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THE “LIVED EXPERIENCE” OF BACCALAUREATE NURSING STUDENTS
FOLLOWING THE SUDDEN DEATH OF A CLASSMATE

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

Paulette Sue Dorney

Indiana University of Pennsylvania

May 2014

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Death is perhaps the most paramount loss an individual can experience. Many faculty, administrators, and students do not anticipate the sudden death of a student or classmate; however it is estimated that approximately 30 to 40 percent of college students experience the death of a family member or friend within two years on campus. Despite these astounding statistics, the topics of student death, grief, and bereavement are rarely discussed in faculty development workshops or addressed in nursing education journals. Much research has been devoted to end of life care among practicing nurses. Conversely, there is scant nursing research pertaining to the personal experiences and grief reactions following the loss of a friend or nursing classmate.

The aim of this qualitative phenomenological study was to explore the grief experiences, coping strategies, and reactions of traditional college age baccalaureate nursing students following the unanticipated, sudden death of a classmate. Purposive sampling yielded nine participants from four universities who experienced the death of their classmate within the previous nine months. The source of qualitative data included a demographic questionnaire and in-depth interviews with each participant. Interviews were digitally recorded, and verbatim transcriptions were analyzed utilizing the seven-step Colaizzi’s (1978) method. Nine major themes emerged: 1) emotional pain of grief, 2) struggling with the reality of death, 3) void in life “empty desk”, 4) university and

departmental responsiveness, 5) connecting with the deceased, 6) bond of comfort and unity, 7) coping and support structures, 8) linger/dwell versus moving on, and 9) grief as a nurse.

Findings of this study support contemporary models of grief and bereavement and previous research related to peer grief. However, unique aspects of grief emerged for the nursing student. The participants reflected on their emotional struggle with grief amidst the walls of academia, acknowledging they are in a helping profession and “we cannot even help one of our own.” This study yielded a rich understanding of the grief experience of nursing students, while providing insights for policy development and supportive interventions for nursing faculty and college administrators.

Keywords: nursing education, grief and loss, bereavement, nursing student, peer grief, sudden death

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CHAPTER ONE

INTRODUCTION

As the senior nursing students anxiously entered the classroom to take their exam, one seat was empty. The professor anticipated a frantic call from her student describing countless reasons as to why she was not present, but to everyone's disbelief, the shocking news arrived via an email. She was found dead by her mother. (Dorney, 2009)

The above words pragmatically speak to the shock and disbelief experienced across numerous college and university campuses in the United States, as death is perhaps the most paramount loss an individual can experience. Many faculty, administrators, and students do not anticipate the sudden death of a student, classmate, or peer (Cintron, Weathers, & Garlough, 2007). However, the mortality rate for individuals in the United States between the ages of 15 to 19 years of age is 49.94 per 100,000 population and between the ages of 20 to 24 is 86.5 per 100,000 population. The majority of these deaths are related to vehicular accidents, suicide, and homicide (National Center for Health Statistics, 2013). Moreover, it is estimated that approximately 30 to 40 percent of college students experience the death of a family member or friend within two years of arrival on campus (Balk, 1997, 2008; Balk, Walker, & Baker, 2010; LaGrand, 1985; Taub & Servaty-Seib, 2008; Zinner, 1985). According to the projections from the National Center for Education Statistics (2013), 21.8 million students are enrolled in American colleges and universities, which would equate to approximately 6.5 to 8.7 million grieving students. Despite these astounding statistics,

the topics of student suicide and college student bereavement are rarely discussed in faculty development workshops or addressed in nursing education journals.

Death and dying is a worldwide concept central to nursing education and practice. Bereavement research within the milieu of nursing education has widely focused on student nurses' perceptions of the care of the dying and pedagogical strategies to teach end of life care (Allchin, 2006; Beck, 1997; Chen, Ben, Fortson, & Lewis, 2006; Huang, Chang, Sun, & Ma, 2010). Conversely, there is scant nursing education research pertaining to the grief experiences, coping strategies, and reactions of nursing students following the death of a peer or classmate. The purpose of this study was to describe the grief experience of nursing students following the sudden unanticipated death of a classmate. Without an understanding grounded in the perceptions of those who have experienced this type of loss, nursing faculty lack a credible foundation from which to develop appropriate supportive interventions and policies.

Perceived Justification for Studying Phenomenon

I became interested in exploring bereavement in the college population when confronted with the sudden death of a senior nursing student. In the middle of a challenging semester, and at a time when students were focusing their academic efforts on passing a critical exam, a cohort of senior nursing students learned that their classmate had suddenly died with no apparent cause of death. As the faculty for this course, I spoke with colleagues and searched the literature for answers to this vital question: "How can I help these students." I discovered that large gaps exist related to this phenomenon in faculty role preparation and nursing education literature. In the last forty years, since the pioneering efforts of Dr. Elisabeth Kübler-Ross and the emergence of the field of

thanatology (the study of death and dying), numerous publications appeared related to bereavement, death attitude, grief, and end of life care (Neimeyer, 2004). Contrary to this large body of knowledge, limited publications existed related to the grief reactions of classmates and educators following the death of a family member, colleague, or peer. This lack of information offered little guidance for novice and experienced faculty.

The first book on college student death, published by Professor Shneidman of Harvard University in 1972, was a collection of essays from students in his class on death and dying. Currently this publication is out of print (Cintron et al., 2007). In 1985, Ellen Zinner edited "*Coping with Death on Campus*" as part of a series on New Directions for Student Services. This publication is also out of print (Servaty-Seib & Taub, 2008). In 2007 and 2008, two books were published "*Assisting Bereaved College Students: New Directions for Student Services*" by Heather L. Servaty-Seib and Deborah J. Taub (2008) and "*College Student Death*" by Rosa Cintron, Erin Taylor Weathers, and Katherine Garlough (2007). Currently, these publications offer a combination of theoretical, research, and practice perspectives related to bereavement on campus targeted for student service professionals. Nevertheless, literature has not fully addressed the college student's personal experiences and grief reactions when a friend or peer dies. Recently, David Balk (2011) published "*Helping the Bereaved College Student*," offering an informative textbook on understanding and supporting the bereaved traditional age college student for campus professionals and students. On the other hand, given the unique characteristics of "being a nursing student," engaged in the care of the dying, empirical research within the context of this student population was sparse.

The American Association of Colleges of Nursing (AACN) publishes a formalized document entitled, *The Essentials of Baccalaureate Education for Professional Nursing Practice*, “providing the curricular elements and framework for building the baccalaureate nursing curriculum for the 21st century” (AACN, 2008, p. 4). According to this document, “the baccalaureate generalist graduate nurse is “...prepared to engage in care of self in order to care for others” (AACN, 2008, p. 8). While nursing faculty teach students how to care for patients and their families at end of life, little is known about the impact of a classmate’s death on a group of traditional college age nursing students (18 – 23 years of age). What is the meaning of this experience for nursing students? What is the essence of their grief reactions when confronted with such an event? What strategies are beneficial in helping the traditional college age nursing student cope with this loss? To obtain these answers, the following research question guided this inquiry: What was the lived experience of the traditional college age baccalaureate nursing student following the sudden unanticipated death of a classmate? Given the prevalence of bereavement among college communities coupled with the curricular elements of nursing preparation, more or less demand that nursing faculty gain an understanding of the grief experience in this student population. Developing positive coping reactions and being aware of one’s own thoughts and feelings about death appeared essential in learning effective self-care both personally and professionally, a focused outcome in the *Essentials of Baccalaureate Education* (AACN, 2008).

While exploring the grief phenomena, it was important to consider the historical development of selected models of grief and bereavement. Kübler-Ross in her groundbreaking seminal research, originally described stages of grief in her 1969 book “*On*

Death and Dying.” This stage based theory, commonly known as the five stages of grief, included denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1969; Kübler-Ross & Kessler, 2005). While this model has been widely used as a framework to help dying patients and their loved ones cope with death and bereavement, contemporary researchers have found this framework to be too rigid and misleading. These stages of grief were often perceived as linear within a predetermined time frame rather than non-linear as intended (Corr, Nabe, & Corr, 2009). A student nurse’s narrative echoed this perception of linearity, “Don’t worry, teacher, according to statistics we will pass through the grief process within six months” (Jiang, Chou, & Tsai, 2006, p. 282). Nonetheless, the work of Kübler-Ross continues to be discussed within nursing academia and is generally cited as a popular grief model by nurse educators. Conversely, there are contemporary perspectives on loss, grief, and mourning relevant for discussion related to this research.

Worden (2009), well known for his task based approach, views mourning as an active process involving four tasks. These tasks include “1) to acknowledge the reality of the loss, 2) to process the pain of grief, 3) to adjust to a world without the deceased, and 4) to find an enduring connection with the deceased in the midst of embarking on a new life” (Worden & Winokuer, 2011, p. 58-65). Worden and Winokuer (2011) suggested many factors influenced the task of mourning, including significance of the deceased, type of death, social support, and secondary losses. The Dual Process Model of coping with loss developed by Stroebe and Schut (1999) shifts away from a stage based approach to mourning and describes a cyclical process. The bereaved cope with the loss through two distinct processes, oscillating between confronting the loss (loss orientation)

and performing activities of daily life as a distraction (restoration orientation).

Furthermore, other contemporary grief theorists reported that meaning making is a vital component to the grief process (Neimeyer, 2001; Holland et al., 2006). Meaning making, involves sense making, benefit finding, and identity reconstruction, which may have played a significant role in adapting to the loss of a classmate for the traditional college age student (Neimeyer, 2001; Holland et al., 2006).

Specific Context

Grief, like any negative emotion, may spread through a group of students and limit their ability to concentrate on academics. Nursing is an extremely challenging and difficult program of study involving heavy workloads. Student nurses during clinical rotations are assigned into small groups of approximately eight to ten with a designated faculty member to provide nursing care in a clinical setting. Nursing students and faculty spend a vast amount of time together, ranging in length from one half to three days per week, in the care and management of acute and chronically ill patients with frequent interactions with families and significant others. Nurse faculty serve as teachers, role models, coaches, and mentors not only in the classroom, but also in the clinical setting. The unique closeness of this relationship poses an additional challenge to both students and faculty when a classmate suddenly dies. Without warning the student vanishes, creating a tremendous void, readily apparent in the clinical setting. Additionally, nursing students in the same clinical, who may be grieving, could be assigned to care for a terminally ill patient or observe an emergent situation resulting in a patient death.

Nurses by the pure nature of their discipline, are perceived as providers of compassionate and supportive care to the dying and bereaved. Society presumes nursing

faculty are more prepared to cope with such a stressful and devastating event since they are indeed nurses themselves, however, gaps existed in the literature regarding what support was appropriate to offer by nursing faculty. Cintron, Weathers, and Garlough (2007) reported "...many administrators find ways to resolve the crises of student deaths by maintaining some emotional distance under the façade of professionalism" (p. xi). Questions that influenced the implications for this study included: Was this type of response true for nursing faculty? Do nursing faculty role model support to students? In essence are not our students similar to grieving families? Do educators have a responsibility to implement appropriate supportive interventions? Furthermore, how can students learn effective coping strategies and care of self when faced with this type of loss? This research marked a foundational step in the exploration of this phenomenon within nursing education.

Nursing is a rigorous program of study involving human life. Taub and Servaty-Seib (2008) suggested that traditional college age students in general have difficulties with concentrating, studying, completing assignments, passing courses, and staying in school following the death of a loved one or friend. Given the complexity of nursing coursework, the impact of a classmate's death may adversely affect the academic progress of students. Furthermore, the rigidity of nursing education programs makes it especially difficult to stop and take time off to grieve. Depending on the type of nursing program, a leave of absence may result in a delay with graduation as academic progression is affected. Failing a course may have devastating consequences, resulting in dismissal from the program. Moreover, faculty confronted with a group of bereaved students has little if any mechanism to alter the content laden curriculum. Thus within

the context of nursing education, the death of a classmate may represent a barrier to successful program completion and ultimately affect the personal and professional course of events in a student's life.

Moreover, there are several psychosocial and cognitive developmental models to consider within the context of this study. How traditional college age students cope with grief may be influenced by multiple factors including campus culture, personal characteristics, and students' psychosocial and cognitive developmental stage (Taub & Servaty-Seib, 2008). Entering college marks a significant developmental, academic, and social transition for the traditional college age student. For many students, this was the first time they were living away from home and navigated several responsibilities, without parental or high school support systems. As described by Erik Erickson, establishment of identity, independence, and intimacy are critical developmental milestones during these college years. Discovering oneself as separate from one's family of origin and a member of society at large is a result of intrapersonal changes, environmental, social demands, and expectations (Erickson, 1959).

Furthermore, Chickering (1969) expanded on Erickson's psychosocial developmental theory, adding more specificity and strength to the concept of identity. Chickering created a model of psychosocial tasks of identity resolution called vectors relevant to the college years. Chickering argued that the college environment directly impacted psychosocial development. In 1993, Chickering while working with Reisser revised this model. Currently, the seven vectors include "developing intellectual, physical, and social competence, managing emotions, moving through autonomy towards interdependence, establishing identity, attaining mature interpersonal relationships,

developing purpose, and developing integrity” (Chickering & Reisser, 1993). These tasks may be greatly influenced by bereavement, since death was not a developmentally expected event. Death of a classmate, peer, or parent may adversely affect the establishment of identity and the development of mature interpersonal relationships (Taub & Servaty-Seib, 2008). However, empirical research has not been conducted to examine the interplay between bereavement and mastery of developmental milestones.

In addition to psychosocial theory of student development, cognitive development can affect how college students think about death. Cognitive-Structural theorist, William Perry describes the evolution of students thinking about the nature of knowledge and the meaning of life. Perry’s model (1968) described cognitive development as evolving from a dualistic way of thinking, either right or wrong, to an acknowledgement of multiple viewpoints, to an ability to weigh evidence to formulate an independent perspective (Perry, 1968; Taub & Servaty-Seib, 2008). College students seeing things from a dualistic standpoint may ponder if they were grieving correctly, demonstrating suitable behaviors in accordance with society’s expectations. Dualistic thinkers may wonder why they have not gotten over the death of a friend in a few months or why they were even impacted by the death of a classmate. Lack of cognitive maturation and limited life experiences restricts their understanding of the multiple facets of grief and bereavement.

Assumptions, Biases, Experiences, Intuitions, and Perceptions

Systems of higher education are confronted with the challenges facing this unique group of grievers. Researchers through empirical study limited to convenience samples of a homogenous population and anecdotal reports, described decreased academic performance, mistrust, repressed feelings of grief, and an increase in use of alcohol and

drugs following the death of a family member or peer (Balk, 1997; Chickering & Reisser, 1993; Taub & Servaty-Seib, 2008). In addition, anecdotal reports and limited qualitative studies report feelings of depression, insomnia, isolation, and intimacy issues in the general population of traditional college age students (Balk, 1997; Chickering & Reisser, 1993; Hardison, Neimeyer, & Lichstein, 2005). I assumed participants in my study would experience similar reactions. Furthermore, my personal experiences with death led to additional assumptions and biases.

Confronted with the sudden death of the student, I, as the professor, felt powerless, numb, and inadequately prepared to manage the array of emotions and grief amongst the senior class of 33 nursing students. Guilt consumed me as a professor. Devastation and shock overwhelmed me and the faculty, who knew the student from class and clinical rotations. Faculty not familiar with the student appeared apathetic.

This was not an issue ever entertained in either my new faculty orientation or one I had anticipated as a college professor. In order to assist students with grief, the clinical practicum for this class of students was cancelled for the following day. A meeting with the students, faculty, and a counselor was held, with questionable effectiveness. In my opinion, the counselor did not use effective incident debriefing techniques. Conversely, open-ended questions were made to the group eliciting generalized responses, raising another unanswered question, why did we not engage in debriefing, a common nursing response to a crisis situation? During the course of two hours, the students barely spoke and the majority cried. I assumed classmates closest to her might present with attendance issues, risk of academic failure, psychosocial issues, and physical and emotional manifestations. Many of the students closest to the deceased struggled with academic

requirements and marginally passed the course. As faculty we strive to achieve a learning environment in which students succeed academically and socially. In the midst of a crisis, I felt powerless and did not want to see students set up for negative consequences that could potentially be averted with intervention. I vowed to explore research in this understudied area.

Qualitative Research Method

The phenomena under study has been poorly conceptualized or largely avoided within the subset of nursing education. Inferences have been made about grief experiences following the death of a peer based on the research conducted on the college population at large. Since the goal of this study was to gain an in-depth understanding of the grief experience of nursing students following the sudden death of a classmate, the phenomenological qualitative method of inquiry was selected. As described by Lauterbach (2007), “nursing phenomenological research perspectives aim to enhance understanding through reflective awareness, describing human experience fully, processing and interpreting experience, and explicating meaning in experience” (p. 217). Primarily, two schools of thought exist related to phenomenology, Husserl’s (descriptive) transcendental phenomenology and Heidegger’s (interpretive) hermeneutic phenomenology (McConnell-Henry, Chapman, & Francis, 2009).

Since this study sought to describe and understand grief experiences, descriptive phenomenology rooted in philosophical tradition by Husserl was used. An important underpinning in Husserl’s philosophy is the belief that “...the researcher shed all prior personal knowledge to grasp the essential lived experiences of those being studied” (Lopez & Willis, 2004, p. 727). Husserl refers to this concept as transcendental

subjectivity. In order to achieve this, specific techniques such as bracketing and intuiting were employed. Bracketing is defined as "the process of identifying and holding in abeyance any preconceived beliefs and opinions about the phenomena under study" (Polit & Beck, 2012, p. 721). With intuiting, defined by Polit and Beck (2012), "...researchers remain open to the meaning attributed to the phenomenon by those who experienced it" (p. 731). Since the researcher's personal and professional experiences with loss posed delimitations to this study, the use of a reflexive journal was employed in an effort to bracket out the world and presuppositions in order to decenter and analyze the data in pure form (Munhall, 2012; Polit & Beck, 2012). Reflexive notes refer to accounts of personal experiences, reflections, and progress in the field (Polit & Beck, 2012, p. 549).

In addition, Husserl describes features common to all persons who have lived an experience as universal essences or eidetic structures. In order to search for these common patterns or universal essences, Colaizzi's (1978) method of phenomenological analysis was employed. Nurse researchers conducting descriptive phenomenological research frequently use this method of data analysis. Exploring, describing, and understanding this experience yielded rich data useful for nurse educators confronted with the death of a student.

Human understanding of this phenomenon has direct academic and practice application. Through a full description and understanding of the essence of this experience, nursing faculty can offer more fully informed support to students confronted with loss. Promoting positive self-care ultimately affects patient care as personal issues of grief and bereavement are addressed. "It provides for care that is more fully informed, more sensitive, and timely; and for care that includes more appropriate responses..."

(Munhall, 2007, p. 222). Bereavement involves human suffering, which can last for a very long time. Describing universal essences of this experience has application for the development of best practice interventions and university policy development.

Relevance to the Nursing Discipline

Traditional college age nursing students (18-23 years old) are a unique group of grievers. Baccalaureate nursing programs primarily consist of groups of traditional college age nursing students, referred to as cohorts, who follow the same curriculum plan. The cohort of students consistently attends the same core nursing classes, spending significant periods of time together. Peer acceptance and feedback become critical for these traditional college age students. The death of a friend or classmate may pose threats to their psychosocial and cognitive development, further impacting their academic success and career progression. For the nursing student, this grief experience may be further complicated as they experience death and dying in the clinical setting or recall the death of other loved ones.

This research is extremely relevant to the discipline of nursing and nursing education. Although the literature regarding college student bereavement is growing, this body of knowledge was virtually non-existent in nursing education journals. Providing a full description of this “lived experience” through the narratives of the bereaved was a foundational step in understanding the essences and multiple realities of this event. The ability of nurse educators and college administrators to gain an increased understanding of this grief experience provided insights for developing effective strategies to assist and support those bereaved. Explaining, encouraging, and supporting students through these early experiences provides an opportunity to discuss care of self and foster compassionate

and effective care of dying patients and their families.

Summary

Chapter 1 provided an introduction to the topic of college student bereavement and discussed the need for exploration of this topic within the subset population of nursing education. Assumptions, biases, experiences, intuitions, and perceptions of the researcher were explored. Models of grief and bereavement and psychosocial developmental theories were introduced. Evolution of the study will be discussed in the next chapter.

CHAPTER TWO

EVOLUTION OF THE STUDY

Little is known about the impact of a classmate's sudden death on a cohort of traditional college-age nursing students (18-23 years old). This chapter explores this area of study within the historical and experiential context in which it originated (Munhall & Chenail, 2008). First, a discussion of the rationale for this study is offered, narrating the critical importance of this research to the discipline of nursing education. In the second section of this chapter, a historical review of the existing literature related to grief and bereavement within the milieu of the traditional college-age student is presented. Bereavement theories relevant to distinct developmental issues facing the traditional college-age student are explored. Finally, the researcher's personal experiences and encounters with death are introduced as the catalyst in the evolution of this phenomenological inquiry.

Rationale of the Study to Nursing

The phenomenon of death affects individuals in many different ways. The sudden death of a senior nursing student evoked multiple reactions among students and faculty and raised many unanswered questions. The avenue of phenomenological inquiry was chosen because of this unanticipated "life experience" affecting a senior nursing cohort of students and the need to examine this phenomenon from a first person perspective. Much of what was currently known about grief reactions was derived from bereavement research on the adolescent and adult population. When a classmate dies, it may be the first time a traditional college age student encounters the death of a peer opposed to the death of a family member.

For the nursing student, experiencing the loss of a classmate may be complicated by clinical rotations in which students may be assigned to care for terminally ill patients or observe a patient experiencing a life threatening event. While western society insulates most people from contact with death and dying, provision of end of life care is a fundamental responsibility of the professional nurse. Student nurses during clinical rotations will unavoidably be expected to provide support for dying patients and their families. Understanding this human experience can lead to the development of essential supportive strategies for bereaved nursing students, foster care of self, influence nursing curricula, and provide insight into grief reactions of students encountering not only a personal experience with the death of a peer but also a patient death.

Some degree of empirical research exists on the academic, social, physical, and developmental challenges facing the bereaved college student. Conversely, scant research has been conducted in nursing education related to bereavement among nursing students following a peer death. Empirical research within nursing education focuses on student nurses' perception of death and dying, and pedagogical strategies to teach death education. The databases Academic Search Complete, Cumulative Index to Nursing and Allied Health (CINAHL), Education resources Information Center (ERIC), Medical Literature Analysis and Retrieval System (MEDLINE), and Psychological and Sociological Collection were searched for research studies between the years 1990 to 2013 involving nursing students' perceptions of death and dying. Abstracts and articles were reviewed for substantive relevancy to student nurses' personal experiences with loss and critiqued for discussion. Collectively, the main focus and findings of the studies can be categorized into three themes: "anxiety," "fear of death," and "supportive

relationships.” In the subsequent paragraphs, the findings of selected studies are discussed related to the phenomena under investigation.

Nursing students report feeling anxious, fearful, and unprepared to cope with dying patients. Many researchers report personal experiences with death, grief, and loss play a significant role in the early reactions of student nurses caring for dying patients and their families (Allchin, 2006; Al-Sabwah & Abdel-Khalek, 2005; Beck, 1997; Chen, Ben, Fortson, & Lewis, 2006; Cooper & Barnett, 2005; Huang et al., 2010; Servaty, Krejci, & Hayslip, 1996; Ying-Chun et al., 2011). Internal and external factors such as gender, socio cultural background, spiritual, and religious factors and belief in after life contribute to these emotional responses (Al-Sabwah & Abdel-Khalek, 2006; Zinner, 1985).

Using hermeneutic phenomenology, Allchin (2006) conducted a qualitative research study at a large university in New England to identify and clarify characteristics of students’ experiences in providing care for dying persons and their families. The sample consisted of 12 female junior level baccalaureate-nursing students who had cared for dying persons in adult health clinical rotations. Students described feeling uncomfortable and hesitant to care for a dying patient. Caring for dying patients triggered feelings of sadness as students reflected on their own experiences of losing a parent or grandparent. From the perspective of the researcher, Allchin (2006) recommended that students need support, a caring presence, reassurance, and guidance before, during, and after a clinical experience.

Huang, Chang, Sun, and Ma (2010) reported similar findings. These researchers conducted a descriptive qualitative study to explore the experiences of first encounters

with death by nursing students in Taiwan. A purposive sample of 12 female nursing students, whose average age was 20, participated in individual semi-structured interviews. Students described their first experiences in caring for a dying patient as dreadful, terrifying, and emotionally exhausting. “How can I not feel scared? You see, I have never experienced death, not to mention the need to take care of a dying patient” (p. 2284). Furthermore, narratives echoed Allchin’s recommendations of the need for essential support during and after the death experience, “I was so scared when my patient died. I needed my clinical instructor and nurse to support me, but there was no one to support me” (p. 2286). Recent studies conducted by Charalambous and Katie (2013) and Parry (2011) reported similar findings.

Charalambous and Katie (2013) conducted a hermeneutic qualitative phenomenological study exploring the clinical experience of 12 undergraduate nursing students caring for patients with cancer. Through the review of the participant’s reflective journals about the clinical experience, “...feelings of insecurity and fear” emerged as students felt unprepared theoretically and clinically to provide appropriate nursing care to the dying (p. 11). Furthermore, Parry (2011) conducted a qualitative phenomenological study exploring nursing students’ first experience caring for a dying patient. Using a focus group, five nursing students discussed their first death experience during a clinical rotation. Consistent with previous findings, these participants reported “considerable anxiety” and their narratives suggested that they were “inadequately prepared for the reality of the situation” (p.448).

Additionally, a reoccurring theme prevalent in the discussion of nursing students’ perceptions of death and dying is the concept of “knowing” versus “knowing about.” To

know is 1) “to perceive directly: have direct cognition of” 2): “to have understanding of” (Know, 2011). Inferences were made as “to know” represents experiential knowledge compared to “knowing about” corresponds to theoretical knowledge. Johnson (1994) conducted a qualitative phenomenological study to investigate student nurses’ perceptions and experiences of the phenomenon of death. A purposive sample of eight diploma in higher education nursing students who completed 18 months of study participated in individual semi-structured and focus group interviews. The sample consisted of all female students who were exposed to death on a personal and professional level. The theme “knowing” through their lived experience emerged as a significant finding in understanding and making sense of the phenomena of death. Self knowledge combined with theoretical knowledge were important components of the reality of their experience (Johnson, 1994).

Similarly, Kiger (1994) suggested that the term “knowing” involved the lived experience of caring for a dying patient. Kiger (1994) studied student nurses’ images of nursing using a qualitative approach. The purposive sample consisted of 24 students who were interviewed on three different occasions about anticipated difficult situations they may encounter as a nurse. Consistently distressing thoughts of death were prominent in both their early responses and their experience-mediated images of nursing. The “knowing” that came through clinical experience reinforced these early images of death, mirroring feelings of discomfort for the student nurse. In addition to these negative emotions, rewarding sentiments were also expressed. Kiger argued that however accurate an early image of nursing might be, the nursing student cannot “know” nursing until they have experienced it. This would confirm Benner’s (1984) argument that

individuals are not relying entirely on theoretical principles but appear to use actual experiences such as personal encounters with loss as paradigms in the formulation of their reality. Attitudes and perceptions are shaped by student nurses' images and experiences with death. Student nurses' perceptions may change with the sudden death of a classmate.

Furthermore, Chen et al. (2006) examined death anxiety in nursing professionals to determine if this emotion begins as a result of life experience, nursing education, or amidst one's nursing career. Using a convenience sample of 152 undergraduate students, death anxiety was measured using the Multidimensional Fear of Death Scale (MFODS) and the Marlow Crown Social Desirability Scale (MCSDS). Groups consisted of experienced nursing students (n=53), inexperienced nursing students (n=49), and a control group of non-nursing college students enrolled in a non medically related course of study (n=50). Experienced nursing students had some exposure to end of life care and the dying process through practicum and internship rotations. Researchers found significantly more fear of the dying process among experienced nursing students compared to inexperienced nursing students and non-nursing college students. Nonetheless, both groups of nursing students reported more fear of the unknown than the control group. Moreover, this study suggested a correlation between several dimensions of death anxiety and various factors such as age, religion, and personal death experience. Nursing students who experienced the death of someone close to them reported an increased fear of death.

These findings correspond to the earlier works of Hurtig and Stewin's (1990) mixed method approach on the "effect of death education and experience on nursing

students' attitude towards death" (p.29). In this study, 106 diploma-nursing students completed a survey related to personal death experiences, their program of study, and death awareness. Students were randomly assigned into three groups. The first experimental group of 23 students explored death awareness through exercise, music, drawing, and group discussions between students. The second didactic group of 27 students received death education using a format of lecture, films, and group discussion. The third control group of 26 students did not receive any formal didactic education related to death and dying, however a simulation game was used to discuss independence in the aging adult. The Confrontation – Integration of Death Scale (CIDS) was used to measure death confrontation (conscious awareness of one's own death) and death integration (positive emotional assimilation of one's own death). The impact of an interactive experiential approach was noted to be most significant on subjects who had no personal experience with death and a negative impact on experienced subjects ($p < .05$). These studies reinforce the need to explore the impact of personal loss on the academic and clinical performance of the nursing student.

A qualitative descriptive study by Jiang et al. (2006) was the only published study in the nursing literature related to the topic under investigation. In this study the grief reactions of 11 nineteen-year-old female nursing students, experiencing the sudden death of their classmate in Taiwan, were examined. "Morbid anxiety, helplessness after death, fear of disappearance, and thinking of one's own future" emerged as reoccurring themes (Jiang et al., 2006, p. 279). This research suggested, students' confrontation with their own reactions to death, fosters their ability to engage in conversations and provide supportive interventions to dying patients and their families. Nonetheless, the results of

this study should be examined with caution. This study involved only female students from the same nursing class within a limited geographical location (Jiang et al., 2006). Nonetheless, this particular study and lack of empirical literature within the subset of nursing education exemplified the need for more research on this understudied topic.

In order to provide further support for this study, a historical review of the existing literature related to grief and bereavement within the milieu of the traditional college-age student was examined. Only selective substantive research studies specific to prevalence of bereavement, grief reactions, factors affecting grief experience, and approaches to coping among college students are discussed.

Historical Context

Prevalence of Bereavement Among College Students

...Today three years ago you died. I can honestly say it becomes easier with time. ...I have spent most of my college career coping with the loss and being sick and trying to hide it from everyone. What a LIFE. And I'm only 21. I'm OK. (Balk & Vesta, 1998, p. 34-35)

The above words, written by a traditional college-age student, resonate the grief and isolation experienced across campuses in the United States, as death has become a hidden reality. Death may encroach suddenly, unexpectedly, unbelievably, in the middle of challenging semester schedules, and possibly disrupt the day to day functioning and psychosocial development of the college student (Servaty-Seib & Taub, 2008). Death becomes a reality, potentially shattering the student's assumptive world.

LaGrand (1981, 1985), a pioneer in college-age death research, reported approximately 28.8% of college students have experienced the recent death of a parent,

grandparent, relative, or friend. LaGrand (1981) collected data to determine recent major losses encountered by traditional college-age students, their emotional and physical reactions related to the loss, and coping mechanisms used. The sample consisted of 1,139 students from nine colleges and universities in New York. In 1985, LaGrand expanded this study and focused solely on grief and grief work. This sample consisted of 3,252 subjects, from 16 different liberal arts and technical colleges and universities in two different states. Findings from this subsequent study reported 27% of college students experienced the recent death of a parent, grandparent, relative, or friend. These findings support more recent published reports related to the prevalence of death of a family member or friend in this population of students. Balk (1997) has documented that at any point in time, 25 percent of students were in the first year of grief following the death of a family member and 30 percent in the first year of grief following the death of a peer. In this quantitative cross sectional exploratory study by Balk (1997), information was obtained about death and bereavement among college students. Using a convenience sample, undergraduate students enrolled in one semester of an "Introduction to Human Development" course at Kansas State University were asked to complete a survey about death and bereavement in their lives. The survey elicited specific data about death of a family member or death of a friend. The survey was repeatedly administered in five separate semesters with a total number of 994 students completing the questionnaires. The average age of the subjects was 20.6; however there were a disproportionate number of female participants (79.4%). Ethnic and cultural composition was representative of the traditional undergraduate population at Kansas State University with 94% White, 3% Black, 2% Hispanic, and 1% other. Religious affiliation of the participants consisted of

59.6% Protestant, 31.7% Catholic, 0.1% Jewish, 0.7% agnostic, and 7.8% other. The majority of the students (n=813) reported that a family member had died and more than 60% (n=594) reported that a friend had died within the past two and a half years confirming prevalence rates among college students.

Furthermore, a recent study by Balk et al. (2010) reported similar findings. Using an ethnically diverse sample, 118 randomly selected students from a private midwestern university completed a questionnaire indicating whether a family member or friend had died within the last two years. Results indicated that 30 percent of these students experienced loss within one year and 39 percent were within two years of experiencing a loss (Balk et al., 2010). Although this current report represents a homogenous sample from a limited geographic area, researchers and thanatologists have agreed that a significant number of college students are bereaved at any given point in time (Balk, 2001; Balk et al., 2010; Hardison et al., 2005; Smyth, Hockemeyer, Heron, Wonderlich, & Pennebaker, 2008).

Deaths of students themselves are a heartbreaking reality. In the United States several mass murders have occurred within educational institutions traditionally thought to be safe environments. The largest mass killing occurred on the campus of Virginia Tech University on April 16, 2007. A student shot and killed 33 students and faculty, and wounded 25 before killing himself, resulting in an increase in media attention related to topics of grief in student populations (Corr et al., 2009; Littleton, Grills-Taquechel, & Axsom, 2009). Survivors of traumatic and violent loss often feel confused and inadequate in supporting others who share in their suffering and grief (Zinner, 1985). Conversely, empirical research by Hawdon and Ryan, (2011) suggested mass tragedies

create a sense of community, an elevation of solidarity among those affected by the event.

Despite the reality of death, western culture avoids or perhaps silences discussions of death and dying in an effort to lessen the emotional pain of grief (Corr et al., 2009). Frequently the bereaved receive one to three days of funeral leave and then return to the routines of daily living. Faculty walk the campuses surrounded by students engaging in academic and social functions. But behind the multitude of faces may be unknown realities of grief and despair? These alarming figures give us pause, and warrants further exploration of this phenomenon.

Bereavement and the College Age Student

Primarily bereavement research has focused on familial death associated with the loss of a child, spouse, parent, or sibling. However, the increase in divorce, single person households, delayed marriages, “living together,” homosexual relationships, and the number of single elderly in the United States has led researchers to explore grief reactions related to the loss of a friend or peer (Deck & Folta, 1989; Doka, 1989; Sklar & Hartley, 1990). Sklar and Hartley (1990) coined the term “survivor friend” to provide a distinction to this potentially unrecognized group of grievers. Kenneth Doka (1989) referred to this concept as disenfranchised grief, “the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publically mourned, or socially supported” (p. 4). Death of a friend, classmate, ex spouse, or colleague, may be perceived as disenfranchised. These individuals may not be allowed to publically express grief since their relationship to the deceased maybe perceived as marginal or illicit. Many researchers refer to the state of bereavement amidst the college community as a

“silent epidemic” of these hidden or disenfranchised griever (Balk, 2011; LaGrand, 1985; Sklar & Hartley, 1990).

The proposed literature search aims to identify, summarize, and synthesize relevant empirical studies and anecdotal reports focused on the experience of bereaved college students in relationship to a peer or classmate’s death. The following databases were used: Academic Search Complete, Cumulative Index to Nursing and Allied Health (CINAHL), Education resources Information Center (ERIC), Medical Literature Analysis and Retrieval System (MEDLINE), and Psychological and Sociological Collection. Using key words, “death and dying,” “college student,” “bereavement,” and “peer death” in different combinations yielded 62 results. Articles and abstracts were reviewed for essential relevancy and critiqued for inclusion within the context of this qualitative study. Empirical research studies on peer death and bereavement among college students tends to use convenience samples within limited geographical locations, often of American college students, however, this body of knowledge is growing. Most of what emerged through research pertains to the physical, behavioral, interpersonal, cognitive, and emotional reactions of the eighteen to twenty-three year old college students, and prevalence of college courses on death education (Balk, 2008). The following section provides a review of selected research studies on grief reactions, providing a historical background in support of the rationale for this study.

Grief reactions. The physical, psychological, behavioral, spiritual, and social reaction to the death of a person to whom one is attached is referred to as grief (Corr & Corr, 2007; Corr et al., 2009). Grief reactions are a part of the normal process following a significant loss in an individual’s life. Anecdotal literature describes reconciled grief as

normative behaviors, which employ constructive forms of coping (Bonanno, 2009).

Normative behaviors can include a wide variety of individual reactions to loss. These expressions of grief are highly individualized and unique.

Findings by LaGrand (1981, 1985) reported college age youth display an array of emotional reactions from depression and shock to relief following the death of a loved one. Analysis of loss reactions among a subject population of 901 undergraduate students discovered depression (69.8%) as the feeling most expressed by both males (n=223) and females (n=406). Furthermore, shock (61.8%), emptiness (55.1%), and disbelief (52.1%) ranked high among frequently reported grief reactions. Fear and loneliness were often associated with depression. These reactions are similar to other empirical literature and anecdotal reports pertaining to the adult population and echo normative emotions following the death of a loved one (Corr et al., 2009).

Similarly, shock or disbelief and feelings of anger were commonly reported reactions reviewed in the literature related to adolescents and the death of a friend (Balk & Corr, 2009). Other manifestations encountered by bereaved adolescents include sadness, crying, realization of their own death, inability to concentrate on academics, and a greater pleasure in friendships (Balk & Corr, 2009). Silliman, Ncneil, and Swihart (1991) reported parallel grief reactions of adolescents related to peer death from cancer. Their findings revealed feelings of sadness, shock, anger, and numbness following the death of a peer. Previous researchers have reported that the loss of a friend in adolescence is analogous to that of losing a family member (Balk & Corr, 2009).

Sklar and Hartley (1990) conducted an exploratory study to understand the dynamics of the survivor friend population. Using purposive sampling, undergraduate

students from a class on “Death and Dying” and a class on “The Sociology of Love and Friendship” were recruited to participate. The study consisted of in-depth interviews and essays. Participants ranged in age from 18 to 45 years who had a close friend die within the previous five years. The essays were aimed at eliciting the same information as the interviews. In the interviews, 12 students participated and 23 students participated in the completion of essays. Findings were parallel to familial bereavement. Emerging themes in this study included prolonged despair, guilt, fear of one’s own death, loneliness and fear.

Balk and Vesta (1998) conducted a longitudinal case study examining the psychological development during four years of bereavement. This case study described the experiences of a traditional college-age student grieving the death of her father following a four-year illness of colon cancer. At the beginning of the study, the participant was 19 years of age and a freshman living away from home on a college campus. Quantitative data was collected using two instruments, the “Impact of Event Scale” and the “Grant Foundation Bereavement Inventory.” The participant in this case study indicated none of the standardized instruments captured her feelings related to her father’s death. Alternatively, she kept a journal to record her grief experiences for nearly four years. This journal was given to the researchers at the conclusion of her college years, serving as a powerful source of rich data relevant to this inquiry. Feelings of loneliness, battles with self-image and confidence, and camouflaging her feelings emerged through written narratives. Her journal accounts explicitly depict the emotional and physical grief reactions of a traditional college age student coping with loss at a critical period of psychosocial development. She described how she hid her emotions on

campus and grieved in silence. She began bingeing and purging as she struggled with her body image and identity. As reported by the participant, grief left an indelible mark and shaped her character (Balk & Vesta, 1998). This case study exemplifies the rich data obtained through a qualitative approach.

In addition, evidence suggests that approximately 10 to 15 percent of bereaved persons experience debilitating consequences and prolonged forms of despair, referred to as complicated grief (Currier, Hardison, Laurie, Mehta, & Neimeyer, 2008; Ott, 2003; Prigerson & Maciejewski, 2006). These individuals experience longing for the deceased for months, denying the death experience, impaired functioning, and an inability to move forward with one's life (Zhang, El-Jawahri, & Prigerson, 2006). Complicated grief may seriously affect the psychosocial and cognitive development of the traditional college age students, which may challenge their worldview. Debilitating consequences may include enduring depression, academic failure, social isolation, eating disorders, sleep disturbances, and somatic complaints (Balk, 1997; Balk, Tyson-Rawson, Colletti-Wetzel, 1993).

Hardison et al. (2005) conducted the first large-scale study on insomnia and grief symptoms in bereaved college students. The goals of this study were to establish the frequency of insomnia and associated sleep behaviors among a large cohort of undergraduate bereaved college students and to investigate the relationship to complicated grief symptomatology. The sample consisted of 508 bereaved and 307 non-bereaved undergraduate psychology students. Data was collected using "The Inventory of Complicated Grief" and a sleep behavior questionnaire. A statistically significant higher rate of insomnia and unresolved grief was described in the bereaved

group of students as compared to the non-bereaved group. This study supports the seriousness of the impact of bereavement-related insomnia in this at risk group. Insomnia and unresolved grief impaired daily activities, which could jeopardize academic performance and possibly lead to substance abuse, creating debilitating consequences (Hardison et al., 2005).

Furthermore, research conducted by Holland et al. (2006) examined the role of making sense and finding benefit in the loss, and time since the death event in predicting complicated grief. A sample of 1,022 college students who experienced the death of a friend or family member within a two-year time frame participated in this study. Their findings explain that making sense and finding benefit from one's experience of loss is vital in decreasing complications associated with grief. Furthermore the researchers described that low levels of sense making was a stronger predictor of complicated grief than benefit finding. The ability of the college student to make sense and find meaning in this loss is critical in reconciling grief. Students who have lost loved ones from suicide, homicide, or accidents are more likely to develop complicated grief compared to loss from natural causes.

Moreover, Mathews and Servaty-Seib (2007) examined the relationship between hardiness, grief symptoms, and personal growth of 78 bereaved college students at a large mid-western university. The concept of a "hardy personality" refers to individuals who "... believe that they can control or influence events they experience, possess the ability to become significantly involved in or committed to the activities in their lives, and view the experience of change as an exciting challenge that can lead to subsequent development" (Mathews & Servaty-Seib, 2007, p. 184). Subjects completed a basic demographic

survey, the Hogan Grief Reaction Checklist, and the Psychological Hardiness Scale.

Results of this study support the hypothesis in which “hardy individuals” are less likely to experience complicated grief (Mathews & Servaty-Seib, 2007).

The intensity of these emotional and physical reactions following the death of a family member or peer is dependent on a number of variables. These variables may include the significance of the individual in the student’s life, previous personal experiences with death, relationship with the deceased, uncompleted business, and the mechanism and events surrounding the individual’s death (Balk, 1997; Zinner, 1985). Furthermore, student’s individual beliefs about death, cultural and religious factors, and thoughts of afterlife, gender, and self-esteem can all impact the reactions to loss experienced by the traditional college-age student (LaGrand, 1985).

The majority of the bereavement research conducted earlier included samples of primarily Caucasian populations. Few empirical studies have explored the grieving process in various ethnicities. Research by Oltjenbruns (1998) and Laurie and Neimeyer (2008) described a more intense grief response in Mexican-American and African-American bereaved college students. Oltjenbruns (1998) examined differences and similarities between grief reactions of 39 Mexican-American and 61 Anglo-American bereaved college students following the loss of a close friend or family member. Mexican-American bereaved students had higher scores on the Loss of Control and Somatization scales of the “Grief Experience Inventory” than the Anglo American college student , indicating a more intense grief response. Furthermore, research by Laurie and Neimeyer (2008) found higher levels of complicated grief in African-American students compared to Caucasian students. In this large-scale quantitative study

of 1,496 bereaved college students attending a Southern University, grief responses of Caucasian and African-American students were explored using the Inventory of Complicated Grief-Revised, the Continuing Bonds Scale, and a questionnaire regarding their loss. The sample consisted of 940 Caucasian students and 641 African-American students. Prevalence of loss in this study related to homicide, accidents and suicide with African-American students reporting more frequent bereavement from homicide. Stronger bonds with the deceased were reported from the African American students compared to the Caucasian participants. Furthermore, African American students described greater grief reactions following the loss of members of their extended family, but no significant differences were shown between both groups following the loss of a family member or friend. In addition, African-American students who talked about the death less and did not seek supportive services, experienced higher levels of complicated grief.

Approaches to coping. College campuses are filled with academic and social activities not conducive to grieving. Research indicates that college students need helpful responses to their grief by caring peers (Balk, 1997, 2001). A primary theme in the anecdotal reports and empirical studies was the preference for adolescents and young adults to speak with their peers about a friend's death rather than a member of their immediate family.

In LaGrand's hallmark study (1981, 1985), the most common coping responses of bereaved college students (n=901) included crying (71.3%), talking about death (70.4%), accepting the death (61.9%), time (53.8%), through family support (52.7%), and through

support of friends (50.1%). Less prevalent were religious beliefs (34.9%), keeping busy (31%), writing feelings (31%), and philosophical beliefs (10%).

According to a more recent study by Balk (1997), the majority of bereaved students (n=664), preferred to speak with their mother when faced with the death of a family member, but 87% (n=515) favored speaking with other friends about a peer's death. In both instances, most college students considered talking about death helpful. Similarly Rack, Burleson, Bodie, Holmstrom, & Servaty-Seib (2008), found that young adults viewed the following supportive strategies by peers helpful: offering one's presence, willingness to listen, caring presence, and expressing concern. Conversely, it is important to note that Balk (1997) found that bereaved college students indicated that their friends unaffected by the loss expected a faster recovery and less sadness. Comments such as "get over it" led bereaved college students to hide their grief once on campus and mourn in silence, hence the reference "hidden grievers." Furthermore, a presentation at the annual meeting of the Association for Psychological Science by Konrath, O'Brien, & Hsing, (2010) suggested current college students are significantly less empathetic compared to college students of 20 to 30 years ago.

Recently, Seah and Wilson (2011), conducted in-depth interviews of university students aimed to understand the lived experience of grief following the loss of a family member or friend. Using Heideggerian hermeneutic phenomenological approach, a purposive sample of six students, including four undergraduates and two graduates from an Australian university were recruited to participate in this study. Demographics of the subjects under study included a mean age of 32 years of age, primarily female (n=5), European descent (n=4), African ethnicity (n=1), and Chinese ethnicity (n=1). Five of

the participants had reported the loss of a family member and one participant reported the loss of a friend within a time frame of 2 months to 4 years. Thematic analysis using Van Manen's methodology identified ten strategies used by the participants to cope with grief and maintain their academic performance during a period of bereavement.

These strategies included: 1) making sense or meaning out of the loss; 2) discovering benefits from the loss; 3) adopting positive attitude; 4) establishing realistic expectations; 5) engaging in activities; 6) taking adequate rest; 7) expressing feelings; 8) seeking help and support from people; 9) believing in God; and 10) developing skills and knowledge. (Seah & Wilson, 2011, p. 13)

These results are similar to previous reports on effective coping strategies reported by Balk (1997). On the contrary, LeGrand's study (1981, 1985) found religion, activities, and philosophical beliefs less helpful for the college age student. Nonetheless, clinicians agree that supportive interventions and participation in support groups are effective strategies in helping the bereaved, decreasing the incidence of complicated grief and maladaptive coping mechanisms.

Gaps in the literature. Several gaps in the literature exist related to bereavement among the traditional college-age student. The majority of the empirical research is limited to convenience sampling within limited geographic locations. Delineation between familial death and peer death is not always clearly defined in existing research. Significant research findings stem from earlier works by LaGrand and Balk. Additionally, self reported data has inherent challenges. Given the multifaceted components of grief, many variables affecting grief reactions are scanty addressed in the research. Students experiencing complicated grief may be too devastated to respond or

participate in studies on bereavement. Most studies do not examine the closeness of the individual to the deceased. Furthermore, research on minorities and socio cultural experiences with death and dying is limited.

Models of Grief

Although existing research offers some data on the grief experience of the college student and use of effective strategies to assist the bereaved, knowledge of grief models provide additional historical background for this research. Contemporary models of bereavement have replaced traditional models of grief, viewing grief as a dynamic process, changing in nature rather than a series of predictable stages. Contemporary grief and bereavement theories receiving attention in the field of thanatology are Worden's Task Based Approach (Worden, 2009; Worden & Winokuer, 2011), the Dual Process Model (DPM) of Grief (Stroebe & Schut, 1999), and meaning reconstruction and loss (Holland, Currier & Neimeyer, 2006). Conversely, it is important to note, "no one disciplinary or theoretical paradigm is currently dominant in bereavement and grief research" (Neimeyer, 2004, p. 499).

Worden (2009), well known for his task based approach, views mourning as an active process involving four tasks. The first task pertains to the acknowledgement of the reality of the loss. For the traditional college age nursing student, the reality of a classmate's death disrupts their assumptive world. During this task, acknowledgment of the loss is obtained through activities such as seeing the body, verbally acknowledging the death, and or attending funeral services. The second task involves processing the pain of grief. Students need opportunity and permission to grieve. A wide array of emotions can be portrayed by the traditional college age students. Students may seek medical

services for complaints such as insomnia, fatigue, and lack of motivation rather than grief symptomatology (Janowiak, Mei-tal, & Drapkin, 1995). Thirdly, students need to adjust to a new environment without the deceased, and lastly find an enduring connection with the deceased while living in a world without their presence (Worden & Winokuer, 2011, p. 58-65). As students adjust to a new environment and learn to live again in accordance with Worden's model, they may oscillate between what is referred to as loss oriented and restoration oriented stressors.

The dual process model (DPM) of coping with bereavement by Stroebe and Schut (1999) is centered on these concepts of oscillation between coping with two types of stressors: 1) one that is loss oriented and 2) the other that is restoration oriented. The loss oriented process involves the invasion of grief into the every day life of the bereaved which is directly associated with the stressor of the individual's death (Corr et al., 2009; Servaty-Seib & Taub, 2010). Based on DPM, coping with the primary loss may involve for example; crying, performing rituals in remembrance of the deceased, ruminating about the person, and looking at photos. Conversely, restoration oriented process involves coping with secondary losses which occur as a result of the person's death. Examples of secondary losses may include missing classes, living alone, losing a study partner, or assuming responsibilities of the deceased such as cooking or cleaning. Restoration strategies used to cope with these losses may include avoiding or distracting oneself from grief in an attempt to continue to function in life and move on (Servaty-Seib & Taub, 2010).

Although DPM was originally developed to explain coping with the death of a spouse (Stroebe & Schut, 1999), this model has applicability to the bereaved traditional-

age college student under investigation in this study. Depending on the closeness of the student to the classmate, the death may result in a myriad of distinct loss oriented and restoration-oriented strategies. This is elegantly captured in a narrative by Lee Burdette Williams (2010), regarding the paradox of loss oriented versus restoration oriented coping strategies depicted by a college sorority following the death of their peer.

I wondered what the long drive would be like for these young women, many of who were so clearly and luckily inexperienced with such wrenching grief. The short answer is, they were fine. Maybe not fine the way they are when they are shopping together...but as their chapter president stepped up to the front of the bus...and asked the driver to turn on the VCR, so they could watch a movie, I found myself both puzzled and relieved. I would never be so callous as to imagine that they brushed their loss aside, just that it was quickly folded into the fabric of their lives. And then they moved on. They have not forgotten her, as evidenced by the carefully tended garden near the accident site that they built and maintain without any approval or reproach from the university. (Williams, 2010, p. 29)

Exerts from this narrative, speak to the coping strategies employed by a group of college students following the loss of a sorority member. Their engagement in maintaining a memorial to their friend represents loss oriented coping strategies. Conversely, their ability to avoid or distract themselves from grief was clearly evident in their behaviors on their bus ride home. The oscillation between these two opposing areas occurs until a point of contentment can be accomplished and sustained in both realms. A need exists to explore coping strategies used by this population of grievers, more

specifically how the process of oscillation operates within the construct of the traditional college-age student. Additionally, the process of meaning reconstruction plays a central role in the mourning process.

Bereaved persons seek to find meaning following a loss through “sense making” and “benefit finding” (Holland et al., 2006; Gillies & Neimeyer, 2006). Individuals engage in three major activities by which they reconstruct meaning in response to the death of a loved one: sense making, benefit finding, and identity change. It is quite common for any bereaved individual to ask “why” in attempts to make sense out of the loss. Sense making is a significant component of the grief experience.

Sense-making denotes the comprehensibility of the loss or the survivor’s capacity to find some sort of benign explanation for the seemingly inexplicable experience, often framed in philosophical or spiritual terms. Conversely, benefit-finding refers to the significance of the loss and entails the survivor’s paradoxical ability to uncover a “silver lining” in the personal or social consequences of the loss, such as enhanced empathy, reordered life priorities, or a closer connection to other people beyond the family. (Holland et al., 2006, p. 176)

Holland et al. (2006) conducted a cross sectional quantitative study to examine the role of sense making, benefit finding, and time since loss in foreseeing complicated grief among a convenience sample of bereaved college students. The sample consisted of 1,022 participants from a large southern university who were enrolled in an undergraduate introductory psychology course. In this ethnically diverse sample ranging in age from 18 to 53, participants reported experiencing the death of a loved one or friend within the past two years. Females comprised 75% of the sample. Students completed a

questionnaire that included the Inventory of Complicated Grief (ICG). However, two questions assessed the role of sense making and benefit finding. Participants were asked, “How much sense would you say you have made of the loss?” and “Despite your loss, have you been able to find any benefit from your experience of the loss?” (Holland et al., 2006, p. 180). Results demonstrated that “1) time since loss bore no relation to grief complications, 2) sense-making emerged as the most robust predictor of adjustment to bereavement, 3) benefit finding interacted with sense making, with the fewest complications predicted when participants reported high sense, but low personal benefit, in the loss” (Holland et al., 2006, p. 175). These findings suggest sense making is a strong predictor in grief outcomes despite the passage of time. Intertwined with these models of grief are the psychosocial developmental tasks confronting the traditional age-college student (Taub & Servaty-Seib, 2008).

College Student Development

Despite the lack of robust empirical studies related to college student development and bereavement, some researchers have argued that grief reactions and coping strategies may be largely influenced by psychosocial and cognitive developmental stage, personality characteristics, and the college campus at large (Balk, 1997, 2011; Servaty-Seib & Taub, 2010). How the nursing student copes with the death of a classmate may be due in part to his or her developmental stage. Conversely, grief and loss for the college student may impact his or her psychosocial and cognitive development. As previously introduced, the most widely cited theories related to psychosocial and cognitive development include Erik Erickson’s life span development

model (1959), Chickering and Reisser's (1993) seven vectors of identity development, and William Perry (1968) model of cognitive development.

Erick Erickson's life span development model in the college years, including late adolescence and young adulthood, is focused on identity versus role confusion and intimacy versus isolation. According to Erickson (1959), identity versus role confusion is an important milestone during the adolescent years. As the adolescent transitions to college, they will become more independent seeking their own identity as a member of society separate from their parents. Erickson (1959) viewed this period of time as a "psychological moratorium." According to Balk (2011), allowing time for the individual to explore various options and different roles is important in the establishment of a fulfilled identity. With this newly formed identity, individuals throughout their young adulthood will proceed to the developmental stage of intimacy versus isolation. In order to achieve intimacy, long-term relationships in the form of a friend or lover will be established. Failure to achieve some type of committed relationship will lead to isolation.

Specific to the college years, as previously outlined, Chickering and Reisser (1993) posit seven vectors of identity development. The vectors of intellectual competence and interpersonal competence appear relevant to the bereaved college student. Anecdotal and empirical evidence suggest decreased academic performance after the death of a family member or friend (Balk, 1997; Chickering & Reisser, 1993; Taub & Servaty-Seib, 2008). Achievement of intellectual competence through the establishment of good study habits may alter this suggested consequence of bereavement. Moreover, the formation of a network of friends and the ability to communicate effectively mark the achievement of interpersonal competence. It has been widely

established that peer support is deemed essential for the bereaved college student (Balk, 2011).

Furthermore, William Perry's (1968) model of cognitive development employs nine positions that are divided into four stages relevant to the college years. These stages include dualism, multiplicity, relativism, and commitment. Dualism (position one and two) denotes the inability for individuals to see things from different perspectives. Actions are either correct or incorrect. Answers are either right or wrong. Students in this phase of cognitive development will look to authorities to provide the correct answer. As students progress to the stage of multiplicity (position three and four), they begin to identify another option, one that is not yet known. Individuals think about possibilities. During the stage of relativism (position five and six), cognitive development continues as students begin to make decisions based on values, knowledge, and experience. Individuals during these two positions seek evidence-based answers to their questions. The final stage is commitment (positions seven, eight, and nine) that represents cognitive maturation and the ability to formulate independent decisions. Bereaved college students may be in various stages of psychosocial and cognitive development, which in turn may impact their perceptions of the death experience and coping strategies employed.

Experiential Context: Background of the Researcher

Grief like any negative emotion may spread through a group of students and limit their ability to concentrate on academics. Bonanno (2009) describes, "we imagine grief to be a relentless shadow that can lock onto us and follow us everywhere...turns light into dark and steals the joy out of everything it touches" (p. 2). I became interested in exploring bereavement in the college population when confronted with the sudden death

of a senior nursing student. As a full time faculty member, this was my first semester teaching in a baccalaureate-nursing program. The student, a senior, was studying for my exam, presumed to be staying up all night, and found dead with her textbook open. As the professor, I remember stating, “This cannot be happening to our student, not to my student”. Multiple emotions filled by mind with so many unanswered questions, “What do I do? What do I say?” “How do I continue to teach this intense complex content in light of grief?” This issue was never addressed in my new faculty orientation nor had I anticipated having to deal with it as a college professor. My academic colleagues offered little guidance, leading me to resort to my own inner strength and draw from my professional and personal life experiences.

While we teach nursing students how to care for patients and their families at end of life, little is known about the impact of a classmate’s death on a cohort of nursing students. Although one clinical day was cancelled, the pressures of college life and academics continued. As the professor of this six-credit complex adult health course, I was charged with guiding these students through this tragedy while moving this course forward. Feelings of powerlessness overwhelmed me and the literature offered no solutions. Although the seat of the deceased student remained empty, the academic struggles of those closest to this student were evident. Many of these students marginally passed the course and ten students subsequently failed their National Licensure Exam for the Registered Nurse (NCLEX - RN®) post graduation. Was the loss of a classmate and close friend a significant variable in their performance on NCLEX-RN®? Conversely, some students appeared aloof, as to move onto the next task or assignment unaffected by this loss. I was left pondering why such varied reactions among students occur?

Although little is known about what to do when tragedy strikes, I recalled my own experience with loss and used that knowledge to guide my students in the mourning process. I was 22 years old when my mother suddenly died. I recall that day as if it were yesterday. The pillar and foundation of our family who united brothers and sisters was gone, vanished without warning. My father, brother, and I sat powerless, staring in disbelief at my mother's lifeless body. As my father and brother looked to me for guidance and decision making concerning autopsy and funeral arrangements, my identity as I knew it would soon and forever be changed.

Ironically, twenty-seven years later, I fell into the same spiral of grief. I stood before a group of 33 students paralyzed with grief. From my own personal experience, I remembered the value in "just being there" for family and friends. In addition, I am a nurse first. My years as a critical care nurse provided me with much experience dealing with families and loss. Although, as I reflect on this experience, I ponder if there are parallels that exist between my role as a nurse and my role as a nurse educator?

Nonetheless, my personal and experiential knowledge helped to support my students. I notified the counseling department who met with the faculty and students as we shared the news of their classmate's death. An array of emotions filled the room. Many of the students cried, some appeared stoic, and some barely uttered a word. As a class, we participated in the memorial service by offering words of comfort to family members and providing the student's mother with a nursing pin. Additionally, we each placed a pink carnation in a vase in remembrance of her, valuing her memory as a nursing student. But as in life, similar to a three-day funeral leave, classes resumed the following week. We went about day-to-day activities, classes, clinical, and exams,

without ever uttering her name, however, “the elephant was in the room,” the chair remained empty. At the class pinning ceremony, students spoke of the deceased student’s “love” for nursing and included a visual presentation in remembrance of her. Within our western culture, funeral and memorial rituals are performed with hopes for closure, but as grief experts report this is not closure, it is only the beginning of a complex multifaceted grief process.

Tragic events and decisions made as young adults will impact direction, relationships, vocation, and lifestyle in the years to follow (Corr et al., 2009). What is the essence of these events in the life of a nursing student? What did it mean to have their friend, peer, or classmate die? How may it impact each student’s future? Unfortunately, this experience is not unique to this department of nursing or university yet only one publication exists on the meaning of the sudden death of a nursing classmate as previously discussed. “Human understanding facilitates human caring” which in part is the essence of the art of nursing (Munhall, 2007, p. 222). Through understanding this grief experience, nursing faculty will be more informed about grief reactions, signs of prolonged grief, and supportive interventions for the bereaved nursing student.

Summary

The prevalence of grief and bereavement within the college environment and lack of empirical research within nursing education warranted a need for continued research on this topic. Existing literature related to grief reactions and coping strategies used in the face of death were explored providing a broad historical background for this study. Bereavement theories, the task based approach to mourning, the dual process model of grief, and meaning reconstruction, were outlined. The critical importance of this research

to the discipline of nursing education and lack of existing research related to the “lived experience” of the sudden death of a nursing student were clearly articulated. The researcher’s personal experiences and encounters with death speak to the need for exploration of this phenomenon within nursing education.

CHAPTER THREE

METHODOLOGY

This chapter describes the design of the study explicating the philosophical underpinning of the phenomenological method used to guide this investigation. Descriptive phenomenology rooted in Husserl's philosophy was used to examine bereavement among nursing students following the sudden death of a classmate. Information about sampling plan, steps in data collection, and Colaizzi's method of data analysis is discussed. The chapter concludes with steps to ensure credibility, dependability, confirmability, transferability, and authenticity of this research.

The Method of Inquiry: General

Introduction to the Method

Phenomenology is “a qualitative research tradition, with roots in philosophy and psychology, that focuses on the lived experience of humans” (Polit & Beck, 2008, p. 761). Edmund Husserl (1859-1938), a German philosopher, is well known as the principle founder of phenomenology (Munhall, 1994, 2007; Polit & Beck, 2012). His expression “back to things themselves” is a guiding principle in phenomenological research (Omery, 1983). Returning to the world of experience, Husserl posits a phenomenon is described rather than explained, which he professes is the beginning point of all science. Husserl “introduced the idea of phenomenology in response to or reaction to the context free generalizations of the positivist approach of the natural sciences” (Munhall, 2007, p. 160). Positivists utilize objectivity and neutrality, and test theories and hypotheses, as their basis for scientific research. Alternatively, phenomenologists seek to gain “access to the outer world (life-world) from inside the human experience

(consciousness)” as the basis for scientific inquiry (Munhall, 1994, p. 281). Therefore, phenomenology is described as the scientific study of consciousness, originating from the participants themselves (Munhall, 2007, 2012).

An important underpinning of phenomenological research is the emphasis on perception and intersubjectivity. Perception is the original awareness of how one views an experience. As a phenomenological researcher, perceptions are set aside and the researcher seeks to understand how the participant is telling his or her story. “We should not question the validity of the knower” (Munhall, 2012, p.26). Moreover, each of us has our own subjective experiences based on our own perceptions. Intersubjectivity occurs as two or more people meld together their own subjectiveness during an interaction (Munhall, 2012). In other words, as researchers, we set aside our own subjectiveness in the pursuit of understanding the experience of the other. As two consciousnesses intersect, intersubjectivity occurs.

Within phenomenology, certain guiding principles exist. First, no preconceived or theoretical framework guides the researcher during data collection and analysis. As a researcher, I entered an uncharted path. I did not know what direction or discoveries I would make. All previous information gained through the literature searches and personal experience, was set aside, in abeyance, and only revisited after a full exhaustive description of the participant’s experience was written. Literature was reviewed and clarified only after these rich exhaustive descriptions had been formulated. Second, no assumptions were made as I began the interview process. Thirdly, I approached each individual interview with an open mind and sought to describe each experience as a valid source of knowledge. The participants became the authors of their own experiences.

Hence, I as the researcher, remained open to the individual experiences as perceived by the participant (Munhall, 1994).

Rationale of the Method

The phenomenon of “the grief experience of nursing students following the sudden unanticipated death of a classmate” lacked both exploration and description in nursing literature. An understanding of this experience has failed to be elucidated in nursing education, warranting a need to explore this understudied phenomenon. As Field and Morse (1985) stated, “qualitative methods should be used . . . when the research question pertains to understanding or describing a particular event about which little is known” (p.11). Within qualitative research, the most prevalent approaches used by nurse researchers are phenomenology, grounded theory, ethnography, history, case study, and analytical philosophy (Munhall, 1994). Phenomenology as a qualitative research method, seeks to describe and unfold a phenomenon before the eyes of the researcher and reader so the essence of the participant’s narratives can be experienced and understood (Munhall, 1994). This approach was the most suitable method of inquiry for studying the richness and complexity of bereavement in this population of grievers.

“As a human caring science and art, nursing’s ultimate goal is to care for persons and human systems experiencing the unfolding life processes . . .” (Lauterbach, 2007, p. 217). Death is an inescapable natural progression of life. As healthcare providers, nurses and therefore nursing students would benefit with an understanding of personal life experiences fostering the holistic care of others. Gaining an understanding and rich description of this “lived experience” was the aim of this phenomenological inquiry.

Background

The historical evolution of phenomenology has transformed over the course of a century. Philosophers contributing to the evolution of phenomenology include: Frank Brentano, Carl Strumpf, Edmund Husserl, Martin Heidegger, Jean-Paul Sartre, and Maurice Merleau – Ponty (Munhall, 1994). However, Edmund Husserl is considered the central figure and primary philosopher of phenomenology.

Currently two schools of thought or methods of phenomenology exist, descriptive and interpretive phenomenology (Polit & Beck, 2012). Husserl's philosophical ideas gave rise to the descriptive phenomenological approach. An important underpinning in Husserlian philosophy is the concept of transcendental subjectivity, which was initially described by the 18th century philosopher, Immanuel Kant. This term allows the researcher to constantly assess biases and preconceptions so that they do not influence the objectivity and validity of the study. The researcher creates the capacity to transcend personal conditions in order to expose true essences of the phenomena. The researcher must narrow and bracket out one's own beliefs to capture the true essential structure of the phenomena, referred to as phenomenological reduction or epoche (Munhall, 1994). This reduction allows for the discovery of "universal essences" or eidetic structures. By eliminating everything that is unessential, what is essential becomes detectable. Husserl posits that features exist that are common to all persons who have the experience. Through the process of phenomenological reduction, the essence or "eidetic structures" of the phenomenon under study emerge.

Outcome

By utilizing the phenomenological method of inquiry rooted in Husserl's philosophy and data analysis as described by Paul Colaizzi (1978), a full description and understanding of the essence of this experience evolved. This description developed from the nursing student's experience. The outcome of this process enabled the researcher to capture the phenomena of study by revealing vital themes and essences of the unique grief experience of traditional college age nursing students following the sudden death of a classmate. The outcome of this research has significant implications for nursing faculty and institutions of higher education in the formation of bereavement policies and strategic planning for professional services when tragedy strikes. Furthermore, this research provides benefits for other nursing students and nurses experiencing similar events and provides a framework for supportive interventions for use by nursing faculty.

Sources and General Steps

Husserl's philosophy of phenomenological research, includes four basic strategies: bracketing, intuiting, analyzing, and describing. Bracketing is defined as "the process of identifying and holding in abeyance any preconceived beliefs and opinions about the phenomena under study" (Polit & Beck, 2012, p. 721). In order to accomplish this difficult but essential task, the researcher sets aside any assumptions, previous experiences, and knowledge of the experience, prior, during, and after actual data collection. Bracketing becomes the tool which allows the researcher to open one's consciousness to the portrayal of the participant's experience. With intuiting, defined by Polit and Beck (2012), "researchers remain open to the meaning attributed to the

phenomenon by those who experienced it" (p. 731). Sartre (1988) refers to intuiting as the "personal link to the other's reality" (p.101). Unlike quantitative research which values objectivity, this methodology demands a personal investment into the topic being studied (Sarter, 1988). Intuiting involves an empathetic approach, while engaging participants in discussions not readily discussed. Intuiting involves hyperawareness of verbal and nonverbal actions of the informants, belief that the informant is the expert on his or her story, and use of interviewing techniques to obtain rich data without misleading the interviewee.

The last two strategies of Husserl philosophy of phenomenological research include analysis and description. Data analysis methods frequently used by investigators conducting descriptive phenomenological research include Colaizzi, Giorgi, and Van Kaam's analytic methods. These methods are commonly used to demonstrate a clear audit trail of decisions throughout the research process. Several phenomenological studies within the nursing literature utilize Colaizzi's method to analyze the findings. This is the only phenomenological method of data analysis that calls for returning to the participants themselves to validate the researcher's findings (Dailey, 2010; Polit & Beck, 2012). Because this was an important aspect of methodological analysis, ensuring the credibility, dependability, confirmability, transferability, and authenticity of findings, Colaizzi's phenomenological method of data analysis was used. The seven procedural steps of analysis and description according to Colaizzi include: 1) reading of all transcripts several times to familiarize the researcher with the data, 2) extract from transcripts significant statements and phrases applying codes, 3) formulate and state meanings for each significant statement, 4) identify themes amongst the meanings and

cluster them together, verify this data through review of the original transcript, and avoid ignoring data that does not cluster into an identified category, 5) assimilate these themes into a description of this phenomenon, 6) revise a thorough and comprehensive description of this phenomenon, and 7) return to the participants to validate findings ensuring the researcher has captured the true essence of their experience (Polit & Beck, 2012).

Concepts and Terms

Language used in phenomenological inquiry is not common in everyday conversation. In order to clarify this language, the following concepts and terms are defined below (Polit & Beck, 2012).

- Audit trail is “the systematic documentation of material that allows an independent auditor of a qualitative study to draw conclusions about trustworthiness” (p. 720).
- Authenticity is “the extent to which qualitative researchers fairly and faithfully show a range of different realities in the collection, analysis, and interpretation of data” (p. 720).
- Bracketing is the “the process of identifying and holding in abeyance any preconceived beliefs and opinions about the phenomena under study” (p. 721).
- Confirmability is “a criterion for integrity...referring to the objectivity or neutrality of the data and interpretations” (p. 723).
- Credibility is “a criterion for integrity and quality..., referring to confidence in the truth of the data; analogous to internal validity...” (p. 724).

- Dependability is “a criterion for integrity...referring to the stability of data over time and over conditions; analogous to reliability...” (p. 725).
- Intuiting "researchers remain open to the meaning attributed to the phenomenon by those who experience it" (p. 731).
- Purposive sampling is “a nonprobability sampling method in which the researcher selects participants based on personal judgments about which ones will be most informative” (p. 739).
- Reflexive notes are “notes that document a qualitative researcher’s personal experiences, reflections, and progress in the field” (p. 740).
- Snowball sampling is “ the selection of participants through referrals from earlier participants” (p. 743).
- Transferability is “the extent to which qualitative findings can be transferred to other settings or groups; analogous to generalizability” (p. 768).
- Trustworthiness, “the degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability, confirmability, and authenticity” (p. 745).

The Method of Inquiry: Applied

Aim of the Study

The aim of this phenomenological study was to explore the grief experiences, coping strategies, and reactions of traditional college age baccalaureate nursing students following the unanticipated, sudden death of a classmate. Providing a full description of this “lived experience” through the consciousness of the bereaved was the foundational

step to understanding the meaning and multiple realities of this event. Much of what nurse educators can learn may be buried in the fine points or the details of their stories.

Sampling Plan

The purposive sample consisted of nine nursing students, seven students from baccalaureate nursing programs within the tri state region of New Jersey, New York, and Pennsylvania and two students within the Northeast region of the United States who experienced the unanticipated death of a classmate, resulting from a fatal accident, completed suicide, homicide, sudden or unexplained death. Identification of such a nursing program who encountered the sudden, unanticipated death of a junior or senior undergraduate nursing student in the previous two to 18 months was obtained through contact with the Department of Nursing Chairpersons. Since multiple language is used by each program to designate the person administratively responsible for the nursing department, the term Chairperson was used in this context to represent Administrator, Dean, Assistant Dean, Director, and Chairperson. Access to nursing chairpersons was obtained through a listing of baccalaureate nursing programs available on the state board of New Jersey and New York and the Pennsylvania Higher Education Schools Association (PHENSA) web sites.

The New Jersey and New York State Board of Nursing web sites provide a listing of baccalaureate nursing programs, with the name of the chairperson, their work phone number, and the school's address. Currently 20 traditional baccalaureate-nursing programs exist in the State of New Jersey and 17 programs in the State of New York. Access to each chairperson's email address was obtained electronically through each program's web site. In the state of Pennsylvania, an organization referred to as PHENSA

(Pennsylvania Higher Education Nursing Schools Association), provides a web site with a list of all Pennsylvania baccalaureate and higher degree nursing programs with the names and electronic contact information for each respective chairperson. Currently, 34 traditional baccalaureate-nursing programs exist in the State of Pennsylvania.

Approval to conduct this research study was obtained from the Indiana University of Pennsylvania Institutional Review Board (IRB). An IRB research proposal was submitted in accordance with designated procedures. Criteria for participation included: 1) junior or senior level nursing student at time of classmate's death, 2) enrolled in same graduating class as deceased, 3) between 18 and 23 years of age at time of death of classmate, 4) within two to 18 months since time of classmate's death, 5) able to recall events that transpired after the death of this classmate, and 6) willing to explore the meaning of this experience.

Following IRB approval from Indiana University of Pennsylvania (IUP), an electronic correspondence, Appendix A, was sent to each nursing program chairperson explaining the nature and purpose of the proposed study. Identification of a death event, involving the unanticipated, and sudden death of a nursing student, among their junior or senior level nursing class during the previous two to 18 months was elicited. A list of these nursing programs with a death event meeting these criteria was formulated. IRB approval or reciprocity was sought from each respective college or university.

Following IRB approvals or reciprocity from each university or college, an electronic correspondence was sent to the Chairpersons, Appendix B, asking for their or their designee's assistance in the distribution of an electronic or written invitation and or a research flyer, Appendix C, to potential student nurses or graduates of their program

who were members of the class in which the student died. Electronic addresses were preferred to allow for receipt confirmation. If electronic addresses were not available because the student already graduated, mailing addresses would be used. In this instance, prepaid mailing envelopes with the invitational letter enclosed were sent to the Nursing Department Chairperson or designee for distribution.

The invitation, Appendix D, contained the purpose of the research study, and outline of procedures applied to the participants, including an approximate 60 to 90 minute individual interview with a second interview either in person or via Skype to validate participant response. If students did not respond to the invitation within two weeks of initial communication, a follow up phone call or electronic contact was made to the respective nursing chairperson asking for their assistance in the distribution of a follow up correspondence. Following their verbal agreement, an electronic correspondence with an attached follow up invitation and or a research flyer was sent for distribution to students or graduates. In the absence of electronic correspondence, follow up postcards would be sent to the chairperson for distribution. Upon receipt of an email, phone call, or text message from the potential participant acknowledging agreement to participate, a follow up phone call or email was made to the individual confirming inclusion criteria and willingness to participate in the research study.

Within qualitative research, there are no steadfast rules to determine sample size; however researchers generally use the concept of data saturation as the guiding principle. Polit and Beck (2008) describe data saturation as "...sampling to the point at which no new information is obtained and redundancy is achieved" (p. 357). Multiple factors, such as the phenomena under study, scope of the issue, researcher's interview skills, and

informant's ability to articulate one's experience, can affect how quickly data saturation is achieved (Morse, 1995, 2000). Within phenomenological research, qualitative samples must be large enough to assure that most or all of the perceptions of the phenomena are discovered (Mason, 2010). Creswell (1997) recommends a sample size between five and 25 participants, where as Morse (1994) recommends at least six when collecting data for phenomenological studies. Conversely, there is lack of empirical evidence supporting appropriate minimum sample sizes in qualitative proposals. Mason (2010) analyzed 560 doctoral qualitative research studies, including 56 phenomenological studies and reported 68% of these researchers interviewed between five to 25 participants.

Based on anecdotal reports and suggestions offered by these researchers, the study attempted to obtain a minimum purposive sample of 10 nursing students/nurses to participate from at least two different nursing programs who met the inclusion criteria and who could best enhance the understanding of the phenomena. If more than 10 participants initially would have responded from two different nursing programs, interviews would have occurred in order of receipt of response to participate with equal representation between the schools identified. If data saturation was not achieved, further students would have been interviewed. If additional confirming or disconfirming cases were needed, other participants would have been recruited through snowball sampling (Polit & Beck, 2012).

Through email or telephone, the researcher coordinated dates with participant's schedules to conduct individual interviews. Interviews were carried out in a mutually agreed upon private location to promote comfort and convenience. Contact information for counseling services available at the respective university or college campus was

obtained and shared with the participant. In addition, a list of available National Counseling and Self-Help Resources, Appendix E, was provided in the event that students had experienced distress as a result of disclosing uncomfortable recollections or information.

General Steps

Data collection. The source of qualitative data included a demographic questionnaire with information pertaining to death history and relationship to deceased; face-to-face, semi structured interviews; and the use of electronic journaling through IUP Qualtrics on line survey tool. Informed consent, Appendix F, was obtained from all participants at the beginning of the interview. Participants were apprised of the risks and benefits associated with this research and informed of their right to withdraw from the study at any given time. In addition, permission was sought to use a digital voice recorder.

Following completion of the informed consent, participants were assigned a fictitious name for identification of all transcriptions, field notes, and electronic journaling. A list of available counseling and self-help resources was provided as previously stated. Participants were asked to complete a demographic questionnaire with additional information pertaining to death history and their relationship to the deceased, Appendix G. Information contained in this questionnaire provided a historical perspective and demographic information, which enhanced the exhaustive description of this experience.

During the interview, open-ended questions were used and participants were asked to expand and elaborate on responses. At the beginning of each interview, the

researcher posed the following initial questions, “tell me what it was like learning of your classmate’s death?” Appendix H represents the interview guide that was used and lists subsequent open-ended questions. Additional probes, such as “tell me more,” “help me understand,” were used as deemed appropriate. During the interview processes, the researcher engaged in imaginative listening, which entailed “being present” with the participant. As described by Colaizzi (1978), “...the researcher listens to him with more than just his ears; he must listen with totality of his being and with the entirety of his personality” (p. 64). Bracketing my own feelings related to this experience allowed my consciousness to be open to the words and expressions of the participant. At the conclusion of the interview, the participant was given the web address for IUP Qualtrics on line survey tool to record any additional thoughts about this “lived experience” (Appendix I). The participant was instructed to record their fictitious name when entering information in this electronic journal. This was done so rich data could be obtained from the participants through an electronic journal, allowing for unlimited freedom and private self-reflection on the meaning of this experience. Electronic compared to written journals is more attractive to this generation of participants (Generation Y), also known as the “Millennials,” who grew up in a digital, techno savvy world. Observational field notes were made shortly after the interview and entered onto a computer file (Polit & Beck, 2012). I recorded any nonverbal behaviors, characteristics of participants, and emotional responses.

In addition, I maintained a reflexive journal throughout the data collection and analysis process to bracket preconceptions and biases based on personal and experiential experience. Wall, Glenn, Mitchinson, and Poole (2004) provided guidelines for the use

of a journal in the development of bracketing skills for the novice researcher. Initially, I designated time prior to each interview to reflect on my feelings, ponder specific issues I anticipated, and inventory my own beliefs. Documentation of this period of pre-reflection occurred in my journal prior to each interview. Following the interview, I reflected on the experience, documenting my own feelings and biases that surfaced. In addition, I denoted any specific concerns related to interviewing techniques and my progress in the development of bracketing skills. Journaling continued throughout the data analysis period, reflecting on methodological problems, writing up findings, and addressing my own biases (Polit & Beck, 2012).

Analysis. Use of semi structured interviews and observational notes provided multiple sources of data to develop a comprehensive understanding of the phenomenon, referred to as method triangulation (Polit & Beck, 2008). Each participant was provided a fictitious name in order to maintain confidentiality and assist in identification of all data. All interviews and observational field notes were transcribed verbatim by a transcriptionist into a Microsoft word document. The transcriptions, referred to as participant's protocols, were subject to hand analysis using the seven steps of Colaizzi's phenomenological methodology (Colaizzi, 1978).

As Colaizzi (1978) outlines in step one, the researcher needs to immerse oneself in the data. This was completed by reading and re-reading the transcriptions and listening to the digital recordings several times on different occasions to gain a sense of their experience. Furthermore, each interview, journal transcription, and observational field note was reviewed for technical accuracy. In step two of Colaizzi's method,

significant sentences and key phrases of each individual transcript was extracted and color coded relevant to the investigated phenomenon.

During step three of this process, I spelled out the meaning of each significant statement, referred to as formulating meanings. This was the most difficult step, requiring “creative insight or a precarious leap,” moving from what the participants say to what they mean while not losing the connection to the description. As Colaizzi describes, this step allows one to, “...discover and illuminate those meanings hidden in the various contexts and horizons of the investigated phenomenon” (Colaizzi, 1978, p.59). In step four, step three was repeated to validate formulated meanings. These meanings were then aggregated into clusters of themes. A full list of formulated themes and clusters were recorded. This list of formulated meanings and clusters were reviewed by the Dissertation Chairperson to determine clarity and accuracy. Following determination and confirmation of formulated meanings and theme clusters, emergent themes common to all of the participant’s protocols were identified. Furthermore, interpretation of formulated meanings, clusters of themes, and emergent themes were regularly presented to the Dissertation Chairperson and doctoral prepared committee members, for analysis and review to ensure trustworthiness (Polit & Beck, 2008).

In the fifth and sixth stage of analysis, an exhaustive description of the phenomenon was developed integrating significant statements, theme clusters, and emergent themes. Following this exhaustive description, an essential comprehensive fundamental structure was formulated of the essence of this experience. In step seven, Colaizzi calls for the validation of results by the participants. With this methodology, a second interview either face to face or via Skype, was conducted with participants to

confirm findings (Polit & Beck, 2008). Participants were provided with a list of themes and an exhaustive description of their account for their review. Participants were asked, “How do my descriptive results compare with your experience? What aspects of your experience... have I omitted?” (Colaizzi, 1978, p. 62). Any new data discovered was integrated into the final description of this experience. All transcriptions and subsequent narratives were maintained electronically on a computer file which is password protected and in the research study binder maintained in a secure and confidential location. All communications and documentation will be stored in a secure location for three years.

This fieldwork posed many challenges. Coordinating, scheduling interviews, transcription, and analysis required meticulous organizational skills. Accurate records of all communications, actions, procedural steps, and decisions were maintained and documented. Topics of death and grief were difficult and stressful. Avenues for effective stress management were explored prior to the engagement in the study. Furthermore, the process of qualitative research was an exhaustive undertaking and adequate care of self and realistic timelines were established.

Reliability, validity, trustworthiness, rigor. The term trustworthiness parallels the standards of reliability and validity of quantitative research (Guba & Lincoln, 1994, Polit & Beck, 2012). According to Guba and Lincoln (1994), the criteria for trustworthiness include credibility, dependability, confirmability, transferability, and authenticity. In order to maintain rigor and credibility of this research, an audit trail was maintained throughout the entire comprehensive process. The audit trail comprises a detailed account of all activities and decisions made regarding this research project. An excel spread sheet was used to capture this decision trail. In addition, the process of

bracketing was utilized extensively to acknowledge the researcher's subjective judgments and biases based on personal experience with this phenomenon. This research had to be believable to external individuals. Through the use of an audit trail, prolonged engagement with the data, adherence to Colaizzi's method of analysis, peer review by the dissertation committee, review and confirmation of descriptions with participants, credibility of the findings was enhanced.

Through accurate descriptions of the sample, setting, procedural steps, and analysis dependability occurred. In order to establish confirmability, the use of peer review by the Doctoral Committee was employed. The goal of qualitative research is not generalizability but rich full exhaustive descriptions in which the findings can be transferred or have applicability in understanding the experience of bereaved traditional college age nursing students. Furthermore, through rich exhaustive descriptions and validation of these accounts by the participant, authenticity was enhanced.

Dissemination of findings. This was an important unexplored area of nursing education research. Death is a hidden reality on college campuses. Nurse Educators are left powerless with minimal tools to identify best practice interventions when faced with this situation. It is imperative that appropriate data will be shared at qualitative research, nursing education, National Student Nurses Association, and professional conferences with subsequent publications in nursing and student nurse journals. Furthermore, participant's stories may benefit other nursing students experiencing the death of a peer or classmate, offering support and guidance. Insights into the lived experience of nursing students following the sudden death of a classmate need to be shared with the nursing and academic communities.

Human Subject Consideration

Following IRB approval and informed consent, semi structured interviews were conducted as outlined. Because of the possible emotions evoked when discussing this experience, a list of available counseling and self-help resources was provided to each participant. Counseling Centers at each respective University or College were notified prior to the interview process to ensure feasibility of bereavement services. Furthermore, strict confidentiality was maintained and all information will be kept in a secure location for a period of three years in accordance with federal regulations. Computer files are password protected and research binders are maintained in a locked cabinet. Moreover, a personal thank you note was sent to each Department of Nursing Chairperson for their assistance with the recruitment process. In addition, each participant received a thank you note within three days of completion of the initial individual interview and a small book, “Nurturing Nuggets For Nurses” by Susan E. Lanza following completion of the study.

Strengths and Limitations

The phenomenological method lends itself to actual access to real subjects who experienced this event. In depth interviews with these participants provided the rich data to formulate a thorough description and an understanding of this experience. In addition, the researcher recognized the sensitivity issues related to this topic and provided participants with a list of available counseling and self help resources. My personal and experiential knowledge of this experience served as both a strength and limitation to this study. I am very passionate about the need for and benefit finding of this research. Acknowledging my own personal biases and feelings through bracketing, allowed me to

be open to the descriptions of the participants' experiences. Furthermore, this was an unexplored area in nursing research and these findings will be a vital contribution to the scholarly body of knowledge in Nursing Education.

Limitations should be noted. Discussions of death evoked repressed feelings of grief and despair. Emotional reactions may have interfered with the participant's ability to articulate feelings about this experience. Additionally, the data relied on the information reported by the participants. Length of time from actual event varied from 2 to 9 months. Participants were in various stages or tasks in the grieving process, eliciting various reactions, but commonalities were identified. Furthermore, these research findings are only applicable to the group of participants who experienced the event, although implications may be applied for others experiencing similar events.

Time Table and Feasibility

The feasibility of conducting this study as outlined was possible using the phenomenological method of inquiry. As a full time temporary faculty member, additional extra duties were eliminated to allow for scholarly activities towards completion of this dissertation. Public records indicated at least one known death event of a nursing student within the previous nine months, lending to the availability of a known group who have "lived" this experience. The proposed timeline to conduct this research was 9 to 12 months. However, the actual 24 month timeline is outlined in Appendix J.

Conclusion

Chapter 3 of this dissertation proposal provided a description of the research design that guided this inquiry. Phenomenology provided the methodology to describe

the life world of bereaved nursing students following the sudden death of a classmate. General steps of the research process with definition of concepts and terms were described. The aim of this study was to describe the grief experience of traditional age baccalaureate nursing students following the unanticipated death of a classmate. Following IRB approval, a purposive sample of nine nursing students was obtained in accordance with the outlined plan. Colaizzi's method provided the steps for accurate data collection and analysis. Trustworthiness was enhanced in accordance with criteria established by Guba and Lincoln (1994). Findings of the study will be discussed in the next chapter.

CHAPTER FOUR

FINDINGS OF THE STUDY

This chapter will describe the findings of this qualitative phenomenological study that explored the grief experiences, coping strategies, and reactions of nine traditional college age baccalaureate nursing students who experienced the sudden unanticipated death of a classmate. The source of qualitative data included a demographic questionnaire with information about death history and an in-depth semi structured interview. Phenomenology is often referred to as the “science of examples” in which the participant’s expressive words and raw emotions capture the essence of the experience (Munhall, 2012, p.130). Utilizing Colaizzi’s (1978) methodological approach to phenomenological inquiry, the decision trail and the resultant cluster and emergent themes are presented. Significant statements from the participant’s narratives enhance the rich description of this experience. Excerpts from the researcher’s reflexive journal will be shared. The chapter concludes with a fundamental structure of this “lived experience” through the lens of the bereaved.

Description of the Participants

The purposive sample for this study included nine traditional age baccalaureate senior level nursing students from four different universities within the northeast region of the United States. Students experienced the sudden or perceived sudden death of a classmate within the previous nine months. Two deaths resulted from medical disorders, and two deaths were a result of traumatic injuries. No deaths were the result of a suicide. All nine participants in this research study were female; however three of the four deceased were male. The relationship between the research participant and the deceased

ranged from close friend to an acquaintance. A description of the university, circumstance of the death event, participant's demographics, and background with relationship to the deceased is presented. Pseudonyms are used for each participant, university, and deceased in order to maintain confidentiality.

Three nursing students from University W's senior class of 2012 participated in this research study. University W, located in a major metropolitan area, is considered a top ranked nursing school in the United States. From this University, Anna, Beth, and Carol, were 21 years of age with various ethnic and religious backgrounds and had experienced the sudden loss of their classmate, Mark. Mark also 21 years of age, collapsed in a crowd and was unable to be resuscitated. None of the research participants witnessed the death. At the time of the interview, five months had elapsed since Mark's death. All three participants who were part of a study group with the deceased considered themselves a friend or close friend to Mark. One student, Carol, had never experienced the death of a family member or friend prior to this experience. However, Anna and Beth had experienced the death of family members. In addition, Anna had experienced the death of a friend but did not discuss this event during the interview.

One student from University X's senior class of 2012 participated in this research study. University X is located in a suburban residential community. Student, Dorothy, Latino/Hispanic ethnicity, also 21 years of age with a strong belief in Catholicism, experienced the perceived sudden death of a classmate, John. John had taken a temporary leave of absence from the program to pursue treatment for an illness, but died unexpectedly as a result of complications. At the time of the interview, nine months had elapsed since the death of John. Dorothy considered John to be a friend. Dorothy had

previously experienced two friends' deaths at age 19 and 20 and had perceived John's death as sudden and unanticipated. Even though John had taken a temporary leave of absence from the nursing program, Dorothy and her classmates considered John to be a part of their senior class. As Dorothy explained John, 64 years of age, was a much older student, however, still considered their peer.

Three nursing students from University Y's senior class of 2013 participated in this research study. University Y, located in a suburban residential community in the United States, is considered a large public university with a nationally recognized nursing program. All three participants, Fiona, Gina, and Holly, from this University were 21 years of age, Caucasian, each with a Protestant Christian background, and had experienced the sudden loss of their classmate, Andrew. Andrew, 22 years of age, was involved in a traumatic accident. None of the research participants witnessed the death. At the time of the interview, three months had elapsed since the death of Andrew. Fiona and Gina considered Andrew to be an acquaintance and Holly considered Andrew to be a friend. All three participants had experienced the death of family members prior to this experience and the death of a nursing faculty member the previous year.

Two nursing students from University Z's senior class of 2013 participated in this research study. University Z, located in a major metropolitan area, is considered a large private university with a nationally recognized nursing program. University Z's participants Isabel and Eve, were 21 years of age, Caucasian with a Roman Catholic background, who experienced the sudden loss of their classmate, Rachel. Rachel, 22 years of age, was involved in a traumatic vehicular accident. None of the research participants witnessed the death. At the time of the interview, five months had elapsed

since the death of Rachel. Isabel and Eve considered Rachel to be a close friend. Eve was Rachel's roommate at the time of the death and both participants had planned on leasing an apartment with Rachael following graduation. Both participants had experienced the death of family members prior to this experience. A demographic and death event summary tabulation is illustrated in Table 1. In addition, a death history summary tabulation, identifying the previous loss of a friend and or family member and age at time of the death is presented in Table 2.

Table 1

Individual Demographic and Death Event

Demographic and Death Event Summary							
Participant	Age	Gender	Religious Affiliation	Race/Ethnicity	Class Level	Elapsed Time	Closeness
Anna	21	Female	Protestant Christian	African American & Latino/ Hispanic	Senior	4-6 months	Friend
Beth	21	Female	Jewish	Caucasian	Senior	4-6 months	Close Friend
Carol	21	Female	None	Asian	Senior	4-6 months	Close Friend
Dorothy	21	Female	Christian	Latino / Hispanic	Senior	8-10 months	Friend
Eve	21	Female	Roman Catholic	Caucasian	Senior	4-6 months	Close Friend
Fiona	21	Female	Protestant Christian	Caucasian	Senior	2-4 months	Acquaintance
Gina	21	Female	Protestant Christian	Caucasian	Senior	2-4 months	Acquaintance
Holly	21	Female	Protestant Christian	Caucasian	Senior	2-4 months	Friend
Isabel	21	Female	Roman Catholic	Caucasian	Senior	4-6 months	Close Friend

Table 2

Death History Summary (Age represents age at time of death)

Death History Summary						
Participant	Parent Death/ Age	Sibling Death/ Age	Maternal Grandparents Death/Age	Paternal Grandparents Death /Age	Friend Death/ Age	Other Death / Age
Anna	None	None	Grandmother - 17	Grandfather - 6	Yes – 18	None
Beth	None	None	Grandfather - 18	Grandmother - 6 Grandfather - 13	None	None
Carol	None	None	None	None	None	None
Dorothy	None	None	None	None	None	Friend – 19 Friend - 20
Eve	None	None	Grandfather - 16	Grandfather - 18	None	Aunt - 17
Fiona	None	None	Grandmother - 13	None		Aunt - 20
Gina	None	None	Grandfather - 21	Grandfather - 13	None	None
Holly	None	None	Grandmother – 2	Grandmother - 1 Grandfather - 5	None	Cousin -20
Isabel	None	None	Grandmother – 19 Grandfather - 7	Both Deceased – Before Born	None	Cousin - 18

Conducting the Interview

Semi structured interviews were scheduled in a location convenient for the research participant. All participants from each of these universities readily engaged in the interview process. Eight of the nine participants opted to meet in a conference room or faculty office within the nursing department at the respective university. This allowed for privacy and a tranquil environment in which to discuss their experience related to the death of their classmate. The mood was serene and the majority of the participants greeted me warmly, however there was an uneasiness and uncertainty expressed in their nonverbal behaviors as they sat down to begin the interview process. A few participants initially sat with their arms crossed. A few spoke very softly and hesitantly at first but as

the conversation ensued they appeared more relaxed. All participants were reminded of the availability of counseling services at their respective university at the beginning and end of each interview. Each participant was given a list of self-help resources to utilize as needed. None of the participants asked to seek counseling interventions following the interview. In addition, participants were informed of the need for a second interview to verify that the study findings accurately reflected their grief experience.

The interview process was very emotional for the participants and myself as this understudied phenomena was explored. Each interview lasted approximately 45 to 60 minutes with frequent long pauses. The majority of the participants were able to participate in the interview without tears; however, three participants wept at different intervals while discussing their experience. In addition, a few participants laughed during their conversations as they reminisced about the deceased. Many experienced difficulty finding the words to describe their feelings and would shift thought processes mid sentence. For many participants, the use of the word “like” appeared numerous in their narratives, a common linguistic term used among teenagers and college age students (Barbieri, 2009). I remained calm and empathetic throughout the process allowing for moments of silence and offering gestures of support due to the sensitivity of the research topic.

One participant chose to partake in an interview via iChat®, a messaging software, which created an unusual atmosphere in which to discuss this topic. I utilized an office in my home in which to conduct the interview. The research participant elected to use her room in a shared apartment. Conversely, the participant remained calm and was able to answer and share her thoughts and experiences despite the use of this

technology in which to conduct the interview. All participants continued with the study and did not opt to withdraw at any point in the research process. No interruptions occurred during the interviews. I sensed relief from these students after they shared their emotional stories and the majority of the participants gave me a hug at the conclusion of the interview. All participants were provided with the web address for the online journal to follow up with any additional thoughts, however no entries were recorded.

In order to capture the true essence of the experience, maintain objectivity, and set aside my own emotions, bracketing was utilized as previously discussed in chapter three. I maintained a reflexive journal and described my feelings prior to and following each interview. Excerpts from my journal elicit a glimpse into my own emotions throughout this interview process.

This is my first interview for my dissertation. The long drive to meet the participant will help me clear my mind. I have been so busy, I have not thought about my own experiences with death since writing my initial chapters. The words of Patricia Munhall echo in my mind. Maybe I am feeling over confident. I do feel that I will be able to decenter and allow their stories to emerge. (Entry: 1)

Today, I am making a long drive to meet my fourth participant. I am more nervous than usual since the death event involved a traumatic injury. Journaling has helped me set aside my own emotions and as Munhall states, "listen with the third ear" to my participant. Their stories are profound and I feel I am maintaining intersubjectivity, becoming one with my participant. I wonder if I am paying a price for this work, their stories are haunting. These words resonate within me. I am able to study this topic because someone died. (Entry: 8)

Reflexive journaling served many purposes. Primarily, the journal provided a forum in which I could express my emotions, document my preconceived assumptions, and to acknowledge my biases in order to maintain “unknowing” and objectivity during the interview process (Munhall, 2012). In addition, journaling provided a mechanism for self-reflection and a therapeutic outlet following each interview as these statements from my entries illustrate.

I wanted to jump in and tell my story. I had to be really careful not to lead her down a path. I had a box of tissues on the table, maybe I should not presume. Is that leading the participant? (Entry: 2)

I will never forget her words. I just wanted to give her a hug and tell her it will get better, but I could not. (Entry: 18)

I needed to keep an open mind during the interview...her words are daunting...she said it was the most perfect goodbye hug...moments in time that one will never forget...imprints in our life journey. (Entry: 22)

My phenomenological evolution is apparent in my reflexive journal as I documented my journey through this process of inquiry. I acknowledged, “becoming phenomenologic” as the words of the participant “take up residence within...” (Munhall, 2012, p.158). Each interview became a platform for exploration of the phenomenon under investigation and a “study of the individual’s life world, as experienced rather than conceptualized, categorized, or theorized” (Munhall, 2007, p. 163). Their stories are captured in their raw emotional interviews. Their words, their powerful statements, reflect the agonizing struggle of grief within the walls of academia and the halls of a healing profession.

Decision Trail

The findings of this study resulted from a thorough investigation of this phenomenon. Following each interview, an independent transcriptionist transcribed the digital recording verbatim. Each participant's transcript, termed protocol, was carefully proofread on three different occasions to ensure technical and content accuracy. The original transcripts were maintained in a secure file located on my computer and transcripts were coded with pseudonyms for participants, university, and deceased in order to maintain confidentiality. These documents became the working transcripts for analysis and coding purposes.

Colaizzi's (1978) methodological approach to phenomenological inquiry was utilized to examine the data. As Colaizzi (1978) outlines in step one, the researcher needs to immerse oneself in the data. Following the initial review, each transcript, "conventionally termed protocol," was subsequently read and reread on 10 different occasions (Colaizzi, 1978, p. 59). In addition, the digital recordings were imaginatively listened to on an ongoing basis in order to hear the raw emotion and the changes in voice inflection of each participant. The more I engaged and immersed myself in the data, the more deeply I began to grasp the essence of the participant's experience. As a novice researcher, prolonged engagement with the data enhanced my analysis skills.

In step two of Colaizzi's method, significant sentences and key phrases relevant to the investigated phenomenon of each individual transcript are extracted and color coded. As I reviewed each transcript, multiple qualitative data analysis techniques were employed to identify these statements and key phrases. These observational techniques included seeking repetitions, discovering indigenous typologies and analogies,

identifying similarities and differences, recognizing transitions or shifts in the narratives, realizing missing data, and utilizing cutting and sorting to categorize statements (Bernard & Ryan, 2010). Although grief is a unique and personal experience, commonalities began to emerge amongst the transcripts through this coding process. According to Husserl, these commonalities are referred to as universal essences or eidetic structures (Colaizzi, 1978; Lopez & Willis, 2004). Statements and key phrases were color coded, representing preliminary theme clusters.

According to Colaizzi (1978) repetitious statements or nearly the same statements may be eliminated when compiling a listing of the significant statements. Initially, significant statements representing the phenomena were identified from each protocol and written on a separate sheet of paper with the corresponding line number. To ensure rigor and trustworthiness of data analysis, I reviewed significant statements and key phrases from Protocol A and B with the Dissertation Chairperson and a doctoral prepared member of my dissertation committee. My Dissertation Chairperson is experienced in qualitative research and provided expertise in qualitative data analysis. Additionally, the doctoral prepared member of my dissertation committee is a content expert in grief and bereavement. Both experts verified my findings and confirmed identification of significant statements and key phrases with minimal alterations. As the data analysis process ensued, each subsequent protocol was reviewed with the Dissertation Chairperson to validate significant statements and key phrases. A total of 173 significant statements were extracted representing the phenomena under investigation. A complete listing of the extracted significant statements, eliminating repetitious statements from the nine transcriptions is presented in Appendix K.

During step three of this process, I spelled out the meaning of each significant statement, referred to as formulating meanings. This was the most difficult step, requiring “creative insight or a precarious leap,” moving from what the participants say to what they mean while not losing the connection to the description (Colazzi, 1978). This was an extremely lengthy process. Multiple data analysis charts were formulated independently, which listed the significant statements with their formulated meanings. One hundred and seventy three formulated meanings were derived from the 173 significant statements. These charts were presented to the Dissertation Chairperson on numerous occasions to verify and confirm findings. All significant statements with their corresponding formulated meanings related to the phenomenon under investigation is illustrated in Appendix L.

In step four, step three is repeated to validate formulated meanings. Charts were reviewed to ensure that formulated meanings were relevant to the significant statements. These formulated meanings were then aggregated and arranged into clusters or groups of themes. Originally 68 cluster themes were identified. Upon continued review and further analysis, I narrowed the theme clusters to 50. Following review of the significant statements, formulated meanings, and cluster themes, I once more narrowed the cluster themes to 37. Cluster themes were grouped into categories and color coded in order to seek out emergent themes. Originally 11 emergent themes were independently identified. Upon continued immersion in the data, two emergent themes were subsumed resulting in nine emergent themes. A listing of emergent themes with their corresponding cluster themes is presented in Appendix M. This data analysis was presented to the Dissertation Chairperson for review and for confirmation of findings. Minimal revisions were made.

Consensus was reached in collaboration with the Dissertation Chairperson that data saturation was achieved based on the purposive sample of nine participants. A summary of decision analysis is presented in Figure 1.

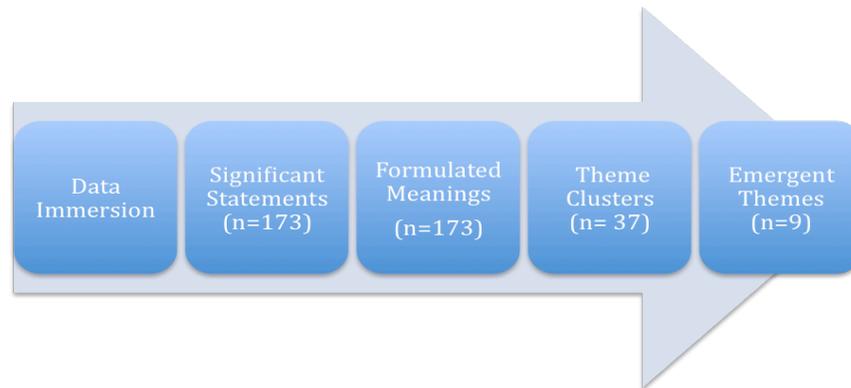


Figure 1. Summary of decision trail.

In the fifth and sixth stage of analysis, an exhaustive description of the phenomenon was developed integrating significant statements, theme clusters, and emergent themes to present a rich description of the “lived experience” is presented in this doctoral dissertation. Furthermore, in step seven, a second interview was conducted with each participant to confirm the findings (Colaizzi, 1978; Polit & Beck, 2012). This technique is referred to as “member checking” and allows for validation of findings by the participants (Colaizzi, 1978; Polit & Beck, 2012, p. 591). All participants were informed of the need for a follow up interview during the initial meeting. Participants were provided with a list of themes and the exhaustive description of their account for their review. No new data was discovered and participants confirmed the findings. The resultant nine major themes together formed the essential fundamental structure of the lived experience of the baccalaureate nursing student following the sudden death of their classmate. These themes include: 1) emotional pain of grief, 2) struggling with the

reality of death, 3) void in life “empty desk,” 4) university and departmental responsiveness - then and now, 5) connecting with the deceased, 6) bond of comfort and unity, 7) coping and support structures, 8) linger/dwell versus moving on, and 9) grief as a nurse. The following section provides an in depth description of the phenomena under investigation in relationship to each theme as experienced in the everyday life of the bereaved nursing classmate.

Theme 1: Emotional Pain of Grief

The first emergent theme, the emotional pain of grief, encompasses the vast range of feelings experienced by the nine participants after learning about the death of their classmate. Participants reported emotions of deep sadness, anguish, shock, disbelief, guilt, regret, and anger to expressions of feeling numb and lost in a sea of grief after receiving the catastrophic news. The term pain has often been used to describe the intense emotions of grief. Balk (2011) described Freud’s notation of bereavement “as a painful distressing struggle to accept the reality of the situation (p.39).” Merriam Webster (2013) defines pain as “ 1) the physical feeling caused by disease, injury, or something that hurts the body, 2) mental or emotional suffering: sadness caused by some emotional or mental problem, 3) someone or something that causes trouble or makes you feel annoyed or angry.” The term pain was used broadly to embrace the emotional turmoil experienced psychologically, cognitively, and behaviorally by participants as they described their grief experience.

Participants were asked; *tell me what it was like learning of her/his death? What was it like afterwards?* Students closest to the deceased did express intense emotions of sadness, anguish, shock, and disbelief. Anna reported, “*It was just a sob fest. Everyone*

was just like crying like pink eyes, red eyes for the first two days, like there wasn't a dry face anywhere. Especially those that were really close to Mark." Similarly Beth spoke about receiving the news, "I picked up the phone and she was like completely incoherent...She was crying and it was like a mess." Eve, a close friend of the deceased, echoed these raw emotions, "It leaves me speechless. I umm..... was in such shock. I called my mom and I was just in tears." Fiona, an acquaintance of the deceased described, "My friends were like so depressed and you know crying." Isabel stated " I just lost it...I don't think I've ever like really broken down like that about like anything before...I was not even functioning as a person."

Many of the participants closest to the deceased had difficulty conceptualizing what it was like learning of the death. Instead they began to describe the events of the day, setting a timeline of what occurred and sharing with me traits and characteristics of the deceased. His or her classmate was not just anyone who died. This was their friend, their peer who was no longer able to fulfill the dreams and aspirations of becoming a nurse. Anna stated,

So everyone was pretty much really shocked and really angry because he was just such a genuinely nice guy. I remember thinking there is so much potential and you knew that he was going to do something with it and he was the perfect combination of nursing and business. It felt like something great was taken from this world.

Carol reminisced about her initial meetings with Mark. Mark was the catalyst for her entrance into the nursing program.

We were in the same lab table and I thought to myself if I can spend four years going through a rigorous program with people who are as passionate as he was about healthcare and about you know doing well for the community and being humble about it too. It is very hard to find those people who are so down to earth and so excited about the little things that I really could see myself of having this bond with him....

Eve reflected on the importance of sharing stories about Rachael after learning the news,

We were all sitting in a big circle and we were just talking and sharing stories about Rachael. We were just literally laughing our butts off, just so many great memories. Everyone was kind of staring at us. Why are these girls laughing and everyone is crying so we all kind of just started going around and telling stories of Rachael, memories of how people met you know what their first impressions were of her. It was nice the little laughter that I definitely needed even though I was in such shock.

Moreover, it was important for Dorothy to inform me about John's academic abilities and their unique relationship.

Umm... well John was the oldest and I'm the youngest in the nursing program umm.... in our class so he would always like I said John was a straight A student always prepared and I'm the unprepared one.

As the participants reminisced about the events of the day and the characteristics of the deceased, they provided glimpses, snapshots, of their own emotional pain of grief. All participants repetitively used the phrase "it was really hard" when talking about their experience. Eve expressed, "so that has been kind of hard for me because you know we

had all these plans and it is not going to happen obviously.”

Furthermore, devastating statements pertaining to shock, disbelief, and numbness emerged as all participants continued to share their experience. Anna asserted *“Yeah I think everyone was just pretty much in shock and it felt like it was just a very bad nightmare but umm that’s as far as I could tell everybody was pretty much in mourning.”* Similarly all participants shared Holly’s sentiments, *“It was really sad, it didn’t seem real.”* LaGrand (1981, 1985) reported similar findings among a subject population of 901 undergraduate students. Analysis of loss reactions among this subject population discovered depression (69.8%) as the feeling most expressed by both males (n=223) and females (n=406). Furthermore, shock (61.8%), emptiness (55.1%), and disbelief (52.1%) ranked high among frequently reported grief reactions. In addition, these findings were consistent with grief reactions of adolescents related to peer death from cancer (Silliman, Neneil, & Swihart, 1991). On the contrary, the participants in this study did not self report feelings of depression or anxiety, common manifestations described by LaGrand (1981, 1985).

Moreover, these participants used the term “surreal” repeatedly as they attempted to comprehend the reality of the news. Merriam Webster (2013) defines *surreal* as “very strange or unusual: having the qualities of a dream.” Analogies such as *“frozen in time,” “feeling lost,” “like zombies,” “pretty zoned out,”* and an *“out of body experience,”* were used as students described their state of being initially and in the weeks that followed. Similarly Corr, Nabe, and Corr (2009), experts in the field of thanatology used the term “psychic numbing” anecdotally to describe this period (p. 223). Anna depicted her state of being as, *“I was trying to like just close it down a little just trying to zone*

out.” She further affirmed, “*It was just like some people say it’s like an out of body experience, you’re in the moment but your mind is like frozen in time.*”

The emotional pain of grief experienced by the participants parallels components of the initial phase based and task based interpretations of mourning as put forth by the work of Bowlby (1961), Parkes (1996), and Worden (2009). The first and second phase of the phased-based approach to mourning as depicted by Bowlby (1961) and Parkes (1996) described the reactions to loss as shock and numbness followed by yearning and searching. Shock and numbness may last for a few weeks followed by months of yearning and searching for the person who died. Individuals may be searching in crowds, expecting to see the person who died or setting a place at the table for the deceased. Similarly, many of the research participants’ grief experience replicated this phase-based approach to bereavement. Participants experienced shock and numbness followed by the performance of various ritualistic activities such as lighting a candle which suggested yearning for the deceased. These activities interplay significantly with the subsequent theme in this study of “*connecting with the deceased*” and the theory of continuing bonds.

Moreover, Worden (2009) in his first two components of his task based approach to mourning suggested that individuals need to accept the reality of the loss and work through the pain of grief. He asserts the emotional pain of grief is a necessary component of the bereavement process. Feelings of sadness, anger, emptiness, and regret are used to describe the emotional pain experienced as a result of loss (Worden, 2009). For many of these participants, the passage of time helped ease the pain of grief. Anna reported, “*At the end of clinical things were much better,*” suggesting participants found effective

coping strategies to work through the emotional pain of grief.

Participants not as close to the deceased still felt a sense of loss and mourning, leading to emotions of guilt over their right to grieve. This was quite apparent for the two participants, Fiona and Gina, who viewed themselves as an acquaintance of Andrew. These students were surprised by their own reactions and their subsequent feelings of sadness. Even though they did not know Andrew that well, he was part of their nursing class and they mourned his loss. However, these participants felt unsure of their ability to publicly acknowledge their grief. This suggests disenfranchised grief as identified by Doka (1989). Disenfranchised grief may occur when society does not socially recognize nor support loss such as the death of a homosexual lover, ex spouse or a non death related loss such as failing out of school. Friends and or acquaintances fall out of society's realm of expected or socially sanctioned grievers. They are not members of the immediate family. Fiona expressed these sentiments,

But I think that was like I didn't realize that someone else's death would affect me that much. I mean they always say it but yes so that was really hard. I didn't know Andrew that well. And I felt like I shouldn't be there and at the same time I felt like I did know Andrew. And all my friends were hurting a lot so I went with them and that was probably like really hard.

Equally, there appeared a sense of disenfranchised grief portrayed by participants who were close friends of the deceased directed at others who were acquaintances. According to Doka (1989), society perceives that certain individuals do not have the right to publicly mourn or act as a bereaved person. Both Beth and Eve from two different universities expressed anger at students and faculty who were not as close to the deceased

who publicly expressed their emotions about the loss. Eve asserted, *“Rachael’s Facebook page is still up, you know how I was saying the annoyance with other people, they write things on the wall about how close they were and how they feel and it is so annoying because they were not that close.”* Beth was angry with faculty who barely knew the deceased. She stated, *“If you’re that upset, think about us. We’ve known him since freshman year and you’ve known him for three weeks.”*

Thornton and associates (1991a, 1995) conducted three studies exploring the concept of disenfranchised grief among college students. Examples of disenfranchised grief such as the death of an ex spouse or homosexual lover, an abortion, or failing out of school were presented to college students in the form of situations and vignettes. In the first study, students were asked to rate the intensity of grief following various death situations and non death losses. Using a 10 point scale, students ranked traditional deaths the highest, such as the loss of a parent, followed by disenfranchised loss as the next highest, and thirdly non death losses such as failing out of school (Thornton, Gilleylen, & Robertson, 1991b).

Moreover in a second study, Thornton, Gilleylen, and Robertson (1991b) explored social support extended to disenfranchised grievers. College students were asked to determine the degree of social support they would express after reading six different vignettes involving traditional or disenfranchised loss. Consistent with previous findings, college students would offer more social support to grievers suffering a traditional loss as compared to disenfranchised loss such as the death of a homosexual lover or an abortion. Furthermore in a third study, Demko and Thornton (1995) explored the proposed level of acknowledgement of bereavement activities such as sending a

sympathy card in the event of a traditional loss compared to a disenfranchised loss. Similarly, college students were less likely to support or even acknowledge a non traditional loss as compared to a traditional loss. Despite the suggestion of disenfranchised grief, acknowledged or not, the emotional pain of grief was readily apparent in the participants' narratives.

Additionally as part of the theme of the emotional pain of grief, the death triggered feelings of sadness over past and future loss such as a grandparent, aunt, or teacher. Beth shared,

Like another student who we're both friends with who's in our study group had another friend die suddenly a few years ago before I knew her. Like a childhood friend died I think from like carbon monoxide poisoning or something so very sudden death also and so this brought up a lot of memories from that.

Moreover Beth pointed out another perspective, friends began to anticipate death of others with the diagnoses of cancer. Beth indicated, *"And my friend recently had a grandparent diagnosed with cancer and she already buried the grandparent in her mind."*

For Fiona, Gina, and Holly the death of their peer triggered an array of emotions about the loss of their teacher the year prior. During the interview, all three students quickly brought up their teacher's death when answering the first posed question, *tell me what it was like learning of the death?* The senior class from University Y had now lost a classmate and lost a teacher. As Fiona described,

When our teacher died that really affected us and then my aunt had just died and that was a huge toll on me last year and then just like someone else dying was just like, I don't know just scary. We have had a lot of deaths. Actually I think more than we should.

Gina reaffirmed these feelings, *"I know umm we also had a teacher die our sophomore year... and that was really hard for me personally so like something like this again it was like is it ironic or like why is it happening."* Holly further expressed these thoughts related to the incidence of death in her life. *"I had a grandfather die three days after my birthday this year too and I don't know what's here but death I guess, that is what it seems like."* It was clear by these accounts that death disrupted their world. This appeared to be a painstaking reality in their transition to adulthood.

Moreover some participant's emotional pain was compounded by anger and or disappointment at some faculty whom they perceived as insensitive. *Anna reported, "I must admit one of our professors forgot his name and were just like ahhhh."* Holly shared, *"The only thing that I was kind of disappointed in was like faculty that I knew like who had him in class that didn't attend things."* Moreover, Isabel expressed, *"Like it's not everybody, it's just like some faculty have blinders up to the fact that we are second semester seniors and we have lost a student."*

In addition to these emotions, participants closest to the deceased did express guilt and regret about not being able to stop the events of the day or intervene in some manner to prevent a death. Anna reported,

I wish we would have known... feeling as if you could have possibly done something that one moment like you know maybe you shouldn't do it. Like what

if that morning I texted him and like I hope you woke up five minutes later like anything you feel some type of guilt.

Similarly Carol stated, “*why did I decide not to run and I feel like I should be punished because I backed out of the race as opposed to others.*” In addition, for other participants, feelings of guilt extended to thoughts about a teachers’ death the previous year. Fiona and Gina, both acquaintances of Andrew, interjected feelings of guilt about the death of their teacher; Fiona expressed these words,

I was like ... our teacher is really weird today ... was getting really hot and ... was just acting funny and then two days later we found out she died and it was like what was going on, could they have caught something before, could we have done something.

But grief as experienced by these participants is not just a mere outpouring of these described emotions, but an experience greater than just feelings, as evidenced by their continuous struggle with the reality of death.

Theme 2: Struggling with the Reality of Death

Upon receipt of the news and during the months that followed, participants continued to wrestle with the reality of the death. Their world was turned upside down as death shattered their well being. As young adults with limited life experiences, they never entertained the thought of death. They did not know how to act, what to say, or what to do. Their normative routine of academics and social activities was abruptly interrupted by the unbelievable, a sudden death. Theme two captures their agonizing struggle with the reality of death.

Gina stated, *“I never thought I’d have to go through something like this.”* Beth reflected, *“my friend never even had a fish die.”* Similarly Dorothy revealed, *“Individually I haven’t really gone through a lot of deaths. Like my grandma is still alive and everybody that is really close to me is still alive.”* These young adults never had anticipated the death of a peer. For some this was the first experience with death and for others this was the first experience with peer death. Nonetheless, they grappled with the reality of death. As Anna affirmed,

I remember the day that we found out it was just like surreal no it can’t be... because you knew he had so much potential...this initial shock like he actually did it and he actually passed away so it was like connecting the two is kind of hard for me.

The news of the death came in many forms such as phone, text message, Facebook wall, and in person. The use of social media added a mechanism of instant communication for these students. However, there was an element of ambiguity when reports such as death appeared in a text message or on a Facebook page. Holly reported,

And she said oh my gosh I’m so sorry I saw on Facebook, I think she said, that Andrew passed away... I don’t know if it’s true or not true...So I was freaking out texting, you know my friends from school to see if they had heard anything from the university.

Isabel received multiple texts about someone who died and was trying to figure out who and wanted some type of confirmation via phone or from the university. *“We have multiple Rachael’s in our class so at first I was like trying to figure out which one they were talking about.”* Carol expressed the need to hear the news in person from someone

she knew rather than hearing it through a university post or on a Facebook wall.

Participants, trying to comprehend this news, relied on confirmation of the death from in person conversation, university resources, and or family members of the deceased. Most programs of study held a meeting shortly after receiving the news of the death. This university or departmental forum provided a structure of external confirmation of the death event and fostered support for students. Beth reported, *“And like all these important people came in, in their suits and they just like told us that he died.”* University acknowledgement of the death is important to students. However, most participants described “feeling lost” and in “shock” at these meetings. Anna proclaimed, *“I thought like it got much worse when we realized like all the like important nursing staff and administrative staff in the school of nursing all came in like together like it was funeral procession.”*

Despite the formality of the meeting and the acknowledgment of the death by the university, participants struggled with the events of the day. Holly shared her thoughts about the meeting, *“you know the people that were there like that day for the meeting I mean it was just tissues being passed.... I mean it was awful like it just didn't seem real.”* Even throughout the weeks that followed, some participants struggled with the reality of the death despite participation in memorial and funeral services. Holly stated, *“I know at the memorial service a couple of them were really upset and we went to the funeral service too and even at the funeral for me it was not real.”*

Their struggle with this reality continued as they oscillated between their normal activities of academic life and their moments of grief and despair. Carol stated, *“well I think it takes a while to register.... so initially it was just there's just so much sorrow and*

grief and it wasn't that he wasn't there it was just kind of wrapping your mind around what happened...." These moments of grief were especially triggered by tangible objects.

Objects, items, or food reminded the participants of the deceased. Eve asserted,

And I looked up and there used to be this sign that Rachael and I had hung up in our new apartment. It said when nurses call the shots and I looked up and it was not there anymore and that is when I literally lost it.

Rachael's parents had removed her belongings from the apartment. These tangible objects and or missing items forced reality. Mark, John, Andrew, Rachael actually died.

For some, these remnants ignited an intense emotional display of grief as participants were forced to acknowledge the reality of the death. Holly stated, *"it was hard, Andrew's nursing jacket was there and stuff like that made it really real."*

An interesting discovery was observed related to the timing of the death event within the academic calendar. For five of the participants, the timing in the semester created an odd twist to the grief process. For Anna, Beth, and Carol, the death of Mark occurred shortly before the Thanksgiving break. For Eve and Isabel, the death of Rachael occurred the week before final examinations. For these individuals returning home for a semester break meant they were removed from the typical routine of college life. In one aspect, they returned home to the safeguards of their family, allowing for some a supportive environment in which to process the pain of grief. However, returning home meant not seeing their college classmates on a daily basis. Therefore, the constant reminder that their classmate died was not present. In one respect this provided an element of protection from the reality of the death. Returning back following a semester

break compounded their grief. For these individuals, the reality of the death was evident; their classmate was not there anymore. Isabel stated,

It's like as if you're coming back from any break where you don't see anybody. So like it didn't sink in necessarily that like Rachael was actually gone because we wouldn't have seen Rachael on a daily basis at home or like talk to Rachael everyday.

Eve described that day as if it was yesterday,

To me it was like no one really noticed that Rachael was not there...obviously they did...but my mind I was only focused on Rachael not being there the first day of class and I was not paying attention the first day of class.

Once reality set in, all participants acknowledged the noticeable absence of the individual in academic activities as they mentioned or made reference to the empty seat or desk in the nursing classroom.

Theme 3: Void in life; “Empty Desk”

Throughout the academic year participants were constantly reminded of the loss of their classmate with frequent references to the “empty desk” in the classroom. Participants were asked, *“Tell me what it was like in clinical and class after her/his death?”* All participants felt as if their classmate suddenly “disappeared,” just “vanished,” leaving a void in their classroom and clinical activities. The “empty desk” or loss of numbers of class members triggered an array of emotions for these participants from sadness, crying, numbness, and or limited concentration. Beth explained, *“We went from five to four. And not because one person dropped out, it's because one person died.”*

Similarly Fiona reported,

And then that Thursday we had to go back though and that was the weirdest part like cuz there was nine now and not 10. I think it definitely made us all feel in nursing that someone has just like disappeared in life.

Gina also noted, *“It was just like there’s supposed to be twenty people there but there were nineteen. It was just like off.”*

Participants from all four universities acknowledged the physical absence of their peer from clinical and classroom activities. The statement “not there anymore” was frequently used by most participants when describing clinical and classroom events in the weeks and months that followed. Many participants reported striking statements related to the “empty desk.”

There’s no way I’m going to take a final and even if you didn’t sit next to her. You go into the classroom and there’s some empty desk and you just feel that emptiness and to expect you to focus on the final when you’re going to start crying.

Students were so adamant about the reminder of Rachael’s death in class, “the empty desk,” that the classroom location was changed for their final examination at their request. Isabel indicated that the “empty desk” was a constant reminder of Rachael’s death and would affect students’ concentration as they attempted to complete a final examination the week after her death. Participants from other universities affirmed these feelings,

“Everyone knows everyone but we just talk about Andrew all the time in class and I feel like Andrew is going to walk in the door (Holly).”

“John would ask this question right now but yeah we definitely missed him in class. Yeah definitely (Dorothy).”

“Really noticeable that he wasn’t there so being in the same class and like knowing where he would sit and he was not there (Anna).”

The “empty desk” became the elephant in the room which no one wanted to acknowledge. Its never ending presence was a constant reminder to these participants that a member of their class had died. Nonetheless, these participants persevered with their academics and for Eve and Isabel, requested accommodations, such as changing the classroom for the exam. Conversely, the participants did not describe issues with decreased academic performance, mistrust, feelings of depression, insomnia, isolation, or intimacy following the death of their peer as reported in earlier empirical and anecdotal literature (Balk, 1997; Chickering & Reisser, 1993; Hardison, Neimeyer, & Lichstein, 2005).

Intertwined thematically is the role technology and social media played in the grief process. Beth distraught over her classmate’s death sent a text message to him after his death. *“I sent Mark a text or not Mark, Mark’s phone a text saying something like I know you don’t need it anymore but I’m going to save you a seat for the rest of the year by the computer.”* The seat remained empty for the remainder of the semester.

In addition, lack of participation in electronic assignments and or lack of frequent text messages from the deceased was an agonizing reminder that the person was not there anymore. Anna, Beth, and Carol from University W expressed extreme concern that Mark’s name appeared on multiple forms of communication from the university after his death. Group lists and electronic messages would indicate Mark’s presence on campus.

This was a constant reminder for these individuals that he was deceased. As Anna explained,

We had been studying with Mark for a few years now so it was just feeling that void it was very strange... and having him on all the emails, list serves, and sign ups afterwards it was kind of hard to see his name so of course as you know we have to sign up for validation, sign our name so you go down the list and then his name would still be there.

Furthermore, millennials termed “digital natives,” characteristically utilize text messaging frequently to communicate with peers (Howe & Strauss, 2000). Many of the participants acknowledged looking at their phones and waiting for a message to appear from their classmate. Lack of frequent text messaging was yet another reminder to these participants that the person died. Beth reported “*And so everyday I would expect this text from him and then all of a sudden I wasn’t getting those texts from him anymore.*” She went on to say, “*So the first few weeks was really hard because I’m sitting there waiting for this text and I would never get it.*” She further expressed,

We would just like meet in these study groups and we would like be sending emails and our inboxes would tell us like do you want to also send this email to Mark. The emails would automatically say that. And we would get together and we would be like yes we do want to send that but we can’t.

Within their whirlwind of grief, university and departmental actions and responsiveness impacted mourning both positively and negatively as described by the participants.

Theme 4: University and Departmental Responsiveness

Universities remain an academic institution focused on scholarship. Balk (2001) called for university engagement related to bereavement among the campus community. As Balk (2001) proclaimed, universities have a responsibility to incorporate compassion and caring in response to students' needs. Most participants acknowledged the important role the university administration and nursing department faculty played in the campus response to their classmate's death. Typically student death notifications are sent via an electronic correspondence, an overwhelming message on an email screen. As Fiona described, "*Sunday night is when I had opened them because we weren't at school yet.*" Research participants accepted and sought out the university announcement as confirmation of the death event as previously discussed. In response to the death event, three of the four private and public universities held administrative meetings with the students shortly after learning of the death offering counseling and debriefing services. Anna explained, "*they told us and they didn't just hide behind the fact that everybody already knows and just pretend this did not happen.*"

Holly described,

I was really like impressed with our faculty just Dr. X really made it a big deal to reach out to everyone and you know she gave people her cell phone number and like stuff that you wouldn't normally expect.

However for Dorothy and her classmates, the university did not officially acknowledge the death. John had withdrawn from the program and was not a student at this university. As Dorothy reported, "*I don't think we even talked about it. Oh we went to class one day they were like oh I'm sorry.*" For Dorothy and her peers, John was still a

nursing student and even then their classmate. Lack of recognition by the campus community was upsetting to Dorothy. According to Dorothy, their grief was minimized or perhaps as researchers would suggest disenfranchised (Doka, 1989). She expressed, *“But there weren’t really any services offered.”* For these participants they were left to grieve in silence. These findings support current literature related to the need for postvention strategies incorporating an established ritual and involving campus experts to provide initial and ongoing support for the bereaved (McCusker & Witherow, 2012; Streufert, 2004).

Furthermore participants discussed accommodations made by the university and nursing department in the days that followed the death of their classmate. For many of the participants, they were either just starting or finishing the semester, amidst a rigorous academic schedule of examinations and clinical rotations in the hospital. Anna stated, *“I was really glad they offered us all the services, the counseling services and letting us know constantly if we need to take some time off.”* Participants were relieved when they were given immediate and clear direction. Fiona stated,

Yeah so it hasn’t seemed to affect grades too too much...they were really understanding for so long and they still are I mean but they kind of gave us like a break for a little bit and then you know.

Beth praised her liberal arts professor,

We were supposed to have an assignment due Monday at 0900. I emailed and I’m sure a ton of people emailed asking for an extension, that professor emailed us immediately and said I don’t know when I’m rescheduling it for but I’m gonna reschedule it.

On the contrary, participants expressed frustration when they did not receive immediate feedback and accommodations related to assignments or clinical rotations. Beth uttered her frustration at nursing faculty for the need to convene before making a decision about assignments. Beth reported,

for our main nursing class...I emailed the professor right away and said that I was one of his close friends and there is no way I can do this. Like it'll be a really bad assignment if I turn it in tomorrow and at like 8:00 at night I still hadn't gotten an email back from them and I copied all three professors.

Anna remarked, "I know for Mark's clinical group, I know I think that they had the option of not coming that day after Mark had passed away." Beth explained,

Like they were just focused on his new clinical group and I felt like they were really focused on how his clinical group needed extra support when there was this group of people who were his close friends who had studied with him.

This is consistent with empirical findings. According to a Grief Survey conducted by Hedman (2012a), undergraduate students at a mid western university (n= 371) were more likely to receive accommodations from professors within the first month of the death of a family member and less likely to receive accommodations for a non family member (Hedman, 2012). Hedman reported only 43% (n=157) of undergraduate students would receive an excused absence from class to attend a non family member's funeral (2012a). A research participant in this study commented,

My best friend died in an accident. It was hard to deal with and even harder to concentrate on schoolwork. My professors gave me no slack even when I told them what happened. They said since she wasn't related to me, they wouldn't

give me any extensions (Hedman, 2012a, p. 19).

Furthermore Hedman (2012b) in a subsequent study of faculty's attitude toward grieving found faculty were more likely to provide accommodations initially if they themselves had a personal historical connection with a friend's or student's death compared to no personal history.

In contrast with these findings, participants from University Y and Z, stated the entire class at both institutions had the option of excused absences for class and clinical the week of the death for attendance at memorial and funeral services. Furthermore, the administration at University Z combined with the Christian campus organization arranged a bus and covered hotel accommodations at a minimal cost of twenty dollars for class members to attend the out of state funeral for Rachael. Eve and Isabel praised the university support and responsiveness to the needs of the class. Nonetheless, all participants reported varied degrees of perceived empathy from university administrators and professors.

As months progressed, it was academics as usual without any further accommodations in assignments or examinations. This is consistent with the research findings by Hedman (2012). Accommodations if granted by faculty would occur initially as compared to weeks or months after a peer or family member's death. Alternatively, for these participants, grief did not end after a week. Their emotional pain of grief and struggle with the reality of the death continued in the months that followed.

Their struggle was compounded by the lack of acknowledgement by some university administrators and or some nursing faculty. Isabel expressed concern over the lack of acknowledgement of Rachael's death by professors the following semester, "I

think that them being scared to talk about it though would be better than not acknowledging it.” This lack of recognition by some faculty in the months that follow does warrant further study. Their actions may reflect the need to move forward or fear as suggested by one participant, Isabel. With the academic semester underway, participants were left to contemplate future milestone events without their friend.

All participants openly discussed their anticipation about the nursing department’s plan for recognition of the deceased at the nursing pinning ceremony. All participants wanted a voice in the program and yearned for a means to honor the deceased at this celebration. Anna stated,

I think the only thing right now is a lot of us are wondering if they are going to do anything during our graduation umm if they’re going to say his name or if there’s going to be like a special tribute or moment of silence umm because we’re not sure of the program or what’s going to happen.

Furthermore, Isabel voiced her frustration about not being involved in the plans,

We have a pinning ceremony and the chairperson didn’t want umm it to be this whole memorial ceremony. I understand but then at the same time it’s like you can’t not acknowledge this, somebody that was part of our class.

Conflicting emotions existed between participants and faculty about recognizing the deceased and celebrating achievements at the graduation and nursing pinning ceremony. Nevertheless, acknowledging the deceased at this milestone event was important for all participants as they anticipated this future celebration.

Theme 5: Connecting with the Deceased

As Robert Anderson, a playwright, stated, “death ends a life, but it does not end a relationship (Goodreads, 2013).” All participants sought a connection with the deceased through storytelling, connecting with the family, and or participating or organizing ritualistic and group activities. Some of these activities included attending memorial services, organizing card writing events, lighting a candle, eating favorite potato chips, wearing bracelets in remembrance of the deceased, organizing scholarships, and or participating in this research study.

Participants spoke about these various activities at great lengths. Anna shared “*We lit a candle for Mark in our room.*” For Anna and her roommate who was also a nursing student, this candle became a symbolic representation of the deceased and a ritualistic activity in which to honor him. Furthermore Beth expressed, “*We would like binge on the chips that he used to eat in our study group.*” Eating his favorite potato chips during their study session represented Mark and acknowledged his influence as a member of their group. In addition, Beth spoke of the importance of a memorial service.

I was like hey I really think it’s important that we have a memorial. It wasn’t originally going to be a memorial. It was going to be just like a session to help students. And I was like we really need a memorial.

In addition, connecting with the family and participating in activities such as providing a nursing pin to the family acknowledged the importance of the deceased as a nursing student and a member of the class. Dorothy explained, “*I know now that they bought John a nursing pin and we’re going to give it to John. Well we are going to give it to his family for graduation so we always keep John in our mind.*” Anna asserted, “*I*

just want to reassure Mark's mom like Mark was an amazing person. Mark did a lot of great things and it's a tragedy that he left us but he impacted so many lives and I just want her to know that."

Furthermore, Carol was tormented on the "right way to grieve" and the "right way" to speak to family members. Her expressions and non-verbal behaviors were consistent with dualistic thinking. According to Perry's cognitive developmental model (1968), traditional college age students evolve from a dualistic way of thinking, either right or wrong to an ability to formulate an independent perspective (Perry, 1968; Taub & Servaty-Seib, 2008). Carol wondered if she was grieving correctly. As I reflected on the interview, Carol searched my facial expressions and sought verification from me that she would say the correct statements when speaking to Mark's family. Carol, similar to most participants in this study, wanted to connect with the family and demonstrate suitable behaviors in accordance with society's expectations. She echoed these emotional words,

It's just I'm not sure what the best option is when you are dealing with death and dying and all of that and whether or not it's important to follow up at like the milestones and everything especially since my family has not had anything happen yet.

Furthermore, participants sought opportunities to honor the deceased. Anna felt this research invitation was a message from Mark. Anna remarked, "*Before Mark was big on like research oh like research so I saw this and said Oh my gosh Mark would totally want us to do this study... this is Mark sending us another homework assignment.*" For Isabel and Eve, this meant wearing a bracelet in honor of Rachael. "*We have bracelets that say keep calm and love nurses which is one of Rachael's favorite sayings.*"

For Holly, Fiona, and Gina, establishing a scholarship in Andrew's name seemed to be extremely important to them in order to keep his memory and contribution to society alive.

In addition, multiple participants utilized social media and technology as a means of connecting with the deceased with Facebook accounts and or cell phone numbers still active. Use of social media and technology is of sociocultural importance in everyday life (Lingel, 2013). Eve recalled using face time to talk with Rachael 30 minutes before her death. She shared, *"I had this last picture of Rachael in my mind and I actually face timed with Rachael and her boyfriend about a half hour before the car accident."* For Eve, this visual has left a forever imprint. Technology has provided a form of interactive communication on a multitude of levels.

Participants report texting the deceased even after the death and or writing on their facebook page as a means of keeping them alive and informed. For some participants, it's as if the deceased is still here. Dorothy explained, *"I do think like on Facebook just messaging them something even though they're not even alive anymore, I think it did help a lot."*

These findings are consistent with current empirical studies and anecdotal accounts of the use of social media and grief (Carroll & Landry, 2010; Kasket, 2012; Lingel, 2013; Marwick & Ellison, 2012, Mitchell, Stephenson, & Macdonald, 2012; Pennington, 2013). As Kasket (2013) posits, social media provides an ongoing interaction of the living with the deceased. Previously Sofka, a thanatologist, coined the term thanatechnology to include "technological mechanisms such as interactive videodiscs, and computer programs that are used to access information or aid in learning

about thanatology topics (1997, p. 553).” Currently researchers and lay people have used this term alike to capture all types of venues involving social media and grief.

Within recent years there has been a plethora of literature related to death and virtual grief (Carroll & Landry, 2010; DeGroot, 2012; Kasket, 2012; Lingel, 2013; Marwick & Ellison, 2012, Mitchell, Stephenson, & Macdonald, 2012; Pennington, 2013). The use of social media and technology has created a virtual online memorial in which individuals may write messages and view photos, maintaining perhaps a sense of online immortality and connectivity with the dead. According to a qualitative study conducted by Pennington (2013), 43 undergraduate students from a midwestern university in the United States participated in interviews related to the use of a Facebook connection with a friend who had died. The majority of the participants, average age of 19, acknowledged viewing photos and narratives on the deceased Facebook page, but did not write any comments. For the minority of participants writing comments on the Facebook page was used as a mechanism to cope with the loss. Nonetheless, all participants in this study reported using Facebook to maintain a connection with the deceased (p. 617).

You do not de-friend the dead. One participant, Rick, noted that, “I think this extends the memorial . . . it’s now available at any time, I’m connected with those people [his friends] and we’re helping each other. It’s not just a week after his death, it’s extended. (Pennington, 2013, p. 9)

Furthermore Facebook in 2011 released this statement,

When a person with a Facebook account passes away, we can "memorialize" the account so loved ones can remember that person and pay tribute to the life they lived. Chengos Fei, a member of our Safety Team, explains the process of

memorialization and her own personal experience with it. A few months ago, I discovered that one of my college friends had passed away. The news was shocking and saddening, and I decided to visit her Facebook profile. What I found was an outpouring of stories and supportive words from her friends and family, including different memories of how much joy she derived from running to funny, touching stories of her college days. Visiting my friend's Wall reminded me that I was not alone in my grieving process; that there were others who loved her, cherished her, and would remember her. While there is no cure for the pain of grief, Facebook's hope is that by allowing people to mourn together, the grieving process will be alleviated just a little bit. (Facebook, 2011)

According to researchers, the use of a virtual memorial created a shift of death into the public domain, diluting the closeness of the viewers (Marwick & Ellison, 2012). In essence mourning is no longer confined to a funeral parlor for family members and friends but is portrayed in a public domain. Marwick and Ellison (2012) reported "audiences may include strangers who wish to take part in expressions of public mourning sometimes dismissively called grief tourists or trolls, people who post deliberately inflammatory messages with a disruptive intent (p. 379)." Social media has benefits and costs in the grief process.

For the majority of these participants, Facebook allowed an enduring connection with the deceased. The ongoing need to maintain a connection with the deceased supports a contemporary grief theory, "continuing bonds," as first described in 1996 in the book, *Continuing Bonds: New Understandings of Grief* by Klass, Silverman, and Nickman. This view of grief challenged other theorists who disputed the need for an

ongoing attachment with the deceased. As a result of this empirical research, Worden (2009) modified his fourth task of grief to include a means “to find an enduring connection with the deceased in the midst of embarking on a new life (p. 50).”

Consistent with the theory of continuing bonds, all participants spoke about an enduring connection with the deceased in their academics and in nurse work. As Eve described,

Rachael should be in clinical with me right now and I think about Rachael, she would think this is funny or something...umm...but because I just know the situation is what it is, I am trying to be I guess be the nurse that I always wanted to be. Also adding Rachael's special qualities too and she is like a little nurse on my shoulder helping out. So I am trying to not let it impact me negatively especially in clinical, because these people's lives are in my hands. And if there were a chance for Rachael umm, obviously I would want those nurses to try everything and do everything that they can. That should be what every nurse should be doing... going that extra mile being like the nurses who helped save Rachael's boyfriend.

Furthermore, Dorothy reflected on the importance of listening to her patients, carrying forward John's legacy, “I definitely try to sit back and listen to them like talk about when they were younger or like because that's what John would say.” A special bond had formed among nursing classmates and that bond through death was not severed.

Theme 6: Bond of Comfort and Unity

There was a bond of comfort and unity ever present in the data among nursing classmates grieving the loss of their peer. Termed collective grief by McCusker and

Witherow (2012), students all shared a common denominator, the loss of their classmate. The participants reported a sense of unity, “togetherness” in their grief. As Isabel explained, *“it was like Rachael’s loss has been hard on everybody but it also has united us all together even stronger in our bond as a class.”* The unity among nursing students evolved throughout the three to four years of study as participants reported spending vast amounts of time together, studying and supporting each other “24/7,” which was particularly evident among study groups. The participants perceived other non-nursing majors as just not understanding, *“they are not nursing students.”*

Anna, Beth, and Carol, all part of a nursing study group with Mark, reflected on the unique relationship that evolved throughout their years of study. Beth explained, *“There are these students who have been together since freshman year or sophomore year all the time texting about random things and staying up until three in the morning studying. For every test we have taken we studied together.”* Carol enrolled in the dual business and nursing program with Mark shared thoughts about their unique relationship,

You kind of have to laugh with someone who understands or had shared the same experiences and then on top of that the fact that we had just something so far removed from nursing to also like manage and to talk about was absolutely insane.

Beth who emerged as the leader in this study group felt responsible for the grief of Anna and Carol. *“And so I brought Mark into the group and so I also have this guilt of oh my gosh if I hadn’t invited Mark in you guys wouldn’t go through what I’m going through right now.”*

For these three participants, Mark's death was a tremendous loss, eliciting a storm of emotions, but their source of strength and comfort became each other. As Anna explained, *"I think that having at least one other person who is kind of in the same boat is really helpful."* Similarly, Dorothy from University X, stated, *"I have a very good study group which were still friends...we have very good coping...when it comes to coping we have been through a lot together our group."* Fiona further affirmed, *"We have this big study group so we all like keep each other kind of on track you know so we are doing ok."* Eve and Isabel although not referring to a study group, described the close relationship that formed with Rachael throughout various academic and study abroad activities. As Eve stated, *"All of the professors called us the three musketeers ...we had literally every single class together so we spent a lot of time just you know in the classroom but also just hanging out helping each other."*

This bond of comfort and unity provided a significant amount of support as all participants refer to their nursing peers, their classmates, as most supportive. Carol stated, *"In other majors you do not get to build the same personal relationships as you do in nursing school."* For these participants, it was like losing a member of their family. Isabel affirmed,

I think they understood that like nursing is one of those majors that like you grow so close in those four years and like everyone by the time you're a senior everyone knows everyone. Everyone like knows each other so well that it is like losing someone in your family.

Consistent with findings reported by Balk (1997) and Silverman (1987), friends not affected by the loss do not understand this experience and more or less have the

attitude of “just get over it.” A recent study by Tedrick and Servaty-Seib (2013) examined “what beliefs influenced college student’s intention to listen supportively to a grieving peer (p. 657)”. In essence this study explored this notion expressed by non- grieving friends to grief stricken peers to “just get over it.” Contrary to previous reports by Balk (1997) and Silverman (1987), these researchers found greater themes of benefit for the non grieving friend. Participants reported a sense of caring and a stronger connection with their grieving friend, noting, “that they would overcome internal and external obstacles to listen supportively” (p. 665). Conversely, participants in this study did not perceive other peers, non nursing classmates, as supportive. Collectively, these participants agreed, nursing classmates, peers in their grief, were a significant source of comfort and support for each other.

Theme 7: Coping and Support Structures

Participants reported using many strategies to cope with the loss of their classmate. Participants were asked, “*Tell me what helped and what did not help? How did others make you feel? Who made you feel better? Who did not?*”

As previously discussed many of the activities that enabled participants to maintain a connection with the deceased were also perceived as effective coping mechanisms. Many sought a sense of comfort by organizing and participating in memorial services, fund raising activities, or events such as card writing for the deceased’s family. These approaches may be viewed as a form of instrumental grieving. Instrumental grieving involves working through the pain of grief by participating in an activity or thinking about something that can be done to cope with the emotional pain of grief (Balk, 2011).

Beth reported,

Some of the things we did were helpful. Like around Mark's birthday we just had this thing where we got together and made cards and there was just like pizza and everyone kind of got together and talked about things and people wrote cards that was helpful.

Furthermore, many of these participants were actively involved in organizing fundraising activities in order to establish a scholarship in the deceased's name. Many of the participants proudly shared their accomplishments in raising significant amounts of money.

In addition, participants viewed just being with other nursing students, supporting each other as most helpful. Fiona explained, *"And I think that like the support from friends and the nursing department was the biggest thing."* This is consistent with empirical studies by Balk (1997) and LaGrand (1981, 1985). College age students preferred to speak to peers rather than family members about a friend's death. However, for Anna, Dorothy, and Eve their mothers were also a strong source of support. Dorothy asserted, *"My mom has like giving me that um that shoulder to lean on and cry on."*

Moreover prior to 2006, very few formalized support groups were available on college campuses to assist the bereaved student. Students sought support from others students who were experiencing similar losses. This was true for David Fajgenbaum, an undergraduate student at Georgetown University in Washington D.C. who lost his mother in 2004. Identifying a need for peer grief support, he founded the National Students of Ailing Mothers and Fathers (AMF). This organization was created by and led by college students in order to provide support for grieving peers (Fajgenbaum, Chesson, & Lanzi,

2012). The widespread establishment of this organization across many campuses supports the findings that peers find other bereaved peers as most supportive.

Furthermore, for some participants, their religion and spirituality was a source of comfort and support as they coped with the loss. Anna stated, *“I grew a little closer to my religion which I guess was good.”* Dorothy further described,

Umm and I guess I have a very strong Christian background faith and family so that kind of that kind of helped me just listening to Christian music just relaxing and you know letting it go. Knowing that God’s in control I think that kind of helped me.

For others, this loss created more questions about their religious and spiritual beliefs. As Beth asserted, *“I guess this kind of took a lot of my faith, just like completely like cut it.”*

Additionally, a few participants discussed use of avoidance or diversion to cope with the loss. Isabel explicitly described her thoughts and feelings during the long bus ride to the out of state funeral for Rachael. For Isabel, it provided an opportunity to be with her other nursing classmates. In spite of this, Isabel described watching a movie as a form of diversion in lieu of the events to follow. She shared, *“We watched like the whole season. I mean it was like as much as no one wanted to be on that bus because of what we were going to have to face.”* This mimicked a narrative published by Lee Williams, *The Calculus of Grief*. In this publication, a group of college students mourning the loss of their sorority member were able to avoid or distract themselves from grief on their bus ride home by watching a movie. In addition, they were able to move forward with their academics while at the same time maintaining a garden in honor of their peer (Williams,

2010). Like this publication, these nursing student participants moved on with their academics.

Nonetheless, if participants perceived pain or more sorrow, they would just not partake. The use of diversion to avoid the emotional pain of grief was a useful coping strategy. As Beth described, *“they kept trying to talk to me and include me in the conversation and I was like working furiously on the poster because that’s the only thing I could do to prevent myself from bursting out into tears.”* As Carol explained, *“If it was just too much they just wouldn’t show up.”* Beth further described her regret at not speaking at the memorial service, *“I really tried but I really couldn’t and it was a shame because no nursing student spoke at that.”*

All participants recognized and valued the availability of university counseling services, but the majority of students did not pursue therapy. Consistent with reports by Stroebe, Hansson, Schut, and Stroebe (2008), grief is a normative reaction to loss and the majority of individuals do not seek counseling interventions. However, Isabel and Beth identified a need for professional support but did not follow through on these services. Upon further inquiry, neither individual provided a thorough explanation for not seeking support through counseling. Conversely for Eve, counseling had been extremely beneficial.

I have been going to counseling which has helped me a lot. I really like my counselor and I see her once a week. It is 15 minutes of me time which I don’t get during the week. She has been really good. Most of the time we talk about Rachael but we also talk about life issues, school.

Many participants reported reluctance in talking with administrators or faculty about the loss for fear of the emotional pain it may cause. Conversely, as participants reflected on the experience, talking with faculty was a helpful coping strategy. Anna reported,

My instructor did try to ask us about it like how do you feel about what happened and I felt that bringing up that question especially like since I was trying to like just close it down a little just trying to zone out kind of made it worse cuz it made me think about it again umm but at the same time I guess it was helpful because I guess we were able to talk about it.

Additionally, all participants felt telling their story by participating in this research study was helpful. Carol stated, *“I felt like this story is something I don’t tell too many people and so when I saw your research it was more I think it would be a good way to kind of get that out there.”* As participants reported, simple gestures of compassion by faculty are perceived as most helpful as Dorothy described, *“And just a simple hey are you ok, how are you, how are you feeling. Just a follow-up kind of thing, can help a lot of people.”*

Carol further acknowledged,

Our clinical instructor, I think she was a critical care nurse and I think she probably deals with grief a lot better than we did but I remember when it happened you know we all emailed her and she emailed us back and we never saw each other face to face but she was always like if there’s anything I can do let me know and I think it’s in the nursing nature to like try to help other people, laugh, and I guess that was my biggest helpful thing.

Theme 8: Linger/Dwell Versus Moving On

Theme eight emerged as participants oscillated between dwelling and moving on. Carol stated, *“I want to sit here for a little bit longer to remember and to really value and cherish and just reflect upon what our time together as a friend group and our personal relationships really meant.”* Despite this need to linger and grieve, there existed a strong desire to proceed with academics, a sense of resilience amidst their sorrow. Their words represent more or less a resiliency trajectory (Balk, 2011). As Anna stated, *“The rest of us tried to continue clinical as usual after that.”*

Beth described,

The first like month we didn't even want to meet but it's like we have to. We're not going to disintegrate our group and fail out of nursing school. Like my study group, we were literally sitting there in tears like binging on his favorite chips and on french fries... laugh...it was really like trying so hard to do this assignment.

Holly affirmed, *“So that was hard but I think we just had to make it happen like not let our studies fail.”*

Participants appeared to oscillate between grief work and academics. These behaviors resemble the dual process model of coping with loss. The dual process model (DPM) of coping with bereavement by Stroebe and Schut (1999) is centered on these concepts of oscillation between coping with two types of stressors: (1) one that is loss oriented and (2) the other that is restoration oriented. Throughout the narratives, participants in my study just wanted to dwell and linger which is directly associated with the stressor of the individual's death (Corr et al, 2009; Servaty-Seib & Taub, 2010).

Conversely, restoration oriented processes involved coping with secondary losses from losing a study partner (Servaty-Seib & Taub, 2010). Restoration strategies were aimed at moving forward in their life, completing their course of study, and graduating from the nursing program. As senior level nursing students, these nine participants displayed evidence of intellectual competence (Chickering and Reisser, 1993). Through the development of effective study habits, use of peer study groups, and effective test taking strategies they possessed a concrete foundation in which to draw on during this period of grief.

Within the academic setting, participants sensed a push from nursing faculty to proceed and keep on task, completing academic course work. This was upsetting for most participants. Isabel explained, *“like they didn’t sympathize that we were still grieving... it was almost like let’s just move on.”* Carol described,

the beginning of the semester was really difficult but you know you start picking up momentum and it’s not everyday that I’ll think about this now which is sad in its own regard but I’ve come to accept that that’s just part of life.

Contrary to findings by Taub and Servaty-Seib (2008), their need to dwell and linger did not adversely affect grades or alter their internal drive to proceed. These participants, for all genuine purposes, viewed themselves as nurses. Their professional identity as a nurse emerged.

Theme 9: Grief as a Nurse

An overarching theme emerged as the participants spoke of the death event from two different perspectives, one as the grieving peer and the second as a nurse. I pondered; did this death event hasten their transition to the role of a nurse? What if any

impact did this event have on their nursing career? This theme emerged after much deliberation. I feared my own preconceived assumptions of nursing altered my ability to depict this experience through their lens. I grappled with their words, and after conferring with my Dissertation Chairperson confirmed this as the final emergent theme.

As participants spoke of the deceased, they frequently referred to their nursing knowledge and discussed clinical aspects of death. For these participants, imagining what it was like for the deceased to experience physiological death and the state of being dead appeared haunting. Anna stated, *“And then as a nurse just thinking of all things we knew that they were probably doing like you know CPR, compression and like flat line and just envisioning all of that is what just made it worse.”* She further explained, *“Little worse for the nursing students cuz we knew like the process of what was going on and then envisioning Mark going through it.”* Eve continues to think about the physical state of death, *“It was just you know dead people, they’re cold. It was a weird feeling but this was just...it was weird.”* Consistent with findings by Jiang, Chou, and Tsai (2006), participants experienced feelings of morbid anxiety and helplessness related to the death of their classmate. As Carol asserted, *“how are we supposed to feel and especially being in a profession that you’re supposed to heal people and we can’t even heal one of our own.”*

Participants were asked, *“Tell me what it was like being a nursing student caring for patients after this event? What was that experience like?”* Ultimately, for all participants, this lived experience of personal loss enhanced their understanding of grief for patients and families, strengthening their holistic view of nursing. Anna stated, *“I feel*

like when you're in the moment all you're focused on is getting them better but when you snap out of it you think of all the people that were affected by it.” Carol described,

It's been emotional, because of Mark's death; I've lost someone very close to me. I think it made the critical care experience more real and tangible because as a critical care nurse it's easy to get involved in the pathophysiology and the technical side, but to realize there is so many ties that as humans we make and especially one with the family...it really added so much color to my experience this semester that I probably would not have had...

Furthermore, Eve explained,

So this is like my first time experiencing it and so I think if I was ever in the situation where there was a family member or like a patient that was dying, I would now be able to understand a little bit more the pain that they like are going through which I think is important.

According to Patricia Benner (1984), not only theoretical knowledge but also personal encounters with death enrich understanding of grief and loss. This research supports the work of Benner (1984). It was not until the participants had “lived this experience” did they fully understand or grasp the meaning of death and what is needed to practice holistic nursing. Holistic nursing is defined “as a philosophy of nursing practice that takes into account total patient care, considering the physical, emotional, social, economic, and spiritual needs of patients, their response to their illness on patient’s abilities to meet self care needs (Mosby’s Medical, Nursing, & Allied Health Dictionary, 1996, p. 745).”

Fiona affirmed,

But also I don't know I think anytime there is like a tragedy it puts you kind of like in the patient's role and you know how they feel and so that gives you more compassion when you're taking care of a patient definitely.

As participants sought to make sense out of this experience, they discovered their view of nursing had slightly changed. According to empirical and anecdotal reports by Holland, Currier, and Neimeyer (2006), the bereaved seek to find meaning in the loss. Meaning making involves sense making, benefit finding, and identity reconstruction. A strengthened holistic view of nursing suggests benefit finding and identity reconstruction in the role of the professional nurse for these participants. As Carol explained, *"I think in the end what helped me was helping other people and I think maybe it's something that comes with nursing."*

Summary

Without warning, a college student suddenly dies creating an aftermath of emotional turmoil for peers. Upon receipt of the news, classmates were in absolute disbelief and shock, unable to comprehend the reality of the death. For many of these young adults, this was the first experience with peer death. It appeared "surreal." The news of the death came in many forms such as phone, text message, Facebook wall, and in person. Participants, trying to comprehend this news, relied on confirmation of the death from in person conversation, university resources, and or family members of the deceased.

The emotional pain of grief ranged from displays of intense sadness, sobbing, anguish, guilt, regret, numbness, and anger. Participants closest to the deceased

expressed intense emotions of loss and grief; however participants not as close to the deceased still felt a sense of loss and mourning. In addition for many participants, peer death triggered feelings of sadness over past and future loss such as a grandparent, aunt, or teacher. Students frequently described the initial period of learning of the death and the months that followed as “very hard.”

The majority of the participants viewed the initial response of the university and nursing department as helpful. Most programs of study held a meeting shortly after receiving the news of the death. This university or departmental forum provided a form of external confirmation of the death event and fostered support for students. University acknowledgement of the death event was important to students; however, most participants reported, “feeling lost” and in “shock” at these meetings. They expressed difficulty comprehending the reality of the situation.

Furthermore, students expressed the need to linger or dwell and grieve their loss, but the constant pressure of academia was ever present in their minds. A dichotomy existed for students, grief versus continuing on with course work. Providing an option for not attending the clinical day following their classmate’s death was recognized by participants as helpful. Participant’s felt frustrated and some felt angry when they perceived faculty as insensitive to the emotional pain of their grief. Participants desired faculty acknowledgement, attendance at memorial services, a caring presence, and perceived understanding about their grief. Despite this dichotomy, participants reported successful continuation of their course work and some participants viewed their success as a means to honor the deceased.

Throughout the academic year participants were constantly reminded of the loss of their classmate with frequent references to the “empty desk” in the classroom. It seemed as if their classmate suddenly “disappeared,” just “vanished,” leaving a void in classroom and clinical activities. The “empty desk” or loss of numbers, “now there were four,” triggered an array of emotions for participants including sadness, crying, and numbness. In addition, the lack of the deceased participation in assignments or lack of frequent text messages from the deceased was an agonizing reminder that the person was “not there anymore.”

There was a bond of comfort ever present among nursing classmates grieving the loss of their peer. The participants reported a sense of unity, “togetherness” in their grief. The participants perceived other non-nursing majors as just not understanding, “they are not nursing students.” This unity had evolved throughout the three to four years of study as participants reported spending vast amounts of time together, studying and supporting each other “24/7,” which is particularly evident among study groups. This bond of comfort provided a tremendous amount of support as all participants referred to their peers, their nursing classmates, as most supportive.

Timing of the death event in the academic calendar appeared to play a significant role for these participants. For many, returning home for a semester break allowed time for bereavement; however this may have had favorable and unfavorable consequences. Students were removed from the reality of the death event and reported no longer having the daily support from their peer group. Some students found their parents, particularly their mother, supportive, however this was not true for all study participants. Conversely, there was an element of protection from the reality of the death as the students continued

their normal activities at home away from the constant reminder of the death of their classmate. Returning back to academia triggered intense emotions of grief for participants closest to the deceased.

Participants reported using many strategies to cope with the loss. Many sought a sense of comfort by organizing and participating in memorial services, fund raising activities, or events such as card writing for the deceased's family. Many viewed just being with other nursing students, supporting each other as helpful. For some participants, their religious beliefs and spirituality was a source of comfort and support as they coped with the loss. For others, this loss created more questions about their religious and spiritual beliefs. All participants recognized and valued the availability of university counseling services, but the majority of students did not pursue therapy. Many participants reported reluctance in talking with administrators or faculty about the loss for fear of the emotional pain it may cause. Students reported, if it was just too painful, they would not do it. Conversely, as participants reflected on the experience, talking with faculty was a helpful coping strategy.

Continuing a bond with the deceased through ritualistic activities, such as "lighting a candle," "eating favorite potato chips," wearing bracelets in remembrance of the deceased, organizing scholarships in their name, and or participating in this research study was important for students. Moreover, technology offered a means to connect with the deceased. Many participants reported texting the deceased even after the death and or writing on their facebook page as a means of keeping them informed and their deceased classmate alive. For some participants, it was as if the deceased was still here alive.

Anticipating future events without the deceased brought up emotions of sadness, frustration, and guilt. All study participants pondered how the nursing department would conduct the graduation and nursing pinning ceremony in lieu of this loss. Graduation is a milestone event in which student's desired acknowledgement of the deceased as a member of their class. Some participants felt frustrated with the lack of involvement in planning these ceremonies, and feared the deceased would be forgotten at the graduation ceremony. Some participants expressed sadness and guilt that one student has the opportunity to pursue a career in nursing and the other student had died.

As nursing students, most participants frequently referred to their clinical knowledge when discussing the death event. The physiological aspects of death appeared haunting for some. Feelings of helplessness emerged as students acknowledged they are in a helping profession and "we cannot even help one of our own." Ultimately, for all participants, this lived experience of personal loss enhanced their understanding of grief for patients and families, strengthening their holistic view of nursing.

Conclusion

This chapter described the essence of the grief experience for nine traditional age baccalaureate nursing students following the sudden death of their classmate. Through the salient words of these participants, the lived experience of grief amidst the college campus unfolded. Utilizing an analogy of a journey into uncharted waters, a sea of grief, this experience was filled with powerful storms and calm waters, strong tides that would pull the participant back and forth but always heading forward, and a resiliency to discover new uncharted ground. Their grief journey provided new insights into the

experience of bereaved nursing students and nursing faculty with a credible foundation from which to develop appropriate supportive interventions and policies.

CHAPTER FIVE

REFLECTIONS ON THE FINDINGS

Through personal student interviews, the phenomenon of college student bereavement within the context of nursing education was explored. This research suggests that one cannot fully understand the breadth and depth of loss until one has “lived” the experience. This final chapter will reflect on the findings of this research study in accordance with existing literature as previously reported. Practical recommendations and implications for nursing within higher education will be discussed. This chapter will conclude with a critique of the study’s strengths and limitations and suggestions for future research in accordance with Munhall and Chenail’s (2008) guidelines for reporting qualitative research findings.

Preconceptions and Assumptions

As I entered into this journey of exploration of the “lived experience,” among the traditional age baccalaureate nursing student, I had many preconceived ideas and assumptions about college student bereavement within the contextual framework of nursing education. My preconceived ideas and biases were based on my own personal experience as a faculty member witnessing the grief of senior level nursing students following the death of their classmate. Dr. Earl Grollman’s words could not be more fitting, “I didn’t choose this subject. The subject chose me (ADEC, 2013).” I observed the grief reactions, academic struggles, and social misconduct displayed by students in my class after learning of the sudden death of their classmate. In order to maintain objectivity, these preconceived biases were “set aside” in order to remain open to the participant’s stories (Munhall, 2007). Unlike the students in my class, these research

study participants illustrated resilience during their struggle through the processes of grief and mourning. Contrary to my assumptions, these participants were able to move forward and successfully complete a rigorous course of academic study.

Furthermore, I assumed I would have difficulty identifying baccalaureate nursing programs that experienced the death of a junior or senior level nursing student within the previous 2 to 18 months. Despite statistics presented by Balk et al. (2010), the prevalence rates of sudden death within this population could only be implied based on reports of bereavement among college students. No statistical data existed on this targeted population. However, I quickly learned that identifying a baccalaureate nursing program that had experienced a death event was not the obstacle. Over the course of one year, 11 baccalaureate nursing programs within the northeast region of the United States were identified through direct or incidental communication as experiencing a death event involving a junior or senior level nursing student.

Upon initial inquiry three chairpersons identified a death event within the previous two to eighteen months within the tri-state region of Pennsylvania, New Jersey, and New York. In addition, eight subsequent baccalaureate nursing programs were discovered as experiencing the sudden death of a nursing student through incidental communication within the Northeast region of the United States. An electronic query letter was sent to the chairperson of each respective university that yielded either an acceptance to participate, reluctance to participate, or no response to participate. The chairpersons were the gatekeepers to my purposive sample.

After receiving IRB approval or reciprocity from the three initial programs, four students from University W inquired about participation. Of the four students, three

students met inclusion criteria. According to accounts from these three participants, approximately 80 students were in their nursing class. In addition, two students from University X inquired about participation in this research study, however only one student met inclusion criteria. According to this participant, the majority of undergraduate nursing students in this program of study were between the ages of 24 and 30, excluding them from participation. Furthermore, the third university requested 600 research flyers for distribution; however no students responded to this invitation for participation. Given the size of the programs, there was not a strong response to participate.

Furthermore, three additional programs yielded five additional participants for this study from two of the three universities. Only one student from the third university responded, however this individual did not meet inclusion criteria based on her age. She did however desperately want to tell her story and erroneously stated she met criteria. Her interview was conducted but subsequently excluded based on the discovery that she was 30 years old. One assumption was correct; the phenomenon under study has been poorly conceptualized and largely avoided within the subset of nursing education.

According to my assumptions, this experience fostered compassionate care for the dying. This personal encounter with peer death enriched the participant's view of holistic nursing and empathy towards patients and families. Nurse educators foster a holistic approach to nursing care, care of all aspects and being of the whole person. This empirical study suggested that these participants did not truly began "to know" the depth of a patient and family's grief until they experienced a personal loss.

Moreover, I assumed this research study would yield a rich understanding of this grief experience and provide insights for policy development and supportive interventions for nursing faculty and college administrators. Through their narratives, the participants shared information that is beneficial for nursing faculty and college administrators facing the collective grief of a student body. My assumption was correct, their stories need to be told, their voices need to be heard, and nursing faculty and college administrators need to be informed of this experience through the lens of the bereaved.

Meanings and Understandings

All participants shared their grief experience following the death of a classmate. They frankly discussed what it was like learning of the death, their feelings and experiences in the months that followed, and openly discussed their anticipation about future events. Regardless of their relationship to the deceased, the death of a classmate affected each of these participants deeply. Their initial normative reactions to this human experience reflected contemporary models of grief and bereavement as illustrated by Bowlby (1961), Parkes (1966), and Worden (2009).

The first and second themes, “*the emotional pain of grief*” and “*struggling with the reality of death*,” encompasses the normative grief reactions of shock, disbelief, sadness, anger, guilt, and numbness. Reflective of contemporary perspectives in the field of thanatology, the participant’s expressions of loss were multidimensional, representing a shift from a linear approach to grief and bereavement. All participants described a cascade of emotional responses upon learning of the death of their classmate and during the months that followed. Regardless of their relationship with the deceased, the death evoked an intense display of emotions or elicited feelings of sadness related to past and

present loss even in participants who considered themselves acquaintances. Participants would oscillate between loss oriented and restoration oriented behaviors as they coped with their grief.

An important consideration within the contextual framework of the emotional pain of grief and the reality of death is the frequent use of technology to communicate information such as the loss of a classmate. Participants reflected on “finding out” via technology as impersonal and upsetting, warranting a need for external confirmation. *Is this real?* Electronic correspondence may be opened up at all hours of the day or night. Although use of electronic communications cannot be avoided, these findings imply nursing faculty and college administrators must be mindful of the use of social media and sensitive to the emotional needs of their students encountering the death of a classmate. Official communication by the university warrants the need for information pertaining to memorial services and contact information related to counseling services. Furthermore, this research suggests an official follow up correspondence from the nursing chairperson with information pertaining to attendance, assignments and a scheduled departmental forum fostering student support is important. As these participants reported, it is essential to provide a caring and compassionate environment with prompt and clear direction regarding accommodations for assignments and attendance after learning the news.

According to these participants, the death of their classmate evoked a change in the dynamics of clinical and classroom activities. Nursing students who spend vast amounts of time together and sit practically in the same seat during each class instinctively know when someone is missing. Research reports and anecdotal writings on

college student bereavement do not address the phenomena of the “empty desk,” the lack of physical presence in the classroom. These findings necessitate acknowledgment of the physical absence of the deceased in clinical and classroom activities and suggest faculty accommodate for this grief trigger while helping the students stay on task. A brief acknowledgement of the deceased at the beginning of class and allowing an open door policy for students to share any concerns or possible distractions related to the “empty desk” is perceived as helpful. Changing classrooms may not be an option or feasible given constraints on space, one might consider this during examination periods.

Consistent with continuing bonds theory of grief, these participants reflected on the benefit finding in maintaining a connection with the deceased. It was clearly evident in their stories that maintaining a connection with the deceased was viewed as a supportive mechanism. DeGrout (2012) investigated young adults use of Facebook memorials following the death of a friend. According to DeGrout (2012), messaging the deceased on Facebook allows for a relational connection with the deceased in the absence of their physical presence. It is unknown if the emptiness experienced in classroom activities heightens the need for the continued relationship in a virtual arena such as Facebook.

Furthermore, these findings validate the unique bond and emotional closeness formed among nursing students spending vast amounts of time studying and attending classroom and clinical activities together. Even though traditional age college students are in a period of transition, away from the support structures at home, these participants found comfort and support from one another. Reflective of all participants’ narratives, the solidarity in grief among nursing cohorts was a source of support and strength.

As senior level nursing students, all age 21, the participants discussed their ability to cope with life changes. Despite their struggles with the reality of death, these participants were able to manage their emotions without negative consequences. Nonetheless, the emotional closeness of a study group and the impact of a death as a secondary loss to the group needs further exploration. In one aspect, study groups provide a source of emotional support but at the same time the loss of a study partner to death creates a secondary stressor. Study groups are not unique to nursing majors implying the need for further research regarding the topic of peer death in other non nursing majors.

Coping strategies used in dealing with the primary and secondary stressors of the loss were closely linked to the theme of linger/dwell versus moving. This emergent theme is reflective of the dual process model of coping as illustrated by Stroebe and Schut (1999). Although this model was originally developed to illustrate coping mechanisms associated with the loss of a spouse, this research suggests that this model has applicability to the findings presented in this research study.

In this model, loss oriented and restoration oriented processes are used by individuals to cope with their grief. Participant's narratives reflected a continuous struggle of lingering, "*let me just sit for awhile*" and the need to move forward and stay on task. Lingering or dwelling in their grief represents loss orientation processes. These participants' stories described a picture of dwelling in their grief through crying, reminiscing and storytelling, and viewing photos on Facebook. The need to move on illustrates restoration processes, such as moving on with their life and using such strategies as avoidance and distraction in order to function in life and maintain their

academic standing. According to Chickering and Reisser (1993), achieving intellectual competence is a key developmental task of this age group. These participants revealed that part of their struggle was this need to move on and not let their academics fail. As many of the participants described, the deceased “*would not want us to do that.*” Moreover, it was quite apparent in their stories that there was a period of initial understanding and accommodations by some nursing faculty, but then as the participant’s openly acknowledge, “*we needed to move on and not let our studies fail.*”

Furthermore, an important and surprising finding in this study is “*grief as a nurse.*” This theme reflects the evolution of the nursing student into the role of the nurse over the course of four years of study. What was apparent is the view these participants held of themselves. Even though they were senior level nursing students, they viewed themselves as nurses. Their professional identity as a nurse became apparent. Their narratives evoked a description of grief through the lens of a healing profession. Contextually, the participants included a discussion of theoretical knowledge and clinical understanding of the physiology of death when describing their experience. Their words did echo compassion and caring for the families of the deceased. The professional maturity illustrated by the participants may represent successful transition to adulthood, a developmental milestone for the traditional college-aged student. Further exploration of this finding is needed.

Furthermore, challenges encountered in the recruitment process do warrant further discussion. Despite IRB approval, five of the 11 chairpersons opted not to respond or expressed reluctance in allowing an invitation for recruitment to be distributed within their institution. Unfortunately, direct quotes of their statements cannot be shared since

this was not part of my study or an anticipated finding. However, three chairpersons felt this research was important but not a good fit for their students at this time due to the sensitive nature of this research. Some expressed concern that allowing students to discuss this experience would cause further anxiety and affect their performance on the National Council Licensure Examination (NCLEX-RN®) exam. Moreover, in my opinion, these expressions are extremely reflective of the current academic climate and the need for nursing programs to achieve 100% first time National Council Licensure Examination (NCLEX-RN®) pass rates. Declining pass rates could affect program accreditation status.

Implications and Relevance of the Study

Clearly, this research study marks a foundational step in describing the lived experience of nine baccalaureate nursing students following the sudden death of their classmate. Little has been known about this grief experience in the subset population of nursing students. Humanizing grief is extremely important for nursing faculty, college administrators, and nursing students. These participants through their salient words have shown us that their grief is real and their struggles are apparent. Some nursing faculty and college administrators may argue that nursing is a rigorous academic program of study and standards must be maintained at all times even in the face of the death of a student. To ignore or avoid discussion of this human experience is contradictory to the Essentials of Baccalaureate Nursing Education. “Caring as related to this Essential encompasses the nurse’s empathy for, connection to, and being with the patient, as well as the ability to translate these affective characteristics into compassionate, sensitive, and patient centered care (AACN, 2008, p.26).” Participants grieving the loss of their

classmate praised the nursing faculty who reached out and acknowledged their loss, allowing more or less an open door policy for discussion. Participants sought the same compassion and caring presence from faculty that nurses would offer patients and families during a health crisis.

Implications for Nursing Faculty

As this research suggests this topic is largely avoided within nursing education. This research supports the need for continuing education and faculty development workshops related to college student death for nursing faculty and college administrators. Furthermore, conversations are imperative between nursing faculty about a course of action in the event of a death involving a member of a cohort of nursing students. Nurse educators should be challenged to begin the dialogue among colleagues and openly discuss appropriate plans in the event of the unthinkable, the death of a student. Some may argue that the focus of faculty involves teaching, scholarship, and service. Given the prevalence of college student deaths and the number of nursing programs experiencing the sudden death of a student, nursing faculty would be prudent to investigate the counseling services available within their respective university.

Additional policies to consider include; does a bereavement plan exist within the institution of higher education and how does it address the needs of students experiencing a peer death. As Balk (2011) suggested, a bereavement policy for students should be developed and account for “absence from classroom activities, deadlines for assignments, make up work, and incomplete grades (p. 165).” A guideline of collective actions for nursing faculty / chairperson perceived as most beneficial by the research participants in this study is presented in Table 3.

Table 3

Bereavement Guideline for Nursing Chairperson/Faculty

Inform all nursing students about the loss of their classmate
<ul style="list-style-type: none">• <i>Be sensitive to the use of electronic correspondence</i>• <i>Include information about attendance, assignments, follow up support meetings and the availability of counseling services with contact information</i>
Schedule a meeting as soon as possible with the nursing class and faculty with counseling services present, preferably within 24 hours of learning the news
Provide accommodations for assignments for members of the nursing class following the death of the student
Provide options for not attending clinical and classroom activities during the week of the death for all members of the nursing class allowing time to attend memorial services
Encourage nursing faculty to attend memorial and or funeral services
Facilitate attendance of the nursing class at the funeral service
Remove deceased name from electronic correspondence, nursing sign up and attendance sheets, etc.
Ensure administrative offices remove student's name from university correspondences
Remain sensitive to the grief response of students.
Provide a caring presence.
Stay connected with the students in the months that follow, a simple email or gesture of support is helpful.
Facilitate memorial services and support scholarship and fundraising activities as requested by students
Acknowledge student's need to honor deceased at graduation and or nursing pinning ceremony
Monitor nursing cohort for evidence of maladaptive behaviors and refer to counseling services as appropriate
Change classrooms if feasible and as requested by students. Remain sensitive to the "empty desk."

This research suggests that bereaved nursing students seek the same kindness and compassion, as do grieving families following the death of a loved one. The participants

in this research study perceived nursing faculty as “nurses” and sought understanding and a caring presence initially and in the months that followed. A simple statement, such as “are you OK?” appeared to have a significant impact on many of these participants. As stated in the introductory chapter of this dissertation, how can compassionate care be fostered as nurses if nursing faculty cannot offer compassion and empathy to students suffering the loss of a classmate? This research calls for further exploration of nursing faculty’s beliefs related to college student bereavement and knowledge of contemporary grief theories.

Implications for College Administrators

Grief and loss in the college student may be more prevalent than college administrators and faculty realize. This research reported varying administrative responses following the receipt of the news of a student death. One university provided buses to transport students to the funeral services while another university barely acknowledged the student death. Administrators, like nurse educators should investigate existing bereavement policies and if not already addressed seek inclusion of appropriate interventions related to student death.

As previously discussed, administrators need to be sensitive to the needs of students when utilizing electronic correspondence to communicate or disseminate the news of a student death. Information related to counseling services should be included, however empirical evidence suggests students are reluctant to seek counseling services following a death (Stroebe, Hansson, Schut, and Stroebe, 2008). Administrators may want to consider facilitating student led forums with counselors present for cohorts experiencing collective grief. Specific ways to promote use of these services needs

further exploration. A guideline of collective actions for administrators perceived as most beneficial by the research participants in this study is presented in Table 4.

Table 4

Bereavement Guideline for Administrators

Inform all campus faculty, staff, and students about the death
Include information about availability of counseling services with contact information
Encourage an administrative representative to attend memorial and or funeral services
Remove student's name from university correspondences
Facilitate memorial services and support scholarship and fundraising activities if feasible as requested by students
Acknowledge student's need to honor deceased at graduation ceremony

Implications for Nursing Students

This research provides a description of the “lived experience” of nursing students following the death of a classmate. Through the salient words of the participants, this research informs other students about the grief experience from the perspective of the bereaved college student. The research suggests that peer support from other nursing students is perceived as most helpful. The unique supportive role of a study group and the value of this group not only in academics but in a time of crisis has been portrayed. Consistent with literature, college age students seek support from other grieving peers. Student led bereavement groups may provide an additional forum of support for a cohort of nursing students following the death of a classmate. Furthermore, instrumental grief activities such as rituals, memorial services, and fundraising activities are perceived as an appropriate and effective coping mechanism.

This research also emphasizes the importance of actual “lived experiences” when teaching unique aspects of nursing care. For the participants, the grief experience opened

their eyes to the true meaning of holistic nursing. Drawing on actual “lived experiences” may provide an effective teaching pedagogy referred to as “narrative pedagogy”, when studying sensitive topics such as death.

This research explored bereavement among nursing students following the loss of their classmate at one point in time, shortly after the death. This research has significance relevance to nursing education and college administration. Prior to this empirical work, one published qualitative study existed within nursing education which explored the sudden death of a nursing classmate in Taiwan (Jiang, Chou, & Tsai, 2006). This phenomenological qualitative study adds to this body of research, providing insights of this unique grief.

Suggestions for Future Research

This doctoral dissertation began the immersion into the realm of college student bereavement within the subset population of nursing education. Although this study addressed a gap in bereavement literature, these empirical findings strongly suggest much more research is needed in this understudied area. Throughout exploration of this phenomenon, many questions arose warranting further investigation.

The first and simplest of many thought provoking research questions concern the prevalence rates of student death within nursing education. To bring attention to a much needed area of exploration, one must first verify there is a need or a concern within higher education that should be explored. David Balk (2011) and many colleagues have brought attention to prevalence rates among college student bereavement through their anecdotal and empirical publications. However, this research suggests that nursing student deaths are not isolated incidences and prevalence rates need to be pursued within

this unique population.

Furthermore, throughout the research process many observations and challenges in subject recruitment became apparent that call for further examination. Although many of the chairpersons involved in the recruitment process were very helpful, the challenges encountered at some institutions raised many questions. Five chairpersons did not allow recruitment or participation of students at their respective university, more or less through their own admission, expressed fear of the unknown. Since the chairpersons were the gatekeepers to the purposive sample, these findings suggest empirical studies need to be conducted to assess grief and bereavement beliefs of nursing faculty. Moreover, the “lived experience” of nursing faculty experiencing the sudden death of a student needs to be explored.

In addition, the lack of student response to the invitation for participation in this research study raises concerns. Due to the sensitivity involved in studying the topic of college student death, it was perceived that a more personal recruitment strategy would have resulted in a greater number of participants. Lack of empirical evidence related to best practices in recruiting subjects for participation in a study involving student death calls for further exploration.

Moreover, the findings of this qualitative research study suggest that additional qualitative, quantitative, and mixed method studies on grief and bereavement within this population need to be explored. Longitudinal effects of grief and loss among bereaved nursing students need to be studied. As these participants enter into the workforce, care of patients at end of life may have an additional effect on these participants. Finally, the longitudinal effects of peer grief over time need to be explored.

As reported by these participants, the unique bond and unity within this population created a support system of peers in grief. It is unclear if the peer support among nursing majors is unique to this population of grievers. Additionally, the role the study group played in peer support and peer grief was a significant finding in this study, but it is not known if this is unique to nursing majors. In addition, the finding of disenfranchised grief as experienced by participants suggests the need for further exploration. Some participants raised concern over the lack of acknowledgement of their grief initially and in the months that followed, creating a feeling of disenfranchisement. Moreover, the significant role technology plays in virtual grief warrants further exploration.

The overall essences and emergent themes presented here are unique to these participants. In considering further research, the participants who did not seek participation in this study should also be considered. This marks the beginning of empirical research on this topic within nursing education.

Study Strengths and Limitations

This study has several strengths important to nursing education and college administration. Nine participants representative of various ethnic and religious backgrounds openly shared their stories of grief and bereavement after learning about the death of their classmate. Their narratives provided the foundation for exploration within the discipline of nursing, shedding light on the prevalence and impact of bereavement within this population of grievers. Through their reflections on the experience, participation in this study had a positive influence and was perceived beneficial by these participants. It was emphasized to the participants during recruitment that telling their

story might help student nurses in the future. Furthermore, nursing faculty would gain insights into this experience from their stories and may be better prepared in the future to assist students who experience the loss of a classmate. Through their own accounts, participants viewed this research as powerful and in turn, they openly shared their stories. However, limitations related to this study need to be discussed. Regardless of IRB approval, obstacles were encountered in the recruitment of participants for this qualitative research study. Due to the sensitive nature related to the topic of death, barriers to recruitment were problematic in obtaining a purposive sample within an expected time frame. The purposive sample was obtained over a 15 month period of time.

Originally, a sample size of at least 10 participants from a minimum of two different universities was sought as identified in the IRB proposal. Further participants would be recruited if confirming cases were needed. Data saturation was achieved following seven interviews. Two additional interviews were conducted to confirm findings, however the length of time involved since conducting the original interview presented a challenge. Returning to participants in accordance with Colaizzi's step seven after a considerable length of time, created a challenge in their ability to recall their initial interview. Furthermore, these participants graduated and some moved to other parts of the United States. The majority of participants were available for follow up interviews confirming the research findings.

Reliability, Validity, Trustworthiness, Rigor

Trustworthiness of these research findings will be discussed in the perspective set forth by Guba and Lincoln (1994). In order to maintain rigor and credibility of this research, trustworthiness must be established. According to Guba and Lincoln (1994),

the criteria for trustworthiness include credibility, dependability, confirmability, transferability, and authenticity. In order to establish credibility, prolonged engagement with the data is essential. Over the course of approximately 24 months, the researcher actively engaged in this fieldwork. Through extensive recruitment, sufficient time interviewing, and a considerable amount of time analyzing the data, rich accurate information was obtained. In addition, through the use of an audit trail, adherence to Colaizzi's method of analysis, and confirmation of descriptions with participants, credibility of the findings was established. Furthermore, peer review and debriefing techniques were used as a method to enhance the quality and credibility of the findings.

Chapter 4 included an accurate description of the participants, setting, procedural steps, and analysis in accordance with Colaizzi's methodology, enhancing dependability of the research findings. In order to establish confirmability and credibility, the use of peer review by the Doctoral Committee was employed. Coded transcripts, significant statements, formulation of meanings and identified themes were regularly presented to the Dissertation Chairperson to establish and confirm findings. Furthermore, a member of the doctoral committee and an informal consultant, both recruited for their expertise in the field of thanatology, were actively involved in the dissertation process, enhancing the trustworthiness of the research findings.

The goal of qualitative research is not generalizability but rich full exhaustive descriptions. These findings have applicability in understanding the experience of bereaved traditional college age nursing students. Furthermore, through rich exhaustive descriptions and validation of these accounts by the participant, authenticity was

achieved. Multiple realities of the experience were presented through the narratives of the bereaved adequately representing the participants' stories.

Summary

Findings of this study partially support contemporary models of grief and bereavement and previous research related to peer grief. However, unique aspects of grief emerged for the nursing student. The participants reflected on their emotional struggle with grief amidst the walls of academia and clinical settings, acknowledging they are in a helping profession and “we cannot even help one of our own.” This study yielded a rich understanding of the grief experience of nursing students, while providing insights for policy development and supportive interventions for nursing faculty and college administrators. This study brings empirical attention to the bereaved nursing student because relatively little is known about this experience.

References

- Allchin, L. (2006). Caring for the dying: Nursing student perspectives. *Journal of Hospice & Palliative Nursing*, 8(2), 112-119.
- Al-Sabwah, M. N., & Abdel-Khalek, (2005). Four year cross-sectional comparison of death distress among nursing college students. *Omega: Journal of Death & Dying*, 52(3), 237-248.
- American Association of Colleges of Nursing, (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- Anderson, K., Anderson, L., & Glanze, W. (Eds.). (1996). *Mosby's medical nursing and allied health dictionary*. Salt Lake City, UT: Mosby.
- Balk, D. (1997). Death, bereavement and college students: A descriptive analysis. *Mortality*, 2(3), 207-220.
- Balk, D. (2001). College student bereavement, scholarship, and the university: A call for university engagement. *Death Studies*, 25, 67-84.
- Balk, D. (2008). Grieving: 22 to 30 percent of all college students. *New Directions for Student Services*, 121, 5-4. doi:10.002/ss.262
- Balk, D. (2011). *Helping the bereaved college student*. New York, NY: Springer.
- Balk, D. E., Walker, A. C., & Baker, A. (2010). Prevalence and severity of college student bereavement examined in a randomly selected sample. *Death Studies*, 34(5), 459-468.
- Balk, D., & Corr, C. (2009). *Adolescent encounters with death and bereavement and coping*. New York, NY: Springer.

- Balk, D., & Vesta, L. (1998). Psychological development during four years of bereavement: A longitudinal case study. *Death Studies*, 22, 23-41.
- Balk, D., Tyson-Rawson, K., & Colletti-Wetzel, J. (1993). Social support as an intervention with bereaved college students. *Death Studies*, 17(5), 427-450.
- Barbieri, F. (2009). Quotative be like in American English: Ephemeral or here to stay?. *English World-Wide*, 30(1), 68-90. doi:10.1075/eww.30.1.05ba
- Beck, C. (1997). Nursing students' experiences caring for dying patients. *Journal of Nursing Education*, 36(9), 408-415.
- Benner, P. (1984). *From novice to expert: Excellence in power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Bernard, H., & Ryan, G. (2010). *Analyzing Qualitative Data*. Thousand Oaks, CA: Sage.
- Bonanno, G. (2009). *The other side of sadness, what the new science of bereavement tells us about life after loss*. Philadelphia, PA: Basic Books.
- Bowlby, J. (1961). Processes of mourning. *The International Journal of Psychoanalysis*, 42, 317-340.
- Carroll, B., & Landry, K. (2010). Logging on and letting out: Using online social networks to grieve and to mourn. *Bulletin Of Science, Technology & Society*, 30(5), 341-349. doi:10.1177/0270467610380006
- Charalambous, A., & Kaite, C. (2013). Undergraduate nursing students caring for cancer patients: hermeneutic phenomenological insights of their experiences. *BMC Health Services Research*, 13(1), 1-13. doi:10.1186/1472-6963-13-63

- Chen, Y., Ben, K., Fortson, B., & Lewis, J. (2006). Differential dimensions of death anxiety in nursing students with and without nursing experience. *Death Studies*, 30(10), 919-929.
- Chickering, A. W. (1969). *Education and identity*. San Francisco, CA: Jossey-Bass.
- Chickering, A. W., & Reisser, L. (1993). *Education and identity* (2nd ed.). San Francisco, CA: Jossey-Bass.
- Cintron, R., Weathers, K., & Garlough, K. (2007). *College student death*. Lanham, MD: University Press of America.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Valle, & M. King (Eds.), *Existential- phenomenological alternatives for psychology* (pp. 48-71). New York, NY: Oxford University Press.
- Cooper, J., & Barnett, M. (2005). Aspects of caring for dying patients which cause anxiety to first year student nurses. *International Journal of Palliative Nursing*, 11(8), 423-430.
- Corr, C. A., & Corr, D. M. (2007). Historical and contemporary perspectives on loss, grief, and mourning. In D. Balk, C. Wogrin, G. Thornton, D. Meagher (Eds.), *Handbook of thanatology: The essential body of knowledge of the study of death, dying, and bereavement* (pp. 131 -142). Northbrook, IL: Association for Death Education and Counseling
- Corr, C. A., Nabe, C. M., & Corr, D. M. (2009). *Death and dying, life and living*. Belmont, CA: Wadsworth.
- Creswell, J. (1997). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.

- Dailey, M. (2010). Needing to be normal: The lived experience of chronically ill nursing students. *International Journal Of Nursing Education Scholarship*, 7(1),1-23.
- Deck, E. S., & Folta, J. R. (1989). The friend griever. In K. Doka (Ed.), *Disenfranchised grief: Recognizing hidden sorrow* (pp. 77-89). Lexington, MA: Lexington Books.
- Demko, R., & Thornton, G. (1995, April). *Choices of acknowledgement with disenfranchised grief*. Paper presented at the Annual Conference for the Association for Death Education and Counseling, Miami, FL.
- DeGroot, J. M. (2012). Maintaining relational continuity with the deceased on facebook. *Omega: Journal Of Death & Dying*, 65(3), 195-212.
- Doka, K. J. (1989). Disenfranchised grief. In K. J. Doka (Ed.), *Disenfranchised grief: Recognizing hidden sorrow* (pp. 3-11). Lexington, MA: Lexington Books.
- Dorney, P. (2009). *Death and grief: The bereaved college student*. Unpublished manuscript, Department of Nursing and Allied Health Professions, Indiana University of Pennsylvania, Indiana, PA.
- Erickson, E. (1959). *Identity and the life cycle*. London, England: W.W. Norton.
- Facebook. (2011). *Remembering loved ones on facebook*. Retrieved from https://www.facebook.com/note.php?note_id=306746312679491
- Fajgenbaum, D., Chesson, B., & Lanzi, R. (2012). Building a network of grief support on college campuses: A national grassroots initiative. *Journal of College Student Psychotherapy*, 26(2), 99-120.
- Gillies, J., & Neimeyer, R. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology*, 19(1), 31-65. doi:10.1080/10720530500311182

- Goodreads. (2013). *Robert Anderson quotes*. Retrieved from <http://www.goodreads.com/author/quotes/105971>
- Grollman, E. (2013). *Reframing images of grief: Identity transformation through loss*. Keynote presentation conducted at Association of Death Education and Counseling (ADEC) 35th Annual Conference, Hollywood, CA.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.). *Handbook of qualitative research* (pp. 105-117). London, England: Sage.
- Hardison, H., Neimeyer, R., & Lichstein, K. (2005). Insomnia and complicated grief symptoms in bereaved college students. *Behavioral Sleep Medicine, 3*(2), 99-111.
- Hawdon, J., & Ryan, J. (2011). Social relations that generate and sustain solidarity after a mass tragedy. *Social Forces, 89*(4), 1363-1384.
- Hedman, A. S. (2012a). College students' comfort level discussing death with faculty and perceptions of faculty support for grief-affected students. *Journal On Excellence In College Teaching, 23*(4), 77-99.
- Hedman, A. S. (2012b). Faculty's empathy and academic support for grieving students. *Death Studies, 36*(10), 914-931.
- Holland, J. M., Currier, J., M., & Neimeyer, R. A. (2006). Meaning reconstruction in the first two years of bereavement: The role of sense making and benefit finding. *Omega: Journal of Death & Dying, 53*(3), 175-191.
- Howe, N., & Strauss, B. (2000). *Millennials rising: The next great generation*. New York, NY: Vintage Books.

- Huang, X., Chang, J., Sun, F., & Ma, W. (2010). Nursing students' experiences of their first encounter with death during clinical practice in Taiwan. *Journal of Clinical Nursing, 19*(15-16), 2280-2290. doi:10.1111/j.1365-2702.2009.03090.x
- Hurtig, W., & Stewin, L. (1990). The effect of death education and experience on nursing students' attitude towards death. *Journal of Advanced Nursing, 15*(1), 29-34.
- Husserl, E. (1965). *Phenomenology and the crisis of philosophy*. New York, NY: Harper & Row.
- Janowiak, S. M., Mei-tal, R., & Drapkin, R. G. (1995). Living with loss: A group for bereaved college students. *Death Studies, 19*(1), 55-63.
doi:10.1080/07481189508252713
- Jiang, R., Chou, C., & Tsai, P. (2006). The grief reactions of nursing students related to the sudden death of a classmate. *Journal of Nursing Research (Taiwan Nurses Association), 14*(4), 279-284.
- Johnson, G. (1994). The phenomenon of death: a study of diploma in higher education nursing students' reality. *Journal of Advanced Nursing, 19*(6), 1151-1161.
- Kasket, E. (2012). Being-towards-death in the digital age. Existential analysis: *Journal Of The Society For Existential Analysis, 23*(2), 249-261.
- Kiger, A. (1994). Student nurses' involvement with death: The image and the experience. *Journal of Advanced Nursing, 20*(4), 679-686.
- Klass, D., Silverman, P., & Nickman, S. (1996). *Continuing bonds: New understandings of grief*. Washington DC: Taylor & Francis.
- Know. 2011. In *Merriam-Webster Online Dictionary*.
Retrieved from <http://www.merriam-webster.com/dictionary/know>

- Konrath, S., O'Brien, E., & Hsing, C. (2010). Changes in dispositional empathy over time in American college students: A meta analysis. Presented at the annual meeting of the Association for Psychological Science.
- Kübler-Ross, E. (1969). *On death and dying*. New York, NY: Simon & Schuster.
- Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving. Finding the meaning of grief through the 5 stages of loss*. New York, NY: Simon & Schuster.
- LaGrand, L. E. (1981). Loss reactions of college students: A descriptive analysis. *Death Education, 5*(3), 235-48.
- LaGrand, L. E. (1985). College student loss and response. In E. S. Zinner (Ed.), *Coping with death on campus* (pp. 15-28). San Francisco, CA: Jossey-Bass Inc.
- Laurie, A., & Neimeyer, R. A. (2008). African americans in bereavement: Grief as a function of ethnicity. *Omega: Journal of Death & Dying, 57*(2), 173-193.
doi:10.2190/OM.57.2.d
- Lauterbach, S. (2007). Exemplar: Meanings in mother's experience with infant death: Three phenomenological inquiries: In another world: Five years later: What forever means. In Munhall, P., *Nursing research: A qualitative perspective* (4th ed.). Sudbury, MA: Jones and Bartlett.
- Lingel, J. (2013). The Digital Remains: Social Media and Practices of Online Grief. *Information Society, 29*(3), 190-195. doi:10.1080/01972243.2013.777311
- Littleton, H., Grills-Taquechel, A., & Axsom, D. (2009). Resource Loss as a Predictor of Posttrauma Symptoms Among College Women Following the Mass Shooting at Virginia Tech. *Violence & Victims, 24*(5), 669-686. doi:10.1891/0886-6708.24.5.669

- Lopez, K., & Willis, D. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research, 14*(5), 726-735. MA: Jones and Bartlett.
- Marwick, A., & Ellison, N. B. (2012). "There isn't wifi in heaven!" Negotiating visibility on facebook memorial pages. *Journal Of Broadcasting & Electronic Media, 56*(3), 378-400. doi:10.1080/08838151.2012.705197
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research, 11*(3), 1-19.
- Mathews, L. L., & Servaty-Seib, H. L. (2007). Hardiness and grief in a sample of bereaved college students. *Death Studies, 31*(3), 183-204. doi:10.1080/07481180601152328
- McCusker, K. M., & Witherow, L. B. (2012). Bereavement on the college campus: Establishing an effective ritual for the classroom and beyond. *About Campus, 17*(1), 12-18.
- McConnell-Henry, T., Chapman, Y., & Francis, K. (2009). Husserl and Heidegger: Exploring the disparity. *International Journal of Nursing Practice, 15*(1), 7-15. doi:10.1111/j.1440-172X.2008.01724.x
- Michael, S. T., & Snyder, C. R. (2005). Getting unstuck: The roles of hope, finding meaning, and rumination in the adjustment to bereavement among college students. *Death Studies, 29*(5), 435-458.
- Mitchell, L. M., Stephenson, P. H., Cadell, S., & Macdonald, M. (2012). Death and grief on-line: Virtual memorialization and changing concepts of childhood death

- and parental bereavement on the Internet. *Health Sociology Review*, 21(4), 413-431.
- Morse, J. M. (1994). Designing funded qualitative research. In Denzin, N. K. & Lincoln, Y. S. (eds.), *Handbook of qualitative research* (1994). Thousand Oaks, CA: Sage.
- Morse, J. M. (1995). The significance of saturation. *Qualitative Health Research*, 5(3), 147-149.
- Morse, J. M. (2000). Determining sample size. *Qualitative Health Research*, 10(1), 3-5.
- Munhall, P. (1994). *Revisioning phenomenology: Nursing and health science research*. New York, NY: National League for Nursing Press.
- Munhall, P. (2007). *Nursing research: A qualitative perspective* (4th ed.). Sudbury, MA: Jones and Bartlett.
- Munhall, P. (2012). *Nursing research: A qualitative perspective* (5th ed.). Sudbury, MA: Jones and Bartlett.
- Munhall, P., & Chenail, R. (2008). *Qualitative research proposals and reports* (3rd ed.). Sudbury, MA: Jones and Bartlett.
- National Center for Education Statistics, (2013). *Fast Facts*. Retrieved from <http://nces.ed.gov/fastfacts/display.asp?id=372>
- National Center for Health Statistics, (2013). *National Vital Statistics Report*. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf
- National Students of AMF Support Network (AMF). (2011). Retrieved from <http://www.studentsofamf.org>
- Neimeyer, R. A. (2001). *Meaning reconstruction and the experience of loss*, Washington, DC: American Psychological Association.

- Neimeyer, R. A. (2004). Research on grief and bereavement: Evolution and revolution. *Death Studies, 28*(6), 489-490. doi:10.1080/07481180490461179
- Neimeyer, R. A., Laurie, A., Mehta, T., Hardison, H., & Currier, J. M. (2008). Lessons of loss: Meaning-making in bereaved college students. *New Directions for Student Services, (121)*, 27-39. doi:10.1002/ss.264
- Oltjenbruns, K. (1998). Ethnicity and the grief response: Mexican American versus Anglo American college students. *Death Studies, 22*(2), 141-155. Oxford University Press.
- Omery, A. (1983). Phenomenology: A method for nursing research. *Advances in Nursing Science, 5*, 178-11.
- Ott, C. (2003). The impact of complicated grief on mental and physical health at various points in the bereavement process. *Death Studies, 27*(3), 249-272.
- Parry, M. (2011). Student nurses' experience of their first death in clinical practice. *International Journal Of Palliative Nursing, 17*(9), 448-453.
- Parkes, C. M., (1996). Bereavement: Studies of grief in adult life (3rd ed). New York, NY: Routledge.
- Pennington, N. (2013). You don't de-friend the dead: An analysis of grief communication by college students through facebook profiles. *Death Studies, 37*(7), 617-635. doi:10.1080/07481187.2012.673536
- Perry, W.G., Jr. (1968). *Forms of intellectual and ethical development in the college years: a scheme*. New York, NY: Holt, Rinehart & Winston
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed). Philadelphia, PA: Lippincott Williams & Wilkins.

- Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed). Philadelphia, PA: Lippincott Williams & Wilkins.
- Prigerson, H. G., & Maciejewski, P. K. (2006). A call for sound empirical testing and evaluation of criteria for complicated grief proposed for DSM-V. *Omega: Journal Of Death And Dying*, 52(1), 9-19. doi:10.2190/ANKH-BB2H-D52N-X99Y
- Rack, J., Burlison, B., Bodie, G., Holmstrom, A., & Servaty-Seib, H. (2008). Bereaved adults' evaluations of grief management messages: Effects of message person centeredness, recipient individual differences, and contextual factors. *Death Studies*, 32(5), 399-427.
- Sarter, B. (1988). Philosophical sources of nursing theory. *Nursing Science Quarterly*, 1(2), 52-59.
- Seah, C., & Wilson, A. (2011). A phenomenological study of university students' grieving experiences. *Illness, Crisis & Loss*, 19(1), 3-25. doi:10.2190/IL.19.1.b
- Servaty, H., Krejci, M., & Hayslip, B. R. (1996). Relationships among death anxiety, communication apprehension with the dying, and empathy in those seeking occupations as nurses and physicians. *Death Studies*, 20(2), 149-161.
- Servaty-Seib, H. L., & Taub, D. J. (2008). Training faculty members and resident assistants to respond to bereaved students. *New Directions for Student Services*, (121), 51-62.
- Servaty-Seib, H. L., & Taub, D. J. (2010). Bereavement and college students: The role of counseling psychology. *Counseling Psychologist*, 38(7), 947-975.

- Servaty-Seib, H. L., Hamilton, L., & Schuh, J. H. (2006). Educational performance and persistence of bereaved college students. *Journal of College Student Development, 47*(2), 225-234.
- Silliman, B., Ncneil, J., & Swihart, J. (1991). Helping adolescents cope with the death of a peer: A high school case study. *Journal of Adolescent Research, 6*(1), 132-145.
- Silverman, P.R. (1987). The impact of parenteral death on college age women. *The Psychiatrics Clinics of North America, 10*(3), 387 – 404.
- Sklar, F., & Hartley, S. F. (1990). Close friends as survivors: Bereavement patterns in a "hidden" population. *Omega: Journal of Death and Dying, 21*(2), 103-12.
- Smyth, J. M., Hockemeyer, J. R., Heron, K. E., Wonderlich, S. A., & Pennebaker, J. W. (2008). Prevalence, type, disclosure, and severity of adverse life events in college students. *Journal Of American College Health, 57*(1), 69-76.
- Sofka, C. J. (1997). Social support “internetnetwork” caskets for sale, and more: Thanatology and the information superhighway. *Death Studies 21*(6), 553-574.
- Streufert, B. J. (2004). Death on campus: Common postvention strategies in higher education. *Death Studies, 28*(2) 151-172.
- Stroebe. M. S., Hansson, R. O., Schut, H., & Stroebe, W. (Eds.). (2008). *Handbook of bereavement research and practice: Advances in theory and intervention*. Washington DC: American Psychological Associates.
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 29*, 477-494.

- Taub, D., & Servaty-Seib, H. (2008). Developmental and contextual perspectives on bereaved college students. *New Directions for Student Services, 121*, 15-26. doi: 10.1002/ss263
- Tedrick Parikh, S. J., & Servaty-Seib, H. L. (2013). College students' beliefs about supporting a grieving peer. *Death Studies, 37*(7), 653-669. doi:10.1080/07481187.2012.684834
- Thornton, G., Gilleylen, C. & Robertson, D. U. (1991b, April). Disenfranchised grief and college students' ratings of loss situations. Presented at the Association for Death Education and Counseling, Duluth, MN.
- Thornton, G., Robertson, D. U., & Mlecko, M. L. (1991a). Disenfranchised grief and evaluations of social support by college students. *Death Studies, 15*, 335-362.
- Wall, C., Glenn, S., Mitchinson, S., & Poole, H. (2004). Using a reflective diary to develop bracketing skills during a phenomenological investigation. *Nurse Researcher, 11*(4), 20-29.
- Williams, L. (2010). Campus commons: The calculus of grief. *About Campus, 15*(1), 28-31. doi:10.1002/abc.20013
- Worden, J.W. (2009). *Grief counseling and grief therapy* (4th ed.). New York, NY: Springer.
- Worden, J.W., & Winokuer, H. R. (2011). A task based approach for counseling the bereaved. In Neimeyer, R. A., Harris, D. L., Winokuer, H. R., & Thornton, G. F. (2011). *Grief and bereavement in contemporary society*. New York, NY: Routeledge Taylor & Francis Group.

Wrenn, R. (1991). College management of student death: A survey. *Death Studies*, 15, 395-402.

Ying-Chun, L., Pi-Yu, S., Chih-Hao, C., Hsing-Hsing, C., Kwua-Yun, W., &

Wen-Chii, T. (2011). Facing death, facing self: nursing students' emotional reactions during an experiential workshop on life-and-death issues. *Journal Of Clinical Nursing*, 20(5/6), 856-863. doi:10.1111/j.1365-2702.2010.03545.x

Zhang, B., El-Jawahri, A., & Prigerson, H. G. (2006). Update on bereavement research:

Evidence-based guidelines for the diagnosis and treatment of complicated bereavement. *Journal Of Palliative Medicine*, 9(5), 1188-1203.

doi:10.1089/jpm.2006.9.1188

Zinner, E. (1985). *Coping with death on campus*. San Francisco, CA: Jossey-Bass Inc.

Appendix A

Letter of Inquiry Regarding Death Event

Dear _____:

My name is Paulette Dorney and I am a Doctoral Candidate and the Principal Investigator of a qualitative research study whose purpose is to explore the grief experiences, coping strategies, and reactions of students following the sudden death of a classmate.

I am hoping to identify nursing programs that encountered an unanticipated death of a junior and/or senior nursing student during the last two to eighteen months. My goal is to talk with students from the same class about their experience. If your program experienced such a loss from a fatal accident, completed suicide, homicide, sudden, or unexplained death, please notify me by email at P.Dorney@iup.edu or 610-390 -7749 to discuss potential participation of nursing students or graduates in this proposed study. Institutional Review Board Approval or reciprocity will be obtained prior to recruitment from specific colleges or universities.

Thank you very much for your time and consideration. If you have any questions or concerns, I can be reached at the above contact.

Sincerely,

Paulette Dorney MSN, RN, CCRN
Doctoral Candidate, Indiana University of Pennsylvania

Appendix B

Electronic Correspondence

Dear _____:

I am requesting your assistance in the recruitment of participants for the research study, “The lived experience of nursing students following the sudden death of a classmate”. Much nursing research has been devoted to end of life care, death, and grief. However, there is scant nursing research pertaining to the personal experiences and grief reactions experienced by traditional college-age student nurses following the death of a classmate.

I am hoping this research will provide an increased understanding of this grief experience and offer insights for the development of effective strategies to assist and support those bereaved. Explaining, encouraging, and supporting students through these early experiences provides and opportunity to discuss care of self and foster compassionate and effective care of dying patients and their families. You or a faculty member has identified the class of _____ as having encountered the sudden death of a classmate during the month of _____ and year of _____.

Inclusion criteria for this research study includes: (1) junior or senior level nursing student at time of classmate’s death, (2) enrolled in same graduating class as deceased, (3) between 18 and 23 years of age at time of death of classmate, (4) within two to 18 months since time of classmate’s death, (5) able to recall events that transpired after the death of this classmate, and (6) willing to explore the meaning of this experience.

Please forward the attached invitation to eligible students via email. If invitations, need to be mailed, please let me know via email. I will send invitations in prepaid envelopes for distribution. If you have any questions or concerns, please do not hesitate to contact me via phone @ 610 – 390 – 7749 or email @ P.Dorney@iup.edu.

I appreciate your anticipated assistance in this research endeavor.
Thank you very much for your time and consideration.

Sincerely,
Paulette Dorney MSN, RN, CCRN
Doctoral Candidate, Indiana University of Pennsylvania

An Opportunity to Make a Research Contribution

If you experienced the sudden unanticipated death of a nursing classmate during your junior or senior year of college, consider participating in a QUALITATIVE RESEARCH STUDY.

The purpose of this RESEARCH is to explore the grief experience of bereaved nursing students following the sudden death of a classmate.

INCLUSION CRITERIA:

- (1) junior or senior level nursing student at time of classmate's death
- (2) enrolled in same graduating class as deceased
- (3) between 18 and 23 years of age at time of death of classmate
- (4) within two to 18 months since time of classmate's death
- (5) willing to explore the meaning of this experience

WHAT'S INVOLVED?

Completion of a Demographic Questionnaire
Individual Semi Structured Interviews @ a location convenient for you. Optional on line Journal Entry

For more information, CONTACT:

Paulette Dorney MSN, RN, CCRN, Doctoral Candidate at Indiana University of Pennsylvania

and the Principal Investigator of this Research Study

EMAIL: P.dorney@iup.edu

Cell Phone: 610 – 390 – 774

Appendix D

Invitation for Participation in a Research Study

Let me introduce myself. My name is Paulette Dorney and I am a Doctoral Candidate and the Principal Investigator of a qualitative research study whose purpose is to explore the grief experience of bereaved nursing students following the sudden death of their classmate.

There is lack of nursing research pertaining to the personal experiences and grief reactions experienced by traditional college-age student nurses following the death of a classmate or peer.

Your participation in this research study is vital to understanding this experience. I am hoping that the information gained from this study provides nurse educators with an understanding of this event as experienced by the nursing student. This research will provide the basis for supportive interventions and academic policy development in order to help bereaved students, like yourself, not only in the classroom but also in the clinical setting.

Institutional Review Board approval has been obtained form Indiana University of Pennsylvania and _____.

To be considered for participation, you must meet the following criteria: (1) junior or senior level nursing student at time of classmate's death, (2) enrolled in same graduating class as deceased, (3) between 18 and 23 years of age at time of death of classmate, (4) within two to 18 months since time of classmate's death, (5) able to recall events that transpired after the death of this classmate, and (6) willing to explore the meaning of this experience.

This study will involve semi structured interviews in which I will ask questions about your experience so that I have a better understanding of what this meant to you. Participation will require approximately 60 to 90 minutes of your time. A second interview in person or via Skype will be arranged to validate that my description of your experience is accurate and determine if I have omitted anything.

With your permission, the interview will be digitally recorded and transcribed. Also, you will be provided with a web address to record any additional thoughts following the interview. This will allow you to share any additional thoughts in a confidential manner. If you meet the study criteria and are willing to participate, you will be asked to sign an informed consent. Confidentiality will be strictly maintained. All transcriptions, subsequent narratives, and web entries will be maintained electronically and in the designated research study binder in a secure location.

Interested student nurses or graduates may contact me via phone or text @ 610-390-7749, or at the following email address: P.Dorney@iup.edu

Thank you very much for your time and consideration

Sincerely,

Paulette Dorney MSN, RN, CCRN
Doctoral Candidate, Indiana University of Pennsylvania

Appendix E

National Counseling and Self Help Resources

Contact information for each participating University/ College Counseling Services will be included

American Counseling Association (ACA): <http://www.counseling.org/>

ACA Find a Counselor Directory: <http://www.counseling.org/Counselors/Directory.aspx>

American Psychology Association (APA) Find a Psychologist Locator
<http://locator.apa.org/>

Hospice of Central PA <http://www.hospiceofcentralpa.org/>

FriendGrief @ <http://www.friendgrief.com/>

Appendix F

Informed Consent Form

The “Lived Experience” of Nursing Students Following the Sudden Death of a Classmate

You are invited to participate in a research study. The following information is provided in order to help you to make an informed decision regarding whether or not to participate. If you have any questions please do not hesitate to ask.

The purpose of this study is to understand the grief experience of nursing students following the sudden unanticipated death of a classmate. Participation in this study will require approximately 60 to 90 minutes of your time. You will participate in an individual interview related to your experience. With your permission, the interview will be audio taped and transcribed for purposes of accuracy. You will be provided with a web address to record any additional thoughts following the interview. This will allow you to share any additional thoughts in a confidential manner up to two weeks from the interview.

There are potential emotional risks and discomforts associated with this research. As with any discussion about death, you may feel uncomfortable and be reminded of the many emotions that you felt, but telling your story may help student nurses in the future. Nursing faculty will gain insights into this experience from your story and may be better prepared to assist students who experience the loss of a classmate. Additionally, you may find it therapeutic to share your grief experience with a nurse researcher.

I will provide a list of counseling services available for you at University of Pennsylvania college/university. In addition a list of local and national bereavement support services will be provided. However, inclusion on the list does not imply endorsement of the agency by the investigator, nor does it in any way imply that the investigator is financially responsible for any service requested or received as a result of participation in this study.

The information gained from this study has the potential to impact nursing curricula and provide insight into grief reactions of students encountering not only a personal experience but also a patient death. Insights into this human experience will inform nurse educators of the meaning of this experience. This will provide a basis for recommendations to consider when teaching bereaved nursing students in classroom and clinical. In addition, this research has the potential to provide a framework for the implementation of effective support structures to assist the bereaved college student.

Your participation in this study is voluntary. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigators or IUP.

If you choose to participate, you may withdraw at any time by notifying the Principal Investigator. Upon your request to withdraw, all data obtained pertaining to you will be destroyed. If you choose to participate, all information will be held in strict confidence. I am conducting this research in partial fulfillment of requirements to complete a PhD in Nursing Education and a personal commitment to help bereaved nursing students following the loss of a peer. The results of this study will be published in my dissertation and possibly published in scientific journals or books and or presented at scientific meetings, and national and or regional conferences. However your identity will be kept strictly confidential.

If you are willing to participate in this research study, please sign the statement below. Take the extra-unsigned copy with you. If you choose not to participate, return the unsigned copies to the Principal Investigator.

Principal Investigator: Paulette Dorney
Doctoral Student, Department: Nursing and Allied Health Professions
Faculty Sponsor: Dr. Elizabeth Palmer
Address: Johnson Hall, 1010 Oakland Ave.
Indiana, PA 15705
Phone: 724-357-2559

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730).

Voluntary Consent Form

I have read and understand the information on the form and I consent to volunteer to be a subject in this study. I understand that my responses are completely confidential and that I have the right to withdraw at any time. I have received an unsigned copy of this informed Consent Form to keep in my possession.

Name (PLEASE PRINT)

Signature: _____

Date: _____

Phone number or location where you can be reached: _____

Best days and times to reach you: _____

I certify that I have explained to the above individual the nature and purpose, the potential benefits, and possible risks associated with participating in this research study, have answered any questions that have been raised.

Date

Investigator's Signature

Appendix G

Questionnaire

Complete the following information by placing a check mark in the appropriate box as applicable. Participant Code: _____

Demographic

Age at time of classmate's death: 18 years old 19 years old
 20 years old 21 years old 22 years old

Gender: Male Female

Religious Affiliation:

Protestant Christian Evangelical Christian
 Roman Catholic Jewish
 Muslim Hindu
 Buddhist Other: _____

Race/Ethnicity:

Caucasian / White Latino / Hispanic
 African American / Black Native America
 Asian Pacific Islander
 Other: _____

Death Event

Class rank at time of classmate's death:

Junior
 Senior

Elapsed time since classmate's death:

2 – 4 months
 Greater than 4 months – 6 months

- Greater than 6 months – 8 months
- Greater than 8 months – 10 months
- Greater than 10 months – 12 months
- Greater than 12 months – 14 months
- Greater than 14 months – 16 months
- Greater than 16 months – 18 months

Closeness to Classmate:

- Acquaintance
- Friend
- Close Friend
- Family Member
- Other _____

Personal Experience with Loss of a Family Member or Friend

If you have experienced the loss of a friend or family member, complete the following information

Parent Death:

- Mother - Your Age at time of death: _____
- Father - Your Age at time of death: _____

Sibling Death:

- Brother - Your Age at time of death: _____
- Sister - Your Age at time of death: _____

Grandparent Death:

- Maternal Grandmother - Your Age at time of death: _____
- Paternal Grandmother - Your Age at time of death: _____
- Maternal Grandfather - Your Age at time of death: _____
- Paternal Grandfather - Your Age at time of death: _____

Friend Death:

- Friend - Your Age at time of death: _____
- Friend - Your Age at time of death: _____
- Friend - Your Age at time of death: _____
- Friend - Your Age at time of death: _____

Other Personal Death Loss:

- Relationship: _____ - Your Age at time of death: _____
- Relationship: _____ - Your Age at time of death: _____
- Relationship: _____ - Your Age at time of death: _____
- Relationship: _____ - Your Age at time of death: _____

Appendix H

Interview Guide

Take me back to the time of _____ death?

1. Tell me about the experience learning of her/his death ?
2. What was the experience like afterwards?
3. Tell me about your relationship with the deceased?
4. How did you and your peers react initially? Afterwards?
5. Describe your experiences in class and clinical following her/his death.
6. Tell me what helped and what did not help?
7. How did others make you feel?
 - a. Who made you feel better? How?
 - b. Who did not? Why?
8. Tell me what was it like being a nursing student caring for patients after this event? 8.
9. Is there anything you have not yet described related to this experience, but would like to discuss?

Use of additional probes:

Tell me more....

What was that like...

Can you expand...

Help me understand...

Can you give me an example...

Appendix I

Qualtrics On Line Electronic Survey for Journal

https://iup.qualtrics.com/SE/?SID=SV_5ig7dqA6LPOKbi0&Preview=Survey&BrandID=iup

As a participant in the qualitative research study on the "lived experience" of nursing students following the sudden death of a classmate, this on line journal is provided as an area to record any additional thoughts or feelings related to your experience.

Your participation and use of this on line journal is voluntary.

Your responses will be kept confidential.

Thank you.

Please record the fictitious name as provided by the researcher.

Journal Entry

Appendix J

Timeline

Research Process	Time Interval	Completion Date
Write IRB Proposal	4 weeks	January 8, 2012
Seek IRB Approval	2 weeks	January 24, 2012
Identify Nursing Programs with Death Event	Initial – 4 weeks /Incidental Communication	April 1, 2013
Seek IRB @ respective University / College or reciprocity	12 weeks	Three Universities – IRB Approvals obtained/ Three Reciprocity obtained
Recruit Participants	Ongoing through incidental communication	April, 2013
Schedule Interviews	1 - 12 weeks as IRB/reciprocity obtained	Ongoing, Interviews completed April, 2013
Conduct Interviews	Ongoing	Interviews completed April, 2013
Data Immersion	12 weeks	July, 2013
Formulate Meanings	4 weeks	August, 2013
Cluster Themes / Emergent Themes	4 weeks	August, 2013
Exhaustive Descriptions	4 weeks	September, 2013
Follow Up Interview / Validate Findings	4 weeks	December, 2013
Final Report	12 weeks	December, 2013
Disseminate Findings	16 weeks	May, 2014

Appendix K

Complete Listing of Significant Statements

Significant Statement	Participant	Line
<i>“When I found out what happened I was like oh my gosh, I wish we would have known.”</i>	Anna (A)	17-19
<i>“feeling as if you could have possibly done something that one moment like you know maybe you shouldn’t do it.”</i>	Anna (A)	26-28
<i>“Like what if that morning I texted him and like I hope you woke up five minutes later like anything you feel some type of guilt.”</i>	Anna (A)	30-32
<i>“So initially it was really hard.”</i>	Anna (A)	72
<i>“It was just a sob fest. Everyone was just like crying like pink eyes, red eyes for the first two days, like there wasn’t a dry face anywhere. Especially those that were really close to Mark.”</i>	Anna (A)	124 - 126
<i>“So everyone was pretty much really shocked really angry it’s because Mark was just such a genuinely nice guy.”</i>	Anna (A)	130-131
<i>“Yeah I think everyone was just pretty much in shock and it felt like it was just a very bad nightmare but umm that’s as far as I could tell everybody was pretty much in mourning.”</i>	Anna (A)	134 - 137
<i>“At the end of clinical things were much better.”</i>	Anna (A)	168 - 169
<i>“I must admit one of our professors forgot Mark’s name and were just like ahhhhh because I remember the professor was like oh yeah I’m sorry that your friend passed away now.”</i>	Anna (A)	285 - 287
<i>“I know some of my friends were like can you believe they still left Mark name on the Google doc or they still left his name on the sign up sheet and it’s like especially for those sensitive people it was like horrible cuz it just opened them up again.”</i>	Anna (A)	271 - 275
<i>“I think it would have been much more helpful if someone would have initially checked before they posted up the sign up list, like just take out his name before sending out an email ..even ccing specific people take out his name.”</i>	Anna (A)	276 -279
<i>“I picked up the phone and she was like completely incoherent.”</i>	Beth (B)	13-14
<i>“She was crying and it was like a mess.”</i>	Beth (B)	21-22

<i>"She never even had a fish die."</i>	Beth (B)	34-39
<i>"The first few months were the hardest especially because we kept having study groups."</i>	Beth (B)	67-68
<i>"And so I brought Mark in and so I also have this guilt of oh my gosh if I hadn't invited him in you guys wouldn't go through what I'm going through right now."</i>	Beth (B)	77-79
<i>"I really tried but I really couldn't and it was a shame because no nursing student spoke at that."</i>	Beth (B)	235-237
<i>"And my friend like recently has now had a grandparent diagnosed with cancer and like she already buried the grandparent in her mind"</i>	Beth (B)	290-293
<i>"Like another student who we're both friends with who's in our study group had another friend die suddenly a few years ago before I knew her. Like a childhood friend died I think from like carbon monoxide poisoning or something so very sudden death also and so this brought up a lot of memories from that."</i>	Beth (B)	301-304
<i>"Some people who weren't as close who were dealing with this versus a lot harder for those of us who were closer so it's kind of being like well everyone deals with this a little differently."</i>	Carol (C)	508-511
<i>"It was more like if it was going to cause more grief, I just wouldn't. I try to participate in the best of my ability but not just not do the things that were too difficult for me and then I think that's how a lot of the nursing students coped with it. If it was just too much they just wouldn't show up."</i>	Carol (C)	456-460
<i>So when I found out about everything that happened there's just there's also a lot of guilt in (pause) in knowing like why am I still here and why (pause) you know why did I decide not to run and I feel like I should be punished because I backed out of the race as opposed to others.</i>	Carol (C)	158-162
<i>And and I wonder if its best to say something or just not to say anything at all too. It's just I'm not sure what the best option is when you are dealing with death and dying and all of that and whether or not it's important to follow up at like the milestones and everything especially since my family has not had anything happen.</i>	Carol (C)	326-331
<i>Rachael's facebook page is still up, you know how I was saying the annoyance with other people, they write things on her wall about how close they were and it is so annoying.</i>	Eve (E)	277-279

<i>I probably should deactivate my facebook for a little bit because I am always looking at it and going through the pictures all the time.</i>	Eve (E)	282-284
<i>Umm.. so that has been kind of hard for me because you know we had all these plans and it is not going to happen obviously.</i>	Eve (E)	240-242
<i>And I don't know.... she I remember the day.... before she I don't know it was two days before she died and she was in class and I thought she was acting funny I talked to my friend. I was like she is really weird today like she was getting really hot and she was like she was just acting funny and then two days later we found out she died and it was like what was going on, like could they have caught something before. Yeah so I don't know it was just a weird observation.</i>	Gina (G)	211-218
<i>"It leaves me speechless. I umm.....was in such shock. I called my mom and I was just in tears."</i>	Eve (E)	10-11
<i>"It was hard Andrew's nursing jacket was there and stuff like that made it really real."</i>	Holly (H)	158-160
<i>"I went to like all the services and everything and at first I felt like kind of weird because I didn't know him that well. And I felt like I shouldn't be there and at the same time I felt like I did know him. And all my friends were hurting a lot so I went with them and that was probably like really hard."</i>	Fiona (F)	48-53
<i>"But I think that was like I didn't realize that someone else's death would effect me that much. I mean they always say it but yes so that was really hard. Then I felt bad because I was like...I felt like almost bad but I was like bawling so much yeah (chuckle)."</i>	Fiona (F)	153 - 157
<i>"I just wasted all this time that I could have been spending with this person...so it's like always hard to get over that."</i>	Isabel (I)	270 - 275
<i>"I remember the day that we found out it was just like surreal no it can't be Mark because you knew he had so much potential."</i>	Anna (A)	33-34
<i>"It was just like some people say it's like an out of body experience, you're in the moment but your mind is like frozen in time."</i>	Anna (A)	61-63
<i>"I thought like it got much worse when we realized like all the like important nursing staff and administrative staff in the school of nursing all came in like together like it was funeral procession."</i>	Anna (A)	206-209
<i>"During our clinical there were some students that didn't really talk to him and weren't as close so for them the experience was much more</i>	Anna (A)	146-150

<i>different it was more of like a shock and there were times when me and my other friend were just kind of like zoned out a little bit and just think about it.”</i>		
<i>“I remember thinking there is so much potential and you knew that he was going to do something with it and he was the perfect combination of nursing and business.”</i>	Anna (A)	51-53
<i>“And like all these important people came in in their suits and they just like told us that Mark died.”</i>	Beth (B)	259-260
<i>“I sent Mark a text or not Mark, Mark’s phone a text saying something like I know you don’t need it anymore but I’m going to save you a seat for the rest of the year by the computer.”</i>	Beth (B)	377-380
<i>“We would just like meet in these study groups and we would like be sending emails and our inboxes would tell us like do you want to also send this email to Mark. The emails would automatically say that. And we would get together and we would be like yes we do want to send that but we can’t.”</i>	Beth (B)	92-96
<i>“So I really felt at a loss of feeling initially I would say for the first weeks.”</i>	Carol (C)	96-98
<i>“And I think the most helpful thing in that time period was being with other people who kind of felt the same loss and it was it was a loss of a friend but also just feeling lost in general.”</i>	Carol (C)	98-100
<i>“When you’re at an academic institution like here everyone is questioning everything and there is never a right answer.”</i>	Carol (C)	403-405
<i>“Well I think it takes a while to register.... so initially it was just there’s just so much sorrow and grief and it wasn’t that he wasn’t there it was just kind of wrapping your mind around what happened and from my personal experiences no one in my family has ever passed away.”</i>	Carol (C)	85-89
<i>“In spring semester my senior leadership clinical is in the ICU and so after everything that happened in the Fall and now having had the critical care experience as well (pause) it’s been emotional. Because of the Fall experience.”</i>	Carol (C)	18-186
<i>“We couldn’t we really couldn’t believe it even though we already knew John had cancer and he was going through Chemo and all that.”</i>	Dorothy (D)	17-19
<i>“Of course we all we were all very like we couldn’t believe it at first.. it was so fast like John went down really fast.”</i>	Dorothy (D)	60-61

<i>"Individually I haven't really gone through a lot of deaths. Like my grandma is still alive and everybody that is really close to me is still alive."</i>	Dorothy (D)	100-101
<i>"And I looked up and there used to be this sign that Rachael and I had hung up in our new apartment. It said when nurses call the shots and I looked up and it was not there anymore and that is when I literally lost it."</i>	Eve (E)	118-121
<i>"Andrew's not gonna graduate with us and I just kept thinking like what his parents must be feeling (pause) cuz I couldn't imagine what my mom would have felt if I wasn't there (pause) but yeah that's what kind of made it real to me."</i>	Gina (G)	43-47
<i>"I never thought I'd have to go through something like this."</i>	Gina (G)	198-199
<i>"It was just everyone wanted to know how and when and you know when someone dies I don't know it's just so you can't believe it for a while you know what I mean it was just what, no."</i>	Fiona (F)	36-41
<i>"It was really sad, it didn't seem real."</i>	Holly (H)	36-37
<i>"It was hard Andrew's nursing jacket was there and stuff like that made it really real."</i>	Holly (H)	158-160
<i>"It's like as if you're coming back from any break where you don't see anybody. So like it didn't sink in necessarily that like Rachael was actually gone because we wouldn't have seen her on a daily basis at home or like talk to her everyday."</i>	Isabel (I)	144-148
<i>"I think any death kind of affects your nursing (pause) if I would see someone young like I'm not in Peds or anything but I know that's hard thinking someone dies so young."</i>	Holly (H)	194-197
<i>"And she said oh my gosh I'm so sorry I saw on Facebook, I think she said, that Andrew passed away (pause) I don't know if it's true or not true."</i>	Holly (H)	15-17
<i>"So it was just like it felt like something great was taken from the world."</i>	Anna (A)	53-54
<i>"We had been studying with Mark for a few years now so it was just like feeling that void it was very strange and like having our Google doc and like he wasn't on there anymore and just having him scan in his pages on Google doc, not there anymore (pause)."</i>	Anna (A)	55-60

<i>"I feel like no one was really able to focus umm after that just because Mark's presence was just so it was so big you could not ignore Mark not only big in terms of size but just in terms of Mark it was just really noticeable that he wasn't there so being in the same class and like knowing where he would sit in class and he was not there (pause) it was a little hard."</i>	Anna (A)	181-186
<i>"We went from 5 to 4. And not because one person dropped out its because one person died."</i>	Beth (B)	70-71
<i>"And so everyday I would expect this text from Mark and then all of a sudden I wasn't getting those texts from him anymore."</i>	Beth (B)	373-375
<i>"Umm and and then umm John left us junior (pause) junior year uhh (pause) spring semester junior year that's when he left us."</i>	Dorothy (D)	53-55
<i>"We were always thinking oh John would ask this question right now but yeah we definitely missed him in class. Yeah definitely."</i>	Dorothy (D)	94-96
<i>"To me it was like no one really noticed that Rachael was not there (pause) obviously they did (pause) but my mind I was only focused on Rachael not being there the first day of class and I was not paying attention the first day of class."</i>	Eve (E)	144-48
<i>"They told us and they didn't just hide behind the fact that everybody already knows and just pretend this did not happen."</i>	Anna (A)	203-205
<i>"Because if we try to get in for an appointment ourselves it could take 3 months umm and that's not necessarily good."</i>	Beth (B)	267-268
<i>"We were supposed to have an assignment due Monday at 9:00 so the test I emailed and I'm sure a ton of people emailed asking for an extension and that professor emailed us immediately and said I don't know when I'm rescheduling it for but I'm gonna reschedule it don't worry about coming in."</i>	Beth (B)	435-439
<i>"I know for Mark's clinical group, I know I think that they had the option of not coming that day after he had passed away."</i>	Anna (A)	150-152
<i>"I was really glad they offered us all the services, the counseling services and letting us know constantly if we need to take some time off. You need to email professors and just let them know."</i>	Anna (A)	230-233

<i>"I was also really glad that they did like a little memorial service for Mark as well and that they opened it up to us. Umm and that they also had his family present."</i>	Anna (A)	234-237
<i>"I think it would have been much more helpful if someone would have initially checked before they posted up the sign up list, like just take out Mark's name before sending out an email (pause) even ccing specific people take out his name."</i>	Anna (A)	276-279
<i>"For our main nursing class...I emailed the professor right away and said that I was one of his close friends and there is no way I can do this. Like it'll be a really bad assignment if I turn it in tomorrow and at like 8:00 at night I still hadn't gotten an email back from them and I cc'ed all 3 professors."</i>	Beth (B)	441-446
<i>"Actually I don't think we even talked about it."</i>	Dorothy (D)	139-140
<i>"I don't think we even talked about it. Oh we went to class one day they were like oh I'm sorry. That's about it (pause) then we moved on."</i>	Dorothy (D)	145-148
<i>"And just a simple hey are you ok, how are you, how are you feeling. Just a follow-up kind of thing. Can help a lot of people."</i>	Dorothy (D)	220-221
<i>"But there weren't really any services offered."</i>	Dorothy (D)	152
<i>"The only thing that I was kind of disappointed in was like faculty that I knew like who had Andrew in class that didn't attend things."</i>	Holly (H)	187-188
<i>"Like it's not everybody, it's just like some faculty have blinders up to the fact that we are second semester seniors and we have lost a student."</i>	Isabel (I)	353-358
<i>"Yeah so it hasn't seemed to affect grades too too much...they were really understanding for so long and they still are I mean but they kind of gave us like a break for a little bit and then you know."</i>	Fiona (F)	211-214
<i>"They were scared to acknowledge it because they didn't want to get anyone upset."</i>	Isabel (I)	165-169
<i>"And I remember just like thinking like there's so much potential and you knew that Mark was going to do something with it and he was like the perfect combination of nursing and business."</i>	Anna (A)	46-49
<i>"We lit a candle for Mark in our room."</i>	Anna (A)	300-301

<i>"We would like binge on the chips Mark used to eat in our study group."</i>	Beth (B)	84-86
<i>"I think the only thing right now is a lot of us are wondering if they are going to do anything during our graduation umm if they're going to say his name or if there's going to be like a special tribute or moment of silence umm because we're not sure of the program or what's going to happen."</i>	Anna (A)	361-365
<i>"It's not what he would want. He wouldn't want the four of us to fail out of nursing school."</i>	Beth (B)	100-101
<i>"I was like hey I really think it's important that we have a memorial. It wasn't originally going to be a memorial it was going to be just like a session to help students. And I was like we really need a memorial."</i>	Beth (B)	280-283
<i>"I do think the guilt it kind of comes back now a lot also now that graduation is coming."</i>	Carol (C)	176-178
<i>"You kind of have to laugh with someone who understands or had shared the same experiences and then on top of that the fact that we had just something so far removed from nursing to also like manage and to talk about was absolutely insane."</i>	Carol (C)	74-78
<i>"I do think like on Facebook just messaging them something even though they're not even alive anymore, I think it did help a lot."</i>	Dorothy (D)	248-250
<i>"I definitely try to sit back and listen to them like talk about when they were younger or like because that's what John would say."</i>	Dorothy (D)	182-186
<i>"Umm (pause) well John was the oldest and I'm the youngest in the nursing program umm (pause) in our class so he would always like I said John was a straight A student always prepared and I'm the unprepared one."</i>	Dorothy (D)	34-37
<i>"I know now that they bought John a nursing pin and we're going to give it to John well we are going to give it to John's wife for graduation so we always keep John in mind we always write on his facebook wall."</i>	Dorothy (D)	129-131

<p><i>“Rachael should be in clinical with me right now and I think about Rachael, she would think this is funny or something...umm...but because I just know the situation is what it is, I am trying to be I guess be the nurse that I always wanted to be. Also adding Rachael’s special qualities too and she is like a little nurse on my shoulder helping out. So I am trying to not let it impact me negatively especially in clinical, because these people’s lives are in my hands. And if there was a chance for Rachael umm.. obviously I would want those nurses to try everything and do everything that they can. And that is my well that should be what every nurse should be doing... going that extra mile being like the nurses who helped save Rachael’s boyfriend.”</i></p>	Eve (E)	169-171
<p><i>“I had this last picture of Rachael in my mind and I actually face timed with Rachael and her boyfriend about a half hour before the car accident.”</i></p>	Eve (E)	89-90
<p><i>“Rachael is whispering things or making sure I am studying the right stuff (pause) but my grades have been ok.”</i></p>	Eve (E)	268-270
<p><i>“You know it was the most perfect good bye hug.”</i></p>	Eve (E)	295-296
<p><i>“We are raising money for, I don’t know if you’ve heard, for a scholarship.”</i></p>	Fiona (F)	181-182
<p><i>“Mark was very open to like as I mentioned before Mark was big on like research oh like research so I saw this and said Oh my gosh Mark would totally want us to do this study (pause) this is Mark sending us another homework assignment.”</i></p>	Anna (A)	392-396
<p><i>“We have bracelets that say keep calm and love nurses which is one of Rachael’s favorite sayings.”</i></p>	Isabel (I)	242-244
<p><i>“We have a pinning ceremony and the chairperson didn’t want umm it to be this whole memorial ceremony. I understand but then at the same time it’s like you can’t not acknowledge this, somebody that was part of our class.”</i></p>	Isabel (I)	178-180
<p><i>“We needed another group member for our study group and Mark wanted to join and we were like sure awesome we need another person and you’re a cool guy so like I think that’s what kind of started off our like study group and then we all became closer after that.”</i></p>	Anna (A)	112-116
<p><i>“I think at least having her around made it much easier especially since my other roommates didn’t understand what was going on, they were not nursing students.”</i></p>	Anna (A)	301-303

<p><i>“There’s these students who have been together since freshman year or sophomore year all the time texting about random things and staying up until three in the morning studying for every test we have taken we studied together.”</i></p>	Beth (B)	139-145
<p><i>“I think that having at least one other person who is kind of in the same boat is really helpful.”</i></p>	Anna (A)	315-316
<p><i>“There’s these student who don’t only spend these hours in clinical with him for three weeks. There’s these students who have been together since freshman year or sophomore year all the time texting about random things and staying up until three in the morning studying for every test we have taken we studied together.”</i></p>	Beth (B)	139-144
<p><i>“Just realizing like that were really close to especially those of us who were friends but even those who are just classmates we’re really close we stay up until three in the morning we text about random weird things that professors probably think are really strange. We know Mark’s favorite potato chips.”</i></p>	Beth (B)	500-505
<p><i>“I felt like that the news should come from someone that we would know so like for me to get news from other staff members it was really comforting as opposed to hearing it from the university or Facebook or something umm (pause).”</i></p>	Carol (C)	20-25
<p><i>“When this happened it was the week before Thanksgiving so we were home for Thanksgiving it was umm (pause) we would call each other because (pause).”</i></p>	Carol (C)	235-237
<p><i>“I have a very good study group which were still friends....we have very good coping...when it comes too coping we have been through a lot together our group.”</i></p>	Dorothy (D)	68-73
<p><i>“I think it was clinicals or conference we all went to John’s funeral, John’s funeral, well Wake we went to John’s Wake and umm as group we all went.”</i></p>	Dorothy (D)	123-125
<p><i>“We usually spend a lot of time in school. We have like a little study group John would join it sometimes and Umm....I would see John throughout the day because John would stay here and study.”</i></p>	Dorothy (D)	39-42

<i>"I mean friends as much as they were leaning on me too much having them there still helped knowing that they were still there and that specifically friends from nursing. Other friends didn't understand."</i>	Beth (B)	175-178
<i>"I just I needed to be around these people who you know understand, I mean not that my parents don't understand but it was just I needed. I needed to stay here."</i>	Eve (E)	68-70
<i>"All of the Professors called us the three Musketeers and umm so we had literally every single class together... so we spent a lot of time just you know in the classroom but also just hanging out helping each other..."</i>	Eve (E)	55-60
<i>"But the one roommate this semester that goes here has been really busy with her own life (not a nursing major) so hasn't really necessarily been a good support..."</i>	Isabel (I)	185-186
<i>"We just became you know nursing students are with each other 24/7."</i>	Holly (H)	81-84
<i>"Like you're not going to survive (chuckle) and Andrew like no you're not going to survive without me like so we justwe studied together all of us and Andrew's a good guy."</i>	Holly (H)	102-104
<i>"I mentioned before Mark was big on like research oh like research so I saw this and said Oh my gosh Mark would totally want us to do this study (pause) this is Mark sending us another homework assignment."</i>	Anna (A)	393-396
<i>"I think they understood that like nursing is one of those majors that like you grow so close in those four years and like everyone by the time you're a senior everyone knows everyone. Everyone like knows each other so well that it is like losing someone in your family."</i>	Isabel (I)	65-70
<i>"It was like Rachael's loss has been hard on everybody but it also has united us all together even stronger in our bond as a class."</i>	Isabel (I)	78-80
<i>"Sunday night is when I had opened them because we weren't at school yet. We weren't altogether."</i>	Fiona (F)	23-27
<i>"Like she seems more separate from anyone in class and.... I don't know I just think it probably is really hard for her and I don't know how she is coping."</i>	Gina (G)	179-185
<i>"I think people closer to him were definitely um... really affected right away umm (pause) I don't know I just saw like just the hurt that they must be feeling."</i>	Gina (G)	69-72

<i>"I got a lot of support from my mom, she told me you have to be strong for the other people and because of my religion as well."</i>	Anna (A)	85-86
<i>"I could cope a little better just because I did know that Mark was doing well and I would have to be strong for other people who were like grieving so I think that's a way I learned to cope with it in a better way than a lot of other people."</i>	Anna (A)	91-94
<i>"My instructor did try to ask us about it like how do you feel about what happened and I felt that bringing up that question especially like since I was trying to like just close it down a little just trying to zone out kind of made it worse cuz it made me think about it again umm but at the same time I guess it was helpful because I guess we were able to talk about it."</i>	Anna (A)	158-162
<i>"We had our Thanksgiving break as well so some people were able to go home and like have their family at least to support them and recuperate a little bit and the semester was ending anyway so we really didn't need to be in class that much which was great umm we probably saw each other after he passed away a total of three or four times."</i>	Anna (A)	172-177
<i>"I grew a little closer to my religion which I guess was good."</i>	Anna (A)	391
<i>"I have never been to CAPS (counseling)..I didn't even know what I was doing there, I never went back. That's the only time I went and they were like oh if Beth is going like it means we need to stop leaning on her as much as we are."</i>	Beth (B)	56-62
<i>"Some of the things we did were helpful. Like around Mark's birthday we just had this thing where we got together and made cards and there was just like pizza and everyone kind of got together and talked about things and people wrote cards that was helpful."</i>	Beth (B)	214-217
<i>"There was one that his church did that wasn't really helpful (pause)...I mean for me that wasn't really helpful cuz it was just a lot of prayers in a religion that I'm not of so it was a lot of stuff that I don't understand ."</i>	Beth (B)	231-233
<i>"I felt like this story is something I don't tell too many people and so when I saw your research it was more I think it would be a good way to kind of get that out there."</i>	Carol (C)	173-175
<i>"I became the one for the next two weeks that everyone was leaning on until they realized that they could only lean on me so much because I was going through it just as much as they were."</i>	Beth (B)	44-47

<i>"My family did not help at all."</i>	Beth (B)	183
<i>"The one thing I'm I guess this kind of took a lot of my faith, just like completely like cut it."</i>	Beth (B)	310-311
<i>"Umm and I guess I have a very strong Christian background faith and family so that kind of that kind of helped me just listening to Christian music just relaxing and you know letting it go knowing that God's in control."</i>	Dorothy (D)	106-108
<i>"My mom has like giving me that um that shoulder to lean on and cry on."</i>	Dorothy (D)	110-111
<i>"Our clinical instructor, I think she was a critical care nurse and I think she probably deals with grief a lot better than we did but I remember when it happened you know we all emailed her and she emailed us back and we never saw each other face to face but she was always like if there's anything I can do let me know and I think it's in the nursing nature to like try to help other people, laugh (pause) and I guess that was my biggest (pause) helpful thing."</i>	Carol (C)	470-477
<i>"Umm and I guess I have a very strong Christian background faith and family so that kind of that kind of helped me just listening to Christian music just relaxing and you know letting it go knowing that God's in control I think that kind of helped me."</i>	Dorothy (D)	106-108
<i>"I have been going to counseling which has helped me a lot."</i>	Eve (E)	257-258
<i>"I got a call from the secretary in the office who actually, she's kind of like my mom down here. She really always took care of me, ... and Rachael."</i>	Eve (E)	26-27
<i>"And I think that like the support from friends and the nursing department was the biggest thing."</i>	Fiona (F)	158-160
<i>"We watched like the whole season I mean it was like as much as no one wanted to be on that bus because of what we were going to have to face."</i>	Isabel (I)	76-77
<i>"I actually like I was planning on going to a counseling session but it never worked out."</i>	Isabel (I)	144-147
<i>"We have this big study group so we all like keep each other kind of on track you know so we are doing ok."</i>	Fiona (F)	205-209

<i>“The rest of us tried to continue clinical as usual after that.”</i>	Anna (A)	157-158
<i>“The first like month we didn’t even want to meet but it’s like we have too. We’re not going to disintegrate our group and fail out of nursing school.”</i>	Beth (B)	96-98
<i>“Like my study group, we were literally sitting there in tears like binging on his favorite chips and on french fries (laugh)...it was really like trying so hard to do this assignment and I’m sitting there writing about abortion like not even knowing what I’m writing about abortion and they’re just not getting back to us and we just thought it was gonna be due that day.”</i>	Beth (B)	457-463
<i>“I just remember a group of us saying I just want to dwell here for a couple like just a bit longer like ...don’t want to move on just yet and it felt like there’s definitely always that push to move on.”</i>	Carol (C)	291-295
<i>“The beginning of the semester was really difficult but you know you start picking up momentum and it’s not everyday that I’ll think about this now which is sad in its own regard but I’ve come to accept that that’s just part of life.”</i>	Carol (C)	301-304
<i>“I guess since we’re in school everybody like focused on their owns selves and passing class.”</i>	Dorothy (D)	223 -234
<i>“Yes...Dr., our director, she did give...and I the option to take incompletes but I knew I was not going to study over the break.”</i>	Eve (E)	101-104
<i>“So that was hard but I think we just had to make it happen like not let our studies fail.”</i>	Holly (H)	234-238
<i>“I think it definitely it made us all feel in nursing that someone has just like disappeared in life and doesn’t have this opportunity that we do now.”</i>	Fiona (F)	127-129
<i>“They are just like it’s because they have senioritis and they just don’t want to do it.”</i>	Isabel (I)	359-360
<i>“Our loss happened to be during finals week but what if it was like mid-semester.”</i>	Isabel (I)	364-365
<i>“Like they didn’t sympathize that we were still grieving (pause) it was almost like let’s just move on.”</i>	Isabel (I)	217 -221

<i>“And then as a nurse just thinking of all things we knew that they were probably doing like you know CPR, compression and like flat line and just envisioning all of that is what just made it worse...I guess you are from business you do not think about that as much”</i>	Anna (A)	74-79
<i>“Little worse for the nursing students’ cuz we knew like the process of what was going on and then envisioning Mark going through it.”</i>	Anna (A)	82-84
<i>“If I have a younger patient who reminds me of Mark just like maybe a patient who is 20 (pause) it’s gonna bring back those memories a little bit.”</i>	Anna (A)	413-417
<i>“I’m like sudden death is probably the most common death in people our age. And I was like it’s probably something I should go do now that I’ve seen that it really can happen.”</i>	Beth (B)	358-361
<i>“I feel like when you’re in the moment all you’re focused on is getting them better but when you snap out of it you think of all the people that were affected by it.”</i>	Anna (A)	339-341
<i>“So providing the silences offering them services just standing there holding their hand if they need just being much more aware of that and then just thinking a lot more of the family.”</i>	Anna (A)	351-354
<i>“I think in the end what helped me was helping other people and I think maybe it’s something that comes with nursing.”</i>	Carol (C)	262-264
<i>“I felt taking care of myself was taking care of others.”</i>	Carol (C)	278-279
<i>“I think it makes the critical care experience more real and tangible because as a critical care nurse it’s easy to get involved in the pathophysiology and the technical side and taking that stuff back to realize there’s so many ties that as humans we make and especially ones with the family and seeing families in the unit (pause) umm it really added some color to my experience this semester that I probably wouldn’t have had.”</i>	Carol (C)	189- 192
<i>“Granted I would never wish for the Fall to happen umm but it does I think add so much more understanding for me for this being my first really big big loss.”</i>	Carol (C)	193-196
<i>“It was just you know dead people, their cold it was a weird feeling but this was just (pause) it was weird.”</i>	Eve (E)	93-94

<i>“So this is like my first time experiencing it and so I think if I was ever in the situation where there was a family member or like a patient that was dying, I would now be able to understand a little bit more the pain that they like are going through which I think is important.”</i>	Isabel (I)	329-334
<i>“But also I don’t know I think anytime there is like a tragedy it puts you kind of like in the patients role and you know how they feel and so that gives you more compassion when you’re taking care of a patient (pause) definitely.”</i>	Fiona (F)	137-140
<i>“I think any death kind of affects your nursing you know what I mean you know if I would see someone young like I’m not in Peds or anything but I know that’s hard thinking someone dies so young.”</i>	Holly (H)	194-197
<i>“But I don’t know exactly what would have been the right thing to do and I think that’s part of the thing. I don’t think anyone knew the right thing to do was. Like nobody’s going to step up and do something when they don’t know what to do.”</i>	Isabel (I)	352-355

Appendix L

Significant Statements with Formulated Meaning

Significant Statement	Participant	Formulated Meaning
<i>“When I found out what happened I was like oh my gosh, I wish we would have known.”</i>	Anna (A)	<i>Expressed regret that did not know Mark was going to XX in XX, felt as if they could have intervened.</i>
<i>“Feeling as if you could have possibly done something that one moment like you know maybe you shouldn’t do it.”</i>	Anna (A)	<i>Expressed regret about not intervening to prevent the death of classmate.</i>
<i>“Like what if that morning I texted him and like I hope you woke up five minutes later like anything you feel some type of guilt.”</i>	Anna (A)	<i>Expressed guilt, could of intervened by using technology to prevent his participation.</i>
<i>“So initially it was really hard.”</i>	Anna (A)	<i>Grief and bereavement very difficult.</i>
<i>“It was just a sob fest. Everyone was just like crying like pink eyes, red eyes for the first two days, like there wasn’t a dry face anywhere. Especially those that were really close to Mark.”</i>	Anna (A)	<i>Intense feeling of sadness learning of the death especially for student’s closest to deceased.</i>
<i>“So everyone was pretty much really shocked really angry it’s because Mark was just such a genuinely nice guy.”</i>	Anna (A)	<i>Expressed feelings of shock and anger, questioning how this could happen to such a nice person.</i>
<i>“Yeah I think everyone was just pretty much in shock and it felt like it was just a very bad nightmare but umm that’s as far as I could tell everybody was pretty much in mourning.”</i>	Anna (A)	<i>Initial feelings of shock by class after finding out the news of the death.</i>
<i>“At the end of clinical things were much better.”</i>	Anna (A)	<i>Passage of time helped ease the pain of grief.</i>
<i>“I must admit one of our professors forgot Mark’s name and were just like ahhhh because I remember the professor was like oh yeah I’m sorry that your friend passed away now.”</i>	Anna (A)	<i>Anger at faculty who did not remember the deceased by name.</i>

<p><i>“I know some of my friends were like can you believe they still left Mark name on the Google doc or they still left his name on the sign up sheet and it’s like especially for those sensitive people it was like horrible cuz it just opened them up again.”</i></p>	<p>Anna (A)</p>	<p><i>Visual representation that deceased no longer present triggers emotional pain.</i></p>
<p><i>“I think it would have been much more helpful if someone would have initially checked before they posted up the sign up list, like just take out his name before sending out an email ..even ccing specific people take out his name.”</i></p>	<p>Anna (A)</p>	<p><i>Anger expressed at faculty/university for lack of processes to ensure name of deceased is removed from email / assignment lists.</i></p>
<p><i>“I picked up the phone and she was like completely incoherent.”</i></p>	<p>Beth (B)</p>	<p><i>Informing researcher of friends grief reaction.</i></p>
<p><i>“She was crying and it was like a mess.”</i></p>	<p>Beth (B)</p>	<p><i>Anguish associated with learning of the death.</i></p>
<p><i>“She never even had a fish die.”</i></p>	<p>Beth (B)</p>	<p><i>As a traditional age college student no experience with death.</i></p>
<p><i>“The first few months were the hardest especially because we kept having study groups.”</i></p>	<p>Beth (B)</p>	<p><i>Grief and bereavement very difficult.</i></p>
<p><i>“And so I brought Mark in and so I also have this guilt of oh my gosh if I hadn’t invited him in you guys wouldn’t go through what I’m going through right now.”</i></p>	<p>Beth (B)</p>	<p><i>Emerging leader in study group feels responsible for grief of others</i></p>
<p><i>“I really tried but I really couldn’t and it was a shame because no nursing student spoke at that.”</i></p>	<p>Beth (B)</p>	<p><i>Feelings of regret not speaking about deceased in an open forum, very hard.</i></p>
<p><i>“And my friend like recently has now had a grandparent diagnosed with cancer and like she already buried the grandparent in her mind”</i></p>	<p>Beth (B)</p>	<p><i>Acknowledgement of the reality of death with the diagnosis of cancer</i></p>
<p><i>“Like another student who we’re both friends with who’s in our study group had another friend die suddenly a few years ago before I knew her. Like a childhood friend died I think from like</i></p>	<p>Beth (B)</p>	<p><i>Death event triggers the emotional pain from previous loss.</i></p>

carbon monoxide poisoning or something so very sudden death also and so this brought up a lot of memories from that.”

“Some people who weren’t as close who were dealing with this versus a lot harder for those of us who were closer so it’s kind of being like well everyone deals with this a little differently.”

Carol (C)

Grief very difficult for peers closest to deceased.

“It was more like if it was going to cause more grief, I just wouldn’t. I try to participate in the best of my ability but not just not do the things that were too difficult for me and then I think that’s how a lot of the nursing students coped with it. If it was just too much they just wouldn’t show up.”

Carol (C)

If anticipate more sorrow would not participate.

So when I found out about everything that happened there’s just there’s also a lot of guilt in (pause) in knowing like why am I still here and why (pause) you know why did I decide not to run and I feel like I should be punished because I backed out of the race as opposed to others.

Carol (C)

Guilt that one student has the opportunity to pursue career and other student has died.

And and I wonder if its best to say something or just not to say anything at all too. It’s just I’m not sure what the best option is when you are dealing with death and dying and all of that and whether or not it’s important to follow up at like the milestones and everything especially since my family has not had anything happen.

Carol (C)

Very tormented on the “right way to grieve” and the right way to speak to family members.

Rachael’s facebook page is still up, you know how I was saying the annoyance with other people, they write things on her wall about how close they were and it is so annoying.

Eve (E)

Angry at others (who participant feels were not as close) for their expression of grief on deceased facebook page. Robbing participant’s grief.

<i>I probably should deactivate my facebook for a little bit because I am always looking at it and going through the pictures all the time.</i>	Eve (E)	<i>Use of Facebook as a means of connecting with the deceased. Also a source of grief.</i>
<i>Umm.. so that has been kind of hard for me because you know we had all these plans and it is not going to happen obviously.</i>	Eve (E)	<i>Difficulty anticipating the future without the deceased.</i>
<i>And I don't know.... she I remember the day.... before she I don't know it was two days before she died and she was in class and I thought she was acting funny I talked to my friend. I was like she is really weird today like she was getting really hot and she was like she was just acting funny and then two days later we found out she died and it was like what was going on, like could they have caught something before. Yeah so I don't know it was just a weird observation.</i>	Gina (G)	<i>Death of classmate reminds participant about sudden death of faculty member. Failure to acknowledge and intervene following observation.</i>
<i>"It leaves me speechless. I umm.....was in such shock. I called my mom and I was just in tears."</i>	Eve (E)	<i>Feelings of shock and disbelief associated with death expressed by participant.</i>
<i>"It was hard Andrew's nursing jacket was there and stuff like that made it really real."</i>	Holly (H)	<i>Tangible objects force reality.</i>
<i>"I went to like all the services and everything and at first I felt like kind of weird because I didn't know him that well. And I felt like I shouldn't be there and at the same time I felt like I did know him. And all my friends were hurting a lot so I went with them and that was probably like really hard."</i>	Fiona (F)	<i>Classmates not as close to deceased still feel a sense of loss and mourning. Internal struggle with feelings of guilt, questioning the right to grieve.</i>

<p><i>“But I think that was like I didn’t realize that someone else’s death would effect me that much. I mean they always say it but yes so that was really hard. Then I felt bad because I was like...I felt like almost bad but I was like bawling so much yeah (chuckle).”</i></p>	<p>Fiona (F)</p>	<p><i>Self reflection of the value and need to make time for significant people in your life.</i></p>
<p><i>“I just wasted all this time that I could have been spending with this person...so it’s like always hard to get over that.”</i></p>	<p>Isabel (I)</p>	<p><i>Grief and bereavement very difficult. Death of peer triggers feeling of grief of past loss.</i></p>
<p><i>“I remember the day that we found out it was just like surreal no it can’t be Mark because you knew he had so much potential.”</i></p>	<p>Anna (A)</p>	<p><i>Feelings of shock and disbelief associated with death expressed by participant. Exact day and time receives news of death leaves imprints.</i></p>
<p><i>“It was just like some people say it’s like an out of body experience, you’re in the moment but your mind is like frozen in time.”</i></p>	<p>Anna (A)</p>	<p><i>Feelings of numbness as the participant attempts to comprehend the reality of the situation.</i></p>
<p><i>“I thought like it got much worse when we realized like all the like important nursing staff and administrative staff in the school of nursing all came in like together like it was funeral procession.”</i></p>	<p>Anna (A)</p>	<p><i>Acknowledgment by administrative staff that death occurred, confirmed the reality of the event, enhancing emotional pain.</i></p>
<p><i>“During our clinical there were some students that didn’t really talk to him and weren’t as close so for them the experience was much more different it was more of like a shock and there were times when me and my other friend were just kind of like zoned out a little bit and just think about it.”</i></p>	<p>Anna (A)</p>	<p><i>Feelings of numbness as the participant attempts to comprehend the reality of the situation.</i></p>
<p><i>“I remember thinking there is so much potential and you knew that he was going to do something with it and he was the perfect combination of nursing and business.”</i></p>	<p>Anna (A)</p>	<p><i>Reminiscing about the deceased and realizing the void in life as a result of his death.</i></p>
<p><i>“And like all these important people came in in their suits and they just like told us that Mark died.”</i></p>	<p>Beth (B)</p>	<p><i>Death confirmed by administrators.</i></p>

<p><i>“I sent Mark a text or not Mark, Mark’s phone a text saying something like I know you don’t need it anymore but I’m going to save you a seat for the rest of the year by the computer.”</i></p>	<p>Beth (B)</p>	<p><i>Using technology to maintain a connection with the deceased.</i></p>
<p><i>“We would just like meet in these study groups and we would like be sending emails and our inboxes would tell us like do you want to also send this email to Mark. The emails would automatically say that. And we would get together and we would be like yes we do want to send that but we can’t.”</i></p>	<p>Beth (B)</p>	<p><i>Automaticity with technology enhances sense of loss.</i></p>
<p><i>“So I really felt at a loss of feeling initially I would say for the first weeks.”</i></p>	<p>Carol (C)</p>	<p><i>Numbness associated with the news of the death.</i></p>
<p><i>“And I think the most helpful thing in that time period was being with other people who kind of felt the same loss and it was it was a loss of a friend but also just feeling lost in general.”</i></p>	<p>Carol (C)</p>	<p><i>Being around other peers who were experiencing the same loss was a source of comfort, even though feelings of being lost/numb continue</i></p>
<p><i>“When you’re at an academic institution like here everyone is questioning everything and there is never a right answer.”</i></p>	<p>Carol (C)</p>	<p><i>Awareness of developmental stage, questioning life.</i></p>
<p><i>“Well I think it takes a while to register.... so initially it was just there’s just so much sorrow and grief and it wasn’t that he wasn’t there it was just kind of wrapping your mind around what happened and from my personal experiences no one in my family has ever passed away.”</i></p>	<p>Carol (C)</p>	<p><i>Struggling with the reality of death in the absence of life experiences.</i></p>
<p><i>“In spring semester my senior leadership clinical is in the ICU and so after everything that happened in the Fall and now having had the critical care experience as well (pause) it’s been emotional. Because of the Fall experience.”</i></p>	<p>Carol (C)</p>	<p><i>Personal experience with death enhances understanding of grief as a person and as a nurse.</i></p>

<p><i>“We couldn’t we really couldn’t believe it even though we already knew John had cancer and he was going through Chemo and all that.”</i></p>	<p>Dorothy (D)</p>	<p><i>Even though had illness, perceived by participant as sudden death, creating feelings of shock and disbelief.</i></p>
<p><i>“Of course we all we were all very like we couldn’t believe it at first.. it was so fast like John went down really fast.”</i></p>	<p>Dorothy (D)</p>	<p><i>Even though students were aware of the diagnosis, perceived as sudden death</i></p>
<p><i>“Individually I haven’t really gone through a lot of deaths. Like my grandma is still alive and everybody that is really close to me is still alive.”</i></p>	<p>Dorothy (D)</p>	<p><i>Young adult never anticipating the death of a peer.</i></p>
<p><i>“And I looked up and there used to be this sign that Rachael and I had hung up in our new apartment. It said when nurses call the shots and I looked up and it was not there anymore and that is when I literally lost it.”</i></p>	<p>Eve (E)</p>	<p><i>Tangible objects trigger grief and reality.</i></p>
<p><i>“Andrew’s not gonna graduate with us and I just kept thinking like what his parents must be feeling (pause) cuz I couldn’t imagine what my mom would have felt if I wasn’t there (pause) but yeah that’s what kind of made it real to me.”</i></p>	<p>Gina (G)</p>	<p><i>Thinking about graduation and the absence of the deceased in everyone’s life made it more real.</i></p>
<p><i>“I never thought I’d have to go through something like this.”</i></p>	<p>Gina (G)</p>	<p><i>Young adult never anticipating the death of a peer.</i></p>
<p><i>“It was just everyone wanted to know how and when and you know when someone dies I don’t know it’s just so you can’t believe it for a while you know what I mean it was just what, no.”</i></p>	<p>Fiona (F)</p>	<p><i>Feelings of shock and disbelief associated with death expressed by participant.</i></p>
<p><i>“It was really sad, it didn’t seem real.”</i></p>	<p>Holly (H)</p>	<p><i>Sadness and disbelief associated with the news of the death</i></p>
<p><i>“It was hard Andrew’s nursing jacket was there and stuff like that made it really real.”</i></p>	<p>Holly (H)</p>	<p><i>Tangible objects force reality.</i></p>
<p><i>“It’s like as if you’re coming back from any break where you don’t see anybody. So like it didn’t sink in necessarily that</i></p>	<p>Isabel (I)</p>	<p><i>Removed from setting allows for continuation of normal activities, providing an element of protection of</i></p>

<i>like Rachael was actually gone because we wouldn't have seen her on a daily basis at home or like talk to her everyday."</i>		<i>the reality of the death</i>
<i>"I think any death kind of affects your nursing (pause) if I would see someone young like I'm not in Peds or anything but I know that's hard thinking someone dies so young."</i>	Holly (H)	<i>Awareness of the reality of death at any age.</i>
<i>"And she said oh my gosh I'm so sorry I saw on Facebook, I think she said, that Andrew passed away (pause) I don't know if it's true or not true."</i>	Holly (H)	<i>Instant means of communication through technology and social media provides an element of uncertainty</i>
<i>"So it was just like it felt like something great was taken from the world."</i>	Anna (A)	<i>Informing researcher about the potential of the deceased and now deceased has disappeared.</i>
<i>"We had been studying with Mark for a few years now so it was just like feeling that void it was very strange and like having our Google doc and like he wasn't on there anymore and just having him scan in his pages on Google doc, not there anymore (pause)."</i>	Anna (A)	<i>Void evident by not seeing postings by deceased in classroom activities.</i>
<i>"I feel like no one was really able to focus umm after that just because Mark's presence was just so it was so big you could not ignore Mark not only big in terms of size but just in terms of Mark it was just really noticeable that he wasn't there so being in the same class and like knowing where he would sit in class and he was not there (pause) it was a little hard."</i>	Anna (A)	<i>Evident of void in classroom, realization of the empty seat creating limited concentration.</i>
<i>"We went from 5 to 4. And not because one person dropped out its because one person died."</i>	Beth (B)	<i>Evident of void in clinical activities.</i>
<i>"And so everyday I would expect this text from Mark and then all of a sudden I wasn't getting those texts from him anymore."</i>	Beth (B)	<i>Technology enhances communication. Lack of instant communication enhances sense of loss.</i>

<p><i>“Umm and and then umm John left us junior (pause) junior year uhh (pause) spring semester junior year that’s when he left us.”</i></p>	<p>Dorothy (D) <i>Evident of void in classroom activities.</i></p>
<p><i>“We were always thinking oh John would ask this question right now but yeah we definitely missed him in class. Yeah definitely.”</i></p>	<p>Dorothy (D) <i>Evident of void in classroom activities.</i></p>
<p><i>“To me it was like no one really noticed that Rachael was not there (pause) obviously they did (pause) but my mind I was only focused on Rachael not being there the first day of class and I was not paying attention the first day of class.”</i></p>	<p>Eve (E) <i>Acknowledgement of the death is important. Evident of void in classroom, realization of the empty seat creating limited concentration.</i></p>
<p><i>“They told us and they didn’t just hide behind the fact that everybody already knows and just pretend this did not happen.”</i></p>	<p>Anna (A) <i>Acknowledgement of death event by university is important to students.</i></p>
<p><i>“Because if we try to get in for an appointment ourselves it could take 3 months umm and that’s not necessarily good.”</i></p>	<p>Beth (B) <i>Acknowledgement of the need and availability of counseling services.</i></p>
<p><i>“We were supposed to have an assignment due Monday at 9:00 so the test I emailed and I’m sure a ton of people emailed asking for an extension and that professor emailed us immediately and said I don’t know when I’m rescheduling it for but I’m gonna reschedule it don’t worry about coming in.”</i></p>	<p>Beth (B) <i>Extension from faculty for assignments due following the death event is helpful to students.</i></p>
<p><i>“I know for Mark’s clinical group, I know I think that they had the option of not coming that day after he had passed away.”</i></p>	<p>Anna (A) <i>Letting the researcher know that not all students were given the option of not attending clinical.</i></p>

<p><i>“I was really glad they offered us all the services, the counseling services and letting us know constantly if we need to take some time off. You need to email professors and just let them know.”</i></p>	<p>Anna (A)</p>	<p><i>Aware and appreciative of support services and understanding offered by the university and department after the death event.</i></p>
<p><i>“I was also really glad that they did like a little memorial service for Mark as well and that they opened it up to us. Umm and that they also had his family present.”</i></p>	<p>Anna (A)</p>	<p><i>Memorial services provide a forum to honor the deceased (Instrumental Grief).</i></p>
<p><i>“I think it would have been much more helpful if someone would have initially checked before they posted up the sign up list, like just take out Mark’s name before sending out an email (pause) even ccing specific people take out his name.”</i></p>	<p>Anna (A)</p>	<p><i>Anger expressed at faculty/university for lack of processes to ensure name of deceased is removed from email / assignment lists.</i></p>
<p><i>“For our main nursing class...I emailed the professor right away and said that I was one of his close friends and there is no way I can do this. Like it’ll be a really bad assignment if I turn it in tomorrow and at like 8:00 at night I still hadn’t gotten an email back from them and I cc’ed all 3 professors.”</i></p>	<p>Beth (B)</p>	<p><i>Students perceive lack of communication regarding assignments as insensitive to their grief.</i></p>
<p><i>“Actually I don’t think we even talked about it.”</i></p>	<p>Dorothy (D)</p>	<p><i>Did not formally discuss student death in academia</i></p>
<p><i>“I don’t think we even talked about it. Oh we went to class one day they were like oh I’m sorry. That’s about it (pause) then we moved on.”</i></p>	<p>Dorothy (D)</p>	<p><i>Reflecting on the academic setting, minimal acknowledgement in class with the focus on continuing with coursework.</i></p>
<p><i>“And just a simple hey are you ok, how are you, how are you feeling. Just a follow-up kind of thing. Can help a lot of people.”</i></p>	<p>Dorothy (D)</p>	<p><i>Simple gestures of compassion by faculty are perceived as most helpful.</i></p>
<p><i>“But there weren’t really any services offered.”</i></p>	<p>Dorothy (D)</p>	<p><i>Did not formally offer student services regarding death</i></p>

<p><i>“The only thing that I was kind of disappointed in was like faculty that I knew like who had Andrew in class that didn’t attend things.”</i></p>	<p>Holly (H)</p>	<p><i>Important for students to see faculty presence at events honoring deceased.</i></p>
<p><i>“Like it’s not everybody, it’s just like some faculty have blinders up to the fact that we are second semester seniors and we have lost a student.”</i></p>	<p>Isabel (I)</p>	<p><i>Students desire faculty acknowledgement and perceived understanding about their grief.</i></p>
<p><i>“Yeah so it hasn’t seemed to affect grades too too much...they were really understanding for so long and they still are I mean but they kind of gave us like a break for a little bit and then you know.”</i></p>	<p>Fiona (F)</p>	<p><i>Faculty understanding and time to complete academic course work provided support for students.</i></p>
<p><i>“They were scared to acknowledge it because they didn’t want to get anyone upset.”</i></p>	<p>Isabel (I)</p>	<p><i>Participant’s perception is that some faculty do not want to upset students by talking about it.</i></p>
<p><i>“And I remember just like thinking like there’s so much potential and you knew that Mark was going to do something with it and he was like the perfect combination of nursing and business.”</i></p>	<p>Anna (A)</p>	<p><i>Therapeutic for participant to teach researcher about the person.</i></p>
<p><i>“We lit a candle for Mark in our room.”</i></p>	<p>Anna (A)</p>	<p><i>Therapeutic for participant to talk with family about the deceased.</i></p>
<p><i>“We would like binge on the chips Mark used to eat in our study group.”</i></p>	<p>Beth (B)</p>	<p><i>Acknowledging the deceased through rituals</i></p>
<p><i>“I think the only thing right now is a lot of us are wondering if they are going to do anything during our graduation umm if they’re going to say his name or if there’s going to be like a special tribute or moment of silence umm because we’re not sure of the program or what’s going to happen.”</i></p>	<p>Anna (A)</p>	<p><i>Therapeutic for participant to participate in study as a means to honor deceased.</i></p>
<p><i>“It’s not what he would want. He wouldn’t want the four of us to fail out of nursing school.”</i></p>	<p>Beth (B)</p>	<p><i>Desire to proceed with academics as a means to honor deceased.</i></p>

<p><i>“I was like hey I really think it’s important that we have a memorial. It wasn’t originally going to be a memorial it was going to be just like a session to help students. And I was like we really need a memorial.”</i></p>	<p>Beth (B)</p>	<p><i>Instrumental activities such as memorial services are important for survivors.</i></p>
<p><i>“I do think the guilt it kind of comes back now a lot also now that graduation is coming.”</i></p>	<p>Carol (C)</p>	<p><i>Anticipating future events without deceased brings up emotions of sadness and guilt.</i></p>
<p><i>“You kind of have to laugh with someone who understands or had shared the same experiences and then on top of that the fact that we had just something so far removed from nursing to also like manage and to talk about was absolutely insane.”</i></p>	<p>Carol (C)</p>	<p><i>Reflecting on the unique relationship she had with the deceased.</i></p>
<p><i>“I do think like on Facebook just messaging them something even though they’re not even alive anymore, I think it did help a lot.”</i></p>	<p>Dorothy (D)</p>	<p><i>Using social media as a means to connect with the deceased, perceived as helpful.</i></p>
<p><i>“I definitely try to sit back and listen to them like talk about when they were younger or like because that’s what John would say.”</i></p>	<p>Dorothy (D)</p>	<p><i>Carrying forward the lessons learned from the deceased, listening to patients stories.</i></p>
<p><i>“Umm (pause) well John was the oldest and I’m the youngest in the nursing program umm (pause) in our class so he would always like I said John was a straight A student always prepared and I’m the unprepared one.”</i></p>	<p>Dorothy (D)</p>	<p><i>Informing researcher about the deceased.</i></p>
<p><i>“I know now that they bought John a nursing pin and we’re going to give it to John well we are going to give it to John’s wife for graduation so we always keep John in mind we always write on his facebook wall.”</i></p>	<p>Dorothy (D)</p>	<p><i>Instrumental activities such as providing pin to family is important for participants in addition to maintaining connection via facebook.</i></p>

<p><i>“Rachael should be in clinical with me right now and I think about Rachael, she would think this is funny or something...umm...but because I just know the situation is what it is, I am trying to be I guess be the nurse that I always wanted to be. Also adding Rachael’s special qualities too and she is like a little nurse on my shoulder helping out. So I am trying to not let it impact me negatively especially in clinical, because these people’s lives are in my hands. And if there was a chance for Rachael umm.. obviously, I would want those nurses to try everything and do everything that they can. And that is my well that should be what every nurse should be doing... going that extra mile being like the nurses who helped save Rachael’s boyfriend.”</i></p>	Eve (E)	<p><i>Continuing bonds with deceased in nurse work.</i></p>
<p><i>“I had this last picture of Rachael in my mind and I actually face timed with Rachael and her boyfriend about a half hour before the car accident.”</i></p>	Eve (E)	<p><i>Last time seen deceased leaves an imprint. Technology provides easy access.</i></p>
<p><i>“Rachael is whispering things or making sure I am studying the right stuff (pause) but my grades have been ok.”</i></p>	Eve (E)	<p>Sense that the deceased is still with us, helping participant.</p>
<p><i>“You know it was the most perfect good bye hug.”</i></p>	Eve (E)	<p>Remembering last touch, leaving lasting imprint.</p>
<p><i>“We are raising money for; I don’t know if you’ve heard, for a scholarship.”</i></p>	Fiona (F)	<p><i>Acknowledging the deceased through fund raising activities for scholarship in name</i></p>
<p><i>“Mark was very open to like as I mentioned before Mark was big on like research oh like research so I saw this and said Oh my gosh Mark would totally want us to do this study (pause) this is Mark sending us another homework assignment.”</i></p>	Anna (A)	<p><i>Students seek opportunities to honor the deceased, viewing this research as a message from the deceased.</i></p>

<p><i>“We have bracelets that say keep calm and love nurses which is one of Rachael’s favorite sayings.”</i></p>	<p>Isabel (I)</p>	<p><i>Connecting with deceased (keeping them alive) through ritualistic activities</i></p>
<p><i>“We have a pinning ceremony and the chairperson didn’t want umm it to be this whole memorial ceremony. I understand but then at the same time it’s like you can’t not acknowledge this, somebody that was part of our class.”</i></p>	<p>Isabel (I)</p>	<p><i>Conflicting emotions between students and administrators/faculty about recognizing deceased at graduation ceremony.</i></p>
<p><i>“We needed another group member for our study group and Mark wanted to join and we were like sure awesome we need another person and you’re a cool guy so like I think that’s what kind of started off our like study group and then we all became closer after that.”</i></p>	<p>Anna (A)</p>	<p><i>There is an establishment of a unique bond with study groups.</i></p>
<p><i>“I think at least having her around made it much easier especially since my other roommates didn’t understand what was going on, they were not nursing students.”</i></p>	<p>Anna (A)</p>	<p><i>Bond of comfort with peers who are nursing students.</i></p>
<p><i>“There’s these students who have been together since freshman year or sophomore year all the time texting about random things and staying up until three in the morning studying for every test we have taken we studied together.”</i></p>	<p>Beth (B)</p>	<p><i>Friendships and unique bonds form throughout the college experience.</i></p>
<p><i>“I think that having at least one other person who is kind of in the same boat is really helpful.”</i></p>	<p>Anna (A)</p>	<p><i>Bond of comfort with peers who are nursing students.</i></p>
<p><i>“There’s these student who don’t only spend these hours in clinical with him for three weeks. There’s these students who have been together since freshman year or sophomore year all the time texting about random things and staying up until three in the morning studying for every test we have taken we studied together.”</i></p>	<p>Beth (B)</p>	<p><i>There is an establishment of a unique bond with study groups.</i></p>

<p><i>“Just realizing like that were really close to especially those of us who were friends but even those who are just classmates we’re really close we stay up until three in the morning we text about random weird things that professors probably think are really strange. We know Mark’s favorite potato chips.”</i></p>	Beth (B)	<p><i>Participant seeks faculty recognition of the unique bonds which form throughout the college experience.</i></p>
<p><i>“I felt like that the news should come from someone that we would know so like for me to get news from other staff members it was really comforting as opposed to hearing it from the university or Facebook or something umm (pause).”</i></p>	Carol (C)	<p><i>Comfort in hearing the news from a peer.</i></p>
<p><i>“When this happened it was the week before Thanksgiving so we were home for Thanksgiving it was umm (pause) we would call each other because (pause).”</i></p>	Carol (C)	<p><i>Need to connect with peers for comfort during Thanksgiving break</i></p>
<p><i>“I have a very good study group which were still friends....we have very good coping...when it comes too coping we have been through a lot together our group.”</i></p>	Dorothy (D)	<p><i>Study groups provide a source of support not only with academics but with psychosocial issues.</i></p>
<p><i>“I think it was clinicals or conference we all went to John’s funeral, John’s funeral, well Wake we went to John’s Wake and umm as group we all went.”</i></p>	Dorothy (D)	<p><i>Supporting each other and acknowledging their peer at the funeral services.</i></p>
<p><i>“We usually spend a lot of time in school. We have like a little study group John would join it sometimes and Umm....I would see John throughout the day because John would stay here and study.”</i></p>	Dorothy (D)	<p><i>Study groups provide a source of support not only with academics but with psychosocial issues.</i></p>
<p><i>“I mean friends as much as they were leaning on me too much having them there still helped knowing that they were still there and that specifically friends from nursing. Other friends didn’t understand.”</i></p>	Beth (B)	<p><i>Support from peers who were also nursing students beneficial.</i></p>

<p><i>“I just I needed to be around these people who you know understand, I mean not that my parents don’t understand but it was just I needed. I needed to stay here.”</i></p>	<p>Eve (E)</p>	<p><i>Peers are a source of strength and support.</i></p>
<p><i>“All of the Professors called us the three Musketeers and umm so we had literally every single class together... so we spent a lot of time just you know in the classroom but also just hanging out helping each other...”</i></p>	<p>Eve (E)</p>	<p><i>Friendships and unique bonds form throughout the college experience.</i></p>
<p><i>“But the one roommate this semester that goes here has been really busy with her own life (not a nursing major) so hasn’t really necessarily been a good support...”</i></p>	<p>Isabel (I)</p>	<p><i>Lack of support from other peers who are not nursing majors.</i></p>
<p><i>“We just became you know nursing students are with each other 24/7.”</i></p>	<p>Holly (H)</p>	<p><i>There is a prolonged engagement with classmates studying nursing.</i></p>
<p><i>“Like you’re not going to survive (chuckle) and Andrew like no you’re not going to survive without me like so we justwe studied together all of us and Andrew’s a good guy.”</i></p>	<p>Holly (H)</p>	<p><i>There is an establishment of a unique bond with study groups.</i></p>
<p><i>“I mentioned before Mark was big on like research oh like research so I saw this and said Oh my gosh Mark would totally want us to do this study (pause) this is Mark sending us another homework assignment.”</i></p>	<p>Anna (A)</p>	<p><i>Therapeutic for participant to participate in study as a means to honor deceased.</i></p>
<p><i>“I think they understood that like nursing is one of those majors that like you grow so close in those four years and like everyone by the time you’re a senior everyone knows everyone. Everyone like knows each other so well that it is like losing someone in your family.”</i></p>	<p>Isabel (I)</p>	<p><i>Friendships and unique bonds form throughout the college experience.</i></p>

<p><i>“It was like Rachael’s loss has been hard on everybody but it also has united us all together even stronger in our bond as a class.”</i></p>	<p>Isabel (I)</p>	<p><i>Finding meaning in the death, class united in grief.</i></p>
<p><i>“Sunday night is when I had opened them because we weren’t at school yet. We weren’t altogether.”</i></p>	<p>Fiona (F)</p>	<p><i>Learning of the news of the death via email without the support of classmates was difficult.</i></p>
<p><i>“Like she seems more separate from anyone in class and.... I don’t know I just think it probably is really hard for her and I don’t know how she is coping.”</i></p>	<p>Gina (G)</p>	<p><i>Worried about person in class who appears isolated since death of classmate.</i></p>
<p><i>“I think people closer to him were definitely um... really affected right away umm (pause) I don’t know I just saw like just the hurt that they must be feeling.”</i></p>	<p>Gina (G)</p>	<p><i>Participant correlates the intensity of the grief reaction with the relationship to the deceased, closer relationship more intense reaction.</i></p>
<p><i>“I got a lot of support from my mom, she told me you have to be strong for the other people and because of my religion as well.”</i></p>	<p>Anna (A)</p>	<p><i>Mother was perceived as a source of support in addition to religious beliefs.</i></p>
<p><i>“I could cope a little better just because I did know that Mark was doing well and I would have to be strong for other people who were like grieving so I think that’s a way I learned to cope with it in a better way than a lot of other people.”</i></p>	<p>Anna (A)</p>	<p><i>Religious beliefs provided strength and comfort.</i></p>
<p><i>“My instructor did try to ask us about it like how do you feel about what happened and I felt that bringing up that question especially like since I was trying to like just close it down a little just trying to zone out kind of made it worse cuz it made me think about it again umm but at the same time I guess it was helpful because I guess we were able to talk about it.”</i></p>	<p>Anna (A)</p>	<p><i>Reluctant to discuss death with faculty but as participant reflected on experience found that talking about it was helpful.</i></p>

<p><i>“We had our Thanksgiving break as well so some people were able to go home and like have their family at least to support them and recuperate a little bit and the semester was ending anyway so we really didn’t need to be in class that much which was great umm we probably saw each other after he passed away a total of three or four times.”</i></p>	<p>Anna (A)</p>	<p><i>Time away from the academic setting provides an opportunity for support from family. Using avoidance of clinical and classroom activities as a coping mechanism.</i></p>
<p><i>“I grew a little closer to my religion which I guess was good.”</i></p>	<p>Anna (A)</p>	<p><i>Bond of comfort, the deceased had the same religious beliefs</i></p>
<p><i>“I have never been to CAPS (counseling)..I didn’t even know what I was doing there, I never went back. That’s the only time I went and they were like oh if Beth is going like it means we need to stop leaning on her as much as we are.”</i></p>	<p>Beth (B)</p>	<p><i>Reluctant to pursue counseling, however actions communicated the need for support from peer group.</i></p>
<p><i>“Some of the things we did were helpful. Like around Mark’s birthday we just had this thing where we got together and made cards and there was just like pizza and everyone kind of got together and talked about things and people wrote cards that was helpful.”</i></p>	<p>Beth (B)</p>	<p><i>Instrumental activities such as card writing provide a source of support and connection with the family.</i></p>
<p><i>“There was one that his church did that wasn’t really helpful (pause)...I mean for me that wasn’t really helpful cuz it was just a lot of prayers in a religion that I’m not of so it was a lot of stuff that I don’t understand .”</i></p>	<p>Beth (B)</p>	<p><i>Attendance at services of a different faith not perceived as helpful.</i></p>
<p><i>“I felt like this story is something I don’t tell too many people and so when I saw your research it was more I think it would be a good way to kind of get that out there.”</i></p>	<p>Carol (C)</p>	<p><i>Talking about death is beneficial. Participation in research perceived as helpful to others.</i></p>

<p><i>“I became the one for the next two weeks that everyone was leaning on until they realized that they could only lean on me so much because I was going through it just as much as they were.”</i></p>	<p>Beth (B)</p>	<p><i>Leader in study group emerged as the support system for others, however leader and peers recognized leader’s need for support.</i></p>
<p><i>“My family did not help at all.”</i></p>	<p>Beth (B)</p>	<p><i>Participant perceives parents as not supportive.</i></p>
<p><i>“The one thing I’m I guess this kind of took a lot of my faith, just like completely like cut it.”</i></p>	<p>Beth (B)</p>	<p><i>Death shattered belief in religion.</i></p>
<p><i>“Umm and I guess I have a very strong Christian background faith and family so that kind of that kind of helped me just listening to Christian music just relaxing and you know letting it go knowing that God’s in control.”</i></p>	<p>Dorothy (D)</p>	<p><i>Religious beliefs provided strength and comfort.</i></p>
<p><i>“My mom has like giving me that um that shoulder to lean on and cry on.”</i></p>	<p>Dorothy (D)</p>	<p><i>Mother a source of support.</i></p>
<p><i>“Our clinical instructor, I think she was a critical care nurse and I think she probably deals with grief a lot better than we did but I remember when it happened you know we all emailed her and she emailed us back and we never saw each other face to face but she was always like if there’s anything I can do let me know and I think it’s in the nursing nature to like try to help other people, laugh (pause) and I guess that was my biggest (pause) helpful thing.”</i></p>	<p>Carol (C)</p>	<p><i>Caring presence by faculty who also are nurses is important for students.</i></p>
<p><i>“Umm and I guess I have a very strong Christian background faith and family so that kind of that kind of helped me just listening to Christian music just relaxing and you know letting it go knowing that God’s in control I think that kind of helped me.”</i></p>	<p>Dorothy (D)</p>	<p><i>Religious beliefs provided strength and comfort</i></p>

<i>"I have been going to counseling which has helped me a lot."</i>	Eve (E)	<i>Counseling services perceived as beneficial to this student.</i>
<i>"I got a call from the secretary in the office who actually, she's kind of like my mom down here. She really always took care of me, ... and Rachael."</i>	Eve (E)	<i>Mother figure on campus became a source of support and comfort.</i>
<i>"And I think that like the support from friends and the nursing department was the biggest thing."</i>	Fiona (F)	<i>Support from friends and nursing department was very helpful.</i>
<i>"We watched like the whole season I mean it was like as much as no one wanted to be on that bus because of what we were going to have to face."</i>	Isabel (I)	<i>Avoiding the emotions and pain of what they were going to face through distraction.</i>
<i>"I actually like I was planning on going to a counseling session but it never worked out."</i>	Isabel (I)	<i>Acknowledgement of the availability of counseling services, however not used.</i>
<i>"We have this big study group so we all like keep each other kind of on track you know so we are doing ok."</i>	Fiona (F)	<i>Study groups provide a source of support with academics.</i>
<i>"The rest of us tried to continue clinical as usual after that."</i>	Anna (A)	<i>Despite grief, desire to proceed with academics.</i>
<i>"The first like month we didn't even want to meet but it's like we have too. We're not going to disintegrate our group and fail out of nursing school."</i>	Beth (B)	<i>Despite grief, desire to proceed with academics.</i>
<i>"Like my study group, we were literally sitting there in tears like binging on his favorite chips and on french fries (laugh)...it was really like trying so hard to do this assignment and I'm sitting there writing about abortion like not even knowing what I'm writing about abortion and they're just not getting back to us and we just thought it was gonna be due that day."</i>	Beth (B)	<i>Despite grief and despair, need to proceed with academics.</i>

<p><i>“I just remember a group of us saying I just want to dwell here for a couple like just a bit longer like ...don’t want to move on just yet and it felt like there’s definitely always that push to move on.”</i></p>	<p>Carol (C)</p>	<p><i>Wanting to just linger and have time to grieve but feeling the academic need to continue with coursework.</i></p>
<p><i>“The beginning of the semester was really difficult but you know you start picking up momentum and it’s not everyday that I’ll think about this now which is sad in its own regard but I’ve come to accept that that’s just part of life.”</i></p>	<p>Carol (C)</p>	<p><i>Moving forward with academics, despite bereavement.</i></p>
<p><i>“I guess since we’re in school everybody like focused on their owns selves and passing class.”</i></p>	<p>Dorothy (D)</p>	<p><i>Moving forward with academics, despite bereavement.</i></p>
<p><i>“Yes...Dr., our director, she did give...and I the option to take incompletes but I knew I was not going to study over the break.”</i></p>	<p>Eve (E)</p>	<p><i>Needed to complete studies even though had an option for incomplete.</i></p>
<p><i>“So that was hard but I think we just had to make it happen like not let our studies fail.”</i></p>	<p>Holly (H)</p>	<p><i>Despite grief, desire to proceed with academics.</i></p>
<p><i>“I think it definitely it made us all feel in nursing that someone has just like disappeared in life and doesn’t have this opportunity that we do now.”</i></p>	<p>Fiona (F)</p>	<p><i>Survivors have an opportunity to complete their education.</i></p>
<p><i>“They are just like it’s because they have senioritis and they just don’t want to do it.”</i></p>	<p>Isabel (I)</p>	<p><i>Students are wanting time and understanding from faculty and faculty want students to move on with academics.</i></p>
<p><i>“Our loss happened to be during finals week but what if it was like mid-semester.”</i></p>	<p>Isabel (I)</p>	<p><i>Student sensitive to the academic calendar and need to continue with academics.</i></p>
<p><i>“Like they didn’t sympathize that we were still grieving (pause) it was almost like let’s just move on.”</i></p>	<p>Isabel (I)</p>	<p><i>Participant perceives faculty as unsympathetic. Faculty focus on moving forward with academics.</i></p>

<p><i>“And then as a nurse just thinking of all things we knew that they were probably doing like you know CPR, compression and like flat line and just envisioning all of that is what just made it worse...I guess you are from business you do not think about that as much”</i></p>	<p>Anna (A)</p>	<p><i>Because of participant’s clinical knowledge, envisioning what it was like for deceased to experience physiological death.</i></p>
<p><i>“Little worse for the nursing students cuz we knew like the process of what was going on and then envisioning Mark going through it.”</i></p>	<p>Anna (A)</p>	<p><i>Because of participant’s clinical knowledge, envisioning what it was like for deceased to experience physiological death.</i></p>
<p><i>“If I have a younger patient who reminds me of Mark just like maybe a patient who is 20 (pause) it’s gonna bring back those memories a little bit.”</i></p>	<p>Anna (A)</p>	<p><i>Anticipate the pain of grief if cares for a patient that reminds participant of the deceased.</i></p>
<p><i>“I’m like sudden death is probably the most common death in people our age. And I was like it’s probably something I should go do now that I’ve seen that it really can happen.”</i></p>	<p>Beth (B)</p>	<p><i>Acknowledging the reality of the death and thinking about the need for an advanced directive.</i></p>
<p><i>“I feel like when you’re in the moment all you’re focused on is getting them better but when you snap out of it you think of all the people that were affected by it.”</i></p>	<p>Anna (A)</p>	<p><i>Personal death experience enhanced understanding of the grief experience as a nurse.</i></p>
<p><i>“So providing the silences offering them services just standing there holding their hand if they need just being much more aware of that and then just thinking a lot more of the family.”</i></p>	<p>Anna (A)</p>	<p><i>Personal death experience enhanced understanding of the grief experience as a nurse.</i></p>
<p><i>“I think in the end what helped me was helping other people and I think maybe it’s something that comes with nursing.”</i></p>	<p>Carol (C)</p>	<p><i>Helping others was a source of comfort.</i></p>
<p><i>“I felt taking care of myself was taking care of others.”</i></p>	<p>Carol (C)</p>	<p><i>Care of self enables one to care for others.</i></p>

<p><i>“I think it makes the critical care experience more real and tangible because as a critical care nurse it’s easy to get involved in the pathophysiology and the technical side and taking that stuff back to realize there’s so many ties that as humans we make and especially ones with the family and seeing families in the unit (pause) umm it really added some color to my experience this semester that I probably wouldn’t have had.”</i></p>	<p>Carol (C)</p>	<p><i>Personal death experience enhanced understanding of the grief experience as a nurse.</i></p>
<p><i>“Granted I would never wish for the Fall to happen umm but it does I think add so much more understanding for me for this being my first really big big loss.”</i></p>	<p>Carol (C)</p>	<p><i>Personal experience with death enhances understanding of grief as a person and as a nurse.</i></p>
<p><i>“It was just you know dead people, their cold it was a weird feeling but this was just (pause) it was weird.”</i></p>	<p>Eve (E)</p>	<p><i>Participant continues to have a wired feeling about peer’s death with the clinical knowledge of physiological death</i></p>
<p><i>“So this is like my first time experiencing it and so I think if I was ever in the situation where there was a family member or like a patient that was dying, I would now be able to understand a little bit more the pain that they like are going through which I think is important.”</i></p>	<p>Isabel (I)</p>	<p><i>Personal death experience enhanced understanding of the grief experience as a nurse.</i></p>
<p><i>“But also I don’t know I think anytime there is like a tragedy it puts you kind of like in the patients role and you know how they feel and so that gives you more compassion when you’re taking care of a patient (pause) definitely.”</i></p>	<p>Fiona (F)</p>	<p><i>Personal death experience enhanced understanding of the grief experience as a nurse.</i></p>
<p><i>“I think any death kind of affects your nursing you know what I mean you know if I would see someone young like I’m not in Peds or anything but I know that’s hard thinking someone dies so young.”</i></p>	<p>Holly (H)</p>	<p><i>Personal death experience enhanced understanding of the grief experience as a nurse.</i></p>

“But I don’t know exactly what would have been the right thing to do and I think that’s part of the thing. I don’t think anyone knew the right thing to do was. Like nobody’s going to step up and do something when they don’t know what to do.”

Isabel (I)

Dualistic thinking on the “right way to grieve.”

Appendix M

Listing of Emergent Themes with Cluster Themes

Emergent Themes	Cluster Themes
Emotional Pain of Grief	<ul style="list-style-type: none"> Regret/Guilt Shock/Disbelief Anguish/ Sadness Numbness Anger Very hard Triggers Technology and Social Media
Struggling with the Reality of Death	<ul style="list-style-type: none"> Surreal Shock/Disbelief External Confirmation Personal Death Awareness Technology and Social Media
Void in life, “Empty Desk”	<ul style="list-style-type: none"> Reference to loss in numbers Not there anymore
University and Departmental Responsiveness	<ul style="list-style-type: none"> University processes Support Structures Acknowledgement (or lack of/ Disenfranchised Grief) Faculty response
Connecting with the Deceased	<ul style="list-style-type: none"> Honor deceased Connecting with the family Rituals Milestones (graduation /pinning ceremony) Technology and Social Media
Bond of Comfort and Unity	<ul style="list-style-type: none"> Peer in grief Study group Unique bonds (within nursing)

Coping and Support Structures

Family
Spirituality
Avoidance
Reluctance
Counseling
Faculty support

Need to Linger/Dwell Versus Moving on

Resilience
Struggling/Wrestling

Grief as a Nurse

Role of a Nurse
Holistic view of nursing
Clinical knowledge as a nursing student
Helplessness
Empathy
