

## **PREPARING NURSES AND MIDWIVES TO COPE WITH THE DEATH OF A PATIENT**

Professional work is one of the most important human activities. It can affect people both positively and as a source of psychological discomfort and frustration. In their professional work, nurses experience contact with death much more frequently than other people, and may therefore be more vulnerable to the destructive effects of negative emotions. They are often exposed to experiencing anxiety and the destructive effects of negative emotions as a result of circumstances such as their first contact with death, young age of the dying patient, establishing a relationship with the patient, low seniority level, recent death of their loved one, which can affect the level of experienced anxiety and their ability to control emotions.

The study on a group of nurses aimed to assess their self-efficacy and level of preparedness when dealing with the death of a patient, as well as their emotional control and coping skills presented in difficult situations. The specific objectives were: to learn about the attitudes of nursing staff towards dying patients, to show the emotions and experiences of nurses when their patients die and to assess the impact of the experience of patients' deaths on personal lives of respondents, the degree of coping in crisis situations, nurses' knowledge of methods to alleviate stress, and the need for workshops with psychologists and psychiatrists on how to cope with patients' deaths and how to talk about it with their families. The following research hypotheses were also put forward: 1. Nursing staff are rather satisfied with their lives, however their satisfaction being dependant on the age of the respondents, job seniority and their workplace. 2. Nursing staff present high levels of stress, dependant on the age of the respondents, job seniority, and workplace and an avoidance-focused style is preferred in coping with stress. 3 In the event of a difficult/stressful situation, nursing staff can rely on the employer and other members of the therapeutic team for support. 4 Nursing staff present high self-evaluation of their efficacy. 5 Nursing staff present high levels of fascination with death and fear of death. 6. Nursing staff neither make expressing compassion to a dying patient dependent on their position in society, nor is it influenced by the respondents' age, job seniority, job specifics, life satisfaction, stress coping style, and level of emotional control. 7. Respondents' perception of the death of patients from different age groups as distressing is not dependent on respondents' age, job seniority, workplace, level of life satisfaction, style of coping with stress, and level of emotional control. 8. Nursing staff

demonstrate an interest in improving their knowledge of how to cope with the death of patients.

The study was conducted with the approval of the Bioethics Committee R-I-002/631/2019 of the Medical University of Białystok. The study included 287 professional nurses and midwives. The sampling was purposive. 300 questionnaires were distributed, 287 were returned. A diagnostic survey method was applied with a set of questionnaires: Proprietary survey; FAS - Family Affluence Scale; SWLS - Satisfaction with Life Scale; CISS - Coping Inventory For Stressful Situations; GSES - General Self-Efficacy Scale; CECS - Courtauld Emotional Control Scale and Fear and Fascination with Death Scale - with a subscale for fear of death.

Based on the results, the following conclusions were drawn: 1. The people studied most often presented low or average life satisfaction, which was not influenced by their workplace and its specifics, but by their age and job seniority. 2. The respondents presented average levels of stress and coping in all three styles, with the avoidance-focused style being the highest, which did not depend on the respondents' workplace, but on age and seniority. 3. The majority of nurses in difficult situations and when a stressful situation occurred did not receive support from their employer and from doctors, but could count on support from fellow nurses and the senior charge nurse. 4. The majority of respondents felt that psychological support in their work was important and would be happy to take advantage of it. 5. Respondents most often presented a high evaluation of self-efficacy, a high level of fascination with death and an average level of fear of death. 6. The respondents' expression of compassion to a dying patient regardless of their position in society did not depend on the respondents' age, job specifics, seniority, level of life satisfaction, style of coping with stress, and level of emotional control. 7. Respondents' perception of the death of patients from different age groups as distressing was not influenced by age, workplace and job specifics, seniority, presented style in coping with stress and level of subjective control of emotions in difficult situations, subjective control of depression in difficult situations, and subjective control of anxiety in difficult situations. 8. Respondents for whom the death of an adult was the most distressing were significantly more likely to present a coping style focused on avoidance and engaging in surrogate activities than those for whom the death of a youth or any death was more distressing. 9. Although the majority of respondents did not feel the need to deepen their knowledge of death/dying, they would take such a course if offered.

The following postulates were also put forward: Nurses' contact with dying patients clearly exposes them to stress, creates negative emotions and is a huge psychological burden. The results of the current study confirm the prevalence of nurses' negative emotional situation as a reaction to the death of others, a great deficit of effective methods of coping with difficult situations, and the lack of proper support from employers. This may be one of the reasons for the deterioration of nurses' health, including the development of burnout syndrome. There is therefore a need to diagnose and continuously monitor stress in nurses' work and to create programmes in nurses' pre- and postgraduate education that cover the topic of death and dying and learning how to cope with emotions manifested in difficult situations, communication skills, expressing one's feelings in a team, and when dealing with patients and their families. It is also worth educating nurses on how to behave in a way that does not lead to the development of physical and mental disorders, methods that can be used in nursing practice to be empathetic, both towards patients and colleagues. It would also be worthwhile to ensure that every health care facility provides access to a psychologist and psychiatrist. Implementing the above would clearly improve the emotional and health situation of nurses and increase the quality of care for patients, including dying patients.