

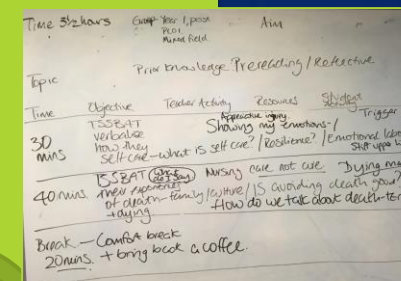
1. Background

- First year nursing students will undertake clinical placements within 12 weeks of commencing their academic studies. They will be exposed to a range of demanding life experiences whilst on placement and it is likely that they will encounter situations involving death and/or dying. Nursing students are not always well prepared for the emotional labour of caring for patients who are dying (Parry, 2011). In addition, death anxiety (DA) is a recognised phenomenon in nursing practice often fuelled by a reluctance to talk about death and dying (Peters et al, 2013). Preparing students to support themselves and develop resilience in readiness for the emotional work they will undertake is crucial in educating the workforce of the future as burnout has been linked to DA (Sliter et al 2014).



2. Development

- One way of managing death anxiety is through encouraging informal reflexive activity. To this end, the opportunity to facilitate activity in this area arose following consultation with students and lecturing staff in the School.
- One author's area of expertise included the experience of running Death Cafés. Founded by Jon Underwood in the UK death cafés are based on the work of Bernard Crettaz (<http://deathcafe.com>). They are an informal voluntary meeting place, for participants to discuss death, to normalise death as part of our experience of living and to give a platform to those who may be reluctant to talk about death elsewhere (Miles and Corr, 2017).
- Although the term 'Death Café' was rejected by the students, the principles were incorporated into a stand alone workshop. Following lecturer consultation, the title of the workshop sessions was agreed as "The Big Conversation".



7. Conclusion

- These workshops were designed to help facilitate students to articulate their understanding of death and dying to enable them to appreciate the importance of building resilience and caring for self. Facilitating students to focus on the affective domain in isolation is not a usual intervention and sometimes this focus confuses students (Neumann & Forsyth 2008). These findings indicate that although students were initially surprised by this approach, they accepted the emphasis on the affective as inevitable and appropriate.
- There is a mandate for students to consider the emotional work required when nursing people who are dying. There is clear justification for this to begin with a focus on the affective domain, facilitating students to consider their own values and beliefs about death and dying. This must be done sensitively and in a supported environment. The need to develop the Big Conversation workshops further is validated.

"It's OK to be affected by death"

"I .. got to think about what makes a good death?"

"...don't need to fear death"

"it challenged previous beliefs and attitudes"

"...made me realise that everyone has different coping strategies"

The Big Conversation: Let's talk about death

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6. Key points of self development

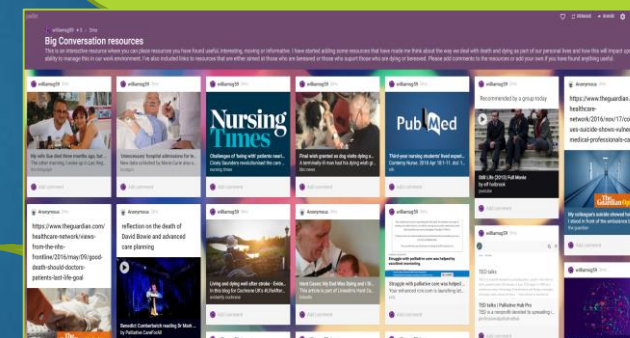
- "Improved coping mechanisms when dealing with death on placement"
- "Feeling positive that it's ok to be affected by death"
- "Not to be afraid of the subject of dying"
- "Death should not be feared"
- "Reassured about dealing with death on placement"
- "Free to speak about a topic that is usually stigmatised"
- "Prepared to help people in their last moments rather than being scared"
- "To respect individuals' wishes and culture"

5. Results

- The feedback received from the students (n = 45) was overwhelming positive.
- A number of students highlighted the positive aspects of an interactive workshop as opposed to more formal presentations. As one student commented "I enjoyed working as part of a group and interacting as opposed to just watching a PowerPoint".
- The theme of sharing thoughts and listening to other people's perspectives was also clear, for example one student noted "...interesting to hear different views and opinions...good to get people talking about it (dying)". Several students commented that being given the opportunity to think in a safe space was helpful, noting that the workshop was "thought provoking" for them, one indicating specifically that being "challenged (on their own) previous beliefs and attitudes" was useful for them.
- Lecturer feedback was also positive with all keen to be involved in future workshops.

3. Method

- A group of lecturers from three different fields of nursing studied at the university collaborated to develop a workshop format and supporting materials for the sessions.
- Groups of first year students (n=246) studying the different fields were placed into workshop groups (n = 16) to facilitate clinical learning.
- Ground rules were made explicit at the beginning of each session and included a confidentiality clause and clarity that the session was not a therapeutic group. Two lecturers were present throughout. Their roles were to facilitate the session and provide support should students become upset or uncomfortable by the ensuing discussion.
- Workshops commenced by facilitating discussion about resilience and self care, before focussing on personal and professional experience of death and dying. Students were encouraged to consider their own beliefs and values and those of others. Discussion was woven around prompt questions, devised by the Dying Matters Coalition (<https://www.dyingmatters.org/> e.g. 'If someone close to you had died what would you want people to say to you?'. Students were then divided into smaller groups (n = 4 – 6) and encouraged to consider pre-prepared questions, e.g. 'How would you want to be remembered'. In line with the Death Café ethos, biscuits were provided. The workshops ended with a debrief.
- Sessions were facilitated in English and Welsh depending on the students present.
- An electronic Padlet information resource was developed for pre reading and post session reflection.



4. Evaluation

- During and following delivery of 16 workshops student feedback regarding the session were sought.
- Whilst the sessions were being delivered two randomly selected groups of students (n = 28) were asked to give feedback verbally and on post it notes on the session they had just completed.
- On completion of the workshops a brief survey was circulated electronically to ascertain the opinions of the cohort as a whole. The opinions of facilitators were also determined on completing the sessions.

References

Miles L & Corr CA (2017) Death Cafe: What Is It and What We Can Learn From It? *Journal of Death and Dying* 75(2)151–165, Neumann JA & Forsyth D (2008) Teaching in the affective domain for institutional values *Journal of Continuing Education in Nursing* 39(60) 248–254, Parry M (2011) Student nurses' experience of their first death in clinical practice *International Journal of Palliative Nursing* 17(9) 448 – 453, Peters L et al (2013) How Death Anxiety Impacts Nurses' Caring for Patients at the End of Life: A Review of the Literature *Open Nursing Journal* 7 14 – 21, <http://deathcafe.com> <https://www.dyingmatters.org/>, Sliter M T et al (2014) Don't fear the reaper: Trait death anxiety, mortality salience, and occupational health *Journal of Applied Psychology* 99(4) 759–769