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Research Article

THE RELATIONSHIP BETWEEN FEAR OF DEATH AND MEANING OF LIFE IN NURSING STUDENTS AND NURSES CARING FOR TERMINAL PATIENTS[•]

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Abstract: *This study aims to determine the relationship between fear of death and the meaning of life in nursing students and nurses caring for terminally ill patients. The study was conducted in a cross-sectional and relationship-seeking research design. The research was conducted between March 15 and June 30, 2023. 123 nurses and 139 nursing students working with terminal-stage patients at a university hospital participated in the study. The study was conducted with a total of 262 participants.*
The Personal Information Form was collected using the Fear of Death Scale (DAS) and the Meaning of Life Scale (MLQ). The relationship between fear of death and the meaning of life in nursing students and nurses caring for terminally ill patients was determined to be 31.74 (7.13) years old on average for the nurses participating in the study and 22.71 (1.66) years for the nursing students. 61% of nurses and 66.2% of nursing students were women. It was determined that 56.1% of the nurses had undergraduate degrees and 77.7% of the students were third-year students. According to the Student t-test analysis, a significant difference was detected between the groups in terms of the total score of the DAS, and the DAS scores of the nursing students were statistically significantly higher. According to the Pearson correlation analysis, a weak negative relationship was detected between the total scores of the nurses' DAS and MLQ, while no significant difference was found between the scale scores of the nursing students. In this study, the Cronbach's alpha coefficient of the Death Anxiety Scale (DAS) was found to be 0.96 and the Meaning of Life Scale (MLQ) was 0.68. It can be said that there is no relationship between the fear of death and the meaning of life in nursing students who care for terminal patients, but there is a relationship between the fear of death and the meaning of life in nurses.

Keywords: *Fear of death, meaning of life, nurse, nursing students, patient.*

1. Introduction

Death, which is an inevitable part of life, is defined as the end of life, the most egalitarian truth that happens to a human being, and the change of form of the state of existence in terms of quality and quantity, representing the fear of the unknown. Death is the definitive end of all vital processes in a living being's cells, tissues, and organs, or the state of being alive [1]. Nurses and nursing students often encounter death in healthcare institutions, and this puts great responsibility on nurses and nurse candidates [2]. All health professionals, especially nurses, experience various difficulties in caring for

dying patients due to reasons such as the high care needs of dying patients, their condition getting worse, difficulty in treating the symptoms that distress patients, and trying to meet the care needs of the relatives of the dying patient [3]. On the other hand, working with a dying patient involves witnessing death and causing the individual to confront the reality of his death [4].

In nursing education, nurses encounter dying patients and learn to manage the process of providing care to these patients. In the process of caring for dying patients, they have multiple responsibilities, such as keeping these patients comfortable and supporting them in the final stages of their lives, meeting their care needs, and helping them die with dignity. In addition, witnessing the death process causes psychosocial problems and undesirable situations such as anxiety and fear in nursing students [4,5]. Nursing students' feelings and thoughts about death and their attitudes towards the patient in the terminal period play a very important role in the quality of the care they provide to the patient approaching death [6]. Considering that the knowledge and skills for caring for terminally ill patients were shaped during their student years; It is important to address students' behaviors and attitudes toward death and the emotions and thoughts that may affect these attitudes [7]. Studies have shown that students' attitude scores regarding the care of terminally ill patients are at a moderate level [8,9] and that the majority of students do not want to care for a patient whose death is approaching; It has been reported that their feelings and thoughts towards terminally ill patients and their families are negative [10]. Nurses and nursing students are among the health professionals who provide direct communication with terminally ill patients and their relatives. In this process, in addition to students having the necessary knowledge and skills to meet the care needs of the patient and family, their attitudes towards death and the meaning they give to life are of great importance. However, it is stated in the literature that attitudes towards death and care of terminally ill patients are affected by many variable factors such as age, gender, losing a relative, and receiving training on terminally ill patient care [7,9] Although the emotions felt towards death vary among everyone, the universally common emotion is fear. The reason for this can be said to be the loss of loved ones, loss of continuity in the sense of identity, loss of control over the body and body, separation from relatives, not being able to see loved ones again, loneliness, pain, and uncertainty [11]. The perception of death also affects our behavior. For example, for an individual who sees death as a pathway to a happy life, suicidal behavior may be considered consistent. Someone else who does not think this way may see death after suicide as a traumatic situation. But the connection may not always be that simple. Most of the time, similar behaviors may follow different understandings of death or similar understandings may lead to different behaviors. In other words, the way an individual perceives death can affect his or her behavior in complex and indirect ways [1,4,11]. As observed in the patient and his/her relatives, nurses caring for terminally ill patients may experience anxiety, fear, helplessness, guilt, anger, denial, and depressive feelings. In addition, the death of the patient cared for by the nurse may cause the nurse to see themselves as unsuccessful and inadequate and to experience guilt [1,12,13]. Studies have shown that this concern is real. Research shows that most nurses feel sadness, helplessness, anxiety, fear, anger, denial, guilt, depression, grief, wear and tear while caring for patients in the terminal period and that the emotional and spiritual needs of the patient and his or her family at the end of life are met.

2. Materials and Methods

2.1. Design of the Study

A cross-sectional and correlational research design was used in this study.

2.2. Sample of the Study

The population of this cross-sectional and descriptive study consisted of Dicle University Atatürk Faculty of Health Sciences Nursing Department students and nurses working in terminal patient units at Dicle University Hospitals in the 2022-2023 academic year. The study did not include a sample calculation but was conducted with nursing students and nurses working with terminal patients within the specified date range. 123 nurses working with terminal patients at Dicle University Hospitals participated in the study conducted between 15 March and 30 June. 139 students from Dicle University Atatürk Faculty of Health Sciences, Department of Nursing participated. The study was conducted with a total of 262 participants. 23 nurses and 37 students did not volunteer to participate in this study.

2.3. Inclusion Criteria

Being a student at Dicle University Atatürk Faculty of Health Sciences Department of Nursing and having worked with terminal stage patients, being a nurse at Dicle University Hospitals and having worked with terminal stage patients, not having any diagnosed mental problems, It was conducted with participants who volunteered to participate in the study.

2.4. Data Collection Instruments

Data were collected using the "Personal Information Form, Fear of Death Scale (DAS), and Meaning of Life Scale (MLQ)".

2.4.1 Personal Information Form

This form, prepared by the researchers in line with the literature, was created from the descriptive characteristics of nursing students such as age, gender, marital status, education level, employment status, and income level, and for nurses such as age, gender, marital status, education level, income level, working age, working unit, etc.

2.4.2 Death Anxiety Scale (DAS)

It is a 20-item scale developed by Sarıkaya and Baloğlu (2016). It has three sub-dimensions: uncertainty of death, thinking about death and witnessing it, and suffering. The DAS items were prepared in a 5-point Likert form. For each item, zero points are given for the answer 'never', one point for the answer 'rarely', two points for the answer 'sometimes', three points for the answer 'often', and four points for the answer 'always'. The scale is scored between 0-80, with higher scores indicating higher death anxiety. Scores between 0 and 29 indicate low levels of death anxiety, scores between 30 and 59 indicate moderate levels of death anxiety, and scores between 60 and 80 indicate high levels of death anxiety. Cronbach's alpha internal consistency coefficient was calculated to determine the reliability of the scale; Cronbach's alpha value was found to be 0.94 for the 'uncertainty of death factor', 0.92 for the 'thinking about death and witnessing factor' and 0.76 for the 'suffering factor' [14].

2.4.3 Meaning in Life Scale (MLQ)

The scale was developed by Steger et al. (2006). It was adapted to the Turkish language by Akın and Taş (2015). MLQ consists of 10 items. The scale provides a seven-point Likert-type measurement (1 = completely true for me and 7 = not true for me at all). Item 9 is reverse coded. The scale consists of two sub-dimensions: current meaning and sought-after meaning. Internal consistency reliability coefficients of MLQ were found to be 0.77 for the current meaning subscale and 0.83 for the sought-meaning subscale. The test-retest reliability coefficients obtained four weeks apart were found to be 0.89 for the current meaning subscale and 0.92 for the sought-meaning subscale [15]. A low score indicates a high meaning in life.

2.5. Analysis of the Data

This study data was analyzed in the SPSS 25.0 program. Mean, standard deviation, minimum, maximum, number, and percentage were used in the analysis of descriptive data. The total score average of the scales was taken to examine whether there was a normal distribution within each group. Kurtosis and Skewness were used in normality tests, and it was determined that the scale scores were normally distributed. Student t-test was used to compare scale scores between groups. Pearson correlation was examined to examine the relationship between the scales. Cronbach's alpha coefficient was calculated in the internal consistency analysis of the scales. All findings were evaluated at the $p < 0.05$ significance level.

2.6. Ethical Considerations

This research was conducted by the principles of the Declaration of Helsinki. For ethical approval of the research, approval was received from Dicle University Social and Humanities Ethics Committee (29.11. 2022\401087), Dicle University Atatürk Faculty of Health Sciences (13.12.2022\408722) and Dicle University Hospital (15.03.2023\464132). Both written and verbal consent was obtained from the participants.

3. Results

The sociodemographic characteristics of the nurses and nursing students participating in the study are shown in Table 1. It was determined that the average age of nurses was 31.74 (7.13) and nursing students were 22.71 (1.66) years old. 61% of nurses and 66.2% of nursing students were women. It was determined that 56.1% of the nurses had undergraduate degrees and 77.7% of the students were third-year students. 44.7% of nurses had 10 years or more of experience in the profession. It was determined that nurses most frequently worked in internal medicine, pediatrics, surgical clinics, and intensive care units, respectively. 56.1% of the nurses were married and 99.3% of the students were single. 53.7% of nurses reported that they had children. 64.2% of the nurses stated that their income was less than their expenses, and 68.3% of the students stated that their income was equal to their expenses. It was determined that 44.7% of nurses enjoyed their jobs and 69.1% of students did not choose the profession willingly (Table 1).

Table 1. Sociodemographic Characteristics of Nurses and Nursing Students

	Nurses (n=123)		Nursing Students (n=139)	
	Min-Max	X̄ ±SD	Min-Max	X̄ ±SD
Age	20-52	31.74 ± 7.13	20-32	22.71±1.66
Gender	n	%	n	%
Female	75	61	92	66.2
Male	48	39	47	33.8
Educational Status				
High school	20	16.3		
Associate degree	24	19.5		
Undergraduate	69	56.1		
Master's Degree	10	8.1		
3rd Grade			108	77.7
4th Grade			31	22.3
Professional Duration				
0-5 years	33	26.8		
6-10 years	35	28.5		
10 years and above	55	44.7		

Table 1 Continued.

Marital Status				
Married	69	56.1	1	0.7
Singel	54	43.9	138	9.3
Child presence				
Yes	66	53.7	1	0.7
None	57	46.3	138	99.3
Income rate				
Income less than expenses	79	64.2	35	25.2
Income equal to expenses	38	30.9	95	68.3
Income higher than expenses	6	4.9	9	6.5
Doing Your Job With Love \ Choosing a Profession Willingly				
Yes	55	44.7	43	30.9
No	23	18.7	96	69.1
Sometimes	45	36.6		

Min: Minimum, Max: Maximum, SD: Standard Deviation

It was determined that the average age of nurses was 31.74 (7.13) and nursing students were 22.71 (1.66) years old. 61% of nurses and 66.2% of nursing students were women. It was determined that 56.1% of the nurses had undergraduate degrees and 77.7% of the students were third-year students. 44.7% of nurses had 10 years or more of experience in the profession. It was determined that nurses most frequently worked in internal medicine, pediatrics, surgical clinics, and intensive care units, respectively. 56.1% of the nurses were married and 99.3% of the students were single. 53.7% of nurses reported that they had children. 64.2% of the nurses stated that their income was less than their expenses, and 68.3% of the students stated that their income was equal to their expenses. It was determined that 44.7% of nurses enjoyed their jobs and 69.1% of students did not choose the profession willingly. Characteristics of the participants that may be related to their physical and mental health are shown in Table 2. It was determined that 54.5% of nurses and 54.7% of nursing students experienced trauma during their lifetime. It was determined that 75.6% of nurses and 74.1% of nursing students had lost a relative before. 86.2% of nurses and 92.8% of nursing students had never experienced physical or sexual assault before. It was determined that 95.1% of nurses and 95% of nursing students did not have a life-threatening disease. 65% of nurses and 64.7% of nursing students had never experienced a disaster before. It was determined that 7.3% of nurses and 10.8% of nursing students had a health threat to a relative. It was determined that 95.1% of the nurses and 93.5% of the nursing students were not injured due to the accident. It was determined that 97.6% of nurses and 97.1% of nursing students did not experience an accident at home or work. It was found that 1.6% of nurses were exposed to a toxic substance. It was determined that the parents of 94.3% of the nurses and 95.7% of the nursing students were not separated. It was determined that 97.6% of nurses and 97.1% of nursing students did not attempt suicide. It was found that 10.6% of nurses and 12.2% of nursing students experienced academic pressure. It was determined that 95.1% of nurses and 97.1% of nursing students had not experienced migration (Table 2).

Table 2. Characteristics of the Physical and Mental Health of Nurses and Nursing Students

Characteristics	Nurses (n=123)		Nursing Students (n=139)	
Experiencing Trauma	n	%	n	%
Yes	67	54.5	76	54.7
No	56	45.5	63	45.3
Loss of a Relative				
Yes	30	24.4	36	25.9
No	93	75.6	103	74.1
Physical\Sexual Assault				
Yes	17	13.8	10	7.2
No	106	86.2	129	92.8
Life-Threatening Disease				
Yes	6	4.9	7	5
No	117	95.1	132	95
Experiencing Disaster				
Yes	43	35	49	35.3
No	80	65	35.3	64.7
Health Threat to a Relative				
Yes	9	7.3	15	10.8
No	114	92.7	124	89.2
Accidental Injury				
Yes	6	4.9	9	6.5
No	117	95.1	130	93.5
Having an accident at work or home				
Yes	3	2.4	4	2.9
No	120	97.6	135	97.1
Exposure to Toxic Substances				
Yes	2	1.6		
No	121	98.4	139	100
Separation of Mother and Father				
Yes	7	5.7	6	4.3
No	116	94.3	133	95.7
Suicide Attempt				
Yes	3	2.4	4	2.9
No	120	97.6	135	97.1
Academic Edition				
Yes	13	10.6	17	12.2
No	110	89.4	122	87.8
Migration				
Yes	6	4.9	4	2.9
No	117	95.1	135	97.1

Min: Minimum, Max: Maximum, SD: Standard Deviation, t: Student t Test

The total scale score averages of DAS and MLQ used in this study are shown in Table 3.

Table 3. Comparison of Nurses' and Nursing Students' Total Score Means in DAS and MLQ

Scales	Nurses (n=123)		Nursing Students(n=139)		Test /p
	Min-Max	X̄ ±SD	Min-Max	X̄ ±SD	
DAS	20-100	48.77 ± 21.66	20-100	53.76±17.55	t: -2.05 p: 0.04*
MLQ	11-69	48.42 (11.38)	17-95	49.58 (10.60)	t: -0.85 p: 0.39

Min: Minimum, Max: Maximum, SD: Standard Deviation, t: Student t Test DAS: Death Anxiety Scale MLQ: Meaning in Life Scale; *:p<0.05

According to the Student t-test analysis, a significant difference was detected between the groups in terms of the total score of the DAS, and the DAS scores of the nursing students were statistically significantly higher. According to the Pearson correlation analysis, a weak negative relationship was detected between the total scores of the nurses on the DAS and MLQ, while no significant difference was found between the scale scores of the nursing students (Table 4).

Table 4. Relationship Between MLQ and DAS Total Scores of Nurses and Nursing Students

Scales	Nurses (n=123)	Nursing Students (n=139)
	MLQ	MLQ
DAS	r:-.183 p: 0.043*	r: .121 p: 0.15

r: Pearson Correlation; *: p<0.05

Regression analysis was performed to determine the explanatory power of the DAS and MLQ scores of all nurses and nursing students participating in the study on the DAS. The established model is meaningful; It was determined that MLQ and DAS variables explained 29% of the DAS total score (R^2=0.29, Table 5)

Table 5. The Effect of DAS and MLQ on DAS

Dependent Variable	Independent Variable	B	ß	t	p	F	Model (p)	R^2
	Constant	12.187		10.966	0.00			
DAS	DAS	.172	.546	10.45	0.00	54.91	0.00	0.29
	MLQ	-.001	-.001	-,015	0.98			

SD: Standard Deviation, F: ANOVA test, t: Student t Test

4. Discussion

This study, which was conducted to determine the relationship between fear of death and the meaning of life in nursing students and nurses caring for terminally ill patients, was discussed in line with the literature. It can be said that the descriptive findings of nurses and nursing students, fear of death, and meaning of life score averages are like those of studies in the literature [16,17,18]. In this study, the fear of death of nursing students working with terminal patients was found to be higher than nurses. Studies in the literature have found that nursing students experience death anxiety [16,18]. Nursing students who encounter death during their clinical training may experience stress. Moreover, it has been found that nursing students have difficulty coping with the stress that comes with the care provided and have care concerns [17]. In a study conducted with nurses, it was found that nurses mostly encountered death in the clinics where they worked, they considered death natural and thought that death was a fact of life [19]. In another study, it was determined that nurses with more work experience had lower levels of fear of death and avoidance of death and had more positive attitudes towards death and caring for dying patients [20]. It is thought that nursing students' fear of death is higher than nurses for two reasons. The first reason is that the anxiety experienced by nursing students while caring for a patient in the terminal period may not be due to the fear of personal death, but rather to feelings of inadequacy and helplessness due to not knowing what to do and say to the patient [21]. The second reason is, Considering the claim that it is necessary to confront death to reduce death anxiety in existential theory and the assumption that exposure/exposure, as in cognitive behavioral therapy, is effective in reducing death anxiety, it can be associated with the fact that death anxiety is higher in nursing students than nurses. Although death is a situation experienced by all living creatures, only humans are aware of this situation and attempt to make sense of life. Even though human beings accept

that they are mortal and think that death is inevitable, they may feel anxious and uneasy about the moment of death and afterward [22]. While the presence of meaning in life creates a purpose for our lives and helps us judge our actions, the absence of meaning in life negatively affects individuals psychologically. In this study, it was determined that the meaning of life decreased as the fear of death increased in nurses working with terminal patients. In studies conducted on nurses' attitudes toward the care of terminally ill patients, it has been stated that nurses experience negative emotions such as helplessness and resignation, fear, anxiety, and suffering [17]. In one study, it was determined that meaning of life results predicted death anxiety by 0.1% [23]. Ozcan et al. In their study, they found a positive relationship between the meaning of life and death anxiety [24]. It can be said that as the meaning of life increases, the person moves away from negative attitudes toward death and thoughts about death [16]. In a different study, a significant and directly proportional relationship was found between the meaning and purpose of life and individuals' death anxiety [22]. In another study, participants were found to have a slightly higher meaning in life than average [16]. In the research conducted by Sönmez Benli and Yıldırım (2017), it was determined that nurses' life satisfaction was related to their positive attitudes toward death, and as the level of life satisfaction increased, they showed positive attitudes toward death [25]. In a study conducted in Qatar, it was determined that nurses mainly adopted a neutral and accepting approach to death and death-related issues. In this study, it was determined that they think that death is not a feared or welcomed phenomenon, but at the same time, they see death as a door opening to a happy life after death [26]. In conclusion, it is thought that the meaning of life, which is a source of strength for individuals to continue their lives despite the different difficulties they face in life, can be affected by individual, social, and community factors, and this meaning may change in different life periods for the individual [22].

5. Conclusion

In this study, it can be said that there is no relationship between the fear of death and the meaning of life in nursing students who care for terminal patients, but there is a relationship between the fear of death and the meaning of life in nurses. For nurses to be able to cope healthily with the stress, distress, and strain that arise because of frequent encounters with death, nurses must be mentally prepared, primarily for their mental health. It is thought that it would be a good method to provide death education to nursing students who will be health professionals, to help them change their awareness of death anxiety, adaptation to death and negative attitudes towards death, and the coping methods they use to cope with death. For this reason, it has been suggested that death education should be presented in lectures or scientific events such as independent seminars and conferences, encouraging students to talk about their feelings and thoughts about death, accompanying the patient and his/her family when they are approaching death, providing consultancy services and concretizing the subject with case discussions.

Conflict of interest:

All three authors declared that they had no conflict of interest in this study.

Authors' Contributions:

The authors declare that their contribution to the work is equal. MA: Project coordinator; FK: project researcher; FG: project advisor.

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