



Death Anxiety in Nursing Students



ARTICLE INFO

Article Type

Qualitative Research

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How to cite this article

Sarhadi M, Mazloom S. Death Anxiety in Nursing Students. Health Education and Health Promotion. 2024;12(3):423-430.

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Article History

Received: June 2, 2024

Accepted: September 7, 2024

ePublished: September 30, 2024

ABSTRACT

Aims Death is an important and significant issue in nursing. The present study aimed to explain death anxiety among nursing students using a qualitative approach.

Participants & Methods The present qualitative study was conducted on 12 nursing students from the School of Nursing and Midwifery in Zahedan during 2023-2024. The participants were selected through purposive sampling and attended semi-structured interviews after providing informed consent. The interviews were immediately transcribed and analyzed using a conventional content analysis technique. The data were coded by MAXQDA2020 software and analyzed using the content analysis method proposed by Graneheim and Lundman.

Findings The students recognized the reality of death and its existential necessity. They also pointed to the lack of confrontation with death and after-death experiences, the meaning of death, the quality of death and dying, concerns about survivors, and emotional confrontation.

Conclusion There are many concepts regarding the concept of death, with one of the most important ones highlighted by almost all participants being the reality of death and its existential necessity.

Keywords Anxiety; Nursing Students; Death

CITATION LINKS

[1] Psychological research on death attitudes: An overview ... [2] Understanding dying, death, and ... [3] Detection of attitude towards death and related social factors with ... [4] Psychology and death: Meaningful ... [5] Thanatopsis from the view of Irvin Yalom and its effect ... [6] Death concept from academicians' point of view: A qualitative ... [7] The impact of death and dying on nursing students ... [8] The relationship between the personal values and death anxiety ... [9] The relationship between death anxiety and quality of life in hemodialysis ... [10] Effectiveness of life review therapy on death anxiety and life satisfaction of old women ... [11] An integration of the existential understanding of anxiety in the writings ... [12] Introducing reflective narratives into palliative care home care ... [13] Nurses' characteristics and their Attitudes toward death and caring for dying patients in a public ... [14] Death and caring for dying patients: Exploring first-year nursing students' descriptive ... [15] A comparison of the level of fear of death among students and nursing professionals ... [16] Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve ... [17] Qualitative research in nursing: Advancing the humanistic ... [18] Understanding nursing research-eBook: Building an evidence-based ... [19] RSVP: We are pleased to accept your ... [20] Fear of death on the basis of Ibn Sina and Mulla Sadra's ... [21] Six existentialist ... [22] The mediating role of early maladaptive schemas in relationship between attachment styles and anxiety of death among ... [23] Effectiveness of existential therapy on loneliness and death anxiety in the ... [24] Comparison of Bam and Kerman nursing students' attitude about ... [25] Existential psychotherapy ... [26] The relationship of depression and death anxiety to the quality of life among the elderly ... [27] Age, gender, and religiosity as related to death ... [28] Yalom: On psychotherapy and the human ... [29] A forecast reconciliation approach to cause-of-death mortality ... [30] Aspects of caring for dying patients which cause anxiety to first year student ... [31] Bereaved parents' changes and needs after losing their child to cancer ... [32] Nurses' early experiences with patient death: The results of an on-line survey of registered nurses ... [33] Using a storyboarding technique in the classroom to address end of life experiences in practice and engage student nurses ... [34] 'It stays with me': The experiences of second-and third-year student nurses when caring for patients ...

Introduction

Death is a natural and inevitable part of the life cycle [1] and a biological event that signifies the permanent cessation of vital signs and functions of the heart [2]. With the occurrence of death, a process that we call life ends logically and definitively, revealing its entirety and totality [3]. However, contemplating death can be frightening, and most people prefer not to think about it [4, 5] because, despite technological advances, it serves as a reminder of human vulnerability. Thus, fear of death, or death anxiety, is an unpleasant and common human experience [6] and one of the fundamental factors underlying all human anxieties [7].

According to the British National Institute for Health and Care Excellence (NICE), death anxiety is a feeling of panic, fear, or anxiety when contemplating the process of dying, losing one's connection with the world, or what happens after death. This type of anxiety encompasses motivational, cognitive, and emotional components and changes under the influence of developmental stages and events in social and cultural life [8, 9]. Existential theorists also believe that death anxiety is a generalized fear and disorder caused by existential anxiety. They suggest that we experience existential anxiety because we are aware that our lives are limited and fear the death that awaits us [10]. According to Choron, there are three types of death anxiety, including anxiety caused after death, anxiety caused during death, and anxiety caused by a feeling of nothingness and destruction. He considers the first two types to be related to the physical process of death, while he regards the third type of anxiety as the most significant concern of human existence [11]. However, since every human ultimately faces the event of death, one's attitude toward it is one of the most important factors that affect behavior related to healthcare professions [12]. This is particularly relevant since the confrontation with death has been reported as one of the most distinct experiences during the clinical education of nursing students, making adaptability to the pain and suffering of patients difficult for them [7]. Accordingly, studies have shown that most students are concerned about their lack of ability to adapt to these situations [13]. They attempt to cope with death but are not emotionally ready to care for dying patients, as such emotional reactions can limit their professional capacity to provide care [14]. Thus, it is essential to shed light on students' experiences of death, as well as their involvement in end-of-life patient care [14]. This knowledge can help nurses understand and prepare for the care of any individual who faces the challenging moments of their own death or the death of others [15]. Therefore, since death is an important and significant event in nursing practice, exploring individuals' attitudes toward death and dying should begin during academic studies. Moreover, examining the experiences of nursing students in relation to

their social and cultural context may affect their coping abilities and skills.

Accordingly, since nursing students should take responsibility for the care of dying patients and their families during their studies and afterward, more effective methods must be employed to explain nursing students' experiences. Thus, qualitative research can help achieve this goal. To this end, the present study aimed to explore death anxiety in nursing students using a qualitative (content analysis) method.

Participants and Methods

The present study was conducted using a conventional content analysis qualitative approach on participants selected through purposive sampling from nursing students at the School of Nursing and Midwifery in Zahedan in 2023-2024. These individuals were selected from among those who had completed one year of education, had a history of completing an internship, had experience in caring for patients in the final stages, had experience in the emergency room, and had experience with the death of a patient. A total of 12 participants, with an average age of 21 years, were interviewed over two months. The data were collected through semi-structured interviews. After obtaining the necessary legal permits and explaining the objectives of the study to the participants, the interviews were conducted as two-way conversations.

Following the main research question, the interviews began with open-ended questions: "Could you talk about your experiences with death?" and "When you think about death, what comes to your mind?" Subsequent questions were then asked based on the participants' responses and aimed to enrich the data. Furthermore, probing questions (e.g., "Could you explain more about it?" and "What do you mean by ...?") were posed for further clarification and to elicit additional information. At the end of the interviews, participants were asked if they had any other comments to add to their statements. Depending on the time available, the collected data, the participants' conditions, and their willingness, each interview was conducted in one or more sessions. All interviews were recorded after obtaining the participants' oral consent and transcribed word for word within 24 hours. The duration of each interview was approximately 40 minutes.

The data were analyzed simultaneously with data collection using the five-step qualitative content analysis method (Graneheim & Lundman). The steps were transcribing the content of each interview immediately, reading each transcript several times to develop a general understanding of its content, identifying meaning units and primary codes, classifying similar codes into more comprehensive clusters, and extracting the themes hidden in the data [16].

To this end, after completing each interview, its content was transcribed immediately. The transcripts were then read several times, and the primary codes were extracted. Afterward, related codes were merged into a single category based on their similarities. Finally, the themes hidden in the data were identified and extracted. During the analysis, many of the codes were revised multiple times, and the extracted categories were also named. Memos were used to thoroughly identify the codes and enhance the efficacy of the data analysis process [17, 18].

The four criteria proposed by Lincoln & Guba were used to ensure data trustworthiness, including credibility, dependability, conformability, and transferability [19].

The researchers employed specific qualitative research methods, such as ongoing engagement with the subjects and data, as well as member checks, to ensure the credibility of the data. The codes were adjusted in case of disagreement with the opinions of the participants. Additionally, the researchers utilized a combination of researchers, continuous data comparison, code review, and sampling with a diverse range of participants.

For dependability, an external observer reviewed the codes and themes identified in this study (external check, peer check) to enhance their rigor, ensuring that any existing contradictions and defects were addressed and corrected to reach a consensus. All activities were recorded, and a report on the research process was prepared for conformability. The findings were also shared with two patients and two spouses of patients who were not participants in the study but had similar conditions to those of the participants, and they approved the data.

Furthermore, the confidentiality of all interviews and the freedom of individuals to withdraw from the research were maintained. It should be noted that the data were analyzed using MAXQDA2020 software.

Findings

The participants consisted of 12 nursing students, including four sophomores, four juniors, and four seniors, all of whom had experienced the death of their relatives or patients in the ward. The age of the participants ranged from 19 to 25 years, with a mean age of 21.17 ± 1.07 years (Table 1).

After data analysis, 114 themes were extracted and organized into six main categories and 22 subcategories (Table 2).

The reality of death and its existential necessity

The participants acknowledged the finality and reality of death. They regarded death as something inevitable and recognized that they would confront it sooner or later: *“Death is a reality, whether like it or not. In fact, it is part of life. It finds meaning in the cycle of life, and life is meaningless without death. Thus, as a human, we know that we will die at the end and we*

should accept it, but no one knows who the hereafter looks like” (Participant #3).

Non-confrontation with death and the lack of after-death experiences

The participants also highlighted the unknown nature and uncertainty of fate after death. They viewed death as a definite and inevitable phenomenon that will happen to anyone. However, beneath the surface of their words and expressions, there was a notable tendency to resist accepting death and the concept of an afterlife. For instance, one of the participants stated, *“I think since you don’t know the hereafter and have no idea of what is going to happen there for you, you cannot decide what is true or wrong about it, and if you have to believe it or not. And, this makes you anxious. Because there are a lot of conflicting ideas about the world after death and you cannot find out which one is right or wrong”* (Participant #1). Another participant stated, *“Everyone says there is a world but they cannot say what kind of world it is”* (Participant #1). One of the participants stated, *“I have witnessed the death of patients several times during my internship course. I always wonder if there is really another world, nobody has returned from it to confirm its existence and no one has ever experienced it”* (Participant #8).

Table 1. Frequency of demographic characteristics of nursing students

Parameter		Values
Gender	Female	8(66.6)
	Male	4(33.3)
Marital status	Single	11(82.5)
	Married	1(18)
Witnessed death	Yes	9(62.5)
	No	3(38.4)
Work experience (year)	2	4(33.3)
	3	4(33.3)
	4	4(33.3)
Type of hospital ward	Critical care	8(66.6)
	Non-critical care	4(33.3)

The meaning of death

The nursing students held different views about the meaning of death, influenced by their individual circumstances and religious beliefs. Some participants regarded death as an evolutionary stage and a transition to higher realms. Others perceived it as a representation of human mortality and the end of life. Additionally, some participants viewed it as a form of liberation and a release from life’s problems, while others equated it directly with life: *“In my opinion, death is like a wall that you can go through its other side but you cannot get back to the opposite side. I think a person forgets those moments like the moment of his/her birth. A person who is born can never go back to the womb. It’s impossible. Thus, a person who is going through evolution must go to the next stage”* (Participant #4).

Some of the nursing students also interpreted the meaning of death according to their religious beliefs: *“The meaning of death depends on a person’s religion.*

For example, our religion says if you commit sins, you'll go to hell and you will be reckoned and punished in the hereafter for even a small sin committed in this world. Thus, you are afraid of being punished in the hereafter. Religion is always inducing fear in you. You aren't sure. The religious instructions are more stressful than pacifying and make you afraid of dying" (Participant #1).

The quality of death and dying

According to the participants, although death was a necessity, the quality of death was also effective in death anxiety. They believed that although the death of the patient and disabled person who had a chronic illness brings a sense of comfort and relief for both patient and family members, sudden, unusual deaths and thinking of them cause severe fear and anxiety: "In my opinion, dying in a car accident is very horrible. It's very terrible thinking that your body is crushed in the middle of the pieces of a car and that the pain that a person suffers until he/she dies" (Participant #12). Another participant stated, "Well, in my opinion, death is a good blessing when a person gets very old and disabled and he/she becomes dependent on other people for doing even the smallest things. In the beginning, maybe everyone will try to help, but it is not practical. Even the patient gets in trouble. For example, when my grandmother died after having been severely disabled, I felt that she was relieved. Because I always heard she was praying to God and asking for a death with dignity" (Participant #7).

Concerns about survivors

One of the most important points highlighted by the participants was their excessive concerns about survivors and how they get along with the death of their loved ones, especially those who witnessed the death and loss of people who had severe emotional dependence on them: "Someone who dies is relieved from pain and suffering. But, the survivors have to suffer the deceased's loss for a lifetime and this is really terrifying. The survivor suffers a lot and no one can help him/her. Death is a bitter story for survivors"

(Participant #7). Another participant stated, "A 4-year-old child who had fallen from the bed and died was transferred to the EMS center. I could see how horrible was the patients' conditions. They were feeling guilty and blaming each other. I think the parents would suffer lots of psychological distress for the rest of their lives" (Participant #2).

Emotional confrontation

The nursing students reacted differently when witnessing a patient's death depending on their beliefs, culture, and the context, in which they grew. Some participants stated that they used defensive mechanisms, such as denial, shock, and disbelief. Some others highlighted the absurdity, worthlessness, and instability of life in the world. However, only a few participants had realized the main value and essence of life: "When I was sitting next to one of the patients, asking her medical records and symptoms, she suddenly changed her tone. When I held her hand, it was very cold. I was afraid for a moment and called the trainer. As she was looking at me, her head bent suddenly as if she was dying. It was a strange shock. During the moments she was undergoing CPR, I was thinking how life is meaningless and it does not deserve grieving" (Participant #3). Another participant stated, "When my uncle died, I didn't believe it. I even did not dare to go ahead and look at his dead body. I wished it was a dream and when I woke up I would realize that I had been dreaming" (Participant #6). Another participant stated, "Something that makes me really upset is to see the pain and suffering of a hospitalized patient. It's also agonizing to see how much the patient's family members are worried" (Participant #11). Finally, one of the participants stated, "When I think that I will eventually die, I'm going to make some plans so that I can at least achieve one of my goals and ambitions before I die" (Participant #5).

The dataset used in the current study are available by the corresponding author upon reasonable request.

Table 2. The main categories and subcategories of death anxiety in nursing students

Themes	Subcategories	Main categories
Certainty of death in life; Continuity of life and death in the life cycle; Certainty of the reality of death in all beings; Life and death are immutable laws of nature in the universe; The constant presence of death alongside life	The finality of death in life	The reality of death and its existential necessity
The importance of death in the universe; Regulation of the population of organisms on the planet; Elimination of weak organisms in the cycle of nature; Providing food for other organisms; Defining the life cycle with death	The necessity of death in the life cycle	
The reality of death in the cycle of life; Birth and death are the only realities in the universe; Death is a known and natural phenomenon in life	The reality of death	
Different views of people about life after death; The view of materialistic people on the phenomenon of death; Religious views on death and continuing life in purgatory and resurrection;	The existence of different opinions about the afterlife	Non-confrontation with death and the lack of after-death experiences
Belief in life after death continuation of life after death; The destruction of the human body and the absence of life after death; Non-annihilation of life with death according to religious beliefs		
The non-return of someone from the afterlife; Not having a clear experience of life after death;	The unknown nature of the afterlife	
Lack of experience of the nature of life after death; Not having experience of how the soul lives after death; Ambiguity of death and life after death in different religions		

Continue of Table 2 from the last page.

The ambiguity of human destiny in the world after death; Lack of scientific and proven documentation of the existence of the soul; The ambiguity of the fate of the soul after death	Uncertainty of human destiny after death	
Lack of proven experiences of the existence of life after death; Ambiguity of near-death experiences of people; The shortness of people's experiences	Uncertainty about the afterlife	
Unreality and imagination of people's experiences; The possibility of hallucinations and brain deception in people with near-death experiences; Probability of drug use and drug side effects in people who have experienced death		
Death is a way to end physical pain in chronic patients; Reducing the pain and suffering of patients; Liberation of the soul from the body; Freedom of the body from material bondage; Liberation of chronic patients from suffering the disease; Relieving incurable patients from pain; The end of all the pains and problems of the patient; Relieving the patient from suffering from the disease	Releasing from problems	
Death is a way for humans to reach higher levels; Evolving in the path of life; The evolution of the human soul after death; Man's achievement of growth and excellence	Human perfection	
The end of the life of creatures; Destruction of the human body; The destruction of the body by death	Destruction and the end of life	The meaning of death
Being religious and having a religious view on the existence of life after death; The emphasis of religions on the existence of life after death; Immortality of the soul; The non-disappearance of the soul after death and the continuation of life in its form; The destruction of the body after death and the survival of the soul	Continuity of life	
Students worry about the manner of suffering after death; Feeling accountable for actions; Having a guilty conscience due to sins; Seeing how patients die and fearing to answer after death; Weighing actions and behaviors in the mind; Mental preoccupations about how to respond to sins; Fear of hell and the torments of the afterlife	Feeling guilty because of worldly sins	
Young patients who died in the emergency department; Observing sudden deaths in the emergency department; Inability to tell the truth to survivors	Sudden deaths in young people	
Feeling unable to save young patients; Mental preoccupation and thinking about the unfulfilled wishes of deceased patients; Unbelievable death in young people		
Better acceptance of students from the phenomenon of death due to illness; Relief and self-consolation about the pain relief of cancer patients; Calming oneself and accepting the death of the elderly; Easier acceptance of the death of patients	Death following illness	Quality of death and dying
Fear of dying alone; Fear of not having a caregiver at the end of life	Death in solitude and homelessness	
Feelings of concern for the survivors; Discomfort of students about patients' families; Mental preoccupations about survivors, especially children; Worrying about the future of children who grow up without a mother; Concern for mothers who have lost their children; Concern about how to accept death in the patient's family	Concerns about family	
Seeing the pain and suffering of the survivors; Mental preoccupation with survivor's grief; Observing the pain and suffering of mothers after the death of their child; Not accepting death in the early hours; The inability of survivors to accept sudden deaths; Seeing the bewilderment and despair of the survivors; Students' mental preoccupations with how survivors adapt to the death of their loved ones	Survivors' failure to get along with the phenomenon of death	Concerns about survivors
Mental confusion and mental preoccupations caused by the death of young patients; Feeling sad after the death of young patients; The feeling of sadness from touching the suffering of the survivors; Feeling depressed following the death of young people; Not enjoying life until long after seeing patients die; Facing the suffering of patients and feeling too depressed	Tolerance of suffering	
Feeling guilty about not having enough information; Feeling guilty about not being able to help the patient; Having a guilty conscience about the death of the patient; Self-blame for not being able to help the patient; He blames himself for not being able to save the patient's life	Feeling guilty	
The feeling of emptiness and worthlessness of life after seeing the death of patients; The feeling of emptiness following the death of young patients; Lack of trust in the world; Having a sense of hopelessness and not having a plan for the future; Thinking about how to die; The feeling of instability and worthlessness in the world	The worthlessness and instability of life	Emotional confrontation
Failure to accept the death of young patients; Inability to accept death; Feeling unable to deal with the situation; Shock and inability to function; Inability to make sound clinical decisions; Feeling unable to deal with the situation	Shock and disbelief in dealing with death	
Valuing every moment of life; Planning to achieve goals; Scheduling backlogs; Taking advantage of life; Correct use of life; Having a goal to achieve your dreams	Discovering the value of life	

Discussion

The present study aimed to explain death anxiety among nursing students using a qualitative approach. One of the most important themes highlighted by almost all participants was the reality of death and its existential necessity, a topic that has been explored by various philosophical schools. Each of these schools evaluates the issue of death based on their understanding of human truth. According to materialistic thinking, the entirety of the human being is confined to the body, and death is viewed as the destruction and end of life. However, from a divine perspective, human reality is seen as a transcendental and spiritual truth that exists beyond the physical body [20]. For example, Heidegger posits that confronting this primary possibility (death) consumes all other possibilities, leaving only two options: acceptance or acceptance. The only wise course of action is to face the bitter reality of our futility with courage and to openly acknowledge that death is an inevitable event that our intellect and senses are unable to fully comprehend [21], which confirms the results of the present study.

The nursing students stated that nobody has experienced or encountered death thus far. For this reason, contemplating death causes anxiety [22]. Previous studies have shown that preoccupation with death can also invoke anxiety and depression in some religious individuals [6], as death anxiety does not provide a clear understanding of the nature and quality of life after death. However, the level of this anxiety is lower when the idea of post-mortem life is acknowledged rather than denied [23]. Belief in the existence of life after death contributes to individuals' ability to accept both the positive and negative aspects of life and death [24], as confirmed by the data in this study.

The participants defined concepts of death from different perspectives, reflecting their deep understanding of this phenomenon. Accordingly, it can be argued that individuals' attitudes toward all phenomena, including death, are influenced by their worldview and the approach they adopt toward the social world. These approaches give meaning to individuals' behaviors [6].

When we consider death as annihilation, the sense of helplessness in the universe makes us anxious. In this view, only annihilation is stable, while the world of creation appears bizarre, caught in instability and baselessness [25]. For this reason, many people regard death as a forbidden subject and a taboo, avoiding discussions about it [26, 27]. However, Yalom [25] found a meaningful relationship between death and the quality of life.

Those who do not have a correct understanding of death consequently struggle to achieve a comprehensive understanding of life, leading them to live poorly due to their fear of death [28]. Conversely, thinkers, such as Sartre and Camus, who addressed

absurdity, believe in a clear relationship between death and absurdity [25].

Meanwhile, religions have sought to justify death for their followers; they aim to add spirituality to their lives and to provide meaning to their existence [5]. Believers in God and immortality view death as a manifestation of life. According to them, human existence will attain a higher perfection after death, and the existential aspect of humans after death is far stronger than their existence in this world [5]. These findings were supported by the data in the present study.

This theme represents the emotions and views of the participants regarding death and the process of dying. According to the participants, death during illness is unpleasant for everyone involved. A dying person often feels lonely. Death has become a mechanical phenomenon influenced by the social and technological world [3], making it difficult to determine the exact moment when death occurs [29]. Accordingly, Cooper and Barnett demonstrated that the physical suffering of patients causes nursing students to feel anxious about caring for dying individuals. These emotions are especially intense in cases where the patients are young or when death occurs unexpectedly, compared to the death of older individuals, which can often be anticipated [30].

Almost all participants pointed out that the survivors of a person who has passed away endure severe physical and emotional changes. They exhibit a variety of emotions, such as shock, disbelief, depression, and profound pain caused by the loss of loved ones. Unfortunately, these individuals are typically overlooked by healthcare staff. Changes that occur in the survivors include an unwillingness to continue working, a withdrawal from everyday routines, a lack of interest in recreation and sightseeing, reluctance to manage personal affairs, and a general absence of joy at home [31].

Analysis of the nursing students indicated that they were overwhelmed by feelings of fear and anxiety during their initial confrontation with death. The vivid mental images and the unknown nature of their reactions create emotional confusion, making adaptation difficult [29]. Furthermore, as nursing students are in the final years of adolescence, the impact of death and its emotional burden may be intensified [7]. Similarly, Kent *et al.* found that this experience among nursing students can lead to prolonged preoccupations [32].

The findings of this study indicated that nursing students' experiences in caring for dying patients affect them in various ways. Their narratives focused on their fears, reactions, and feelings encountered when they faced death. Additionally, the anxiety associated with a loss of control and the inability to support patients and their family members was a primary concern for the nursing students. Lillyman *et al.* demonstrated that receiving bad news, interacting

with dying patients and their families, and witnessing the deterioration of patients were examples of negative emotions and experiences among nursing students [33], as indicated in the present study. Cooper & Barnett also showed that students experience a range of emotions, such as sadness, vulnerability, irregularity, and sympathy, which can limit healthcare professionals' ability to care for dying patients [30]. Furthermore, King-Okoye & Arber suggested that nursing students require support to enhance their self-confidence and ability to care for dying patients [34].

With an enhanced awareness of death, we can deepen our understanding of life. The readiness to confront death allows us to form a profound connection with the world and its people. Thus, given the sensitivity of nursing and the importance of nurses' preparedness for providing better care to dying patients, the curriculum of nursing undergraduate programs needs to focus on death-related issues and raise students' awareness of their emotions when faced with patients' deaths. Students also require more time and opportunities to perceive and reflect on their feelings. Additionally, training courses on how to handle a patient's death must be included in educational programs.

Encountering death has been reported as one of the most distinctive experiences during the clinical training of nursing students. For this reason, it is essential to prepare nurses to provide better care for dying patients by focusing on issues related to death and increasing students' awareness of their feelings when confronted with the death of patients.

Conclusion

There are many concepts regarding the concept of death, with one of the most important ones highlighted by almost all participants being the reality of death and its existential necessity.

Acknowledgments: Zahedan University of Medical Sciences approved this study. The authors would like to thank the Vice Chancellor for Research of Zahedan University of Medical Sciences and the nursing students at Zahedan University of Medical Sciences.

Ethical Permissions: The project was approved by the institutional review board of Zahedan University of Medical Sciences (Coded IR.ZAUMS.REC.1402.243). When recruiting participants, the purpose of the study was clearly explained, and informed consent (both written and oral) was obtained. Participants were granted the right to decline or withdraw from the study at any time. They were assured of the confidentiality of all gathered data and informed that results would be shared with them upon request. To ensure the anonymity of participants' identities, we used abbreviations. This study was conducted in accordance with relevant guidelines and regulations.

Conflicts of Interests: The authors declared no conflicts of interests.

Authors' Contribution: Sarhadi M (First Author), Introduction Writer/Methodologist/Main

Researcher/Discussion Writer/Statistical Analyst (85%); Mazloom S (Second Author), Introduction Writer/Methodologist/Assistant Researcher (15%)

Funding/Support: No funding was received.

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