

Influence of Training on First-Year Nursing Department Students' Attitudes on Death and Caring for Dying Patients: A Single-Group Pretest–Posttest Experimental Study

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Abstract

The study examined the influence of training on first-year nursing department students' attitudes on death and caring for dying patients. Utilizing the experimental model, the study sample consisted of 81 first-year students attending the nursing department of a university. Death Attitude Profile-Revised and Frommelt Attitude toward Care of the Dying Scale were used for data collection. Data analysis included means, standard deviation, and *t* test for related samples. Student attitudes toward death were measured as 146.43 (16.741) and 152.75 (15.132) for pre- and posttraining, respectively. Student attitudes toward caring for dying patients were established to be 103.02 (7.655) during pretraining period and 111.02 (10.359) at posttraining period. The difference between pre- and posttests for mean attitudes toward death and caring for the dying patient was statistically significant. Study results determined that training was effective in forming positive student attitudes toward death and caring for dying patients.

Keywords

attitudes on death, care, death, dying patients, nursing students

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Introduction

Death is an inevitable end in human life. Like birth, death is one of the most real and universal actions of life (Akdemir & Birol, 2004; Jafari et al., 2015). In literature, there are different definitions of death that all human beings encounter. According to Kübler Ross, death is “not a calamity, a destruction, but in reality, one of the most constructive, positive and creative elements of culture and life” (Öz, 2004, p. 236). According to another definition, “death is the complete and definitive end of a living being’s life, eternal sleep and disappearance” (TDK, 2017). The American Medical Association defines death as the cessation of all functions in circulation, respiration, and brain functions irreversibly (Akdemir & Birol, 2004). As can be seen from these definitions, while death is a natural process that should be regarded positively but for some people, it means destruction.

Approaches to death have different characteristics in different cultures and religious beliefs and the manner individuals regard that can be varied (Akdemir & Birol, 2004; Cimete, 2002; Topuz, 2013). Some people believe that dying will be physically painful or that there will be suffering after death. Hence, people are scared of death but others regard death as salvation. Some religious individuals approach death more calmly and have a more accepting manner since they believe that death is God’s will (Akdemir & Birol, 2004). While in Turkish culture, death is an event that is greeted with poetry in the form of “lamentations” which express the pain felt after the event of death believed to be from Allah (Karaca, 2001), it is accepted as a natural part of getting old but is not regarded as a natural part of life since young people are believed to have more to do in life (Cimete, 2002). Therefore, beliefs of people who live life based on cultural and religious beliefs and the experiences of others related to death affect their attitudes toward death and the dying (Jafari et al., 2015; Öz, Inci, & Bahadır -Yılmaz, 2012).

Nursing students who come across dying patients for the first time in clinical practices go through this experience with very deep and intensive sorrowful feelings. It was identified that when nursing students come across the reality of death, they define it with negative expressions such as the end of life, separation and fear, have a hard time accepting death, avoid facing it, feel anxiety (Öz et al., 2012), have a hard time coping with it, and have increased anxiety (Jafari et al., 2015; Mallory, 2003; Parry, 2011; Strang et al., 2014).

Negative attitudes of nursing students toward death may be reflected on end of life care practices as well. However, people desire to experience death peacefully and in a good manner, and they would like to be with the people they love and have the opportunity to say goodbye and to have care in line with ethical standards, without having to endure pain and subjected to traumatic interventions. It means they desire to die with dignity and in peace (Cimete, 2002). In addition to this, the individuals who face death and their families experience intensive sorrow and need the support of health-care professionals. To fulfill

these expectations, health-care professionals need to analyze their own feelings about death and to equip themselves with the knowledge and skills that will meet the needs of dying patients and their families (Cimete, 2002). Among health-care professionals, nurses spend the most time with patients since they provide bedside care and therefore they are often required to care for dying patients and their families (Leombruni et al., 2014; Marcysiak, Dabrowska, & Marcysiak, 2013). During care and clinical practices, nurses and nursing students, respectively, take major responsibility in caring for dying patients and their families (Abu-El-Noor & Abu-El-Noor, 2016). However, nursing students expressed that they have lack of experience in caring for dying patients (Jafari et al., 2015; Mallory, 2003; Parry, 2011), feel despair, guilt, and sorrow during care (Bailey & Hewison, 2014), and therefore, do not feel ready to encounter dying patients (Jafari et al., 2015; Strang et al., 2014).

Previous studies showed that training is crucial in developing positive attitudes toward death (Arslan, Kılıç, Şimşek, & Zorba, 2014; Brajtman, Fothergill-Bourbonnais, Casey, Alain, & Fiset, 2007; Conner, Loerzel, & Uddin, 2014; Cooper & Barnett, 2005; Koç & Sağlam, 2008; Peters et al., 2013; Taşdemir & Gök, 2012) and caring for dying patients (Bailey & Hewison, 2014; Brajtman et al., 2007; Frommelt, 2003; Jafari et al., 2015; Khader, Jarrah, & Alasad, 2010; Leombruni et al., 2014; Mallory, 2003; Rooda, Clements, & Jordan, 1999). End of life care is important to alleviate the fears, anxieties, and concerns of dying patients; to create a safe care environment; to decrease physical and psychological problems; to give the necessary support to family members, to increase acceptance of death; and to increase the quality of end of life care (Abu-El-Noor & Abu-El-Noor, 2016; Conner et al., 2014; Eues, 2007; Frommelt, 2003; Gillan, Van der Riet, & Jeong, 2014; Marcysiak et al., 2013; Öz, 2004). The study by Brajtman et al. (2007) identified that although students were given different learning experiences parallel to the developments of teaching strategies related to terminal period, they continued graduating by feeling inadequate about basic knowledge and skills about end of life care and experienced feelings of incompetency and insecurity about meeting patients' needs and therefore did not want to experience end of life care for dying patients. The study undertaken by Barrere, Durkin, and LaCoursiere (2008) showed that students need training in caring for dying patients. In addition to this, many studies concluded that sufficient training on death and coping with death was not provided in nursing programs (Brajtman, Higuchi, & Murray, 2009; Caton & Klemm, 2006; Mallory, 2003).

It is believed that providing a dignified and high-quality end of life care will be possible by ensuring that nursing students are given necessary training in the field during their clinical practices and better prepared for their future roles. It can also be stated that training plays a key role in decreasing nursing students' negative attitudes toward death and dying patients and in ensuring the presentation of professional care. Based on this view, the study is intended to

investigate the influence of training on first-year nursing students' attitudes regarding death and dying patients.

Aim

The aim of this research is to determine the effect of education on the attitudes of first-year students in the nursing department regarding death and care for the dying person(s).

Research Questions

- Is there any effect of education on the students attitudes toward death?
- Is there any effect of education on the students attitudes toward care of dying persons?

Methods

Research Design

An experimental model was used in this study. The research was carried out in two phases. In the first phase, sociodemographic data form, the Turkish version of the Death Attitude Profile-Revised (DAP-R) and the Turkish version of the Frommelt Attitude Toward Care of the Dying Scale (FATCOD) scales, were applied to the students. In the second phase, DAP-R and FATCOD were reapplied after the theoretical and practical training on "loss, death, mourning process and care of the dying patient" was given to the students.

Setting and Sample

The study was conducted on 81 students who were studying in the first year of the nursing department of a university, who had not yet received an education on the concept of death and had no much clinical experience, volunteering to participate in the study, and returning forms used in the research. The study was conducted with first-year students.

The participating nursing students in the study consisted of 71.6% ($n = 58$) female, 28.4% ($n = 23$) male, and age mean 19.33 years and SD 1.265 (range: 17–24).

Measurements

Death Attitude Profile-Revised. DAP-R was originally developed by Wong et al. in 1994 to assess the attitudes toward death. The DAP-R was adapted in 2010 into

Turkish by Çevik, and it was confirmed to be valid and reliable. The Turkish version of the DAP-R is a 32-item self-administered survey consisting of five sub-dimensions (including fear of death [7 items], death avoidance [5 items], neutral acceptance [5 items], approach acceptance [10 items], and escape acceptance [5 items])) based on the 7-point Likert-type scale. The scales ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). A total score between 32 and 224 is possible in this questionnaire. The higher scores indicate the more positive attitude of nursing students (Çevik, 2010). With regard to reliability of the instrument, Çevik (2010) reported a Cronbach's alpha value of .80. In this study, it was calculated to be .70.

Frommelt Attitude Toward Care of the Dying Scale. FATCOD was originally developed by Frommelt in 1988 to assess the attitudes toward care of the dying persons. The FATCOD was adapted in 2010 into Turkish by Çevik, and its validation and reliability were confirmed. The Turkish version of the FATCOD is a 30-item self-administered survey based on the 5-point Likert-type scale. The scales ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Fifteen of the items were worded positively and 15 were worded negatively. A total score between 30 and 150 is possible in this questionnaire. The higher scores indicate the more positive attitude of nursing students (Çevik, 2010). With regard to reliability of the instrument, Çevik (2010) reported a Cronbach's alpha value of .73. In this study, it was calculated to be .75.

Data Collection

The researcher explained the purpose of the study and that participation would not be a deciding factor in the course of assessment; data collection forms were given to voluntary students in two phases as pretest and posttest. To prevent the possibility that participating students would make notes or memorize the scale items, the students were not notified about the fact that the same test would be implemented again as posttest.

In the first phase before the implementation of the training, sociodemographic form, FATCOD and DAP-R were distributed to students. It took students about 25 to 30 minutes to fill the forms. Then, the forms were collected, prior to the initiation of the second phase.

In the second phase of the study, the students were given a 5-hour theoretical training on "loss-death, grieving process and care of terminally ill patients." After the training, a role play was presented in which roles of a dying patient, the nurse who provided care, and a patient relative were enacted in the nursing practice laboratory. After the role play, students who took part in the enactment were asked to share what they felt about their roles. This activity was followed by a reflection discussion in which all participating students reflected upon questions pertaining to "their feelings," "the expectations of the patient,"

“whether the nurse displayed the correct approach to a dying patient?” “what could they have done if they were the nurse in the role play?” and “whether the relative of the patient was included in the process appropriately?” The errors and short comings identified in the role play were corrected with the help of the students. Upon completion of the applied part of the training, participants were given FATCOD and DAP-R again.

Data Analysis

The SPSS, version 17.00 for Windows, was used for data entry and statistical analysis. Numbers and percentages were used in the analysis of sociodemographic data. To determine the students’ attitude toward death and care of the dying persons, mean and standard deviation were used. The *t* test was used to determine whether there was any difference between the students’ attitude scores regarding pretest and posttest death and care of the dying persons.

Ethical Consideration

For the approval of the study, written permission was obtained from a school. The research conforms to the provisions of the Declaration of Helsinki (as revised in Brazil 2013). The study was conducted with the consent of the participant. This means all the students took part in the research willingly. Written permission was granted from Banu Çevik for the use of DAP-R and FATCOD and from the Ethical Committee of Abant İzzet Baysal University (Protocol number. 2014/53).

Results

Pretest mean score that pointed to student attitudes toward death was found to be 146.43 (16.741), whereas their posttest mean score was 152.75 (15.132).

Table 1 displays the results of the paired samples *t* test implemented to determine whether there was a relationship between students’ pre- and posttest attitudes toward death. Results of the analysis showed a significant difference in student attitudes toward death before and after the training ($t = 2.455$; $p < .05$). It was identified that student attitudes toward death positively increased after the training.

Table 2 which displays students’ pre- and posttest mean scores about their attitudes toward the dying patient showed that students’ pretraining FATCOD score (pretest) was 103.02 (7.655) whereas their posttraining score (posttest) was 111.02 (10.359).

Table 2 displays the results of the paired samples *t* test implemented to determine whether there was a relationship between students’ pre- and posttest attitudes toward caring for the dying patient. According to these results,

Table 1. Comparison of Nursing Students’ Attitudes Toward Death (*n* = 81).

Instrument	Mean	SD	Total score	<i>t</i>	<i>p</i>
DAP-R pretest	146.43	16.741	224	2.455	.016*
DAP-R posttest	152.75	15.132			

Note. DAP-R = Death Attitude Profile-Revised.
**p* < .05.

Table 2. Comparison of Nursing Students’ Attitudes Toward Caring for the Dying Patients (*n* = 81).

Instrument	Mean	SD	Total score	<i>t</i>	<i>p</i>
FATCOD pretest	103.02	7.655	150	5.407	.000*
FATCOD posttest	111.02	10.359			

Note. FATCOD = Frommelt Attitude toward Care of the Dying Scale.
**p* < .05.

the difference between student attitude scores toward caring for the dying patient before and after the training was statistically significant (*t* = 5.407; *p* < .05; *p* < .01). It was concluded that student attitudes toward caring for the dying patient positively increased after the training.

Limitations

This study has two limitations. First, this study is planned to be conducted in an experimental design and the short duration of the training may not be sufficient for the change of attitude and behavior. Second, the study was conducted in a nursing school in Turkey. Thus, the results of this study may not generalize to all nursing students.

Discussion

This study identified that having knowledge about death is effective in students having positive attitudes toward death. Previous studies about the topic also presented similar findings (Arslan et al., 2014; Brajtman et al., 2007; Conner et al., 2014; Cooper & Barnett, 2005; Koç & Sağlam, 2008; Peters et al., 2013; Taşdemir & Gök, 2012). Developing positive attitudes toward death is important to increase students’ acceptance of the concept of death (Conner et al., 2014) and to improve the quality of end of life care (Abu-El-Noor & Abu-El-Noor, 2016; Öz, 2004). When attitudes toward death lose their balance and harmony, anxiety levels and negative perceptions of the individual increase

(Inci & Öz, 2009). Training is a crucial factor for students to maintain this balance and harmony. Student attitudes toward death can be improved by including the concept of death, acceptance of death, and suitable approaches to possible reactions against death in the nursing curriculum.

Previous studies showed that students expressed that they could not find anyone to discuss death (Parry, 2011), they were not able to talk about death comfortably (Selçuk & Avcı, 2015), they experienced fear and had problems accepting and coping with death, they felt incompetent, they felt death was “the worst” thing they could encounter in their lives and found death to be very discomforting (Strang et al., 2014) and felt the weight of the concept on their shoulders (Bailey & Hewison, 2014; Öz et al., 2012). The thoughts expressed about death and trouble coping with the intensive emotions related to the concept may damage the patient–nurse relationship (Bailey & Hewison, 2014). While these negative perceptions expressed by the nurses are reflected on the quality of nursing care, they also result in distancing the nurses from patients and their families at a time when support is most needed, isolating patients and their families and limiting nurses’ skills to engage in empathy. Therefore, the role of nursing students, who will be future nurses, is crucial in minimizing the loneliness and despair felt by terminally ill patients and their families, one of the most vulnerable groups that need the existence, trust, communication, and care of nurses the most. To prepare nursing students for their professional responsibilities, it is crucial to provide them with the required educational infrastructure, to give them opportunities to observe the care provided for the terminally ill, and to present them with appropriate learning experiences.

The study found that having knowledge about caring for dying patients was effective in students’ having positive attitudes toward caring for terminally ill patients. Previous studies conducted on the same topic also arrived at similar findings (Bailey & Hewison, 2014; Brajtman et al., 2007; Frommelt, 2003; Jafari et al., 2015; Khader et al., 2010; Mallory, 2003; Rooda et al., 1999).

The goal of end of life care is to provide the patient, the patient’s family, and relatives with the best quality possible (Türk & Alp, 2001). However, caring for a dying patient is a painful and sad experience in emotional terms (Öz et al., 2012). Various responsibilities such as alleviating the fears of the patient, controlling the symptoms, preparing the patient for a comfortable death, protecting family integrity, supporting the family to gain strength in emotional and physical manners, and preparing them for the grieving process (Terakye, 1995) exacerbate the already heavy emotional load of the nurses even more. Both in clinical practices and in their future careers as health-care professionals, it will be impossible for nursing students to avoid the patients and their families who need end of life care. During the training process, it is necessary to provide nursing students with knowledge and skills in a holistic framework that is compatible with cultural values and ethical standards so that they can cope with this process in an

appropriate manner and manage the stressors that patients, their families, and health-care professionals are subjected to.

Previous studies on the topic mostly pointed to the facts that, in general, nursing students felt despair, anxious, and incompetent about caring for terminally ill patients (Abu-El-Noor & Abu-El-Noor, 2016; Bilge, Embel, & Kaya, 2013; Cooper & Barnett, 2005; Jafari et al., 2015; Koç & Sağlam, 2008; Mallory, 2003; Selçuk & Avcı, 2015, 2015) and did not want to care for these patients (Selçuk & Avcı, 2015). It was also found out that nursing students did not know what kind of approach they should use to address these patients, were not aware about the ways to communicate with them, and therefore felt unprepared for this task (Abu-El-Noor & Abu-El-Noor, 2016; Conner et al., 2014; Cooper & Barnett, 2005; Jafari et al., 2015) and needed training related to these issues be determined (Barrere et al., 2008; Brajtman et al., 2007; Cavaye & Watts, 2012; Jafari et al., 2015). Caring for the terminally ill patients and their families is generally regarded as the most painful and stressful role of the nursing career (Bailey & Hewison, 2014; Khader et al., 2010). The basic reason for the stress experienced by the nurses mainly results from lack of training on caring for the dying patient and the feelings of despair and incompetence based on lack of knowledge and skills (Cooper & Barnett, 2005; Khader et al., 2010). Therefore, the significance of training in providing high-quality and dignified end of life care to terminally ill patients and their families is self-evident. It is clear that providing nursing students with sufficient theoretical and simulated trainings about end of life care will terminate their tendency to withdrawal from care and the feelings of incompetence associated with lack of knowledge and experience. Sufficient and good quality care is only possible with a good training.

Implications for Practice

The results from the study have two important implications in terms of theory and practical. Theoretically, the first one shows that nursing students have negative attitudes toward both death and dying patients. This attitude leads to negativities in terms of patient care and approach toward the patient's family. For example, distancing yourself from dying patients and their families, spending less time in their patients' room, failing to hear to their questions, and experiencing anxiety are some of these negativities. The importance of training in this field contributes to the elimination of these negativities.

It is intended to be applied in the second implication. As a future health-care professional, it is important for nursing students to establish a positive perception of death so that they can provide qualified, professional, and responsive care to dying patients and their families. Nursing students' as future health-care professional must be qualified to provide health care for dying patients and the family. It is important to create a positive perception of death in order to provide professional and sensitive care. The study shows that one of the important

steps in achieving this is to give an educational training. Therefore, the addition of lessons in the nursing education curriculum called palliative care or end-of-life care will be effective in reducing the negativity of nurses and nursing students. However, conscious and educated nurses can safely touch the dying patient.

Conclusion

The study identified that training had a positive impact on first-year nursing students' attitudes about death and caring for dying patients. In Turkey, nursing training curriculum includes limited training on death and caring for the dying patients and students are not able to observe or participate in the care provided for the terminally ill patients in clinical practices. It is important to provide adequate theoretical and applied training so that nursing students can form positive attitudes toward death and caring for the terminally ill, present dying patients, and their families with an effective end of life care and display professional attitudes in their careers.

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