

The effect of movie on nursing students' perception and understanding of human dignity and their views on good death

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Cite this article as: Soyaslan BD, Öge G. (2026). The effect of movie on nursing students' perception and understanding of human dignity and their views on good death. *J Nurs Care Res*, 3(2), 39-48. doi:10.51271/JNCR-0047

Received: 29.12.2025

Accepted: 02.03.2026

Published: 13.04.2026

ABSTRACT

Aims: Nurses' attitudes toward terminally ill patients and their families significantly impact the quality of end-of-life care. Through films, nursing students can learn about complex, abstract concepts such as human dignity and a good death. Our aim was to examine the effect of film on nursing students' perceptions and understanding of human dignity and their views on a good death.

Methods: This was an intervention study conducted using a pre-test and post-test design. The study utilized the Descriptive Characteristics Form, the Scale of Human Dignity Perception and Understanding in Nursing, and the Good Death Scale. Before watching the film "Wit," students who wished to participate were given data collection forms and scales, which were administered again after watching the film.

Results: There was no significant difference in scores on the Scale of Human Dignity Perception and Understanding in Nursing and its sub-dimensions before and after watching the film ($p > 0.05$). The Cohen's d test statistic indicated that the film did not significantly affect the perceived perception and understanding of human dignity in nursing ($d < 0.20$). It was found that nursing students with a high level of perception and understanding of human dignity also had a high perception of a good death.

Conclusion: Watching the film Wit did not result in a statistically significant change in nursing students' perceptions and understanding of human dignity. However, students with higher levels of human dignity perception also demonstrated a stronger perception of a good death, indicating a meaningful relationship between these concepts. Film-based interventions may be more effective when integrated into structured educational programs that include reflection and discussion.

Keywords: Nursing students, nursing education, good death, human dignity

INTRODUCTION

Films are a dynamic learning method that helps retain information, encourages the learning of desired behaviors and complex material, enhances course content, and presents it visually (Oh et al., 2019). By providing a safe learning environment, films motivate learning on cognitive, affective, and behavioral levels, leading to positive changes in students' knowledge, beliefs, and attitudes (Moore & Miller, 2020). Students watching the film identify with the characters and experience the situations the characters go through. In this way, abstract concepts that are difficult to understand are concretized, making them easier to learn. Additionally, interaction increases among students who share similar experiences, allowing the intended concepts to be reinforced (Oh et al., 2019). In nursing education, the use of films has introduced the concept of "Cinenurducation." Through Cinenurducation, students learn the fundamental concepts of nursing while also developing their professional nursing identity. Moreover, using technological methods like films correctly and effectively has helped students understand

situations they might not fully experience (Park & Cho, 2021). A study conducted with nursing students found that using the film method helped them acquire profession-specific skills such as communication skills, empathy, and critical thinking (Susanto et al., 2021). Another study found that nursing students found the use of films beneficial for learning course material (Cambra-Badii et al., 2024).

One of the films used in nursing education is "Wit." This film portrays the relationship between Vivien Bearing, who longs for human connection during her chemotherapy, and Nurse Susie, who guides her in making decisions about refusing life support and discussing her life (Moosvi & Garbutt, 2020). It is observed that Nurse Susie effectively handles her patient's care, has a positive professional perception of her role, and that the care she provides has repercussions even after death. Students, while watching a patient's journey from diagnosis to death, also have the opportunity to explore their own beliefs, values, and attitudes. The film can be beneficial for nursing

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students as it addresses many ethical issues such as patient/team communication, the biopsychosocial model, research ethics, medical errors, human dignity, palliative care, and death (Soner, 2018). The concepts of human dignity and death featured in the film are fundamental concepts that form the essence of nursing and shape nursing care. A terminally ill patient has the right to end their life with dignity, and nursing care should be planned according to the patient's values and needs (Mousazadeh & Rakhshan, 2022).

A good death is defined as dying with dignity in an environment where the patient's suffering is minimized. It includes alleviating the patient's symptoms, avoiding invasive procedures, preserving autonomy and privacy, maintaining respect and meaningful relationships with loved ones, and providing dignified and peaceful care in a safe environment. Since nurses are among the professionals responsible for the care of terminally ill patients, their attitudes toward these patients and their families play a significant role in the quality of end-of-life care (Aşiret et al., 2020). Death, an integral part of life, is one of the most challenging moments that nursing students often encounter very early and frequently. A study conducted with nursing students found that they generally had negative feelings about death and needed education on this topic (Szczipakowska et al., 2021). A qualitative study examining nursing students' professional identity and death experiences indicated that students' perceptions of death were shaped by observing experienced nurses in clinical practice, emphasizing the inclusion of end-of-life care in the nursing curriculum (Gillan et al., 2021). The philosophy of end-of-life care encompasses the patient's existential integrity, independence, human dignity, and perception of a good death. These concepts actually overlap with compassionate care, a crucial aspect of psychiatric nursing. The presence of therapeutic communication in the care process allows the individual to open up and express their fears, as this process can be physiologically and psychologically challenging for both the individual and their family. By incorporating physiological and psychosocial parameters in symptom management, the phenomenon of death can evolve from a purely medical stage into a process that respects the individual's autonomy and meets the criteria for a good death. Therefore, in this study, we plan to examine nursing students' perceptions of "human dignity" before and after watching the film "Wit," which features a nurse with effective communication and nursing values, and a patient receiving end-of-life care, and to explore their views on the concept of "good death" addressed in the film.

METHODS

Ethical Statement

This study was conducted with the approval of the Ankara Medipol University Ethics Committee for Non-interventional Clinical Researches (Date: 22.01.2024, Decision No: 14). All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki.

Study Design

This study employed a pre-test and post-test design. The aim was to determine the effect of a film on nursing students' perceptions and understanding of human dignity, as well as their views on a good death.

Study Setting and Sampling

The study population comprised 125 students enrolled in the Communication in Health Services and Mental Health and Disease Nursing courses. A total of 107 students volunteered to participate in the study. These students included those taking the Communication in Health Services course as part of their first-year nursing curriculum and those enrolled in the Mental Health and Disease Nursing course. A pre-test was conducted a week before the topic of communication in end-of-life care was introduced. During the scheduled week, students were asked to watch the film "Wit" as part of the end-of-life care and communication topic and to come to class prepared. Completing the data collection forms took approximately 20 minutes. Before watching "Wit," students who wished to participate were given data collection forms and scales, which were administered again after watching the film. Before the data collection phase began, students were informed both in writing and orally that the study had no effect on their academic achievement scores. Additionally, the authors were not involved in the data collection phase, and data was collected by a research assistant who did not teach any theoretical or practical courses.

Data Collection Tools

Descriptive Characteristics Form: This form includes questions about whether students chose the profession willingly, their liking for their department, their preferred clinic to work in after graduation, whether they have a relative receiving end-of-life care, and whether they have previously worked in a clinic where end-of-life care is provided (Teles et al., 2020; Susanto et al., 2021; Zorba Bahçeli et al., 2022).

Scale of Human Dignity Perception and Understanding in Nursing: Developed by Yıldırım and Palandöken (2021), this 5-point Likert scale (1-Strongly disagree; 5-Strongly agree) consists of 43 items designed to measure the perception and understanding of human dignity in nursing. It has three sub-dimensions: "Perception," "Care," and "Understanding," with no reverse items. Scores range from 43 to 215, with higher scores indicating a greater perception and understanding of human dignity. The Cronbach's alpha value of the scale is 0.91. In this study, the Cronbach's alpha coefficient was found to be 0.99.

Good Death Scale: Developed by Schwartz et al. (2003) to determine nurses' perceptions of a good death. This 4-point Likert scale (1-Not at all; 4-A lot) consists of 17 items across three sub-dimensions: "Psychosocial and Spiritual," "Personal Control," and "Clinical Management." Scores range from 17 to 68, with higher scores indicating a more positive perception of a good death. The Cronbach's alpha value of the scale is 0.91. In this study, the Cronbach's alpha coefficient was found to be 0.93.

Statistical Analysis

Data were analyzed using SPSS 21.0 software. The Mann-Whitney U test and Kruskal-Wallis H test were employed. The Wilcoxon Signed Ranks test was used to compare pre-test and post-test scores of the scales. Spearman's Rho correlation test examined the relationship between the perception and understanding of human dignity in nursing and the perception of a good death. A statistical significance level of

0.05 ($p < 0.05$) was accepted. To determine the film's effect on students' perception and understanding of human dignity and their views on a good death, Cohen's d effect size was calculated. According to Cohen (1988), a d value of 0.20-0.50 indicates a "small effect," 0.50-0.80 a "medium effect," and 0.80 and above a "large effect." (Cohen, 1988).

$$d = \frac{\bar{X}_1 - \bar{X}_2}{(SS_1 + SS_2)/2}$$

RESULTS

Demographic Findings

The demographic characteristics of the 107 nursing students who participated in the study are summarized in [Table 1](#). Of these participants, 51.4% are in their third year of study. The sample predominantly consists of females, comprising 86% of the participants, while males account for 14%. The majority of the participants, 60.7%, fall within the 21-22 age group. Additionally, 56.1% of the students reported choosing their department due to the ample job opportunities it offers. Notably, 28% of the participants expressed a preference for working in psychiatric clinics upon graduation.

Table 1. Participants according to demographic characteristics

Demographic variable	Groups	n	%
Class	1 st year	40	37.4
	2 nd year	12	11.2
	3 rd year	55	51.4
Gender	Female	91	86.0
	Male	16	14.0
Age	18-20 years	20	18.7
	21-22 years	65	60.7
	23-27 years	22	20.6
Liking their department	Yes	80	74.8
	No	7	6.5
	Indecisive	20	18.7
Reason for choosing their department	Many job opportunities	60	56.1
	Family preference	8	7.5
	Love for the profession	39	36.4
Preferred department/clinic after graduation	Psychiatric clinics	30	28.0
	Surgical clinics	23	21.5
	Emergency department	12	11.2
	Oncology clinics	12	11.2
	Pediatric clinics	12	11.2
	Internal medicine clinics	8	7.5
	Indecisive	10	9.3

Findings on the Effect of the Film on Nursing Students' Perception and Understanding of Human Dignity and Good Death

According to [Table 2](#), there was no significant difference in the scores on the Scale of Human Dignity Perception and Understanding in Nursing, nor in its sub-dimensions, before and after watching the film ($p > 0.05$). The Cohen's d test statistic

further indicated that the film did not have a significant effect on the perceived perception and understanding of human dignity in nursing, with a value of d less than 0.20, suggesting a negligible effect.

Findings on the Relationship Between Human Dignity Perception and Understanding in Nursing and Perception of Good Death

[Table 3](#) presents the findings concerning the relationship between human dignity perception and understanding in nursing and perception of good death. A statistically significant positive correlation ($r = 0.58$; $p < 0.01$) was observed between human dignity perception and understanding in nursing and perception of good death. This indicates that nursing students who have a higher perception and understanding of human dignity also tend to perceive good death more positively. The findings suggest that a heightened level of human dignity perception and understanding in nursing corresponds to a higher perception of good death among nurse candidates with a high level of human dignity perception and understanding in nursing.

Findings Related to the Comparison of Human Dignity Perception and Understanding in Nursing Scores According to Demographic Variables

According to the findings in [Table 4](#), it was determined that the Scale of Perception and Understanding of Human Dignity in Nursing and sub-dimension scores did not differ significantly ($p > 0.05$) according to the participants' gender, class of study, and liking the department they studied. It was found that the perception sub-dimension scores and the Scale of Perception and Understanding of Human Dignity in Nursing scores did not differ significantly according to the age groups of the participants ($p > 0.05$); understanding ($\chi^2 = 6.17$; $p < 0.05$) and care ($\chi^2 = 6.10$; $p < 0.05$) sub-dimension scores showed significant differences according to age groups. According to the Mann Whitney U pairwise comparison test results, the comprehension and care scores of the participants in the 23-27 age groups were significantly higher than the scores of the participants in the 18-20 age group. According to the findings in [Table 4](#), it was determined that comprehension ($\chi^2 = 6.39$; $p < 0.05$), perception ($\chi^2 = 6.53$; $p < 0.05$), care ($\chi^2 = 6.21$; $p < 0.05$) sub-dimension scores and Scale of Perception and Understanding of Human Dignity in Nursing ($\chi^2 = 6.93$; $p < 0.05$) scores showed a significant difference according to the reason for choosing the department. According to the Mann Whitney U pairwise comparison test results, the scale and sub-dimension scores of human dignity perception and understanding in nursing of the participants who preferred the department due to having more job opportunities and liking the profession were significantly higher than the scores of the participants who preferred the department due to family preference ([Table 4](#)).

It was determined that the perception and care sub-dimension scores and the Scale of Perception and Understanding of Human Dignity in Nursing scores did not differ significantly ($p > 0.05$) according to the department/clinic where the participants wanted to work after graduation, while the Understanding ($\chi^2 = 14.63$; $p < 0.05$) sub-dimension scores showed a significant difference according to the department/clinic where they wanted to work after graduation. According

Table 2. Comparison of pre-test and post-test scores

Scale and dimension	Pre-test mean±SD	Post-test mean±SD	Difference mean±SD	z	p	d
Understanding	66.42±13.34	66.46±14.02	-0.04±10.99	-1.350	0.177	0.003
Perception	56.83±11.49	56.74±12.50	0.09±10.42	-0.757	0.449	0.008
Care	67.52±12.78	66.27±14.45	1.25±11.89	-0.508	0.612	0.092
Human dignity perception and understanding in nursing	190.78±36.51	189.47±39.73	1.31±31.97	-1.112	0.266	0.034
Psychosocial and spiritual	30.92±5.02	30.75±5.46	0.17±3.61	-0.223	0.823	0.032
Personal control	10.01±2.20	10.16±2.22	-0.15±1.61	-0.978	0.328	0.068
Clinical management	15.61±3.17	15.79±3.54	-0.18±2.62	-0.698	0.485	0.054
Good death	56.53±9.49	56.69±10.50	-0.16±6.92	-0.398	0.691	0.016

SD: Standard deviation Z: Mann Whitney U, d: Cohen's d value

Table 3. The relationship between human dignity perception and understanding in nursing and good death

Scale and dimension	1	2	3	4	5	6	7	8
1-Understanding	1							
2-Perception	0.76**	1						
3-Care	0.79**	0.86**	1					
4-Human dignity perception and understanding in nursing	0.90**	0.91**	0.93**	1				
5-Psychosocial and spiritual	0.49**	0.56**	0.58**	0.59**	1			
6-Personal control	0.47**	0.52**	0.49**	0.54**	0.76**	1		
7-Clinical management	0.39**	0.55**	0.49**	0.53**	0.87**	0.74**	1	
8-Good death	0.47**	0.58**	0.56**	0.58**	0.97**	0.84**	0.94**	1

Spearman's Rho correlation

to the Mann Whitney U comparison test results, the comprehension scores of the participants who wanted to work in psychiatry, surgery and emergency departments upon graduation were significantly higher than the scores of the participants who wanted to work in pediatrics (Table 4).

Findings related to the comparison of Good Death Scale and subscale scores according to demographic variables

According to the findings in Table 5, it was determined that the Good Death Scale and sub-dimension scores did not differ significantly ($p>0.05$) according to the age groups of the participants, their liking for the department they studied, and the reasons for choosing the department they studied.

It was determined that the psychosocial and spiritual, personal control sub-dimension scores and Good Death Scale scores did not differ significantly ($p>0.05$), while the clinical ($\chi^2=6.15$; $p<0.05$) sub-dimension scores differed significantly according to the class of the participants. According to the Mann Whitney U pairwise comparison test results, the clinical sub-dimension scores of the participants in the third grade were significantly higher than the scores of the participants in the first grade. It was determined that the participants' psychosocial and spiritual, clinical sub-dimension scores and Good Death Scale scores did not differ significantly according to gender ($p>0.05$), while personal control ($z=-2.25$; $p<0.05$) sub-dimension scores showed a significant difference. The personal control sub-dimension score of female participants was found to be significantly higher than that of male participants. It was found that the psychosocial and spiritual sub-dimension scores did not differ significantly ($p>0.05$), while the personal control ($\chi^2=16.49$; $p<0.05$) and clinical management ($\chi^2=15.08$; $p<0.05$) sub-dimension scores

and the Good Death Scale score ($\chi^2=13.12$; $p<0.05$) differed significantly according to the department / clinic where the participants wanted to work after graduation. According to the Mann Whitney U pairwise comparison test results, the personal control, clinical management sub-dimension scores and Good Death Scale score of the participants who wanted to work in the psychiatry clinic upon graduation were found to be significantly higher than the scores of the participants who wanted to work in surgical units, emergency department, oncology and pediatric units upon graduation.

DISCUSSION

Nurses should fulfill their roles within an ethical framework that respects human dignity. A patient care approach implemented in this manner enhances patient satisfaction and quality of life. Nursing theorist Watson stated that nursing care should be individual-centered, incorporating both verbal and non-verbal communication techniques effectively, with kindness, and in a manner that respects the individual's dignity. Authentic care honors the individual and a healing environment should maintain human dignity (Kabasakal & Kitiş, 2021). The approach that respects human dignity continues during the dying process as well. During this process, the patient should receive social support, symptom relief, and autonomy support (Mousazadeh & Rakhshan, 2022). The concept of a good death is defined as ending life care without dependency on others, with few or no symptoms, without suffering in sleep, quickly, having said goodbye to loved ones, maintaining dignity and human respect, and without unnecessary invasive treatment and interventions (Rafii & Abredari, 2023). Therefore, nurses need to be knowledgeable about the components of a good death

Table 4. Comparison of human dignity perception and understanding in nursing scores according to demographic variables

Demographic variable	Understanding mean±SD	Perception mean±SD	Care mean±SD	Total mean±SD
Class				
1 st year	65.85±11.74	57.28±10.09	67.40±10.93	190.53±31.04
2 nd year	58.42±21.29	48.92±17.48	61.50±20.35	168.83±58.31
3 rd year	68.58±11.75	58.24±10.36	68.93±11.83	195.75±33.11
x ² (SD)	4.748(2)	5.833(2)	3.246(2)	5.393(2)
p	0.093	0.054	0.197	0.067
Significant difference	-	-	-	-
Gender				
Female	66.23±14.02	56.33±12.09	67.05±13.53	189.61±38.53
Male	67.60±8.21	59.93±6.15	70.40±5.99	197.93±19.42
z	-0.11	-1.14	-0.57	-0.86
p	0.909	0.256	0.569	0.390
Age				
18-20 years	60.70±17.21	51.50±14.95	61.90±16.28	174.10±47.54
21-22 years	67.80±11.34	58.25±9.98	69.46±10.96	195.51±31.19
23-27 years	67.55±14.12	57.50±11.28	66.91±13.27	191.95±37.19
x ² (SD)	6.166(2)	4.115(2)	6.095(2)	5.466(2)
p	0.046	0.128	0.047	0.065
Significant difference	B,C>A	-	B,C>A	-
Liking their department				
Yes	65.14±14.85	55.53±12.66	66.16±14.33	186.83±40.76
No	68.86±6.96	56.57±7.37	70.86±5.52	196.29±18.07
Indecisive	70.70±5.61	62.15±4.09	71.80±4.05	204.65±12.13
x ² (SD)	1.41(2)	7.285(2)	2.913(2)	3.37(2)
p	0.494	0.128	0.233	0.185
Significant difference	-	-	-	-
Reason for choosing their department				
Many job opportunities	69.65±8.73	58.90±8.75	69.80±9.19	198.35±25.49
Family preference	51.88±23.80	44.38±20.26	54.88±23.36	151.13±66.91
Love for the profession	64.44±14.44	56.21±11.58	66.62±13.47	187.26±38.09
x ² (SD)	6.395(2)	6.534(2)	6.21(2)	6,927(2)
p	0.041	0.038	0.045	0.031
Significant difference	A,C>B	A,C>B	A,C>B	A,C>B
Preferred department/clinic after graduation				
Psychiatric clinics	68.93±14.72	57.97±13.17	68.60±15.14	195.50±42.52
Surgical clinics	67.70±8.05	58.52±6.36	70.43±6.26	196.65±18.12
Emergency department	69.75±7.05	59.92±5.52	69.58±6.73	199.25±18.17
Oncology clinics	63.92±9.32	55.25±7.90	67.33±8.48	186.50±23.63
Pediatric clinics	54.33±23.88	45.83±20.56	54.83±23.32	155.00±67.26
Internal medicine clinics	66.13±10.33	57.88±7.40	68.88±4.45	192.88±17.28
Indecisive	69.70±6.06	60.10±4.89	69.50±3.84	199.30±12.30
x ² (SD)	14.635(6)	9.99(6)	10.653(6)	12.419(6)
p	0.023	0.125	0.100	0.053
Significant difference	A,B,C>E	-	-	-

SD: Standard deviation

to provide appropriate care to individuals (Mastroianni et al., 2021).

There are factors that influence the satisfaction of nursing students with their chosen field of study (Ergün et al., 2021). For example, students' perception of success, economic difficulties, and peer support play a role (Priode et al., 2020). In this study,

it was found that 74.8% of the students loved their chosen field of study. A study conducted in 2022 determined that 95.97% of students had a positive attitude towards the profession (Humane, 2022).

There are intrinsic and extrinsic factors influencing nursing students' career choices. Among the extrinsic factors, the

Table 5. Comparison of Good Death Scale and subscale scores according to demographic variables

Demographic variable	Psychosocial and spiritual mean±SD	Personal control mean±SD	Clinical management mean±SD	Total mean±SD
Class				
1 st year	30.78±5.03	9.83±2.24	15.18±3.18	55.78±9.34
2 nd year	27.33±7.74	9.08±3.18	13.83±4.13	50.25±14.44
3 rd year	31.8±3.92	10.35±1.87	16.31±2.75	58.45±7.63
x ² (SD)	4.009(2)	1.946(2)	6.155(2)	4.716(2)
p	0.135	0.378	0.046	0.095
Significant difference	-	-	C>A	-
Gender				
Female	31.17±4.88	10.20±2.13	15.68±3.13	57.05±9.19
Male	29.33±5.75	8.87±2.36	15.13±3.46	53.33±10.95
z	-1.25	-2.25	-0.46	-1.24
p	0.210	0.025	0.648	0.214
Age				
18-20 years	29.40±7.10	9.05±2.65	14.35±4.11	52.8±13.15
21-22 years	30.94±4.54	10.17±2.02	15.66±2.94	56.77±8.40
23-27 years	32.23±3.85	10.41±2.13	16.59±2.54	59.23±7.87
x ² (SD)	2.133(2)	4.125(2)	3.638(2)	2.694(2)
p	0.344	0.127	0.162	0.260
Significant difference	-	-	-	-
Liking their department				
Yes	30.64±5.02	9.89±2.20	15.34±3.17	55.86±9.45
No	32.00±6.19	10.71±1.60	17.57±2.76	60.29±10.18
Indecisive	31.65±4.73	10.25±2.40	16.00±3.13	57.90±9.45
x ² (SD)	2.651(2)	1.54(2)	3.169(2)	2.594(2)
p	0.266	0.463	0.205	0.273
Significant difference	-	-	-	-
Reason for choosing their department				
Many job opportunities	31.82±3.44	10.37±1.76	15.9±2.6	58.08±6.71
Family preference	25.75±9	8.75±3.24	13.5±5.04	48±16.57
Love for the profession	30.59±5.47	9.72±2.48	15.59±3.43	55.9±10.54
x ² (SD)	3.325(2)	2.682(2)	2.109(2)	3.283(2)
p	0.190	0.262	0.348	0.194
Significant difference	-	-	-	-
Preferred department/clinic after graduation				
Psychiatric clinics	33.00±3.30	10.93±1.78	17.40±2.39	61.33±6.66
Surgical clinics	31.17±3.76	9.78±2.00	14.61±2.87	55.57±7.79
Emergency department	29.25±5.12	9.83±1.95	15.25±2.63	54.33±9.01
Oncology clinics	29.00±5.97	8.50±2.43	14.50±3.50	52.00±11.28
Pediatric clinics	29.50±8.11	9.17±2.59	15.00±4.45	53.67±14.44
Internal medicine clinics	31.13±4.64	9.88±3.09	16.00±2.88	57.00±10.07
Indecisive	29.90±5.22	10.90±1.29	14.70±2.98	55.50±7.41
x ² (SD)	9.782(6)	16.494(6)	15.08(6)	13.117(6)
p	0.134	0.011	0.020	0.041
Significant difference	-	A>B,C,D,E	A>B,C,D,E	A>B,C,D,E

SD: Standard deviation

high employment rate plays an important role in students' selection of the profession (Salminen-Tuomaala & Herttuala, 2022). In this study, it was observed that 56.1% of the students chose the profession due to the high employment rate. Ergün et al.'s study found that 60.8% of the students chose

the nursing profession because of the high employment rate (Ergün et al., 2021). A study published in 2022 revealed that 47% of the students were influenced by the high employment rate when choosing the profession (Salminen-Tuomaala & Herttuala, 2022). In this study, it was found that 36.4% of the

students chose the nursing department because they loved the profession. This can be explained by the intrinsic factor of feeling suitable for the profession (Salminen-Tuomaala & Herttuala, 2022).

It has been observed that the opinions of families influence students' career choices by 7.5%. This can be explained by the intrinsic factors of being influenced by social media and others' opinions (Salminen-Tuomaala & Herttuala, 2022). In the study by Ergün et al., it was shown that 7.1% of the students chose the nursing profession at the request of their families (Ergün et al., 2021). During nursing education, students receive a comprehensive education. Additionally, students may have preferences for specific clinics they wish to work in after graduation. In this study, 28% of the students expressed a desire to work in psychiatric clinics after graduation. This is seen as the students perceiving psychiatric nursing as a field that offers professional satisfaction and a desire to help individuals with mental disorders (Uzun & Demir, 2020).

In the pre-test the average scores of students on the Scale of Human Dignity Perception and Understanding in Nursing were found to be 190.78 ± 36.51 . In a study conducted in 2021 aimed at developing the scale, the average scores were found to be 210.34 ± 7.82 in the pre-test and 209.30 ± 10.73 in the post-test (Yıldırım & Akın Palandöken, 2021). In a study conducted in 2023, the average scores for the meaning sub-dimension were reported as 67.1 ± 15.4 , for the perception sub-dimension as 57.9 ± 13.5 , for the care sub-dimension as 68.1 ± 15.1 , and the overall scale average score was 193.1 ± 43.8 (Nacak, 2023). In a qualitative study conducted with postgraduate nursing students, participants defined a good death as being pain-free, having the opportunity to say goodbye to loved ones until the last moment, avoiding unnecessary medical interventions, being in the place of their choice, and not creating a burden of care (Zorba Bahçeli et al., 2022). When looking at the sub-dimensions and total average scores of the Good Death Scale in this study, similar results were found to those obtained in the study conducted in 2022 (Bayraktar et al., 2022).

The literature shows that the technique of using films is utilized in the education and training of nursing students. Studies have demonstrated that using films is effective for teaching specific topics or developing desired skills in various areas, such as pediatric nursing (Oh & Steefel, 2016), psychiatric nursing (Mathew & Mathew, 2018; Terzioğlu et al., 2017), and women's health and diseases nursing (Cambra-Badii et al., 2024). In this study, it was observed that the film-watching technique did not result in a significant difference in the average scores of the Scale of Human Dignity Perception and Understanding in Nursing, as well as the Good Death Scale ($p > 0.05$; $d < 0.20$). This may be due to the high average scores of the students on both scales. In this study, it was found that nursing students with a high level of perception and understanding of human dignity also had a high perception of a good death. There was a positive significant relationship between the perception and understanding of human dignity and the perception of a good death. No other studies examining the relationship between the perception and understanding of human dignity and the perception of a good death were found in the literature. One study examined the attitudes of intensive care nurses towards end-of-life care and their perceptions of a good death, finding a significant positive moderate relationship ($r = 0.425$; $p < 0.001$).

Another study investigating the effectiveness of nurses in end-of-life care and its relationship with the perception of a good death found a positive, moderate, and significant relationship between the concept of a good death and end-of-life care competence (Zarei, Dehghan, & Mongolian Shahrabaki, 2022).

In this study, it was found that the scores of the Scale of Human Dignity Perception and Understanding in Nursing and its sub-dimensions in nursing did not show significant differences based on the students' gender, class, or liking of their department. However, it was found that the perception and understanding sub-dimensions showed significant differences in the 23-27 age group ($p < 0.05$). In a study using the Scale of Human Dignity Perception and Understanding in Nursing, it was determined that the "Meaning" sub-dimension scores were statistically significantly higher in the 21-23 age group compared to the 18-20 age group (Nacak, 2023). The literature review revealed only one study using a similar scale related to understanding and perceiving human dignity in nursing (Nacak, 2023). However, studies using the "Nurses' Professional Values Scale," which includes human dignity as one of its sub-dimensions, were also reviewed. Studies aimed at determining nursing students' perceptions of professional values found no significant difference between classes in the "human dignity" sub-dimension, with high scores observed (Elmalı, 2020; Ibrahimoglu et al., 2020). Another study found that operating room nurses had high professional values, with the highest average score in the human dignity sub-dimension (Tuna & Kahraman, 2021). This study's results may be related to the increase in individuals' experiences with age, greater interaction in clinical practice, and experiencing care that maintains human dignity. A similar conclusion was reached in another study, which found that nursing students experienced the concept of human dignity in care through clinical practice experiences, observations, and interactions with patients (Stikholmen et al., 2022). In this study, it was determined that the scores on the Scale of Human Dignity Perception and Understanding in Nursing were significantly higher among students who chose the profession because they liked it and because of job opportunities, compared to those whose families chose the department for them ($p < 0.05$). A study indicated that students generally chose the nursing profession due to job opportunities, interest in the profession, and love for the profession, and that individuals who willingly chose the profession were more likely to succeed, provide effective care, and find satisfaction in the profession (Özveren et al., 2017). It was also found that students who wanted to work in psychiatry, surgery, and emergency services after graduation had significantly higher scores in the "understanding" sub-dimension of the Scale of Human Dignity Perception and Understanding in Nursing compared to those who wanted to work in pediatric clinics ($p < 0.05$). The literature also reports that nursing students particularly struggle with communication when dealing with pediatric patients (Teles et al., 2020). This result is thought to be related to the students' personality traits, difficulties in communicating with pediatric patients, and lack of prior experience in caring for pediatric patients.

In this study, it was found that the psychosocial and spiritual, clinical sub-dimension scores, and the total scores of the Good Death Scale did not show significant differences

according to the gender of the students ($p>0.05$). However, the personal control sub-dimension scores showed a significant difference ($z=-2.25$; $p<0.05$), with female students scoring significantly higher in this sub-dimension compared to male students. A similar study found no significant differences between the Good Death Scale scores and the variables of age, gender, marital status, education level, and choosing the profession willingly among nurses (Rumeysa Bayram, 2023). In this study, it was found that the total scores of the Good Death Scale and its sub-dimensions did not show significant differences based on the age of the students, their liking of their department, or their reasons for choosing their department ($p>0.05$). However, the clinical sub-dimension scores showed significant differences according to the class level of the students ($\chi^2=6.15$; $p<0.05$), with third-year students scoring significantly higher in the clinical sub-dimension compared to first-year students. This difference is thought to be related to third-year students taking a palliative care and end-of-life care course for the first time in the curriculum during the research period and having more clinical practice experience, which leads to more exposure to the concepts of death and end-of-life care. A similar study found that the attitudes towards the perception of a good death were not affected by age group or the experience of providing care to terminal patients during clinical practice. However, students who received education on death had significantly higher Good Death Scale scores compared to those who did not (56.79 ± 6.86) ($p<0.05$) (Bayraktar et al., 2022). Another study found no statistically significant relationship between the age, gender, previous encounters with death, and the Good Death Scale scores and its sub-dimensions. However, unlike this study, first-year students had significantly higher average scores on the Good Death Scale ($p<0.05$) (Çevik et al., 2021). The perceptions of nurses regarding death are influenced by characteristics such as age and education. As individuals age, they tend to see the death process as a natural part of life. With increased education and experience, nurses become more effective in providing care and treatment with a good death approach (Ceyhan et al., 2018). However, a study found that younger nurses working in intensive care and emergency departments experienced more anxiety related to death and held more negative attitudes towards patients in the end-of-life period (Sahin et al., 2017). Xia and Kongsuwan (2020) also found that younger nurses had higher fears related to death and more negative attitudes towards patients, which was attributed to their lack of experience and a tendency to avoid negative emotions (Xia & Kongsuwan, 2020). Another study investigated oncology nurses' attitudes towards caring for dying patients, their principles of living with dignity in the face of death, and their views on a good death. It was found that nurses' personal and professional characteristics influenced their attitudes towards caring for dying patients, their principles of living with dignity in the face of death, and their views on a good death (Uzunkaya Oztoprak & Terzioğlu, 2024).

In this study, it was found that the psychosocial and spiritual sub-dimension scores did not show significant differences based on the departments/clinics where students wanted to work after graduation ($p>0.05$). However, the total scores of the Good Death Scale did show significant differences ($\chi^2=13.12$; $p<0.05$), with students who wanted to work in psychiatry

clinics having significantly higher Good Death Scale scores compared to those who wanted to work in surgical units, emergency services, oncology, and pediatric units. This may be due to the students' personality traits, communication skills, and the belief that the concept of death is more prevalent in other clinical settings. Contrary to this study findings, a study determined that nurses' views on good death did not vary according to the department in which they worked (Özçalın & Çevik, 2023). One sub-dimension of the Good Death Scale includes the psychosocial and spiritual aspects of death. It is emphasized that care should be provided in a manner that ensures the individual's privacy, supports their cultural and religious beliefs, maintains their dignity, and integrates spiritual care into nursing care (Danacı, Özbudak, & Ağaçdiken, 2022). A study examining nursing students' views on spiritual care and good death found that students had positive attitudes towards the principles of a good death (Duru Aşiret et al., 2020).

Limitations

The limitations of this study are the limited sample group and the fact that it was conducted in a single centre. In addition, it is thought that students may have difficulty in adapting complex concepts such as good death and human dignity to their lives. Therefore, randomised, multi-centre studies can be conducted.

Future Research

Feature films can be utilized as a technique in nursing education, adding variety to the learning experience. Mixed-method research can be conducted to determine the effectiveness of films and to explore students' experiences, thereby providing a better understanding of the films' impact. In this way, the targeted content can be reflected in the world created by the film, and post-film opinions can be solicited.

CONCLUSION

One example of using different instructional and teaching techniques in courses is the use of films. Through films, students can observe diseases and their impact on individuals and their families. In our study, we consider the use of a different teaching technique as a strong aspect of the research.

In this study it was found that nursing students with a high level of perception and understanding of human dignity also had a high perception of a good death. In the holistic nursing approach, patient care and communication are integrated. Nurses need to adopt an approach that preserves human dignity and have a solid understanding of the concept of a good death in order to provide care for terminally ill patients. These concepts must be carefully emphasized in nursing education. Using cineeducation within the course content, especially before students encounter terminally ill patients, can be beneficial for fostering empathy and helping students embrace their nursing roles.

ETHICAL DECLARATIONS

Ethics Committee Approval

This study was conducted with the approval of the Ankara Medipol University Ethics Committee for Non-interventional Clinical Researches (Date: 22.01.2024, Decision No: 14).

Informed Consent

Written informed consent was obtained from all individual participants prior to their inclusion in the study. Participants were fully informed about the study's aims, procedures, potential risks and benefits, and their rights-including the right to withdraw at any time without consequence. All participants voluntarily signed a written informed consent form.

Peer Review Process

This manuscript was subject to external peer review.

Conflict of Interest

The authors declare no conflicts of interest related to this study.

Financial Disclosure

The authors received no financial support for the conduct or publication of this research.

Author Contributions

Concept: BDS; Design: BDS; Control: BDS, GÖ; Data Collection and/or Processing: BDS, GÖ; Analysis and/or Interpretation: BDS, GÖ; Literature Review: BDS, GÖ; Article Writing: BDS, GÖ; Critical Review: BDS, GÖ.

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