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Evaluation of Approach to Death, Death Anxiety and Trait Anxiety Levels Among Students of the Faculty of Medicine and Health Sciences: A Descriptive Study

Tıp ve Sağlık Bilimleri Fakültesi Öğrencilerinin Ölüme Yaklaşım, Ölüm Kaygısı ve Sürekli Kaygı Düzeylerinin Değerlendirilmesi: Tanımlayıcı Çalışma

Nurdan KIRIMLIOĞLU[a], Ramazan GÜNEŞER[b,c], Ertuğrul ÇOLAK[d]

[a]Eskişehir Osmangazi University Faculty of Medicine, Department of History of Medicine and Ethics, Eskişehir, Türkiye
[b]Bolu Abant İzzet Baysal University Mehmet Tanrıkulu Vocational School of Health Services, Medical Services and Techniques Department First and Emergency Aid Program, Bolu, Türkiye
[c]Eskişehir Osmangazi University, Institute of Health Science, Department of History of Medicine and Ethics, Doctoral Programme, Eskişehir, Türkiye
[d]Eskişehir Osmangazi University Faculty of Medicine, Department of Biostatistics, Eskişehir, Türkiye

ABSTRACT Objective: Death and death anxiety are complex emotional experiences associated with an inevitable fact of human life. Healthcare professionals stand out as a group that frequently encounters and deals with death. In the current study, the views of medical, nursing, and midwifery students on death, their levels of death anxiety and trait anxiety, and whether these levels differ according to sociodemographic variables were investigated. **Material and Methods:** A total of 548 students participated in the descriptive correlational study. Data were collected by means of a questionnaire prepared in the light of the literature, in which the students' experience of death was questioned, the State-Trait Anxiety Inventory (STAI) and the Death Anxiety Scale (DAS). **Results:** Students attributed different meanings to death, had different experiences caring for the terminally ill, and developed different personal solutions to cope with the event of death. The students' STAI score (45.18±7.36) was below average, while the DAS score (7.14±2.00) was about average. Correlation analysis revealed a very weak positive correlation between the STAI score and the DAS score. The STAI and DAS scores were lower in students who were not afraid of death, who wanted to care for the terminally ill, and who wanted to work in the intensive care unit. **Conclusion:** The findings indicate that students developed diverse meanings of death and adopted various coping strategies and approaches to caring for terminally ill patients. Therefore, it is very important to support students in death education and strategies for coping with death anxiety.

Keywords: Death; death anxiety; trait anxiety; undergraduate

ÖZET Amaç: Ölüm ve ölüm kaygısı, insan yaşamının kaçınılmaz bir gerçeğiyle ilişkilendirilen karmaşık duygusal deneyimlerdir. Sağlık profesyonelleri, ölümle sık karşılaşan ve bu durumla başa çıkmak zorunda kalan bir meslek grubu olarak öne çıkar. Bu çalışmada, tıp, hemşirelik ve ebelik bölümü öğrencilerinin ölüme ilişkin görüşleri, ölüm kaygıları, sürekli kaygıları ve sosyodemografik değişkenlere göre ölüm kaygılarının ve sürekli kaygılarının farklılaşıp farklılaşmadığının incelenmesi amaçlanmıştır. **Gereç ve Yöntemler:** Tanımlayıcı ilişkisel nitelikte olan çalışmaya 548 öğrenci katılmıştır. Veriler, literatür ışığında hazırlanan öğrencilerin, ölüm deneyimlerinin sorgulandığı anket formu, Durumluk-Sürekli Kaygı Ölçeği [State-Trait Anxiety Inventory (STAI)] ve Ölüm Kaygısı Ölçeği [Death Anxiety Scale (DAS)] aracılığıyla toplanmıştır. **Bulgular:** Öğrenciler, ölüme farklı anlamlar yüklemişler, ölümcül hastaya bakım sağlarken çeşitli deneyimler yaşamışlar ve ölüm olayıyla başa çıkmak için farklı kişisel çözümler geliştirmişlerdir. Öğrencilerin STAI skoru (45.18±7.36) ortalamanın altındayken DAS skoru (7.14±2.00) yaklaşık ortalama değerdedir. Korelasyon analizi sonucunda, STAI skoru ve DAS skoru arasında pozitif yönde çok zayıf bir ilişki bulunmuştur. Ölümden korkmayan, ölümcül hastanın bakımını üstlenmek ve yoğun bakımda çalışmak isteyen öğrencilerin STAI ve DAS skoru daha düşüktü. **Sonuç:** Bulgular, öğrencilerin ölüme dair farklı anlamlar geliştirdiklerini ve ölümcül hasta bakımına yönelik çeşitli başa çıkma stratejileri ve yaklaşımlar benimsediklerini göstermektedir. Bu yüzden öğrencilerin, ölüm eğitimi ve ölüm kaygısıyla başa çıkma stratejileri konusunda desteklenmesi oldukça önemlidir.

Anahtar Kelimeler: Ölüm; ölüm kaygısı; sürekli kaygı; üniversite öğrencisi

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Correspondence: Ramazan GÜNEŞER
Bolu Abant İzzet Baysal University Mehmet Tanrıkulu Vocational School of Health Services, Medical Services and Techniques Department First and Emergency Aid Program, Bolu, Türkiye
E-mail: rmzngnsr@gmail.com

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Although death is part of natural life, it is often a subject of public discomfort.[1] Beyond a biological event, the perception of death can vary among individuals as a result of the differences created within and around oneself.[2] Death is a mystery that both fascinates and unsettles people because of its inevitability and because of the desire to escape it. Although life is intertwined with death and people have witnessed many deaths, they try to mentally push death out of life. To this end, they have a tendency to fill their memories with the activities of life in order to avoid the thought of death.[3]

From some points of view, death and life may seem to be completely different concepts, but for others, life and death may be one and the same. People's attitudes toward death can vary widely, depending on their personal preferences and experiences.[4] Death anxiety is an innate and lifelong feeling. This sense that lies at the root of all fear arises when man realizes that he is ceasing to exist and that he is losing himself and the world.[5] Death anxiety is also recognized as a fundamental fear underlying the development of various psychopathologies.[6]

Death is considered an obstacle to be denied and overcome by individuals in modern life. Therefore, modern man wants to remove death from life by confining it to hospitals, which puts the emotional burden of dying on the medical professionals.[7] Death anxiety, a negative emotional state that occurs with the realization of mortality, can be experienced by healthcare professionals who experience situations such as illness, trauma, and exposure to violence.[8] As it is an integral part of the work of healthcare professionals such as physicians, nurses and midwives, they encounter patient death while practicing their profession.[9]

Quality end-of-life care relies on effective communication, in-depth knowledge, practical expertise, and respect for the patient's and family's wishes by an interdisciplinary healthcare team working together. It is essential that each member of the team has up-to-date knowledge and experience, and has had experience with death and end-of-life care.[10] It is important for the development of nurses, midwives and physicians to examine their thoughts about death and the care of the terminally ill and to find opportunities to express their feelings during the educational process. In addition, an important first step in improving the education and practice of students during their undergraduate years is to study their attitudes, experiences, knowledge, and training in caring for the dying. Therefore, research is needed that examines the views of physicians, nurses, and midwives regarding dying. This study is one of the few that comprehensively evaluates attitudes toward death and death anxiety among students in faculties of medicine and health sciences. In particular, the comparative analysis of students from different health disciplines and the examination of their attitudes within the context of professional education contribute original insights to the existing literature. In the current study, the views of medical, nursing and midwifery students on death, their death anxiety and the effects of sociodemographic variables were investigated.

MATERIAL AND METHODS

UNIVERSE AND SAMPLE

The present study was conducted among all students studying in the faculties of medicine and health sciences, including the departments of medicine (n=1,200), nursing (n=500), and midwifery (n=240) at a state university. The data of the cross-sectional-relational study were obtained by using the face-to-face questionnaire administration technique through convenience sampling method. An attempt was made to reach the entire target population; however, a total of 548 volunteer students who completed the forms and questionnaires were ultimately included in the study. The purpose of the study was explained to the students, and the questionnaire forms were distributed to the volunteer students who were in agreement with the participation in the study, and their feedback was obtained. The sample consisted of 548 students, representing approximately 28% of the total population of 1,940 students.

ETHICAL APPROVAL

The study was designed in accordance with the principles of the Declaration of Helsinki and informed

consent was obtained from all volunteer participants. Written institutional permissions were obtained from Eskişehir Osmangazi University Faculty of Health Sciences and Faculty of Medicine, and a letter of permission was obtained from Eskişehir Osmangazi University Non-Interventional Clinical Research Ethics Committee (date: June 30, 2016; no: 2016/32).

DATA COLLECTION TOOLS

Data were collected with a questionnaire form prepared by the researchers in the light of the literature, State-Trait Anxiety Inventory (STAI) and Death Anxiety Scale (DAS).

Questionnaire Form

It includes students' sociodemographic information and information on their experiences of illness and death.

State-Trait Anxiety Inventory

In the current study, the Trait Anxiety section of the SATI, which was developed by Spielberger et al., was used to determine the levels of state anxiety and trait anxiety separately. The validity and reliability of the scale for Türkiye were conducted by Öner and Le Compte. The Trait Anxiety Inventory is a self-report questionnaire consisting of short statements. The 20-item scale has 4 response options: "almost never", "sometimes", "very often", "always". The score obtained from the inventory theoretically ranges from 20 to 80. A high score indicates high levels of anxiety, and a low score indicates low levels of anxiety.[11,12]

Death Anxiety Scale

The DAS was developed by Templer to measure a person's anxiety and odors about death. The validity and reliability of the scale for Türkiye was conducted by Yaparel and Yıldız. The scale consists of 15 items and is organized as a true/false 2-point Likert scale. Correct answers are scored as 1 and incorrect answers are not scored. In the test with a score range of 0-15, as scores increase in this range, it is interpreted that there is an increase in death anxiety. In this range, people with a total score of 7 and above, which is the average score, are considered to have high death anxiety.[13,14]

STATISTICAL ANALYSIS

The data obtained from the data collection tools were analyzed using the SPSS 22.0 statistical package program (IBM Corp., Armonk, NY) software. Data are presented as frequency distributions, averages, standard deviations, and percentages. Independent samples t-test, one-way analysis of variance and "post hoc" Tukey test were used to compare the data between the groups. A value of $p<0.05$ was accepted for the significance level of statistical tests.

RESULTS

The number of students participating in the study was 548, with a mean age of 20.59±1.89 years. Among the students, 280 (51.1%) were nursing students, 96 (17.5%) were midwifery students, and 172 (31.4%) were medical students (Table 1).

Of the students, 280 (51.1%) reported that they were afraid of death, 471 (85.4%) had experienced death, 414 (75.5%) had experienced the death of a relative, and 369 (67.3%) had knowledge about approaching death (Table 2).

A statistically significant difference was found between the department in which the students studied and the place where they first encountered death, and it was found that nursing students (68.4%) first encountered death during internships during their education.

TABLE 1: Sociodemographic data of students

Variables	$\bar{X}$±SD (Minimum-maximum)	
Age (years)	20.59±1.89 (18-27)	
	n	%
Gender		
Female	409	75.2
Male	139	24.8
Department		
Medicine	172	31.4
Nursing	280	51.1
Midwifery	96	17.5
Grade		
1st Grade	260	47.4
2nd Grade	86	15.7
3rd Grade	80	14.6
4th Grade	87	15.9
5th Grade	35	6.4

SD: Standard deviation

TABLE 2: Descriptive characteristics of students' opinions on death

	n	%
Are you afraid of death?		
Yes	280	51.1
No	268	48.9
Have you ever experienced death?		
Yes	471	85.4
No	77	14.6
Have you experienced the death of someone close to you?		
Yes	414	75.5
No	134	24.5
Do you know anything about death and the approach to death?		
Yes	369	67.3
No	179	32.7
Are the things you do to cope with the emotions you experience when you experience death sufficient?		
Yes	497	90.5
No	51	9.5
Do you want to be in charge of the terminally ill?		
Yes	258	47.1
No	290	52.9
Would you like to work in intensive care units?		
Yes	264	48.2
No	284	51.8

Among the students, 234 (42.7%) thought that "death is a natural event like birth" and 222 (40.5%) thought that "death is the beginning of a new life". Of the students who experienced death for the first time, 223 (40.7%) felt sadness and 117 (21.4%) felt fear. Regarding coping with emotions when faced with death, 227 (38.9%) of the students said they thought death was natural and 197 (35.9%) said they prayed. Two hundred and fifty-eight (47.1%) students reported thinking about their own death when they heard about or witnessed the death of others in their age group (Table 3).

Statistically significant differences were found between the student's encountering with death and the meanings they gave to death. It was found that the students who attributed meaning to death as the absolute end and the greatest loss were those who had experienced death before.

Statistically significant results were found between students' death anxiety and the meanings they gave to death; students who reported that they were not afraid of death were more likely to define death as a natural event such as birth, whereas students who were afraid of death were more likely to express it as uncertainty and as the greatest loss in life.

Statistically significant differences were found between the department in which the students studied and the feelings of sadness and fear they experienced when they first encountered death. It was found that the feelings of sadness and fear were experienced most by nursing students when they first encountered death.

The mean STAI score of the female students was found to be higher than that of the male students (p=0.000). It was found that the STAI (p=0.000) and DAS (p=0.000) scores of medical students were significantly lower than those of nursing and midwifery students. Year 5 students had lower DAS scores than year 3 students (p=0.008). Both STAI scores (p=0.000) and DAS scores (p=0.000) of students who feared death were higher than those who did not fear death. The STAI scores of students who reported that what they did to cope with the emotions they experienced when faced with the event of death was sufficient were lower than the others (p=0.004). The STAI scores of the students who wanted to be responsible for the terminally ill person were found to be lower than those of those who did not want to be responsible (p=0.008). It was found that both STAI (p=0.025) and DAS (p=0.003) scores of the students who wanted to work in intensive care units were lower than the others (Table 4).

The STAI score of the students was 45.18±7.36 and the DAS score was 7.14±2.00. There was a weak positive correlation between STAI and DAS scores (r=0.197*, p=0.000) (Table 5).

DISCUSSION

Depending on age, cultural values, beliefs, and lifestyles, the meanings and perspectives that individuals ascribe to death may vary.[15] Bilgiç reported that the scores for life after death were high in his study, and he thought that this was related to the fact that the study was conducted in a Muslim society, and that Muslims believe that there is life after death.[16] In

TABLE 3: Some descriptive characteristics of students on death*

	n	%
What do you think death means?		
The beginning of a new life	222	40.5
Absolute end	95	17.3
Returning to life in another form	52	9.5
Like birth, death is a natural event	234	42.7
Uncertainty	90	16.4
Disappearance of vital activities	82	15
An integral part of existence	103	18.8
Even at birth we die, the end is in the beginning.	29	5.3
Where I am, there is no death, and where there is death, there is no me. So death means nothing to me.	8	1.5
Learning to live well is also learning to die well, or learning to die well is learning to live well.	60	10.9
It is the greatest phenomenon of loss in life.	65	11.9
How did you feel in your first encounter with death?	n	%
I didn't feel anything	32	5.8
I questioned life	99	18.1
I took it natural	106	19.3
Sadness	223	40.7
Fear	117	21.4
Collapse-crying	99	18.1
Non-acceptance	83	15.1
Losses	107	19.5
What do you do to cope with the emotions you experience when faced with death?	n	%
I don't do anything	38	6.9
I talk to my friends about it	133	24.3
I'll talk to my family about it	151	27.6
I cry	153	27.9
I pray	197	35.9
I try to get relief by taking medication	11	2
I think death is natural	227	38.9
I choose to be alone	78	14.2
In what situations do you reflect on your own death?	n	%
When I'm ill	103	18.8
When my loneliness is intense	165	30.1
Every time I hear about a death	194	35.4
Every time I witness a death	91	16.6
When I hear about or witness the death of people in the same age group as me	258	47.1
At which stage should education about the death process take place?	n	%
Before starting internships during vocational training	112	35.0
During the internships in vocational training	63	19.7
Before starting work after vocational training	15	4.7
Periodically during professional life	32	10.0
All	98	30.6
What kind of emotions do you experience when caring for a terminally ill patient?		
Denial	8	1.9
Anger	18	4.4
Anxiety	99	24.1
Guiltiness	29	7.1
Grief	104	25.3
Depression	30	7.3
Desperation	189	46.0
Failure	38	9.2
Despair	94	22.9
Anxiety	93	22.6
Inadequacy	114	27.7
Nothing	19	4.6

*More than one option was selected by the participants.

TABLE 4: Continuous Anxiety Scale and DAS scores according to students' sociodemographic characteristics and views on death

	STAI Score		DAS Score	
Variables	**X̄±SD**	**Median (minimum-maximum)**	**X̄±SD**	**Median (minimum-maximum)**
Gender				
Female	45.82±7.08	46 (27-68)	7.21±2.03	7 (1-12)
Male	42.29±7.84	43 (25-71)	6.96±1.92	7 (2-15)
t-test	t=3.55		t=1.23	
	p=0.000		p=0.221	
Department				
Nursing	45.99±7.24[a]	46 (26-71)	7.57±2.02a	8 (1-15)
Midwifery	46.93±6.61[a]	47 (31-64)	7.24±2.01[a]	7 (3-11)
Medicine	42.89±7.29[b]	43 (25-65)	6.40±1.77[b]	6 (2-11)
One-way ANOVA	f=13.30		f=19.37	
	p=0.000		**p=0.000**	
Grade				
1st Grade	45.44±7.55	45 (27-68)	7.07±2.01	7 (2-12)
2nd Grade	45.12±6.76	45 (29-71)	7.21±1.81	7 (1-11)
3rd Grade	44.85±7.80	45 (26-65)	7.64±1.91[a]	8 (3-11)
4th Grade	46.02±6.24	47 (27-60)	7.22±2.26	7 (2-15)
5th Grade	42.23±8.42	44 (25-57)	6.17±1.69[b]	6 (2-9)
One-way ANOVA	f=1.81		f=3.45	
	p=0.125		**p=0.008**	
Are you afraid of death?				
Yes	46.32±7.07	46 (27-65)	7.50±1.97	7.5 (3-15)
No	43.98±7.47	44 (25-71)	6.77±1.98	7 (1-12)
t-test	t=3.79		t=4.36	
	p=0.000		**p=0.000**	
Have you ever experienced death?				
Yes	45.33±7.34	45 (26-71)	7.14±2.01	7 (1-15)
No	44.25±7.75	45 (25-59)	7.16±1.97	7 (3-12)
t-test	t=1.20		t=-0.06	
	p=0.231		p=0.956	
Have you experienced the death of someone close to you?				
Yes	45.38±7.48	45 (26-71)	7.16±1.98	7 (2-15)
No	44.57±6.94	45 (25-64)	7.09±2.09	7 (1-12)
t-test	t=1.11		t=0.36	
	p=0.268		p=0.717	
Do you know anything about death and the approach to death?				
Yes	44.85±7.61	45 (25-71)	7.14±2.04	7 (2-15)
No	45.88±6.78	46 (28-65)	7.16±1.95	7 (1-12)
t-test	t=-1.54		t=-0.08	
	p=0.125		p=0.934	
Are the things you do to cope with the emotions you experience when you experience death sufficient?				
Yes	44.89±7.33	45 (25-71)	7.12±2.01	7 (1-15)
No	48.00±7.05	47 (33-62)	7.35±1.94	8 (2-11)
t-test	t=-2.90		t=-0,805	
	p=0.004		p=0.424	
Do you want to be in charge of the terminally ill?				
Yes	44.31±7.23	45 (26-68)	7.11±1.98	7 (2-15)
No	45.98±7.39	46 (25-71)	7.17±2.04	7 (1-12)
t-test	t=-2.66		t=-0.33	
	p=0.008		p=0.745	
Would you like to work in intensive care units?				
Yes	44.47±7.10	45 (26-68)	6.63±2.09	7 (1-15)
No	45.87±7.54	46 (25-71)	7.40±1.89	7 (2-12)
t-test	t=-2.24		t=-3.00	
	p=0.025		**p=0.003**	

DAS: Death Anxiety Scale; STAI: State-Trait Anxiety Inventory; SD: Standard deviation; ANOVA: Analysis of variance

TABLE 5: Correlation between Continuous Anxiety Scale and DAS

Variable	n	X̄±SD	DAS score
STAI score	548	45.18±7.36	
DAS score	548	7.14±2.00	
STAI score			r=0.197* **p=0.000**

*Pearson correlation coefficient. Significance was evaluated at the 0.01 level.
DAS: Death Anxiety Scale; STAI: State-Trait Anxiety Inventory; SD: Standard deviation

the present study, students often attributed meanings to death such as being born, dying as a natural event, and beginning a new life.

Facing death for the first time is one of the most important moments of our lives, and the impact varies according to the cognitive and emotional development of the person concerned.[17] In the study that examined the experiences of student nurses with the death of a patient during their clinical education, 4 themes were revealed: knowledge, psychological trauma, low self-esteem, and nutritional disorders.[18] In the present study, students reported that when they first encountered death, they often felt sadness and fear, thought they were experiencing loss, and some of them took it for granted. The fact that students reported feeling sadness, fear, and loss when they first encountered death suggests that death often has an emotional impact and that people have different emotional responses to this experience.

Managing the experience of patient death is critical for future healthcare professionals as it can affect their perceptions, causing them to experience negative emotions and avoid caring for dying patients.[19] However, specific interventions can be developed to address some of the physical symptoms if we know how our body is trying to cope with its first encounter with death.[17] In the current study, students reported that they thought death was natural, prayed, cried, and talked with their families about coping with emotions in the face of death. From the results obtained, it can be understood that there are different ways in which students express their emotions in the process of coping with the event of death.

Evaluations of one's own death are important because they involve existential issues.[20] It has been noted that healthcare professionals may feel uncomfortable around a dying person because of their own death anxiety, but they often fail to recognize the source of these feelings.[21] In the current study, students frequently reported that they thought about their own death when they heard or witnessed their peers dying, when they heard about dying, and when they were feeling lonely. This suggests that death is an important event in people's lives and that they question their own existence and life when they encounter the death of others. It can also, together with feeling lonely, be an incentive to face death as an existential reality and to explore the meaning of personal life.

Death education can play an important role in the reduction of death anxiety, the change of negative attitudes towards the care of terminally ill patients, and the creation of positive attitudes by contributing to the development of healthcare professionals' awareness of the phenomenon of death.[21] Death education has been reported to significantly reduce death anxiety.[22] In accordance with the results, the students stated that education about the death process should be provided before the start of work placements during vocational education. This emphasizes that students are likely to encounter death in their placements and should be prepared for such experiences.

Most healthcare students report experiencing emotional distress and anxiety in end-of-life care, as well as feeling unprepared to care for end-of-life patients and their families.[23] Similar to the study, nursing students reported experiencing intense sadness, helplessness, and inadequacy when caring for dying patients.[24] The results of the current study may indicate that students experience emotional difficulties while caring for a terminally ill patient.

It has been reported that the prevalence of anxiety disorders differs significantly between men and women and is more prevalent in women.[25] According to the results of the study, the STAI score of female students was significantly higher than that of male students. In the literature, there are studies that are compatible and inconsistent with the current study in terms of the trait anxiety scores of students.[26,27] High levels of trait anxiety can pose a risk to education and patient care, particularly in health-related

fields such as nursing and midwifery due to the large number of female students. High levels of anxiety can distract students, reduce their ability to concentrate and make it difficult for them to cope with stress, which can have a negative impact on the quality of education and their effectiveness in patient care. Therefore, the focus should be on appropriate strategies to reduce anxiety levels of the students.

It is reported that death-related worry and anxiety may be common among healthcare professionals.[8] In the present study, the STAI and DAS scores of nursing and midwifery students were higher than those of medical students. It has been noted that nurses encounter death more frequently and may be more susceptible to the destructive effects of negative emotions.[28] It has been reported that midwifery students' clinical education often involves perinatal loss, including stillbirth and neonatal death, increasing negative emotions such as anxiety and fear.[29] Nursing and midwifery students are in direct contact with people during patient care or at the end of life and are therefore more likely to encounter death. This may make students more anxious about the difficulties and interactions they will face in their professional future.

Death anxiety is a subjective feeling that begins after birth, continues throughout life, and is generally based on the fear of ending your existence, losing yourself, and losing the world.[30] In the current study, the STAI and DAS scores of students who had a death anxiety were higher than those of students who did not have a death anxiety. In contrast, a study conducted on healthcare students reported that there was no difference in anxiety scores between those who feared death and those who did not.[31] This difference may be attributed to cultural context, the use of different measurement scales, or the characteristics of the sample. The results suggest that death anxiety may have an impact on the general emotional state of students and is an important factor, especially in terms of anxiety. Anxiety may increase as a result of death anxiety and should be addressed, especially as it may cause students to face various difficulties in their academic performance and daily life. These discrepancies in the literature indicate the need for more comprehensive studies that also take cultural differences into account in order to better understand the relationship between death anxiety and general anxiety.

The ability to cope with death is of great importance because it is an inevitable reality in the lives of human beings. It has been reported that strengthening death competence, a set of human skills for coping with death, can reduce anxiety.[32] Individuals' social and emotional competencies related to positive coping have been shown to regulate death anxiety and fear.[33] The development of competencies in end-of-life care and the reduction of death anxiety have been shown to be crucial in dealing with the fear of end-of-life care.[34] The literature suggests that the use of appropriate strategies in coping with death may contribute to a reduction in anxiety levels. In the present study, STAI scores were lower for students who believed that what they did to cope with the emotions they experienced when faced with the death event was sufficient than for the others. These results, consistent with the literature, show that students' coping skills with death can positively affect their anxiety levels.

Working in the intensive care unit and caring for terminally ill patients can be very challenging for healthcare workers, as it can cause high levels of stress and anxiety. In the present study, the STAI scores of the students that wanted to care for terminally ill patients were low, and both the STAI scores and DAS scores of the students that wanted to work in intensive care units were low. It can be assumed that these students have a stronger desire to care for terminally ill patients and work in intensive care units, and have stronger skills to deal with such situations, in relation to the lower anxiety levels of those who did not have a death anxiety. From the results, it can be predicted that students can improve the quality of patient care by enabling them to cope with such challenging situations more effectively. On the other hand, students' desire to work in a specific field may be beneficial in developing their skills in coping with death and end-of-life care.

The findings of the study showed that students' trait anxiety levels were generally below average,

suggesting that they do not experience intense anxiety on a continuous basis in their daily lives. However, their death anxiety levels were slightly above average, which may indicate that they have some sensitivity and concern about death and a need for more information on this subject. This may indicate the need for students to improve their coping skills with death-related situations and to be more sensitive and effective in patient-care processes. Therefore, it highlights the importance of more comprehensive coverage of death and dying in student education programs. As a result of the correlation analysis carried out in the present study, a very weak positive correlation was found between the STAI score and the DAS score. This suggests that there is a direct correlation between death anxiety and trait anxiety, but this is quite limited. A study in the literature found a positive correlation between death anxiety and trait anxiety scores.[35] It is thought that factors such as direct exposure to death and personal coping strategies may influence this relationship. This result emphasizes the need for more in-depth research to better understand the correlation between death and anxiety.

CONCLUSION

Our study found that medical, nursing, and midwifery students generally view death as a natural part of life, but experience intense grief, loss, and fear when first encountering death. Students used methods such as praying, crying, and sharing with family to cope with these emotions; these strategies function to alleviate negative emotions in line with individuals' cultural values and belief systems. Additionally, it was found that female students and nursing/midwifery students had higher anxiety levels, and students who feared death had significantly higher scores for persistent anxiety and death anxiety. The findings indicate that students' experiences related to death lead to significant emotional consequences in both their personal and professional lives.

In light of these findings, students in health education programs need to be prepared for issues related to death and end-of-life care early in their professional training. Integrating death education into the curriculum can help reduce students' anxiety about death, thereby protecting their own mental health and enabling them to provide more effective and sensitive care to dying patients. Additionally, supportive programs for students, psychosocial education to strengthen stress management skills, and supervision-based practices should be developed. Considering that the relationship between fear of death and anxiety is influenced by cultural context and individual differences, research conducted with broader and more diverse samples will shed light on the development of comprehensive strategies to enhance the death coping competencies of healthcare professional candidates.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

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