



# Undergraduate Nursing Students' Attitudes toward End-of-Life Care: A Cross-sectional Study

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## Abstract

**Background:** End-of-Life care is part of palliative care which involves the care of individuals and their families in their final phases of life. Understanding nursing students' attitudes toward End-of-Life care is crucial to enable teachers to provide support and help. This study assesses undergraduate nursing students' attitudes toward end-of-life care at the biggest two governmental universities in Jordan

**Methods:** A sample of 400 nursing students from second, third and fourth academic years were randomly selected using a multistage random sampling method from the selected universities. For the purpose of data collections two questionnaires were used in this study; the demographic data questionnaire and Frommelt's Attitude toward Care of Dying scale.

**Results:** The results showed that the majority of the Jordanian nursing students had negative and fair attitudes toward end-of-life care. Also, there was a significant relationship between the nursing student's age and their negative attitude scores ( $F=2.5$ ,  $P=0.006$ ). no significant differences between students who had past experience in dealing with dying patients and those who don't in term of attitude toward end-of-life care except patient's age at death time.

**Conclusion:** Educational programs about end-of-life care are needed to be included in the baccalaureate degree curriculum to improve students' attitudes toward end-of-life care. The educational programs for should take into consideration students' personal attitudes toward death as well as their religious and cultural backgrounds.

**Keywords:** Nursing Students; Attitudes; End of Life care; Jordan

## Background

End-of-Life (EoL) care is part of palliative care which involves the care of individuals and their families in their final phases of life. It focuses on providing comfort, supportive care, and symptoms management [1]. The World health organization recommended that health care providers should expand their knowledge, skills and

interpersonal competence to provide effective end-of-life care that aims to improve patients' quality of life (WHO, 2007). Thus, to maximize the benefit of end-of-life care for nurses and nursing students, there is a need to enrich their knowledge to improve their attitudes toward end-of-life care. Undergraduate nursing students need to feel that they have direct help and support available while practicing nursing care for patients with special needs

and require difficult tasks [2]. Being part of the health care team for someone with a life-threatening illness is stressful, demanding and involving intense emotions [3]. Therefore, nursing students have low self-confidence and lack of self-efficacy when communicating with dying patients and their families [4]. Low self-efficacy is related to feeling of insecurity and anxiety that may be related to poor knowledge, and lack of communication skills and experience regarding EoL care [5]. Also, undergraduate nursing students may have direct contact with terminally ill patients without awareness of how to care for those patients [4]. Although EoL care is an important requirement in undergraduate nursing curricula, currently, most of nursing schools are not preparing students to end-of-life care. Understanding students' attitudes toward EoL issues and caring of patients who are dying is vital before attempting to build educational material and teaching strategies. Consequently, this study aimed to assess undergraduate nursing students' attitudes toward end-of-life care at the biggest two governmental universities in Jordan. The study aims to answer the following research questions:

- a. What are the undergraduate nursing students' attitudes toward end-of-life care?
- b. How does previous experience in dealing with patients at the end-of-life affect a students' attitudes toward end of life care?

## Methods

### Sample and settings

A descriptive cross-sectional design was used to examine undergraduate nursing students' attitudes toward EoL care. The study was conducted at two universities in Jordan. These universities are the largest universities in Jordan with a large body of undergraduate nursing students with diverse economical, ethnic and geographical backgrounds. Students were accessed in their classes after attending their lectures. All undergraduate nursing students who have taken at least one course in clinical placement are eligible to participate in the study. Thus, students from the two selected universities were included in the study if they were registered for the second, third and fourth academic year and passed at least one clinical course in the hospital setting. First year students were excluded from the study because they had not pass any clinical course that involves caring for patients in hospitals. A power analysis was conducted to determine the sample size using G power computer software program V.3 [6]. Using a difference from constant binominal test, one sample case, the significance level was determined at  $\alpha = 0.05$ , a power of 80%, and low Effect size = 0.1 [7]. Subsequently, the yielded sample size equals 200; however, all students who

met the inclusion criteria were approached for possibility of recruiting the target sample size. In addition, a stratified sampling technique was used by dividing the sample into two strata: 1) the selected universities (A and B) the Academic year (second, third, and fourth year).

### Instrument

The instrument was composed of two parts. The first was developed by the researcher to collect data related to personal characteristics such as age, gender, and the educational year level. It also included questions about students' past experience in dealing with dying patients, and if they previously took courses or any lecture about end-of- Life care. The second part of the instrument is Frommelt's [8] Attitude toward Care of the Dying (FATCOD) Scale. This scale consisted of 30 items using a five-point Likert scale with response options ranging from strongly disagree to strongly agree. Items 1, 2, 4, 10, 12, 16, 18, 20, 21, 22, 23, 24, 25, 27, and 30 are positively worded statements. However, items 3, 5, 6, 7, 8, 9, 11, 13, 14, 15, 17, 19, 26, 28, 29 are negatively worded statements. Possible scores range from 30-150. Higher scores indicate positive attitude toward EoL care. The FATCOD scale was tested for reliability by the original author and the Pearson's product moment correlation was a 0.93 ( $P \leq 0.05$ ). also, the scale has been widely used in studies in the United States, Japan, and Israel; computed Pearson coefficient was found to be high in those studies 0.94, 0.94, and 0.85 respectively [9]. For the purpose of current study, the FATCOD tool was translated from English to Arabic and then back translated to English to ensure the correct meaning of its items. To confirm the content validity of translated scale, a panel of three experts in palliative sociality was consulted. Comparison of back-translated versions with the original was undertaken by a bilingual expert (an assistance professor in palliative care program) to appraise the semantic equivalence in meaning. Later, a pilot study was conducted using a sample of 40 students recruited from the accessible population to confirm scale reliability. The result of the pilot study was 0.86 which indicated acceptable reliability of the translated tool.

### Ethical considerations

Approvals to conduct the study were obtained from the Academic Research Committee at School of Nursing at the selected universities. Additionally, Permission from the original author of the FATCOD tool was obtained. Later, each student nurse who met the inclusion and accepts to participate in the study signed an informed consent and was assured that participation is anonymous and completely confidential.

## Data analysis

Data were analyzed using Statistical Package for Social Sciences (version 21.0). Descriptive statistics such as frequencies and percentages were computed to determine participants' characteristics such as students' educational year, as well as mean, median, range, and standard deviations were used for continuous variables such as age. In addition, one-way ANOVA, test was used to assess the mean differences between the dependent variables and the continuous independent variables such as students' age, nursing students' and patients' age at the time of patients' death, and the other ordinal independent variables such as academic year levels, students' status at patients' death time, and the best dealing description with patients at the EoL. Conversely, Mann-Whitney U technique was used to compare the continuous dependent variables with nominal categorical variable such as gender and EoL courses groups. In addition, Kruskal-Wallis test was used to compare the continuous

dependent variables with the independent nominal categorical variables such as the current clinical courses. The significance level was set at ( $P \leq 0.05$ ).

## Results

### The study participants

A total of 400 participants completed the questionnaires (200 in each university). The participants' age ranged from 19-35 years with a mean age of 21 (SD  $\pm$  1.6). Most of participants were females 253 (63.2 %) and at the third year of nursing 153 (38.2 %). Although 234 (58.5 %) of the participants have previous experience in dealing with patients at the end-of-life stage and witness death during their clinical training (145 (36.2%), 97(24.2 %) respectively), 302(75.5%) of them did not attend any classes related to care of dying patients and 162 (40.5 %) did not have any idea about dealing with those patients. Table 1 shows further details of the participants.

| Participants' characteristics  | N (%)   |
|--|---|
| <b>Age in years</b><br>Mean (SD) = 21.2 $\pm$ 1.6<br>range 19-35   | 400(100)  |
| <b>Gender:</b><br>Male<br>Female   | 147(36.8)<br>253(63.2)  |
| <b>Academic year</b><br>2ed Year<br>3rd Year<br>4th Year   | 98(24.5)<br>153(38.2)<br>148(37)  |
| <b>Current clinical courses</b><br>Introduction in nursing care<br>Adult health nursing 1<br>Adult health nursing 2<br>Children and Adolescents Health Nursing<br>Maternal health nursing<br>Mental health nursing<br>Community health nursing<br>Clinical Intensive | 8(2)<br>26(6.5)<br>70(17.5)<br>54(13.5)<br>49(12.2)<br>45(11.2)<br>77(19.2)<br>71(17.8) |
| <b>End-of-Life Course</b><br>Yes<br>No   | 97(24.2)<br>302(75.5)   |
| <b>Past experiences</b><br>Yes<br>No   | 234(58.5)<br>162(40.5)  |
| <b>Students' status at patients' death</b><br>2ed Year<br>3rd Year<br>4th Year   | 145(36.2)<br>97(24.2)<br>7(1.8)   |

|  |                                |
|--|--------------------------------|
| <b>The best dealing description with the dying patients</b><br>Limited<br>Multiple<br>Widely & Intensive | 141(35.2)<br>88(22)<br>29(7.2) |
| <b>Students' age at the patients' death</b><br>Mean (SD) = 20.4 ±2.6<br>Range 19-35                      | 256(64)                        |
| <b>Patients' age at death:</b><br>Mean (SD) = 63.5± 21<br>Range10-115                                    | 256(64)                        |
| <b>Expectation for patients' death</b><br>Yes<br>No  | 170(42.5)<br>88(22)            |

Table 1: Characteristics of Study Participants (n= 400).

### Nursing students' attitudes toward Eend-of-life care

For the purpose of presenting the results in a meaningful manner, the 5 Likert scale of FATCOD was collapsed into three groups: agree (sum of strongly agree and agree scores), uncertain, and disagree (sum of strongly disagree and disagree scores (Table 2).The results revealed that the highest positive statements the nursing students scored agree were in the statements 9, 1, 8 and 6 (97.8%, 96.5%, 96.5%, and 96% respectively). On the other hand,

the lowest positive statements the nursing students scored agree were in the statements 2 and 13 (15% and 26.2% respectively). In contrast, the results revealed that the highest negative statements the nursing students scored agree were in the statements 11, 14, and 12 (86%, 77.8%, and 77% respectively). In contrast, the lowest negative statements the nursing students scored agree were in the statements 7, 15 and 3 (11.2%, 14.2%, and 14.8% respectively) (Table 2).

|    | <b>Items reflect positive attitudes of students</b>  | <b>Agree n (%)</b> | <b>Uncertain n (%)</b> | <b>Disagree n (%)</b> |
|----|--|--------------------|------------------------|-----------------------|
| 1  | Giving nursing care to the dying person is a worthwhile learning experience.                           | 386(96.5)          | 9(2.2)                 | 5 (1.2)               |
| 2  | Death is not the worst thing that can happen to a person.  | 60 (15)            | 33(8.2)                | 307(76.8)             |
| 3  | Nursing care for the patient's family should continue throughout the period of grief and bereavement.  | 357 (89.3)         | 17(4.2)                | 26(6.6)               |
| 4  | There are times when death is welcomed by the dying person.  | 253(63.2)          | 80(20)                 | 67(16.8)              |
| 5  | The family should be involved in the physical care of the dying person.                                | 378(94.5)          | 8(2)                   | 14(3.4)               |
| 6  | Families need emotional support to accept the behavior changes of the dying person.                    | 384(96)            | 4(1)                   | 12(3)                 |
| 7  | Families should be concerned about helping their dying member make the best of his/her remaining life. | 376(94)            | 10(2.5)                | 14(3.5)               |
| 8  | Families should maintain as normal an environment as possible for their dying member.                  | 386(96.5)          | 11(2.8)                | 3(8)                  |
| 9  | It is beneficial for the dying persons to verbalize his/her feelings.                                  | 391(97.8)          | 2(0.5)                 | 7(1.8)                |
| 10 | Nursing Care should extend to the family of the dying person.  | 370(92.5)          | 14(3.5)                | 16(4)                 |
| 11 | Nurses should permit dying persons to have flexible visiting schedules.                                | 343(85.8)          | 26(6.5)                | 31(7.8)               |
| 12 | The dying person and his/her family should be the in-charge decision makers.                           | 358(89.5)          | 23(5.8)                | 19(4.8)               |
| 13 | Addiction to pain relieving medication should not be a   | 105(26.2)          | 145(36.2)              | 150(37.5)             |

|   | concern when dealing with a dying person.   |                    |                        |                       |
|---|---|--------------------|------------------------|-----------------------|
| 14  | Dying persons should be given honest answers about their condition.   | 361(90.2)          | 21(5.2)                | 18(4.5)               |
| <b>Items reflect negative attitudes of students</b> |   | <b>Agree n (%)</b> | <b>Uncertain n (%)</b> | <b>Disagree n (%)</b> |
| 1   | I would be uncomfortable talking about impending death with the dying person.                               | 108(27)            | 23(5.8)                | 269(67.2)             |
| 2   | I would not want to be assigned to care for a dying person.   | 223(55.8)          | 26(6.5)                | 151(37.8)             |
| 3   | The nurse should not be the one to talk about death with the dying person.                                  | 269(67.2)          | 19(4.8)                | 112(28)               |
| 4   | The length of time required to give nursing care to a dying person would frustrate me.                      | 204(51)            | 32(8)                  | 164(41)               |
| 5   | I would be upset when the dying person I was caring for gave up hope of getting better.                     | 96(24)             | 31(7.8)                | 272(68)               |
| 6   | It is difficult to form a close relationship with the family of the dying person.                           | 136(34)            | 38(9.5)                | 226(56.5)             |
| 7   | When a patient asks, "Nurse am I dying?" "I think it is best to change the subject to something cheerful.   | 45(11.2)           | 75(18.8)               | 280(70)               |
| 8   | I would hope the person I'm caring for dies when I am not present.  | 197(49.2)          | 31(7.8)                | 172(43)               |
| 9   | I am afraid to become friends with a dying person.  | 168(42)            | 33(8.2)                | 199(49.8)             |
| 10  | I would feel like running away when the person actually died.   | 268(67)            | 29(7.2)                | 103(25.8)             |
| 11  | As a patient nears death, the nurse should withdraw from his/her involvement with the patient.              | 347(86.8)          | 10(2.5)                | 43(10.8)              |
| 12  | The dying person should not be allowed to make decisions about his/her physical care.                       | 308(77)            | 20(5)                  | 72(18)                |
| 13  | I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying.         | 59(14.8)           | 23(5.8)                | 318(79.5)             |
| 14  | Educating families about death and dying is not a nursing responsibility.                                   | 311(77.8)          | 22(5.5)                | 67(16.8)              |
| 15  | Family members who stay close to a dying person often interfere with the professional job with the patient. | 57(14.2)           | 29(7.2)                | 314(78.5)             |

Table 2: Nursing Students' Attitudes toward End-of-Life Care (n=400).

To specify nursing students' attitudes toward EoL care in terms if there scores on FATCOD scale were shifting toward the positive or the negative attitudes, the total nursing students' scores were arranged into three cut points that reflecting the levels of participants' attitude on the scale [10]. These levels were set as the following:

- Positive attitudes  $\geq 105\%$  of the total scores of FATCOD scale
- Fair attitude 99% - 104% of the total scores of FATCOD scale
- Negative attitudes  $\leq 98\%$  of the total scores of FATCOD scale

According to the above levels, a higher score in the FATCOD scale indicates a more positive attitude the nursing students had toward caring for patients at the end of life. Accordingly, the results of the study revealed that the majority of nursing students had fair and negative attitude levels 275 (68.7%) (Figure 1).

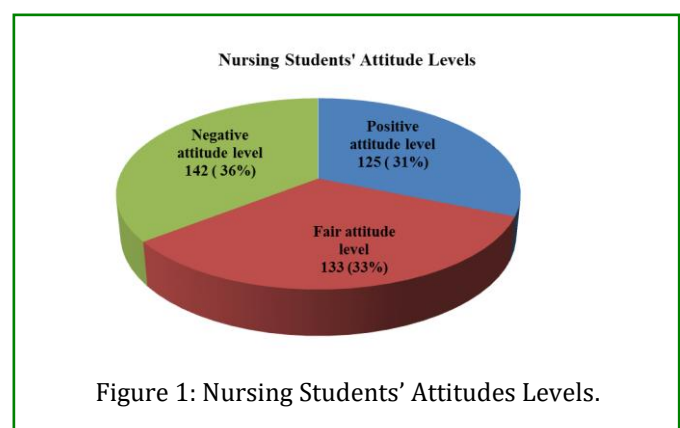


Figure 1: Nursing Students' Attitudes Levels.

### Nursing students' previous experience effect on their attitudes toward EoL Care

Out of 400 nursing students who filled the questionnaire, 234 students answered that they had past experience in



dealing with patients at the EoL. One-way ANOVA was used to compare variables such as students' status at death time, best description of EoL care dealing, students' age at death time, and patients' age at death time. Participants were grouped by the academic years (2<sup>ed</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Year), age of students and age of patients at death time, and the best dealing description with the dying patients (grouped as limited, multiple, widely and intensive) with nursing students' attitudes toward EoL care. The results of the study revealed that there was a statistically significant relationship between patients' age at death time and students' positive attitudes scores ( $F=1.9$ ,  $P=0.001$ ) and negative attitudes scores ( $F=1.43$ ,  $P=0.04$ ). In the other hand, there was no significant relationships between the other selected variables and

their attitudes toward EoL care. Further analysis of data using Mann-Whitney U Test was done to test the differences between the nursing students' attitudes of the two death expectation groups toward the end-of-life care (the first group who expected the patient's death and the second who did not expect that death). The results revealed that there was no significant differences in the nursing students positive attitudes scores neither negative attitudes scores between the two groups ( $Md=60$ ,  $n=234$ ). Also, there was no significant differences in the nursing students negative attitudes scores toward caring of patients at the EoL between the two groups ( $Md=45$ ,  $n=234$ ). Table 3 shows the relationship between the past experience variables and their positive and negative attitudes toward caring of patients at the EoL.

| Total negative attitude score | Total positive attitude score | Variable                             |
|-------------------------------|-------------------------------|--------------------------------------|
| P value                       | P value                       |                                      |
| 0.51                          | 0.61                          | Students' status at death time       |
| 0.351                         | 0.871                         | Best description of EoL care dealing |
| 0.171                         | 0.281                         | Students' age at death time          |
| 0.04* 1                       | 0.001*1                       | Patients' age at death time          |
| 0.232                         | 0.852                         | Death expectation                    |

Table 3: Nursing students' past experience relationship with their attitudes toward EoL care.  
a. ANOVA b. Mann-Whitney U Test\* $p \leq 0.05$  (2-tailed). Abbreviation: EoL,= End-of-Life.

## Discussion

### The university nursing students' attitudes toward end-of-life care

Caring for the patients at the EoL is a crucial issue which confronts nursing students and raises their fear and anxiety levels which cause emotional distress. This might be reflected on their negative attitudes toward caring for those patients and their families, thus, decrease their quality of life [11]. Although two third of the nursing students who participated in this study did not receive any courses or lectures about the EoL care, the result of this study showed that the majority of them reported that they believe in caring for patients at the EoL and encouraging the patients to verbalize their feelings. The students also believed that it is a worthy learning experience to provide nursing care for patients at the EoL. These positive attitudes is encouraging to look at their inner readiness for accepting the care for dying patients and their genuine believe in this care. However, the majority of nursing students thought that nurses should withdraw from their involvement when the patient is imminent to death. It seems that the students were aware of the patients' need for care at EoL; never the less, they did not know that this care should be provided by nurses.

These results clearly reflect the students' lack of knowledge about the role of the nurse at the EoL care. The results of this study were in agreement with the findings of Ali and Ayoub' study [10] which examined nurses' attitude toward death and caring for dying patients. This study involved 197 nurses from oncology and medical-surgical departments in Egypt and found that the majority of nurses were likely to provide care for the dying people and their families, but were unlikely to talk with them about death. The results of this study is also in agreement with the findings of a study conducted in Iran which found that nurses accepted patients near death but they were unwilling to converse with them and educate them about issues related to death or even get involvement in their care [12]. These studies were conducted in the Middle East, where people have similar culture. Oyserman and Lee [13] found in a meta-analysis study that the culture can influence individual cognitive style, self-concepts and values, however, it may differ from one nation to another. The other results of this study obtained from nursing student's positive attitudes scores indicated that students believe that families' need emotional support to accept changes occur at the EoL to their beloved ones and thus help them maintaining a normal environment for them. Nonetheless, they thought that educating families about death and dying is not among the nurses' responsibility. It

seems that nursing students having role ambiguity regarding the care of patients at the EoL; they lack knowledge about the role of the nurse in the palliative care. Students were not aware that nurses have great responsibilities in caring for patients at the end-of- life including physical, psychological, social and spiritual domains of care, though, they collaborate with interdisciplinary team members while implementing the nursing role [14].

One interesting result in our study that students disagree with changing subject when the dying patient asks about issues related to EoL and they do not view the family as people who interfere with their job. This result indicated that students have knowledge in regarding to communication with the patients and their families. Communication at the EoL care is very important in understanding the patients' and their family's needs; thus, health care providers should adopt communication strategies that promote patients' quality of life [15]. On the other hand, the majority of nursing students thought that patients at the EoL should not be allowed to make decisions about their physical care. This finding was in agreement with previous studies findings [10]. This indicated that nursing students were lacking knowledge in regard to the principles of EoL care which give emphasis on establishing health care plans that are patient and family centered [16]. Also, the patient and the family not the health team own authority of making decisions regarding to the care including deciding where, when and how to receive the care [17]. On the other hand the health team should provide support and help to achieve patients' and families' goals [18].

The majority of nursing students in our study had had fair and negative attitude levels rather than positive attitudes. The explanation that the students either lack of knowledge because they did not take specialized courses or attend lectures in dealing with patients and their families at the EoL, or they have fears and anxieties regarding to the concept of dying and approaching dying patients and their families. This was clear from the high scores in some students' responses such as "I would feel like running away when the person actually died" and "I would hope the person I'm caring for dies when I am not present". The fears and anxiety of the nursing students from discussing issues related to death could be related to their young age since the mean age of participants in this study was 22 years. This explanation is supported many studies done in the field found that nurses aged 40 years and older had a tendency to view death with a neutral mindset and neither welcoming nor fearing death [11,19]. These fears and uncertainty may fade away if the students were involved in teaching sessions in their

formal classes and clinical practice about palliative care, hospice care, and EoL care [20].

### **Nursing student's experience effect on their attitude toward EoL care**

The results of this study showed no significant relationship between past experience and the nursing students' attitudes toward EoL care. These results were congruent with a previous study which revealed that past experiences have no effect on attitudes toward caring for patients at the EoL [10]. On the other hand, this results contradicts with Dunn, Otten and Stephens 's findings [21] which reported that nurses with more years of nursing practices exhibits positive attitudes toward caring for dying patients. However, it should be noted that nursing students in our study were lacking clinical experience that is mostly will get broader after working as registered nurses in different clinical settings. Although the results of our study revealed no statistically significant relationship between the nursing students' age at the time of death and their attitudes toward EoL care, there was a significant relationship between patients' age at death time and their attitudes toward caring of patients at the EoL. It seems that students accept death better when the patient is among the elderly or students do not know how to deal with pediatric patients when they are near to death [22]. This demands educational sessions and courses about the EoL that should be formally included in the education program. This is supported by findings in several previous studies done in the field [16,15]. For example, Frommelt [8] observed 115 undergraduate students who participated in a semester-long educational course related to death to determine if their attitudes toward death were changed after passing the course. The study found that nursing students in the intervention group developed more positive attitudes toward death than the control group.

### **Conclusion and Recommendations**

Attitudes toward EoL care affect nurses' and nursing students' ability to care for and communicate with patients and their families. For this reason, it is important to examine nurses' and nursing students' attitudes at end-of-life care to improve the educational program to meet the patients' and families' needs. The principle goal of the training program is to provide nurses and nursing students with information and resources that foster their confidence in providing EoL care [23,24]. Accordingly, it is recommended to integrate end-of-life care education in the undergraduate nursing curriculum to improve quality of care. The educational programs for nursing students should take into consideration their personal attitudes toward death as well as their religious and cultural

backgrounds. It is also recommended to plan for clinical experiences for nursing students early enough in their academic years and develop strategies that deal with student' fear and anxieties related to death issues. Students' abilities to recognize and manage their own emotional reactions and reflect on their attitudes towards caring of patient near death should be also encouraged. It is important to help students discover that they are not alone and that they can get support whenever required.

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