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# Determination of attitudes and behaviours towards end-of-life care and psychological well-being levels of intensive care nurses

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## ABSTRACT

**Aims:** This study was conducted to determine the attitudes and behaviors of intensive care nurses towards end-of-life care and their psychological well-being levels.

**Methods:** This descriptive study was conducted using a face-to-face interview technique with 101 nurses working at Aksaray University Training and Research Hospital between March and July 2023. Data were collected using the Nurse Introductory Information Form, Intensive Care Nurses' Attitudes and Behaviors Towards End-of-Life Care Scale, and Psychological Well-Being Scale. The relationship between the variables was investigated with the Spearman correlation test.

**Results:** It was determined that 74.3% of the nurses were women, 60.4% were single, and 61.4% had worked in the profession for 1-5 years. It was determined that nurses' attitudes and behaviors towards end-of-life care scale scores showed a significant difference depending on whether they received information about end-of-life care and that there was a significant difference between the psychological well-being scale score and satisfaction with the department they worked in ($p<0.05$). There is a moderate and positive relationship between the behavioral scale and the psychological well-being scale mean scores ($r=0.368$, $p<0.001$).

**Conclusion:** The study found that as nurses' attitudes and behavior levels towards end-of-life care increased their psychological well-being levels also increased. It is recommended that nurses evaluate their psychological well-being and quality of life within the scope of holistic care and that studies be carried out to provide training and consulting services to nurses in this direction.

**Keywords:** Psychological well-being, end of life, intensive care nursing

## INTRODUCTION

Intensive care units are specialized units with technological equipment where the highest level of support and treatment is provided to individuals whose health status is seriously impaired, who require close follow-up and treatment of life-threatening organ failures, who need to be under constant observation, and who cannot meet all their needs (Hermann et al., 2021). They are divided into units as internal, adult, pediatric, surgical, neonatal, and general according to the services provided and their characteristics (T.C. Resmi Gazete, 2015). An intensive care nurse is a nurse responsible for diagnosing patients with complex and life-threatening problems, implementing quality and high-level intensive care and treatment interventions, monitoring patients frequently, developing therapeutic relationships with patients and their relatives, and implementing curative, protective, and rehabilitative interventions (T.C. Resmi Gazete, 2010).

The concept of psychological well-being refers to optimal psychological functioning and experience, as well as cognitive and emotional evaluations in terms of life satisfaction, the presence of positive emotions, and the absence of negative emotions (Ryan & Deci, 2001). High-stress environments can affect the level of psychological well-being and cause burnout, low job satisfaction, absenteeism, and frequent staff turnover (Shoorideh et al., 2015). Since nurses working in intensive care units are exposed to continuous and unmanaged stress, their emotional resilience and performance are negatively affected, and their psychological well-being levels decrease (Makowiecki et al., 2020). It is reported that burnout among intensive care nurses is 33%, and post-traumatic stress disorder rates are approximately 15% higher in intensive care nurses compared to other nurses (Moss et al., 2016). Psychological well-being has an important place for nurses to overcome events in end-of-life care and to protect their mental health because it provides a balance between life satisfaction and positive and negative life experiences (Breitbart et al., 2015).

Witnessing the death and suffering of a patient affects the emotional state of nurses. Nurses who witness this situation feel fear, anxiety, distress, grief, failure, and frustration, and they suffer emotionally and have a stressful and distressing experience while

caring for patients (Ciechaniewicz et al., 2010). Boerner et al. (2017) reported that emotions associated with the death of the patient play an important role in occupational burnout in long-term care workers (Boerner et al., 2017). Emotional exhaustion and burnout are more common in nurses working in intensive care units due to the fact that working conditions are heavier than in other units and more care is given to end-stage patients (Khamisa et al., 2015). In general, the death of a patient is recognized as one of the most professional situations in the nursing profession. However, despite the ability of self-control and a cool-headed approach to the issue, there is no doubt that nurses are still unable to cope with some emotions. The most common feelings are helplessness, a sense of abandonment, anger, and sadness. The death of patients affects not only the professional aspect of the nurse's functioning but also her/his personal life, leading to a loss of self-confidence and guilt (Głowacka et al., 2014).

This study, it was aimed at determining the attitudes and behaviors of nurses working in intensive care units towards end-of-life care and their psychological well-being levels. Answers to the following questions were sought:

1. What is the level of nurses' attitudes and behaviors towards end-of-life care?
2. What is the level of psychological well-being of nurses?
3. Are nurses' attitudes and behaviors towards end-of-life care affected by sociodemographic variables?
4. Are the psychological well-being levels of nurses affected by sociodemographic variables?
5. Is there a relationship between nurses' attitudes and behaviors towards end-of-life care and their psychological well-being levels?

## METHODS

### Ethics

The study was carried out with the permission of Aksaray University Clinical Researches Ethics Committee (Date: 02.02.2023, Decision No: 2023/03-08). All participants signed and free and informed consent form. All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki.

### Population and Sample of the Study

The population of the study consisted of 111 nurses working in the Intensive Care Unit at Aksaray University Training and Research Hospital. No sample selection was made; 101 intensive care nurses who agreed to participate in the study constituted the sample. Data were collected through face-to-face interviews between March 2023 and July 2023. It took approximately 10-20 minutes to answer the questionnaires.

### Data Collection Instruments

The Nurse Information Form, End-of-Life Care Attitudes and Behaviors Scale (EACAS) of Intensive Care Nurses, and Psychological Well-Being Scale (PWBS) were used to collect the data. The Nurse Information Form was created by the researchers in line with the literature to obtain sociodemographic information about nurses (Can et al., 2020; Erzincanlı & Kasar, 2022; Keskin-Kızıltepe & Kurtgöz, 2022; Özel-Yalçınkaya, 2016; Selvi, 2019). This form includes questions about the participants' age, gender, marital status, education level, unit of employment, years of employment, and their thoughts on death and end-of-life care.

End-of-Life Care Attitudes and Behaviors Scale (EACAS) of Intensive Care Nurses was developed by Zomorodi (2008) in the USA to measure the attitudes and behaviors of intensive care nurses towards end-of-life care. The 2008 version was later revised by Zomorodi and Lynn (2011) (Zomorodi, 2008; Zomorodi & Lynn, 2011). The adaptation of the scale to Turkish culture, validity, and reliability study was conducted by Özel-Yalçınkaya (2016) (Özel-Yalçınkaya, 2016). The scale has two sub-dimensions as attitude (10 items) and behavior (6 items) and 16 items. The scale is a five-point Likert-type scale, and the attitude sub-dimension is evaluated as "1-totally disagree, 5-totally agree" and the behavior sub-dimension is evaluated as "1-never, 5-always". The 8th item on the scale is reverse-coded. The highest score to be obtained from the scale in total is 80, while the lowest score is 16. As the scale score increases, it is interpreted that attitudes and behaviors will be positive. In the study conducted by Özel-Yalçınkaya (2016), the Cronbach's alpha coefficient of the attitude sub-dimension of the scale was 0.71, the Cronbach's alpha coefficient of the behavior sub-dimension was 0.65, and the total Cronbach's alpha coefficient of the scale was 0.70 (Özel-Yalçınkaya 2016). In this study, the behavior sub-dimension Cronbach's alpha value was 0.64, the attitude sub-dimension Cronbach's alpha value was 0.71, and the total Cronbach's alpha value was 0.75.

The Psychological Well-Being Scale (PWBS), developed by Ryff (1989), was adapted into Turkish by Telef (2013). Consisting of 8 items, the PWBS defines important elements of human functioning, from positive relationships to feelings of competence and having a meaningful and purposeful life. The items of the PWBS are answered on a 1-7 scale ranging from strongly disagree (1) to strongly agree (7). All items are positively worded. Scores range from 8 (if strongly disagreeing with all items) to 56 (if strongly agreeing with all items). A high score indicates that the person has many psychological resources and strengths. As a result of the validity study conducted with university students, it was found that the scale consisted of a single factor, and the total variance explained was 53%. The factor loadings of the scale items ranged between 0.61 and 0.77. Cronbach's alpha internal consistency coefficient was found to be 0.87 (Diener et al., 2010). In this study, the Cronbach's alpha value of the scale was found to be 0.79.

### Data Collection Process

Research data were collected using the face-to-face interview technique. Nurses were informed about the purpose of the study, confidentiality, and voluntary participation in the first part of the questionnaires. Nurses who volunteered to participate in the study were informed about the questionnaire form, which lasted approximately 10-20 minutes, and the questionnaire was administered after verbal consent was obtained.

### Data Evaluation

The evaluation of the obtained data was performed in the SPSS 24.0 program. Descriptive statistics were presented as mean (±), standard deviation, median (min-max), frequency distribution, and percentage. In the evaluation made with the Kolmogorov-Smirnov test, the EACAS showed a normal distribution, whereas the PWBS did not show a normal distribution. The data that fit the normal distribution were evaluated with an independent two-sample t test, one-way analysis of variance, Mann-Whitney U test, and Kruskal-Wallis H test for the data that did not fit the normal distribution. Spearman correlation test was used to determine the relationship between variables. The statistical significance level was accepted as $p<0.05$.

## RESULTS

Table 1 shows the socio-demographic characteristics, working standards, and psychiatric drug use information of the nurses.

**Table 1. Sociodemographic characteristics of nurses (n=101)**

| Characteristics | n | Percentage |
|---|---|---|
| **Age (mean:31.10, SD:8.44, min:23, max:53)** | | |
| 23-25 years old | 34 | 33.7 |
| 26-29 years old | 32 | 31.6 |
| 30 years and older | 35 | 34.7 |
| **Gender** | | |
| Female | 75 | 74.3 |
| Male | 26 | 25.7 |
| **Marital status** | | |
| Married | 40 | 39.6 |
| Single | 60 | 60.4 |
| **Unit worked in** | | |
| General intensive care unit | 7 | 6.9 |
| Surgical intensive care unit | 21 | 20.8 |
| Internal medicine intensive care unit | 16 | 15.8 |
| Neurology intensive care unit | 23 | 22.9 |
| Cardiovascular surgery intensive care unit | 12 | 11.9 |
| Adult intensive care | 6 | 5.9 |
| Palliative service | 16 | 15.8 |
| **Education status** | | |
| Health vocational high school | 5 | 5.0 |
| Associate degree in nursing | 17 | 16.8 |
| Undergraduate and graduate studies in nursing | 79 | 78.2 |
| **Length of service in the profession** | | |
| 1-5 years | 62 | 61.4 |
| 6-15 years | 16 | 15.8 |
| 16 and more years | 23 | 22.8 |
| **Duration of employment in the current institution** | | |
| Less than 1 year | 16 | 15.8 |
| 1-5 years | 57 | 56.5 |
| 6 and more years | 28 | 27.7 |
| **Duration of work in intensive care/palliative care** | | |
| Less than 1 year | 19 | 18.8 |
| 1-5 years | 50 | 49.5 |
| 6 and more years | 32 | 31.7 |
| **Mode of operation** | | |
| Continuous daytime | 11 | 10.9 |
| Constantly at night | 4 | 4.0 |
| Day and night (shifts) | 86 | 85.1 |
| **Position** | | |
| Ward nurse | 91 | 90.1 |
| Nurse in charge | 10 | 9.9 |
| **Average weekly working hours** | | |
| 40 hours | 28 | 27.7 |
| 41-45 hours | 20 | 19.8 |
| 46-50 hours | 33 | 32.7 |
| 51 hours and more | 20 | 19.8 |
| **The willingness to choose the department** | | |
| Yes | 73 | 72.3 |
| No | 28 | 27.7 |
| **The willingness to choose the department** | | |
| Yes | 87 | 86.1 |
| No | 14 | 13.9 |
| **Participation in a course related to intensive care** | | |
| Yes | 37 | 36.6 |
| No | 64 | 63.4 |
| **Having an intensive care nursing certificate** | | |
| Yes | 31 | 30.7 |
| No | 70 | 69.3 |
| **Receiving psychiatric support during the working period** | | |
| Yes | 5 | 5.0 |
| No | 96 | 95 |
| **Use of psychiatric medication during the working period** | | |
| Yes | 3 | 3.0 |
| No | 98 | 97.0 |
| **Receiving information about end-of-life care** | | |
| Yes | 60 | 59.4 |
| No | 41 | 40.6 |
| Total | 101 | 100 |

The total number of nurses who participated in the study was 101. The nurses who participated in the study were 30 years of age or older (34.7%), female (74.3%), single (60.4%), and had undergraduate or graduate education in nursing (78.2%). 49.5% of the nurses reported that they had been working in intensive care/palliative care for 1-5 years; 69.3% did not have an intensive care certificate; 95% did not receive psychiatric support during their working period; and 97% did not use psychiatric drugs. Among the nurses participating in the study, 59.4% stated that they did not receive information about end-of-life care (Table 1).

As seen in Table 2, the mean score of the nurses was found to be 56.10±7.64 on the EACAS and 44.08±5.64 on the PWBS.

**Table 2. Mean scores of attitudes and behaviors towards end-of-life care scale and psychological well-being scale of intensive care nurses (n=101)**

| Scale score means | Mean±SD | Min-Max taken from the scale | Min-Max that can be taken from the scale |
|---|---|---|---|
| Scale of attitudes and behaviors towards end-of-life care | 56.10±7.64 | 38-75 | 16-80 |
| Psychological well-being scale | 44.08±5.64 | 26-56 | 8-56 |

Table 3 shows the factors affecting the scores of the nurses on the EACAS and PIOS. The nurses' status of receiving information about end-of-life care and being satisfied with the department in which they work positively affected the EACAS ($p<0.05$).

In Table 4, the relationship between nurses' EACAS and PWBS scores is examined. There is a moderate and positive correlation between EACAS and PWBS ($r=0.368$, $p<0.001$). In other words, the higher the nurses' EACAS scores, the higher the PWBS scores.

**Table 4. Correlation between intensive care nurses' attitudes and behaviors towards the end-of-life care scale and psychological well-being scale scores**

| | | EACAS | PWBS |
|---|---|---|---|
| **EACAS** | **r** | 1 | |
| | **p** | - | |
| **PWBS** | **r** | 0.368** | 1 |
| | **p** | 0.000 | - |

**Correlation is significant at the 0.01 level (2-tailed).

## DISCUSSION

The study was conducted to determine the attitudes and behaviors of intensive care nurses towards end-of-life care and their psychological well-being levels.

Intensive care is one of the nursing fields that requires special education, practice, research, and the utilization of research results (Hatipoğlu, 2002). These units are the ones where the vital signs of critically ill patients are monitored for 24 hours by using high-level technological equipment and, at the same time, aim to treat and improve the patients (Ministry of Health, General Directorate of Treatment Services, 2007).

It was found that the majority (65.4%) of the intensive care nurses who participated in the study were younger than 30 years of age, and their working period in intensive care was mostly between 1-5 years. When we look at other studies conducted in our country, it was found that 33.4% of the nurses were under the age of 25 years in the study of Çelen

**Table 3. Variables affecting the mean scores of intensive care nurses' attitudes and behaviors towards the end-of-life care scale and psychological well-being scale**

| | EACAS (X±SD) | PWBS (X±SD) |
|---|---|---|
| **Age of the nurse** | | |
| 23-25 years old | 57.0±7.51 | 44.47±5.72 |
| 26-29 years old | 57.43±7.55 | 43.68±5.88 |
| 30 years and older | 54.02±7.60 | 44.08±5.47 |
| F / $x^2$ | 2.055 | 0.598 |
| p | 0.134 | 0.742 |
| **Gender** | | |
| Female | 56.78±7.39 | 44.24±5.91 |
| Male | 54.15±8.15 | 43.65±4.88 |
| t/z | 1.524 | -0.599 |
| p | 0.131 | 0.549 |
| **Marital status** | | |
| Married | 54.65±7.22 | 44.65±4.48 |
| Single | 57.06±7.80 | 43.72±6.30 |
| t/z | -1.565 | -0.560 |
| p | 0.121 | 0.575 |
| **Unit worked in** | | |
| General intensive care unit | 55.42±7.43 | 55.42±7.43 |
| Surgical intensive care unit | 55.28±7.66 | 55.28±7.66 |
| Internal medicine intensive care unit | 53.87±7.06 | 53.87±7.06 |
| Neurology intensive care unit | 56.86±6.71 | 6.71±1.40 |
| Cardiovascular surgery intensive care unit | 53.16±9.48 | 53.16±9.48 |
| Adult intensive care | 59.16±4.44 | 59.16±4.44 |
| Palliative service | 59.68±8.26 | 59.68±8.26 |
| F/$x^2$ | 1.389 | 6.381 |
| p | 0.227 | 0.382 |
| **Education status** | | |
| Health vocational high school | 55.0±7.28 | 43.40±8.67 |
| Associate degree in nursing | 55.11±7.47 | 43.17±3.74 |
| Undergraduate and graduate studies in nursing | 56.39±7.76 | 44.32±5.81 |
| F/x2 | 0.246 | 1.359 |
| p | 0.782 | 0.507 |
| **Length of service in the profession** | | |
| 1-5 years | 57.17±7.46 | 44.04±5.86 |
| 6-15 years | 55.93±8.52 | 42.75±6.21 |
| 16 and more years | 53.34±7.07 | 45.13±4.55 |
| F/$x^2$ | 2.161 | 1.034 |
| p | 0.121 | 0.596 |
| **Duration of employment in the current institution** | | |
| Less than 1 year | 56.37±7.56 | 46.50±4.17 |
| 1-5 years | 57.38±7.85 | 43.38±6.42 |
| 6 and more years | 53.35±6.72 | 44.14±4.27 |
| F/$x^2$ | 2.712 | 3.689 |
| p | 0.071 | 0.158 |
| **Duration of work in intensive care/palliative care** | | |
| Less than 1 year | 57.10±7.29 | 45.89±3.94 |
| 1-5 years | 57.18±7.80 | 43.26±6.62 |
| 6 and more years | 53.84±7.30 | 44.31±4.61 |
| F/$x^2$ | 2.105 | 2.137 |
| p | 0.127 | 0.344 |
| **Mode of Operation** | | |
| Continuous daytime | 54.0±8.16 | 44.81±4.70 |
| Constantly at night | 57.75±3.59 | 42.50±4.93 |
| Day and night (shifts) | 58.3±7.72 | 44.06±5.81 |
| F/$x^2$ | 0.534 | 0.606 |
| p | 0.588 | 0.738 |
| **Mission** | | |
| Ward nurse | 56.57±7.61 | 44.15±5.76 |
| Nurse in charge | 51.90±6.82 | 43.50±4.57 |
| t/z | 1.858 | -0.558 |
| p | 0.066 | 0.577 |
| **Average weekly working hours** | | |
| 40 hours | 55.14±7.94 | 43.42±6.64 |
| 41-45 hours | 54.15±6.02 | 42.90±5.40 |
| 46-50 hours | 58.03±7.10 | 45.60±4.95 |
| 51 hours and more | 56.25±9.13 | 43.70±5.37 |
| F/$x^2$ | 1.297 | 3.437 |
| p | 0.280 | 0.329 |
| **The willingness to choose the department** | | |
| Yes | 56.16±7.56 | 44.46±5.53 |
| No | 55.96±7.96 | 43.10±5.91 |
| t/z | 0.117 | -1.361 |
| p | 0.907 | 0.174 |
| **Satisfaction with the department** | | |
| Yes | 56.33±7.45 | 44.49±5.56 |
| No | 54.71±8.88 | 41.57±5.72 |
| t/z | 0.734 | -2.113 |
| p | 0.465 | **0.035** |
| **Participation in a course related to intensive care** | | |
| Yes | 55.08±7.85 | 44.18±4.90 |
| No | 56.70±7.51 | 44.03±6.07 |
| t/z | -1.028 | -0.035 |
| p | 0.306 | 0.972 |
| **Having an intensive care nursing certificate** | | |
| Yes | 55.45±7.77 | 44.96±4.04 |
| No | 56.40±7.62 | 43.70±6.21 |
| t/z | -0.573 | -0.893 |
| p | 0.568 | 0.372 |
| **Receiving psychiatric support during the working period** | | |
| Yes | 56.20±8.13 | 42.40±7.60 |
| No | 56.10±7.65 | 44.17±5.56 |
| t/z | 0.027 | -0.565 |
| p | 0.978 | 0.572 |
| **Use of psychiatric medication during the working period** | | |
| Yes | 55.33±7.02 | 38.00±5.00 |
| No | 56.133±7.69 | 44.27±5.58 |
| t/z | -0.178 | -1.854 |
| p | 0.859 | 0.064 |
| **Receiving information about end-of-life care** | | |
| Yes | 57.61±7.44 | 44.76±5.36 |
| No | 53.90±7.46 | 43.09±5.96 |
| t/z | 2.459 | -1.237 |
| p | **0.016** | 0.216 |

Used for EACAS: t = t Test and F = One-Way Analysis of Variance, Used for PWBS: z = Mann-Whitney U test and x2 = Kruskal-Wallis H test

et al. (2007) (Çelen et al., 2007), and 53% of the nurses were between the ages of 25-29 years in the study of Aytaç et al. (Aytaç et al., 2008). When we look at these findings, it is evident that they are in parallel with our study. Studies have reported that the reason why the age of nurses working in intensive care units is lower than 30 years is that nurses over the age of 30 years are not preferred by nurses because the workload and work stress in intensive care units are higher (Başak et al., 2010). In our study, more than half of the nurses (59.4%) stated that they received information about end-of-life care. In the literature, it is stated that end-of-life care education can be beneficial in increasing the awareness of the nurse against the end-of-life concept, reducing death anxiety, and having the knowledge, psychosocial skills, and cultural sensitivity necessary to change negative behaviors towards the care of the patient at the end of life (İnci and Öz 2012). In a study conducted by Menekli and Fadıloğlu (2014), it was reported that most of the nurses did not receive training on end-of-life care (85.7%) and that the nurses who received training did not consider these trainings to be sufficient (Menekli & Fadıloğlu, 2014).

The average score of the intensive care nurses' attitudes and behaviors towards end-of-life care scale was 56.10±7.64. The maximum score that can be obtained from the scale for end-of-life care is 80, and the minimum score is 16. The maximum value of the nurses who participated in our study on the scale of attitudes and behaviors towards end-of-life care was 75, and the minimum value was 38. As can be seen from here, it is seen that the attitudes and behaviors of the nurses participating in our study towards end-of-life care are higher than medium level. When we look at the mean score of the psychological well-being scale of the nurses, it was found to be 44.08±5.64. While the minimum score that could be obtained from the psychological well-being scale was 8, the minimum score obtained by the participants was 26, and while the maximum score that could be obtained from the scale was 56, the maximum score obtained by the participants was 56. When we looked at these data, it was determined that the psychological well-being levels of the nurses participating in our study were at a high level. When the mean scores of the attitudes and behaviors of nurses towards the end-of-life care scale and the mean scores of the psychological well-being scale are compared with the studies in the literature, it can be said to be at a high level and compatible with the literature (Karacaoğlu & Köktaş, 2016; Priesack & Alcock, 2015; Ratanasiripong & Wang, 2011). To summarize briefly, nurses' high attitudes and behaviors toward caring for individuals at the end of life make them feel psychologically stronger. In other words, as nurses' attitudes and behaviors towards end-of-life care increase, their psychological strength and resilience increase.

In our study, it was found that nurses' age, gender, marital status, working hours, working styles, the unit they work in, having an intensive care certificate, receiving psychiatric support, and whether they use psychiatric medication or not did not affect the mean total EACAS score of intensive care nurses. Similar to our finding, in the study conducted by Özel-Yalçınkaya (2016), there was no statistically significant difference between the total scores of the scale according to whether the years of working in intensive care units increased or not, while it was reported that as the nurses' years of working in intensive care units increased, there was a significant increase in the total scores of the sub-dimension of behavior towards end-of-life care (Özel-Yalçınkaya, 2016). In our study, the mean total score of the intensive care nurses obtained from the EACAS was found to be 56.10±7.64. However, in our study, it was found that as the intensive care nurses' knowledge about end-of-life care increased, the mean score of the EACAS increased and was statistically significant. Unlike our study, in the study conducted by Özel-Yalçınkaya (2016), it was found that the scale total and attitude sub-dimension scores of nurses with undergraduate and graduate education levels were significantly higher than the scores of nurses with high school and associate degree education levels, and the behavioral sub-dimension scores of nurses working in intensive care clinics for more than five years were significantly higher than the scores of nurses working less than five years (Özel-Yalçınkaya, 2016).

In the study, it was found that there was a relationship between attitudes and behaviors towards end-of-life care and psychological well-being. As the psychological well-being levels of nurses increase, their attitudes and behaviors towards end-of-life care also increase. Çevik stated that most of the nurses were in sorrow and pain while caring for the patient at the end of life, and more than half of them did not want to provide end-of-life care (Çevik, 2010). Research results have shown that the behavior of the dying patient can change the care and behaviors of patients and their relatives (Çevik, 2010; Terzi, 2018; Yılmaz & Vermişli, 2015). Dunn and colleagues found that nurses who are faced with death are in grief and sadness, and as the situation of facing this situation increases, the behaviors developed against death are positive (Dunn et al., 2005). Psychological well-being is a concept that activates the individual to initiate a more positive adaptation process in the face of events that can be considered traumatic (Luthar et al., 2014). It is known that psychological well-being training increases psychological health in individuals and also plays a role in high self-awareness. In this context, when the study results are examined, it is known that nurses who have knowledge about the concept of psychological well-being have higher levels of tolerance for negative events (Thomas & Revell, 2016).

## CONCLUSION

As a result of our study, it was determined that more than half of the nurses participated in end-of-life care and received information about end-of-life care. It is recommended that nurses who provide end-of-life care should be provided with effective training on end-of-life care by increasing the frequency and keeping it up-to-date, that nurses should be aware of their own emotions and develop appropriate coping methods, be supported psychologically, and at the same time provide environments where they can transfer and talk about their feelings, and that this study should be conducted with a larger sample.

### What Did the Study Contribute to the Literature?

It was found that as the working time of the nurses in intensive care units increased, their attitudes towards end-of-life care also increased. It is predicted that the level of psychological well-being will increase as the level of attitudes and behaviors in end-of-life care shown by nurses to dying patients increases.

## ETHICAL DECLARATIONS

### Ethics Committee Approval

The study was carried out with the permission of Aksaray University Clinical Researches Ethics Committee (Date: 02.02.2023, Decision No: 2023/03-08).

### Informed Consent

All participants signed and free and informed consent form.

### Referee Evaluation Process

Externally peer-reviewed.

### Conflict of Interest Statement

The authors have no conflicts of interest to declare.

### Financial Disclosure

The authors declared that this study has received no financial support.

### Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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