Nurses' Attitudes toward Death and Care of the Dying Patient

By

Jessica Sorgi, RN, BSN

A thesis presented to the

FACULTY OF THE SCHOOL OF NURSING

POINT LOMA NAZERENE UNIVERSITY

In partial fulfillment of the

Requirements for the degree

MASTER OF SCIENCE IN NURSING

July 2013

Committee

Son Chae Kim, PhD, RN, Chair

Larry Rankin, PhD, RN CNE, Member

POINT LOMA NAZARENE UNIVERSITY

School of Nursing

Master of Science in Nursing

NAME OF STUDENT: Jessica Sorgi, BSN, RN

TITLE OF THESIS: Nurses' Attitudes Toward Death and Care of the Dying Patient

COMMITTEE:

Son Chae Kim, PhD, RN, Chair — Date 7/22/13

Larry Rankin PhD, RN, CNE, Member — Date 7/22/13

Abstract

As the population continues to age, more patients are dying in healthcare facilities than ever before (Bercovitz et al., 2008); nurses need to be prepared to provide end-of-life care to this population. This study examines the factors that affect nurse attitudes toward death and care of the dying patients. A descriptive correlational study was conducted in an acute care hospital during February 2012. A total of 91 Registered Nurses completed a web-based survey, including Frommelt Attitude Toward Care of Dying Scale (FATCOD) and a demographic data form. The nurses working in the oncology unit, holding a master's degree, and having 5-10 years of RN experience had better attitudes toward care of the dying ($p< 0.05$). The demographic predictors explained 27.7% of variance in attitudes toward care of the dying. Working in medical-surgical or telemetry units was a significant negative predictor of the good attitudes ($\beta= - 0.29$, $p<0.005$), whereas the previous experience in dealing with dying patients and family members was a significant positive predictor of the good attitudes ($\beta=0.20$, $p=0.049$). The demographic variables appear to have large influence over the attitudes toward care of the dying patients for hospital nurses. Identification of these predictors of good attitudes toward care of the dying could help generate potentially effective strategies for improving nurses' attitudes.

Keywords: death and dying, attitudes, predictors

Table of Contents

List of Tables

List of Figures

Introduction

Caring for dying patients is becoming more of a common place in healthcare facilities (Martensen, 2008; Aradilla, 2012). Nurses are in a unique position in which they spend the majority of their time at the bedside intimately caring for dying patients and their families (B. R. Ferrell, Grant, & Virani, 1999). More recently, the role of the nurse has expanded to initiate conversations regarding advanced directives, do not resuscitate (DNR) status and palliative care. Although nurses are caring for dying patients daily at the bedside, conversations about death and dying are still difficult to initiate with family and loved ones and even more difficult to discuss with patients (Schulman-Green, et al., 2005). Communication at end of life (EOL) requires education and practice, and is a skill that nurses may not possess (Malloy, Virani, Kelly & Munevar, 2010).

According to the National Vital Statistics Report, in 2011 there were approximately 2,513,171 deaths in the United States (Hoyert & Xu, 2012). Of those deaths, the National Hospice and Palliative Care Organization [NHPCO] reports that 44.6% of those that died, did so under the care of a hospice program (NHPCO, 2012). Approximately 83% of the patients served by hospice were over 65 years of age; more than one-third were over 85 years of age (NHPCO, 2012). Statistics highlighting the growth of the elderly population are concerning, as the increase of the aging population specifically relates to care of the dying. Nearly 40% of all deaths will occur in nursing homes by 2020 (Bercovitz, Decker & Remsberg, 2008). Therefore, it is imperative that nurses' attitude toward death and their ability to care for the dying is examined.

The relationship nurses develop with patients and their experiences with dying may influence their attitudes toward death and care of the dying patient (Rooda, Clements & Jordan, 1999). Building relationships with dying patients has been identified as one of the most

rewarding and fulfilling aspects of the nursing profession (Cooper & Barnett, 2005). Nevertheless, a significant amount of literature highlights the difficulties nurses can experience when caring for the dying, which include both emotional and psychological stressors when a patient dies (Weigel, Parker, Fanning, Reyna, & Gasbarra, 2007). Common clinical stressors include watching patient suffering, observing the actual death of a patient, and talking with a patient about their imminent death (Burnard et al., 2008; Peterson et al., 2010). Further stressors identified by nurses included various perceived obstacles and barriers to caring for the dying such as: having multiple physicians involved that differed in opinion regarding direction of patients care, and avoided EOL conversations with patient and family members (Beckstrand & Kirchhoff, 2005; Dunn, Otten & Stephens, 2005). In addition to stress, nurses can develop grief responses in relation to patients' death and can experience symptoms such as fatigue, sleep disturbances, anxiety, sorrow and difficulty concentrating (Brunelli, 2005). Stress could lead to burnout, especially if nurses are not assisted through their grieving process (Peterson et al., 2010; Haddad, 2002).

Contributing to nurses attitudes toward death and care for the dying may include the lack of education that nurses receive in the area of death and dying. An examination of nursing education both academically, institutionally through on the job training, continuing education units (CEU's), and work place initiatives, showed a lack of content regarding EOL (Choi, White & Coyne, 2011; White, Coyne & Patel, 2001). A review of graduate nursing school curriculum showed very little content encompassing direct patient care of the dying (Ferrell, et al., 1999) More positively, evaluation of nursing master's degree programs in the United States discovered that the majority of the students felt that EOL topics such as legalities, communication, and pain management were discussed in their academic programs. On the other hand, EOL discussions

regarding nursing care, quality of life, and providing care at the time of death were often excluded (Paice et al., 2006). In addition to inadequate curriculum in nursing programs, Ferrell and associates (1999) found inaccuracies in EOL content and insufficient coverage of the topic in nursing textbooks. Only 2% of the overall content and 1.4% of chapters in nursing texts were related to EOL care. Critical care nursing textbooks did not include any material on EOL (Kirchhoff, Beckstrand & Anmandla, 2003). Many nurses feel that their nursing education did not adequately prepare them to care for dying patients (Dunn, Otten & Stephens, 2005; White, 2011). However, it is not only the nursing profession that is lacking education regarding the EOL; medical education is also lacking in this area. Approximately 19 to 33 percent of medical students feel unprepared to care for patients at the EOL (Billings et al., 2010). Furthermore, less than 50% of residency programs have faculty expertise in EOL care (Billings, et al., 2010).

In efforts to address the lack of education regarding EOL for nursing students, the End-of-Life Nursing Education Consortium (ELNEC) was developed in 2000 to address specific training and education needs. According to the ELNEC fact sheet, over 15,100 nurses and other healthcare professionals in the United States and internationally have received training in EOL care (ELNEC, 2013). Various studies evaluating ELNEC training courses have shown significant outcomes such as an increase in EOL content in curriculum, improved ability to teach EOL care, perceived effectiveness of new graduates to provide EOL care, and improved attitudes toward care of the dying for students that participated in the training (Ferrell et al., 2005, Paice et al., 2006; Mallory, 2003). Barrere, Durkin and LaCoursiere (2008) reported a significant, positive change in baccalaureate student attitudes toward care of dying patients after implementation of an ELNEC training course; no previous death experience and those aged 18-22 were the strongest predictors of change.

Aims

The aims of this study were to: (a) explore nurses' attitudes and perceptions toward death and care of dying patients in an acute care hospital; and (b) investigate demographic variables as predictors of nurses' attitudes toward care of dying patients.

Method

Design and sample

A descriptive correlational study using a web-based survey method was conducted in the current study. A convenience sample of Registered Nurses was recruited from a 386-bed Magnet® designated hospital in southern California, USA, during February 2012. All eligible participants were full-time or part-time nurses employed at the hospital.

Questionnaires

The nurses' attitudes toward death and care of a dying patient were measured using the Frommelt's Attitude Toward Care of the Dying scale (FATCOD-Form A) (Appendix A). This instrument consists of 30 items using a 5-point Likert response format, ranging from '*strongly disagree*' (1) to '*strongly agree*' (5) (Frommelt, 1991). The summation scores ranged from 30 to150, with higher scores corresponding to positive attitudes. The test-retest reliability was satisfactory, with coefficients ranging from 0.90 to 0.94 (Frommelt, 1991).

In addition to the FATCOD scale, demographic data were collected, which included age, gender, ethnicity, educational background, religious beliefs, previous education on death and dying, and previous experience in dealing with dying patients and their family members (Appendix B).

Data collection procedures

This study was reviewed and approved by the Institutional Review Boards at both the participating university and the hospital (Appendices C & D). In February 2012, the Administrative Research Review Committee of the hospital sent an invitational email to the nurses at the hospital asking them to participate in a web-based survey powered by Qualtrics® (Appendix D). Participants were able to reject or accept the invitation by clicking the Qualtrics® survey website link. If they accepted the survey, a Consent Letter was shown and they were able to select either '*I do not agree to continue*' or '*I have read the above and consent*' (Appendix E). The participants were reminded at the beginning of the survey that the alternative to participation is not to participate and that they may withdraw from the study at any time without penalty or affecting their relationship with the hospital. The survey took approximately 15 minutes to complete and the web-based survey was available for the entire month of February 2012.

Data analyses

All analyses were performed using the Statistical Package for Social Science, SPSS version 20.0 (SPSS Inc., Chicago, IL, USA) and the significance level was set at $p < 0.05$. Descriptive statistics of percentage, mean and standard deviation were calculated to summarize the sample characteristics. One-way analysis of variance (One-way ANOVA) procedures were employed to compare the nurses' attitudes toward care of the dying patients among various demographic backgrounds.

To investigate potential predictors of nurses' attitudes toward care of the dying patients, Pearson product-moment correlations were first performed between various demographic variables and attitudes toward care of the dying patients. Dummy codes were assigned for any categorical demographic variables, including gender, ethnicity, educational background, nursing

unit locations and previous experience dealing with dying patients/family members. Those potential predictor variables that showed statistical significance with the attitudes toward care of the dying patients were then simultaneously entered into a multiple regression model.

Results

Sample characteristics

A total of 91 nurses participated in the study. The sample characteristics are shown in Table 1. The mean age was 45 years old and most participants were white (81.3%), female (91.2%) and approximately half had a bachelor's of nursing degree (49.5%). Most participants held staff nurse positions (69.2%) and had 16 years of RN experience. Most had religious affiliation (65.9%) and had previous experience in dealing with dying patients/family members (97.8%). Most of the participants had previous education on death and dying (97.8%), but only 22 percent completed the net learning module on death and dying provided by the hospital.

The internal consistency reliability of the FATCOD scale using Cronbach's alpha was 0.87 in the current study and the mean (±SD) score for the FATCOD scale was 4.33 (±0.38) out of 5, indicating overall positive attitudes. Nurses' attitudes toward care of the dying by age, education, years of RN experience and the unit location are shown in Figure 1.

The mean score for attitudes toward care of the dying was higher for nurses holding a master's degree, whereas the mean score of those with a bachelor's degree was lower ($F_{2, 84}$=4.589, p=0.013). The nurses with 5-10 years of RN experience had a higher mean attitudes score ($F_{2, 74}$=1.955, p=0.149). The nurses working in the oncology unit had a higher mean score and those working in medical-surgical and telemetry units had a lower score ($F_{2, 59}$=4.108, p=0.021). Nurses' attitudes toward care of the dying improved with age, but it was not statistically significant ($F_{2, 78}$=0.385, p=0.682).

Table 1 Sample characteristics (N=91)

	n (%)
Age, mean [range], yr	45 [23-67]
Gender	
Female	83 (91.2)
Male	8 (8.8)
Ethnicity	
White	74 (81.3)
Asian/Pacific Islander	11 (12.1)
Hispanic	3 (3.3)
Others	3 (3.3)
Educational background	
Diploma/Associate	22 (24.2)
Bachelor's	45 (49.5)
Master's	22 (24.2)
Nursing unit location	
Medical/Surgical/Telemetry	25 (28.4)
ICU/ED	25 (27.5)
Oncology	13 (14.3)
Other	19 (20.9)
Nursing position	
Staff nurse	63 (69.2)
Nurse educator/CNS	9 (9.9)
Manager/charge nurse	13 (14.3)
Other	6 (6.6)
RN experience, mean (range), yr	16.4 (1-47)
Had religious affiliation	60 (65.9)
Previous education on death & dying	89 (97.8)
Completion of learning module[a]	20 (22)
Previous experience in dealing with dying patient/family	89 (97.8)
Previous experience with loss of someone[b]	27 (29.7)
Anticipation of impending loss[c]	14 (15.4)

Note. Values are expressed as n (%) unless otherwise indicated. Percentage may not add up to 100% because of the missing data or rounding.

[a] "As part of your training, have you completed the learning module titled, "Competency of the dying patient"

[b] "Have you had any previous experience with loss of someone close to you within the past year?"

[c] "Are you currently anticipating any impending loss of a loved one?"

Predictors of nurses' attitudes toward care of the dying patients

The bivariate correlations between demographic variables and the dependent variable, nurses' attitudes toward care of the dying patients are shown in Table 2. Age, gender, ethnicity, level of education, unit location, and previous experience dealing with dying patient/family member were found to correlate with the attitudes toward care of the dying patients. Female gender, white ethnicity, holding a master's degree and previous experience in dealing with dying patients/family members had statistically significant positive correlation with attitudes toward care of the dying. However, holding a bachelor's degree and working on a medical-surgical unit or telemetry unit were found to have negative correlations with nurses' attitudes toward care of dying.

The results of simultaneous multiple regression analyses predicting nurse's attitudes toward care of the dying patients are shown in Table 3. The normality, homoscedasticity and linearity for model assumptions were met (Tabachnick & Fidell, 2007). The potential predictors explained 27.7% of variance in attitudes toward care of the dying (R^2=0.277, p<0.001). Working in the medical-surgical or telemetry unit was a statistically significant negative predictor of attitudes toward care of the dying (β= - 0.29, p<0.005). Previous experience in dealing with dying patients/family members was found to be a statistically significant positive predictor of attitudes toward care of the dying patients (β=0.20, p=0.049).

Figure 1: Attitudes toward care of the dying

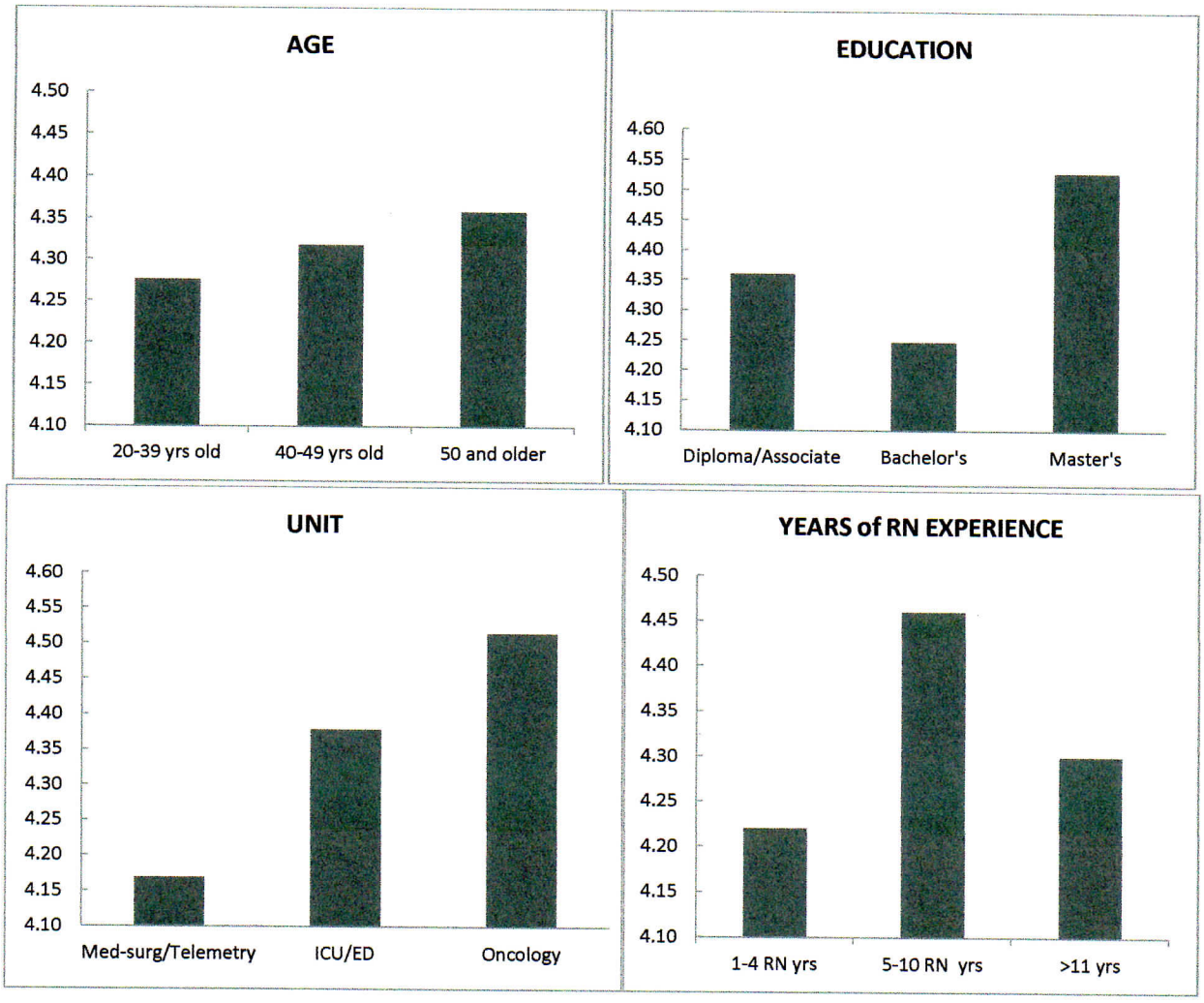

Table 2: Bivariate correlations among variables

	Attitudes toward care of the dying
Female gender	0.249*
Ethnicity	
White	0.228*
Asian/Pacific Islander	-0.187
Age	0.160
RN experience	0.117
Educational background	
Diploma/Associate	0.030
Bachelor's degree	-0.251*
Master's degree	0.294*
Unit location	
Medical/Surgical/Telemetry	-0.319*
ICU/Ed	0.071
Oncology	0.200
Nursing position	
Staff nurse	-0.144
Nurse educator/CNS	0.150
Manager/charge nurse	0.047
My religious (or non-religious) belief	-0.144
Previous education on death and dying	0.162
Previous experience in dealing with dying patients/family	0.302**
Previous experience with loss of someone close	0.130
Impending loss of a loved one	-0.113

Note. $*p < 0.05$; $**p < 0.01$; $***p < 0.001$

Table 3: Simultaneous multiple regression model predicting attitudes

Predictor	Attitudes toward care of the dying	
	B	β
Female gender	0.23	0.18
White ethnicity	0.04	0.04
Bachelor's degree	-0.08	-0.11
Master's degree	0.14	0.16
Unit location: medical/surgical/telemetry	-0.225	-0.29**
Previous experience in dealing with dying patients/family	0.09	0.20*
R^2	0.277	
	$F_{6,78} = 4.981$***	

Note. *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$;

Discussion

The current study findings indicate that having previous experience in dealing with dying patients and/or family members was a positive predictor of good attitudes toward care of dying patients. In contrast, working in medical/surgical or telemetry units was a negative predictor of good attitudes toward care of the dying; whereas, oncology nurses had the highest mean attitudes score. It is possible that nurses in these areas may care for the dying less frequently than other units such as the oncology unit, which may increase discomfort toward the dying. Furthermore, these nurses may have more time constraints due to higher patient ratios than other units and may feel burdened by the dying patient's care needs. However, even though the current study identified negative attitudes held by medical/surgical nurses, it did support previous findings that

found nurses in the oncology unit had the most positive attitudes toward care of dying patients. These findings also suggest that greater exposure to dying patients and previous experience caring for dying patients, may result in better attitudes toward care of the dying patient (Dunn, Otten & Stephens, 2005; Lange, Thom, Kline, 2008 & Braun, Gordon, Uziely, 2010). It is possible that oncology nurses develop unique strategies to deal with dying patients, which leads them to develop better attitudes toward care of the dying. Another possibility is that nurses with good attitudes toward care of the dying tend to gravitate toward oncology nursing or other work areas that care for dying patients. Ways to improve nurses' attitudes toward care of the dying may include receiving ELNEC training, along with clinical exposure to dying patients and mentoring from nurses that hold more positive attitudes toward care of the dying.

It is interesting that higher educational background, older age, or having previous education on death and dying were not significant predictors of good attitudes toward care of the dying, although younger nurses or less experienced nurses had lower mean attitudes scores. It is plausible that attitudes are deep-seated emotional characteristics that are not easily changed by knowledge or education alone. However, the attitudes may be influenced more by personal experience, such as working with dying patients and/or family members. One study suggests that more work experience leads to less anxiety toward death and more positive attitudes toward caring for dying patients (Gama, Babbosa & Viera, 2012).

Although most nurses had not completed the learning module on the topic of death and dying provided by the hospital, most of them did receive some level of education on death and dying in the past. It would be interesting to further examine the previous education attained by the participants to determine the extent of their education on death and dying. Although there was a learning module available for participants to take, it is interesting that most had not

completed the training. It would be interesting to further investigate the rationale behind how the education is disseminated. There is literature available that identifies serious deficiencies in EOL education in nursing school curriculum at both the undergraduate and graduate level (Paice et al., 2006; Hansen, Goodell, DeHaven & Smith, 2009; Ferrell et al., 2005, Ferrell, et al., 1999). Furthermore, findings from a study by White and Coyne (2011) suggest there is insufficient quality and quantity of EOL continuing education curriculum available. Research also supports the use of ELNEC training to improve nursing students' attitudes toward care of the dying (Paice, 2006); without nursing education on EOL, nurses could feel unsupported in their practice which can lead to unnecessary anxiety and burnout. Additionally, not preparing nurses to provide EOL care can seriously impact and compromise patients' care at the EOL when they need it most. If the notion that nurses will become more comfortable caring for dying the more exposure they receive, then they should be exposed to dying patients more through education and clinical rotation.

Limitations

There are several limitations to the current study. First, the small sample size from a single hospital study site may limit the generalizability of the study findings. Second, the participants' positive attitudes toward the care of the dying could have been overestimated due to the potential selection bias arising from the voluntary nature of participation in this study. Third, the study findings regarding the predictors of the attitudes toward the care of the dying should not be taken as cause-and-effect relationship in this descriptive study.

Further studies are needed to corroborate the predictors of attitudes toward care of the dying patient. Larger sample size, with a more diverse sample of nurses may be useful in confirming the predictors of attitudes toward care of the dying. In addition, it would be

advantageous to examine the relationship between the ELNEC training program and nurses' attitudes toward care of the dying after implementation of the ELNEC training course, or various continuing education programs.

Conclusion

The demographic variables appear to have large influence over the attitudes toward care of the dying patients for hospital nurses. The current study seems to indicate that experience in caring for dying patients is a predictor for positive attitudes, suggesting that provision of such experience, either simulated or actual, could have a positive impact on nurses' attitudes. It is imperative that academic institutions adapt their programs to require students to experience EOL clinical experience that has been validated to foster positive attitudes toward care of the dying patients. Furthermore, healthcare institutions need to prepare their nursing workforce to care for the needs of patients at the EOL stage as more patients face death in these types of settings.

References

Aradilla-Herrero, A., Tomás-Sábado, J., & Gómez-Benito, J. (2012). Death Attitudes and Emotional Intelligence in Nursing Students. *Omega: Journal of Death & Dying, 66*(1), 39-55.

Barrere, C. C., Durkin, A., & LaCoursiere, S. (2008). The influence of end-of-life education on attitudes of nursing students. *International Journal of Nursing Education Scholarship, 5*(1), 1-17.

Beckstrand, R. L., & Kirchhoff, K. T. (2005). Providing end-of-life care to patients: critical care nurses' perceived obstacles and supportive behaviors. *American Journal of Critical Care, 14*(5), 395-403.

Bercovitz, A., Decker, F., & Remsber, R. (2008). End-of-life care in nursing homes: 2004 national nursing home survey. *National Health Statistics Report 8*(9), 1-23.

Billings, E., Engelberg, R., Randall, C., Block, S., & Sullivan, A. (2010) Determinants of medical students' percieved preperation to perform end of life care, quality of end-of-life care education, and attitudes toward end-of-life-care. *Journal of Palliative Medicine, 13*(3), 319-325.

Braun, M., Gordon, D., Uziely, B. (2010). Associations between oncology nurses' attitudes toward death and caring for dying patients. *Oncology Nursing Forum*, 37*(1)* E43-E45

Brunelli, T. (2005). A concept analysis: The grieving process for nurses. *Nurse Forum 40* (4), 123-128.

Burnard, P., Edwards, D., Bennett, K., Thaibah, H., Tothova, V., Baldacchino, D., . . . Mytevelli, J. (2008). A comparative, longitudinal study of stress in student nurses in five countries:

Albania, Brunei, the Czech Republic, Malta and Wales. *Nurse Education Today, 28*(2), 134-145.

Cooper, J., & Barnett, M. (2005). Aspects of caring for dying patients which cause anxiety to first year student nurses. *International Journal of Palliative Nursing, 11*(8), 423-430.

Dunn, K. S., Otten, C., & Stephens, E. (2005). Nursing experience and the care of dying patients. *Oncology Nursing Forum, 32*(1), 97-104. doi: 10.1188/05.onf.97-104

ELNEC. (2013). *End-of-Life Nursing Education Consortium (ELNEC). Fact Sheet.* Retrieved from http://www.aacn.nche.edu/elnec/pdf/FactSheet.pdf.

Ferrell, B., Virani, R., & Grant, M. (1999). Analysis of end-of-life content in nursing textbooks. *Oncology Nursing Forum, 26*(5), 869-876.

Ferrell, B. R., Grant, M., & Virani, R. (1999). Strengthening nursing education to improve end-of-life care. *Nursing Outlook, 47*(6), 252-256.

Ferrell, B. R., Virani, R., Grant, M., Rhome, A., Malloy, P., Bednash, G., & Grimm, M. (2005). Evaluation of the End-of-Life Nursing Education Consortium Undergraduate Faculty Training Program. *Journal of Palliative Medicine, 8*(1), 107-114.

Frommelt, K. H. M. (1991). The effects of death education on nurses' attitudes toward caring for terminally ill persons and their families. *American Journal of Hospice & Palliative Care, 8*(5), 37-43.

Gama, G., Barbosa, F., & Vieira, M. (2012). Factors influencing nurses' attitudes toward death. *International Journal Of Palliative Nursing, 18*(6), 267-273.

Haddad, A. (2002). Acute care decisions. Ethics in action. *RN, 65*(9), 25.

Hansen, L., Goodell, T. T., DeHaven, J., & Smith, M. (2009). Nurses' perceptions of end-of-life care after multiple interventions for improvement. *American Journal of Critical Care, 18*(3), 263-271.

Hoyert, D., & Xu, J. (2012). Deaths: Preliminary Data for 2011. National vital statistics report. 61 (6). Hattsville, MD

Johnson, G. R. (1994). The phenomenon of death: a study of Diploma in Higher Education nursing students' reality. *Journal of Advanced Nursing, 19*(6), 1151-1161.

Kirchhoff, K., Beckstrand, R., & Anumandla, p. (2003). Analysis of end-of-life content in critical care nursing textbooks. *Journal of Professional Nursing, 19*, 372-381.

Lange, M., Thom, B., & Kline, N. E. (2008). Assessing nurses' attitudes toward death and caring for dying patients in a comprehensive cancer center. *Oncology Nursing Forum, 35*(6), 955-959. doi: 10.1188/08.onf.955-959

Mallory, J. (2003). The impact of a palliative care educational component on attitudes toward care of the dying in undergraduate nursing students. *Journal of Professional Nursing, 19,* 305-312.

Malloy, P., Virani, R., Kelley, K., & Munevar, C. (2010). Beyond bad news: Communication skills of nurses in palliative care. *Journal of Hospice and Palliative Nursing, 12* (3) 166-174.

Martensen, R. (2008). *A life worth living: A doctors's reflections on illnss in a high-tech era.* New York, NY: Farrar, Straus, and Giroux.

NHPCO. (2012). *NHPCO Facts and Figures: Hospice Care in America 2012.* Retrieved from http://www.nhpco.org/files/public/Statistics_Research/Hospice_Facts_Figures-2012.pdf.

Paice, J. A., Ferrell, B. R., Virani, R., Grant, M., Malloy, P., & Rhome, A. (2006). Appraisal of the graduate End-of-Life Nursing Education Consortium Training Program. *Journal of Palliative Medicine, 9*(2), 353-360.

Peterson, J., Johnson, M., Halvorsen, B., Apmann, L., Chang, P., Kershek, S., . . . Pincon, D. (2010). Where do nurses go for help? A qualitative study of coping with death and dying. *International Journal of Palliative Nursing, 16*(9), 432-438.

Rooda, L. A., Clements, R., & Jordan, M. L. (1999). Research briefs. Nurses' attitudes toward death and caring for dying patients. *Oncology Nursing Forum, 26*(10), 1683-1687.

Shulman-Green, D., McCorkle, R. Cherlin, E., Johnson-Hurzeler, R. & Elizabeth, H. (2005). Nurses' communication of prognosis and implications for hospice referral: A study of nurses caring for terminally ill hospitalizaed patients. *American Journal of Critical Care 14* (1), 64-70.

Statistical Pacage for Social Science Inc, SPSS version 20.0. Chicago, IL, USA

Tabachnick, B., Fidell, L. (2007). Using multivariate statistics, (5th ed). Boston, MA: Allyn & Bacon.

Weigel, C., Parker, G., Fanning, L., Reyna, K., & Gasbarra, D. B. (2007). Apprehension among hospital nurses providing end-of-life care. *Journal of Hospice & Palliative Nursing, 9*(2), 86-91.

Appendix A
Frommelt Attitude Toward Care of the Dying Scale

Original Form A

In these items the purpose is to learn how nurses feel about certain situations in which they are involved with patients. All statements concern the giving of care to the dying person and/or, his/her family. Where there is reference to a dying patient, assume it to refer to a person who is considered to be terminally ill and to have six months or less to live.

Please circle the letter following each statement which corresponds to your own personal feelings about the attitude or situation presented. Please respond to all 30 statements on the scale. The meaning of the letters is:

SD = Strongly Disagree
D = Disagree
U = Uncertain
A = Agree
SA = Strongly Agree

1. Giving nursing care to the dying person is a worthwhile learning experience.
   SD D U A SA
2. Death is not the worst thing that can happen to a person.
   SD D U A SA
3. I would be uncomfortable talking about impending death with the dying person.
   SD D U A SA
4. Nursing care for the patient's family should continue throughout the period of grief and bereavement.
   SD D U A SA
5. I would not want to be assigned to care for a dying person.
   SD D U A SA
6. The nurse should not be the one to talk about death with the dying person.
   SD D U A SA
7. The length of time required to give nursing care to a dying person would frustrate me.
   SD D U A SA
8. I would be upset when the dying person I was caring for gave up hope of getting better.
   SD D U A SA
9. It is difficult to form a close relationship with the family of the dying person.
   SD D U A SA
10. There are times when death is welcomed by the dying person.
    SD D U A SA
11. When a patient asks, "Nurse am I dying?," I think it is best to change the subject to something cheerful.
    SD D U A SA
12. The family should be involved in the physical care of the dying person.
    SD D U A SA
13. I would hope the person I'm caring for dies when I am not present.

SD D U A SA

14. I am afraid to become friends with a dying person.
SD D U A SA

15. I would feel like running away when the person actually died.
SD D U A SA

16. Families need emotional support to accept the behavior changes of the dying person.
SD D U A SA

17. As a patient nears death, the nurse should withdraw from his/her involvement with the patient.
SD D U A SA

18. Families should be concerned about helping their dying member make the best of his/her remaining life.
SD D U A SA

19. The dying person should <u>not</u> be allowed to make decisions about his/her physical care.
SD D U A SA

20. Families should maintain as normal an environment as possible for their dying member.
SD D U A SA

21. It is beneficial for the dying person to verbalize his/her feelings.
SD D U A SA

22. Nursing Care should extend to the family of the dying person.
SD D U A SA

23. Nurses should permit dying persons to have flexible visiting schedules.
SD D U A SA

24. The dying person and his/her family should be the in-charge decision makers.
SD D U A SA

25. Addiction to pain relieving medication should not be a concern when dealing with a dying person.
SD D U A SA

26. I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying.
SD D U A SA

27. Dying persons should be given honest answers about their condition.
SD D U A SA

28. Educating families about death and dying is not a nursing responsibility.
SD D U A SA

29. Family members who stay close to a dying person often interfere with the professionals job with the patient.
SD D U A SA

30. It is possible for nurses to help patients prepare for death.
SD D U A SA

Appendix B

DEMOGRAPHIC DATA SHEET

1. How many years of experience do you have as a Registered Nurse?
   _____years

2. What is your age? _____years old

3. What is your gender?
   a) Female
   b) Male

4. How would you best describe your ethnic origin?
a) Hispanic
b) Black or African American (non-Hispanic)
c) White (non-Hispanic)
d) Asian
e) Pacific Islander
f) Multi-ethnic
g) Other (please specify)

5. What best describes the highest degree you hold
   a) Diploma
   b) Associate Degree
   c) Bachelor's Degree
   d) Master's Degree
   e) Doctorate
   f) Other (please specify)

6. What best describes your religious affiliation
a) Catholic
b) Protestant
c) Jewish
d) Baptist
e) Buddhist
f) Atheist
g) Agnostic
h) Other (please specify)

7. What best describes your current nursing specialty?
a) Medical
b) Surgical
c) Operating Room
d) Telemetry

e) ICU
f) Oncology
g) Emergency Department
h) Other (please specify)

8. What describes your current nursing position
    a) Staff Nurse
    b) Nurse Educator
    c) Clinical Nurse Specialist
    d) Manager
    e) Other (please specify)

9. My religious belief (or non-belief) influences, my attitudes toward death and dying
    a) Strongly disagree
    b) Disagree
    c) Uncertain
    d) Agree
    e) Strongly agree

10. Have you ever had any previous education on death and dying?
    a) 0 times
    b) 1time
    c) 2 times
    d) 3 times
    e) >4 times

11. As part of your training at Sharp have you completed the net learning module titled "Competency of the dying patient"
    a) No
    b) Yes (please specify)

12. Have you ever had any previous experience in dealing with dying patients and their family members?
    a) 0 times
    b) 1time
    c) 2 times
    d) 3 times
    e) > 4 times

13. Have you ever had any previous experience with loss of someone close to you within the past year

a) No
b) Yes (please specify)

14. Are you currently anticipating any impending loss of a loved one (life expectancy of 1 year or less)?

a) No
b) Yes (please specify)

Appendix C

Point Loma Nazarene University
Institutional Review Board
Full Review
966

Date: Sunday, December 11th, 2011
PI: Jessica Sorgi
Additional Investigators: N/A
Faculty Advisor: Son Chae Kim, PhD, RN
Title: Nurses' attitudes toward death and care of the dying patient.

The research proposal was reviewed and verified as Full Proposal and has been approved
in accordance with PLNU's IRB and federal requirements pertaining to human subjects protections within the **Federal Law 45 CFR 46.101 b**. Your project will be subject to approval for one year from the December 11th, 2011 date of approval. After completion of your study or by December 11th, 2012, you must submit a summary of your project or a request for continuation to the IRB. If any changes to your study are planned or you require additional time to complete your project, please notify the IRB chair.
For questions related to this correspondence, please contact the IRB Chair, Ross Oakes Mueller, PhD at the contact information below. To access the IRB to request a review for a modification or renewal of your protocol, or to access relevant policies and guidelines related to the involvement of human subjects in research, please visit the

PLNU IRB website.
Best wishes on your study,
Ross Oakes Mueller, PhD
Chair, Institutional Review Board
Associate Professor, Department of Psychology
Point Loma Nazarene University
3900 Lomaland Dr.
San Diego, CA 92106
619-849-2905
RossOakesMueller@pointloma.edu

Appendix D

Institutional Review Board
8695 Spectrum Center Blvd
San Diego, CA 92123
P (858) 499-4836 / F (858) 499-3105
http://sharpnet/irb/ www.sharp.com/research
E-mail: research@sharp.com

110984
Sorgi
09/21/2011
8-4

October 17, 2011

Jessica Sorgi, BSN
16915 Hutchings Landing #42
San Diego, CA 92127

RE: IRB #110984
Nurses' Perceptions and Attitudes toward Death and Caring for the dying patients

Dear Miss Sorgi:

The Sharp HealthCare Institutional Review Board (IRB00000920; FWA00000084) has reviewed and approved your application for the above-referenced research activity in accordance with 45 CFR 46.110(b)(1), Category 7. This approval includes:

- Waiver of signed informed consent is allowed per 45 CFR 46.117(c)(1-2)
- Appendix A - Invitational E-mail (Rev. 11Oct2011)
- Appendix B - Consent Letter (Rev. 11Oct2011)
- Appendix C - Thesis Demographic Data Sheet (27Aug2011)
- Appendix D - Frommelt Attitude Toward Care of the Dying Scale - Original (no version date)
- Appendix E - Qualtrics Data Security Documentation (no version date)
- Form A (FATCOD; 2009)

This action will be reported to all committee members at the September 21, 2011 meeting.

The following site(s) and site personnel are approved:

Site: Memorial

Principal Investigator: Jessica Sorgi, BSN

Study Coordinator: None

Sub-investigator and Other Study Personnel: Son Chae Kim, PhD, RN

The IRB reference number is 110984. Please include this reference number in all future correspondence relative to this research activity.

As a reminder, it is the responsibility of the Principal Investigator to submit periodic status reports to the IRB. Periodic review of this research activity may be conducted via an expedited process and is scheduled for inclusion on the August 15, 2012 IRB meeting agenda. Approval for this research activity will expire if periodic review is not conducted on or before September 8, 2012. Please provide a completed research status report to the IRB Office no later than July 31, 2012 to assure timely review and continuation of this research activity.