



**NEAR EAST UNIVERSITY  
INSTITUTE OF GRADUATE STUDIES  
DEPARTMENT OF NURSING**

**THE ATTITUDE OF AFRICAN NURSING STUDENTS TOWARDS A DYING  
PATIENTS IN NEAR EAST UNIVERSITY NORTH CYPRUS**

**M.Sc. THESIS**

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**NICOSIA  
JUNE, 2022**

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**MASTER THESIS**

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

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We certify that we have read the thesis submitted by AVWORHOKAI FAITH OGHENEKEVWE titled **The Attitude Of African Nursing Students Towards A Dying Patients In Near East University North Cyprus** and that in our combined opinion it is fully adequate, in scope and in quality, as a thesis for the degree of Master of Health Sciences – Child Health And Diseases Nursing.

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### **Declaration**

I hereby declare that all information, documents, analysis and results in this thesis have been collected and presented according to the academic rules and ethical guidelines of Institute of Graduate Studies, Near East University. I also declare that as required by these rules and conduct, I have fully cited and referenced information and data that are not original to this study.

AVWORHOKAI FAITH OGHENEKEVWE

...../...../.....

Day/Month/Year

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## Abstract

**Background:** Death is a natural process that occurs on a regular basis in the hospital clinical environment. While some nursing students struggle to cope with the capacity to meet this new experience with death cases, others are able to do so. As a result, views regarding mortality among student nurses are likely to differ. A lot of studies have been carried out on this topic “the attitude of nursing students towards a dying patient” and research has shown that student have a negative fear over death and how to approach patient with terminal illness. Hence, this study is aimed to examine the attitude of African nursing students towards a dying patient in near east university north Cyprus.

**Method:** A descriptive, cross sectional and correlational study was carried out. On the attitude of African Nursing Students’ Attitudes Toward a dying patient, at Near East University. A total number of 254 nurses participated in the study, questionnaire was sent to African nursing students in near east university. Statistical package for the social sciences (SPSS) was used to analyze the data, For the participants’ demographic data and the research questions will be analyzed using frequency distribution tables of descriptive statistics. Kruskal Wallis analysis was used to compare the differences by country. Bonferroni adjusted Mann-Whitney U test was used for further analysis. The relationship between the scale sub-dimension and the variables was examined by Spearman correlation analysis with a significance of  $p < 0.05$ .

**Results:** The result showed that a higher percentage of respondents (40.2%) reported to have experienced caring for a dying patient. The highest percentage of respondents were at least twenty-one years old (44.5%). The overall average of the scale in the nursing students was  $4.77 \pm 0.52$ . The overall average of the categories was  $4.77 \pm 0.52$ . The highest score was for Neutral acceptance category with  $5.56 \pm 0.96$  while the lowest was for escape acceptance category with  $4.15 \pm 1.15$ . Gender, age, level of study in nursing school and experience caring for a dying patient did not show any significant correlation to the dimensions of the attitude towards death assessment scale. There was no difference between the scores of fear of death, death avoidance and approach acceptance by countries.

**Conclusion:** The attitude of African nursing students towards a dying patient was significant associated with fear of death and also poor approach skill. Further study should look into the influence of simulation strategies on students' skills in end-of-life care and bad news communication, as well as the attitudes of instructors and nurse tutors about death, given that these models are used throughout the teaching and learning process.

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## List of abbreviation

- FATCOD: Frommelt Attitude Toward Care of Dying Scale  
DAPR: Death Attitude Profile Revised  
SPSS: Statistical package for the social sciences

## CHAPTER I

### Introduction

Death represents the end of existence for all humans, and there is no way to return. Every living individual understands that he or she will die at some point, but no one knows when, where, or how. Even though it is unavoidable that everyone will die at some point in their lives, no one wants to die. Even the elderly want to live. Even if individuals understand that death is the end of life, it nevertheless causes anxiety, emotion, and psychological thinking that can have an impact on a person's well-being, particularly in nursing students who deal with dying patients (Dobbin 2011). That is, when it comes to dying patients and the psychological situation in which the client has been removed from the family and society as a whole. (Barrere 2008; Bayat 2018). Death, which is defined as the end of a person's conscious activity, is a biological and psychological truth that most people would rather avoid thinking about (De Witt 2013; Abu 2013). Nursing students, for example, are unable to avoid seeing, being with, or treating dying patients owing to the nature of their vocation. As a result, nursing students are more likely to encounter this phenomenon as part of their education. (Chow, 2017). In most circumstances, nursing students cannot avoid coming into touch with the deceased corpses of patients, whether in practical or clinical therapy. As part of the care team, nursing students frequently play a crucial role in circumstances involving dying patients and their families. (Schmidt, 2016). Finding out how nursing students feel about mortality might help them feel more powerful and develop more positive ideas and attitudes. As a result, suitable provisions may be made in nursing education programs, and content can be created to increase the capacity to deal with scenarios involving the care of deceased or dying patients. (dong 2016; McCall 2018). Exploring students' attitudes regarding death has become critical for nursing students in order to prepare them and build the skills and information that would help them to maximize their care, make their jobs easier, and boost their capacity to provide the best nursing care for dying patients. (hagalin 2016; Henoeh 2016; Grubb 2016). Many studies have discovered that a person's attitude regarding death is a critical factor influencing how health care workers handle dying patients. (Bayat *et al.*, 2018).

Death is a natural process that occurs on a regular basis in the hospital clinical environment. While some nursing students struggle to cope with the capacity to meet this new experience with death cases, others are able to do so. (Dong *et al.* 2016). As a result, views regarding mortality among student nurses are likely to differ. It is apparent that health workers, particularly nursing students, face difficulties while dealing with dying patients. However, because nursing students' tasks also involve learning how to offer care, assist, support, and console the dying patient's family, the roles might cause psychological discomfort in nursing students, such as worry and negative attitudes. (Dong *et al.* 2016; Roy 2018; Robert 2018). Many individuals, understandably, do not want to watch dying patients, whether as a result of an accident or as a result of infectious illnesses such as the Corona virus or Tuberculosis, among other worst-case scenarios. (Sharour, 2017). In such instances, however, a nurse must rise to the occasion and be courageous, conquer fear, overcome worry, and maintain tranquility and a positive attitude. When the dread of dealing with dying patients' situations arises, a negative attitude is likely to develop, and the case of dealing with dying patients is more likely to deteriorate. (Park 2019; Ferri 2021). The concept of a dying patient in nursing or medical field refers to a patient who is already dead of any form due to possible causes (McCall, 2018). It also refers to a patient who has been pronounced dead by a doctor. As a result, nursing students are more prone to express fear, worry, psychological distress, and other negative emotions in the managerial setting. It's also crucial to convey a concept of nursing attitude, which is one of the study's essential terms. In the process of doing their jobs, nurses' attitude is defined as their outward behavior toward patients, coworkers, and management. (McCall, 2018). It is also the inhibited attitude inwardly of the nurse which might not be displayed outwardly but obviously shown to be present. (McCall, 2018). Nursing students must be educated to become compassionate and caring nurses in order to build emotional resilience and overcome fear attitudes (NMC, 2018). As a result, a caring and supportive educational atmosphere is critical. In addition to giving nursing students the chance to develop coping mechanisms for the distressing situations they will undoubtedly face, particularly when dealing with patient death, this involves making sure the environment has the ability to increase students' resilience from the start of their course. Death and grief

coping techniques have been shown to benefit from training, education, and development programs that combine resilience theory and peer support. (Beck 2012).

Nursing students may benefit from learning about death through simulation in the process of getting ready for their first clinical posting. (Roberts et al., 2018) looked into the goal of increasing medical personnel confidence and competency while dealing with deceased patients. By reflecting on their clinical procedures and experiences with patient deaths, health-care workers and experts can acquire understanding and clarity with the use of self-compassion training and mindfulness exercises. (Conversano, Ciacchini, Orzu, Giuseppe, Gemignani, & Poli, 2020). For example, students in their First-year at the University of Derby are taught nursing care fundamentals as well as compassion prior to their first practical placement, which is one of the "6Cs." The utilization of specialist materials is thought to assist nursing students utilize what they've learned to better comprehend and apply what they've learned to better care for deceased patients. Nurses are expected to deal with mortality and a large number of patients who are nearing the end of their lives. Nurses' views regarding death are affected by a variety of factors, including their demographics (age, gender, nursing experience, and so on). Though many nursing students and even current nurses are aware that excellent attitudes regarding handling deceased patients are crucial to promoting and improving nursing practices, many nursing students also have a negative attitude toward dead patients. This negative attitude about death has been related to the dread, anxiety, emotional, and psychological trauma that nursing students experience when presented with patient death instances. In the nursing profession, this has become a severe problem. Though certain negative attitudes, such as dread, worry, and emotional and psychological distress, are inborn, it is considered that positive nursing attitudes about death may be considerably improved by professional training, practice, and experience. Furthermore, there are just a few studies that have looked at nursing students' attitudes regarding mortality. This leaves a research hole, hence this study from Near East University focuses on nursing students' attitudes regarding dying. (Ala, et al 2018).

### **1.1 Statement of the Problem**

The study aim is to describe the attitudes toward a dying patient and influencing factors of African nursing students at a nursing school in Northern Cyprus. Nursing students may experience anxiety, fear, emotional and psychological difficulties while caring for dying patients. Nursing students' attitudes toward dying patients are influenced by their views and experiences concerning death and dying. Nursing practices are claimed to be influenced by students' and nurses' views on death or a lack of awareness about it. It might result in physical and mental isolation from the patient and circumstance due to a restricted focus on medical treatment while ignoring the patient's and family's psychosocial and spiritual needs. As a result, the quality of care offered to the individual and his or her family at this vital and irreversible stage of life may be jeopardized. Knowing and clarifying the views of nursing students around death helps show the students' assistance requirements in this area. In the nursing curriculum, arrangements can be made to raise students' knowledge of the problem and develop their coping abilities.

### **1.2 Purpose of the study**

The study aim is to describe the attitudes toward death and influencing factors of African nursing students at a nursing school in Northern Cyprus

### **1.3 Research Questions / Hypotheses**

This research work is fundamentally based on finding answers to these questions:

- What are the nursing students' individual attitudes towards a dying patient?
- What are the influencing factors towards a dying patient?

### **1.4 Significance of the study.**

This study will provide information on students' attitudes regarding their assistance requirements in this area. As a result, it will offer educators with crucial data for developing a curriculum that will help nursing students' treatment of terminally ill patients while also strengthening their coping skills.

Cultural factors impact people's attitudes regarding death and life. Although there have been several studies in Turkey on the views of Turkish nursing students about death and the treatment of dying patients, the sample size of these research does not include students from other cultural backgrounds. The plurality of these international students are African to help diverse cultural background. The research is the first to include a student group with diverse cultural traits, with the goal of defining African students' attitudes regarding mortality. In this respect, the findings of this study can be used to improve the appropriate nursing education program. Finally, it will help to clarify the issue for individuals seeking answers on what and how curricular reforms should be implemented so that dying patients and their families may receive complete and high-quality care.

It can be expected that the results of this study will provide basic information for other researchers who will do related research in the future.



## **CHAPTER II**

### **Literature Review**

This chapter carried out literature review on attitude of foreign nursing students working with a patient who is dying. The relevant concepts, theories and empirical review were carried out to help with comprehension of the study in order to have good analysis to enhance decision making, conclusion and recommendations. The irreversible loss of all biological activities that support a live creature is characterized as death (DeGrazia, 2017). Shortly after death, the remnants of a live creature begin to decay. It's an inescapable process that all living things go through at some time. Many cultures and religions believe in an afterlife, as well as judging, rewarding good acts, and punishing evil. Death as a notion is critical to human comprehension of the reality (Bernat, 2018). The notion of death has a variety of scientific perspectives and explanations. Furthermore, the introduction of life-sustaining medicine and the diverse medical and legal criteria for defining death have made it impossible to come up with a single, unifying concept of death. (Bernat, 2018). Thus, one of the most difficult aspects of defining death is separating it from living. Death appears to refer to the end of a person's life at times. It's tough to tell whether someone has died since the end of life functions isn't always synchronous throughout organ systems (Henig, 2016). As a result, such judgment necessitates the establishment of strong conceptual distinctions between life and death. This is challenging due to a lack of understanding on the subject of life's definition. Even if it is simple to describe life in terms of awareness, a living being is regarded as dead when consciousness vanishes. The fact that so many species are alive yet very certainly unaware is one of its flaws (for example, single-celled organisms). The challenge of defining consciousness, which has been the subject of several definitions by contemporary scientists, psychologists, and philosophers, is another problem. Furthermore, a lot of religious groups, particularly the Abrahamic faiths, think that dying does not always mean losing awareness. Death is sometimes seen as more of a process than as a singular occurrence. It alludes to a smooth change from one spiritual state to another. Death is defined as the irreversible termination of all functions in a living being (DeGrazia, 2017). Death is an irreversible process in which a person ceases to exist as a person when it comes to human life. (DeGrazia, 2017). These days, physicians and coroners usually refer to a person's demise as having

occurred through "brain death" or "biological death"; a person is considered dead when the person's brain ceases having electrical activity (Bernat, 2018; Sarbey, 2016). The absence of electrical activity is thought to signal the loss of awareness. Consciousness suspension must be permanent, not temporary, as it is during some stages of sleep, notably a coma. The legal ramifications of a person's death vary depending on the country. In most countries, a death certificate is provided once a death certificate from a doctor is shown, either by the doctor or by an official agency. Before the body is transferred for burial or the morgue, an autopsy, often referred to as an abduction or a postmortem examination, is performed on it before a death certificate is issued. A medical practice known as an autopsy involves an extensive review of a person's corpse to ascertain the cause and manner of death, as well as any disease or damage that may have occurred (Bernat, 2018). It is usually done by a pathologist, a medical professional who specializes in this field. Autopsies are conducted for a variety of reasons, including legal and medical. A clinical or academic autopsy is carried out to ascertain the medical cause of death and is used in cases when the cause of death is uncertain or ambiguous or for research reasons. A forensic autopsy is carried out when the cause of death may be a criminal concern. Autopsies are divided into two types: those in which an outward inspection is sufficient and those in which the corpse is dissected and an interior examination is performed. An internal autopsy may occasionally require approval from the next of kin. The corpse is usually reconstructed by stitching it back together once an internal autopsy is completed. In a medical setting, autopsy is significant because it may reveal flaws and aid improve procedures. Although death is an inextricable part of existence, it is inescapable that it will cause us pain and worry at some time. Although death is unavoidable, contemplating it may be upsetting, and it may even be taboo in some societies (Bernat, 2018). The influence on individuals and cultures varies depending on the period of death, but there has always been a strong interest in people living in all cultures and throughout history, who have been the topic of experiences and thoughts. The experience of death, as seen from the outside, is not an objectively perceived issue.

## **2.1 Theoretical framework**

### **2.1.1 Concept of Attitude**

A person's attitude is a psychological construct, a mental and emotional phenomenon that either is embedded in or defines them. (Perloff, 2016). Attitudes are both inborn and learned via life events. It is a person's predisposition state of mind about a value that is triggered by a responding expression toward oneself, a person, a location, an item, or an event (the attitude object), which then impacts the person's cognition and behavior (Perloff, 2016). In social psychology, an attitude is a judgment of an attitude object that might be exceedingly negative or excessively favorable. According to most current theories on attitudes, people can be conflicted or ambivalent about an issue if they have both good and negative feelings about it. This has sparked debate over whether a person may have numerous attitudes toward the same thing (Wood, 2000). An attitude is a judgment of people, things, actions, ideas, and events that can be negative or positive. It might be tangible, abstract, or anything in the environment, although specific definitions are up for disagreement. According to Wang, Li, Zhang, and Li (2018), an attitude is a psychological predisposition indicated by favoring or disliking something, which can influence human behavior. Although affect, or discrete emotions or overall arousal, is frequently employed to describe an attitude toward an object (Wang, Li, Zhang, Li & 2018), affect is generally recognized as an evaluative structure used to construct attitude objects. The amount of attention devoted to attitude objects, the way categories are used to store information, and the way information is perceived, assessed, and recalled may all be influenced by attitude. Strong attitudes that are accessible and built on an intricate supportive knowledge framework likely to have more significant impacts. Influence's longevity and impact are determined by the strength derived by heuristic consistency (Lewis, Reid, McLernon, Ingham, Traynor & 2016). Even if the person has unrelated goals, attitudes can influence knowledge encoding, attention, and action. Psychological elements such as ideas, values, beliefs, perception, and so on influence a person's attitude. All of these factors have a significant part in defining a person's attitude. Ideals, guiding principles in one's life, or overall objectives that individuals seek to achieve are all examples of values (Lewis et al., 2016). Beliefs are subjective probability that an item possesses a specific quality or that a specific action will result in a specific outcome.

### **2.1.2 Concept of Attitude towards Death**

Death is a universal fact that affects everyone, and it may be a frightening, yet inescapable, experience for some. Although everyone recognizes that death is inescapable, no one can predict how or when it will occur. Although death is unavoidable, contemplating it may be upsetting, and it may even be taboo in some societies. People's views and behaviors toward death, as well as how much they fear it, are all impacted by a wide range of variables, including their job, gender, education level, personal life experiences, and beliefs. (Brown, 2017). Those who work in healthcare, especially nurses, are constantly exposed to death and dying, despite the fact that it is difficult to forecast or prepare for the dying process. Based on their earlier experiences, nurses may alter their behaviors and attitudes when confronted with mortality. Taking care of people who are dying and dealing with death are two of the most difficult aspects of the nursing profession (Brown, 2017). Nurses must face the reality of death in order to support and care for their loved ones while giving care to patients who are dying. As a result, before nurses can help their patients deal with death, they must first identify and address their own thoughts and attitudes about death. Nurses may suffer death dread as a result of caring for patients with terminal and incurable diseases (Lewis, Reid, McLernon, Ingham, Traynor, Lewis, Reid, McLernon, Ingham & Traynor, 2016). Dealing with mortality on a daily basis can result in sadness, helplessness, frustration, and a loss of confidence as a result of perceived professional inadequacies. The nursing curriculum should include educational programs that teach nurses how to support the families of dying patients, how to interact with patients and family members successfully, how to express their own emotions, how to deal according to their own feelings of death anxiety and responses to death, and how to acknowledge their own attitudes toward dying. 7 Dying patients have a variety of medical, emotional, social, and spiritual issues, and as their lives are close to end, they typically require additional support. Patients who are reaching the end of their lives deserve comfort, the greatest quality of care, and help as they prepare to pass away. Nurses must offer emotional support to the terminally ill person and his or her family in line with the dying person's beliefs and choices. (Lewis and others, 2016) Despite the fact that the nurse must have a conversation with the dying patient about death, in order to provide the patient and family the support they require, the nurse must first become aware of and gain control over his or her own fears, emotions, and attitudes about death. The nurse may be a helpful

source of knowledge for the family since they will likely want to know how to ease their loved one's fears and anxiety while they are dying as well as how to support a dying person. (Lewis et al., 2016). To support and accomplish a "good death," a notion that has grown in popularity in society and politics, especially in Western countries improving the standard of end-of-life care is more crucial than ever. 2018 (Jeffers) (Jeffers). Depending on the viewpoints of the patient, the family, the healthcare professional, and the broader public, the idea of a good death might signify many things. According to the nurse, a high standard of care is required for a happy death, including effective symptom management and holistic care for the patient and family. In a curative situation, effective end-of-life care must be provided by acute care nurses. Effective pain and symptom management is necessary for those who are unwell and their families, as well as knowledgeable decision-making and therapy that does not prolong death (Mahan, Taggart, Knofczynski, Warnock, 2019). Patients also want to be prepared for death so that they can say their goodbyes, spend time with loved ones, and reflect on their life. The individual's personal, religious, cultural, societal, and philosophical belief systems that shape their understanding of death have an impact on what death means to them (Mahan, Taggart, Knofczynski, Warnock, 2019). Numerous studies have found that those who practice more religion are less afraid about dying. The general public, doctors, and nurses have been found to have more favorable views toward death and dying when they have religious beliefs such as believe in God and the afterlife. Education, life experiences, and reflection on one's attitudes, beliefs, and perceptions of both oneself and others, as well as caring for the most critically ill, can all help to transform attitudes. All healthcare personnel must have specialized knowledge and training to care for patients (Mahan et al., 2019), and part of that training involves teaching nurses and assisting them in developing good attitudes regarding dying. According to studies, there is a clear link between the length of time nurses have spent caring for patients in their latter stages of life and good views regarding dying. Many studies show that education is crucial in altering attitudes regarding assisting a patient who is dying (Mahan et al., 2019). The goal of death education programs is to allow and assist people in determining and identifying their own views regarding death. These educational programs might help nurses become more conscious of death, less afraid of dying, and develop positive attitudes toward caring for patients who are reaching the end of their life.

These educational programs might help nurses become more conscious of death, less afraid of dying, and develop positive attitudes toward caring for patients who are reaching the end of their life. Nurses must be conscious of how their attitudes and understanding about death affect the care they provide to dying patients. Because death has such a profound impact on human existence, it is impossible to argue that the caregiver's behavior is only determined by his or her awareness of death. As a result, death education should not only provide facts, but also assist in the construction and development of good personal attitudes toward and awareness of death.

### **2.1. 3 Experience of nursing students and its influence on their attitude towards death**

Experience is the main key to enhancing attitude of individual in many field of life.

Experience could positively influence the way of behavior and handling of medical issues among individual as a nursing students, practicing nurse, and medical personnel. According to the popular saying, experience is the best teacher. It helps to regulate or moderate the way of behavior towards handling situations in medical field. Lack of experience in handling dying or dead patient could cause the nursing students panic or anxiety which could affect their normal behavior. According to Berndtsson, Karlsson and Rejno (2019), Many nursing students lack the necessary skills to handle death and care for patients who are approaching death as newly educated or student nurses. Berndtsson et al. (2019) observed that experience has a significant influence on nursing students' behaviour while dealing with dying or deceased patients, with the aid of the Frommelt Attitude Toward Care of Dying Scale (FATCOD) to examine the attitudinal shifts seen by nursing students over their schooling. The author also found evidence that a palliative care course may positively affect nursing students' perceptions of providing assisting patients and their families who are near death. The authors suggest that experience through nursing clinical practices and be required to take a palliative care course in nursing school, and that learning activities such as small group reflection, taking care of the dead body and doing simulated training be included in addition to theoretical lectures. This will help to positively influence nursing students' attitudes toward patient death.

## 2.2 Related Research

S/N	AUTHOR & YEAR	THE TITLE	SAMPLING GROUP	TYPE OF THE RESEARCH	DATA COLLECTION TOOL	FINDINGS	SUGGESTIONS
1.	Berndtsson, Karlsson and Rejn (2019)	Nursing students' attitudes toward care of dying patients: A pre- and post-palliative course study	Nursing students (n = 73) enrolled in an obligatory palliative care course in a Swedish university's nursing program.	Pre- and post-designed descriptive study	Data was collected both before and after a palliative care course using FATCOD and qualitative open-ended questionnaires. Descriptive and analytical statistics were used to analyze FATCOD data. Qualitative content	The students' mean assessments showed a statistically significant shift toward a more positive attitude toward end-of-life care. The largest mean change was seen among students with the lowest pre-course scores. The qualitative study revealed that the	A palliative care course should be required in nursing school, and it should incorporate learning activities such as small group reflection, simulation training, and caring for the dead body, in addition to theoretical lectures.

					analysis was used to examine the open-ended questions.	students obtained new information, improved comprehension, and felt more secure as a result of the training.	
2.	Sharour, Suleiman, Yehya, AL-Kaladeh, Malak, Subih and Salameh (2017)	Nurses students attitudes toward death and caring for dying cancer patients during their placement.	ALZaytoonah University in Jordan nursing students. A hundred nursing students were chosen as part of the study.	A descriptive study	The (FATCO D) and (DAP-R) scales were used to collect data.	Higher-achieving students are more optimistic and more suited to care for cancer patients in their latter stages than less accomplished pupils. Nurses who have undergone patient care seminars	According to the findings, nurses' attitudes regarding care for dying and deceased cancer patients can be a significant predictor of cancer patients' quality of life.



						and training courses a more favorable attitude toward the end of life.	
3.	Zainab Zahran, Khaldoun M. Hamdan, Ayman M. Hamdan, Mansour, Rabia S. Allari, Abeer A. Alzayyat, and Abeer M. Shaheen (2022)	Nursing students' attitudes toward death and caring for dying patients	555 students from Jordan's nursing schools comprised a random sample..	A cross-sectional correlational design	A revised version of the Death Attitude Profile and the Frommelt Attitude Towards Dying Care assessments were used in this investigation.	Nursing students had positive attitudes toward patients who have passed away (M = 98.1, SD = 9.2) (M = 153.7, SD = 21.5). Neutral acceptance, Being a woman, having a higher academic level, and caring for dying patients were all	Nursing students' opinions of caring for patients who are dying were influenced by the type of university, academic level, and gender. The fundamental nursing curriculum, theory, and practice all need to focus a stronger

						significantly associated with beneficial outcomes, whereas dread of death, escape acceptance, and death avoidance were significantly associated with worse outcomes ( $F = 4.5$ ).	emphasis about dying, passing away, and end-of-life care.
4.	Ferri, P., Di Lorenzo, R., Stifani, S., Morotti, E., Vagnini, M., Jiménez Herrera, M. F., Bonacaro, A., Artioli, G., Rubbi, I., & Palese, A. (2021).	Nursing student attitudes toward dying patient care: A European multicenter	569 students who consented to take part in the study and were enrolled in three nursing programs in three	A cross-sectional research conducted in many countries.	This research made use of the FATCOD-B (Frommel et al. 2018) Attitude Toward Care of the Dying Scale).	The total FATCOD-B scores of students with varied ages, genders, years of study, religious beliefs, nursing education	The views of nursing students do not change as they advance in their education; they think they are only partially ready to

		nter cross-sectional study	different countries (Italy, Spain, and the UK). were issued a demographic questionnaire.			on palliative care, past experiences caring for dying patients, and personal grief did not differ statistically from one another.	provide care for people who are dying. End-of-life care education should be a priority since nurses are so important in assuring the standard of care. major component of undergraduate curricula.
5.	Mojtaba Jafari, Hossein Rafiei, Asra Nassehi, Farzaneh Soleimani, Mansuor	Caring for dying patient s: Attitude of nursing	This research included 30 students out of a total of 32.	The current study was done in Bam, Iran, utilizing a quasi-	Nursing students' attitudes were evaluated before and after an	S Students' reactions to caring for patients who were dying ranged from negative to	Lessons about death and how to care for The teaching of nursing to

	Arab, & Mohammad Reza Noormohammadi. (2015).	students and effects of education	(response rate of 94 percent).	experimental approach that included a pre-test/post-test design for one group.	educational intervention Applying the Frommelt Approach to Care for the Dying (FATCOD) scale.	neutral. Students' attitudes were significantly altered by education (mean FATCOD score before research was 3.50.43 and after intervention was 4.70.33). (P = 0.001).	nursing students should cover dying patients. To further understand how education affects nursing students' understanding of how to care for patients who are dying, more study is needed.
6.	Setioputro and Kurniawan (2018)	Nursing Students' Attitudes towards Caring for Dying Patients	Simple random selection was used to pick the sample, which included 192	A quantitative descriptive cross-sectional research approach was adopted	Version B in Indonesia of the Frommelt Attitudes on the Care of the Dying was used	Nursing students often have a 93.835.96 attitude toward providing care for terminally ill patients	The attitudes of student nurses about caring for patients who were dying were found to be

			nursing students from Indonesia's Universitas Jember.	in this study.	to gather the data. (FATCO D-BI).	(range 30-120). In views regarding caring for dying patients, The academic standing and experiences of the students have a significant influence.	unfavorable, and no correlation between gender, training experience, and the attitudes of the students toward caring for patients who were dying was discovered.
7.	Ina E.K. Berndtsson, Margareta G. Karlsson, and Åsa C.U. Rejnöa,b, (2019)	Nursing students' attitudes toward care of dying patients: A pre- and post-	Nursing students (n = 73) at a Swedish university enrolled in an obligatory palliative care course as	a descriptive research project with a pre- and post-design.	Data was gathered employing qualitative open-ended questions both before and after a palliative care training,	The mean ratings from the students showed a statistically significant tendency in favor of end-of-life care. Students who had the lowest pre-course	Nursing students' perceptions of provide care to patients with terminal illnesses and their families may be positively altered by

		palliative course study	part of their nursing curriculum.		as well as FATCOD . Descriptive and analytical statistics were used to analyze FATCOD data. Qualitative content analysis was used to examine the open-ended questions.	scores had the largest change in their lives. The qualitative study revealed that the students obtained new information, improved comprehension, and felt more secure as a result of the training.	taking a palliative care course. Nursing schools should be mandated to provide a palliative care course, and it should involve learning activities such as small group reflection, simulation training, and dead body care, in addition to theoretical lectures.
8.	Hojjati et al. (2015)	Nurses' attitude	106 nurses were	On 106 nurses, a descriptive	The Death Attitude Profile	Nurses had a	Nurses with positive

		toward death	used in this study	ve cross-sectional research was undertaken.	Revised Questionnaire was used to collect data.	good attitude toward death, according to the findings of this study. Nurses spend more time caring for patients and have a deeper contact with family members and patient	views and attitudes can be helpful in caring for patients and supporting their families.
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						ts' compa nions becau se of their nature .	
9.	Xu, Huang, Wang, Ma and Cao (2019)	The Attitud e toward s Death of the Nursin g Interns in Eight Teachi ng Hospit als in Jiangsu , China.	A total of 366 nursing interns were solicited, with 357 submittin g valid response s..	A Question naire Study	They employed standardiz ed questionn aires to conduct a knowledg e, attitude, and practice (KAP) survey.	The nursin g intern s had statisti cally consid erably higher rating s in the catego ries of death avoida nce, appro ach accept ance,	In China, nursing students' death education has to be strengthene d.



						and dread of death; where as, the domai ns of natura l accept ance and escape accept ance had statisti cally signifi cantly lower values .	
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## CHAPTER III

### Methodology

#### 3.1 Research Design

A descriptive, cross sectional and correlational study was carried out. – **“the attitude of African Nursing Students’ Attitudes Toward a dying patient, at Near East University”**.

#### 3.2 Participants / Population & the sample / Study group

All African nursing students at Near East University were included in the study. Near East University is a well-known institution across the world; they provide undergraduate courses, with approximately 500 international undergraduate students in nursing, including masters and postgraduate programs. The university boasts a massive campus and a big number of international students. The African Nursing Student population at Near East University will employ the easy sample approach. The purpose of utilizing a convenience sample is to find African nursing students who are accessible, willing, and able to complete the questionnaire. This increased the instrument's high rate of return for high-quality research.

#### 3.3 Data Collection Tools/Materials

The African nursing students at Near East University were polled using a self-administered questionnaire. There were two sections to the questionnaire.

First section of the questionnaire includes questions regarding the demographic characteristics of the students which entailed (levels, age, gender, country of origin, religion etc.)

Second section of the questionnaire is a research 7-point scaled psychometric property instrument developed on “The nurses' attitudes toward death” using the Death Attitude Profile-Revised (DAP-R) scale which is developed by Wong, Reker & Gesser (1994).

The second section of the questionnaire includes 5 sub sections regarding:

The DAP-R Scale

- Fear of Death (7 items)            1,2,7,18,20,21,32
- Death Avoidance (5 items)        3,10,12,19,26
- Neutral Acceptance (5 items)    6,14,17,24,30
- Approach Acceptance (10 items) 4,8,13,15,16,22,25,27,28,31
- Escape Acceptance. (5 items) 5,9,11,23,29

The DAPR utilized in this research included responses to A 7-point Likert scale with 32 items. Expressing respondents' opinions regarding death (strongly disagree, disagree, moderately disagree, uncertain, agree, moderately agree, and strongly agree). All items were graded on a scale of 1–7, from strongly disagree (1) to strongly agree (7). The interquartile range was used to gauge the students' attitude levels. The alpha coefficient of internal consistency for the subdomains varied from 0.61 to 0.95. The entire DAPR alpha coefficient was reliable in the vary from fair to extremely good. The lowest alpha coefficient was 0.65 (neutral acceptance) to a high of 0.97 (approach acceptance). The lowest stability coefficient measured was 0.61. (death avoidance) to a high of 0.95 (approach acceptance) (Wong et al., 1994). Internal consistency varied in this investigation, from 0.71 to 0.91. (approach acceptance) to 0.87 (for escape acceptance). The dap-r consist of approach acceptance items account for 33.3 %; 7 fear of death items account for 13.4 %; 5 Death Avoidance items account for 7.7%; 5 Escape Acceptance items account for 6.0 %; and 5 Neutral Acceptance items account for 5.7%. A total of 66.2 % variables is accounted for by the 5 components. (Wong et al., 1994).

### **3.4 Data collection procedure**

The questionnaire was administered to the participants (African Nursing Students) with the help of certain employees from the institutions. The students were educated on the topic and its relevance, and then a Google form was provided to them. The questionnaire was administered to African nursing students at an institution in the Near East. Following that, the data analysis for this study will be based on the legitimate copies of the validly filled questionnaire acquired from the participants. In this study, the questionnaire was employed to obtain the essential primary data.

### **3.5 Data Analysis plan**

The researcher has adopted the following statistical techniques in analyzing the data that was obtained. For the participants' demographic data and the research questions will be analysed with Statistical package for the social sciences (spss) using frequency distribution tables of descriptive statistics. Kruskal Wallis analysis was used to compare the differences by country. Bonferroni adjusted Mann-Whitney U test was used post hoc analysis. Spearman correlation analysis was used to look at the connection between the variables and the scale sub-dimension. The results were tested at 0.05 level of significance.

**CHAPTER IV**  
**Findings and Discussion**

4.1. Presentation of findings

**Table 1: Socio-demographic characteristics of the nursing students (n=254)**

Descriptive statistics	Number (n)	Percentage (%)
<b>1. Gender</b>		
Male	61	24.0
Female	175	68.9
Prefer not to say	18	7.1
<b>2. Age</b>		
≤21	113	44.6
22-25	106	41.7
>26	35	13.8
<b>3. Country</b>		
Cameroon	11	4.3
Gambia	11	4.3
Nigeria	173	68.1
Somalia	15	6.0
Zimbabwe	19	7.5
Others	25	9.8
<b>4. What level are you in nursing school</b>		
First year	69	27.2
Second year	75	29.4
Third year	71	28.0
Fourth year	39	15.4
<b>5. Experience caring for dying patient</b>		
No	92	36.2
Yes	102	40.2
Missing	60	23.6

Table 1 shows the characteristics of respondents. The results show that females were the major respondents accounting for 68.9% of the demographic. A higher percentage of respondents (40.2%) reported to have experienced caring for a dying patient. With respect to level in nursing school, the least number of respondents (15.4%) were in their fourth year of study. The highest percentage of respondents were at least twenty-one years old (44.5%). Nigerians accounted for the highest nationality of respondents (68.1%).

## 4.2 The mean and standard deviation and overall score of each item of the scale (n=254)

**Table 2: The mean and standard deviation and overall score of each item of the scale (n=254)**

<b>Question</b>	<b>Mean</b>	<b>S.D.</b>
Q9. Death is no doubt a grim experience	4.72	2.29
Q10. The prospect of my own death arouses anxiety in me	5.16	1.77
Q11. I avoid death thoughts at all cost	5.19	1.75
Q12. I believe I will be in heaven after I die	4.67	2.12
Q13. Death will bring an end to all my troubles	3.14	1.97
Q14. Death should be viewed as a natural undeniable and unavoidable event	5.69	1.67
Q15. I am disturbed by the finality of death	4.57	1.82
Q16. Death is an entrance to a place of ultimate satisfaction	4.02	1.81
Q17. Death provides an escape from this terrible world	4.47	1.71
Q18. Whenever the thought of death enters my mind, I try to push it away	4.47	1.93
Q19. Death is deliverance from pain and suffering	3.99	1.92
Q20. I always try not to think about death	5.03	1.80
Q21. I believe heaven will be a much better place than this world	5.88	1.61
Q22. Death is a natural aspect of life	5.73	1.89
Q.23. Death is a union with God and eternal bliss	4.29	2.10
Q.24. Death brings a promise of new and gracious life	4.89	1.81
Q25. I would neither fear death nor welcome it	5.14	1.72
Q26. I have an intense fear of death	3.68	1.99
Q27. I avoid thinking about death altogether	4.15	2.05
Q28. The subject of life after death troubles me greatly	4.57	1.88
Q29. The fact that death will mean the end of everything as I know it frightens me	4.96	1.77
Q30. I look forward to a reunion with my loved ones before I die	5.41	1.59
Q31. I view death as a relief from earthly suffering	4.87	1.70
Q32. Death is simply a part of the process of life	5.66	1.53
Q33. I see death as a passage to an eternal and blessed place	5.07	1.69
Q34. I try to have nothing to do with the subject of death	3.83	1.89
Q35. Death offers a wonderful release of the soul	4.12	1.76
Q36. One thing that gives me comfort in facing death is my believe in the after life	4.42	1.95
Q37. I see death as a relief from the burden of this life.	4.34	1.96
Q38. Death is neither good nor bad	5.41	1.63
Q39. I'm looking forward to the life after death	5.17	1.69
Q40. The uncertainty of not knowing what happens after death worries me.	4.42	2.01
<b>Total</b>	<b>4.77</b>	<b>0.52</b>

S.D.-Standard deviation

Table 2 shows the mean and standard deviation and overall score of each item of the scale. The overall average of the scale in the nursing students was  $4.77 \pm 0.52$ . the item with the highest score was item 21 "I believe heaven will be a much better place than this world" with  $5.88 \pm 1.61$ . in contrast, the lowest score was item 13 "Death will bring an end to all my troubles" with  $3.14 \pm 1.97$

4.3 The mean and standard deviation of all five categories

**Table 3: The mean and standard deviation of all five categories**

Category	Mean	S.D.
Fear of Death	4.59	0.97
Death Avoidance	4.52	1.20
Neutral Acceptance	5.56	0.96
Approach Acceptance	4.80	0.80
Escape Acceptance	4.15	1.15
<b>Total</b>	<b>4.77</b>	<b>0.52</b>

Table 3 shows the mean and standard deviation of all five categories of the scale. The overall average of the categories was  $4.77 \pm 0.52$ . The highest score was for Neutral acceptance category with  $5.56 \pm 0.96$  while the lowest was for escape acceptance category with  $4.15 \pm 1.15$

4.4 The Attitude Towards Death Assessment Scale's dimensions were compared to sociodemographic and characteristics related to experience caring for patients who were dying.

*Table 4: The Attitude Towards Death Assessment Scale's dimensions were compared to sociodemographic and characteristics related to experience caring for patients who were dying.*

Variables	Attitudes				
	Fear of Death	Death Avoidance	Neutral Acceptance	Approach Acceptance	Escape Acceptance
Gender	0.057	0.045	0.120	0.033	0.004
Age	0.077	0.064	-0.097	0.077	0.058
Level	-0.085	-0.054	-0.034	0.095	-0.037
Experience caring for a dying patient?	-0.89	-0.019	0.028	-0.004	-0.007

\*Significant value ( $p < 0.05$ ); applied Spearman Correlation Test

Table 4 shows A comparison of the Attitude Towards Death Assessment Scale's dimensions with sociodemographic data and caregiving experience a dying patient variables. Gender, age, level of study in nursing school and experience caring for a dying patient did not show any significant correlation to the parameters of the scale used to measure attitudes regarding death.

4.5 Comparison of scale total and sub-dimension total score averages by country

Table 5. Comparison of scale total and sub-dimension total score averages by country

		n	Mean	Std. Deviation	$X^2_{KW}$	p
Fear of death	Nigeria	173	4,62	,98	7.451	0.189
	Gambia	11	4,05	1,12		
	Cameroon	11	4,39	,78		
	Somalia	15	4,83	,760		
	Zimbabwe	19	4,23	1,014		
	Others	25	4,81	,87		
	Total	254	4,59	,97		
Death avoidance	Nigeria	173	4,60	1,23	7.654	0.176
	Gambia	11	4,01	,89		
	Cameroon	11	4,33	1,08		
	Somalia	15	4,13	,96		
	Zimbabwe	19	4,35	,95		
	Others	25	4,59	1,42		
	Total	254	4,52	1,20		
Neutral acceptance	Nigeria	173	5,67	,92	12.720	0.026
	Gambia	11	5,09	1,19		
	Cameroon	11	5,14	,97		
	Somalia	15	5,57	1,03		
	Zimbabwe	19	5,09	,90		
	Others	25	5,51	1,01		
	Total	254	5,56	,96		
Approach acceptance	Nigeria	173	4,87	,80	7.492	0.187
	Gambia	11	4,40	,56		
	Cameroon	11	4,58	1,15		
	Somalia	15	4,91	,94		
	Zimbabwe	19	4,60	,53		
	Others	25	4,71	,78		
	Total	254	4,80	,80		

Escape acceptance	Nigeria	173	4,23	1,15	15.687 0.008
	Gambia	11	3,26	1,11	
	Cameroon	11	3,97	,70	
	Somalia	15	4,50	1,22	
	Zimbabwe	19	3,51	1,11	
	Others	25	4,38	1,03	
	Total	254	4,15	1,15	
TOTAL	Nigeria	173	4,83	,50	23.101 p<0.001 Gambia-Nigeria and Zimbabwe-Nigeria
	Gambia	11	4,26	,46	
	Cameroon	11	4,56	,52	
	Somalia	15	4,93	,58	
	Zimbabwe	19	4,46	,50	
	Others	25	4,81	,37	
	Total	254	4,77	,51	

There was no difference between a country's adoption of a method and its scores for death avoidance, fear of death, and both. According to the countries, there was a difference between natural acceptance, escape acceptance and total score averages. Post-hoc analysis was carried out to determine which group the difference originated from, while no difference was found between countries in natural acceptance and escape acceptance sub-dimensions, it was determined that the difference in total score was due to the difference between the average scores of Gambia-Nigeria and Zimbabwe-Nigeria students.



## CHAPTER V

### Discussion

A descriptive, cross sectional and correlational study on the attitude of African nursing students towards dying patient was carried out. A questionnaire which had two categories, the socio-demographic factors and also the DAPR questions was used to investigate the attitude of African nursing students who provided detailed information to the best of their knowledge. One of the most important aspects of a nurse's job is to care for people who are dying. As a result, nursing students must be prepared to care for dying patients as part of their training. (Zahran, Z., *et al* 2022). Student nurses encounter terminally ill patients in the course of their noble profession and are obligated to care for them when they are dying. (Ranse et al., 2018). Many nursing students find it difficult to deal with death and express feeling uneasy and unprepared to provide dying people care. (Jafari et al., 2015).

The mean age of nursing students in the sample region is 22 years old, while the lowest age is 18 and the maximum age is >26 years old. This indicates that nursing students in the sample area are still relatively young. Nursing students' attitudes regarding mortality were shown to be substantially related to their age and lack experience in the study. There has been several research on this topic in the past. (Jafari et al., 2015; Loai A.S., 2017). According to the study, the majority of nurses had a negative attitude toward death, which affected the emotions they were likely to exhibit when providing care for a patient who was dying. This discovery is in line with earlier research's conclusions. (Jafari et al., 2015).

According to the findings of this research, demographic characteristics have no significant effect on one's attitude on mortality. However, females are more likely than males and older nurses to be concerned about death. This is also true for nurses. According to Dunn, Otten, and Stephens's (2005) explanation, feminism has an effect on the attitudes of caregivers toward terminally ill patients. It's possible that this is because men and women express their emotions differently, as seen in (Mandal 2007 and Deng et al., 2016).

Table 2 shows the mean and standard deviation and overall score of each item of the scale. The overall average of the scale in the nursing students was  $4.77 \pm 0.52$ . The item with the highest score was item 21 “I believe heaven will be a much better place than this world” with  $5.88 \pm 1.61$ . In contrast, the lowest score was item 13 “Death will bring an end to all my troubles” with  $3.14 \pm 1.97$  which indicates that a large number of African nursing students have the fear of death (item 21). In a study, (Iranmanesh et al., 2010) found that fear of death enhanced unfavorable sentiments about caring for persons towards the end of life. A systematic review study that looked at nurses' opinions to see if fear of death effects how they care for dying patients found a negative association between nurses' fear of death and their attitude toward caring for dying patients. (Peters et al., 2013). In this study table 3 shows that the mean and standard deviation of all five categories inside the scale. The top rating was for Neutral acceptance category with  $5.56 \pm 0.96$  while the lowest was for escape acceptance category with  $4.15 \pm 1.15$ . The patient regards recognize that death is an inevitable part of life and sees it as a given in Neutral Acceptance. (Masoumeh N., & Yarali D., 2013). The difference between these two sorts of acceptance is that one of them views death as a natural law in Neutral Acceptance while escape acceptance is seen as running away from the reality of death. (Masoumeh N., *et al*, 2014) and also seen to be an alternative that is welcomed according to (Wong et al., 1994). Table 4 shows a comparison of the Attitude Towards Death Assessment Scale's dimensions with sociodemographic data and personal experience caring for a dying patient variables. Gender, age, level of study in nursing school and experience caring for a dying patient did not show any significant correlation to the components of the attitude toward death evaluation scale. There is no link between gender and attitudes about giving care to terminally ill people. Another study in Spain found no link between views for giving care for dying patients and gender (Edo-Gual, Tomás-Sábado, Gómez-Benito, Monforte-Royo, & Aradilla-Herrero, 2015). Prior research found no correlation between student age and attitudes on providing care for the terminally ill (Berndtsson et al., 2019; Jafari et al., 2015). The evaluations for approach acceptance, death avoidance, and fear of death were the same across all nations. Natural acceptance, escape acceptance, and overall score averages all differed according to the different African countries. While there was no difference between countries in the natural acceptance and escape acceptance sub-dimensions as relating to a past research (Masoumeh, N., *et al* 2014),

## CHAPTER VI

### Conclusion and recommendation

#### 6.1 Conclusion

This assessment of the research gives a more in-depth and thorough information of the encounters that students had with patients who were dying in this study, the attitude of African nursing students towards a dying patient was significant associated with fear of death and also poor approach skill. Through this study it was noticed that student had the fear of death which will definitely affect their attitude towards a dying patient, in short, there was a significant association between the attitude of students towards a dying patient.

#### 6.2 Recommendations

The significance of exposing and sanitizing students in dealing with mortality on a personal and professional level, as well as their perspectives on the subject Nursing students must be exposed to patient mortality both during and after their education. It may be feasible to reduce negative aspects such as feelings of inadequacy, isolation or role conflicts, and increase good outcomes such as dealing with and sharing experiences, as well as personal and professional progress, provided students receive proper preparation and support. Nursing students want encouragement and chances to think on and explore their views regarding dying people and death. Throughout their journey to become independent professionals, students must improve their critical-reflective abilities and learn to deal with death in a humane manner.

##### 6.2.1 Recommendations According to Findings

The study evaluates the attitude of Nursing students towards death and dying patient. The current study is based on the following research questions,

- What are the nursing students' individual attitudes towards death?
- What is the relationship between nursing students' demographic characteristics and attitudes towards death?

The study's findings reveal that nursing students have a negative attitude toward mortality, based on the data above. Students are afraid of dying. Nursing students, according to the study, avoid thinking about mortality.

Nursing students should be encouraged and taught the importance of their attitude towards a dying patient and how it affects the patient.

The research also reveals a link between demographic variables and one's attitude toward death. Gender, age, educational level, and nationality all have a role in nursing students' attitudes regarding mortality, according to the study. As a result, the study indicates that nursing trainees avoid dying patients and death-related ideas altogether. It is critical that they receive sufficient training on how to address death as medical professionals.

#### 6.2.2 Recommendations for Further Research.

Further study should look into the influence of simulation strategies on students' skills in end-of-life care and bad news communication, as well as the attitudes of instructors and nurse tutors about death, given that these models are used throughout the teaching and learning process.

More research on the establishment of a curriculum for dying patient care that focuses on sociodemographic status is needed.

Students should be assessed more on their view towards end of life and how to approach situations professionally.

More research should be carried out on the attitude of student nursing towards death during clinical postings and the problem face

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## Appendices

### Appendix A

#### 8.1 Socio-demographic Data and Questionnaire

##### 8.1.1 Socio-demographic Data

1. Gender

Female

Male

Prefer not to say

2. How old are you

18-19

20-21

22-23

24-25

>26

Prefer not to say

3. What level are you in nursing school

First year

second year

Third year

fourth year

Others

4. Which country are you from?

Nigeria

Somalia

Zimbabwe

Cameroon

Gambia

Others

5. As a nursing student, do you have experience caring for a dying patient?

Yes

No

### 8.1.2 The Death Attitude Profile-Revised (DAP-R) Questionnaire

This questionnaire contains a number of statements related to different attitudes toward death. Read each statement carefully, and then decide the extent to which you agree or disagree. For example, an item might read: "Death is a friend." Indicate how well you agree or disagree by circling one of the following: SA = strongly agree; A= agree; MA= moderately agree; U= undecided; MD= moderately disagree; D=disagree; SD= strongly disagree. Note that the scales run both from strongly agree to strongly disagree and from strongly disagree to strongly agree. If you strongly agreed with the statement, you would circle SA. If you strongly disagreed, you would circle SD. If you are undecided, circle U. However, try to use the undecided category sparingly. It is important that you work through the statements and answer each one. Many of the statements will seem alike, but all are necessary to show slight differences in attitudes.

- |  |                |
|--|----------------|
| 1. Death is no doubt a grim experience.                                    | SD D MD U MA A |
| SA   |                |
| 2. The prospects of my own death arouses anxiety in me.                    | SA A MA U MD D |
| SD   |                |
| 3. I avoid death thoughts at all costs.                                    | SA A MA U MD D |
| SD   |                |
| 4. I believe that I will be in heaven after I die.                         | SD D MD U MA A |
| SA   |                |
| 5. Death will bring an end to all my troubles.                             | SD D MD U MA A |
| SA   |                |
| 6. Death should be viewed as a natural, undeniable, and unavoidable event. | SA A MA U      |
| MD D SD  |                |

7. I am disturbed by the finality of death. SA A MA U MD D  
SD
8. Death is an entrance to a place of ultimate satisfaction. SD D MD U MA A  
SA
9. Death provides an escape from this terrible world. SA A MA U MD D  
SD
10. Whenever the thought of death enters my mind, I try to push it away. SD D MD U  
MA A SA 11. Death is deliverance from pain and suffering. SD D MD  
U MA A SA
12. I always try not to think about death. SA A MA U MD D  
SD
13. I believe that heaven will be a much better place than this world. SA A MA U MD D  
SD
14. Death is a natural aspect of life. SA A MA U MD D  
SD
15. Death is a union with God and eternal bliss. SD D MD U MA A  
SA
16. Death brings a promise of a new and glorious life. SA A MA U MD D  
SD
17. I would neither fear death nor welcome it. SA A MA U MD D  
SD
18. I have an intense fear of death. SD D MD U MA A  
SA
19. I avoid thinking about death altogether. SD D MD U MA A  
SA
20. The subject of life after death troubles me greatly. SA A MA U MD D  
SD
21. The fact that death will mean the end of everything as I know it frightens me. SA A  
MA U MD D SD
22. I look forward to a reunion with my loved ones after I die. SD D MD U MA A SA

23. I view death as a relief from earthly suffering.	SA A MA U MD D SD
24. Death is simply a part of the process of life.	SA A MA U MD D SD
25. I see death as a passage to an eternal and blessed place.	SA A MA U MD D SD
26. I try to have nothing to do with the subject of death.	SD D MD U MA A SA
27. Death offers a wonderful release of the soul.	SD D MD U MA A SA
28. One thing that gives me comfort in facing death is my belief in the afterlife.	SD D MD U MA A SA
29. I see death as a relief from the burden of this life.	SD D MD U MA A SA
30. Death is neither good nor bad.	SA A MA U MD D SD
31. I look forward to life after death.	SA A MA U MD D SD
32. The uncertainty of not knowing what happens after death worries me.	SD D MD U MA A SA

#### Scoring Key for the Death Attitude Profile-Revised Dimension Items

Dimension	Items
Fear of Death (7 items)	1,2,7,18,20,21,32
Death Avoidance (5 items)	3,10,12,19,26
Neutral Acceptance (5 items)	6,14,17,24,30
Approach Acceptance (10 items)	4,8,13,15,16,22,25,27,28,31
Escape Acceptance (5 items)	5,9,11,23,29

Scores for all items are from 1 to 7 in the direction of strongly disagree (1) to strongly agree (7). For each dimension, a mean scale score can be computed by dividing the total scale score by the number of items forming each scale.

Wong, P.T.P., Reker, G.T., & Gesser, G. (1994). Death Attitude Profile-Revised: A multidimensional measure of attitudes toward death. In R.A. Neimeyer (Ed.), *Death*

anxiety handbook: Research, instrumentation, and application. (pp. 121-148).  
Washington, DC: Taylor & Francis

## Appendix B

### 8.2 Permission letter for tools

Prof. Dr. Sultan Kav  
Baskent University  
Health Science Faculty  
Department of Nursing  
Ankara/ TURKEY

Dear Professor Sultan KAV

My name is Faith Avworhokai, I am a currently a master student in pediatric nursing at Near East University in Northern Cyprus. My advisor is Professor Firdevs ERDEMİR.

I am interested to do research on nursing students' attitudes towards death and dying patients as my master thesis study.

There are Turkish (Cypriot and Turkey from various regions of Turkey) foreign (the majority of African countries –mainly from Nigeria) students at Nursing Faculty we have Turkish and English program. We would like to use the Turkish version of “Death Attitude Profile-Revised (DAP-R)” developed by you for students in the Turkish program and kindly ask your permission to use it.

I am looking forward to getting a positive reply from you

Yours sincerely,

Dr. Banu KUCUK  
Baskent University  
Health Science Faculty  
Department of Nursing  
Ankara/ TURKEY

Dear Dr. Banu KÜÇÜK

My name is Faith Avworhokai, I am a currently a master student in pediatric nursing at Near East University in Northern Cyprus. My advisor is Professor Firdevs ERDEMİR.

I am interested to do research on nursing students' attitudes towards death and dying patients as my master thesis study.

There are Turkish (Cypriot and Turkey from various regions of Turkey) foreign (the majority of African countries –mainly from Nigeria) students at Nursing Faculty we have Turkish and English program. We would like to use the Turkish version of “Death Attitude Profile-Revised (DAP-R)” developed by you for students in the Turkish program and kindly ask your permission to use it.

I am looking forward to getting a positive reply from you

Yours sincerely,

## Appendix C

### 8.3 Approval letter from the author

**Sultan Kav**

October 13, 2020 at 4:11 PM

To: Kay-y and 2 more...

Inbox - Google

SK

Re: approval

Dear Faith Avworhokai,

Thank you very much for your message and interest in this area of research. You have our permission to use Turkish version of the "Death Attitude Profile-Revised (DAP-R)" scale.

Please note that original version of the scale was developed by Paul Wong et al (Wong PTP, Reker GT, Gesser G. Death Attitude Profile-Revised: a multidimensional measure of attitudes toward death. In: Neimeyer RA, ed. Death Anxiety Handbook: Research, Instrumentation, and Application. Washington, DC: Taylor & Francis; 1994: 121-148).

We wish you a success and best wishes for your research,

Kind regards,

Sultan Kav

ky Avworhokai <[ghencky@gmail.com](mailto:ghencky@gmail.com)>, 13 Eki 2020 Sal, 14:36 tarihinde şunu yazdı:

Good day Dr. Sultan Kav

my name is Faith Avworhokai, i am interested in doing a research on nursing students attitude towards death and dying patients and below is an official letter.

—

Sultan Kav RN, PhD  
Professor at Baskent University  
Faculty of Health Sciences Department of Nursing  
Baglica, Ankara, TURKEY

EONS Former President

[www.cancernurse.eu](http://www.cancernurse.eu)

Appendix D  
8.4 Ethical Approval from Near East University



YAKIN DOĐU ÜNİVERSİTESİ  
BİLİMSEL ARAŞTIRMALAR ETİK KURULU

ARAŞTIRMA PROJESİ DEĐERLENDİRME RAPORU

**Toplantı Tarihi** : 24.12.2020  
**Toplantı No** : 2020/86  
**Proje No** :1224

Yakın DoĐu Üniversitesi Hemşirelik Fakültesi öğretim üyelerinden Prof. Dr. Firdevs Erdemir'in sorumlu araştırmacısı olduĐu, YDU/2020/86-1224 proje numaralı ve "**Determination of African Nursing Students' Attitudes Toward Death, at a Nursing School in Northern Cyprus**" başlıklı proje önerisi kurulumuzca online toplantıda deĐerlendirilmiş olup, etik olarak uygun bulunmuştur.

Prof. Dr. Rüştü Onur

Yakın DoĐu Üniversitesi  
Bilimsel Araştırmalar Etik Kurulu Başkanı



## Appendix E

### 8.5 Curriculum Vitae

#### 1. PERSONAL INFORMATION

<b>NAME, SURNAME:</b>	FAITH OGHENEKEVWE AVWORHOKAI
<b>DATE of BIRTH and PLACE:</b>	21-06-1997 SAPELE, DELTA STATE, NIGERIA.
<b>CURRENT OCCUPATION:</b> STUDENT	
<b>ADDRESS of CORRESPONDENCE:</b> OMAG APARTMENT TERMINAL, LEFKOSA.	
<b>TELEPHONE:</b> +905428580151	
<b>E-MAIL:</b> gheneky@gmail.com	

#### 2. EDUCATION

YEAR	GRADE	UNIVERSITY	FIELD
2016	DOUBLE BACHELORS	INSTITUT PRACTIQUE DE SANTE PUBLIQUE, NIGER REPUBLIC.	NURSING SCIENCE AND PUBLIC HEALTH
2019 – till date	Masters	Near East University	NURSING

#### 3. PROFESSIONAL-CERTIFICATION

YEAR	GRADE	COURSE	UNIVERSITY	FIELD
2018	CERTIFICATE	HUMAN RESOURCE MANAGEMENT	HUMAN RESOURCE ACEDEMY, YENAGOA, BAYELSA STATE. NIGERIA	CERTIFICATION COURSE
2021	CERTIFICATE	BASIC LIFE SUPPORT (CPR-AED)	ANGEL AND EAGLE GLOBAL RESCUE SERVICES LIMITED, LAGOS. DELTA STATE	CERTIFICATION COURSE
2021	LICENSING	NURSING AND MIDWIFERY COUNCIL OF NIGERIA LICENSE	NIL	NURSING LICENSE

### 3. ACADEMIC –PROFESSIONAL EXPERIENCE

PERIOD	TITLE	DEPARTMENT	UNIVERSITY
2017	PUBLIC HEALTH OFFICER	NIGERIA AIRFORCE MEDICAL CENTRE YENAGOA, BAYELSA, NIGERIA.	NIL
2018	NURSING OFFICER	NIGERIA AIRFORCE MEDICAL CENTRE YENAGOA, BAYELSA NIGERIA.	NIL

### 4. FIELD OF INTERESTS

FIELDS OF INTERESTS	KEY WORDS
Child Health, Nursing....	Nursing, child.

