Electronic Physician (ISSN: 2008-5842) Volume: 14, Issue: 3, Pages: 7898-7910
DOI: https://doi.org/10.26415/2008-5842-vol14iss3p7898-7910

Analyzing the Concepts of "Good Death" from the Perspective of Nursing: A systematic review and concept analysis

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Type of article: Systematic Review

Abstract

Background: Words such as "dying well," "dying peacefully," "appropriate death," "desired death," "dignified death" and "good death," are often used interchangeably. However, there is no clear definition of the concept of "good death" and its defining attributes. Further studies seem to be needed to clarify and develop the concept of "good death" and its attributes. This study aimed to analyze and clarify the concept of "good death".

Methods: A systematic literature search was conducted from 1980 to the end of 2020 using Magiran, SID, Scopus, Science Direct, PubMed, CINAHL, Google Scholar, ProQuest, Wiley, and Ovid, databases. The title, abstract, and keywords of the articles were searched using keywords of "death," "dying," "good death," "quality of death," "end of life preferences," "quality of dying," "attitude to death," "terminal care," "dignity," "successful," and "peaceful". The Boolean search operators "AND" and "OR" were employed to merge search results. We also reviewed the reference lists of all retrieved articles to find other pertinent documents. Concept analysis was conducted using Walker and Avant's eight-step method. The attributes, antecedents, consequences, and uses of the concept of "good death" were recognized.

Results: A total of 7207 titles were identified; after elimination of duplicates, screening, and final selection, 36 relevant publications remained for analysis. The most common defining attributes of "good death" included compatibility with socio-cultural norms, personal experiences, being an ongoing process, having control and autonomy, and attention to religion and spirituality. Antecedents of a good death might vary for the dying person, the caregivers, and the family. The most important consequences of "good death" were mainly related to the family of the deceased (satisfaction with care providers, access to supports, respect, integrity, socially appropriate behavior, satisfaction with mourning, and reducing family grief), and those related to the care providers (quick passing of the process of mourning, being sure of doing their best for the patient and family, job satisfaction, a sense of self-worth and integration).

Conclusion: The concept of "good death" was a dynamic process that its meaning heavily depends on the peoples lived experiences. It entails having control and autonomy, fulfilling the basic human needs, attention to religion and spirituality, and accompanies positive and peaceful lived experiences for the dying person, his/her family, and the caregivers. To provide patients with "good death" and quality end-of-life care, caregivers especially nurses should develop their knowledge and proficiency in end-of-life care.

Keywords: Systematic review, death, nursing care, good, hospice care

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Received: October 04, 2021, Accepted: May 14, 2022, Published: September 2022
Ethics approval: Ethics Committee of Alborz University of Medical Sciences. (IR.ABZUMS.REC.1399.263)
Publisher: KNOWLEDGE KINGDOM PUBLISHING, http://www.eurl-knowking.dz/.

1. Introduction

Life and death make people's beliefs more meaningful and stimulate optimism, control, and efficacy (1). As a biological event, death is defined as the permanent stop of vital signs and function of the heart, while dying is a procedural and social issue experienced by people within their cultural and social system (2). Death is an inevitable fact, which all religions have dealt with throughout history. In the Qur'an, God emphasizes the inevitability of death and says: "Even taking refuge in strongholds, does not prevent death" (3). The Jewish scripture reads, "… at the time of death, the body returns to the soil and the soul goes to God." (4). Christians believe that they eventually will die and begin a new life in a new world (5). Buddhists also believes in death, and the Buddha says at the moment of his death: "I am now free, free from thirst, suffering, etc. (6). Vettius Valens, an ancient Roman astronomer described a good death as a sudden and silent death after a well-fed state, and getting rid of food, satiety, wine, intercourse, or apoplexy' (7).

All human beings like to experience death with peace, honor, dignity, and away from suffering (8). While being aware of death and accepting it, man seeks to experience the best possible state of death (9). A good death is described in contemporary literature as a timely, calm, and respectful death, occurring in old age, without pain and annoying bodily symptoms, and following a predictable course. It happens at home, while the dying person is surrounded by close relatives (10). Dying people and their families should be aware of methods of care and supports available for achieving a "good death" (11), and nurses have a unique responsibility in this regard (12). Nurses ought to possess skills, knowledge, experience, and potential to supply quality care for dying patients and their families (12). They should be able to communicate with patients and their families, manage their anxiety and pain, discuss with them about death, encourage them to express their feelings, and spiritually support them during the grief period (12). Nurses need to know what death is, and what does it mean to die peacefully? Why is it important to study this phenomenon?

Words and phrases such as "dying well," "dying peacefully," "good death," "appropriate death," "desired death," and "dignified death" are often used interchangeably and sometimes with different meanings (13). However, there is no clear definition of the concept of "good death" and its defining attributes. Further studies seem to be needed to clarify and develop the concept of "good death" and its attributes. Clarifying this concept can help nurses provide quality care for dying patients and their families. Concept analysis is a strategy for elucidating the meaning of abstract concepts and differencing them from similar concepts. As Walker and Avant stated; the meaning of concepts may alter over time, therefore, the results of concept analysis should not be considered as a "final product," and the meaning of concepts should be clarified over time as the context changes (14). This study aimed to analyze and clarify the concept of "good death" and present an in depth understanding of its main attributes.

2. Material and Methods

2.1. Research design and search strategy

A systematic literature search was conducted from 1980 to the end of 2020 using national and international databases MagIran, SID, Scopus, Science Direct, PubMed, CINAHL, Google Scholar, ProQuest, Wiley, and Ovid. Databases. The title, abstract, and keywords of the articles were searched using keywords of "death," "dying," "good death," "quality of death," "end of life preferences," "quality of dying," "attitude to death," "terminal care," "dignity," "successful," and "peaceful". The Boolean search operators "AND" and "OR" were employed to merge search results. We also reviewed the reference lists of all retrieved articles to find other pertinent documents.

2.2. Inclusion and exclusion criteria

All English and Persian articles focusing on "good death" in human subjects were included in the study. Letters to editors, book reviews, studies published in languages other than Persian and English, and irrelevant studies such as studies on cell death, animal death, and review studies were excluded from the review.

2.3. Quality assessment

Therefore, in this study, we have tried to analyze the concept of "good death," provide a clear definition of the concept, and determine its characteristics, antecedents, and consequences. Concept analysis was conducted using Walker and Avant's eight-step method. After selecting the concept, this method includes determining the purposes of analysis, recognizing the uses of the intended concept, discovering the defining attributes of the concept, developing model, borderline, opposite, and invented cases, recognizing antecedents and consequences of the concept; and defining empirical referents of the concept (14). Each of the eligible reviews was assessed by one of the authors independently, whereas a second reviewer verified the judgements.

2.4. Data analysis

Relevant information was extracted electronically in a predeveloped form, with Google Sheets, which allowed all authors to construct the dataset simultaneously. The data extraction form was designed to collect the following data from each systematic review: first author, year of publication, title, institution of first author, search dates for review, databases searched, selection criteria, number of studies included. Information was also extracted about the context of the studies or attempts to conceptualize a good death. Initially, 7207 documents were found. After excluding duplicates and those with exclusion criteria, abstracts of 1241 articles were assessed. Then, 849 and 356 documents were respectively removed by examining the abstracts and full-texts because they did not refer to any attributes, antecedents, or consequences of "good death". Finally, 36 articles were examined to extract the definitions, attributes, antecedents, consequences, and measurement techniques of "good death" (Figure 1).

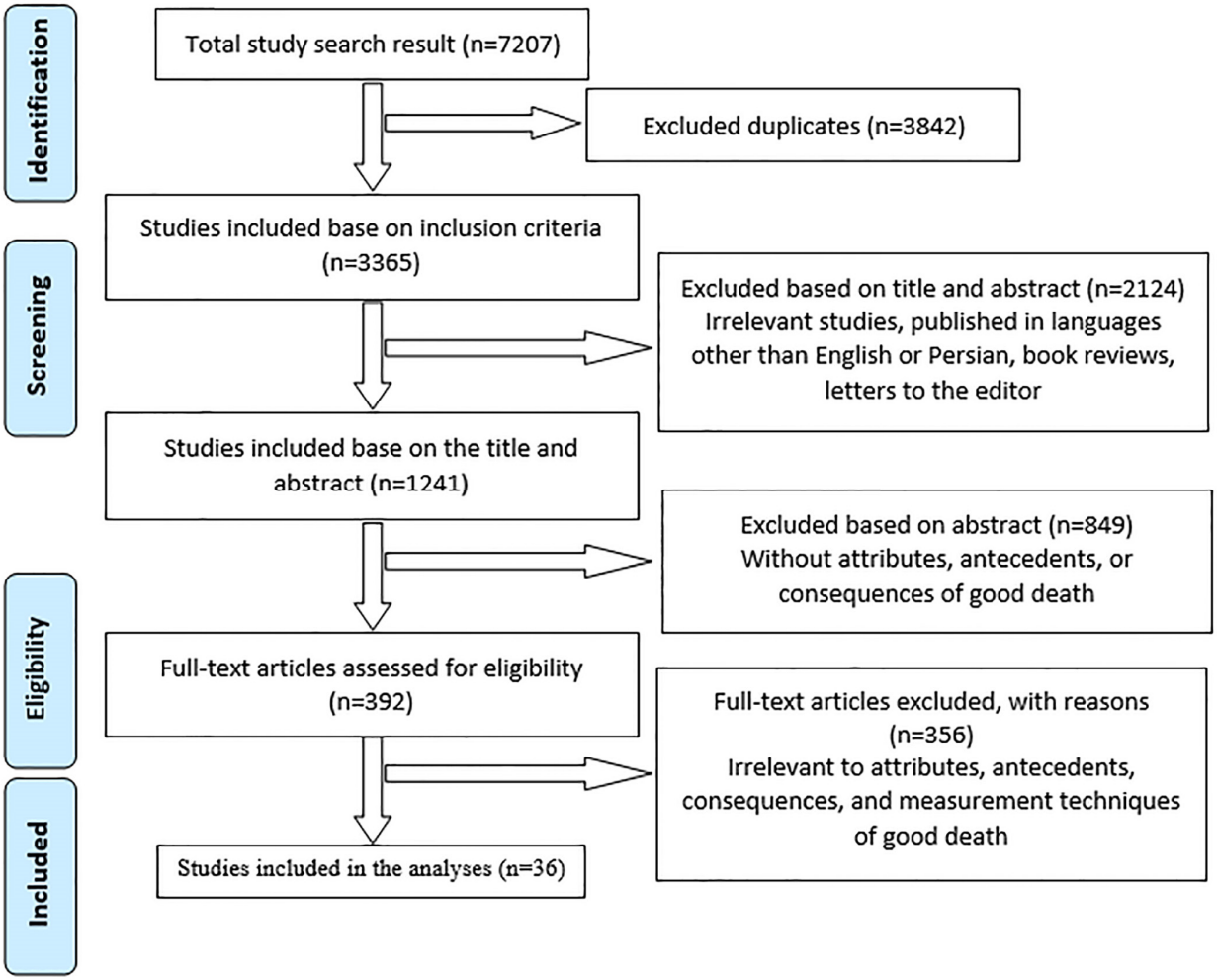

Figure 1. Flowchart of the study selection process

3. Results

3.1. Uses of the concept

The concept of "good death" is a combination of contradictory words. Death is miserable and tragic, and perhaps showing the failure of clinical interventions and treatments (11), while the word good means to be desired (15). Merriam-Webster's dictionary describes death as the permanent stopping of all vital functions (16). Oxford dictionary also defines death as "the end of the life of a person or an organism" (17). Persian dictionaries also define death as the dying, the destruction or the disappearance of life (18, 19). Taber's Medical Dictionary also defines death as the permanent stopping of all vital systems such as the heart, lungs, and brain (20). The concept of "good death" was frequently used as a synonym for euthanasia, especially in terminally ill patients (13). Successfully dying

(21), peaceful death (22), beautiful death (23), dignified death (10), easy death (24), and least undesirable death (8) have also been used synonymously with the concept of "good death".

3.1.1. Good death in nursing

Nursing literature defines "good death" as a dignified and painless death during which the ethical standards and wishes of patients and their families are met, and their cultural principles are observed. Autonomy of the dying individual should be kept, s/he should have control over the dying process and timing, and no active resuscitation should take place in the process of a good death (13, 25, 26).

The words "good death" and "bad death" describe the quality of death (27). In the process of a good death, the patients' bodily, emotional, social, and spiritual experiences, as well as the nature of the health care system, death preparation, and death conditions should be considered (28). Accurate, sensitive, and inclusive communication, as well as optimal pain management and patient comfort, are key factors in the process of end-of-life care (29) and providing the conditions for a "good death" (9). However, the meaning of "good death" is highly individual and influenced by age, religion, culture, life experiences, illness, and financial status (13). Therefore, nurses should not only be trained on providing high-quality end-of-life care but also they should be able to evaluate the effectiveness and appropriateness of care provided (29).

3.1.2. Relevant concepts

Relevant concepts are terms similar to the intended concept but do not have all the defining attributes (14). Words such as "good death," "good ending", "good passing", "managed death," "decent death," "peaceful death," and "death with dignity," have frequently been used interchangeably.

1) ***Good ending or good passing:*** A good passing does not define how well an individual died but describes the ease of his/her journey in the other life according to the survivors' viewpoints (30).
2) ***Managed death:*** In addition to the individual's awareness of death, the concept of managed death describes the participation of healthcare providers in managing the dying person (30).
3) ***Decent death:*** Decent death has been defined as a death that is without suffering for patients, families, and caregivers. Ethical standards are observed and the wishes of patients and families are met according to their cultural (30).
4) ***The peaceful death:*** A peaceful death brings together individual, medical, and social components of dying, makes the dying person vigilant and mentally healthy until the last moment, and brings meaning to one's own death. This type of death gives one hope that would be managed with respect and compassion, and that s/he is important to others; people have not left him/her, and s/he would have a quick and painless end (30).
5) ***Death with dignity:*** Death with dignity" also encompasses human caring, and providing comfort, self-determination, meaningfulness, readiness, and interpersonal relations. Both the dying person and family members should be supported to accept and be prepared for a dignified death (9).

3.2. The defining attributes of good death

Recognizing the defining attributes of a concept is the core of concept analysis. These attributes differentiate the intended concept from similar and related ones (14). Compatibility with socio-cultural norms, positive lived experiences, being an ongoing process (25, 31), having control and autonomy, considering the basic human needs, and attention to religion and spirituality (13) were identified as the most important attributes of "good death" (Table 1).

Table 1. Some literature included good death

Ref. No.	Attributes	Antecedents	Consequences
66	Respecting the patients and their families' values, autonomy, control over symptoms, decreasing the sense of 'being a burden, mutual communication with the medical team, respecting the dignity of the patient, considering the patients' preferences, informing the patients about their disease and handling options	Respecting preferences for the context of end-of-life care, supporting the patient's control and dignity, careful care plans	Dying with dignity, dignified funeral
61	Informing about imminent death, being prepared for death, dying comfortably, independence, minimized suffering, intact social relations,	Preparing for death, freedom from suffering, self-determination, autonomy, being open and honest with patients, good communication, identify concerns about their impending death.	Accepting the death of the loved one, finding meaning in the death
22	Freedom from pain, presence of loved ones, meeting the spiritual needs, receiving quality care, effective communication	Awareness of death, adequate support, treating the person with respect, good communication, having control over the place of death	A peaceful death, sense of integration, satisfaction with communication, learning from the experience, becoming more comfortable with their own death
7	Respecting the dignity of patient and family, socioeconomic status, improving patient education and knowledge,	Observing the patient's preferences, the alleviation of pain and suffering, good communication	—
30	"Good death" is subjective and context-laden	Having positive life experiences, pain management, patient dignity, family presence, family support, awareness of death, good communication	Peace, satisfaction, and healthy mourning for the family
68	Age-appropriate participation, personal style, quality of life, preparation for death, aspects of care, legacy, impact on survivors	Pain and symptom management, quick dying, communication, observing the patients goals, cultural and spiritual concerns, qualified staff, family presence, awareness, autonomy, control, acceptance, expectations, timing, place, optimism, resolution, sincerity, finding meaning, rituals, dignity, individuality, privacy.	Supporting for children and families, updating the standards of care, grief resources
38	Observing the socio-cultural norms, availability of quality end-of-life care, provision of positive personal experiences, considering the patient's values, life conditions, and spirituality, a dynamic and continuous process	Attention to the person's experience, freedom from pain, living a full life, acceptance of death, autonomy, and control over the dying process, considering the social context, coherent relationships with family, preservation of decision-making ability, quality end-of-life care	Integrity of self, respect, family satisfaction, a positive mourning process, job satisfaction, a sense of self-worth, reinforcement of the value for healthcare professionals
38	Having control, being comfortable, sense of closure, respecting the values of the dying person, trust in caregivers, identification of coming death, minimized burden, optimized relationships, leaving a legacy, family care	Respecting the patient/family, respecting the patient/family wishes, good communication, receiving adequate care	Job satisfaction, a sense of integration, learning from experience, a better understanding of self and others, being more connected to family and friends, feeling privileged, decreasing fear of death, easing grief, peacefulness

69	Being informed and conscious, considering the cultural values, ability to organize their personal story	Awareness of the imminent death, acceptance, open communication about death, living one's life till the end, respecting patient's autonomy and control, personality, and individuality	—
10	Dying is part of living, patient's control, individual autonomy, respecting the patient's cultural values	find meaning, hope, joy, and to live fully until death	Opportunity for the family to create significant moments and important memories, finding positive meaning in dying

3.2.1. Compatibility with socio-cultural norms:

Cultural and historical norms affect how the dying person and family think about death and dying (25).Although people and nurses around the world have common perceptions about the bodily, emotional, and social needs of dying patients, the diversity of cultures and beliefs leads to differences in end-of-life care patterns (29). Therefore, the goodness of the death process highly depends on its compatibility with socio-cultural norms.

3.2.2. Positive lived experiences:

Age, quality of life, living conditions, personal values, genuineness to oneself, and spirituality affect people's lived experiences (25). Lack of pain and suffering, physical comfort, awareness of dying and accepting its timing, hope, being prepared for departure, and deciding the place of death are good experiences for the dying patient and his/her family (30). The empathetic conducts of health care professionals have a crucial role in providing a positive experience for the dying patient and the family. However, from the nurses' standpoint, providing such positive experiences to patients and families necessitates high standards of care, the existence of clear protocols for pain management and end-of-life care, an appropriate nurse to patient ratio, availability of family, and an alternate decision-maker at the moment of death (30).

3.2.3. Ongoing process:

"Good death" is an ongoing process in a person's life cycle. It is closely related to the past, present, and future of life. It is a holistic and multidimensional event (25). However, nurses and other healthcare providers should try to improve the quality of the end-of-life experience for patients, family, and the healthcare team members (32).

3.2.4. Having control and autonomy:

Having control and autonomy is the key to the feeling of a good death (13).The dying person should have control over the dying process. S/he should have control over the place and time of death, symptom management interventions, and death-related activities (10).

3.2.5. Considering the basic human needs:

In developed countries, where basic human needs are met, a good death focuses mainly on the provision of emotional and social needs. However, in developing countries, financial problems and how basic human needs are met might affect how people perceive "good death" (13).

3.2.6. Attention to religion and spirituality:

Many religious people believe in God as the only one who controls birth and death. Therefore, life extension measures should not be used to combat normal death (33). They do not view death as an end but consider it as a transition to another world (34). Prayer is usually calming for religious people and decreases their death anxiety (35). Respecting the people's religious beliefs and allowing them to perform their religious practices would decrease their anxiety about death (31).

3.3. Cases

Model, borderline, related, and contrary cases can help readers elucidate and distinguish concepts (14).

3.3.1. Model case

A model case exemplifies the occurrence of a concept, contains all the defining attributes of that concept, and assists in its clarification (14). Mrs. Y, an 85-year-old Muslim woman, while praying to God, says: O God, I have had a long and blessed life and I have achieved all my dreams, I obtained the consent of my acquaintances and neighbors and I am not indebted to anyone. No one is bothered by me, and I'm not concerned with that. God, if you consider it proper, take my life before I fall to the ground and before I start needing others. O God, grant me an easy death so that I will not be a burden to others. ... Her prayer caused concern and anxiety for her family members, but they did

not take this issue seriously. Two nights later, her prayer was answered. She died at home while asleep, without needing anyone and even before reaching the hospital. Although her family was sad and restless at first, they held her funeral and burial according to Islamic etiquette. With the interpretation that their mother had achieved her dream and died as she wished, they tried to accept death and considered it an example of "good death". In this model case, the defining attributes of good death, were clearly observable. Mrs. Y had positive lived experiences (bothered no one) and her attempts to give consent from acquaintances and neighbors showed the ongoing process of being prepared for death. She had control and autonomy, her basic human needs, religiosity, and spirituality had been met, and her funeral and burial according were compatible with socio-cultural norms.

3.3.2. Borderline case

A borderline case is a case that includes most of the defining attributes of a concept although varies significantly in at least one of them (14). Suppose in the previous case, Mrs. Y, fall on the evening of the same day and suffers from a fracture of the femoral. She was hospitalized and died two days later. In this case, she may die with unfortunate death. This case includes items that are quite similar to the concept of "good death," but lack some of its defined characteristics. In this case, the dying person has no or little control and autonomy especially over the place of death. It is not wanted to be hospitalized. Although Mrs. Y achieved all her desires, maybe she does not have an easy death.

3.3.3. Related case

A related case is an example associated with the concept but does not have all or most of the defining attributes. It assists us to comprehend to what extent the concept being examined matches with similar concepts (14). The death of a woman aged 94 in Abdar village in Kerman province, Iran, might perhaps be an example of timely death, because she led a very simple life and her 9 children are serving in public works under different titles and are well-known in public. All the family members frequently visited their elderly mother, who lived independently in the same village for the rest of her life. Recently, she is not able to communicate effectively with those around her, and sometimes she does not even know them, due to some age-related disorders. One winter night, this kind mother experienced a sudden death among her children. Her death was expected due to old age and happened after meeting with the grandchild and great-grandchildren and in a family gathering with favorable conditions. Although this case shows an easy death, does not include most of the defining attributes of "good death". The dying person suffered amnesia, had no or little control and autonomy, could not be prepared for death, and due to the amnesia, could not communicate with others effectively, and also was unable to meet her religious and spiritual needs.

3.3.4. Contrary case

The contrary case represents what is not the concept being analyzed (14). In our good death example, for instance, the contrary case may include torturous death, painful death, excruciating death, and suicide. For example; Mr. A.K. aged 52 has been bedridden for many years following an accident and a spinal cord injury. He has bedsore, is barely able to eat, and no one pays his medical costs. When you enter his room, the stench of infections and poor hygiene fills the space, everyone avoids caring for him and he is left alone, he will eventually die with prolonged starvation, he might have a bad death from the social perspective. This case does not contain any of the defining attributes of "good death".

3.4. Antecedents of good death

Antecedents are proceedings that occur ahead of the concept under the study. Antecedents of "good death" are conditions that are considered valuable and important to a person, just before dying. The antecedents of a good death might vary for the dying person, the caregivers and the family.

3.4.1. Antecedents for the dying person

For the dying person, these antecedents are personal wishes, environmental conditions, clinical conditions, access to end of life care, appropriate symptom management, concomitant life issues and observance of cultural values and religious beliefs, as well as appropriate communication, and availability of support services for preparation for death. Some people prefer to die in sleep, while others wish to be alert at the moment of death (13). The nature of illness, as well as the severity of physical symptoms and pain, also affect people's dying experience (13, 30). Many people wish to pass away at home not, in hospitals or healthcare settings (30). Although older adults like to die among their close relatives, they do not want to impose a burden on the family (36-38). Socially accepted behaviors as well as effective, open and honest communication between healthcare providers and patient and family are fundamental in respecting the dignity of the dying person. Communication also is also an essential element in the

process of “good death,” especially before that (29, 36, 37). Respecting religious beliefs and cultural values of the dying person before death also have a crucial position in supporting a good death (30).

3.4.2. Antecedents for the family

Respecting religious beliefs and cultural values of the dying patient and his/her close relatives before death (30) as well as open and honest communication between healthcare professionals and families, is also important in the process of “good death,” especially before that (29, 36, 37). Also, the quality of care provided for the patient, availability of support services, participation in care-related and death-related decisions, availability of counseling services, and cultural sensitivity of health care providers affect family members’ perceptions of the goodness of their loved one’s death process (30).

3.4.3. Antecedents for health care providers

From the nurses' perspective, “good death” is a condition in which the patient dies peacefully, his relatives are informed in advance and do not become upset by visiting him (39). Physicians need to maintain patients’ trust and avoid legal problems. Despite the shift in patients’ rights for self-control, comfort, and privacy, many physicians continue curative treatments of a dying patient - without patient consent - to avoid disapproval by colleagues and the family (36-38).

3.5. Consequences of “good death”

Consequences are the outcomes of the concept or events that happen after the occurrence of the intended concept (14). The consequences of “good death” might be categorized into those related to the family of the deceased, and care providers (Table 1)

3.5.1. Consequences related to the family of the deceased

Family members' satisfaction with health care providers and their efforts, access to adequate supports (40), respectful conduct of people and caregivers with the deceased and his family, displaying socially appropriate behavior, maintaining their own integrity, satisfaction with the process of mourning (25), reducing fear of the consequences of the death of a loved one, and reducing family grief (44, 45) are good consequences of “good death” (25). In general, if the family can gently mourn the death of a loved one, the death can be regarded as a good death (42).

3.5.2. Consequences related to care providers

Quick passing of the process of mourning, not feeling guilty, angry, and frustrated, being sure of doing their best for the patient and his/her family (44-46), satisfaction with the care provided, job satisfaction, a sense of self-worth and integration, becoming more skilled in the end-of-life care, better understanding oneself and others, becoming more comfortable with death, and becoming more attached to family and friends, are the consequences of experiencing a patient’s good death for caregivers, particularly for nurses (25).

3.6. Empirical referents

Empirical referents are ways or means by which we can measure the occurrence of actual phenomena or recognize the presence of the intended concept (14). Several instruments have been developed for measuring the critical attributes of “good death”. Death Attitude Profile - Revised (DAP-R) (41, 42), Quality of death and dying (QODD questionnaire (43-49), Good Death Inventory (GDI) (50-54), Quality of Dying in Long-Term Care (QOD-LTC), Quality of Dying in Long-Term Care of Cognitively intact decedents (QOD-LTC- C) (55, 56), and Quality of Dying-Hospice scale (QOD-Hospice) (57) are among these instruments. “Quality of death” may be used as an empirical referent for the concept of “good death”. In other words, by describing the quality of life of a dying person, one can measure the “good death” (9, 58). The QODD is 31-item scale that measures factors such as preparation for death, moment of death, and handling preferences. This instrument has been used to measure the “good death” from the perspectives of both family and health care providers (59, 60). However, further studies are still needed to confirm its validity and reliability (59).

3.7. Definition of the concept

Based on the present analysis, “good death” can be defined as a dynamic process; although its meaning heavily depends on the peoples lived experiences, it entails having control and autonomy, fulfilling the basic human needs, attention to religion and spirituality, and accompanies positive and peaceful lived experiences for the dying person, his/her family, and the caregivers.

4. Discussion

The literature review identified the concept of "good death" as a dynamic concept with combination of contradictory words. It has different meanings for every human being. The "good death," "good ending", "good passing", "managed death," "decent death," "peaceful death," and "death with dignity," were different concepts that identified in this systematic review. The results also revealed that people's perception of a good death is shaped by their personal experiences, religious beliefs, social context, quality of health care, and death preparations. With advances in medicine and technology, the process of death has become more prolonged, and patients, families, and healthcare providers experience a delayed death and a longer end-of-life period. Also, with an increase in the number of the elderly in nursing homes to receive final care, it is important to evaluate the quality of life and death in these environments and the factors that affect their family members' dissatisfaction with end-of-life care. This review confirms that the physiological aspects of end-of-life experience are only a point of departure in overall definitions of a 'good death' or quality at end of life. Clear and honest communication and attention to religion and spirituality also help the dying person and family to have positive experiences in the process of dying. In addition, the presence of close relatives at the time of death is also desirable for the dying person and family (30).

The most obvious and notable finding of this analysis was that consequences of "good death" are more likely to occur for patients, families, and healthcare providers. Nurses should discuss the meaning of 'good death" with patients and their families, assess their feelings and ideas about death, and collaborate with them in deciding where to dye, and reach a mutual understanding with them about the process of end-of-life care (62). Clear and honest communication between health care providers and patients and their families is a cornerstone of "good death" and prepares the family for the death of their loved one (63). A study of nurses working in acute settings revealed four themes as important in providing quality care at the end of life, including "facilitating and maintaining a lane change," "Getting what's needed," "Being there," and "manipulating the care environment". The first theme refers to the admission of impending death by the patient, first-degree relatives, and health care providers, and accepting palliative care instead of curative interventions. The second theme concentrates on organizing an individualized care plan for symptom management and comfort of the dying individual. "Being there" focuses on providing support to the patient's family; and "manipulating the care environment" means providing a quiet and private setting for the patient and family (64).

All health care providers, especially nurses, should be aware of the critical attributes of a good death and try to consider them in their comprehensive end-of-life care plan (30). Alleviation of bodily and mental pain, relieving anxiety, and fulfilling the basic human needs, also help the dying individual to calm down and preserve autonomy and control over the dying process (6, 25). Therefore, the process of death and the characteristics, antecedents, and consequences of a good death should be taught to nurses, nursing students, and other health care providers. It helps the care providers to develop an individualized care plan for providing a good death condition for dying patients, and also helps patients' families better adapt to the death of their loved one. In addition, health care workers, policymakers, and families need to consider the importance of caring, respect and dignity, empathy-based understanding, and appropriate seeking/providing information strategies (65). This review has several limitations. The first challenge is that the published articles have a high variability in reporting the findings related to the participants. The concept of "good death" was not measured in different studies using the same measure, which limited our ability to aggregate the results for a meta-analysis. In addition, in the present study, we only reviewed studies of good death that had been published in English or Persian and their full texts were available. Despite these limitations, the results of the analysis showed that despite the differences in the concept of good death, the same policies can be applied to different stakeholders. Conducting more research to discover the patterns of a good death in different groups and to compare the findings will result in a better understanding of and developing the concept of a good death that can be applied in health services.

5. Conclusions

A "good death" has no universal definition. Despite the differences in expression in the literature, they all pursue one major goal to respect high human values at all stages of life, even at death and afterward. Nonetheless, we defined "good death" as a dynamic process that its meaning heavily depends on the peoples lived experiences. It entails having control and autonomy, fulfilling the basic human needs, attention to religion and spirituality, and accompanies positive and peaceful lived experiences for the dying person, his/her family, and the caregivers. To provide patients with "good death" and quality end-of-life care, nurses should develop their knowledge and proficiency in end-of-life care. Healthcare organizations should also provide their workers with adequate support and resources for the provision of quality end-of-life care. Meeting the conditions needed for a good death is one of

the principal functions of nurses and other healthcare professionals who care for end-of-life patients. Nursing and health care instructors are responsible to train nurses, nursing students, and all other health care providers about the meaning, attributes, antecedents, and consequences of "good death". This would enable them to assess the dying patients' and the families' needs and develop a nursing plan to meet the antecedents of a good death and achieve the optimal good death. It is crucial in both clinical nursing and nursing education because the evolution of this concept requires antecedents that, if realized, will lead to excellence in clinical services. Further evolution and clarification of the concept of good death will allow planning to facilitate the implementation and evaluation of the concept. In fact, nurses, therapists, and other efficient and qualified caregivers can provide the best care for dying patients so that patients experience a good death and their families can feel and confirm the good death of their loved one, and leave their loved ones mourning with more respect and less suffering.

Ethical Approval
The work was approved by the Ethics Committee of Alborz University of Medical Sciences. (IR.ABZUMS.REC.1399.263).

Acknowledgments:
The authors express their gratitude to the authorities of Alborz University of Medical Sciences and Kashan University of Medical Sciences for their assistance. The authors received no financial support for the research, authorship, and/or publication of this article.

Conflict of Interest:
There is no conflict of interest to be declared.

Authors' contributions:
conception or design of the work (All authors); Acquisition of data (MEA); Analysis or interpretation of data (All authors); Drafting the manuscript (All authors); Revising the manuscript (MAH, MEA); Accountable for all aspects of the work (All authors). All authors read and approved the final manuscript.

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