Rev Rene. 2025;26:e94281.
DOI: 10.15253/2175-6783.20252694281
www.periodicos.ufc.br/rene

Original Article

Fear of dying and death among nursing students

Medo do morrer e da morte entre estudantes de enfermagem

How to cite this article:
Mestre GA, Batista ACS, Silva JSS, Fernandes FECV, Cañon-Montañez W, Hernández-Gamboa AE, et al. Fear of dying and death among nursing students. Rev Rene. 2025;26:e94281. DOI: https://doi.org/10.15253/2175-6783.20252694281

Gabriela de Almeida Mestre[1]
Ana Carolaine de Souza Batista[1]
Júlia de Souza Soares da Silva[1]
Flávia Emília Cavalcante Valença Fernandes[2]
Wilson Cañon-Montañez[3]
Adriana Elena Hernández-Gamboa[4]
Rudval Souza da Silva[1]

[1]Universidade do Estado da Bahia. Senhor do Bonfim, BA, Brazil.
[2]Universidade de Pernambuco. Petrolina, PE, Brazil.
[3]Universidad de Antioquia. Medellín, Colombia.
[4]Universidad Cooperativa de Colombia. Medellín, Colombia.

Corresponding author:
Rudval Souza da Silva
Universidade do Estado da Bahia/campus VII.
Rodovia Lomanto Jr, Br. 407 Km 127, S/N,
CEP:48970-000. Senhor do Bonfim, BA, Brazil.
E-mail: rudsouza@uneb.br

Conflict of interest: the authors have declared that there is no conflict of interest.

EDITOR IN CHIEF: Ana Fatima Carvalho Fernandes
ASSOCIATE EDITOR: Jéssica de Castro Santos

RESUMO

Objetivo: analisar o medo do processo de morrer e da morte entre estudantes de Enfermagem. **Métodos:** estudo observacional, transversal, com uma amostra de 277 discentes de Enfermagem dos três *campi* de uma Universidade Pública, que responderam a Escala de Medo da Morte de Collett-Lester. Para a análise foram realizados os testes Kruskal-Wallis e Mann-Whitney. **Resultados:** as variáveis: a seu morrer, a morte dos outros e o morrer dos outros, tiveram resultados superiores ao ponto de corte preestabelecido e os resultados mostram que o medo da morte varia significativamente entre os estudantes de enfermagem. **Conclusão:** confirmou-se que o medo do processo de morrer e da morte variam significativamente entre os estudantes de enfermagem, sendo influenciado por fatores demográficos e experiências pessoais, como sexo, religião, ter ou não filhos e experiência de perda de um ente próximo e o semestre acadêmico em curso. **Contribuições para a prática:** tais achados sinalizam a importância do letramento em Tanatologia na formação em Enfermagem. Os futuros profissionais enfrentarão demandas biopsicossocioespirituais inerentes ao processo de morrer e à morte, um desafio pessoal e profissional no cuidar em enfermagem e saúde.

Descritores: Medo; Morte; Estudantes de Enfermagem; Tanatologia.

ABSTRACT

Objective: to analyze the fear of the dying process and death among nursing students. **Methods:** this is an observational, cross-sectional study with a sample of 277 nursing students from the three campuses of a public university, who responded to the Collett-Lester Fear of Death Scale. The Kruskal-Wallis and Mann-Whitney tests were performed. **Results:** the variables: dying, the death of others and others dying had higher results than the pre-established cut-off point, and the results show that the fear of death varies significantly among nursing students. **Conclusion:** it was confirmed that fear of the dying process and death varies significantly among nursing students, being influenced by demographic factors and personal experiences such as gender, religion, having or not having children, and the experience of losing a loved one, as well as the current academic semester. **Contributions to practice:** these findings indicate the importance of literacy in Thanatology in nursing training. Future professionals will face biopsychosocial-spiritual demands inherent to the dying process and death, and constitutes a personal and professional challenge in nursing and healthcare.

Descriptors: Fear; Death; Students, Nursing; Thanatology.

Received: Oct. 4th 2024; Accepted: Nov. 25th 2024.

Introduction

Death is part of the natural human life cycle and has a meaning linked to the degradation of a physical and biological state, in addition to a psychological state in meaning from the loss of a being who relates, interacts and develops a social role[1]. This phenomenon is related to the influence of cultural factors and religious beliefs in which each individual is inserted, given that death, in certain cultures, can represent fascination, seduction, surrender, rest, or relief, while in others, it can be seen as a rupture, disintegration, degeneration and loss[2].

Death in Western society is marked by an idea of failure and impotence, requiring a fight against that which almost always generates feelings of disappointment and denial when there is no success in defeating it. Thus, from the denial of death, there is then a search for methods that prolong life expectancy, disregarding the natural process, making it a solitary process and without expression for suffering[3].

Likewise, the death of another person can be characterized as an announcement of one's own death, an anticipation and a threat to one's own existence, and can interrupt the normal course of the moral foundations of society and its system, bringing a person to the awareness that their own life is passing away, of the inexorability of death[1,4]. For these and other reasons, death is an element ignored and treated as a taboo in the daily life of Western culture, a stance which attempts to mask the only certainty of a human being's life: its limitation and finitude[5]. It is the difficulty in dealing with finitude that arouses fear in society, and this fear, considered the most common psychological response to death, affects all individuals universally[6].

Therefore, the fear of death is the main fear among others, originating from ignorance regarding something that is not satisfactorily known[2]. Since there is no acceptance based on the denial of death, doubts about this topic cause a certain amount of anguish, which leads individuals to remove it from their lives through various psychological defense mechanisms, such as denial itself, intangibility and displacement[3]. Death is not thought about, much less spoken about, because there is the fantasy that one can remove it from everyday life by failing to materialize it in actions and thoughts[1].

Proximity to or discussion around this topic can provoke negative emotional reactions, such as sadness, frustration, and mainly anxiety and fear, which hinder assimilation of this natural process when exacerbated, which in turn makes it difficult for people to understand and reflect on the death of others and their own mortality[7].

Facing death in the context of training health professionals, particularly nursing students, is an inevitable and emotionally complex experience. These future professionals will often be on the front lines of caring for dying patients and will witness death on a daily basis, which will require them to not only be prepared technically, but also emotionally and psychologically in order to avoid feelings of frustration, defeat, sadness and helplessness. It is also noted that nursing students often show distress when called to care for patients undergoing end-of-life care, which demonstrates that Thanatology in the teaching-learning process is insufficient[8].

Nurses routinely spend more time with the patient under their care, and experience the anguish of dying and death of those they care for more than any other health professional[1]. Those who work in the nursing field are considered to be the health professionals who suffer the most emotional distress when experiencing the patient's dying process, and therefore tend to use strategies to distance themselves from this reality, such as omitting issues related to finitude, avoiding creating bonds with the patient and not individualizing care[2].

Death represents a challenge for those who care for people with some illness. Therefore, more consistent training on the subject is necessary, as well as literacy in Thanatology in order to enable professionals to deal with situations of death and qualify he-

althcare as a whole. Professionals who deal with death on a daily basis need to be encouraged to reflect on this topic, in addition to technical training which can enable them to understand and assume their responsibilities in the face of death, not to eliminate it, but to experience it in a humanized way and thus alleviate the suffering of those who are dying[3,9].

However, it is first necessary to elucidate the differences between death and dying in order to better understand these phenomena, as well as the fear that surrounds the two concepts. Dying is considered the process that precedes death, which includes feelings of fear, helplessness and uncertainty. It is an event that occurs throughout life and can be shared. In turn, death is the product of the dying process, a state, marking the end of life and the biological body[9].

Therefore, the fear of dying is different from the fear of being dead, just as the fear of one's own death is different from the fear of the death of others. This difference occurs depending on the anxiety and fear of death levels presented by individuals, which are determined by proximity to the dying process, by social, cultural and emotional aspects, as well as by age, family dynamics, cognitive development, and religion[3].

It is important to highlight that the literature presents little discussion on the approach to death in undergraduate courses in the health area, indicating a gap in the curriculum of these future professionals[6,10]. Although the inclusion of this theme in some nursing and medical courses has already been noticed, and the approach to content related to Palliative Care and Thanatology, it is noted that few specifically address how this affects the emotions of nursing students; a group which often faces the need to deal with the death of another during their clinical practices without prior preparation, which can then result in emotional difficulties and a feeling of unpreparedness in care for those who choose a profession in the health field.

Presenting the Palliative Care and Thanatology themes in academic training, which address providing care for patients in the dying process and philosophical discussions about death, respectively, allows students to identify conflicting attitudes and feelings, which may provide them with the opportunity for sensitive and human reflection, in addition to encouraging teachers to discuss such issues. This in turn may minimize the emotional and psychological impact that facing death has on these students, as well as how this may affect their future professional practice[10]. One strategy which has been used in nursing and medical courses has been creating the Academic Leagues of Palliative Care, with positive results in reports of extracurricular extension projects[5].

In view of the above, the objective of this study was to analyze the fear of the dying process and death among nursing students.

Methods

This is an observational, cross-sectional study which sought to analyze data collected between March and June 2021. Comparisons were then made based on these data regarding application of the Collett-Lester Fear of Death Scale (CL-FODS) and the differences between the participating groups[11].

The study participants were nursing students from a public university in a Brazilian state, enrolled in three campuses where the course is offered and with different social and cultural contexts. Campus I, located in the capital of Bahia, has the largest population among the campuses studied, followed by Campus XII, in Guanambi, with the second largest population, and Campus VII, in Senhor do Bonfim, which has the smallest population, and characterizes a population difference marked by different sociocultural practices and customs. The sampling process adopted was non-probabilistic. Thus, students who were part of the initial population of 484 people who met the inclusion criteria and agreed to participate in the study were considered for the sample. The study included 277 responses from students from the three campuses of the University, thus composing the final sample.

The inclusion criterion adopted was to be a student affiliated with the Nursing Course Boards of

the University on the campuses where the study was conducted. The exclusion criterion was to be a student in a total enrollment suspension period during data collection. Data collection was conducted using technological mediation considering the pandemic and the geographical distance between the campuses. Therefore, an instrument in an online form was developed using the free research management application Google Forms®, and the invitation with the scale link was sent by email.

The instrument consisted of three sections: the first had a text introducing the assessment instrument, instructions on how to complete it, contact information for the research team for any questions, and the Informed Consent Form. The next section involved characterizing the participants with the following variables: age, sex, religion, having or not having children, academic semester, occupation, loss or not of a loved one. Finally, the last section included the CL-FODS in the version adapted to the Brazilian reality[11].

The CL-FODS includes 28 items distributed in four dimensions, with seven variables in each, namely: a) fear of one's own death; b) fear of one's own dying process (fear of dying); c) fear of the death of others; and d) fear of the dying process of others (fear of others dying). Responses follow a Likert-type scale ranging from 1 (no fear) to 5 (very fear). The result allows for an overall score, as well as for each of the four dimensions[11]. It is worth noting that the concepts of death and dying refer to the specific phenomenon of death and the dying process, as a dynamic continuum inherent to human development, and which intensifies in the face of a serious life-threatening illness, respectively[9].

The scores were analyzed according to each participant's responses, with a minimum score of 28 points and a maximum of 140 points, corresponding to the lowest or highest level of fear of death, respectively. Scores > 100 for the overall score indicate a higher fear of death or the dying process, and the cut-off point > 25 in relation to the averages of each dimension of the CL-FODS indicates a greater fear of death or the dying process[12].

The analysis was performed using the Statistical Software for Data Science (STATA) version 14.0, and its results were discussed based on national and international publications on using the CL-FODS. Descriptive and inferential analyses were performed for data analysis in order to work on the four dependent variables (Fear of one's own death; Fear of one's own dying process; Fear of the death of others; and Fear of the dying process of others). The independent variables were represented by the participants' characteristics (age, sex, religion, having or not having children, academic semester, loss or not of a loved one, degree of kinship of the loved one).

The variables were descriptively presented using the median, interquartile range, minimum and maximum. The Kruskal-Wallis and Mann-Whitney tests were used, considering non-normal distribution of the variables by the Shapiro-Francia test, and adopting $p<0.05$ as significant values . The Dunn post hoc test was used for non-parametric paired multiple comparison, controlling the error rate using the Bonferroni adjustment, and considering the use of the Kruskal-Wallis test. The confidence interval (CI) was 95% and the cut-off point >100 in relation to the overall CL-FODS score.

Upon agreeing to participate in the study, all participants indicated their acceptance by accepting the Informed Consent Form as a document which guarantees the research participant's rights will be respected, as well as allowing the participant to make the decision to collaborate, without any constraints, and the researcher, legal and moral protection, since there was voluntary participation in the study. The study was approved by the Research Ethics Committee of the State University of Bahia under Certificate of Presentation for Ethical Appreciation 30250820.0.0000.0057 and opinion No. 4,565,355/2021, respecting the bioethical principles and the Resolution of the National Health Council No. 466/12.

Results

It was observed that the majority of the participating students were female (83%), and all were between the ages of 18 and 25. Of the participants, 244 (88.1%) did not have children, and 181 (65.3%) reported not having a partner. Furthermore, 141 (50.9%) declared themselves to be Catholic and 96 (34.7%) were in the last three academic semesters of the course, while 198 (71.5%) were only studying. Finally, 223 (80.5%) students had a history of loss of someone close to them, and 150 (54.2%) of these reported having lost first-degree relatives (Table 1).

Table 1 – Characterization of the study participants (n=277). Senhor do Bonfim, BA, Brazil, 2024

Variables	Campus I	Campus XII	Campus VII	n (%)
Age range (years)				
18 to 25	69	84	77	230 (83.0)
26 to 35	13	9	13	35 (12.6)
≥36	6	1	5	12 (4.3)
Sex				
Female	72	74	84	230 (83.0)
Male	16	20	11	47 (17.0)
Have children				
Yes	11	9	13	33 (11.9)
No	77	85	82	244 (88.1)
Marital status				
Companion/partner	38	15	43	96 (34.7)
No companion/partner	50	79	52	181 (65.3)
Religion				
No religion	28	6	12	46 (16.6)
Catholic	31	66	44	141 (50.9)
Protestant	19	21	34	74 (26.7)
Spiritist	8	1	2	11 (4.0)
African roots	2	0	3	5 (1.8)
Academic semester				
1 or 2	29	25	19	73 (26.3)
3 or 4	9	16	15	40 (14.4)
5, 6 or 7	22	28	18	68 (24.6)
8, 9 or 10	28	25	43	96 (34.7)
Occupation				
Only study	56	73	69	198 (71.5)
Study and work	32	21	26	79 (28.5)
Have lost someone close to them				
Yes	69	72	82	223 (80.5)
No	19	22	13	54 (19.5)
First-degree relative	47	51	52	150 (54.2)
Second-degree relative	15	9	16	40 (14.4)
Third-degree relative	7	12	14	33 (11.9)

Table 2 shows the median, interquartile range, and minimum and maximum values of the four dimensions: fear of one's own death (d1); fear of dying (d2); fear the death of others (d3); and fear others dying (d4). In turn, it can be seen from the previously established cut-off point for the medians (>25) in each dimension indicating greater fear of death or the dying process that the variables d2, d3 and d4 exceeded the pre-established cut-off point, just as the overall score exceeded the cut-off point >100.

Table 2 – Presentation of Median, Interquartile Range, Minimum and Maximum for each dimension of the CL-FODS scores (n=277). Senhor do Bonfim, BA, Brazil, 2024

CL-FODS Dimensions	Median	Interquartile range		Minimum	Maximum
One's own death (d1)	26.0	19.0	29.0	7	35
Dying (d2)	27.0	23.0	30.0	7	35
The death of others (d3)	30.0	26.0	33.0	14	35
Others dying (d4)	28.0	24.0	32.0	10	35
Total score	109.0	96.0	118.0	50	140

CL-FODS: The Collett-Lester Fear of Death Scale

Table 3 shows the median scores for the association of the CL-FODS with the following variables: gender, having or not having children, having or not having lost someone, degree of kinship with the loved one, age, semesters completed, and religion.

When analyzing the gender variable, "the death of others" (d3) and "the dying of others" (d4) dimensions were statistically significant, with p=0.000 and p=0.000 respectively, with females prevailing with higher scores. Participants who had children had a higher median score for the "one's own death" dimension (d1) (p=0.045). In addition, first-degree relatives had a higher median score for the d1 dimension (p=0.045).

Regarding the State University of Bahia campuses, one of which is located in a capital city and the other two in cities in the interior with distinct territorial and cultural contexts, it was possible to analyze that students from campus XII presented a higher score for the d1 dimension (p=0.001). The score for the

d3 dimension was higher for students from campus VII (p=0.009), and the score for the d4 dimension was higher for students from campus I (p=0.001).

When evaluating the semesters studied, students from the 5th-6th semesters presented higher values for the d4 dimension (p=0.002). For religion, Catholics presented a higher value for the d1 dimension (p=0.002).

Table 3 – Statistical analysis of the median of the Collett-Lester Fear of Death Scale according to the independent variables (n=277). Senhor do Bonfim, BA, Brazil, 2024

Variables	One's own death	Dying	The death of others	Others dying	Overall score
Sex					
Male	25	27	30.5	29	111.5
Female	27	27	27	25	105.0
p-value	0.145*	0.241*	0.003*	0.001*	0.033*
Have children					
No	24.5	27	30	28	109
Yes	27	26	30	29	114
p-value	0.045*	0.358*	0.823*	0.742*	0.233*
Degree of kinship of close people who have passed away					
First degree	27	27	29	28	112
Second degree	24	28	31	30	110.5
Third degree	23	24	29	26	105
p-value	0.045†	0.116†	0.261†	0.131†	0.276†
Participants who lost someone close to them					
No	24	26.5	31	28.5	104
Yes	26	27	30	28	110
p-value	0.098*	0.252*	0.387*	0.578*	0.303*
Universidade do Estado da Bahia campuses analyzed					
Campus I	23‡	26.5	29‡	30‡	108.5
Campus XII	28‡	27	28‡	26‡	107.5
Campus VII	24‡	28	31‡	30‡	113
p-value	0.001†	0.295†	0.009†	0.001†	0.268†
Age (years)					
17 - 25	26	27	30	28	109.5
26 - 35	25	27	30	29	109
≥ 36	26.5	26	27	27	108.5
p-value	0.948†	0.979†	0.468†	0.609†	0.945†
Course semester					
1st - 2nd	27	27	31	30‡	113‡
3rd - 4th	23	26.5	28.5	24‡	102‡
5th - 6th	26	28	30.5	30‡	111.5‡
7th - 9th	24	26.5	29.5	28‡	109
p-value	0.092†	0.463†	0.167†	0.002†	0.019†
Religion					
No religion	22.5‡	27	30	29.5	108.5
Catholic	26‡	28	30	27	110
Protestant	23.5	26	29.5	29	112
Spiritist	21	22	25	26	100
African roots	24	27	32	32	116
p-value	0.002†	0.070†	0.097†	0.246†	0.084†

*Mann-Whitney; †Kruskal-Wallis; ‡Indicate significant differences between pairs calculated by Dunn's test with Bonferroni adjustment

Discussion

Gender was a variable which stood out in the present study's results regarding the level of fear of death, considering that women demonstrated higher levels in relation to d3 and d4, as well as in the overall score. This finding reflects the existence of greater anxiety in the face of death on the part of women[13]. This can be justified by the ease of women in recognizing and expressing uncomfortable feelings, such as worry, fear or anxiety, and therefore demonstrating greater openness to admitting their fear of death[14-15]. It is also due to the fact that women and mothers present greater concern in relation to dying and the death of others given the fear of losing a child[14].

The age variable did not present a significant difference, which may be due to the maturity that the students have, and that despite the differences in age range in the health area courses, the younger the age, the greater the fear in an inversely proportional relationship, precisely due to already-lived experiences[16].

Having children was associated with a higher fear of death score. It is speculated that the relationship between fear of death and the presence of children is related to the concept of symbolic immortality, since a child's birth refers to a celebration of life[17], a way of dealing with the anguish in the face of death and distancing the theme of death. The presence of children is a way of acquiring symbolic immortality, since in addition to representing a purpose for existence, it also represents continuity of a legacy, a culture and values. Therefore, the greatest fear of death of individuals with children involves the impediment of leaving behind (fear of their own death) and the fear of losing (fear of the death of another) their legacy, represented by the child[11]. In addition, the fear of their own death may be linked to the fear of delegating the child's care to someone else.

It was shown that nursing students who experienced the loss of a first-degree loved one had a higher score in relation to the level of fear of their own death, since facing the reality of experiencing the finitude of another human being can increase the fear of death[14]. This happens after exposure to fear-inducing stimuli, such as the death of loved ones, as there is an increase in the response capacity, meaning an increase in the fear of death level[18].

The results of another study with regard to the semesters studied and the fear of death indicate that students who are studying the first semesters have a higher level of fear of death than students in more advanced semesters[6]; this diverges from the results found in the present study, in which students in the 5th and 6th semesters had higher scores for the fear of death.

This academic experience converges with what other studies report, namely that the greater the experience in clinical practice, the lesser the fear, just as the lower the academic level, the greater the fear. On the other hand, students in more advanced semesters may also present considerable levels of fear of the death of others, since the feelings of failure in the face of loss and the pressure from society to maintain life make this fear surpass the fear of their own death. Furthermore, students may be responsible for assisting an individual in end-of-life care when they are in more advanced semesters, which corroborates the increase in fear of the death of others[6].

In terms of the religion variable, people who have well-defined religious values show a lower fear of death score in the sample results, assuming that religion favors reduced anguish (through salvation) and promotes negotiation with death as a way of coping[2]. Religion represents a symbolic element that can alleviate the fear of death, as it elucidates fundamental questions of human existence and understanding of the world[4]. However, the ideas of salvation and damnation which pertain to religiosity may reflect a greater fear of death, since there may be a fear of the unpleasant consequences of everything one has chosen in life[2].

Also on the subject of religiosity, a theoretical-applied study indicates that religion can alleviate the fear of death, and it is important to increase training

of health professionals, especially nurses, so that they can recognize and respect the religious and spiritual needs of patients receiving end-of-life care[4].

The fear of death is instinctively present in human life. Death is always associated with discomfort and fear because it is something that has not yet been experienced. The horror of death can be represented by pain caused by the funeral ritual, by the fear of cadaveric decomposition, but mainly by a common denominator: the fear of losing self-awareness, meaning the fear of losing one's own perception, desires and ideas[2]. Such fears can justify the results of the present study.

One's own dying process and the death of another are capable of provoking greater psychological and emotional reflection in relation to the perception of one's own death. By experiencing the pain of another and their finitude up close, the projection of one's own process of dying and pain comes to the surface, which allows those who experience this phase with the person at the end of life to recognize themselves as fragile and vulnerable beings, with death being the greatest certainty[1].

It is worth noting that the overall score of those living in a capital city exceeds the cut-off point, which may be related to the view conceived in contemporary Western society of "failure" in the death and dying process due to the inability to control it and prolong life, which has been extended to the maximum due to technological advances, bringing to light human immortality and the fear of death[6,19].

Urban development has reduced actively demonstrating feelings in the process of other people's dying. The faster pace of urban life ends up distancing individuals, making them more reserved when it comes to their own emotions. The feeling of loneliness of urban people due to "emotional detachment" is increased and the topic of death is increasingly silenced[20].

Another interesting point regarding this was that the averages in the responses of students who live in cities in the interior are significantly higher. This fact may be related to the greater interaction and emotional connections with other people in these places, which can be explained by the way in which mourning is still perceived by people who live in less developed societies[19-20].

Reflecting on death makes it more concrete, causing feelings of fear, escape and denial, which are considered ways of coping with death[3]. The fear of death and the death of another was also present in analyzing the results, and in this context it can be stated[10] that nursing students and professionals demonstrate greater fear of the death of others when compared to their own death.

The fear of the death of others is well represented by nursing students. The death of another is seen as the experience of death while still alive, producing conflicting feelings of mourning and transformations in facing human limitations. The idea of the disappearance of the other, loneliness, lack of communication and the absence of feelings of guilt are some of the concerns that centralize this category of fear of death. Thus, it can be inferred that there is difficulty in processing mourning, and additionally there is a much greater anxiety; namely, monitoring and providing care for another person at the end of life[10].

In view of the above, it is of unquestionable importance to promote fear-reducing strategies among academics and health professionals, such as spaces for dialogue and reflection, in order to guide better care for patients and family members in the end-of--life process. A statistically significant decrease in fear of death was demonstrated in academics in the health area who participated in death education groups when compared to those who did not participate, as shown in the results of a meta-analysis study[14]. The need for professional development in the theme of death and dying among nurses is also evident, given that the attitudes of nurses towards death became positive after participating in training involving this theme[16].

Study limitations

A limitation of the study can be observed in

the fact that the scale was completed online and not in person, considering that a face-to-face meeting could provide a moment of greater clarification about the instrument and interaction between the research team and study participants. Thus, it is recommended that new statistical analyses be used for future work on the same topic to favor better complementary evidence, including making comparisons with other knowledge fields.

Contributions to practice

The findings of this study suggest that even though the finitude of life is a physiological process that affects every living being, there is still a gap in the discussion of this topic, reflecting the need for a more comprehensive approach. It is necessary to invest in the training of nurses since it is a professional field which cares for individuals from birth to death, providing them with specific content on the topic in order to achieve better results in patient care and in personal resolutions when faced with issues that provoke reflections on life.

This study may contribute to the need for reflections on Thanatology, and consequently to greater knowledge about the level of fear of death among Nursing students, as well as to stimulate future studies on Thanatology and Palliative Care in undergraduate courses in the health area. In addition, it may offer support for developing pedagogical strategies which help to better prepare Nursing students to deal with death in a healthy and professional manner.

Conclusion

It is concluded that the study confirmed that fear of the dying process and death varies significantly among nursing students, being influenced by demographic factors and personal experiences, such as gender, religion, having or not having children and the experience of losing a close loved one and the current academic semester.

Acknowledgements

This work was conducted with the support of the *Conselho Nacional de Desenvolvimento Científico e Tecnológico* (CNPq) – Research Productivity Grant to Rudval Souza da Silva, process number 306417/2022-7, and Scientific Initiation to students Gabriela de Almeida Mestre, Ana Carolaine de Souza Batista and Júlia de Souza Soares da Silva, ProForte UNEB Notice no. 110/2023.

Authors' contributions

Study conception and design or data analysis and interpretation: Mestre GA, Batista ACS, Silva JSS, Fernandes FECV, Cañon-Montañez W, Silva RS. Writing of the manuscript or relevant critical review of intellectual content: Mestre GA, Batista ACS, Silva JSS, Hernández-Gamboa AE, Silva RS. Final approval of the version to be published and responsibility for all aspects of the text in ensuring the accuracy and integrity of any part of the manuscript: Mestre GA, Batista ACS, Silva JSS, Fernandes FECV, Cañon-Montañez W, Hernández-Gamboa AE, Silva RS.

References

1. Andrade PCST, Gomes AMT, Spezani RS, Nogueira VPF, Barbosa DJ, Bernardes MMR, et al. Social representation of death for nursing students. Cogitare Enferm. 2021;26:e71628. doi: https://dx.doi.org/10.5380/ce.v26i0.71628
2. Zubiri MO, Tejerina JMCF, Palma FS. Competencias en fin de vida entre un grupo de enfermeros españoles y chilenos. Ene. 2020;14(2):1-20. doi: https://doi.org/10.4321/s1988-348x2020000200012
3. Nascimento LF, Arilo LMC, Silva LMO, Oliveira MAM. Compreensão da morte e do morrer: um estudo com residentes. Psicol Ciênc Prof. 2022;42:e233879. doi: https://dx.doi.org/10.1590/1982-3703003233879
4. Arredondo AY, Caparrós B. Traumatic experiences and resilience: associations with mental health, death attitudes, and religion in university

students. Death Stud. 2023;46(9):2187-97. doi: https://doi.org/10.1080/07481187.2021.1909181

5. Pereira LM, Andrade AMO, Theobald MR. Palliative care: challenges for health education. Rev Bioét. 2022;30(1):149-61. doi: https://dx.doi.org/10.1590/1983-80422022301515EN

6. Santos GKN, Oliveira LC, Fonseca MRA, Sousa DA, Lima PAL, Barros. O medo da morte e do morrer em estudantes da saúde. Psicol Pesq. 2022;16:e30075. doi: https://doi.org/10.34019/1982-1247.2022.v16.30075

7. Fonseca MRA, Maia ACVM, Barros LM, Silva RS, Oliveira LC, Santos GKN. Significados do processo de morte e morrer dos estudantes universitários da área da saúde. Rev Subj. 2023;23(1):e12950. doi: https://doi.org/10.5020/23590777.rs.v23i1.e12950

8. Zahran Z, Hamdan KM, Hamdan-Mansour A, Allari RS, Alzayyat AA, Shaheen AM. Nursing students' attitudes towards death and caring for dying patients. Nurs Open. 2022;9(1):614-23. doi: https://doi.org/10.1002%2Fnop2.1107

9. Medeiros MOSF, Meira MV, Fraga FMR, Sobrinho CLN, Rosa DOS, Silva RS. Bioethical conflicts in end of life care. Rev Bioét. 2020;28(1):128-34. doi: http://doi.org/10.1590/1983-80422020281375

10. Ramírez LAP, Tzuc TAC, Catzím AAP, Uitz SM, Kú EBSP. Cuidados paliativos: competencias enfermeras para favorecer muerte digna em pacientes críticos. Una revisión sistemática. Rev Cuidarte. 2023;12(24):1-16. doi: http://doi.org/10.22201/fesi.23958979e.2023.12.24.82797

11. Lester D. Collett-Lester Fear of Death Scale (CLFDS). In: Krägeloh CU, Alyami M, Medvedev ON. International Handbook of Behavioral Health Assessment. Springer, Cham; 2023. doi: https://doi.org/10.1007/978-3-030-89738-3_22-1

12. Almeida-Santos KK, Almeida-Mestre G, Soares--Silva JS, Gabriela-Silva M, Rosendo-Silva RA, Souza-Silva R. Comparación del nivel de miedo a la muerte en estudiantes de Enfermería y Pedagogía. Enferm Clín. 2022;32(6):423-30. doi: https://doi.org/10.1016/j.enfcli.2022.02.003

13. Povedano-Jiménez M, Ropero-Padilha C, Rodriguez-Arrastia M, García-Caro MP. Personal and emotional factors of nursing professionals related to coping with end-og-life care: a cross-sectional study. Int J Environ Res Public Health. 2021;18(18):9515. doi: https://doi.org/10.3390/ijerph18189515

14. Fernández-Martinez E, Martín-Pérez I, Liébana--Presa C, Martínez-Fernández MC, López-Alonso AI. Fear of death and its relationship to resilience in nursing students: a longitudinal study. Nurse Educ Pract. 2021;55:103175. doi: https://dx.doi.org/10.1016/j.nepr.2021.103175

15. Chua JYX, Shorey S. Effectiveness of end-of-life educational interventions at improving nurses and nursing students attitude toward death and care of dying patients: a systematic review and meta-analysis. Nurse Educ Today. 2021;101:104892. doi: https://doi.org/10.1016/j.nedt.2021.104892

16. Meireles AAV, Amaral CD, Souza VB, Silva SG. Sobre a morte e o morrer: percepções de acadêmicos de Medicina do Norte do Brasil. Rev Bras Educ Med. 2022;46(02):e057. doi: https://doi.org/10.1590/1981-5271v46.2-20210081

17. Pereira RAM, Ribeiro PCPSV. Ways and means to comfort people at the end of life: how is the nurse a privileged player in this process. Palliat Care Soc Pract. 2023;17:26323524231182730. doi: https://doi.org/10.1177/26323524231182730

18. Kleiman EM, Glenn CR, Liu RT. The use of advanced technology and statistical methods to predict and prevent suicide. Nat Rev Psychol. 2023;2(6):347-59. doi: https://dx.doi.org/10.1038/s44159-023-00175-y

19. Martinez RTO, Conde AFC. Morte na contemporaneidade: a negação do conceito de finitude. Ric Famma [Internet]. 2020 [cited Sept 27, 2024]; 5(1):1-24. Available from: https://revista.famma.br/index.php/ic/article/view/88

20. Slack T, Jensen L. The changing demography of rural and small – Town America. Popul Res Policy Rev. 2020;39:775-83. doi: https://dx.doi.org/10.1007/s11113-020-09608-5