
RESEARCH ARTICLE

Piecing the Puzzle: Towards Intensive Care Unit Nurses' Understanding of Patients' Near-Death Experiences

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ABSTRACT

This study aims to construct a model that elucidates the process by which nurses acquire an understanding of near-death experiences (NDE) in intensive care units (ICU). The researcher utilized a classic Glaserian grounded theory inquiry design approach. Employing theoretical sampling, twenty-one ICU nurses with clinical experience ranging from five to fifteen years were recruited. Subsequently, the researchers gathered data through in-depth interviews, observations, and memos. Generated data were transcribed verbatim and subjected to line-per-line analysis. Consequently, coding was performed on a contextual basis, followed by categorizing based on the obvious fit. The process of developing an understanding of patients' near-death experiences is summarized in the formulated core category "Piecing the Puzzle," which reflects five interwoven emergent themes, namely Superficial Knowing, Experiential Acquisition, Substantiation, Reflection, and Deepened Understanding. Just as a puzzle's final image emerges from fitting pieces together, nurses gradually unravel the intricate tapestry of a patient's near-death experience, leading to deeper insights into their emotional and spiritual journey. Based on study findings, a holistic nursing view that encompasses the physical, emotional, and spiritual aspects of patients' NDE experiences is paramount for nurses to provide comprehensive and compassionate care that facilitates healing and well-being.

KEYWORDS

Near-death experiences, nurses' understanding, grounded theory, critical care nurses, qualitative research

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1. Introduction

Within the field of medicine, there exists a limited comprehension pertaining to the cognitive processes that transpire during the dying phase. Conversely, it has been documented that individuals have an enhanced level of consciousness when they are in close proximity to death. (Kaleem, 2023).

According to Casol et al.(2019), it is apparent that 20% of clinical deaths include individuals who have been revived, and within this group, approximately 1% report having experienced an encounter with a non-physical realm. These narratives are frequently understood and categorized as near-death experiences (NDEs). Near-death experiences (NDEs) are characterized as a state of consciousness that deviates from the normal cognitive state of mind. These experiences encompass a range of sensations, such as feelings of peace, encountering a bright light, and even out-of-body experiences.

The occurrence of near-death experiences (NDEs) has shown a rise in recent times, primarily attributed to enhanced survival rates resulting from advancements in technology (Martial et al., 2020). According to a comprehensive study of nine prospective investigations, the average prevalence of near-death experiences (NDEs) was found to be 17% (Romand & Ehret, 2023). Supported by a separate study, there is evidence indicating that near-death experience (NDE) reports account for approximately 22%

(Rousseau et al., 2023). According to a European study, it was found that 18.9% of the 37 individuals who survived cardiac arrest reported having a near-death experience (van Lommel, 2014).

Moreover, a scholarly investigation characterizes Near-Death Experiences (NDEs) as a unique form of remembrance, an unparalleled encounter, and a profoundly transformative occurrence (Casol et al., 2019). This process of transformation is thereafter accompanied by the encounter with unfamiliar realities, so rendering the individual susceptible to distress and adversities upon reintegration into the physical realm (Ciocan, 2019).

Furthermore, previous research has found that individuals encounter a lack of understanding from healthcare professionals when discussing these realities. This lack of understanding can be attributed to the inadequate knowledge and viewpoints of healthcare workers regarding the characteristics and consequences of these realities. Over time, the affected individuals are incorrectly identified and get treatment within the realm of psychotic disorders (Boado et al., 2020; Bos et al., 2016).

Similarly, nursing personnel, who are often the initial caregivers for patients experiencing near-death experiences (NDEs), tend to equate these occurrences with delirium or psychosis (Kaleem, 2023), thus resulting in the provision of ineffective therapy for these patients. Consequently, patients are prone to encountering shock, depression, and psychological anguish (Mandalise, 2013).

It appears that literature has been of great quantity about the actuality of near death experiences where descriptions of the experiences, the details from person to person, and examples are discussed extensively. Documents also strengthened the idea that experiences and characteristics vary in individuals. The existing body of literature, however, fails to adequately address the process through which nurses gain a more meaningful understanding of these distinct patient experiences. Therefore, the aim of this study is to construct a model that elucidates the process by which nurses acquire an understanding of near-death experiences in the intensive care units (ICU), where most NDE-producing conditions occur. Nurses, who serve as the primary observers of patients who have undergone such encounters, are also tasked with delivering care to these patients or to others who are susceptible to experiencing such occurrences. Nevertheless, if the nursing staff possesses an ample understanding of the phenomenon, the provision of potential assistance can provide favorable results for patients experiencing near-death experiences (Tornøe et al., 2015)

2. Literature Review

Near-Death Experiences (NDE) often involve a range of vivid sensations, including feelings of peace, floating outside the body, encountering deceased loved ones, and traversing through tunnels towards a bright light (Boado et al., 2020). Despite the intriguing nature of NDEs, the phenomenon has been met with both scientific curiosity and skepticism. Researchers from various disciplines, including neuroscience, psychology, and philosophy, have attempted to explain NDEs through physiological processes such as oxygen deprivation, altered brain states, and the release of endorphins (Roman & Ehret, 2023).

While some argue that NDEs offer evidence of an afterlife or a spiritual realm (Chandradasa et al., 2018), others maintain that they can be explained by neurobiological mechanisms alone (Martial et al., 2020). Nevertheless, the impact of NDEs on individuals is undeniable, often leading to profound personal transformations, increased spirituality, and reduced fear of death (Rousseau et al., 2023).

Contextually, the experiences and narratives of patients who have undergone near-death experiences (NDEs) hold important implications for nurses, influencing their practice, attitudes, and interactions with patients. Though it may initially be seen as unreal (Kaleem, 2023), nurses do not just readily dismiss and disregard patients' accounts and try to see the meanings behind the phenomenon. Patients who recount NDEs often describe profound emotions and spiritual insights associated with their experiences (Royse & Badger, 2020). Kostka et al. (2021) emphasized that nurses who actively listen to and engage with these stories may develop enhanced levels of empathy and compassion. The accounts of patients can serve as a reminder of the significance of each patient's unique journey, fostering a deeper connection between nurses and patients and potentially leading to more patient-centered care.

Additionally, hearing NDE stories can improve nurses' communication skills. Nurses who listen attentively to these accounts may refine their ability to engage in sensitive and open conversations (Tornøe et al., 2015), allowing patients to share their experiences without fear of judgment. This, in turn, can lead to improved patient satisfaction and overall quality of care (Holden et al., 2014).

Furthermore, NDE stories often touch on themes of spirituality, existentialism, and the nature of life and death (Ciocan, 2019). Nurses who are exposed to these narratives may become more attuned to patients' spiritual and existential needs, providing holistic care that addresses not only physical well-being but also emotional and spiritual aspects (Cassol et al., 2019).

For patients who have experienced NDEs, the narratives can play a pivotal role in their coping mechanisms and understanding of mortality. Nurses who engage with these stories may better support patients and their families in navigating the complex emotions surrounding death, dying, and bereavement (Kaleem, 2023).

Nurses may encounter ethical dilemmas when patients share NDE stories that conflict with their own beliefs or the medical establishment's views. Exploring these narratives can encourage nurses to navigate these situations with sensitivity and respect for patients' perspectives, fostering a culture of inclusivity and patient-centered care (Mandalise, 2013).

Generally, hearing stories of near-death experiences from patients has a profound impact on nurses. These stories can influence nurses' empathy, communication skills, provision of holistic care, coping support, reflective practice, and ethical considerations. As nurses engage with patients' narratives of NDEs, they contribute to a more compassionate, patient-centered approach to healthcare that acknowledges the spiritual and existential dimensions of the human experience. On this basis, this study establishes the changes that the phenomenon brings to nurses. However, the process of how nurses develop such understanding is still unexplored in the literature.

3. Methods

The researchers utilized a grounded theory inquiry design and made use of the classic Glaserian approach in conducting grounded theory research. Prior to proceeding with the implementation phase, approval from the Institutional Ethics Review Board was sought and received.

As guided by the emerging theory, the researchers employed the method of theoretical sampling. This approach involves the simultaneous collection, coding, and analysis of data, as well as the deliberate selection of subsequent data sources and locations, with the aim of refining and expanding the emerging theory (Polit & Beck, 2021). The selection of comparison groups was focused on their theoretical relevance in order to advance the development of emerging categories. There were twenty one (21) eligible participants (i.e. 11 female and 10 male ICU nurses) in this study with critical care experiences ranging from five to fifteen years. The inclusive criteria in selecting study participants included the following: (1) Nurses currently working in any of the Intensive Care Units of a tertiary medical facility in Metro Manila, (2) male or female nurses who experienced caring for patients who had a near death experience which is described as someone who had a close call with death, eventually survived and was able to give an actual testimony about a near death experience, and able to give consent to participate in the study. With clinical experience in the critical care units, the researchers opted to use intensive care units as research settings as this is where most NDE-producing situations are observed.

The researchers gathered data through in-depth interviews utilizing an unstructured approach, wherein open-ended questions were asked. The interview was recorded using an audiotape. The researcher commenced the process by informally asking a broad question (known as the grand tour question): "What is your view about Near Death Experience?" Subsequent questions were more focused and were guided by responses to the grand tour question. Interviews were terminated when no additional data could be found that developed properties of the conceptual categories. The researchers saturated one category and then moved on to other categories. In trying to reach saturation, they maximized differences in groups in order to maximize the varieties of data bearing on the category and thereby developed as many diverse properties of the category as possible. Core theoretical categories are saturated more than peripheral ones (Polit & Beck, 2021). Observation filed notes and memos were also obtained.

As guided by Glaser's approach in grounded theory analysis, as seen in Figure 1, the researchers conducted three essential stages of constant comparative analysis: open coding, selective coding, and theoretical coding. In open coding, data were dissected into discrete units, and initial concepts and categories were generated through constant comparison. Selective coding involved refining and prioritizing these categories identifying core categories that encapsulate the central themes of the data. Finally, theoretical coding involves weaving these core categories into a coherent framework, elucidating relationships and processes that form the basis of a new theory. Glaser's emphasis on theoretical sampling at each stage ensures a dynamic and evolving approach, facilitating the emergence of a comprehensive and original theoretical understanding directly derived from the empirical data (Polit & Beck, 2021). To enhance the trustworthiness of research results, the researchers made use of audit trails to strictly monitor how the coding process and memos contribute to the theory formulation.

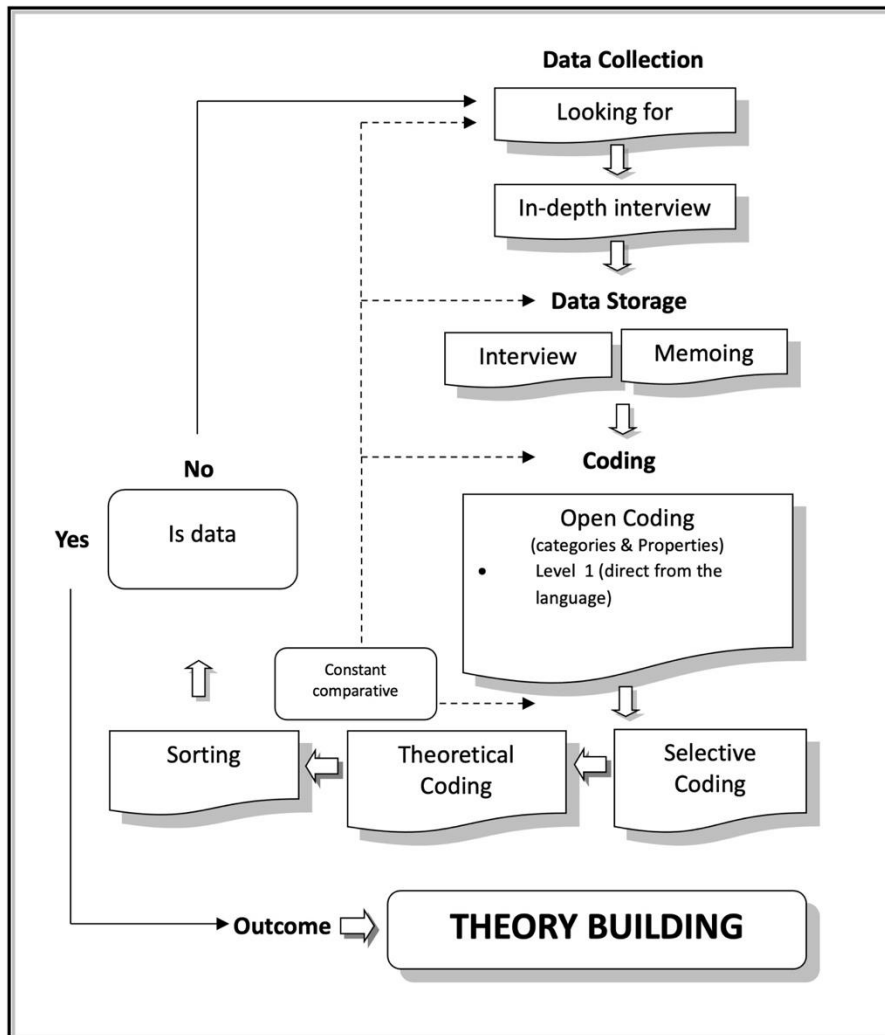


Figure 1. Data Collection, Coding, and Analysis in Glaserian Grounded Theory Approach

4. Results

Five phases of ICU nurses’ understanding of Near Death Experiences emerged from this study, namely: Superficial knowing, Experiential acquisition, Substantiation, Reflection and Deepened understanding.

Theme 1: Superficial Knowing

This initial phase of the study focuses on the fundamental comprehension and perspective of intensive care unit (ICU) nurses about the concept and perceptions of Near Death Experiences (NDEs) exhibited by their patients. The concept of superficial knowing is applied to nurses with limited understanding or awareness of the studied event, focusing solely on what is readily observable or evident. The understanding is not deep or profound yet.

Table 1. Categories and properties under the Theme 1: Superficial Knowing

THEME	CATEGORY	PROPERTY
Superficial Knowing	being unconcerned	• lacking care
	lack of knowledge	• having no previous knowledge
		• having no idea
		• being unaware
	non-existence	• being doubtful
		• hallucinating

Understanding the contextual factors related to Near Death Experiences (NDEs) among patients appears to be limited. Others perceive the experience as non-existing; there is skepticism about its existence. Although familiar with the occurrence, it appears to be of no factual value, not true, or important for nurses.

This is evident among all the participants, as reflected in the statement of ICU Nurse01:

The first time that my patient told me that he had conversed with his deceased relative before he was revived, I just listened to him, but I did not believe him because I thought he was just making up his stories or maybe was just hallucinating. (ICU Nurse01)

Theme 2: Experiential Acquisition

The fundamental understanding would be enhanced as ICU nurses gain experiential learning. During this particular phase, ICU nurses engage in the process of deriving meaning from their direct experiences, which is referred to as experiential acquisition.

Table 2. Categories and properties under the Theme 2: Experiential Acquisition

THEME/PHASE	CATEGORY	PROPERTY
Experiential Acquisition	Incomprehensible manifestation	• sensing cold atmosphere
		• seeing aura
	Observations	• decreasing breathing capacity
		• declining body functions
		• declining vital signs
		• changing appearance
		• having unpleasant odor
		• changing sensorium
		• being unresponsive
	Pre-near death act	• changing temperature
		• altering color
		• being weighty
		• bidding goodbye
		• wanting to talk to a family member
	Pre-near death vision	• seeing departed relatives
		• dreaming
• talking to a departed loved one		
Patients' testimonies	• witnessing the non-existing	
	• having out-of-the-body experience	
	• seeing spirits	
	• having sense of being dead	
	• talking with the angels	
	• conversing with the deceased	
	• having a life review	

This phenomenon elicits curiosity and fosters individuals' drive to explore further in order to gain a deeper understanding of NDE. The ICU nurse's understanding from direct experience provides them with a broader perspective on Near Death Experiences. The act might be likened to ascending a ladder, hence enabling an enhanced visual perspective. In this phase, ICU nurses engage in direct and tangible encounters that enable them to contemplate near-death situations from many viewpoints. A nurse participant asserted:

I had a patient before who was seeing something going in and out of their room even though there was none. There was also this patient, prior to experiencing arrest, who suddenly saluted us; he seemed to be bidding us goodbye. (Nurse15)

Furthermore, the existence of this phenomenon is supported by numerous firsthand accounts of authentic Near Death Experiences reported by patients. One that was consistently present in the data gathered is what the researcher termed as veridical NDEs. It occurs when the experiencer (i.e. the patient) acquires verifiable information which they could not have obtained by any normal

means. Many near-death experiencers report witnessing events that happen at some distant location away from their body, such as another room of the hospital. If the events witnessed by the experiencer at the distant location can be verified to have occurred, then veridical perception would be said to have taken place. This is reflected in the following statement:

There was a patient here before who was revived seven times. After being revived, he was aware of what was done to him, that doctors and nurses defibrilated him. According to him, his soul left his body, so he was able to witness us while we were doing that procedure. (Nurse11)

The aforementioned observations would present highly persuasive evidence supporting the notion that NDEs entail occurrences that transcend the confines of the physical body. These experiences may encompass encounters with spiritual entities, a perception of one's own demise, interactions with celestial beings, the ability to identify medical personnel upon resuscitation, a retrospective evaluation of one's life, communication with deceased family members, and seeing white light.

Theme 3: Substantiation

The researcher made use of the Substantiation term to establish the existence or truth of a near death experience through the use of competent evidences. In this theme, the nurse seeks confirmation and substance that near death experience indeed exists and is factual. This would undeniably answer the question of whether consciousness can survive bodily death, which is the holy grail of this research study. This phase is realized in three major ways: (a) consulting others, (b) sharing the experience with others, and (c) browsing literature.

Table 3. Categories and properties under the Theme 3: Substantiation

THEME	CATEGORY	PROPERTY
Substantiation	Shared testimonies	• hearing anecdotes
		• hearing stories
	Literature	• using Internet
		• reading books
		• reading magazines
	Consulting others	• sharing experiences
• including in the endorsement		

In an attempt to find substance and verification about Near Death experiences, nurses tend to confer with colleagues, especially those who share the same experience as regards handling patients who had an actual Near Death Experience. These nurses believe that nursing colleagues are the best people to share it with because they would understand the experience most, more than anyone else. Others include the stories of their patients' NDE in the endorsement, as reflected in the following:

Whenever a patient had a near death experience, I share the experience with my co-nurses here. Sometimes, we talk about it if we have spare time, but if we do not have a chance to do so, we include it in our endorsement.(Nurse08)

Furthermore, in order to enhance the credibility of their experience, nurses engage in the process of perusing and evaluating scholarly literature, which can be sourced from books, academic journals, magazines, or online platforms. The purpose of this study is to gather additional empirical evidence that can substantiate and validate individuals' subjective accounts of near-death experiences (NDEs).

Theme 4: Reflection

After having been verified the experience through several ways, ICU nurses commence to contemplate what had been acquired, thus termed reflection. This literary means that nurses start to have a thoughtful observation of the experience.

Table 4. Categories and properties under the Theme 4: Reflection

THEME	CATEGORY	PROPERTY
Reflection	Contemplating	• contemplating whether to believe or not
		• thinking to help patients
	Pondering	• mulling over implications
		• thinking on the responsibilities

In this phase, these nurses begin to ponder and dig deeper into the meaning, impacts, and/or implications of the experience to them as health care professionals. Being the frontline and primary health care provider of these patients, nurses reflect on how they can be able to heed the call to render more responsive and relevant nursing care. Reflection may include contemplating whether to finally believe or not NDE, mulling over its implications for being a nurse, strategizing methods to assist patients who have undergone such experiences, and contemplating the effects of NDEs on the ethical obligations of nurses. At the end of this phase, a nurse would willfully embrace the concept and context of Near Death Experience. Nurse17 shared:

As I constantly encounter patient NDE, I started to think how I can use this experience to improve how I provide care to my patients...how I can be more sensitive to their needs during and after they had the experience.(Nurse17)

Theme 5: Deepened Understanding

This is the final phase of understanding NDE wherein the nurse, after volitionally accepting the existence of the Near Death Experience occurrence, would now integrate the new perception and understanding towards them by putting them into practice.

Table 5. Categories and properties under the Theme 5: Deepened Understanding

<i>THEME</i>	<i>CATEGORY</i>	<i>PROPERTY</i>
Deepened Understanding	Professional Growth	• touching patients with care
		• rendering extra effort
		• allowing patient's relatives to stay in the ICU
		• doing hourly rounds
		• treating with concern
		• rendering fair treatment
		• whispering encouragement
		• listening to patients
	Changed Perception	• rendering standard nursing
		• involving family members
		• making them feel important
		• having sense of being dead
		• having out-of-the-body experience
	Closer relationship with God	• talking with the deceased
		• having tunnel experience
	Personal Growth	• attending mass more often
		• being more prayerful
		• values life more
		• talking to patients though unconscious
	Spiritual Needs Enlightenment	• changing outlook
• being cautious		
• praying for the patient		
• having a clergy		
• allowing relatives to pray		
	• preparing patient religiously	
	• respecting religion	

The nurse totally subsumes the new understanding and perception and finds it remarkable that he/she thinks or believes differently. In this theme, the ICU nurses experience a perception shift, particularly when they had a number of near death experiencers who have witnessed verifiable events occurring outside of their body. The researcher terms this as a changed perception. Changed Perception accurately means the nurses' view about near death experiences that are described by examples of patients' testimonies after an NDE based on the nurses' experience.

Furthermore, it constitutes true growth and development as a nursing professional. The concepts are internalized and begin to mesh in the nurse's mind. It would now become the basis of nursing actions as regards relating and dealing with patients in the ICU. Thus, nurses in these settings (i.e. ICU) can intervene effectively with these patients during and after the event. The deepened understanding of Near Death Experiences, coupled with the similarities of these reports, encourages critical care nurses to be more

compassionate, inquisitive, and supportive of this group of patients. It is important for critical care nurses to devise therapeutic nursing interventions that best meet these patients' needs. There is a reported dramatic bit of transformation of nurses.

Nurses report to be more enlightened about the patients' spiritual needs as manifested by praying for the patient, the presence of clergy, allowing relatives to pray, patients' religious preparation, and respecting patients' religion. There is also reported professional growth as evidenced by greater compassionate nursing care as shown by nurses doing their best in rendering nursing care, allowing patient's relatives to stay in the ICU, giving much attention to patients, providing fair treatment, increased monitoring, putting something red to prevent them from being taken by spirits (i.e. *sundo* in the Filipino language), whispering encouragement, empathizing, and making them feel important. There are reports as well of personal growth as seen in a marked and increased social concern, as evidenced by providing more comfort through communication with patients. This is manifested by showing concern while conversing with the patients and talking to patients frequently, even when the patients are unconscious, as mentioned by Nurse02 and Nurse05.

If the patient is not in a good state, you must double your attention to them. Every time I talk to them, I am also holding their hands.(Nurse02)

Despite knowing that my patient would never respond once I talk to them, still, I often whisper to them, saying, keep holding on.(Nurse05)

An outlook change is also part of nurses' personal growth. A closer relationship with God by describing a strong commitment to the Lord is also established through attending mass more often and being prayerful. There are also reports of having a sense of fulfillment as they have developed an increased love for the nursing profession. These are some indicators which unequivocally demonstrate that ICU nurses indeed have a deepened understanding of Near Death Experiences. This is demonstrated in the following statement of Nurse09:

Even for yourself, you will realize the blessings you have. After all my experiences here in the ICU, I am attending mass with my children more often. I learn to value life more and always pray that I get to spend it more with the people I love while it lasts. (Nurse09)

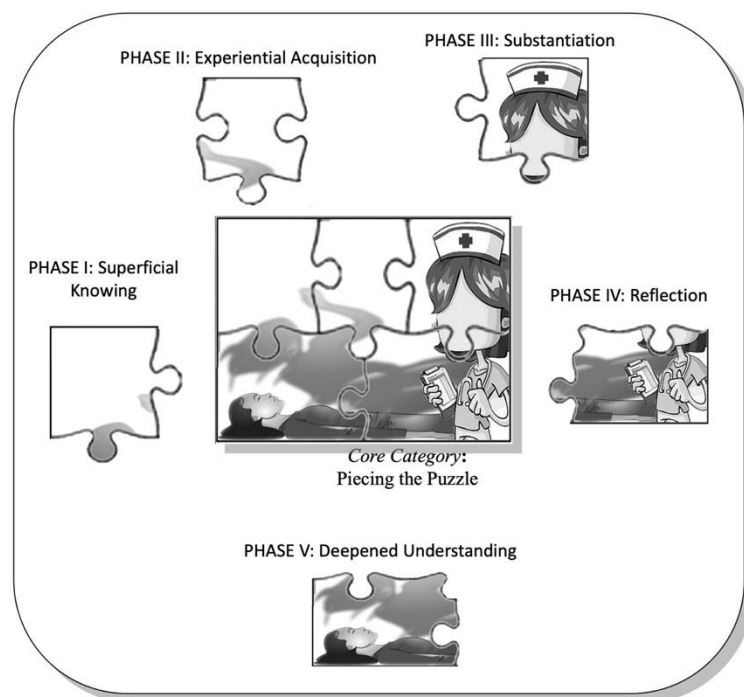


Figure 2. Piecing the Puzzle: Process of Developing Nurses' Understanding of Patients' Near-Death Experiences

From all these narratives, the core category of "Piecing the Puzzle" was formulated. Much like piecing a puzzle, nurses are presented with scattered pieces of information from patients' narratives. These pieces, such as feelings of detachment, encounters with

deceased loved ones, or visions of light, initially seem disjointed. Nurses, however, are tasked with the role of connecting these fragments, piece by piece, into a coherent whole. Just as a puzzle's final image emerges from fitting pieces together, nurses gradually unravel the intricate tapestry of a patient's near-death experience, leading to deeper insights into their emotional and spiritual journey. Moreover, a puzzle's complexity often necessitates stepping back to see the bigger picture. Similarly, nurses must adopt a holistic perspective when engaging with patients' near-death experiences. Beyond medical interventions, these encounters encompass psychological, emotional, and spiritual dimensions.

5. Discussion

The study effectively illustrates the development of nurses' understanding of Near-death Experiences through the five interconnected emergent themes. In the initial phase of the understanding process, one interesting claim is that Near Death Experiences are just figments and hallucinations (Shakeri et al., 2021) and, therefore, can be addressed and managed through a presentation of reality. Holden et al. (2014) report that dying adults have a marked increase in hallucinations of apparitions in the final week of life. This statement gave a standing basis for the initial perception of nurses regarding near death experiences. Research has explored how some nurses initially perceive NDEs with skepticism, attributing them to physiological or psychological factors rather than accepting them as valid experiences (Holden et al., 2014; Martial et al., 2020; Romand & Ehret, 2023). This perspective could stem from a medical or scientific viewpoint that prioritizes empirical evidence.

Nurses play a crucial role in providing holistic care to patients, and understanding the significance of near-death experiences (NDEs) greatly enhances their ability to provide empathetic and effective care (Mandalise, 2013). NDEs are profound, often life-altering events that some patients report after coming close to death. These experiences encompass a range of sensations, such as feelings of peace, encountering a bright light, and even out-of-body experiences.

Acknowledging and validating a patient's NDE foster a sense of emotional support and understanding. NDEs can be deeply meaningful to patients, sometimes leading to spiritual transformations or a renewed outlook on life (Ciocam, 2019). By recognizing the significance of these experiences, nurses can create an environment where patients feel heard and validated, ultimately aiding in their emotional healing and overall well-being. Ghasemiannejad-Jahromi et al. (2018) advised that unconscious patients be treated as if they were conscious since many NDE experiences involve patients perfectly recalling the events transpiring at the time of their resuscitation. Supporting the patient and comforting him or her should a NDE occur is critical and should be part of the routine care provided by medical professionals. Understanding NDEs also enables nurses to address any psychological distress or confusion that may arise from these encounters (Kostka et al., 2021). Patients who have experienced NDEs might grapple with integrating these profound events into their reality, often struggling with questions of meaning and purpose. Due to the nature of NDE not being in the mainstream, nurses may have to take a more personal approach to informing themselves and learning how to best provide care should they be faced with the event. By having a grasp of the common elements of NDEs, nurses can guide patients through their emotions and provide therapeutic interventions that facilitate psychological adjustment (Kostka et al., 2021; Kaleem, 2023).

Furthermore, being knowledgeable about NDEs empowers nurses to communicate effectively with patients and their families. Conversations about NDEs can be sensitive and deeply personal, requiring a delicate approach. Nurses who comprehend the potential impact of NDEs can engage in compassionate and empathetic discussions, helping patients and their families process these experiences and make informed decisions about their care (Royse & Badger, 2020). There is also documented evidence of professional development, as indicated by an enhanced provision of compassionate nursing care (Kostka et al., 2021). This is demonstrated by nurses' diligent efforts in delivering nursing care, accommodating the presence of patients' relatives in the intensive care unit, providing ample attention to patients, ensuring equitable treatment, intensifying monitoring efforts, employing red objects as a preventive measure against spiritual disturbances (known as "sundo"), offering whispered words of encouragement, displaying empathy, and fostering a sense of importance among patients.

Moreover, grasping the significance of NDEs also contributes to a patient-centered approach to nursing care. Deepened understanding is the culmination of comprehending Near Death Experiences (NDEs), during which the nurse, having willingly acknowledged the existence of such phenomena, proceeds to incorporate the newfound perception and understanding into practical application. Each patient's experience is unique, and NDEs can influence their values, beliefs, and treatment preferences. By incorporating this understanding into care plans, nurses can tailor their approach to align with the patient's emotional and spiritual needs, enhancing the overall quality of care.

6. Conclusion

In conclusion, this research study has delved into the intricate and transformative realm of nurses' understanding of near-death experiences (NDEs) among patients. Findings reveal that nurses often approach NDEs with initial skepticism, reflecting the cautious

and evidence-based nature of the profession. However, as the study unfolded, it became evident that their pivotal role in guiding patients through these profound encounters was paramount.

The journey from a superficial understanding to a deepened understanding of NDEs is a testament to the open-mindedness and adaptability of healthcare professionals. Nurses, as the front-line caregivers, evolve in their perceptions and responses as they witness the profound impact of NDEs on patients' lives. They emerge as compassionate allies, offering unwavering support and guidance to patients as they navigate the spiritual and psychological dimensions of these experiences.

This study underscores the transformative power of empathy and patient-centered care within the nursing profession. As nurses embrace a more empathetic approach to NDEs, they not only enhance the overall quality of patient care but also foster a healing environment where patients' experiences are validated and respected. This transition from skepticism to empathy marks a significant paradigm shift, positioning nurses at the forefront of holistic and patient-centered healthcare.

In essence, this research demonstrates that nurses are not only caregivers but also spiritual companions on the journey of those who have undergone NDEs. Their evolving understanding and supportive role contribute to a more profound and compassionate approach to patient care, one that acknowledges the profound nature of these experiences and guides patients toward healing and self-discovery. This study serves as a testament to the invaluable role nurses play in bridging the gap between skepticism and empathy, ultimately enhancing the well-being and satisfaction of those they serve.

Recognizing the limitations concerning sample and locale, future researchers should consider conducting similar studies with larger and more diverse samples of nurses, spanning various healthcare settings and geographic locations. This would enhance the richness and variability of insights into nurses' experiences and understanding of patients' NDEs.

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Informed consent: Participants in this study provided written informed consent to voluntarily participate in the research, demonstrating their understanding of the study's purpose, procedures, and potential risks involved.

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