

Attitudes of Nepalese Hospital Nurses towards Care of Dying People

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Abstract

Caring for dying patients can be emotionally painful, distressing and threatening experience to nurses and attitudes towards care of dying people may influence the nurses' ability to care for and communicate with patients and families. A cross sectional descriptive research design was used to assess attitude of Nepalese hospital nurses towards care of dying people. Convenience sampling technique was used for selecting 110 nurses from Manipal Teaching Hospital, Pokhara, Nepal. Ethical approval was taken from Nepal Health Research Council. Structured questionnaire was used to identify the socio-demographic and professional characteristics of the respondents and Frommelt Attitudes Toward Care of the Dying (FATCOD) was used to examine the attitude towards care of dying among nurses. Data entry and analysis were done using SPSS software version 16. Descriptive as well as inferential statistics namely chi-square test were used. The findings of the study revealed that the respondents had fair (80.0%) and good (20.0%) attitude towards caring of dying patient and family. Regarding nurses' attitude of caring of dying patient, the respondents had fair (88.2%) and good (11.8%) attitude. Related to nurses' attitude towards caring of family members of dying patient, the respondents had fair (55.5%) and poor (44.5%) attitude. Based on these findings, it is concluded that hospital nurses had fair attitude towards care of dying. Therefore, it is recommended that organizational authority should play an important role for enhancing positive and good attitude of nurses towards care of dying patient so that nurses may consider for the patient's comfort living with dignity and peaceful death while providing care.

Keywords: Nurses attitude towards care of dying

Introduction

Attitude towards care of dying refers to what the nurses thinking, feeling towards giving care to dying patients and their families. End of life care focuses toward optimizing quality of life and minimizing symptoms rather than trying to cure a disease [1]. The change in population aging results in an increasing elderly population which leads to an increasing number of chronically ill patients. Therefore, the demand of care at the end-of-life or dying care is increasing [2]. Nurses have an important role in caring of dying patients because a death may occur in hospital wards or community settings [3]. However, the previous studies revealed that the nurses had less positive by Cevik, et al. [4], fair attitude (58.9%) by Ali, et al. [5], and only 6.2% of nurses had good attitude by Ayed, et al. [6] towards death and caring for dying patients. Prior studies did not reveal the relationship of nurse's age, work place, and years of experience with their total scores of FATCOD scale [5]. Nurses must have good attitude about palliative care for providing quality care at the end of life or for chronically sick patients [7].

Though attitude of nurses towards care of dying has received considerable attention from the researchers around the globe, based on the available published and printed literature, research related to attitudes of nurses towards care of dying in Nepal appeared to be very limited. Therefore, this study was aimed to assess the attitude of Nepalese hospital nurses towards care of dying people.

Materials and Methods

A cross sectional descriptive research design was used to assess attitude towards care of dying among nurses of Manipal Teaching Hospital, Pokhara. The study area was selected conveniently. The study population was 164 nurses and the sample size was 110 nurses which were selected by using non-probability convenience sampling technique. Nurses having proficiency certificate level of nursing education above were included. Nurses who were in long leave, study leave, maternity leave and who were not willing to participate were excluded.

The instruments used in this study were composed of two parts. Part one was related to socio-demographic and profession related variables. Part two was Frommelt Attitudes Toward Care of the Dying scale (FATCOD) [8]. It is a 30-item tool using a five-point Likert scale to indicate respondents' attitudes toward caring for dying patients. The instrument consists of an equal number of positively and negatively worded statements with response options of strongly disagree, disagree, uncertain, agree, and strongly agree. Statement no. 3, 5, 6, 7, 8, 9, 11, 13, 14, 15, 17, 19, 26, 28 and 29 were negatively worded. Positive items were scored one (strongly disagree) to five (strongly agree). Scores were reversed for negative items. Possible scores can range from 30-150. Twenty items in the FATCOD scale relate directly to the nurses' attitude towards the patient i.e., statement no. 1, 2, 3, 5, 6, 7, 8, 10, 11, 13, 14, 15, 17, 19, 21, 23, 25, 26, 27, 30 (possible range 20-100) and ten items relate directly to the nurse's attitudes towards the patients' family i.e., statement no. 4, 9, 12, 16, 18, 20, 22, 24, 28 and 29 (possible range 10-50) [9]. Overall attitude level of caring of dying patient and their families; attitude level of caring of dying patient; and attitude level of caring of dying patient's family members scores were categorized as poor (<50%), fair (50 to <75%) and good (≥ 75%) as revealed in literature by Elsaman [10].

Among 30 statements, some of the statements of this FATCOD Scale were: Giving care to the dying person is a worthwhile experience; I would be uncomfortable talking about impending death with the dying person; I would not want to care for a dying person; when a patient asks, "Am I dying?" I think it is best to change the subject to something carefully; as a patient nears death, the nonfamily caregiver should withdraw from his or her involvement with the patient; families should maintain a normal environment as possible for their dying member etc.

The FATCOD scale has been used by several researchers to assess the nurses' attitudes toward caring for dying patients [3,11-13]. In Nepalese context, the content validity of FATCOD scale had been assessed through consulting with subject experts. Reverse translation was done before finalization of translated tools of FATCOD scale. Pretesting was done among 17 respondents of Gandaki Medical College Teaching Hospital. Reliability coefficient of the FATCOD scale in Nepalese version was determined by means of the Cronbach's alpha, which revealed 0.751.

Administrative approval was taken from National Academy for Medical Sciences and Manipal Teaching Hospital for conducting study. Administrative approval was also taken from Gandaki Medical College Teaching Hospital and Research Centre Pvt. Ltd for pretesting of an instrument. Ethical approval was taken from Nepal Health Research Council. Informed written consent was taken from each respondent before collecting a data. Privacy and confidentiality were maintained. Data were collected from 31st January to 2nd February, 2017 by the researcher using Nepalese version self-administered structured instruments. For this, data collection

instruments were distributed to each shift nurses according to the feasibility of their time in their respective wards and completed questionnaires were collected on the same day. Respondents took around 20 minutes to complete the questionnaire. Data were edited, classified, coded manually; and data were entered, cleaned and analyzed using SPSS software version 16. Descriptive statistics i.e., frequency, percentage, mean and standard deviations were used for describing sample characteristics; and inferential statistics namely chi-square test was used to analyze the association between independent and dependent variables. For each test, significance was considered at $p \leq 0.05$ for 95% confidence interval.

Results

Regarding socio-demographic information's of respondents, this study reveals that (80.9%) of respondents were of <25 years with ($M=23.7$, $SD=2.319$). Regarding the ethnicity, (51.8%) of the respondents belongs to others group i.e., Tamang, Magar, Gurung, Sunuwar, Thakali, Newar, Sunar, Tibetan etc. Majority of respondents (80.9%) follow Hindu religion. Regarding marital status of the respondents, 59.1% of respondents were unmarried and 40.9% were married. Majority of respondents (99.9%) had proficiency certificate level of nursing education.

Table 1 reveals that majority (80.0%) of respondents had fair attitude and 20.0% of respondents had good attitude towards caring of dying patient and family. Majority 88.2% of respondents had fair attitude and the least 11.8% had good attitude towards caring of dying patient. Majority 55.5% respondents had fair and 44.5% had poor attitude towards caring of family members of dying patient.

Table 2 shows that none of the variables were associated with level of attitude towards dying patient and family.

Discussion

Regarding attitude towards caring of dying patient and family, the current study yields that majority (80.0%) of respondents had fair attitude and 20.0% of respondents had good attitude. Similarly, the previous study revealed that the attitudes of Turkish nurses toward death and caring for dying

Table 1: Respondents Level of Attitude towards Caring of Dying Patient and their Families, Level of Attitude towards Caring of Dying Patient, and Level of Attitude towards Caring of Family Members of Dying Patient

n=10			
Characteristics	N (%)	Min-Max	Mean ± SD
Level of Attitude towards Caring of Dying Patient and their Families ^a			
Fair	88 (80.0)	84-132	106.8 ± 8.1
Good	22 (20.0)		
Level of Attitude towards Caring of Dying Patient ^b			
Fair	97 (88.2)	52-87	69.6 ± 5.9
Good	13 (11.8)		
Level of Attitude towards Caring of Family Members of Dying Patient ^c			
Poor	49 (44.5)	21-45	37.2 ± 4.5
Fair	61 (55.5)		

Note: Poor: <50%, Fair: 50-<75% and Good: ≥ 75%

Table 2: Association between Independent Variables and Level of Attitude towards Dying Patient and Family

Characteristics	Level of Attitude				X ² -value	p-value
	Fair		Good			
	N	(%)	N	(%)		
n=10						
Age in Years						
≤ 25	72	(80.9)	17	(19.1)	0.033	0.856
>25	16	(76.2)	5	(23.8)		
Ethnicity						
Bramhan/Chhetri	43	(81.1)	10	(18.9)	0.082	0.775
Others ^b	45	(78.9)	12	(21.1)		
Religion						
Hindu	73	(82.0)	16	(18.0)	0.622	0.430 ^a
Others ^c	15	(71.4)	6	(28.6)		
Marital Status						
Married	38	(84.4)	7	(15.6)	0.940	0.322
Unmarried	50	(76.9)	15	(23.1)		
Years of Experience						
≤ 5 years	79	(81.4)	18	(18.6)	0.442	0.506 ^a
>5 years	9	(69.2)	4	(30.8)		
Present Working Unit						
Intensive Care Unit	41	(80.4)	10	(19.6)	0.009	0.924
Others ^d	47	(79.7)	12	(20.3)		
Experience of Caring Dying Patient within a Year						
Yes	76	(80.9)	18	(19.1)	0.041	0.839 ^a
No	12	(75.0)	4	(25.0)		
Experience of Recent Death of Family Members						
Yes	25	(78.1)	7	(21.9)	0.003	0.958
No	63	(80.8)	15	(19.2)		
Received Training or Education on Dying or End of Life Care						
Yes	17	(73.9)	6	26.1	0.278	0.598 ^a
No	71	(81.6)	16	(18.4)		

Note:

a: Continuity Corrected Value

b: Tamang, Magar, Gurung, Sunuwar, Thakali, Newar, Sunar, Tibetan

c: Buddhist, Christian

d: Emergency ward, Medical ward, Surgical ward, cardiac ward, OBG, Haemodialysis ward, ENT ward, Ortho ward, Private ward, Special ward and Post-operative ward

patients are less positive [4]. Another study by Ali, et al. [5], also showed that majority of subjects (58.9%) had fair attitude. A study in Palestine also revealed that only 6.2% of nurses had good attitude [6]. The rationale behind not having nurse's positive and good attitude towards care of dying might be due to lack of continuous training to nurses regarding dying or end of life care. Nurses should have positive attitudes and adequate competence to provide compassionate care to dying people. If the nurses have positive attitude towards care of dying, then it develops the sense of identity and self-esteem in the patient which will help to meet the patient physiological, psychological and spiritual needs and hence allows patient to die with dignity and peace. Therefore, nurses should provide care to patient and family by showing empathy and concern towards their problems. Moreover, this all reflects the patient and family members' satisfaction in the care given by the nurses. This helps to uplift the public image of nurses and motivates the patient and family members to utilize the services of the hospital.

Nurses as a human resource in most hospitals play an important role in taking care of patients 24 hours a day. They are closer to the patient and his/her family members and several factors can influence on nurses' attitudes towards care of dying patients. Related to association between different independent variables (i.e., age, ethnicity, religion, marital status, year of work experience, present working unit, experience of caring of dying patient within a year, experience of recent death of family members and received training or education on dying or end of life care) and level of attitude towards dying patient and family, none of the variables were associated with level of attitude towards dying patient and family. Similarly, the previous study also revealed that there was no statistically significant relationship between nurses' age, work place, years of experience, and total scores of FATCOD scale [5]. Another previous study showed dissimilar findings which revealed that statistical significant association was existed among age and nursing experience with nurses' attitudes toward caring for terminal ill patients, and the total scores on the FATCOD scale [11].

Conclusion

Based on the findings of the study, it is concluded that nurses had fair attitude towards: caring of dying patient and family; caring of dying patient; and caring of patients' family members of dying patient. None of the variables were associated with attitude towards caring of dying patient and family. On the basis of these findings, it is recommended that organizational authority of respective hospital of Nepal should take an effort to provide education for addressing concerns related to dying patient. So that it helps to enhance the positive attitude of nurses towards dying people. Ultimately, positive attitude of nurses helps to provide the quality of end of life care to patient.

Limitation

In this study, convenience sampling techniques was adopted for selecting sample from only one hospital. Therefore, sample may not be representative of registered nurse working with terminal patients at large and there might have been a selection bias that may diminish the generalizability of the findings.

Conflict of Interests: None

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