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ORIGINAL



University nursing students attitudes toward care for dying patients

Actitudes de los estudiantes universitarios de enfermería hacia la atención a los pacientes en estadía terminal

Nesreen Alqaissi¹, Mohammed Qtait¹, Juman Omar Almuhtaseb¹, Rawand Jibreen Albakri¹, Shahd Majed Za'aqeq¹, Noor Bassam Imam¹, Ahmad Nedal Shaheen¹

¹Nursing Collage, Palestine Polytechnic University. Hebron, Palestine.

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ABSTRACT

Introduction: care of dying patients is a critical component of nursing that requires a compassionate and well-informed approach. However, nursing students often exhibit varied attitudes towards caring for dying patients, influenced by cultural, educational, and personal factors. Understanding these attitudes is essential to improve nursing education and patient care. The study aims to explore the attitudes of nursing students at University towards caring for dying patients and identify the factors influencing these attitudes.

Methods: a descriptive cross-sectional study was conducted among 225 nursing students from the 3rd and 4th years at University.

Result: nursing students had positive attitudes towards caring of death 69 % and a positive attitude towards caring for dying patients, escape acceptance and death avoidance were significant negative predictors, while moderate acceptance, higher academic level and female gender were significant positive predictors of caring for dying patients. Positive relationship according to level of years with 4th years.

Conclusion: this study explored the attitudes of nursing students at University towards care for dying patients, and the factors influencing these attitudes. While findings show a relatively positive level of attitudes towards care for dying patients, especially the attitudes toward care of dying patients', this could be due to the lack of knowledge and skills about caring for dying patients. However, their attitudes were more positive regarding the care of dying patients, especially emphasizing family involvement.

Keywords: Attitudes; Death; Dying Patients; Nursing Students.

RESUMEN

Introducción: el cuidado de los pacientes moribundos es un componente crítico de la enfermería que requiere un enfoque compasivo y bien informado. Sin embargo, los estudiantes de enfermería muestran a menudo actitudes variadas hacia el cuidado de los pacientes moribundos, influidas por factores culturales, educativos y personales. Comprender estas actitudes es esencial para mejorar la formación de enfermería y la atención al paciente. El estudio tiene como objetivo explorar las actitudes de los estudiantes de enfermería de la Universidad hacia el cuidado de los pacientes moribundos e identificar los factores que influyen en estas actitudes.

Métodos: se realizó un estudio descriptivo transversal entre 225 estudiantes de enfermería de 3° y 4° curso de la Universidad.

Resultado: los estudiantes de enfermería tenían actitudes positivas hacia el cuidado de la muerte 69 % y una actitud positiva hacia el cuidado de los pacientes moribundos, la aceptación de la huida y la evitación de la muerte fueron predictores negativos significativos, mientras que la aceptación moderada, el mayor nivel académico y el género femenino fueron predictores positivos significativos del cuidado de los pacientes moribundos. Relación positiva según el nivel de años con4º años.

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Conclusión: este estudio exploró las actitudes de los estudiantes universitarios de enfermería hacia el cuidado de los pacientes moribundos, y los factores que influyen en estas actitudes. Aunque los resultados muestran un nivel relativamente positivo de actitudes hacia los cuidados a pacientes moribundos, especialmente las actitudes hacia los cuidados a pacientes moribundos', esto podría deberse a la falta de conocimientos y habilidades sobre los cuidados a pacientes moribundos. Sin embargo, sus actitudes fueron más positivas en relación con el cuidado de los pacientes moribundos, especialmente haciendo hincapié en la participación de la familia.

Palabras clave: Actitudes; Muerte; Pacientes Moribundos; Estudiantes de Enfermería.

INTRODUCTION

Nursing is a profession that provides comprehensive care to patients. While nursing takes a holistic approach to nursing care, nursing education does not embrace the dying process, despite the fact that death is an essential part of the human experience. (1) Nursing students are prepared to provide holistic care across the lifespan. Student nurses should be comfortable, aware and willing to care for all parts of the human being, including the death and dying process. However, death education is lacking for undergraduate student nurses, revealing a gap in the holistic nature of nursing. (2)

Death is one of the most powerful emotional events that humans face, regardless of national, ethnic, or religious beliefs. Everyone will have to go through it, or most likely witness someone dying, at some time in their lives. However, for nurses, the issue is slightly different. (3) Nurses face scenarios in which they care for dying patients and observe death on a daily basis. They may struggle to balance their responsibilities as caregivers for dying patients. (4) To do so, nurses must have a positive attitude toward caring in general, and especially during the dying process. (5) Although nurses' primary responsibility is to save lives, death is an unavoidable part of existence. (6)

According to the Center to Advance Palliative Care, a multidisciplinary working and leadership approach recognize palliative care. It is provided along with curative treatment because it is applicable at any age and any stage of the illness. Palliative care is viewed as supportive therapy throughout the disease, rather than at the point of death. Its goal is to alleviate patient suffering and improve the quality of life for patients and their families. (7) Working with dying patients, such as in palliative care units, necessitates additional knowledge and abilities, as well as a natural acceptance of death and the dying process. (8) This necessitates that nurses acquire the required knowledge and abilities during their undergraduate studies and should not avoid matters of death and dying. This will increase the quality of nursing care while also preventing subsequent traumatic effects on nurses themselves. (8)

Previous research has looked on students' attitudes towards palliative care. (9,10) These research suggested that nursing students should have positive attitudes regarding dying patients in order to provide quality care. Positive student attitudes toward caring for dying patients can serve as an indicator of effective therapeutic communication with dying patients. (10)

Palliative care concepts are hampered in bachelor's degree nursing courses, and nursing students' psychological and spiritual readiness, as well as their acceptance of death and caring for dying patients, are unclear. As a result, investigating students' attitudes toward death and issues related to caring is critical for providing them with the skills, knowledge, and acceptance that will allow them to improve their psychological and spiritual adaptation during their training period and their quality of care after graduation. The goal of this study was to look at undergraduate nursing students' perceptions toward death and care for dying patients in Jordan. The particular aims were as follows: to describe nursing students' attitudes toward death and caring for dying patients; and to investigate the relationship between attitudes toward death and dying and caring for dying patients while controlling for demographic factors among nursing students.

METHODS

Design

A cross-sectional correlational design was used. Data were collected using a questionnaire from nursing students in Palestine. This approach was chosen for its ability to efficiently capture attitudes at a specific moment and allowed for a descriptive examination of various demographic factors. Prior studies had effectively utilized this methodology to investigate attitudes towards caring for dying patients among healthcare professionals. This aligned with the study's aim to explore nursing students' attitudes within a constrained time frame.

Population and Sampling

The target population nursing students in university in the West Bank. A non-probability, convenience

sampling method was employed, focusing on nursing students from the 3rd and 4th years. This involved selecting participants who were readily available and met the inclusion criteria. Information regarding student numbers was obtained 255 students in the sample

Data Collection Procedure

In this study, the authors used standardized instruments: Frommelt Attitudes Toward Care of the Dying Scale Form B (FATCOD-B). Additionally, and collected demographic data from participants.

The researchers collected data utilizing a self-administered questionnaire and was divided into two part:

Part one (demographic data): it consisted of 6 items (students' age, gender, academic year, whether they had attended end of life care course, and had experienced the death of a patient or provided end-of-life care while in a clinical setting or in the family).

Part two: FATCOD-B Instrument The Frommelt Attitudes Toward Care of the Dying Scale Form B is a 30-item self-administered questionnaire that measures attitudes toward caring for dying patients and their families. It was developed by Katherine H. Murray Frommelt in 1989 and has since been revised to assess the relationship between various demographic variables and attitudes.

The FATCOD-B scale is a 30-item tool using a 5-point Likert scale to indicate respondents' attitudes toward caring for dying patients. The instrument includes 15 positive (1, 2, 4, 10, 12, 16, 18, 20, 21, 22, 23, 24, 25, 27, and 30) and 15 negative statements (3, 5, 6, 7, 8, 9, 11, 13, 14, 15, 17, 19, 26, 28, and 29) with response options: strongly disagree, disagree, uncertain, agree, and strongly agree. Positive items were scored one (strongly disagree) to five (strongly agree). Scores were reversed for negative items. Possible scores can range from 30-150. A higher score indicates a more positive attitude toward. A low score indicates an extremely negative attitude, while a high score represents a very positive attitude.

Data Analysis

The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 27. Data entry was meticulously conducted with double-checking procedures to ensure accuracy and identify any outliers or errors.

Descriptive Statistics: a descriptive statistical analysis was performed to characterize the study variables. This analysis included calculating frequencies, percentages, mean scores, and standard deviations (SD) for each variable.

Inferential Statistics: to assess potential differences and relationships between the study variables, inferential statistical tests were employed. Specifically, an independent sample t-test was conducted to evaluate group differences, while a Pearson correlation coefficient was calculated to measure the strength and direction of any linear associations between variables.

Normality test: the Shapiro-Wilk test, which is a statistical test used to evaluate the normality of a distribution, was used. In the context of attitude score, it has been used to evaluate whether the score follows a normal distribution, which is the assumption behind many statistical tests.

Ethical considerations

Research Ethics Committee approval was obtained from the Ethics Committee at the researchers' Palestine polytechnic university (ppu-n-23). self-administered questionnaire. Because of that, no permissions were obtained from the universities. Participation was completely voluntary, and students were assured that their responses would be confidential. The anonymity of the participants was ensured throughout the study. Data were secured in a password-protected computer. The front page of the questionnaire included the study objectives, confidentiality issues and anonymity and privacy of the respondents. Permission to use the questionnaires was obtained from the original authors.

RESULT

A total of 255 students participated in the study and completed the questionnaire. The age of the students ranged from 18-35 years, with a mean of 20,0 years (SD = 4,1), and 90 % were between the ages of 20-22 years. Of the students, 38,2 % were male, while 62,8 % were female. The vast majority were single 90,5 %. Students were almost equally represented in the academic years (about 20 %-28 % per category).

Attitude of Nursing Students Toward Care for Dying Patients

Descriptive analyses were computed on the FATCOD-B items. The FATCOD-B was designed to measure attitudes of nurses toward a number of issues associated with caring for dying patients and their families. Mean scores were obtained for each item separately and for the entire FATCOD-B items.

Table 1 presents the mean and the standard deviation for each item. Higher scores on the FATCOD-B reflected more positive attitudes toward providing care for dying patients and their families. The pie chart displays the

attitudes of nursing students towards death and end-of-life care. A significant majority, 69 %, of the students surveyed hold a positive attitude towards this aspect of healthcare. Conversely, 31 % of the students have a negative attitude towards dealing with death and providing care at the end of life (figure 1).

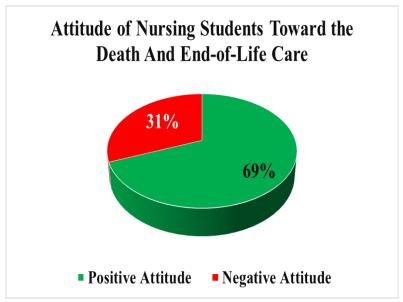


Figure 1. Attitude of Nursing Students Toward Care for Dying

Overall, nursing students in the sample demonstrated a relatively positive attitude toward caring for dying patients and their families. The mean score of all FATCOD-B items was 103,5 (SD = 8,30) and ranged between 76 and 132 (maximum score is 150).

The items in FATCOD-B that had the highest means were "It is beneficial for the dying person to verbalise his or her feelings" and "Families should be concerned about helping their dying member make the best of his or her remaining life" and "Families should maintain as normal an environment as possible for their dying member"" with means of 4,40, 4,38 and 4,34, respectively. The three items that received the least means were "I would be uncomfortable talking about impending death with the dying person", "I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying", "I would be upset when the dying person I was caring for gave up hope of getting better" with mean scores of 2,25, 2,37 and 2,37, respectively.

The items divided into two dimensions as Form-melt, 1988 divide it, Students perceived providing care to the dying as a valuable experience (M=4,14) and affirmed the importance of caring for the patient's family during bereavement (M=4,04). They also recognized that death could sometimes be a welcome event for the dying (M=3,68) and acknowledged the significance of involving the family in care (M=4,12).

Contrastingly, students expressed preferred not to be present at the time of a patient's death (M=2,76), and they were inclined to avoid conversations about the patient's mortality (M=2,57).

Additionally, students reported positive attitudes towards non-family caregivers withdrawing from involvement as death nears (M=3,88) and supporting the autonomy of the dying person and their family in decision-making (M=3,91). They also agreed that addiction to pain medication should not be a concern when treating the dying (M=3,43), However, being afraid to be friend someone dying (M=2,71)

Table 1. Mean score for each item toward the Attitudes of Care for dying patients am		`	·
Item	M	SD	Status
Families should be concerned about helping their dying member make the best of his or her remaining life	4,38	0,799	Positive
Families should maintain as normal an environment as possible for their dying member	4,34	0,663	Positive
Families need emotional support to accept the behavior changes of the dying person	4,21	0,606	Positive
The family should be involved in the physical care of the dying person	4,12	0,678	Positive
Care should extend to the family of the dying person	4,08	0,745	Positive
Caring for the patient's family should continue throughout the period of grief and bereavement	4,04	0,912	Positive
The dying person and his or her family should be the in-charge decision makers	3,91	0,760	Positive

Educating families about death and dying is not a non-family caregiver's responsibility R	3,50	1,052	Positive
Family members who stay close to a dying person often interfere with the professional's job with the patient R	2,44	0,828	Negative
Attitude towards family of dying patients		0,823	Positive
It is beneficial for the dying person to verbalize his or her feelings	4,40	0,707	Positive
Giving care to the dying person is a worthwhile experience	4,14	0,699	Positive
As a patient nears death, the non-family caregiver should withdraw from his or her involvement with the patient R		0,947	Positive
Dying persons should be given honest answers about their condition	3,88	0,868	Positive
Caregivers should permit dying persons to have flexible visiting schedules	3,80	0,767	Positive
It is possible for non-family caregivers to help patients prepare for death	3,74	0,878	Positive
There are times when death is welcomed by the dying person	3,68	0,757	Positive
I would not want to care for a dying person R	3,66	0,940	Positive
Addiction to pain relieving medication should not be a concern when dealing with a dying person	3,43	1,033	Positive
The dying person should not be allowed to make decisions about his or her physical care R	3,31	0,982	Positive
I would feel like running away when the person actually died R	3,26	1,122	Positive
It is difficult to form a close relationship with the dying person R	3,25	0,941	Positive
The length of time required to give care to a dying person would frustrate me R	3,24	0,980	Positive
Death is not the worst thing that can happen to a person	3,14	1,191	Positive
I would hope the person I'm caring for dies when I am not present R	2,76	1,141	Negative
I am afraid to become friends with a dying person R	2,71	1,156	Negative
The non-family caregivers should not be the one to talk about death with the dying person R	2,68	1,053	Negative
When a patient asks, "Am I dying?" I think it is best to change the subject to something cheerful R	2,57	1,050	Negative
I would be upset when the dying person I was caring for gave up hope of getting better R	2,37	1,066	Negative
I would be uncomfortable talking about impending death with the dying person R	2,37	1,095	Negative
I would be uncomfortable if I entered the room of a terminally ill person and found him or her crying R	2,25	1,037	Negative
Attitude towards dying patients	3,26	0,923	
Total Mean Score (30 items)	3,45	0,290	Positive
R: Reversed coded Higher mean score means higher positive attitude			
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Mean score over 5; cut off point: 3 (<3 negative attitude and 3 or more positive attitude)

RELATIONSHIP BETWEEN AGE AND ATTITUDE

The study examined the relationship between age and attitude towards care for dying patients among 225 nursing students. A Pearson Correlation analysis was used to determine the strength and direction of the relationship between these two variables.

The findings revealed a positive correlation (r = .143) between age and attitude score, indicating that as the age of nursing students increased, attitude towards care for dying patients increases. The correlation was statistically significant, with a p-value of .032. table 2

Table 2. Relationship between age and attitude among nursing students (n=225)					
		Age	Attitude		
			score		
Age	Pearson Correlation	1			
	P-value				
Attitude score	Pearson Correlation	0,143	1		
	P-value	0,032			

DISCUSSION

Findings from this study provided an overview of nursing students' attitudes toward caring for dying patients and their families. The attitudes of nursing students measured through (FATCOD-B) scale, settled at

an intermediate value of the scale, In particular, the total score of FATCOD-B reported by the nursing students of the study sample showed poorer positive attitudes towards death in comparison with that reported by The Swedish Version for nurses. (11) Greek students attending the 2nd, 3rd and 4th academic year of Nursing Programed, (12) Chinese students at 21d and 3rd year of Nursing programe. (13) On the other hand, the attitudes toward caring for dying patients showed by this study sample were similar to those observed among Turkish first-year undergraduate nursing students. (14,15) Eurpean nursing students at Spain, Italy, and United Kingdom, (16) and slightly higher than Palestine fourth-year nursing students, (17) and Jordanian students. (4) As Palestinian students, Turkey and Jordanian shares some religious and cultural values with the sample of this study, such findings suggest that these factors may influence nursing students' attitude toward caring for the dying patients and their families.

Attitudes towards care for dying patient

Interestingly, the two items received the highest scores were "It is beneficial for the dying person to verbalise his or her feelings" which indicates that the students knowing the importance of developing positive and supportive relationships with dying patients, also "Giving nursing care to the dying person is a worthwhile learning experience" received a the sound highest scores among patient-centred dimension items in the scale. This indicates that the nursing students in the study strongly agreed with the statement that providing care to dying patients is a valuable and meaningful learning experience. The high score suggests that the students recognized the importance and educational value of caring for dying individuals, highlighting their positive attitude towards this aspect of nursing care, in line with current literature. (3)

The most negative attitudes highlighted in sample were associated with the following FATCOD-B statements: "I would be uncomfortable talking about impending death with the dying person", "I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying", "I would be upset when the dying person I was caring for gave up hope of getting better". These responses suggest a lack of comfort in dealing with dying patients, despite a strong expression of interest in palliative care. This observation is consistent with the literature showing that nursing students felt uncomfortable and unprepared to deal with dying patients.

Results from other studies revealed that students who were involved in an educational program (during quasi-experimental studies) or who received education about dying showed a better attitude toward dying and were more likely to provide care for patients at the end of lite. (18,19)

Attitudes towards care for family of dying patient

The two items that had the highest score "Families should be concerned about helping their dying member make the best of his or her remaining life" and "Families should maintain as normal an environment as possible for their dying member" The nursing students in this study had a more positive attitude towards caring for the families of dying patients. This may indicate that students' attitudes towards end-of-life care are influenced by the involvement of the patient's family. Nursing students understand that the families of dying patients needs to be involved in the care process. A meta-analysis review of qualitative studies describing nursing students' experiences when caring for dying patients and their families found that nursing students advocated for more caring for patients' families. (20) And the present study findings in line with another study implemented among European nursing students. (18)

The results revealed that the lower item score in family-centered dimension is "non-family caregivers should not be the one to talk about death with the dying person", This finding underscores the potential benefits of prioritising family-centered communication strategies during end-of-life care education. This scores for nonfamily caregivers might be due to pre-existing family bonds that facilitate deeper understanding of a patient's wishes and values. Alternatively, family members may be perceived as offering a more supportive environment for these sensitive conversations.

In this study There are a number of factors that have an impact in influencing the attitudes of students, including age, gender, academic exposure.

In this study, students' attitudes towards caring for dying people were associated with their age. Consistent results were found in previous studies positive correlation with at titudes towards caring for dying people. (21,22) This finding was inconsistent with other studies that reported attitudes towards caring for the dying were not correlated with student age. (21) At this study, the result may associate with educational factors because the older students took the palliative care course already.

In general, gender was not found to be a significant indicator of nursing students' attitudes toward the care of dying patients and their families. The study results, in this regard, are similar to previous studies conducted on undergraduate nursing students. (18,19) However, some studies found that gender of nursing students was a significant indicator of their attitudes, (14) The results of the current study may be contributed to the daily dealing with death all the time due to Israeli Occupation from both gender.

According to academic year, 3rd year nursing students had a lower positive attitude toward care for dying patients compared to 4th year students, as nursing students progress in their academic level, they obtain more experience, they become more frequently exposed to death, and their awareness, knowledge and ability to cope with such issues increase. One experimental study that used a single- group pretest- posttest design showed that training 1st year nursing students was effective at developing positive attitudes towards caring for dying patients. (19,23) Not only that, but previous studies have shown that attitudes towards care of a dying patient become more open and positive at the final year of studies. (24)

The study findings reveal that students who attended a course on end-of-life care (4th year) had more positive attitudes towards care for dying patients than students who have not taken an end-of-life care course (3rd year). This could be because the course provided them with knowledge, skills, and a better understanding of how to approach and care for patients at the end of life. By learning about end-of-life care in a structured setting, students will have gained more positive influence on their attitudes. Also, there is many studies consistent with these findings around the world.^(14,16,19)

The results in this study shows that Having care of a patient at clinical sittings had a significant effect on student nurses' attitudes towards care for dying patients positively, few studies say that nursing students who have hands-on experience, like taking care of dying patients in the hospital, tend to have better attitudes about care for dying patients, This could be because they practiced taking care of dying and confidence, they need to do this tough part of their job. But other studies shows that past experiences do not make a significant difference in nursing students' attitudes toward care for dying patients. These different findings show that the relationship between experience and attitudes toward dying is complicated. Because of this complexity, education is super important in shaping nursing students' attitudes. (14,17)

CONCLUSION

In conclusion, this study explored the attitudes of nursing students at University towards care for dying patients, and the factors influencing these attitudes. While findings show a relatively positive level of attitudes towards care for dying patients, especially the attitudes toward care of dying patients', this could be due to the lack of knowledge and skills about caring for dying patients. However, their attitudes were more positive regarding the care of dying patients, especially emphasizing family involvement. While certain factors such as age, academic year, education and experience may influence attitudes to some extent, overall, nursing students demonstrate a preparedness to engage with the challenges and complexities of care for dying patients.

RECOMMENDATIONS

Future research can further strengthen the understanding of end-of-life care education at University. Longitudinal studies tracking student development throughout their program and careers would offer insights on the program's long-term impact. Qualitative research, through interviews or focus groups, could delve deeper into student experiences with dying during clinical placements, informing support systems and educational approaches. Could explore cultural influences on curriculum and student attitudes. Additionally, research on the effectiveness of specific educational interventions, like simulations, and faculty development programs focused on integrating palliative care education could be explored. By pursuing these avenues, we can gain a richer understanding of how to best prepare future nurses to provide compassionate and culturally sensitive end-of-life care.

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AUTHORSHIP CONTRIBUTION

Conceptualization: Nesreen Alqaissi. Data curation: Nesreen Alqaissi.

Formal analysis: Nesreen Alqaissi, Mohammed Qtait, Juman Omar Almuhtaseb, Rawand Jibreen Albakri, Shahd Majed Za'aqeq, Noor Bassam Imam, Ahmad Nedal Shaheen.

Research: Mohammad Qtait, Noor Bassam Imam

Methodology: Mohammad Qtait

Project management: Juman Omar Almuhtaseb

Resources: Juman Omar Almuhtaseb Software: Ahmad Nedal Shaheen Supervision: Nesreen Algaissi

Validation: Shahd Majed Za'aqeq Ahmad Nedal Shaheen.

Display: Noor Bassam Imam

Drafting - original draft: Nesreen Alqaissi, Mohammed Qtait, Juman Omar Almuhtaseb, Rawand Jibreen Albakri, Shahd Majed Za'aqeq, Noor Bassam Imam, Ahmad Nedal Shaheen.