

A STUDY OF ATTITUDES OF NURSES TOWARD DEATH AND DYING IN TERTIARY HEALTH INSTITUTIONS IN CROSS RIVER STATE

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ABSTRACT

The study was carried out to find out the attitudes of nurses' toward death and dying patients in three (3) tertiary (health) institutions in Cross River State. A twenty (20) items close-ended questionnaire on the four points Likert scale model was designed and administered to a sample population of six hundred (600) respondents. The simple percentage method was used to analyze the demographic data of the respondents. Two null hypotheses were set and tested at 0.5 level of significance using Pearson product moment correlation analysis. The result of the analysis reveals that age and years of experience of nurses have a favourable relationship with their attitudes toward dead and dying patients. It is concluded that the more one matures in acquisition of knowledge and skill, the better one gets to appreciate realities in nature especially as it relates to attitude towards dead and dying.

KEYWORDS: - Nurses' Attitudes, Death and Caring for dying patients
- Tertiary Institutions.

INTRODUCTION

Attitude is an enduring predisposition to behave in a constant manner towards a definite class of object, not as they are viewed, but as they are conceived to be. It is the consistency of nurses' response to patients that is paramount. This is so because it is what or how a patient feels or sees that nurses are motivated/ behave, which may be positive or negative. Notably, positive and negative behaviour by nurses toward a patient's health has both negative and positive repercussions. Cultural differences in attitudes toward death and caring for dying patients exists among health care providers (Nurses). Today, more people are living longer and require care for chronic diseases/dignified death and bereavement care too. Nwana (2007) 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. But then Virginia Henderson's model of nursing care emphasis on "caring to a peaceful death".

Nurses often care for patients in all phases of illness. This normally begins from

diagnosis to death or survivorship. Nurses serve as parents and as a friend as they try to help dying patients. A nurse's caseload in a shift can consist of patients in different phases of illness, presenting a challenge to nurses who must constantly adjust to the needs of patients and their families. The nurses provide physical, psychological, and spiritual care, facilitates communication among patients, their families and other health care professionals as well as helping dying patients to die a "dignified" death/bereavement care to patient's family members.

Death and dying has remained a distressing and fearsome ordeal, more so when it has to come slowly from incurable (terminal) disease/illness. Transition to the terminal stage of care is tension packed and care burden enormous. The nurses should therefore muster the necessary resources to ensure effective control of pain and other symptoms (palliative care) Anarado (2010). The attitudes of nurses toward death and dying patients may influence to certain extent the care nurses give (Borg and Gaji, 2000).

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STATEMENT OF THE PROBLEM

The vocation of caring for the dying and death patient often modify nurses' attitude towards life and death. However, interactions with care givers (nurses) have shown that they seem to be indifferent to pain and agony, the fact is that most nurses wear a prof. face. This very attitudinal disposition is presumed to be a function of years of experiences in the nursing profession which produced the hardening of attitude while caring for death and dying.

The following objectives were developed to guide the study

- To determine the relationship between years of experience and at nurses attitude toward dead and dying.
- To determine the relationship between nurses age and attitudes towards death and dying.

RESEARCH QUESTIONS

The following research questions were raised for the study:

- Does years of experience related to nurses' attitude towards death and dying?
- What is the relationship between nurses' age and attitude towards death and dying?

RESEARCH HYPOTHESES

The following two hypotheses were stated for the study:

- There is no relationship between years of experience and nurses' attitude towards death and dying.
- There is no relationship between nurses' age and attitude towards death and dying.

LITERATURE REVIEW

Literature review was done in the following perspectives:

- The theoretical and conceptual review using Virginia Henderson's model of nursing care and nursing role effectiveness model
- The empirical review based on the specific objective of the study
 - The years of experience of nurses and attitudes towards death and caring for dying patients
 - The age of nurse and their attitudes toward death and dying

- Summary of the literature review

Theoretical and Conceptual Review:

Virginia Henderson sees the Nurse as legally an independent practitioner with authority for basic nursing care that is, assisting the patient/client to gain independence in meeting her fundamental needs (Nwonu, 2002). Nursing care is aimed at survival or peaceful but dignified death.

The Nursing Role Effectiveness Model is based on the structure-process outcome model of quality care (Michelle *et al.*, 2008). The model analyzes specific nurse and patient variables that may affect nurses' role performance and subsequently influence patient outcome. Nurses structural variables such as work experience and age factors are shown to have either favourable or unfavourable influence on communication, contributing to improve patient outcome. The process component of the model embodies roles nurses assume when delivering independent, interdependent and dependent activities to the death and dying patients. Independent activities consist of actions such as patients' assessment, intervention, planning and initiating and ensuring patient's comfort. The outcome component examines nursing-sensitive patient outcomes and patient's perceived nursing care benefit. The Nursing Role Effectiveness Model proves a way to conceptualize nurses' attitudes toward death and caring for dying patients as perceived by (Fromelt, 2008).

Work Experience/Age of Nurses versus Attitudes toward Death and Dying:

Life animates being, and once it begins, it inexorably leads to death. Death is the cessation of life, an irreversible state that is characterized by the cessation of all those processes that sustain life. It is a reality that calls every human being to a deep reflection. When this realization occurs, whether in the process of mediating on ones life, when faced with imminent death or when a loved one dies, there is death anxiety (Stephen, 2005). Death always subject nurses to anguish and anxiety, stress and burnout as well as a feeling of an unaccomplished effort to rescue life. But then, the dying needs comfort, his safety to be maintained, pain to be relieved and quality-of-life issues to be addressed. The nurses as good advocates must help the dead/dying patient to transit well from living to dying, maintain and sustain relationships and finish well with the family. The feelings and thoughts of nurses about death and care for dying is what manifest as their attitudes toward death and care for dying.

The attitudes of the nurses rendering care to the death and dying patients may be decoded by the way they communicate with patients, talk about the patients, illness, manner of approach to the patients, the kind of questions they ask patients, the language used, facial expression, sensitivity to patients' needs, respect to patients and family members, offering direct gratifications (Tijani and Aneni, 2009). Lawson, Swanson, Kauffman and Wolf in Tijani and Aneni (2009), identified favourable attitudes/caring actions aimed at improving quality of life of the death and dying patients as follows:

- Being present in a reassuring manner
- Providing information
- Spending time with the patient and observing the patient. Any care void of above is termed "unfavourable attitudes".

Nonetheless, "experience is the best teacher" as opined by the early psychologist. The nurses who are specialists (Oncology specialties) have wealth of experience in caring for the death and dying patients. They can provide caring/favourable attitudes of care consciously toward the death and dying patients. Lawson *et al.*, in Tijani and Aneni (2009), remarked that experienced nurses do exhibit favourable attitudes of care that preserves a patient's dignity throughout course of illness till death and the patients' family automatically benefit from bereavement care.

Several studies explore the age of nurses with respect to death and caring for dying patients. Rooda *et al.*, (1999) used a convenient sample of 400 nurses from a private hospital and the visiting Nurse Association Hospice Division and found that nurses with a greater fear of death exhibited unfavourable attitudes toward caring for death and dying patients. And that, maturity accounts for favourable and unfavourable attitudes toward death and dying on the part of the nurses. Therefore, the purpose of this study was to determine the relationship between work experience, age of nurses and their attitudes toward death and dying.

Different articles of scholars have explored the varying attitudes of health care givers towards death and dying (Rooda, Clement and Jordan, 1999) Michelle (2008) agreed that age, and experience influence attitude to death and care giving. According to Stephens (2005), while examining Oncology nurses and medical midwives revealed that nurses with greater exposure to dying patients were reported to have more favourable attitude.

METHODOLOGY

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 Tertiary Health Institutions found in Cross River State. The study will involve nurses of different ages and years of experience working in the tertiary health institutions in Cross River State between 2008 to 2009. The population distributions are as follows:

- University of Calabar Teaching Hospital Calabar = 600 nurses
 - Neuro-Psychiatric Hospital, Calabar = 250 nurses
 - General Hospital, Calabar = 350 nurses
- Total Population = 1,200 nurses

SAMPLING AND SAMPLING TECHNIQUE

The stratified random sampling technique (Basket method, involving picking without replacement) will be used to select 50% of the tertiary health institutions nurses. This 50% margin conforms with Nwana (2007:71 – 75 Dennis, 2004, Denga, 1998, Ndaji, 1999). Expert sampling guide which says if a population of the study is in a few thousand, 'a 40 or more sample will do', stratified Randoming is used because nurses characteristics differ by age, attitudinal disposition, post training experience too. In all, a sample size of 600 was selected for the study.

INSTRUMENT OF DATA COLLECTION

Nurses Attitude Towards Death and Dying Instrument (NATDAD) will be 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 20-item tool using a 4 point Likert Scale to indicate respondents' viewpoint.

Reliability and Validity of Instruments

Reliability of the NATDAD has been established multiple times using 20 nurses caring for the death and dying patients and their responses to the items repeated again after three weeks. The computed value of person (r) was found to be 0.94. Similarly, a sample of 30 nurses were used in a re-test and the reliability was

found to be $r = 0.92$. The content validity of the instrument was verified through the help of measurement and psychology experts.

The simple percentage difference analysis was used to examine degree of response and their comparative effects. Descriptive tools of statistics such as use of tabulation and tables were equally used in data presentation.

RESULTS

The presentation here was based on the responses collected from the questionnaire administered to the six hundred respondents, which comprised age and years of experience of nurses working in tertiary health institutions in Cross River state.

Table 1: Respondents' Characteristics in Percentage (%)

CHARACTERISTICS	FREQUENCY	PERCENTAGE
Age		
Less than 35	219	36.5
35 and above	92	15.3
Years of Experience		
Less than 10 years	156	26
11 years and above	133	22.2
Total	600	100

Table 1 revealed that out of the total number of 600 respondents, from the health institutions under consideration, 219(36.5%) and 92(15.3%) of respondents were less than 35 years and 35 years and above respectively. Findings also

revealed that 156(26%) of the respondents were less than 10 years of professional experience and 133(22.2%) of the respondents have 10 years and above of professional experience.

HYPOTHESES TESTING

H_0 : There is no relationship between years of experience and attitudes toward death and dying.

Table 2: Pearson Product Moment Correlation Analysis of the Relationship between Years of Experience and Nurses' Attitude toward Death and Dying (N = 600)

Variable	ΣX ΣY	ΣX^2 ΣY^2	ΣXY	Cal
Years of experience	10794	17955	210375	0.87
Nurses attitude toward death and dying	10062	19026		

- Significant at .05, critical $r = .088$, $df = 598$

In Table 2, the findings revealed there was a significant relationship between nurses' age and attitude toward death and dying with calculated

value = 0.94 greater than critical value = .088, degree of freedom (df) = 598 of $P < 0.05$. Therefore, this hypothesis was rejected.

Table 3: Pearson Product Moment Correlation Analysis of the Relationship between Nurses' Age and Attitude toward Death and Dying (N = 600)

Variable	ΣX ΣY	ΣX^2 ΣY^2	ΣXY	r-cal
Nurses' age	10794	17955	20735	0.94
Nurses attitude toward death and dying	11261	18123		

* Significant at .05, critical $r = .088$, $df = 598$

In table 3, the findings revealed that there was a significant relationship between years of experience and nurses' attitude toward dead and dying with calculated value = 0.87 greater than critical value = .088, degree of freedom (df) = 598 of $P < 0.05$. Therefore, the null hypothesis was rejected.

H₀2: There is no relationship between nurses' age and attitude toward death and dying.

DISCUSSION

The findings of the research titled nurses' attitudes toward death and dying patients, which was carried out in the tertiary health institutions in Cross River State revealed that there was a significant relationship between years of work experience and nurses' attitudes toward death and dying patients; and there was also a relationship between nurses' age and attitudes toward death and dying patients in the study location. These findings are in conformity with the findings of Rooda *et al.*, (1999), Michelle (2008) and Stephen (2005). Generally, the study revealed that years of work experience and age variables toward death and dying patients have relationships.

IMPLICATIONS FOR NURSING

The goals of implementing and educational programmes regarding care of death and dying patients are to foster more favourable attitudes in younger and less experienced nurses by providing them with a strong background in palliative care competency, and exposing them to various end-of-life scenarios they will encounter in caring for those with chronic diseases/terminal illnesses.

Based on the data collected in the study, less experienced nurses will most likely benefit from increased education, training and exposure to be sensitive in providing care to the death and dying patients (dignified death).

SUMMARY AND CONCLUSION

Death is a unique experience for each human being, yet there is tremendous societal pressure on a dying person to be a "good patient" while trying to experience the "good death". This pressure shapes patients, caregivers, and family choices in end-of-life situations. The attitude of the nurses toward death and dying patients is a determinate factor on dying this "dignified death". It is concluded that the more one matures, in acquisition of knowledge and skill the better one

gets to appreciate realities in nature especially as it relates to attitude towards death and dying. Nursing in tertiary institutions in Cross River State need to be instilled with higher levels of palliative care competency to enhance "death with dignity" for all death and dying patients.

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