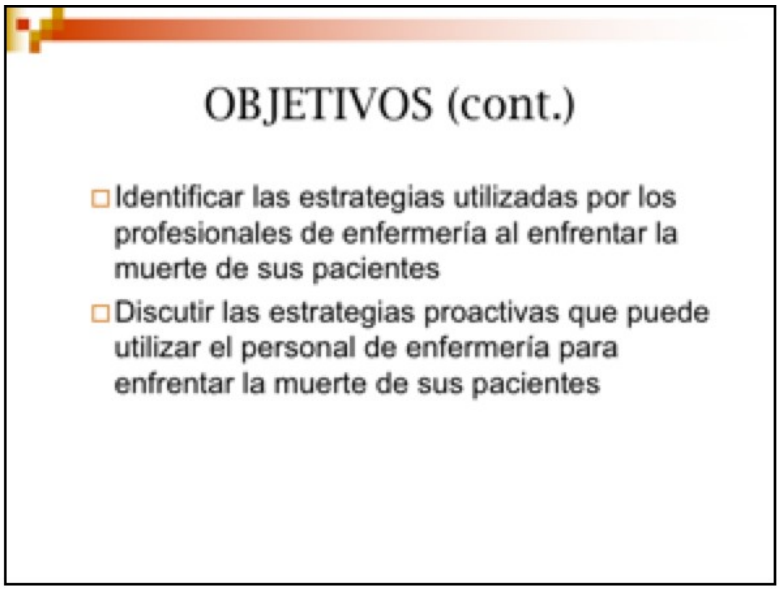
STRATEGIES ON HOW TO FACE THE DEATH OF PATIENTS

Diana Vázquez (2019)



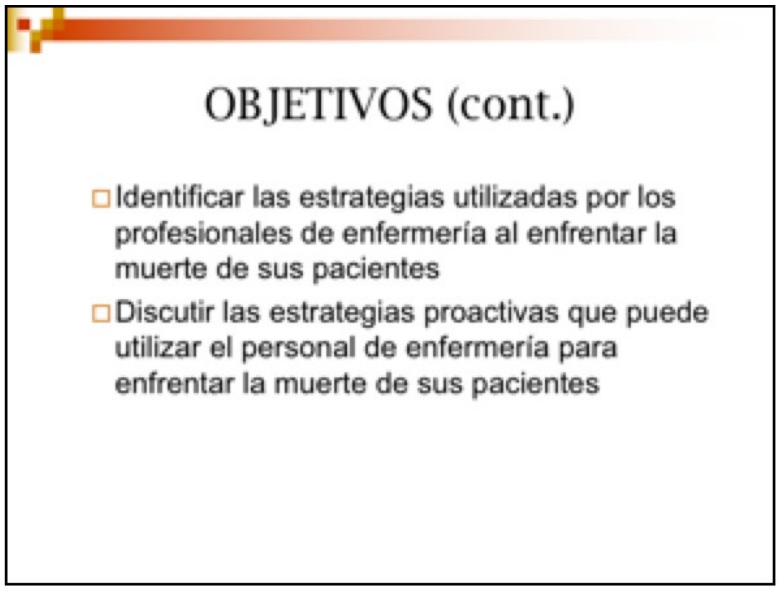
OBJECTIVE

- At the end of the educational workshop, participants are expected to:
  - Recognize the impact of the death of patients in nursing
  - Analyze the impact that psychological, spiritual, social, labor and physical death has on patients in nursing



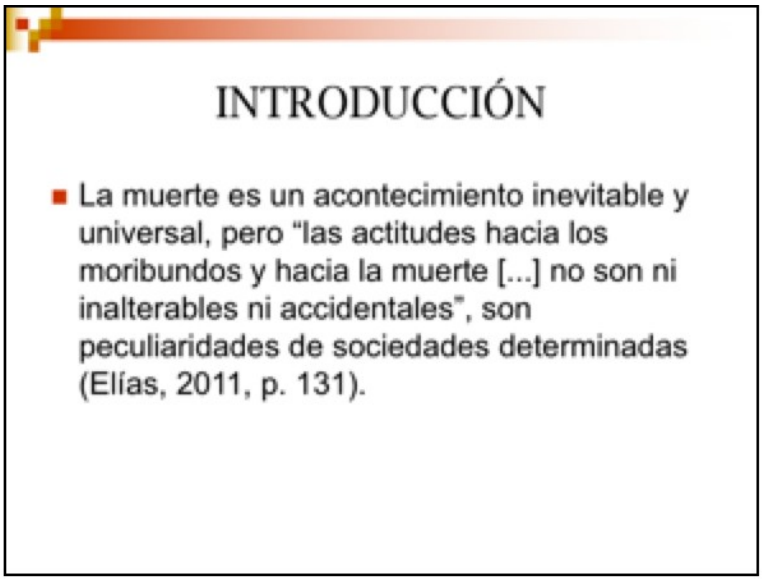
OBJECTIVES (cont.)

- Identify the strategies used by nursing professionals when facing the death of their patients
- Discuss proactive strategies that nurses can use to deal with the death of their patients



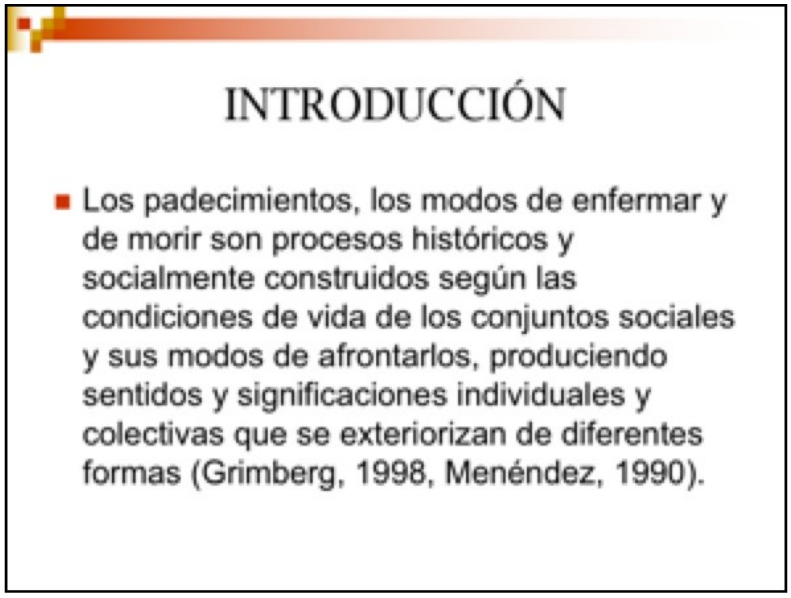
OBJECTIVES (cont.)

- Identify the strategies used by nursing professionals when facing the death of their patients
- Discuss proactive strategies that nurses can use to deal with the death of their patients



INTRODUCTION

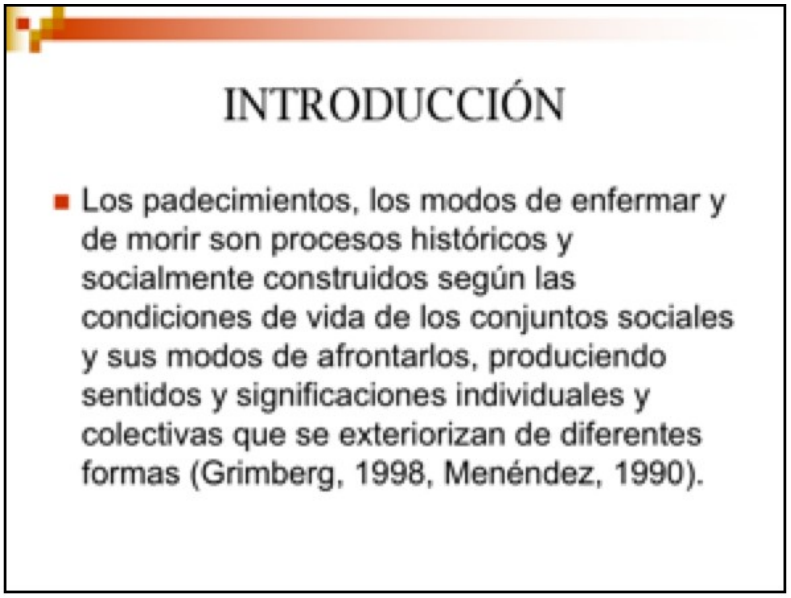
- Death is an inevitable and universal event, but "attitudes towards the dying and towards death [...] are neither unalterable nor accidental", are peculiarities of specific societies (Elías, 2011, p.131).



INTRODUCTION

- The sufferings, the ways of getting sick and dying are historically and socially constructed processes according to the living conditions of the social groups and their ways of dealing with them, producing meanings and individual and collective meanings that are externalized in different ways.

(Grimberg, 1998, Menéndez , 1990).



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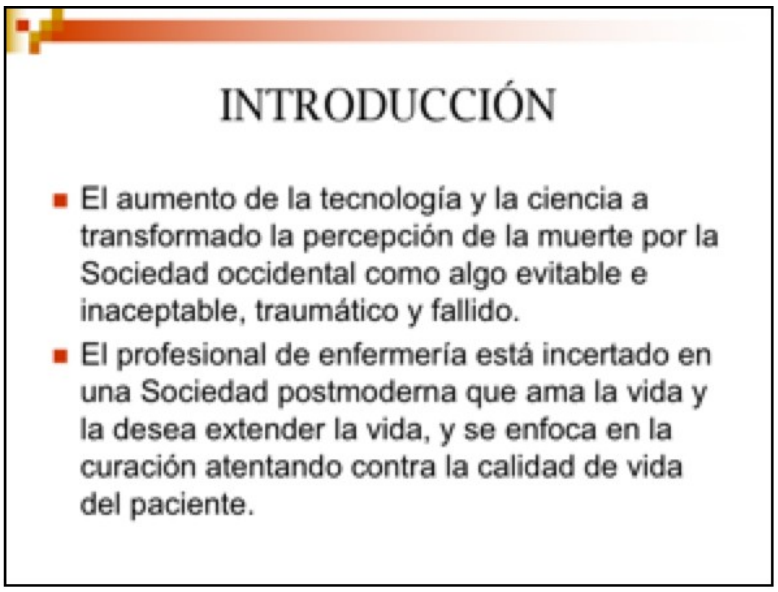
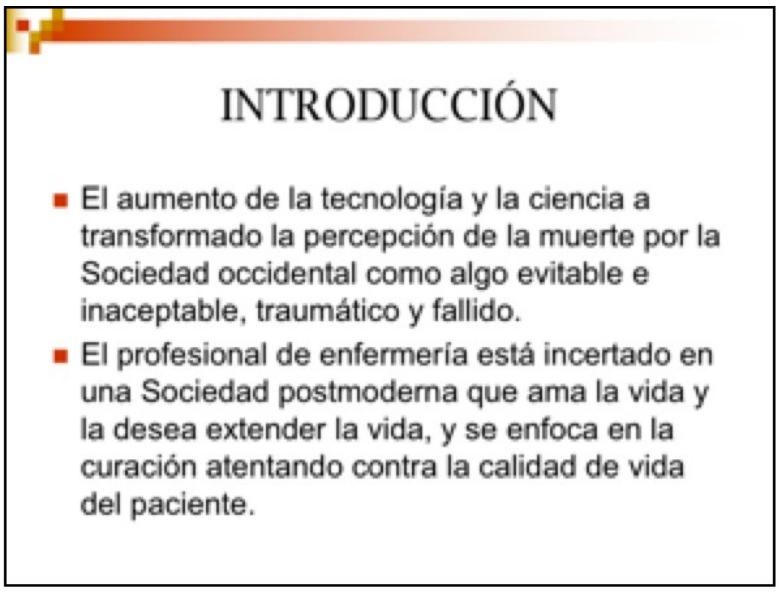


INTRODUCTION

- The rise of technology and science has transformed the perception of death by the Western Society as something avoidable and unacceptable, traumatic and failed.
- The nursing professional is involved in a postmodern society that loves life and wants to extend life, and focuses on healing by attacking the quality of life of the patient.



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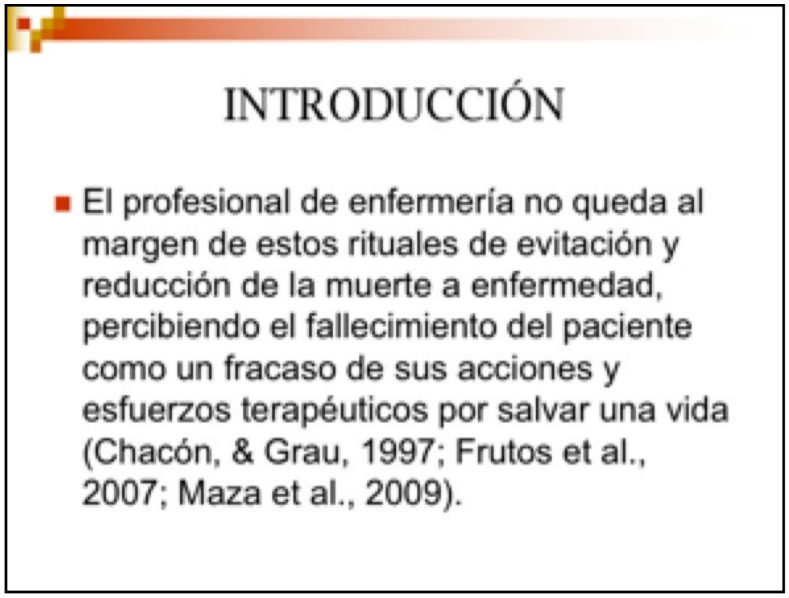
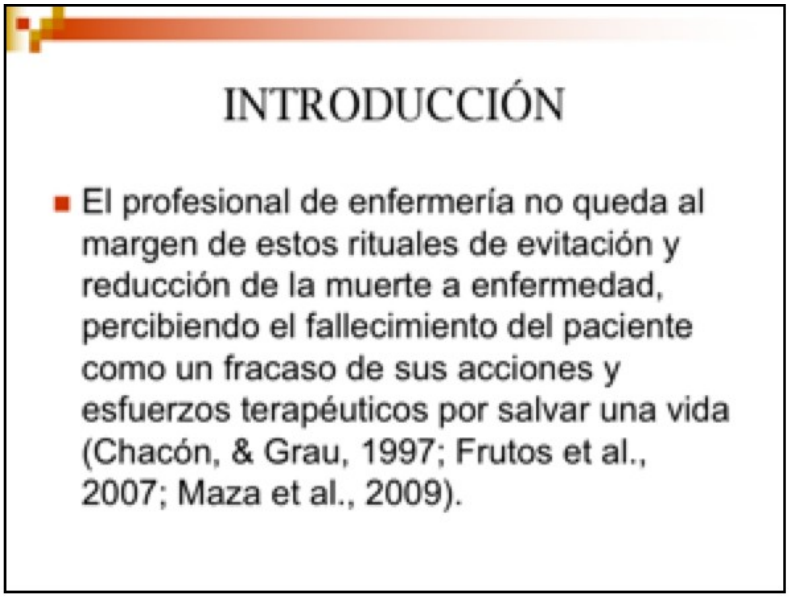


INTRODUCTION

- The nursing professional is not left out of these rituals of avoidance and reduction of death to illness, perceiving the death of the patient as a failure of their actions and therapeutic efforts to save a life.

(Chacón, & Grau, 1997; Frutos et al. ., 2007; Maza et al., 2009).



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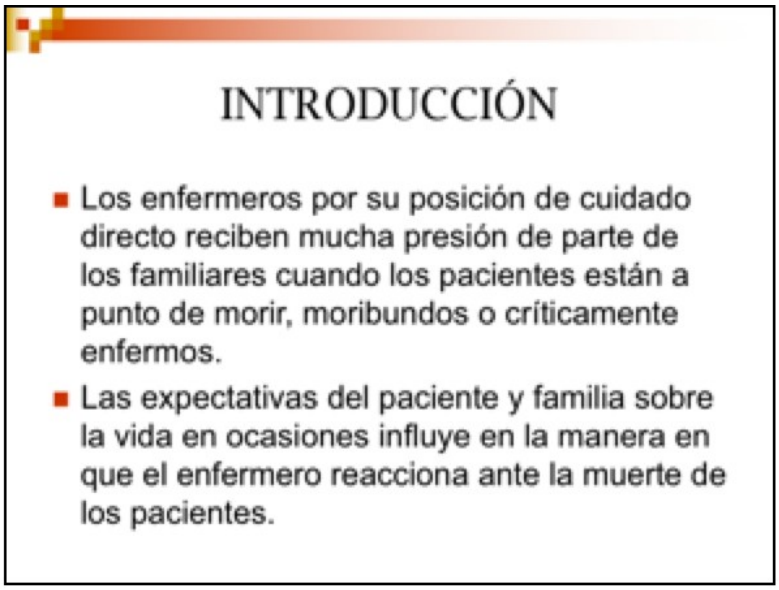
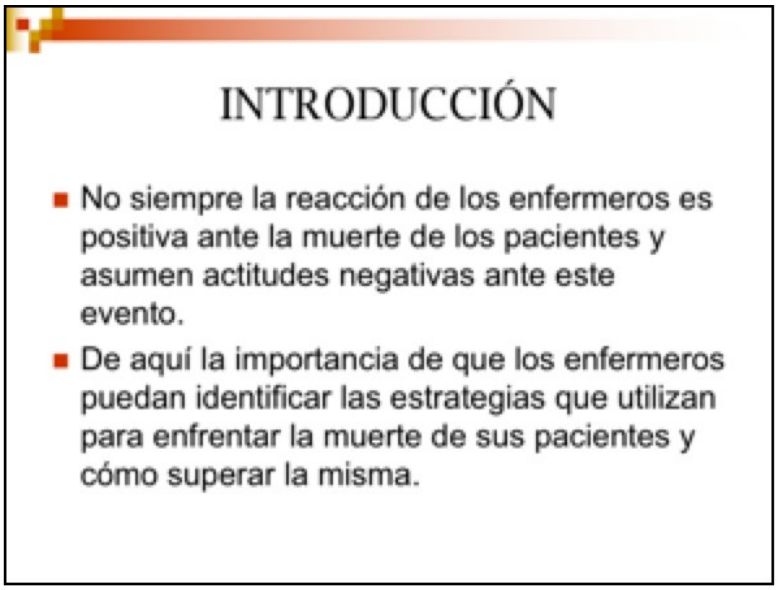


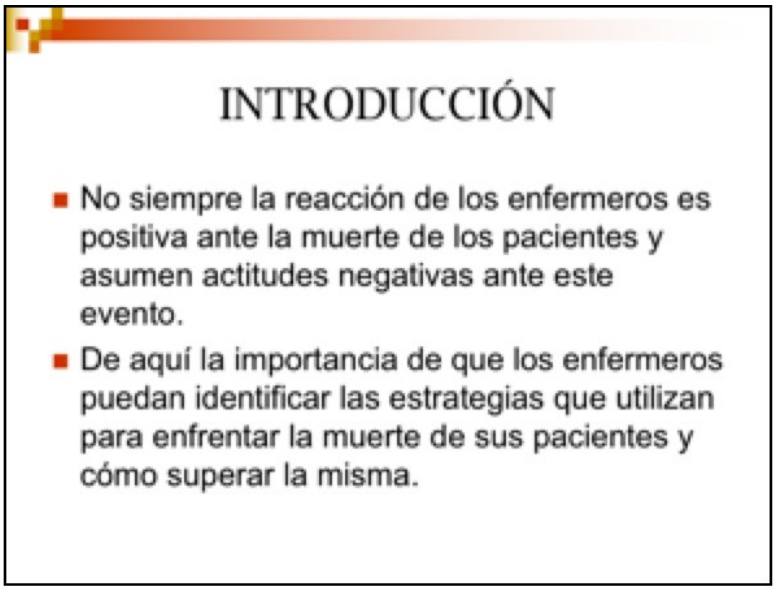
INTRODUCTION

- Nurses due to their position of direct care receive a lot of pressure from family members when patients are about to die, dying or critically ill.
- The expectations of the patient and family about life sometimes influence the way in which the nurse reacts to the death of patients.



INTRODUCTION

- The reaction of nurses is not always positive in the face of the death of patients and they assume negative attitudes towards this event.
- Hence the importance of nurses being able to identify the strategies they use to face the death of their patients and how to overcome it.



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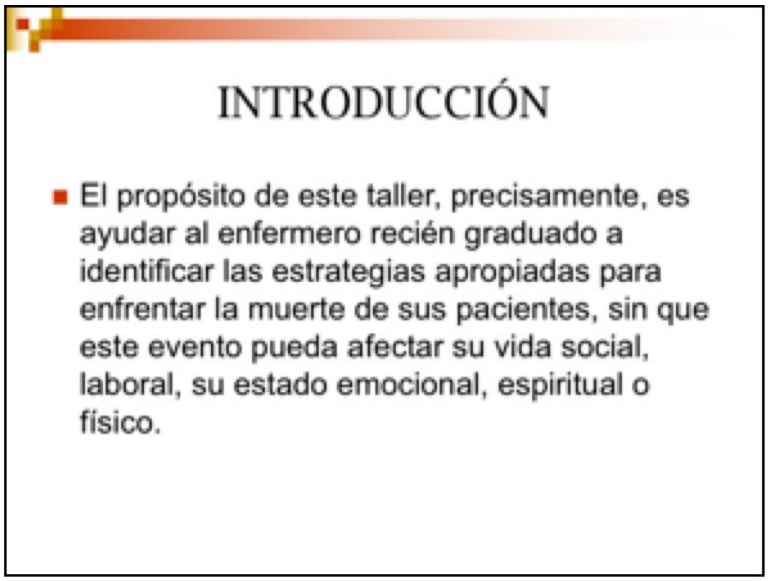

INTRODUCTION

- The purpose of this workshop, precisely, is to help the newly graduated nurse identify the appropriate strategies to face the death of their patients, without this event affecting their social, work, emotional, spiritual or physical state.

THE CHALLENGE OF CARING FOR A DYING PATIENT

- The care offered by the nursing professional to a dying and agonizing patient breaks, on some occasions, the barriers of the norms.
- This staff tries to comply with the institution's protocols of action, while providing care that goes beyond biological foundations and technical or scientific rationality.

THE CHALLENGE OF CARING FOR A DYING PATIENT

- When a patient agonizes, in others, there is a feeling of anguish, fear or even resignation that leads to remembering how fragile life can be.
- It is in those moments when the nursing professional reacts beyond technical knowledge and reveals its social and cultural dimension.

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- This dimension is manifested, for example, giving religious and psychological comfort and their knowledge becomes human and the pain of others becomes their own.
- Death also leads to isolation and detachment in some professionals (Vargas et al., 2011), and these feelings are used as strategies to avoid facing the pain of loss, despite being outsiders.

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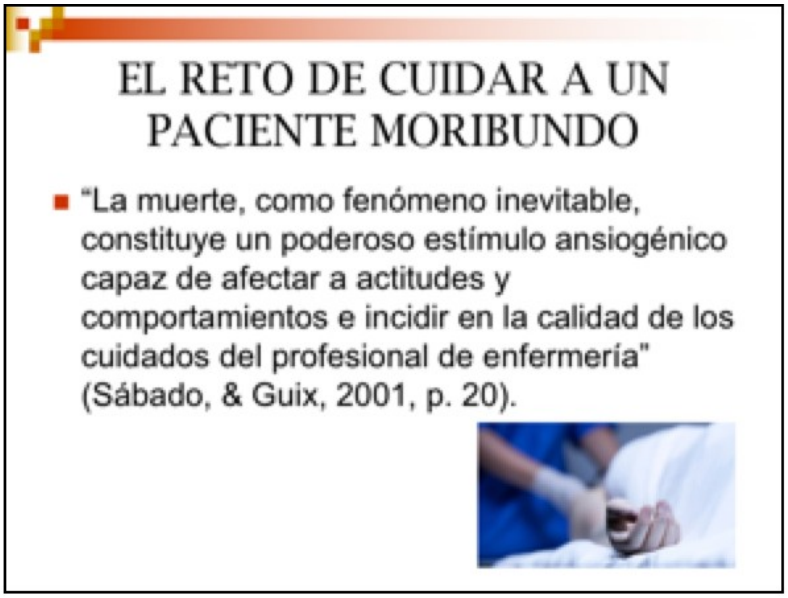
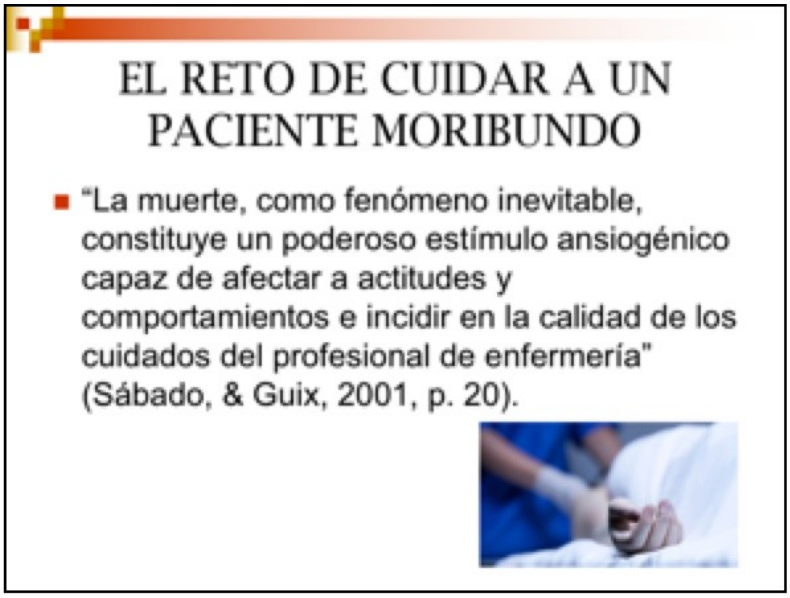


THE CHALLENGE OF CARING FOR A DYING PATIENT

- "Death, as an inevitable phenomenon, constitutes a powerful anxiogenic stimulus capable of affecting attitudes and behaviors and influencing the quality of nursing care" (Sábado, & Guix, 2001, p.20).



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- Dealing with the limitations imposed by the death, suffering and pain of one's partner is a difficult and physically and psychologically debilitating situation.

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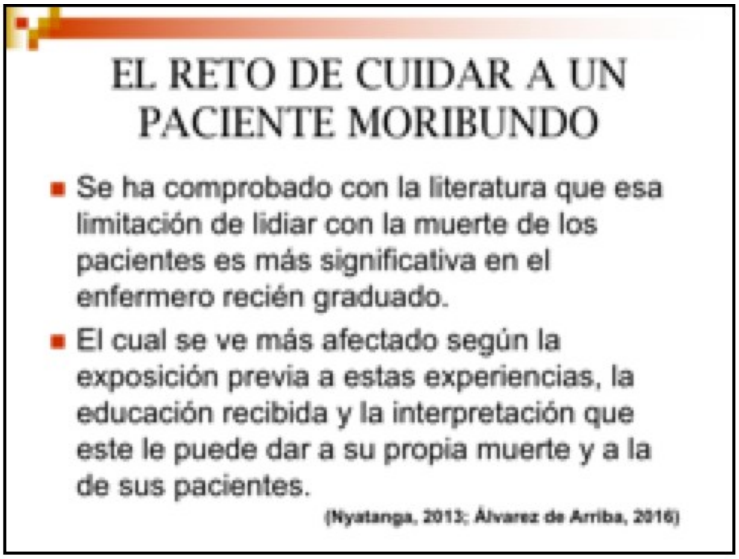


THE CHALLENGE OF CARING FOR A DYING PATIENT

- It has been proven with the literature that this limitation of dealing with the death of patients is more significant in the recently graduated nurse.
- Which is more affected according to the previous exposure to these experiences, the education received and the interpretation that it can give to his own death and that of his patients.

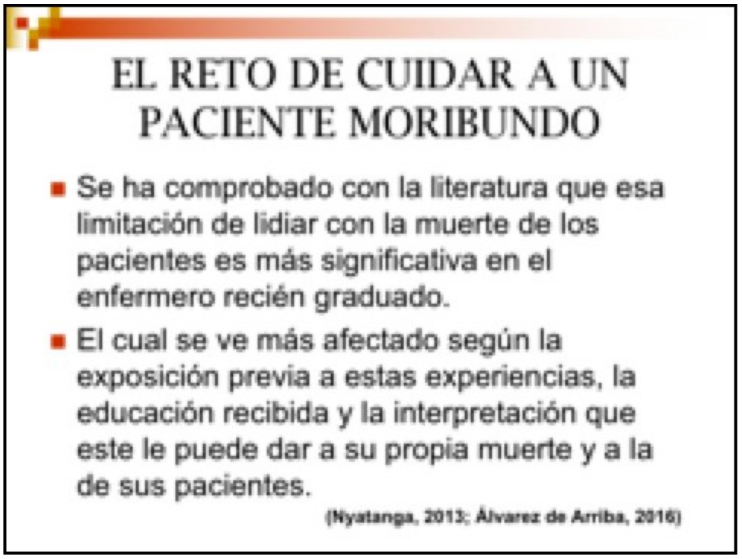
(Nyatanga, 2013, Álvarez de Arriba, 2016)

NEGATIVE STRATEGIES TO FACE DEATH

Anxiety and unrest that can be translated into inadequate care, such as:

- Rejection attitudes
- Flight
- Insecurity
- Fear of death

(Álvarez de Arriba, 2016)



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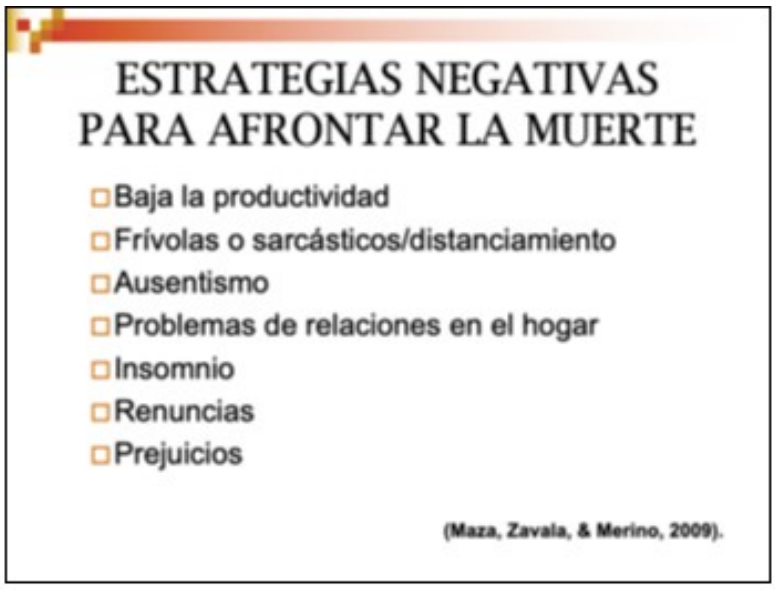
NEGATIVE STRATEGIES TO FACE DEATH

Other negative emotions or behaviors that occur in nurses when they face the death of their patients:

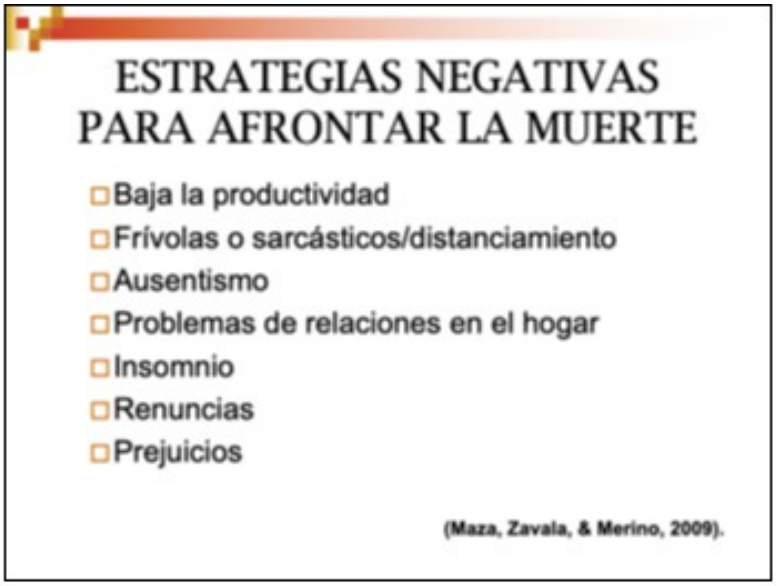
- Feelings of failures
- Frustration
- Guilt
- Fear of lawsuits or complaints

(Maza, Zavala, & Merino, 2009).



NEGATIVE STRATEGIES TO FACE DEATH

- Low productivity
- Frivolous or sarcastic/distancing
- Absenteeism
- Relationship problems at home
- Insomnia
- Resignations
- Prejudices



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NEGATIVE STRATEGIES TO FACE DEATH

In addition other common feelings are:

- Helplessness
- Chaos
- Isolation
- Impotence
- Anguish
- Suffering
- Repulsion

(Anderson, Kent, & Owens, 2015; Zheng et al., 2015).

NEGATIVE STRATEGIES TO FACE DEATH

- Discomfort
- Dislike
- Hopelessness
- Resignation
- Disappointment

All these feelings were collected in palliative units, oncology, emergencies and intensive care units.

(Anderson, Kent, & Owens, 2015; Zheng et al., 2015).

REFLECTION

What are the strategies you have used when a patient has died?

POSITIVE STRATEGIES TO FACE DEATH

The strategies that can help nurses face death proactively are:

- Take a positive attitude, visualize death as something natural
- Redefining the death of patients as part of care, and not as a failure to treatment

(Gerow et al., 2010)

REFLECTION

What are the strategies you have used when a patient has died?

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POSITIVE STRATEGIES TO FACE DEATH

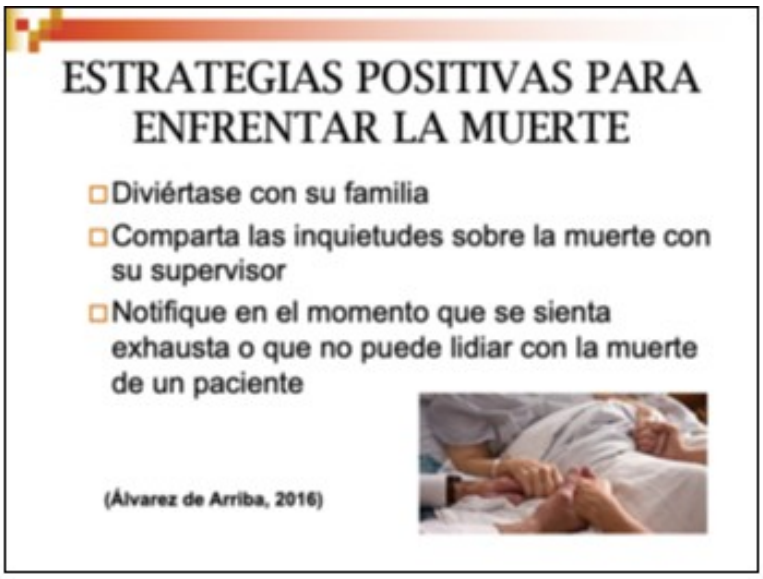
- Share the experiences of death with other colleagues with more experience to air feelings in a positive way
- Be willing to learn from other colleagues how to handle crisis situations in the patient's family in case of death
- Perform relaxation and distraction exercises
- Ensure a restful sleep

(Gerow et al., 2010)

POSITIVE STRATEGIES TO FACE DEATH

- Understand the cultural interpretation of the death of patients and their families to be able to intervene appropriately with these
- Read and take continuing education workshops on the death of patients
- Practice the techniques of therapeutic relationship to maintain their objectivity and empathy with the patient and family during the death process

(Gerow et al., 2010)



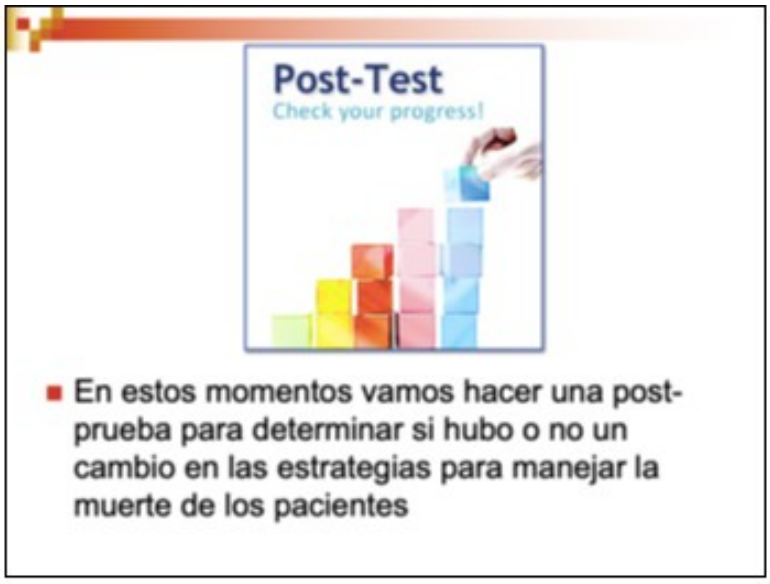
POSITIVE STRATEGIES TO FACE DEATH

- Have fun with your family
- Share concerns about death with your supervisor
- Notify when you feel exhausted or can not deal with the death of a patient

(Álvarez de Arriba, 2016)

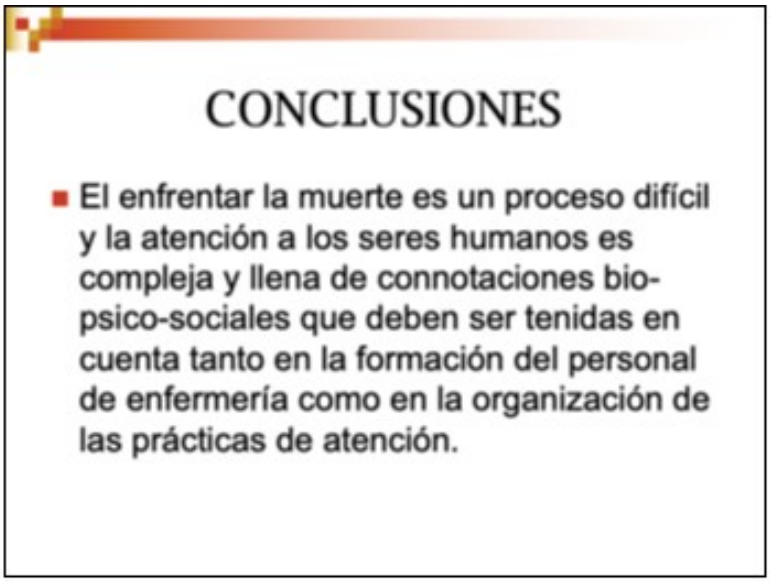
REFLECTION

After listening to this conference: What strategies would you use to manage the death of your patients? Which of the positive strategies mentioned to face death have you used, and what other positive strategies have you used?



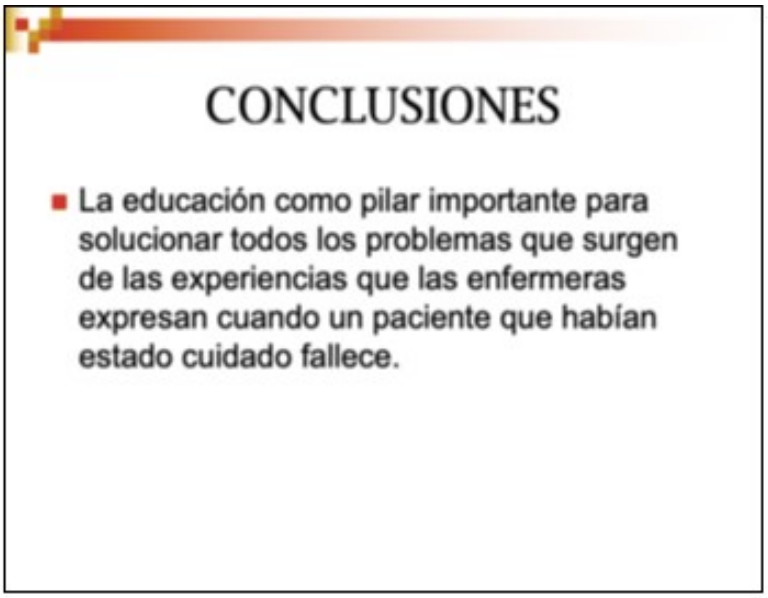
Post-test

At this time we will do a post-test to determine whether or not there was a change in the strategies to manage the death of patients.



CONCLUSIONS

Facing death is a difficult process and attention to human beings is complex and full of bio-psycho-social connotations that must be taken into account both in the training of nursing staff and in the organization of care practices.



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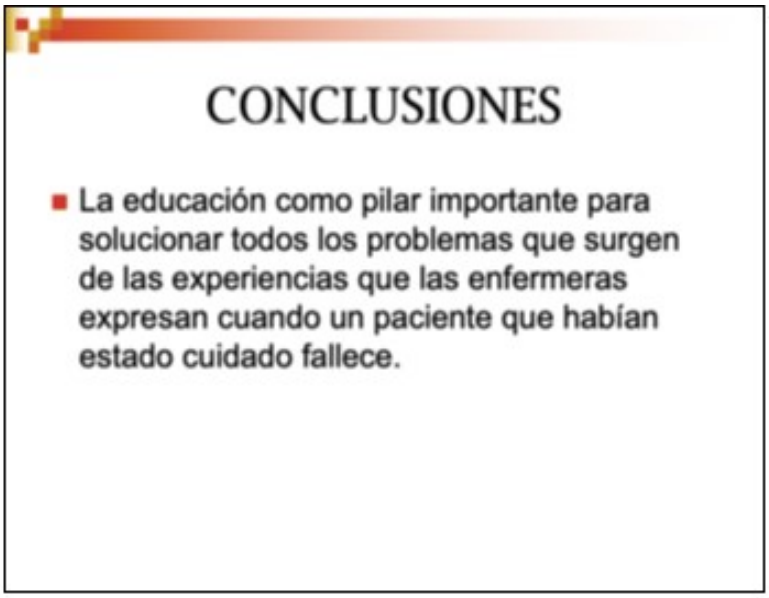

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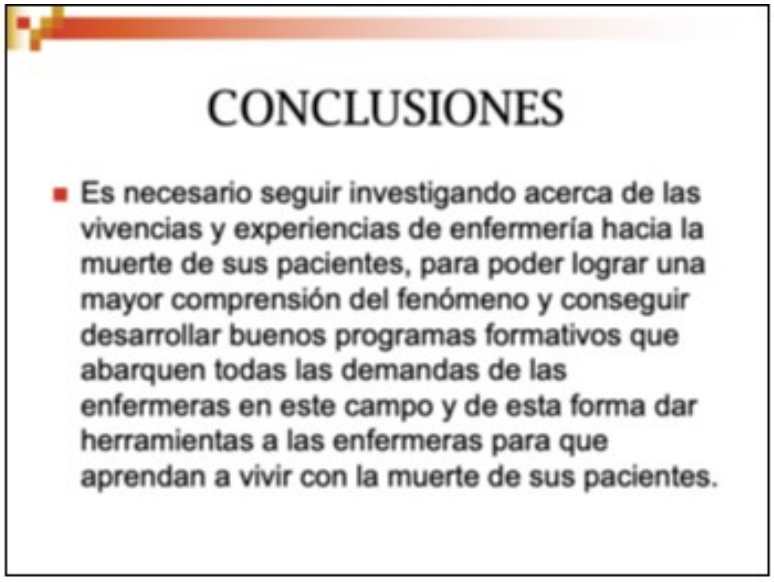

CONCLUSIONS

It is necessary to continue investigating the experiences of nursing towards the death of their patients, in order to achieve a better understanding of the phenomenon and to develop good training programs that cover all the demands of nurses in this field and thus provide tools to the nurses so that they learn to live with the death of their patients.

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