A Study of the Attitude of Nurses Toward Death and Dying in Federal Teaching Hospital Gombe in Gombe City, Nigeria.

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Abstract

This study examined the attitude of nurses towards the care of dying patients at the federal teaching hospital Gombe, Nigeria, three research questions and one hypothesis were formulated in line with the objectives of the study. Research design adopted was the cross-sectional approach. Questionnaires and interviews were used to raise vital data. sample size of 75 nurses was selected for the study using stratified random sampling method. The data were analyzed using the statistical package for social science. A p-value of 0.05 levels was used at one degree of freedom to test the hypothesis. Demographic and work environment factors such as emotional stress, inter and intra-professional factors influences nurses' attitudes towards caring for patients that are dying as 50 (66.7%) of the respondents strongly agreed that favorable conditions amongst Nurses and inter-professional teamwork with other healthcare workers is needed to break negative cycle of job dissatisfaction, 18 (24) agreed, 7 (9.3) strongly disagreed to this fact. Nurses' years of experience has influence of their attitude towards dying patients as 40 (53.3%) of respondents strongly agreed that they would not want to be assigned to care for a dying person as younger nurses, 70 (93.3%) of the respondents were of the view that they would feel like running away when a patient dies during their first night shift as younger nurses. findings revealed that nurses' age and the level of knowledge through training in critical care nursing has influence on their attitude towards caring for a dying patient.

Operational definitions

Attitude*:* This refers to the psychological pattern of mental views that produce a tendency to respond in certain ways.

Nurse*:* A person trained to care for the sick or infirm especially in the hospital or at home.

Nurses*:* This refers to the nurses who are professional trained and license to render nursing care to patients.

Nursing*:* Nursing is a profession within the health care sector focused on the care of individual, families, and community.

Dying patients*:* Patient who are about to die under the care of a nurse.

Attitude toward the dying*:* this refers to the psychological pattern of mental views that produces the tendency to respond in certain ways when caring for a dying patient. This pattern of mental views, established by cumulative prior perceptions and experiences, include cognitive, affective and behavioral components.

Introduction

Dying is a part end of life (EOL) cycle, but advancements in medical technology have prolonged the dying process to the point of robbing the patient of dignity and a sense of well-being (Seymour, 2007). However, Dame, (2008) has placed great emphasis on the end of life agenda and the end of life care program, initially directed at the primary care, is gradually transferring to secondary care. End of life care has received an increased recognition in recent years as a critical opportunity to improve health care quality. It has been defined as "the active, total care of patients whose disease is not responsive to curative treatment (Truog, Campbell & Curtis, 2008).

Nursing care at end of life should be rooted in values these include providing safe, compassionate, competent and ethical care; promoting health & well-being; promoting & respecting informed decision making; preserving dignity; maintaining & respecting privacy and confidentially; and being

accountable. When people in their care are dying, nurses foster comfort, alleviate suffering, advocate for adequate relief of discomfort and pain and support a dignified & peaceful death. This includes support for the family during and following death, (Canadian Nurse Association (CNA), 2008). Therefore, it is important to identifying the nurses' knowledge, and practices to improve the end of life care.

Nurses who are working in critical care units have traditionally received little education and training in care of dying patients and the patients' families, even though death often occurs in critical care units. However, education is not the only need of critical care nurses, other factors that may be as important for providing end of life care include a work environment with strong communication and collaboration between nurses and physicians, use of palliative care services, ready availability of ethics consultations, and adequate support of patients, patients' families, and staff. (Hansen &Goodell, 2009). Carper (1978), stated that the more skilled that nurses become in perceiving and empathizing with patients, the more knowledge and understanding will be gained and the care provided to individuals will be enhanced.

Nurses are in a pivotal position to improve care for dying patients and their families by challenging current end of life practices in their settings. However, nurses report a lack of preparation in dealing with end of life care in the critical care environment (Zomorodi& Lynn, 2010). Suffering, dying with dignity and respecting patient wishes are timely issues of critical interest in the moral arena of nursing and nurses have to identify and explore the patients' needs in the end of life period to provide high quality end of life care for criticality ill patient in critical care unit; this information may improve their level of knowledge and practices (Tilden, 2006).

The researcher's personal experience has borne witness to the perception that Nurses' attitudes towards caring for patients that are terminally ill and dying are influenced by working with these patients on a daily basis. Nurses' attitudes may be positively or negatively influenced by demographic factors (for example age and years of experience in oncology), work satisfaction and the degree of support in the working environment. If one considers that the role of caring and compassionate nursing staff has consistently been recognized as contributing to improvements in functional adjustment and quality of life of the patient then, (Kenny et al., 2007:664), the need for research in this field is clear. It is against this background that the researcher wishes to conduct a study on the attitude of nurses towards death and dying in tertiary health institution in Gombe city, Nigeria.

Materials and methods

Study area

The study will be limited to only federal teaching hospital Gombe. The federal teaching hospital (FTHG) is located within the city of Gombe, the capital of Gombe state. Gombe state is located within the Sahel savannah belt in the northeastern geopolitical zone of the federal republic of Nigeria. This tertiary health institution has over (300) bed capacity and was established in 1996 by the federal government as a referral center in the northeastern geopolitical zone of the country. There are (11) eleven main wards in the hospital including the amenity ward. Other critical care units include the intensive care unit and the dialysis units. These wards and specialist units are managed by trained nurses who constitute the majority of health staff in the hospital.

Population of the study

The target population for this study included all the nurses, caring for patients that are dying in FTHG. All current nursing staff that had worked for at least one year in these selected FTHG wards comprised the convenience sample.

Research design

Research design used in this study was a cross sectional approach. It uses a survey research technique, in which questionnaires and interviews are used to raise vital data. The study is a cross sectional investigation. According to Hakim (2000) a cross sectional study involves the collection of data at one point in time from samples of different sub-groups. The choice of the design is informed

by the fact that nurses are with varying years of experience and age in the profession. The study involved the federal teaching hospital found in Gombe State.

Sample and sampling technique

Samples of seventy-five (75) nurses were selected using the stratified random sampling. This is because the sample is more of the fact that nurses are with varying years of experience and age in the profession, also demographic data including age, previous experience working with death and dying patients and nurses vary.

Sample selection criteria

Nurses, who had worked for at least one year in the hospital and who had been directly involved with the caring of patients that are dying, were included in this study. Agency staff was excluded from the study, because they did not work on a permanent basis in the hospital settings.

Instrument of data collection

The study involves nurses of different ages and years of experience working in the federal teaching hospital Gombe. Nurses Attitude towards Death and Dying Instrument (NATDAD) were used. Demographic data including age, previous experience working with death and dying patients will be used. The NATDAD attitude towards death and dying is a 12-item tool using a 4-point Likert Scale to indicate respondents' viewpoint.

Data collection procedure

The information leaflet, consent form and a questionnaire were handed out to each participant, whilst a time-frame of one week was given in which participants had to complete the questionnaire. After completion, each participant sent the questionnaire provided by the researcher. After one week the researcher collected the questionnaires.

Data analysis

Data sorting was done as respondents turned in their questionnaire. This ensured that respondents attempted every item. The data were analyzed using the statistical package for social science (SPSS). The univariate analyses described the background characteristics of the respondents and the study objectives. A p-value of 0.05 levels was used as the cut off value for statistical significance at one degree of freedom. Results were presented using frequency tables and in percentages.

Results

Results from table 1 shows that 40 (53.3%) of respondents strongly agreed that culture where individuals live or work contains norms of behavior that people adhere to in relation to their response to death, 25 (33.3) agreed, 8 (10.7) strongly disagreed while 2 (2.7%) disagreed.

Results from table 2 indicates that 40 (53.3%) of respondents strongly agreed that they would not want to be assigned to care for a dying person as younger nurses, 20 (26.7) agreed, 10 (13.3) strongly disagreed while 5 (6.7%) disagreed. 30 (40%) strongly agreed that the length of time required to give nursing care to a dying person is more frustrating than the time spent on serving medications, 25 (33.3) agreed, 15 (20) strongly disagreed while 5 (6.7%) disagreed. 50 (66.7%) strongly agreed that frequent exposure to care of a dying patient reduce death anxiety in nurses, 23 (30.7) agreed, while 2 (2.6) strongly disagreed. 70 (93.3%) of the respondents were of the view that they would feel like running away when a patient dies during their first night shift as younger nurses while 5(6.7%) disagreed with this statement.

Results from table 3 indicates that 45 (60%) of respondents hoped that the person they are caring for dies when more elderly nurses are on duty, 15 (20) agreed, 10 (13.3) strongly disagreed while 5 (6.7%) disagreed with the statement. 59 (78.7%) agreed that older nurses have special competence caring for geriatric patients, 10 (13.3) agreed while 6 (8%) strongly disagreed. 47 (62.7%) of the respondents strongly agreed that young nurses develop death anxiety when posted to oncology units, 13 (17.3) agreed, 10 (13.3) strongly disagreed while 2 (2.6%) disagreed. All of the 75 (100%)

respondents agreed that the availability of coping resources and death education would contribute to more positive attitudes towards caring for patients that are dying.

Discussion of findings

Demographic and work environment factors on nurses' attitudes towards caring for patients that are dying.

In an attempt to find out if demographic and work environment factors influenced the attitude of nurses towards caring for patients that are dying, table 5.1 revealed that 40 (53.3%) of respondents strongly agreed that culture where individuals live or work contains norms of behaviour that people adhere to in relation to their response to death, 25 (33.3) agreed, 8 (10.7) strongly disagreed while 2 (2.7%) disagreed. 75 (100%) of the respondents also strongly agreed that the degree of job satisfaction that individuals experience has an influence on their level of functioning, devotion at work and long-term continuance in the specific field of work. 50 (66.7%) of the respondents strongly agreed that creating favorable conditions for intra-professional teamwork amongst Nurses and inter-professional teamwork with other health care workers is needed in order to break negative cycle of job dissatisfaction, 18 (24) agreed, while 7 (9.3) strongly disagreed to this fact. More so, 56 (74.7%) of respondents strongly agreed that emotional distress related to caring for patients that are dying, as well as the ethical issues associated with death and dying, are major sources of job dissatisfaction, 10 (13.3) agreed, 5 (6.7) strongly disagreed while 4 (5.3%) disagreed. This implies that demographic and work environment factors such as emotional stress, inter – professional and intra- professional factors have an influence on nurses' attitudes towards caring for patients that are dying. This finding is consistent with Biton and Tabak (2002), who stated that the degree of job satisfaction that individuals experience has an influence on their level of functioning, devotion at work and long-term continuance in the specific field of work. Job satisfaction is also related to one's emotional interpretation of work experiences. Thus, creating favorable conditions for intra-professional teamwork amongst Nurses and inter-professional teamwork with other health care workers is needed in order to break negative cycle of job dissatisfaction.

Years of experience related to nurses' attitude towards death and dying

Findings from table 5.2 of the study revealed that 40 (53.3%) of respondents strongly agreed that they would not want to be assigned to care for a dying person as younger nurses, 20 (26.7) agreed, 10 (13.3) strongly disagreed while 5 (6.7%) disagreed. 30 (40%) strongly agreed that the length of time required to give nursing care to a dying person is more frustrating than the time spent on serving medications, 25 (33.3) agreed, 15 (20) strongly disagreed while 5 (6.7%) disagreed. 50 (66.7%) strongly agreed that frequent exposure to care of a dying patient reduce death anxiety in nurses, 23 (30.7) agreed, while 2 (2.6) strongly disagreed. 70 (93.3%) of the respondents were of the view that they would feel like running away when a patient dies during their first night shift as younger nurses while 5(6.7%) disagreed with this statement. This finding implies that nurses' years of experience has an influence on their attitude towards caring for a dying patient. This finding is in compliance with that of Nwana (2007) who remarked in his studies that certain variables – age and working experience can exert some influence on the attitudes of care providers towards death and dying. Also, Rooda et al. (1999) found that nurses who cared for a greater percentage of terminally ill patients had more positive attitudes toward caring for dying patients than nurses who cared for a lesser percentage of terminally ill patients.

Association between nurses' age and attitude towards death and dying

Findings from table 5.3 showed that 45 (60%) of respondents hoped that the person they are caring for dies when more elderly nurses are on duty, 15 (20) agreed, 10 (13.3) strongly disagreed while 5 (6.7%) disagreed with the statement. 59 (78.7%) agreed that older nurses have special competence caring for geriatric patients, 10 (13.3) agreed while 6 (8%) strongly disagreed. 47 (62.7%) of the respondents strongly agreed that young nurses develop death anxiety when posted to oncology units, 13 (17.3) agreed, 10 (13.3) strongly disagreed while 2 (2.6%) disagreed. All of the 75 (100%) respondents agreed that the availability of coping resources and death education would contribute to

more positive attitudes towards caring for patients that are dying. Thus, nurses' age and the availability of coping resources and death education would contribute to more positive attitudes towards caring for patients that are dying. This finding is in agreement with that of Sorribes, and Ezquerro (2001) in their study in Catalonia who found that older nurses, nurses working on the day shift, and nurses having 17–21 years of experience reported more favorable attitudes toward caring for dying patients than younger nurses, nurses on afternoon and night shifts, and nurses with less experience.

Association between the levels of knowledge acquired and nurse's attitude towards the care of dying patients.

The findings on the association between the level of knowledge acquired and nurse's attitude towards the care of dying patients at 0.05 level of significance and degree of freedom (df) of 1, revealed that there is a significant relationship between the level of knowledge acquired and the attitude of nurses towards the care of dying patients. Findings from this study support Benner's (1984) proposition that practical knowledge learned from professional experience may have influenced how nurses care for patients. Also, Carper (1978), postulated that the more skilled that nurses become in perceiving and empathizing with patients, the more knowledge and understanding will be gained and the care provided to individuals will be enhanced. Thus, there is need for nurses to receive special training in critical care and end of life issues as to adequately prepare to render holistic care to the dying patient.

From the above discussion on the research questions and hypothesis, it can be deduced that demographic, work environment factors, age of the nurse, years of experience of nursing staff and the level of training or knowledge acquired are all factors that could influence the attitude of nurses towards the care of dying patients.

Conclusion

This study examined the attitude of nurses towards the care of dying patients at the federal teaching hospital Gombe north east Nigeria. The researcher arrived at the following conclusions after analysis of the collected data based on the research objectives.

Findings revealed demographic and work environment factors such as emotional stress, inter – professional and intra- professional factors have an influence on nurses' attitudes towards caring for patients that are dying. Further findings revealed that nurses' years of experience, age and the level of knowledge acquired through training in critical care nursing all has influence on their attitude towards caring for a dying patient.

Figures and tables

Table 1

Items	SA (n)	A	SD (n)	D	Total	Percentage (%)
Culture where individuals live or work contains norms of behavior that people adhere to in relation to their response to death	40 (53.3%)	25 (33.3%)	8 (10.7%)	2 (2.7%)	75	100
The degree of job satisfaction that individuals experience has an influence on their level of functioning, devotion at work and long-term continuance in the specific field of work.	75 (100%)	0 (0%)	0 (0%)	0 (0%)	75	100

Creating favorable conditions for intra-professional teamwork amongst nurses and inter-professional teamwork with other health care workers is needed in order to break negative cycle of job dissatisfaction	50 (66.7%)	18 (24%)	7 (9.3%)	0 (0%)	75	100
Emotional distress related to caring for patients that are dying, as well as the ethical issues associated with death and dying, are major sources of job dissatisfaction	56 (74.7%)	10 (13.3%)	5 (6.7%)	4 (5.3%)	75	100

Table 2

Items	SA (n)	A (n)	SD (n)	D (n)	Total	Percentage (%)
I would not want to be assigned to care for a dying person as a younger nurse.	40 (53.3)	20 (26.7)	10 (13.3)	5 (6.7)	75	100
The length of time required to give nursing care to a dying person is more frustrating than the time spent on serving medications.	30 (40)	25 (33.3)	15 (20)	5 (6.7)	75	100
Frequent exposure to care of a dying patient reduce death anxiety in nurses	50 (66.7)	23 (30.7)	2 (2.6)	0 (0)	75	100
I would feel like running away when a patient dies during my first night shift as a younger nurse.	70 (93.3)	0 (0)	5 (6.7)	0 (0)	75	100

Table 3

Items	SA (n)	A	SD (n)	D	Total	Percentage (%)
I Would Hope the Person I Am Caring for Dies When More elderly Nurses Are on Duty.	45 (60%)	15 (20)	10 (13.3%)	5 (6.7)	75	100
Older Nurses Have Special Competence Caring for Geriatric Patients	59 (78.7%)	10 (13.3)	6 (8%)	0 (0)	75	100
Young Nurses Develop Death Anxiety When Posted to Oncology Units	47 (62.7%)	13 (17.3)	10 (13.3%)	2 (2.6)	75	100
Availability of Coping Resources and Death Education Would Contribute to More Positive Attitudes Towards Caring for Patients That Are Dying	75 (100)	0 (0)	0 (0)	0 (0)	75	100

Table 4. Opinions of trained and non-trained nurses

	Specially trained	Not trained	
Yes	22.5	24	46.5
No	15	13.5	28.5
Total	37.5	37.5	75

Level of significance 0.05, df 1, calculated X2= 0.1

References

[1]. Anarado, A., 2010. Transition to Terminal Phase of Care. (Seminar Presentation). Enugu: Unpublished.

[2]. Anderson K., Gaugler J. (2006) The Grief Experiences of Certified Nursing Assistants; Personal Growth and Complicated Grief. Omega 54(4) p301-318.

[3]. Borg and Gaji., 2000. Cradle to Grave? Dying in Care. Buckinghem: Open University Press.

[4]. Bowlby J. (1980) Attachment and Loss Volume 3; loss sadness and depression London, Hogarth Press.

[5]. Caring for Dying Patients in a Comprehensive Cancer Center. Oncology Nursing Forum. 35(6), 955 – 959.

[6]. Carper, B. (1978) Fundamental patterns of knowing in nursing.in L.H. Nicoll (Ed.), *Perspectives on nursing theory* (pp. 247–256). Philadelphia: Lippincott Raven.

[7]. Costello J. (2001) Nursing older dying patients; findings from an ethnographic study of death and dying in elderly care wards Journal of Advanced Nursing 35(1) 59-68.

[8]. Denga, D. I., 1998. An Introduction to Research Methods and Statistics in Education and Social Science, Calabar: Rapid Educational Publishers Limited.

[9]. Denis, F. P., Cheryl, T. B and Bernardette, P. H., 2001. Essentials of Nursing Research: Methods, Appraisal and Utilization. 5th Edition Lippincott: New York.

[10]. Doka K. (1987) Silent Sorrow; grief and the loss of significant others Death studies 11(6) p455-469.

[11]. Doka K. (2002) Disenfranchised Grief New directions, challenges and strategies for practice Illinois, Research Press.

[12]. Evans, K. M., 1998. Planning Small Scale Research. Slough: National Foundation for Educational Research.

[13]. Federal Ministry of Health 2004. AIDS/STD Control Programme. 2003 NHIV Sero- prevalence Sentinel Report.

[14]. Feldstein M., Gemma P. (1995) Oncology Nurses and Chronic Compounded Grief Cancer Nursing 18(3) p228-236.

[15]. Fessick S. (2007) The use of a Staff Retreat with a Grief Counsellor for Inpatient Medical Oncology Nurses to assist with Bereavement and Coping Oncology Nursing Forum 34(2) p529.

[16]. Figley C. (2002) Compassion Fatigue; Psychotherapists Chronic lack of Self Care Psychotherapy in Practice 58 p1433-1441.

[17]. Fisher M. (1991) Can grief be turned into growth? Staff grief in palliative care. Professional Nurse December 1991, p178-182.

[18]. Folta J., Deck G. (1976) Grief, the Funeral and the Friend. In V. Pine et al (Eds) Acute Grief and the Funeral Illinois, Charles C Thomas.

[19]. Freud S. (1949) Mourning and Melancholia. In E Jones (Ed) Sigmond Freud MD LLD Collected papers (Vol 4) London Hogarth press (original work published 1917).

[20]. Frommelt, K. H., 2003. Attitudes towards Care of the Terminally ill. An Educational Intervention. American Journal of Hospice and Palliative Care. 20(1), 13 – 22.

[21]. Frommelt, K., 2003. Attitude towards Care of the terminally ill: An Educational Intervention. American Journal of Hospice and Palliative Care 28(14). 18 – 22.

[22]. Genevay B., Katz R. (1990) Countertransference and Older Clients. Newbury Park, California. Sage Publications.

[23]. Goodenough W. (1964) Cultural Anthropology in D. Hymes (Ed) Language in Culture and Society New York, Harper and Row.

[24]. Hakim, C., 2000. Research Design: Successful Designs for Social and Economic Research, London: Rutledge.

[25]. Hutchinson S. (1984) Creating meaning out of horror: how ICU nurses survive and work productively in a stressful environment. Nursing Outlook 32 p86-90.

[26]. Katz R., Johnson T. (2006) When professionals Weep; emotional and countertransference responses in end of life care New York Routledge.

[27]. Kubler Ross E. (1973) On Death and Dying London Routledge.

[28]. Lindeman E. (1944) Symptomatology and recovery from acute grief American Journal of Psychiatry 101 p141-148.

[29]. McCreight B. (2004) Perinatal grief and emotional labour; a study of nurses' experiences in gynae wards International journal of nursing studies 42 p439-448.

[30]. Meadors P., Lamson A. (2008) Compassion fatigue and secondary traumatization; provider self-care on intensive care units for children Journal of Pediatric Healthcare 22(1) p24-34.

[31]. Michelle, L., 2008. Nursing Experience and the Care of Dying Patients. Oncology Nursing Forum.35(6). 955.

[32]. Michelle, L., Thom, B and Kline, N., 2008. Nurses' Attitudes Toward Death and Moores et al (2007) Memorable patient deaths; reactions of hospital doctors and their need for support Medical Education 41 942-946.

[33]. Murphy, J. T., 2000. Getting the Facts, A Field Work Guide for Evaluating and Policy Analyst. California: Good Year Pub. Comp.

[34]. Ndagi, J. O., 1999. The Essentials of Research Methodology for Education. Ibadan: University Press Plc.

[35]. Neimeyer R. (2001) Meaning, reconstruction and experience of loss American Psychological Association Nwana, O. C., 2007. Introduction to Educational Research. Ibadan Heimann Education Publishers.

[36]. Nwonu, E. I., 2002. Nursing Process and Process, Concept and Practice. Enugu Snap Press Ltd.

[37]. Office for National Statistics (2009) Mortality Statistics; Deaths registered in 2007 [online] www.statistics.gov.uk [last accessed 22 September 2010].

[38]. Papadatou D et al (2001) Caring for Dying Children; a comparative study of nurses' experiences in Greece and Hong Kong Cancer Nursing 24(5) 402-412.

[39]. Parkes C (1998) Facing Loss British Medical Journal 316(7143) 1521-1524.

[40]. Parkes C. (1975) Bereavement; Studies of Grief in Adult Life London Penguin.

[41]. Rashotte J. et al (1997) Pediatric intensive care nurses and their grief experiences; a phenomenological study Heart and Lung 26(5) 372-386.

[42]. Rickerson E. et al (2005) how well are we caring for caregivers? Prevalence of grief related symptoms and need for bereavement support among long term care staff Journal of pain and symptom management 30(3) 227-233.

[43]. Rooda, I. A., Clement, R. and Jordan, M. I., 1999. Nurses' Attitudes toward death and caring for dying patients. Oncology Nursing Forum. 26 (10), 1683 – 1687.

[44]. Roper J., Shapira J. (2000) Ethnography in Nursing Research Thousand Oaks, California Sage Publications

[45]. Spradley J (1979) The ethnographic Interview Orlando, Harcourt College Publishers

[46]. Stephen, K. J., 2005. Important Nurse caring Behaviour Perceived by Patients with Cancer. Oncology Nursing Forum. 11, 46 – 50.

[47]. Stroebe M., Schutt H. (1999) The dual process model of coping with bereavement: rationale and description. Death Studies 23(3) p197-224.

[48]. Tijani, A. W and Aneni, L. U. 2009. West African Journal of Nursing 20 (1) 17 – 18.

[49]. Walters T. (1996) A new model of grief: bereavement and biography Mortality 1(1) p7-25.

[50]. Worden W. (1991) Grief Counselling and Grief Therapy (2nd edition) New York, Springer.