Original Article

Graduate Nursing Students' Perceptions of a Good Death

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Nursing students practicing in any health care clinical setting can have experiences with death and dying patients. Understanding these patients' perceptions of death and dying and cultural beliefs are important. This qualitative descriptive study aimed to identify and describe student nurses' perceptions of a good death. Participants were 12 graduate nursing students who had provided end of life care during their clinical practice were recruited on a voluntary basis to give in-depth interviews using semi-structured questions regarding their perceptions of a good death. Data were analyzed through content analysis. The findings included six themes for a good death were: 1) die peacefully with no physical suffering; 2) die with a calm and peaceful mind; 3) be able to practice religious and cultural beliefs prior to death; 4) being surrounded by loved ones; 5) doing what they want before dying; and 6) family members were prepared and accepted death (be able to let go).

The results of the present study confirmed the findings of other studies and contribute to better understanding of students' perception of a good death in Thai culture and context, which may be implemented for the development of religious and cultural sensitive guidelines for the end of life patients and their families.

Keywords: Good death, Death and dying, Palliative care, Qualitative research, End of life care

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Approximately 93% of Thai people are Buddhist[1]. Having a peaceful death is a common wish among Thai Buddhists[2]. Death is perceived as the opposite of life. This worldview has led to an invasive and aggressive approach to fight death in an attempt to save a life, which brings about tremendous pain and suffering to have only a little more time to prolong dying without preventing death[3,4].

Most of the terminally ill patients have complicated physical, emotional, psychological, and spiritual needs due to illness and discomfort including pain, breathlessness, and fatigue; constipation; nausea and vomiting; abdominal distension; or decrease in activities of daily living [ADLs]. All of the aforementioned needs and issues related to death and dying contribute to the suffering that is a major barrier to good death. Therefore, having knowledge about the good death from diverse perspectives is crucial for palliative care providers so that they can provide effective care for the dying patients and their families[5,6].

The concept of a good death has recently received much attention within healthcare system in terms of meaning and care delivery. One of the influences that cause this widespread attention is from the limitation of health care perspectives that mainly focus on physically needs of a person more than caring for the holistic person[1]. Previous literature reported various meanings of good death, e.g. (1) peaceful death, (2) not suffering, (3) receiving holistic care, (4) surrounded by loved ones, (5) free from worries, (6) die in a place of one's choice, (7) knowing that one is dying, (8) one's preparedness, (9) family preparedness, (10) dying with dignity, and (11) spiritual needs are met[6-8].

Nurses are involved in caring for patients who are actively dying in hospitals, nursing homes, at home or in hospice care settings. Nurses working in any area of the medical field can have experiences with dying patients[9]. It has been known that the nurses play an important role in providing palliative care to both the

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patients and their families. Therefore, it is crucial that nurses must have essential knowledge regarding the end of life care. Nevertheless, it is reported that only 0.41% of the nurses are certified to practice palliative care[10].

Nursing students spend time in several clinical areas at the beginning of their student nurse education where they are likely to encounter patients who are dying and die. Graduate students are increasingly exposed to dying patients with chronic diseases requiring palliative management and end of life care in any clinical setting that trigger the importance of integrating that care and considering it an essential component of nursing education and training[11]. Understanding their perception of death and dying and cultural beliefs are important.

Given the advances in the healthcare system and increased life expectancy, it is crucial to prepare future nurses to deliver quality palliative care. Despite its significance, however, there is no study that describes the graduate nursing students' perception of a good death in Thailand. There are previous studies on the perception of a peaceful death that are focused on Thai ICU nurses[2,12-14]. Understanding students' perceptions of good death can help educators prepare students for these situations by using the research available to plan better ways to teach students about the physical, spiritual, emotional and social needs of the dying/terminal patient and their families.

Objective

To explore the graduate nursing students' perception of a good death.

Materials and Methods

This qualitative descriptive research was used to describe the experience of the graduate nursing students regarding their perception of a good death.

Participants included 12 graduate students in the MSN program in adult nursing at one university in Thailand with experiences in providing end of life care for the terminally ill patients who enrolled in the adult nursing program. Purposive sampling was used to recruit appropriate individuals for the study.

The authors created three-part questionnaires to collect the data: (1) the face sheet which included questions about demographic data including gender, age, marital status, education, work experience, the experience of caring for the terminally ill patients, the experience of bereavement, and experience of training or academic meeting about palliative care. (2) semi-structured interview form, and (3) field note to record observation and atmosphere during the interviews. In this present study, the researcher was the main research tool or primary data-gathering instruments[15].

Qualitative data were collected through in-depth interviews conducted by one of the authors through observation without taking in the discussion itself. The instruments included audio recorder and a notebook computer for doing on-site data entry and analysis. Dates and places for interview appointments were agreed upon the convenience of the participants and the availability of the author. Each participant had one interview session, which lasted about 45 to 60 minutes.

Research trustworthiness

Trustworthiness of a research study is important for evaluating its worth. The method of establishing trustworthiness was adopted from the scholarship of Lincoln and Guba[16]. The credibility was maintained by following these steps. All the participants were asked the same question and debriefings were conducted after each interview. Two authors experienced in qualitative research assisted in the process of peer debriefing. Member check was solicited by replaying the audiotape recordings immediately after the interviews to confirm the comments that had been made by the participants. To maintain confirmability all, the research activities were carried out as per the initial research design. The thick, rich and layered information, methodology strategies followed by the researcher guaranteed transferability. Record keeping, field notes, data reduction were utilized to maintain the confirmability.

Ethical considerations

Permission was obtained from the university ethical committee. A written, informed consent form was given to each participant explaining the purpose of the study, its risks, and benefits as well as study procedures. Each participant was informed that they can withdraw from the study at any time and their responses would be confidential as the interviews notes were anonymous. All participants signed the informed consent.

Data analysis

A qualitative content analysis was done for interpretation of the data collected from student interviews. The recorded interviews were transcribed in verbatim and were read several times in order to get

the most appropriate impression. The data were interpreted, divided into units according to their meanings then condensed and coded. To organize the meanings of units properly interview transcripts were read by authors several times. After coding was completed the codes were organized into subcategories, categories and emerging themes[17]. Themes were discussed by the authors and last corrections were done on the emerging themes.

Results

Participant background characteristics

The majority of the participants (n = 12) were female (n = 9) and ages ranged from 28 to 41 years ($\bar{x}$ = 34.3 years, SD = 4.49). Their years of working experience ranged from 3 to 18 years ($\bar{x}$ = 11.5 years, SD = 4.80). Most of the participants had prior experience of losing either their loved one or family members and had provided end of life care at least 3 patients/month. All of the students had courses where some theoretical knowledge had been taught related to death and dying and have attended conferences or training related to palliative care.

Students' perceptions of a 'good' death

Interviews with participants revealed six themes and thirteen sub-themes defining good death. The themes of good death were (a) die peacefully with no physical suffering; (b) die with a calm and peaceful mind; (c) be able to practice religious and cultural beliefs prior to death; (d) being surrounded by loved ones; (e) doing what they want before dying; and (f) family members were prepared and accepted death (be able to let go).

Die peacefully with no physical suffering

The students perceived a good death as one that is free from physical suffering caused by diseases and invasive treatment. A good death by this viewpoint composed of the following:

1) Free from suffering: Most of the terminally ill patients face much physical suffering and discomfort causing excruciating pain, breathlessness, and restlessness. A good death must be painless. Participants in this study have illustrated this finding as follows:

"At the end of their life, if the patient cannot breathe or having symptoms of breathlessness or restlessness, then it is not a good death" (Id 03).

"A good death is one that the patient is dying without suffering or worries. We have to provide the patient with most comfort so that they will pass away peacefully (Id 07).

2) Free from invasive life-support equipment: The students perceived that the terminally ill patients are those who cannot be cured and that is reasonably expected to result in the death of the patient within a short period of time. Life support equipment may be able to provide the patients with a little more than to live, but it also causes a lot of pain and discomfort. A good death, therefore, must be free from the invasive life support equipment. The following statements made by participants during the interviews verify this:

"No treatment can cure terminally ill patients, right? The equipment may give a little more time for the patient to live, but it also causes a lot of pain and suffering. Some patients had to be put on ET tube, undergone countless of invasive treatments and medical operative procedures just to give them a little time to live. This causes them endless suffering. Anything that sticks to their skin or penetrates their tissue is painful. A good death is when the patient does not have to be put on this invasive life-support equipment" (Id 09).

Die with a calm and peaceful mind

Dying with a calm and peaceful mind means that a patient does not have fear. They are able to leave all the worries behind and ready to face death. A good death by this explanation is described as follows:

1) Accepting death: The perceived that a good death is when the patient is able to accept death as a natural, inevitable, and unavoidable process of life that all human beings must face. This implies that a patient can "let go" and be ready to face death. Participants in this study have illustrated this finding as follows:

"A good death is when the patient can accept death and know that death is coming. They must be able to let go because it is a natural end that everyone has to face someday. When they are able to let go and accept death, their minds will be at peace-not restless when death nears" (Id 12).

"The patient knows that they are dying so that they can accept death. Their minds are at peace without any worries" (Id 04).

2) No worries: A good death is dying without burdens and worries. The explanation for this is illustrated in the following:

"Apart from not having physical suffering, a good death is also free from burdens or worries that trouble the patient's mind. They should not have any burdens or worries" (Id 10).

"A good death is when a person can let go of everything, be able to leave everything behind-all the burdens and worries about their loved one" (Id 04).

3) A good death is having a chance to ask for forgiveness: The dying persons should have the time and opportunity to ask for forgiveness for themselves and those involved in their personal web of Karma so that they can be able to end the endless exchange of Karma between them.

"Sometimes people make mistakes or had done something bad to the others either intentionally or not. To have a good death is when they have the chances to ask for forgiveness for themselves and for the people they had made mistakes with. It is one of the Buddhist beliefs that forgiveness will help calm the mind and will spiritually help the dying person to have a good death" (Id 02).

Be able to practice religious and cultural beliefs prior to death

Human beings are embedded with beliefs and faith that have been passed to them at every stage of their lives. Traditionally, it is believed that a person should practice religious beliefs prior to death. Although this will not save a dying person from death, it can give a spiritual healing power to help calm the mind of the dying person and help their families to cope with the loss of their loved one. A good death by this description composed of:

1) To practice religious beliefs related to death is to respond to spiritual needs of a dying person. It is believed to help the dying patient have a good death as explained in the following:

"Some villages or communities have cultural beliefs that a body cannot be brought home if the cause of death was an accident. Some villages believe that body of the deceased must not be brought home after dark otherwise it will bring bad luck. It is our job to help the dying patient and their family keep their beliefs. We have to coordinate with relevant responses to make sure that the patient and their family will be back to their community while the patient's still breathing, otherwise, the community will not accept the patient back to the community as they believe that this kind of death is not a good death" (Id 01).

2) To practice religious beliefs are considered doing good deeds and to pay respect to the religion that the patient has faith in. The good karma gained will guide the dying patients to peace, free them from suffering, and pave their ways to a good death as described in the following:

"It is our job to help the dying patient keep their religious beliefs and practice. If they are Buddhist, we can arrange for them to make merits, to give alms to monks, or to listen to the sermon. From my experience, I see the patient was mostly at peace and died peacefully when they could listen to the sermon" (Id 02).

Being surrounded by loved ones

A good death is one that a person is dying while being surrounded by families, friends, and their loved one as explained in the following:

1) Dying in the arms of a loved one: A good death is dying in the arms of their father, mother, husband, wife or lover. The dying person can feel love and warmth from their loved one. As one participant remarked.

"A good death is the one that a patient is dying in the arm of their loved one who could be their father, mother, husband, wife, or loved one. A warm embrace that is full of love will pass to the patient and make them feel loved when facing death" (Id 14).

2) Being care for by the loved one: This means that a person will not die alone but be taken care of by their loved one until death as described in the following:

"A good death is dying when you are surrounded by your loved one, not dying alone, and not dying in the care of someone you're not acquainted with" (Id 06).

Doing what you want before dying

Dying having done things that anticipated or intended to do before dying. A good death of this meaning consists of two characteristics:

1) A good death is having the chance to fulfill all wishes, to meet all expectations and desire before death. As participants illustrated:

"Everyone has the things that they wish to get or accomplish. I think we can say that a person has a good death when all his/her wishes, needs, and expectations are met, which will give them a sense of inner happiness and calm as they are able to accomplish what they wish for" (Id 06).

"If he (the patient) can get what he wishes for doing what they want to do. Having someone to respond to their needs-that is a good death. If the patient can have what he wants, it is life's completion, then he will have a good death" (Id 09).

2) Having a familiar place to die in: Most of the terminally ill patients desire to live in and to die in a place they acquainted with. A good death is the one that a person dies in the familiar place as stated in the

following:

"Most of the dying patients wish to die at home or familiar places. There was one case that I had helped. I called her grandma as she was very old. She told me that she wished to get back home and die there. She was very much conscious when she told me this and it got me thinking that I wanted to help her to go back home so she would be happy and have a good death" (Id 03).

Family members were prepared and accepted death (be able to let go)

It is always a difficult emotional time for the family to see their loved one in the final days of life. When the family is prepared and able to let go, the passing away of the patient will not be too devastating. A good death by this definition is stated in the following:

1) The family is prepared and be able to accept death: The pain of losing a loved one seems unbearable. The family needs to be prepared so that they can cope with pain, separation, and grief. The provider has an important role in preparing the family as described in the following:

"A good death is not about the patient only, but we also have to prepare the family. If a patient dies and their family is in the agony of losing their loved one-this is not a good death. We have to prepare the family to know what to expect in the final days. We have to give them time to ask the questions they may have about the patient's condition, so they know what the patient is facing with and go through the last days of life with the patient and be able to let go when the time comes" (Id 10).

2) A good death is not to cry one's eye out: This description is linked to 'preparing the family addressed in above. This is to say that if the family is not prepared, they would burst into tears when the patient finally passed away and could not control themselves. It is traditionally believed that the deceased would not be at peace if the tears of their loved one drop on their body. A good death by this meaning is as follows:

"If the family does not get the information about the patient's condition, they will not be prepared for the death. They will burst into tears as the patient is dying and cry their eyes out. This is not a good death as the patients will see how devastated they are and the patient will not be at peace" (Id 13).

Discussion

The results indicate student views about what characterizes a 'good' death. The themes of a good death included die peacefully with no physical suffering, die with a calm and peaceful mind, be able to practice religious and cultural beliefs prior to death, being surrounded by loved ones, doing what you want before dying, and family members were prepared and accepted death (be able to let go). These themes on a good death found in this present study are related to multiple aspects of well-being: physical, emotional, social, and spiritual. Also, these results are similar to those that have been found and reported in previous studies with different populations such as terminally ill patients, various housed populations, and older homeless adults[18,19].

In the theme of dying peacefully with no physical suffering, a good death by this meaning is free from suffering and free from life-supportive equipment. The meaning is congruent with findings from previous studies[20,21] that assess the perception of a good death with the patient[7], providers[6,13], and family members[22]. The previous studies reported a good death as dying without suffering. This finding suggests that physical suffering and discomforts are the two key factors that affect the quality of palliative care. The most common symptoms are pain and breathlessness and need to be well taken care of. Likewise, when the patient's condition gets worse, life-support equipment, particularly ventilators are often indicated. This equipment may prolong dying, but it cannot prevent death and may bring about more suffering instead[23]. A good death perceived by the participant, thus, refers to a death that is free from pain or discomfort caused by invasive treatments and life support medical equipment.

Die with a calm and peaceful mind was the next theme. A good death is defined when a patient can accept death as part of the natural and unavoidable circle of life. To be free from burdens and worries and having a chance to ask for forgiveness for self and the people in their web of Karma help calm the patient to make peace with their mind at the final days of their life. In the present study, all the participants were Buddhists, so their explanation about a good death was influenced by Buddhist beliefs. The last thought before death was considered very important. That is, if a person dies with a clear and calm mind, his spirit will go to a better place after death[3,24]. In addition, if the mind is not at peace, it will connect to breathlessness, restless, and anxiety, so that the patient will not have a good death[25]. The meaning of a good death in this sense was, therefore, influenced by religious beliefs of the

participants.

The next theme was, be able to practice religious and cultural beliefs prior to death. Beliefs related to death are linked to religious and cultural beliefs. The participants defined a good death that reflects the influences of religious and cultural beliefs in the society that have embedded them from birth until death. Rituals related to death reflect the aspects of death and dying in each community[26,27]. The results suggested that an effective palliative provider must be aware of religious and cultural beliefs in the community and society as it is one of the keys that affect perception of a good death. The participants in this present study were graduate nursing students with years of working experience. It was not a surprise that they could address the religious and spiritual needs of the dying patients. Given its significance, it should be advised that nursing education or training programs should always include the issue of religious and cultural beliefs in both theoretical and practical portions of the program.

The next theme was being surrounded by loved ones. This meaning implies that when the patients become terminally ill, they are cut-off from the society, their loved one, and familiar places. Their illness keeps them with loneliness, anxiety, and depression particularly in the last days of their lives[5,6]. To die alone without a loved one by their side is dying without dignity. These findings are similar to the results from previous studies[6-8,22,23]. Making amends with significant others and relying on spiritual connections as attributes of a good death were emphasized in contrast to the fear of dying alone, a feature of a bad death.

Die by doing what you want before dying was the next theme. A good death is to be able to do the things that the patient wants and help them die in the familiar places reflect that the quality palliative care must focus on and respect the needs of the dying patients. This will help the patients be at peace and have a good death[28].

The last theme was family members were prepared and accepted death. A good death by this meaning implies the importance of helping the family to prepare for the death of their loved one and to work through the grief over their loss. The palliative nurses must provide information about the patients' condition and what to expect in the final days. Although there is no way to grieve without pain, providing accurate information to the family will help them cope better with the loss of the loved one[29,30].

Limitations

The limitation of the present study was the relatively small sample size of 12 students from only one of Master of Nursing Science program. As with any qualitative study, it is not possible to generalize the findings. The findings are based on students' perceptions of good death at the time and therefore, the comment is not possible on the outcomes or processes involved in care. However, since the findings were corroborated by the previous literature, it could be that nurses/students in other areas share similar ideas about good death. Unlike quantitative studies, this was not considered a particular issue, as the aim was to explore participants' perceptions. In addition, the fact that the interviewer was known to participants may have influenced their responses.

Conclusion

The findings confirmed the meaning of a good death with previous literature and also suggested the important aspect of cultural beliefs and spiritual needs of the patients and their family. Furthermore, the study confirmed the important roles of the palliative nurse in responding to the patients' needs and wishes in their final days by providing holistic care that encompasses not only their physical needs but also their psychological, sociocultural, and spiritual needs. Understanding students' perceptions of good death can help educators prepare students for these situations by using the research available to plan better ways to teach students about the needs (physical, spiritual, emotional and social) of the dying/terminal patient and their family. There is a great need to educate students about death and dying, cultural competence, communication skills and coping with emotional stress. The present study also suggests the needs to conduct the studies that aim to understand a good death as perceived by the seriously ill patients and their families. Also, it would be a benefit to understanding how the patients' illness affects the families and the needs and support they need to help them cope with the loss of their loved one. An understanding of both the patients' and families' awareness and perception of a good death will help palliative nurses to improve their care of the terminally ill.

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What is already known on this topic?

The concept of good death is an ideal reflected in the hospice literature and characterized by individuality, symptom control, dignity, and peacefulness. There had been no previous study on this topic.

What this study adds?

Nursing students working in any healthcare setting can have experiences with death and dying patients. Student nurses' perceptions of a good death focus more on the death event and less on the dying process.

Potential conflicts of interest

The authors declare no conflicts of interest.

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