

patients, will position them as worthy beneficiaries of support both during and after the death of the patient.

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### Relational Model of Nursing Students' Experiences of Death and Dying during their Clinical Training

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**Aims:** One of the experiences that nursing students report as having the greatest impact during their clinical training concerns the death of a patient. The way in which a student experiences death and dying may affect not only the end-of-life care that he or she is able to offer patients and their relatives, but also the nurse as a person in the future. It is therefore important to understand the factors that may influence and modulate the impact of such experiences so that they can be addressed during nurse training. The aim of this study was to explore the relationships between emergent themes identified in students' own accounts of their experiences of death and dying during clinical training.

**Methods:** *Design.* Interpretative phenomenological study. *Sample.* Twelve nursing students with a mean age of 23.5 years ( $\pm 5.2$ ). *Procedure.* Data were gathered by means of semi-structured interviews. The first stage involved recording, transcribing and analysing the interviews in order to identify the emergent themes, using ATLAS-ti 7 software. These transcripts were then analysed a second time, comparing the overall results and exploring the relationships between the different emergent themes.

**Results:** On the basis of the connections between the emergent themes a relational model was developed in order to explain the phenomenon. The central theme concerned the enormous impact that the first experiences of death and dying during clinical training had on the nursing students. The other emergent themes were related to ethical issues, the need for specific training in providing end-of-life care, coping and learning. In the model, these latter four themes appeared as a response, need or modulator in relation to the central theme.

**Conclusion:** The relational model described here could be a useful tool as it is based on the needs reported by nursing students themselves. As such, it could serve for the

design of nurse training programmes in relation to end-of-life care.

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### Maintaining and Regaining Psychological Wellbeing in Advanced Cancer: A Qualitative Longitudinal Study Exploring Patients' and Carers' Own Coping Strategies

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**Aims:** Despite a research and practice focus on the negative psychological consequences of cancer, people with advanced cancer and their carers can develop positive wellbeing. It is unclear how or when that happens, and what coping strategies are effective. This novel study explores the development and use of coping strategies by people with advanced cancer and their carers in maintaining or regaining psychological wellbeing.

**Study population:** Patients diagnosed with stage 3–4 breast, prostate, lung or colorectal cancer, and their nominated informal carers. Aged 18+, English speaking, resident in UK.

**Design and methods:** Qualitative, longitudinal interview design. Using quota sampling to promote heterogeneity of experience, 54 participants, patients (n=27) and carers (n=27) were recruited from tertiary cancer clinics and interviewed using an a priori topic guide which then developed iteratively. Most participants provided two interviews (n=86 interviews), scheduled 4–12 weeks apart to recognise illness trajectory or life events.

**Analysis:** Qualitative thematic coding of verbatim transcripts compared patients, carers, dyads and interview points to identify commonalities and differences between roles and over time.

**Results and interpretation:** A range of coping strategies were employed, some learned previously and some new or specific but all evolving adaptively and pragmatically over time. Comparing patients and carers highlighted some common strategies but also a response to different triggers produced by role demands. A longitudinal design provided a novel perspective and embedded a valuable