



NURSING STUDENTS' EXPERIENCES OF PALLIATIVE CARE FOR DYING PATIENT

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ABSTRACT

A nurse requires to acquire the proper ability to care for dying patients. In nursing education, palliative care is a complex action that tends to be challenging for nursing students. This is because there is an interaction among learning professionalism, emotional empathy, and other grieving feelings related to the palliative conditions of the patient. Palliative care interventions provide various challenges and learning for nursing students according to socio-cultural and demographic characteristics. This study aimed to determine nursing students' experiences of caring for dying patients. This research was qualitative research with a phenomenological design. The data was obtained through in-depth interviews. Based on data saturation, 12 informants had experiences of caring for dying patients within a previous year, obtained through a purposive sampling method. The audio recordings were collected and analyzed using the Collaizi technique. This study identified four themes: 1) feelings of caring for dying patients; 2) caring for dying patients; 3) self-influence in caring for dying patients; and 4) barriers to caring for dying patients. Feelings of fear, tension, confusion, and anxiety emerged when first time caring for a dying patient. The results of this study are expected as a reference for further research related caring for dying patients.

Keywords: *Care; dying; end-of-life; experiences; nursing student*



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INTRODUCTION

The demands for end-of-life care in hospitals increase in line with the incidence of chronic diseases escalation. The Global Report on Non-Communicable Diseases (NCD) by World Health Organization (WHO) states that the percentage of deaths was 63% compared to infectious diseases. In Indonesia, the trend of deaths from NCDs elevated from 37% in 1990 to 57% in 2015 (WHO & Ministry of Health RI, 2017). Death is a natural occurrence that requires a special approach or intervention and well-known as part of palliative nursing concept (Garrino, Contratto, Massariello, & Dimonte, 2017). Palliative nursing care is aimed to improve the quality of life of patients and their families by assisting to defeated various physical, psychological, social, and spiritual problems suffered by patients who are no longer responsive to curative measures. Schell and Puntillo's research revealed that all critically ill patients should receive aggressive care in order to emphasize a peaceful death facilitation (Gillan, van der Riet, & Jeong, 2014).

Previous research showed that dying patients had diverse needs including physical, psychological, spiritual, and social support needs. These needs are not able to be separated from the importance of improving attitudes toward caring for dying patients. The success of care for dying patients is influenced by the nurses' attitude in their care process (Gallagher et al., 2015). Health workers, including nurses, should play an active role in caring for dying patients. Nurses are health workers who provide direct care to the patients almost 24 hours, so they are able to recognize patients' needs (Kieft, de Brouwer, Francke, & Delnoij, 2014). Patients' care dependence to the nurses could not be avoided, especially for patients with total care. The study stated that negative attitudes of nurses, such as feelings of indifference, fear, and anxiety in providing nursing care may reduce the quality of service in patients before death (Grubb & Arthur, 2016). Nursing students have two phases in their educational process. The first phase is the academic stage where students learn about nursing theories. While the second

phase is professional education when they deal with patients directly.

Attitudes in end-of-life care are competencies that should be possessed by nursing students who are undergoing the professional stage to accommodate caring for dying patients. In Islamic State University Syarif Hidayatullah Jakarta, Not only learn about the field of nursing, but also nursing students learn about the Islamic religion. Nursing students are required to be able to integrate nursing and Islamic sciences. Previous research demonstrates that a positive attitude toward end-of-life care can be a measure of the success of nursing students in developing therapeutic relationships with dying patients. Newly graduated nurses and nursing students frequently deliver negative attitudes such as anxiety, fear, and sadness to patients when providing palliative care (Grubb & Arthur, 2016). According to Schroeder & Lorenz (2018), the experience of dealing with palliative patients can increase nursing students' commitment to being better prepared to care for dying patients. Research by Strang *et al.* (2014) also revealed that nursing students in Sweden felt calmer and less afraid to deliver palliative care at the further opportunity.

As the novelty of this research, we also assess the Islamic palliative care management as a part of university curriculum. Dying patients require special care, care before death is important for the world of nursing and Islam. Palliative care for dying patients is conducted through the prevention and reduction of suffering by early identification, proper assessment and treatment of pain and other stressors (Connor, 2020; Tambunan & Kristiana, 2022). At the same time, Islamic management for dying patient has oriented on the readiness of the patient and family's spiritual aspects in accepting Allah's provisions, as well as helping the patient's mentality to be able to die in a state of "*husnul khotimah*" (Ghaljeh *et al.* 2016). Furthermore, when patients' conditions are getting worse, something needs to be done, such as having a positive prejudgment toward Allah, leaving a will before death, "*talqin*" (leading the pronouncement of the shahada), and facing to the Qibla (Suprayitno & Setiawan, 2021). Students of the nursing profession at Islamic State University Syarif Hidayatullah Jakarta as prospective Islamic professional nurses are required to have competence in this issue. This study focused on a case study of nursing students' experiences in caring for dying patients.

METHOD

Study design

This research was qualitative research with a descriptive phenomenological approach that examined an event that was felt and known through one's experience (Cresswell & Poth, 2018).

Informants

The selection of informants in this study used a purposive sampling technique by distributing forms to be filled out by the research population. There were 43 out of 61 informants filled in the consent, but only 18 people were relevant with inclusion criteria. The inclusion criteria of this study included students who experienced caring for dying patients within a previous year. Pietkiewicz & Smith (2014) stated that the sample size for qualitative research generally consists of six to eight people based on the homogeneity and similarity between individuals. In this research, the data saturation reached out 12 informants. The collection of data was discontinued when it reached data saturation or when no new information emerged (Cresswell & Poth, 2018). After conducting the interviews, the researchers classified the meanings contained in the interview results, helped by the observer.

This was performed to get concise information from informants through one-by-one interview. The similar procedure repeated until all informants' data was saturated and could be analyzed together.

Data Collection

The research was conducted from May to July 2019 at Islamic State University Syarif Hidayatullah Jakarta. Data collection applied in-depth interview techniques. Interviews were conducted informally, interactively and through open-ended questions and answers (Nursalam, 2020). This in-depth interview involved asking participants to explore information, perspectives, insights, knowledge, feelings, attitudes, experiences, or phenomena that can be observed (Whitehead & Lopez, 2016). The tools used were in-depth interview guidelines, the Sony tape recorder recorded participants' verbal expressions or responses.

Data analysis

This study used the Colaizzi analysis method to describe the interview transcripts and to classify the transcripts based on the meaning clusterization obtained from the informants (Nursalam, 2020). In the first step, the researcher read the description of each informant who participated in the study and solicited participants' understanding. The researchers then extracted important statements to the research question, such as nursing students' descriptions of their feeling in first time encountered patients with palliative care. Also responses and body gestures of informants were observed to validate the information conveyed. To accurately reflect research data, key statements should be direct quotes from participants. To analyze key statements, researchers clarified the statements meanings and created themes from those meanings. Researchers grouped similar themes and organized them into several categories. Finally, researchers integrated the results into a comprehensive description of the topic and returned to each participant to review the results.

Trustworthiness

The trustworthiness at this research follow the framework of Lincoln and Guba, consisted of credibility, transferability, dependability, and confirmability (Stahl & King, 2020). The credibility test in this study used the member checking method, peer debriefing and negative case analysis, and the theoretical triangulation for the interview response guideline (Whitehead & Lopez, 2016). As a transferability aspect, we provided a detailed description of the research process and setting, including the methods and time frame for data collection. This allows someone wishing to transfer the findings of the data to decide whether or not the transfer is feasible based on their personal context (Stahl & King, 2020). As dependability, we implemented interviews with two interviewers, one was a peer interviewer and the other was an observer (also as a note taker to validate the interview result). Apart from having no influence at the research location, researchers also limited their influence on changes in informants' perceptions that might alter informants' answers. In this way, the use of precise instruments, including alternative probing, was an implementation of confirmability in this research.

Ethical considerations

This study was approved by the Research Ethics Committee, Faculty of Health Science Islamic State University Syarif Hidayatullah Jakarta with the certificate number was Un.01/F10/KP.01.1/KE.SP/05.06.024/2019.

RESULTS

Table 1 showed that 7 out of 12 informants had a previous senior high education from Islamic senior high school (58,3%) with age range from 22 to 24 years old. Based on gender, 8 out of 12 informants were female nursing students (66,7%).

Table 1. Informants Characteristic

Informant characteristic	n	%
Previous Education		
Islamic senior high school	7	58,3
Public senior high school	5	41,7
Age		
22	5	41,7
23	6	50,0
24	1	8,3
Sex		
Female	8	66,7
Male	4	33,3

Theme 1: Feelings of caring for a dying patient

The results of in-depth interviews conducted to all informants showed that when they first experienced in dealing with dying patients, the feelings were different and were tended to acquire negative feelings such as confusion, fear, tension, sadness, or anxiety. Six out of twelve informants reported that when they first cared a dying patient, what they felt was sadness.

"...Sad to be honest.... Because someone wants to die, Oh God, what will happen to the family. It's been like that for a week with him, right, so we really take care of him like that, so it's sad..." (P5)

This was because, at the time, they empathized with the dying patient, therefore sentiments of melancholy emerged immediately. Three informants said that when they first treated a dying patient, they felt tense. This was because that was the first time for the informants encountered such a condition. As explained by the following informants:

"...At first, I was shocked, then I was also tensed, which was definitely tense and scared, yes, when we faced a patient who was in a state of death, yes, the term was..."(P2)

Five informants said that when they first took care a dying patient, they felt confused. This was because when dealing with palliative patients, they did not obtain the courage and did not notice what actions should be taken. The following was the quote:

"...He's (patient) confused, that's why he's still asking what to do...also me, dealing with the confused patient make me confused too. It's like all of the memories that were taught for me in university were forgotten. I was just like 'oh my god what will I do'..." (P4)
"...I experienced it when I first started practicing, so I was still scared and very confused". (P12)

Three informants revealed that when they first cared a dying patient, they felt anxious. That was because they were seeing the condition of the patient as if he was about to die. It was different with another informant who admitted that the informant was worried because the informant still felt he or she did not perceive anything because he was still in the education stage. Here was the quote:

"...I was really worried, especially since her family is asking what it's like, we did not know, because we were still young enough... with the minimum bar of experience to handle it" (P4)

Seven informants stated that the first time they cared a dying patient they felt fear. This was because at that time they did not obtain the courage to treat dying patients.

"... the first time we were afraid, actually we already knew but in applying it we were not brave enough..." (P5)
"...I was also worried, at that time he seemed to be dropping like he was about to die. So, it's like I was scared too..." (P1)

Theme 2: Care for dying patients and their families

a. Physical care

Several types of physical care carried out by the informants in dying patients were reducing pain, fulfilling daily living (ADL) activities, performing CPR, and monitoring the vital signs. Seven out of twelve informants stated that in providing care to palliative patients, the physical cares they delivered was pain management including pain symptom assessment, relaxation techniques, and respiratory management.

"...There I was able to teach some relaxation techniques to patients who experienced anxiety while reducing pain..." (p3)

There was one informant who admitted to performed activity daily living (ADL) assistances to patients when conducted palliative care.

"...Yes, it was like fulfilling his ADL, how could his nutrition be fulfilled as long as he was still prosperous until the end of his life..." (P1)

The results showed that two out of five informants had performed CPR while provided palliative care to patients.

"...patients who have CHD, and were critical, need to do CPR, and after doing CPR, thank God the patient had a returned heart rate..." (P2)

The results showed that one in five informants monitored TTV (vital signs) while provided palliative care to patients.

"...Yesterday was the first TTV monitoring. Then sometimes I just checked the acceleration, saw the O2 saturation" (P4)
"I checked the patient's vital signs regularly and helped fulfill the patient's need". (P9)

b. Psychological Treatment

Psychological treatments for patients carried out by informants included psychological strengthening and motivation.

"...I was educating he/she, her/his mother, 'be patient, this is a test, God willing, you will be rewarded in the eyes of Allah, all mother's illness, God willing, would wash away your sins'..." (P3)

Regarding psychological treatment for palliative patients' families, all informants revealed that motivating, strengthening, and calming their families were very influential for the family psychological condition in dealing with dying patients.

"...If I went to his/her family, I recommended them being patient, all of this had a reward, the problem was usually in communication, at that time, at first I was shaking, but thank God in the end their family understood, and the communication I did to calm them went smoother" (P3)

In addition, there were also informants who carried out psychological treatment by collaborating in delivering information to families,

"...then collaborating with the palliative team to explain that his condition had been terminated..." (P3)

Table 2. Theme, Sub-Theme, and example quotes from the informants

Theme	Sub-Theme	Example quote
Feelings of caring for dying patient	sadness	"...Sad to be honest ..." (P5) "...That was so sad, caring for a patient with stage 4 cancer, suffering from severe pain and having no support system other than his sister" (P7)
	tense	"...At first, I was shocked, then I was also tensed..." (P2) "... I was tense because I was alone in that room..." (P8)
	confused	"... dealing with the confused patient made me confused too ..." (P4) "... I confused as well, because that was my first time..." (P7)
	Anxious/worries	"...I was really worried..." (P4) "I was also worried, at that time he was dropping really like he was going to die like that, then his family was also waiting there..." (P1)
	fear	"... the first time we were afraid ..." (P5) "...I got goosebumps, and my body trembled..." (P9)
Care for dying patients and their families	Physical care	"...There I was able to teach some relaxation techniques to patients who experience anxiety while reducing pain..." (p3) "...I monitored the patient's vital signs every 15 minutes" (P11) "...monitoring vital signs as usual" (P12)
	Psychological Treatment	"...I was educating he/she, her/his mother, 'be patient, this was a test, God willing, you would be rewarded in the eyes of Allah, all mother's illness, God willing, would wash away your sins'..." (P3) "...I motivated the patient's family to be strong" (P10)
	Islamic Nursing Management	"...We guided or talqin..." (P2) "...I guided him to ask God for forgiveness" (P6) "...I asked the family to stay with the patient and guided her/him to do talqin..." (P8) "... her family and I recited the Holy Qur'an." (P9) "...as my lecturer had taught me in college, I guided her to recite the prayer and did talqin" (12)
Influences on self in caring for dying patients	being calmer and ready to treat dying patients afterward	"The effect was to be more prepared to treat dying patients" (P4) "I was more ready for caring the dying patients" (P11) "...I felt more prepared when I met those situations and felt grateful to be able to help patients remember God in those conditions." (P12)
	getting closer to Allah and being more grateful	"I just wanted to be closer to God, so remembered that we too would die." (P3) "...because of that, I was getting closer to Allah." (P6) ".. I wanted to be closer to God..." (P8) "...I become more and more convinced that everyone would die, and become more religious." (P10)
	Becoming more aware of the patient's psychological conditions	"We often forget that physically ill patients could also be mentally ill, so we must also be aware of their psychological condition". (P7)
	Being more aware of the family's health conditions	"...It really affected my life, making me more attentive to my family's health condition". (P9)
Barriers when caring for a dying patient	First time to dealing with it (lack of experience)	"... the first time we met a dying patient..." (P2) "...I confused as well, because that was my first time..." (P7)) "...It was the first time dealing with that condition" (P11)
	Lack of confidence	"...it was just like having a conflict with ourselves, maybe we should be more confident like that..." (P1)
	hospital's limitations were less focused on the psychological and spiritual problems of patients	"...Honestly, in the hospital, it's still only physiological, right, even though it's nearing death, especially Islam, it needed to be taught from a psychological point of view, so preparing for death must be taught..." (P4) "...my lack of experience made me less confident in caring for dying patients" (P12)
	obstacles in terms of psychological measures to calm the family	"...When she died, her mother didn't seem to accept it, she screamed and then wanted to sue the nurse. So, the obstacle was also from the temperament of the family..." (P5) "...The family was uncooperative, which hindered me from caring the patient..." (P8)
	Communication limitations	"...Caring for elderly patients required effort, let alone caring for elderly patients who suffer from severe pain due to stage 4 cancer and she had no children, so communication become difficult". (P7)
	Difficulty controlling feelings	"... I felt sympathy and shared the sorrow of" (P10)

c. Islamic Nursing Management

The results of in-depth interviews conducted by researchers to all informants showed that informants carried out different Islamic-based treatments when dealing with dying patients, including: (1) praying for patients; (2) guiding patients; (3) listening to murottal. The first thing the informants did for the patient was to pray for the patient. This was stated by nine out of twelve informants. Five of the twelve informants did "Talqin" or guided to recited the shahada to the patient at the time of the patient's death.

"... If you (patient) hade time, helped with dhikr, prayed and assisted reading the Qur'an" (P2)

Six out of twelve informants played "murottal" (holy Qur'an recitation) to the dying patients. In addition, there were informants who recited the Qur'an to palliative patients.

"... her family and I recited the Holy Qur'an." (P9)

The results of in-depth interviews related to Islamic nursing management for patients, four out of five informants performed prayer activities with patients, included helping the patient to "tayammum" or wudhu, following the expression of a 22-year-old male informant

"...we should maintain the worship of a patient, right, so the patient during his prayer time, we prayed, we continued to help pray, also we helped (the patient) to tayammum (we assisted it for his/her)" (P2)

Theme 3: Influences on self in caring for dying patients

The effects of caring for dying patients varied, including: (1) being calmer and ready to treat dying patients afterward; (2) getting closer to Allah and being more grateful; (3) Becoming more aware of the patient's psychological conditions; and (4) being more aware of the family's health conditions. Six out of twelve informants stated that after caring a dying patient for the first time, they were better prepared to care for a dying patient afterward. Two out of five informants stated that after caring for a dying patient, they got closer to Allah.

"I was more ready for caring the dying patients" (P11)

"I just wanted to be closer to God, so remembered that we too would die." (P3)

In addition, one informant revealed that after caring for a dying patient, he/she felt more grateful because he/she was given health.

"... If it affected him, he would be more grateful, meaning that he was grateful for being given health..." (P5)

One informant become more aware of the patient's psychological conditions especially for dying patient and another was more aware of the family's health conditions.

"We often forgeted that physically ill patients could also be mentally ill, so we must also be aware of their psychological condition". (P7)

Theme 4: Barriers when caring for a dying patient

The results of in-depth interviews showed that five out of twelve informants reported to have obstacles such as lack of experience in providing Islamic actions or guiding to read the "talqin" because they never did like that before.

"... the first time we met a dying patient, we must have stammered, confused about what we wanted to do, so we needed help from a nurse or family who was on guard to help us guide or talk..." (P2)

In addition, one in twelve informants experienced lack of confidence as an obstacle in caring for dying patients

"...it was just like having a conflict with ourselves, might be we should be more confident like that, like when the

family wasn't around, we could help pray like that, at least..." (P1)

Three of the twelve informants revealed that the hospital's limitations were less focused on the patients' psychological and spiritual problems.

"...Honestly, in the hospital, it was still only physiological, right, even though it was nearing death, especially Islam, it needs to be taught from a psychological point of view, so preparing for death should be taught..." (P4)

Three out of twelve informants reported to have obstacles in psychological measures which was how to calm the family of the patient who sometimes became temperamental in waiting for the patient.

"...When she died, her mother didn't seem to accept it, she screamed and then wanted to sue the nurse. So, the obstacle was also from the temperament of the family..." (P5)

Our results also identified the communication limitation and controlling feelings hardship while dealing with the dying patient.

"...Caring for elderly patients required effort, let alone caring for elderly patients who suffer from severe pain due to stage 4 cancer and she had no children, so communication become difficult". (P7)

DISCUSSION

Theme 1: Feelings of Caring for Dying Patients

The results showed that most nursing students felt negative feelings such as sadness, confusion, fear, anxiety, and tension. When delegated to provide palliative care to dying patients. This was similar with Catherine Grubb & Arthur (2016) which stated that newly graduated nurses and nursing students frequently obtained negative attitudes such as anxiety, fear, sadness to patients when providing palliative care. This was different from Strang *et al.* (2014) conducting a research on nursing students and found that the majority of students felt comfortable, confident, and not anxious when dealing with patients receiving palliative care. The different results with previous studies might occur due to disparity in research methods, instruments, and the psycho-social-cultural conditions of the study population.

The feeling of fear appeared among nursing students was the students' first experience in caring for a dying patient. This was in accordance with Strang *et al.* (2014) reported that having no experience with a psychological object leads to a negative attitude towards it. The behavior that emerges would be influenced by experience and an description of the consequences that would be confronted (Biglan, Hayes, & Wilson, 2015). Several previous studies also revealed that the length working length actually assisted nurses in understanding palliative nursing from affective, cognitive, to behavioral aspects (Fitri, Natosba, & Andhini, 2017; Giarti, 2018). The longer the nurse works, the more experience caring for palliative patients, the more positive the attitude has obtained when dealing with palliative patients or patients' families, and vice versa.

Cherny *et al.* (2015) stated that the basic principle of palliative nursing is an active and holistic approach in caring for patients with limited living conditions in order to improve the quality of life in terms of the physical, emotional, social, and spiritual needs of patients and their families. It was further explained that nurses must be able to give positive and

psychological impressions, strengthen and support patients and make patients receive a good end-of-life before death.

In nursing care, palliative nursing is not identified as a priority in nursing education, but generally nurses must provide the best service to patients, including when the patient enters the end stage of life. The results of the previous study displayed that nurses frequently deal with the negative attitudes (anxiety, sad, afraid, and did not strengthen the patient's psychology) in any nursing care (A'la, 2016; Grubb & Arthur, 2016). Result from Strang *et al.* (2014) showed that nurses should learn to behave and position themselves in providing palliative to assist the family and patient maximum.

Therefore, supporting the educational curriculum from lecturers for nursing students is one of the crucial factors in sharing added value and experience. The previous study has shown that the curriculum and lecturer lead the impact of behavior for the three themes: moral attitude and action, supportive and disruptive interaction, and personal model and professional model (Tambunan & Kristiana, 2022).

Theme 2: Care for family patients in the face of approaching death

Most informants always provide the physical care for palliative patients such as pain management and relaxation techniques. This is in accordance with Kieft *et al.* (2014) reported that nursing students always look for palliative care which includes physical and psychological care. This is also in line with Fitri *et al.* (2017) stated that in palliative care, some treatments carried out by nurses are pain management, management of other physical complaints, and nursing care. One of the most prominent aspects of palliative care is symptoms and pain management (Giarti, 2018). Symptoms management is part of palliative care to deal with the pain suffered by the patient. The interventions include assessing pain, pain causes, main interventions to reduce the pain including pharmacological and non-pharmacological therapy, pain killer drugs administration, or pain diversion techniques. One of the recommended pain diversion techniques is relaxation techniques as performed by one informant. However, although physical care is the most prominent care, Morsy (2014) in Giarti (2018) said that there is still a need for formal nursing education related to palliative care and nursing interventions to optimize pain management and to improve the quality of life of a dying patient.

Cherny *et al.* (2015) stated that the scope of palliative care does not only focus on the patient, but also on the patients' family or relatives. This study showed that all nursing students always had the initiative to accompany, calm and strengthen the patients' family. These findings are in accordance with research conducted by Fitri *et al.* (2017) at Bhayangkara Hospital which showed majority of nurses (66%) always attempt to participate holistically in palliative care. The other studies in Vietnam and Italy also reported that nursing students provide education and communication to families undergoing palliative care (Garrino *et al.*, 2017; Nguyen, Jansen, Hughes, Rasmussen, & Weckmann, 2014).

Based on its origin, palliative care interventions include performing initial diagnosis of patients' grieving phase, helping the family to complete the death certificate and providing psychological support to the bereaved family in order to improve the patient's quality of life and ensure the patient died peacefully (Fitri *et al.*, 2017). This is in accordance with previous research regarding the validity of the instrument for measuring palliative care attitudes, the Frommelt Attitudes Toward Care for the Dying Care form B

(FATCOD-B) (A'la, 2016). Some of the comforting family attitudes consist of inviting the family to remember the best or most beautiful memories with the patient, welcoming them to accept emotionally the changes in the patient's behavior before death, and calling for them to keep the surrounding environment conducive and normal, and others. (A'la, 2016). In addition, nurses can establish relationships, listen to complaints and share feelings with the family (Garrino *et al.*, 2017).

In addition, the interesting finding in this study was two informants who also invite the family to provide palliative care such as doing "*talqin*". The results of this study are similar with Nguyen *et al.*, (2014) showed that nursing students also actively involve their families in providing palliative services to patients. Family involvement is one of the mechanisms to encourage patients to live the days without despair. It is also a psychological and spiritual support for the patient concerned (Giarti, 2018).

Several spiritual approaches to palliative patients include helping patients pray, guiding the patient's "*talqin*", listening to "*murottal*", and inviting prayer. This study is in accordance with Al-Shahri (2016) where the religiosity aspect of palliative care is carried out by guiding prayer and doing "*talqin*". Another research conducted by Ghaljeh *et al.* (2016) reported that nurses always investigate the best possible emotional and spiritual approach to palliative patients. The results of research by Judith & Stouffer (2014) in Iran also showed that nurses explore comprehensive spiritual approach that adapts to the religious beliefs of each palliative patient.

In nursing science, a good spiritual approach is useful for patients, who even though they will eventually die, are not stressed, and burdened spiritually in the face of death (Giarti, 2018). Even so, not all nurses are able to carry out spiritual management in palliative care as reported by Fitri *et al.* (2017). This is because there is still a lack of skills and knowledge of nurses/nursing student in carrying out spiritual care such as guiding prayer, reading "*talqin*", etc. The results of the study also showed that there was one respondent who involved the family to guide reading the "*talqin*" because of the informants' unpreparedness. On this basis, palliative care can be carried out together across health professionals because of the need for a holistic approach in the dying patient management. This is supported by the results of Kieft *et al.* (2014) regarding the readiness of cross-professional cooperation in providing comprehensive and optimal palliative care, including with the religious leaders assistance who have religious understanding in providing spiritual guidance to peacefully dying process. Another possible way is the provision of spiritual palliative care training for nurses and/or families (Avisha *et al.*, 2017).

Theme 3: the influence on oneself in caring for dying patients

The study indicates that there is an impact for nursing students after caring for dying patients, such as increasing experience in dealing with patients with palliative care and getting closer to God. Most informants reported that after providing palliative care, they became calmer and ready to care palliative patients, have more awareness about patient's psychology and family's health conditions. This is in accordance with Kieft *et al.* (2014) displayed that the experience of dealing with palliative patients is able to escalate nurses' commitment to be better prepared in caring for dying patients. This finding is also similar with Garrino *et al.* (2017) in Italy. Research conducted by Strang *et al.* (2014) also supports this study by showing nursing students in

Sweden perceive calmer and unafraid to provide palliative care at the further opportunity.

The amount of nurses experience or working length provide knowledge and learning in palliative care (Giarti, 2018). This is in accordance with a behavioral theory claimed the experience aspect is one of the dominant factors influencing behavior change (Rogers, 2019). In addition, the learning by doing method can be applied by nursing students. This is in accordance with the psychological theory of social behavior describes a person's actions can be caused by mistakes or consequences of his behavior in the past (Biglan et al., 2015). This study finding are also similar to Strang *et al.* (2014) reported nursing students remember death after handling palliative care in Sweden. On the spiritual aspect, especially in Islam, remembering death is the most powerful way in remembering the transience of the world. In Islam, one of the ways to remember death is to pay homage to the deceased people and to make pilgrimages. This way can remind human sooner or later will leave this mortal world (Baderi, 2014). In addition, it also warn the people about the afterlife so people should be more active in carrying out religious law.

Theme 4: obstacles in caring for dying patients

This study showed some obstacles in caring for the dying people, such as lack of experience in palliative care, psychological care for the patient's families, communication hardship, controlling feelings difficulties, and limited Islamic services in hospitals. This is in accordance with Adhistry (2016) displayed that palliative care implementation frequently faced several obstacles for nurses including limited knowledge in providing holistic and optimal palliative care, discomfort, fear, sadness, losing feelings when dealing with deceased patients, burnout, and the lack of Islamic standards for palliative care in hospitals so that the care provided is frequently as nursing care and public services. This is supported by Fitri et al. (2017) showed although 58% of nurses had a good attitude in carrying out palliative care, there was still a lack of learning about palliative care in formal nursing education and training. This study obtained some limitations. The researchers did not review the nursing activities carried out by the informants in the hospital based on the values of the lecturers/field guidance. So that, even though the researcher has assessed the experiences carried out by the informants, conclusions about the suitability of the actions compared to the curriculum guidelines is not able to be accomplished.

CONCLUSION AND RECOMMENDATION

Nursing students tend to have negative attitudes in caring for dying patients, such as sad, afraid, anxious, confused, tense, etc. However, students continue to investigate the holistic care for dying patients including physical, psychological, and spiritual care. The experience of caring for a dying patient has some positive influences on students, such as increasing self-confidence, courage to care for a dying patient afterward, and desire to be closer to God. Professional students in caring for dying patients have various internal and external obstacles, such as lack of students' experience, and family psychological condition of difficult acceptance toward patient's condition. The results of this study are expected to be an additional reference for nursing students performing further research on the care of dying patients, and future studies are recommended to apply quantitative or mixed approaches, especially from the curriculum and lecturer support about palliative care knowledge and practice.

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