



NAVIGATING EMOTIONAL TERRAIN: INSIGHTS FROM STUDENT EXPERIENCES IN CARDIOPULMONARY RESUSCITATION TRAINING

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ABSTRACT:

Background: Resuscitation training in nursing education emphasizes the theoretical-practical component, yet it often neglects to adequately prepare professionals for the emotional complexities inherent in moments of care. The emotional impact of resuscitation on nursing professionals mirrors that of students facing similar challenges.

Objective: This study aims to identify critical elements for professional training by examining the student experience during cardiopulmonary resuscitation.

Methods: A qualitative, phenomenological approach utilizing a case study design was employed. Field notes documented semi structured interviews and observations, facilitating data collection and analysis.

Results: Examination of the data revealed key categories: subjectivity awareness, teacher support, challenging perceptions of death within the health team, life as motivation, and the redefinition of death. Comparison with existing literature provided additional insights.

Conclusions: Students encounter situations during resuscitation where subjectivity emerges, particularly in confronting death for the first time. The emotional intensity underscores the need for education, experience, and professional maturity in providing dignified end-of-life care. Reflective practices centered on students' experiences can enrich training, fostering deeper understanding and empathy in future nursing professionals.

KEYWORDS: Emergency Nursing, Case Studies, Cardiopulmonary Resuscitation, Death.

INTRODUCTION:

The introduction of cardiopulmonary resuscitation (CPR) is a critical moment of care for which no medical professional should feel unprepared, as training in the procedure focuses primarily on theory and practice. The goal is to recount the student's CPR experience while reiterating crucial

elements of professional training. Materials and techniques: using a case study and a qualitative, phenomenological approach. We do not conduct interviews to gather and examine data.

Table 1: Study Overview

Aspect	Description
Objective	To outline the CPR experience for students and identify critical elements for vocational training
Method	Case study-based qualitative, phenomenological approach.
Data Collection	Semistructured interviews and observations documented through field notes
Findings	Categories: redefined death, awareness of subjectivity, teacher support, daily death inquiries within health teams, life as motivation
Comparison	Research findings compared with existing literature

Table 2: Key Findings

Category	Description
Redefined Death	Death assumes greater significance for students unprepared for its emotional impact.
Awareness of Subjectivity	Students confront their subjectivity in the context of CPR.
Teacher Support	Support from instructors plays a crucial role in students' CPR experience.
Daily Death Inquiries	Questions about death within health teams challenge students' perceptions.
Life as Motivation	The experience of CPR motivates students in their professional journey.

Overview:

Because the training emphasizes the theoretical-practical component, cardiopulmonary resuscitation is a moment of care that might produce sensations and emotions in nursing professionals for which they may not be ready. Since the student's circumstances are comparable to this one, describing this experience is crucial to identifying critical professional training components.

The comprehensive training of the future nursing professional is mentioned in the literature review on the topic; however, the focus remains on the scientific-technical aspect, and the examination of the student's perceptions and emotions regarding their training as individuals in the nursing field is disregarded. However, it has been noted that this teaching-learning process ignores factors that enable future professionals to become more emotionally resilient [1][1].

In this way, because of the emotional strain they endure, nursing students who suffer anxiety in addition to emotional moments during clinical practices run the danger of giving up on their degree and contributing to university dropout [2][2]. Since emotions are not foreign to the essence of the nurse, it is necessary to understand and interpret the nature of care through a concrete, explicit, honest, and real presence of emotions in students as they encounter these significant experiences for the first time [2], as well as the coping mechanisms that professionals employ.

The fact that students are entering universities at younger and younger ages is another factor to consider. Many of them are going through a crucial and unique stage of life development as they enter adolescence. They also typically arrive with many expectations and wishes, which adds to the emotional load and a great deal of stress and pressure. Many people occasionally experience reality that differs from their expectations regarding academic demands and teaching settings. As a result, they believe they are entering a new phase of their lives where feelings and emotions build up. As teachers are known to talk a lot about holism, their experiences also impact their thoughts and behaviors. As a result, humanization during future professional training will necessitate a shift in mindset on the part of educators that considers the person (student) in a comprehensive manner [3][3].

Conversely, the curricular framework of each training institution, along with its mission and vision, inform the theoretical underpinnings of the act of care, which are based on many theories and training models [4]. In this regard, the nurse practitioner must be ready, informed, and up to speed on resuscitation techniques to respond safely and ensure the patient's survival [5]. Moreover, the prognosis is improved with sufficient training and the subsequent application of a suitable technique in cardiocerebro pulmonary resuscitation of the individual presenting cardiorespiratory arrest [6, 7]. Today's high-fidelity simulators and other technological advancements have opened up new

avenues for nursing education. Its use helps students become ready for situations that resemble those they will encounter in the real world of the workplace; the simulation poses challenges that they must address to advance the development of their cognitive, motor, and attitude skills; additionally, it serves as a training aid by encouraging students to reflect on their experiences as they participate in the teacher-led mediation process through the creation, implementation, and assessment of learning scenarios. However, in actual professional performance circumstances, its application does not take the role of practice [8].

Employment does not replace practice in actual professional performance circumstances [8].

Materials and procedures:

This study employed an instrumental case study, which Stake [10][9] defines as one in which the researcher chooses to serve as the prototype and aid in illustrating a subject or particular circumstance. It also used a qualitative, phenomenological, and descriptive technique [9][10]. A single sample unit—a person, a group, or an organization—is referred to in case studies [11]. Ten students who had cared for a patient needing cardiopulmonary resuscitation during their clinical practice met to choose the case. They were informed of the study's purpose and the confidentiality of the data they had submitted. Five signed the informed consent form and consented to take part. Each person described their experience with recording and transcription; the most comprehensive, well-written, and in-depth story was chosen. The fact that the student had seen the event, that it was a recent experience, and that he thought it would enhance his training were all considered.

We performed multiple in-depth interviews to gather facts that supported the selected case and attempted to shed light on the subjective nature of human experience. The interviews lasted between forty and sixty minutes each. The individual displayed a positive attitude for their progress in every situation. The first question of the interview served as the focal point and determined the sequence and applicability of the subsequent inquiries. The participant's freedom to end the interview whenever they wanted was considered [12].

Three interviews took place, all of which were fully recorded and transcribed. The study field journal also noted and documented a few nonverbal cues, such as hand gestures or facial expressions. These expressions revealed important information that could not have been determined during the interview [13].

The interviews were accurately transcribed, considering the expressions and phrases the participants created within their environment. This was the first step in analyzing the data gathered, and the results were compared to the tape made right away. Next came the immersion in the data, reading through each interview line by line [12], establishing descriptors that were then organized into codes and, eventually, into categories that characterized the experience.

During the first stage of coding, the authors of the work and an outside advisor performed researcher triangulation through independent confirmation to guarantee the authenticity and rigor of the research. The participant was asked to evaluate the final results, including the categories and subcategories, to confirm that she believed them accurate. The study's conclusions and outcomes were thus assured to be credible [14].

The following ethical considerations were made: informed permission, confidentiality, identity privacy through codes or labels, autonomy, and the guidelines outlined in Colombia's Ministry of Health's Resolution [15].

Outcomes:

The experience took place during the seventh semester of nursing practice in the emergency department of a postsecondary healthcare facility. The student assisted in the resuscitation of an elderly adult who was admitted due to cardiopulmonary arrest throughout the shift. The categories that result from the content analysis are listed below.

Recognizing one's subjectivity

Emotions and human reactions mix and manifest differently as the nursing student engages with the patient. This category is thus explained in terms of the future nurse's resources, which enabled them

to attempt cardiopulmonary resuscitation as a learning experience. The subgroups that arose from the study are listed below:

Self-assurance: "...we offered to carry on, so I got started. My heart rate spiked, and I leaped right in, thinking more about prolonging the person's life than I could apply the lessons I had learned in class. "I can, and I want to do it; I can accomplish something," was my thought [16].

Emotions and feelings: "I began performing chest compressions." There was fear throughout the first cycle, but I felt differently with a second pulse assessment because there had been no reaction. I started to feel a little stressed and thought I could go on to the next cycle, but I decided to have another person come in, a colleague, because of the same feeling that was generating in me. I started to worry that I was exhausting myself more than necessary, and one gets tired, but with nervousness, anguish, fear, and helplessness, the person was not responding [17].

The student's feelings and emotions took many different forms: she experienced helplessness and anxiety at various times as she tried to put herself in other people's shoes.

Belief in a higher power: "I want to reiterate the part of entrusting ourselves to God in everything we do, even mentally that he directs each compression, each ventilation, everything by him, and entrust ourselves absolutely to him" [18, 19]. Long after that practice, I once dreamed about what had happened, and the next day, at some point, what had happened came to mind; suddenly, I had mentioned it before. This subcategory shows how emotionally invested the aspiring professional is in providing care for the dying patient; however, confidence in a higher power is maintained for each care act. This particular category pertains to the instructor's influence in this specific scenario to inspire the student to care actively. Even though she was confronted with this circumstance for the very first time, she recognized that trust was the most critical factor in determining whether or not her assistance would be beneficial:

I felt helpful in a process that required the maximum possible assistance, seeking an end or benefit for that individual. I thought the teacher allowed me to participate in the resuscitation. He gave me confidence, and I felt I could contribute. He told me that I had demonstrated to him that I had faith in what I could do, and he had given me the ability to believe in myself. I am not going to deny that, and at that very moment, I felt like I should go ahead and do it. Looking at the day-to-day operations of the health staff that deal with death Because this is the first time the student has ever been confronted with mortality, a variety of emotions, including dread, helplessness, and sadness, are triggered. These emotions prompt the student to contemplate the situation and assume that the medical staff is also experiencing it similarly. On the other hand, she notices attitudes that cause her to question the everyday character of death and whether or not there is the possibility of accepting that death is a common occurrence in future professional practice: You cannot see or understand how that circumstance has impacted them. Still, from the outside, it appeared to be the same as everything else you encounter daily, which also saddened me. Take, for instance, the fact that he passed away with his eyes and lips both open. At the very least, I thought, "Cover it, don't leave it like that." I don't know anything else. Because they left him there and went off to perform his activities, we were the ones who decided to do that. We got him comfortable, covered his face and chest with a sheet, and then closed his eyes. That also affected me, and at some point, I thought to myself, "Could it be that we as students will come to a time when we will not let ourselves be invaded by those situations and will demonstrate so much coldness in the face of that fact?" I am unfamiliar with the protocol, but I know it affected me. The as a source of inspiration in the context of the intervention, life is seen to be the goal, and the desire to do the best possible thing for the individual in terms of survival is prioritized over the possibility of death:

One begins to focus more than anything on being able to do as much as one can, almost not on how they taught me in class, but rather on applying everything at once and focusing more on being able to save the person or provide them with well-being and as it happens time were those feelings that were seen blooming that despite what I did, what I had learned and that we did it well, because we know that we did it well, the objective for which one does it was not achieved because That's why I think we feel discouraged and sad, in addition to seeing a person die at that moment.

The Notice of death resignation

When the student is confronted with the potential of death, a process of reflection is formed on its meaning. It considers it a genuine circumstance that must be considered during the training process and in professional practice. This is even though the motivation is to keep the individual alive. In today's culture, very little is stated about death, even though it is the unavoidable conclusion of human life. As a result, the aspiring nurse needs to realize that death is something that occurs naturally and regularly in the course of professional practice:

We are going to have to face the fact that death is a natural process, and as students and future professionals, we are going to have to face it. We need to start assimilating that situation and put aside a little bit of the surprise that can suddenly arise when confronted with these circumstances. This experience also allowed us to sit down and reflect on the fact that death is a natural process.

In the category of awareness of subjectivity, the situations that nursing students experience the most intensely in clinical practice include cardiorespiratory arrest and the death of the person. This is because nursing students experience feelings of helplessness, uncertainty, and, many times, fear of causing harm [15]. This was determined by comparing the findings of the research with the literature that has been published on the subject.

Because of her resources, such as her self-confidence, the student can mobilize her subjectivity and decide to take part in the care of the individual in question despite the circumstances above. In the same way that the student "puts herself in the shoes of the other" [2], emotion appears to be the greatest threat to her image. This is because emotion makes it easier for her to articulate her sentiments, which in turn enables her to clarify the internal reality that is important in the process of forming a future nursing professional [16, 17]. Someone once told me that he respected the nurse because she was the one who was face-to-face with her peers in the most unpleasant and harmful situations. This is something that is mentioned in Quarters. It is precisely this that makes me wonder if, as professionals, we would not be required to devise some armor to prevent ourselves from falling in the face of circumstances that are so difficult and depressing. Protecting your body, heart, and soul will be required to provide the highest possible level of care without causing any harm to us. Nevertheless, in the same way, this armor needs to have a few unique qualities. It needs to be simple to put on and take off because one of the things that I worry about the most about becoming a part of this profession is the possibility that I may become numb to other people's suffering. [18].

According to the case study, the instructor's assistance to the student within the practice session benefits the student's learning by providing her with a sense of safety. Similarly, it helps to alleviate concerns and anxiety; the instructor becomes someone who can be trusted due to his expertise and experience [19]. The ability to make decisions and the ability to solve problems on one's own autonomously is the purpose of this organization [19]. To assist each student and consider her sentiments, the instructor must acknowledge her empathetic perspective [11]. In this regard, they are responsible for developing techniques that will promote the coping abilities of future professionals in circumstances in which emotions are activated for which they are not prepared [2,19]. The instructor is responsible for fostering motivation in his students so that they can study and use the knowledge they have acquired. This is similar to what occurred in the research when the participant indicated, "I took the plunge" to learn and apply the information.

The learner becomes the protagonist of her own learning experience in this way [21], which also agrees with Benner's techniques outlined in his *Apprentice to Expert Model*. In this model, Benner emphasizes that the transition from novice nurse to expert nurse is a process that takes time. It is necessary to have prior experience and emotional interaction with the patient and their extended family [2].

The participant does not have a clear understanding of the amount to which the incident that took place has emotionally affected the health workers, which falls under the category of questioning the daily existence of death in the health team. In this regard, Henao, Fajardo, and Núñez [2] argue that the nursing student becomes conscious of his lack of "experience" and acknowledges that with the passage of time and constant practice, he will be able to gain the abilities that enable him to lessen the unpleasant sensations that arise as a result of the acts of care. In turn, Hanzeliková and

collaborators [17] mention that the treatment that the dying person receives from health professionals is conditioned by how they understand the phenomenon and process of death. Therefore, lack or poor preparation can lead to specific alterations in the emotional sphere of professionals.

It is mentioned in the literature that confronting mortality is a terrible and traumatic event that can cause sentiments of sadness, rejection, and denial. At the same time, it motivates questioning about the nursing profession. This category falls under the category of life as a source of motivation. Furthermore, the emotional component of the learner is put at risk when they have the experience of renewing a person, mainly when the outcome is death [21][20]. In the case study, the participants said they were interested in doing all necessary to save the person, which provided evidence of the above proposition. For the same reason, it is essential to discuss with future professionals the necessity of establishing learning strategies that contribute to a nursing practice in which feelings become enriching moments of care for training [2]. Feeling sorry for someone does not mean that you are taking on the autonomy of the other person; instead, it means that you are putting yourself in their position and encouraging the development of another person's freedom.

Conversely, when the learner realizes that the proposed target will not be achievable, she resigns from the idea of death. Concerning this category, the literature suggests that an analysis must be carried out after the situation has occurred. This is done to learn how to assimilate, manage the inevitable, and accept reality. This facilitates the student's contemplation that death is associated with professional practice and must be considered a real possibility [21].

According to Lopes Magalhães and Lyra da Silva, it is observed that certain nursing professionals encounter challenges in their imaginations when it comes to dealing with the concepts of death and dying, particularly when these concepts incorporate cultural values and religious beliefs within the context of their work [23][22]. When the student understood that mortality for health staff is an everyday occurrence, the research the student's interpretation demonstrated those above.

Furthermore, students are not trained to know, comprehend, face, and handle death outside theoretical discourse [3]. Death is the safest stage from the moment you begin to live; nonetheless, it is also the stage that is least expected and that one understands how to face or understand. It is pretty challenging for a nursing professional to deal with circumstances without being emotionally involved, yet without appearing frivolous, because the daily interaction with death and suffering generates an enormous burden of emotions. [17] Resolving issues without becoming emotionally involved is a challenge.

Concluding remarks

Because the student interacts with the person caring for him, the student's experiences during clinical practice are sometimes surrounded by feelings, affections, and emotions. This is because the student provides care to the individual. When this occurs, subjectivity comes to the forefront, and the student is forced to confront real-life scenarios to construct the experience, resulting from her coming into contact with the world around her.

For the student, death is still a dramatic occurrence for which he does not feel prepared; hence, to be prepared for the professional future associated with death, training, knowledge, and maturity are required. Given the emotional engagement that death creates, this is a must. To ensure that students can develop the aspects that make this a rewarding experience and learn how to handle challenging situations that allow rapprochement, it is vital to give places for reflection around critical moments. These spaces should be based on the experiences of the students themselves. And empathy, as well as avoiding emotional instability in the future of one's work life.

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