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Original Research Article

Nursing Students' Attitudes toward End-of-Life Care and Dying with Dignity

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ABSTRACT

Objective: This study aimed to examine nursing students' attitudes toward the principles of end-of-life care and dying with dignity.
Material and Methods: The cross-sectional descriptive study's sample size was 260 students in the Faculty of Nursing. Data were collected between March and June 2022; participants were asked to complete a personal information form, an Assessment Scale of Attitudes Towards Principles About Dying with Dignity (ASAPDD), and the Frommelt Attitude Toward Care of the Dying Scale (FATCOD). The data were analysed using the IBM SPSS Statistics 22 software, employing parametric or nonparametric tests.
Results: Nearly half of the participants knew about dying with dignity (42.30%) and end-of-life care (48.80%). Most students had no experience with end-of-life care in social life (78.5%) and clinical practice (64.6%). A statistically significant difference was identified between the ASAPDD score average and the student's general academic grade point average and their self-efficacy about end-of-life care ($p<0.05$). The mean FATCOD score had a statistically significant difference between students' enrolled classes and willingness to provide end-of-life care ($p<0.05$). Also, there were significant differences between some of the student's opinions about end-of-life care (to be indifferent to patients and their families' feelings, to feel grief and sadness, etc.) and mean scores of these scales ($p<0.05$).
Conclusions: Students' opinions and different characteristics are effective in attitudes towards principles about dying with dignity and end-of-life care.

Keywords: Dying with dignity, End-of-life care, Nursing, Student

INTRODUCTION

Several factors, including the ageing of the global population, disasters, infectious diseases, and scientific and technological developments in the health field, have led to an increased focus on providing end-of-life care services that adhere to the principles of quality, standard, and dying with dignity. In the context of dying with dignity and end-of-life care, several factors are of particular importance, including respect for the individual and their family, empathy, compassion, safeguarding dignity, effective symptom management, reduction of pain and suffering, and effective communication. In this context, there is a clear need for nurses who have received training in this field [1-4].

Nurses and nursing students are frequently confronted with end-of-life care and dying with dignity from the outset of their undergraduate education. This process may

become challenging for individual and professional experiences, especially for nursing students and newly graduated nurses [2, 3, 5-7]. Students may experience a range of emotions, including feelings of helplessness, inadequacy, abandonment, uncertainty, a sense of being unprepared, and anxiety surrounding death. Consequently, students may experience difficulties coping with negative experiences and emotions, providing care to the patient, and even avoiding end-of-life care [8, 9]. Nevertheless, the provision of end-of-life care and dying with dignity constitutes a fundamental human right, and it is the responsibility of nurses to provide support in this regard. Considering the above, national and international organizations have endorsed the incorporation of theoretical and practical subjects, including end-of-life care, dignity, and dying with dignity, into the nursing education curriculum at the undergraduate level [6, 10-13].

Since undergraduate education, training on end-of-life care and dying with dignity has been provided using different training methods (simulation-based training, case studies, etc.). It aims at reinforcing the theoretical knowledge of nursing students specific to the field, experiencing how end-of-life care is applied, strengthening the communication process with patients and their relatives, planning individual-centred care, adopting the principles of dying with dignity (protecting the autonomy of the individual, respecting the individual, protecting privacy, receiving peaceful and dignified care in a safe environment, etc.) and raising awareness [3, 6, 10-17]. However, fundamental issues such as dignity, end-of-life care, and dying with dignity do not have a universal and standard education curriculum, and there are differences in competence assessment and scope in nursing undergraduate programs [11, 15, 16, 18-22]. Therefore, examining nursing students' attitudes toward end-of-life care and dying with dignity is essential in planning nursing education. This study aimed to examine nursing students' attitudes toward end-of-life care and the principles of dying with dignity.

MATERIALS & METHODS

Study Design, Sample and Setting

A cross-sectional descriptive study was conducted among nursing students of one Faculty of Nursing between March and June 2022. The study population comprised 798 students, of whom 260 were selected using the sample calculation formula with a known population. Data were collected from each class by stratifying the students according to the classes they enrolled (students enrolled 1st class=68; students enrolled 2nd class=56; students enrolled 3rd class=66; students enrolled 4th class=70).

Data Collection

Information Form, Frommelt's Attitude towards Caring for Dying Patients (FATCOD), and Assessment Scale of Attitudes toward Principles about Dying with Dignity (ASAPDD) were used to collect quantitative data.

Information Form: The form was prepared by the researchers for this study according to the relevant literature [23-25] and comprised 24 questions. Before the form was applied to the students, it was submitted for review by ten experts in the field of nursing. Expert opinions were received using the Polit-Beck Method. The form was finalized after the experts' recommendations. The ten experts' grades were analysed using content validity analysis; the content validity index (S-CVI) was 0.90.

FATCOD: The scale was developed to assess the attitudes toward the care of dying people [26]. The Turkish adaptation of the scale is a 30-item self-administered survey that uses a five-point Likert-type scale, with a possible total score between 30 and 150. The higher the score indicates, the more positive the attitude. Cronbach's alpha value obtained was 0.73 [27].

ASAPDD: The five-point Likert-type scale was developed in Turkish by Duyan (the

Cronbach alpha coefficient of the scale=0.89), and it had 12-item to assess attitudes toward dying with dignity. The maximum total score on the scale is 60, while the minimum is 12. A high score indicates a high level of agreement and support for dying with dignity [17].

STATISTICAL ANALYSIS

Statistical analysis was performed using IBM SPSS Statistics 22 software. The descriptive statistics, t test, Mann Whitney U Test, ANOVA, and Kruskal-Wallis H tests were performed, and p-values of <0.05 were considered significant.

RESULT

The mean age of the participants was 20.81±1.62 years and the general academic grade point average (GPA) was 3.05±0.39. Almost half of the participants reported being aware of end-of-life care (48.80%) and dying with dignity (42.30%). The mean FATCOD score statistically differed significantly from the students' enrolled classes (p<0.05); also, a statistically significant difference was found between the mean ASAPDD score and students' GPA (p<0.05) (Table 1).

Table 1. Comparison of some sociodemographic and professional characteristics of nursing students with FATCOD and ASAPDD (n=260)

Variables (n/%)		FATCOD	ASAPDD
Age	18-20 years old (113/43.50%)	76.57±9.76	44.60±13.17
	21-31 years old (147/56.50%)	75.82±10.14	47.59±9.91
	Test statistic/p value	*t=-0.596 p=0.580*	*MW-U=7482.5 p=0.170*
Gender	Women (212;81.50%)	75.83±9.79	46.54±11.58
	Men (48;18.50%)	77.56±10.68	42.21±11.26
	Test statistic/p value	*t=-1.091 p=0.276*	*MW-U=4450.5 p=0.175*
The student's enrolled class	1st Class (68/26.20%)	76.66±8.38[a]	47.34±8.87
	2nd Class (56/21.50%)	75.25±10.71[b]	46.02±14.16
	3rd Class (66/25.40%)	**78.73±9.98[c]**	42.98±13.57
	4th Class (70/26.90%)	**73.87±10.35[d]**	48.61±8.41
	Test statistic/p value	***F=2.953 p=0.033* (c>d)**	KW-H=7.303 p=0.063
General Academic Grade Point Average	1.80-3.00(126/48.50%)	77.07±10.21	**44.98±11.75**
	3.01-4.00(134/51.50%)	75.28±9.68	**47.52±11.19**
	Test statistic/p value	*t=1.455 p=0.147*	***MW-U=6837.5 p=0.008***
Have knowledge about end-of-life care	Yes (127;48.80%)	75.29±10.16	48.21±9.96
	No (133;51.20%)	77.05±9.71	44.28±12.67
	Test statistic/p value	*t=-1.428 p=0.155*	*MW-U=865.5 p=0.243*
Have knowledge about dying with dignity	Yes (110;42.30%)	76.06±11.12	47.25±10.66
	No (150;57.70%)	76.21±9.06	45.59±12.09
	Test statistic/p value	*t=-0.114 p=0.909*	*MW-U=7592.0 p=0.271*
Views on undergraduate curriculum on end-of-life care and dying with dignity	Sufficient (53/20.40%)	77.36±12.22	47.21±11.35
	Partially sufficient (168/64.60%)	75.58±9.47	46.40±11.14
	Insufficient (39/15.00%)	76.15±9.96	44.59±13.32
	Test statistic/p value	*F=0.778 p=0.461*	*KW-H=1.353 p=0.503*

FATCOD= Frommelt Attitudes Toward Care of the Dying
ASAPDD: Assessment Scale of Attitudes toward Principles about Dying with Dignity

Most of the students indicated that they experienced the death or loss of a relative (74.20%) and the grief-meaning process (65.40%). Only a minority of participants provided end-of-life care in social life (21.50%) or clinical settings (23.20%). Half of the participants did not perceive themselves as self-efficient about end-of-life care (50.40%) and want to provide end-of-life care (51.20%). The mean FATCOD score had a statistically significant difference with students' willingness to provide end-of-life care (p<0.05). In addition, a statistically significant difference was identified between the ASAPDD score average and the student's perceived self-efficacy about end-of-life care (p<0.05) (Table 2).

Table 2. Comparison of students' some experiences in end-of-life care with FATCOD and ASAPDD (n=260)

Variables (n/%)		FATCOD	ASAPDD
Experience the death or loss of a relative	Yes (193/74.20%)	76.06±11.12	56.54±11.81
	No (67/25.80)	76.21±9.06	45.58±10.66
	Test statistic/p value	*t =-0.114 p=0.909*	*MW-U=7592.0 p=0.271*
Experience with grief-mourning process in social life	Yes (170;65.40%)	75.41±9.96	46.63±11.86
	No (90;34.60%)	77.53±9.87	45.66±10.87
	Test statistic/p value	*t=-1.639 p=0.102*	*MW-U=6702.5 p=0.100*
Provide end-of-life care for someone in social life	Yes (56;21.50%)	76.93±11.70	44.37±12.57
	No (204;78.50%)	75.93±9.45	46.82±11.18
	Test statistic/p value	*t=0.663 p=0.508*	*MW-U=5087.5 p=0.210*
Provide end-of-life care for someone in clinical settings	Yes (60;23.10%)	74.72±11.38	45.60±11.71
	No (200;76.90%)	76.58±9.49	46.50±11.48
	Test statistic/p value	*t=-1.150 p=0.253*	*MW-U=5688.0 p=0.541*
Perception of self-efficacy about end-of-life care	Feel self-sufficient. (129/49.60%)	77.13±10.06	**45.40±10.74**
	Do not feel self-sufficient (131/50.40%)	75.18±9.81	**47.17±12.20**
	Test statistic/p value	*t=-1.588 p=0.114*	***MW-U=7095.0 p=0.025***
Want to provide end-of-life care	Yes (127;48.80%)	**77.73±9.24**	46.51±11.44
	No (133;51.20%)	**74.49±10.44**	40.08±11.63
	Test statistic/p value	***t=2.652 p=0.008***	*MW-U=8241.0 p=0.736*

FATCOD= Frommelt Attitudes Toward Care of the Dying
ASAPDD: Assessment Scale of Attitudes toward Principles about Dying with Dignity

The mean FATCOD score had a statistically significant difference with most of the students' opinions (to provide significantly effective end-of-life care, to know how to communicate during end-of-life care, to want to leave the patient's room quickly, to be indifferent to the patient's and family's feelings, to focus on the participant's negative thoughts, to be afraid of harming them, to feel increasing despair) about end-of-life care (p<0.05) Also, a statistically significant difference was found between the average ASAPDD score and some of the students' opinions (indifference to patients' and their families' feelings, feeling sadness and grief) about end-of-life care (p<0.05) (Table 3).

Table 3. A comparison of students' opinions about themselves while providing end-of-life care with FATCOD and ASAPDD (n=260).

Variables		FATCOD	ASAPDD
I believe that providing end-of-life care to patients and their families significantly impacts their lives.	Yes (230;88.50%)	**83.04±8.51**	46.56±11.57
	No (30;11.50%)	**75.35±9.83**	44.23±11.04
	Test statistic/p value	***t=3.899 p=0.001***	*MW-U=2827.0 p=0.389*
I know how to communicate with patients and their families when providing end-of-life care.	Yes (182;70.00%)	**78.55±9.73**	46.56±11.57
	No (78;30.00%)	**75.12±9.91**	46.96±9.97
	Test statistic/p value	***t=2.576 p=0.011***	*MW-U=6678.5 p=0.450*
I want to provide end-of-life care quickly and leave the room.	Yes (95/36.50%)	**73.63±9.82**	45.99±10.95
	No (165/63.50%)	**80.52±8.64**	46.47±11.86
	Test statistic/p value	***t=-5.681 p=0.011***	*MW-U=7181.0 p=0.450*
I remain indifferent to their own feelings when providing end-of-life care to patients and their families.	Yes (33/12.70%)	**75.33±9.87**	**41.55±11.57**
	No (227/87.30%)	**81.76±8.83**	**46.98±10.85**
	Test statistic/p value	***t=-3.539 p=0.001***	***MW-U=2797.5 p=0.019***
I focus on the negative when providing end-of-life care.	Yes (67;25.80%)	**74.76±9.79**	46.39±10.40
	No (193;74.20%)	**80.15±9.42**	46.26±11.90
	Test statistic/p value	***t=-3.992 p=0.001***	*MW-U=6109.0 p=0.501*
I'm afraid of hurting patients and their families when providing end-of-life care.	Yes (230/88.50%)	**76.70±9.76**	45.93±11.74
	No (30/11.50%)	**71.90±10.63**	49.10±9.34
	Test statistic/p value	***t=2.507 p=0.013***	*MW-U=2976.5 p=0.221*
I feel sad when I care for patients at the end of their lives.	Yes (209/80.40%)	76.12±9.91	**46.47±12.13**
	No (51/19.60%)	76.25±10.25	**45.55±8.61**
	Test statistic/p value	*t=-0.087 p=0.931*	***MW-U=4315.5 p=0.035***
I feel more despair when providing end-of-life care.	Yes (132/50.80%)	**77.68±9.67**	45.70±11.71
	No (128/49.20%)	**74.56±10.05**	46.90±11.32
	Test statistic/p value	***t=-2.551 p=0.011***	*MW-U=7923.5 p=0.386*

FATCOD= Frommelt Attitudes Toward Care of the Dying
ASAPDD: Assessment Scale of Attitudes toward Principles about Dying with Dignity

DISCUSSION

The ageing of the world's population, infectious diseases, and scientific and technological developments in health care are increasing the need for nurses to be involved in end-of-life care and dying with dignity. Nurses need to acquire professional competence and skills from their undergraduate education to provide standardized, high-quality end-of-life care that respects human rights and dignity [4, 11, 20, 28-30]. In this context, nursing students should be taught end-of-life care that addresses dignity and dying with dignity [31, 32].

Dignity is a universal value that distinguishes human beings from all other beings in the universe, gives the individual an irreplaceable value, arises from the very nature of being human, cannot be conditioned, cannot be measured, and is universal to all people. Nursing care focused on dignity is particularly effective in processes such as end-of-life care, care of unconscious patients, dying with dignity, development of coping and adaptive skills to stressors that students will encounter in their learning process, adoption of professional values, support of student autonomy, improvement of quality of care, etc. Respecting human beings and accepting the uniqueness of each human being is the basis of end-of-life care and dying with dignity concepts [2, 30, 32, 33]. In this context,

end-of-life care and dying with dignity are also interrelated; undergraduate training in end-of-life care that is planned by valuing the principles of dying with dignity (supporting a sense of control, protecting dignity, controlling pain, taking time to say goodbye, protecting privacy, etc.) will have a positive impact on both the provision of a dignified death and students' perceptions of their professional competence [15, 30, 32, 34].

The provision of education about end-of-life care and dying with dignity in undergraduate nursing education is supported by national and international organizations; however, the lack of a universally accepted standard educational program leads to differences in nursing students' field-specific knowledge and skills [16, 22, 35]. A study conducted by Üstündağ et al. (2019) on nursing students reported that most students did not receive adequate education about end-of-life care and did not have enough courage to express their feelings and thoughts about death [29]. In the literature, studies have reported that there may be various situations (such as age, class attended, level of knowledge and skills, domain-specific self-efficacy perceptions, communication skills, clinical practice experiences, opinions and attitudes, cultural values, spiritual approaches) that may influence nursing students and newly graduated nurses to provide end-of-life care [7, 8, 22, 25, 36-39]. A study conducted by Petrongolo and Toothaker (2021) reported that nursing students had positive attitudes toward providing end-of-life care; clinical experience, academic success, and the course attended may influence students' attitudes toward giving end-of-life care [31]. In one study, although most final-year nursing students provided end-of-life care in clinical practice, more than half of the students reported that they did not feel competent to provide end-of-life care [35]. Zhou et al. (2021) reported that nursing students mainly had positive attitudes toward providing end-of-life care, but their perception of self-efficacy to provide care was low. In the same study, students' fear of death was found to influence their attitudes towards death and end-of-life care [40]. In a study of nursing students, it was reported that observing the suffering of the paediatric oncology patients receiving end-of-life care and their families, as well as the caring approach of the nurses and medical staff working together in the clinic, may influence the students' acceptance of dying with dignity [13]. In this context, the professional development of nursing students needs to prepare a standard quality undergraduate education, including end-of-life care and dying with dignity under the supervision of a team of experts, to continue theoretical and practical education (clinical practice, simulation education, etc.), to provide student counselling, to evaluate the effectiveness of education and student competence, etc. [1, 22, 23, 35, 41, 42].

In this study, almost half of the participants said they were aware of end-of-life care and dying with dignity, but more than half say that the education is partially sufficient. The study found that the average FATCOD score was highest among third graders and lowest among fourth graders. It is usually reported that attitudes towards end-of-life care are positively influenced as students' progress through the grades, and it is thought that this may be due to students' ability to assess themselves more closely in terms of professional responsibilities as they approach graduation and to question their perceptions of competence. In the study, the mean FATCOD scores of students who wanted to provide end-of-life care were higher than those who did not wish to provide end-of-life care. Looking at the conditions that influenced the mean ASAPDD score in the study, it was found that the student's GPA was high, and they perceived themselves as competent to provide end-of-life care. Believing in the reliability of the information given in undergraduate education and feeling empowered are thought to influence students' ability to understand, interpret, question, and reflect on professional knowledge to practice nursing; this may be

particularly effective for the individualized approach to care in the context of dying with dignity.

End-of-life care is holistic (biological, psychological, spiritual, social, etc. dimensions), individualized, and the most up-to-date care understanding. In nursing education, students learn to manage the end-of-life care process by encountering patients at the end of life. In caring for the patient at the end of life, multiple professional responsibilities must be fulfilled, such as making the patient comfortable, supporting them, meeting their care needs, respecting dying with dignity, and taking a caring approach. Also, many nursing students experience 'end-of-life care, death, loss, and bereavement' for the first time in their lives during the clinical practice phase of their professional education. In this context, nursing students may have difficulties in providing end-of-life care; they may experience problems such as not wanting to provide care, feeling of failure, doubting their perception of self-efficacy, problems in communication processes, experiencing negative emotions (guilt, fear, depression, helplessness, fear of death, etc.). As a result, it becomes difficult for the student to cope with the problems associated with end-of-life care, and qualified and holistic care is negatively affected [5, 8, 9, 22, 34, 35, 37, 39, 43-46].

Nursing students' views, feelings, and thoughts about end-of-life care and dying with dignity affect the quality of care they provide [5, 7]. One study found that the fear of death of nursing students caring for patients at the end of life was higher than the fear of death of nurses. It has been suggested that this situation may be caused by feelings of inadequacy and helplessness caused by not knowing what to do and what to say to the patient [7]. A study conducted by Haroen et al. (2023) with nursing students reported that students were unsure of nursing approaches when providing end-of-life care and experienced sadness, feeling loss, fear, and anxiety [36]. A systematic review reported that students had negative communication experiences with patients and their families in end-of-life care processes, difficulties in interacting with patients and their families, and negative emotions of families easily affected students. The same study stated that this negativity made it difficult for students to learn coping and caring skills [22].

In this study, most participants reported that they believed their end-of-life care significantly impacted the lives of patients and their families. And that participants knew how to communicate effectively with patients and families. Almost all participants stated that when providing end-of-life care, they were afraid of hurting patients and their families or felt sad for them. More than half of the participants indicated that they thought more desperate when providing end-of-life care to patients and their families. It was found that only a minority of participants wanted to provide end-of-life care quickly and leave the room; they remained indifferent to their feelings or focused on the negative when providing end-of-life care. Believing that the end-of-life care provided by the students had a significant impact on the life of the person and their family, knowing how to communicate, completing the end-of-life care on time and leaving the room, not being negative, being afraid of harming the patient and their family while providing care, and feeling hopeless increased the mean FATCOD score; feeling sorry for the patient and their family increased the mean ASAPDD score. In addition, the mean FATCOD and ASAPDD scores of students who separated their emotions from those of the patient and family increased. The study results are similar to the literature, and it can be seen that the students' opinions (especially those of the emotionally oriented ones) influence both end-of-life care and attitudes toward dying with dignity.

Limitations

The most fundamental limitation of this study is that the data were collected from a specific nursing faculty, and the education included in the curriculum about end-of-life care, human dignity, and dignified death

was not examined. Notwithstanding these limitations, the research offers valuable insights into nursing students' attitudes toward end-of-life care and dying with dignity. This study highlights the necessity for further investigation and intervention on this topic.

CONCLUSION

Nursing students' experiences during their undergraduate education may influence the formation of their professional identities about end-of-life care and the principles of dying with dignity. In this context, this study's objective was to examine nursing students' attitudes toward the principles of end-of-life care and dying with dignity. A statistically significant difference was identified between the ASAPDD score average and the student's general academic grade point average and their self-efficacy regarding end-of-life care ($p<0.05$). A statistically significant difference was identified between the mean FATCOD score and students' willingness to provide end-of-life care ($p<0.05$). Also, there were significant differences between some of the student's opinions about end-of-life care (to be indifferent to patients and their families' feelings, to feel grief and sadness, etc.) and mean scores of these scales ($p<0.05$). Considering these findings, it is recommended that undergraduate nursing students be provided with professional responsibilities within the context of end-of-life care and respectful death. This should be accompanied by training that integrates theory and clinical practice and ensures the dissemination of up-to-date information. It is essential to assess the efficacy of training programs regularly, the proficiency of students, the outcomes of such programs, and so forth, utilizing reliable measurement tools. Furthermore, interviews and counselling services should be made available to students to facilitate the expression of their views, experiences, and attitudes regarding end-of-life care and dignified death. Such an approach will foster students' self-assurance, competencies, and clinical expertise, enhancing person-centred care quality.

Declaration by Authors

Ethical Approval: Approved

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REFERENCES

1. Gillan, P.C; Jeong, S.; van der Riet, P. Embodied good deaths and disembodied bad deaths: Undergraduate nursing students narratives of experience. Nurse Educ. Today. 2021,97,104674-104678. https://doi.org/10.1016/j.nedt.2020.104674.
2. Farfán-Zúñiga, X.; Jaman-Mewes, P. Reflections of nursing students on the care of the person's dignity at the end of life: A qualitative study. Nurse Educ. Today. 2024,133,106067-106072. https://doi.org/10.1016/j.nedt.2023.106067.
3. Elashri, N.N.I.E.A.; El Gilany, A; Mohamed, H.N.A.E.A. Effect of death preparation program on nursing students' meaning of life, death anxiety and their attitude toward care of dying geriatric patients. Zagazig Nursing Journal. 2024, 20(2), 27-44.
4. Zaman, S.; Inbadas, H., Whitelaw, A.; Clark, D. Common or multiple futures for end of life care around the world? Ideas from the 'waiting room of history'. Soc Sci Med. 2017, 172, 72-79. https://doi.org/10.1016/j.socscimed.2016.11.012.
5. İnci, F.; Koraş Sözen, K. Examining nurses' death anxiety and attitudes toward caring for dying patients: A cross-sectional study in Turkey. Psychol Health Med. 2024, 1-11. https://doi.org/10.1080/13548506.2024.2336892.
6. Taheri-Ezbarami, Z.; Jafaraghaee, F.; Sighlani, A.K.; Mousavi, S.K. Core

components of end-of-life care in nursing education programs: a scoping review. BMC Palliat Care. 2024, 23(1), 82-92. https://doi.org/10.1186/s12904-024-01398-3.
7. Akarslan, M.; Karadeniz, F.; Gümüş, F. The relationship between fear of death and meaning of life in nursing students and nurses caring for terminal patients. IJHSRP. 2024, 9(1), 37-46. https://doi.org/10.33457/ijhsrp.1416706.
8. Berndtsson, I.E.; Karlsson, M.G.; Rejnö, Å.C. Nursing students' attitudes toward care of dying patients: A pre-and post-palliative course study. Heliyon. 2019, 5(10), 1-7. https://doi.org/10.1016/j.heliyon.2019.e02578.
9. Pehlivan, S.; Lafçı, D.; Vatansever, N.; Yıldız, E. Relationship between death anxiety of Turkish nurses and their attitudes toward the dying patients. OMEGA-J Death Dying. 2020, 82(1), 128-140. https://doi.org/10.1177/0030222819895122.
10. Jeong, M.; Song, C.; Park, S. Implementation and evaluation of an end-of-life care education program for oncology nurses working in medical-surgical wards: A quasi-experimental study. Heliyon. 2023, 9(4), 1-10. https://doi.org/10.1016/j.heliyon.2023.e14096.
11. Martins Pereira, S.; Hernández-Marrero, P.; Pasman, H.R.; Capelas, M.L.; Larkin, P.; Francke, A.L. Nursing education on palliative care across Europe: Results and recommendations from the EAPC Taskforce on preparation for practice in palliative care nursing across the EU based on an online-survey and country reports. Palliat Med. 2021, 35(1), 130-141. https://doi.org/10.1177/0269216320956817.
12. Cerit, B.; Coşkun, S.; Çalışkan, M.A.; Temelli, G. The relationship between nurses' ethical sensitivity levels and their attitudes toward principles about die with dignity. J Relig Health. 2021, 60(1), 162-177. https://doi.org/10.1007/s10943-020-01102-8.
13. Cetintas, I.; Akgun Kostak, M.; Semerci, R.; Kocaaslan, E.N. Relationship between nursing students' death anxiety and attitudes toward dying with dignity. Int J Caring Sci. 2021, 14(2), 1089-1097.
14. Yoong, S. Q.; Wang, W.; Seah, A.C.W; Gan, J.O.N.; Schmidt, L.T.; Zhang, H. The experiences of nursing students participating in a student death doula service-learning program in palliative care settings: A qualitative study. Death Stud. 2024, 1-11. https://doi.org/10.1080/07481187.2024.2337205.
15. Yoong, S.Q.; Schmidt, L.T.; Chao, F.F.T.; Devi, K.M.; Wang, W.; Zhang, H. Nursing students' perspectives and learning experiences of participating in a palliative and end-of-life care simulation programme: A qualitative study. Nurse Educ Today. 2024, 134, 106103-106116. https://doi.org/10.1016/j.nedt.2024.106103.
16. Davis, A.; Lippe, M.; Glover, T.L.; McLeskey, N.; Shillam, C.; Mazanec, P. Integrating the ELNEC undergraduate curriculum into nursing education: Lessons learned. J Prof Nurs. 2021, 37(2), 286-290. https://doi.org/10.1016/j.profnurs.2020.12.003.
17. Duyan, V. Reliability and validity study on the assessment scale of attitudes towards principles about die with dignity. Turkish TJFMPC. 2014, 8(1), 25-31 [in Turkish]. https://doi.org/10.5455/tjfmpc.150341.
18. Mengual, T.E.; Chover-Sierra, E.; Ballestar-Tarín, M.L.; Saus-Ortega, C.; Gea-Caballero, V.; Colomer-Pérez, N.; Martínez-Sabater, A. Knowledge about palliative care and attitudes toward care of the dying among primary care nurses in Spain. Healthcare. 2023, 11, 1018-1032. https://doi.org/10.3390/healthcare11071018.
19. Hökkä, M.; Ravelin, T.; Vereecke, D.; Coupez, V.; Baele, C.; Defloor, H., et al. The Europe-wide core palliative care competencies for undergraduate nursing education. J Palliat Care. 2024, 39(3), 217-226. https://doi.org/10.1177/08258597241244605.
20. Kudubeş, A.A.; Özkan, S.; Semerci, R. Status of palliative care course in undergraduate and postgraduate nursing programs: Practice of Turkey. J Pediatr Emerg Intensive Care Med. 2022, 9, 17-22. [in Turkish]. https://doi.org/0000-0002-0911-8182.
21. Hagelin, C.L.; Melin-Johansson, C.; Ek, K.; Henoch, I.; Österlind, J.; Browall, M. Teaching about death and dying—A national mixed-methods survey of palliative care education provision in Swedish undergraduate nursing programmes. Scand J

Caring Sci. 2022, 36(2), 545-557. https://doi.org/10.1111/scs.13061.
22. Yoong, S.Q.; Wang, W.; Seah, A.C.W.; Kumar, N.; Gan, J.O.N.; Schmidt, L.T., et al. Nursing students' experiences with patient death and palliative and end-of-life care: A systematic review and meta-synthesis. NEP. 2023, 69, 103625-103662. https://doi.org/10.1016/j.nepr.2023.103625.
23. Goode, D.; Black, P.; Lynch, J. Person-centred end-of-life curriculum design in adult pre-registration undergraduate nurse education: A three-year longitudinal evaluation study. Nurs Educ Today. 2019, 82, 8-14. https://doi.org/10.1016/j.nedt.2019.07.009.
24. Martí-García, C.; Ruiz-Martín, L.; Fernández-Alcántara, M.; Montoya-Juárez, R.; Hueso-Montoro, C.; García-Caro, M.P. Content analysis of the effects of palliative care learning on the perception by nursing students of dying and dignified death. Nurs Educ Today. 2020, 88, 104388-10393. https://doi.org/10.1016/j.nedt.2020.104388.
25. Ruiz-Pellón, N.; Sarabia-Cobo, C.; Amo-Setién, F.; Fernández-Peña, R.; Abajas, R.; Martín, R., et al. Experiences of nursing students participating in end-of-life education programs: A systematic review and qualitative metasynthesis. Nurs Educ Today. 2020, 90, 104442-104454. https://doi.org/10.1016/j.nedt.2020.104442.
26. Frommelt, K.H.M. The effects of death education on nurses' attitudes toward caring for terminally ill persons and their families. Am J Hosp Palliat Care. 1991, 8(5), 37-43.
27. Cevik B.; Kav, S. Attitudes and experiences of nurses toward death and caring for dying patients in Turkey. Cancer Nurs. 2013, 36(6), E58-E65. https://doi.org/10.1097/NCC.0b013e318276924c.
28. Durojaiye, A.; Ryan, R.; Doody, O. Student nurse education and preparation for palliative care: A scoping review. PLoS One. 2023, 18(7), 1-27. https://doi.org/10.1371/journal.pone.0286678.
29. Üstündağ, S.; Babadağ Savaş, B.; Yıldırım, Y.; Usta Yeşilballkan, Ö. The invastigation nursing students' attitudes towards death. Turkiye Klinikleri J Med Ethics. 2019, 27(3), 269-276 [in Turkish]. https://doi.org/10.5336/mdethic.2019-65931.
30. Rafii, F.; Abredari, H. Death with dignity in end-of-life nursing care: Concept analysis by Rodgers' Evolutionary Method. Iran J Nurs Midwifery Res. 2023, 28(2), 180-187. https://doi.org/10.4103/ijnmr.ijnmr_440_21.
31. Petrongolo, M.; Toothaker, R. Nursing students perceptions of death and dying: A descriptive quantitative study. Nurs Educ Today. 2021, 104, 104993-104997. https://doi.org/10.1016/j.nedt.2021.104993.
32. Stikholmen, T.; Nåden, D.; Alvsvåg, H. Discovering dignity through experience: How nursing students discover the expression of dignity. Nurs Ethics. 2022, 29(1),194-207. https://doi.org/10.1177/09697330211012042.
33. Kantek, F.; Kaya, A.; Gezer, N. The effects of nursing education on professional values: A longitudinal study. Nurs Educ Today. 2017, 58, 43-46. https://doi.org/10.1016/j.nedt.2017.08.004.
34. Westwood, S.; Brown, M. Preparing students to care for patients at the end of life. Nursing Times. 2019, 115(10), 43-6.
35. Bayraktar, D.; Güneş, Ü.; Balıkçı, B.B.; Khorshid, L. Investigation of nursing students' attitudes towards perceptions of good death. Journal of Nursology. 2022, 25(3), 132-137. https://doi.org/10.5152/JANHS.2022.801028.
36. Haroen, H.; Mirwanti, R.; Agustina, H.R.; Pahria, T.; Harun, H.; Akuoko, C.P., et al. A qualitative study of perception and experience toward end-of-life care among nursing students who witnessed dying people in their family. J Multidiscip Healthc. 2023, 2261-2270. https://doi.org/10.2147/JMDH.S423198.
37. Hardie, P.; McCabe, C.; Timmins, F.; Thompson, D.R. A qualitative exploration of Irish nursing students' experiences of caring for the dying patient. Nursing Open. 2023, 10(8), 5649-5658. https://doi.org/10.1002/nop2.1810.
38. Glover, T.L.; Horgas, A.L.; Castleman, J.; Turpening, P.; Kittelson, S. An experiential learning approach to primary palliative care nursing education: The Comfort Shawl Project. JHPN. 2017, 19(6), 534-538. https://doi.org/10.1097/NJH.0000000000000381.
39. Uysal, N.; Ceylan, E.; Koç, A. Nursing students' attitudes on care of dying

individuals. Gümüşhane University Journal of Health Sciences. 2019, 8(1), 98-105 [in Turkish].
40. Zhou, Y.; Li, Q.; Zhang, W. Undergraduate nursing students' knowledge, attitudes and self-efficacy regarding palliative care in China: A descriptive correlational study. Nursing Open. 2021, 8(1), 343-353. https://doi.org/10.1002/nop2.635.
41. Heath, L.; Egan, R.; Ross, J.; Iosua, E.; Walker, R.; MacLeod, R. Preparing nurses for palliative and end of life care: A survey of New Zealand nursing schools. Nurs Educ Today. 2021, 100, 104822-104827. https://doi.org/10.1016/j.nedt.2021.104822.
42. Zheng, R.; Bloomer, M.J.; Guo, Q.; Lee, S.F. New graduate nurses' coping with death and the relationship with death self-efficacy and death anxiety: A multicentre cross-sectional study. J Adv Nurs. 2021, 77(2), 795-804. https://doi.org/10.1111/jan.14621.
43. Laporte, P. ; Juvet, T.; Desbiens, J.F.; Tapp, D.; Pasquier, J. ; Bornet, M.A. Factors affecting attitudes towards caring for terminally ill patients among nursing students in Switzerland: A cross-sectional study. BMJ Open. 2020, 10(9), 1-8. https://doi.org/10.1136/bmjopen-2020037553.
44. Alt-Gehrman, P. Education provided to undergraduate nursing students about end-of-life care. JHPN. 2017, 19(6), 571-579. https://doi.org/10.1097/NJH.0000000000000390.
45. Hjelmfors, L.; Strömberg, A.; Karlsson, K.; Olsson, L.; Jaarsma, T. Simulation to teach nursing students about end-of-life care. JHPN. 2016, 18(6), 512-518. https://doi.org/10.1097/NJH.0000000000000279.
46. Wang, W.; Wu, C.; Bai, D. ; Chen, H. ; Cai, M. ; Gao, J., et al. A meta-analysis of nursing students' knowledge and attitudes about end-of-life care. Nurs Educ Today. 2022, 119, 105570-105578. https://doi.org/10.1016/j.nedt.2022.105570.

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