Araştırma Makalesi – Original Article

Attitudes of Senior Nursing Students Towards Ethical Issues for Palliative Care*

Hemşirelik Son Sınıf Öğrencilerinin Palyatif Bakımda Etik Konulara Yönelik Tutumları

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ABSTRACT

Objective: This study aimed to evaluate decisions of senior undergraduate nursing students on palliative care cases.

Methods: The study was conducted with Kocaeli University Faculty of Health Sciences Nursing Department senior students in February 2018. The sample group consisted of 101 students who filled out the forms completely. Data were collected via the 'Death Attitude Profile', and 'Melbourne Decision Making Questionnaire' and a questionnaire including open-ended "what would you do if you were the nurse" questions about five imaginary cases on ethical issues in palliative care. The thematic text analysis method was used to analyze the open-ended questions.

Results: Of the students participating in the study, 77 (76.2%) were female and 24 (23.8%) were male. A majority reported the necessity of respecting refusal of treatment (89.0%), do not resuscitate if it is futile (76.6%), protecting the patient from futile interventions (74.2%), pain management for patients in pain (71.4%), and telling the patient the truth (59.4%). However, 40.6% in truth telling case, 32.7% in the DNR case, 28.6% in pain management case, 20.6% in futile intervention case and 10.9% in refusal of treatment case reported that they would not do anything.

Conclusion: Most of the nursing students' attitudes towards cases were ethically appropriate. However, it is worrying that in some cases close to half of students would not take action. Thus, we suggest that in nursing education ethical issues regarding palliative care should be presented in a way that nurses would have the courage to take appropriate actions.

Keywords: Nursing students, Palliative care, End of life, Medical ethics, Nursing ethics

ÖZ

Amaç: Bu çalışma, lisans son sınıf hemşirelik öğrencilerinin palyatif bakım vakalarına ilişkin kararlarını değerlendirmeyi amaçlamaktadır.

Yöntem: Çalışma Şubat 2018'de Kocaeli Üniversitesi Sağlık Bilimleri Fakültesi Hemşirelik Bölümü son sınıf öğrencileri ile yapılmıştır. Örneklem grubunu formları eksiksiz dolduran 101 öğrenci oluşturmuştur. Veri toplama aracı olarak öğrencilerin palyatif bakıma ilişkin etik konular içeren beş vakaya yönelik kararlarını sorgulayan bir çalışma formu ile "Ölüme Karşı Tutum Ölçeği" ve 'Melbourne Karar Verme Ölçeği ve yazarlar tarafından açık uçlu hazırlanan palyatif bakımda etik konularla ilgili "hemşire olsanız, ne yapardınız?" sorularını içeren hayali beş vaka kullanıldı. Vakalara verilen açık uçlu yanıtları analiz etmek için tematik metin analizi yöntemi kullanıldı.

Bulgular: Çalışmaya katılan öğrencilerin 77'si (%76,2) kadın, 24 (%23,8)'ü erkekti. Palyatif bakıma ilişkin etik konular içeren vakalara yönelik kararlarında çoğu tedaviyi redde saygı gösterme (%89,0), nafile ise hastayı canlandırmama (%76,6), hastayı nafile işlemlerden koruma (%74,2), hastanın ağrı çekmesine seyirci kalmama (%71,4), hastaya gerçeği söyleme (%59,4) açısından etik açıdan uygun tutuma sahipti. Bununla birlikte canlandırmama vakasında %32,7'si, nafile müdahale vakasında %20,6'sı, tedaviyi redde %10,9'u etik açıdan uygun olanı bilse de eyleme geçmeyeceklerini bildirdi.

Sonuç: Öğrencilerin çoğunun arzu edilen duyarlılığa sahip oldukları söylenebilir. Bununla birlikte özellikle palyatif bakımda hasta savunuculuğu rolünün ön plana çıktığı düşünüldüğünde, sağlık ekibini uyarma ve eyleme geçme konusunda eğitimle desteklenmeleri gerektiği sonucuna varılmıştır.

Anahtar Kelimeler: Hemşirelik öğrencileri, Palyatif bakım, Yaşam sonu, Tıp etiği, Hemşirelik etiği

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Introduction

End of life care and palliative care are elements of nursing care and have recently been brought to the forefront. The World Health Organization describes palliative care as a major public health problem and states that approaches to palliative care need to be handled with more care.[1] Some nurses will spend more time in end of life and palliative care in their professional lives when compared to other health professionals. Specialist nursing care may decrease the troubles and burdens of patients facing death, and also those of their families, by providing support for the patients' physical, psychological and spiritual needs. It is reported that nurses have a greater role in end of life and palliative care compared to other disciplines.[2] It is predicted that the need for experienced nurses in rapidly developing palliative care services will increase even though it started to structure in the last five years.[3] On the other hand, the time for and context of end-of-life care subjects in nursing undergraduate education is rather limited.

There is a relationship between the concept of death and sociocultural values, including religious values, that can individually affect healthcare professionals' attitudes. This leads to frequent ethical dilemmas in end-of-life palliative care practices. Individual attitudes towards death can especially influence the end of life care decisions.[4,5] Nursing students provide care to patients who need end of life care as a part of their education in clinical practice. These encounters may influence students' attitudes towards death in their professional life.

Ethical issues are very important in the palliative care period since there are many factors such as breaking bad news, forming a consensus on a treatment plan, protection from futile interventions and pain management.[6,7]

Against this background, this study aimed to evaluate senior nursing undergraduate students' decisions on palliative care cases with ethical conflicts and to determine the relationship between their decisions, their attitudes towards death and decision-making.

Methods

This study was conducted with 134 intern nurses registered in Kocaeli University Faculty of Health Sciences Nursing Department in the 2017-2018 academic year. In the first lesson in spring term of February 2018 in which all of students (134) attended, information was given about the study and it was stressed that participation was voluntary. Study forms were distributed to all students. Students who wished to participate could complete the anonymous study forms and leave them in the sealed box on a table in the hallway. Participants were informed that if any of the three study forms was missing, the contribution would be considered invalid. Since the closed box was not observed, it was not possible to know which students participated. Thus, the voluntary participation of the students was ensured.

Data Collection Tools

Death Attitude Profile (DAP)

This scale was developed by Wong et all to measure an individual's attitude towards death and consists of five subscales: Fear of Death; Death Avoidance; Neutral Acceptance; Approach Acceptance; and Escape Acceptance.[8] Validity and reliability study of this scale in the Turkish language was conducted by Işık et al 2009.[9]

Melbourne Decision Making Questionnaire (DMQ)

This questionnaire was developed by Mann et al. in 1997 and consist of two parts.[10] The first part aims to determine the respondents' self-esteem in decision-making. The second part aims to measure decision-

making types and consists of four subscales: vigilance; hypervigilance; buck-passing; and procrastination. The adaptation of the DMQ to Turkish was performed by Çolakkadıoğlu.[11]

Case Forms

These forms were prepared by authors and consists of five different imaginary cases that cover clinical ethical issues, such as telling the truth to a cancer patient, refusal of treatment, DNR, pain management and futile diagnostic intervention (***Table 1***). Cases were reorganized according to opinions and suggestions of another two specialists and were tested in a pilot study.

Table 1. Hypothetical cases

CASES
Case 1: Mr. Ahmet is 60 years old and works at a software company as a manager. He was diagnosed with inoperable pancreatic cancer one and a half months' age and his spouse Ayşe, convinced his doctor not to tell him his diagnosis. Although he didn't know his diagnosis, after a month of weight loss and nausea he was operated last night, and his tumor couldn't be excised. His survival expectancy is 4 months. Ayşe thinks that her husband would be devastated if he knew he had a terminal disease. She asks the patient care team to not to tell him anything about his disease even if he asks. Nurse Mehmet who is responsible for the patient's care that day thinks that the patient must know his diagnosis to plan the rest of his life, be able to choose his treatment and to plan his palliative care. What would you do if you were Nurse Mehmet?
Case 2: Mr. Zafer is a 70 years old retired electrician. He suffers from gangrene on his right leg in need of amputation. His doctor enlightened him on the diagnosis, treatment, prognosis without the treatment, the benefits and the risks of the operation and he seems to understand his condition. However, he refuses surgical intervention even though it would soon result in his death. Mr. Ahmet does not want to be a burden to his children nor to stay in a nursing home. He believes that the surgery will only postpone what is inevitable and would like to die than to lose his freedom and the rest of his leg. However, his physician told him that the operation was his only chance and if he wished not to have the operation he couldn't come back to this hospital. Mr. Zafer is surprised by this threat. Nurse Fatma thinks that the patients have a right to refuse the treatment, and believe that patients should not be threatened even though trying to convince them is appropriate. What would you do if you were nurse Fatma?
Case 3: Mr. Ali is 65 years old and he has lung cancer. He benefited from chemotherapy in the beginning but cancer recurred. He is at the last stage of a new chemotherapy trial but remission was not observed in his cancer. His doctors think that he has only a couple of weeks left to live and further chemotherapy is not an option. As a result of his advanced cancer, damage to his vital organs such as kidney and heart is probable. His care team agrees that resuscitation is not appropriate in this condition if his heart stops at the hospital because it is unlikely that it will work and further harm him due to his rib metastasis. His care team is worried about the legal issues in writing this agreement, so they verbally agree. Nurse Elif thinks that they aren't legally required to inform the futile interventions but thinks that they should share their decision with the patient and the relatives. What would you do if you were Nurse Elif?
Case 4: Mrs. Meryem is a terminal stage esophageal cancer patient with liver metastasis. It is very hard for her to cope with the pain. She increasingly needs morphine. However, her physicians are afraid of the side effects of morphine and are reluctant to increase the dosage of morphine. The patient's pain score is 9. Nurse Sedat is the one to witness her pain in her care team and he thinks that with the proper drug, proper dosage and proper time cancer patients can benefit from the painkillers. Nurse Sedat is uncomfortable with the patient's suffering. What would you do if you were nurse Sedat?
Case 5: Mrs. Kadriye is a 67 years old woman who was admitted to the ICU due to liver insufficiency with advanced-stage multiple organ failure. The patient is mostly unconscious with less than a couple of weeks of life expectancy. Her daughter and daughter-in-law her companions and ask her nurses if they could take her home to die peacefully if there is nothing left to do. Nurse Nalan sees a liver biopsy order asked by Mrs. Kadriye's doctor and imagines the pain she would have to face even though this biopsy would not help her. She thinks that these patients should not suffer anymore with futile interventions and only their pain needs to be managed. What would you do if you were nurse Nalan?

Data collection

Participants were instructed about the study and informed consents were taken. Participants were asked to leave their forms anonymously in the collection box.

Data analysis

Data were analyzed with SPSS, version 20.00 (IBM Inc., Armonk, NY, USA). Numbers (N), percentages (%), distributions and means (M) were evaluated. Open-ended answers to cases were analyzed with thematic text analysis and were grouped accordingly1[12]. The representative perspective was applied and two independent researchers used the texts as a tool to understand the meaning of the respondent. Themes are "data driven" and structured a posteriori based on the words used by the respondents.

Ethical Consideration

This study was approved by Kocaeli University Ethical Committee of Non-Invasive Clinical Research at 07/02/2018 with the approval number of KOÜGOKAEK 2018-52.

Results

In total 109 forms were left in the box. However, at least one section was left blank in eight of the forms, and these were excluded. Thus, a total of 101 students, 77 (76.2%) women and 24 (23.8%) men, participated in the study. The overall valid response rate was 73.3%. Mean age of the participants was 23 ranging from 21 to 33.

Highest points from DAP were in Neutral Acceptance (M=5.22), Approach Acceptance (M=4.96) and in DMQ highest points were in Vigilance (M=10.44) ***(Table 2)***.

Table 2. Nursing senior students' death attitude towards and decision-making questitioner sub-scores

DeathAttitude Profile	Mean	SD	Melbourne Decision-Making Questionnaire	Mean	SD
Fear of Death	3.5021	1.288	Self-esteem	5.4851	1,323
Death Avoidance	3.1921	1.241	Vigilance	10.4455	1,878
Neutral Acceptance	5.5228	0.986	Buck-passing	3.5743	2,463
Escape Acceptance	3.8000	1.374	Procrastrination	3.0594	2,028
Approach Acceptance	4.9663	1.185	Hypervigilance	3.9109	2,173

Most of the answers to palliative care ethical cases, respect to refusal of treatment (89.0%), DNR if futile (76.6%), protection of patient from futile interventions (74.2%), pain management for patients in pain (71.4%), telling the patient the truth (59.4%) were in compliance with ethical requirements. However, 32.7% students in the DNR case, 20.6% in the futile intervention case and 10.9% in refusal of treatment case were not going to take action even though they knew what the ethical requirement was ***(Table 3)***.

Table 3. The decisions of nursing senior students cases with ethical problems

Cases	Decisions	n (%)
Telling the truth	The truth must be told to the patient	41 (40.6)
	I would tell the truth to the patient	31 (30.7)
	I would convince family to tell the truth to the patient	29 (28.7)
Refusal of Treatment	I would talk with the patient and support the decision	37 (36.6)
	I would try to convince the patient	36 (35.6)
	I would warn the physician to not to threaten the patient	17 (16.8)
	I wouldn't do anyting	11 (10.9)
DNR$^{\Omega}$	I would share the DNR order with the patient and the family	51 (52.0)
	I wouldn't share the DNR order with the patient and the family	32 (32.7)
	I would warn the care team to share the DNR order	8 (8.2)
	I am against DNR	7 (7.1)
Pain Management$^{\Omega}$	I would warn the physician to administer the proper dose of morphine	43 (43.9)
	I would follow the order	28 (28.6)
	I would administer myself	20 (20.4)
	I would try non-drug methods	7 (7.1)
Futile Diagnostic Intervention$^{\phi}$	I would warn the physician	41 (42.3)
	I think that the physician's plan is appropriate	25 (25.8)
	I think like the nurse	20 (20.6)
	I woulk talk with the patient/relatives	11 (11.3)

$^{\Omega}$Total of 98, $^{\phi}$Total of 97 students answered, percentages were calculated accordingly.

Discussion

Students had the lowest scores from features that reflect negative attitudes in the DAP, such as "Death Avoidance" and had highest scores from "Neutral Acceptance" and "Approach Acceptance". Similar results were reported in studies conducted with nursing students both in Turkiye and in the World.[13–16] This result suggests that nursing students have a positive attitude towards death, that they do not fear death, they see death as a part of life and they even consider death as a transition to the afterlife. These positive attitudes may contribute to a positive approach towards patients in death and to see death as a normal process without accelerating or delaying it in palliative care.[6,17]

Making the correct clinical decision is a fundamental professional responsibility of nurses, which is an integral part of the daily care process in nursing care. Decision-making can be influenced by many factors, such as experience, knowledge, creative thinking, education, environmental factors, and personality.[18,19] In a study it was found that nursing students' self-esteem levels were lower than other faculty students in their decision-making attitudes .[20] For this reason, we've evaluated our students' characteristics of decision-making before their case decisions. It was found that the students got the highest score from the vigilance subscale *(Table 3)*. Similarly, Yıldırım et al. also found that students' vigilance scores were higher than the others in their study.[21] This result means that while making decisions, students' choose the most appropriate alternative to the situation by researching and evaluating the situation that needs decision-making and avoid making inappropriate decisions. Nursing students go through decision-making processes during their education on determining and practicing the best approach while planning the nursing care of the patients they are responsible for. This process repeats itself during their clinical practice. The highest scores in vigilance, rather than for other subscales, may be associated with their caring experience during clinical practice.

Students participating in this study had already had their ethical education, which covers the topics related to end of life in their second year via various modules. Ethical issues in honesty and pain management cases are taught in oncology patient care, whereas ethical issues about refusal of treatment and futile interventions are addressed in subjects of end of life care. There was no specific lecture on DNR instructions.

The first case presented to participants was about breaking the bad news. The imaginary spouse of a pancreatic cancer patient with a few months to live does not want the patient to know the truth. The nurse in the case thinks that the patient should know the diagnosis and should be able to decide on the interventions. When students were asked what they would do if they were the nurse, more than half of them thought that the patient had a right to know the truth. In a study conducted in the same nursing faculty at 2012, more than half of the first-year students and only one-third of senior year students thought that the patient had a right to know the truth. This was explained by students' observations in clinics that the truth was hidden from patients.[22] After the mentioned study, ethical training on telling the truth in approach to oncology patient module was added to second-year curriculum. The fact that most of the senior year students in this study support telling the truth with ethical justifications suggests that this training was effective. However, students who did not think that the patient should know the truth reported ethically unjustified reasons for this viewpoint, such as not to upset the patient or that family members know the patient better.

Although nurses are not obliged to tell the patient the diagnosis in Turkiye, it is stated in nursing ethics codes that the nurse must be honest with the patient and will remain reliable (Turkish Nurses Association, 2009).[23] There are similar nursing obligations on truth-telling in Israel and in a study conducted in Israel, both nursing students (73.0%) and nurses (82.0%) reported that they would tell the truth to the patient, including bad

news.[24] Higher rates of honesty in nurses was explained by experience improves decision-making. Difficulty in the care for a patient who doesn't know his/her situation, facilitation of the process for physicians and patients by telling the truth, direct effect of telling the diagnosis on nurse-patient relationship and the need for nurses to support patients' right to know the truth supports active participation of nurses in telling the truth.[25-31] However, about one-third of the students in our study stated that they would personally tell the truth to the patient, ignoring patient relatives and the rest of the patient care team because it's the patient's right to know the truth needs careful reflection. This might lead to more conflicts with negative outputs on the patients. In a situation like this, it is preferable that nurses, family and the rest of the patient care team should discuss and come up with an appropriate consensus decision.

The second case presented to participants was about treatment refusal. A patient who has understood the goals of treatment in the context of his or her values in an appropriate decision-making process, may refuse or discontinue treatment planned or administered to himself, as specified in the Patient Rights Regulation.[6,16,32] In the case, when the patient, who needed amputation for his right leg due to gangrene, refused treatment, he was threatened by the physician saying that he would not be given any more care. Most of the students in our study would respect the rejection of the treatment in the question of what you would do if you were in the nurse's place. One-third of the students supported trying to convince the patient and about one-fifth of the student supported warning the physician. The number of students who think that the patient has the right to refuse the treatment was increased when compared to a study conducted in the senior year students of the same faculty.[22] The proportion of those who reported that they would try to convince the patient without emphasizing the right to refusal was similar, and most of the students also proposed appropriate persuasion options such as explaining what their quality of life would be as a result of the rejection, recommending the patient to meet with their children, and talking about other institutions they could go to. Studies conducted in the same institution as this study and Turkiye on the refusal of treatment, report that most of the reasons can be prevented with proper regulations and this suggests that students attitudes may have originated from their observations in the clinic.[33,34]

Questioning the reasons for treatment refusal and trying to convince the patient to clinically appropriate treatment with truthful information is the ethical way to approach refusal of treatment.[35,36] After this process, if the patient still refuses treatment in the context of his/her own values, it is appropriate to respect the refusal of treatment by providing the information that, if wished, he/she can start treatment again. In this context, it is worrisome that some of the students in our study would not do anything. Some of these students stated that they would not do anything because they would not have an effect as a nurse. Again, this might be linked to the negative experiences of students in the clinic and highlights education issues to be dealt with.

In the third case, the patient care team agreed not to resuscitate the patient because it was futile and they do not share this information with the patient or the family. Surprisingly, most of the students agreed with the decision. More than half of the students stated that they would also inform the patient and the family, and some stated that they would warn the patient care team. It is satisfying to see more than half of the students would agree on DNR in Turkiye, where the clinical practice of DNR is not settled.[37] In a study conducted among surgeons in İzmir, 45% of the surgeons reported that DNR order was given in their clinics but most of them were verbally transmitted. Slow code, which occur when clinicians symbolically appear to conduct advanced cardiac life support but do not provide full resuscitation efforts was reported as appropriate by surgeons in patients who are candidates for DNR.[38,39] A study from 2017 in a palliative care center reported that healthcare workers resuscitated patients even though they knew it was futile and this was because they were afraid of the patient relatives and lack of legal regulations.[40] In the framework of

limited data in our country, almost all of the nursing students' had positive attitudes towards DNR instructions and most of them supported the idea of informing the family in this process which suggests that they will adopt the role of patient advocacy in the end of life process.

In the fourth case, the physician of a patient with a high pain score was not administering the proper dose of morphine to relieve the patient's pain because he was afraid of the side effects, and the nurse was uncomfortable with the patient's suffering. In the question of what would you do if you were in this nurse's place, half of the students proposed action options that could be ethically justified. While most of these students supported the idea of warning the physician to administer the proper dose of morphine to relieve the patient's pain, some stated that they would practice non-pharmacological methods. One-third of the students stated that they would not do anything, and one-fifth of the student stated that they would illegally administer the drug themselves. Problems in pain management, such as lack of legislation, physicians' lack of self-esteem due to inadequate education, healthcare professionals' fear of the side effects of morphine and lack of access to proper morphine drugs have been reported in Turkiye.[6] In this context, both the choice to not do anything and illegal practices are worrisome attitudes.

In the last case, a futile invasive diagnostic intervention is requested for a patient. The patient has a life expectancy of a few weeks, and the patient's family would like to take her/him home if there is nothing else left to do. While one-fourth of the students supported the continuation of battering futile intervention, one-fifth of the students were against the intervention but would not do anything. Most of the students who are against the intervention stated that they would warn the physician and some stated that they would talk with the patient's family. It has been reported in Turkiye that patients are exposed to futile interventions prior to their death but they do not get enough palliative care, such as pain management.[6,41] Patient advocacy is an important duty of nurses during end of life care. For example, from a study in Sivas, Turkiye, the majority of the nurses working in intensive care reported that futile treatment and practices prolonged patient's pain and suffering and that it created ethical dilemmas.[42] In a study conducted on nursing students in İzmir, 79.6% of participants were prone to discontinue practices that caused pain in patients.[43] In our study, while a similar proportion of students had this attitude, a little more than half stated that they would take action to prevent this situation.

Conclusion

Most of the students had ethically appropriate attitudes towards ethical issues at the end of life during palliative care. However, a few of them were to take appropriate action. In this context, it is recommended to include relevant ethical issues supported especially by strategies that may encourage taking action, in palliative care issues at the end of life. It was observed that gender, attitude towards death or decision-making style were not effective in the students' decisions, while direct observation while participating in clinical internships were thought to be effective in decisions. It is recommended to carry out follow-up studies using qualitative research methods to reveal the relevant determinants.

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Ethical Approval

This study was approved by Kocaeli University Ethical Committee of Non-Invasive Clinical Research at 07/02/2018 with the approval number of KOÜGOKAEK 2018-52.

Author Contributions

Neriman Elibol: Idea/concept, design, data collection and/or processing, analysis and/or interpretation, literature review, writing the article, critical review.

Aslıhan Akpınar: Control/supervision, data processing, analysis and/or interpretation, literature review, writing the article, critical review.

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