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

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.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>SA (n)</th>
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<th>SD (n)</th>
<th>D (n)</th>
<th>Total</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would not want to be assigned to care for a dying person as a younger nurse.</td>
<td>40 (53.3)</td>
<td>20 (26.7)</td>
<td>10 (13.3)</td>
<td>5 (6.7)</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>The length of time required to give nursing care to a dying person is more frustrating than the time spent on serving medications.</td>
<td>30 (40)</td>
<td>25 (33.3)</td>
<td>15 (20)</td>
<td>5 (6.7)</td>
<td>75</td>
<td>100</td>
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<tr>
<td>Frequent exposure to care of a dying patient reduce death anxiety in nurses</td>
<td>50 (66.7)</td>
<td>23 (30.7)</td>
<td>2 (2.6)</td>
<td>0 (0)</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>I would feel like running away when a patient dies during my first night shift as a younger nurse.</td>
<td>70 (93.3)</td>
<td>0 (0)</td>
<td>5 (6.7)</td>
<td>0 (0)</td>
<td>75</td>
<td>100</td>
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<tr>
<th>Table 3</th>
<th>SA (n)</th>
<th>A (n)</th>
<th>SD (n)</th>
<th>D (n)</th>
<th>Total</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Would Hope the Person I Am Caring for Dies When More elderly Nurses Are on Duty.</td>
<td>45 (60%)</td>
<td>15 (20)</td>
<td>10 (13.3%)</td>
<td>5 (6.7)</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Older Nurses Have Special Competence Caring for Geriatric Patients</td>
<td>59 (78.7%)</td>
<td>10 (13.3)</td>
<td>6 (8%)</td>
<td>0 (0)</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Young Nurses Develop Death Anxiety When Posted to Oncology Units</td>
<td>47 (62.7%)</td>
<td>13 (17.3)</td>
<td>10 (13.3%)</td>
<td>2 (2.6)</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Availability of Coping Resources and Death Education Would Contribute to More Positive Attitudes Towards Caring for Patients That Are Dying</td>
<td>75 (100)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>75</td>
<td>100</td>
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Table 4. Opinions of trained and non-trained nurses

<table>
<thead>
<tr>
<th></th>
<th>Specially trained</th>
<th>Not trained</th>
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<tr>
<td>Yes</td>
<td>22.5</td>
<td>24</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>13.5</td>
</tr>
<tr>
<td>Total</td>
<td>37.5</td>
<td>37.5</td>
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</table>

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

References