

NURSES' STUDENTS' ATTITUDES TOWARD DEATH AND CARING FOR DYING CANCER PATIENTS DURING THEIR PLACEMENT

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ARTICLE INFO

Article history:

Received 26 August 2017

Revised 24 October 2017

Accepted 30 November 2017

Keywords:

Attitudes, Cancer, Dying Patients,
Nursing

ABSTRACT

Caring of cancer patients requires special skills and knowledge that facilitates the professionals' care during the patients' illness and palliative phases. This study was conducted to explore the nursing students' attitudes toward death and caring for dying cancer patients during their Placement. A descriptive study was conducted using the Formmelt Attitude toward Care of the Dying (FATCOD) scale and Death Attitude Profile-Revised (DAP-R) scale. Nursing students from AL-Zaytoonah University of Jordan. A sample of one hundred nursing students was recruited. The current study showed statistically significant difference among age group in relation to total score of death scale (p-value: 0.000) and fear of death, neutral acceptance, approach acceptance, and escape- acceptance subscales. The results indicated that younger students have more negative thoughts, attitudes, and emotions toward caring for dying cancer patients. In addition the results indicated that students with higher academic levels have a more positive attitude and are more eligible to provide nursing care for dying cancer patients as compared to students with less experience. In addition, the results showed that students with less experience had a greater fear of death than students with a higher academic level. According to the study results, Nurses' attitudes toward caring for dying and dead cancer patients can be considered an important predictor of quality of life among cancer patients.

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1. Introduction

Diagnosis of cancer is considered a traumatic event and might change the patients and their families lives, specifically, while facing the idea and thoughts of death. Health professionals in general, particularly nurses, deal with this idea on a daily basis [1].

Death is a natural process that happens every day in the clinical setting. Some nursing students may show some ability to encounter this new experience of taking care of a dying patient while others do not [2]. Therefore, their attitude toward death and caring for dying patients may vary.

Health professionals in general, particularly nursing students, are challenged with providing care for patients in their terminal phase. As the role of nursing students is to support, care, facilitate, make the patients comfortable at the end of their life, and to assist them in dying with dignity, this role gives rise to psychosocial distress such as anxiety and undesired attitudes.

In addition, dealing with and caring for dying cancer patients and experiencing patients' death can bring about different emotions and thoughts that might affect students' behavior and attitude [3].

A systematic review and qualitative meta-synthesis study conducted by Zheng and colleagues showed that several studies were conducted previously to explore the attitude of nurses caring for dying patients in different regions [4], these studies mainly discussed this concept in regard to home-care, hospice, and medical surgical units [4], and these results supported the previous results [5]. In addition, a careful review of these results indicated that the majority of these studies were conducted in western countries [4], thus, limited studies were conducted in Arabic countries. Consequently, it is very important to assess this concept within different cultures so as to have a more complete view. In addition, the majority of previous studies assessed this concept among nurses, while limited studies were conducted to assess it from students' point of view. Student nurses are dealing and providing care for patients in all stages, starting from diagnosis to death or home follow-up.

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DOI: 10.3269/1970-5492.2017.12.40

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Students' caseloads in their placement may consist of patients in different and varying phases of illness; this is presenting a big challenge and responsibility to students who must constantly adjust to the different needs of each patient. The attitudes of students' nurses toward death and dying cancer patients may influence the care Registered Nurses (RNs) are able to provide [6].

Exploring the students' attitudes toward death and dying is becoming essential and crucial to prepare them with the skills and knowledge that will enable them to optimize their care, facilitate their job, and increase their ability to provide the optimal nursing care for cancer patients during their illness period and palliative phase [7]. Accordingly, a number of studies conducted support the idea that the attitude towards death is a pivotal element affecting the behavior of health care professionals when caring for people at the end of their life [8-10]. Thus, the aim of the current study was to assess the nursing students' attitudes toward death and caring for dying cancer patients during their placement.

2. Methods

Sampling

A descriptive, quantitative approach was implemented in the current study. The current study was conducted in Jordan among Bachelor students in AL-Zaytoonah University of Jordan. The bachelor nursing program has been in operation since 1993 and it is a four year program with 132 credited hours. The language of instruction and study is English. Out of a sample of 150 nursing students invited to participate, 100 completed the survey. The sample size was calculated using G-power to achieve median effect. The sample was recruited from different academic levels (based on their year at university). The inclusion criteria were focused on the students involved in the care of dying cancer patients during their placement. The study was conducted after official permission was obtained from the ethical committee in the university.

The data was collected via a self-report questionnaire comprising demographic data questions including: age, gender, educational level, annual income, and the validated instruments in the English language.

A package comprising an information sheet, consent form, and survey instrument was given to each eligible student.

Instrument

Two reliable and valid instruments were utilized in the current study. The study was conducted in the English language, thus, no translation process was required for the selected instruments. Formmelt Attitude toward Care of the Dying (FATCOD) scale and Death Attitude Profile-Revised (DAP-R) scale were used.

Frommelt Attitudes Toward Care of the Dying (FATCOD) Scale is a 30-item scale designed to measure participants' attitudes toward providing care for dying patients. While two-thirds of the statements address nurses' attitudes toward the dying patient, the other third address nurses' attitudes toward the patient's family [11]. This self-report paper and pencil questionnaire consists of 30 randomly ordered items scored on a five-point Likert-type scale. Half of the statements are positively worded and half are negatively worded. Positive items are scored as follows: 1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, 5 = strongly agree. Scores were reversed for negative items. The total score ranges from 30 to 150; higher scores indicate more positive attitudes.

Death Attitude Profile-Revised (DAP-R) consists of 32-items, scored on a Likert scale, with responses ranging from "strongly disagree" to "strongly agree". The DAP-R is a multi-dimensional measure of fear of death, death avoidance, and acceptance of death [13]. Scores for all items are from 1 to 7 in the direction of strongly disagree (1) to strongly agree (7). For each dimension, a mean scale score can be computed by dividing the total scale score by the number of items forming each scale (Wong et al., 1994). A higher score denotes a higher level of fear of death, death avoidance, neutral acceptance, approach acceptance, and escape acceptance.

Dimension	Items	Range
Fear of Death (7 items)	1,2,7,18,20,21,32	7-49
Death Avoidance (5 items)	3,10,12,19,26	5-35
Neutral Acceptance (5 items)	6,14,17,24,30	5-35
Approach Acceptance (10 items)	4,8,13,15,16,22,25,27,28,31	10-70
Escape Acceptance (5 items)	5,9,11,23,29	5-35

Table 1 - Scoring guidelines for Death Attitude Profile-Revised (DAP-R).

Data Analysis

A statistical analyses of the survey data was conducted, using the computer software Statistical Package for Social Science (SPSS v 18), to examine nurse students' attitudes toward death and caring for dying cancer patients during their placement. A descriptive analysis (frequency and percentage) was used to analyze the selected demographic variables (see table 1). Bivariate analysis (correlational analysis, Pearson r) was undertaken to investigate the relationship between selected variables such as age, gender, and attitude toward care of dying and death in cancer patients. Furthermore, (f) testing was done to examine the difference between students' experience in relation to their attitude toward caring of dying and death of cancer patients.

3. Results

In total, 100 students (67%) completed the questionnaire (65 females and 35 males; mean age 23 years old). Table 2 represents the socio-demographic data.

Mean Age (range)	23 years (19-27year)	
Gender		
A. Female	65	65 %
B. Male	35	35%
Employment status		
A. Yes	45	45%
B. No	55	55%
Academic level		
A. First year	20	20%
B. Second year	30	30%
C. Third year	10	10%
D. Fourth year	40	40%

Table 2 - Sociodemographic characteristics of the n. 100 nurse students involved in the care of dying cancer patients and recruited.

Furthermore, the results showed there was no significant difference among gender groups related to the attitude toward care of dying and death of cancer patients; however, a significant difference in the fear of death was determined ($p=0.039$) among female students. In terms of care, the results showed no statistically significant difference between male and females students.

Additionally, the relationship between age and attitude toward care of dying and death was investigated. The results showed that there was a significant difference among age groups and the total score of death scale ($p=0.000$) and fear of death, neutral acceptance, approach acceptance, and escape- acceptance subscales. The results indicated that younger students have more negative thoughts, attitudes, and emotions toward caring for dying cancer patients.

Variable	Gender	Age	Experience
Fear of death	0.25 ($p=0.42$)	0.25 ($p=0.000$)	0.30 ($p=0.000$)
Death avoidance	0.37 ($p=0.62$)	0.21 ($p=0.000$)	0.25 ($p=0.000$)
Neutral acceptance	0.36 ($p=0.41$)	0.25 ($p=0.000$)	0.14 ($p=0.000$)
Approach acceptance	0.25 ($p=0.52$)	0.25 ($p=0.000$)	0.32 ($p=0.000$)
Escape acceptance	0.62 ($p=0.75$)	0.53 ($p=0.000$)	0.21 ($p=0.000$)
Total of death scale	0.32 ($p=0.26$)	0.25 ($p=0.000$)	0.15 ($p=0.000$)
Total of care of dying scale	0.82 ($p=0.51$)	0.21 ($p=0.000$)	0.50 ($p=0.000$)

Table 3 - Correlation between selected sociodemographic variables and Death Attitude Profile-Revised (DAP-R) (N=100 nurse students).

F- Test was undertaken to identify the differences in students' attitudes in relation to their academic level.

The analysis of results using (F) test indicated that there was a significant difference among students from different academic levels. The results indicated that students with higher academic levels have a more positive attitude and are more eligible to provide nursing care for dying cancer patients compared to students with less experience. In addition, the results showed that students with less experience had a greater fear of death than students with a higher academic level. Finally, the results showed that students with greater exposure to dying cancer patients had more positive attitudes toward death.

Variable	Academic level	N	Mean	SD	F-test	p-Value
Fear of death	First year	20	3.2	0.5	4.2	0.013
	Second year	30	3.2	0.5		
	Third year	10	3.2	0.6		
	Fourth year	40	3.2	0.6		
Death avoidance	First year	20	3.0	0.5	0.3	0.61
	Second year	30	2.9	0.4		
	Third year	10	3.1	0.6		
	Fourth year	40	3.3	0.7		
Neutral acceptance	First year	20	3.1	0.4	4.1	0.17
	Second year	30	3.0	0.3		
	Third year	10	2.8	0.5		
	Fourth year	40	3.2	0.6		
Approach acceptance	First year	20	3.5	0.6	4.6	0.01
	Second year	30	3.6	0.5		
	Third year	10	3.8	0.4		
	Fourth year	40	3.7	0.6		
Escape acceptance	First year	20	3.6	0.7	8.6	<0.001
	Second year	30	3.1	0.6		
	Third year	10	2.8	0.5		
	Fourth year	40	2.7	0.6		
Death scale	First year	20	3.4	0.4	12.1	<0.001
	Second year	30	3.3	0.2		
	Third year	10	3.6	0.4		
	Fourth year	40	3.7	0.5		
Care of dying scale	First year	20	3.3	0.3	3.1	0.05
	Second year	30	3.4	0.2		
	Third year	10	3.5	0.2		
	Fourth year	40	3.2	0.4		

Table 4 - Means and standard deviation and F test for the relationship between nurses' attitudes toward care of the dying and death of cancer patients and academic levels of the target sample.

4. Discussion

In the current study, the results indicated that academic levels and ages of students are positive predictors or factors that enhance the positive attitudes toward caring for dead and dying cancer patients. These results are consistent with another study conducted by Lange M (2008)[14]. They conducted a study to assess how nurses employed in a comprehensive cancer centre feel about death and caring for dying patients and examine any relationships between their attitudes and demographic factors. Their results showed that there were statistically significant relationships noted among age, nursing experience, previous experience with caring for terminally ill patients, and scores on the FATCOD and DAP-R. Nursing experience and age were the variables most likely to predict nurses' attitudes toward death and caring for dying patients [5].

Furthermore, the results of the current study go in the same vein with khader K (2010). The results showed that age, area of working (ward), and level of experience are associated with the nurses' attitude toward caring for dying patients.

Dunn and colleagues (2005) conducted a study to examine relationships among demographic variables and nurses' attitudes toward death and caring for dying patients. The results showed that the most respondents demonstrated a positive attitude about caring for dying patients. Nurses who reported spending a higher percentage of time in contact with terminally ill or dying patients reported more positive attitudes [15]. No significant relationship was found between nurses' attitudes toward death

and nurses' attitudes about caring for dying patients. Statistically significant relationships were found among certain demographic variables, DAP-R subscales, and FATCOD Scale. The results of the current study strongly supported these findings.

In the same vein, another study was conducted by Feudtner C., et al (2007) to test the hypothesis that individual nurses' level of hope is associated with greater self-reported comfort and competence in providing palliative care [16]. The results showed that nurses, specifically, reported feeling most competent regarding pain management and least competent regarding talking with children and families about dying. After multivariable adjustments, greater number of years in nursing practice, more hours of palliative care education, and higher scores on the Hope Scale, each were significantly associated with higher levels of comfort working with dying children and their families, lower levels of difficulty talking about death and dying, and higher levels of palliative care competency.

Furthermore, the results of the current study are consistent with the results of another two studies undertaken by Stoller (1980), and Payne SA and colleagues (1998). They found that a significant positive relationship between years of experience and caring for dying patients [17, 18]. The more experience and exposure to death, the higher the awareness and ability to cope and adapt. Consistent with these results, we need to increase the exposure and training for nurses who provide care for dying patients and their families [19].

In the current study, the results showed that younger students reported more fear of death than middle or older students. These results are supported by the findings by Barrere C and colleagues (2008) and the findings by Lange M and colleagues (2008) [5, 20].

Despite the previous literature mentioned early, the results of the current study showed no significant relationship between gender and the attitude toward care of dying and death cancer patients. In the meantime, a significant difference in the fear of death was determined ($p=0.039$) among female students. In terms of care, the results showed no statistically significant difference between male and females students. These findings suggested that female students have an affinity for expressing fear of death. This is congruent with findings of a study conducted in Kuwait by Abdel-Khalek and AL-kandari (2007). They conducted a descriptive study to examine the level of death anxiety, the sex-related differences among a middle-aged Kuwaiti personnel sample, and to explore the replicability of the Arabic Scale of Death Anxiety (ASDA) factors [21].

Furthermore, despite the different target samples, the evidences provided by the current study support the results revealed by Lloyd-Williams, N Dogra (2004), whose study was conducted to determine the attitudes of preclinical medical students towards the care of patients for whom a cure is not possible. Their results showed that increasing age was associated with a more positive view of caring for patients with chronic or terminal illness [22].

Moreover, the results of our study are in line with previous studies demonstrating the importance of delivering educational program dedicated to future health professionals to improve their behavior, as well as preventive and clinical attitude [23], and, particularly, with regard to the caring of dying patients. Similar results were obtained by other researchers worldwide and from different cultures and languages. All

these studies assessed the nursing students' attitude, behavior, and clinical attitude regarding caring for dying patients [20, 24-25].

Training and education are considered the main elements in enhancing communication and caring for dying patients. The results from the previous studies showed that lack of training in communication and limited knowledge among nurses resulted in unconformable and improper attitudes of death and the dying [11, 26, 27]. In the same vein, Walter Mazzucco and al. conducted a web survey to identify the motivational aspects and the level of satisfaction of junior doctors in relation to their knowledge and skills after attending the general practitioners specific training [28]. The results of 340 participants indicated differences in level of satisfaction, and highlighted the importance of specific courses for junior health care professionals to better prepare them to provide the patients with optimal care while considering cultural differences. [28].

5. Conclusions

Cancer diagnosis is a traumatic event for the patients and their families. Caring for cancer patients during the treatment and palliative phases requires qualified nurses who can manage difficult situations. Nurses' attitudes toward caring for dying and dead cancer patients is an important element of care for cancer patients.

6. Acknowledgements

The researchers would like to thank AL-Zaytoonah University of Jordan for the assistance and support. Special thanks to the participants for their time and effort.

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