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Does Death Anxiety Affect Nurses' Attitudes Toward the Care of a Dying Patient? A Cross-Sectional Study

Ölüm Kaygısı, Hemşirelerin Ölmekte Olan Hastaya Bakım Verme Tutumlarını Etkiler mi? Kesitsel Bir Çalışma

Merve Şahin[1], **Fatma Demirkıran**[2]

[1]*Institute of Health Sciences, Adnan Menderes University Faculty of Nursing, Aydın, Turkey*

[2]*Department of Nursing, Adnan Menderes University Faculty of Nursing, Aydın, Turkey*

ABSTRACT

Objective: In this study, we aimed to determine whether the death anxiety of nurses has an influence on the attitudes toward caring for dying patients.

Methods: The study was carried at the University Hospital. The sample of research was composed of 327 nurses who work in intensive care and clinic units. Survey data were collected using Personal Information Form, Thorson–Powell Death Anxiety Scale, and Frommelt Scale of Attitudes toward Caring for Dying Person.

Results: The mean point of death anxiety in nurses working in intensive care units is higher than those who work in clinic units ($t = 2.09$, $P = .03$). It was found that inexperienced nurses who faced death frequently in the unit they work exhibited a negative attitude during the care of a dying patient ($F = 3.87$, $P = .02$), ($F = 3.86$, $P = .02$). It was found that nurses having higher death anxiety exhibited a more positive attitude ($r = 0.13$, $P = .01$). It was determined that to deal with the mourning of a patient dying during their care, 48.3% of the nurses accepted death as a natural cycle as a way of relaxation, whereas 27.2% of them prayed.

Conclusion: This study showed that death anxiety in nurses working in intensive care units to be higher than those in clinical units. Moreover, it indicated that nurses having high death anxiety exhibit a positive attitude during the care of a dying patient. According to the results obtained, trainings on raising awareness decrease the nurses' own death anxiety and positive or negative attitudes which they exhibit during the care of dying patients and improvement of methods used to deal with death.

Keywords: Death anxiety, dying patient, nursing

Corresponding author:
Merve Şahin

E-mail: mervesahin40@hotmail.com.tr

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ÖZ

Amaç: Araştırma, hemşirelerde ölüm kaygısı, ölmekte olan bireye bakım vermeye ilişkin tutumlar ve etkileyen faktörlerin incelenmesi amacıyla yapılmıştır.

Yöntemler: Bu çalışma, bir üniversitesi hastanesinde yapılmıştır. Araştırmanın örneklemini, yoğun bakım ve klinik birimlerde çalışan 327 hemşire oluşturmuştur. Araştırma verileri, Kişisel Bilgi Formu, Thorson-Powell Ölüm Kaygısı Ölçeği (ÖKÖ) ve Frommelt Ölmekte Olan Bireye Bakım Vermeye İlişkin Tutum Ölçeği (FATCOD) uygulanarak toplanmıştır.

Bulgular: Yoğun bakım ünitelerinde çalışan hemşirelerin ölüm kaygısı puan ortalamaları, klinik birimlerde çalışanların puan ortalamalarına göre yüksek bulunmuştur (t = 2,09, *P* = ,03). Ölmekte olan hastaya bakım verirken meslekte daha deneyimsiz olan (F = 3,87, *P* = ,02), çalıştığı birimde ölümle ara sıra karşılaşan (F = 3,86, *P* = ,02) hemşirelerin olumsuz tutum sergiledikleri bulunmuştur. Ölüm kaygısı yüksek olan hemşirelerin, daha fazla olumlu tutum sergiledikleri bulunmuştur (r = 0,13, *P* = ,01). Hemşirelerin bakımını üstlendikleri hastaların ölümü nedeni ile yaşadıkları kayıp/yas duygusu ile baş etmek için %48,3'ü ölümün doğal olduğunu düşünme-rahatlamaya çalışma ve %27,2'si dua etme yöntemlerini kullandıkları belirlenmiştir.

Sonuç: Bu çalışma, yoğun bakım ünitesinde çalışan hemşirelerin ölüm kaygısının, klinik birimlerde çalışanlardan daha yüksek olduğunu göstermiştir. Ölüm kaygısı yüksek olan hemşirelerin ise ölmekte olan hastaya bakım verirken olumlu tutum sergilediklerini göstermiştir. Araştırmadan elde edilen sonuçlar doğrultusunda, hemşirelerin kendi ölüm kaygılarını azaltmaya ve ölmekte olan hastalara bakım verirken sergiledikleri olumlu ya da olumsuz tutumlarına ilişkin farkındalık kazandıran ve ölümle başa çıkmada kullandıkları baş etme yöntemlerini geliştirmeye yönelik eğitimlerin verilmesi önerilmiştir.

Anahtar Kelimeler: Ölüm kaygısı, ölmekte olan birey, hemşirelik

INTRODUCTION

Death is the most determinative, final, inevitable, and equalitarian fact which all living beings are obligated to experience.[1] The fact that we all must die raises concern in all human beings.[2,3] According to Fromm, there are 2 types of death anxiety, the first of which is a normal fear that individuals have regarding their obligation to die and the second of which is constantly discomforting death anxiety.[4]

Nowadays, death is regarded more as an illness to be battled against rather than a natural consequence of life, owing to significant advancements in medicine. As a requirement of the profession, nurses are people who most often come across death and who give care to a dying patient. Although 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.[5,6]

When the related literature is analyzed, some of the research shows that nurses, when caring for a dying patient, feel sadness, despair,[7,8] worry,[9] fear,[10] anger,[11] and frazzle.[12] It has been also shown that they are unable to meet the emotional and spiritual needs of the dying patient and family[13-15] and that they prefer to work in clinics where there are no dying patients.[5-16]

Negative feelings about death mostly affect nurses while providing efficient and holistic care to patients.[13] Nurses may feel discomfort because of their own anxiety about death when near a dying patient; however, in most cases, they may not realize the source of these feelings.[17] Therefore, to provide effective care to dying patients, the nurses' own death anxiety initially should be determined and how this affects the patient should be assessed.[11] It is believed that the nurses who are aware of their own death anxiety will be able to recognize the situation that the dying patient is in and will increase the quality of care provided to the patient.

In this study, we aimed to determine whether the death anxiety of nurses has an influence on the attitudes toward caring for dying patients.

METHODS

Participants and Procedure

This cross-sectional study included 499 nurses working in the intensive care unit (ICU) and clinic units between December 2014 and January 2015 at a university hospital west of Turkey. Samples comprised 327 nurses with a 218, 1.5 pattern effect calculated with the known samples of the universe method. After the number of samples was determined, the nurses were selected using a simple random sampling method and participation was voluntary.

The nurses participating in the study provided written and oral consents after they were informed regarding the goal of the study and that participation was voluntary. The survey was conducted taking into account the work hours of the nurses in the hospital, and the nurses were accompanied when they answered the questions. The total time to complete the survey was approximately 20-25 minutes, and the data were collected over a 1-month period.

Approval was obtained from the Practice and Research Hospital of Aydın Adnan Menderes University, non-interventional clinical research ethics committee (date: December 12, 2014, No: 56989545/050, No: 329). Written permissions were obtained from the university hospital where the study was conducted and the scale used for the study.

Instruments

The study data were collected using questionnaire forms, including the *personal information form*, *DAS*, and *FATCOD*.

Personal Information Form

This 36-item questionnaire form was developed by the researcher after reviewing the literature and comprised 8 questions about demographic characteristics, 7 questions about professional characteristics, and 21 questions about determining knowledge and thoughts about death and caring for a dying person.[8,18,19]

Thorson–Powell Death Anxiety Scale

This 5-point Likert-type scale was developed by Thorson and Powell and adapted to Turkish by Yildiz and Karaca. It had a total of 25 questions of which 17 were positive and 8 were negative (4=strongly agree; 3=agree; 2=neither agree nor disagree; 1=disagree; 0=strongly disagree). Items #1, 2, 3, 5, 6, 7, 8, 9, 12, 14, 15, 16, 18, 19, 20, 22, and 24 had a positive sentence structure, and item #4, 10, 11, 13, 17, 21, 23, and 25 had a negative sentence structure. The maximum possible score of DAS was 100, and the minimum was 0. Higher points indicated higher levels of death anxiety.[20,21] In our study, the Cronbach's alpha value of the scale was found 0.90.

Frommelt Attitudes Toward Care of the Dying Scale

This is a Likert scale of 30 items created by Frommelt and whose language and security were validated by Cevik and Kav.[18,22] There was an equal number of statements on the scale, including positive and negative attitudes. The scale was calculated as 1—completely disagree and 5—completely agree. The total points varied between 30 and 150, and higher points showed more positive behavior.[22] Cronbach's alpha multiplier of the behavior measurement related to the care given to the dying in the FATCOD scale was determined as 0.73.[18] In our study, the Cronbach's alpha value of the scale was found 0.77.

Statistical Analysis

The researcher administered the questionnaire forms including the Thorson–Powell Death Anxiety Scale (DAS), the Frommelt Scale of Attitudes Toward Caring for Dying Person (FATCOD), and personal information form to the study group. Collected data were analyzed using the Statistical Package for Social Sciences program version 21 (IBM SPSS Corp., Armonk, NY, USA). Data analysis was performed using descriptive statistics, the chi-squared test, and the Student's *t*-test. The relation between two variables was calculated using Pearson correlation analysis. The results were evaluated in 95% CI and at 0.05 significance level.

RESULTS

The mean age of the 327 nurses sampled was 26.24 ± 6.35 years; 89.3% (292) were women and 10.7% (35) were men; 69.4% (227) were single and 30.6% (100) were married. Of the nurses, 59.3% (194) lived in the province, 29.1% (95) in the district, and 11.6% (38) in the village for the longest time.

Of the nurses who made up the sample, 55.4% (181) were undergraduates and 44.6% (146) were high-school graduates. It was determined that 34.3% (112) had been in the nursing profession for 2-5 years, 33.3% (109) for 0-1 year, 18.6% (61) for 6-10 years, and 13.8% (45) for 11 years or more; 47.7% (156) of the nurses stated that they work in ICUs and 52.3% (171) in clinical units. Of the nurses, 33.3% (109) stated that they often encountered death in the unit where they work, 33.3% (109) occasionally, and 33.3% (109) rarely.

Regarding postmortem care, 30.9% (101) of the nurses stated that they did not have any information and 69.1% (226) stated that they had information. Of the nurses with postmortem care knowledge, 54.9% (124) stated that they got the information during training, 24.3% (55) during inter-care trainings, 9.3% (21) from books and magazines, 4.4% (10) from seminars and meetings, 4.4% (10) from the internet, and 2.7% (6) from professional experience. Of the nurses, 64.2% (145) found the postmortem care knowledge partially sufficient, 19.5% (44) sufficient, and 16.4% (37) insufficient.

Of the nurses, 78.9% (258) had cared for a dying patient; and of these, 45% (147) stated that their feelings varied regarding the age and hospitalization period of the patient, 34.6% (113) felt sadness, despair, hopelessness; 12.2% (40) felt fear and anxiety about death; 4.6% (15) felt guilt and a sense of failure; 2.4% (8) felt anger; and 1.2% (4) felt nothing. It was determined that 48.3% (158) of the nurses used the thought of death as a natural cause as a way to relax, 27.2% (89) prayed, 10.7% (35) cried, 10.4% (34) talked to friends and family as methods for battling with the loss/mourning feeling caused by death.

When the nurses were asked for suggestions to the managers for supporting those who came across death often, 31.7% (151) suggested to ensure that nurses were rested and permit the nurses to avail their leaves on time, 29.4% (140) to provide psychological support, 24.4% (116) to give inter-duty training, and 14.3% (68) to apply rotation regarding the workstations.

The average DAS points of the nurses were determined as 56.60 ± 17.27 and FATCOD average as 103.14 ± 11.53.

When the relationship between the mean ages of nurses and the total mean score of DAS was evaluated, it was observed that there was a weak negative relationship between age and the total mean score of DAS ($P < .05$). When the relationship between the mean ages of nurses and the total mean score of FATCOD was evaluated, it was not statistically significant ($P > .05$) (Table 1).

According to the place where the nurses lived for the longest period, the differences between the mean scores of both DAS and FATCOD were found to be statistically significant ($P < .05$ for both) (Table 1).

When the mean scores of DAS were examined according to the departments of nurses, the mean scores of nurses working in ICUs (58.69 ± 17.61) were higher than the mean scores of nurses working in clinical units (54.70 ± 16.77). The difference was statistically significant ($P < .05$) (Table 1).

According to the frequency of death in the unit where nurses work, the difference between FATCOD mean scores was statistically significant ($P < .05$). According to the most intense feelings that the nurses felt when giving care to a dying patient, the difference between the mean scores of DAS was found to be statistically significant ($P < .05$) (Table 1).

When the DAS and FATCOD averages of the nurses were examined, it was determined that there was a positive weak relationship between them ($P < .05$) (Table 2).

Table 1. Comparison of Nurses' Mean Scores on the DAS and FATCOD by Their Demographic Characteristics

	DAS		FATCOD	
Demographic Characteristics	**X ± SD**	**Tests**	**X ± SD**	**Tests**
Age	-	r = −0.12 *P* = .02*	-	r = 0.06 *P* = .27
Sex				
Female (n = 292)	57.18 ± 17.10	t = 1.76 *P* = .07	103.56 ± 11.60	t = 1.88 *P* = . 06
Male (n = 35)	51.74 ± 18.15		99.68 ± 10.48	
Place of longest residence				
Village (n = 38)	53.71 ± 12.12	F = 3.41 *P* = 0.03*	98.60 ± 13.52	F = 3.40 *P* = .03*
District center (n = 95)	60.40 ± 16.85		103.94 ± 12.09	
Provincial center (n = 194)	55.31 ± 18.08		103.64 ± 10.67	
Level of education				
High school (n = 146)	56.85 ± 16.89	t = 0.23 *P* = .81	104.04 ± 12.36	t = 1.27 *P* = .20
Bachelor's degree (n = 181)	56.40 ± 17.62		102.41 ± 10.80	
Year of working in the profession				
1-23 months (less than 2 years) (n = 109)	58.56 ± 16.61	F = 2.17 *P* = .11	101.44 ± 12.01	F = 3.87 *P* = .02*
24-71 months (2-6 years) (n = 112)	57.31 ± 18.04		102.47 ± 10.92	
72 months and over (6 years and over) (n = 106)	53.83 ± 16.91		105.61 ± 11.34	
Employed section				
Intensive care (n = 156)	58.69 ± 17.61	t = 2.09 *P* = .03*	103.50 ± 12.13	t = 0.52 *P* = .59
Clinical units (n = 171)	54.70 ± 16.77		102.82 ± 10.99	
Frequency of death encounter in the unit worked				
Rarely (n = 109)	54.84 ± 16.45	F = 2.55 *P* = .07	104.56 ± 10.03	F = 3.86 *P* = .02*
Occasional (n = 109)	59.63 ± 18.32		100.66 ± 11.60	
Frequent (n = 109)	55.33 ± 16.73		104.20 ± 12.52	
Most intense feelings they experience when caring for dying patient				
Depending on the age-hospitalization period of the patient (n = 147)	54.43 ± 15.81	χ^2 = 16.43 *P* = .006*	102.59 ± 9.77	χ^2 = 5.22 *P* = .38
Sadness, desperation, helplessness (n = 113)	57.46 ± 19.17		102.83 ± 12.58	
Fright of death anxiety (n = 40)	56.70 ± 15.86		103.07 ± 13.29	
Guilt, failure (n = 15)	62.13 ± 15.38		107.80 ± 11.56	
Anger (n = 8)	77.37 ± 14.72		109.12 ± 17.75	
Nothing (n = 4)	49.00 ± 2.44		103.75 ± 4.34	

SD, standard deviation; r, Pearson correlation coefficient; *t*, Student's *t*-test; F, one-way ANOVA test; χ^2, Kruskal–Wallis test; X, mean; DAS, Thorson–Powell death anxiety scale; FATCOD, Frommelt attitude toward care of the dying scale. *$P < .05$.

DISCUSSION

In this study conducted with 327 sample nurses for determining the effects of death anxiety over their behavior toward caring for a dying patient, it was found that the positive attitudes of nurses with the high anxiety of death were higher when they were caring for the dying patient. The inability of nurses to effectively deal with their own death concerns and the desire to keep the dying one alive could lead to a more positive attitude when caring for the dying patient.[17]

In our study, nurses stated that their feelings varied regarding the age and hospitalization period of the patient and that they felt sadness, hopelessness, despair, fear of death, anxiety, guilt, failure, and anger when caring for a dying patient. When the relevant literature is analyzed, it is observed that nurses have variant feelings regarding the age and type of illness[8,23] and that they feel sadness,[18,23] despair,[12,18,23] and fear,[10] negative emotional burden,[17] disappointment,[24] frazzle,[12] and depression[24] when caring for a dying patient. The nurses who are available to the patients all the time are healthcare professionals who are with the patient for 24 hours and provide them with individual care. Hence, it can be interpreted that the reason why nurses experience these negative feelings is because they have a close relationship with the patient.[12]

Table 2. Relation Between the DAS and FATCOD of Nurses

Correlation (n = 327)	**DAS**
FATCOD	r = 0.13 *P* = .01*

*$P < .05$. DAS, Thorson–Powell death anxiety scale; FATCOD, Frommelt attitude toward care of the dying scale.

In our study, death anxiety was found to decrease as the age of the nurses increased. When the related literature was examined, different results were obtained. Although there are studies that have shown that there is no significant relationship between age and anxiety about death,[25-27] there are also studies that indicate death anxiety.[28,29] However, nurses who were more experienced in the profession were found to have more positive attitudes when giving care to dying patients. In the study conducted by Cevik and Kav[18] with nurses, they have stated that the group average of 0-1 year and 6-10 years of the nurses have more positive attitudes when giving dying individual care according to those who have 2-5 years and 11 years and above. In the study conducted by Ali and Ayoub[30] with nurses, they determined that there was no significant difference between the years of nurses' work and the attitudes toward the dying patient. In other studies with nurses, it is stated that more experienced nurses have a more positive attitude when caring for dying

patient.[31-33] Those at a young age may not be concerned about death because of the thought of possible death as distant. However, giving care to the dying patient and confronting the death situation can create more death anxiety among young nurses.[17] In fact, the positive attitudes of nurses to care for dying patients are evolving with training and experience. Experiences such as nurses working for many years in the profession, frequent care of dying patients, and seeing death can be a good way of learning a positive nurse's perspective.[34]

In our study, the death anxiety of the nurses who lived in the city for the longest time was found to be higher than those who lived in provinces and villages. It can be considered that this change also increases the anxiety of death as those who have lived in the district are exposed to more dilemmas and stress factors in their relationships and activities in daily life than those who have lived in the province and village.[35] When the relevant literature is analyzed, contrary to the findings of our study, Sahin et al[36] stated that the worst anxiety of the students living in the city is higher than the ones living in the village in the longest study with nursing students. Orak et al[25] stated that in a study conducted with elderly people, the anxiety of death in the village is higher than in the city and province. A study by Avci[37] conducted with university students reported that death anxiety did not vary by the place where students lived (village, district, city, or big city). It is thought that this difference is caused by working with different sample groups.

In our study, no significant difference was found between nurses' education status and death anxiety. When the relevant literature is analyzed, although there are studies that indicate that there is no significant difference between education level and death anxiety,[38,39] there are studies that show that death anxiety decreases as education level increases.[27,40] We believe that undergraduate education in nursing has enabled students to not start a difficult working life at a very early age and to develop in the professional aspect. Thus, nurses at a certain age can cope better with difficult experiences such as death, anxiety, and attitudes toward dying care with their professional training.

In our study, the death anxiety of nurses working in ICUs was found to be higher than those in clinical units as they have more common encounters with the concept of death and dying patients. Therefore, ICU nurses have more experience with death. In fact, although it was expected that the perception of the ICU nurses toward death would be more positive and their death anxieties would be lower,[28] in our study, we found that they could not raise awareness owing to the work-center focused work and that facing death anxiety more increases death anxiety.[8]

In our study, the anxiety of death for nurses who stated that they felt angry when they were giving care to the dying patient was found to be higher than other feelings. No study was found for this variable.

In our study, it was determined that the nurses who rarely and frequently encountered death in the unit they were working in had more positive attitudes when giving care to the dying patients compared with occasional patients. This difference was attributed to the inability of nurses to be aware of the emotions they feel with their loss owing to death and to not be able to deal with it effectively.[19] When the relevant literature was examined, Ali and Ayoub[30] stated that the nurses who are 30 or more die have more positive attitudes toward the dying patients than the nurses who are over 60 and over with 1 and above.

In our study, it was determined that nurses used the methods of thinking to relax, crying, praying, talking with family and friends, and doing nothing to feel that death was natural to cope with the loss/mourning they experienced with the cause of death. When the relevant literature is analyzed, it is stated that nurses and nursing students use crying, praying, and natural thinking methods to cope with the emotions they experience in the face of death.[7,36,41] It is thought that crying in the face of loss due to death is not a behavior that should be controlled if it is not uncontrolled and harmful, and it does not contradict the professionalism of silent crying. In addition, studies have shown that the experience of death turns into a positive life experience and makes sense of life when properly addressed.[6,42]

In our study, nurses have recommended that administrators be given time off, permitted leaves, psychological support, training, and rotation to assist nurses who frequently encounter deaths. Acehan and Eker[43] report that nurses should receive psychological support according to their recommendations.

Today, people live longer because of technological advancements in the healthcare field. Therefore, end-of-life care has gained importance depending on prolonging life. However, Sherman et al[44] stated that nurses should also improve their behavior and attitude besides having skills and knowledge to provide good quality end-of-life care as their knowledge and skills are not adequate. When providing care to dying patients and their relatives; if the nurses do not consider the expected death of these patients as a failure but believe that the quality of life maintained until the very last moment is precious, they can offer the deserved care to dying patients and their relatives.

In conclusion, we believe that younger nurses who work in ICUs feel anger when caring for a dying patient and have high anxiety about death. However, the attitudes of nurses who are more experienced in the profession and who rarely and often encounter death in the unit where they work are more positive when caring for the dying patient. Furthermore, nurses with higher death anxiety showed more positive attitudes when they were giving care to dying patients.

According to the results from this study, we propose:

• Nurses working in ICUs, in emergency, and oncology clinics where there are more dying patients should be provided with the opportunity to talk regularly about their feelings and support resources,

• Establishing and repeating training programs with clinical practices aimed at reducing the nurses' own mortality concerns and raising awareness of their positive or negative attitudes when caring for dying patients, improving the coping methods they use to cope with death, and allowing new behaviors to be evaluated,

• Using qualitative methods to reveal detailed information about the phenomenon of death with different sample groups for further studies.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Institutional Review Board of Adnan Menderes University Faculty of Medicine (Date: December 12, 2014, No: 56989545/050, No: 329).

Informed Consent: Written permissions were obtained from university hospital where the study was conducted and the scale used for the study. Also, written consents were obtained from the nurses.

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REFERENCES

1. Badur S. *Ölüm Üzerine Tıbbi Çeşitlemeler*. İstanbul: Yapı Kredi Yayınları; 2004.
2. Kübler-Ross E. *Ölüm ve Ölmek Üzerine* (Büyükal B, ed.). İstanbul: Boyner Holding Yayınları; 1997.
3. Yalom I. *Varoluşçu Psikoterapi* (Babayiğit Zİ, ed.). İstanbul: Kabalcı Yayınevi; 2013.
4. Fromm E. *Kendini Savunan Insan* (Arat N, ed.). İstanbul: Say Yayıncılık; 1994.
5. Özcan NK. Ölüm ve ölümü yaklaşan bireyin bakımı. In: Akça Ay F, ed. *Temel Hemşirelik, Kavramlar, İlkeler, Uygulamalar*. İstanbul: Medikal Yayıncılık; 2007:119-125.
6. Román EM, Sorribes E, Ezquerro O. Nurses' attitudes to terminally ill patients. *J Adv Nurs*. 2001;34(3):338-345. [CrossRef]
7. Menekli T, Fadıloğlu Ç. Hemşirelerin ölüm algısının ve etkileyen faktörlerin incelenmesi. *Anadolu Hemşirelik Sağlık Bilimleri Derg*. 2014;17(4):222-229.
8. Önsöz SB. *Yoğun Bakım Hemşirelerinin Ölüme Karşı Tutumları ile Ruhsal Durumları Arasındaki Ilişkinin Incelenmesi*. İzmir: Ege Üniversitesi; 2013.
9. Cooper J, Barnett M. Aspects of caring for dying patients which cause anxiety to first year student nurses. *Int J Palliat Nurs*. 2005;11(8):423-430. [CrossRef]
10. Costello J. Nursing older dying patients: findings from an ethnographic study of death and dying in elderly care wards. *J Adv Nurs*. 2001;35(1):59-68. [CrossRef]
11. Öz F. Kayıp, ölüm ve yas süreci. In: *Sağlık Alanında Temel Kavramlar*. Ankara: İmaj İç ve Dış Ticaret; 2004.
12. Ay MA. *Hemşirelerin Ölüm, Ölümcül Hasta ve Ötenaziye Ilişkin Tutumları*. Ankara: Hacettepe Üniversitesi; 2013.
13. Cherlin E, Schulman-Green D, Mccorkle R, Johnson-Hurzeler R, Bradley E. Family perceptions of clinicians' outstanding practises in end-of-life care. *J Palliat Care*. 2004;20(2):113-116. [CrossRef]
14. Hopkinson JB, Hallett CE, Luker KA. Caring for dying people in hospital. *J Adv Nurs*. 2003;44(5):525-533. [CrossRef]
15. Mok E, Chiu PC. Nurse-patient relationships in palliative care. *J Adv Nurs*. 2004;48(5):475-483. [CrossRef]
16. Tarı Selçuk K, Avcı D. Sağlık yüksekokulu öğrencilerinin ölüme karşı tutumları ve ilişkili etmenler. *Psikiyatr/Nöroloji/Davranış Bilimleri Derg Literatür Sempozyum*. 2015;8:26-32.
17. İnci F, Öz F. Ölüm eğitiminin hemşirelerin ölüm kaygısı, ölüme ilişkin depresyon ve ölümcül hastaya tutumlarına etkisi. *Anadolu Psikiyatr Derg*. 2009;10(4):253-260.
18. Çevik B, Kav S. Attitudes and experiences of nurses toward death and caring for dying patients in Turkey. *Cancer Nurs*. 2013;36(6):E58-E65. [CrossRef]
19. Dunn KS, Otten C, Stephens E. Nursing experience and the care of dying patients. *Oncol Nurs Forum*. 2005;32(1):97-104. [CrossRef]
20. Thorson JA, Powell FC. A revised death anxiety scale. *Death Stud*. 1992;16(6):507-521. [CrossRef]
21. Karaca F, Yıldız M. Thorson-Powell ölüm kaygısı ölçeğinin Türkçe çevirisinin normal popülasyonda geçerlik ve güvenirlik çalışması. *Tabula Rasa*. 2001;1(1):43-55.
22. Frommelt KH. Attitudes toward care of the terminally ill: an educational intervention. *Am J Hosp Palliat Care*. 2003;20(1):13-22. [CrossRef]
23. Ceyhan Ö, Özen B, Zincir H, Şimşek N, Başaran M. How intensive care nurses perceive good death. *Death Stud*. 2018;42(10):667-672. [CrossRef]
24. ÖztunçG. Hemşirelerin ölüm ve ölümcül hastanın bakımına ilişkin duygu ve görüşlerinin incelenmesi. *2. Uluslararası 9. Ulusal Hemşirelik Kongresi Bildirileri*. Antalya. 2003:254-257.
25. Orak OS, Uğur HG, Başköy F, Özcan M, Seyis N. Yaşlı hastalarda Tanrı algısı ölüm kaygısını etkiler mi? *Uluslararası Sosyal Araştırma Derg*. 2015;8(38):618-624. [CrossRef]
26. Ray R, Raju M. Attitude towards euthanasia in relation to death anxiety among a sample of 343 nurses in india. *Psychol Rep*. 2006;99(1):20-26. [CrossRef]
27. Kasar KS, Karaman E, Şahin DS, Yıldırım Y, Aykar Ş. Yaşlı bireylerin yaşadıkları ölüm kaygısı ile yaşam kalitesi arasındaki ilişki. *Gümüşhane Univ Sağlık Bilimleri Derg*. 2016;5(2):48-55.
28. Şahin DS, Önal Ö, İnanç BB. Attitudes of nurses working emergency and intensive care units toward good death and death anxiety. *J Clin Anal Med*. 2017;8(suppl 2):75-79.
29. Russac RJ, Gatliff C, Reece M, Spottswood D. Death anxiety across the adult years: an examination of age and gender effects. *Death Stud*. 2007;31(6):549-561. [CrossRef]
30. AliWGM, Ayoub NS. Nurses' attitudes toward caring for dying patient in Mansoura University hospitals. *J Med Biomed Sci*. 2010:16-23. ISSN: 2078-0273.
31. Abu Hasheesh MO, AboZeid SA, El-Said SG, Alhujaili AD. Nurses' characteristics and their attitudes toward death and caring for dying patients in a public hospital in Jordan. *Health Sci J*. 2013;7(4):384-394.
32. Iranmanesh S, Dargahı H, Abbaszadeh A. Attitudes of Iranian nurses toward caring for dying patients. *Palliat Support Care*. 2008;6(4):363-369. [CrossRef]
33. Lange M, Thom B, Kline NE. Assessing nurses' attitudes toward death and caring for dying patients in a comprehensive cancer center. *Oncol Nurs Forum*. 2008;35(6):955-959. [CrossRef]
34. Özdemir K. *Yoğun Bakım Hemşirelerinde Görülen Ölüm Kaygısı*. Erzurum: Atatürk Üniversitesi; 2014.
35. Ülker N. Hastanede çalışanların stres ve yönetimi. *Balkan Yakın Doğu Sosyal Bilimler Derg*. 2016;2(2):28-37.
36. Şahin M, Demirkıran F, Adana F. Hemşirelik öğrencilerinde ölüm kaygısı, ölmekte olan bireye bakım verme isteği ve etkileyen faktörler. *J Psychiatr Nurs*. 2016;7(3):135-141.
37. Avcı N. *Üniversite Öğrencilerinin Mizah Tarzlarinin, Psikolojik Belirtiler ve Ölüm Kaygısı ile Ilişkisi*. Sakarya: Sakarya Üniversitesi; 2012.
38. Çınar M. *Yetişkin ve Yaşlılarda Tanrı'ya Bağlama Tarzı ve Ölüm Kaygısı Ilişkisi Üzerine Bir Araştırma*. Erzurum: Atatürk Üniversitesi; 2015.
39. Wessel EM, Rutledge DN. Home care and hospice nurses attitudes toward death and caring for the dying. *J Hosp Palliat Nurs*. 2005;7(4):212-218. [CrossRef]
40. Kayaoğlu K, Ekinci M. Yoğun bakım hemşirelerinde görülen ölüm kaygısı ve etkileyen faktörler. *Uluslararası Hakemli Psikiyatr Psikhol Araştırmaları Derg*. 2016;5:21-36.
41. Yılmaz E, Vermişli S. Yoğun bakımda çalışan hemşirelerin ölüme ve ölmekte olan bireye bakım vermeye ilişkin tutumları. *Celal Bayar Univ Sağlık Bilimleri Enstitüsü Derg*. 2015;2(2):41-46.
42. Mallory JL. The impact of a palliative care educational component on attitudes toward care of the dying in undergraduate nursing students. *J Prof Nurs*. 2003;19(5):305-312. [CrossRef]
43. Acehan G, Eker F. Acil tıp hizmeti veren sağlık personelinin ölüm kaygısı, ölüme ilişkin depresyon düzeyleri ve kullandıkları başa çıkma yolları. *Psikiyatr Hemşireliği Derg*. 2013;4(1):27-35.