

Yoğun Bakım ve Onkoloji Hemşirelerinin Ölmekte Olan Bireyin Bakımına İlişkin Tutumları ve Baş Etme Yöntemleri

The Attitude of Intensive Care and Oncology Nurses Regarding the Care of the Dying Individual and Coping Methods

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ÖZ

Amaç: Bu çalışma; yoğun bakım ve onkoloji hemşirelerinin ölmekte olan bireyin bakımına ilişkin tutumları ve baş etme yöntemlerini belirlemek amacıyla planlandı.

Materyal ve Metot: Araştırmanın örneklemini Ocak-Şubat 2020 tarihleri arasında bir üniversite hastanesinde yoğun bakım ünitelerinde ve onkoloji kliniklerinde çalışan 96 hemşire oluşturdu. Veriler, Hemşireye İlişkin Özellikler ve Frommelt Ölmekte Olan Bireye Bakım Vermeye İlişkin Tutum Ölçeği (FATCOD) kullanılarak toplandı.

Bulgular: Araştırmaya katılan hemşirelerin %27,2'si Onkoloji kliniklerinde, %72,9'u Yoğun Bakım kliniklerinde görev yapmakta olup, %45,8'i 1-5 yıl bulunduğu klinikte çalışmaktaydı. Hemşirelerin FATCOD toplam puan ortalaması 80.04±8.80 olarak bulundu. Ölümün doğal olduğunu düşünmeyen hemşirelerin ölmekte olan bireyin bakımına ilişkin tutumlarının istatistiksel olarak anlamlı düzeyde daha yüksek olduğu belirlendi (p<0,05).

Sonuç: Ölümün doğal olduğunu düşünmeyen hemşirelerin ölmekte olan bireyin bakımına ilişkin tutumlarının daha olumlu olduğu bulundu. Bu sonuçlar doğrultusunda onkoloji ve yoğun bakım ünitesinde çalışan hemşirelere, sosyal destek, olumsuzluk ve yetersizlik duyguları ile baş etme yöntemleri ve yaşam sonu bakım konusunda eğitimler düzenlenmesi önerilebilir.

Anahtar Kelimeler: Hemşire, onkoloji, ölüm, tutum, yoğun bakım

ABSTRACT

Objective: This study was designed to determine the attitudes of intensive care and oncology nurses towards the care of the dying individual and their coping methods.

Materials and Methods: The sample of the study consisted of 96 nurses working in intensive care units and oncology clinics in a university hospital between January and February 2020. Data were collected using the Characteristics of the Nurse and The Frommelt Attitude Toward Care of the Dying (FATCOD) scale.

Results: 27.2% of the nurses included in the study were working in Oncology clinics, 72.9% of them in Intensive Care Units, and 45.8% of them were working in the clinic they had been in for 1-5 years. The total FATCOD mean score of the nurses was determined to be 80.04 ± 8.80. It was found that the attitudes of nurses who did not think that death is natural, towards the care of the dying individual were significantly higher (p<0.05).

Conclusion: It was found that attitudes of nurses who did not consider death to be natural were more positive. Considering these results, it may be suggested to organize trainings on social support, with negative and inadequacy feelings coping methods, and end-of-life care for nurses working in oncology and intensive care units.

Keywords: Attitude, death, intensive care, nurse, oncology

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INTRODUCTION

Death is a process that begins with birth and physiologically defined as the irreversible cessation of circulation, respiration, and brain functions. Death is one of the most remarkable events that people have to cope with within their lives, and it is a universal phenomenon shared by all living organisms.^{1,2}

Terminal illnesses are psychologically and physiologically challenging situations for the patient, his family, and the healthcare team. While the person whose death is near or dying is experiencing his/her death, he/she also causes some emotions to those around him/her. Thus, caring for the dying patient is a complex process, and this complex process should be managed in the best way through effective communication between other team members and proper symptom management.^{3,4,5}

Nurses, one of the health care professionals, are one of the professional groups that care for a deceased patient for a long time and spend a long time together. Particularly, nurses working in intensive care units and oncology clinics, where deaths occur more frequently, might experience feelings of fear, anxiety, denial, exasperation, guilt, depression, and despair, similar to the patients and their families, in the face of the death of their patients, in addition to intensive working conditions.^{6,7,8} Hence, the attitudes of nurses, who have been in contact with the patient for the longest time, towards the notion of death are considerable. The nurse, who does not know the situation of the dying patient and is unaware of his/her own feelings, might not be able to assist the patient and his/her family professionally and so, may not be able to provide effective care. Nurses should first recognize their own feelings and thoughts and be aware of their attitude towards death event.^{9,10}

In the literature, there are results of previous studies assessing the attitudes of different healthcare professionals and students who are educated in the field of health towards the care of the dying individual and suggesting that it is important. However, the results of the study in which all nurses working in intensive care units and oncology clinics, where deaths occur more prevalently, were included, are quite inadequate.^{7,11} Nurses experience more intense stress since they experience a death event together with the intensive working conditions of intensive care units and oncology clinics.¹²

Therefore, this study was planned to determine the attitudes of the intensive care and oncology nurses towards the care of the dying individual and their coping methods.

MATERIALS AND METHODS

Ethics Committee Approval: In order to perform the study, ethics committee approval (TÜTF-BAEK

2020/43) and permission from the institution where the research was carried out was obtained. It has been conducted according to Turkey country's laws and regulations and the ethical rules in the Declaration of Helsinki. The purpose and scope of the study were explained to the nurses included in the sample group before the study and their verbal consent was obtained.

Study Design and Participants: The research is a descriptive and cross-sectional study. The population of the study consisted of 114 nurses working in oncology clinics and intensive care units at a university hospital between January 2020 and February 2020, while the sample of the study consisted of 96 nurses who voluntarily participated in the study.

The purpose of this paper is to answer three specific questions:

1. What is the level of nurses' attitudes towards the care of the dying individual?
2. What is the distribution of feelings and coping methods experienced by nurses when faced with death?
3. Is there a difference between the attitudes of nurses towards the care of the dying individual and their coping methods?

Participants and Settings: The nurses were asked whether they wanted to participate in the study or not. Face-to-face interviews were performed with the nurses who agreed to participate in the study. Research data were collected using a questionnaire containing information on the socio-demographic characteristics of nurses and the concept of death, which was prepared by the researchers in line with the literature^{3,6,13,14} and the Frommelt Attitude Toward Care of the Dying (FATCOD) scale. The conversation took about 15 minutes.

Instruments:

Nurse Information Form: Nurse information form was generated by the researchers in line with the literature^{3,6,13,14} and consists of two parts. The first part of the form included queries containing the socio-demographic characteristics of the nurse (age, sex, marital status, educational status, income, etc.), while the second part consisted of the queries about the concept of death (having education on end-of-life care, feelings when caring for a dying patient, etc.).

The Frommelt Attitude Toward Care of the Dying (FATCOD) scale: FATCOD scale was developed by Frommelt to assess the issues regarding death and views on caring for the dying patient. Its Turkish validity and reliability study was performed (2013) by Cevik and Kav.³ It consists of 30 items and is a five-point Likert-type scale. Items 1, 2, 4, 16, 18, 20, 21, 22, 23, 24, 25, 27, and 30 of the scale were worded as positive statements, while other items were

worded as negative statements. In the assessment of the scale, the total score is obtained by reversing the questions containing negatively-worded attitudes and adding them with positively-worded answers. The total score that can be obtained from the scale ranges between 30 and 150, and the higher the scores obtained from the scale indicate a more positive attitude. The scale does not have a sub-dimension. Cronbach's alpha value of the scale was determined as 0.69. In this study, Cronbach's alpha value was found to 0.67.

Limitation: This research data can be generalized only to nurses who were working in oncology clinics and intensive care units at a university hospital between the dates of the study, who met the inclusion criteria and who volunteered to do so.

Statistical Analysis: The statistical analysis of the research data was performed using the software of SPSS 22. The characteristics of nurses, including their knowledge about the socio-demographic characteristics and the concept of death, their attitudes

towards the care of the dying individual, and the factors impacting are presented as percentages and mean values. Mann-Whitney *U* test was used for two-group comparisons of data that did not show normal distribution, and Kruskal-Wallis variance analysis was used for three-group comparisons. The results were considered statistically significant at $p < 0.05$.

RESULTS

The mean age of the nurses included in the study was 30.51 ± 5.37 years, and 77.1% of them were female. 55.2% of the nurses were married, and 57.3% of them had a bachelor's degree. 46.9% of the nurses stated that their income was equal to their expenses, 72.9% of them worked in intensive care units, 45.8% of them had been working in their current working unit for 1-5 years, and 86.5% stated that their working schedule was as daytime + duty (Table 1).

Table 1. Socio-Demographic characteristics of nurses (N=96).

Characteristics		Mean±SD n (%)
Age		30.51±5.37
Sex	Female	74 (77.1)
	Male	22 (22.9)
Marital Status	Married	53 (55.2)
	Single	43 (44.8)
EducationStatus	High school of health	15 (15.6)
	Associate degree	22 (22.9)
	Bachelor's degree	55 (57.3)
	Postgraduate	4 (4.2)
Department	Medical oncology clinic	11 (11.5)
	Radiation oncology clinic	9 (9.4)
	Hematology Clinic	6 (6.3)
	Internal medicine intensive care unite	25 (26.0)
	Reanimation intensive care unite	7 (7.3)
	Surgical intensive care unite	38 (39.6)
Working experience in the department	Year and less	20 (20.8)
	1-5 years	44 (45.8)
	5-10 years	23 (24.0)
	10 years and more	9 (9.4)
Working order	Daytime	13 (13.5)
	Daytime+duty	83 (86.5)

SD: Standard deviation.

Of the nurses, 43.8% stated that they regard death as natural-it is a natural outcome of life, 28.1% think that sufferings end with death and that it is salvation, 1% felt guilty, 4.2% felt failed, 3.1% felt exasperation, 16.7% felt anxiety, 45.8% felt despair, 60.4% felt grief-sadness, 2.1% felt fear, whereas 6.3% of them stated that they did not feel any emotion, when faced with death. Moreover, 64.6% of the nurses stated that they wanted to care for the dying patient (Table 2).

In the face of death, it was stated by the nurses that 12.5% of them cried, 28.1% of them prayed, 13.5% of them talked about this situation with their friends, 11.5% talked about this situation with their family, 75% considered that death as natural and tried to relax, whereas 10.4% of them stated that they did nothing (Table 3).

Table 2. Distribution of feelings nurses when encountered with death (N=96).

Question		n (%)
I regard death as natural-it is a natural outcome of life	Yes	42 (43.8)
	No	54 (56.3)
I think that suffering ends with death and that it is salvation	Yes	27 (28.1)
	No	69 (71.9)
I felt guilty	Yes	1 (1.0)
	No	95 (99.0)
I felt failed	Yes	4 (4.2)
	No	92 (95.8)
I felt exasperation	Yes	3 (3.1)
	No	93 (96.9)
I felt anxiety	Yes	16 (16.7)
	No	80 (83.3)
I felt despair	Yes	44 (45.8)
	No	52 (54.2)
I felt grief-sadness	Yes	58 (60.4)
	No	38 (39.6)
I felt fear	Yes	2 (2.1)
	No	94 (97.9)
I did not feel any emotion	Yes	6 (6.3)
	No	90 (93.8)
Do you want to care for a dying patient?	Yes	62 (64.6)
	No	34 (35.4)

Table 3. Distribution of nurses' coping methods when encountered with death (N=96).

Question		n (%)
I cry	Yes	12 (12.5)
	No	84 (87.5)
I pray	Yes	27 (28.1)
	No	69 (71.9)
I talk about this situation with my friends	Yes	13 (13.5)
	No	83 (86.5)
I talk about this situation with my family	Yes	11 (11.5)
	No	85 (88.5)
I consider that death as natural and try to relax	Yes	72 (75.0)
	No	24 (25.0)
I do nothing	Yes	10 (10.4)
	No	86 (89.6)

It was determined that the total FATCOD mean score of the nurses who were included in the study was 80.04 ± 8.80 and the attitudes of the nurses towards the care of the dying individual were at a moderate level (Table 4).

No significant difference was determined in the attitudes of the nurses who stated that they cried, pra-

yed, talked about this situation with their friends, and talked to their family in the face of death, towards the care of the dying individual ($p > 0.05$). It was determined that the attitudes of nurses who thought that death was natural, towards the care of the dying individual were significantly higher ($p = 0.008$) (Table 5).

Table 4. Nurse FATCOD mean score.

FATCOD	Mean±SD	Min-Max
Total	80.04 ± 8.80	57.00 - 98.00

SD: Standart deviation; Min: Mininum; Max: Maximum; FATCOD: Frommelt attitudes toward care of the dying.

Table 5. Comparison FATCOD with distribution of nurses' coping methods when encountered with death.

Question		Mean±SD	p*
I cry	Yes	82.00 ± 5.89	0.502
	No	79.76 ± 9.13	
I pray	Yes	79.00 ± 8.74	0.538
	No	80.44 ± 8.85	
I talk about this situation with my friends	Yes	78.69 ± 9.62	0.630
	No	80.25 ± 8.71	
I talk about this situation with my family	Yes	77.90 ± 14.00	0.972
	No	80.31 ± 7.97	
I consider that death as natural and try to relax	Yes	78.76 ± 8.60	0.008
	No	83.87 ± 8.43	
I do nothing	Yes	82.10 ± 8.46	0.490
	No	79.80 ± 8.85	

SD: standart deviation; *: Mann-WhitneyU.

DISCUSSION AND CONCLUSION

Terminal illnesses are psychologically and physiologically challenging situations for both the patient, his/her family, and the health care team. While the person whose death is near or dying is experiencing his/her own death, he/she also causes some emotions to those around him/her. Especially, nurses working in intensive care units and oncology clinics, where deaths occur more frequently, might experience feelings of fear, anxiety, denial, exasperation, guilt, depression, and despair, similar to the patients and their families, in the face of the death of their patients, in addition to intensive working conditions. Hence, it is very crucial for nurses to be aware of the condition of the dying patient and their own emotions to provide effective care.^{1,2,7}

In our study it was determined that of the nurses, almost half of the nurses regarded death as a natural outcome of life, about a quarter of the nurses thought that sufferings end with death. At the same time, It was determined that the nurses felt guilty, failed, exasperation, anxiety, despair, grief sadness, felt fear when faced with death. Moreover, it was determined that more than half of the nurses wanted to care for the dying patient. In a study per-

formed by Uysal et al.¹³ it was determined that almost half of the nursing students wanted to care for the dying patient. Of the students who stated that they wanted to give care, 46.4% stated that the reason for wanting to give care was to help, while 12.5% stated that they wanted to give care to establish empathy with the patient. Students who did not want to provide care stated that the reason for this situation was feeling bad and fear.¹³ In a study conducted on nursing students, 13.2% of the students stated that they lost the patients they gave care to during their clinical practice. In a study conducted by Ay and Oz¹⁵ on nurses, it was revealed that 49% of nurses stated that they were adversely impacted from working with a dying patient, while 19% of them experienced emotional damage when caring for a dying patient, and 18% felt despair and inadequate. Like living, death is a natural part of life. Nurses care for patients who are in the last period of life as well as patients who continue to live. In our study and other study results, it is seen that nurses feel various emotions and have difficulties while giving care.

It was determined that the nurses who participated in our study gave different reactions to the death phe-

nomenon and used various coping methods. It was found that some of the nurses cried, prayed, talked to their friends or family about this situation, thought that death was natural and tried to relax. In a study performed on nurses and physicians working in intensive care units, it was found that when the attitudes of nurses and physicians towards death were considered, they accepted death with the highest rate.⁷ In another study, it was found that most of the nurses considered death as natural.¹² We think that this situation depends on the nurses' acceptance of death as natural as life.

In our study, attitudes of the nurses participating in the study towards the care of the dying individual are at a moderate level. Gurdogan et al.¹⁶ found the mean FATCOD total score as 105.09 ± 9.42 in their study performed on nursing students. In another study, it was determined with 91.9% of respondents being classed as having a positive attitude towards care of the dying (FATCOD score ≥ 65).¹⁷ Paul et al.¹⁸ found that 39% of nursing students exhibited a positive attitude towards death. In our study, We think that this situation is due to the difficulties in giving care due to the difficult situation of nurses.

In our study, it was found that the attitudes of nurses who did not think that death is natural, towards the care of the dying individual were significantly higher ($p < 0.05$). In another study performed on nurses and physicians working in intensive care units, it was determined that nurses and physicians adopted the principle of dying with dignity.⁷ Most of the nurses who participated in our study (69.8%) have been providing care to patients, whose death is near, for years (1-10 years). In our study, it is noticed that the attitudes of nurses, who don't think that death is natural, towards the care of the dying individual are significantly higher. This can be explained by the fact that the nurses participating in our study think that their approach to the dying patient should maintain their quality of life at the highest level by taking care similar to other patients. Every patient has the right to life, and qualified care must be given to them to survive.

Although this study data can only be generalized to nurses working in the institution where the study was conducted since it was applied to nurses working in a University Hospital Intensive Care Units and Oncology Clinics between the dates of the study.

In the study, it was determined that almost half of the nurses considered death as natural, and more than half wanted to care for the dying patient. It was found that attitudes of the nurses towards the care of the dying individual were at a moderate level, and the attitudes of nurses who did not consider death to be natural were more positive. Based on these results, it may be recommended to organize trainings

on social support, coping methods, and end-of-life care for nurses working in oncology and intensive care units.

Ethics Committee Approval: In order to perform the study, ethics committee approval (TÜTF-BAEK 2020/43) and permission from the institution where the research was carried out was obtained. It has been conducted according to Turkey country's laws and regulations and the ethical rules in the Declaration of Helsinki.

Conflict of Interest: No conflict of interest was declared by the authors.

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