



The effect of status and frequency of confronting death in emergency nurses on attitude towards death

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ABSTRACT

Perception and attitude towards death is influenced from various factors such as religion, culture, social value judgments, beliefs and traditions. People may develop negative or positive attitude towards death according to the experiences they live about death of individuals in their environment. In this study, mean score of Attitude to Death Scale was determined as 123, mean score of "Neutral Acceptance and Approach Acceptance" among sub-dimensions of scale is 68, mean score of sub-dimension of "Escape Acceptance" is 20.235.98, mean score of sub-dimension of "Fear and Avoidance of Death" is 35.9810.06. It was determined that score of Attitude to Death Scale does not differ according to socio-demographic or occupational characteristics such as age, education, marital status, receiving education during or after occupational education yet; mean score of nurses who have experienced the loss of a close relative recently was higher than those who have not.

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1. Introduction

Death is a universal incident. Death is the truth and part of life (Öz, 2004). The concept of death in people's mind has effect on people's behaviours and life styles in religious, philosophical, moral and legal sense; people who are always closely related with death can develop attitude towards death through thinking of it (Bilge et al., 2013). Perception and attitude of death can be influenced from various factors such as religion, culture, social value judgment, beliefs and perceiving death (Özdemir and Ekinci, 2014). People may develop negative or positive attitude according to the experience they had about death of people around them (İnci and Öz, 2009) and attitudes and reactions developed towards death may vary from individual to individual (Özdemir and Ekinci, 2014).

Although the attitude developed towards death is a reaction against experience of death, this reaction is defined as the sense of threat, fear and discomfort (Rooda et al., 1999). Personality, emotions and behaviours of a nurse who is taught the responsibility of sustaining life throughout her occupational life may influence her attitude towards death; a nurse who adopts care and treatment of a patient may experience fear, anxiety, rejection, anger, guilt, depression, despair and sorrow against the loss of patient (Öz, 2004; Karakurt, 2013). When the nurse lives misconception about death and cannot develop a positive attitude, it becomes difficult to work with a deadly patient (Tanhan and Arı, 2006), the attitude she has developed towards death influences the quality of care negatively and prevent the peaceful and easy death which the patient deserves (Ay and Öz, 2013). In this sense, it is quite

important that a nurse is conscious of her feelings towards death, manage these feelings correctly and develop suitable attitude. One of the departments in which many critical patients are given care and treatment in hospital and the incident of death is frequently experienced is the emergency unit. Although the incident of death is frequently experienced in the department of hospital, each loss of patient is unique and quite sorrowful for nurses (Öz, 2004; Karakurt, 2013). In this study which was carried out in order to determine the effect of status and frequency of confronting death in emergency nurses on attitude towards death, answers were sought for these questions:

- What are the socio-demographic and occupational characteristics of nurses working at emergency unit?
- Do the socio-demographic characteristics, thoughts about death and status of confronting death of emergency nurses influence their attitude to death?

2. Material and Methods

Design

This is a descriptive and cross-sectional study which was carried out in order to determine the effect of status and frequency of confronting death in emergency nurses on attitude towards death. The study was carried out between 15 April-20 May 2016 with the participation of 122 nurses who accepted to participate in the study and who have been working at emergency unit for at least 6 months out of 136 nurses working at 5 state hospitals and one university hospital in Samsun city center. 14 nurses who were off or who received report during the days when the survey form was applied were excluded from the scope of study. Respondency rate of survey form is 89.7%. In this study data were collected by using introductory information form for nurses and "Attitude to Death Scale". Introductory information form for nurses is composed of 20 questions which aim to determine socio-demographic and occupational characteristics of nurses and their attitude and tendency towards death. Attitude to Death Scale is a scale which was developed by Wong et al. (1994) in order to evaluate attitude of individuals towards death and adapted into Turkish by Işık et al. (2009). Attitude to Death Scale is seven-grade Likert type scale which is composed of 26 items based on the view that death exists. The scale is composed of three sub-dimensions namely "Neutral Acceptance and Approach Acceptance" (items no. 4, 6, 8, 12, 13, 14, 15, 19, 21, 22, 23, 25), "Escape Acceptance" (items no. 5, 9, 11, 20, 24.) and "Fear and Avoidance of Death" (items no. 1, 2, 3, 7, 10, 16, 17, 18, 26.) and measures attitude of individuals towards death. Score can be obtained from each one of the sub-dimensions and also total score of scale can be obtained as well. Total high score to be obtained from the scale is evaluated as developing negative attitude towards death (Işık et al., 2009). "Neutral Acceptance" is to believe that death is a part of life. In this way a person is neither afraid of death or accepts it. The person only accepts it as one of the irrevocable truths of life. He tries to get the most out of restricted life. "Approach Acceptance" is to think that death is a passage to other life and to believe in a happy afterlife. "Escape Acceptance" is to believe that death provides relief from physical and psychological pain of death and problems of life. It is to believe that life is full of suffering and misery

and pain and death is a fine alternative that can be embraced. "Fear of death" is the feeling of fear which is felt when one comes face to face with death. "Avoidance of death" is to avoid from thinking and speaking of death with the hope of decreasing the anxiety of death. Therefore, avoidance of death is a defence mechanism a person uses while keeping death away from themselves (Wong et al., 1994).

The survey form was tested with a pre-application with a group of 5 people before it was applied on nurses and nurses who were included in the pilot study were excluded from the sampling. Nurses who participated in the study were informed about the study and data were collected by the researcher after their informed consent was obtained. Data collection lasted nearly for 8-10 minutes. Nurses were explained that it is totally their decision to take part in the study or not, that their names would not be written on the survey form and data to be obtained from this study will only be used within the scope of this study. The study started after taking the consent of Ondokuz Mayıs University Medical Faculty Ethical Committee (issue no. 14.04.2016/; B.30.2.ODM.020.08/236). In order to collect data, written consent was obtained from hospital managers and university hospital management and informed consent was obtained from nurses in the scope of research. In this study, Attitude to Death Scale Cronbach Alpha coefficient was .078, Neutral Acceptance and Approach Acceptance among sub-dimensions of scale, Escape Acceptance, Fear and Avoidance of Death Cronbach Alpha coefficients were .079, .066 and .073.

Statistical analysis

Data obtained from the study were analyzed in computer environment by using SPSS 15.0 package program. Normality test of quantitative data were analyzed with Shapiro Wilk. Mann Whitney U and Kruskal Wallis tests were used in the analysis of non-normally distributed data, one-way analysis of variance test technique, independent sample t test were used in the analysis of normally distributed data. Cronbach Alpha analysis was used in determination of reliability of scales used. Results were provided in frequency, percentile, average, Standard deviation; mean (min-max.). Significance level was taken as $p < 0.05$.

3. Results

According to the findings obtained from the study, it was determined that 63.1% (n=77) of the nurses are married, 37.7% (n=46) have associate degree, 34.7% (n=41) received education about process and management of death and 21.2% (n=25) received education after graduation, 80.5% (n=91) want to have information about communication skills required to be used in approach to dying patient, 41.3% (n=50) have confronted with death risk and 67.3% (n=35) have experienced traffic accident. In this study, it was determined that 34.5% (n=41) have experienced the loss of family member who are first degree relatives, status of confronting death influenced perspective towards occupation of 43.3% (n=52) of nurses, comparing with the individuals who are dying or already dead 71.1% (n=86) felt sorrow and 52.9% (n=64) tried to behave cold-blooded, in order to cope with the emotions they felt against the incident of death 85.6% (n=101) prayed, 39.8% (n=47) shared with their friends and family, 21.2% (n=25) cried and 16.9% (n=20) moved away

from the environment, 50% (n=61) abstained from coming across with the relatives of the deceased and 79.7% (n=94) did not want to inform about the death to the relatives of patient. In this study, mean score of Attitude to Death Scale was determined as 123, mean score of “Neutral Acceptance and Approach Acceptance” among sub-dimensions of scale is 68, mean score of sub-dimension of “Escape Acceptance” is 20.235.98, mean score of sub-dimension of “Fear and Avoidance of Death” is 35.9810.06 (Table 1).

Table 1. Mean and median score values of total and sub-dimensions of Attitude to Death Scale

Sub-dimension of Scale	Med (Min - Max) A.O ± S.S
Neutral Acceptance and Approach Acceptance	68 (11-83)
Escape Acceptance	20.235.98
Fear and Avoidance of Death	35.98 10.06
Attitude to Death Scale	123 (24 -179)

A.O: Arithmetic average

Some of the socio-demographic and occupational characteristics of nurses and scores obtained from Attitude to Death Scale were compared in Table 2,3. According to the findings, it was determined that score of nurses obtained from Attitude to Death Scale do not differ according to their age group (p=0.975, X2=0.051), educational status (p=0.051, X2=7.779), marital status (p=0.312, U=1521.5), receiving education about death during their occupational education (p=0.487, U=1419.0) or after graduation (p=0.683, U=1055.5), receiving education about death, status of losing relatives at first degree (p=0.176, U=1339.5), status of confronting with death risk (p=0.281, U=1547.5), status of confronting with death influencing their perspective towards occupation (p=0.075, U=1432.0), avoidance of facing the relatives of the deceased (p=0.828, X2=0,378) status of wanting to inform about the death to the relatives of patient (p=0,748, U=1068.5), while mean score of nurses who have experienced a close relative recently (127) was higher than those who have not (120) (p=0.001, U=1114.5) (Table 2,3).

Table 2. Comparison of socio-demographic characteristics of nurses and scores of Attitude to Death Scale

Characteristics		Neutral Acceptance and Approach Acceptance Med (Min-Max)	Escape Acceptance Med (Min-Max) A.OSS	Fear and Avoidance of Death Med (Min-Max) A.OSS	Attitude to Death Scale Total
Age Groups	18-28 age	68 (28-82)	20.28 6.21	36.42 10.83	122 (40-164)
	29-39 age	67 (11-83)	19.87 6.08	36.49 9.86	123 (24-179)
	40 and above	68 (46-79)	21.56 5.18	33.22 9.31	124 (90-149)
Test statistics, p value		p=0.935, =0.134	p=0.591, F=0.528	p=0.455, F=0.793	p=0.975, =0.051
Marital status	Married	68 (11-83)	20.36 5.84	36.6610.10	125 (24-179)
	Single	68 (28-82)	20.00 6.27	34.829.99	121 (40-164)
Test statistics, p value		p=0.936, U=1695.0	p=0.747, t=0.268	p=0.693, t=0.156	p=0.312, U=1521.5
Educational status	VocationalSchool of Health	68 (40-82)	22 (11-35)	39.72 11.22	126 (84-179)
	Associate degree	68 (11-83)	20 (0-29)	33.59 9.79	123 (24-147)
	Undergraduate	68 (44-80)	20 (11-32)	36.58 9.40	124 (84-158)
	Postgraduate	66 (43-70)	15 (14-21)	32.865.98	115 (85-121)
Test statistics, p value		p=0.367, =3.165	p=0.102, =6.200	p=0.057, F=2.573	p=0.051, =7.779

A.O: Arithmetic average, U: Mann Whitney U test statistics,; Kruskal Wallis test statistics, F:One way analysis of variance test statistics, t: Independent sampling t test statistics

It was observed that mean score of Attitude to Death Scale “Neutral Acceptance and Approach Acceptance” sub-dimension varies according to the status of nurses’ losing a close relative recently (p=0.014, U=1249.5), mean score of “Escape Acceptance” sub-dimension varies according to the status of wanting to inform about the death to the relatives of patient (p=0.002, F=0.285), mean score of “Fear and Avoidance of Death” sub-dimension varies according to status of confronting with death influencing their perspective towards occupation (p=0.025, U=1365.0) (Table 3).

4. Discussion

It is quite important to develop positive attitude towards death both in the sense of health care professionals and the patient and his family. Positive attitude of health care professionals towards death would decrease fear and worry of

patients about death and provide a care environment where the satisfaction level is high (Frommelt, 2003; Eues, 2007). In this study, only one third of the nurses who participated in the study (34.7%) have received information about process and management of death during their occupational education, few nurses have received education about this subject in the institution they work after graduation (21.2%) and nearly four fifth of nurses want to have information about communication skills required to be used in approach to dying patient. Supporting the findings of this study, it was stated in some of the studies carried out on this issue that great majority of the nurses have not received education about process and management of death, great majority of nurses who have received education do not think that it is sufficient, they find themselves insufficient in fulfilling emo

Table 3. Comparison of vocational characteristics of nurses and scores of Attitude to Death Scale

Characteristics		Neutral Acceptance and Approach Acceptance Med (Min-Max) A.OSS	Escape Acceptance Med (Min-Max) A.OSS	Fear and Avoidance of Death Med (Min-Max) A.OSS	Attitude to Death Scale Total
Having education about death in vocational education period	Yes	70 (49-82)	20.73 5.21	35.24 8.89	124 (87-158)
	No	66 (11-83)	19.75 6.14	35.8210.35	122 (24-164)
Test statistics, p value		P=0.076,U=1232.0	P=0.387,t=0.291	p=0.764, t=0.600	P=0.487,U=1419
Having education about death after graduation	Yes	70 (49-82)	20.08 5.30	32.72 9.15	124 (87-143)
	No	66 (11-83)	20.16 6.14	36.6710.24	124 (24-179)
Test statistics, p value		p=0.122,U=887	p=0.952, t=0.370	p=0.083, t=0.129	p=0.683, U=1055.5
Having experienced the loss of relative at first degree	Yes	68 (28-83)	20 (0-30)	35.3910.45	127 (40-158)
	No	66 (11-82)	20 (1-35)	35.949.89	123 (24-179)
Test statistics, p value		p=0.281, U=1388	p=0.201, U=1371	p=0.780, t=0.457	p=0.176, U=1339.5
Having experienced loss of a relative recently	Yes	69 (44-83)	21.54 5.94	35.7510.74	127 (84-164)
	No	66 (11-82)	19.405.90	34.759.44	120 (24-179)
Test statistics, p value		p=0.014, U=1249.5	p=0.055, t=0.965	p=0.109, t=1.808	p=0.001, U=1114.5
Confronting the risk of death	Yes	68 (43-79)	20 (12-32)	35.50 (19-61)	125 (84-164)
	No	67 (11-83)	20 (0-35)	37.00 (12-62)	122 (24-179)
Test statistics, p value		p=0.641, U=1662.5	p=0.103, U=1466	p=0.778, U=1721.5	p=0.281, U=1547.5
Influence of confronting death on occupational perspective	Yes	68 (28-83)	20.33 6.06	39 (12-61)	125 (40-164)
	No	67 (11-82)	20.265.94	33 (12-62)	122 (24-179)
Test statistics, p value		p=0.443, U=1623.5	p=0.952, t=0.011	p=0.025, U=1365.0	p=0.075, U=1432.0
Avoiding to confront the relative of the deceased	Yes	68 (11-83)	19.266.25	35.11 9.68	123 (24-158)
	No	67 (40-82)	21.605.86	36.62 10.12	123 (84-179)
Test statistics, p value		p=0.709, $\chi^2=0.687$	p=0.202, F=1.449	p=0.616, F=0.487	p=0.828, $\chi^2=0.378$
Wanting to inform the relative about the death of patient	Yes	68 (11-83)	19.715.43	36.45 9.43	123 (24-164)
	No	68 (40-82)	23.67 5.79	34.38 11.66	123 (84-179)
Test statistics, p value		p=0.655, U=1050	p=0.002, t=0.285	p=0.362, t=2.498	p=0.748, U=1068.5

A.O: Arithmetic average, U: Mann Whitney U test statistics,; Kruskal Wallis test statistics, F:One way analysis of variance test statistics, t: Independent sampling t test statistics

tional and spiritual requirements of dying patient and his relatives (Mallory, 2003; Menekli and Fadiloğlu, 2014; Yılmaz and Vermişli, 2015). According to the findings it is thought that the education of death given during undergraduate education is not sufficient in preparing nurses to give care to a dying patient and therefore education on this issue should be sustained periodically through in-service training/continuing education programs. Education given about process and management of death would increase awareness of nurses and provide information, psychosocial skills and cultural sensitiveness which is required to develop positive attitude towards death (Dunn et al., 2005).

Nurses who come across to individuals that are about to die or who are dying may live different emotion-status changes. In this study it was determined that most of the nurses feel sorrow (71.1%) and behave cold-blooded (52.9%) when they see an individual who is close to death or who is dying. In accordance with the findings of this study, in some of the studies carried out on this issue, it is stated that when they come across to individuals who are close to death or who are dying, most of the nurses feel anger, sorrow, grief, despair, react normally and think it as the fact of life, cry, think their

pain ended, feel sorry, feel afraid, feel discomfort and they do not want to give care to a deadly patient (Ünsal and Sabuncu, 2008; Çevik and Kav,2010; Acehan and Eker, 2013; Önsöz and Çam, 2013;Yılmaz and Vermişli, 2015), prefer to work in services where there is not deadly patient since they are afraid of being insufficient and unsuccessful in patient care (Öz, 2004; Üstün et al., 2005; Özcan, 2007).

In addition to this, as a result of the study which was carried out in order to determine how nurses prepare themselves for the care of deadly patients and which coping methods they used, Iranmanesh et al. (2008) stated that nurses have complicated feeling towards their patients who are close to death and nurses who are new in their occupation feel pain and sorrow for days. In fact in literature it was reported that reactions of nurses against death are influenced from many factors such as age, gender, marital status, occupational experience, belief and coping methods (Acehan and Eker, 2013). It was determined that nurses working at emergency unit respectively prefer praying, sharing with their friends and family, crying and moving away from the environment in order to cope with the feelings they experience against the incident of death.

When reactions and coping methods used against death are analyzed, it is seen that although elements specific to our culture are prominent, no matter how much cold-blooded nurses try to behave against the incident of death according to the professional principles of their occupation, they prefer to receive support by praying, sharing with their friends and family. Parallel to the findings of research, in other studies, it was expressed that nurses make use of coping methods such as thinking that death is a natural incident, praying, talking to friends/family, focusing on other issues (Çevik and Kav, 2010; Acehan and Eker, 2013), nurses who encounter with dying patients exhibit more positive attitudes (Dunn et al., 2005), compared with the nurses who have less experience, nurses who have more experience show more neutral and positive attitude against death (Lange et al., 2008). Moreover, in their study which was carried out in order to compare anxiety of death and coping methods of hospice and emergency nurses, Payne et al. (1998) stated that compared with hospice nurses, emergency nurses avoid from talking about death more and experience the fear of death more, positive attitude of emergency nurses towards death is lower than those of hospice nurses.

In this study it was determined that nearly half of the nurses avoid from confronting relatives of the deceased patient and do not want to inform relatives about the death of patient. Supporting the findings of this study, in other studies carried out on this issue, it was stated that nurses cannot talk the concept of death with the patient and their relatives (Çevik and Kav, 2010), when it is the duty of nurse to inform about the death of patient “they have difficulty in how to explain it to the family”, “it is more suitable for the doctor to inform relatives about the death of patient” (Önsöz and Çam, 2013). In this study, mean score of Attitude to Death Scale was determined as 123, mean score of “Neutral Acceptance and Approach Acceptance” among sub-dimensions of scale is 68, mean score of sub-dimension of “Escape Acceptance” is 20.23 ± 5.98 , mean score of sub-dimension of “Fear and Avoidance of Death” is 35.98 ± 10.06 . Zaybak and Erzincanlı (2016) stated total mean score of Attitude to Death Scale as 116.9 ± 13.4 , sub-dimension mean scores of “Neutral Acceptance and Approach Acceptance”, “Escape Acceptance” and “Death and Avoidance to Death” as 65.7 ± 7.3 , 15.9 ± 5.2 , 35.2 ± 7.8 respectively. In the study of Yılmaz and Vermişli (2015), it was determined that the highest score of nurses in Attitude to Death scale was obtained from the sub-dimension of Denial of Death (4.44 ± 1.85), the lowest score was obtained from Neutral Acceptance sub-dimension (2.67 ± 0.95), in the study of Maysui and Braun (2015), it was determined that the highest score of nurses in Attitude to Death scale was obtained from the sub-dimension of Neutral Acceptance (3.24 ± 0.99), the lowest score was obtained from Denial of Death sub-dimension (2.10 ± 0.84), in the study of Gama et al. (2012), it was determined that the highest score of nurses in Attitude to Death scale was obtained from the sub-dimension of Neutral Acceptance (5.35), the lowest score was obtained from Denial of Death sub-dimension (3.50). Although scores obtained from Attitude to Death Scale and its sub-dimensions differ according to researches, it is thought that this difference might result from social and cultural characteristics of nurses such as religious belief, cultural, social value judgments, belief.

In this study it was determined that score of Attitude to Death Scale does not differ according to socio-demographic or occupational characteristics such as age, education, marital status, receiving education during or after occupational education yet; mean score of nurses who have experienced a close relative recently was higher than those who have not. In accordance with the research findings, in other studies carried out on this issue it was stated that age, educational status, the place they live, income, working years, receiving education about death and losing a relative at first degree do not influence score of Attitude to Death Scale (Kara and Işıl, 2002; Önsöz and Çam, 2013; Yılmaz and Vermişli, 2015; Zaybak and Erzincanlı, 2016;), also in spite of this research findings, in other studies it was stated that gender, marital status, thinking that the education received about death as insufficient and being satisfied from the service they work influence score of Attitude to Death Scale (Lange et al., 2008; İnci and Öz, 2009; Çevik and Kav 2010; Abu-Hasheesh et al., 2013; Önsöz and Çam, 2013; Ayhan and Pekyardımcı, 2013). In addition to this, total high score obtained from Attitude to Death Scale is evaluated as developing negative attitude towards death and attitude of nurses towards death who experienced loss of someone they love recently is more negative, status of losing a relative influences attitude towards death considerably. It was observed that Attitude to Death Scale mean scores of “Neutral Acceptance and Approach Acceptance” sub-dimension differs according to status of losing someone nurses over recently, mean score of “Escape Acceptance” sub-dimension differs according to status of informing relatives about death of patient, mean score of “Fear and Avoidance of Death” sub-dimension differs according to confronting with the incident of death having influence on their occupational perspective. In spite of research findings, in other studies carried out on this issue, it was stated that when Attitude to Death Scale, mean score of “Neutral Acceptance” sub-dimension is compared with the nurses in 20-29 age group, it was higher among nurses who are 40 and above (Abu Hasheesh et al., 2013); status of wanting to inform the family about the death of patient increase Acceptance” sub-dimension of Attitude to Death Scale (Önsöz and Çam, 2013), nurses who have 11 years or more working experience have higher mean score of “Fear and Avoidance of Death” sub-dimension (Lange et al., 2008)

Occupational education of health care professionals influences their attitude towards death. Like the definition of death, attitudes developed towards death vary according to personal characteristics, society, religion, cultural characteristics. Based on the experience of others about death, people develop an attitude towards death. In this sense, in order to provide a qualified care for the healthy/ill people and their family, it is quite important to determine the meaning assigned for the illness and death by nurses. Restrictions of this study are that information obtained about the attitude of nurses towards death is based on their expressions and no observation was done on this issue, emergency nurses vary in the sense of education, experience, knowledge and skill.

5. Result and Suggestions

It was determined in this study that only one third of the nurses (34.7%) who participated in the study have information about the process and management of death during their

education, nearly four fifth of them want to have information about communication skills to be used while interacting with a dying patient, they feel sorrow when they encounter a dying or deceased person (71.1%) and try to behave cold-blooded (52.9%), in order to cope with the feelings they experienced against the incident of death, they respectively do praying, share with their family and friends, abstain from confronting the relatives of the deceased and do not want to inform them about the death of patient. In this study it was determined that score of Attitude to Death Scale does not differ according to socio-demographic or occupational characteristics such as age, education, marital status, receiving education during or after occupational education.

According to the findings obtained, it is suggested to:

- Give importance to education programs about death process and management in nursing education curriculum,
- Organize continuing education programs in order to increase awareness of nurses about positive or negative attitudes of nurses exhibited to dying patients,
- Encourage nurses to talk about their feeling about death,
- Give education and consulting services which would enhance their communication and coping methods,
- Since death is a concept which is influenced from various variables, it is suggested to use qualitative methods that would reveal deeper information about the concept of death.

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