Nurses Attitudes Regarding Care of Dying Patients at Oncology Centers

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ABSTRACT

Background: End-of-life care pertains to the healthcare and assistance that patients have when confronted with a life-threatening disease. Many medical personnel in Iraq are still uninformed about and undertrained in handling the EOL issue, despite the country's growing need for EOL treatment. The study aim to assess the direction of nurses' attitude regarding care of dying patients at oncology centers, examine the relationships between nurse's attitude and demographic variables.

Materials and Methods: A cross-sectional design was conducted on Iraqi nurses in Middle Euphrates at three centers (N =150). Data analysis included descriptive statistics and Kruskal-Wallis H, Mann-Whitney U analysis.

Results: shows that the total mean score for nurses attitudes was positive (93.39 (SD ±30.28), analysis reveals it is evident that there are statistically significant differences between those who are provided care for dying patients or not in terms of their attitude (p= 0.000) also nurses who attended educational session had significant differences than not attended. Therefore, end-of-life care education is necessary for nurses.

Key words: Attitudes, Cancer, Dying, Palliative care, Nurses

INTRODUCTION

Cancer is distressful for the patient but can also be devastating for the family as well. In order to provide patients with the best possible care, it is important to control their pain and symptoms, maintain their utmost well-being, minimize their physical dependence, create a space where they can spend time with their loved ones, and assist them in completing their unfinished business 1.

The patient suffers in several ways when end-of-life care is not given. Ineffective end-of-life care, particularly in the area of pain management, can make a patient feel despondent, physically weak, and unable of making decisions about their own care due to a lack of knowledge 2.

Patients nearing the end of their lives would rather get comfort-oriented care than treatment-oriented care; in other words, they want their pain to be lessened and their sleep issues to be resolved. Additionally, patients express a want to end their lives in a setting that upholds their dignity, honors their choices, treats them with compassion, and makes them feel important. They also express a preference to end their lives after two days of anguish rather than two years of suffering 3.

In the nursing profession, nurses are essential, and they must be knowledgeable in every aspect of the profession. Providing care to patients who are nearing the end of their lives is one of the hardest things a nurse must do. A correct understanding of end-of-life care is necessary before a nurse can care for patients who are nearing the end of their lives and interact with their families 4.

When it comes to providing care for patients who are dying, nurses have crucial duties and responsibilities toward patients and their families 5.

A nurse is a medical professional who aids patients in their recovery and upkeep of good health and mental stability. On the other hand, nurses who work closely with patients nearing the end of their lives are emotionally impacted by them 6.

The nurses in the critical care unit were in dire need of emotional support since they handled death and dying on a daily basis and were constantly exposed to sadness and dread while working in intensive care 7.

The study found that among them, health care professionals (HCPs) expressed anxiety while discussing mortality or even just mentioning death to family members. Thus, in order to enhance the standard of palliative nursing care in the future, the researchers are interested in learning about the attitudes of nurses on end-of-life care and the elements that are linked to them.

MATERIALS AND METHODS

Quantitative study / descriptive design (A convenient non-probability) sample was selected about (150) nurses has been carried out for the period between 1st October 2022 to 8th April 2024.The study was conducted in Middle Euphrates Governorates, in independent oncology centers (Babylon Center for Oncology, Imam Hussein Center and National Hospital for Oncology and Hematology).The tool which used to facility data collection contains three parts (Demographical Data for Nurses, Employment characteristics for Nurses and Frommelt Attitudes Toward Care of the Dying Scale the FATCOD (Form A) g).The researcher conducted a pilot study in period 2nd July to 20th July 2023 to examine the reliability of the tool used in this study. Data collection was started by using tool which fill out by nurses.

ETHICAL CONSIDERATION AND PERMISSION:

This study was part of a thesis approved by the Ministry of Health\ Babylon Health directorate \ Training and Human Development Center\Research Committee\ with Form number 03\2021 , approval number and date (66 -26\7\2023) after reviewing the research protocol, research tools, and the written consent of the participants, and it was completed. Before data collection, a written informed consent form was signed by all included nurses. Besides, they were allowed to refuse

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to participate in the study without any consequences. Likewise, to observe the ethical consideration.

The informed consent was obtained from all nurses to participate in study .The researcher emailed the main author to get an ethical permission to use Frommelt Attitudes Toward Care of the Dying Scale the FATCOD (Form A)

RESULTS OF THE STUDY

The researcher discovered that the study sample's demographic data indicated that the average age was 27.18 years. The age range of 25 to 29 years old made up the largest share. In terms of gender, around one-third of study participants were female nurses (62.0%), and most had a nursing diploma (61.3%) as their highest level of schooling.

The years of experience in the oncology unit, those with 1-3 years of experience constituted the majority at 63.3%.Regarding the number of beds in their units, the majority of nurses reported having less than 20 beds in their unit (88.0%).In terms of providing end-of-life care for dying patients, the majority of nurses had previously provided care for dying patients (79.3%),Finally, approximately half of the study participants had not attended any education of sessions related to the care of dying patients (50.7%).

Table 1. showed that nurses' general attitudes regarding caring for patients who are dying vary; they scored anywhere from 46 to 129 on the evaluation scale. The average score for everyone was determined to be 93.39 (SD = 30.20). Notably, the study's criteria show that a sizable majority of nurses (70.7%) had favorable opinions on treatment provided to patients nearing the end of their lives. Regarding nurses' attitudes, the table 2. Showed that statistically significant differences between male and female nurses, but no significant differences across age groups. It is evident that there are statistically significant differences in nurses' attitudes in driving home dying patients between different educational levels.

Table 1. Overall Nurses Attitudes towards Care for Dying Patients

Scale	Min.	Max.	M	SD	Score	No.	%
Nurses Attitudes (30 Q)	46	129	93.39	30.20	Negative (30-90)	44	29.3
					Positive (90.1-150)	106	70.7
					Total	150	100.0

Min.: Minimum; Max.: Maximum, M: Mean for total score, SD=Standard Deviation for total score

Table 2. Differences in the Nurses Knowledge with demographical data

Variables	knowledge			Kruskal-Wallis H/ Mann-Whitney U	d.f	Asymp. Sig.
	Ranks					
Items	Sub- items	N	Mean Rank			
Age Groups	20-24 years	31	59.10	7.139	3	.068
	25-29 years	87	76.93			
	30-34 years	21	88.79			
	35-40 years	11	85.05			
Gender	Male	57	90.94	1770.500		.001
	Female	93	66.04			
Education level	Diploma	92	66.96	9.392	2	.009
	BSc.	55	89.24			
	Master	3	85.67			

Table 3. Differences in the Attitude Knowledge with employment characteristics

Variables	Knowledge			Kruskal-Wallis H/ Mann-Whitney U	d.f	Asymp. Sig.
items	Ranks					
	Sub- items	N	Mean Rank			
Experiences	1-3 years	95	72.38	1.446	2	.485
	4-6 years	41	81.89			
	> 6 years	14	77.93			
Bed No. in oncology Unit	< 20 bed	132	79.05	7.479	2	.024
	20-30 bed	16	49.03			
	>30 bed	2	53.25			
No. Bed under nurse Responsibility	<5 bed	48	74.46	7.714	2	.021
	5-10 bed	99	78.05			
	>10 bed	3	8.17			
Provided End-of-life Care for Dying Patients	Yes	119	87.29	441.000		.000
	No	31	30.23			
Education sessions	Yes	74	85.68	2058.500		.004
	No	76	65.59			

The Mann-Whitney U analysis shows a statistically significant difference in the attitudes of nurses who provided end-of-life care for patients who were dying, as seen in the table 3. It's clear that there are statistically significant attitudes (p=0.004) between individuals who attend instructional sessions regarding caring for dying patients and those who do not.

DISCUSSION

1. Nurses' attitude

One of the most important areas of nursing profession is providing care to patients who are dying; this needs a thorough awareness of physical, psychological, and emotional issues. An evaluation scale was used in a recent study to gauge nurses' attitudes and knowledge about caring for patients who are dying, and the results showed that participants' responses varied widely. The results of this study, which demonstrate the variation in nurses' attitude direction and the consequences for patient care, will be covered in detail in this discussion.

The findings of this study shed light on the diverse attitudes held by nurses when it comes to caring for dying patients. The assessment scale used in the study revealed a wide range of scores, indicating that nurses' attitudes toward end-of-life care vary considerably. The scores ranged from a minimum of 46 to a maximum of 129, showing that there is no uniform or standard approach among nurses in this critical aspect of healthcare.

One of the most significant takeaways from this research is the collective average score of 93.39, with a standard deviation of 30.20. This suggests that, on average, nurses tend to have moderately positive attitudes towards end-of-life care. However, the substantial standard deviation indicates that this average mask a considerable amount of variability among individual nurses' attitudes.

The study finding agree with Alshammari and others, they conduct a study to assess Registered Nurses' attitudes towards end-of-life care: A sequential explanatory mixed method study in Saudi Arabia the result showed that Nurses have a positive attitudes towards caring for dying patients and their families in the majority of items 8.

2. Demographic Characteristics of the Study Sample

With a standard deviation of 3.73 years, the mean age of nurses who provide care for patients who are dying is comparatively young, at 27.18 years. Alnajar and colleagues used a descriptive cross-sectional design to investigate the knowledge and attitudes of Jordanian registered nurses toward cancer pain management among nurses at oncology units. They discovered that the age range of the participants was 23 to 50 years old (M = 28.1, SD = 4.09), which is similar to our study's findings 9.

The gender distribution of study participants indicates that approximately two-thirds (62.0%) of nurses who provide care for patients who are dying are female. This finding is consistent with a study by Admass and colleagues that found 37.7% of study participants were male and 62.3% of oncology nurses were female 10.

The majority of nurses, or 63.3%, have one to three years of experience. Those with four to six years of experience come in second at 27.3% and those with more than six years at 9.3%. The current study supports the findings of Admass and colleagues, who discovered that while 9.4% of study participants had more than three years of experience, the majority of oncology nurses (52.2%) had one to three years of experience working in an oncology unit 10.

The study found that 50.7% of participants had not participated in any educational sessions pertaining to the treatment of patients who are dying. According to research conducted by Ayed and colleagues to assess nurses' knowledge and attitudes toward palliative care in Palestine. The majority of nurses (59.4%) received educational and training courses about end-of-life care (EOL), while 40.6% did not receive any educational program to provide EOL care in oncology units 11.

3. Nursing attitude related to age

According to the analysis of research results there isn't a statistically significant differences among age groups with respect to nurses' attitudes. This result agree with Yuzar's conclusion that there was no correlation between nurses' opinions toward palliative care and age was supported by this outcome 12.

The researcher concluded that other factors, such as the nurse's work position and the education variables, were probably more significant in influencing respondents' attitudes in this study and might account for the discrepancy in results.

4. Nursing attitude related to gender

The finding indicated that a statistically significant association between nurses gender in their attitude. Male nurses had higher rank from female nurses. The researcher thought this result related to the high level of knowledge for male nurses lead to increase rank of attitude despite the fewer sample size for them. Washington and colleagues studied (289) hospice health workers (76.1% of whom were women). They concluded that, females exhibited poor self-esteem and had a worse impact on their health and family support than males did 13.

5. Nursing attitude related to Educational level

The analysis's findings also demonstrated a strong correlation between nurses' attitudes about palliative care and their educational attainment, with higher educational attainment being associated with better attitudes toward providing care for patients near the end of their lives. Furthermore, This result agree with Yuzar and his collogues they concluded in their study to assess Nurses' Knowledge and Attitudes

towards Palliative Care there was a significant relationship between the level of education and the attitudes of nurses in palliative care. This might be because nurses with master's degrees are thought to have advanced and specialized knowledge that could impact this field in the future 13.

6. Nursing attitude related to Years of Experience:

The finding of the study revealed that there isn't significant association between years of experience and nurses attitude. This result disagree with Fauziningtyas study, they shows that there is a relationship between the lengths of work with the nurses' attitudes in palliative care. The nurses who had a longer work period have gained a lot of experience 14.

The researcher thought that this result occur because small years of experience in oncology centers nurses , only N.14 nurse had more than 6 years' work from total sample.

7. Nursing attitude related to Experience with End-of-Life Care:

The study showed that there are statistically significant differences between those who are provided care for dying patients and attitudes (*p= 0.000*). Croxon and other, concluded that greater exposure to end-of-life care led to greater acceptance to provide end-of-life care, which, in turn, resulted in more positive overall attitudes 15.

8. Nursing attitude related to Participation in Education Programs:

Based on the study results, it can be inferred that there is a correlation between nurses' views about palliative care and their palliative training (P value = 0.004). The present finding was also in agreement with the findings of Sabaq & Khalaf, who stated that after program implementation, the highest percentage of nurses had positive attitude towards neonatal palliative care 16.

CONCLUSION

The way that nurses treat patients who are near death has a significant impact on the kind of care that these patients get. This study demonstrated that nurses had a favorable attitude about caring for patients who were dying. This may be influenced by demographic factors and employments characteristics therefore the researcher consider these factors and concluded that providing (giving) end of life care and participation in educational program are the most important factors that statistically significant differences with study variables.

THE STUDY LIMITATION

1. Some nurses refused to be involved in this study.
2. The area for data collection was very crowded.
3. Different working hours and days for some nurses.

participating Oncology Centers for their cooperation and facilitation of the study process. We would also like to thank all participating nurses for their time and cooperation.

REFERENCES

1. Yılmaz K, Yaralı S, Karaman S. Evaluation of Distress and Religious Coping Among Cancer Patients in Turkey. J Relig Health. 2019;58(3).
2. Thu H, Sukartini T. The Effectiveness of a Pain Management Program on Intensify of Pain and Quality of Life Among Cancer Patients in Myanmar. J Ners. 2017;12(2).
3. Kim M, Kim M. We want more than life-sustaining treatment during end-of-life care: Focus-group interviews. Int J Environ Res Public Health. 2021;18(9).
4. Costello J. Palliative care in hospital: Making the rhetoric of dying well a reality. International Journal of Palliative Nursing. 2012;18(5).
5. ANA. Nurses' Roles and Responsibilities in Providing Care and Support at the End of Life. ANA Position Statement. 2016.
6. Boyle DA. Occupational stress in oncology nurse caregiving: Caring for ourselves. Clinical Journal of Oncology Nursing. 2015;19(5).
7. Ranse K, Yates P, Coyer F. End-of-life care in the intensive care setting: A descriptive exploratory qualitative study of nurses' beliefs and practices. Aust Crit Care. 2012;25(1).
8. Alshammari F, Sim J, Lapkin S, *et al*. Registered Nurses' attitudes towards end-of-life care: A sequential explanatory mixed method study. J Clin Nurs. 2023;32(19–20).
9. Alnajar MK, Darawad MW, Alshahwan SS, *et al*. Knowledge and Attitudes Toward Cancer Pain Management Among Nurses at Oncology Units. J Cancer Educ. 2019;34(1).
10. Admass BA, Endalew NS, Tawuye HY, *et al*. Knowledge and attitude of ethiopian oncology nurses about cancer pain management: National survey. Cancer Manag Res. 2020;12(25).
11. Ayed A, Sayej S, Harazneh L, *et al*. The Nurses' Knowledge and Attitudes towards the Palliative Care. J Educ Pract. 2015;6(4).
12. Masli Y, Kartini H, Teuku T, *et al*. Nurses' Knowledge and Attitudes towards Palliative Care: A Study in a Western Province in Indonesia. Int J Nurs Educ. 2021;13(4).
13. Washington KT, Pike KC, Demiris G, *et al*. Gender Differences in Caregiving at End of Life: Implications for Hospice Teams. J Palliat Med. 2015;18(12).
14. Fauziningtyas et al. Determinants of Knowledge and Attitude related to Palliative Care Nurses. Int J Psychosoc Rehabil. 2020;24(7).
15. Croxon L, Deravin L, Anderson J. Dealing with end of life—New graduated nurse experiences. J Clin Nurs. 2018;27(1–2).
16. Sabaq A, Khalaf S. Effect of Educational Program on Nurses' Performance Regarding Neonatal Palliative Care. Tanta Sci Nurs J. 2016;10(1).