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RESEARCH ARTICLE / ARAŞTIRMA MAKALESİ

Intensive Care Unit Nurses' Perceptions of a Good Death and Influencing Factors

Yoğun Bakım Ünitesi Hemşirelerinin İyi Ölüm Algıları ve Etkileyen Faktörler

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Abstract:

A good death is a process in which the individuals can manage factors related to death, such as knowing its cause and predicting when and where it will occur, allowing planning and preparation for the EOL. ICU nurses, who most frequently encounter death and are at the center of EOL care, are significantly affected in terms of their perceptions, attitudes, and quality of care regarding a good death. This study aimed to determine the levels of good death perception among ICU nurses and the factors influencing it. A descriptive and correlational study was conducted with 384 ICU nurses. Data were collected using the "Good Death Scale" and an online survey administered via snowball sampling. The mean Good Death Scale score for the nurses was 55.59 ± 7.78. Among the characteristics examined in nurses, only satisfaction with working in intensive care was associated with more positive perceptions of death. It was found that there was a low-level and significant correlation between good death perceptions and the fears of the nurses. The presence of a certain level of fear of death indicates that nurses develop defense mechanisms to maintain mental balance. The findings revealed that intensive care nurses held a positive view of a good death, seeing the dying process not merely as a clinical event but as a multidimensional psychosocial experience. It is recommended to provide psychosocial support for nurses, establish standardized procedures on death and grief management, and organize in-service training programs on these issues.

Keywords: Good death, Death, Fear, Intensive care unit, Nurse.

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Öz:

İyi ölüm, bireyin ölüm nedenini bilmesi, nerede ve ne zaman öleceğini öngörebilmesi gibi ölüme ilişkin faktörleri yönetmesini içeren; yaşam sonu için planlama ve hazırlık yapmanın mümkün olduğu bir süreçtir. Ölümle en sık karşılaşan ve yaşam sonu bakımının merkezinde yer alan yoğun bakım hemşirelerinin iyi ölümle ilgili algıları, tutumları ve bakım kalitesi önemli ölçüde etkilenmektedir. Bu çalışmada yoğun bakım hemşirelerinde iyi ölüm algısı düzeylerinin ve etkileyen faktörlerin belirlenmesi amaçlanmıştır. Tanımlayıcı ve ilişki arayıcı tipte olan araştırma, yoğun bakımda çalışan 384 hemşire ile yürütülmüştür. Veriler, çevrimiçi anket yöntemiyle "İyi Ölüm Ölçeği" kullanılarak kartopu tekniğiyle toplanmıştır. Hemşirelerin İyi Ölüm Ölçeği puanlarının ortalaması 55,59±7,78 olarak bulunmuştur. Hemşirelerin incelenen özellikleri arasında yalnızca yoğun bakımda çalışmaktan duyulan memnuniyetin iyi ölüm algılarını etkilediği görülmüştür. İyi ölüm algıları ile hemşirelerin korkuları arasında düşük düzeyde ancak anlamlı bir ilişki olduğu bulunmuştur. Ölümle ilişkili korkularının belli bir düzeyde olması, hemşirelerin zihinsel dengelerini korumak için savunma mekanizmaları geliştirdiklerini göstermektedir. Bulgular, yoğun bakım hemşirelerinin iyi ölüme ilişkin olumlu bir algıya sahip olduklarını ve ölüm sürecini yalnızca klinik bir olay olarak değil, çok boyutlu bir psikososyal deneyim olarak algıladıklarını göstermektedir. Hemşirelere yönelik psikososyal destek sağlanması, ölüm süreci ve yas yönetimi konularında standart prosedürlerin oluşturulması ve bu konularda hizmet içi eğitimlerin düzenlenmesi önerilmektedir.

Anahtar Kelimeler: İyi ölüm, Ölüm, Korku, Yoğun bakım ünitesi, Hemşire.

Introduction

Death is a natural process in which all living things end their life functions. It is inevitable as part of human existence and the life cycle, and therefore universal (Honey and Dark-Freudeman, 2024). The perception of death varies with the historical moment in which a person lives, as well as with the culture, religion, beliefs, and values of society. Although the phenomenon of death is interpreted differently, it is a basic human right to die well (Cottrell and Duggleby, 2016). A good death is defined as "knowing and predicting the cause of death, knowing where and when the person will die, dying with dignity, and controlling the symptoms that occur during end-of-life (EOL) care" (Menekli, Dolu, Coskun, and Torun, 2021). The definition of a good death varies widely across individual perceptions, beliefs, health status, place of death, and sociocultural contexts. A systematic review found that ICU nurses defined a good death as freedom from pain, withdrawal of life-sustaining technologies, a comfortable environment, family support, and spiritual and cultural support (Bratcher, 2010; Hafifah et al., 2025). Nurses, who spend the most time with dying patients, provide individualized and holistic care to terminally ill patients with family participation, based on principles of respect, ensuring autonomy, and improving the quality of the remaining life, thus guaranteeing a good dying process (Yorulmaz and Karadeniz, 2020). ICU nurses' emotions and perceptions of death may vary, as they frequently encounter dying patients and provide them with EOL care (Ceyhan, Ozen, Zincir, Simsek, and Basaran, 2018). Studies have shown that nurses' attitudes towards good death are affected by their level of education, professional experience, intensive care experience (Kang, Lee, and Lee, 2019), age (Ceyhan et al., 2018), and the clinic in which they work (Polat, 2022). The literature indicates that ICU nurses provide respectful end-of-life care and have positive attitudes towards death (Yıldız, Celik, Cakır, and Savasır, 2021). Understanding how ICU nurses perceive a good death is vital, as they are at the forefront of end-of-life care and frequently witness the dying process in high-acuity settings. A clear, positive perception of a good death not only affects the quality of care provided but also shapes nurses' emotional resilience and ethical sensitivity. Despite the existing literature on attitudes toward death, limited research has examined how specific death-related fears impact nurses' perceptions of a good death. This study addresses this gap and contributes to the development of more supportive, psychologically attuned ICU environments. This study sought to determine the level of good-death perception among ICU nurses and the factors influencing it.

Study Questions:

What is the perception level of good death among ICU nurses?

What is the relationship between ICU nurses' fears and their perception of a good death?

Method

Study Design and Setting

The research was designed as a descriptive, correlational study. It was conducted in accordance with the STROBE checklist. The study population will consist of ICU nurses actively serving in healthcare institutions (public, private, and university) in Turkey. The number of nurses in the study population is unknown. The sample size of the study was determined as 384, based on 95% power and 5% margin of error, with unknown universe sampling formulas (n=t2*p*q/d2), (p, q, t, and d values are 0.50, 0.50, 1.96, and 0.05, respectively) (Sumbuloglu and Sumbuloglu, 2021). To ensure a homogeneous distribution of participants, a target number was set for each region.

The study participation criteria were determined as follows:

Inclusion criteria: Nurses with at least 1 year of professional experience who volunteered to participate.

Exclusion criteria: Nurses with less than 1 year of professional experience and who did not consent to participate.

Measuring Instruments

Questionnaire: The questionnaire, which assessed the characteristics and fears of ICU nurses, was developed by the researchers and comprised two sections and 17 questions. A pilot study was conducted with five nurses regarding the adequacy of the questions. When it was observed that nurses mentioned their fears in their answers to open-ended questions, these fears were identified, and the question format was updated to a 1-5 Likert scale

(ranging from none to very much). The fears that nurses associated with a good death were: 'fear of death', 'fear of pain', 'fear of losing control of one's body', 'fear of becoming ill or disabled', 'fear of losing a loved one', 'fear of dying in intensive care', and 'fear of communicating about death'.

Good Death Scale: The scale developed to evaluate nurses' characteristics related to the concept of good death consists of three sub-dimensions (psychosocial and spiritual, personal control, and clinical) and 17 items (Schwartz, Mazor, Rogers, and Reed, 2003). The scale, which has a 4-point Likert structure, is evaluated between "17 and 68" points. A high score on the scale indicates positive thoughts about death. The Cronbach α value of the scale, whose validity and reliability were established by Fadıloğlu and Aksu, was 0.91 (Fadıloğlu and Aksu, 2013).

Data Collection

Data collection began with participants from seven regions across the country who had extensive knowledge of the research topic. Using the snowball technique, these nurses recruited additional participants, and the target of 384 nurses was reached between December 9, 2023, and May 1, 2024. Data were collected using an online survey (Google Forms) that ensured participant anonymity and permitted only one submission per respondent. Before participation, nurses were provided with detailed information about the study and gave their informed consent before completing the questionnaire. The nurses participating in the survey were working in the surgical ICU (85), the internal medicine ICU (54), the pediatric ICU (45), the anesthesia and reanimation ICU (151), and the mixed ICU (49).

Statistical Analysis

Statistical analyses were performed using IBM SPSS Statistics version 23. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize the data. The Kolmogorov-Smirnov test was used to assess the normality of the distribution. To examine relationships between variables, the Mann-Whitney U test, the Kruskal-Wallis H test, and the Spearman rank correlation test were applied. Data were evaluated at a 95% confidence level. The correlation coefficient was determined as (0.00-0.10) insignificant, (0.10-0.39) weak, (0.40-0.69) moderate, (0.70-0.89) strong, and (0.90-1.00) very strong correlation (Schober and Schwarte, 2018).

Ethical Considerations

In preparation for the study, approval was obtained from the Selçuk University Faculty of Health Sciences Non-Interventional Clinical Research Ethics Committee (Date/number: 2023/81). Permission to use the scale was obtained via e-mail from the person who conducted the Good Death Scale's validity and reliability study. Informed consent from the nurses participating in the study was obtained by integrating it into the online data form.

Findings

The ages of the ICU nurses who volunteered for this study ranged from 21 to 59 years. It was found that 74.7% of the nurses were female, 64.1% had a bachelor's degree, 55.5% had between 2 and 9 years of experience working in the ICU, 81.5% were satisfied with working in the ICU, 80.2% received training about good death during basic education and/or orientation, and 50.3% received training about EOL care.

Table 1. *Nurses' Good Death Scale scores*

Scale	Scores	
	x̄±SD	**Min-Max**
The psychosocial and spiritual subdimension	30.04±4.40	9-36
The personal control subdimension	9.66±2.02	3-12
The clinical subdimension	15.88±2.61	5-20
Total good death scale	55.60±7.78	17-68

The mean Good Death Scale scores among the nurses were 55.59±7.78 (Table 1). When the good death scores were examined by nurse characteristics, only those who were satisfied with working in the ICU had significantly lower scores ($p<.05$).

Table 2: *Comparison of Good Death Scale scores according to the characteristics of nurses (n:384)*

Characteristics		n(%)	x̄±SD	Test	p
Age (31.56±7.44; min:21-max:59)	21-44 years	358(93.2)	55.75±7.60	0.895†	.371
	45-59 years	26(6.8)	53.54±9.88		
Gender	Female	287(74.7)	56.00±7.57	1.936†	.053
	Male	97(25.3)	54.40±8.31		
Education level	High School	80(20.8)	54.88±8.37	0.950‡	.622
	BSN	246(64.1)	55.62±8.05		
	Postgraduate	58(15.1)	56.52±5.46		
Marital status	Married	214(55.7)	55.86±7.85	0.602†	.547

	Single	170(44.3)	55.28±7.70		
Experience in the ICU	1 year	102(26.6)	55.60±7.85	0.944‡	.624
	2-9 years	213(55.5)	55.28±7.83		
	10-30 years	69(18.0)	55.59±7.53		
Satisfaction with working in the ICU	Yes	313(81.5)	55.04±7.72	3.804†	**<.001***
	No	71(18.5)	58.04±7.62		
Being educated about a good death	Yes	308(80.2)	55.42±7.92	0.802†	.423
	No	76(19.8)	56.34±7.20		
Education about EOL care	Yes	193(50.3)	55.28±7.55	1.143†	.253
	No	191(49.7)	55.92±8.01		

EOL: End of life, ICU: Intensive care unit, †U: Mann-Whitney U, ‡Z: Kruskal-Wallis

When the correlation between nurses' good death perceptions and their fears is examined, a positive and low level significant relationship was found between the fear of death, fear of pain, fear of losing control over their bodies, fear of becoming ill or disabled, fear of losing loved ones and fear of dying in ICU; and a negative and low level significant relationship was found between those who expressed fear of communicating about death, and the good death perceptions of those who associated the nurses with the good death perception (p<.05).

Table 3. *The relationship between Nurses' Fears and perceptions of Good Death*

Nurses' Fears		**Scale score**
Fear of death	**r**	.207
	p	**<.001**
Fear of pain	**r**	.225
	p	**<.001**
Fear of losing control of one's body	**r**	.200
	p	**<.001**
Fear of becoming ill or disabled	**r**	.172
	p	**<.001**
Fear of losing loved ones	**r**	.258
	p	**<.001**
Fear of dying in the ICU	**r**	**.**290
	p	**<.001**
Fear of communicating about death	**r**	-.195
	p	**<.001**

Discussion

This study aimed to determine the level of good death perception among ICU nurses and the factors influencing it. It was hypothesized that there would be a significant relationship between ICU nurses' fears and their perception of a good death. A good death is a process in which all factors related to dying, such as timing and location, are managed, enabling planning and preparation for the EOL (Cain and McCleskey, 2019; Cottrell and Duggleby, 2016). Death is a common situation faced by nurses working in the ICU (Kim et al., 2018). The results of this study revealed that nurses who strive to meet the physical, psychological, social, and spiritual needs of dying patients holistically have positively influenced perceptions of a good death. Similar studies in the literature have concluded that nurses' perceptions of a good death were high or positive (Aksoy and Kasıkcı, 2023; Ceyhan et al., 2018; Kang et al., 2019; Ozcan and Cevik, 2023). It is well established that the quality of EOL care improves when nurses understand the principles of a good death and recognize the needs of dying patients (Fadıloglu and Aksu, 2013). In this context, a good death encompasses not only the moment of death but also a holistic approach to care during the final stages of life. The positive attitudes of ICU nurses toward a good death indicate that they perceive the dying process not merely as a clinical event but also as a multidimensional psychosocial experience. In this study, no significant relationship was found between nurses' sociodemographic characteristics and their Good Death Scale scores. The literature included studies that supported this study's findings (Polat, 2022; Yıldız et al., 2021). However, studies also showed that marital status, gender, education

level, and age affect perceptions of a good death (Aksoy and Kasıkcı, 2023; Ceyhan et al., 2018; Kang et al., 2019; Sahin, Onal, and Inanc, 2017). As a result of this study, some expectations were not met, such as that women's perceptions might change as they get older because they will encounter more death, that women might approach death more emotionally, and that they might have a more rational and scientific perspective on death with education. This suggests that differences arising from sociodemographic characteristics may lose their significance because ICU nurses encounter death very frequently. Furthermore, as Kastenbaum (2000) argues, with increased exposure to death, individuals tend to internalize it as a professional phenomenon. Consequently, the influence of demographic variables such as age, gender, or marital status may diminish due to the professional desensitization and acceptance fostered by repeated encounters with death (Feifel, 1959; Templer, 1970).

This study found that nurses' experience did not affect their perception of a good death. There are also studies in the literature that find that experience does not affect the perception of a good death (Polat, 2022; Sahin et al., 2017). However, in one study, those with 1-3 years, 5-10 years, and over 10 years of experience had a higher perception of good death than those with 3-5 years of experience (Kang et al., 2019). This study found that those who stated that they were not satisfied with working in intensive care had a higher perception of a good death. This situation can also be interpreted as a perception that the likelihood of a good death increases while satisfaction with working in intensive care decreases. Considering that one of the fears that nurses associate with a good death is the fear of dying in ICU, it can be said that they desire to die at home and that their EOL care experiences affects There is a need for in-depth studies on the effects of work characteristics such as experience and job satisfaction on the perception of a good death.

These findings suggest that nurses' emotional and professional orientations toward death may vary. The perception of death among ICU nurses appears to develop along two poles: avoidance and acceptance. For nurses who are dissatisfied with their work in intensive care, repeated exposure to death may contribute to greater emotional burden and heightened empathic awareness, fostering a deeper and more meaningful understanding of the concept of a good death. Conversely, the lower perception of a good death among nurses satisfied with their work environment may be attributed to their tendency to view death primarily as a professional phenomenon. Moreover, this finding may imply that nurses' fear of dying in intensive care could reinforce their preference for dying at home or in a peaceful environment. Such a tendency can be regarded as an important psychosocial factor influencing individuals' preferences regarding where, how, and with whom they wish to die.

The study determined that there was a low, significant relationship between nurses' fears and their perception of a good death. Upon examination of the literature, no other study in this context was found. The fact that the nurses' fears associated with death were at a certain level suggests that they maintained their mental balance by developing a defense mechanism. This also suggests that nurses' awareness of their own fear of death enhances their conceptual sensitivity to the notion of a good death. Nurses' recognition of the inevitability of death appears to improve the quality of end-of-life care by fostering greater empathy and acceptance. Conversely, the lower perception of a good death among nurses who experience anxiety or avoidance in communicating about death indicates that their level of confrontation with death significantly shapes their understanding of what constitutes a good death. Avoidance of death-related discussions restricts nurses' cognitive and emotional engagement with the dying process, which may, in turn, adversely affect the quality of care provided. In studies addressing the fear of death, results such as female nurses having higher fear of death than male nurses, married nurses having higher fear of death than single nurses, ICU workers having lower fear of death, and fear of death increasing with age (Benli and Yildirim, 2017; Ozcan and Cevik, 2023).

These findings suggest that nurses' psychological processes related to death can be understood not only at the individual level but also within theoretical frameworks. In this regard, Terror Management Theory (TMT) explains how individuals cope with the awareness of death. In contrast, Kübler-Ross's five-stage model of dying elucidates the emotional trajectory of this process. Together, these two frameworks facilitate a comprehensive understanding of nurses' coping mechanisms at both cognitive and emotional levels. TMT explains the psychological defense mechanisms that individuals develop in response to awareness of death (Greenberg, Koole, & Pyszczynski, 2004; Solomon et al., 1991). According to the theory, humans are uniquely aware of their mortality, and this awareness generates existential anxiety and fear. To mitigate this distress, individuals develop symbolic defenses such as maintaining self-esteem, identifying with cultural values, and seeking to preserve meaning in life (Kastenbaum, 2000; Klimczuk & Fabis, 2017; Altıntas et al., 2020). From a nursing perspective, working in an environment like intensive care—where death is a frequent occurrence—inevitably triggers death-related anxiety.

However, consistent with TMT, nurses may rely on their professional roles, ethical principles, and ideals of care to regulate this anxiety. In doing so, they utilize their professional identity as a psychological buffer against death anxiety. Within this context, the positive relationship between fear of death and the perception of a good death observed in this study aligns with TMT's proposition that "awareness of death strengthens the search for meaning." Nurses who acknowledge death tend to transform this awareness into a form of symbolic immortality, sustaining professional satisfaction and self-esteem by providing end-of-life care consistent with the principles of a good death. Conversely, nurses who avoid communication about death may, as described by TMT, suppress death awareness, which in turn may weaken their perception of a good death. Thus, TMT provides a valuable theoretical lens for understanding how nurses maintain their caring roles despite the fear of death and how they interpret this within the context of coping strategies (Klimczuk & Fabis, 2017).

Complementarily, Kübler-Ross's five-stage model of dying (denial, anger, bargaining, depression, and acceptance) offers an essential framework for nurses to comprehend both their own emotional responses and those of patients approaching death. Familiarity with this model enables nurses to interpret patients' behaviors more accurately and to develop appropriate communication and

support strategies (Colak & Hocaoglu, 2021; Copp, 2001; Kubler-Ross,1969; Katırcıoglu & Karaaziz, 2024). Moreover, this knowledge allows nurses to recognize their own anxieties about death and enhance their emotional resilience. In this way, nurses can approach the dying process not only as a clinical task but also as a profoundly human experience.

In addition to the fear of death, there is no study investigating other fears that nurses associate with a good death from a psychosocial perspective when they are approaching death or during EOL. It is noteworthy that in the pilot study, they associated the perception of a good death with the desire to have a death free from feared situations when the end of life is approached. It turned out that the findings highlight that death should be regarded not merely as a clinical phenomenon but as a profound psychosocial process. ICU nurses' perception of a good death is closely linked to their coping strategies for death awareness and the professional defense mechanisms they develop.

Conclusion

In this study, ICU nurses' perceptions of a good death were generally positive. It was found that satisfaction and fear of working in ICUs were significantly related to perceptions of a good death. There is a need for detailed study on the issues of 'fear of death', 'fear of pain', 'fear of losing control of one's body', 'fear of becoming ill or disabled', 'fear of losing a loved one', 'fear of dying in intensive care', and 'fear of communicating about death', which nurses associate with good death perception. Considering these findings, it is recommended that ICU nurses receive regular psychological support and counseling to alleviate the emotional burden related to their frequent encounters with death. A supportive work environment should be fostered by optimizing nurses' workloads, shift schedules, and nurse-to-patient ratios. Establishing standardized institutional procedures for managing the dying process and the period of grief would provide essential psychosocial support for patients, their families, and healthcare staff.

Furthermore, in-service education programs should incorporate topics such as coping with death, effective communication regarding death, palliative care, and ethical decision-making, as well as sessions addressing the clinical, personal control, and psychosocial–spiritual dimensions of a good death. It is also important to incorporate simulation-based training and stress management techniques (e.g., mindfulness and breathing exercises) to strengthen nurses' emotional resilience. Finally, further research is needed to examine the relationship between death-related fears, professional experience, and sociodemographic variables, and to promote the integration of good death principles into nursing education curricula.

Limitations

Although the snowball sampling method was used to represent the entire country, the majority of participants were concentrated in two regions with developed industry and economy, and a high concentration of health institutions. Although this could be considered a limitation, participation came from both developed and underdeveloped (rural) areas of the country. However, the online data collection is considered a limitation.

Declarations

Ethics Committee Approval
Ethical approval was obtained from the Selçuk University Faculty of Health Sciences Non-Interventional Clinical Research Ethics Committee (Date/number: 2023/81).

The article has been submitted to a journal for publication for the first time and has not been presented elsewhere.

Use of artificial intelligence
Artificial intelligence was not used in writing the article.

Conflict of Interests
There is no conflict of interest among the authors.

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