

Nurses' attitude toward the care of dying cases in the cardiac center in Erbil city

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Abstract

Background and objective: Nurses play a key role in providing care at the end of life; death is inevitable that affect every human being. Nurses are present at both the beginning and the end of life and play a key role in caring for dying patients. The aim of this study was to assess the attitudes of critical care nurses toward care of the dying as well as assessing the relationship between demographical components and attitudes toward care of the dying.

Methods: A cross-sectional study was carried out in the cardiac center of Erbil city, Iraqi Kurdistan region, during the period from 2nd February to 4th of March, 2013. A convenience method of sampling was used to collect 40 nurses working in that center. The mean age (\pm SD) of nurses were 27.87 (\pm 2.92, range=35-24). Each nurse was asked to complete the Frommelt Attitudes toward Care of the Dying Scale (FATCOD) and demographics questionnaire designed and copyrighted by Katherine Frommlet in 1988.

Results: The study indicated that there was positive attitude among study samples. Results showed that no significant relationship between attitudes score with gender, nurse education, and duration of service, while there was significant association between high attitudes score with older ages ($P = 0.003$).

Conclusion: The nurse's attitudes toward dealing with dying cases were positive in the majority of related items, and there were no associations between gender, duration of experience, and level of education and their attitude, while it was found a significant association between ages and attitudes towards care of the dying.

Keywords: Attitude, Care of Dying, Cardiac Centre.

Introduction

Nurses play a key role in providing care at the end of life; death is inevitable that affect every human being. Nurses are present at both the beginning and the end of life and play a key role in caring for dying patients. Compared to other associates of the health care team, nurses spend more time with dying patients.¹ Nurses who care for the dying experiences a variety of emotions and attitudes, including anxiety, apprehension, fear and sadness. Nurses can change the way end-of-life care is delivered by becoming aware of these attitudes and striving to recognize death as a natural part of life.² Technology has also become a

barrier to nurses' caring ideals, such as meeting the mental and spiritual needs of the patient in addition to any physical needs. Many times, nurses find themselves caring for a piece of technology rather than the patient himself. Nurses must find a way to care for the dying patient, to make the death a satisfying and peaceful one.³ In the critical care environment, one fifth of the patients die during their hospitalization.⁴ Because the nurse has the greatest amount of contact with the dying patients, society expects that nurses are prepared to provide the best care possible.⁵ In a study by Frommelt,⁶ 76.5% of nurses surveyed felt inadequately prepared to care for the

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terminally ill. The same study concluded that nurses who were educated to deal with the terminally ill had more positive attitudes toward care of the dying than those who lacked such education. Providing end-of-life care to patients and their families may evoke stress if the nurse has not been sufficiently trained in the process. While society expects nurses to provide the best care possible for all patients, nurses may not be educationally prepared to fulfill this expectation. This is a world-wide problem due in part to lack of nursing education on end-of-life care in intensive care unit. This study will yield information on nurses' attitudes toward the care of the dying. It will also assess the relationship between certain demographics and nurses' attitudes on care of the dying. The conclusions drawn from this study will be beneficial to nurses and nurse educators regarding care of the dying patient. The aims of the study was to assess the attitudes of critical care nurses toward care of the dying as well as assessing the relationship between demographic factors and attitudes toward care of the dying.

Methods

A cross-sectional study was carried out in the cardiac center of Erbil city, Iraqi Kurdistan region, during the period from February 2, to March 4, 2013. A convenience method of sampling was used to select 40 nurses working in the intensive care units of that center. Nurses voluntarily participated in the study after detailed description about the purpose of the study and the tool of data collection. Data were collected by direct interview. Each nurse was asked to complete the Frommelt Attitudes toward Care of the Dying Scale (FATCOD) and demographics questionnaire designed and copyrighted by Katherine Frommelt in 1988. The questionnaire consisted of 15 statements in which the participants were asked to indicate their level of agreement, ranging from strongly disagree to strongly agree. While two-thirds of the statements address nurses' attitudes toward the dying patients,

the other third addresses nurses' attitudes toward the patient's family. The 15 statements are Likert-type items scored on a 5-point scale: strongly disagree, disagree, uncertain, agree, and strongly agree. A score of 5 was given for the most positive attitude for the specific question (statement). The age of participants were categorized into three groups: (<25, 25-29, ≥30). To identify associations between attitude's score with age, gender, nurse's education and duration of services, the attitude scores were categorized into two groups: (26-50), (51-75) and because we have not scores less than and equal to 25 there was no need to put group scores of (0-25). The duration of the services of nurses were categorized into two groups, (1-4) and (>4) because the cardiac center was established in April-2005 and the duration of the services of the study samples was ranged among mentioned groups. Data were analyzed using the statistical package for social sciences (SPSS, version 19). Major variables in this study were analyzed using descriptive statistics. The correlation coefficient (r) was used to measure the strength of correlation between two numerical variables. A 'P' value of ≤ 0.05 was considered as statistically significant.

Results

Forty nurses were selected out of 240. The mean age (±SD) of nurses were 27.87 (±2.92), range 35-24. Table 1 shows that there is significant association between age and attitude scores. The more the age, the higher the proportion of nurses lying in the higher score attitude category (P = 0.003). The same table shows no significant association between the attitude scores with gender, education, and years of service. Table 2 shows moderate significant positive correlation between attitude scores with age and duration of service. The mean scores of attitude are presented in Table 3, which shows no significant differences between mean scores of males (50.3) and mean scores of females (43.3),

while the mean score of institute graduates (52.4) was significantly higher than the mean score (45.9) of college graduates ($P = 0.01$). The same table shows that the

higher the age, the higher the mean attitude score, and the differences were significant ($P = 0.003$).

Table 1: Association between attitude score with age, gender, nurses' education and duration of service

	Scores (26-50)		Scores (51-75)		Total		p
	No.	%	No.	%	No.	%	
Age (years)							
< 25	5	83.3	1	16.7	6	100	0.003
25-29	16	66.7	8	33.3	24	100	
≥ 30	1	10	9	90	10	100	
Gender							
Male	15	50	15	50	30	100	0.464
Female	7	70	3	30	10	100	
Nurses' level of education							
High institute	8	50	8	50	16	100	0.604
College	14	58.3	10	41.7	24	100	
Duration of service (Years)							
1-4	16	64	9	36	25	100	0.140
>4	6	40	9	60	15	100	

Table 2: Correlation between total score with age and years of services.

(Y) Variable	(X) Variable	r	p-value
Total score	Age	0.391	0.013
Total score	Years of services	0.546	< 0.001

Table 3: Mean attitude scores by gender, educational level, and age.

	N	Mean score	SD	p	Significance*
Gender					
Male	30	50.300	6.618	0.134	
Female	10	43.300	13.107		
Nurses' educational level					
Institute	16	52.438	4.953	0.134	
College	24	45.958	10.243		
Age (years)					
A) < 25	6	42.67	11.17	0.003	A X C
B) 25-29	24	46.83	8.07		
C) 30+	10	56.20	4.69		
Total	40	48.55	9.04		B X C

* By post hoc (LSD) test.

Table 4 shows that the mean scores on most factors related to their attitude toward care of dying were positive. The highest percentage of their responses was to item related to 'when a patient asks, "Nurse am I dying?" I think it is best to change

the subject to something cheerful' which represents 75%, while the lowest percentage of their responses was to the statement "I would not want to be assigned to care for a dying person" which represents 35%.

Table 4: Distribution of nurses by assessment of their attitude toward dying cases.

Items	Disagree and strongly disagree		Uncertain		Agree and strongly agree		Mean of Score
	No.	%	No.	%	No.	%	
1. Giving nursing care to the dying person is a worthwhile learning experience.	11	27.5	2	5	27	67.50	3.775
2. I would be uncomfortable talking about impending death with the dying person.	24	60	4	10	12	30	3.425
3. Nursing care for the patient's family should continue throughout the period of grief and bereavement.	10	25	11	27.5	19	47.5	3.375
4. I would not want to be assigned to care for a dying person.	14	35	12	30	14	35	2.975
5. When a patient asks, "Nurse am I dying?" I think it is best to change the subject to something cheerful.	9	22.5	1	2.5	30	75	3.7
6. The family should be involved in the physical care of the dying person.	17	42.5	3	7.5	20	50	3.1
7. I am afraid to become friends with a dying person	15	37.5	8	20	17	42.5	2.82
8. As a patient nears death, the nurse should withdraw from his/her involvement with the patient.	18	45	4	10	18	45	2.925
9. Educating families about death and dying is not a nursing responsibility.	22	55	6	15	12	30	3.325
10. The length of time required to given nursing care to a dying person would frustrate.	16	40	5	12.5	19	47.5	2.875
11. Families need emotional support to accept the behavior changes of the dying person.	10	25	5	12.5	25	62.5	3.625
12. It is beneficial for the dying person to verbalize his/her feelings	17	42.5	3	7.5	20	50	3.3
13. Nurses should permit dying persons to have flexible visiting schedules.	20	50	4	10	16	40	2.9
14. Dying persons should be given honest answers about their condition.	11	27.5	4	10	25	62.5	3.625
15. Family members who stay close to a dying person often interfere with the professionals' job with the patient.	13	32.5	3	7.5	24	60	3.5

Discussion

Results showed that nurses in the cardiac center had different levels of academic achievements; the majority of them were males. Their experience was low in general because the center was newly established. Results showed that there was no association between gender and level of education with attitude despite the fact that majority of nurses were well educated, and this could be due to that the critical care nurses may not be equipped with the education necessary to care for the dying patients. A study by Barrere and *et al*⁷ found that nurse education and gender has no effect on caring for death and dying. Perhaps a nurse's previous education, which has provided limited information about caring of dying cases, could itself affects his or her attitudes towards care of the dying. Results showed that there was significant relationship between attitudes score with age. Dunn *et al*⁸ found that positive attitudes and care are associated with more experience and age in taking care of dying patients. Thus, nurses who have more years of experience and more years of working with dying patients will be better suited to care for the dying patients. Other factors such as age, gender, religion, and degrees of schooling have their own role toward caring of dying patients. Barrere *et al*⁷ mentioned in their study that younger age was more conducive to attitude change after an educational intervention with student nurses. However, in their study, gender was not a significant factor. The study also showed no association between previous years of nursing experience and attitude toward death and dying. In general, it can be implied that experiences with death improve attitudes towards care of the dying among nurses, but not in significant amounts. Our results also disagreed with a study done by Dunn *et al*⁸ who found that positive attitudes and care are associated with more experience of taking care of dying patients. Thus, nurses who have more years of experience and more personal experiences with dying patients will be better suited

to care for the dying patient. Nurses dealing with dying cases were positive in the majority of items related to their attitude toward dying cases as shown in Table 4. It indicated that the nurse's attitude had overall capability to giving nursing care to the dying cases. Nurses' attitudes responses in the cardiac center can be attributed to many factors, including personal death experiences, societal attitudes and expectations of death. Nurses' roles are often a proportionate to the reality of the death and dying experience. Our results disagree with a study done by Mallory⁹, which has demonstrated that nurses often exhibit negative attitudes and behaviors toward caring for the dying patient. A study by Salahuddin *et al*¹⁰, in 2008 in Pakistan identified gaps in the knowledge and attitudes of critical care nurses. For instance, there were discrepancies on knowledge of terms such as, comfort measures, and life support. The results were in agreement with a study done by Iranmanesh,¹¹ which showed that most respondents of nurses are likely to view death as a natural part of life and also as a gateway to the afterlife. The majority reported that they are likely to provide care and emotional support for the people who are dying and their families. Another study found that the perception of caring for dying persons involves nurses having professional attitudes and skills in order to provide good care. This includes emotional and practical support.¹² The maximum score on the scale was 3.7 as shown in Table 4 to the question "if the patients ask nurses am I dying. I think it is best to change the subject to something cheerful", and to question related to giving nursing care to the dying person is a worthwhile learning experience. Mallory⁹ demonstrated that nurses often exhibit positive attitudes and behaviors toward caring for the dying patient. Nurses' attitudes can be attributed to many factors, including personal death experiences. Societal attitudes and expectations of death and nurses' roles are often

disproportionate to the reality of the death and dying experience. According to Frommelt,¹³ there is a societal expectation that nurses should be able to provide the best possible care to dying patients. Nurses should be educated in order to meet this very reasonable expectation. Practicing nurses should seek out opportunities for education on end-of-life care, in order to provide patients with a peaceful death experience. Societal expectation that nurses should be able to provide the best possible care to dying patients. Nurses should be educated in order to meet this very reasonable expectation. Practicing nurses should seek out opportunities for education on end-of-life care, in order to provide patients with a peaceful death experience. In regard to items related to dealing with the family and their involvements in the physical care, educating families and responsibility of the dying person (Table 4 - items 3, 6, 9, and 15), the mean of score were also positive. Our result is congruent with a study done by Mallory,⁹ caring for the dying patient and his/her family is often described by nurses as the most painful and stressful element of the nurse's role.⁶ Nurses who care for the dying and their family experience a variety of emotions and attitudes, including anxiety, apprehension, fear, and sadness. Nurses can change the way end-of-life care is delivered by becoming aware of these attitudes and striving to recognize death as a natural part of life. Historically, nurses are taught not to impose their opinions on patients and families, but to remain objective at all times. However, there are times when families and patients need the nurse to be a friend as well as a nurse.

Conflicts of interest

The authors report no conflicts of interest.

Conclusion

Results showed that nurse's attitudes toward dealing with dying cases were positive in the majority of related items, and there were no associations between gender, duration of experience, and level of

education and their attitude, while it was found a significant association between ages and attitudes towards care of the dying.

Conflicts of interest

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