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Oncology Nurses' Attitudes Concerning Dying with Dignity Principles and Related Factors

Onkoloji Hemşirelerinin Saygın Ölüm İlkelerine İlişkin Tutumları ve Etkileyen Faktörler

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ABSTRACT

Objective: This study aimed to evaluate oncology nurses' attitudes toward the dying with dignity principles and investigate factors affecting these attitudes.

Methods: This cross-sectional and descriptive study was conducted with 77 nurses working in two university hospitals in Izmir, Turkey. Descriptive characteristics form and the Assessment Scale of Attitudes toward Principles about Dying with Dignity (ASAPDD) were used to collect data. For data analysis, IBM SPSS 24 was used.

Results: The mean age of the participants was 34.61 ± 8.28 and %84.4 of them were female. The nurses' total ASAPDD score was 52.38±6.36. There was a negative and low-level significant relationship between the nurses' working year in oncology and the total ASAPDD score (r = -0.273, p = 0.01). The nurses' total ASAPDD score was 52.38±6.36. It was determined that gender, marital status, work characteristics, history of palliative care training, and end-of-life care practices of the nurses did not affect their attitudes toward the dying with dignity principles, while age and experience had a significant effect on the nurses' adoption of these principles

Conclusion: In this study, the mean total ASAPDD score of the nurses working in oncology was found to be higher than the moderate level, and it was determined that they developed positive attitudes toward the principles of dying with dignity. On completion of this research, it was found that age and experience influenced on the adoption of the dying with dignity principles. To increase the healing power of care and ensure that death occurs under good care, it is recommended that the principles of dying with dignity should be adopted by nurses and end-of-life care should be regulated through legal and ethical boundaries and internalized by nurses as an ethical obligation.

Keywords: Oncology patients; dying with dignity; nursing care.

ÖZ

Amaç: Araştırmanın amacı, onkoloji hemşirelerinin saygın ölüm ilkelerine ilişkin tutumlarını ve etkileyen faktörleri değerlendirmektir.
Yöntem: Kesitsel ve tanımlayıcı nitelikteki bu çalışma Türkiye'nin İzmir ili içerisinde yer alan iki üniversite hastanesinde çalışan 77 hemşire ile yürütülmüştür. Verilerin toplanmasında Hemşire Tanılama Formu ve Saygın Ölüm İlkelerine İlişkin Tutumları Değerlendirme Ölçeği kullanılmıştır. Verilerin analizinde IBM SPSS 24 programı kullanılmıştır.

Bulgular: Katılımcıların yaş ortalamasının 34.61 ± 8.28 olduğu ve %84.4'ünün kadın olduğu saptandı. Hemşirelerin Saygın Ölüm Ölçeği toplam puanı 52.38 ± 6.36 olarak bulunmuştur. Hemşirelerin cinsiyet, medeni durum, çalışma şekli, palyatif bakım eğitimi alma, yaşam sonu bakım verme özelliklerinin saygın ölüme ilişkin tutumlarını etkilemediği,yaş ve deneyimin saygın ölüm ilkelerinin benimsenmesi üzerinde etkili olduğu bulundu.Hemşirelerin onkolojide çalışma yılı ile saygın ölüm ölçeği toplam puanları arasında negatif yönlü düşük düzeyde anlamlı bir ilişki olduğu saptanmıştır (r=-0.273 p=0.01).

Sonuç: Çalışmada, onkolojide çalışan hemşirelerin Saygın Ölüm Ölçeği toplam puan ortalaması orta düzeyden yüksek bulunmuştur ve saygın ölüm ilkelerine ilişkin tutum geliştirdikleri saptanmıştır. Bu araştırmanın sonucunda yaş ve deneyimin saygın ölüm ilkelerinin benimsenmesi üzerinde etkili olduğu bulunmuştur. Bakımın iyileştirici gücünün ve iyi bakım altında ölümün sağlanabilmesi için saygın ölüm ilkelerinin hemşireler tarafından benimsenmesi, bakımın bu yönde yasal ve etik sınırları çizilerek düzenlenmesi ve de yaşam sonu bakım ödevinin bir etik yükümlülük olarak içselleştirilmesinin sağlanması önerilir.

Anahtar Sözcükler: Onkoloji hastaları; saygın ölüm; hemşirelik bakımı.

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INTRODUCTION

Death is one of the most important events that people must deal with in their lives, and it is a universal and inevitable end shared by all living organisms. In psychological and physiological senses, death is the last stage of an individual (Ay and Gençtürk, 2013). In clinical practice, nurses frequently face serious life-threatening problems that can result in death and provide care for dying patients (Çevik and Sav, 2013). Cancer is one of these fatal diseases. It is one of the leading causes of death across the world and associated with one in six fatal cases. In 2020, cancer caused the death of nearly 10 million people (WHO, 2022). Cancer symbolizes the border between death and life and is a disease that requires holistic care. A significant number of nurses working in the field of oncology have stated that they provide care for dying patients (Uzunkaya and Terzioğlu, 2021). End-of-life care includes the control of not only physical symptoms but also psychological, social, and spiritual issues (Tehranineshat, Rakhshan, Torabizadeh and Fararouei, 2020).

Every individual's death is as unique and special as his/her life. Dying with dignity is a basic human right and important for individuals in the last days of their lives (Staats, Christensen, Grov, Husebø and Tranvåg, 2020). Dying with dignity consists of the categories of autonomy, confidentiality, trust, information needs being met, right to choose, receiving care and being cared for, being respected, maintaining self-control, and patient-nurse communication (Matiti and Trorey, 2004). In this regard, oncology nurses should provide care in line with dying with dignity principles by protecting the dignity and privacy of individuals, keeping their pain under control, being able to identify people that will be with dying patients to share their last moments, ensuring that they convey their last wishes to be fulfilled in advance and have time to say goodbye, and controlling the timing (Kızılkaya and Koştu, 2006; Uzunkaya and Terzioğlu, 2021; Çelik, 2019). It is important to determine the attitudes of nurses toward dying with dignity and effective factors in order to provide appropriate nursing care and implement practices in line with related principles. However, in the literature, there are only limited studies on this subject (Çevik and Sav, 2013, Dağ and Badır, 2017, Uzunkaya and Terzioğlu, 2021). Therefore, this was conducted to evaluate the attitudes of oncology nurses toward the dying with dignity principles and investigate factors affecting these attitudes.

METHODS

Research Design

This study was performed as descriptives and cross-sectionally.

Population and Sample

The sample consisted of 77 volunteer nurses who had worked for at least one year in two university hospitals in a town located in the center of Turkey's third largest city and were not on medical or vacation leave during the study period. Data were collected from the nurses between January and June 2019 based on their own statements. Oncology clinics are located in tertiary education and research hospitals. Therefore, the population consists of 95 oncology clinical nurses who provide care in the oncology clinics of two university hospitals. The sample of the research were calculated as 77 nurses, with a 95% confidence interval ± 5% margin of truth.

Criteria for inclusion in the study

• Being willing to participate in research,
• Being 18 years or older,
• Being working in an oncology clinic for at least 6 months,
• Being in a physical and mental condition to fill out the survey forms correctly.

Data Collection

Descriptive characteristic and the Assessment Scale of Attitudes toward Principles about Dying with Dignity (ASAPDD) were used to collect data. The data were collected by the researchers during the nurses' rest hours at working time Before data collection, the purpose and method of the study were explained to the nurses. Data collection tools were distributed to those who agreed to participate in the study. Application of the data collection tools took an average of 15-20 minutes.

Data Collection Tools

Descriptive characteristics form: This form, prepared by the researchers, included eight questions to determine the nurses’ age, gender, educational status, marital status, and work characteristics.

ASAPDD: This Likert-type scale was developed by Duyan (2014) for the Turkish population and consists of 12 items. The Cronbach alpha reliability coefficient of the scale was previously reported as 0.89. For the current study, the Cronbach alpha value of the scale was found to be 0.87. The lowest score that can be obtained from the scale is 12, and the highest score is 60. High scores indicate a high level of attitudes toward the dying with dignity principles (Duyan, 2014).

Data Analysis

Data analysis was performed using SPSS version 25.0. Frequency, percentage distribution, and mean values were calculated for descriptive statistics. The Kolmogorov-Smirnov test was used to determine the normality of data distribution ($p>0.05$). In the comparison of the nurses’ descriptive characteristics and total ASAPDD scores, the parametric independent-samples t-test and the non-parametric Mann-Whitney U test were used for binary categorical data and the Pearson correlation analysis was used for the comparison of continuous data. The significance level of the obtained findings was evaluated at the 95% confidence interval ($p < 0.05$).

Ethical Consideration

After obtaining approval from the Scientific Ethics Committee of Celal Bayar University (Decision number: 20.478.486/05.12.2018 on 05 December 2018) for the research, necessary legal permissions were obtained from the two hospitals where the study was planned to be conducted. All principles of the Helsinki declaration were followed throughout the study.

RESULTS

Of the 77 nurses participating in the study, 84.4% were women. The mean age was 34.61 ± 8.28 years, and 55.18% of the nurses were married. The mean working year of the nurses was 13.31 ± 8.83, and 39 (50.6%) nurses had been working for 12 years or less. The mean number of years working in oncology was 4.58 ± 3.76, with 45 (58.4%) nurses having been working in this department for four years or less. Fifty-two (67.5%) nurses worked day and night shifts, 59 (76.6%) have not received palliative care training, and 47 (61.0%) reported that they provided end-of-life care (Table 1). The nurses’ total mean ASAPDD score was found to be 52.38 ± 6.36. The mean score being close to the maximum 60 points indicated a high level of attitudes toward the dying with dignity principles among the nurses.

Table 1. Distribution of nurses’ descriptive characteristics

Characteristic	n	%
Age (mean: 34.61 ± 8.28)		
≤35 years	42	54.5
>36 years	35	45.5
Gender		
Female	65	84.4
Male	12	15.6
Marital status		
Married	43	55.18
Single	34	44.2
Working year (mean: 13.31 ± 8.83)		
≤12 years	39	50.6
>13 years	38	49.4
Working year in oncology (mean: 4.58 ± 3.76)		
≤4 years	45	58.4
>5 years	32	41.6

Work schedule		
Only daytime	25	32.5
Day and night shifts	52	67.5
History of palliative care training		
Present	18	23.4
Absent	59	76.6
Provision of end-of-life care		
Yes		
No	47	61.0
	30	39.0
Total	77	100.0

There was no statistically significant relationship between the nurses' gender, marital status, work schedule, history of palliative care training, and provision of end-of-life care and their total mean score in ASAPDD ($p > 0.05$). The total mean ASAPDD score of the nurse group aged ≤35 years was statistically significantly higher than those in the group aged >35 years and ($p = 0.03$, $t = 2.120$) (Table 2).

Table 2. Relationship between nurses' socio-demographical characteristics and mean ASAPDD scores

Characteristic	n	Mean ± SD	t / z	p
Age (mean: 34.61 ± 8.28)*				
≤35 years	42	53.76 ± 5.77	2.120	0.003
>36 years	35	50.74 ± 6.72		
Gender**				
Female	65	52.36 ± 6.30	-0.085	0.933
Male	12	52.50 ± 6.94		
Marital status*				
Married	43	52.13 ± 5.71	-0.386	0.701
Single	34	52.70 ± 7.71		
Work schedule**				
Only daytime	25	51.08 ± 7.42	-1.313	0.193
Day and night shifts	52	53.11 ± 5.77		
History of palliative care training**				
Present	18	50.33 ± 7.54	-1.537	0.128

Absent	59	53.00 ± 5.89		
Provision of end-of-life care*				
Yes	47	51.95 ± 6.67	0.744	0.459
No	30	53.06 ± 5.88		

***t-test, **Mann-Whitney U test**

The younger nurse group having a higher mean ASAPDD score indicated that they had a higher level of adopting the dying with dignity principles. Table 3 shows the nurses mean scores for each item on ASAPDD. The lowest mean score was observed in item 1, "I want to know when death will come and understand what awaits me" (3.28 ± 1.34 points) and the highest score in item 7, "I want to have the moral or emotional support I need" (4.72 ± 0.50 points) (Table 3).

Table 3. Nurses' mean scores in ASAPDD items

ASAPDD Item	Mean ± SD	Min	Max
Principle 1- I want to know when death will come and understand what awaits me.	3.28 ± 1.34	1	5
Principle 2- I want to maintain control over the dying process or course.	3.88 ± 1.14	1	5
Principle 3- I want to be able to protect my dignity and privacy.	4.62 ± 0.56	1	5
Principle 4- I want to be able to control pain and other symptoms.	4.50 ± 0.64	1	5
Principle 5- I want to be able to choose or control where death occurs (at home or elsewhere).	4.20 ± 1.03	1	5
Principle 6- I want to be able to receive whatever knowledge or expertise that may be required.	4.46 ± 0.68	1	5
Principle 7- I want to have the moral or emotional support I need.	4.72 ± 0.50	1	5
Principle 8- I want to be able to access care services not only in hospital but also in different settings.	4.54 ± 0.65	1	5
Principle 9- I want to be able to choose people to be with me in my last moment and share that moment with me.	4.61 ± 0.65	1	5
Principle 10- I want to be able to inform people in advance of my wishes to be fulfilled.	4.61 ± 0.58	1	5
Principle 11- I want to have time to say goodbye and be able to control the timing of death.	4.51 ± 0.77	1	5
Principle 12- When it is time to die, I want to be able to die and not live a meaninglessly prolonged life.	4.40 ± 0.84	1	5
TOTAL SCORE	52.38±6.36	32	60

Table 4 presents the relationship of the nurses' total working year and working year in oncology with the total ASAPDD score. There was a negative and low-level significant relationship between the nurses' working year in oncology and the total ASAPDD score (r = -0.273, p = 0.01) (Table 4).

Table 4. Relationship between the nurses working year in oncology and total ASAPDD score

		ASAPDD total score
Working year	r	-0.143
	p	0.21
	n	77
Working year in oncology	r	**-0.273***
	p	**0.01**
	n	77

*correlation statistically significant at $p < 0.01$.

DISCUSSION

Nurses who provide healthcare services for oncology patients are often involved in the end-of-life care process due to the characteristics of the patient profile. Therefore, these nurses provide care and treatment services for dying patients. Although death is an undeniable fact of working life for healthcare professionals, it is also a difficult situation to be involved in. In the concretization of death, which is an abstract concept, we encounter dying with dignity as a concept adding subjective meaning to the abstract nature of death. Every individual deserves a peaceful death in which they are cared for and their dignity is preserved until the last moment then their connection with life ends (Guo and Jacelon, 2014; Işıkhan, 2008).

In this regard, it is essential that nurses maintain the provision of care that will protect the dignity of dying patients in accordance with their specific needs. In order for these professional nurses to provide this care, they need to reinforce their positive attitudes concerning dying with dignity by changing negative attitudes toward its principles and gain an insight into these principles. It is, therefore, of great importance to determine the views of oncology nurses on the dying with dignity principles and factors affecting these principles. In the current study conducted with a similar objective, it was observed that the oncology nurses had a high level of adopting the dying with dignity principles. In previous studies conducted in Turkey using the same scale, nurses and other healthcare professionals were similarly found to have high levels of adopting these principles (Dağ and Badır, 2017; Hasgül, 2014; Duyan, Serpen, Duyan and Yavuz, 2016). All these results show that nurses involved in the patient's end-of-life care process have positive attitudes toward the perception of dying with dignity. In addition, today, the legal, professional, and ethical roles of oncology nurses are well-established, and oncology nurses should act in accordance with national and international nursing ethical codes during the patient's death process. The ethical values and principles of the profession should guide nursing care practices to be implemented in this process. This is how oncology nurses can fulfill their duties concerning the provision of end-of-life care. In brief, ensuring a dignified death is the legal duty and ethical obligation of oncology nurses. In the current study, the nurses were determined to have a high level of adoption for the following principles of dying with dignity: protecting one's dignity and privacy, controlling pain and other symptoms, receiving moral or emotional support needed, accessing care services not only in hospital but also in different environments, choosing people to be with in the last moment and share that moment, being able to convey last wishes in advance, having time to say goodbye and accepting the timing, and being able to die when it is time and not living an unreasonably prolonged life. In end-of-life care, nurses consider it meaningful to protect privacy and provide emotional support (Baillie, 2009). Maintaining privacy supports the dignity of the patient (Pierson, Curtis and Patrick, 2002). The right to privacy is a legal and ethical obligation that must be ensured for every patient and included in the World Medical Association and the Patient Rights Regulation in Turkey. In end-of-life care, one of the components supporting the positive perception of dying with dignity for patients is painless death (Benner, Kerchner, Corless and Davies, 2003). Effective symptom control has an important place in protecting the dignity of the dying patient (Çevik and Sav, 2013). In the protection of dignity, nurses suggest that spiritual peace should be ensured and patients should be given the opportunity to perform their last spiritual acts and convey their moral needs (Demir, Sançar, Yazgan, Özcan and Duyan, 2017). Consistent with the literature, the current study showed that the nurses considered it important to protect dying patients' privacy, control their symptoms, and provide them with moral support and ensure

that they can choose people to be at their side in their last moment and receive care outside the hospital as part of end-of-life care.

In this study, the nurses had a lower level of adoption of the dying with dignity principles of being able to choose or control where death will occur, maintaining control over the process or the course of dying, and knowing when death will come and understanding what awaits the patient. In Turkey, end-of-life care can be provided in a hospital, at home, or in a nursing home. Nurses mostly consider that patients should not be asked about the place of death preferences (Işıkhan, 2008). However, for a dignified death, it is important for patients to be able to choose where their death will take place (Thomas, Morris and Clark, 2004). This is based on the view that a patient can maintain his/her dignity in line with the place of death (Ko, Kwak and Nelson-Becker, 2015). End-of-life care, in which patient preferences are ignored and ineffective treatments are enforced, leads to negative attitudes. The nurses' low rate of adopting these principles can be explained by their insufficient sensitivity concerning the protection of the autonomy of patients.

In this study, the age and work characteristics of the nurses were found to affect their attitudes toward the dying with dignity principles. As age decreased, the level of adoption of these principles increased. In addition, the younger nurses had a higher rate of adopting the dying with dignity principles of value, preference, and wishes based on their higher mean scores in the corresponding ASAPDD items. This can be explained by the concept of end-of-life care being more emphasized in recent years and related principles having been determined, as well as the legal and ethical boundaries of the concept of death under good care having been clearly established. In this context, nurses are now given relevant courses during their vocational training. We also determined that as the years of professional experience increased, the level of nurses' adoption of the dying with dignity principles decreased. Furthermore, a decrease in working year also increased the adoption of the principles related to receiving care in a different environment and choosing people to be with at the last moment of life. These findings may be related to nurses becoming desensitized as their working year in the relevant field increases, communicating less with the patient about their last moment, and even experiencing burnout (Temelliand Cerit, 2021). According to our results, the nurses that had received training in palliative care had more positive attitudes concerning the principles of acquiring expertise, spirituality, and receiving care in a different environment included in the scale items.

Limitations

This study was conducted in two oncology hospitals in a town in the center of a city located in western Turkey, in the third largest province of Turkey. The respondents were predominantly women. Therefore, our data are based on the results obtained from a limited sample, and the nurses' own statements cannot be generalized to the whole nurse population.

CONCLUSION

In this study, the mean total ASAPDD score of the nurses working in oncology was found to be higher than the moderate level, and it was determined that they developed positive attitudes toward the principles of dying with dignity. On the other hand, as the age of the nurses and their working year in oncology increased, the total ASAPDD score decreased. On completion of this research, it was found that age and experience influenced the adoption of the dying with dignity principles. To increase the healing power of care and ensure that death occurs under good care, it is recommended that the principles of dying with dignity should be adopted by nurses and end-of-life care should be regulated through legal and ethical boundaries and internalized by nurses as an ethical obligation.

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