4.4 Inferential analysis

4.4.1 Correlations

The construction of this questionnaire meant that the only correlation that could be tested using Spearman's rho was the relationship between age and death anxiety total score. Spearman's rho has been used as the statistical test because the assumptions of normal distribution are not met and the results were r=0.088, p=0.100. The null hypothesis therefore was accepted; there was no relationship between age and total death anxiety score within this sample.

4.4.2 T-test

To analyse the significance of this research independent t-tests were undertaken on each of the groups listed below, the results are compiled in Table 4.1.7 and will be discussed further in chapter 5. Of key note from these findings are the significant differences between the males and females; nursing students and medical students' total score; final year nursing students and final year medical students; and finally relevant work experience and no work experience. These differences will be explored thoroughly in chapter 5.

4.5 Post hoc analysis

Upon examination of the results it became apparent that there were a few secondary research questions that could be examined because of the relatively large sample size. In particular the higher response rates from nursing students' enables the examination of death anxiety between nursing branch, and nursing course. To be noted is that the nursing branch learning disability will not be examined statistically because there was such a small number of students (n=6) enrolled on this course and there were none on the Master of Nursing Science

course (MNurSci), also that n=3 nursing students did not provide information regarding branch. The t=tests performed on this data are shown in Table 4.1.8.

Compared Group (N, mean, standard deviation)	**t(df)**	**P**
Males **Vs.** Females (n=64, $\bar{x}$=43.3, SD=10.4) (n=286, $\bar{x}$=47.4, SD=10.3)	-2.888(384)	0.004
Nursing students **Vs.** Medical students (n=207, $\bar{x}$=48.4, SD=10.7) (n=143, $\bar{x}$=44.3, SD=9.4)	-3.806(328.43)	0.000
First year **Vs.** Final year (total) (n=163, $\bar{x}$=47.3, SD=10.4) (n=184, $\bar{x}$=46.3, SD=10.5)	0.913(345)	0.362
First year **Vs.** Final year (medics) (n=65, $\bar{x}$=45.5, SD=9.6) (n=75, $\bar{x}$=43.3, SD=9.3)	1.393(138)	0.166
First year **Vs.** Final year (nurses) (n=98, $\bar{x}$=48.6, SD=10.7) (n=109, $\bar{x}$=48.3, SD=10.7)	0.099(205)	0.922
First year nurses **Vs.** First year medics (n=98, $\bar{x}$=48.5, SD=10.7) (n=65, $\bar{x}$=45.5, SD=9.6)	-1.784(161)	0.076
Final year nurses **Vs.** Final year medics (n=109, $\bar{x}$=48.3, SD=10.7) (n=75, $\bar{x}$=43.3, SD=9.3)	-3.284(182)	0.001
1st degree experiences **Vs.** No experience (n=38, $\bar{x}$=49.0, SD=10.7) (n=55, $\bar{x}$=45.4, SD=9.6)	-1.670(91)	0.098
2nd degree experiences **Vs.** No experience (n=257, $\bar{x}$=46.6, SD=10.5) (n=55, $\bar{x}$=45.4, SD=9.6)	-0.792(310)	0.429
Experience total **Vs.** No experience (n= 295, $\bar{x}$=46.9, SD=10.5) (n=55, $\bar{x}$=45.4, SD=9.6)	-0.995(348)	0.320
Experience of death<12months **Vs.** No experience (n=42, $\bar{x}$=45.1, SD=9.7) (n=61, $\bar{x}$=45.8, SD=9.4)	0.384(101)	0.702
Relevant work experience **Vs.** No relevant experience (n=233, $\bar{x}$=45.5, SD=10.1) (n=117, $\bar{x}$=49.0, SD=10.6)	2.973(348)	0.003

Table 4.1.7 T-tests

Compared Group **(n, mean, standard deviation)**	**t(df)**	**P**
Adult branch **Vs.** Child branch (n=151, $\bar{x}$=47.8, SD=10.8) (n=28, $\bar{x}$=50.8, SD=10.1)	-1.355(177)	0.177
Child branch **Vs.** Mental health branch (n=28, $\bar{x}$=50.8, SD=10.1) (n=19, $\bar{x}$=50.0, SD=11.2)	0.239(45)	0.812
Adult branch Vs. Mental Health (n=151, $\bar{x}$=47.8, SD=10.8) (n=19, $\bar{x}$=50.0, SD=11.2)	-0.846(168)	0.399
MNurSci **Vs.** Diploma/Bsc (n=65, $\bar{x}$=47.8, SD=10.4) (n=142, $\bar{x}$=48.7, SD=10.9)	-0.556(205)	0.579

Table 4.1.8 Post hoc analysis

No significant difference was found between any of the branches or programmes of study within the nursing students.

4.6 Summary

This chapter had described the sample accessed and the death anxiety scores that were found. A systematic approach to hypothesis testing was undertaken and these results have been identified. These results will be discussed within chapter 5 to order to answer the research questions.

Chapter 5 – Discussion

5.1 Introduction

The purpose of this chapter is to discuss the results and answer the research questions posed. The methodology will be analysed, examining the strengths and weaknesses of this study and particularly the use of the scale. The results regarding death anxiety and medical and nursing students will then be discussed in relation to the literature to gain a fuller understanding of this issue and significantly, the findings of this study.

5.2 Summary of research

The purpose of this research was to answer the following research questions:

1) To describe death anxiety in nursing and medical students at the beginning and end of their course
2) To investigate if there is a difference between the death anxiety of nurses and doctors
3) To explore if medical or nursing training affects an individuals' death anxiety
4) To determine if any demographic factors influence death anxiety in these students

From the literature review undertaken it was clear that there were relationships between age and gender and death anxiety. The relationship between age and death anxiety has been examined within the literature, Russac et al (2007) suggested that after age 20 years death anxiety generally declines which is supported by other studies (Fortner and Neimeyer 1999). One of the other main

ideas surrounding death anxiety that has been supported by research within the literature is that females generally have a higher death anxiety score than men (Fortner and Neimeyer 1999, Russac et al 2007). Upon reviewing the qualitative research undertaken surrounding this topic it became clear that medical and nursing students experienced different forms of anxiety regarding their roles. Cooper and Barnett (2005) when examining nursing students' anxiety toward care of the dying found that the key themes that caused the most anxiety were aspects of the caring role such as talking with the individual and the severing of that relationship after death. A similar study, undertaken by Williams et al (2005) examined medical students' response to death and care of the dying and found that they experienced effective responses such as guilt and blame. The difference in the way medical and nursing students are affected by death and care of the dying is apparent, however no research could be located which directly compares these students within the last twenty years.

5.2.1 Methods summary

An established questionnaire was used to measure the death anxiety scores of medical and nursing students in the first and final year of their course. A cross section of individuals within this inclusion criteria were accessed at the end of their class and requested to undertake this research. The lowest response rate was from the final year medical students'; all other groups accessed had relatively high response rates for a questionnaire. The results were then inputted into an SPSS programme and coded for analysis.

5.2.2 Results summary

Statistical tests were undertaken upon the results to ascertain any differences and relationships within the data. The main findings were that there was a statistically significant difference between the death anxiety scores of male and females; medical and nursing students; final year medical students and final year nursing students; and relevant work experience compared to no relevant work experience. It was found that there was an association between gender and course as a higher proportion of females on both courses participated and that age was not related to death anxiety score. These findings will be examined within this chapter in relation to the literature.

5.3 Limitations

As with all investigations this study is not without its limitation which may hinder the reliability and validity of the results. The first and most important limiting factor for this research was that it was a cross sectional study rather than a longitudinal study. Due to time constraints within the course it was impossible to follow the participants through their courses and assess their death anxiety scores at set intervals. The next option therefore was to undertake a cross sectional cohort study involving individual enrolled on a medical or nursing course in their first or final years at one point in time. The time constraints experienced with this study also meant that individuals' in their final year were not accessed at the very end of their course; instead they were accessed in the first semester of their final year. This meant that a true representative of individuals at the very end of their course was not reached.

The second limiting factor was that only students in one institution were approached to participate in this study, this could mean that these results are particular to only the students enrolled on courses within the University of Nottingham and therefore shouldn't be generalised to the rest of the population of medical and nursing students. This study was an exploratory analysis of death anxiety scores of individual's at the start and end of their courses which has not been undertaken statistically before. It forms the basis for much future research on larger scales to gain a fuller understanding and to further focus research questions.

A third limitation with this study was the involvement of nursing students enrolled on the master of nursing science course which is unique to the University of Nottingham. In doing this the results of the nursing students may not be a true representation of nursing students within the UK. The scores of the two nursing courses have been analysed statistically for differences and will be discussed further within this chapter, the statistical tests undertaken indicated that the death anxiety scores of Masters of nursing science and Diploma/degree course were not statistically different. This reinforces the involvement of these students and increases the reliability of the results and reduces the limitations that their involvement may have had.

The use of undertaking a convenience sample may cause limitations on the results of this study also, as access was only available to individuals within the university of Nottingham a sample size calculation was not undertaken, and random selection of individuals was not attempted; all individuals' enrolled on a medicine or nursing course in their first of final year were given the opportunity to participate to gain as large a sample as possible. This method of selection may produce bias, if only individuals with an interest in this topic undertake the questionnaire, the results

may be particular to this. This limitation however, was preferred over the use of random allocation and a chosen sample size because it aimed to gain a higher response rate for this study. If all the students who fit the criteria were given the opportunity to participate, rather than excluding some with random allocation, a higher sample size may be expected.

5.4 Strengths

It is important to understand the limitations of this study, however it is also important to recognise its strengths which contribute to the reliability and validity of its findings, the most significant strength of this study being the relative large sample size of respondents. This sample is large enough that the findings have validity in this setting and that the phenomenon of death anxiety is measureable and worth pursuing. As stated earlier this study is an exploration of the death anxiety of medical and nursing students which has not been directly and statistically compared recently, it aims to gain an insight and to provide topics for further research. It is not therefore as important to be able to generalise these findings to the whole population but to provide key aspects of this topic for further research.

5.5 Discussion of Instrument

The instrument used to measure the death anxiety of participants was the revised death anxiety scale (Thorson and Powell 1993) which is an established questionnaire that has been successfully used to assess the death anxiety of medical students previously (Powell et al 1990). As seen in the results chapter the Chronbach's alpha undertaken on this study indicated good internal consistency within the questionnaire with each item individually scoring well without being

repeated. Upon undertaking this research however some questions were developed regarding the use of this scale in modern British society.

The revised death anxiety scale is based upon the assumption that people believe in life after death and that individuals who do not believe or are unsure about this have a higher death anxiety score. This assumption may have been correct when this scale was developed twenty years ago in the United States of America; however its use in modern day Britain may be disputed. One of the main causes for this questioning was the participant reaction to item 16 on the scale "I am looking forward to a new life after I die" had the joint highest no response rate as seen in Table 4.1.6. This high level of no response may indicate that in modern day Britain the culture is such that individuals may not place as much emphasis on religion as they did. This does not necessarily mean that those who do not believe in an afterlife are more anxious about their death.

This scale was originally designed to have a true/false response format although Thorson and Powell (1993) state that a 5 point likert scale could be used instead. From certain verbal opinions regarding this scale given to the researcher from participants it suggested that individuals found it to be a little old fashioned and too centred around religion. From undertaking this research and in particular response to the high levels of no response for some items of this scale, it is recommended that a 5 point likert scale be of choice for further uses of this death anxiety scale. This would enable individuals to express their views more effectively and answer more successfully, particularly for the questions regarding afterlife and religion.

In conclusion, from undertaking this study it has suggested that the assumptions this scale is based on may not be suitable for young people in modern day Britain. The comments made from participants and the highest no response rate from questions regarding religion imply that for future uses it may be necessary to use a 5 point likert scale instead of the true/false response, or it may be necessary to revise some of the items regarding religion in order to enable individuals to answer effectively.

5.6 Death anxiety review

When answering the research questions it is important to gain an understanding of death anxiety in medical and nursing students because it is believed that for effective care of the dying individuals should have a low as possible death anxiety level. Evidence within the literature suggests that care of the seriously ill and dying individual is a very stressful and health damaging role, for both professionals and non-professionals (Llewelyn and Payne 1995) and it has been suggested that personal attributes such as personal death anxiety have an impact on an individuals' ability to provide high quality care of the dying (Payne et al 1998). Gesser et al (1987) found that death anxiety and death avoidance are linked with psychological distress and depression, while Redinbaugh et al (2003) suggested that care of the dying can be linked to professional burnout. This information highlights clearly the need to ensure health professionals have the skills and attributes required to minimise their death anxiety. The remaining question which has yet to be examined is how high is too high for health professionals death anxiety level to enable them to perform their role effectively without risk to themselves? This question will not be addressed however it is important to understand why a lower death anxiety score is better for these prospective nurses and doctors who participated.

5.7 Death anxiety in medical and nursing students

The results from this study found that there was a statistically significant difference between the death anxiety scores of medical and nursing students with the nursing students experiencing a higher mean score. It could be hypothesised, given the literature that these results could be a result of gender differences between the courses; due to more males being enrolled on the medicine course rather than nursing and the males had a statistically lower death anxiety than females. This view is limited however, as seen in Table 4.1.2 there were significantly more responses from females on both courses. This suggests that the differences seen in death anxiety and gender are not responsible for the differences seen between medicine and nursing students.

This difference between medicine and nursing course leads to the examination of when this difference is observed by the comparison of first and final year students. Upon examination of these differences it was clear that there was no significant difference between the death anxiety scores of medical and nursing students in their first and final year together, or when divided into their prospective courses. This suggests that neither current medicine and nursing courses affected individuals' death anxiety scores, however, a longitudinal study would need to be undertaken to test this hypothesis. These results indicate that the course itself does not alter an individuals' death anxiety, therefore it leads to the question what factor is of importance in lowering death anxiety, and do individuals who choose to study medicine have a lower death anxiety score before undertaking the course?

The next step was the comparison of medical and nursing students in their first year, followed by those in their final year. This analysis showed that at the start of their prospective courses, there was no statistically significant difference between

the death anxiety scores of medical and nursing students. This eliminates the belief that death anxiety scores are already different before they start their course. The mean death anxiety scores did show however that medical students had a lower death anxiety score than nursing students, even though at this stage it was not statistically significant. It may be suggested from the literature review that age may be the cause of this difference; however the statistical analysis undertaken showed that there was not relationship between age and death anxiety scores within this literature. The comparison of the final year students enrolled on these courses showed interesting findings, indicating that in their final years of study, medical students did have a statistically significant, lower death anxiety score. As stated earlier the factor of course was shown to not have an affect death anxiety and although medical students death anxiety scores dropped from first to final year it was not statistically significant. This leads to the question why do medical students in their final year have a significantly lower death anxiety score than nursing students in their final year, however neither group when compared with their own course significantly changed their death anxiety scores from start to end of course? It has also been considered that the longer length of the medicine course could be a cause for the differences observed between nursing and medical students in their final year. If the medical students are training longer and may have therefore more exposure to the health service it may lower their death anxiety scores. Further research again is needed to explore this relationship but a few suggestions have been made regarding why this difference is observed.

5.7.1 Interpretation

From this analysis it is clear that medical students average death anxiety dropped from first to final year by a larger margin than the nursing students (although neither was statistically significant), it does however prompt the question is there

some aspect of a medicine course which aids in lowering death anxiety that does not occur on a nursing course? When looking at these results objectively in this manner it is also apparent that the nursing students consistently had a higher death anxiety score than medical students. This leads to the belief that nursing students in general have a higher death anxiety level than medical students and there may be some other characteristic of these students which has not yet been identified.

It has been stated within the literature that nurses spend more time with individuals at the end of life than any other health professional (Ferrell et al 1999) and therefore have to deal with their own feelings surrounding death whilst coping with death regularly in their professional lives (Payne et al 1998). A study undertaken by Cooper and Barnett (2005) examined qualitatively the experiences and feelings of nursing students surrounding care of the dying and found that it was aspects of the caring role that formed much of their anxiety. In comparison, a study undertaken by Williams et al (2005) examined qualitatively the feelings of medical students surrounding care of the dying also and found that medical students feared facing families are responding to grief whilst experiencing feelings such as guilt and blame. Further research is required to gain a fuller understanding about why medical students experience a lower death anxiety than nursing students, however this brief insight into their feelings may suggest that the different aspects of each role; very simplistically, nurses to care and doctors to cure, may account for the difference in death anxiety scores.

5.8 Impact of personal attributes of students

The interpretations of the relationships between death anxiety and course have led to the conclusion that there may be some other aspect apart from course and year

of course that affects individuals' death anxiety levels. As stated above the information collected regarding age and gender do not provide a reason for the difference in medical and nursing students' death anxiety scores. Age was found to have no relationship with death anxiety in this sample, and although gender did have an affect the gender spread across both courses indicated that this factor too could not have caused this difference in death anxiety scores observed between medical and nursing students. The finding that males have a lower death anxiety than women is supported within the literature, Fortner and Neimeyer (1999) and Russac et al (2007) both found that women generally experience higher death anxiety than men. Significantly neither of these studies used the revised death anxiety scale (Thorson and Powell 1993) and this further validates the use of this scale as an effective measure of death anxiety and shows that these students were similar to other groups within society. The finding that there was no relationship between age and death anxiety score is not supported by the literature however. In consideration of this it may be because of the population accessed, the total range for age was 28, the mean was 23 and the mode was 18. This spread of age is very limiting, spanning only 28 years and most participants were only 18 years old, this could account for the lack of a relationship between age and death anxiety. Most previous studies surrounding age and death anxiety have a wide variance of age, Russac et al (2007) had a range of 69 and therefore these results could be due to the relatively small range of ages and the small number of participants in the older age categories. It could also be suggested that the revised death anxiety scale was not sensitive enough to detect differences between ages, however previous uses of this scale have successfully explored this relationship (Powell et al 1990) and therefore it would be unlikely to be due to the scale.

One of these possible factors identified in the construction of this questionnaire was suggested to be experience of death and particularly a recent death of a close

friend or relative. Upon analysis of the information gathered it became clear that an individuals' personal experience of death, even if it was a recent death did not cause a statistical difference in death anxiety. Statistical testing also showed that there was no significant difference in death anxiety scores if a recent death of a family member or close friend was experienced. These findings however were only analysed as secondary research questions and to enable more valid conclusions regarding how personal experiences of death, particularly recent experiences of death affect the death anxiety of an individual this topic should be the focus of its own research topic. These findings that suggest death anxiety is not affected by experiences of death are not the main conclusions of this study and should be investigated further to gain a better understanding.

One of the final aspects explored was surrounding any relevant work experience that participants had. The statistical testing surrounding this showed that participants with relevant work experience had a significantly lower death anxiety than those without any relevant experience. This topic was originally a secondary research analysis as a possible factor upon death anxiety, these results however may help to explain the differences between the death anxiety of medical and nursing students and will therefore be examined.

The literature review undertaken surrounding this topic poses some beliefs surrounding experience and death anxiety. Chen et al (2006) undertook a quantitative study which examined the death anxiety of experienced and non-experienced nursing students with a control group. This study has significant findings in the area of experience and death anxiety, they suggested that nurses death anxiety may decline throughout their careers eventually reaching levels of an individual employed in a non-death-related occupation. The method and relatively

large sample size of this study increases the validity of its results and supports this research's findings. The view that individuals who have more experience with death and they dying have a lower death anxiety is widely acknowledged within the literature (Johnson 1994, Payne et al 1998 and Servaty et al 1996).

5.8.1 Interpretation

This review has enabled the examination of the personal attributes of the participants which may have affected their death anxiety levels. It was found that females had a significantly higher death anxiety than males, while age within this sample did not have an effect; these have been discussed thoroughly in reference to the literature and have been examined. The effect of recent personal experience of death was also examined however there were no significant differences between death anxiety scores of individuals who had personal experience of death and those that did not. There was also no statistically significant difference found between death anxiety scores of individuals who had experienced a recent death. As stated earlier this was a secondary research question and to further confirm these findings further research is needed to examine the effects of recent experiences of death of a close friend or relative.

The most significant finding related to personal attributes of students which may affect death anxiety was that individuals who had relevant work experience had a statistically significant lower death anxiety than those without this relevant experience. Of particular interest regarding work experience is shown in Table 4.1.4 which illustrates that statistically the medical students had more relevant work experience than nursing students. This information, together with information gathered from the literature review could help in the understanding of why medical students had a lower death anxiety than nursing students. Relevant work

experience has shown in this case to be linked with 5.9lower death anxiety and could help to explain why medical students have a lower death anxiety than nursing students. It is important to recognise however, that these findings were only aimed at exploring the death anxiety of medical and nursing students and that to formulate valid conclusion within this area much further research will be required, these findings have helped to identify future focuses for research.

5.9 Post hoc analysis

As stated within chapter four the response rates from the nursing students were such that it allowed the investigation of nursing branch and course and death anxiety. As stated there was no statistical difference between the different nursing branch death anxiety scores; this is interesting in that it suggests that death anxiety does not affect branch choice for nurses, even though different branches involve very different aspects of nursing. Further research would be required to analyse this relationship in more detail however, this sample would suggest that there is no difference between death anxiety scores of different nursing branches.

The final relationship tested was to explore if there was a difference between nursing course, however as shown in Table 4.1.8 there was no statistically significant difference between the nursing courses. The significance for this study is that it justifies the involvement of the Master of Nursing Science students who are particular to the University of Nottingham. It suggests that they are similar to other nursing student populations. Further research would be required to investigate if the fourth year of study for the Master of Nursing Science students had any effect upon their death anxiety by comparing the final year scores for each course. The sample for this study however was not deemed large enough to statistically test this hypothesis.

As stated in the chapter three the final question on the questionnaire invited participants to state a preference for where they would like to work once they have qualified. This question was posed merely out of interest and was not statistically tested, however one participant stated in response "oncology – believe it or not! I'm not scared for other people just for myself!" (ID number 112). Upon examination of this response in particular the participant scored a percentage death anxiety 92% and although this was merely a question of interest this statement opposes the belief that death anxiety and death fear lead to psychological burn out and avoidance behaviours (Gesser et al 1987, Redinbaugh et al 2003). This result could be an outlier and this individual may not be significant to the rest of the population, however it highlights the need for further research surrounding this topic and was a particularly interesting viewpoint from a participant.

5.10 Implications

The results from this study provide a great insight into the death anxiety of medical and nursing students at different points in their training, the implications of these findings will now be examined.

5.10.1 Implications for education

The results from this research suggest the valuable effect that relevant work experience encompassing care of the dying could have upon lowering death anxiety. Examining this in regard to the literature it was clear that they are in support of the view that experience with care of the dying and death could help to lower death anxiety (Chen et al 2006, Redinbaugh et al 2003 and Servaty et al 1996). Durlak (1993) suggests that death education programs which can help change death attitudes involve provision of information and support. Considering

this with the belief that a lower death anxiety enables more effective care of the dying, implementations that aim to reduce this should be of great value. Although much further research is required within this subject area these findings suggest that prospective nursing students could be encouraged to gain experiences surrounding care of the dying before they start their course. It could also be considered that during a nursing course individuals should be facilitated to experience care of the dying from an early stage in order to help minimise their death anxiety. Recommendations from the literature suggested that more education surrounding care of the dying is necessary and that time should be given to allow students to talk about and assess their feeling surrounding this delicate topic (Hegedus et al 2008, Johnson 1994 and Mooney 2005). As stated above it is important to recognise that further research is needed to solidify these findings and make more appropriate recommendations, however it poses questions regarding the importance of time to be set aside on courses for discussions between students regarding end of life care and their personal experiences of death.

5.10.2 Implications for nursing practice

This research does not provide many direct implications for future nursing practice itself, however from undertaking this research and exploring the death anxiety scores of medical and nursing students the path has been formed for further research to continue this exploration. For nursing practice itself the recognition of avoidance behaviours and anxiety provoking situations may help to reduce their effects, in the future if education is altered to encompass and combat death anxiety for students this would be a significant improvement. If medical students have a lower death anxiety in their final year why is this? Future research is needed to help identify what aspects, if any, of medical training could be implemented into nurse training that could help lower their death anxiety too.

5.10.3 Implications for future research

The most significant implications from this study are those regarding future research within this subject area. This study particularly has provided a basis for future investigations surrounding the differences in death anxiety scores of medical and nursing students, doctors and nurses. It has been suggested that relevant work experience is directly linked to reduced death anxiety, as significantly more medical students than nursing students had this relevant work experience it may be proposed that this factor has a great effect on lowering their death anxiety. Further research is needed to examine this relationship more effectively to enable more recommendations to be made toward educating nursing and medical students. It is important to recognise that relevant work experience is not the only factor which may cause differences between the medical and nursing students death anxiety; some have been suggested such as the differences within each role, however further research comparing this relationship is vital to gain a full understanding. Work experience itself should be looked at in more detail, rather than just a secondary research question, to establish what types of work experience are the best for lowering death anxiety. This study has hopefully opened the way for future research to follow regarding death anxiety and health professionals particularly since there was found to be a difference in the death anxiety levels of nursing and medical students.

5.11 Conclusion

This exploratory study has fulfilled the research questions successfully, examining the relationships between death anxiety and medical and nursing students. The literature surrounding this issue has supported the belief that death anxiety and these individuals was worthwhile investigating. The main finding was that medical

students had a significantly lower death anxiety than nursing students and this in itself is cause for further research, within this study actions were then implemented to assess why and when this difference may have occurred from the information gathered.

The results further suggest that it was in the final year of study when the difference in death anxiety levels became significant for the medical and nursing students and that within each course death anxiety levels did not significantly alter. This linked with the result that relevant work experience significantly lowered death anxiety, and that medical students had more relevant work experience suggested that this could be a factor for why medical students had lower death anxiety scores than nursing students.

To establish more conclusive results further research should be undertaken to gain a better understanding of this relationship, this study has aimed to explore this topic and lead the way for future research and investigations to enable a better understanding. The belief that a lower death anxiety enables more effective end of life care, and medical students have a lower death anxiety score than nursing students, understanding why this is so to enhance nursing education to lower their death anxiety proves highly valuable for future research.