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Care of the Dying Patient: How Comfortable are Nursing Students Toward the Care of Dying Patients at the Completion of the Associate Nursing Degree Program?

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Care of the Dying Patient: How Comfortable are Nursing Students Toward the Care of
Dying Patients at the Completion of the Associate Nursing Degree Program?

By

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A thesis submitted to the faculty of
Gardner-Webb University School of Nursing
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Abstract

People are living longer today due to lifestyle changes and treatment of illnesses. End of life nursing care has become a field of nursing practice that requires focus on meeting the needs of the patient and family. Nurses are central figures in advocating for interventions that minimize burden and distress and enhance quality of life for their patients. Given these extremely important responsibilities, new nurses must be adequately prepared to provide sensitive, quality of care for patients at the end of life. This quantitative study assessed how comfortable nursing students feel toward the care of dying patients at the completion of an associate nursing degree program. The subjects in this study were obtained by using a convenience sample of forty second year associate nursing degree students in one nursing program using a face-to-face recruitment method. The Frommelt Attitude Toward Care of the Dying Scale (FATCOD) was administered to a convenience sample of 40 second year associate degree nursing students during the last semester of their program. Participants' scores ranged from 111 points to 150 points. The median score for the group was 130 points and the average score was 128.3 points, which shows an overall positive attitude toward care of the dying amongst the participants.

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Care of the Dying Patient: How Comfortable are Nursing Students toward the Care of Dying Patients at the Completion of the Associate Nursing Degree Program?

Chapter I

Introduction

As the population of the United States ages, nurses will be required to provide care to an increasing number of patients at the end of life. Of all the members of the healthcare team, nurses spend the most time in direct care activities with dying patients and their family members. Nurses are central figures in advocating for interventions that minimize burden and distress and enhance the quality of life for their patients who are dying. Given these extremely important responsibilities, new nurses must be adequately prepared to provide sensitive, quality care for patients at the end of life. Therefore, there is a great need to educate student nurses about death and dying. Student nurses are often involved in caring for patients who are actively dying or have a terminal illness and are going to go through the process of dying. These students may encounter dying patients in hospitals, nursing homes, at home or in hospice care settings. Student nurses need to be prepared to take an active role in the care of dying patients. Often, student nurses are confronted with their own values, beliefs and previous experiences with death and nursing educators must take in to account the emotional impact of this particular learning process.

Purpose of the Study

The purpose of this study is to assess how comfortable nursing students feel toward the care of dying patients at the completion of an associate nursing degree program.

Assessing comfort levels of nursing students on the care of dying patients will help to identify if the nursing curriculum has prepared students to care for these types of patients.

“Healthcare systems in many parts of the world are adapting to the needs of a rapidly expanding aging population where many will live with chronic and degenerative diseases that will ultimately evolve into end-stage illness” (Brajtman, Fothergill-Bourbonnais, & Alain, 2009, pp.173). It has been identified that nurses’ experiences along with personal attitudes about death may somewhat be affected by the confidence level of communication on death and dying (White, Coyne, & Patel, 2001). Also, communication with terminally ill patients has been cited as a barrier to advanced care planning, achieving mutual goals between patients and family members, and as an area of conflict between patients and healthcare providers (Ferrell, Virani, Grant, & Juarez, 2000). Most nurses must deal with death and dying at some time during their careers and all nurses should have an understanding of the care people require at the end of life.

Background

Preparing future nurses to care for dying patients and their families represents a challenge for nursing education. Given the aging population and the foreseeable increase in demand for palliative care, nurses from diverse practice settings need to be better prepared to deal with the psychosocial and spiritual needs of the dying and their families (White et al., 2001). Research has identified that nursing students have anxieties about death, dying and caring for dying patients. Examining one’s attitudes towards death and dying needs to begin in the student years, when attitudes towards working with dying patients are formed (Hurtig & Stewin, 1990). Education is an effective strategy for addressing these concerns and

optimizing the quality of end of life care. Considerable literature supports the idea that educational programs positively change student nurses attitudes towards death and caring for people at the end of life (Mok, Lee, & Wong, 2002).

Social Significance

Every human being must eventually face the reality of death and dying, but nurses deal directly with this phenomenon frequently during daily care of patients. Student nurses are also involved in the care of people at the end of life, and death is a significant frequent event in the practice of nursing. Dying is the final portion of the life cycle for all of us. Providing excellent care to patients near the end of life, when curative means are either no longer possible or no longer desired by the patient, is an essential part of nursing and medicine (Ali & Ayoub, 2010). The American Geriatrics Society (AGS) recognizes that most people near the end of life want their healthcare providers to honor their wishes and goals and to help them maintain their dignity and independence while relieving symptoms and maximizing comfort. To provide quality care at the end of life, nurses must not only possess knowledge and skills to provide effective care but also develop attitudes and competence to provide compassionate care.

Significance for Nursing

Some of the roles of a nurse are supporter, facilitator, advocate and caregiver. Nurses play a central role in communicating the patient's and family's needs and concerns to the physician and healthcare providers because of their increased interactions with patients and their families. Therefore, nurses are recognized as valuable and essential members of the healthcare team. Upon graduation, nurses are expected to have developed

fundamental competencies in end of life care that include knowledge of the dying process, symptom control, ethical frameworks and decision-making, and the psychological care and support required to meet the emotional needs of the patient and family (Brajtman et al, 2009).

Research Question

How comfortable are nursing students toward the care of dying patients at the completion of the associate nursing degree program?

Conceptual Framework

Kolb's Experiential Learning Theory provided the conceptual framework for this study. Kolb's theory describes learning as the process whereby knowledge is constructed through the transformation of experience. This theory identifies learning as a lifelong process resulting from continual person and environment interaction and involves feeling, perceiving, thinking and behaving. Kolb describes a cyclical learning process which requires the use of four types of learning competencies. The first stage is concrete experience competencies that enable individuals to become immersed in actual situations. The second stage is reflective observation competencies which allow individuals to reflect upon these experiences from different perspectives. Stage three is abstract conceptualization competencies that are used to develop symbolic representations or explanations of what has been experienced. In the last stage, active experimentation competencies are employed to test hypotheses derived from the previously developed theoretical explanations in attempts to solve practical problems (Kolb, 1984).

Kolb also identified four learning styles which correspond to these stages.

These styles are:

- assimilators, who learn better when presented with sound logical theories to consider
- convergers, who learn better when provided with practical applications of concepts and theories.
- accommodators, who learn better when provided hands-on experiences
- divergers, who learn better when allowed to observe and collect a wide range of information.

Kolb identifies the four learning style categories which relate to the competencies described in the learning cycle. Divergers have strong concrete experience and reflective observation. Assimilators have highly developed abstract conceptualization and reflective observation. Convergers have strong abstract conceptualization and active experimentation learning skills. Finally, accommodators have highly developed concrete experience and active experimentation learning competencies.

The experiential learning theory appears to be a view of learning compatible with the goals of nursing education, considering the holistic view of the learner and emphasis on both the cognitive and affective aspects of learning. Experiential training with patients at the end of life may allow students to gain a greater personal understanding of the death experience and enhance their confidence about being with dying patients and their families (Kwekkeboom, Vahl & Eland, 2003). It has been recognized that direct experience with dying patients is related to nurses' attitudes toward palliative care and personal anxiety regarding death. Kolb's experiential learning theory was used to guide this research to

assess the comfort levels of nursing students in the care of dying patients at the completion of the associate nursing degree program. According to Kolb, experiences are grasped through apprehension and comprehension. Apprehension is the student nurse participating in the care of a dying patient and comprehension is the student nurse learning how to care for the dying patient after the completion of an associate nursing degree program. Kolb's first stage, concrete experience which consists of divergers from Kolb's learning styles will enable students to become immersed in actual situations in the care of dying patients. The second stage is reflective observation where the student nurse can reflect upon these experiences which includes divergers and assimilators style of learning. In stage three, abstract conceptualization, the student nurse is able to explain what they have learned from caring for dying patients. Stage three learning styles include assimilators and convergers. The last stage, active experimentation consists of convergers and accommodators learning style in which student nurses learn to solve practical problems related to the care of dying patients.

Chapter II

Review of Literature

People are living longer today due to life style changes, advanced technology and treatment of illnesses. End of life care has become a field of nursing practice that requires intense focus on meeting the patients' and families' needs. Competency begins with an understanding of communication skills and quality end of life care. Studies have been conducted on nursing education regarding nurse attitudes toward caring for dying patients.

Brajtman, Fothergill-Bourbonnais, Casey, Alain, and Fiset (2007) conducted a quantitative study of 58 Canadian nursing students using a survey method. Students were fourth year graduating Bachelor of Science in nursing students. The Palliative Care Quiz and Frommelt Attitude Toward Care of the Dying Scale were used. Results indicated that students held positive attitudes toward caring for dying patients but one third did not feel adequately prepared to care for dying patients. Significance of this study is that students and educators agreed more emphasis on end of life care was needed. Limitations of the study included limited student response with only students interested in end of life care completing the survey and the nature of the study that relied on students memory of their program content and experiences over four years.

Degner and Gow (1988) used a longitudinal quasi-experiment to evaluate the effectiveness of two alternative approaches to preparing nurses for care of the dying: an integrated approach that included varying amounts of classroom and clinical exposure to death related issues, and a required course that included planned clinical practice. Students were tested before entering their junior year, at the end of their junior year and one year post

graduation. The sample included three hundred six students at the first posttest and one hundred seventy postgraduates at the second posttest. An experimental and control group were used in this study. Results indicated that death anxiety was reduced significantly in the experimental group by the time of the first posttest. There was no significant difference in death anxiety in the nursing control group at either posttest. The experimental group had significantly better attitudes toward care of the dying than did the nursing control group at all three testing's. At one year post graduation the experimental group reported more approach behaviors in caring for the dying than did the nursing control group. Limitations included a significantly smaller sample size at the second posttest which could have influenced the results of the study. The significance from the results of this study indicate that students who are exposed to death related issues in the classroom and clinical setting have significantly better attitudes toward the care of the dying.

Ali and Ayoub (2010) conducted a study to assess nurses' attitudes toward death and caring for dying patients and to examine relationships among demographic variables and nurse attitudes toward death and caring for dying patients. In this study a quantitative descriptive correlation design was used. This study used a convenience sample of one hundred ninety-seven nurses from an oncology center and a medical surgical department in a university hospital. One hundred forty-five nurses worked at the oncology center and fifty-two worked at the hospital. Two tools were used to collect data for the study. One was a structured questionnaire developed by the researcher which included demographic data to include participant's age, educational level, work place, years of experience and number of deaths

attended as well as the age of the deceased patients. The other tool was the Frommelt Attitude Toward Care of the Dying Scale (FATCOD). The main results of the study yielded that the majority of subjects (58%) had a fair or somewhat positive attitude level and there was no statistically significant relationship between nurses' age, years of experience, work place and the total score of the Frommelt Attitude Toward Care of the Dying Scale. On the other hand, there was a statistically significant relationship between nurses' educational level and number of deaths attended by the nurse and their score on the FATCOD scale. Nurses with higher education and repeated attendance of deaths had a more positive attitude toward care of dying patients. Limitations are the need for further study including different healthcare settings. The significance of this study indicates that further research needs to be conducted on nursing education and positive attitudes toward the care of dying patients.

A quantitative research study using a multicenter survey was done on undergraduate nursing education regarding the care of dying patients at eight schools of nursing in Argentina. Six hundred eighty students from the first to fifth year were enrolled. Subjects included two hundred eighty-nine first year, fifty-five second year, one hundred forty-two third year, fourteen fourth year and one hundred eighty fifth year students. The response rate was very high with six hundred eighty students completing the questionnaires with only 1.5% of the students returning incomplete questionnaires which were discarded. An anonymous and voluntary twenty-four question survey on students' attitudes toward caring for dying patients was administered. Mutto, Errazquin, Rhabhans, and Villar (2010) revealed students' attitudes toward dying patients were highly positive. Students of the fifth

year expressed a less satisfying relationship with their patients than those of the first year; considered it as a less gratifying occupation, and also showed a greater preference for avoiding emotional involvement with those patients. This was attributed to the fact that in Argentina education on palliative care, death, and dying has not been made a part of the undergraduate nursing curriculum. Ninety-eight percent of the students spontaneously demanded more training in end of life care. In conclusion, this study revealed improvements in undergraduate nursing education related to end of life care is needed and would be well received by students.

In 2003, Frommelt conducted a quantitative quasiexperimental study to compare the relationship between an individual's attitude toward caring for terminally persons and their families, before and after participating in an educational program of study on death and dying. Participants were one hundred fifteen undergraduate students from any major area of study. The intervention group consisted of forty-nine and the control group was sixty-six students. Pre and post intervention measurements were done with the Frommelt Attitude Toward Care of the Dying Scale. Students in the intervention group participated in a semester-long educational program on death and dying. Significant change in attitude was found in the experimental group after participation in the educational program. In the experimental group, the mean score changed from a pretest score of 118.0 to a post-test score of 129.8. In the control group, the mean attitude score changed from 115.8 to 114.7. These results support the hypothesis of this study that persons who participate in an educational program on death and dying would have a more positive attitude toward caring for terminally ill patients. A limitation is the sample size and replicating it in an area where

true random sampling could be used is recommended by the researcher. Barrere, Durkin, and LaCoursiere (2008) conducted a study to evaluate the influence of End-of-Life Nursing Education Consortium (ELNEC) content integrated into a BSN program curriculum on students' attitudes toward caring for dying patients. A quasi-experimental longitudinal design was used. Participants completed two data collection forms at the beginning and end of the nursing programs. A questionnaire was used to elicit demographic characteristics and the main collection tool was the Frommelt Attitude Toward Care of the Dying Scale. The sample was drawn from a class of one hundred three senior baccalaureate nursing students, sixty-one in the traditional four-year curriculum and forty-two in the accelerated curriculum. Results from this research suggest that an ELNEC curriculum education program, when integrated throughout the curriculum, positively affected the attitudes of both traditional and accelerated Bachelor of Science nursing students' attitudes toward care of dying patients. Limitations include a small convenience sample from one university site was used and race, culture and ethnic backgrounds were not examined. Significance of this study indicates that more research needs to be conducted on the effects of incorporating end of life care into the nursing curriculum.

Thompson (2005) completed a project to assess the degree of change in comfort level that students experienced during the time they participated in an end of life course. Fourteen baccalaureate nursing students completed a four month course in end of life care. One student was male and thirteen were female. Students ranged in age from twenty to forty-six years old. The average age was thirty-three years. At the beginning of the course students were asked to complete an attitude checklist of fourteen statements relating to their

ideas on death and dying. On the final day of class, the students completed the same questionnaire evaluating their degree of comfort dealing with issues related to care of dying patients after completing the course. This quantitative study indicated that students had a significant increase in confidence level after the completion of the course. Students also believed that all parts of the program were beneficial to nurses and human beings. Limitations of the study were a small sample size and only one type of degree was evaluated.

Written instructional materials have also been a focus of research. One review of nursing textbooks uncovered deficiencies in both adequacy and accuracy of end of life care. As part of a project to strengthen nursing education in end of life care, content in major nursing education textbooks was evaluated for the amounts addressing communication and family caregiver topics. Fifty current nursing textbooks most frequently used in undergraduate nursing programs were analyzed. The methods included content analysis as well as quantification of the content present in the texts. The findings of this qualitative research revealed 2% of the overall content and 1.4% of chapters of nursing texts were related to end of life care. Of the end of life content 11% addressed communication and 5% concerned information on family caregivers. Based on the analysis, many texts have limited content on end of life care. Improvements in textbooks are essential to prepare nurses to care for patients at the end of life. No limitations were identified in this research study by Ferrill, Virani, & Gant (1999). This research was conducted about thirteen years ago and results of this study may not hold true today. Significance of this study is textbooks should be updated and used to teach student nurses about end of life care.

Kirchhoff, Beckstrand and Anumandla (2003) analyzed critical care nursing textbooks in terms of their inclusion of content regarding end of life care. They reviewed fourteen textbooks and found that none included material on all of the end of life care content areas identified by the American Association of Colleges of Nursing. Most of the textbooks did not include content regarding pharmacology at the end of life, and three of the textbooks included no end of life care at all. Given the apparent weakness of some nursing textbooks in addressing end of life care, the nursing curriculum and the accompanying instructional materials take on an even greater importance.

Hanson, Goodell, DeHaven and Smith (2009) conducted a study in four adult intensive care units at a university medical center on nurses' perceptions of end of life care. In this study registered nurses were asked to participate anonymously by completing an investigator-designed tool addressing knowledge, ability, work environment, staff support and support for patients and their family. The tool was distributed twice to all currently employed nurses in the four units, before and after implementation of multiple interventions to improve perceptions of end of life care. In phase one, the tool was distributed to 270 nurses; 91 returned data that were usable and in phase two the tool was distributed to 271 nurses in which 127 returned data that were usable. The interventions were a nursing developed bereavement program for patients and families, a palliative medicine and comfort team, use of preprinted orders for withdrawal of life sustaining treatment, hiring of a mental health clinical nurse specialist, and staff education on end of life care. Results of this quantitative study indicate that the interventions succeeded in improving nurses perceptions of end of life care. Limitations include the moderate response rate because of staff turnover

between the two phases and reliability and validity of the investigator-designed tool.

Significance of this study is that caring for dying patients and families without sufficient education, an adequate practice environment, or emotional support could influence nurses' attitudes in providing end of life care.

Callahan, Breakwell, and Sudayda (2011) conducted a study consisting of sixty-two master's-level students enrolled in the first or second year of the nurse anesthesia program at one college of nursing. A pretest-posttest design using The Palliative Care Knowledge Examination by Weissman was administered to determine student changes in palliative care knowledge and perceived effectiveness in palliative care skills after the completion of a palliative care course. This examination consists of a 36-item multiple-choice test that measures knowledge of palliative care in four domains: pain assessment and management, nonpain symptoms and syndromes, communication and ethics, and terminal care. Results demonstrated that students improved their knowledge on nearly all items, with an average transition score of 60% across all domains after the completion of a palliative care course. Historically, end of life care content has been largely missing from academic curriculum for physicians, nurses, and others in healthcare related fields.

Dickenson (2006) conducted a study comparing two professional programs on death education. Data were gathered via a mailed survey of 122 medical schools and 580 baccalaureate nursing programs. The average hours offered on death education in each program were less than fifteen hours. Survey return rates were eighty-one percent for medical schools and seventy-one percent for nursing schools. A brief structured questionnaire relating to end of life care issues was used to conduct this survey. The

questionnaire was designed to gather information on course provisions on palliative and end of life care, percentage of students taking these courses, teaching methods, and total number of hours offered in this course. Results of this quantitative study reveal that end of life care issues are presented in both medical and nursing schools on a limited basis. Limitations identified in the study were that no effort was made here to assess the impact in medical and nursing schools that end of life care offerings have on practicing nurses and physicians. An assessment with nurses and medical doctors three to five years after graduation regarding these issues could be most useful in future curriculum planning. This study identified that end of life care issues were presented on a limited basis in medical and nursing schools and research needs to continue to evaluate if students are receiving adequate education on taking care of dying patients.

Kwekkeboom, Vahl, and Eland (2003) conducted a quantitative study on the influence of a palliative care companion program on undergraduate nursing students. Twenty nursing students served as companions during the first two semesters of nursing school. Study participants completed a demographic and knowledge /attitude questionnaire at the beginning and end of the first two semesters in the undergraduate program. Results suggest that participating in a palliative care companion program improves students' knowledge and attitudes toward palliative care and reduces concerns about caring for dying patients. Limitations to the study were a small sample size and commitment to the program by students because of other responsibilities, including family and jobs. Currently there is no mandate to provide a specific course on end of life care in nursing programs and further

research needs to be conducted to assess students' attitudes about caring for dying patients at the completion of their nursing program.

Mitsunori, Nakai, Sasahara, Koyama, Shimizu, Tsukamoto and Kava (2007) conducted a study in Japan to clarify the relationship of nursing autonomy and other factors related to attitudes toward caring for dying patients. A cross-sectional survey of nurses was conducted using self-administered questionnaires with 178 participants being surveyed using the Frommelt Attitude Toward Care of the Dying Scale and the Death Attitude Inventory. Staff nurses, nurse managers and assistant nurse managers in general wards were selected to participate. Descriptive statistics were used for the Frommelt Attitude Toward Care of the Dying Patient Scale. The mean score of I (positive attitude toward caring for the dying patient) was 59.7 (SD=6.9%) and II (perception of patient and family centered care) was 52.6 (SD=4.8). Most participants had a positive attitude toward caring for the dying patient and recognized the need for patient and family centered care. As for the Death Attitude Inventory, death relief ($r=-.19$, $p=.012$), death avoidance ($r=-.33$, $P=.001$), and life purpose ($r=.38$, $P=.001$) were significantly correlated with I (positive attitude toward care for the dying patient). The results of this quantitative study suggest that nursing autonomy plays an important role in caring for dying patients in Japanese nurses. Furthermore, enhancing nursing autonomy might alleviate difficulties with communication that nurses experience when they are caring for these patients. "Educational and administrative effort to strengthen nursing autonomy is necessary" (Mitsunori, et al., 2007, pp.207). A limitation of the study included one hospital was used and the association of the Frommelt Attitude Toward the Care of the Dying Patient and Death Attitude Inventory might be affected by a social

desirability bias. In other words, the participants might be giving responses that reflect the ideal of “the good nurse who does the correct thing”. Nursing autonomy is important to the nursing profession and should be incorporated into the nursing education curriculum. Further investigation is needed to evaluate nursing curriculum for the inclusion of nursing autonomy in nursing education.

Brajtman, Fothergill-Bourbonnais and Alain (2009) conducted a survey using a purposive sample of 53 Canadian theory and clinical nurse educators on end of life care needs in a Canadian baccalaureate nursing program. All participants completed the Frommelt Attitude Toward Care of the Dying Scale (FATCOD) and the Palliative Care Quiz for Nursing (PCQN). The measures in this study assessed educators’ attitudes, knowledge, learning needs and teaching challenges in the area of end of life care. Descriptive statistics were used to analyze the demographic data and survey data from the PCQN and FATCOD. The FATCOD mean score was 132 out of a possible highest score of 150 and the PCQN mean score was 12.8 out of a possible 20. Results indicated that educators held positive attitudes towards caring for dying patients and had modest knowledge levels. Nurse educators require time, opportunities and relevant resources to develop the competencies required to support the theoretical and experiential learning of students in end of life care (Brajtman et al., 2009.) Limitations of this study were participants were comprised of nurse educators from only one academic institution; consequently the generalizability of the findings is limited.

Lloyd-Williams and Field (2002) investigated the amount of instruction devoted to palliative care for undergraduate nursing students in the United Kingdom. They found that

students received between two and forty-two hours of teaching regarding palliative care. The mean number of instructional hours for diploma students was 7.8; the mean number of hours for students in entry level degree programs was 12.2. The researchers also found that knowledge regarding palliative care was formally assessed in only a small percentage of respondent programs. No limitations were identified in this research study.

In summary, nurses although usually present and watchful at the bedside of the dying patient, are often ill prepared to assist the dying patients and their families. Preparing future nurses to care for dying patients and their families represents a challenge for nursing education. Research has been conducted on a limited basis on the relationship of nursing education and student comfort levels toward caring for dying patients after the completion of an associate nursing degree program. Assessing the comfort levels of second year associate nursing degree students at the completion of their program will help identify if their education has prepared them to care for the dying patient. With the aging population and complexity of diseases it is imperative to conduct this study to assess the preparedness of our future nurses.

Chapter III

Methodology

Setting

This study to explore how comfortable nursing students feel toward the care of dying patients at the completion of an associate nursing degree program was conducted at a small community college in the southeastern United States. An associate degree is the only nursing degree offered at this college. Prior to this study, there had been no studies conducted at this college on student nurses perception of caring for dying patients.

Subjects/Sampling

The subjects in this study were obtained by using a convenience sample of second year associate degree nursing students in one nursing program. Forty second year associate degree nursing students were recruited using a face-to-face recruitment method. Participants in this study were not excluded based on race, age or gender. The potential risks to subjects were minimal.

Instrument

In order to assess students' comfort level in the care of dying patients, the Frommelt Attitude Toward Care of the Dying Scale (FATCOD) was administered to second year associate nursing degree students in one community college. Prior approval was obtained from the developer of the FATCOD before the instrument was administered. The FATCOD consists of thirty Likert-type items, which are scored on a 5-point scale. Possible responses to each item include SD=Strongly Disagree, D=Disagree, U=Uncertain, A=Agree and SA=Strongly Agree. Positive items are scored from 1 for Strongly Disagree to 5 for Strongly

Agree. For negative items the scoring is reversed. Possible scores can range from a low of thirty to a high of one hundred fifty. Fourteen items are positively worded and sixteen are negatively worded. This instrument is used to assess nurses attitudes towards the care of the dying, with higher scores reflecting more positive attitudes (Frommelt, 2003). Also, a demographic form was given with the FATCOD instrument asking for the following data: age, sex, previous experience and education caring for the dying. Prior to administering the FATCOD and collecting the demographic data, an informed consent letter was given to each participant explaining the reason for conducting this survey. The validity and reliability of the FATCOD have been previously established and the scale has been used in seventy-nine colleges, universities and healthcare programs in the United States and for research in sixteen other countries (Barrere et al., 2008). See appendices for instrument and consent.

Ethics

Prior to conducting this study, approval was obtained from the Internal Review Board Committee at the community college where the study was conducted and the Gardner-Webb University Institutional Review Board. Permission was also obtained from Katherine Frommelt the developer of the FATCOD (Form A) scale to use this instrument to conduct the study. Participants were given an informed consent letter attached to the survey questionnaire. The consent form ensured the voluntary nature of the participation, opportunity to withdraw at any time, and agreement to the one time completion of the survey requiring 20 minutes to complete. Return of the survey was considered to be the subjects' informed consent. Confidentiality was ensured and all return surveys were anonymous. Participants were asked

not to put any identifying marks on the surveys. Participants were given information on how to contact the researcher if they felt they were harmed in any way by this survey.

Data Collection

Recruitment for participation was accomplished by asking the director of the nursing program at the community college to allow for the survey to be administered at the end of class time when all of the associate degree nursing students would be present. Those agreeing to participate in the study completed the survey and placed the survey in a brown envelope at the front of class. After all who were participating completed the surveys the brown envelope was collected by the researcher.

Data Analysis Procedures

Data were analyzed using Excel Spread Sheet and SPSS Statistical Package. Descriptive statistics were performed on each variable.

Chapter IV

Results

The participants were forty second year associate nursing degree students consisting of thirty-six females and four males. The Frommelt Attitude Toward Care of the Dying Scale was administered to assess students' attitudes toward caring for dying patients at the completion of an associate nursing degree program. The scores for the questionnaire could have ranged from 30 points, which equates to the most negative attitude towards care of the dying to 150 points, which equates to the most positive attitude towards care of the dying. The higher the participant scores the more positive the attitude.

Statistical analysis of overall scores was performed. The mean attitude score for the 40 students (N=40) was 128 and the standard deviation was 9.5. The range of scores were minimum of 111 to a maximum of 150. Statistically the mean overall score indicates a positive attitude toward caring for dying patients amongst the participants. One-way ANOVA was used to compare scores and age. Statistically there is no significant difference in the age groups and scores (Sig=.816, p=.388). Independent t-tests were performed on scores and education and experience. Analysis of scores and education shows no significant difference amongst the participants (Sig=.334, p=.214). Another analysis was performed on scores and experience indicating there is no significant difference among these participants (Sig=.564, p=0.63). A larger sample size is recommended in future studies. Table 1 presents scores in relation to gender, age, education and experience on caring for dying patients in the participating groups.

Table1

Means and scores of participants' age, gender, education and experience

| Age | Gender | | Previous Education | | Previous Experience | | Scores |
|--------|--------|---------|--------------------|-------|---------------------|-------|----------|
| Ranges | Males | Females | No | Yes | No | Yes | |
| 18-22 | (n=0) | (n=9) | (n=7) | (n=2) | (n=1) | (n=8) | m=126.0 |
| 23-27 | (n=0) | (n=10) | (n=9) | (n=1) | (n=5) | (n=5) | m=126.2 |
| 28-35 | (n=1) | (n=13) | (n=12) | (n=2) | (n=5) | (n=9) | m= 131.9 |
| 36-45 | (n=2) | (n=3) | (n=5) | (n=0) | (n=4) | (n=1) | m=127.2 |
| 46-55 | (n=1) | (n=1) | (n=1) | (n=1) | (n=0) | (n=2) | m= 126.5 |

Chapter V

Significance of the Findings

The median score for the participants in this study was 130 points and the average score was 128.3 points, which shows an overall positive attitude toward care of the dying amongst the group. When the demographic information is incorporated with the scores there is a difference between the groups. For example, when separated by gender the average score for male participants was slightly higher than for female participants (131.5 for males and 127.9 for females). This is significant in that nursing is predominantly a female profession and results indicate that males can have a positive attitude toward the care of dying patients. While incorporating age with the scores shows that participants in the 28-35 age group have the most positive attitude towards care of the dying with an average of 131.9 points, compared to the other age groups. The youngest age group, 18-22, have the lowest score of 126.0 points which is still a high number showing a positive attitude towards care of the dying. Overall the age groups were close with only 5.9 points separating the highest and lowest groups. The average score for all age groups is 128.3 which show age is not necessarily a factor in attitudes toward the care of dying patients amongst the participants.

Age and previous education on caring for dying patients was analyzed. The difference in the average scores was 5.5 points between those who have had education on care of the dying (133 points) and those who have not had education on care of the dying (127.5 points). Interestingly, 85% of participants report they have no previous education on caring for dying patients. This is significant in which the overall scores show a positive

attitude toward the care of dying patients even if the participants have had minimal education.

When analyzing experience with the individual scores there is a slight increase in the difference between the groups. Those with experience had a higher average score (130.6 points) than those without experience with dying patients (124.5 points). The lowest score in both groups was 111 points; however, the highest score came from the experienced group with a score of 150 points while the highest score from those without experience was 136 points. This shows that with more experience there will probably be a positive increase in the individual's attitude towards the care of the dying.

One more analysis of the data shows the attitudes of the individuals with respect to their education and experience. In this analysis the groups are made up of those who have had both education and experience, those with education and no experience, those with no education but have experience, and those with no education or experience. It could almost be expected that those with education and experience should have the highest average score while those with no education or experience have the lowest score. This analysis showed that, in this group, that reasoning is sound. The group with both education and experience had an average score of 133.6 points. The group with no education or experience had an average score of 124.1 points. The difference between the two groups is the largest of all the analysis, with a 9.5 point difference. Overall, 85% of the participants reported having no education on caring for dying patients. Therefore, one can determine that the more education and experience an individual has with caring for the dying, the more positive their attitude becomes.

Implications for Nursing

Preparing future nurses to care for dying patients and their families represents a challenge for nursing education. Research has identified that nursing students have anxieties about death, dying and caring for dying patients. Caring for dying patients can be emotionally painful, distressing and threatening experience. The emotional discomfort associated with caring for the dying can be exacerbated by student nurses attitudes related to end of life issues. Examining one's attitudes toward death and dying needs to begin in the student years, when attitudes toward working with dying patients are formed (Hurtig & Stewin, 1990). Education is an effective strategy for addressing these concerns and optimizing the quality of end of life care. More education is needed to prepare student nurses to care for dying patients. Nursing curriculum needs to incorporate a course specifically related to the issues of caring for dying patients.

Limitations

A limitation of this study is that it utilized a convenience sample at one community college. The sample size was also small due to the fact there were only forty students in their last semester of the program.

Implications for further research

Because this study was completed at a small community college in the southeastern United States, replicating it in an area where true random sampling could be used is recommended. Conducting the study on a population where gender distribution is more equally divided is also recommended.

Research has suggested that many nurses who graduate from professional programs lack the knowledge and skills required to adequately care for dying patients. In this study, results revealed, based on the FATCOD scores, that the majority of graduating students displayed a positive attitude toward the care of dying patients. This study revealed that in regards to gender, males had a higher score than females on the FATCOD. The profession of nursing is predominantly made up of females and the findings suggest recruitment of males to the profession would be beneficial. Both education and experience were evaluated with the results indicating that students with both education and experience had more positive attitudes toward caring for dying patients. Positive attitudes toward caring for dying patients by student nurses can affect the quality of care given to their patients. There is a need to change nursing curriculum to incorporate a course specifically relating to end of life care issues. Based on these findings student nurses are not receiving enough education on the care of dying patients. Students are relying on experience and not education to help them care for dying patients. Other studies have revealed that student nurses feel unprepared to adequately provide care to dying patients and would welcome a specific course relating to this issue. Social desirability could have been a factor in the participants responses to the FATCOD. Participants could have given answers in relation to what would be society's view on the care of the dying patient.

Kolb's Experiential Learning Theory identifies students in the health profession share a common need to practice knowledge gained from the classroom lectures and readings in actual concrete situations with clients. According to Kolb, experiences are grasped through apprehension and comprehension. Apprehension is the student nurse

participating in the care of the dying patient and comprehension is the student nurse learning how to care for the dying patient after the completion of an associate nursing degree program. Kolb's learning styles highlight conditions under which learners learn better. These styles are: assimilators, who learn better when presented with sound logical theories; convergers, who learn better when provided with practical applications of concepts and theories; accommodators, who learn better when provided with "hands on" experiences and divergers, who learn better when allowed to observe and collect a wide range of information. All these learning styles indicate that education is the key to gaining the knowledge and experience to care for dying patients. The findings of this research support that with education and experience there is a more positive attitude toward caring for dying patients.

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Re: Permission to use (FATCOD)

Katherine Frommelt [kay.frommelt@gmail.com]

Sent: Friday, September 16, 2011 3:38 PM

To: Ms Phyllis Carlisle Bray

Attachments: FATCOD, Form A, Original (~1.doc (37 KB) ; FATCOD, Scoring
Instructio~1.doc (24 KB)

I am hereby giving you permission to use the FATCOD form A. I am attaching it for your review along with the scoring instructions. Best of luck with your studies.

Kay Frommelt

On Thu, Sep 15, 2011 at 12:54 PM, Ms Phyllis Carlisle Bray

<<https://sn2prd0102.outlook.com/owa/redir.aspx?C=XkRGVIRRYk6VoYuaO7ZmwqEBeWBbSM4I81Up85dVQ8An2ts2y7Iwp4-khufySCHLXsXAcGYdLXE.&URL=mailto%3apb0506%40gardner-webb.edu>> wrote:

Dear Mrs. Frommelt,

I am a student in the Master of Science in Nursing Program at Gardner-Webb University in North Carolina. As part of the course requirements, I am conducting a research study of student nurses perception of caring for the dying patient and I would like your permission to use the Frommelt Attitudes for Care of the Dying Scale in my research project. I would like to use the original form of this instrument because it relates to nurses (Frommelt, 1991). Thank you for helping me conduct my research.

Sincerely,

Phyllis Bray

Graduate Student/GWU

<https://sn2prd0102.outlook.com/owa/redir.aspx?C=XkRGVIRRYk6VoYuaO7ZmwqEBeWBbSM4I81Up85dVQ8An2ts2y7Iwp4-khufySCHLXsXAcGYdLXE.&URL=mailto%3apb0506%40gardner-webb.edu>

Katherine H Muray Frommelt, PhD, RN, FT

Demographic Data Sheet

Please check the appropriate space:

1. Age

- 18-22 years
- 23-27 years
- 28-35 years
- 36-45 years
- 46-55 years
- 56 years and older

2. Sex

- Male
- Female

3. Previous education on caring for dying patients

- I have previously taken a course on caring for dying patients.
- I have not taken a course on caring for dying patients.

4. Previous experience in caring for dying patients and their families.

- I have cared for dying patients and their families.
- I have had no experience caring for dying patients and their families.

1
Frommelt Attitude Toward Care of the Dying Scale

Original Form A

In these items the purpose is to learn how nurses feel about certain situations in which they are involved with patients. All statements concern the giving of care to the dying person and/or, his/her family. Where there is reference to a dying patient, assume it to refer to a person who is considered to be terminally ill and to have six months or less to live.

Please circle the letter following each statement which corresponds to your own personal feelings about the attitude or situation presented. Please respond to all 30 statements on the scale. The meaning of the letters is:

SD = Strongly Disagree

D = Disagree

U = Uncertain

A = Agree

SA = Strongly Agree

1. Giving nursing care to the dying person is a worthwhile learning experience.
SD D U A SA
2. Death is not the worst thing that can happen to a person.
SD D U A SA
3. I would be uncomfortable talking about impending death with the dying person.
SD D U A SA
4. Nursing care for the patient's family should continue throughout the period of grief and bereavement.
SD D U A SA
5. I would not want to be assigned to care for a dying person.
SD D U A SA
6. The nurse should not be the one to talk about death with the dying person.
SD D U A SA
7. The length of time required to give nursing care to a dying person would frustrate me.
SD D U A SA
8. I would be upset when the dying person I was caring for gave up hope of getting better.
SD D U A SA
9. It is difficult to form a close relationship with the family of the dying person.
SD D U A SA
10. There are times when death is welcomed by the dying person.
SD D U A SA

11. When a patient asks, "Nurse am I dying?" I think it is best to change the subject to something cheerful. SD D U A SA
12. The family should be involved in the physical care of the dying person. SD D U A SA
13. I would hope the person I'm caring for dies when I am not present. SD D U A SA
14. I am afraid to become friends with a dying person. SD D U A SA
15. I would feel like running away when the person actually died. SD D U A SA
16. Families need emotional support to accept the behavior changes of the dying person. SD D U A SA
17. As a patient nears death, the nurse should withdraw from his/her involvement with the patient. SD D U A SA
18. Families should be concerned about helping their dying member make the best of his/her remaining life. SD D U A SA
19. The dying person should not be allowed to make decisions about his/her physical care. SD D U A SA
20. Families should maintain as normal an environment as possible for their dying member. SD D U A SA
21. It is beneficial for the dying person to verbalize his/her feelings. SD D U A SA
22. Nursing Care should extend to the family of the dying person. SD D U A SA
23. Nurses should permit dying persons to have flexible visiting schedules. SD D U A SA
24. The dying person and his/her family should be the in-charge decision makers. SD D U A SA
25. Addiction to pain relieving medication should not be a concern when dealing with a dying person. SD D U A SA
26. I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying. SD D U A SA
27. Dying persons should be given honest answers about their condition. SD D U A SA
28. Educating families about death and dying is not a nursing responsibility. SD D U A SA
29. Family members who stay close to a dying person often interfere with the professionals job with the patient. SD D U A SA

30. It is possible for nurses to help patients prepare for death. SD D U A SA

SCORING INSTRUCTIONS FOR THE FATCOD

The FATCOD consists of 30 Likert-type items, which are scored on a 5-point scale. The instrument is made up of an equal number of positively and negatively worded items.

Possible responses to each item include SD=Strongly Disagree, D= Disagree, U = Uncertain, A= Agree and SA= Strongly Agree.

Positive items are scored from 1 for Strongly Disagree to 5 for Strongly Agree. For Negative items the scoring is reversed.

Items 1, 2, 4, 10, 12, 16, 18, 20, 21, 22, 23, 24, 25, 27, and 30 are all positively worded statements. (Scored from 1 for Strongly Disagree to 5 for Strongly Agree.)

All others are negative. (Scored from 1 for Strongly Agree to 5 for Strongly Disagree.)

Higher scores, therefore, reflect more positive attitudes.

Katherine H. Murray Frommelt, RN, BSN, MSN, PDE, CGC, FT

Copyrighted.

Consent Form

I am a student in the Master of Science in Nursing program at Gardner-Webb University, Boiling Springs, North Carolina. As part of my program, I am conducting a study on how comfortable nursing students are caring for dying patients at the completion of an associate nursing degree program. Should you choose to participate in this study, you will be asked to complete a short demographic questionnaire and 30 item survey about caring for dying patients. This will be the only thing required of you during this study. This should take approximately 20 minutes to complete. Do not include your name or any personal identification on the questionnaire or survey. You may withdraw at anytime from this study. There will be no risk to you or compensation given for taking this survey. Information reported from the study will be from the group and no individual will be identified. Your participation in this study is strictly voluntary and the benefits of this study will help identify if nursing programs are preparing student nurses to care for dying patients. Your participation or nonparticipation will not affect your grades in anyway. Should you choose to participate; the completion of the questionnaire and survey will imply your consent. At your request, results of this study will be made available to you upon completion. If you feel you have received harm or upset by completing this questionnaire or survey in any way, please contact Dr. Cindy Miller, Nursing Department, Gardner-Webb University, Boiling Springs, North Carolina 28017 or you may contact her by telephone at 704-406-4364. You may also contact the student center at Mitchell Community College. Thank you for your participation in this study. Phyllis Bray RN, BSN Telephone # 704-278-1036

MSN Student Gardner-Webb University

MITCHELL

COMMUNITY

COLLEGE

From: Dr. Camille N. Reese, Ed.D, MSN, RN, CNE

To: Ms. Phyllis Bray

Date: November 28, 2011

Re: Participation in Research Study

I received your request for student participation in your research study on student perceptions of caring for dying patients. I am happy to approve this request. You may begin to collect data during January 2012. There are approximately 40 students who will be eligible to participate. I will need for you to furnish copies of the survey and we will administer them as time allows. You may deliver the copies to my office at your convenience. However, the office will be closed for the Christmas holiday on December 16, 2011. I applaud your research efforts and look forward to seeing the results of your study. Please call me at 704-878-4260 if you need additional assistance from my office.

MAIN CAMPUS. 500 West Broad Street • Statesville. North Carolina 285677) • 704-878-3200 • 704-878-0872 fax. <http://www.mitchellcc.edu>

