Original Article

Relationship Between Nursing Students' Death Anxiety and Attitudes Toward Dying with Dignity

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Abstract

Background: Death anxiety causes health professionals to move away from the patients and may affects their attitudes toward the principles of dying with dignity.
Aims: This study aims to determine relationship between death anxiety and attitudes towards the dying with dignity among the nursing students.
Methodology: This descriptive research was conducted between September 2017 and May 2018 in the *** University Health Research and Application Center. The study participants were 55 nursing students who had practised in pediatric oncology clinic within the scope of Child Health and Diseases Nursing Course. Data was collected with "Nursing Student Information Form", "Turkish Death Anxiety Scale (TDAS)" and "Assessment Scale of Attitudes Toward Principles About Dying with Dignity (ASAPDD)."
Results: The mean age of students 21.69 ± 2.10, 29.1% witnessed death of child patient, and 16.4% witnessed death of child with cancer of them. The students's mean score of TDAS was 39.20 ± 15.61 and their total score mean for ASAPDD was found to be 49.01 ± 9.05. There was no relationship between students' death anxiety and their attitudes towards dying with dignity ($p>0.05$). Students' death anxiety was affected by status of witnessing death of child and the number of total deaths they witnessed ($p<0.05$). Students' level of adoption of principles of dying with dignity was affected by status of witnessing the death of the child with cancer ($p<0.05$).
Conclusions: The nursing student's death anxiety is moderate degree and students had a high attitude toward the principles of dying with dignity. Death anxiety of students did not affect their attitudes towards the dying with dignity. It is important that students are supported by their lecturers in dealing with death anxiety and adopting principles of dying with dignity.

Key Words: attitudes, child with cancer, death anxiety, dying with dignity, nursing student

Introduction

Death is a universal fact shared by all living organisms (Sharour et al., 2017). Humanity has given various meanings to the death phenomenon that are difficult to define (Sahin et al., 2016). Although the definition of death varies from culture to culture, the common point in all definitions is that the loss of self-renewal ability of the living organism, one of the vital organs or a few completely lost their function is the end of life and unavoidable (Tanhan, 2013; Karakus et al., 2012). Death anxiety is an emotion at the base of all fears and which continues throughout

life from birth (Fadıllıoglu & Aksu, 2013). Attitudes towards death are influenced by many factors such as individuals' culture, belief system, age, level of development and values (Fadıllıoglu & Aksu, 2013).

Dying with dignity, a fundamental human right, is important for dying individuals (Guo & Jacelon, 2014). In practice, this includes; control of symptoms, keeping invasive procedures at minimum level, maintaining freedom and autonomy, protecting privacy, maintaining meaningful communication with valued persons, and taking peaceful and respectful care in a safe environment (Guo & Jacelon, 2014). Caregiving is the foundation of the nursing profession and is a very general concept that includes all aspects of patient care, in particular the care of the dying patients (Hemati, Ashouri et al., 2016).

In their jobs, nurses are often exposed to death and dying patients. The caring dying patients makes people aware of their own mortality, leading to anxiety and uncomfort. Caring for the dying patients is one of the most difficult rolle for nurses. Nurses with a deep death anxiety may be less confident at the end of their lifetimes delivering nursing care to patients. Nurses' attitudes towards death may affect the quality of care for dying patiens (Pehlivan et al., 2019; Peters et al., 2013). Death anxiety bring about health professionals to move away from the patients and can affect their attitudes towards the dying with dignity (Dag & Badır, 2017). In the literature it was stated that the nurses who developed negative attitudes towards death experienced stress, anxiety, depression, exhaustion and helplessness when faced with death and prevented them from giving their patients effective and holistic care, and also reduced the quality of care (Cherlin et al., 2004, Ferguson & Cosby, 2017). According to the literature, nurses who develop positive attitudes about the care of dying individuals increase the satisfaction of patients with their care and provide more effective care to patients (Abu-El-Noor & Abu-El-Noor, 2016).

Cancer is an important public health problem all over the world and pediatric cancers constitute 1/3 of all cancer types (Abdulkareem et al., 2019; Coura & Modesto, 2016). Despite the increase in childhood cancer survival rates, cancer is the second reason of death for children in the world, and the third cause of death for children in Turkey (Kutluk & Yesilipek, 2019). Children need more physical and emotional care than adults, due to their developmental features. Nurses and nursing students, play a significant role in the care of children and families in the pediatric oncology units (Sharour et al., 2017). A significant number of patients worldwide continue to die in hospitals (Nia et al., 2016). In addition, due to the very limited number of pediatric palliative care centers in Turkey, deaths of pediatric patients often occur in clinics and pediatric oncology clinics, and health professionals, including nurses and student nurses, often encounter pediatric dying patients. In order for nurses to provide effective care to dying patients, they must recognize their own thoughts about death. This can be made possible by determining the attitudes of students about death and caring for dying patients from student years (Peters et al., 2013). There are very limited studies that evaluate the death anxiety and attitudes towards the dying with dignity of nurses or nursing students in the Turkish literature (Dag & Badır, 2017). So in this study, we aimed to determine the relationship between nursing students' death anxiety and attitudes toward dying with dignity.

Aim: In this study, we aimed to determine the relationship between nursing students' death anxiety and attitudes toward dying with dignity.

Research Questions

1. Which factors affect nursing student's death anxiety and attitudes towards dying with dignity?
2. Is there a relationship between the nursing student's death anxiety scores and attitudes towards dying with dignity scores?

Methodology

Design and Setting: This descriptive research was conducted between September 2017 and May 2018 in the University Health Research and Application Center during the 2017–2018 academic year. The study participants were nursing students who had practised in pediatric oncology clinic within the scope of Child Health and Diseases Nursing Course.

Study Samples: The power analysis of the sample was calculated with the G*Power (3.1.9.4 version) program (Faul et al., 2007). The sample of the study consisted of 55 nursing students (n= 55), based on previous study' death anxiety mean scores (Nia et al., 2016), accepting Type I error as 0.05, and Type II error as 0.20 (Power: 80%).

The inclusion criteria were= (a): practising in the pediatric oncology unit, (b): being literate in Turkish and (c): agreeing to participate in the study.

Data Collection Tools

Nursing Student Information Form: This form was developed based on a review of the literature (Sahin et al., 2016, Dag & Badır, 2017, Özdelikara et al.,2016). It consists of a total 6 questions, which assesses certain characteristics of the students (age, gender, class) and about death anxiety and attitudes towards the dying with dignity (number of patients who witnessed to death by students, witnessing death of child patient, witnessing death of child with cancer).

Turkish Death Anxiety Scale (TDAS): This scale was developed and its validity and reliability was tested by Sarıkaya and Baloglu (Sarıkaya & Baloglu, 2013). It is a Likert-type 5-point scale comprising 20 items in three sub-dimensions, “ambiguity of death,” “exposure to death,” and “agony of death.” Points are ranked from “rarely” (4), through “sometimes” (3), “often” (2), “always” (1) and “never” (0). The scale is scored between 0 and 80, and high scores indicate a high death anxiety level. Sarıkaya and Baloglu reported that Cronbach's alpha value of the scale was 0.95. In current study, Cronbach’s alpha value was found to be 0.94.

Assessment Scale of Attitudes Toward Principles of Dying with Dignity (ASAPDD): Duyan tested the Turkish validity and reliability of the scale (Duyan, 2014). There are 12 items in the scale. The participants were asked to choose one of the options stated in the clauses, “ “Strongly disagree”(1), “Disagree”(2), “Neither agree nor disagree” (3), Agree”(4), “Strongly agree”(5). All items in the scale consist of positive expressions. The total score from the scale ranges from 12 to 60. High scores from the scale mean that the agreement with the principles of dying with dignity is high and low scores mean that agreement with the principles of dying with dignity is low. Duyan (2014) reported that Cronbach's alpha value of scale was 0.89 (Duyan, 2014). In this study, Cronbach alpha value was found 0.93.

Data Collection: The data were collected from 55 students who had practised in the 2017–2018 years fall and spring semesters in the *** University Health Research and Application Center, Pediatric Hematology-Oncology Clinic within the scope of Child Health and Disease Nursing Course. Pediatric Hematology-Oncology Unit is a clinic with 19-bed capacity and nine nurses working. A total of 64 students practiced in the 2017-2018 years fall and spring semesters in this clinic. In this study, 55 volunteer students completed the nursing student information form and the scales. Each student performed for 48 hours for three weeks (two days per week/16 hours) at the Pediatric Hematology-Oncology Clinic. The nursing student information form and the scales were applied at the last day (on the sixth day) of the clinical application. The students filled the forms themselves in the clinic. The mean time for students to respond to forms was 10 minutes.

Data Analysis: The data was analyzed using the IBM SPSS (Statistical Package for Social Sciences for Windows) version 20.0. Mean, standard deviation, number and percentage were used to analysis the descriptive statistics. Normality distribution was evaluated by Kolmogorov Smirnov test. The relationship between the characteristics of the students, the scores of the "Turkish Death Anxiety Scale" and their "Assessment Scale of Attitudes Towards Concepts About Dying with Dignity" results were tested with the Mann-Whitney U and Kruskal Wallis variance analyzes and the Pearson correlation coefficient. $p < 0.05$ was considered significant.

Ethical Considerations: Prior to the study, written consent was obtained from the Deanery of Medical Faculty at University, Ethics Committee for Scientific Research (Consent No. 07/19). In addition, written permission was sought from the organization where the research was to be performed. During the research process, students were not asked about their credentials. The students were informed about the purpose of the study and their right to be included in the research or to be left whenever they want and verbal consent was obtained from them.

Results

The mean age of the students was 21.69 ± 2.10 and 94.5% were women. The mean number of deaths they witnessed was 1.36 ± 2.14. 29.1% of the students witnessed the death of child patient and 16.4% of them witnessed the death of child with cancer (Table 1).

The students’s mean score of TDAS was 39.20 ± 15.61. Their subscale score mean for “ambiguity

of death" was 20.18 ± 8.37, their subscale score mean for "exposure to death" was 12.21 ± 6.59, their subscale score mean for "agony of death" was 6.80 ± 2.93, and their total score mean for ASAPDD was found to be 49.01 ± 9.05 (Table 2).

When the students's item means scores of ASAPDD are examined, Principle 3: "Patients have a right to be afforded dignity and privacy" was that the highest scored item (4.52 ± 0.89), while Principle 1: "Patients have a right to know when death is coming and to understand what can be expected," was found to be the lowest scored item (2.98 ± 1.19) (Table 3).

When the characteristics of the students were compared with the mean scores on TDAS, TDAS' Subscales and ASAPDD, the subscale scores mean on " ambiguity of death" of the students who witnessed the death of the child patient was statistically lower than the students who did not witness it (p = 0.049). The mean scores on ASAPDD for the students who witnessed the death of the child with cancer was statistically higher than for the students who did not witness it (p =0.045) (Table 4).

There was a negative correlation between the number of students who witnessed the death of a patient and scores for TDAS (r = -0,272, p =0.045). As the number of students who witnessed the death of a patient increased, students' scores of TDAS decreased so that their death anxiety decreased. There are no statistically significant correlations between the number of students who witnessed the death of a patient with the subscales scores for TDAS and the scores for ASAPDD (p>0.05). There is no statistically significant correlation between the students's scores for TDAS and total scores of ASAPDD (p = 0.468). There was no relationship between students' death anxiety and their attitudes towards the dying with dignity (Table 5).

Table 1 . Characteristics of the Students (n = 55).

Characteristics	Mean ± *SD*/ *n* (%)	
Age	21.69 ± 2.10 (20-32)	
Gender		
Female	52	94.5
Male	3	5.5
Number of patients who witnessed to death by students	1.36 ± 2.14	
Witnessing death of child patient		
Yes	7	29.1
No	48	70,9
Witnessing death of child with cancer		
Yes	9	16.4
No	46	83.6

Note. SD = standard deviations.

Table 2. Distribution of the TDAS, TDAS' Subscales and ASAPDD' Total Score Means of the Students (n = 55).

Scales	*Mean ± *SD*
TDAS	39.20 ± 15.61
Ambiguity of death	20.18 ± 8.37
Exposure to death	12.21 ± 6.59
Agony of death	6.80 ± 2.93
ASAPDD	49.01 ± 9.05

Note. SD = standard deviations, TDAS = Turkish Death Anxiety Scale, ASAPDD = Assessment Scale of Attitudes Toward Principles About Dying with Dignity.

Table 3. Distribution of the Item and Total Score Means of ASAPDD of Students (n = 55).

ASAPDD	Mean ± SD
1. Patients have a right to know when death is coming and to understand what can be expected.	2.98 ± 1.19
2. Patients have a right to be able to retain control of what happens.	3.45 ± 0.97
3. Patients have a right to be afforded dignity and privacy.	4.52 ± 0.89
4. Patients have a right to have control over pain relief and other symptom control.	4.27 ± 0.89
5. Patients have a right to have choice and control over where death occurs (at home or elsewhere).	3.80 ± 1.11
6. Patients have a right to have access to information and expertise of whatever kind is necessary.	4.21 ± 0.95
7. Patients have a right to have access to any spiritual or emotional support required.	4.50 ± 0.87
8. Patients have a right to have access to hospice care in any location, not only in hospital.	4.32 ± 0.94
9. Patients have a right to have control over who is present and who shares the end.	4.50 ± 0.90
10. Patients have a right to be able to issue advance directives which ensure wishes are respected.	4.29 ± 0.95
11. Patients have a right to have time to say goodbye, and control over other aspects of timing.	4.23 ± 1.01
12. Patients have a right to be able to leave when it is time to go and not to have life prolonged pointlessly.	3.89 ± 1.10
TOTAL	49.01 ± 9.05

Note.SD = standard deviations, ASAPDD = Assessment Scale of Attitudes Toward Principles About Dying with Dignity.

Table 4. Comparing Some Characteristics of Students With Mean Scores of TDAS, TDAS' Subscales and ASAPDD (n = 55).

Variebles	Ambiguity of Death Mean ± *SD*	Exposure to Death Mean ± *SD*	Agony of Death Mean ± *SD*	TDAS Mean ± *SD*	ASAPDD Mean ± *SD*
Witnessing death of child patient					
Yes	13.28 ± 7.78	11.00 ± 9.79	5.00 ± 2.76	29.28 ± 18.68	53.14 ± 4.18
No	21.18 ± 8.04	12.39 ± 6.12	7.06 ± 2.89	40.64 ± 14.79	48.41 ± 9.44
Z	-1.965	-0.734	-1.901	-1.668	1.493
p	**0.049**	0.463	0.057	0.095	0.135
Witnessing death of child with cancer					
Yes	15.00 ± 7.56	11.00 ± 8.71	6.11 ± 3.40	32.11 ± 17.48	53.44 ± 3.67
No	21.19 ± 8.22	12.45 ± 6.19	6.93 ± 2.85	40.58 ± 15.04	48.15 ± 9.55
Z	-1.485**	-0.821**	-0.908**	-1.366**	-2.006**
p	.138	.412	.364	.172	**0.045**

Notes. SD = standard deviations, Z = Mann whitney U Test, TDAS = Turkish Death Anxiety Scale, ASAPDD = Assessment Scale of Attitudes Toward Principles About Dying with Dignity, Statistically significant values (p<0.05) are shown in bold.

Table 5. Correlation Coefficients and Significance Levels Between the Number of Patients Who Witnessed to Death by Students and the Scores on TDAS, TDAS' Subscales and ASAPDD (n=55).

Variables		Ambiguity of death	Exposure to death	Agony of death	TDAS	ASAPDD
Number of patients who witnessed to death by students	r	-0.252	-2.227	-0.218	-0.272	0.098
	p	0.063	0.096	0.110	**0,045**	0.478
TDAS	r	0.920	0.851	0.785	-	-0.100
	p	<0.001	<0.001	<0.001	-	0.468

Note. r = pearson correlation analysis, TDAS = Turkish Death Anxiety Scale, ASAPDD = Assessment Scale of Attitudes Toward Principles About Dying with Dignity, Statistically significant values (p<0.05) are shown in bold.

Discussion

In the past, more of the people died in their home with their loved ones, but now more of them died in hospital or hospice (Braun et al., 2010). Therefore health professionals witness to these deaths. Since palliative care units are insufficient in Turkey, most of the deaths occur in hospitals. Oncology nurses and nursing students are health

care providers who care for dying patients and support them on their final life-to-death journey (Braun et al., 2010). So, nurses' attitude toward caring for dying patients are important for dying wit dignity. Most of the study focus nurses attitude toward caring for dying oncology adult patients, there are few studies related to pediatric oncology patients. In order for nurses to provide effective care to dying patients, they must recognize their own thoughts about death. This can be made possible by determining the attitudes of students about death and caring for dying patients from student years (Peters et al., 2013). In this study, we aimed to determine the relationship between nursing students' who practice pediatric oncology unit death anxiety and attitudes toward dying with dignity. This study found that no correlations between nursing students' death anxiety and attitudes toward to dying with dignity.

In this study, the mean TDAS' score of the students was 39.20 ± 15.61 (Table 2). The maximum score that can be taken from the TDAS is 80 and the high score indicates high death anxiety. According to these results, it can be said that nursing student's death anxiety is moderate degree in this study. In a study by Bilge and et al. (2013), it was reported the mean TDAS' score of the students who will be health professionals was 54.27 ± 11.30 (Bilge et al., 2013). Özdelikara et al. (2016) stated that the nursing students' death anxiety was moderate degree (Özdelikara et al., 2016). In Turkey, both adult and pediatric palliative care units are very few, so health care professionals are witnessing the people dying. This situation might be affect nursing students' death anxiety.

In this study, the mean ASAPDD score of the students was 49.01 ± 9.05 (Table 2). According to this result, students had a high attitude toward the principles of dying with dignity. Similarly, in studies conducted in Turkey, Dag and Badır (2017), Gurdogan et al. (2017) and Demir et al. (2017) found that the mean ASAPDD score of the nurses was high (Dag & Badır, 2017; Gurdogan et al., 2017; Demir et al., 2017). All of the people want to die with dignity. Children with cancer are dependent on nurses for both disease and their developmental characteristics. Children may be not aware of death, nurses should be advocates for children and provide environmental conditions for them to die peacefully. Therefore, nurses must have adopted principles of dying with dignity. We can say that student nurses adopted the principles of dying with dignity in this study.

In the current study, nursing students gave the highest score to the Principle 3, "Patients have a right to be afforded dignity and privacy" and also another highest score to Principle 9, "Patients have a right to have control over who is present and who shares the end" (Table 3). Similarly, Demir et al. (2017) reported that oncology nurses gave the highest score to Principle 3, and also another highest score to Principle 7, "Patients have a right to have access to any spiritual or emotional support required" (Demir et al., 2017). In another study, nurses gave the highest score to Principle 3 and also another highest score for Principle 7 (Gurdogan et al., 2017). In Turkey, most of the pediatric oncology patients died in the intensive care unit by alone or died with their parent at the pediatric oncology unit. So, children usually can not identify people who will be with them in the last period and share the moment. According to this, nursing students may be given a high score for Principle 9.

In this study, nursing students gave the lowest score for Principle 1, "Patients have a right to know when death is coming and to understand what can be expected," and Principle 2, "Patients have a right to be able to retain control of what happens" (Table 3). Demir et al. (2017) state that oncology nurses gave the lowest score for Principle 1 and Principle 5, "Patients have a right to have choice and control over where death occurs (at home or elsewhere)" (Demir et al., 2017). Gurdogan et al. (2017) found that oncology nurses had the lowest score for Principle 1 and Principle 12, "Patients have a right to be able to leave when it is time to go and not to have life prolonged pointlessly" (Gurdogan et al., 2017). Similarly, the item with the lowest mean score in this study was Principle 1. This situation can be explained by the tendency for young nursing students to avoid the idea of death and the identification of death with old age and disease.

In the current study, it was determined that the students who witnessed the death of a child had less anxiety about the "ambiguity of death" (Table 4). When the number of deaths that students witnessed increased, their death anxiety was decreased (Table 5). In contrast to these results, Özdemir (2014) found that when the number of deaths that nurses working in intensive care witnessed increased, their death

anxiety also increased. Öz et al. (2012) found that students who had witnessed death had more death anxiety than non-students (Özdemir, 2014; Öz et al., 2012). This can be explained by the fact that students witnessing death experience less anxiety about the ambiguity of death by observing the physical fact of death. In this study, the students who witnessed the death of the child with cancer were more adopting principles of the dying with dignity (Table 4). The major factors likely to influence students' adoption of dying with dignity are their observations that the child and his/her family suffer before and after the child's death, and the approaches of other nurses and health personnel in clinics.

In this study, death anxiety of students did not affect their attitudes towards the dying with dignity (Table 5). In contrast to the current study, Gurdogan et al. (2019) found that when the death anxiety of the nursing students increased, they developed negative attitudes towards the care of dying patients. (Gurdogan et al., 2019). This difference can be explained by the fact that student nurses are more attentive and compassionate when giving care to pediatric oncology patients.

Conclusion and Suggestions for Future Studies: In order to meet the physical and psychosocial needs of dying patients, nurses must recognize their own feelings and thoughts about death during their student years. In this study, the students' death anxiety was reduced by witnessing the death of the child patient and the number of death' witnessed. Also, the students' appreciation of the principle of dying with dignity was positively affected by witnessing the death of the child with cancer. Therefore, nursing education programs should include thorough dimensions of the topic of death, and the care of the dying patient should be taught to students through role-play and simulation. In order to help students cope with death anxiety and to adopt the principles for dying with dignity, it is recommended to provide counselling to understand and support the feelings of the caregivers for dying patients.

Limitations: The present study had some limitations. First, the sample of this study comprised only the 2017–2018 academic year. Therefore, the study results could not be generalized to other nursing students. Second, students only three-week practice in the pediatric oncology unit, so their attitude may not be affected during this period. Third, students' attitudes towards death anxiety and attitudes toward the principles for dying with dignity before clinical practice were not evaluated. The evaluation will be important to see how clinic practice changes attitude and death anxiety of nursing students.

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