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What Do Undergraduate Student Nurses Think About the Child Patient in the Terminal Period? Focus Group Study

Hemşirelik Öğrencileri Terminal Dönemindeki Çocuk Hastanın Bakımı Hakkında Ne Düşünüyor? Odak Grup Çalışması

Nurdan AKÇAY DİDİŞEN[1], Hatice UZŞEN[2], Dilek ZENGİN[3], Satı DOĞAN[4], Hamide Nur ÇEVİK ÖZDEMİR[5]

[1] Ege University Faculty of Nursing Department of Pediatric Nursing, İzmir
• **nakcayyy@gmail.com** • ORCİD > 0000-0002-4371-6020

[2] Ondokuz Mayıs University Health Sciences Faculty Department of Nursing, Samsun
• **hatice_uzsen35@hotmail.com** • ORCİD > 0000-0001-9873-5088

[3] Ege University Faculty of Nursing Department of Pediatric Nursing, İzmir
• **zngn.dilek@gmail.com** • ORCİD > 0000-0002-4240-7090

[4] Ege University Faculty of Nursing Department of Mental Health and Psychiatric Nursing, İzmir
• **sdbozkurt@hotmail.com** • ORCİD > 0000-0002-9935-3265

[5] Afyonkarahisar University Health Sciences Faculty Department of Nursing
• **hamidenur43@hotmail.com** • ORCİD > 0000-0002-1199-8801

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Sorumlu Yazar / Corresponding Author: Hatice UZŞEN

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WHAT DO UNDERGRADUATE STUDENT NURSES THINK ABOUT THE CHILD PATIENT IN THE TERMINAL PERIOD? FOCUS GROUP STUDY

ABSTRACT:

Aim: Nursing students face many patients who require palliative care in the terminal period. This study aims to determine the student nurses' experiences with the palliative care provided to children in the terminal period.

Method: The study was conducted using focus group interviews, which are qualitative research methods. The sample was constituted of 12 intern student nurses who were working in the pediatric hospital of the university in 2017 in Turkey. The research inclusion criteria for students were that they must have provided palliative care or seen death. The focus group interview was held in the meeting room at the Nursing School on the day and hour when the nurses were available with four researchers. Data were analyzed together by using conventional content analysis.

Results: Three main themes were determined (Preparing for death, self-care, and meeting the demands of the child and the family). It was found that nursing students providing care to pediatric patients in the terminal period experience many feelings including fear, nervousness, helplessness, shock, emotional deterioration, etc. and they do not know how to deal with these emotions. These students believe that symptom management and self-care requirements should be managed in the best way and that emotional support should be provided. The students pointed out the families' information needs and emotional support needs. They also emphasized the emotional effects associated with themself.

Conclusions and Suggestions: Educational programs related to care for the child in the terminal period and preparation for death should be added to the nursing education and training process. Organize individual and group meetings to provide nursing students opportunities to express their feelings regarding the care and death of the child in the terminal period.

***Keywords:** End-Of-Life Care; Nursing Students; Practicum; Focus Group İnterview.*

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HEMŞİRELİK ÖĞRENCİLERİ TERMİNAL DÖNEMİNDEKİ ÇOCUK HASTANIN BAKIMI HAKKINDA NE DÜŞÜNÜYOR? ODAK GRUP ÇALIŞMASI

ÖZ:

Amaç: Hemşirelik öğrencileri terminal dönemde bakım ihtiyacı olan birçok hasta ile karşılaşmaktadır. Bu araştırma, intörn hemşirelerin terminal dönemde olan çocuğa verilen palyatif bakım ile ilgili görüşlerinin belirlenmesi amacıyla yapılmıştır.

Yöntem: Çalışma nitel araştırma yöntemlerinden odak grup görüşmesi yapılarak 2017 yılında gerçekleştirilmiştir. Araştırmanın evreninin Türkiye'de bir üniversitesinin Hemşirelik Fakültesinde eğitim gören intörn hemşireler oluşturmaktadır. Araştırmada niteliksel araştırmalarda kullanılan örneklem seçme yöntemlerinden biri olan amaçlı örneklem kullanılmıştır. Hemşirelik öğrencisinin en az bir hastaya palyatif bakım vermesi ya da bir hastanın ölümüne tanıklık etmesi dahil edilme kriterini oluşturmaktadır. Odak grup görüşmesi, belirlenen kriterlere uygun bulunan on iki katılımcı ile Hemşirelik Fakültesinin toplantı odasında, katılımcıların uygun olduğu gün ve saatte bir moderatör ve moderatör yardımcısı, iki raportör olmak üzere dört araştırmacıyla yapılmıştır. İntörn hemşirelere sorulmak üzere araştırmacıların deneyimleri ve akademik bilgilerinden faydalanılarak yarı yapılandırılmış soru formu hazırlanmıştır. Bu sorular doğrultusunda görüşmeler ses kayıt cihazı ile kaydedilmiş ayrıca görüşme sırasında rapor tutulmuştur. Verilerin içerik analizi yapılmıştır.

Bulgular: Ölüme hazırlık, öz bakım, çocuk ve ailesinin bakım gereksinimlerinin karşılanması olmak üzere üç ana tema belirlenmiştir. Çalışmada hemşirelik öğrencilerinin, çocuk hastanın ve ailesinin terminal dönemde hastalık ve tedavi süreci ile ilgili bilgilendirilmesi gerektiği, semptom yönetimi ve öz bakım ihtiyaçlarının en iyi şekilde sağlanması, emosyonel destek verilmesi gerektiğini düşündükleri belirlenmiştir. Hemşirelik öğrencilerinin terminal dönemdeki çocuk hastanın bakım ortamı hakkında farklı düşüncelere sahip olduğu, çocuğun istediği ortamın ev veya hastane ortamı olabileceğini düşündükleri belirlenmiştir. Terminal dönemde olan çocuk hastaya bakım veren hemşirelik öğrencilerinin korku, tedirginlik, çaresizlik, şok, duygusal yıpranma, hissizlik, inkâr ve üzüntü gibi birçok duyguyu yaşadıkları ve bu duygularla nasıl başa çıkmaları gerektiğini bilmedikleri belirlenmiştir.

Sonuç ve Öneriler: Hemşirelik eğitim öğretim sürecine terminal dönemdeki çocuğa bakım ve ölüme hazırlık ile ilgili eğitim programları eklenmelidir. Terminal dönemdeki çocuğa bakım veren hemşirelik öğrencilerinin duygularını ifade etmelerine olanak sağlamak için bireysel görüşmeler veya grup toplantıları düzenlenmelidir.

Anahtar Kelimeler: *Terminal Dönem; Palyatif Bakım; Hemşirelik Öğrencisi; Klinik Uygulama; Odak Grup Görüşmesi.*

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INTRODUCTION

The word “terminal” denotes the end of a period. A patient in the terminal period is in the last days of life and is about to die (Birol, 2004). In children, diseases such as childhood cancer (leukemia, etc.), chronic kidney failure, congestive heart failure, and cystic fibrosis are frequently precursors to the terminal period. The terminal periods of such diseases are psychologically and physiologically unavoidable situations both for the child and the family and for the healthcare team (Peykerli, 2003). Symptoms such as pain, dyspnea, fatigue, stomatitis, nausea-vomiting, anorexia, diarrhea, constipation, and loneliness, isolation, death anxiety, depression, spiritual distress are psychologically and physiologically situations, which are the most common and cause distress. Nursing care focuses on alleviating or eliminating these conditions (Kostak, 2011).

Increasing the quality of life by helping the child and the family to maintain a meaningful life is the basic principle for the care of the patient in the terminal period. During this time, the nurse is the person who defines and evaluates the physical, psychosocial, and social requirements of such children, provides them with proper nursing care, and enables them to do whatever they can do at optimum comfort levels (Yorulmaz & Karadeniz, 2020; Harputoglu & Çelik; Taplak, Gürol, Polat, 2020; Akgün & Akan, 2011; Cavaye & Watss, 2014). Such a situation requires all nurses to be informed and feel confident about the care of the patient in the terminal period (Bassah, Seymour, Cox, 2014; Dahlin, 2015; Morelhão, 2019; Taplak, Gürol, Polat, 2020; Akdeniz & Bektaş, 2019).

Clinical experiences are an indispensable part of nursing education. These experiences provide nursing students the chance to exhibit professional attitudes and behaviors regarding the situations that they will face (Chesser-Smyth, 2005). Nursing students face many patients with chronic diseases who require care in the terminal period. It has been suggested that there may be a void in the scope of a standard nursing curriculum regarding this subject (Cavaye & Watss, 2014; Gallagher, et. al, 2014). The education given to nursing students about the care of patients in the terminal period is an important factor that affects their caring attitudes and caregiving competencies (Cavaye & Watss, 2014; Malloy, et. al., 2006; Ferrel, Malloy, Mazanec, Virani, 2016). Having insufficient education on the death and dying

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process constitutes a problem for both nurses and their patients (Cavaye & Watss, 2014; Cavaye & Watss, 2014). The previously conducted studies indicate that facing patients' death is a stressful experience for nurses and nursing students. They feel the emotions of fear, confusion, and concern. They are unprepared; they do not have self-confidence as they lack information and skills for the terminal period. They do not feel competent (Ay & Gençtürk, 2013; Ek, et al., 2014; Kent, Anderson, Owens, 2012). In a study, nursing students experience a moderate level of difficulty in providing care for palliative care patients (Taplak, Gürol, Polat, 2020). In another study, nursing students who first encountered death stated that they lacked someone with whom to talk about the situation (Parry, 2011). The study done by Edo Gual et al. (2014) determined that students also require education on emotion management when they face any situation of providing care during the clinical work period (Edo Gual, et. al. 2014). The students' kinds of emotional responses limit the professional skills they can use for the dying patients and make it more difficult for students to get informed about the emotional reactions of the patients and their families (Ek, et al., 2014).

The first death experience leaves permanent effects on the memory of nursing students which affects their professional life in the following years (Kent, Anderson, Owens, 2012). Therefore, before and during the initial clinical experience of care in the terminal period, strategies are required to support the nursing students (Gallagher, et. al, 2014).

Examining the literature, we found a limited number of research findings on nursing students' perceptions of the concept of death or how they provide care for terminally ill patients.

The Aim of the Study

This study aims to determine the experiences of student nurses regarding the care provided to children in the terminal period approaching death.

METHOD

The study was conducted using the qualitative research method of focus group interviews. It was carried out with 4th-year student nurses who went into clinical practice in the internship program of a university's Faculty of Nursing in Turkey. The pediatric internship period is 4 weeks. All students who gave care to the terminal patient between the specified dates were included in the study. The study sample was 35 students at the nursing school university between April and June 2017. Purposeful sampling was the choice of the sample selection method, as it is an accepted approach to qualitative research. The sample was constituted of 12 students who were working as intern nurses in the pediatric oncology service, the pediatric intensive care unit, and the cardiology service of the pediatric hospital of the university as part of the nursing course on pediatric health and disease. The research inclusion criteria for students were that they must have provided care for at least one patient in the terminal period or must have seen death. All students were evaluated in line with the inclusion criteria and invited to participate in the study. The focus group interview was held in the meeting room at the Nursing School on the day and hour when the nurses were available with a moderator and a moderator assistant. The aim of the research and the principles of the interview were explained to nursing students, and their informed consent was obtained. To make the meeting flow more easily, participants were asked to put name tags on their collars. All the data during the interview were obtained using a voice recorder and by taking notes. Utilizing the experiences and academic knowledge of the researchers, a *semi-structured questionnaire form* was prepared to ask student nurses the following questions (Cernigoy, 2014; Charalambous & Kaite, 2013; Bassah, Seymour, Cox, 2016; Mirlashari, Warnock, Jahanbani, 2017).

- Could you please evaluate the care provided for the child approaching death?
- What did you feel when the child for whom you had provided care in the terminal period died?
- What do you think about where the care of the child in the terminal period should be?
- What are your opinions about the care requirements for children in the terminal period?

The moderator asked questions to the participants from the questionnaire form. Time was provided for each student nurse to answer the questions asked. The interviews lasted 60 minutes on average.

Data Analysis

The data obtained from the focus group interview were qualitatively analyzed through the induction analysis technique. In the induction analysis, the phases of making and coding the data transcript, constituting themes, and writing interviewer comments were included (Celik, Baykal, Memik, 2020). The focus group interview was conducted by 4 researchers. One researcher moderated the focus group interview. First, three researchers took voice recordings and took notes on their answers. The audio recordings were listened to and written. Then, a hand-written focus group interview transcript was produced. The notes taken by the researchers were combined and compared with the audio recording.

Together with In the first phase of the qualitative research, themes were determined by coding the data. Abbreviations were used while coding the participants deciphers (K1, K2, etc.). Main themes and explanatory codes were obtained from the subjects in the texts. After this, concept maps and statistical outputs were produced from the text data. When the data was analyzed, the findings started to repeat similarly. So researchers decided that data fullness was reached.

Ethical Status

The research was carried out by receiving written permission from the Committee on Scientific Research and Publication Ethics (IRB No: 269-2017) and from the institution where the focus group interviews would be held. After the participants were informed about the study, their verbal and written approvals were obtained.

RESULTS

The research participants included 12 nursing students, 9 females, and 3 males. According to the findings obtained, it was determined that the mean age of the students was 23 ± 0.93, and 75% of them were female. During the interview, students were asked whether they had faced a patient's death, and it was determined that some students included in the study had faced a patient's death more than once (X ± Std: 2 ± 1.52, Min: 1 – Max: 5), 91.7% of them provided care to the patient in the terminal period, and among them, 83.3% witnessed the death of the patient (Table 1).

Table 1. Sociodemographic characteristics of the nursing students.

	n	%	X ± Std
Gender			
Female	9	75	
Male	3	25	
Mean Age			23 ± 0.93
Participants Who Faced a Patient's Death			2 ± 1.52 Min: 1 – Max: 5
Participants Who Provided Care to the Patient in the Terminal Period			
Yes	11	91.7	
No	1	9.3	
Participants Who Observed the Death of the Patient			
Yes	10	83.3	
No	2	16.7	

The key question "Could you please evaluate the care provided for the child approaching death?" was asked of the participants. Following their answers, their opinions were examined, and the themes were determined. Sub-themes were created in line with the theme of preparing for death. These sub-themes are providing information, symptom management, explanation of death to the family, emotional support, and emotions (Table 1).

Some of the opinions of the students included in the research regarding the care provided to the child approaching death are as follows.

K7, a female, discussed the family and expressed her emotions, *"In the clinical environment, if the patient's death is approaching, doctors and nurses tell family members to get ready for the death with proper words. At that time, it is necessary to provide emotional support since it is hard for the patient's relatives. Even though patients' relatives know that the patient will die, this becomes a painful situation for them. It is also hard for us since the loss of a person for whom you provide continuous care causes psychological exhaustion for us."* This participant emphasized the importance of emotional support during this process. Her expression *"Also, if the patient has any pain, attempts are made to relieve the pain. Some interventions are done in the case of nausea, etc. Indeed, symptom management evaluates this kind of requirement and makes interventions accordingly. Interventions for self-care requirements were always done."* This participant worked on determining symptom management and how to fulfill the patient's self-care requirements.

K4, a female, described the family touch as, *"There was a patient with heart failure in the intensive care unit. The patient's situation started to deteriorate on Monday. His mother was informed that she would be able to see the child for the last time. The facial expression of that family member deeply affected me. I will never forget that."* The themes from the participants' answers are in Table 2.

Table 2. The evaluation of care provided to the child in the terminal period.

Could you Evaluate the Care Provided for the Child in the Terminal Period?	
Main Themes	**Sub Themes**
P	Providing information (n: 4; K2, K7, K8, K11) Symptom management (n:1; K7) Explanation of death to the family (n:1; K7) Emotional support (n: 2; K7, K12) Emotions (of family and employees) (n:3; KI, K2, K7)
Self-Care	Fulfilling self-care requirements (n:2; K4, K7)
Meeting the Demands of the Child and the Family	Emotions of the family (n:2; K3, K5)

After the research question *"What did you feel when the child for whom you provided care in the terminal period died?"* was asked to the participants in the pediatric service, eleven codes were obtained from the answers for the theme of *"reactions to the death"* (Figure 1). It was found that nursing students providing care to pediatric patients in the terminal period experience many feelings including fear, nervousness, helplessness, shock, emotional deterioration, etc. and they do not know how to deal with these emotions.

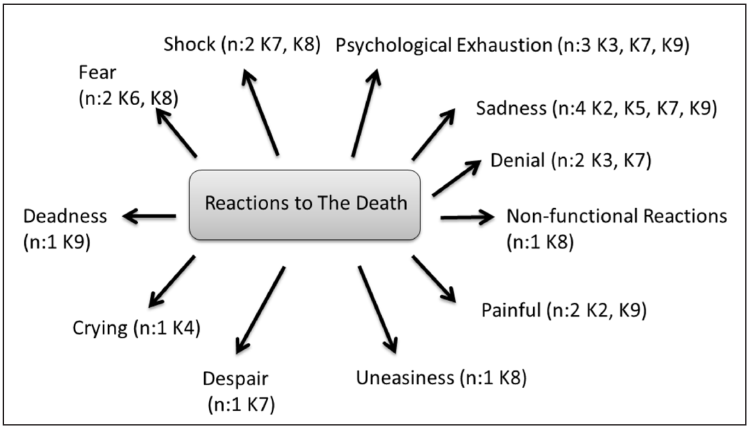

Figure 1: Reactions to the Death

One of the students, K2, a female, expressed this: "*First, you get upset. It is sad, and you look for a way to escape. I did not want to see my patient there on that day. Although you wish for the patient not to die, you also wish not to see the patient. Even though it is inevitable, I never want to see death.*" K2 looked for a way of escape to avoid coming face-to-face with death and denied coming face-to-face with death. K8, a female, stated that "*The first time I was faced with this kind of situation, I did not know what to do in case of death, and I was afraid of non-functional reactions of the family (anger, threat, attack, etc.).*" K9, a male, stated that "*The case is a bit different in adult patients. People can accept the death of an adult patient. Some patients get rid of suffering, so to speak. The death of a patient who has spent 8-9 months in the hospital in an unconscious state does not affect you much. However, the death of a small child at age two or three who would be expected to have long years of life, running and playing around, makes people emotionally miserable.*" This participant emphasized that it is hard to accept the death of pediatric patients, and this is heartbreaking.

Three codes were mainly obtained for the care environment. The participants stated that the care of the child in the terminal period should be provided either in the hospital environment, the home environment, or in an environment the child wants. Codes and sub-codes regarding the subject were determined on the concept map (Figure 2). Some of the opinions of the students included in the research regarding where the care of the child in the terminal period should be provided were as follows. K4, a female, stated that "*There was a child in the terminal period in the oncology clinic. He was conscious; his care was provided. A central venous catheter was placed in another child in the same room, and as that child was crying, the terminally ill child was also crying. He didn't want to stay there. If he were at home, he would not witness this kind of environment.*" She emphasized that as the interaction with other patients in the hospital environment causes fear in the child, home is safer. K6, a female, stated that "*Home is safer because of their fear. As my friend said, other children can also be affected. Also, family is more important. Spending time with them can be better for their health. Hospital treatment may increase pain and affect their psychology; it becomes scary.*" K6 was determined that the home environment is safer because of the fear of death. K9, a male, stated that "*The majority of children in the terminal period want to go home, since, even when they see the nurse's desk, many painful interventions such as vascular access intervention and blood collection come to their minds, and as I observed, each child wants to go home.*" K9 emphasized that because they want to avoid any painful interventions, children want to stay in their homes.

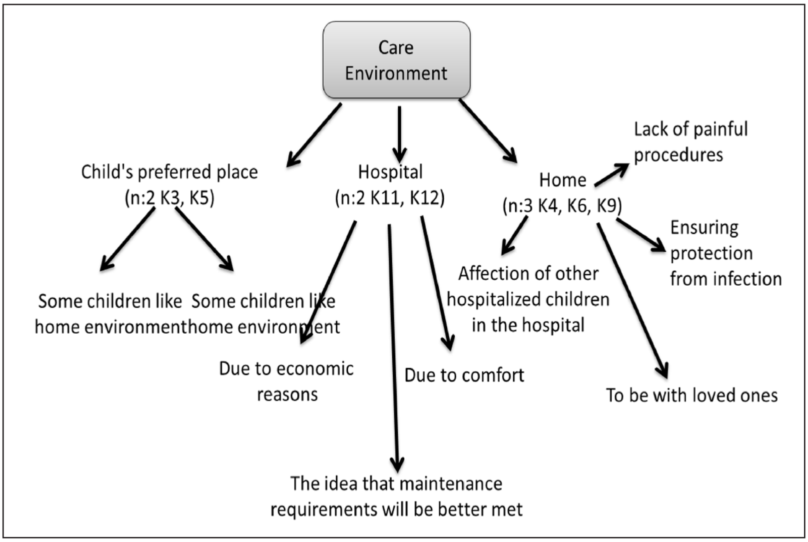

Figure 2: Themes regarding the care environment of the child in the terminal period

K1, a female, stated that "If there is an intensive care requirement, children should stay at the hospital," while K10, a female, stated that "If home conditions and economic conditions are bad, children should stay at the hospital." These participants used these criteria to determine whether the hospital or home environment is more suitable for children in their terminal period. K5, a female, stated that "If the child is conscious, it can be asked whether he wants to stay at the hospital or go home. Some children find the hospital environment more colorful. Some children love nurse "sisters" and the hospital environment more." K5 emphasized that the demands of the child should be taken into consideration.

Sub-themes were created in line with the theme of the care environment. Some of the opinions regarding the care of children without any hope of recovery were as follows.

K2, a female, stated that "*Children deserve to be happy; therefore, an environment to make them happy should be provided for them which may be either home, hospital, or another place. Children should not die in pain. Nobody deserves this, and children especially never deserve this, and they should be allowed to die in happiness.*" K2 emphasized that happiness should be provided to children who have no hope of recovery. K9, a male, described the importance of professional and psychological support as, "*It is a very hard situation for the family. Since they know that their child will die soon, they should be prepared for that. The family should see a professional. Support should be provided.* K1 stated that "*I considered the duties and responsibilities of nurses. I saw that they were sorry, and this influenced their terminally ill patients. Nurses should not show their emotions, and they should not have the opinion that whatever I do my patient will die. Children are very smart; they are aware of everything.*" K1 determined that healthcare employees should control their feelings. K10, a female, stated that family should be allowed to do whatever they want through their beliefs and cultural practices, and stated that "*Not allowing the patient's family to do what they want may cause them to think if only I would have done that, it would never be like that. But in the case of letting them do what they want, they would see that it is useless, so this feeling would not be supported.*" These themes are listed in Table 3.

Table 3. Themes regarding the care that should be provided to children in the terminal period

How Should the Care of the Child be Conducted ın the Terminal Period, and What Should ıt Include?		
Main Theme	**Sub-Theme**	**Codes (n: 12)**
Symptom Management	**Pain Control**	
	Comfort	
	Providing Proper Care for the Age-Group	

Care Environment	**Arrangement of the Care Environment**	Providing privacy-private space Being able to talk about the concept of death Permitting the home environment
	Maintaining Care at Home	
	Maintaining Care at the Hospital	
	Maintaining Care at Some Place the Child Wants	
Emotional Support	**Making Happy**	Fulfilling age-specific demands
	Spending More Time With the Family	
	Isolation	Emotionally protecting the child from other children
	Family	Family support Permitting beliefs and cultural practices
	Making the Child the Main Focus of Interest	
	Preparing for the Death	Providing professional care and information to prepare family and child for the death Addressing the emotions of the family Including the important people in children's lives in the process
	Employees' Self-Control of Their Own Emotions	

DISCUSSION

Student nurses participating in their coursework in the pediatric clinics provide care to child patients in the terminal period and come face-to-face with death during this period. This affects students in multiple ways. Cernigoy (2014), Charalambous & Kaite (2013), Mirlashari et al. (2017) experienced emotional turmoil and expressed initial lack of confidence when taking care of children with cancer as did newly graduated nurses working in pediatric palliative care (Cernigoy, 2014; Charalambous & Kaite, 2013; Mirlashari, Warnock, Jahanbani, 2017). Similarly, we studied the kinds of strong effects on the students and their experiences regarding the issue of caring for terminally ill children. For nursing students, providing care to patients in the terminal period, and witnessing death is a traumatic situation that makes them feel fear, anxiety, sadness, and helplessness. Another study by Wang, 2019 suggested that stress made students feel anxious and unable to make suitable health education (Wang, 2019).

It is important that students are aware of their emotions and thoughts about death and that they have chances to reflect on their feelings during their education. In our study, it was found that nursing students providing care to pediatric patients in the terminal period experience many feelings such as fear, nervousness, helplessness, shock, emotional deterioration, insensibility, denial, and sadness, and they do not know how to deal with these emotions. In another study, it was found that nursing students stated that due to their busy working hours, they cannot find time to feel their concerns and emotions to be able to meet the care requirements of families (Bassah, Seymour, Cox, 2016). Edo Gual et al. (2014) determined that students also require education on emotional management when they face any situation of providing care during the clinical work period (Edo Gual et. al. (2014) In another study, students stated that personal attitudes about concern about death and the end of life were shaped during the initial education program process c. Bassah et al. (2016) found that education about care for terminally ill patients provided to nursing students is effective to improve their competency in caring for them (Bassah Seymour. Cox, 2016) Also in the literature, it was found that nursing students were not sufficiently supported to cope with death, approaching death, and experiences regarding these topics during their education and teaching processes before graduation (Thrane, 2020). It was stated that the care provided during the terminal period and education programs significantly reduce the anxiety about death caused by clinical experiences in the care of the terminally ill patient, as well as the feeling of personal insufficiency (Wong & Lee, 2020). Nakazawa et al. suggest that Japanese nurses' knowledge, difficulties, and self-reported practices about palliative care improved, especially in terms of expert support and knowledge among nurses in designated cancer hospitals (Nakazawa, 2018). As the education programs regarding the terminal period and the approach to death are not included in the nursing education program, this causes emotions including fear, helplessness, insufficiency, and feelings of failure in the students (Li, Smothers, Fang, W, Borland, 2019). Taplak et al. (2020) found that nursing students experience a moderate level of difficulty in providing care for palliative care patients and receiving expert support facilitates their care initiatives (Taplak, Gürol, Polat, 2020). Therefore, as the first step, students should be included in the coping programs during their education process as they learn about the care of the child in the terminal period and approaching death. Students should be provided with the opportunity to understand their personal feelings. As the second step, students who are aware of their feelings and insufficiencies should be provided with education on the care of the child in the terminal period, and they should be informed about how to approach the pediatric patient and the family.

In our study, it was determined that nursing students have the viewpoint that during the period of preparing for death, the pediatric patient and the family should be informed about the treatment and its course, symptom management, and self-care requirements should be managed in the best way, and emotional support should be provided. In the literature, it has been stated that the physical requirements of pediatric patients requiring care should be provided in an integrative way by increasing their quality of life (Harputoglu &Çelik, 2020; Yılmaz & Türkleş, 2018; Foster, Lafod, Reggio, Hinds, 2010; Stayer, 2012). In one study, students emphasized that they want to provide better care for patients in the terminal period (Ek, et. al, 2014.) Basssah et al. (2016) found that during care in the terminal period, nursing students give physical care to patients, provide pain and symptom management, and give psychosocial and emotional support, but they have much difficulty in providing psychosocial and emotional support (Bassah Seymour. Cox, 2016) In their study, Ek and Westin et al. emphasized that making contact with the patient and the family, strengthening the relationship with them, and touching the patient even the patient has no consciousness, are very important Ek, et al., 2014). In a study by Araujo Sadala et al. (2008), it was determined that nursing students think that as long as they overcome problems such as anxiety and lack of self-confidence, it is possible to provide care without hoping for any improvement or survival in the patients (Araujo Sadala & Machado da Silva, 2009). In the same study, it was found that students believe that it is possible to get patients to state their emotions, including hopelessness, loneliness, pain, and anger by listening to them and talking about these feelings. Also, students aim to increase the patients' and families' comfort by doing all these things (Araujo Sadala & Machado da Silva, 2009).

In our study, it was determined that nursing students have differing opinions on the care environment of pediatric patients in the terminal period. They think that the child would prefer either a home or hospital for the care environment. Based on the statements of the participants, it was found that children prefer home environments because they want to be in the same environment with their loved ones, they want to be protected from infection, and they want to minimize interventions that cause tears and crying. In another study, it was found that a family of a child with cancer initially preferred home care; however, after a while, they chose the care hospital. It was found that another family directly preferred to receive care at the hospital (Siden, Miller, Straatman, Omesi, 2008). It appears that the diagnosis and the stage of the disease are significant in the family's preference for the care environment (Das, Khanna, Arora, Agrawal, 2020; Ranallo, 2017; Ünver, Kızılcık, Girgin, 2021).

CONCLUSIONS AND SUGGESTIONS

The research findings showed that during their pediatric clinical practices, when the students faced a child in the terminal period, they experienced emotions like fear, helplessness, sadness, and nervousness, and they were unable to manage this process. The participants stated that the care of a child in the terminal period should be done in the home environment, and symptom management and emotional support for the parent and the child should be prioritized in providing care. Because of these results, the following actions are suggested.

- Organize individual and group meetings to provide nursing students opportunities to express their feelings regarding the care and death of the child in the terminal period.

- Be with the students while they are talking to the child and his family in the terminal period. If the student is not ready to provide care before and after the death and to talk with the family, time should be given to the students and prior experiences should be shared with the students.

- Add education programs during the nursing education process for the care and death of the ill child in the terminal period. These programs should be spread over time and be proper to the development pace of the students.

Study Limitations:

There are some limitations to this study. First, only one interview was held with the students at the school. Therefore, students might have given answers that were not reflective of the existing situation. The qualitative findings of the current study cannot be generalized and require replication.

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Authorship Contributions

Design of Study: NAD (20%), SB (20%), HU (20%), DZ (20%), HÇÖ (20%)

Data Acquisition: HU (34%), DZ (33%), SB (33%)

Data Analysis: SB (25%), HU (25%), DZ (25%), HÇÖ (25%)

Writing Up: HU (34%), DZ (33%), HÇÖ (33%)

Submission and Revision: NAD (%50), HU (50%)

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