Opinions of nephrology nurses about death concept

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ABSTRACT

Introduction: Dialysis patient had experienced the fear of pain and suffering, loneliness and fear of death. The high mortality rate in these patients indicates that about one-fourth of them are in their last year of life, suggesting the presence of death and dying in the haemodialysis unit. Nephrology nurses play an important role in these patients and their families in dealing with the fear of death and accepting the reality of death.

Purpose: To determine the opinions of nephrology nurses about death concept.

Materials and methods: This was a descriptive study conducted among nurses. A total of 68 nurses working on the hemodialysis units of public hospitals in Turkey completed the questionnaire. The tool used in the study was the Scale of Thorson-Powell Death Anxiety, the Scale of Death Related Depression and the Scale of Attitude Towards Death and Dying Patient. The results were analyzed statistically and $p<0.05$ was accepted as statistically significant.

Results: Nephrology nurses had a medium-level avoidant attitude towards dying patient and their emotional state was depressive. They experienced medium-level death anxiety, the death related anxiety and depression and avoidant attitude towards the patient were found more in female nurses compared to male nurses. The nurses who worked for 1-10 years have less DRDS scores than nurses who worked for 20 years or above. İn addition nurses had an avoidant attitude towards dying patients as their DRDS and TPDAS scores increased.

Conclusions: It can be suggested that nephrology nurses should be given training on how to take care of dying patients, and the continuity of this in-service training should be ensured.

Key words: death concept, nephrology nurses, nursing, opinion, death

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INTRODUCTION

Death is an inevitable part of human life [1]. Death is a phenomenon which is hard to talk and the talk about it is postponed. Death is one of the most important incidents which the individuals have to handle and it is shared by every living creature on earth [2]. In the past, most people died at home surrounded by their loved ones, and although inevitable, death was perceived as an integral part of life. Death now is perceived more commonly as an enemy that should be defeated. This perception has changed in recent decades. The quality of care delivered by nurses could be influenced by their personal attitudes toward the care of dying patients and death itself. Nurses' degree of death acceptance, fear of death, and death avoidance might influence their attitudes toward the care of dying patients [3].

Dialysis patient had experienced the fear of pain and suffering, loneliness and fear of death. The high mortality rate in these patients indicates that about one-fourth of them are in their last year of life, suggesting the presence of death and dying in the haemodialysis unit [4,5]. Nurses often experience death in their work. Almost all professional nurses are exposed to a stressor in the form of feelings connected with dying of patients. A life attitude feature that allows to deal with the adoption of death is acceptance of death. The feature describes the lack of fear to death and the acceptance of death as a natural aspect of life [6]. Nurses often experience great struggles in coping with this responsibility. Nurses' anxieties in caring for dying people are strongly related to the fear of their own death. Thus, nurses need to recognize and confront their own reactions to death before they can assist their patients [7]. Nurses play an important role for the patients and their families in dealing with the fear of death and accepting the reality of death. Unable to recognize the patients' and their families' conditions and be aware of his/her own feelings, the nurse can feel many negative emotions such as despair and may not help them professionally. Hence, the nurse should be aware of his/her own feelings, thoughts and the attitude towards death. It is important to examine the experience of nursing working with death in dialysis unite. The death of a dialysis patient has a profound effect on family and nurses. If nurses have good end-of-life communication skills, they are better able to support families and their peers after a patient has died [1,2].

Nephrology nurses should be learn their fear of death and possible emotional reactions towards dying patients and life-and-death issues. Education about death not only helps nurses grow personally but also increases their motivation to learn [8]. Training and support programs for nephrology nurses should include discussions of attitudes toward death, such as fear of death and death avoidance. Discussions about these often unspoken issues might help nurses feel less alone in their challenging work and may help them develop more positive attitudes toward caring for dying patients. In addition, awareness of personal attitudes toward death might help nurses understand their own behavior when caring for and facing the deaths of their patients [3].

This subject is extremely important as they will help determine the reactions nurses experience when faced with death, provide them with support and professional help as required and increase the quality of patient care. Within the Turkish culture, death is one of the most important life issues. Turkish nurses not only feel uncomfortable and unprepared in caring for a dying patient but on nurses stress identify managing death and dying encounters in continue to rate highly as a stressful incident. Therefore Turkish nurses don't want to talk about death. The ability of nephrology nurses to talk about death, express their emotions and opinions can contribute to their own personal development and improve the quality of health care they provide the patient. There is no quantitative and qualitative research on the perception of death in nurses who work with chronic renal improvement patients. This research is highly important in determining the perception of death in nephrology nurses, providing the patients with more respectable and high quality treatment and determining whether nephrology nurses need training in their attitudes of death.

The aim of this study was to investigate the opinions of nephrology nurses about death concept.

MATERIALS AND METHODS

This was a descriptive study conducted among nurses. A total of 68 nurses working on the hemodialysis units of public hospitals in Turkey completed the questionnaire. The universe of research includes seven different cities chosen from six parts of Turkey; namely Izmir, Samsun, Gaziantep, Erzurum, Mersin and Antalya and the nurses who work in hemodialysis units in public hospitals under the supervision of the Municipality of Health between the dates 01 December 2010-30 July 2011. This study was selected with stratified random sampling from six parts of Turkey 68 nurses. The sample size of the study was calculated in MedCalc 11.0 statistics software according to two independent group average comparison model and in order to determine the differences at minimum 80% power level, it was found that at least 50 nurses needed to participate in the study [9]. The numbers acquired have been compared to the numbers which Cohen et al. prepared for the their study of Likert scale and in order to acquire more reliable results, reaching target numbers used in this study is aimed and in this case the number of nurses were found as 68 [10].

The data about the nurses were collected by using; 'Thorson-Powell Death Anxiety Scale, Death Related Depression Scale', 'Attitude Towards Death and Dying Patient Scale' and 'Nurse Information Leaflet.

Thorson-Powell Death Anxiety Scale (TPDAS), was developed by Thorson and Powell, the validity and reliability research in Turkey was applied by Karaca and Yıldız, Cronbach alfa value was found to be 0.84 [11,12]. Death Related Depression Scale, was developed by Templer et al. in 1990 and the validity and reliability adaptation to Turkish was done by Yaparel and Yıldız and Cronbach alfa value was found as 0.74 [13].

Attitude Towards Death and Dying Patient Scale (ATDDPS), was produced by Kavas (2008) and it consists of 23 items and it is a four-Likert scale. The scale consists of four dimensions called 'communication with dying patients and their relatives', 'transferring the responsibility of taking care', 'avoiding death and dying patient' and 'self-sufficiency perception'. The Cronbach alfa value is 0.75. The expressions in ATDDPS are graded as 4-3-2-1 and the increase in grades are evaluated as the level of increase in "avoidant attitude" [14].

The significance level of statistical inference was set at p = 0.05. The calculations used the SPSS statistical package.

Ethical committee approval was taken from Mersin University Ethical Committee and necessary approvals were taken from the institutions in which the study was conducted. In addition, the nurses were informed about the purpose and methodology of the research and their individual written and verbal consents were taken.

RESULTS

Forty-two percent of nurses who participated in the study were aged between 31 and 39 years and their average age was 33.89±7.22. Also, it was found that 83.8% of the nurses were females, 77.9% were married, 55.6% were university graduates, 54.4% had strong beliefs in religion, 45,6% were serving as nurses for 1 to 10 years and 36.8% were working in hemodialysis unit for 1 to 36 months.

Nurses had a medium-level avoidant attitude towards communication with dying patients and their relatives, transferring the responsibility of taking care of dying patients and avoiding death and dying patients and the self-efficacy perception in nurses were at a low level. It was found that the nurses were in depressive emotional state and they had medium-level death anxiety. The nurses who worked for 1-10 years have less DRDS scores than nurses who worked for 20 years or above (p=0.048). Nurses had an avoidant attitude towards dying patients as their DRDS and TPDAS scores increased. (Table 1).

Table 1. Attitude Towards Death and Dying Patients Scale for Nurses (ATDDPS), Death Related Depression Scale (DRDS) and Thorson-Powell Death Anxiety Scale (TPDAS) Average Scores (n=68)

ATDDP's Sub dimensions	$\overline{X}$ ±SD
Communication with Dying Patient and Relatives	28.14±3.94
Transferring the Responsibility of Care	11.42±1.67
Avoiding Death and Dying Patient	17.82±2.32
Self-Efficacy Perception	4.75±1.11
ATDDP Total Points	62.14±5.74
Death Related Depression Scale Total Points	9.59±3.96
Thorson-Powell Death Anxiety Scale Total Points	52.14±15.97

There was no statistically significant difference found between the age groups of nurses and the scores of ATDDPS, DRDS and TPDAS** (relatively; 0.207; 0.319; 0.871).

A statistically significant difference was found between the gender of the nurses and ATDDPS, DRDS and TPDAS scores (relatively p<0.001; p<0.001; p<0.001). According to this, it can be concluded that female nurses had death anxiety; death related depression and avoided dying patient more.

There was no statistically significant difference between the level of education in nurses and ATDDPS and TPDAS scores (relatively; p=0.344; p=0.623). However, a statistically significant difference was found between the level of education in nurses and the average DRDS scores (p=0.047). According to this, the nurses who graduated from high school had less death related depression than the nurses who had an associate degree. (p=0.049). There was no statistically significant difference between the term of employment of nurses and ATDDPS and TPDAS scores (relatively; 0.888; 0.839).

There was only one significant difference between the term of employment of nurses and DRDS scores (p=0.027). According to this, the nurses who were employed for 1-10 years had less DRDS scores than the nurses who were employed for 20 years or above (p=0.048).

There was no significant difference between the term of employment of nurses in dialysis unit and ATDDPS, DRDS and TPDAS scores (relatively; 0.467; 0.974; 0.798).

Table 2. Socio-Demographical Characteristics of Nurses, Their Scales of Attitude Towards Death and Dying Patients According to the Term of Employment in the Occupation and in Dialysis Units, Attitude Towards Death and Dying Patient Scale, Death Related Depression Scale and Thorson-Powell Death Anxiety Scale Average Scores (n=68)

Socio-Demographic Characteristics		**Attitude Towards Death And Dying Patient Scale Total Scores**			**Death Related Depression Scale Total Scores**			**Thorson-Powell Death Anxiety Scale Total Scores**		
		$\overline{X}$	SD	p	$\overline{X}$	SD	p	$\overline{X}$	SD	p
Age Groups	Aged 19-30	63.60	5.36	0.207	9.00	3.80	0.319	53.54	15.78	0.871
	Aged 31-39	60.79	6.56		9.39	4.14		51.32	15.53	
	Aged >= 40	62.27	4.30		10.93	3.86		51.47	18.00	
Gender	Female	63.25	5.03	<0.001	10.46	3.69	<0.001	55.07	14.53	<0.001
	Male	56.45	6.11		5.18	1.89		37.27	15.23	
Level of Education	High School	62.71	7.34	0.344	6.50	4.28	0.047	46.33	20.68	0.623
	Associate Degree	61.00	5.66		10.63	4.14		53.37	15.07	
	Bachelors Degree	63.13	5.45		9.19	3.45		52.10	16.20	
Term of Employment	1-10 years	62.45	6.92	0.888	8.93	3.97	0.027	51.03	15.42	0.839
	11-19	61.61	5.55		8.56	3.94		52.22	17.02	
	>= 20	62.16	3.70		11.63	3.39		53.84	16.55	
Term of Employment in Dialysis Unit	1-36 Months	62.84	7.14	0.467	9.50	3.80	0.974	53.71	14.75	0.798
	37-120 Months	62.59	4.85		9.55	3.76		50.50	15.02	

DISCUSSION

This study aimed at determining the opinions of nephrology nurses on death, the findings are discussed in the light of literature.

The nurses who participated in the study had a medium-level avoidant attitude of communicating with dying patients and their relatives, they transferred the responsibility of taking care of dying patients and they avoided dying patients. The nurses also had low levels of self-sufficiency in taking care of dying patients. When the literature was examined, similar results were found [15-17,18]. In the Karahisar's research, 34.5% of the nurses did not want to serve a dying patient. 21.7% of the nurses had an avoidant attitude towards dying patients because it was a challenging and depressing situation [17]. In a Çevik's study 62.3% of the nurses did not want to serve a dying patient. In the study, the reasons for not taking care of dying patients were as follows: "desperation and sorrow" (53.2%); "very tiring and wearing" (23.4%); "the same ending despite all efforts" (14.2%). In addition, in the Çevik's study, nurses also avoided communication with these dying patients. 81.7% of nurses stated they could not talk about the perception of death easily with the patient and the reason for this is "not making the patient afraid" (43.6%) and "think it is a hard topic to discuss" (26%) [15]. In another research, 44.8% of the nurses stated they felt uncomfortable when the patients in terminal phase talked about death [16].

In our study, it has been observed that the nurses had a depressive emotional state and experienced a medium-level death anxiety. When the literature was examined, similar results can be found [15,18,19]. In Çevik's study, 37.5% of the nurses who provided care for dying patients experienced grief and 34% experienced desperation [15].

In the study by Öztunç et al. [20] while the nurses work with patients in terminal phase, 41.7% of them expressed that they almost always felt

disappointment and 32.3% felt depressed. In a research in which the attitude of Spanish nephrology nurses towards dying patients were investigated, 88.9% of the nurses who participated in the research expressed that the emotional burden of end of life treatment was hard to bear [18].

It was determined that there were no statistically significant difference between the age groups and ATDDPS, DRDS and TPDAS scores but there was a statistically significant difference between gender and ATDDPS, DRDS and TPDAS scores. According to this, it can be claimed that female nurses had more avoidant attitude towards dying patients and had more anxiety of death compared to male nurses. The literature shows that gender affects death related anxiety and depression [15,21]. In Turkish culture, men want to be and seem powerful hence they do not want to express some of their feelings such as fear or anxiety. In our culture women are encouraged more to express their feelings compared to men. This situation might enable female nurses to express their anxiety of death more easily than male nurses.

There was no statistically significant difference between the level of education of nurses and ATDDPS and TPDAS scores but there was a statistically significant difference between the education level of nurses and DRDS averages. According to this, the nurses who were graduates from high school had less death related depression compared to nurses who had an associate degree. There are individuals who become nurses after graduating from high school in their teenage years in Turkey. These teenage individuals seem to be indifferent to death and Yalom describes this situation as "forced heroism". According to Yalom challenging death results from underlying death anxiety in a sense [12,22].

A statistically significant difference was found between the term of employment of nurses and DRDS scores. According to this, the nurses who worked for 1-10 years have less DRDS scores than nurses who worked for 20 years or above (p=0.048). In this study, no statistically significant difference was found between the term of employment of nurses who work in dialysis units and ATDDPS, DRDS and TPDAS scores. There are conflicting findings in the literature [15,16]. In a Ünsal's study, when the experiences of nurses and their death anxiety levels were examined, the anxiety scores were found to be significantly higher in nurses who worked for 1-5 years and 6-10 years compared to other years [23]. In Çevik's study, about "feeling afraid of death", "avoiding death" and "acceptance" average scores of nurses who worked for 6-10 years and more than 10 years were higher than the scores of nurses who worked for in 0-1 and 2–5 years [15]. In İnci's study, no significant difference was found between the death anxieties of nurses, death related depression and attitude towards dying patient scale scores and their working years [16]. In a Greek study, nephrology nurses who worked for more than 10 years in that occupation and received palliative care training avoided talking about death less and they did not have fears related to death. In addition, in the same study, the necessity to train nurses beginning from their university studies about giving better care to patients who are in terminal phase is highlighted [24].

The present study has several limitations that will be reviewed in future studies. The greatest limit of the research is the small size of the sample. Future studies related to this subject are extremely important as they will help determine the reactions nurses experience when faced with death, provide them with support and professional help as required and increase the quality of patient care.

CONCLUSION

Based on the data that nephrology nurses have medium-level avoidant attitude towards dying patient, and they have medium-level anxiety of death; it can be suggested that nephrology nurses should be given training on how to take care of dying patients, and the continuity of this in-service training should be ensured, there should be more courses in university on how to take care of dying patients, training programs should be carried out in order to enhance the communication abilities of nephrology patients about communication with dying patients and there should be empirical or qualitative researchers in this field.

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Conflicts of interest

None declared.

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