Death Anxiety and Attitudes Toward The Principles of Dying With Dignity of Nursing Students Who Practicing in Pediatric Oncology Clinic

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INTRODUCTION:Death anxiety causes health professionals to move away from the patients and may affects their attitudes toward the principles of dying with dignity (1).

AİM: This study was planned to determine death anxiety and attitudes toward the principles of dying with dignity of nursing students who practicing in pediatric oncology clinic.

METHODS: The descriptive study was conducted with 55 students who practicing in pediatric oncology clinic at an university hospital in Turkey.

Data Collection Tools

Questionnaire Form: 21 questions with descriptive characteristics of students.

Turkish Death Anxiety Scale (TDAS): The scale consists of 20 items and 3 sub-dimensions (Ambiguity of Death, Exposure to Death, Agony of Death) and total scored between 0-80 (2).

Assessment Scale of Attitudes Toward Principles About Dying with Dignity (ASAPDD): The scale consists of 12 items and scored between 12-60 (3).

Analysis of Data: Data were analyzed with descriptive statistics, Mann Whitney U, Kruskall Wallis, Pearson Correlation Analysis, One Way Anova tests.

RESULTS

The mean age of students 21.69 ± 2.10 , 94.5% were female, 5.5% were male. 41.8% of the students were in the third grade, 58.2% of them were in the fourth grade.

Table 1. Averages Scores of TDAS and ASAPDD of Students (n=55)

Scales	*X±SD / min-max
Ambiguity of Death	20.18±8.37 / 1-40
Exposure to Death	12.21±6.59 / 0-28
Agony of Death	6.80±2.93 / 3-12
TDAS	39.20±15.61 / 9-80
ASAPDD	49.01±9.05 / 12-59

*X±SD= Mean±Standart Deviation, min-max= minimum, maximum scores.

References

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Table 2. Sociodemographic Characteristics of Students (n=55)

Characteristics	*X±SD/ n(%)	
The number of witnesses to death of patients who undergoing care	1.36±2.14 (0-12)	
The presence of a family member who died from cancer		
Yes	21	38,2
No	34	61,8
Caring for a child with cancer		
Yes	50	90,9
No	5	9,1
Caring for a child with cancer in terminal period		
Yes	20	36,4
No	35	63,6
Witnessing death of child patient		
Yes	7	12,7
No	48	87,3
Witnessing death of child with cancer		
Yes	9	16,4
No	46	83,6

* X±SD: Mean±Standart Deviation

Table 3. Comparison of Some Characteristics of Students With Averages Scores of TDAS and ASAPDD (n=55)

Variables	Ambiguity of Death *X±SD	Exposure to Death *X±SD	Agony of Death *X±SD	TDAS *X±SD	ASAPDD *X±SD
Witnessing death of child patient					
Yes	13.28±7.78	11.00±9.79	5.00±2.76	29,28±18,68	53.14±4.18
No	21.18±8.04	12.39±6.12	7.06±2.89	40.64±14.79	48.41±9.44
Z	-1.965**	-0.734**	-1.901**	-1.668**	1.493**
p	0.049	0.463	0.057	0.095	0.135
Witnessing death of child with cancer					
Yes	15.00±7.56	11.00±8.71	6.11±3.40	32.11±17.48	53.44±3.67
No	21.19±8.22	12.45±6.19	6.93±2.85	40.58±15.04	48.15±9.55
Z	-1.485**	-0.821**	-0.908**	-1.366**	-2.006**
p	0.138	0.412	0.364	0.172	0.045

* X± SD: Mean±Standart Deviation, **Mann-Whitney U Test

Table 4. Correlation Coefficients and Levels of Significance Between TDAS, ASAPDD Scores and Some Characteristics of Students (n=55)

Variables		Ambiguity of Death	Exposure to Death	Agony of Death	TDAS	ASAPDD
The number of witnesses to death of patients who undergoing care	*r _s	-0.252	-2.227	-0.218	-0.272	0.098
	p	0.063	0.096	0.110	0.045	0.478

*r_s: Pearson Correlation Analysis.

CONCLUSION

- The students who witnessed death of child patient had less anxiety about the "Ambiguity of Death".
- Students who witnessed death of child with cancer had positive attitudes toward the dying with dignity.
- As the number of deaths that witnessed by students increases, student's death anxiety decreased.