



LOSS OF A PARENT: A PHENOMENOLOGICAL EXPLORATION ON THE LIVED EXPERIENCES OF NURSING STUDENTS

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Abstrak

Kehilangan orang tua merupakan pengalaman yang mendalam dan transformatif bagi mahasiswa keperawatan, yang harus menghadapi tuntutan akademik dan klinis sambil mengolah duka pribadi. Penelitian kualitatif fenomenologis ini bertujuan mengeksplorasi pengalaman hidup mahasiswa keperawatan yang kehilangan orang tua selama studi. Metode purposive sampling digunakan untuk merekrut lima partisipan dari Universitas Advent Indonesia. Data dikumpulkan melalui wawancara semi-terstruktur dan dianalisis dengan metode fenomenologis deskriptif Colaizzi (1978). Hasil penelitian mengungkap enam tema utama: dampak awal berupa syok dan kesedihan mendalam; lanskap emosional yang kompleks dan terus berkembang; transformasi identitas dan persepsi diri; pengaruh terhadap performa akademik dan praktik klinis; mekanisme koping dan sistem dukungan; serta pembentukan makna dan pertumbuhan pascatrauma. Dukungan formal dari institusi pendidikan ditemukan sangat minim, sehingga mahasiswa cenderung mengandalkan dukungan informal dari keluarga, teman, dan keyakinan spiritual. Studi ini merekomendasikan perlunya pengembangan sistem dukungan kelembagaan yang terstruktur dan sensitif terhadap duka untuk mendukung ketahanan serta perkembangan profesional mahasiswa.

Kata Kunci: *Kehilangan Orang Tua, Mahasiswa Keperawatan, Pengalaman Hidup, Dukungan Berduka, Fenomenologi.*

Abstract

Losing a parent is a profound and transformative experience for nursing students, who must navigate academic and clinical demands while processing personal grief. This qualitative phenomenological study aims to explore the lived experiences of nursing students who have lost a parent during their education. Purposive sampling was used to recruit five participants from Universitas Advent Indonesia. Data were collected through semi-structured interviews and analyzed using Colaizzi's (1978) descriptive phenomenological method. The findings revealed six major themes: initial impact of shock and overwhelming grief; complex and evolving emotional landscape; transformation of identity and self-perception; impact on academic performance and clinical practice; coping mechanisms and support systems; and meaning-making and post-traumatic growth. Formal institutional support was notably lacking, with students relying heavily on informal support from family, peers, and spiritual faith. The study recommends the development of structured, grief-sensitive institutional support systems to foster student resilience and professional growth.

Keywords: *Parental Loss, Nursing Students, Lived Experience, Grief Support, Phenomenology.*

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INTRODUCTION

The loss of a parent is one of the most profound and transformative events an individual can experience, representing not only the absence of a loved one but a fundamental shift in emotional security, identity, and worldview (Dvilansky et al., 2025). For nursing students—who are already navigating the intense academic, clinical, and emotional demands of their training—parental bereavement introduces a unique and often overwhelming layer of vulnerability (Fitriawan et al., 2023). These students must reconcile personal grief with professional expectations that require emotional resilience, empathy, and sustained academic performance. Despite the universal nature of grief, the lived experiences of nursing students who have lost a parent remain underexplored in the literature. Nursing education involves frequent exposure to suffering, death, and loss, yet students often receive limited preparation to manage their own grief, let alone integrate it into their evolving professional identity (Matzo et al., 2003). The intersection of personal mourning and professional training creates a complex psychological landscape that can affect academic outcomes, clinical competence, mental health, and long-term professional development (Tang et al., 2023).

Given the high-stress nature of nursing programs and the potential for bereavement to exacerbate existing mental health challenges, there is an urgent need to understand how these students experience, process, and adapt to parental loss (Sonmez et al., 2023). This study is therefore motivated by the recognition that parental loss during nursing education presents distinct emotional, academic, and professional challenges that are not adequately addressed in current institutional frameworks. The research seeks to answer several key questions: How do nursing students experience and process the loss of a parent while engaged in their education? What emotional and psychological challenges do they face? How does this loss affect their academic and clinical performance? What coping mechanisms and support systems do they utilize, and how effective are these? Ultimately, the study aims to propose meaningful recommendations for how nursing education institutions can better support grieving students.

To address these questions, this study adopts a qualitative phenomenological approach, which is particularly well-suited to exploring the depth, meaning, and personal significance of lived experiences (van Manen, 2016). Phenomenology allows participants to articulate their grief narratives in their own words, providing rich, contextual insights into how loss is experienced within the specific milieu of nursing education

(Lopez & Willis, 2004). The study will be conducted at Universitas Advent Indonesia, using purposive sampling to recruit nursing students who have experienced the loss of a parent. Data will be collected through in-depth semi-structured interviews and analyzed using Colaizzi's (1978) descriptive phenomenological method. This approach ensures a systematic, empathetic, and rigorous exploration of the participants' experiences.

The research is grounded in several key theoretical frameworks that inform the understanding of grief, attachment, and professional identity development. John Bowlby's Attachment Theory provides a lens through which to examine the disruption of foundational bonds and the role of internal working models in shaping grief responses (Lopez & Willis, 2004). Colin Murray Parkes' Theory of Bereavement further contextualizes grief as a psychosocial transition, emphasizing the reconstruction of the assumptive world after loss (Parkes & Prigerson, 2010). Additionally, literature on bereavement in student populations highlights the academic and social challenges faced by grieving college students (Balk, 1997), while studies on nursing education and student mental health underscore the unique stressors inherent in nursing training (Hou et al., 2020).

It is hoped that this study will not only contribute to the academic discourse on grief and nursing education but also serve as a catalyst for institutional change. The findings are expected to provide validation and voice to nursing students who have experienced parental loss, inform the development of targeted support programs and grief-sensitive educational policies, enhance faculty awareness and empathy, and foster more compassionate and resilient future nurses (Thomas & Revell, 2016). By illuminating the nuanced experiences of bereaved nursing students, this research aspires to bridge the gap between personal grief and professional preparation, fostering educational cultures that are both academically rigorous and humanely supportive.

METHOD

This study uses a qualitative approach by applying the purposive sampling method in selecting participants. A total of 5 participants who have experienced the loss of a parent have been selected after fulfilling the previously established inclusion and exclusion criteria. To collect data, the primary instrument used in this study is a semi-structured interview guide, adapted from the thematic framework of the Revised Grief Experience Inventory (RGEI). This interview guide is designed to explore the lived experiences of nursing students who have lost a parent, with a focus on four major themes drawn

from the RGEI: emotional responses, meaning-making, changes in personal identity, and coping mechanisms. Its validated thematic structure has been widely referenced to inform qualitative grief research.

The data collection procedure was carried out after obtaining ethical approval from Komisi Etik Penelitian Kesehatan Fakultas Ilmu Keperawatan Universitas Advent Indonesia. All respondents were provided with information regarding the purpose of the study and their rights. The data obtained will be analyzed using Colaizzi's (1978) descriptive phenomenological method to explore the lived experiences of these students. This research was conducted at Universitas Advent Indonesia, focusing on the lived experiences of nursing students regarding loss.

RESULT AND DISCUSSION

Six major themes emerged from the analysis, corresponding to the research objectives

Theme 1: The Immediate Impact – Shock, Disbelief, and Overwhelming Grief

All participants described the initial moment of loss as characterized by profound shock and emotional disorientation, regardless of whether the death was anticipated. Ms. N recalled, “Shock, terus kayak gak nyangka... pertama kali waktu dikabarin sih... Shock terus... nangis kan ya.” This immediate reaction aligns with Parkes’ first phase of bereavement—numbness and shock—which serves as a psychological buffer against overwhelming pain (Parkes & Prigerson, 2010). Participants also reported a sense of unreality and denial; Ms. I shared, “Awal-awal ngerasa mama tuh lagi pergi gitu... Belum pulang.” For some, grief manifested physically. Ms. A noted the onset of autoimmune conditions and asthma following her father’s death, illustrating the somatic dimension of traumatic loss.

Theme 2: Complex and Evolving Emotional Landscape

Beyond initial shock, participants navigated a persistent and layered emotional reality. Profound sadness was universal and enduring. Ms. M described grief as lifelong: “Kehilangan itu bener-bener kayak kita kayak berduka seumur hidup gitu.” Anger, directed inwardly or toward circumstances, was also common. Ms. N expressed, “Kenapa gitu ini tuh bisa terjadi ke kita?” A deep sense of loneliness permeated their experience, even amid social surroundings. Ms. N described feeling “terus-terusan sendiri. Padahal sebenarnya ramai di samping.” Some participants, like Ms. N and Ms. R, reported periods of depression and even self-destructive thoughts, highlighting significant mental health risks. Conflicted emotions such as

guilt and relief (in cases of prolonged illness) further complicated the grieving process.

Theme 3: Transformation of Identity and Self-Perception

Parental loss precipitated a fundamental shift in self-concept and role identity. Participants described being thrust into premature adulthood. Ms. I explained, “Semua tanggung jawab jadi ke aku semua gitu loh.” This forced maturity often came at the cost of a lost childhood, as Ms. A reflected. Family dynamics shifted, with siblings sometimes assuming parental roles. Attachment anxiety intensified; Ms. N became “lebih kayak parnoan... takut banget, takut mereka ninggalin aku juga.” Conversely, some developed emotional withdrawal as a protective mechanism. Despite these challenges, participants also recognized growth in resilience and independence, indicating a complex process of identity reconstruction.

Theme 4: Impact on Academic Performance and Clinical Practice

The intersection of grief and nursing education created distinct challenges. Academically, some experienced a loss of motivation, especially if the deceased parent was tied to their career choice. Ms. N questioned, “ngapain ya diterusin.” Clinical settings acted as potent triggers. Ms. I reported strong reminders during hospital practice: “denger suara-suara mesin... jadi kerasa banget keingetnya.” The ICU was particularly distressing for Ms. A. Conversely, encountering bereaved families evoked intense empathy, blurring personal and professional boundaries. Despite emotional turmoil, most maintained academic attendance, demonstrating a compartmentalization of grief. Importantly, some participants, like Ms. A, reframed their career as a means of healing: “tujuan aku menjadi perawat adalah menyelamatkan orang.”

Theme 5: Coping Mechanisms and Support Systems

Participants employed a range of coping strategies, predominantly leaning on informal, personal supports. Self-reliance was common; Ms. N stated, “lebih support system untuk diri sendiri sikh.” Familial support, especially from siblings or the surviving parent, was crucial. Ms. R identified her brother as her “support system paling besar.” Peer support from friends who could “relate” was valuable, as was support from romantic partners. Spiritual faith served as a key coping resource, with participants referencing acceptance of God’s plan. Notably, formal institutional support from the university or faculty was conspicuously absent from the narratives. Coping activities included seeking distraction, visiting gravesites, and using digital media for solace.

Theme 6: Evolving Beliefs, Meaning-Making, and Growth

Over time, participants engaged in significant meaning-making, leading to altered worldviews and personal growth. Perspectives on mortality shifted toward an acceptance of impermanence. Ms. R reflected, “ujungnya manusia nggak bakal selamanya sama kita aja.” Spiritual acceptance helped frame the loss within a larger plan. A universal lesson was the heightened valuation of relationships and time. Ms. N advised, “Jangan nyianyain waktu... momen-momen kayak gitu kan gak bisa diulang.” Participants recognized developed resilience, independence, and empathy. Ms. A articulated post-traumatic growth, finding purpose in her nursing vocation to help others in a way she could not help her parent. This theme underscores grief as a non-linear, lifelong process that can also be a catalyst for profound personal and professional development.

This study set out to explore the lived experiences of nursing students who have lost a parent. The six themes explicitly answer the research questions: (1) The experience is initiated by shock and evolves into a complex emotional journey; (2) Key challenges include enduring sadness, anger, loneliness, depression, and identity confusion; (3) Academically, grief can diminish motivation and focus, while clinically, it triggers memories and evokes deep empathy, though students often persevere; (4) Coping is largely self-reliant or dependent on informal family and peer networks, with formal institutional support being minimal; (5) Support systems are primarily informal and perceived as effective on a personal level, but structural support is lacking; (6) Recommendations must address this gap by creating dedicated, accessible institutional support frameworks informed by these lived realities.

The findings were obtained through a rigorous qualitative process adhering to phenomenological principles. Purposive sampling ensured participants held the specific lived experience under study. Semi-structured interviews generated rich, narrative data. Colaizzi's (1978) method provided a systematic framework for analysis, moving from descriptive transcripts to the extraction of essential themes. Reflexive journaling and member checking were employed to enhance trustworthiness and minimize researcher bias, ensuring the findings remained grounded in the participants' own words and meanings.

The findings can be interpreted through the dual lenses of Attachment Theory (Bowlby, as cited in Stroebe, 2002) and Parkes' Psychosocial Transition Model (Parkes & Prigerson, 2010). The intense shock, yearning, and disruption described in Themes 1 and 2 reflect the severing of a primary attachment bond, triggering what Bowlby would term “separation anxiety” manifested as

grief. The identity transformation (Theme 3) and meaning-making (Theme 6) align with Parkes' concept of revising one's “assumptive world.” The avoidance of clinical triggers like the ICU (Theme 4) can be seen as a behavioral manifestation of unresolved attachment anxiety. Conversely, the development of resilience and the drive to “save others” (Theme 6) represent an adaptive reorganization of the self and a re-establishment of secure internal working models, indicating a movement toward Parkes' final phase of reorganization.

The results corroborate and extend existing literature. The prevalence of persistent sadness and depression supports findings on student bereavement by Balk (2008). The lack of institutional support echoes concerns raised in nursing education literature regarding gaps in student mental health frameworks (Hou et al., 2020). The phenomenon of clinical triggers amplifies the findings of Tang et al. (2023), who noted the personal-professional conflict for bereaved nursing students. However, this study adds nuance by highlighting how these triggers can also fuel empathetic connection and vocational purpose, a point less emphasized in prior research. The central role of family and peer support, and the absence of formal support, underscores the need for systemic change highlighted by Thomas and Revell (2016).

This study suggests a modification to the application of Parkes' model within high-stress professional education contexts. While the phases of grief are evident, the “reorganization” phase for nursing students is not merely a return to a previous state but involves the active integration of grief into a burgeoning professional identity. The “assumptive world” that is shattered includes not only personal but also early professional assumptions. Rebuilding it necessitates creating a new identity that incorporates the loss as a source of clinical empathy and motivation—a concept that could be termed “Professional-Integrative Grief.”

Furthermore, the study underscores the critical role of attachment security in moderating professional development. Students who develop a secure “continuing bond” (Neimeyer et al., 2006) and find meaning (as in Theme 6) appear to channel grief into vocational strength. In contrast, those with unresolved anxiety may struggle with triggers and compartmentalization. This suggests that support interventions should not only address grief generically but also facilitate the conscious integration of the loss narrative into the student's professional self-concept, thereby fostering a more resilient and empathetic healthcare provider.

CONCLUSION

Based on the findings and discussion, this study concludes that the loss of a parent represents a profound psychosocial transition for nursing students, fundamentally reshaping their emotional, academic, and professional identities. The research objectives were comprehensively addressed, revealing that students experience an initial phase of shock and disbelief, followed by a complex and enduring emotional landscape marked by sadness, anger, and loneliness. These feelings significantly influence their academic motivation and clinical performance, often triggering memories in healthcare settings while simultaneously fostering a deeper empathetic connection to patients and families. Crucially, the study found that while students rely heavily on informal support systems—such as family, peers, and personal faith—formal institutional support within their nursing program is conspicuously absent, leaving them to navigate their grief with minimal structured guidance.

The essence of the research findings points to a critical duality in the experience of loss: it is both a source of significant vulnerability and a potential catalyst for profound personal and professional growth. Students were thrust into premature maturity and role changes, which disrupted their developmental trajectory yet also cultivated resilience, independence, and a redefined sense of purpose. Many reframed their grief into vocational motivation, expressing a desire to “save others” as a way to find meaning in their personal tragedy. This transformation highlights a key theoretical insight: for nursing students, bereavement is not merely a personal event but a formative process that becomes integrated into their emerging professional identity—a concept this study terms Professional-Integrative Grief.

Therefore, the core implication of this research is the urgent need for nursing education institutions to move beyond passive awareness and develop intentional, trauma-informed support frameworks. These must recognize grief not as an isolated personal issue but as an integral aspect of student development that can impact clinical competence and long-term professional resilience. By creating dedicated counseling services, facilitating peer support groups, training faculty in grief-sensitive mentoring, and encouraging the reflective integration of personal loss into professional identity formation, programs can better uphold their duty of care. Ultimately, supporting bereaved nursing students is not only an ethical imperative but also an investment in fostering a more empathetic, self-aware, and resilient future nursing workforce.

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