

ORIGINAL ARTICLE

Intern Nurses' Experiences and Attitudes Towards the Concept of Death While Providing Care for Cancer Patients: A Descriptive and Cross-Sectional Study

İntörn Hemşirelerin Kanser Hastalarına Bakım Verirken Ölüm Kavramına İlişkin Yaşadığı Deneyimler ve Tutumları: Tanımlayıcı ve Kesitsel Bir Çalışma

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ABSTRACT

Aim: This study was conducted using a descriptive and cross-sectional method to determine the attitudes and experiences of intern nursing students towards the concept of death while providing care for individuals with cancer.

Methods: The sample of the study consists of 94 intern student nurses. The data were collected through face-to-face interviews using the data form including questions about sociodemographic characteristics and the concept of death, and the Frommelt Attitude Towards Care of the Dying Scale (FATCOD). Descriptive statistics, Mann Whitney U and Kruskal-Wallis tests were used in the analysis of the data.

Results: Of the students, 91.5% encountered the concept of death outside the clinical environment, while 70.2% encountered in the clinical setting, and 58.5% provided care for five or more dying patients. Of the students, 67.1% had difficulties in the interviewing and data collection process, and 22.3% had difficulties in all nursing practices. 47.3% said they experienced helplessness, and 19.7% said they experienced grief. In the current study, it was found that the mean FATCOD score was 73.00 ± 8.70. There was a difference in the scale scores in terms of the students' status of feeling comfortable talking to a cancer patient about the concept of death (p<0.05).

Conclusions: Intern nursing students have experienced helplessness. Students need strategies focusing on all stages of the nursing process in both theoretical and clinical practice.

Keywords: Attitude towards death, individual with cancer, intern nurses, nursing

ÖZ

Amaç: Bu çalışma, intörn hemşirelik öğrencilerinin kanserli bireylere bakım verirken ölüm kavramına ilişkin tutum ve deneyimlerini belirlemek amacıyla tanımlayıcı ve kesitsel olarak yapılmıştır.

Yöntemler: Araştırmanın örneklemini, 94 intörn hemşire öğrenci oluşturmaktadır. Veriler, Sosyodemografik özellikler ile ölüm kavramına ilişkin veri formu ve Frommelt Ölüm Sürecinde Ölüm İlişkin Tutum Ölçeği ile yüz yüze görüşme yöntemi ile toplanmıştır. Verilerin analizinde; tanımlayıcı istatistikler, Mann Whitney U ve Kruskal-Wallis testleri kullanılmıştır.

Bulgular: Öğrencilerin % 91.5'i klinik dışı, % 70.2'si klinik ortamda ölüm olgusu ile karşılaşmış ve % 58.5'i beş ve daha fazla ölmek üzere olan hastaya bakım vermiştir. Öğrencilerin % 67.1'i görüşme ve veri toplama aşamasında, % 22.3'ü tüm hemşirelik süreçlerinde güçlükler yaşamıştır. % 47.3'ü çaresizlik ve % 19.7'si keder hissi deneyimlemiştir. Mevcut çalışmada ortalama FATCOD puanı 73.00 ± 8.70 olarak bulunmuştur. Öğrencilerin kanser hastası ile ölüm kavramı konusunda konuşurken kendilerini rahat hissetme durumu açısından ölçek puanı açısından fark bulunmuştur (p<0.05).

Sonuç: İntörn hemşirelik öğrencilerinin çaresizlik duyguları yaşadıkları saptanmıştır. Öğrenciler; hem teorik hem de klinik uygulamada hemşirelik sürecinin tüm aşamalarına odaklanan stratejilere ihtiyaç duymaktadırlar.

Anahtar Kelimeler: Hemşirelik, intörn hemşireler, kanser hastası, ölüme ilişkin tutum.

Introduction

According to the data reported by the World Health Organization for 2020, cancer is one of the leading causes of approximately 10 million mortality cases worldwide (1). In the care of cancer patients, end-of-life care occupies an important place (2, 3). Nurses are one of the most important health professionals contributing to the physical, social, and psychosocial needs of individuals receiving end-of-life care (4-6). In recent years, there has been a huge increase in the demand for end-of-life care due to the increase in cancer survival rates along with an aging world population and the emergence of the COVID-19

pandemic (7), which forced nurses to cope with the situation. The COVID-19 pandemic has also been one of the conditions affecting the death anxiety of nursing students (8). The World Health Organization reports that about 56.8 million patients need end-of-life care every year; however, only 14% receive such care (9). In a meta-analysis, it is revealed that nursing students have a positive attitude; however, they lack adequate and necessary information. It is also stated that male students have a greater lack of knowledge (10). In addition, it is mentioned that students who experience less death anxiety exhibit a more positive attitude when

caring for an end-of-life patient, and as their level of awareness of death anxiety increases, improvements are also experienced in the care process (11). Students experience their own fears of seeing the deceased person and their anxiety about not being able to support the patient and their relatives. For students, providing care at the end of a patient's life is a very special moment (12). Jeffers et. al. (2022), found that nursing students experienced anxiety and discomfort in the field of communication in their study to explore their perceptions of communication competencies while providing end-of-life care (13). In a study conducted with student nurses, students, who have experience of death and older age, experience more anxiety while giving care (14).

Courses focusing on subjects such as end-of-life care, and death and palliative care should be integrated into the curriculum for nursing students, and it is recommended that they receive support from the clinic when they encounter death (15). Nursing students need new strategies related to end-of-life education and training (10). When previous studies are examined, it is emphasized that nursing students lack adequate knowledge and skills on end-of-life care, so new educational strategies are necessary to be implemented; however, there are still deficiencies regarding the areas that students need support the most, as well as determination of which stage of the nursing care practices should be structured based on these strategies.

This study was conducted to determine the experiences of senior nursing students regarding the concept of death while caring for patients with cancer and their attitude towards care, and answers to the following questions were sought. It was aimed to determine the strategic area/areas that should be studied in the development of the end-of-life nursing care process of students, both in educational and training activities.

Research questions

1. What is the Attitude towards Care of the Dying score of intern nurses?
2. According to the sociodemographic data of intern nurses, is there a difference between their Frommelt Attitude towards Care of the Dying Instrument scores?
3. According to the experiences of intern nurses regarding the concept of death, is there a difference between their Frommelt Attitude towards Care of the Dying Instrument scores?

Materials and Methods:

Study Design

This study was conducted using a descriptive and cross-sectional method to determine the attitudes and experiences of intern nursing students towards the concept of death while providing care for individuals with cancer.

Sample of the Research

The study was conducted with intern nursing students

(N=94) studying at a Faculty of Health Sciences, Department of Nursing in 2013-2014 academic year. Purposive sampling method was used in the study. The internship programme is implemented in the last year of the nursing department curriculum (Fall term: Internship-1 and Spring term: Internship-2). In the internship-1 programme, there are three rotation areas (Obstetrics and Gynecology Nursing, Public Health Nursing and Surgical Diseases Nursing) in monthly periods. Data were collected on a voluntary basis during the three-month period of the students' Surgical Diseases Nursing rotations.

The students who filled out the questionnaires and provided their consent were assumed to have agreed to participate in the study. There were no students who did not want to fill out the questionnaire. It took approximately 30 to 45 minutes to fill out the questionnaires.

Data Collection

The data of the study were collected using the Frommelt Attitude Towards Care of the Dying Instrument (FATCOD), and the questionnaire form consisting of questions about the concept of death and the sociodemographic characteristics of the students.

Questionnaire form: In this form, which was prepared based on the literature review, there were 5 questions about the sociodemographic characteristics of the students, and 12 closed-ended questions about the concept of death (16-20).

Frommelt Attitude Towards Care of the Dying Instrument (FATCOD)

FATCOD is a 30-item scale which has been developed by Katherine H.Murray Frommelt in 1988. The scale consists of an equal number of statements containing positive and negative attitudes. The scale is Likert-type, and is scored ranging from "1- Strongly disagree" to "5-Strongly agree". In the scoring of the scale, the overall score is obtained by reversing the items containing negative attitudes and adding them to positive responses. Items 1, 2, 4, 10, 12, 16, 18, 20, 21, 22, 23, 24, 25, 27, and 30 are all positively worded, while others are framed negatively. Possible scores to be obtained from the scale range from 30 to 150, and higher scores indicate a more positive attitude. The overall score is translated to a percentage score ranging from 0 to 100%, and scores of >65% indicate positive attitudes towards EOL care. A negative attitude is indicated by a score of <50% (21). Two-thirds of the items relate directly to an individual's attitude towards a patient while the remaining one-third directly relates to the attitude towards family members of the terminally ill individual (22, 23).

The FATCOD is widely used in the countries such as the United States, Japan, and Iran. The scale was adapted to Turkish, and reliability and validity were performed in the study titled "Attitudes and Experiences of Nurses towards Death and Caring for Dying People". As a result of the validity and reliability studies, the

mean FATCOD score was found as 99.9 ± 8.7 , ranging between 77 and 129, and Cronbach's alpha was .73 (24). In the current study, Cronbach's alpha was .70 and mean FATCOD score was 73.00 ± 8.70 . Approval was obtained from the author for permission to use the scale.

The internship programme is implemented in the last year of the nursing department curriculum (Fall term: Internship-1 and Spring term: Internship-2). In the internship-1 programme, there are three rotation areas (Obstetrics and Gynecology Nursing, Public Health Nursing and Surgical Diseases Nursing) in monthly periods. The data were collected in the classroom environment at the end of the Surgical nursing rotation of the Internship-1 course. The students who filled out the questionnaires and provided their consent were assumed to agree to participate in the study. There were no students who did not want to fill out the questionnaire. The questionnaires took approximately 30 to 45 minutes to fill out.

Ethical Approval

Permission was obtained from the owners of the data collection instruments via email before the research. Then, written permission was obtained from the institution where the research would be conducted, and ethical approval was granted by the Chairmanship of the Faculty of Medicine Clinical Research Ethics Committee (Date: 25/12/2013, KAEK-246). The purpose, method, and scope of the research were explained to the students, and the questionnaire was applied to those who agreed to participate. Participants were informed that all data would remain confidential and that only researchers would have access to the collected information. Additionally, Helsinki Declaration was followed.

Statistics

IBM SPSS Statistics 21.0 program was used to evaluate the data. Descriptive statistics were used for the age, gender, and other sociodemographic variables of the participants. The FATCOD scale was analyzed using the Shapiro-Wilk test and normality graphs for score distribution. The internal consistency of the responses was examined using Cronbach's alpha coefficient. Since there was an imbalance between the groups in terms of scale scores and independent variables characteristics (gender, family type, place of residence, clinic, the status of caring for a person with cancer, etc.), the comparisons were performed using the Mann-Whitney U test and Kruskal-Wallis test. The significance level was set at $p < 0.05$.

Results

Distribution of Sociodemographic Characteristics of Intern Nurses

Of the students, 85.1% were female, 14.9% were male, the mean age was 21.82 ± 1.06 (min:20- max:26), and their GPA was 2.88 ± 0.51 (min:1.00 -max:3.95). When family structures were examined, it was found that 92.6% (n=80) had a nuclear family, 4.2% (n=4) had an extended family, and 3.2% (n=3) had a fragmented

Table 1. Distribution of sociodemographic characteristics of students (N=94)

	n	%
Age (mean±sd)	(21.82±1.06)	min:20 max:26
Gender		
Female	80	85.1
Male	14	14.9
Family structure		
Nuclear family	87	92.6
Extended family	4	4.2
Fragmented family	3	3.2
Place of residence		
City	57	60.6
District	25	26.6
Village-Town	12	12.8
High school		
Regular high school	41	43.7
Anatolian high school	49	52.1
Other	4	4.2
TOTAL	94	100

Table 2. The experiences towards the concept of death and care attitudes of intern nurses

	n	%
Status of encountered death in a non-clinical environment		
Yes	86	91.5
No	8	8.5
Status of previously providing care for a dying individual		
Yes	66	70.2
No	28	29.8
Status of previously providing care for an individual with cancer		
Yes	80	85.1
No	14	14.9
The frequency of encountering and caring for an individual with terminal cancer		
0-5 times	33	35.1
More than 5 times	55	58.5
Cannot recall	6	6.4
Status of feeling comfortable talking about the concept of death with a cancer patient		
Comfortable	12	12.8
Uncomfortable	82	87.2
The status of adequacy of resources (Undergraduate education, books, magazines, internet, seminars and etc.)		
Yes	25	26.6
No	17	18.1
Partial	52	55.3
Challenges in the nursing process		
Interviewing with patients and data collection	63	67.0
Nursing diagnosis and goal setting	4	4.3
Planning and implementing	6	6.4
All stages of the nursing process	21	22.3
Status of being willing to provide care for an individual with cancer		
Very willing	29	30.9
Little willing	53	56.4
Not willing	12	12.8
TOTAL	94	100

Table 3. Comparison of students' FATCOD score according to their experiences with the concept of death, care attitudes and sociodemographic characteristics

	median	min-max	mean ± sd	test	p value
Gender					
Female	73.20	47-94	73.19 ± 7.37	MWU=461.500 Z=-1,047	.29
Male	80.00	53-87	74.93± 9.70		
Family structure					
Nuclear family	74.16	47-94	73.65 ± 7.71	X ² =0.841 df=2	.65
Extended family	72.00	60-84	72.00 ± 9.77		
Fragmanted family	68.00	61-79	69.33 ± 7.07		
Place of residence					
City	75.00	51-94	74.33±7.10	X ² =0.783 df=3	.07
District	76.00	55-92	74.68±8.28		
Village – Town	66.50	47-80	66.67±7.27		
High school					
Regular high school	74.00	59-88	73.30±5.98	X ² =0.080 df=2	.96
Anatolian high school	73.00	47-94	73.49±9.33		
Other	75.00	68-80	74.20±3.12		
Status of previously encountering death in the close circle					
Yes	73.60	47-94	73.31±7.80	MWU=307.5 Z=-0.495	.62
No	78.00	61-86	74.88±7.14		
Status of previously providing care for a dying individual					
Yes	72.50	47-94	72.67±8.50	MWU=783.5 Z=-1.163	.24
No	77.50	60-87	75.29±5.34		
Status of previously providing care for an individual with cancer					
Yes	73.60	47-94	73.30±8.01	MWU=530.0 Z=-0.319	.75
No	75.00	60-87	74.29±5.97		
The frequency of encountering and caring for an individual with terminal cancer					
0-5 times	73.00	51-87	72.46±5.97	X ² =1.127 df=2	.56
More than 5 times	74.33	47-94	73.56±6.85		
Cannot recall	78.50	64-92	77.83±9.59		
Status of feeling comfortable talking about the concept of death with a cancer patient					
Comfortable	81.75	60-88	79.67±6.28	MWU=266.0 Z=-2.563	.01*
Uncomfortable	72.25	47-94	72.54±7.60		
The status of adequacy of resources (Undergraduate education, books, magazines, internet, seminars and etc.)					
Yes	73.67	55-92	74.12±8.88	X ² =0.209 df=2	.90
No	73.00	59-90	73.06±5.69		
Partial	75.25	47-94	73.25±7.86		
Challenges in the nursing process					
Interviewing with patients and data collection	72.67	51-94	72.59±7.48	X ² =0.209 df=2	.90
Nursing diagnosis and goal setting	76.00	64-84	75.00±7.20		
Planning and implementing	81.50	68-92	81.17±6.21		
All stages of the nursing process	75.00	47-87	73.52±8.43		
Status of being willing to provide care for an individual with cancer					
Very willing	71.00	47-90	72.17±9.97	KW X ² =4.423 df=3	.21
Little willing	74.50	51-94	73.68±6.69		
Not willing	74.75	63-92	75.50±6.07		

family; 60.6% (n=57) lived in a province, 26.6% (n=25) lived in a district, 10.6% (n=10) lived in a village, and 2.2% (n=2) lived in a town. Of the students, 52.1% graduated from Anatolian High School (n=49), 43.7% (n=41) from General High School, and 1.1% (n=1) from Science High School (Table 1).

The Experiences of Intern Nurses Regarding the Case of Death and Their Attitudes Towards Care

In our study, 91.5% of the students encountered death in a non-clinical environment, 70.2% encountered it in a clinical setting and 85.1% had previously cared for a person with cancer, while 58.5% had cared for a dying patient 5 times or more. 87.2% said they had not felt comfortable talking with a cancer patient about the concept of death, 56.4% were less willing to care for a person with cancer, and 67.0% stated that they had difficulty in interviewing the patient and collecting data (Table 2). In addition, 47.3% stated that they experienced helplessness, 19.7% grief and 15.2% hopelessness, and only 26.6% stated that the resources (Undergraduate education, books, magazines, internet, seminars and etc.) on the subject were sufficient.

As a result of the reliability and validity study, it was found that the mean FATCOD score was 73.00 ± 8.70 in the current study, ranging between 47.00 and 94.00, and Cronbach's alpha was .70. There was no difference in the overall FATCOD scores of the students in terms of gender, family structure, place of residence, high school, clinic, the status of encountering death in their close circle, providing care for a dying individual, the frequency of providing care for a terminal cancer patient, the status of the adequacy of the resources regarding the concept of death, challenging situations during nursing practices, and being willing to provide care for a cancer patient ($p > .05$). There was a difference in the overall FATCOD scores in terms of feeling comfortable talking to a cancer patient about the concept of death ($p < .05$) (Table 3).

Discussion

Nursing students may encounter death daily upon entering their profession. To overcome this challenge, students must develop advanced skills and attitudes to provide holistic, high-quality care to patients at the end of life. Students need to maintain positive attitudes to offer adequate support to these patients and their loved ones (25). This study was conducted to determine the experiences of senior nursing students regarding the concept of death while caring for patients with cancer and their attitude towards care.

In our study, the mean FATCOD score was 73.00 (SD=8.70), and scores ranged from 47 to 94. The mean FATCOD score as a percentage of the total score was 48.66%, indicating that participants had negative attitudes towards end-of-life care. Gelegjamts et. al. (2020) found 96.37 (SD = 7.59) in Mongolian intern nursing students, calculated the percentage of the total score of FATCOD as 64.2%, and stated that students had neutral attitudes towards end-of-life care

(26). Similarly, Grubb & Arthur (2016) found that the mean FATCOD score of nursing students was 75.9 ± 8.20 (21).

Laporte et. al. (2020) conducted a study with 1-3rd grade nursing students in Switzerland; the FATCOD score was 117.7 (SD: 9.80) (27). Abu-El-Noor & Abu-El-Noor (2016) found the mean FATCOD score was 96.96 (SD: 8.30) in Palestinian intern nursing students (28); Arslan et. al. (2014) found it as 95.2 (SD: 14.1) in third and fourth-grade nursing students in Türkiye (29). It can be said that the mean FATCOD scores of the intern nursing students in the study were lower than the literature. This finding may have been obtained due to reasons such as the geographical location of the university, student population and educational processes.

In the current research, there was no difference between the variables such as gender, place of residence, frequency of encountering and caring for an individual with terminal cancer, the status of previously caring for a dying individual, and the mean FATCOD score ($p = .569$; 0.245, respectively). In a study, while the mean FATCOD score of those who encountered a case of death in clinical practice and cared for a dying patient was found higher ($p = .001$), there was no significant difference in terms of gender and place of residence ($p > .05$) (15). Zahran et al. (2022) found that female students exhibited a significantly more neutral attitude towards death compared to male students, which indicated that they considered death a part of life and perceived it as inevitable (30). Xu et. al. (2019) also found that the death attitude profile was not statistically significant between gender groups in their study with intern nursing students in China (31). Abu-El-Noor & Abu-El-Noor (2016) found no statistically significant difference between female and male students' attitudes towards the care of dying patients (28). However, some studies found that the gender of nursing students was a significant indicator of their attitudes (32). In his meta-analysis study, Wang (2022) found that male nursing students had more lack of knowledge and a relatively conservative attitude towards end-of-life care (10). The reason why no difference has been found in our study may be related to the low number of male students, and the fact that students are studying at the same institution, and they do not have significant experiences in encountering and caring for an individual with terminal cancer. This situation is compatible with some literature sources. However, it should be noted that only 14.9% of the participants in the current survey were male, which may not be a representative sample of male nursing students. Therefore, further research with a larger sample size is required to verify the findings.

They witness patient deaths for the first time during clinical practice (33). In our study, of the students, 70.2% had provided care for a dying individual, while 85.1% cared for an individual with cancer, and another study reported that 72.7% of the students encountered the phenomenon of death during clinical practice, and 69.4% had provided care for a dying patient in

the clinical environment (15). In another study, 74% of intern nursing students were reported to have experienced the death of a patient during clinical practice (26). In a study of Italian nursing students, 38% reported providing care to dying patients during their internships, with 26% stating their care was based on personal experience (34). As in other studies, cancer and death were frequently encountered in our study. Our research results align with the existing literature.

Students who encounter the concept of death may experience anxiety, which affects their willingness to care for a dying individual (35). In a study conducted by Şahin et al. (2016), 37.8% of nursing students expressed that they were willing to care for a dying patient (35), while in the current study, 56.4% stated that they were less willing to provide care for an individual with cancer. In the study, willing students made up 30.9%. This situation differs when compared to the literature. More than half of the students were not very willing to provide care for an individual with cancer, which was considered to be associated with their low level of willingness to care for a dying individual with cancer, their lack of adequate knowledge and skills, and their personal experiences.

In our study, it was determined that 47.3% of the nursing students caring for a dying individual with cancer experienced helplessness, 19.7% experienced grief, and 15.2% experienced hopelessness. It was noteworthy that approximately half of the students experienced helplessness. In a study by Sahin et al. (2016), it was found that 27% of students experienced sadness, while 18.9% experienced helplessness, 16.7% experienced failure, and 12.4% experienced fear (35). In our study, it was observed that nursing students had a considerable amount of care experience regarding dying individuals with cancer throughout their education; however, these experiences were not associated with positive emotions. It can be concluded that our findings are compatible with the literature.

In our study, we found that almost half of the nursing students caring for dying individuals with cancer experienced helplessness while a significant percentage experienced grief and hopelessness. Similar findings were reported by Sahin et al. (2016), who observed that nursing students experienced sadness, helplessness, failure, and fear (35). Despite having considerable care experience regarding dying individuals with cancer, nursing students did not associate these experiences with positive emotions.

In our study, there was no significant difference in the overall FATCOD scores in terms of the status of previously caring for a dying individual and the status of being willing to care for an individual with cancer ($p > .05$). In another study, there was no significant difference between the status of encountering a previous death experience and the status of being willing to provide care for a dying patient ($p > .05$) (36). Arslan et al. (2014) reported that more than half of the students (52.3%) were reluctant to care for a dying

person (29). In this respect, it can be said that our findings are compatible with the literature.

In our study, the level of adequacy of the resources (undergraduate education, internet, magazines, seminars, etc.) related to individuals with cancer and the concept of death were found partially adequate with a rate of 55.3%. Another study found that 76% of students received training on death-related patient care during their undergraduate education (15). Nursing graduates report feeling unprepared to provide palliative and end-of-life care (37). A recent review has found that available research on generalist palliative care content on undergraduate nursing curricula is scarce and were mostly limited to high-income countries (38).

This is due to both the emotionally difficult aspects of the job and deficiencies in education (39). It can be concluded that nursing students should be supported to improve their theoretical background on the subject as well as to increase their personal development and awareness.

In this study, there was a significant difference between the status of feeling comfortable talking with a cancer patient about the concept of death and the overall FATCOD scores ($p < .05$). This situation can be interpreted that students who feel comfortable towards the concept of death also have positive attitudes. In addition, it has been stated that interviewing the patient and collecting data constitute 67.0% of the challenging nursing practices experienced during providing care for dying patients with cancer. In a study conducted by Uysal et al. (2019), 40.7% of nursing students cared for a dying patient, while 48.1% stated that they had difficulty communicating with the patient and their relatives (36). Yoong et al. (2023) reported that students need to improve their clinical competence in communicating with dying patients and their families and managing emotions (39). The qualitative research result of Jeffers et al. (2022) shows that nursing students experience anxiety and discomfort when engaging in the act of talking with patients in end-of-life care (13). This finding supports increased investment in additional educational interventions to facilitate the development of student competence in end-of-life communication before entering professional practice. The situation of difficulty in communication in the literature is compatible with our study.

The implementation of nursing practices to guide the care process indicates an important place in dynamic and complex patient care (40). End-of-life care has gained importance with the aging population and the relevant health problems, particularly with cancer cases and the COVID-19 pandemic. In the first stage of the nursing process, initiating communication with the patient and interviewing are extremely crucial in terms of the effectiveness of the further stages (41). The problems experienced in this stage lead to the risk of missed care for nursing students/nurses providing end-of-life care for individuals with cancer. Effectively

carrying out the first stage of the nursing process is critical in providing the end-of-life care that many individuals need.

Limitations

In our study conducted to determine their attitudes and experiences towards the concept of death while caring for individuals with cancer, the sample group is limited to answers from intern nurses in a faculty.

Conclusion and Recommendations

As a result of the study, the attitude of intern nurses towards death was found moderately positive. In our study, it was found that a large proportion of intern nursing students encountered cancer and death both in the clinic and in a non-clinical environment, more than half of them cared for the dying patient and did not feel comfortable while offering care, they had difficulty in the nursing process and experienced the feeling of helplessness the most, and nearly two-third of them did not find the resources such as undergraduate education, books, etc. According to the sociodemographic data of intern nurses, there is no difference between their Frommelt Attitude towards Care of the Dying Instrument scores. There was a difference between the FATCOD general scores in terms of feeling comfortable living with the cancer patient regarding the experiences related to the concept of death.

As to the care process of cancer patients and end-of-life care, educational strategies focusing on all stages of the nursing process, the "interview" and "data collection" in particular, should be established both in theoretical and clinical environments. It may be recommended for nurse educators to support nursing students while constituting a role model, particularly in interviewing and data collection processes. In addition, new educational approaches for patient-centered care based on an interdisciplinary teamwork approach can be planned within the framework of the themes and values defined in end-of-life nursing models and theories. Therefore, it can be ensured that nursing students have 'privileged exclusive' experiences that will contribute to their personal development and increase their professional satisfaction in developing a therapeutic relationship with patients. It is also projected that students developing awareness about the concept of death and caring for an individual with cancer will reduce the risks of missed care.

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