

# Nursing Students' Death Anxiety, Influencing Factors and Request of Caring For Dying People

## Hemşirelik Öğrencilerinde Ölüm Kaygısı, Ölmekte Olan Bireye Bakım Verme İsteği ve Etkileyen Faktörler

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### SUMMARY

**Objectives:** This study is conducted to determine nursing students' death anxiety, request of caring for dying people and influencing factors.

**Methods:** Cross-sectional planned research was conducted at Aydın Health College of Adnan Menderes University, in April and May 2014. Research field consisted of Nursing Department students and the research sample comprised of two hundred and thirty three nursing students. Research data was collected with personal information form and Thorson-Powell Death Anxiety Scale. Complimentary statistics, chi-square and student-t test were used during the analysis of the data.

**Results:** The average age of the nursing students is 20.08±1.36. 82.4% of students were female and 17.6% were male. It was understood that most of the students define death as a new beginning and they feel sadness after the death of the patient that they care for. 75% of students indicated that they don't want to care for a dying patient while 25% of students expressed they were eager to care for. The average of all students' death anxiety point is 59.15±14.94. It was found that female students compared to male students and students who lost someone they know, compared to students who don't, were less eager to care for a dying patient. The death anxiety of female students was found higher compared to male students. It is determined that most of the nursing students crying reaction and apply praying method in order to cope with the sorrow.

**Conclusion:** This study indicates that more than half of the students encounter death at any term of their lives, this situation increases death anxiety and students with high death anxiety don't want to care for a dying patient. This study also points out that students who are going to be health care staff need consulting service to decrease death anxiety and education in which they efficiently use coping methods.

**Keywords:** Caring for dying people; death; death anxiety; nursing students.

### ÖZET

**Amaç:** Bu çalışma hemşirelik öğrencilerinde ölüm kaygısı, ölmekte olan bireye bakım verme isteği ve etkileyen faktörlerin belirlenmesi amacıyla yapılmıştır.

**Gereç ve Yöntem:** Kesitsel tipte planlanan araştırma 2014 Nisan-Mayıs aylarında Adnan Menderes Üniversitesi Aydın Sağlık Yüksekokulu'nda gerçekleştirilmiştir. Araştırmanın evrenini Hemşirelik Bölümü öğrencileri, örneklemini 233 hemşirelik öğrencisi oluşturmuştur. Araştırma verileri, kişisel bilgi formu ve Thorson-Powell Ölüm Kaygısı Ölçeği (ÖKÖ) ile toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, ki-kare ve student t-testi kullanılmıştır.

**Bulgular:** Çalışmaya katılan hemşirelik öğrencilerin yaş ortalaması 20.08±1.36'dır. Öğrencilerin %82.4'ü kadın, %17.6'sı erkektir. Öğrencilerin çoğunun ölümü yeni bir başlangıç olarak tanımladığı ve bakım verdiği hasta öldükten sonra üzüntü hissettikleri anlaşılmaktadır. Hemşirelerin %37.8'i ölmekte olan hastaya bakım vermek istediklerini belirtmişlerdir. Öğrencilerin ölüm kaygısı puan ortalamaları 59.15±14.94'tür. Ölmekte olan hastaya bakım verirken kız öğrencilerin erkeklere göre, tanıdığı birisini ölüm nedeniyle kaybedenlerin kaybetmeyenlere göre daha az istekli oldukları bulunmuştur. Kız öğrencilerin ölüm kaygısı, erkek öğrencilere göre daha yüksek bulunmuştur. Yaşadıkları kayıp/yaşadıkları duygusu ile baş etmeye yönelik hemşirelik öğrencilerinin çoğunun ağlama tepkisini ve dua etme yöntemini kullandıkları saptanmıştır.

**Sonuç:** Bu çalışma, hemşirelik öğrencilerinin yarından fazlasının, yaşamlarının herhangi bir döneminde ölümle karşılaştıklarını, bu durumun ölüm kaygılarını daha çok artırdığını ve ölüm kaygısı yüksek olan öğrencilerin ölmekte olan hastaya bakım vermek istemediklerini göstermiştir. Sağlık profesyoneli olacak hemşirelik öğrencilerinin ölüm kaygılarını azaltmaya yönelik danışmanlık hizmetlerine ve baş etme yöntemlerini etkin kullanabilecekleri eğitime ihtiyaçları olduğunu ortaya koymuştur.

**Anahtar sözcükler:** Ölmekte olan bireye bakım; ölüm; ölüm kaygısı; hemşirelik öğrencisi.

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### Introduction

Death is a universal truth.<sup>[1]</sup> In the face of this fact, which is hard to define, people ascribed some meanings to it.<sup>[2]</sup> Death is an extinction to some people, while it is a start of an immortal life to others.<sup>[2,3]</sup>

People are aware of the fact that "living things have to die," and this influences them deeply.<sup>[4]</sup> The fact that people have to die creates anxiety for them, but at the same time, this fact can dialectically be a reason that helps people hold on to

the life and give a meaning to their existence. Accepting the death as a fact directs people to a life in which they make their values come true rather than driving them to a fearful and pessimistic mood.<sup>[1,5]</sup>

According to Yalom, the main source of all psychopathologies is death anxiety. Besides the fact that death is inevitable, according to Yalom: "Death is inevitable, not death anxiety".<sup>[1]</sup> Erich Fromm (1994) states that death anxiety is of two types. First one is a normal fear about the fact that everyone has to die and everyone experiences; second one is a death anxiety that continuously bothers people. Death anxiety, which continuously bothers a person, arises from not utilizing life efficiently and failing.<sup>[4]</sup>

Today, because of scientific developments and, in this context, developments in the medical field, death is considered a failure and a situation that needs to be struggled with rather than a natural end of life. People in a health-related profession, especially nurses, frequently have encountered with death and dying patients. Caring for a dying patient and death events are the most difficult aspects of nursing profession. While nurses working with dying patients closely experience death, they not only face the truth of their own death but also provide care to dying patients and their relatives.<sup>[6,7]</sup>

Responsibility of keeping patients alive is allocated to nursing students during their education. Therefore, when nursing students, who believe that they have the responsibility to help patients survive, cannot prevent death, they experience different emotions and thoughts.<sup>[8]</sup> Providing the required help to patients and their relatives is possible because nurses learn to control their feelings before graduating.<sup>[9,10]</sup> Nurses providing care to dying patients should use their profession as a tool to perform in physical, emotional, intellectual, social, and spiritual dimensions by being aware of the situation.<sup>[11]</sup>

Students feel discomfort near a dying patient because of their own death anxiety; however, they mostly do not realize the origin of these feelings.<sup>[12]</sup> Taşdemir and Gök (2012) conducted a study on nursing students and found that most of the students "continue to provide care without knowing what they are feeling" in the face of emotions such as sorrow, fear, pity, despair, happiness, or unhappiness at the moment they give end-of-life care.<sup>[13]</sup>

Some studies reported that nurses providing care to a dying patient preferred to work in services to which deadly ill patients did not apply, because they experienced emotions such as anxiety,<sup>[14,15]</sup> inadequacy, despair,<sup>[14]</sup> anger, distress, or accusation,<sup>[8]</sup> and feared being unsuccessful and inadequate in patient care.<sup>[12]</sup> Cooper and Barnett (2005) performed a study on nursing students and nurses, who both working and studying, and determined that the role of providing care to

patients who were in the terminal period created anxiety; however, this anxiety did not stem from personal death fears but from feelings of inadequacy and despair related to not knowing what the nurses should say and do to the patient.<sup>[15]</sup> A study by Hare and Pratt (1989) found that nurses having lower levels of death anxiety worked with patients in the terminal period more easily.<sup>[16]</sup>

Negative feelings about death mostly affect nurses while providing efficient and holistic care to patients.<sup>[17]</sup> Ross (1997) stated that nurses mainly approached to resolve patients' physical problems and thus their efforts remained inadequate to meet the patients' psychosocial needs.<sup>[18]</sup> On the contrary, although nurses continuously provide care to a dying patient and often witness death, every patient and every death are unique and grievous for them.<sup>[19]</sup>

For the nursing students to be a health care professional, communicate with dying patients, and provide them the required support, students' death anxiety should be determined. It is thought that nursing students, being aware of death anxiety, can understand the situation that their patients are in and increase the quality of care provided to a dying patient.

This study was performed to determine nursing students' death anxiety, desire to provide care to dying patients, and the influencing factors.

## Materials and Method

### Sample

The population of this cross-sectional study comprised 589 students enrolled to Adnan Menderes University, Aydın Vocational Health School in 2013-2014 academic year. Also, the sample of this study consisted of 233 nursing students assessed using multi-sampling method (first year, 121; second year, 45; third year, 36; and fourth year, 31) Oral consent from the students and approval of the institution were obtained before starting the study.

### Data Collection Tools Used for this Study

Study data were collected using questionnaire forms including personal information form and the Thorson-Powell Death Anxiety Scale (DAS).

**1. Personal Information Form:** The 17-item questionnaire form developed by the researcher reviewing the literature comprised 6 questions about demographic characteristics, 1 question about professional characteristics, and 10 questions for determining emotions and thoughts about death.<sup>[14,15,20-25]</sup>

**2. Thorson-Powell Death Anxiety Scale (DAS):** This 5-point Likert-type scale was developed by Thorson and Powell and adapted to Turkish by Yıldız and Karaca (2001). It had a total of 25 questions of which 17 were positive and 8 were negative (Strongly Agree, 4; Agree, 3; Neither Agree nor Disagree, 2;

Disagree, 1; Strongly Disagree, 0). In the scale: No, 1, 2, 3, 5, 6, 7, 8, 9, 12, 14, 15, 16, 18, 19, 20, 22, and 24 items had positive sentence structure, and No. 4, 10, 11, 13, 17, 21, 23, and 25 items had negative sentence structure. The maximum possible score of the DAS was 100, and the minimum was 0. Higher points indicated higher levels of death anxiety.<sup>[26]</sup>

This study found the Cronbach's alpha level of the scale to be 0.84.

**Statistical Assessment**

The researcher administered the questionnaire forms including the DAS and personal information form to the research group. To test the comprehensibility of the questionnaire forms, pre-application process was performed on 15 students. Since the scale did not comprise any unclear statement, it was administered to students as it was. Time for the students to fill the questionnaire form was arranged according to the timetable, and the form was administered in classrooms. Students responded to the questionnaire form in nearly 15 minutes. Collected data were analyzed using SPSS statistical package program (Version 21, IL, USA). Data analysis was performed using descriptive statistics, chi-square test, and Student t-test. The results were evaluated in 95% confidence interval and at 0.05 significance level.

**Ethical Considerations**

During data collection phase, the purpose of the study was explained to the students and they were not forced to participate in the study. To carry out the study, a written permission was obtained from the Directorate of Aydın Vocational Health School, Adnan Menderes University. Also, oral consents were received from the participating students.

**Results**

The mean age of the participating nursing students was 20.08±1.36 years, and 99.6% of them were single. Of nursing students, 82.4% were females, 17.6% were males, 71.2% were first- and second-year students, and 28.8% were third- and fourth-year students.

Of students, 69.1% and 30.9% stated that they lived in the city center and villages for the longest time, respectively. Of them 41.2%, 39.5%, 8.2%, 8.2%, and 3% reported that they regarded their religious beliefs as "strong," "medium," "very strong," "poor," and "not having any religious beliefs," respectively.

Of nursing students, 44.2%, 20.2%, 13.7%, 11.6%, and 7.7% defined death as a new beginning, end of life, not being able to see their relatives once again, an extinction, and end of all pains, respectively.

Of nursing students, 35.6%, 23.6%, 23.6%, 12.9%, and 4.3% reported that they had some, little, no, quite, and extensive knowledge about care of dying patients, respectively. Moreover, 39.9%, 25.8%, 23.2%, 6.4%, and 4.7% stated that they had no, little, some, quite, and considerable experience about providing care to a dying patient, respectively.

Of students 47.5% (162) and 39.3% (134) expressed that they lost someone known and one of their relatives because of death, respectively. The strongest emotions experienced by such students are sorrow (54.5%), despair (20.6%), and anxiety (9%).

Of nursing students, 13.2% reported that they lost one patient whom they provided care during clinical applications because of death. After the patient whom students provided care during clinical applications died, the most strong emotions experienced by the students were sorrow (27%), despair (18.9%), failure (16.7%), and fear (12.4%).

Regarding students' opinions about providing care to a dying patient, 37.8% wanted to provide care to such a patient while 62.2% did not want to provide care.

The mean score of nursing students on the DAS was found to be 59.15±14.94.

Of nursing students who lost one of their relatives because of death, 46.9% wanted to provide care to a dying patient and 53.1% did not want to provide care to such a patient. This study found a statistically significant difference between the

**Table 1.** Comparison of nursing students' Mean Scores on the Death Anxiety Scale (DAS) and their demographic characteristics

Demographic characteristics	Thorson-Powell Death Anxiety Scale	t	p
	Mean±SD		
Sex			
Female (n=192)	61.11±14.20	4.53	.00*
Male (n=41)	49.92±15.06		
Year			
First and second year (n=166)	60.77±14.99	2.64	.00*
Third and fourth year (n=67)	55.11±14.13		
Place where he/she lived for the longest time			
Village (n=72)	56.05±14.46	-2.12	.03*
City center (n=161)	60.53±15.00		

\*p<0.05; t: Student t-test; SD: Standard deviation.

**Table 2.** Comparison of nursing students' mean scores on the Death Anxiety Scale (DAS) and the status of encountering with the death fact

The status of encountering with the death fact	Thorson-Powell Death Anxiety Scale		t	p
	Mean±SD			
Whether losing anyone he/she knew because of death				
Yes (n=162)	59.76±15.44		0.94	.34
No (n=71)	57.74±13.75			
Whether losing one of his/her relatives because of death				
Yes (n=134)	61.31±14.93		-2.60	.01*
No (n=99)	56.22±14.53			
Whether losing a patient to whom he/she provided care during clinical applications because of death				
Yes (n=45)	55.02±13.64		-2.07	.03*
No (n=188)	60.13±15.11			

\*p<.05; t: Student t-test; SD: Standard deviation.

**Table 3.** Comparison of the status of nursing students' desire to provide care to a dying patient by their sex and status of losing one of their relatives

	Whether he/she wanted to provide care to a dying patient				$\chi^2$	p
	Yes		No			
	n	%	n	%		
Sex						
Female	63	32.8	129	67.2	11.40	.001*
Male	25	61	16	39		
Whether losing one of his/her relatives because of death						
Yes	66	49.3	68	50.7	17.70	.000*
No	22	22.2	77	77.8		

\*p<.05;  $\chi^2$ : Chi-square test.

loss of someone the students knew because of death and the desire of providing care to a dying patient ( $\chi^2=18.91$ ;  $p<0.05$ ).

In this study, participating nursing students stated that they used coping methods such as crying (36.1%), praying (32.2%), thinking death as a normal situation and trying to relax (14.6%), and discussing the situation with their families (14.6%) and friends (6%).

## Discussion

This study determined that 37.8% of nursing students wanted to provide care to a dying patient. Death anxiety mean score of the students was determined to be 59.15±14.94. Bilge et al. (2013) conducted a study with students and found their mean score on the death anxiety scale to be 54.27±11.30.<sup>[27]</sup>

In this study, the strongest emotions that nursing students felt after the patient whom they provided care during clinical applications died were sorrow and despair. A study by Taşdemir and Gök (2012) explored the emotions the students felt in the face of death of the patient whom they provided care during clinical applications and found that of these students 35.2% felt "pain, sorrow, sadness, anxiety."

et al.<sup>[13]</sup> Koç and Sağlam also conducted a study with nursing students; the students stated that they cried and felt sorrow when they encountered death for the first time during clinical applications.<sup>[14]</sup> Studies performed with nurses found that most of the nurses experienced sorrow and despair when they encountered death in their professional lives.<sup>[20,23,28]</sup>

This study determined that over half of the nursing students did not want to provide care to a dying patient. In a study by Taşdemir and Gök conducted with nursing students (2012), 58.2% of the students reported that they did not want to provide care to a dying patient.<sup>[13]</sup> Çevik (2010) carried out a study with nurses and found that 62.3% of nurses did not want to provide care to a dying patient.<sup>[22]</sup> A study by Karahisar (2006) determined that 34.5% of participating nurses did not want to provide care to a dying patient.<sup>[29]</sup>

The present study compared nursing students' sex and the status of their desire to provide care to a dying patient, and found that mostly females did not want to provide care to such patients. Moreover, this study also showed that nursing students who had lost someone they knew because of death and those who had not lost any of their relatives because of death did not want to provide care to a dying patient.

The present findings indicated that death anxiety of female students was higher than that of male students. Studies comparing healthcare professionals' sex and death anxiety levels found death anxiety of females to be higher.<sup>[30-32]</sup> This can be explained based on cultures that females are expected more to express their feelings about death anxiety whereas males are expected to be traditionally brave.<sup>[33]</sup>

This study used class grouping by nursing students' status of encountering a dying person and providing care to a dying person more. It found that death anxiety scores of first- and second-year students were higher than those of third- and fourth-year students. This might be because of the knowledge received by the third- and fourth-year students during their learning-teaching cycle and experiences gained from clinical applications. Öz et al. (2012) conducted a study with first- and fourth-year nursing students and did not find a statistically significant difference between nursing students' death anxiety mean scores by study years.<sup>[34]</sup>

This study determined that nursing students who lived in the city center for the longest time had higher levels of death anxiety than those who lived in villages. Gashi (2011) conducted a study with students and reported that living in cities exerted negative effects on people, and hence death anxiety increased. This finding was in line with the present study findings. Moreover, it was also stated that stress, traffic accidents, and experiencing lack of security could cause an increase in death anxiety.<sup>[35]</sup> A study by Avcı (2012) conducted with university students reported that death anxiety did not vary by the place where students lived in (village, district, city, or big city).<sup>[36]</sup>

This study found that death anxiety of nursing students who had lost one of their relatives because of death and who had not lost the patients whom they provided care during clinical applications because of death was higher. Öz et al. (2012) conducted a study with nursing students and stated that students having death experience had higher levels of death anxiety than those not having death experience; students losing their first-degree relatives had higher levels of death anxiety.<sup>[34]</sup> A study by Chen et al. (2006) on nursing students also stated that people who lost one of their relatives had higher levels of death anxiety.<sup>[37]</sup> Some studies show that if death experience is properly handled, it can turn into a positive experience and give meaning to life.<sup>[38,39]</sup>

This study found that to cope with loss/grief emotion experienced because of death, nursing students used methods such as crying, praying, considering death as a normal situation and trying to relax, and discussing the issue with their families and friends. A study by Menekli and Fadiloğlu (2014) found that nurses used methods including crying,

praying, and considering death as a normal situation to cope with their feelings in the face of death.<sup>[40]</sup> A study by Çevik (2010) on nurses reported that nurses encountering death fact used coping mechanisms including considering death as a normal situation, praying, and talking with their friends, respectively.<sup>[22]</sup> Another study by Iranmanesh et al. stated that new nurses felt sorrow and sadness on days when their patients died.<sup>[41]</sup> These feeling could arise owing to the mission of their profession to keep the patient alive. Akbayrak et al. (2006) stated that although crying was considered as being incongruent to professionalism and professional relationship principles by many people, unless it was uncontrolled and damaging, eyes filled with tears or crying quietly is not a feeling that needed to be controlled.<sup>[42]</sup>

A study by Sharma et al. (1997) found that students studying in the Department of Nursery were less fearful about death and the fact that their bodies would be harmed after death compared with those studying in other departments.<sup>[43]</sup> Ertufan (2000) carried out a study with medical students and found that medical students who chose psychiatric department had higher levels of death anxiety than those who chose Department of Surgery, which was different from the results of other studies.<sup>[32]</sup>

Today, people live longer because of technological advancements in health care field. Therefore, end-of-life care has gained importance depending on the prolonging lifetime. However, Sherman et al. (2005) stated that nurses should also improve their attitude and behaviors besides having knowledge and skills to provide good-quality end-of-life care, since their knowledge and skills are not adequate.<sup>[44]</sup> While providing care to dying patients and their relatives, if nurses provide care not considering the expected death of these patients as a failure but thinking that life maintained in a quality way until the very last moment is precious, they can offer the deserved care to dying patients and their relatives.

### Results and Recommendations

The present study findings showed that more than half of the nursing students had encountered death at any period of their lives and their death anxiety increased further because they experienced loss due to death. Female students had higher levels of death anxiety compared with male students, and male students were more eager to provide care to a dying patient compared with females. Furthermore, it can also be said that students having higher death anxiety levels did not want to provide care to a dying patient.

In the light of these findings, it is recommended that training on dealing with death encounters should be provided to nursing students, going to be health care professionals, to help them improve their awareness about death anxieties, adaptation to death, and negative attitudes about death and

enhance their coping mechanisms to deal with death. For this purpose, it is suggested to provide training in the form of courses or scientific activities such as independent seminars and conferences; to encourage students to talk about their emotions and thoughts about death; to accompany students while they are talking with dying patients and their relatives; to provide consultancy services to students; and to concertize this issue using case discussions.

### Limitations of the Study

The present study had some limitations. First, the sample of this study comprised only first-, second-, third-, and fourth-year students enrolled in Aydın Vocational Health School in 2013-2014 academic year. Therefore, the study findings could not be generalized to nursing students studying in other regions of Turkey. Second, the study findings were limited in terms of reliability and validity dimensions of measurement scales used.

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