

The Effects of Nursing Students' Previous Death Experiences on Their Death Perceptions and Anxiety When Faced with The Death of Their Patients

Hemşirelik Öğrencilerinin Önceki Ölüm Deneyimlerinin Hastalarının Ölümüyle Karşılaştıklarında Ölüm Algıları ve Kaygıları Üzerindeki Etkileri

Özlem CEYHAN¹ 

Yeliz SÜRME² 

Hatice YÜCELER KAÇMAZ² 

Gülseren MARAŞ BAYDOĞAN² 

İlker YILMAZ² 

¹ Erciyes Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik, İç Hastalıkları Hemşireliği Anabilim Dalı, Kayseri, Türkiye

² Erciyes Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik, Cerrahi Hastalıkları Hemşireliği Anabilim Dalı, Kayseri, Türkiye



ABSTRACT

Objective: This study was conducted to determine the relationship between nursing students' death experiences, perceptions of death, and death anxiety.

Methods: The study was conducted in the nursing department of the university located in Türkiye. The study was completed with 672 in the population. Student descriptive information form and Death Anxiety Scale were used for the data. Before starting the research, Academic board permission, institutional permission from the study's institution, and Ethics Committee approval were obtained.

Results: In the study, the mean score on the death anxiety scale was 64.02±15.01. It was determined that most students (61.6%) had experienced the death process before, as the loss of a close relative (70.5%), and felt the most sadness in this experience. It was determined that the difference between students' perceptions of death and death anxiety total scores was not significant. When the results are considered, it is seen that the independent variables explain 12% of the total score of the Death Anxiety Scale, which is the dependent variable, and is significant.

Conclusion: Based on these results, it can be suggested that the concept of death, acceptance of death, and appropriate approaches to possible reactions to death should be added to the nursing curriculum from the first year, and the content of the courses about patient care and the process should be enriched gradually as the year level increases.

Keywords: Death anxiety, death experiences, nursing student, perceptions of death.

ÖZ

Amaç: Bu çalışma, hemşirelik öğrencilerinin ölüm deneyimleri, ölüm algıları ve ölüm kaygısı arasındaki ilişkiyi belirlemek amacıyla yürütülmüştür.

Yöntemler: Çalışma, Türkiye'de bulunan bir üniversitenin hemşirelik bölümünde yürütülmüştür. Çalışma, 672 katılımcı ile tamamlanmıştır. Veriler için öğrenci tanıtıcı bilgi formu ve Ölüm Kaygısı Ölçeği kullanılmıştır. Araştırmaya başlamadan önce akademik kurul izni, çalışmanın yapıldığı kurumdaki kurum izni ve etik kurul onayı alınmıştır.

Bulgular: Çalışmada ölüm kaygısı ölçeği puan ortalaması 64,02±15,01 olarak bulunmuştur. Öğrencilerin çoğunun (%61,6) daha önce ölüm sürecini, yakın bir yakını kaybetme (%70,5) olarak deneyimlediği ve bu deneyimde en çok "üzüntü" hissettiği belirlenmiştir. Öğrencilerin ölüm algıları ve ölüm kaygısı toplam puanları arasındaki farkın anlamlı olmadığı belirlenmiştir. Sonuçlar değerlendirildiğinde, bağımsız değişkenlerin bağımlı değişken olan Ölüm Kaygısı Ölçeği toplam puanının %12'sini açıkladığı ve anlamlı olduğu görülmektedir.

Sonuç: Bu sonuçlara dayanarak, hemşirelik müfredatına ölüm kavramı, ölümün kabulü ve ölüme olası tepkilere uygun yaklaşımların birinci sınıftan itibaren eklenmesi ve hasta bakımı ve süreci ile ilgili derslerin içeriğinin sınıf seviyesi arttıkça kademeli olarak zenginleştirilmesi önerilebilir.

Anahtar Kelimeler: Hemşirelik öğrencisi, ölüm algıları, ölüm deneyimleri, ölüm kaygısı.

Geliş Tarihi/Received 16.10.2025

Kabul Tarihi/Accepted 15.01.2026

Yayın Tarihi/Publication Date 28.02.2026

Sorumlu Yazar/Corresponding author:

Özlem Ceyhan

E-mail: ozlemceyhan06@gmail.com

Cite this article: Ceylan, Ö., Sürme, Y., Yüceler Kaçmaz, H., Maraş Baydoğan, G., & Yılmaz, İ. (2026). The Effects of Nursing Students' Previous Death Experiences on Their Death Perceptions and Anxiety When Faced with The Death of Their Patients. *Current Research in Health Sciences*, 3(1): 1-7.



Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

Introduction

Although death and life seem to be very different concepts, human beings have attributed several meanings to the phenomenon of death throughout history. Some views see life and death as a whole; death is accepted as the purpose of life and is believed to complete life. Death is extinction for some; for others, it is the beginning of immortal life (Ayten et al., 2009; Karakuş et al., 2012; Özcan et al., 2020).

Approaches to death also vary according to beliefs, ethnic origins, education, and other socio-economic characteristics, and individuals' characteristics affect their perceptions of death (Ayten et al., 2009; Karakuş et al., 2012; Randhawa, 2012; Topuz, 2013). Death anxiety is an important perception that exists from birth and is formed as a lifelong concept. Death anxiety is an emotion that spreads to an individual's life in the face of death. Humans form various perceptions in the face of this uncertain and inevitable concept they are constantly aware of (Ayten et al., 2009; Karakuş et al., 2012; Özcan et al., 2020; Xu et al., 2019).

Studies have found that people who have lost a loved one to death have higher death anxiety (Şahin et al., 2016). In a study specifically examining occupational exposure, professionals who had experienced death reported lower anxiety than those less exposed. Among professionals, those in the mental health profession had the highest death anxiety level, with nurses having the average death anxiety level (Curtis et al., 2023).

However, individuals facing death and their families experience intense sadness and need support from healthcare professionals. As has been noted in studies conducted with healthcare professionals, those who lost a patient to death during their clinical practice as students are less anxious when faced with death again due to their experiences, and those who encounter death repeatedly in their profession become desensitized to death over time (Curtis et al., 2023; Şahin et al., 2016). However, to meet the expectations of the families who have experienced the loss, health professionals need to analyze their own feelings about death and be equipped with the necessary knowledge and skills to meet the needs of the dying patients and their families (Cerit, 2019; Cimete, 2002; Tüzer et al., 2020).

Giving nursing students, who will be health professionals in the future, the responsibility of sustaining life during their education may lead to different feelings and thoughts toward death. Therefore, it is important to determine students' anxiety and to make them aware of their thoughts about death to protect them from wrong thought structures (Garcia et al., 2020; Petrongolo & Toothaker, 2021; Tüzer et al., 2020). Nursing students who encounter dying patients for the first time in clinical practice experience with intense feelings of grief. It has been determined that when nursing students encounter the reality of death, they define it with negative expressions such as the end of life, separation, and fear, have difficulty accepting death, avoid facing it, and feel anxiety (Cerit, 2019; Garcia et al., 2020; Jafari et al., 2015; Öz et al., 2012; Szczupakowska et al., 2021; Şahin et al., 2016; Petrongolo & Toothaker, 2021). In a study, it was found that among the students of the School of Health (females, 4th year

and students who encountered the death process experienced fear and anxiety more, and those who feared death had increased anxiety (Gürkan et al., 2011). In another study, it was determined that the main reason for the stress experienced by nurses was the lack of training in caring for dying patients, feelings of helplessness, and inadequacy caused by a lack of knowledge and skills (Khader et al., 2010). Very few studies in the literature focus on nursing students' personal feelings and experiences related to death and dying. Studies reveal that students' emotions and experiences can significantly influence how they react to death (Petrongolo & Toothaker, 2021; Sharour et al., 2017).

The literature review shows that education has a significant place in developing a positive perception towards death and that providing dignified and quality end-of-life care will be possible only if nursing students receive the necessary training during their clinical practice and are better prepared for their future roles (Berndtsson et al., 2019; Cerit, 2019; Garcia et al., 2020; Petrongolo & Toothaker, 2021; Xu et al., 2019; Zheng et al., 2018). Determining nursing students' perceptions of death and their concerns about death, and making plans accordingly during the education process, will be an important step in helping them become good healthcare professionals.

Methods

Ethical approval

Ethical approval of the study was received from the Erciyes University Faculty of Social and Human Sciences Ethics Committee (Date: 16/05/2017, Number: 24). Written and verbal consent was obtained from the students who participated in the study by giving information about the study in accordance with the Declaration of Helsinki.

Methods

Sample

This study was conducted to determine how nursing students' previous death experiences affect their death perceptions and anxiety when faced with the death of their patients and the relationship between them. This study was conducted as a cross-sectional and correlational study to determine. The study was conducted in accordance with STROBE criteria (von Elm et al., 2008).

The study was conducted in the nursing department of a single-state university located in Türkiye. There are a total of 1040 students in the nursing department. The education curriculum gives a 2-hour course on death in the second year. Students can encounter death in hospitals during their clinical practice and provide care to end-stage and near-death patients.

The study was completed with a sample size of approximately 70% (n=672) representing the population (N=1040). Students who volunteered to participate in the study and continued active education were included. One hundred fifty-two students were not included in the sample because they were not continuing

active education, 186 students did not agree to participate in the study, and 30 were excluded because the questionnaire was incomplete.

Data Collection

Before starting the study, a pilot study was conducted with 10 students to assess the clarity of the forms, and the final version of the questionnaires was prepared. In the study, the data were collected face to face by the researchers after the students gave information about the study in their classrooms. The data was collected during the 2022-2023 academic year. The interviews lasted an average of 15-20 minutes. Data were collected using a Student Descriptive Information Form and the Death Anxiety Scale (DAS).

Introductory Information Form: The form was created by researching the relevant literature (Berndtsson et al., 2019; Cerit, 2019; Xu et al., 2019; Garcia et al., 2020; Petrongolo & Toothaker, 2021; Zheng et al., 2018). The questionnaire form includes students' socio-demographic characteristics (age, gender, place of residence, etc.) and death-related data (death experiences perceptions of death, knowledge, feelings, and behaviors related to death, etc.) consist of 16 questions.

Abdel-Khalek, Death Anxiety Scale (DAS): The scale was developed by Abdel-Khalek in Arabic and English in 2004 (Abdel-Khalek, 2005). The scale comprises 20 items and provides a five-point Likert-type measurement (1=none and 5=very much). The validity and reliability of the scale were conducted by Aydođan Sariçiçek et al. (2015). The scale does not contain reverse items, and higher scores indicate a higher level of death anxiety. The Cronbach alpha value of the scale was calculated as 0.86. In this study, the Cronbach alpha value was found to be 0.91.

Statistical Analysis

Statistical analyses were performed using the SPSS version 22.0 (IBM SPSS Corp., Armonk, NY, USA) package program. data were expressed as numbers, mean, and percentages. Kolmogorov Smirnov test was used to check whether the numerical data were suitable for normal distribution. The data were found to be normally distributed, and One-way ANOVA, independent t-test, and multiple linear regression tests were applied. In all results, $p < .05$ was considered statistically significant.

Results

The study's findings were conducted to determine the relationship between nursing students' death experiences, perceptions of death, and death anxiety. The mean age of the students included in the study was 20.93 ± 1.64 , and the mean score on the death anxiety scale was 64.02 ± 15.01 . It was determined that the majority of the students were female (79.9%), lived in the city center (57.4%), 54.8% chose the

profession willingly, and 48.7% defined their religious beliefs as strong (Table 1).

Table 1.

Descriptive characteristics of nursing students (n=672)

Characteristics	Number (n)	Percent (%)
Age (yıl) $\bar{x} \pm SD$	20.93 \pm 1.64	
DAS $\bar{x} \pm SD$	64.02 \pm 15.01	
Gender		
Female	537	79.9
Male	135	20.1
Class level		
1. class	171	25.4
2. class	239	35.6
3. class	144	21.4
4. class	118	17.6
Living area		
City center	386	57.4
County	194	28.9
Village	92	13.7
Willingly choose the profession		
Willingly choosing	368	54.8
Not willingly chosen	304	45.2
Identifying religious belief		
Very strong	48	7.1
Strong	327	48.7
Middle	267	39.7
Weak	30	4.5

Table 2 shows the experiences and behavior of nursing students regarding death. It was determined that most students (61.6%) had experienced the death process before, as the loss of a close relative (70.5%), and felt the most sadness in this experience. It was also determined that 72.9% of the students had not given care to a dying patient before, 52.6% did not want to give care to a dying patient, and 32.1% of those who did not want to provide care did not want to give care because they thought they would experience sadness/pain as a result of death. Students said they could try coping with death by praying and crying. It was determined that 43.0% of the students had moderate knowledge about the death process, and 17.3% did not want to have information about this process.

Table 2.

Nursing students' experiences of death (n=672)

Experiences of death	Number (n)	Percent (%)
The experience of encountering death		
Encountering	414	61.6
Not Encountering	258	38.4
A person who experienced death (n=414)*		

Close relative	292	70.5
Somebody i know	99	23.9
My Patient	51	12.3
His feelings when he first encountered death (n=414)*		
Sadness	290	70.0
Despair	189	45.6
Fear	128	30.9
Failure	74	17.8
Anxiety	33	7.9
Care for the dying patient		
Giver	182	27.0
Not giving	490	72.9
Desire to care for a dying patient		
Wishing to	318	47.4
Unwilling	354	52.6
Reason for wanting to give care (n=318)		
Wants to help	97	30.5
Make sure he dies comfortably	156	49.1
Part of the job	65	20.4
The reason for not wanting to give care (n=353)		
I don't want to get worn out	76	21.5
Feeling of helplessness	27	7.5
Fear	61	17.2
Sorrow/ pity	114	32.1
Difficulty of care	32	9.0
Ignorance	43	12.7
Ways of coping with their emotions*(n=672)		
To Cry	230	34.2
To Pray	260	38.6
Search for busyness	219	32.5
Talking to someone	82	12.20
The level of knowledge about the care of the dying patient		
Good	72	10.7
Middle	289	43.0
Little	222	33.0
Nothing	89	13.3
Desire to receive information about caring for a dying patient		
Yes	556	82.7
No	116	17.3

**More than one answer was given

Nursing students' perceptions of death and death anxiety scale scores are given in Table 3. It was determined that the difference between students' perceptions of death and death anxiety total scores was not significant ($p>.05$). It was found that students who perceived death as "the end of all suffering" had the highest death anxiety, while students who perceived death as "the end of life" and "annihilation" had lower anxiety. The total death anxiety scores of the students who believed that death was "the end of life" and "an extinction" were statistically lower and significant ($p<.05$).

Table 3.
Death anxiety scale scores according to the death perceptions of nursing students (n=672)

Perceptions of Death to the Student	n	DAS		p
		$\bar{x} \pm SD$ Yes	$\bar{x} \pm SD$ No	
The End of All Suffering	46	68.13±14.10	64.07±15.35	.07*
A New Beginning	206	65.89±15.51	63.27±14.89	.08*
Never Seeing Their Loved One Again	195	63.86±14.91	65.21± 15.54	.36*
The End of Life	177	62.53±15.56	66.16± 14.84	.01*
Annihilation	48	60.40±15.86	65.22± 15.07	.02*
			.29**	

*Independent t testi, ** One way Anova

In Table 4, multiple linear regression analysis is given to examine the effect of the independent variables of gender, grade level, choosing the profession willingly, defining religious belief, the experience of encountering death, giving care to dying patients, wanting to give care to dying patients, level of knowledge about the care of dying patients and willingness to receive information about caring for dying patients on the total score of the Death Anxiety Scale. When the results are considered, it is seen that the independent variables explain 12% of the total score of the Death Anxiety Scale, which is the dependent variable, and is significant ($p<.05$). It is seen that the Death Anxiety Scale total scores of female students are higher and more important ($p<.05$). As the grade level increased, it was determined that the total scores on the Death Anxiety Scale increased and were substantial ($p<.05$). In addition, it was found that there was an inverse relationship between the students who were willing to care for the dying patient and the total scores on the Death Anxiety Scale, the scale scores were lower, and this relationship was statistically significant ($p<.05$).

Table 4.
Nursing Students' Death Anxiety Scale Scores and Relationship with Independent Variables: Multiple Linear Regression

Independent variables	B†	SE†	β†	t	p	95% CI†
Gender	9.104	1.417	.237	6.422	.000	6.320-11.887
1=Female 0=Male						
Class level	1.333	.0609	0.090	2.187	.029	0.136-2.529
1=1 Grade 2=Class 2 3=Grade 3 4=Class 4						
Willingly choose the profession	-1.259	1.114	-0.041	-1.131	.259	-3.447-0.928
1=Willingly choosing 0=Not willingly chosen						
Identifying religious belief	0.604	0.794	0.028	0.760	.447	-0.955-2.163
4=Very strong, 3=Strong 2=Middle 1=Weak						
The experience of encountering death	-1.367	1.182	-0.043	-1.157	.248	-3.687-0.953
1=Encountering						

R² = 0.122
F = 12.641
p < 0.001

0=Not Encountering Care for the dying patient	0.948	1.454	0.028	0.652	.514	-1.907- 3.804
1=Giver 0=Notgiving Desire to care for a dying patient	-7.308	1.131	-0.242	-6.460	.000	-9.529- 5.087
1=Wishing to 0= Unwilling The level of knowledge about the care of the dying patient	-0.562	0.724	-0.032	-0.776	.438	-1.983- 0.859
4=Good 3=Middle 2=Little 1=Nothing Desire to receive information about caring for a dying patient	0.595	1.377	-0.016	-0.432	.666	-3.298- 2.109
1=Yes 0=No						

†B:unstandardized regression coefficient; SE:standard error; β:standardized regression coefficient; CI:confidence interval

Discussion

The process of death leads people to anxiety about death due to loss, uncertainty, and unpredictability. In particular, people's previous death experiences affect these perceptions and can change their anxiety levels. This study examined the effects of nursing students' experiences and perceptions about the death process on their anxiety. The mean score of the death anxiety scale of nursing students was 64.02 ± 15.01 , and it was found that they had anxiety above the moderate level. Similarly, in the study of Şahin and colleagues, the mean death anxiety score of the students was determined as 59.15 ± 14.94 (Şahin et al., 2016). The study determined that gender was an important determinant of death anxiety, and female students had higher death anxiety. When we look at the studies, it is reported that women generally feel more anxiety about death than men (Şahin et al., 2016; Özcan et al., 2020). This may be due to a cultural structure in which death anxiety is expressed more in women following traditional gender roles, whereas men are expected to be brave.

The study determined that death anxiety increased in students as their year level increased, which showed significance. As the year level increases, students' hospital practices increase. The possibility of caring for patients with complex diseases and more patients in the dying process may be a reason for the increase in students' anxiety. The studies also emphasize that students' clinical experience may cause students to encounter patients at different stages of the disease. Therefore, students may have difficulty adapting to the diverse needs of patients (Petrongo & Toothaker, 2021; Sharour et al., 2017).

Half of the students reported not wanting to care for dying patients in the study. In the literature, similar to our study, Tüzer et al. (2020) and Şahin et al. (2016) found that half of the students did not want to care for dying patients. Giving care to the dying patient and witnessing the death closely may be a reason for avoiding it because it will cause people to face their own deaths (Şahin et al., 2016; Tüzer et al., 2020).

The study determined that the death anxiety of the students who wanted to care for a dying patient was lower and this low level was significant. These findings suggest that students who are willing to give care to the patient accept the death process,

have a more mature thoughts, and as a result, they experience less anxiety/fear. Similarly, it has been reported in previous studies that students who have a positive attitude toward the dying patient, who want and have received education on this subject, have positive attitudes toward life and death (Berndtsson et al., 2019; Petrongo & Toothaker, 2021).

Our study differs from the literature. No significant difference was found between the death anxiety scores of students who had previously experienced the death process and those who cared for the patient during the death process. Xu et al.'s study observed that Chinese intern nurses who experienced the death of their relatives accepted death as natural and had lower anxiety (Xu et al., 2019). Since the previous death experience of students in the study may have been positive or negative, it may not have reduced their anxiety.

In this study, it was found that there was no significant relationship between nursing students' religious belief levels and death anxiety levels. In contrast to these findings, it was found that individuals with stronger religious beliefs experienced less fear (Wang et al., 2018; Xu et al., 2019). These results can be interpreted as having a solid religious belief will enable one to see and accept death as natural. In Muslim societies, the belief in heaven and the idea of meeting with loved ones there after death can be interpreted as a reason death is not met with anxiety/fear.

The study found that students who perceived death positively as "the end of all suffering" and "a new beginning" had higher death anxiety. In contrast, students who perceived death negatively as "the end of life" and "an extinction" had lower anxiety. This remarkable result shows that positive perception is not necessarily related to acceptance or coping with a situation. This suggests that the feelings of individuals should be examined in depth in any assistance to be provided to people with death anxiety.

In the regression analysis conducted in the study, the independent variables of gender, class level, voluntarily choosing one's profession, defining religious beliefs, experience of encountering death, providing care to a dying patient, willingness to provide care to a dying patient, level of knowledge about caring for a dying patient, and willingness to seek information about caring for a dying patient explained 12% of the total score on the Death Anxiety Scale and were found to be significant. However, it is not expected that a deep, complex, and existential psychological construct such as death anxiety can be explained solely by sociodemographic and occupational variables. Personality traits (such as irritability and perfectionism) spirituality, level of hopelessness about life, general anxiety level, depression status, and family dynamics (such as how the individual encountered death in childhood, the attitude toward death in their family, and attachment) are numerous psychological variables. The exclusion of these variables from the model may have led to a low explanatory ratio. These results strongly indicate that future studies should focus on in-depth psychological variables such as personality, spirituality, and meaning in life.

Conclusion

As a result of the study, it was determined that the death anxiety of the students was higher in females, and as the grade level increased, having experience with the death process did not affect the level of death anxiety, but the death anxiety of the students who wanted to care for the dying patient was low. In addition, it was determined that students who perceived death as "the end of life" and "extinction" had lower anxiety. Based on these results, it can be suggested that the concept of death, acceptance of death, and appropriate approaches to possible reactions to death should be added to the nursing curriculum from the first year, and the content of the courses about patient care and the process should be enriched gradually as the year level increases. Interventional studies with longitudinal designs evaluating the process may be planned in different faculties. The training may help nursing students change their negative attitudes and awareness toward death anxiety, improves their coping skills, and reduces the anxiety burden.

Teşekkür: Çalışmaya katılan öğrencilerimize teşekkür ederiz.

Etik Komite Onayı: Çalışmanın etik onayı Erciyes Üniversitesi Sosyal ve

Beşeri Bilimler Etik Kurulu'ndan alınmıştır (Tarih: 16/05/2017, Sayı: 24)

Bilgilendirilmiş Onam: Çalışmaya dâhil edilen tüm bireylerden bilgilendirilmiş ve gönüllü onam formları imzalatılmıştır.

Hakem Değerlendirmesi: Dış bağımsız.

Yazar Katkıları: Konsept – Ö.C., Y.S., H.Y.K.; Tasarım – Ö.C., Y.S., H.Y.K.; Denetleme – Ö.C.; Kaynaklar – Ö.C.; Veri Toplama ve/veya İşleme – G.M.B., İ.Y.; Analiz ve/veya Yorum – Y.S., G.M.B.; Literatür Taraması – Ö.C.; Yazıyı Yazan – Ö.C., Y.S.; Eleştirel İnceleme – Ö.C., Y.S., H.Y.K.

Çıkar Çatışması: Yazarlar, çıkar çatışması olmadığını beyan etmiştir.

Finansal Destek: Yazarlar, bu çalışma için finansal destek almadığını beyan etmiştir.

Yapay Zeka Kullanımı: Bu çalışmanın hazırlanma sürecinde herhangi bir yapay zeka aracı kullanılmamıştır.

Acknowledgements: We would like to thank the students who participated in the study.

Ethics Committee Approval:

Ethical approval for the study was obtained from the Erciyes University Social and Human Sciences Ethics Committee (Date: 16/05/2017, Number: 24).

Informed Consent: All individuals included in the study were informed and signed voluntary consent forms.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – Ö.C., Y.S., H.Y.K.; Design – Ö.C., Y.S., H.Y.K.; Supervision – Ö.C.; Resources – Ö.C.; Data Collection and/or Processing – G.M.B., İ.Y.; Analysis and/or Interpretation – Y.S., G.M.B.; Literature Search – Ö.C.; Writing – Ö.C., Y.S.; Critical Review – Ö.C., Y.S., H.Y.K.

Conflict of Interest: The authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

Use of Artificial Intelligence: No artificial intelligence tools were used in the preparation of this manuscript.

References

- Abdel-Khalek, A.M. (2005). Death anxiety in clinical and non-clinical groups. *Death Studies*, 29, 251–259. <https://doi.org/10.1080/07481180590916371>
- Aydoğan Sarıçek, A., Gulseren, S., Sarıkaya, O.Ö., & Özen, Ç. (2015). The validity and reliability of the Turkish version of the Abdel-Khalek death anxiety scale in university students. *Archives of Neuropsychiatry*, 52, 371-375. <https://doi.org/10.5152/npa.2015.8820>.
- Ayten, A. (2009). Death anxiety in university students: a comparative study on Turkish and Jordanian students. *Journal of Theological Studies Academic Research*, 9(1), 85-108.
- Berndtsson, I.E.K., Karlsson, M.G., & Rejnö, Å.C.U. (2019). Nursing students' attitudes toward care of dying patients: A pre- and post-palliative course study. *Helion*, 95(10), e02578. <https://doi.org/10.1016/j.heliyon.2019.e02578>.
- Cerit, B. (2019). Influence of training on first-year nursing department students' attitudes on death and caring for dying patients: a single-group pretest–posttest experimental study. *OMEGA-Journal of Death and Dying*, 78(4), 335–347. <https://doi.org/10.1177/0030222817748838>
- Cimete, G. (2002). End of Life Care. Istanbul: Nobel Medicine Bookstores.
- Curtis, K., Dagnall, N., Drinkwater, K., & Denovan, A. (2023). Facing death anxiety: effects of professional exposure to death and dying. *Journal of Scientific Exploration*, 37(4), 616-632. <https://doi.org/10.31275/20233225>
- García, C.M., Martín, L.R., Alcántara, M.F., Juárez, R.M., Montoro, C.H., & García-Caro, M.P. (2020). Content analysis of the effects of palliative care learning on the perception by nursing students of dying and dignified death. *Nurse Education Today*, 88, 104388. <https://doi.org/10.1016/j.nedt.2020.104388>.
- Gürkan, A., Babacan, Gümüş, A., Dodak, H. (2011). Student nurses' views on terminal patient problems: an investigation within the scope of nursing interventions, patient rights and ethical issues. *Maltepe University Journal of Nursing Science and Art*, 4(1), 11.
- Jafari, M., Rafiei, H., Nassehi, A., Soleimani, F., Arab, M., & Noormo hammadi, M. R. (2015). Caring for dying patients: Attitude of nursing students and effects of education. *Indian Journal of Palliative Care*, 21(2), 192–197. <https://doi.org/10.4103/0973-1075.156497>
- Karakuş, G., Öztürk, Z., & Ok, L. (2012). Death and death anxiety. *Archives Medical Review Journal*, 21(1), 42-79.
- Khader, K.A., Jarrah, S.S., & Alasad, J. (2010). Influence of nurses' characteristics and education on their attitudes towards death and dying: A review of literature. *International Journal of Nursing and Midwifery*, 2(1), 1–9.
- Öz, F., İnci, F., Bahadır, & Yılmaz, E. (2012). The relationship between death anxiety and psychological resilience. *Neuropsychiatric Investigation*, 50(4), 229–236.
- Özcan, G., Ekşi, H., & Ekşi, F. (2020). The mediating role of death anxiety in the relationship between the meaning of life and self-transcendence in university students. *Crisis Journal*, 28(2), 71–87.
- Petrongolo, M., & Tothaker, R. (2021). Nursing students perceptions of death and dying: A descriptive quantitative study. *Nurse Education Today*, 104, 104993. <https://doi.org/10.1016/j.nedt.2021.104993>
- Randhawa, G. (2012). Death and organ donation: meeting the needs of multiethnic and multifaitth populations. *British Journal of Anaesthesia*, 108, 88-91. <https://doi.org/10.1093/bja/aer385>.
- Sharour, L., Sulemin, D., Yehya, D., Kaladeh, M., Malak, M., Subih, M., & Salameh, A. (2017). Nurses' students' attitudes toward death and

- caring for dying cancer patients during their placement. *Euro Mediterranean Biomedical Journal*, 12(40), 189-193. <https://doi.org/10.3269/1970-5492.2017.12.40>.
- Szczupakowska, M., Stolarek, P., Roszak, M., Głodowska, K., & Baum, E. (2021). Patient's death from the perspective of nursing students. *Front Public Health*, 14(9), 636582. <https://doi.org/10.3389/fpubh.2021.636582>.
- Şahin, M., Demirkıran, F., & Adana, F. (2016). Death anxiety, desire to care for the dying person and affecting factors in nursing. *Journal of Psychiatric Nursing*, 7(3), 135–141.
- Topuz, I. (2013). Evaluation of the Turkish version of the death perception scale (sss): validity and reliability study. *Journal of Values Education*, 11(26), 279–300.
- Tüzer, H., Kırca, K., & Özveren, H. (2020). Investigation of nursing students' attitudes towards death and their perceptions of spirituality and spiritual care. *Journal of Religion Health*, 59, 2177–2190. <https://doi.org/10.1007/s10943-020-01004-9>.
- Von, Elm, E., Altman, D.G., Egger, M., Pocock, S.J., Gøtzsche, P.C., & Vandenbroucke, J.P. (2008). STROBE Initiative. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *Journal of Clinical Epidemiology*, 61(4), 344-9. <https://doi.org/10.1016/j.jclinepi.2007.11.008>.
- Wang, L.P., Li, C.X., Zhang, Q.L., & Li, Y.J. (2018). Clinical nurses' attitudes towards death and caring for dying patients in China. *International Journal of Palliative Nursing*, 24(1), 33–39. <https://doi.org/10.12968/ijpn.2018.24.1.33>.
- Xu, F., Huang, K., Wang, Y., Xu, Y., Ma, L., & Cao, Y.A. (2019). Questionnaire study on the attitude towards death of the nursing interns in eight teaching hospitals in Jiangsu, China. *BioMed Research International*, 16(3), 107692. <https://doi.org/10.1155/2019/3107692>.
- Zheng, R., Lee, S., & Bloomer, M. (2018). How nurses cope with patient death: a systematic review and qualitative meta-synthesis. *Journal of Clinical Nursing*, 27, e39–e49. <https://doi.org/10.1111/jocn.13975/epdf>.