
Nurses' Attitudes Towards Dying and Death

¹ Antonija Đorđević*

¹ Iva Takšić

¹ Martina Smrekar

¹ University of Applied Health Sciences, Zagreb, Croatia

* Undergraduate nursing student at University of Applied Health Sciences, Zagreb, Croatia

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Author for correspondence:

Antonija Đorđević

E-mail: dordevic2407@gmail.com

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Abstract

Introduction. Death means the irreversible termination of the organism's vital activities. Dying presents an irreversible state of an incurable disease from which death is expected in due time. The experience of meaning in life is defined as the degree to which an individual understands and sees significance in his life, how and to what extent he feels purpose in life.

Aim. The aim of this research was to determine the role of demographic characteristics (gender, age,

level of education, religiosity), their relationship with the experience of meaning in the life of nurses, and the relationship between the attitudes of nurses towards death and dying with the experience of meaning in life.

Methods. The research was conducted in the period from May to June 2022. The survey was composed of three parts, and was posted on the Facebook social network in the group named *Nurses together*. A total of 240 participants took part in the research, of which 185 were female nurses and 55 were male nurses, with an average age of 33.05 years (SD=10.10). The instruments that were used in the research were the Purpose in Life Test and Death Attitude Profile - Revised.

Results. The obtained results do not indicate that women perceive their life as more meaningful compared to men. Also, healthcare professionals with a higher level of education perceive their life to be significantly more meaningful compared to healthcare professionals with secondary education. Regarding the relationship between the experience of meaning in life and some concepts of acceptance of death, it has been proven that a greater experience of meaning in life can be found in respondents who consider death as a natural process of the journey towards the afterlife. The degree of religiosity was not significantly related to the perception of the meaning of life.

Conclusion. Further research is needed to investigate the determinants of mortality in order to more scientifically determine the perception of the experience of meaning in life and attitudes towards death and dying among nurses. The importance of such research is reflected in the effort to raise awareness of the usefulness of the experience of meaning in life in the complete functioning of the individual and the quality of life.

Introduction

Death and dying

Death (Lat. *mors*) means the irreversible termination of vitally important activities of the organism (1). According to the Medical Encyclopedia, death is the state of the organism that occurs after the end of vital functions, especially the cardiovascular, respiratory and central nervous systems (2). Dying is an irreversible state of an incurable disease from which death is expected in due time (3). The concept of coping according to Lazarus's theory is a process that requires knowledge and skills, as well as personal assessment in a coping situation (4). Psychiatrist Elisabeth Kübler-Ross published a model consisting of five phases of dealing with death. The first phase is the phase of denial and loneliness, then the phase of anger, bargaining, depression and the last phase is the phase of acceptance (5).

In 2020, author Asatsa conducted research that showed that negative attitudes toward death decrease with higher age, while positive attitudes towards death increase with higher age of an individual (6). Other authors stated that years of working experience can have a more negative effect on attitudes towards dying and death, explaining that people then lose patience for others (7). In 2018, a study was conducted in Turkey with the aim to determine the nurses' attitudes towards acceptance of death and dying with the explanation that death will happen to everyone and the belief that after death there is an afterlife (8).

The experience of meaning in life concept

Through experience, an individual can assess the meaning in life and set different goals. It has been proven that people who perceive death less as an escape from a painful existence find greater meaning in life, and in general those people who are less afraid of death (9). The experience of meaning in life is the degree to which an individual understands and sees the meaning in his life, how and to what extent he feels that he has a purpose in life. According to Wong, the experience of meaning in life consists of several components that an individual must realize

during his/her lifetime. Those components are purpose, understanding, responsibility and enjoyment (10). Research by Wong et al., which was conducted in Hong Kong in 2018, proved that a person's social relationships can affect the psychological domain of meaning in life (11).

In a research conducted in Nigeria, it was proven that nurses have a negative attitude towards the meaning in life concept (12). In a research conducted in China, it was proven that the meaning of life and self-efficacy are important predictors of the meaning in life concept among nurses (13).

Aim

The aim of the present research was to determine the experience of meaning in life among nurses and their attitudes towards death and dying, and the relationship between these two constructs. The specific aim was to determine whether the experience of meaning in life among nurses differs with respect to age, gender and level of education.

Hypotheses

Hypothesis 1: There is a statistically significant difference in the experience of meaning in life with regard to age, gender and level of education.

Hypothesis 2: Nurses who are less afraid of death and nurses who perceive death as an escape to a lesser extent more often perceive their lives as meaningful.

Hypothesis 3: A high degree of religiosity of the participants is associated with a greater degree of experience of meaning in life among nurses.

Methods

The research was conducted using the online version of the survey in the period from May to June 2022.

The survey was composed of three parts and was posted on the Facebook social network in the group called *Nurses together*. The survey was exclusively completed by nurses.

Participants

The survey could be completed by all the nurses, regardless of gender, age, level of education, years of work experience and level of religiosity. During the entire research, the anonymity of the participants was ensured.

Study instruments

Purpose in Life Test

The Croatian-adapted version of the questionnaire by authors Vulić-Prtorić and Bubalo was used in the research. The Purpose in Life Test was designed by the authors Crumbaugh and Maholick in 1964. Through 23 statements, the cognitive aspect of the experience of meaning in life and the emotional aspect of the experience of meaning in life were examined. While filling out the survey, respondents could choose the level at which the statement applies to them on a 5-point scale (1 - does not apply to me at all, 5 - applies to me completely). The total score was calculated as the sum of all item scores, whereby 10 items must be scored in reverse. A higher score also indicated a higher experience of the meaning of life, while lower scores indicated that people experience life as less meaningful (14).

Death Attitude Profile - Revised

The Croatian version of the questionnaire by Štambuk was used in the research. Death Attitude Profile - Revised was designed by Wong, Reker and Gesser in 1994. The scale consists of 23 statements that are divided into 5 subscales (fear of death, death avoidance, death acceptance, escape acceptance, neutral acceptance). Respondents had to choose how much they agree or disagree with a statement on a 7-point scale (1 - do not agree at all, 7 - completely agree). The total result of the individual subscales was calculated and formed as the average value of the assessment of the associated statements. The first subscale, the fear of death scale, assesses the presence of negative feelings, and thoughts about death and dying. The death avoidance subscale assesses

ways and attempts to avoid the topic of death, while the death acceptance subscale assesses how many people see death as a part of life. The fourth subscale, i.e. the escape acceptance scale, assesses the ways in which a person perceives death as an escape possibility. The neutral acceptance subscale assesses how much a person accepts death as a reality (15).

Religiosity was tested using one item with a given answer from 1 to 5, with which the participants could choose to what extent religiosity is important to them in their lives, with a lower number indicating a lower degree of religiosity.

Permission to use the questionnaires was obtained from the authors of the questionnaires.

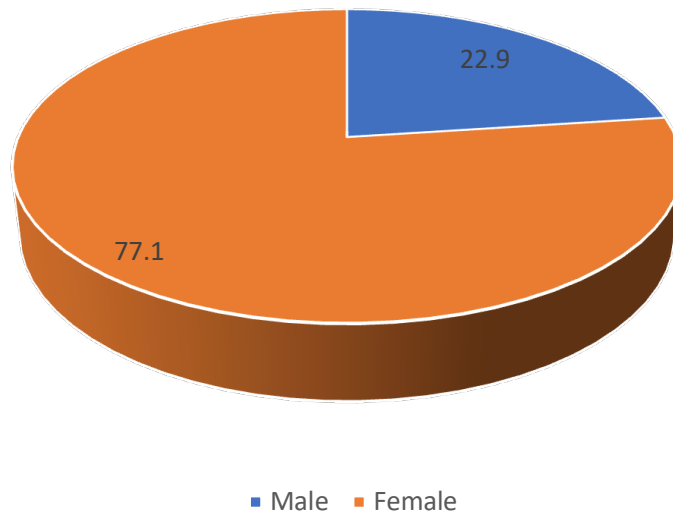
Statistics

Before testing the hypotheses, the normality of the distribution of the Kolmogorov-Smirnov test was checked, and it was determined that none of the distributions of the results deviates significantly from normal, and for this reason, parametric statistical procedures were used. Descriptive statistics included the arithmetic mean, standard deviation, minimum and maximum score, while the inferential processing of the results included the t-test and analysis of variance.

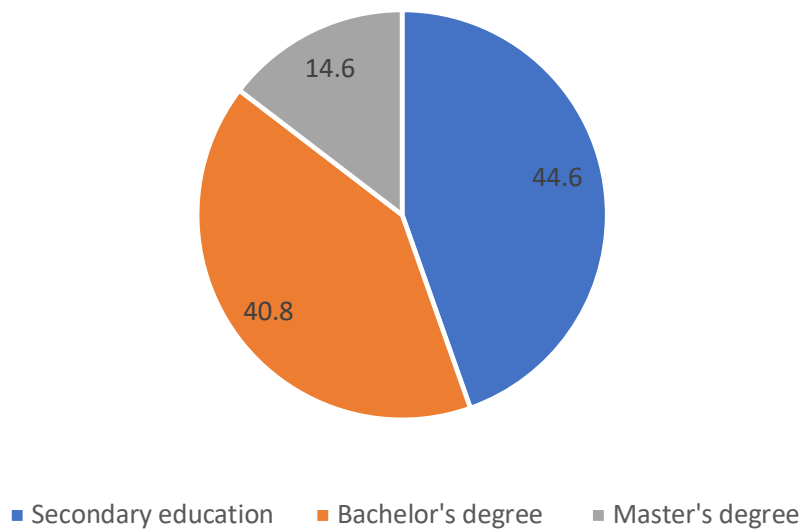
Results

Descriptive indicators

A total of 240 respondents participated in this research, of which 185 were women (77.1%) and 55 were men (22.9%), with an average age of 33.05 years (SD=10.10). According to the level of education, most respondents completed secondary education, 107 (44.6%), 98 (40.8%) respondents had a Bachelor's degree and 35 (14.6%) respondents had a Master's degree. Nurses with work experience in the range of 0 to 42 years participated in the research.



Graph 1. Distribution of respondents by gender (%)



Graph 2. Distribution of respondents according to the level of education (%)

| Table 1. Data on respondent's age, years of work experience and degree of religiosity | | | | | |
|---|-----|-----|-----|-------|-------|
| | N | Min | Max | M | SD |
| How old are you? | 240 | 19 | 61 | 33.05 | 10.10 |
| How many years of work experience do you have? | 235 | 0 | 42 | 12.08 | 10.40 |
| To what extent do you consider yourself a religious person? | 240 | 1 | 5 | 3.47 | 1.16 |

The following table shows the average results on the experience of meaning in life and in the different

subscales of the experience of death, obtained for the entire sample.

Table 2. The attitudes towards death and dying and the experience of the meaning in life among nurses

| | N | Min | Max | M | SD |
|--|-----|------|------|------|------|
| The experience of meaning in life | 230 | 2.22 | 5.00 | 4.09 | 0.56 |
| Fear of death | 236 | 1.86 | 7.00 | 3.83 | 1.09 |
| Death avoidance | 236 | 1.80 | 7.00 | 3.96 | 1.40 |
| Neutral acceptance | 235 | 1.00 | 7.00 | 5.46 | 1.44 |
| Death acceptance | 233 | 2.30 | 7.00 | 4.50 | 1.46 |
| Escape acceptance | 236 | 1.60 | 7.00 | 3.95 | 1.30 |

Table 2 shows that nurses perceive their lives as meaningful to a high degree (M=4.09; SD=0.56). Regarding various aspects of the experience of death, the participants achieved the highest average score on the subscale "neutral acceptance" (M=5.46; SD=1.44). Such a result indicates that of all the aspects of the experience of death, nurses accept death as a reality to the highest degree.

Differences in the experience of meaning in life and certain factors in the perception of death

In order to compare the experience of meaning in life and certain demographic factors, the differences between the average values were calculated.

The results show that there is a statistically significant difference between men and women in only one

Table 3. Comparison of different subscales of the experience of meaning in life and the experience of death with regard to gender

| | GENDER | N | M | SD | t | p |
|--|--------|-----|------|------|-------|-------|
| The experience of meaning in life | M | 50 | 4.14 | 0.55 | 0.67 | 0.50 |
| | Ž | 180 | 4.08 | 0.56 | | |
| Fear of death | M | 53 | 3.87 | 1.16 | 0.24 | 0.81 |
| | Ž | 183 | 3.8 | 1.08 | | |
| Death avoidance | M | 51 | 3.93 | 1.50 | -0.19 | 0.85 |
| | Ž | 185 | 3.97 | 1.38 | | |
| Neutral acceptance | M | 54 | 5.07 | 2.09 | 2.28 | 0.02* |
| | Ž | 181 | 5.57 | 1.16 | | |
| Death acceptance | M | 52 | 4.68 | 1.57 | 1.06 | 0.29 |
| | Ž | 181 | 4.44 | 1.43 | | |
| Escape acceptance | M | 53 | 3.86 | 1.35 | -0.61 | 0.54 |
| | Ž | 183 | 3.98 | 1.29 | | |

*p<0.005; **p<0.01

Table 4. Differences in the experience of meaning in life with regard to the level of education

| Education level | Total | M | SD | F | <i>p</i> |
|---------------------|-------|------|------|------|----------|
| Secondary education | 102 | 3.98 | 0.55 | | |
| Bachelor's degree | 96 | 4.11 | 0.55 | 6.19 | 0.00** |
| Master's degree | 32 | 4.36 | 0.50 | | |

p*<0.005; *p*<0.01

aspect of the experience of death, i.e. neutral acceptance of the concept of death (Table 3). This would mean that women accept the fact that death is an inevitable part of life to a statistically significantly greater extent than men. In other aspects of the experience of death, there was no significant difference. Analysis of variance was calculated to determine the difference in the perception of the experi-

ence of meaning in life with regard to the level of education of the respondents.

The results showed that there is a statistically significant difference (*F*=6.19; *p*=0.00) in the perception of the experience of meaning in life. A post hoc analysis was performed to determine the difference between levels of education. The Bonferonni test showed that respondents with a Master's degree

Table 5. Correlation between the perception of the experience of meaning in life with different concepts of the experience of death and degree of religiosity

| | Religiosity | Meaning in life | Fear of death | Death avoidance | Neutral acceptance | Death acceptance | Escape acceptance | |
|--|-------------|-----------------|---------------|-----------------|--------------------|------------------|-------------------|------|
| The experience of meaning in life | <i>r</i> | 0.05 | | | | | | |
| | <i>p</i> | 0.45 | | | | | | |
| | N | 230 | | | | | | |
| Fear of death | <i>r</i> | 0.2 | -0.09 | | | | | |
| | <i>p</i> | 0.81 | 0.16 | | | | | |
| | N | 236 | 227 | | | | | |
| Death avoidance | <i>r</i> | 0.17 | -0.08 | 0.56 | | | | |
| | <i>p</i> | 0.01** | 0.21 | 0.00** | | | | |
| | N | 236 | 227 | 233 | | | | |
| Neutral acceptance | <i>r</i> | 0.09 | 0.29 | 0.07 | 0.03 | | | |
| | <i>p</i> | 0.18 | 0.00** | 0.27 | 0.69 | | | |
| | N | 235 | 226 | 232 | 232 | | | |
| Death acceptance | <i>r</i> | 0.65 | 0.16 | 0.12 | 0.15* | 0.27 | | |
| | <i>p</i> | 0.00** | 0.02* | 0.08 | 0.03 | 0.00** | | |
| | N | 233 | 226 | 230 | 231 | 229 | | |
| Escape acceptance | <i>r</i> | 0.20 | 0.05 | 0.18 | 0.07 | 0.34 | 0.59 | |
| | <i>p</i> | 0.00** | 0.49 | 0.01* | 0.27 | 0.00** | 0.00** | |
| | N | 236 | 227 | 233 | 233 | 232 | 230 | |
| Age | <i>r</i> | 0.09 | 0.02 | -0.6 | 0.02 | 0.20 | -0.5 | 0.03 |
| | <i>p</i> | 0.17 | 0.73 | 0.37 | 0.73 | 0.00** | 0.41 | 0.70 |
| | N | 240 | 230 | 236 | 236 | 235 | 233 | 236 |

p*<0.005; *p*<0.01

perceived their life to be significantly more meaningful than respondents with secondary education. Differences among other levels of education were not statistically significant.

According to the results of the correlation analysis, the perception of the experience of meaning in life has a statistically significant relationship with some aspects of acceptance of death. A significant positive correlation was shown between the experience of meaning in life and neutral acceptance ($r=0.29$; $p=0.00$) (Table 5). People who perceive life as meaningful to a greater extent also reconcile to a greater extent with death as an inevitable part of life. We find the same result in the aspect of death acceptance, where the correlation, although significant, is very low ($r=0.16$; $p=0.00$). People who believe that the concept of death is connected with a happy life after death, experience their life as more meaningful. As for the relationship between the death experience subscales, the results show that people who are more afraid of death also have a higher degree of avoidance of thinking about their mortality ($r=0.56$; $p=0.00$). People who have come to terms with death as inevitable also accept the concept of life after death to a greater extent and see death as an escape ($r=0.37$; $p=0.00$). Also, people who perceive death as an escape from bad things in this life, will to a greater extent consider death inevitable, and will to a greater extent believe that a happier life comes after death ($r=0.59$; $p=0.00$). As expected, there is a highly significant correlation between religiosity and the subscale of death acceptance ($r=0.65$; $p=0.00$).

People who are more religious are significantly more willing to accept death as the beginning of a happier life. Regarding age, the perception of the experience of meaning in life and most aspects of the experience of death were not significantly related. Only neutral acceptance showed a statistically significant association with age, but this association was very low, so it cannot be considered that age and neutral acceptance of death are related.

Discussion

The aim of this research was to determine the relationship between gender, age, level of education, religiosity, and the experience of meaning in the life of nurses, and the relationship between the attitudes of nurses towards death and dying and the experience of meaning in life. The obtained results indicate

the presence of a statistically significant difference between men and women in one aspect of the experience of death. Neutral acceptance of the concept of death is an aspect of the experience of death that is statistically significant. This would imply that women accept the fact that death is an inevitable part of life to a significant extent compared to men. In a study by Bijelić conducted in 2018, it was shown that there is no statistically significant difference in the experience of meaning in life with regard to gender (9). With regard to age and years of work experience, in this research we did not obtain significant associations with the experience of meaning in life, but this can also be connected with a smaller age range with regard to the sample. According to the research conducted by Dittmann-Kohli in 2000, older people have a stronger sense of the experience of meaning in life because at that age life is more consolidated. The research points to different influences on the experience of meaning in life (16). Grounden and Jose pointed out that younger participants also state personal growth as a construct compared to older respondents, women state religiosity more than men, while men state self-actualization more than women (17). Oishi and Diener proved a lower level of the experience of meaning in life in people with a higher level of education (18,19). Also, Vujasin, in the research conducted in 2020, proved that respondents with a higher level of education think minimally about death (20). The association between religion and the experience of meaning in life was also examined, which did not prove to be statistically significant. Such a result is not in accordance with the result of research conducted by author Szentmartoni where it was proven that religion helps a person in dealing with difficulties that appear in a person's life (21). Alvarado et al. emphasize that religious people have more positive attitudes towards death and with a positive attitude, religious people are less afraid of death which is also associated with the belief in the existence of an afterlife (22). According to the results of the present research, the perception of the experience of meaning in life is associated with a higher degree of neutral acceptance of death and acceptance of the concept of death as such. Wong (10) believes that a person cannot truly live without being aware of the inevitability of death. A person is more capable of facing the fear of death if he lives a meaningful life. If a person does not find meaning in life and does not achieve integrity during his lifetime, it is assumed that he will live in fear of death (10).

According to Muller (23): *"Instead of losing myself in the fear of death, of allowing it to disable me, I focus on the fact that because of death, I now see even more clearly the life I was given. Because I don't suppress the fear of death, it helps me get a clear picture of the importance of life and time."*

It should be noted that there is a disproportion between male and female participants and there was no possibility of checking who answered the questions.

Conclusion

The present research partially confirmed the hypotheses. It has not been proven that women perceive their life as more meaningful than men. Also, healthcare professionals with a higher level of education perceive their life to be significantly more meaningful compared to healthcare professionals with completed secondary education. As for the relationship between the experience of meaning in life and some concepts of acceptance of death, the research showed that a greater experience of meaning in life can be found in respondents who consider death a natural process of the journey towards the afterlife. The degree of religiosity was not significantly related to the perception of the experience of meaning in life.

Further research investigating the determinants of mortality is needed to empirically determine the perception of the experience of meaning in life and the experience of the concept of death among nurses. The importance of such research is reflected in the effort to raise awareness of the usefulness of the experience of meaning in life in the complete functioning of the individual and the quality of life.

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STAVOVI MEDICINSKIH SESTARA/TEHNIČARA PREMA UMIRANJU I SMRTI

Sažetak

Uvod. Smrt označava nepovratno prekidanje životnih aktivnosti organizma. Umiranje predstavlja nepovratno stanje neizlječive bolesti od koje se u dogledno vrijeme očekuje smrt. Doživljaj smisla života definira se kao stupanj do kojeg pojedinac shvaća i vidi značaj u svojem životu, kako i u kojoj mjeri osjeća svrhu u životu.

Cilj. Cilj ovog istraživanja bio je utvrditi ulogu demografskih karakteristika (spol, dob, obrazovanje, religioznost), njihovu povezanost s doživljajem smisla života medicinskih sestara/tehničara i povezanost stavova medicinskih sestara/tehničara prema smrti i umiranju s doživljajem smisla života.

Metode. Istraživanje je provedeno u razdoblju od svibnja do lipnja 2022. Anketa je bila sastavljena u tri dijela te je bila postavljena na društvenoj mreži Facebook u grupi „Medicinske sestre/tehničari zajedno“. U istraživanju je sudjelovalo 240 sudionika, od čega 185 medicinskih sestara i 55 medicinskih tehničara, prosječne dobi 33,05 godina (SD=10,10). Primijenjeni su instrumenti Skala smisla života i Upitnik o stavovima prema umiranju i smrti.

Rezultati. Dobiveni rezultati ne ukazuju da žene doživljavaju svoj život smislenijim od muškaraca. Također, zdravstveni djelatnici s višim stupnjem obrazovanja doživljavaju svoj život znatno smislenijim od onih sa srednjom stručnom spremom. Kad je riječ o povezanosti smisla života i nekih koncepata prihvaćanja smrti, dokazano je kako se veći smisao života može pronaći kod ispitanika koji smrt smatraju prirodnim procesom putovanja prema zagrobnom

životu. Stupanj religioznosti nije se pokazao značajno povezanim s percepcijom smisla života.

Zaključak. Potrebna su daljnja istraživanja koja istražuju determinante smrtnosti kako bi se znanstveno kvalitetnije utvrdilo o doživljaju života i stavova prema smrti i umiranju koje posjeduju medicinske sestre / medicinski tehničari. Važnost ovakvih istraživanja reflektira se u nastojanju da se osvijesti korisnost doživljaja smisla života u potpunom funkcioniranju pojedinca i kvaliteti života.

Ključne riječi: smrt, medicinske sestre, stavovi
