Acceptance of death as a life attitude for nurses and nursing students

Marcysiak M., Dąbrowska O.[1], Marcysiak M.[*]

Department of Health Care and Human Sciences, The State Higher School of Vacational Education in Ciechanów, Poland

ABSTRACT

Purpose: To determine the level of acceptance of death as an approach to life among nurses and nursing students.
Materials and methods: The study was conducted among 300 nurse and students (nursing and other). The study used a diagnostic survey method. The tool used in the research was the Scale of Acceptance of Death from Life Attitude Profile – Revised (LAP-R). The results were analyzed statistically and with the statistical verification of hypotheses.
Results: The acceptance level of death among nurses is low. There are significant differences between the level of acceptance of death between nurses and students ($p<0.05$).The students' results were significantly lower than nurses. Nursing students also scored significantly lower scores on this scale than students in other fields. Seniority does not affect the severity of attitude.
Conclusions: Communing with death, disease, and dying in the work environment seems to be a significant factor influencing the level of acceptance of a person's own mortality.
Key words: attitude to death, nurses, students, nursing, death

***Corresponding author:**
Małgorzata Marcysiak
Department of Health Care and Human Sciences
The State Higher School of Vacational Education in Ciechanów
ul. Wojska Polskiego 51
06-400 Ciechanów
e-mail: malmarcysiak@o2.pl

Received: 02.05.2013
Accepted: 27.06.2013
Progress in Health Sciences
Vol. 3(1) 2013 pp 104-110

INTRODUCTION

The death is an integral part of human life and human life itself is a process that is running in time, a sequence of transformations. European culture is dominated by negative attitudes toward death and dying, and the accompanying strong feelings of depression and anxiety are negative [1]. Dying has become a taboo. Violent resistance took place of the attitude having its roots in the religion and faith. Often it is a hysterical denial. Greater freedom but also the rapid displacement of the fear of death [2] is the result of changes in the man's spiritual and psychological structure. Currently, the attitude to death is very personal and it follows from faith, education, philosophy and physical mentality of the man [1-3].

Nurses more often than other people experience death in their work. So they can be more vulnerable to the destructive influence of negative emotions than the general population [1]. Taking care of the terminally ill, a nurse must remember that the subject of her/his work is the person living through the most difficult experiences. The care over the dying patients is therefore to mitigate both somatic problems, as well as the social, psychological ones and providing support to her/his family. Such activities require a holistic approach to the patient, the sensitivity and skills to deal with difficult situations and responding to the specific needs of the dying patient and his family. [4]

The literature describes a relatively frequent isolation of the terminally ill and the elderly, causing the loss of their contact with healthy people at the time of death [2]. It is found that the dying person is often rejected by her/his family, friends and medical staff. The dying people in hospitals and clinics are often isolated and left alone. Doctors and nurses often come to their rooms at the end of the round and spend less time there than in the halls of other patients [5].

The strategy of life and death affirmation can be distinguished in the approach to a patient in a terminal state. The main assumption of the life affirmation strategy is the belief that life is always better for the patient than death. Life is an absolute value, and the doctor cannot do anything that would be acting to the detriment of the patient. Although in many cases the risk of death is obvious, there is no reason to accelerate it, even when such is a request of the patient or family. The strategy of death affirmation does not deny that life has value, but the recognition of the value of life is equivalent to the recognition of its quality. Thus it presupposes the existence of a situation where death is better than life, so it is better to die than to continue as only a biological organism [6].

In the patient-medical staff relation, the preferred model is the partnership model, which gives the patient the right to participate in decision-making and making him responsible for the healing process. This allows him to participate actively and consciously in the therapeutic process, it also provides an opportunity to understand the nature of the disease. The patient expects from nurses patience, understanding, a conversation and answering some questions. In the face of imminent death, the patient experiences a particularly strong need for support and attention. In these particular cases, it is important to be honest, professional and skillfully communicate with the patient [7].

Sometimes members of the care team which takes care of the sick apply tactics aimed at encouraging the patient to over-optimistic assessment of the situation. They express opinions hoping that the patient will interpret them optimistically. They distract the patient's attention from the dangerous symptoms, focusing on those which are harmless. Such an approach, however, is not beneficial either for patients or staff. The patient is kept in hypocrisy, the staff at permanent risk of letting down the patients and arousing his/her suspicion [8].

Almost all professional nurses are exposed to a stressor in the form of feelings connected with dying of patients. At the same time they rarely have the opportunity to use behavioral or cognitive defense mechanisms. Signs of emotional tension, depression, choking cry, weakening the rational assessment of the situation can be noticed among the nurses who care for dying patients [1]. 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. It is an operating indicator of the extent to which a man understands the prospect of death, has a reservation to it and is not afraid of it. [9]

Zimmermann meta-analysis show [10] that theme of acceptance as integral to palliative care, which had subthemes of acceptance as a goal of care, personal acceptance of healthcare workers, and acceptance as a facilitator of care. For patients and families, death acceptance is a goal that they can be helped to attain; for palliative care staff, acceptance of dying is a personal quality that is a precondition for effective practice. Acceptance not only facilitates the dying process for the patient and family, but also renders care easier.

The aim of this study was to investigate the existential attitudes (building a sense of life meaning, understood as a global reference of a man to his/her or her life in the area of mind, emotions and behavior), with particular emphasis on the acceptance of death among nurses and nursing students.

MATERIALS AND METHODS

The study group comprised of 300 people – nurses (women and men) working professionally (190), and students of nursing (110). Among the nurses were 180 women (95%) and 10 men (5%) aged 27 to 58 years. Average age was 42 years (mean = 42, SD = 6.57). The group of students comprised of 100 women (92%) and 10 men (8%) aged 19 to 42 years. The average age in this group was 22 years (mean = 22, SD = 5.17). The uneven number of people in groups in terms of gender was associated with a strong feminization in the profession. The study was conducted in 2012-2013 in the State Higher Vocational School in Ciechanów (110 students of nursing and 80 nurses –extramural students) and Provincial Specialist Hospital in Ciechanów (110 nurses).The studies used a random selection.

A diagnostic survey method was used in the study. The research tool was: Questionnaire of life attitudes in the adaptation of R. Klamut (Polish adaptation of the LAP-R / Life Attitudes Profiles - Revised / Gary T. Reker) [9, 11]. The questionnaire consists of 48 statements. The questioned then assesses how true they are in a seven-grade scale. The scale varies from completely untrue to completely true. These claims relate to the sense of life and form six simple scales relating to different existential attitudes. One of the scales is the scale of Death Acceptance, which describes the lack of fear of death and its acceptance as a natural aspect of life. The scale reliability is calculated using Cronbach's alpha method, and it is 0.830. Others scales are: Purpose, Coherence, Choice/ Responsibleness, Existential Vacuum, Goal Seeking [9, 11]. The results were statistically analyzed and underwent the statistical hypothesis verification. To compare the average results, the t-Student test was used for independent samples as well as the r-Pearson's correlation. Where it was not possible to apply methods of parametric test was used Mann-Whitney U comparisons are distributions.

The significance level of statistical inference was set at p = 0.05. The calculations used the SPSS statistical package. As a result of the test procedure, 300 complete and correctly filled tests were collected.

The study had a positive opinion of the faculty Committee of Bioethics (approval number - 7/2013).

RESULTS

In the Death Acceptance Scale the average score was 31.84 (mean = 31.84 SD = 10.01). The results of the Scale were normally distributed (from Kolmogorov-Smirnov = 1.246, p = 0.09).In the study group was observed statistically significant differences in the level of acceptance of death among nurses and nursing students (Student's t = 4.298, p <0.05). The average results in the Death Acceptance Scale among students was 35.02 (mean = 35.02 SD = 7.83), while in the group of nurses it was 30.00 (mean = 30.00 SD = 10.67). The acceptance of death among college students is significantly higher than that of nurses. More often, they consider death as a natural aspect of life. Nurses (both men and women) more often have a tendency to experience death in terms of anxiety and fear of the end of their own existence.

In the study group, there are no statistically significant differences between the acceptance of death in terms of sex (tab. 1.). Men achieved higher scores than women, both in the group of nurses and students, but these differences were not statistically significant. It may be due to the characteristics of the sample (large majority of women).

Table. 1. Acceptance of death as the approach to life and gender (Mann-Whtiney-U).

	Men			**Women**			**Mann-Whitney** U	**P value**
	Q1	**Me**	**Q3**	**Q1**	**Me**	**Q3**		
Nurses	25.5	31.5	41.0	22.0	29.0	39.0	780.000	0.478
Nursing students	31.0	36.0	41.5	30.0	36.0	40.0	402.500	0.632

In the study group there are weak (r-Pierson = -0.189, p <0.05) statistically significant relations between age and the level of acceptance of death. With age, the level of those who accept death decreases. The age seems to be an important variable affecting the level of death acceptance. The described relation was not observed in particular groups. In groups – both the nurses and students no significant correlation was observed p> 0.05. For a more detailed analysis a number of years of work experience and the year of studies was taken into account. Second-year nursing students achieved lower scores than students of the first year. However, these differences are not statistically

significant (tab. 3). In the group of working nurses, the number of working years did not translate into the level of death acceptance (tab.2).

Table 2. Acceptance of death as the approach to life and the age and length of service of nurses (Pearson r).

	Age	**Lenght of service**	**Death Acceptance**
Age	-	0,.88*	0.064
Lenght of service	0.888*	-	0.139
Death Acceptance	0.064	0.139	-

*p<0.05

Table 3. Acceptance of death as the approach to life and a year of study (*t*-Student).

	1st year		**2nd year**		**t**	**p**
	Mean	**SD**	**Mean**	**SD**		
Nursing students	35.23	8.26	34.50	7.02	0.296	0.617

As many as 51% of nurses declare that they hardly ever, if ever are indifferent to death. A similar view is shared by 34% of nursing students. As many as 40% of the students declared having such thoughts, which equals to 30% of nurses. A quarter of nursing students (26%) say that they are indifferent to death.

34% of nurses declare that they often or very often experience fear of death. Sometimes such feelings are experienced by 32% of nurses and 28% said they rarely experience such feelings. This view (no or rare fear of death) is found among 31% of nursing students.

Frequent and very frequent thinking about death is declared by 39% of nurses. 31% think about death sometimes, 20% occasionally, 10% rarely. More than half of nursing students declare that they sometimes think of death, and further 17% claim it is relatively frequent. Nurses and nursing students perceive death as life experience (72% - 78%). The opposite view is shared by 27% of nursing students and 22% of nurses. Apart from death acceptance there are statistically significant differences in life attitudes of nurses and students. These relate to the scales of Coherence, Existential Vacuum and the Goal Seeking (tab. 4.).

Table 4. Life attitudes of nurses and nursing students (*t*-Student).

	Nurses		**Nursing students**		**t**	**P value**
	Mean	**SD**	**Mean**	**SD**		
Purpose (P)	37.73	7.48	38.41	7.21	0.669	0.504
Coherence (C)	**39.59**	6.87	**36.60**	6.36	**-3.282**	**0.001**
Choice/Responsibleness (CR)	39.08	10.67	40.52	6.94	1.355	0.177
Death Acceptance (DA)	**30.00**	8.41	**35.02**	7.83	**4.298**	**0.000**
Existential Vacuum (EV)	**28.06**	6.72	**31.59**	8.31	**3.366**	**0.001**
Goal Seeking (GS)	**37.11**	7.86	**39.62**	6.11	**2.594**	**0.010**
Personal Meaning Index	77.32	13.51	75.00	12.69	-1.283	0.201
Attitudes to life balance	81.83	27.98	79.32	25.08	-0.683	0.495

Nurses have achieved higher scores on the Coherence scale (p <.05). They more often hold the belief about human life's sense. Their self-image and personal experience is integrated and consistent. The have more often a sense of order in the world and accept their own existence.

The students achieved higher scores in the scale of Existential Vacuum. They more often feel the lack of sense of their own life. lack of life goals. They more often experience boredom and internal anxiety which results from frustrated need for meaning of life. The higher results of students in the Scale of Prospecting Goal Seeking tell us that they have a desire to break with the routine of life, provide motivation to take on new challenges, take more from their life.

Table 5. Acceptance of death as the approach to life and the age and length of service of nurses (Pearson r)

	P	**C**	**CR**	**EV**	**GS**
Students - DA	.367*	.433*	.361*	-.058	.213*
Nurses - DA	.204*	.306*	.198*	-.121	-.014

*p<0.05, DA – Death Acceptance, P – Purpose, C – Coherence, CR – Choice/Responsibleness, EV – Existential Vacuum, GS – Goal Seeking

In both groups, the level of acceptance of death influences the perception of the purpose of life, internal consistency and the control of life (tab. 5.). Those accepting death as part of life often are convinced about having goals in life, they see life more as full of sense and see the ability to have control over their lives. In the group of students the acceptance of death is also associated with the search for goals. It motivates to take on new challenges and reject stiff patterns of life.

DISCUSSION

Acceptance of death among nurses is lower than in the group of the students of nursing. Connection between death and age can be considered among the causes, but the weak correlation and lack of relation inside groups suggest the existence of other factors. The group of professionally active nurses encounter death and a plethora of negative emotions connected with the process of dying, nursing and care-giving to dying patients, and the very act of death. Not only do nurses assist families of patients with terminal conditions but also accompany them in the initial stages of mourning. Dealing with the array of emotions and processes, the nurses rarely use defense mechanisms and seldom dissociate from negative feelings; as a result, escalation of death anxiety and decreasing level of death acceptance may occur.

The issue of emotions experienced by nurses in the context of patient's death has been researched by Nyklewicz and Krajewska-Kułak [1]. The goal of the research was to assess intensification of fear and depression connected with thinking about death and to define the ways of dealing with strong emotions and stress connected with patient's death. On the basis of the research conducted it has been claimed that: the majority of nurses surveyed (74%) experience above-average fear connected with death. Nurses cannot handle stress properly – slightly more than 1/5 of people use quite an effective strategy of task-focused stress-handling style, whereas 78% of nurses inefficiently reacts to stress. The vast majority of nurses contain anger (69%), depression (72%) and fear (76%) as a way of dealing with negative emotions. About 39% of nurses qualify to be administered professional help in relation to health disorders. The results gathered confirm the hypothesis claiming that nurses can hardly deal with death on both the emotional level, as well as in the aspect of general outlook on life.

Nurses are often the people who are the first to be confronted with death and dying. According to Krasulska et al. [12], the families of patients expect support from medical staff taking care of the patient in advanced stages of cancer. Instrumental and educational support is provided mainly by nurses. The need for conversations regarding suffering, dying, and death is highly probable among the relatives of the patients. The highest demand among the families surveyed refers to informative support, which is provided by doctors. However, the respondents expect clear and factual information about the condition of the patients. Family is the most important source of support in the moment of death and mourning. Confrontation and demands made by relatives can be considered an important stress factor in the

nursing profession and can therefore influence attitudes towards death.

The issue of emotions as an element of nurses' attitudes in contacts with patients has been investigated by Dębska et al. [13]. Three types of attitudes connected with emotions among nurses towards death have been concluded – emotional type, distance type, and neutral type. Each type differs in the aspect of the volume of emotions and attitude towards death and dying of patients. The emotional type is common among people who have difficult time connected with death of patients and experience strong negative emotions. The distance type reveals indifferent attitude towards death – usually deriving from long-time work experience. In case of this particular type, experiencing negative emotions connected with death is viewed as an unprofessional behavior. The neutral type can be characterized by experiencing negative emotions connected with death of patients without transferring it to private life. One may suspect that the types of attitude towards death can be the factors influencing nurses' private lives; however, average results of nurses' acceptance of death, being the subject of this research, suggest that low acceptance of death *per se* is the crucial element of adaptation to the fact of patient's death.

Sleziona and Krzyżanowski in their study [14], which aims at identifying attitudes of nurses towards dying patients and the emotions accompanying nurses in the deaths of patients, reveal that patient's death is the experience which triggers great emotions. Fifty-three per cent of respondents remember their first encounter with patient's death, and 58% witnessed the death which has been an important and memorable experience. Majority of nurses are trying, if possible, to accompany the dying patients and their families, often experiencing the feelings of sadness (70%), compassion (67%) and hopelessness and helplessness (58%). Experiencing patients' deaths affects perception of one's own death among 73% of those questioned and teaches particular values and attitudes (99.2%).

Lyke in her investigation explored the relationship between two aspects of meaning in life, presence of meaning in life and search for meaning in life, and the fear of death and dying in young adults. Results indicated that only the search for meaning in life was significantly associated with fear of dying and death in young adults [15].

Aradilla-Herrero et al. in their research studied the Death Attitudes and Emotional Intelligence in Nursing Students [16]. Aims of study were to analyze the relationships between death attitudes and perceived emotional intelligence among of nursing students. The participants were 243 nursing students. Students' scores on Fear of Death of Others sub scale ($p<0.05$) decreased significantly across the three years of the nursing degree program and increased significantly on emotional Clarity ($p<0.05$), a dimension of emotional intelligence.

Gama et al. [17] in their research use Portuguese versions of the Death Attitude Profile-Revised (DAP-R) scale and the Adult Attachment Scale (AAS). Results show that Older nurses ($p<0.000l$) and nurses with more work experience ($p<0.000l$) had higher escape acceptance. Medicine, oncology, and haematology nurses had significantly higher fear attitudes ($p<0.0l$), avoidance of death attitudes ($p<0.000l$), and escape acceptance attitudes ($p<0.0002$) than palliative care nurses.

Braun et al. examine relationships between oncology nurses' attitudes toward death and caring for dying patients [18]. Nurses demonstrated positive attitudes toward care of dying patients. The attitudes were significantly negatively correlated with death avoidance, fear of death, and approach acceptance of death. A mediating role of death avoidance was found between fear of death and attitudes toward caring for dying patients.

CONCLUSIONS

Dealing with stress and the phenomenon of death in the behavioral and cognitive aspect should be incorporated in the process educating and training of nurses. Psychological aid for nurses working in wards with patients with terminal and life-threatening conditions, where the risk of patient's death is high, should be assured. The research should be extended, and the problem explored in order to investigate the level of death acceptance among nurses working in different hospital wards.

Conflicts of interest: none declared.

REFERENCES

1. Nyklewicz W, Krajewska-Kułak E. Śmierć, a emocje pielęgniarek, doniesienie wstępne. Probl Pielęg. 2008; 16(3): 248-54. (Polish)
2. Kurzbaier R. Family doctor practice in the face of decease and verge of death. Fam Med Primary Care Rev. 2008; 10(3): 911-15.
3. Hinderer KA. Reactions to Patient Death: The Lived Experience of Critical Care Nurses. Dimens Crit Care Nurs. 2012; 31 (4): 252-9.
4. Kózka M, Bobola K, Religa D. Opinie pielęgniarek na temat śmierci i towarzyszenie umierającemu. Post Pielęg Prom Zdr. 1998; 14:129-34. (Polish)
5. Hołub G. Etyczna problematyka chorób przewlekłych. Med Prakt. 2007; 6:109. (Polish)
6. Szawarski Z. Zrozumieć człowieka umierającego. Med Dypl. 2003; 12(5):16-21. (Polish)

7. Pirogowicz I, Hoffmann K, Gwiazda E, Widejko K, Mess E, Pirogowicz P, Steciwko A, Śmierć i nieuleczalna choroba jako problem w komunikacji z pacjentem w praktyce lekarskiej. Onkol Pol. 2006; 9(4):166-71. (Polish)
8. Ogryzko-Wiewiórowska M. Umieranie w szpitalu. Pielęg 2000. 1999; 6(47): 27-34. (Polish)
9. Klamut R. Kwestionariusz Postaw Życiowych KPŻ. Podręcznik., Warszawa: Pracownia Testów Psychologicznych PTP, 2010. (Polish)
10. Zimmermann C. Acceptance of dying: a discourse analysis of palliative care literature. Soc Sci Med. 2012; 75 (1): 217-24.
11. Reker G. T., Life Attitude Profile – Revised (LAP-R). Manal, Peterporough, Ontario: Students Psychologists Press; 1992.
12. Krasuska ME, Stanisławek A, Lechicka J, Wrońska I. Wsparcie pacjenta i rodziny w chorobie, cierpieniu i śmierci. Psychoonkologia. 2002; 6(3):65-9. (Polish)
13. Dębska G, Merklinger-Soma M, Cepuch G. Emocje jako element postawy towarzyszący pielęgniarce w kontakcie z pacjentem umierającym. Pielęg XXI w. 2010; 1-2(30-31): 65-70. (Polish)
14. Sleziona M, Krzyżanowski D, Postawy pielęgniarek wobec umierania i śmierci pacjenta. Piel Zdr Publ. 2011; 1(3): 217–23. (Polish)
15. Lyke J, Associations Among Aspects of Meaning in Life and Death Anxiety in Young Adults. Death Stud. 2013: 37(5) 471-82.
16. Aradilla-Herrero A, Tomás-Sábado J, Gómez-Benito J. Death Attitudes and Emotional Intelligence in Nursing Students. Omega: J Death & Dying. 2012/2013; 66(1): 39-55.
17. Gama G, Barbosa F, Veira M. Factors influencing nurses' attitudes toward death. Int J Palliat Nurs. 2012; 18(6): 267-73.
18. Braun M, Gordon D, Uziely B. Associations Between Oncology Nurses' Attitudes Toward Death and Caring for Dying Patients Oncol Nurs Forum. 2010; 37(1): 43-9.