

# Research progress on death education methods of nursing students

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**Abstract:** In the nursing education system, death education is crucial for nursing students' future professional performance and personal psychological adjustment. However, current research mainly focuses on clinicians and nurses, with less research on nursing students. This paper reviews the concept of death education at home and abroad, the current situation of death education for nursing students at home and abroad, the methods of death education for nursing students, and makes suggestions for death education for nursing students, with a view to providing references for effective death education among nursing students.

**Keywords:** Nursing students; Education; Death education; Review

## 1. Introduction

Death is an unavoidable topic in the course of life. For nursing students, understanding and coping with death is not only a part of their career, but also an important part of their personal growth and professionalism. With the progress of medical technology, the blurring of the boundary between life and death, and the gradual development of hospice care and palliative care, the role of nursing students in the face of patient death has become more and more complicated. Many nursing students will be negatively affected when they actually face death, such as anxiety, sadness, pain and pain [1-3]. How to obtain the necessary death education for nursing students and cultivate their correct cognition and emotional response to death has become an important topic in global nursing education.

Death education is a special education that transmits death-related knowledge to people, cultivates and improves the ability to deal with death events, and is applied in practical life, aiming at helping people establish scientific and correct values of life and death [4]. In the nursing education system, death education not only involves the study of medical knowledge, but also emphasizes emotional, moral and ethical principles. However, current research mainly focuses on clinicians and nurses, with less research on nursing students. We review the concept of death education at home and abroad, the status of death education for nursing students at home and abroad, methods of death education for nursing students, and make recommendations for death education for nursing students in order to provide a reference for effective death education among nursing students.

## 2. The concept of death education

### 2.1. Death education abroad

The definition of the concept of death education is a process of continuous improvement, and different scholars have different views in different times. Death education originated in the United States in 1928 and rose in the late 1950s. In 1977, American scholar Leviton [5] thought that death education would transfer death-related knowledge and skills to human development. Gibson and others included dying factors in the definition of death education in 1982. He believed that death education was a continuous process to explore the relationship between death, dying factors and survival. In 1997, Corr and others [6] thought that death education was an educational process about death, dying and sadness. Paying attention to the scope of death on the basis of the original knowledge of death and near-death makes the development of death education more perfect. Wass and others [7] believe that

death education includes four aspects: teaching methods, teaching content, curriculum content and teaching evaluation, with the theme of teaching death. In 2015, Doka [4], an American scholar, believed that death education was to help people establish a correct outlook on life and death, cultivate and improve their ability to cope with and deal with death events, and spread knowledge about death.

## **2.2. Death Education in China**

Early in the definition, Chinese scholars emphasized that death education influenced people's knowledge, attitude and behavior, and guided individuals or groups to face and deal with issues related to life and death with a scientific concept by transmitting rational knowledge about life and death. For example, the *Dictionary of Medical Ethics* defines death education as: making people treat others and their own death correctly and educating people how to face death. Influenced by traditional culture, it is also called life and death education, life education and hospice care education [8]. Zou et al. [9] pointed out that death education is to help individuals understand the phenomenon and essence of death and actively prevent and respond to various death events. In addition, some researchers define death education as a new discipline from the perspective of patients and their families, and believe that the focus of death education is to provide physical and emotional support care for people whose lives are threatened, and to show equal care for their families, emphasizing the implementation of the concept of care [10].

## **3. Status of death education for nursing students**

### **3.1. Status of death education for nursing students abroad**

Death education originated in the United States in 1928 and then developed rapidly in Britain, Japan, Germany and other countries. Research on death education abroad has been mature in both theoretical and practical studies. The American Association of Colleges of Nursing (AACN) emphasized the importance of the philosophy of life and death in the educational process of nursing students, and many countries provide end-of-life education in nursing colleges [11], and in this way, death education in the nursing education was developed. In the United States, a model of pluralistic participation and mutual cooperation is used, and the educational content setting is mainly student-oriented. In 2004, 52% of medical schools and 78% of nursing schools in the United States offered a 3-credit mandatory course on death education [7, 12]. As death education has evolved, the form in which it is conducted has gradually shifted from theory to practice. Between 2000 and 2010, the number of students involved in end-of-life services increased from 51% to 67%, and the coverage of death topics has continued to develop [13]. Nursing students' death education courses have been systematized in foreign countries, and the most widely used is the End-of-Life Nursing Education Consortium (ELNEC) course, which is designed to improve nursing students' competence in end-of-life care [14]. In the United Kingdom, death education has been interwoven with religious education as a compulsory university course, and hospice and end-of-life courses have been introduced in several medical schools [15]. In addition, countries such as France, the Netherlands, and Germany have also introduced death education courses and conducted corresponding research [16].

### **3.2. Status of death education for nursing students in China**

Death education did not emerge in China until the 1990s in areas such as Hong Kong and Taiwan. Compared with Hong Kong and Taiwan, the development of death education in China lagged behind due to the influence of traditional culture. In 1997, Chen Yuanlun of Yantai Nursing School edited the first textbook on death education in medical schools, "The Superior Death of Human Beings", and in 2005, the Medical School of Shandong University took the lead in trying to offer an elective course on "Culture of Death and Life and Death Education" in higher medical schools [17]. In 2006, Southern Medical University offered an elective course on "human euthanasia" for nursing students [18]. However, death education in China started late and is in the stage of transition from theory to practice, and a few nursing schools have explored the construction of death education course content. Bu et al [19] taught a 14-week course based on a split-classroom nursing undergraduate program using case studies, scenario-based simulations, and debates, aiming to guide students to develop a correct view of life and death. Guo et al [20] used the aging experience combined death approach to nursing student intervention, this experiential teaching reduces the degree of nursing students' death anxiety, and provides guidance for the development of nursing students' end-of-life care and death education.

#### **4. Death education programs for nursing students**

##### **4.1. Lecture method**

The lecture method is one of the most traditional and commonly used methods. A study in the United States showed that one hour of death education lectures can make nursing students' aggressive behaviors toward caring for dying patients significantly decrease, and more considerations for patients' needs in clinical work [21]. Glover [22] conducted a 2-day core course on end-of-life care education in undergraduate nursing students with the didactic method as the main focus and combined with discussion, reading, and watching movies, and the results showed that this course could effectively improve nursing students' knowledge of end-of-life care. However, the didactic approach alone has limitations and lacks flexibility, experience, and interactivity, and needs to be combined with other complementary strategies to increase its educational effectiveness. Because the concept of death is influenced by environmental experiences and individuals' understanding of death varies widely, a single teaching method may not be sufficient to change attitudes and understanding of death.

##### **4.2. Narrative pedagogy**

Narrative pedagogy accomplishes educational and research goals through the narration, interpretation, and reconstruction of stories and experiences. Narrative pedagogy made its first appearance in nursing education in the 1990s [23]. Narrative pedagogy requires faculty and students to work together to reach an understanding of the meaning of a story by reflecting on, interpreting, and discussing their shared experiences [24]. Narrative pedagogy is deepening to include not only sharing stories, experiences, or providing patient-specific examples, but also creating a context in which nurses can reflect and increase empathy [25]. Narrative pedagogy has been studied in conjunction with professional nursing education to facilitate the development of a professional nursing identity and stimulate creative thinking [24, 26]. However, not enough research has been conducted on death education based on narrative pedagogy. Given the sensitivity of the topic of death education and the advantages of narrative pedagogy, combining the two would be a useful attempt.

##### **4.3. Experiential method**

Studies have shown that experiential death education reduces participants' death anxiety more than traditional theoretical lectures [27]. A Japanese study showed that guided death experiences, such as thinking about the needs of the dying, living in the present, and listening to the individual, enable nursing students to recognize the nature of end-of-life care [28]. As death education programs continue to evolve and improve, situational simulation teaching and role-playing have been most widely used abroad in recent years. Simulation is a form of experiential learning that is popular in the teaching of health care professionals. Experiential learning of high-risk events in a controlled environment can increase nursing students' confidence and clinical decision-making. Research has shown that experiential learning through simulation has demonstrated that the use of simulation can have a positive impact on multiple aspects of learning, skill performance, learner satisfaction, critical thinking, and self-confidence [29]. The results of a simulated death in the United States for nursing students in their final year of graduation showed that simulation can be effective in educating nursing students about death [30]. However, the death of a patient during simulation may also lead to emotional distress and decreased self-confidence. Importantly, positive death education impacts require positive guidance from those with content expertise. The rise of simulation and experiential pedagogy exemplifies the importance of integrating theory with practice, moving death education toward diversity.

##### **4.4. Film and Art Appreciation Method**

The movie method, as an innovative method of death education, can not only trigger nursing students to think about death from multiple perspectives, but also reduce negative emotions such as fear and anxiety of death. A research study in China conducted a three-month death education for junior nursing students by means of movie viewing, and the results showed that the nursing students' fear of death and death avoidance were significantly reduced [31]. Korean scholar Jung showed in his study that the most significant effect of death education training was carried out using movie viewing [32]. Movies can make students not only learn death-related medical knowledge rationally, but also resonate with them emotionally through vivid plots and real emotional expression, thus improving their empathy and communication skills. A medical school in Turkey showed the movie *Wit* to its students to make

them think about the emotional and mental pain experienced by dying patients and found this method of learning to be more effective than didactic lectures and journal article readings [33]. The emotional changes of dying patients and their families shown in the film allow nursing students to gain a deeper appreciation of the psychological needs in hospice care and learn how to communicate effectively with patients and their families. However, the film method also faces challenges such as emotional impact and cultural differences, and teachers need to provide appropriate guidance and psychological support during the teaching process to ensure that nursing students can obtain a positive educational experience and growth. In addition to the film method, art appreciation has also been used in death education programs for nursing students. Nicol et al [34] explored the beliefs and effects of art workshops on the death and dying experience of undergraduate nursing students through gallery visits. The calm and peaceful gallery environment and skilled guidance increased the practicing nurses' understanding and insight into death and dying experiences, providing a higher quality level of care for future clinical work.

#### **4.5. Online education**

Death education is not limited to face-to-face teaching; online teaching has made it more widespread. Online education is becoming more and more common in academia, often in the form of movies for death education. Head and Smith [35] applied film-based instruction to an online course on death education, and the results showed that film-based instruction can be used as a basic tool for online teaching, and that teacher-student interactions and problem solving through the use of smartphones, tablets, and so on, can stimulate students to think actively. .. Online pedagogy plays an important role in nursing students' death education, especially in developing students' ability to cope with death, end-of-life care, and emotional support for patients' families. Chappell et al [36] in their study applied an online technological form of tablet computers to demonstrate the signs and symptoms that appeared in the last hours of a dying patient, and before and after the intervention, there was a significant change in the students' attitudes toward caring for the dying patient and their families and were more open to communicating with dying patients and their families, as well as recognizing the importance of family caregiver involvement in caregiving. Combining self-assessment and real-time feedback. The online education method not only enhances the professional competence of nursing students, but also strengthens their emotional empathy and humanistic caring ability, laying a solid foundation for death education in future nursing. Friedrichsdorf et al [37] conducted a hospice online course with 24 modules, through which nursing students can flexibly learn death-related theoretical knowledge, such as life and death, hospice care and ethics. In addition, the online platform utilizes virtual simulation technology to provide situational simulation training [30], which allows students to engage in real-world exercises without actual stress, helping them to better cope with the care needs of dying patients.

### **5. Existing problems with death education for nursing students**

#### **5.1. Limited Curriculum Content**

Death education in nursing programs often lacks comprehensive, systematic coverage. While some curricula include basic aspects of end-of-life care, they primarily focus on clinical skills and knowledge, with insufficient attention given to the psychological, ethical, and emotional dimensions of death. A more holistic approach is needed to encompass both the technical and emotional aspects of death care.

#### **5.2. Lack of Practical Experience**

Most nursing programs focus primarily on theoretical knowledge, with limited opportunities for students to engage directly with terminally ill patients. Experiential learning, such as shadowing healthcare professionals in palliative care settings or engaging in hospice care, is crucial for enhancing the understanding of the death process and fostering empathetic communication with patients and families. The absence of such practical exposure limits the effectiveness of death education.

#### **5.3. Cultural and Societal Barriers**

The approach to death and dying is culturally and socially contextual. In many societies, death remains a taboo subject, which can hinder the integration of death education in nursing curricula.

Additionally, cultural differences in how death is perceived and managed can create barriers for students and healthcare providers in delivering culturally sensitive and respectful end-of-life care. More culturally inclusive death education is needed to ensure that nursing students are prepared for diverse patient needs.

#### 5.4. Inadequate Faculty Expertise

The integration of death education into nursing programs is often impeded by the lack of trained faculty members with specialized knowledge in palliative and end-of-life care. Many nursing educators themselves are not sufficiently trained in death-related topics, leading to suboptimal delivery of death education. Increasing faculty development and recruitment of experts in palliative care and death studies would improve the quality of instruction in this critical area.

### 6. Recommendations

To better prepare nursing students for the challenges of end-of-life care, it is essential to enhance both the breadth and depth of death education in nursing courses. The curriculum should be expanded to include not only pain and symptom management but also the psychological, ethical, and cultural dimensions of death, grief, and mourning. Incorporating interdisciplinary perspectives from psychology, social work, and ethics will provide students with a comprehensive understanding of the complex nature of death. Additionally, teaching methods should evolve to incorporate more experiential learning, such as simulation-based training, role-playing, and virtual reality (VR), which offer immersive experiences and allow students to practice critical communication and decision-making skills in real-life scenarios. Moreover, emotional support systems should be integrated into nursing care plans to help students manage their emotional responses to death, ensuring the development of the emotional resilience required for effective end-of-life care. Finally, a stronger emphasis on cultural competence is crucial, as students must be equipped to respect and navigate the diverse death customs and beliefs of patients from different cultural backgrounds. By refining these components, nursing education can better equip students to approach the complexities of death and end-of-life care with confidence, empathy, and professionalism.

### 7. Conclusion

Death education is a vital component of nursing education, equipping students with the knowledge, skills, and emotional resilience necessary to navigate the complexities of end-of-life care. This paper has explored the concept, current status, and various methods of death education for nursing students, highlighting both advancements and existing challenges. While significant progress has been made in integrating death education into nursing curricula, gaps remain in curriculum content, practical experience, cultural sensitivity, and faculty expertise. Addressing these issues through a more holistic, experiential, and culturally inclusive approach will enhance the effectiveness of death education. By fostering a deeper understanding of death and dying, nursing students can better support patients and their families, ultimately improving the quality of end-of-life care. Future research should focus on innovative educational strategies and the long-term impact of death education on nursing practice.

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