New Trends and Issues Proceedings on Humanities and Social Sciences

Volume 4, Issue 2 (2017) 275-283

ISSN 2421-8030
www.prosoc.eu

Selected Papers of 1st International Congress on Nursing (ICON-2017) 16 – 18 March 2017 Grand Park Lara Convention Center, Lara – Antalya, Turkey

The effects of occurrence and frequency of nursing students' confrontation of death on their attitudes towards death

Esra Danaci [a] Faculty of Health Sciences Institute, Ondokuz Mayis University, 55200, Samsun, Turkey.
Tugba Kavalali Erdogan [b], Faculty of Health Sciences Institute, Ondokuz Mayis University, 55200, Samsun, Turkey.
Sevil Masat [c], Faculty of Health Sciences Institute, Ondokuz Mayis University, 55200, Samsun, Turkey.
Selin Keskin Kiziltepe [d], Faculty of Health Sciences Institute, Ondokuz Mayis University, 55200, Samsun, Turkey.
Zeliha Koc [e*], Faculty of Health Sciences Institute, Ondokuz Mayis University, 55200, Samsun, Turkey.

Suggested Citation:
Danaci, E., Erdogan, K. T., Masat, S., Kiziltepe, K. S. & Koc, Z. (2017). The effects of occurrence and frequency of nursing students' confrontation of death on their attitudes towards death. *New Trends and Issues Proceedings on Humanities and Social Sciences.* [Online]. 4(2), pp 275-283. Available from: www.prosoc.eu

Selection and peer review under responsibility of Prof. Dr. Nesrin Nural, *Karadeniz Technical University*, Turkey

Abstract

This study was conducted as a descriptive study aiming at determining the effects of the facing death situation and frequency of nursing students on their attitudes towards death.The research was carried out between October 10 and October 21, 2016 with the participation of 233 students who were currently studying in the nursing department of the Faculty of Health Sciences. The data were collected by the 25-question questionnaire form prepared by the researchers and determined the demographic characteristics of the students and their attitudes towards death using the Death Attitude Profile-Revised (DAP-R) Scale. As the total scores obtained on the scale increased, it is considered that a more negative attitude is developed towards death. For the data assessment, percentile estimation, Levine test, One Way ANOVA, Tukey test, Mann Whitney U test, and Kruskall Wallis test were used. The present study demonstrated that of the students, 46.4% loved their profession, 59.7% preferred their profession willingly, 36.5% lost a first-degree relative previously, 65.7% faced death situation during clinical practices, 60.1% avoided from facing with the relatives of the deceased individual, and only 21.5% found herself/himself sufficient for understanding the patients' relatives. The median score of DAP-R was found to be 110.00 (26.00-161.00), the median score the Neutral Acceptance and Approach Acceptance subdimensions was 57 (12-72), the median score of the Escape Acceptance subdimension was 19 (5-32), and that of the Fear of Death and Death Avoidance subdimension was 34.12 8.49. In this study, a statistically significant relationship was found amongthe DAP-R scores of the students and their sociodemographic and occupational characteristics and facing death situations ($p < 0.05$). Considering that a negative attitude toward death was developed as the total score of the scale increased, this study revealed that the students did not develop any negative attitudes towards death.

Keywords: Nursing, student, death, attitude, frequency of facing death.

* ADDRESS FOR CORRESPONDENCE: **Zeliha Koc**, Faculty of Health Sciences Institute, Ondokuz Mayis University, 55200, Samsun, Turkey.
E-mail address: zelihaceren@hotmail.com / Tel.: +0 362 312 19 19

1. Introduction

Death is a universal incident. Death is the truth and a part of life (Oz, 2004). The concept of death bearing in the minds of people affects the behaviors and lifestyles of individuals religiously, philosophically, morally and legally, and the person, who is always in touch with death, can develop an attitude towards death by considering the concept of death (Bilge et al., 2013). The individual's perception of death and his/her attitude can be influenced by many factors such as religion, culture, social values, beliefs, and traditions (Ozdemir and Ekinci, 2014). People can develop a positive or negative attitude toward death in line with their experiences about the deaths of individiuals around them (Inci ve Oz, 2009) and the attitudes and reactions towards death may differ on individual basis (Ozdemir and Ekinci, 2014). Even though the attitude developed towards death is defined as a reaction against the experience of death, this reaction is defined as a threat, fear, and a sense of discomfort (Rooda et al., 1999).

The personality, emotions, and behaviors of a nurse, who is taught of being responsible for sustaining life during her education period, can also affect her attitude towards death. In the face of the loss of a patient, the nurse who is in charge of his/her treatment and care may feel the emotions of fear, anxiety, denial, anger, guilt, depression, helplessness, and grief (Oz, 2004, Asti and Karadag, 2013). When nurses have conceptual complexity about death and when they can not develop a positive attitude, it becomes more difficult for them to work with dying patients (Tanhan and Ari, 2006) the attitude developed towards death negatively affects the quality of care and may prevent the peaceful and comfortable death deserved by the patient (Ay and Oz, 2013). In this respect, it is of great importance for a nurse to be aware of her feelings towards death, to be able to manage these feelings properly and to develop an appropriate attitude (Oz, 2004, Asti and Karadag, 2013).

As stated in the literature, nursing students are given the responsibility of sustaining life during their education. Accordingly, the inability to prevent death may cause the emergence of different feelings and thoughts in the nursing students, who feel the responsibility of sustaining the life of the individual (Oz, 2004). Some studies on nursing students abroad revealed that students confronted with the death situation during clinical practice, that they had fears about caring a patient with approaching death, and that their training programs failed to prepare them for this situation (Cooper and Barnett, 2005; Shih et al Loftus, 1998). Therefore, as also stated in the literature, the feelings and opinions of nurses about death should be examined from the beginning of their school years, and students should be allowed for being able to express these feelings and develop themselves (Duke, 1997, Macleod et al., 2003, Hurtig and Stewin, 1990).

Nursing students are observed to have the feelings of fear, anger, helplessness, guilt, and incompetency while caring for the patients with approaching death and their families (Koc and Saglam, 2008), and it is considered that this situation may reduce the quality of care by affecting the care given to the patient and his or her family negatively. In this respect, in order to provide effective care and psychosocial support for the patient with approaching death in his or her family by nursing students, there is need for determining the effect of the facing death situation and frequency on their attitudes toward death and developing appropriate strategies in line with the findings obtained. We suggest that the results to be obtained from this research will be useful in the configuration of nursing education curriculum programs.

1.1. Objective of the Study

This study was conducted as a descriptive study aiming at identifying the effects of the facing death situation and frequency of nursing students, studying in the nursing department of the Faculty of Health Sciences, on their attitudes towards death. This research inquires answers to following questions:

- What is the facing death frequency of nursing students?
- How are the attitudes of nursing students towards death?

- What are the sociodemographic and occupational characteristics affecting the attitudes of nursing students towards death?

2. Materials and Methods

2.1. Place and Time of the Research

This research was conducted as a descriptive study in order to determine the effect of the facing death situation and frequency of the nursing students, who were studying in the second, third, and fourth grades of the nursing department of Health Sciences Faculty, on their attitudes towards death between October 10 and October 21, 2016.

2.2. Population and Sample of the Research

In the research, the sampling method was not employed and we aimed to reach the entire population (n = 389). However, a total of 233 students (59.9%) who filled in the questionnaire completely and volunteered to participate in the study constituted the study group since the students who did not agree to participate in the study during the data collection process (n = 96), who were not present at school on the days when the questionnaire was filled in (n = 47) and who did not fill in the questionnaire completely (n = 13) were excluded.

2.3. Tools of data collection

The data of the research were collected by an introductory questionnaire using the Death Attitude Profile-Revised (DAP-R) Scale. The questionnaire form consisted a total of 25 questions describing the socio-demographic characteristics (age, grade, gender, marital status, family type, place of residence, where they live now, income status, social security, family structure, intrafamilial communication status, how she describes her relations with friends and social environment) and occupational characteristics (enjoying the profession of nursing, whether pursuing the profession of nursing willingly or not, facing death during clinical practice, death cases confronted, escaping death, presence of health problem, losing a first-degree relative, hesitating from facing with the relatives of the deceased person, feeling herself sufficient about understanding and approaching the patients in a proper manner, frequency of thinking of death, what she feels when she faces death situation, etc.) of the students.

2.3.1. Death Attitude Profile-Revised (DAP-R) Scale

The Death Attitude Profile-Revised (DAP-R) Scale is a scale developed by Wong et al. (1994) to assess the attitudes of individuals toward death and adapted to Turkish by Isik et al. (2009). It is a seven-point Likert type scale based on the notion of the presence of death and consists of 26 items. The Scale is composed of three subdimensions namely, "Neutral Acceptance and Approach Acceptance" (items 4, 6, 8, 12, 13, 14, 15, 19, 21, 22, 23, and 25), "Escape Acceptance" (items 5, 9, 11, 20, and 24), and "Fear of death and avoidance of death" (items 1, 2, 3, 7, 10, 16, 17, 18, 26) and measures the individual's attitudes towards death. In addition to obtaining a score on each subdimension, the total score of the scale can be obtained as well. The high total score obtained on the scale is considered as the development of negative attitude towards death (Isik et al., 2009).

"Neutral Acceptance" is believing that death is a part of life. In this way, no one is afraid of death nor accepts it. The person only accepts it as one of the facts of life that cannot be changed. She or he tries to make the most of limited life. "Approach Acceptance" is believing in a happy afterlife by considering the death as being transferred to the other life. "Escape Acceptance" is believing that death provides relief from physical or psychological pain and the distress of life. It is to believe that life is full of suffering and misery and death may be a welcomed acceptable alternative. "Fear of death" is the fear felt when someone confronts death. "Death avoidance" is to avoid thinking of and talking about death with the hope of reducing the anxiety of death. Therefore, death avoidance is a defense mechanism that someone uses to keep death away from herself or himself. (Wong et al., 1994). The Cronbach Alpha value of the scale was found to be0.081 in this research.

2.4. Data Collection

The questionnaire and the scale were initially tested on a group of five individuals. The items which could not be understood or which were missing were identified and corrected. After this pilot study, the last touches were put on the final version of the draft. This research was in accordance with the ethical standards of the Helsinki Declaration. The data were collected from the students by the researchers through face-to-face interviews and informed consents were obtained from the students. After making an explanation about the study to the participating students, the Death Attitude Profile-Revised (DAP-R) Scale was administered via the questionnaire form. It was expressed to the students that the decision of participating or not participating in the research was completely their own choice, that their names would not be written in the questionnaire form and that the data to be collected from this study would only be used within the scope of the research. The data collection period was completed approximately in 6-7 minutes.

2.5. Data Assessment

The statistical analysis of the data of the students included in the scope of the research was analyzed in a computer environment using the SPSS v15.0 package program. Percentage estimation, Levine test, One Way ANOVA, Tukey test, Mann Whitney U test and Kruskall Wallis test were used for the assessment of the data. The results were expressed as percentages, means, and standard deviations. Statistical significance level was accepted as $p<0.05$.

3. Results

A total of 233 nursing students participated in this research. In this study, 36.5% of the students were in the second grade, 34.8% of them were in the third grade and 28.7% of them were in the fourth grade. Of them, 70.4% were girls, 29.6% were males, 97.9% were single, 73.4% had a nuclear family structure, 46.4% lived in the city center. The income of 67% students was equal to their expense. Of the students, 89.7% had social security, 56.2% defined their family structure as protective, 54.1% defined their intrafamilial communication status as good, 46.8% were living in a dorm and 54.1% defined their relationships with their family and social environment as good (Table 1).

Of the students, 46.4% liked their profession, 59.7% preferred their profession willingly, 65.7% confronted with death during clinical practice, 18.9% escaped a serious death risk, 7.7% had a serious health problem,16.7% had a first-degree relative with high death risk, 36.5% experienced the death of a first-degree relative, 60.1% hesitated over facing with the relatives of the deceased individual, 71.2% felt themselves sufficient for understanding their patients and relatives and 50.6% thought of death occasionally (Table 2).

The median score of the Death Attitude Profile-Revised Scale was found to be 110.00 (26.00-161.00), the median score of the Neutral Acceptance and Approach Acceptance subdimension was 57 (12-72), the median score of the Escape Acceptance subdimension was 19 (5-32), and that of the Fear of Death and Death Avoidance subdimension was 34.12 $\pm$8.49. In this study, a statistically significant relationship was found among the Death Attitude Profile-Revised Scale scores of the students and their sociodemographic and occupational characteristics and facing death situations ($p <0.05$). The students who confronted with death during clinical practice ($U = 4979$, $p = 0.019$) who liked his or her profession ($F = 3.885$, $p = 0.022$), who never found himself or herself sufficient for understanding patients ($\chi^2= 9.955$, $p = 0.007$), who defined his or her intrafamilial communication as very good ($\chi^2= 7.013$, $p = 0.03$), who thought of death occasionally$\chi^2= 11.692$, $p = 0.009$), who lived alone at home ($U = 2074$, $p = 0.164$), who were married ($t = 2.677$, $p= 0.008$) and who did not have social security ($U = 2074$, $p = 0.164$) were observed to develop a more positive attitude towards death. (Table 3).

4. Discussion

In this study, which aimed to determine the effect of the facing death situation and frequency of nursing students on their attitudes towards death, it is identified that the students were not

developing a negative attitude towards death. The median score of the Death Attitude Profile-Revised Scale was found to be 110.00 (26.00-161.00), the median score of the Neutral Acceptance and Approach Acceptance subdimensions was 57 (12-72), the median score of the Escape Acceptance subdimension was 19 (5-32), and that of the Fear of Death and Death Avoidance subdimension was found to be 34.12 ±8.49.

After the study by Bilge, Embel, and Kaya (2013) which was conducted to determine the attitudes of the students towards death, its relationship with death anxiety and the variables affecting them, the mean score of the Fear of Death and Death Avoidance subdimension of the nursing students was 34.94 ± 9.93, the mean score of the Neutral Acceptance and Approach Acceptance subdimension was 58.87 ± 13.52 and that of the Escape Acceptance subdimension was found to be 19.57 ± 5.85. The mean score of the Neutral Acceptance and Approach Acceptance subdimension was reported to be higher compared to the other subdimensions. Another study by Selcuk and Avci (2015) revealed thatthe mean of the total score obtained on the Death Attitude Profile-Revised Scale was 117.62± 17.86 , that the scores of Fear of Death, Death Avoidance, Death Acceptance subdimensions and the total score of the students were above the average, the scores of Neutral Acceptance were below the average, while the scores of Acceptance Approach were determined to be at a moderate level. Although the mean score of the Death Attitude Profile-Revised Scale of the students differs depending on the research conducted, it is considered that this difference may be influenced by the sociodemographic and occupational preference characteristics of the students.

In this study, the students who faced death situation during clinical practice, who liked their profession, who did not find themselves sufficient for understanding patients, who defined their intrafamilial communication as very good, who thought of death occasionally, who lived alone at home, who were married and who did not have social security were observed to develop a more positive attitude.

The study conducted by Selcuk and Avci (2015) demonstrated that the variables of age, gender, marital status, grade, religious belief, facing death in close environment, proximity degree of the death experience, willingness for caring the patients in the terminal period were found to be significantly associated with the total score of death attitude and the mean scores of its sub-dimensions. As a result of the study by Saad, Demirkiran, and Adana (2016) on nursing students to identify death anxiety, willingness for caring a dying patient and the affecting factors, they found that more than half of the nursing students confronted with death during any period of their lives, that experiencing loss due to death increased their death anxiety further, that female students had higher death anxiety compared to male students, that male students were more willing for caring a dying patient and that the students with higher death anxiety did not want to care a dying patient. Another study conducted by Bilge, Embel and Kaya (2013) reported that the mean score of the Neutral Acceptance and Approach subdimension was found to be higher in females when the death anxiety, attitude toward death and gender were compared. Even though the factors affecting the mean scores of the Death Attitude Profile-Revised Scale of the students differ depending on the studies, it is considered that this situation may be influenced by the personal and occupational preference characteristics of the students, values given to life and death by them, and the approaches of educators.

5. Conclusion

This study revealed that the students who faced death during clinical practice, who liked their profession, who never found themselves sufficient for understanding patients, who defined their intrafamilial communication as very good, who thought of death occasionally, who lived at home alone, who were married, who did not have social security developed a more positive attitude towards death. In line with the results obtained, it is suggested that death education programs should take place in the training programs of nursing. Students should be encouraged to speak about their feelings in respect to death. Students should be there while talking with the patient with approaching death and his or her family. They should have the right to choose if the student is not ready to give the

antemortem and postmortem care or not ready to talk with the patient or family. Enough time should be given and experiences should be shared with students.

6. Limitations of the Research

- Inability to make long-term observations to assess the correctness of the statements within the answers given regarding the face-to-face interviews carried out with the sample group is a limitation of this research.

Acknowledgement

We thank the students who supported by participating in the research.

Table 1. Distribution of Socio-demographic Characteristics of Students (n=233)

Characteristics		n	%
Grade	Second grade	85	36.5
	Third grade	81	34.8
	Fourth grade	67	28.7
Gender	Female	164	70.4
	Male	69	29.6
Marital status	Married	5	2.1
	Single	228	97.9
Family type	Extended family	62	26.6
	Nuclear family	171	73.4
Place of residence	Province	108	46.4
	Town	90	38.6
	Village	35	15.0
Socioeconomic status	Income < Expenses	27	11.6
	Income = Expenses	156	67.0
	Income > Expenses	50	21.4
Social security	Present	209	89.7
	Absent	24	10.3
General Structure of Family	Authoritarian	24	10.3
	Indifferent	14	6.0
	Protective	131	56.2
	Democratic	46	19.7
	Extremely concerned	15	6.4
	Other	3	1.4
Intrafamilial communication status	Excellent	79	33.9
	Good	126	54.1
	Moredate	28	12.0
Where she lives currently	Alone, at home	8	3.4
	At home with family members	84	36.1
	At home with friends	29	12.4
	In dorm	109	46.8
	With a relative	3	1.3
How they describe their relations with their friends and social environment	Excellent	55	23.6
	Good	126	54.1
	Moredate	45	19.3
	Bad	7	3.0

Table 2. Distribution of Occupational Characteristics of Students (n = 233)

Characteristics		n	%
Enjoying the profession of nursing	Enjoys	108	46.4
	Dislikes	59	25.3
	Uncertain	66	28.3
Pursuing the profession of nursing willingly	Yes	139	59.7
	No	94	40.3.
Facing death during clinical practice	Yes	153	65.7
	No	80	34.3
Facing a serious risk of death	Yes	44	18.9
	No	189	81.1
Having a serious health problem	Yes	18	7.7
	No	215	92.3
Having a first-degree relative with high probability of death	Yes	39	16.7
	No	194	83.3
Experiencing the death of any first-degree relative	Yes	85	36.5
	No	148	63.5
Hesitant to facing with the relatives of deceased individual	Yes	140	60.1
	No	93	39.9
Feeling self-sufficient for understanding patients and their relatives	Never	17	7.3
	Sometimes	166	71.2
	Always	50	21.5
Frequency of thinking of death	Rarely	42	18.0
	Occasionally	118	50.6
	Frequently	61	26.2
	Very often	12	5.2

Table 3. Comparison of Socio-economic and Occupational Characteristics of Students with Their Scores of Attitude toward Death Scale

Characteristics		Median ±(min-max)	Test Value
Marital status	Married	24.50±11.98	t = 2.677
	Single	34.34±8.30	p = 0.008
Presence of social security	Yes	20±(5-32)	U=2074.000
	No	19±(5-26)	p=0.164
Where she lives currently	Home, alone	91.88 ± 30.80^{A}	F=3.634 p=0.007
	At home, with family members	$106.92\pm17.85^{FM*}$	
	At home, with friend	$102.21\pm17.97^{AB*}$	
	Dorm	111.48 ± 17.47^{B}	
	With a relative	$120.67\pm35.10^{AB*}$	
General Structure of Family	Authoritarian	$40 \pm (9\text{-}48)^{A}$	χ^2= 13.808 p = 0.017
	Indifferent	$28 \pm (15\text{-}43)^{B}$	
	Protective	$35\pm(17\text{-}53)^{AB*}$	

	Democratic	36 ± (12-60)^{AB*}	
	Extremely concerned	35 ± (20-45)^{AB*}	
	Other	40 ± (9-48)^{A}	
Intrafamilial communication status	Very good	19±(5-30) ^{A}	χ^2= 7.013 p=0.03
	Good	20±(5-31) ^{AB*}	
	Moredate	21±(12-32) ^{B}	
Enjoying the profession of nursing	Enjoys	33.18±7.80 ^{A}	F=3.885 p=0.022
	Dislikes	33.14±9.07 ^{AB*}	
	Uncertain	36.56±8.66 per ^{B}	
Facing death during clinical practice	Yes	19±(5-31)	U = 4979.000 p = 0.019
	No	20±(5-32)	
Feeling self-sufficient for understanding patients and their relatives	Never	51±(30-69)^{A}	χ^2= 9.955 p=0.007
	Sometimes	56±(12-72)^{A}	
	Always	60±(35-70)^{B}	
Frequency of thinking of death	Rarely	55±(30-69)^{AB*}	χ^2= 11.692 p=0.009
	Occasionally	56±(12-72)^{A}	
	Frequently	69±(28-70)^{AB*}	
	Very often	62±(49-69)^{B}	

*****There is no difference between the groups with the same letter, t = Levine test (Independent Samples t test), U = Mann Whitney U test, F = One Way Anova, χ^2=Kruskall Wallis Test

Danaci, E., Erdogan, K. T., Masat, S., Kiziltepe, K. S. & Koc, Z. (2017). The effects of occurrence and frequency of nursing students' confrontation of death on their attitudes towards death. *New Trends and Issues Proceedings on Humanities and Social Sciences.* [Online]. 4(2), pp 275-283. Available from: www.prosoc.eu

References

Asti T.A. & Karadag A. (Ed.). (2013). *The principles of Nursing, Science and art of nursing* Istanbul: Academi Press and Publishing.

Ay, M.A., Oz, F. (2013). *The attitudes of nurses toward death, terminally ill patient, and euthanasia.* (Unpublished Master Thesis) Hacettepe University, Institute Of Health Sciences, Ankara, Turkey.

Bilge, A., Embel, N., Kaya, F.G. (2013). The attitudes of the students that are prospective health professionals towards death, their relationship with their death anxieties, and variables affecting them. *Journal of Psychiatric Nursing*, 4(3), 119-124.

Cooper, j., Barnett, M. (2005). Aspects of caring dying patients which cause anxiety to first-year student nurses. *International Journal of Palliative Nursing*, 11(8): 423-430.

Duke, C. (1997). Helping students deal with a patient's death. *Nursing 97*, May.

Hurtig, W.A., Stewin, L. (1990). The effect of death education and experience on nursing students' attitude towards death. *Journal of Advanced Nursing*, 15: 29-34.

Isik, E., Fadiloglu, C., Demir, Y. (2009). The Validity and reliability study of Turkish translation of Attitude Toward Death Scale in nurse population. *Research and Development Journal in Nursing,* 2, 28-43.

Inci, F., Oz, F. (2009). The effect of death education on the nurses' death anxiety, death-related depression, and attitudes towards dying patient. *Anatolian Psych Journal*, 10, 253-260.

Koc, Z, & Saglam, Z. (2008). Determination of the feelings and views of nursing students regarding the end-of-life care and death. *Cumhuriyet University Vocational Nursing School Journal* 12,1, 14-17

Loftus, L.A. (1998). Student nurses ' lived experience of the sudden death of their patients. *Journal of Advanced Nursing*, 27, 641-648.

Macleod, R.D., Parkin, C., Pullon, S., Robertson, G. (2003). Early clinical exposure to people who are dying: learning to care at the end of life. *Medical Education*, 37:51-58.

Neimeyer, R. A. (Ed.). (1994). *Death attitude profile-revised: a multidimensional measure of attitudes toward death. Death anxiety handbook: research, customize instrumentation, and application*. Washington: DC: Taylor & Francis.

Oz, F. (2004). *Basic concepts in the field of health*. Ankara: Imaj Domestic and Foreign Trade Corporation.

Ozdemir, K., Ekinci, M. (2014). *Death anxiety in intensive care nurses*. (Unpublished Master Thesis), Ataturk University, Institute Of Health Sciences, Erzurum.

Rooda, L.A., Clements, R., Jordan, M.L. (1999). Nurses ' attitudes toward death and caring for dying patients. *Oncology Nursing Forum* 26, 1683-1687.

Selcuk, K.T., Avci, D. (2015). Attitudes of Vocational School of Health students towards death and related factors. *Literature Symposium Psychiatry Neurology Behavior Sciences Journal*,8,26-32.

Shih, F., Gau, M., Lin, Y., Pong, S., Lin, H. (2006) Death and help expected from nurses when dying. *Nursing Ethics*, 13 (4), 360-375.

Sahin, M., Demirkiran, F., Adana, F. (2016). Anxiety about death, desire to give care to a dying individual and factors affecting them in nursing students. *Journal of Psychiatric Nursing*, 7 (3), 135-141.

Tanhan, F., Ari, F. (2006). The meaning that is given to death by university students and their degrees of death anxiety in terms of the program they are studying. *YYU Education Faculty Journal*, 3, 44-55.