ORIGINAL RESEARCH

Undergraduate nursing students' attitudes towards the care of dying patients

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ABSTRACT

Background and objectives: A holistic approach to care is essential as nurses must aim to address all aspects of a patient to provide the best quality and most personalized care. Regardless of nursing units or patients' situations, dying is inevitable, and nursing students may need to provide care for the dying patient during pre-licensure preparation. Studies show nursing students are ill prepared to provide this care. This study aims to understand nursing students' attitudes towards and perceived emotional preparation to care for dying patients at an undergraduate baccalaureate program in the northeast.

Methods: The study utilized a mixed methods approach of analyzing the electronic survey distributed via Qualtrics to all nursing students in an undergraduate nursing program at a mid-size public university in northern New Jersey. The study utilized the Frommelt's Attitudes Toward Care of Dying Scale with results analyzed through one-way ANOVA testing and regression tests utilizing SPSS software. Thematic analysis was used to analyze the answers to the open-ended questions.

Results and conclusion: Sixty (N = 60) students completed the survey. Data analysis revealed a significant relationship between students with previous death experience and education through regression testing ($p < .05$). Themes included feeling unprepared and afraid of patient death and desiring to contribute positively to the dying patients' experience. Results of this study may be used to encourage further discussion on the emotional aspects of nursing care for dying patients. Strategies can be implemented in undergraduate programs to enhance students' emotional abilities to provide care during these distressing circumstances.

Key Words: Nursing, Nursing education, Nursing students, Dying, End of life care

1. INTRODUCTION

Undergraduate prelicensure nursing students are prepared to provide holistic care across the lifespan. However, if students are not comfortable with all aspects of a patient's experience, including the dying process, it is worth studying the preparation of nursing students for the emotional and psychological necessities required to provide care through the dying process. This study sought to explore undergraduate junior and senior nursing students' attitudes toward death and caring for the dying patient at an undergraduate baccalaureate program in northeastern New Jersey.

For the purpose of this study, death was defined as the permanent cessation of life and of all vital bodily function.[1] Further, undergraduate junior and senior nursing students were defined as full-time nursing students currently enrolled in any of their final four semesters of the four-year baccalaureate nursing program at a university in northeastern New Jersey. Student nurses' attitudes of death/dying were defined as how student nurses feel about providing care for dying patients and was measured using Frommelt's Attitudes Toward Care of Dying Scale, a 30 item-questionnaire that utilizes Likert-style questions to assess the respondents' attitudes towards caring for dying patients.[2]

This study aimed to answer the question 'Do undergraduate junior and senior nursing students report feeling emotionally and psychologically prepared to deal with patient loss?'. A

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lack of preparation can foster not only negative emotions, coping mechanisms, and death-avoidant behavior, but may contribute to nurse burnout and cause nurses to leave the field.[3]

BACKGROUND

Nursing is a multidimensional profession that focuses on delivering holistic care to patients. While nursing is holistic in its approach to nursing care, nursing education is not embracing of the dying process, despite death being an integral part of the human experience.[4] Student nurses should be comfortable, aware and willing to care for all parts of the human being, including the death and dying process. However, death education is lacking for undergraduate student nurses, revealing a gap in the holistic nature of nursing.[3]

There is a concern for the student's ability and emotional preparedness to care for the dying patient. According to Berndtsson et al.,[5] many nursing students and newly licensed nurses are unprepared to emotionally handle mortality and provide end of life care to the dying patient. The care provided to a dying patient may be influenced by the provider's own perception of death and dying.[6]

Nurses report undergraduate education did not adequately prepare them for death and dying, resulting in their experiences evoking feelings of helplessness, distress, ongoing negative emotions such as guilt and regret specifically with unexpected deaths.[7,8] In a study by Peterson et al.,[4] the nurses reported the absence of emotional preparation in their pre-licensure training. There was a desire for more communication and training focused on caring for the dying patient; based on a collective perception of a lack of proficiency with communicating with the patient and their families.[4,8] A lack of competence in skills and knowledge led to students and new graduates describing their experiences with death and caring for dying patients as "awful" or very negative.[8,9]

Research indicates that the earliest memorable death is a salient event, often their first experience, and these experiences and the impact from the experiences remain in the minds of these nurses for many years.[9] In a study of secondary year undergraduate nurses van Der Wath and Du Toit[10] identified that the students felt guilt and experienced sadness, and posited providing an opportunity to reflect on the experience and verbalize their emotions would contribute to enhanced management of their emotions towards death and dying. In addition, Zheng et al.[9] related a majority of new graduates interviewed felt they had minimal knowledge and skill, including how to care for themselves following an encounter with death. In general, the findings support a need for discussions about death experiences regarding where to seek support;[7] and formal and informal education on death, dying, and death related issues.[9]

Commonalities exist in the literature in that student nurses and new graduate nurses do not feel adequately prepared to manage patient death, which affects the level of care they are able to provide,[9] yet there seems to be a lack of curricular, conceptual and competency changes to address this issue. The lack of student preparation in addition to a need for increased preparation illustrates the need for further research related to student nurses' perceptions of death and dying. The purpose of this study was to explore if nursing students at an undergraduate baccalaureate program in northeast New Jersey felt emotionally and psychologically prepared to provide care for dying patients and, their attitudes towards death/the dying patient/dying.

The study aims to answer the following questions:
1) Are the nursing students emotionally prepared to care for dying patients/Do the nursing students feel emotionally prepared to care for dying patients?
2) What are the attitudes of nursing students towards the care of dying patients?

2. METHODS

2.1 Research design and participants

This was a quantitative correlational study conducted at a public university in northern New Jersey. The study utilized a convenience sample of undergraduate baccalaureate students enrolled in the nursing program. The sample consisted of 60 nursing students, in the junior and senior level of the four-year program. Junior and senior nursing students are being defined as any undergraduate nursing student in their final 4 semesters at this undergraduate baccalaureate program. The total number of junior students is 21 (19 first semester junior students and 2 second semester junior students). The total number of senior students is 39 (35 third semester senior students and 4 last semester senior students).

2.2 Procedure

Institutional Review Board (IRB) approval was obtained from the university where the study took place prior to the start of the study. Permission to utilize the instrument was obtained from the author of this tool, and an online version of the questionnaire was created for distribution. The questionnaire comprised of the FATCOD tool, as well as demographic questions, including whether the participant ever encountered death personally or professionally, and open-ended questions for participants to further share their thoughts/feelings on the subject. All undergraduate junior and senior nursing students enrolled in the program were invited to participate. The survey was conducted electronically using Qualtrics by sending

an anonymous survey link to the junior and senior nursing students via email. To ensure anonymity and confidentiality, identifying personal information were not obtained. The informed consent appeared on the first page of the survey informing the participant of the purpose of the study. The participant had to select "Yes, proceed to survey" to provide consent and gain access to the questionnaire. Those who do not wish to proceed with the survey were able to select "No, exit this survey" and were directed to the exit page. The survey results of all respondents (n = 60) were included in the study.

2.3 Instrument

The Frommelt Attitudes Toward Care of the Dying Scale (FATCOD) is a 30-item, instrument used to measure participants' attitudes toward providing care to the dying patient.[11] The scale is comprised of positively and negatively worded statements, and participants are asked to rate how much they agreed or disagreed with the item statements using a five-point Likert scale with values ranging from 1 (strongly disagree) to 5 (strongly agree). Scores are reversed for negative items; Possible scores range from 30-150, with higher scores indicating more positive attitudes toward end-of-life care for dying patients.[12]

The Cronbach's alpha of this tool is reported to be 0.752 in similar studies utilizing a similar format.[3,4]

Several basic demographic-style questions were also included in the study. The demographic questions asked the participants' age, gender, grade level, any previous experience or education on death and dying, their religion and how much or little their religion affects their views of death/dying. The researcher used the demographic-style questions to test for any statistical significance between students' attitudes towards death and demographic data, such as age, gender, experience, education and religious beliefs. The researcher also included open-ended style questions where participants could include any other relevant information, comments, or feelings about the subject:

Do you have anything else to add?

Please tell me more about your feelings concerning patient death, your perceived ability to cope with patient death, or anything else regarding this topic.

The researcher analyzed the open-ended responses for themes and relevant supplemental information.

2.4 Ethical considerations

In addition to IRB approval, the study was approved by the chair of the nursing department. Following approval, the survey link was sent via email to all junior and senior nursing students. Students were informed participation was voluntary and that they could withdraw at any time, and were assured of confidentiality. No compensation was provided for participating in the survey.

As the study aimed to explore a potentially sensitive topic, local university-available resources were included in the questionnaire accessible by the participants during or following completion of the questionnaire, should they become emotionally or psychologically disturbed by any of the questions asked in the questionnaire.

2.5 Data analysis

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 27. No items were omitted from the analysis. The data was scored utilizing the format provided by the author of the tool and entered into SPSS for analysis. The researchers utilized a one-way ANOVA test as well as regression tests to analyze for statistical significance between participants' attitude towards death scores and demographic data such as age, sex, grade, religious beliefs, experience, and education.

The open ended questions were analyzed using the six steps developed by Braun and Clarke,[13] which include familiarizing, assigning codes, searching for patterns or themes, reviewing themes, defining themes and reporting. A member of the team read and re-read several times to ensure familiarity with the content. The data was organized in a more meaningful way using open coding to help identify the common threads and meanings that occurred. Patterns of meaning and emerging themes were identified. Subsequently, another team member reviewed the identified themes and the corresponding quotes. The team then discussed the results.

3. RESULTS

3.1 Sample characteristics

The total sample (N = 60) consisted of 21 (35%) junior undergraduate nursing students and 39 (65%) senior nursing students. See Table 1 for the participant demographics.

The researcher found that the average attitude towards death score from the FATCOD tool was 118 amongst participants, with the range between 100 and 145. The minimum possible score for the FATCOD tool is 30 and the maximum is 150, which indicates a generally positive attitude towards death amongst the undergraduate students surveyed.

One-way ANOVA testing revealed that there were no statistically significant relationships between participants' attitudes towards death and their age, grade level, sex, previous education of death and dying, previous experience with loss, previous experience with terminally ill persons, or present experience with loss alone ($p > .05$). Examination of differ-

ences between cohorts (juniors and seniors) were examined through ANOVA testing but yielded a lack of statistically significant results.

Table 1. Demographic characteristics

Variable	n	Percentage (%)
Age (Years)		
18-22	49	81.7
23-27	7	11.6
28-35	1	1.6
36-45	2	3.3
46-55	0	
55-65	1	1.6
Gender		
Female	50	83
Male	10	17
N = 60		

While there are no statistically significant relationships between the data on its own through one-way ANOVA testing, there was a significant interaction between 2 variables when utilizing a regression test: previous education on death/dying and previous experience with loss. The researcher ran a regression test to look at interactions between previous education on death/dying and previous experience with loss and found the interaction was statistically significant ($F(1,43) = 4.487$, $p < .05$). In order to detect the direction of the effect, the researcher looked at the unstandardized B ($B = -6.9$, $p < .05$). According to the data, this subset (individuals who have previous experience with loss and some education on death/dying) has a 6-point decrease in the attitudes towards death and dying scale (FATCOD scale) (see Table 2). In order to check these results, the researcher ran results in participants without experience with death but with previous education on death/dying, which was not statistically significant ($F(1,13) = 0.244$, $p > .05$). This shows that the interaction between previous education on death/dying and previous experience with death is significant (see Table 3).

Table 2. Previous expereince with loss and previous education related to death

ANOVA†‡						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	464.215	1	464.215	4.487	.040*
	Residual	4,448.763	43	103.460		
	Total	4,912.978	44			
Coefficients†‡						
Model		**Unstandardized B**	**Coefficients Std. Error**	**Standardized Coefficients Beta**	***t***	**Sig.**
1	(Constant)	134.456	7.720		17.417	< .001
	Previous education on death and dying	-6.938	3.275	-.307	-2.118	.040

†Dependent Variable: Attitude Towards Death
‡Selecting only cases for which Previous experience with loss ≤ 1 have lost someone close to me within the past year
*Predictors: (Constant), Previous education on death and dying

Table 3. No previouis expereince with loss and previous education related to death

ANOVA†‡						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	31.592	1	31.592	.244	.630*
	Residual	1,682.808	13	129.447		
	Total	1,714.400	14			
Coefficients†‡						
Model		**Unstandardized B**	**Coefficients Std. Error**	**Standardized Coefficients Beta**	***t***	**Sig.**
1	(Constant)	108.692	18.668		5.822	< .001
	Previous education on death and dying	4.269	8.642	.136	.494	.630

†Dependent Variable: Attitude Towards Death
‡Selecting only cases for which Previous experience with loss ≤ 1 have lost someone close to me within the past year
*Predictors: (Constant), Previous education on death and dying

3.2 Qualitative data: Thematic analyses

Lastly, in analyzing open-ended responses of 15 participants, three major themes were identified:

• Feeling/Being unprepared and inexperienced
• Desire to be supportive/contribute positively to the dying experience
• Negative feelings towards death–either from fear or personal experience.

Some responses from participants are included below.

3.2.1 *Feeling/being unprepared/inexperienced*

Students opined they were uncomfortable, or would not wish to be present while a patient was dying due to the fear and uncertainty of the impact on their emotional state, or their lack of preparation to cope.

-I would not want to be present when a patient is dying because I am unsure of how to speak with the family at that time.
-I do not know how I would respond and cope from the death of a patient who I was caring for.
-I believe nursing students are not properly prepared for dealing with death and how to approach a dying patient.
-I have not cared for a dying person... I just tried to put myself in that scenario.
-I have never had any first-hand experience with terminally ill patients.

3.2.2 *Desiring to be supportive/contribute positively*

Though the students felt unprepared to care for the dying patients, most students had a strong desire to learn to provide care or to offer support to the patient during this transitional period.

- Volunteering at Hospice as a teenager did show me a lot about the value that a non-family caregiver can have on the dying patient as well as the family ... My mom as a Hospice Nurse told me how hard it was but she knew it was worth it by the smiles during the patients stay at her unit.
-I would like specific training of what to do at this time, so I am not awkward or dismissive to their [the dying patient] feelings.
-I would be willing to learn about the type of care that is necessary for them [terminally ill patients].
-I feel like I would be up for being there for the dying patient emotionally.

3.2.3 *Negative feelings towards death (fear/experiences)*

Most students verbalized negative feelings including fear related to providing care to a dying patient, or experiencing death. Those who experienced death or dying still had negative emotions towards the encounter.

-As a nurse, you may witness multiple deaths which can be hard to cope with if not prepared.
-I personally do not think I could ever work in hospice care due to past personal experience with death.
-I literally saw my own grandfather wither away like crumbling sand and it was a very traumatic experience at, I think, an extremely young age.
-I have lost close family members and family-friends and it's not easy... it has taken a toll on everyone in some way... If I ever lose a patient, it would affect me, both mentally and emotionally.
-I would be afraid to develop a personal relationship with them [dying patient] knowing that they are on the verge of death.... I'm afraid of the emotional aspect of dealing with a dying patient.

4. Discussion

Participants in this study were primarily female and mostly higher grade level, poorly representing lower grade level and male students. They demonstrated generally positive attitudes towards death and dying, and the researcher found no statistically significant findings through the one-way ANOVA tests analyzing age, gender, experience, education or religious beliefs on students' attitudes towards caring for dying patients. While there was a lack of statistically significant findings through ANOVA testing, regression testing did yield significant results. The results revealed that students with both previous experience with loss and previous education on death/dying had lower attitudes towards death scores.

More specifically, when analyzed together, the regression testing revealed a statistically significant relationship between participants who had both previous experience with loss and education on death/dying on their attitudes towards death scores ($F(1,43) = 4.487$, $p < .05$). To prove the significance of the test and ensure reliability, the researcher ran the test in participants with no experience with loss but with education on death/dying, which was not a statistically significant finding ($F(1,13) = 0.244$, $p > .05$). By conducting these two tests, the researcher was able to make the conclusion that there is a significant relationship between participants with previous experience with loss and education on death/dying on their attitudes towards death. To understand the direction of the relationship, the researcher looked at the unstandardized B ($B = -6.9$, $p < .05$), which revealed that this subset of participants had a 6-point decrease on the attitudes towards death and dying scale (FATCOD scale).

While this result was an unanticipated finding, it supports findings from Kent et al.[7] who noted that experiencing unexpected deaths do have negative, long-term consequences. Kent et al.,[7] also noted that nurses who experienced an un-

expected and unprepared-for patient death tended to have more negative attitudes towards caring for patients with the same diagnosis in future scenarios. It may be reasonable to conclude that individuals in this subset have developed resistance towards caring for the dying based on actual negative and emotional experiences with death/dying. While this finding was not the original aim of the study, this result still reveals the need for increased education regarding the emotional and psychological aspects of patient death.

While caring for the physiologic aspects of patients is important, being available psychologically and emotionally is arguably more important to providing excellent patient care. Also, the professional nurse has a duty to care for their own emotions, particularly regarding the dying experience, to better care for each patient and family member.[9] Again, this study concludes the increased need for a focus on psychological, emotional, caring nursing rather than physiologic and clinical practice.

Equally important, findings of this study include the development of several themes regarding students' perceptions of death/dying. The themes that emerged included: Negative Feelings Towards Death (in regard to overall fear, or in relation to personal experiences), Desiring to be Supportive/Contribute Positively, and Feeling/Being Unprepared/Inexperienced. Through analysis of the qualitative data, it appears that many participants self-reported their lack of experience/preparation for the care of dying patients, while simultaneously demonstrating an overall desire to learn, gain experience, and be able to contribute positively to the dying patient's death-experience.

Limitations

The main limitation was that this study was undertaken at only one tertiary institution within New Jersey, which affects the generalizability of the findings. While the sample of this study may be too small to generalize to other undergraduate programs, the results are still essential in understanding potential gaps in learning and can promote future investigation into other universities' education and preparation practices for care of the dying. The sample size consisted of mostly higher grade level students and females, poorly representing lower grade level and male students, which may be significant in that lower grade level students were expected to have more negative attitudes towards death/dying due to less clinical experience when compared to higher grade level students. Although male students represent roughly ten percent of each nursing cohort at this institution, representation within this study remained low. Further effort to reach these students would be required. Lack of representation of lower grade level students in comparison to higher grade level students may be considered a significant limitation. While a lack of statistically significant difference between groups was noted, differences in experiences and knowledge level was seen in the regression analysis. Further examination of differences between total clinical hours and classroom hours may need to be examined in order to fully understand differences between junior level and senior level undergraduate students' experiences.

As nursing students are likely to care for patients who are dying during preparatory clinical training, this study could potentially be replicated at other tertiary institutions within the United States. However, much larger sample sizes would be required and further examination of the mix of classroom hours versus clinical hours might be a consideration.

5. Conclusion and implications for nursing practice

Overall, the results of this study suggest an increased need for emotional discussion about the dying experience amongst nurses and nursing students. While the literature originally suggests negative impacts on nurses from death experienced in professional settings,[3] the findings from this study suggest similar negative impacts on nurses from personal experiences with death.

These findings are significant to nursing practice, as death, unfortunately, is a truth experienced for every individual and transcends each setting of professional nursing practice. The findings of this study suggest a resistance to care for dying patients based on personal experiences. This is significant, as professional nurses have a duty to care for all aspects of patient life and death; negative personal or professional experiences should not interrupt therapeutic nurse-patient relationships. With this in mind, a better understanding of the impacts of professional and personal death experiences may be used to positively influence future policies, support systems and education for nurses and students alike.

Findings from this study may be used to influence future research and encourage open communication about death in the nursing profession. While this study reveals a lack of preparation/readiness for patient death amongst nursing students, an arguably more important finding is the potential negative influence of personal death experiences on the professional nurse's willingness to care for dying patients. This finding may be used to encourage future research exploring the effects of nurses' and students' personal experiences with death on their willingness/ability to care for dying patients professionally. Future research may focus on how to better prepare prelicensure nurses to care for dying patients and themselves after these traumatic experiences. Additionally,

an exploration into the nurse educators' perceptions of death and dying as a barrier to preparation of the prelicensure nurse may be beneficial research to further understand the scope of this issue.

Additionally, a repeat of this study with an in-person, qualitative design may be beneficial future research to allow prelicensure nurses a chance to elaborate on themes and add suggestions for improvement. It may be useful to conduct a separate, more specialized study including only students or nurses who have previous personal experience with death to better understand the influence of personal death experiences on professional death experiences.

Overall, this study raised important professional questions about participating in the dying experience for professional nurses, and may be used to conduct future research on the subject. This study contributes to a vast array of literature suggesting an increased need for support during the healthcare professionals' encounters with patient death, as well as the influence of their personal experiences with death on their emotional availability to dying patients. As noted previously, experiencing unexpected patient death without emotional support leads to multiple, long term, negative emotional and physical experiences for nurses, and may lead to poor nursing care for future patients.[7,9] While negative patient death experiences may influence nurses negatively, this study' findings also suggest that previous, personal experiences with death may also have a negative impact on nurses and their willingness/ability to properly care of dying patients. The findings suggest a unique and urgent need for support and emotional exploration on student nurses' experiences of death, both professionally and personally. There is a need for implementing educational programs regarding the care of dying patients with a goal of promoting more positive attitudes in students and new graduate nurses by fostering a knowledge base and enhanced coping skills to reduce the emotional or phycological impact of providing care in these circumstances.

Further efforts to focus on preparation to provide hospice/palliative/supportive care in the undergraduate setting are expected as part of the competencies for professional nursing education.[14] Undergraduate nursing education needs to offer unique learning opportunities for students to engage in end of life learning and consideration of the role that nurses can and will continue to play in the care of dying patients. This level of preparation can be accomplished through the inclusion of courses or programs dedicated to care of the dying patient, simulated exercises focusing on palliative care with debriefing to facilitate participant verbalization of their feelings.[10]

Conflicts of Interest Disclosure

The authors declare that there is no conflict of interest.

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