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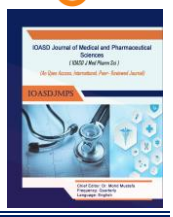

# Factors Related to Nurses' Attitude Towards Caring for Dying Patients at Hospital

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## ABSTRACT

**Background**: Caring for dying patients involves addressing their physical, emotional, and spiritual needs. For nurses to provide quality care, developing positive attitudes toward end-of-life care is essential. Various factors, including demographic attributes, work-related conditions, work environment, and personal experiences, influence nurses' attitudes. This study aimed to assess the factors associated with nurses' attitudes toward caring for dying patients. **Methods**: A descriptive-correlational study was conducted at a Medical College Hospital with 103 nurses recruited using convenience sampling. The study instrument consisted of three parts: a socio-demographic questionnaire, a nurses' job-related characteristics form, and the Frommelt's Attitude Toward Caring for Dying (FATCOD) Scale. Data analysis involved two-sample t-tests, ANOVA, and correlation tests. **Results**: The mean attitude score of nurses was 105.68 out of 150, indicating a moderately positive attitude. Nurses working in palliative care units (F = 4.298, P = .007) and those with prior experiences of losing a close one (t = 4.841, P = .000) demonstrated significantly higher positive attitudes compared to others. Additionally, nurses who were satisfied with their work (r = .367, P = .000) and had a supportive work environment (r = .393, P = .000) exhibited significantly higher positive attitudes. **Conclusion**: Nurses in palliative care units and those trained in end-of-life care showed more positive attitudes. Therefore, implementing training programs for all nurses is essential. Enhancing job satisfaction and improving the work environment are also crucial strategies for fostering positive attitudes toward caring for dying patients.

**Keywords:** Nurse, Attitude, Dying patients, Hospital.

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## INTRODUCTION

Death is an inevitable aspect of human existence, and providing care to individuals in their final stages of life carries profound ethical, emotional, and professional significance. It is a cornerstone of nursing practice, embodying a commitment to ensuring that patients pass away with dignity, respect, and a sense of pride (Lewis *et al*., 2014). Dying is broadly understood as the concluding phase of a terminal illness, where the inevitability of death becomes apparent. During this critical period, nurses assume a vital role in addressing the multifaceted needs of both patients and their families, extending beyond physical care to encompass emotional and spiritual support (Hasheesh *et al*., 2013). Delivering such care requires not only technical proficiency but also a compassionate and empathetic approach that upholds the patient's comfort and preserves their peace (Ali & Ayoub, 2010).

When curative treatments are no longer viable, the focus of healthcare shifts towards end-of-life care. This involves addressing the holistic needs of patients, including their physical comfort, emotional well-being, and spiritual considerations. Fostering meaningful connections with the patient's family is equally crucial, as it ensures a supportive environment for those grappling with impending loss. A peaceful death is a fundamental right, and providing this requires a collaborative and human-centered approach (Charalambous & Kaite, 2013). However, significant disparities exist in the availability and quality of end-of-life care across the globe. While developed nations have made considerable advancements in this field, many low-

and middle-income countries face stark limitations. Resource constraints, inadequate infrastructure, and a shortage of trained professionals render such care inaccessible to large segments of the population.

The attitudes of nurses towards caring for dying patients profoundly influence the quality of care provided. Positive attitudes enable nurses to deliver compassionate and effective support to patients and their families, fostering an environment of dignity and peace during a profoundly vulnerable time (Zheng *et al*., 2015). Conversely, negative attitudes, often stemming from discomfort with death, emotional exhaustion, or insufficient training, can impede the delivery of quality care and exacerbate the distress experienced by patients and their families (Noor & Noor, 2016). Research highlights several factors that shape nurses' attitudes towards end-of-life care. Demographic characteristics, including age, religious beliefs, and personal experiences with terminally ill patients, play a role in shaping these perspectives. Professional experience and educational background further influence attitudes, with studies indicating that exposure to training programs and hands-on experience with end-of-life care are associated with more positive outlooks (Wang *et al*., 2017).

In Bangladesh, the demand for skilled end-of-life care is particularly acute. Terminal illnesses such as cancer, chronic kidney disease, and degenerative neurological disorders disproportionately affect a growing population (Rahman *et al*., 2016). Nurses, as frontline caregivers, are integral to addressing this need. Yet, limited research has been conducted on the factors influencing their attitudes and practices regarding end-of-life care within the country. Given the unique cultural, social, and systemic challenges in Bangladesh, understanding nurses' attitudes is essential to designing effective interventions. For instance, societal norms surrounding death and dying, coupled with limited access to palliative care training, can hinder nurses' ability to provide empathetic and patient-centered care. Additionally, the emotional burden of caring for terminally ill patients in resource-limited settings can negatively impact nurses' well-being and professional efficacy.

In Bangladesh, where terminal illnesses like cancer and progressive neurological diseases affect millions (Rahman *et al.*, 2016), the need for compassionate end-of-life care is particularly pressing. Despite the critical role of nurses in this domain, limited research exists on the factors influencing their attitudes towards caring for dying patients within the country. To bridge this gap, this study aims to assess nurses' attitudes and explore the demographic and job-related characteristics that shape their perspectives, providing a foundation for improving end-of-life care practices in hospitals.

## METHODOLOGY

This research utilized a descriptive-correlational study design to explore and describe the factors associated with nurses' attitudes toward the care of dying patients. This approach allowed the researcher to investigate relationships between various demographic and job-related characteristics of nurses and their attitudes as measured by the Frommelt Attitude Toward Care of the Dying (FATCOD) scale. The study aimed to provide valuable insights into the factors influencing end-of-life care practices, serving as a foundation for enhancing palliative care services.

This study was conducted at Dhaka Medical College Hospital, focusing on nurses working in critical care settings, including the intensive care unit (ICU), palliative care unit, oncology, and neuro-medicine departments. Participants were recruited using a convenience sampling technique, with eligibility criteria requiring at least one year of work experience in their respective wards and a willingness to participate in the study. The sample size was calculated using computer software, accounting for a minimum significance level ($\alpha$) of 0.05, a power of 0.80, and an estimated effect size of 0.30. To address a potential 30% non-response rate, 123 questionnaires were distributed, and 103 were completed and returned, yielding a response rate of 83%.

This study employed a self-administered questionnaire divided into three sections: demographic characteristics, job-related characteristics, and the FATCOD scale. The questionnaire was pilot-tested with 12 nurses to ensure clarity and relevance. The FATCOD scale, a validated tool, consists of 30 items on a five-point Likert scale, measuring attitudes toward caring for dying patients (Frommelt, 1991). Scores range from 30 to 150, with higher scores indicating more positive attitudes. Content validity was assessed by experts in nursing management and palliative care to ensure cultural relevance in the Bangladeshi context. Data collection was conducted from February 13 to March 3, 2018, following ethical approval from the Institutional Review Board (IRB) of NIANER and BSMMU. Permission was obtained from hospital authorities and departmental heads. Written consent was secured from participants, and questionnaires were distributed and collected through ward in-charges.

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 23. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated to summarize demographic data and FATCOD scores. Inferential statistical methods, such as two-sample t-tests, ANOVA, and Pearson correlation, were applied to explore relationships between demographic and job-related characteristics and nurses' attitudes. Ethical considerations were strictly adhered to throughout the study. Approval from the IRB ensured compliance with ethical guidelines, and informed

consent safeguarded participants' autonomy. Confidentiality and anonymity of the participants were maintained by assigning unique codes to each questionnaire. The researcher ensured that participation was voluntary, and participants were free to withdraw at any stage without repercussions. These measures upheld the ethical integrity of the study while fostering trust among participants.

## RESULTS

The demographic characteristics of the participants (N=103) in the table 1 reveals that the majority of the nurses (87.4%) were aged between 22 and 32 years, with a mean age of 28.55 years (± 5.52). Female nurses dominated the sample, comprising 92.2% of the participants, while only 7.8% were male. Regarding marital status, most nurses were married (63.1%), followed by single (35%), and a small proportion (1.9%) were divorced. In terms of religion, Islam was the most prevalent (70.9%), followed by Hinduism (26.2%) and Christianity (2.9%). Educational qualifications showed that 83.5% of participants held a diploma in nursing, 10.6% had a B.Sc. in Nursing, and 5.8% had completed a master's degree. Work settings were predominantly in the Intensive Care Unit (53.4%), followed by neuro-medicine (26.2%), oncology (11.7%), and palliative care (8.7%). Additionally, a significant proportion (88.3%) of participants reported previous experiences with the loss of a close one, highlighting their personal exposure to bereavement.

**Table 1: Demographic characteristics of the participants (N=103)**

| Variable | Category | n | % | Mean (± SD) |
|---|---|---|---|---|
| Age (in year) | 22-32 | 90 | 87.4 | 28.55(±5.52) |
| | 33-43 | 8 | 7.8 | |
| | ≥44 | 5 | 4.9 | |
| Gender | Male | 8 | 7.8 | |
| | Female | 95 | 92.2 | |
| Marital status | Single | 36 | 35 | |
| | Married | 65 | 63.1 | |
| | Divorced | 2 | 1.9 | |
| Religion | Islam | 73 | 70.9 | |
| | Hindu | 27 | 26.2 | |
| | Christian | 3 | 2.9 | |
| Education | Diploma | 86 | 83.5 | |
| | B. Sc in Nursing | 11 | 10.6 | |
| | Masters | 6 | 5.8 | |
| Work settings | Intensive Care Unit | 55 | 53.4 | |
| | Palliative Care Unit | 9 | 8.7 | |
| | Oncology | 12 | 11.7 | |
| | Neuro-medicine | 27 | 26.2 | |
| Previous experiences with loss of any close one | Yes | 91 | 88.3 | |
| | No | 12 | 11.7 | |

In the table 2, the job-related characteristics of the participants (N=103) illustrates that most nurses (89.3%) had 1–10 years of service experience in nursing, with a mean service duration of 6.18 years (± 5.05). Similarly, the majority (92.2%) had 1–5 years of working experience in their current department, with a mean duration of 2.13 years (± 2.91). Regarding training on caring for dying patients, only 24.3% of participants reported receiving such training, while the majority (75.7%) had not. Despite the limited formal training, 88.3% of nurses had prior experience caring for dying patients. Participants reported moderate levels of job satisfaction and work environment perceptions, with mean scores of 3.35 (± .393) and 3.23 (± .420), respectively, on a 5-point scale.

**Table 2: Job related characteristics of participants (N=103)**

| Variable | Category | n | % | Mean (±SD) |
|---|---|---|---|---|
| Service experience in nursing (in years) | 1-10 | 92 | 89.3 | 6.18(±5.05) |
| | 11-20 | 9 | 8.7 | |
| | ≥21 | 2 | 1.9 | |
| Working experience in this department (in years) | 1-5 | 95 | 92.2 | 2.13(±2.91) |
| | 6-10 | 5 | 4.9 | |
| | ≥11 | 3 | 2.9 | |
| Training on caring of dying patient | Yes | 25 | 24.3 | |

| Variable | Category | n | % | Mean (±SD) |
|---|---|---|---|---|
| | No | 78 | 75.7 | |
| Previous experiences caring of dying patient | Yes | 91 | 88.3 | |
| | No | 12 | 11.7 | |
| Work satisfaction | | | | 3.35(±.393) |
| Work Environment | | | | 3.23(±.420) |

The findings in Table 3 reveal the attitudes of nurses toward caring for dying patients based on the Frommelt Attitudes Toward Care of the Dying Scale. The mean total attitude score was 105.68 (± 7.21), indicating generally moderate to positive attitudes. Nurses strongly valued caring for dying patients as a learning experience (Mean = 4.59 ± .494) and supported family involvement in care (Mean = 3.98 ± .700). High agreement was also seen for statements such as the necessity of emotional support for families (Mean = 4.21 ± .605) and the value of maintaining normalcy for dying patients (Mean = 4.40 ± .492).

Conversely, some items reflected discomfort or negative attitudes, such as feeling uneasy discussing death (Mean = 2.78 ± 1.298) or entering a terminally ill patient's room when they were crying (Mean = 3.75 ± .987). There was ambivalence about whether addiction to pain-relief medication should be a concern (Mean = 3.05 ± 1.166) and whether educating families about death was a nursing responsibility (Mean = 3.40 ± 1.088). Interestingly, a significant number of nurses believed in withdrawing involvement as death approached (Mean = 3.70 ± 1.187), reflecting possible discomfort with emotional engagement.

**Table 3: Nurses' attitude towards caring of dying patient according to the Frommelt Attitudes Toward Care of the Dying Scale Scores (N=103)**

| | Mean (±SD) |
|---|---|
| 1. Giving nursing care to the dying person is a valuable learning experience. | 4.59 (±.494) |
| 2, Death is not the worst thing that can happen to a person. | 3.71(±1.257) |
| 3. I would be uncomfortable talking about oncoming death with the dying person. | 2.78(±1.298) |
| 4. Nursing care for the patient's family should continue throughout the period of grief and bereavement. | 4.02(±.754) |
| 5. I would not want to be assigned to care for a dying person. | 4.26(±1.093) |
| 6. The nurse should not be the one to talk about death with the dying person. | 2.17(±.876) |
| 7. The length of time required to give nursing care to a dying person would frustrate me. | 3.17(±1.183) |
| 8. I would be upset when the dying person I was caring for gave up hope of getting better. | 1.85(±.550) |
| 9. It is difficult to form a close relationship with the family of a dying person. | 2.94(±1.145) |
| 10. There are times when death is welcomed by the dying person. | 4.26(±.610) |
| 11. When a patient asks "Nurse am I dying?' I think it is best to change the subject to something cheerful. | 2.19(±1.189) |
| 12. The family should be involved in the physical care of the dying person. | 3.98(±.700) |
| 13. I would hope the person I'm caring for dies when I am not present. | 3.73(±1.198) |
| 14. I am afraid to become friends with a dying person. | 4.17(±.876) |
| 15. I would feel like running away when the person actually died. | 4.26(±.840) |
| 16. Families need emotional support to accept the behavior changes of the dying person. | 4.21(±.605) |
| 17. As a patient nears death, the nurse should withdraw from his/her involvement with the patient. | 3.70(±1.187) |
| 18. Families should be concerned about helping their dying member make the best of his/her remaining life. | 4.17(±.628) |
| 19. The dying person should not be allowed to make decisions about his/her physical care. | 3.64(±1.267) |
| 20. Families should maintain as normal an environment as possible for their dying member. | 4.40(±.492) |
| 21. It is beneficial for the dying person to verbalize his/her feelings. | 3.91(±.715) |
| 22. Nursing care should extend to the family of the dying person. | 3.74(±.874) |
| 23. Nurses should permit dying persons to have flexible visiting schedules. | 3.87(±.652) |
| 24. The dying person and his/her family should be the in-charge decision-makers. | 3.66(±.847) |
| 25. Addiction to pain relieving medication should not be a nursing concern when dealing with a dying person. | 3.05(±1.166) |
| 26. I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying. | 3.75(±.987) |
| 27. Dying persons should be given honest answers about their condition. | 3.59(±.954) |
| 28. Educating families about death and dying is not a nursing responsibility. | 3.40(±1.088) |

| | Mean (±SD) |
|---|---|
| 29. Family members who stay close to a dying person often interfere with the professionals' job with patient. | 1.95(±.531) |
| 30.It is possible for nurses to help patients prepare for death. | 2.56(±1.426) |
| **Mean Attitude score** | **3.45(±.247)** |
| **Total Attitude score** | **105.68(±7.21)** |

The results in Table 4 demonstrate the association between demographic characteristics and nurses' mean attitude scores toward caring for dying patients. While most demographic variables, such as age (r = .041, p = .683), gender (p = .185), marital status (p = .855), religion (p = .305), and education level (p = .220), showed no statistically significant association with mean attitude scores, certain factors were significant. Notably, work settings had a significant association (F = 4.298, p = .007), with nurses in palliative care units displaying the highest mean attitude score (3.70) compared to other units. Additionally, previous experiences with the loss of a close one significantly influenced attitude scores (t = 4.841, p = .000), with those having such experiences scoring higher (Mean = 3.47 ± .251) than those without (Mean = 3.27 ± .109).

**Table 4: Association between demographic characteristics and nurse's mean attitude score**

| Variable | Category | Mean (±SD) | r/t/F | p |
|---|---|---|---|---|
| Age | | | .041 | .683 |
| Gender | Male | 3.56(±.214) | 1.336 | .185 |
| | Female | 3.44(±.249) | | |
| Marital status | Single | | .157 | .855 |
| | Married | | | |
| | Divorced | | | |
| Religion | Islam | | 1.203 | .305 |
| | Hindu | | | |
| | Christian | | | |
| Education | Diploma | | 1.536 | .220 |
| | B Sc in Nursing | | | |
| | Masters | | | |
| Work settings | Intensive care unit | 3.43 | 4.298 | .007 |
| | Palliative care unit | 3.70 | | |
| | Oncology | 3.35 | | |
| | Neuro-medicine | 3.43 | | |
| Previous experiences with loss of any close one | Yes | 3.47(±.251) | 4.841 | .000 |
| | No | 3.27(±.109) | | |

The results in Table 5 indicate the association between nurses' job-related characteristics and their mean attitude scores toward caring for dying patients. Variables such as total service experience in nursing (p = .812), working experience in the current department (p = .743), training on caring for dying patients (p = .120), and previous experience caring for dying patients (p = .124) showed no statistically significant association with mean attitude scores. However, work satisfaction (r = .367, p = .000) and work environment (r = .393, p = .000) demonstrated significant positive associations with mean attitude scores. Nurses who reported higher satisfaction with their work and a better work environment had more positive attitudes toward caring for dying patients.

**Table 5: Association between mean attitude score with nurses' job-related characteristics**

| Variable | Category | r/t/F | p |
|---|---|---|---|
| Service experience in nursing (in years) | 1-10 | .209 | .812 |
| | 11-20 | | |
| | ≥21 | | |
| Working experience in this department (in years) | 1-5 | .298 | .743 |
| | 6-10 | | |
| | ≥11 | | |
| Training on caring of dying patient | Yes | 1.598 | .120 |
| | No | | |
| Previous experiences caring of dying patient | Yes | 1.610 | .124 |
| | No | | |
| Work satisfaction | | .367 | .000 |
| Work environment | | .393 | .000 |

## DISCUSSION

Findings from this study provide an insightful overview of Bangladeshi nurses' attitudes toward caring for dying patients. The lack of prior research on this topic within the Bangladeshi context highlights the significance of this study in bridging the gap in literature. Understanding nurses' attitudes is critical because of their integral role in end-of-life care, a challenging and sensitive aspect of nursing practice.

As healthcare professionals, nurses often deal with the complexities of caring for dying patients and supporting their families. This responsibility can be one of the most emotionally demanding aspects of their profession. Studies have shown that nurses' attitudes toward dying patients significantly influence their behavior and the quality of care provided (Cevik & Kav, 2013). These attitudes are shaped by personal, cultural, and professional factors, and they vary between individuals (Arslan *et al*., 2014).

The present study revealed that nurses in Bangladesh have moderately positive attitudes toward caring for dying patients, as reflected by a mean score of 105.68 (±7.21) on the Frommelt Attitude Toward Care of the Dying (FATCOD) scale. When compared to similar studies conducted in other countries, Bangladeshi nurses demonstrated more positive attitudes than those reported in Turkey (99.9 ± 8.7) (Cevik & Kav, 2013) and Palestine (96.96 ± 8.30) (Noor & Noor, 2016). However, studies on nursing students often show higher scores. For instance, nursing students in the United States scored 126.4 (±8.81) (Conner *et al*., 2014), in Italy 115.20 (±7.86) (Leombruni *et al*., 2014), and in Sweden 119.5 (±10.6) (Hagelin *et al*., 2016). This difference could be attributed to the structured academic focus on end-of-life care in developed countries, highlighting the need for similar educational emphasis in Bangladesh.

Several factors influence nurses' attitudes toward caring for dying patients, and these factors vary across contexts. Age is one such factor. A study in Jordan found that nurses aged 40 years or older had more neutral-acceptance attitudes toward death than younger nurses (Hasheesh *et al*., 2013). However, the present study did not find any significant association between age and attitudes toward caring for dying patients, suggesting that age may not be a determinant in the Bangladeshi context.

Gender, education level, and years of service experience were also not significant indicators of nurses' attitudes in this study, aligning with findings from research conducted in Erbil city (Abdullah *et al*., 2014). This contrasts with a study by Hasheesh *et al*. (2013), which identified gender and service experience as significant factors influencing attitudes. These discrepancies underscore the need for further research to explore the interplay of demographic characteristics and cultural contexts in shaping attitudes.

Departmental work settings emerged as a notable factor in this study. Nurses working in palliative care units exhibited more positive attitudes toward caring for dying patients compared to their peers in other departments. This could be due to their greater exposure to end-of-life care, enabling them to develop a deeper understanding and empathy for dying patients. Similar findings have been reported by Park and Yeom (2014), emphasizing the value of specialized palliative care training and experience in fostering positive attitudes.

The study also highlighted the impact of personal experiences on attitudes. Nurses who had previously experienced the death of a close one demonstrated significantly higher positive attitudes than those who had not. This finding aligns with a study in Italy, where nursing students with personal loss experiences exhibited more compassionate attitudes toward dying patients (Leombruni *et al*., 2014). These results suggest that personal encounters with loss may deepen empathy and understanding, shaping more positive attitudes in professional settings.

Another critical finding was the significant relationship between job satisfaction, work environment, and nurses' attitudes toward caring for dying patients. Nurses who reported higher levels of job satisfaction and a supportive work environment had more positive attitudes. This highlights the importance of fostering a conducive work environment and addressing factors that enhance job satisfaction to improve the quality of end-of-life care. Notably, previous studies, such as one conducted by Kock (2011), did not find a significant relationship between these factors and attitudes, indicating that the dynamics of job satisfaction and work environment may vary across cultural and institutional contexts.

Overall, the findings of this study indicate that Bangladeshi nurses possess moderately positive attitudes toward caring for dying patients. Key factors influencing these attitudes include workplace setting, personal experiences with loss, job satisfaction, and the work environment. Addressing these factors through targeted interventions, such as specialized training in palliative care, supportive workplace policies, and initiatives to enhance job satisfaction, could further improve attitudes and, consequently, the quality of care provided to dying patients.

## CONCLUSION

This study underscores the importance of understanding and addressing nurses' attitudes toward end-of-life care in Bangladesh. It highlights the need for ongoing education and training, particularly in palliative care, and the value of creating supportive work environments. By addressing these areas, healthcare institutions can empower nurses to provide compassionate and high-quality care for dying patients, ultimately enhancing patient and family experiences

during the most challenging phases of life. Further research is recommended to explore the nuanced interplay of cultural, institutional, and individual factors in shaping attitudes toward caring for dying patients in different contexts.

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