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Factors related to nurses' attitudes toward the principles of dying with dignity

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Abstract

This research aimed to determine the factors related to nurses' attitudes toward the principles of dying with dignity. The study was carried out with 204 participants. Researchers collected data using a 26-question information form and the Assessment Scale of Attitudes towards the Principles of Die with Dignity, which was based on the literature. In this study, it was determined that the nurses adopted the principles of dying with dignity at a high level. In line with the findings, it is thought that end-of-life care should be involved in both theoretical and practical courses and that care protocols that include the end-of-life period should be created for nurses working in institutions to adopt the principles of dying with dignity. It is also recommended to increase the visibility of the current situation and increase awareness of the principles of dying with dignity by increasing the relevant research.

Keywords: Death; dignity; end-of-life care; nurse.

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1. Introduction

Today, the life expectancy of patients is prolonged and the rate of end-of-life care is increasing depending on the developments in treatment methods and the increase in access to health services [1]. This may cause health professionals, especially nurses who provide healthcare services to patients 24/7, to frequently encounter the phenomenon of death [2]. End-of-life care may differ depending on how patients and nurses perceive death [3,4]. Regardless of the consequence, dying with dignity constitutes one of the most important goals of end-of-life care [5-7].

The concept of dying with dignity is defined as a comprehensive process that includes physical, psychological, and spiritual care [8]. The principles of dying with dignity were defined by the "Debate of the Age Health and Care Study Group" in 1999. These principles consist of 12 items. In the relevant literature, it is recommended for health professionals who provide medical care services adopt these principles and provide services in line with these principles [9-11] .

It is reported that dying with dignity is closely associated with end-of-life care performance [12-14]. In this direction, many nurses can experience emotional problems such as pressure, fear, uncertainty, stress, and anxiety while providing end-of-life care due to their attitudes toward death [7]. This may cause nurses to become distant from patients to cope with the emotional burden and may threaten the quality of care [15].

Nurses have important roles in providing quality care to patients who are close to death [16,17]. In this direction, it is very important to determine the attitudes of nurses toward the principles of dying with dignity [18,19] . In line with the findings to be obtained in this research, nurses' attitudes towards the principles of dying with dignity and the affecting factors will be determined, and in line with the findings obtained, appropriate strategies and recommendations will be provided to increase their awareness of this issue.

1.1. The objective of the study

In this study, which was conducted to determine the factors related to the attitudes of nurses toward the principles of dying with dignity, answers to the following questions were sought.

- What are the sociodemographic and professional characteristics of nurses?
- What is the nurses' level of adopting the principles of dying with dignity?
- What are the factors affecting nurses' attitudes toward the principles of dying with dignity?

2. Material and methods

2.1. Participants

This descriptive study was conducted between 01/14/2019 and 06/21/2019 with the participation of nurses (n= 204) who were employed in a university hospital and who agreed to participate in the study. Using a known population formula, the number of people to be sampled in the study was calculated [20] . The population of the research consisted of 400 nurses working in a university hospital. The sample size was calculated as 196 individuals with an error of 5% at a confidence limit of 95%. However, considering the possibility of data loss, the data collection process was completed with 204 nurses. Nurses who voluntarily agreed to participate in the study were included in the research.

2.2. Data collection tools

The data were collected using a 26-question information form, which was prepared by the researchers in line with the literature, and the Assessment Scale of Attitudes towards the Principles about Die with Dignity. A pilot study was carried out with a group of 10 nurses to evaluate the effectiveness of the questionnaire. Nurses who participated in the pilot study were not included in the research sample.

The Assessment Scale of Attitudes towards the Principles of Die with Dignity was developed as a five-point Likert-type scale by Duyan in 2014 based on 12 principles, namely "principles of die with dignity," defined in the "The Future of Health and Care of Older People" by the "Debate of the Age Health and Care Study Group". The scale consists of 12 items and one dimension. The scale items are ranked as "1= Strongly Disagree", "2=Disagree", "3=Indecisive", "4=Agree", and "5=Strongly Agree". All of the scale items consist of positive statements and the total score varies between 12 and 60. A high score indicates that the principles of dying with dignity are adopted at a high level; a low score indicates that the level of adopting these principles is low. Duyan [9] found the Cronbach Alpha reliability coefficient of the Assessment Scale of Attitudes towards the Principles about Die with Dignity as 0.89 [9,10]. In this study, the Cronbach Alpha reliability coefficient of the scale was determined to be 0.81.

2.3. Ethical consideration and Data collection

Before the research, ethics committee approval (Numbered: 2018-208 Dated: 11/30/2018) was taken from the clinical research ethics committee of a medical faculty. Permission was received from Duyan [9] to use the Assessment Scale of Attitudes towards the Principles of Die with Dignity in this research. It was explained to the nurses that the decision to participate in the study was entirely their own to make and that they had the right to withdraw from the study at any time. It was also stated that the data collected from in study would only be used within the scope of the research. Verbal consent was taken from the nurses who agreed to participate in the research. The research data were collected by face-to-face interview method. The data collection process was completed in approximately 15-20 minutes.

2.4. Data analysis

The data obtained in this study were analyzed in the IBM SPSS 21 package program. The fitness of quantitative data to normal distribution was evaluated using Shapiro-Wilk and Kolmogorov Smirnov tests. Mann Whitney U test and Kruskal Wallis test were used to compare data that did not fit the normal distribution. Significance was evaluated at a level of $p<0.05$.

3. Results

Of the nurses participating in the research, 42.6% were in the age range of 18-25; 78.4% were female; 51.5% were married; 59.3% had a bachelor's degree; 81.9% had a nuclear family; 54.4% had an income equal to their expenses; 56.4% had 1-6 years of professional experience; 63.7% had a permanent working status in the hospital; 71.6% worked in shifts; 44.2% were employed in internal disease units; 86.3% had 1-5 years of experience in the unit they worked in; 54.4% did not choose the unit they worked in on their own; 51.0% were satisfied with the unit they worked in; 58.8% liked their profession. 17.2% of the nurses had a first-degree relative at risk of death; 68.1% encountered death in the unit they worked in; 47% faced 1-6 deaths in the unit they worked in in the last month; 38.2% felt upset when faced with the phenomenon of death for the first time; 66.2% currently took it naturally when faced the phenomenon of death; 55.9% did not have difficulty in providing care to terminally ill patients; 54.9% did not know the concept of die with dignity (Table I).

TABLE I

DISTRIBUTION OF SOCIODEMOGRAPHIC AND OCCUPATIONAL CHARACTERISTICS OF NURSES (N=204)

Characteristics		**n**	**%**
Age (30.26 ± 8.44)	18-25	87	42.6
	26-34	51	25.0
	35 and over	66	32.4
Gender	Female	160	78.4
	Male	44	21.6
Marital status	Married	105	51.5
	Single	99	48.5

Education level	Medical Vocational High School	44	21.6
	Associate degree	24	11.7
	Bachelor's degree	121	59.3
	Graduate degree	15	7.4
Family type	Nuclear family	167	81.9
	Extended family	37	18.1
Income level	Income < expenses	44	21.6
	Income = expenses	111	54.4
	Income > expenses	49	24.0
Professional experience	1-6 years	115	56.4
	7-15 years	54	26.4
	16 years and over	35	17.2
Working status in the hospital	Permanent	130	63.7
	Contract	74	36.3
Employee classification	Continuous daytime	39	19.1
	In shifts	146	71.6
	24-hour watch	19	9.3
Working unit	Internal disease units	90	44.2
	Surgical units	47	23.0
	Other units (emergency, intensive care, operating room, etc.)	67	32.8
Working experience in the unit	1-5 years	176	86.3
	6 years and over	28	13.7
Status of choosing the unit on one's own	Yes	93	45.6
	No	111	54.4
Satisfaction with the unit	Satisfied	104	51.0
	Dissatisfied	38	18.6
	Partially satisfied	62	30.4
Status of liking the profession	Like	120	58.8
	Dislike	32	15.7
	Indecisive	52	25.5
Presence of an individual at risk of death among first-degree relatives	Yes	35	17.2
	No	169	82.8
Status of encountering the phenomenon of death in the working unit	Yes	139	68.1
	No	65	31.9
Number of deaths encountered in the working unit in the last month	1-6	96	47
	7-12	24	11.8
	13-18	19	9.3
Feeling when encountering the phenomenon of death for the first time	Affreightment	45	22.1
	Crying	13	6.4
	Upset	78	38.2
	Despair	27	13.2
	Taking it naturally	41	20.1
Feeling/feelings when currently encountering the phenomenon of death	Affreightment	5	2.5
	Crying	5	2.5
	Upset	50	24.4
	Despair	9	4.4
	Taking it naturally	135	66.2
Difficulty in providing care to terminally ill patients	Yes	90	44.1
	No	114	55.9
	Yes	92	45.1

Knowledge about the concept of dying with dignity	No	112	54.9

The total score of the nurses on the Assessment Scale of Attitudes towards the Principles about Die with Dignity was determined to differ according to gender (p=0.016), the status of encountering death in the unit where they worked (p=0.03), the number of death cases encountered in the last month in the unit (p=0.006), their feeling when they currently encountered death (p=0.013), the status of having difficulty in providing care to terminally ill patients (p=0.031), and the knowledge about the concept of die with dignity (p=0.004). It was determined that the total score on the Assessment Scale of Attitudes towards the Principles of Die with Dignity did not differ according to the other sociodemographic and professional characteristics of the nurses (Table II).

TABLE II
COMPARISON OF SOCIODEMOGRAPHIC AND OCCUPATIONAL CHARACTERISTICS OF NURSES AND THEIR SCORE ON THE ASSESSMENT SCALE OF ATTITUDES TOWARDS THE PRINCIPLES ABOUT DIE WITH DIGNITY

Characteristics		**Total Score on the Assessment Scale of Attitudes towards the Principles about Die with Dignity** 46 (12 - 60)
Age (30,26 ± 8,44)	18-25	46 (12 - 60)
	26-34	45 (12 - 60)
	35 and over	46 (12 - 60)
Test Statistics		χ2: 1.070
p		0.586
Gender	Female	45 (12 - 60)
	Male	48 (12 - 60)
Test Statistics		U=4353.0
p		**0.016**
Marital status	Married	46 (12 - 60)
	Single	46 (12 - 60)
Test Statistics		U=5597,0
p		0,342
Education level	Medical Vocational High School	48 (12 - 60)
	Associate degree	45 (30 - 57)
	Bachelor's degree	46 (12 - 60)
	Graduate degree	44 (23 - 60)
Test Statistics		χ2: 0.129
p		0.998
Family type	Nuclear family	43 (12 - 60)
	Extended family	47 (12 - 60)
Test Statistics		U=3558.0
p		0.148
Income level	Income < expenses	45 (12 - 60)
	Income = expenses	46 (20 - 60)
	Income > expenses	46 (30 - 60)
Test Statistics		χ2:3.971
p		0.137
Professional experience	1-6 years	47 (12 - 60)
	7-15 years	45.5 (12 - 60)
	16 years and over	45 (12 - 59)
Test Statistics		χ2: 2.870
p		0.238
Working status in the hospital	Permanent	45 (12 - 60)
	Contract	47 (12 - 60)
Test Statistics		U=5458.5

p		0.109
Employee classification	Continuous daytime	49 (12 - 60)
	In shifts	45 (20 - 60)
	24-hour watch	48 (41 - 60)
Test Statistics		χ2: 4.302
p		0.116
Working unit	Internal disease units	43 (12 - 60)
	Surgical units	44 (12 - 60)
	Other units (emergency, intensive care, operating room, etc.)	48 (12 - 60)
Test Statistics		χ2: 3.648
p		0.161
Working experience in the unit	1-5 years	45 (12 - 60)
	6 years and over	47 (20 - 60)
Test Statistics		U=2575.5
p		0.700
Status of choosing the unit on one's own	Yes	46 (12 - 60)
	No	46 (12 - 60)
Test Statistics		U=5488.5
p		0.435
Satisfaction with the unit	Satisfied	47 (12 - 60)
	Dissatisfied	46 (12 - 60)
	Partially satisfied	44 (20 - 60)
Test Statistics		χ2: 0.011
p		0.994
Status of liking the profession	Like	46.5 (12 - 60)
	Dislike	42.5 (12 - 60)
	Indecisive	47.5 (22 - 60)
Test Statistics		χ2: 1.575
p		0.455
Presence of an individual at risk of death among first-degree relatives	Yes	47 (12 - 60)
	No	46 (12 - 60)
Test Statistics		U=2984.5
p		0.932
Status of encountering the phenomenon of death in the working unit	Yes	48 (12 - 60)
	No	41 (12 - 60)
Test Statistics		U=3367.0
p		**0.03**
Number of deaths encountered in the working unit in the last month	1-6	50 (12 - 60)
	7-12	46.5 (30 - 60)
	13-18	40 (36 - 60)
Test Statistics		χ2: 10.125
p		**0.006**
Feeling when encountering the phenomenon of death for the first time	Affreightment	48 (20 - 60)
	Crying	41 (21 - 59)
	Upset	42 (12 - 60)
	Despair	47 (30 - 60)
	Taking it naturally	48 (12 - 60)
Test Statistics		χ2: 5.903
p		0.207
Feeling/feelings when currently encountering the phenomenon of death	Affreightment	60 (32 - 60)
	Crying	52 (20 - 60)
	Upset	52 (20 - 60)

	Despair	40 (33 - 53)
	Taking it naturally	45 (12 - 60)
Test Statistics		χ2: 12.643
p		**0.013**
Difficulty in providing care to terminally ill patients	Yes	48 (12 - 60)
	No	45 (12 - 60)
Test Statistics		U=4227.0
p		**0.031**
Knowledge about the concept of dying with dignity	Yes	48 (12 - 60)
	No	44 (12 - 60)
Test Statistics		U=3956.0
p		**0.004**

χ^2= Kruskal Wallis Test Statistics. U= Mann Whitney U Test Statistics

4. Discussion

The findings of this study, which was conducted to determine the factors related to the attitudes of nurses working in a university hospital located in the Black Sea Region in northern Turkey, towards the principles of dying with dignity, were discussed in line with the relevant literature. In this study, it was determined that the total score of the nurses on the Assessment Scale of Attitudes towards the Principles of Die with Dignity was "high". In some relevant studies, it was reported that nurses adopt the principles of dying with dignity at a high level, supporting our research findings [20-22] . Dying with dignity is a basic human right [1,10]. It is also a comprehensive process involving physical, psychological, and spiritual care to help patients spend the last moment of life comfortably and die with dignity [7]. Nurses' attitudes toward death during the care they provide to patients in the last days of life can affect their attitudes towards die with dignity [18]. Considering the increasing number of patients in need of end-of-life care in hospitals, it is thought that it is very important for nurses to be aware of the principles of dying with dignity.

In our research, it was determined that the scores of nurses, who were male, who encountered the phenomenon of death in the unit, who encountered 1-6 deaths in the unit in the last month, and who felt fear when faced with the phenomenon of death, who had difficulty in providing care to terminally ill patients, and who knew the concept of die with dignity, on the Assessment Scale of Attitudes towards the Principles about Die were higher. In the study by Şahin et al. [23], it was reported that women experience more death anxiety than men and that women are less willing to provide care to dying patients than men . This might be because women express their emotions more easily compared to men and men suppress their emotions in line with the roles that society imposes on genders.

When nurses encounter death cases or provide care to terminally ill patients, they may experience negative emotions such as fear and sadness and may feel incompetent in this regard [14]. In a relevant study, it was reported that nurses' negative feelings about death are not a negative situation and that negative feelings about death increase nurses' level of adopting the principles of dying with dignity [20]. Our research findings showed that nurses encounter the phenomenon of death and experience negative emotions while providing care to terminally ill patients but have a high level of adopting the principles of dying with dignity. In this direction, it is seen that our research findings are consistent with the literature.

Frequent encounters with death and the resulting feelings such as anxiety, fear, and sadness may cause depression, a decrease in job satisfaction, burnout, depersonalization, etc. in nurses [14]. In our study, it was seen that the nurses who encountered the phenomenon of death less frequently had higher levels of adopting the principles of dying with dignity. It can also be seen that nurses who feel acute emotions such as fear when encountering the phenomenon of death adopt the principles of dying with dignity more than other nurses. Moreover, in our study, it was determined that nurses

who knew the concept of dying with dignity adopted the principles of dying with dignity more. This result contributes to the importance of our research. It is thought that it is extremely important for all health professionals to adopt the principles of dying with dignity and to increase their awareness of this issue.

5. Conclusion

This research aimed to determine the factors related to nurses' attitudes toward the principles of dying with dignity. The total score of the nurses on the Assessment Scale of Attitudes toward the Principles of Die with Dignity was 46 (12-60). In this study, it was determined that nurses adopt the principles of dying with dignity at a very high level.

In line with the findings, it is extremely important to explain the importance of end-of-life care and the approach to dying with dignity in both theoretical and practical courses in the vocational training process, increase the awareness of nurses working in institutions, and integrate the principles of dying with dignity into end-of-life care while creating care protocols. In addition, it is recommended to use both quantitative and qualitative research methods in further studies on this subject and carry out comparative studies to determine the attitudes of nurses and other health professionals on this issue.

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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