

ORIGINAL ARTICLE

What nursing students learn from the illness experiences of senior nurses: Class structure linking the experiences of those living with illness, excellent nursing practice, and research activities

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ABSTRACT

Objective: This study aimed to clarify the structure of student learning. After conducting a class for second-year nursing students where active nurses shared their personal experiences of living with illness, two nurses discussed their nursing practices and research activities, helping to broaden the students' perspectives.

Methods: Research participants are second-year nursing students from University A who attended this lecture and agreed in the study. After the completion of this lecture, students were instructed to prepare a report. The report assignment consisted of: things learned, thoughts, and feelings from the lecture. We analyzed the students' report both qualitatively and inductively.

Results: The study included 71 participants, consisting of 66 women and 5 men, all aged between 19 and 20 years. Among these participants, 31.6% had personally battled an illness, and an equal percentage of 31.6% had a family member who had experienced illness. However, this was not limited to those who perceive the fact of being ill as a shock. A total of 421 codes were obtained from all the students' reports, including the four types of assignments, and by abstracting these, 25 subcategories and 12 categories were obtained to represent students' learning.

Conclusions: Students realized that as long as nurses faced patients sincerely, disciplined themselves, and continued to find ways to truly understand the patient, whether they have experienced living with an illness has no bearing on their nursing abilities. True care is without limitations. Additionally, they realized that research could be a powerful tool for supporting nursing practices.

Key Words: Nursing education, Personal experience, Empathy, Patient care, Research integration, Professional development, Self-awareness, Human connection

1. INTRODUCTION

Understanding how patients and their families experience illness is important in shaping the direction of nursing practice. Nurses, including nursing students (hereafter, referred to as students), strive to deepen their understanding of their

patients while building supportive human relationships.

However, despite efforts to comprehend the suffering of patients and their families through attentive listening and empathy, the ability to fully grasp the physical pain and existential anguish of those who are ill remains limited. This

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limitation arises because patients are strangers to nurses, and many nurses possess robust health that allows them to endure irregular working hours. Nursing students are often around 20 years old and face unique challenges. Statistically, adolescents represent the age group with the fewest patients suffering from serious, life-threatening illnesses,^[1] and for them, death and illness seem distant. Additionally, adolescents have limited daily life experiences and struggle to imagine the suffering of ill individuals. Furthermore, they are in the midst of forming their identities, a period marked by uncertainty where they question their existence and consider important life decisions, such as their career paths and personal identities.

In response to the challenges of understanding patients, nursing has developed various middle-range theories,^[2-4] assessment tools,^[5] and methods to cultivate attentive listening and empathic attitudes.^[6,7] Additionally, nursing has created strategies to deepen understanding of the patients and identify directions for care.

Even in basic education, efforts are underway to help students better understand and empathize with the feelings of patients and their families. These efforts include innovative teaching methods such as role-playing,^[8] simulation education with mock patients,^[9] the use of autobiographies and documentaries,^[10,11] lectures by involved individuals,^[12] and online facility tours.^[13]

However, Ishikawa^[14] pointed out that when students engage in role-playing alone, it lacks realism and can become a farce. Additionally, classes that use simulated patients need careful lesson planning. Nakamura, Yamazaki, and Watanabe^[15] found that the expected educational benefits are not achieved if the selected scenario does not align with the educational objectives.

As such, we conducted a special lecture for second-year nursing students on the theme “Living with Illness: Linking the Experiences of Those Responding to Illness, Excellent Nursing Practice, and Research Activities.” The first distinctive feature of this course was its basis in the personal experiences of nurses who have battled illnesses, either themselves or within their families. The lecturer, who understood the suffering of patients and their families through her experience of illness, and who returned to work as a nurse after her illness, shared her story from a dual perspective as both a care provider and a care recipient. This approach differed from accounts of illness that are written solely from the perspective of the person involved.

The second distinctive course feature was that the topic expanded to include nursing practice of expert nurses after the lecturer discussed her experience with illness. It also

expanded the research of a doctoral student who has sublimated his experience of illness into research activities and examined ways to support nurses who are struggling with illness in their field of practice. The aim of this choice was to encourage student learning not only about the suffering of patients and their families but also about how nurses can specifically care for suffering patients and their families. We also wanted undergraduate students to grasp that creating new care approaches through research can solve difficult clinical problems and enhance academic values of nursing. Previous research has shown that nurses who are struggling with illness have great potential to expand medical care as a characteristic of fair care.^[16]

The third feature of the course was that the lectures on excellent nursing practice were delivered by expert nurses who had not experienced illness, in line with the fact that most nurses are healthy,^[17] and to avoid imposing the belief that having nurses who have experienced illness is beneficial.

The significance of this study is as follows. First, it examined the effectiveness of an educational initiative to deepen the understanding of students with little life experience, in which a nurse whose illness had changed her self-understanding and perspective on nursing shared her experiences. Second, this study aimed to demonstrate the significance of nurses with personal experiences in nursing.

Objectives

This study aimed to clarify the structure of students’ learning through the lecture titled “Living with Illness: Connecting Patients’ Experiences, Excellent Nursing Practices, and Research.”

2. METHODS

2.1 Definitions of terms

1. Experience of battling illness: the personal or familial experience of dealing with an illness. In this study, “fighting an illness” refers to having been diagnosed with from a disease or disability that affects a person’s life and does not include colds that can be cured within a few days, or hypertension or diabetes, which can be stabilized if controlled.
2. Nurses with experience fighting illness: active nurses who have experienced a serious illness, either within themselves or with family members.
3. Understanding the patient: understanding, or the attitude of trying to understand, the individual receiving nursing care and their family as people. In this study, understanding the whole person means deeply understanding patients from all aspects: physical, mental, social, and spiritual.

4. Structure of students' learning: students' learning is defined as "how nursing students who receive basic education at the university perceive, feel, think about, and experience this lecture." This study included two points in the structure of learning: (a) the content and flow of students' thoughts resulting from attending the lecture, and (b) which nurse's narratives stimulated the students' thinking. The reason for including point (b) was that the second characteristic of this research (mentioned above) was believed to be the combination of narratives from patients experiencing illness and those from expert nurses and researchers.

2.2 Research participants

A total of 71 second-year students from the Department of Nursing at University A attended this lecture and consented to participate in the study.

2.3 Practical content

2.3.1 Position of the lecture

This lecture, part of the adult nursing field titled "Chronic Care," was conducted in the first semester of the second year, offering two credits over 45 hours. The adult nursing field comprises a core group of subjects in the curriculum following basic nursing and aims to develop students' clinical abilities, focusing on nursing according to health levels. The curriculum is designed to facilitate smooth progression in students' learning, starting with an overview in the first half of the second year, followed by chronic care, then moving to rehabilitation nursing in the second half of the second year, end-of-life care in the first half of the third year, and acute care in the second half of the third year. In the fourth year, students participate in technical exercises and nursing training according to their health level in the first half of the year, and in the second half of the year, they participate in comprehensive training that will serve as a bridge to becoming a new nurse. In parallel with this, students engage in nursing research throughout the year.

In the first semester of the second year, students begin with an introduction to adult nursing, where they learn about health promotion, health statistics, characteristics of adulthood, and nursing theories that are useful in caring for adults. Following this, the chronic care course concentrates on understanding pathology, emphasizing the theme "living with illness."

The course content includes four main components: (a) general discussion, which covers topics such as the chronic phase, its characteristics, holistic understanding, and caring (2 classes); (b) the main lecture (2 classes); (c) major pathological conditions and nursing, which addresses areas such as the digestive, circulatory, and respiratory systems (16 classes); and (d) case analysis, which involves group work (3

classes).

2.3.2 Contents and implementation of this lecture

This lecture focused primarily on intractable illnesses and pursued two objectives: first, to understand the experiences of those living with illness from their perspectives, and second, to learn about the necessary care for these individuals. It covered three themes: (a) the experiences of those with illness and their family members who were dealing with illness and bereavement, presented by Nurse A; (b) exemplary nursing practices for patients with intractable illnesses, presented by Nurse B; and (c) research activities concerning nurses who have experienced illness, presented by Nurse C.

The lecture lasted for two 90-minute periods. First, the subject director explained the purpose and structure of the class to the students and introduced each lecturer. After that, Nurses A, B, and C spoke in that order. Nurses B and C used PowerPoint, but Nurse A only spoke and did not use any special teaching materials. The instructor did not warn students about their attitude in class and left it up to the students to decide whether to listen seriously. This choice was made as the lecture comprised content based on the actual experiences of each lecturer that cannot be learned from textbooks, and it was intended to be an opportunity for students to deepen their views on nursing; therefore, it was thought that students should be able to pay attention to the lectures according to their readiness. The second reason is that Nurse A's story included vivid stories about the difficulties of being a patient or family member, and for students who had lost a family member or whose family member was currently experiencing an illness, it might have reminded them of their loss and deepened their grief; therefore, special ethical consideration was considered necessary. Third, the researcher believed that the extent to which students had thought deeply about the topic could be observed from the contents of their reports. Furthermore, the students' attitudes in class were generally good, and there were no students with extremely bad attitudes.

As advance preparations, the subject leader provided Nurses A, B, and C with a detailed explanation of the lectures' purpose and implementation plan. This included an overview of chronic care, the lesson plan, the organization of topics within the adult nursing field, and student readiness.

Furthermore, Nurses A and C had experience with having an illness, but Nurse B did not. Nurses A and B were external lecturers, Nurse C was the first author of this paper, and the overall structure and subject management of the lecture was handled by the second author. Nurse A agreed to talk about her and her family's experiences in the class, and both Nurses A and B, the external lecturers, agreed to publish papers on this initiative. The details are listed in Table 1.

Table 1. Lecture content based on nurses' experiences of battling illness

Item	Person	Roles and lecture content	Intention
Overall Configuration	Subject leader (Second author) Age: 50s Experience with illness Personal: No Family: Yes	<ul style="list-style-type: none"> • Consideration of the positioning of this lecture in the overall curriculum • Consideration of the positioning of this lecture in the overall field of adult nursing • Determining the objectives and course structure of this lecture 	Provide students with opportunities to learn about the suffering of people with illnesses and the nursing practices that support them through hands-on experience (opportunities that stimulate their sensibilities and intellect).
Lecture by a nurse with experience of battling illness	Nurse A Age: 50s Experience with illness Personal: Yes Family: Yes	<ul style="list-style-type: none"> • My own experience of fighting a serious illness • My experience of fighting illness and losing a spouse and a parent • My view of nursing as a practicing nurse • What I learned from losing a family member • Message for students 	As a nurse with a multifaceted perspective as a patient and his/her family, I want to convey to students the true suffering of patients and their families and the deeper perspective on nursing that I gained from experiencing the struggles of patients and their families.
Outstanding Nursing Practices by Expert Nurses	Nurse B Age: 40s Experience with illness Personal: No Family: No	<ul style="list-style-type: none"> For patients with intractable neuromuscular diseases • Respiratory and nutritional management • Decision-making support and ADL support • Communication methods • Support for patient families 	Regardless of whether you have experienced the illness yourself, you can concretely convey to students the nursing practice you have developed through your sincere involvement with patients with intractable neuromuscular diseases for many years.
Research activities of nurses with experience of fighting illness	Nurse C (graduate student; first author) Age: 40s Experience with illness Personal: Yes Family: Yes	<ul style="list-style-type: none"> • Own experience of battling illness • Family members' experience of battling illness • Motivation for research • Summary of research on utilizing nurses with experience of battling illness 	By conveying the outline of the research, which involves sublimating the realizations gained through one's own or a family member's experience of battling illness into a research topic and examining strategies to use nurses who have experienced battling illness, the program provides students with an opportunity to consider the link between practice and research.

2.4 Data collection method

After the completion of this lecture, students were instructed to prepare a report and submit it through the cloud-based academic management system. The deadline was set for within two weeks, and the required length was at least two A4-sized pages. The report assignment consisted of four items: for each lecturer, "things learned, thoughts, and feelings from the lecture" (Items 1 to 3), and "topics I want to learn more about and my personal challenges after completing all the lectures" (Item 4).

2.5 Analysis method

2.5.1 Analysis procedure

Students' thought content and flow of thought

1. From the reports of students who provided consent, we

extracted content focusing on what they felt and thought throughout the lectures, and generated codes that concisely represent the meaning of the content.

2. Based on the similarity of meanings, we abstracted and generated subcategories and categories.

3. We closely read the subcategories and categories, positioning them from the perspective of what students learned from the lecturer's narration, and diagrammed the flow of students' thoughts with arrows.

Which nurse's narrative stimulated students' thinking?

4. When extracting codes in step 1, the names of the instructors were included alongside the codes to clarify the connection between the responses and the instructors' stories.

5. The number of codes derived from each nurse's narrative were counted by category, and the trends within each category were identified.

6. Based on the counts from step 5, I examined which of the lectures by Nurse A, B, or C advanced the students' thinking for each arrow representing the flow of students' thoughts in the diagram generated in step 3, indicating this within the arrows using different types of marks.

7. The total width of both the arrows and marks inside the arrows were determined by calculating the ratio based on the number of codes included in each category. This was completed to represent the strength of the students' reactions to each nurse's narrative (number of codes). From all of the students' reports on report assignment 1, the sections describing what the students learned from Nurse A's story were extracted. The extracted sentences were carefully read and grouped according to similarity of meaning, and the meanings contained therein were extracted. This process was repeated to abstract and express what was learned from Nurse A's story as a code.

Verification of consistency

8. The diagram was checked to ensure that it sufficiently reflected the students' learning against the contents of the report.

2.5.2 Ensuring the reliability and validity of the analysis results

1. The second author was responsible for the overall structure of the lecture, while the first author was responsible for Nurse C, who spoke about his research activities. The analysis was conducted jointly by the first and second authors. To prevent bias from Nurse C's role as the analyst, efforts were made to equally extract what the students learned from Nurses A, B, and C's narratives during the analysis process. The second author, who could take a bird's-eye view of the entire situation from a neutral standpoint, ensured that the first author did not consciously or unconsciously extract biased information about what the students had learned.

2. To ensure the authenticity and validity of the analysis results, the second author, who has 30 years of experience in qualitative research, supervised the entire analysis process and ensured the quality of the analysis results.

2.6 Ethical considerations

This study was approved by the Institutional Review Board of the University A Research Ethics Committee (No. 408) on Mar-15-2023 and was conducted per the ethical principles of the Declaration of Helsinki. All participants received both a

written and verbal explanation detailing the study's purpose, objectives, and methods. They were informed that participation was voluntary, opting out would not affect their grades or university life, and they could withdraw at any point until the analysis was complete. Additionally, participants were assured that the data would be anonymized prior to analysis to prevent identification and used solely for this study. Written consent was obtained from all participants. Moreover, to ensure that students who had experienced illness or bereavement, either personally or through a loved one, were not distressed by evoked memories, they were allowed to leave the lecture at any time. Advice was provided, and careful attention was paid to this matter.

3. RESULTS

3.1 Overview of study participants

The study included 71 participants, consisting of 66 women and 5 men, all aged between 19 and 20 years. Among these participants, 31.6% had personally battled an illness, and an equal percentage of 31.6% had a family member who had experienced illness. However, this was not limited to those who perceive the fact of being ill as a shock.

3.2 Structure of student learning based on the nurse's experience of being ill in the lecture

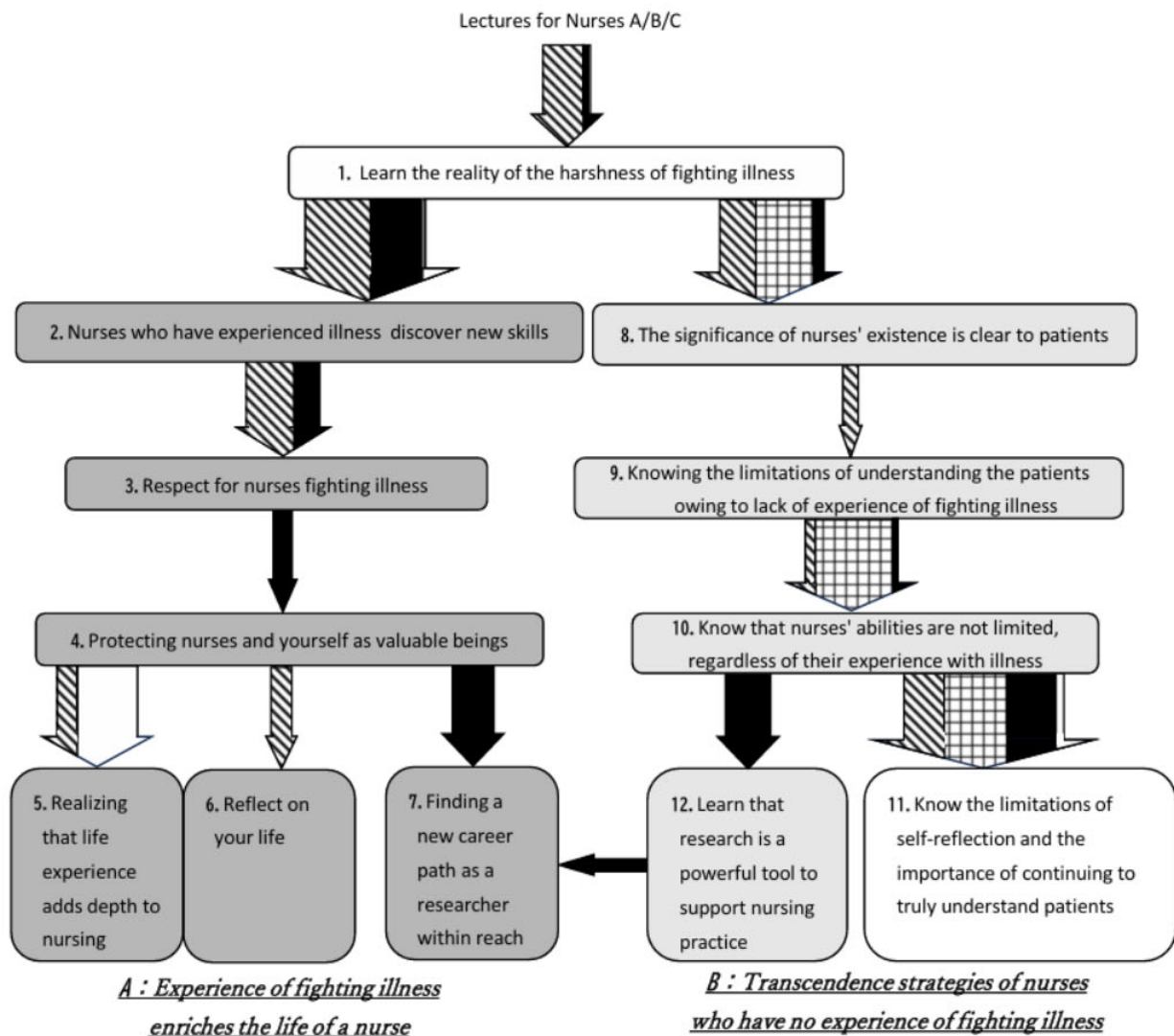
A total of 421 codes were obtained from all the students' reports, including the four types of assignments, and by abstracting these, 25 subcategories and 12 categories were obtained to represent students' learning. Details are listed in Table 2. The thought process of students in which the 12 categories were arranged is shown in Figure 1.

Nurse A's story of her battle with illness resulted in the participants learning: (1) the reality of how difficult it can be to be diagnosed with an illness, and (2) that nurses who have gone through this experience have developed new skills. The students then realized that, in addition to (3) having respect for nurses fighting illness, after hearing Nurse C's motivation for her research, she also (4) protects both nurses fighting illness and herself as valuable beings. In addition, throughout the lecture, the students were guided to the following: (5) realize that life experience adds depth to nursing; and (6) reflect on their own way of life.

Meanwhile, the narrative of Nurse C, who tried to utilize her experience with illness in research activities, provided participants with the opportunity to (7) perceive a new career path as a researcher as a feasible goal. The above is shown in the left half of Figure 1 (dark grey) and is represented in the core category A. The experience of being ill enriches the life of a nurse.

Table 2. What students learned from the lecture based on the nurses' experiences of battling illness




Subcategory	Code (only the main code is shown)
Learn the reality of the harshness of fighting illness	
1. A realistic understanding of the experiences of those battling illness	•Family members' sense of helplessness, suffering, and resignation when confronted with a patient's incurable disease were conveyed realistically.
2. Put yourself in the shoes of patients to understand their pain	•The thought of losing people who were important to me made me feel helpless, and it was painful to hear their stories.
3. Fighting illness can make even nurses lose their cool	•Nurses tend to focus on the predictions specific to the pathological condition, which places a greater burden on them than on people without this knowledge.
Nurses who have experienced illness discover new skills	
4. Deep empathy that helped endure the fight against a severe illness	•Although each person's illness, life story, and pain and suffering differ, patients feel that their pain is understood by nurses with similar experiences, which benefits their mental stability.
5. Turning a difficult experience into a positive one	•If I were a patient or a member of their family, I would want to focus not only on the negative aspects but also on the positive aspects, and apply that experience as a nurse.
6. Experience of fighting illness is a weapon for nurses	•The student's family member died from cancer, and although painful to recall, he realized the experience could help someone in need.
Respect for nurses fighting illness	
7. Impressions received from a nurse who turned the struggle against illness into motivation	•I was impressed by her kindness and emotional strength in using her experience of illness and fear of death as assets she could use to help patients.
8. Refusal to quit work despite battling a brutal illness	•I admired her responsibility and determination not to quit her job even though she did not know how her illness would progress.
Protecting nurses and yourself as valuable beings	
9. Protecting nurses who excel at understanding patients across the workplace	•Nurses who have battled illness can better understand patients' feelings, and deserve maximum support to work comfortably.
10. Do not prioritize work at the expense of neglecting yourself	•Although nurses have to put others first, they must not forget they are also someone's important person.
Realizing that life experience adds depth to nursing	
11. Life experiences add depth to nursing	•I aim to treasure all experiences to shape who I am as a nurse.
12. The essence of nursing is profound	•How the experience of nurses fighting disease informs their practices are deeper than the textbook discourse, making me want to learn more.
Reflect on your life	
13. I realized the importance of living each day to the fullest	•Despite becoming depressed and wanting to give up at times, I aim to pursue my dreams, live strong, and cherish this one and only life.
Finding a new career path as a researcher within reach	
14. Researcher as a career path	•I broadened my options by learning that a research career can emerge from working in the field, deepening understanding of questions that arise, and finding answers.
15. Know that there are other paths besides being a practitioner	•I strongly feel that a nurse's job is not just to care for patients.
The significance of nurses' existence is clear to patients	
16. Acting as a bridge between patients and their families	•It is important for nurses to help bridge any difficult conversations between patients and their families.
17. Becoming a good advocate for patients	•It is important to respect the patient's wishes about how they want to live and to support them until the end of their life their lives without regrets.
Knowing the limitations of understanding patients owing to lack of experience of fighting illness	
18. The limits of nurses, who are outsiders in understanding patients' suffering	•We can never fully understand the pain and anxiety of another person fighting an illness.
Know that nurses' abilities are not limited, regardless of their experience with illness	
19. Even nurses with no experience of fighting illness can deal with each patient individually	•As nurses, we provide care to patients with incurable diseases, facing them as human beings and offering nursing.
20. A nurse's suitability to the profession does not depend on their experience fighting illness	•Although nurses with experience of illness may be more sympathetic, they are not necessarily better suited to being nurses.
Know the limitations of self-reflection and the importance of continuing to truly understand patients	
21. Realizing the limits of truly understanding patients, I am cautious about my words and actions	•We must be careful to understand patients' thoughts and feelings, and treat them with empathy, as we can only imagine their pain and suffering without having experienced them first-hand.
22. Consider patients' feelings and respond sincerely	•It is important for nurses to listen to patients. No matter how busy they are, I believe it is crucial to carefully observe patients, notice small changes, and be present with them.
23. Search for clues to understand patients	•Showing empathy and making an effort to understand patients helps build a trusting relationship, so it is important to try to think of the patient's perspective on a daily basis, even if only they can understand their own pain and sorrow.
Learn that research is a powerful tool to support nursing practice	
24. Research paves the way for new nursing.	•Although I perceived "research" as being difficult, I learned that it would allow me to pursue my own questions and help others.
25. Research is not a noble pursuit; it is a means to address familiar challenges.	•I learned that questions arising while interacting with patients could be the beginning of research into how to improve nursing care.



[Notes]


1) Core categories are shown in ***bold italics***.


2) The category represents the student's learning and is indicated by the following three squares:


-  Categories that make up core category A
-  Categories that make up core category B
-  Categories common to core categories A and B


3) The arrows indicate the flow of the student's thinking.

4) The patterns within the arrows show which nurse's words stimulated and advanced the students' learning progress; from left to right, they are arranged in the order of Nurse A, Nurse B, Nurse C, and the entire lecture.

 Learning derived from the stories of nurses who have experienced illness (Nurse A), that is, the number of codes extracted from report assignment 1

 Learning derived from the outstanding nursing practice of expert nurses (Nurse B), that is, the number of codes extracted from report assignment 2

 Learning derived from the research activities of nurses who have experienced illness (Nurse C), that is, the number of codes extracted from report assignment 3

 Learning derived from the entire lecture

5) The total width (horizontal width) of the arrow and the width of each mark within the arrow indicate that the wider the width, the greater the number of codes (the greater the number of responses by students to the stimulus of each nurse's story). The horizontal dimensions were calculated as a ratio based on the number of codes included in each category.

Figure 1. Structure of student learning through the lecture based on the experience of nurses

From the stories of Nurses A, B, and C, (8) the value of nurses to patients is understood, but because Nurse A's story provides a real understanding of the harshness of battling illness, as outlined in point 1. Students (9) realize the limitations of their understanding of patients owing to their lack of experience with illness. However, the words of Nurse B, who provided excellent nursing care despite lacking any experience of battling illness, showed them that (10) nurses know that there are no limits to their abilities, regardless of whether they have experienced illness. However, through the stories shared by Nurses A, B, and C, participants learned the importance of self-reflection based on knowing limitations and continuing to search for clues to truly understand patients. Furthermore, based on the comments of Nurse C, who currently conducts research activities in an effort to utilize nurses who have experienced illness in clinical settings, participants learned (11) that research is a powerful tool that supports nursing practice. Since she was a doctoral student, the students could see how important her new career path as a researcher was to her, as outlined in point (7).

The above is shown in the right half of Figure 2 (light gray) and in the core category B: transcendence strategies of nurses who have no experience of being ill.

4. DISCUSSION

The learning of students through the new approach is summarized in Table 2 and Figure 1. The characteristics of student learning evident from these sources are as follows. Note that, to emphasize the fluency and conciseness of the writing, some category names have been omitted or modified.

4.1 Reality of the experience of fighting illness

Through the lectures, the students realistically understood and relived the harshness of experiencing an illness. Nurse A shared her experiences with a serious illness, as well as the struggles and deaths of her husband and mother. She described the anguish she felt as both a wife and mother while her husband battled his illness, her interactions with him up until his death, the onset of illness she experienced while living with her mother and children, the challenges of working as a nurse while living with a terminal illness, and the shock of the sudden death of her mother, on whom she had relied during this difficult time. These candid insights allowed the students to realistically understand the experience of illness and to relive the pain by empathizing with patients.

However, experiencing the harshness of being ill can be achieved realistically through memoirs of those struggling with an illness, documentaries, and lectures by people with an illness. Previous research has shown that students can interpret the psychology of those with an illness both the-

oretically and conceptually, while also gaining knowledge through their own emotional experiences.^[18] They learn about the real feelings of patients and their families,^[19] become aware of the ambiguity of the real world and human emotions, encounter sensations they have never felt before, and their awareness of various aspects increases.^[20] These findings are similar to the results of this study.

However, what sets this study apart from previous ones is that the narrators were practicing nurses and a patient. First, by listening directly to nurses who are close to them, students were more likely to relive the pain by putting themselves in the shoes of the patients. They could also perceive the struggle with illness as a real event, rather than fiction. Second, Nurse A, who is aged in her early 50s and has many years of clinical experience, learned that the battle against illness is so tough that even seasoned nurses lose their composure, which highlighted the severity of the fight against illness even more.

4.2 Formation of self-foundation through the expansion and deepening of thinking

The students felt respect for Nurse A, who had endured a challenging experience of illness and developed new skills as a nurse, as well as for Nurse C, who was using her own experience of illness to fuel her research and develop her research activities. This respect then expanded in four directions: they came to understand the importance of protecting both themselves and nurses as valuable beings, they came to realize that life experience adds depth to nursing, they pondered their way of life, and they felt closer to the new career path of becoming a researcher.

Of these, respect for nurses battling illness is important in protecting the weak and protecting oneself. The second and third directions show that students' views on nursing and life deepened, and regarding a new career path as a researcher as familiar shows the expansion of future options. All of these are important and essential in continuing to work as a nurse, and we believe that the stories of Nurses A and C contributed to developing their strong foundation as nurses.

The exploration of nursing and life perspectives shows that students were inspired by Nurse A's ability to transform a negative health battle into a positive experience through the theme, "New abilities emerge." Respecting Nurse A as both a senior individual and a nurse, the students' interest turned inward. They realized that their lifestyle and future experiences would add depth to their nursing practice, leading them into philosophical contemplation.

This suggests the importance of providing high-quality stimulation to students who have the potential to deepen their philosophical thinking.

4.3 Increased self-worth and a sense of oneness

The students recognized the importance of “Protect both the nurse and yourself as valuable beings.” Two main factors contributed to this realization. First, by respecting Nurse A, who had discovered a new skill while fighting an illness, and Nurse C, who valued this academically, the students realized the importance of protecting nurses who have rare and valuable skills while fighting illness. Second, they realized that experiencing an illness or the loss of a loved one can be so challenging that even experienced nurses may become overwhelmed. By empathizing with these situations, they recognized that if they were to face illness or death, there would be people who would mourn them, and that because they love and are loved, they too should be protected.

This realization led them to see that both the nurse and the patient are irreplaceable, increasing their self-worth and highlighting the importance of protecting their valuable selves.

Oneness suggests that although two individuals may seem separately, they are actually one entity, meaningfully connected to everyone else.^[21] According to this concept, those who care for themselves will also care for others, and this care will proliferate. In other words, the individuals who need protection are not just the nurse herself and the nurse who is ill, but nurses in general. We believe that students who have increased their self-worth and realized the interconnectedness of all will develop the capacity to protect and support not only themselves but the entire nursing community.

4.4 Knowing the limits of understanding patients and finding strategies to overcome them

One student who was deeply engaged in learning about experiencing an illness recognized the significance of nurses’ presence to patients and their families. However, he also felt that his understanding was limited compared to that of Nurse A, who has first-hand experience with such harshness. Nevertheless, from Nurse B’s words, he learned that nurses’ abilities are limitless, regardless of whether they have personally fought an illness, and that expert nurses consistently exceed their limits.

What is noteworthy here is that the students realized the value of nurses’ existence. Basic nursing education emphasizes that understanding a person from a holistic perspective is important.^[22] However, for those earlier in their nursing school years, who have limited practical experience, this concept can be too abstract. Even if they grasp the idea, it is challenging for them to understand it in a tangible manner. Nurse A, who had experienced being a nurse, a patient, and a family member to someone with a serious illness, and who critically reflected on her practice as a nurse before her

illness, provided a valuable opportunity for students to see first-hand how comforting the presence of a nurse can be for patients and families experiencing loneliness and pain.

Second, although nurses are aware of their limitations, they have learned how to overcome them. According to the Ministry of Health, Labour and Welfare,^[23] 7.4% of nurses leave their jobs because of physical reasons. Nurses who cannot withstand the demanding nature of the work tend to leave the profession. However, most nurses who remain are healthy and capable of managing irregular working hours. This situation presents a contradiction: although nurses aim to understand patient suffering, being healthy means they cannot fully comprehend the perspectives of those who are experiencing illness. The students noticed this contradiction as well. However, an expert nurse (Nurse B), who had never battled illness herself, demonstrated her exceptional skills that had developed over many years. These skills included connecting with patients suffering from intractable neurological diseases who could not communicate verbally, supporting a peaceful daily life, assisting with the critical decision of whether to use a ventilator, which can affect their life expectancy, and aiding the advanced activities of daily living (ADLs) among patients who are immobile. This provided students with an example of how they can acquire outstanding practical nursing skills, even if they have not experienced illness.

Classes that conclude with students recognizing their limitations may discourage them from learning; however, these findings suggest that offering a way to overcome these limitations enables students to recognize the significance and importance of learning in basic education.

4.5 Caring

From Nurse B’s experience, the students learned that there is no limit to their abilities. They wondered why Nurse B, who had no experience of battling illness, had acquired such a deep understanding of the patients and outstanding nursing practice skills. They realized the importance of a nurse’s way of being, which includes sincerity, self-discipline, and a search for clues to truly understand the patients.

Nursing practice emphasizes the concept of caring, defined as mutual recognition and reciprocity,^[24] and its importance is taught even in basic education. However, because caring is an abstract concept, and understanding the specific interactions involving reciprocity and mutual recognition with patients can be challenging.

Despite having no experience with being ill herself, Nurse B successfully connected with a patient suffering from a neuromuscular disease who had lost the ability to communicate verbally. She supported the patient in making the

challenging decision of whether to use a ventilator, which would determine the course of his remaining life, and continued to support him as he lived peacefully while attached to the ventilator. We believe that Nurse B's actions concretely demonstrate the true meaning of caring.

Furthermore, by focusing on how she managed to surpass her limitations, Nurse B recognized that the fundamental principles of caring are crucial. These principles include acknowledging that it is impossible to fully understand another person. However, nurses can exercise discipline in their words and actions, comprehend the thoughts of another person, approach them sincerely, and seek clues to better understand the patients.

4.6 Significance of research activities

In this study, lectures were presented by a nurse with personal experience (Nurse A) and another with excellent nursing practice (Nurse B), followed by a lecture on research activities (Nurse C).

Nurse C has faced illness personally and within her family, and she uses these experiences to conduct research on how to use the unique abilities of nurses who have experienced illness. Her lecture offered two insightful experiences for the students. First, new career paths for researchers contribute to deepening their perspectives on nursing and life, as well as forming a foundation for themselves. Second, research serves as a powerful tool to support nursing practice. Research is an effective problem-solving method aimed at creating new forms of care, and when data are accumulated and systematized, it establishes an academic field. Nurse B had developed outstanding nursing practice skills by working consistently with patients who have intractable neuromuscular diseases. However, with the intervention of researchers, the students came to understand that nursing research activities involve conceptualizing these skills, creating new knowledge, and sharing it with nurses in the field. This realization highlights the value of nursing research.

4.7 Significance of this lecture in basic education

From the above, we believe that this lecture was effective in drawing out and enhancing the skills and knowledge that we aim to master in basic education. These include the fundamentals of care, which involve engaging sincerely with patients and improving their quality of life. It also covered understanding of the patients, including the challenges of experiencing an illness, the importance of the nurse's presence for the patient's family, and the strategies and courage required to exceed one's limitations to meeting these expectations. Furthermore, the lecture discussed an attitude of self-discipline and self-reflection stemming from an aware-

ness of one's limitations, and the philosophical foundations of nursing and the life perspectives that support nursing practice.

5. CONCLUSION

The significance of this study is that students can learn from the narratives of patient experience in a non-threatening environment, where they experience personal stress or stress in clinical practice. However, a limitation is that this learning occurred only during the first year at a single university and cannot be generalized to all nursing students.

In future research, we plan to investigate practical strategies that nurses who have experienced battling an illness can use to apply the skills they acquired as a result.

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