

Correlation between Nurses' Attitude towards Death and the Quality of Nursing Care to Patients at the End Stages of Life in the ICU: A Systematic Review

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ABSTRACT

Background: Nurses as a member of the care team play an essential role in the care of patients at the end of life and their families. In this study, the correlation between nurses' attitude towards death and the quality of nursing care to patients at the end stages of life in the Intensive Care Unit (ICU) by October 2018 was reviewed.

Method and Materials: In this study, internal databases for Persian articles, including SID, MagIran, IranMedex, and also www.irandoc.ac site for dissertations were reviewed as well as PubMed, ISI web of knowledge and Google Scholar databases were assessed to study English articles by October, 2018 and ten articles were finally entered into the study.

Results: In this review, 1394 subjects were analysed in the ten selected articles, six articles in Persian and four articles in English including nine observational, and one qualitative study.

Conclusion: According to the results, nurses who had completed training courses and patient care workshops had a better attitude to the terminal stage of life. Accordingly, such training can lead to the development of terminal care.

Key words: Attitude, Death, Quality of health care, Terminal care

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INTRODUCTION

Death is considered the end of the conscious activity of human [1]. Death is a biological and psychological fact that is thought to be scary, and most people prefer not to think about it [2]. Certain groups in society such as nurses are more likely to come in contact with this phenomenon due to their professional nature because death is frequent and routine event in nursing [3]. Nurses' as a member of the care team play an essential role in the care of patients and their families at the end of life [4]. Unlike other caregivers, nurses are in constant contact with patients at the end of their life [5].

Nurses can have a positive attitude toward death and care for dying patients while have a humanitarian relationship [6]. The personal motivation of nurses, in addition to their attitudes and beliefs, is influenced by their personal and professional experience in the care of dying patients [4]. Research has shown that there is a meaningful relationship between the attitude toward death and the care of dying patients [7]. Some studies also emphasize to the relationship between personal and professional experiences with the care of dying patients [8].

Providing terminal care is one of the health care concerns, and dying process in the Intensive Care Unit (ICU) can be disturbed, overheated and complex [9]. Many patients are admitted to these parts before ending their life [10].

On the other hand, providing good quality care and services is considered as a priority in the health care system, especially in the field of nursing services. In most countries, the degree and accreditation of hospitals are influenced by nursing care and its quality [11]. Nurses are the largest group among health workers [12] as well as nurses legally and ethically are responsible to the quality of care [13].

Thus, the care provided by nurses at the end stage of life and dying is influenced by their perception and attitude toward death, and this attitude is one of the most important factors affecting occupational behaviour [13]. Dealing with dying patients can be a stressful and difficult experience for nurses and is also a major challenge for patients, their families and, to the same extent for health professionals and policymakers [14].

Therefore, the researcher reviewed the correlation of nurses' attitude toward death with the quality of nursing care to patients at the end stages of life in the ICU by October 2018.

METHOD AND MATERIALS

Search strategy

In order to study the published articles in this field, internal databases for Persian articles, including SID, MagIran, IranMedex, and also www.irandoc.ac site for dissertations were reviewed as well as PubMed, ISI web of knowledge and Google Scholar databases were assessed to study English articles by October, 2018. The key words used in this search were cancer, attitude, end stage, quality of nursing, death, Frommelt, DAP-R, FATCOD, DAP-R, SSCRS and Iran, or a combination of them in medical subject indexes or abstracts. The list of references in the specified articles were also reviewed for further relevant studies. Search strategy for Pubmed was as following: (((((((((Neoplasms[Title/Abstract]) AND attitude[Title/Abstract]) OR end stage[Title/Abstract]) OR quality of nursing[Title/Abstract]) OR death[Title/Abstract]) OR Frommelt[Title/Abstract]) OR DAP-R[Title/Abstract]) OR FATCOD[Title/Abstract]) OR SSCRS[Title/Abstract]) AND Iran[Title/Abstract])

Inclusion criteria

After collecting articles, their characteristics and abstracts were entered into the reference software, and

duplicates were removed using this software as well as the re-reading of the titles.

In the next step, by reviewing the titles, the studies that are not related to the purpose of this study were excluded and then, from the remaining studies, referring to the abstract of the article as well as the full text, the relevance of the articles was assured. Studies were limited to studies that were performed only on humans.

Finally, the studies published in Persian and English were included in this systematic review. When several studies from a single cohort or population are published, only the results from the latest study find the conditions necessary to enter this analysis. A minimum of 8 score of 12 score about quality of methods; data collection tool and population according to Table 1 were included in the final review for each publication.

Publications those acquired 8 scores or higher were selected for further data extraction and analysis. Finally, the studies published in English were included in this systematic review. When several studies from a single cohort or population are published, only the results from the latest study find the conditions necessary to enter this analysis.

Table 1: Quality of materials, methods, data, and the key component of the final articles

S.No.	Question	Score
1	Are the research questions clearly stated?	No=0 Yes=1
2	Is the approach appropriate for the research question?	No=0 Yes=1
3	Is the study context clearly described?	No=0 Yes=1
4	Is the role of the researcher clearly described?	No=0 Yes=1
5	Is the sampling method clearly described?	No=0 Yes=1
6	Is the sampling strategy appropriate for the research question?	No=0 Yes=1
7	Is the method of data collection clearly described?	No=0 Yes=1
8	Is the data collection method appropriate to the research question?	No=0 Yes=1
9	Is the method of analysis clearly described?	No=0 Yes=1
10	Are the main characteristics of the population well described?	No=0 Yes=1
11	Is the analysis appropriate for the research question?	No=0 Yes=1
12	Are the claims made supported by sufficient evidence?	No=0 Yes=1

Data extraction

Information about publication (first author's surname, year of publication, etc.), study design, number of samples studied, and results of each article were extracted by two independent researchers. The observed differences in the evaluation of studies were solved by a third researcher.

RESULTS

In this review, 1394 individuals were analysed in the 10 selected articles, 6 articles in Persian and 4 articles in English including 9 observational, and one qualitative

study. It can be seen in Table 2 indicating the results of the study eligible for the study. The process of search and selection of gathered articles based on PRISMA guidelines shows in Figure 1.

The first study, carried out by Bagherian *et al.* [6], in this descriptive-analytical study, the attitude of nurses of Cancer Center of Vali-e Asr Hospital of Tehran toward the care of dying patients in 2007 using two questionnaires (DAP-R), (FATCOD) and demographic information questionnaire was assessed. The questionnaires were submitted to 120 nurses at Vali Asr hospital and the Cancer Center introduced by the head nurses, 98% of the questionnaire were answered. The results showed that

most nurses tended to care for dying patients and emotional support from their families, but they did not like talking about or educating them about death with their patients or their families. Many nurses did not like the patients or their families to be decision-makers and did not want to engage the patient and their families in care. Lack of education and experience, as well as occupational and cultural limitations, was associated with the negative attitudes of nurses with respect to death and the care of dying patients. It seems that creating an interactive environment where nurses can express their feelings about death and dying is an effective way of identifying the factors that influence nurse interaction with a dying patient.

The second study was conducted by Hojjati et al. [15]. This descriptive cross-sectional study was performed on 106 nurses working in social security hospitals of Golestan province by census method from among qualified individuals. Data was collected by FATCOD. The results of this study showed that attitude toward death in nurses with mean and standard deviation (108 ± 9) was higher than the mean ($p < 0.05$). Hence the attitude towards death was higher in the trained group. Also, there was no significant difference between nurses' attitude toward end-of-life care by sex ($p = 0.18$), marital status ($p = 0.45$), work area ($p = 0.17$), age ($p = 0.7$) and work experience ($p = 0.06$). The results of this study emphasized the appropriateness of nurses' attitudes toward patient care. The use of educational methods to care for a patient suffering from anxiety including palliative and non-traumatic care, and spiritual care for these patients and their family and relatives was done.

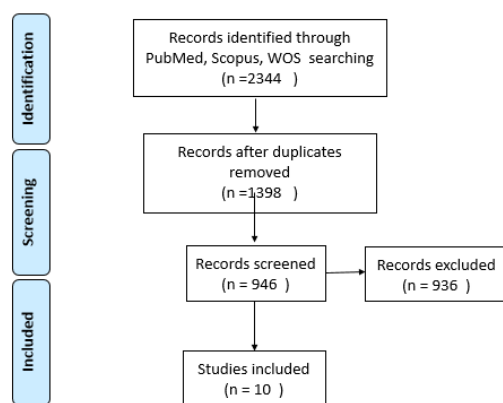


Figure 1: Process of selection documents according to PRISMA guidelines

The third study was conducted by Hojjati et al. [16] in 2015. This descriptive cross-sectional study was carried out on 106 nurses working in social security hospitals in Golestan province by using a census sampling method among all eligible subjects. Data were collected by demographic questionnaire and DAP-R revised standard scale. The mean and standard deviation of attitude toward nursing death was 150.23 ± 14.4 . The statistical test of multiple regression showed a significant negative correlation between attitude toward death and work experience ($p < 0.007$), so that with each year the increase

in work experience would be 5 times less than the negative attitude. Also, there was a significant correlation between attitude toward death and education ($p < 0.003$). Therefore, nurses who had passed training courses and death care shops had a better attitude. The results of this study showed that nurses had a positive attitude toward death. Due to their nature, nurses spend more time taking care of these patients and their relatives and have a closer relationship with family members and patients' companions. Positive visions and attitudes in nurses can be effective in caring for patients and supporting their family members.

The next study was done by Aghaei et al. [17] in 2017. In this descriptive cross-sectional study, 240 nurses working in Tabriz educational centres were selected using non-random stratified sampling. The data collection tool was a questionnaire of Frommelt Attitude toward Caring for Dying Patients about the care of patients at the end of life. The mean score of nurses' knowledge about end-of-life care was 14.26 (4.37%) from 29 and 55.7% of nurses stated that they did not have enough training in providing this care. With a score of (11.79), 100.32 of the maximum score of 150, the attitude of the participants in the field of patient care were positive in the final stages of life. The level of attitude score was higher in staff with care history at home care centers ($p < 0.01$). Given the low level of nursing knowledge about providing end-of-life care, educational programs are needed to promote nurses' knowledge. Especially considering the positive attitude of nurses in this regard, holding such training can lead to the development of end-of-life care services in Iran.

Another study by Askari et al. [18] was conducted in 2017. This cross-sectional study was performed on 133 nurses working in three educational hospitals of Shahid Sadoughi University of Medical Sciences in Yazd. The data were collected using a standard Spirituality and Spiritual Care Rating Scale (SSCRS) questionnaire, which comprised two parts of spirituality including 15 questions and spiritual care including 8 questions. The mean score of nurses' attitudes towards spirituality and spiritual care was 31.15 ± 7.89 and 21.05 ± 5.5 , respectively. There was a significant difference between nurses' attitude toward spirituality and spiritual care and factors such as job category ($p = 0.03$) and gender ($p = 0.01$). However, there was no significant relationship between their attitude with other dimensions of age, education, employment status and marital status. Based on the findings of the study, nurses' attitude toward spirituality was more favourable than spiritual care. Therefore, despite the positive attitude of nurses towards spirituality, further education and information in this regard can have potentially effective effects on clinical care and quality of treatment.

In a study conducted by Iranmanesh et al., the care of patients in the final stages of life and exposure to death in oncology wards were studied among Iranian and Swedish nurses. In this qualitative study, eight nurses from Iran and eight nurses from northern Sweden were interviewed. The mean year of service in Iranian and

Sweden nurses was seven and twelve years. Iranian and Swedish nurses considered it necessary to take into account the personal and professional responses of nurses in taking care of patients at the end of life. The results of this study showed that attending a dying patient bedroom requires the observance of ethical principles that should be professionally respected regardless of gender and culture, and close relatives should be supported by a team [19].

In 2013, Rohi et al. conducted a study entitled "Death Anxiety Surveillance in nurses in the ICU" as a descriptive-correlational study. The research units in this study were nurses working in the ICU who were selected through census. The number of nurses enrolled in the study was 120. Templar's Death Anxiety Scale was used to measure death anxiety. The results showed that the mean of death anxiety score with all of the demographic variables studied in this study was not statistically significant. The results showed that 25% of nurses had mild death anxiety, 36% had moderate death anxiety and 39% had severe death anxiety. Considering the effect of death anxiety on the physical and psychological aspects of nurses and the care provided by them, attention to this issue is needed among the ICU nurses for close contact with dying patients and to determine the reasons of death anxiety and it is essential to establish supportive systems in hospitals in order to provide better care [20].

A study was done by Ayşegül et al. in order to assess the attitude of Turkish nurses toward death, their experiences about death and care of a dying patient. A descriptive cross-sectional study was carried out in three governmental hospitals in different regions of Turkey. This study was performed on 171 nurses working in hospitals who had a history of caring for dying patients in the last three months. Data were collected using Melt Attitude toward Care of Dying (FATCOD). The results of this study showed that, in response to questions about the meaning of death, 44% of nurses answered "it is equal to destroy", 22% answered "second-life", 14% nurses responded as "part of their lives" and 20% answered "leisure time", while discontinuation of care for dying individuals was seen at 3%, and about 25%

reported feelings of grief, sadness and unpleasantness. There was no statistically significant difference between the mean of FATCOD scores in relation to the gender and work place of nurses, 60.2% of nurses believed that religious beliefs had a strong influence on their attitude toward death, and 54% of them introduced themselves faithful. According to the study, nurses with higher beliefs had a more positive attitude toward death, and higher levels of education showed a more positive attitude. Regarding the work experience of nurses, they concluded that nurses with less professional experience had a more positive attitude toward death [21].

Henoch et al. conducted a study on the attitudes and readiness of senior nursing students in the care of a dying patient during 2011-2017 in order to describe the improvement of student attitudes on the care of dying patients and getting ready to understand the care of the end stages of life. A longitudinal study started with 117 nursing students from six universities in Sweden and the data were collected at three different times, beginning of the first and second years, and at the end of the third year. The results of the study showed that attitudes in the care of a dying patient during the training program had a positive change, so that FATCOD score ranging from 126 in the first stage received to 127 in the second stage and 132 in the third stage. The theoretical and clinical education of palliative care has a positive impact on end-stage care, as most students finally felt they were ready to take care of patients and families of dying patients [22].

The study of Cevik et al. entitled "Nurses' attitudes and experiences about the death and care of dying patients in Turkey" as a cross-sectional study was conducted on 300 Turkish nurses and showed that the attitude of Turkish nurses towards death and care of dying patients were less than the attitudes of nurses reported in other studies, which could be due to cultural differences. The results of this study indicated that there was a need for further education research and better development of educational programs to help nurses for discovering their attitude towards death, increase communication skills and strengthen stress management strategies [23].

Table 2: The detail of studies entered into systematic review

ID	Reference	Sample size	Design	Age (Mean ± SD)	Conclusion
1	Bagherian et al. in 2010 [6]	120	Descriptive-analytic	33	Lack of education and experience, as well as occupational and cultural limitations were associated with the negative attitudes of nurses with respect to death and the care of dying patients. It seems that creating an interactive setting where nurses can express their feelings about death and dying is an effective way of identifying the factors that influence nurse interaction with a dying patient.
2	Hojjati et al. in 2014 [15]	106	Descriptive-Cross sectional	33.8 ± 4.5	The results of this study emphasize the appropriateness of nurses' attitudes toward patient care. The use of educational methods for caring for a patient with a disability such as palliative and non-traumatic care, and spiritual care for these patients and their family and relatives.
3	Hojjati et al. in 2015 [16]	106	Cross sectional	33.8 ± 4.5	Because of occupational nature of nurses, they spend more time taking care of these patients and their relatives and have a closer relationship with family members and patients' companions.
4	Aghaei et al. in 2017 [17]	204	Descriptive-Cross sectional	31.63 ± 5.32	Given the low level of nursing knowledge about providing end-of-life care, educational programs are needed to promote nurses' knowledge. Especially considering the positive attitude of nurses in this regard, holding such training can lead to the development of end-of-life care services in Iran.

5	Askari et al. in 2017 [18]	133	Cross-sectional	Mean no reported	Nurses' attitude toward spirituality had more favourable status than spiritual care. Therefore, despite the positive attitude of nurses towards spirituality, further education and information in this regard can have potentially effective effects on clinical care and quality of treatment.
6	Iranmanesh et al. in 2010 [19]	16	Qualitative	Mean no reported	The results of this study showed that attending a dying patient bedroom requires the observance of ethical principles that should be professionally respected regardless of gender and culture, and close relatives should be supported by a team
7	Rohi et al. in 2013 [20]	120	Observational	Mean no reported	It is essential to establish supportive systems in hospitals in order to provide better care
8	Aysegül et al. in 2017 [21]	171	Cross-sectional	Mean no reported	According to the study, nurses with higher beliefs had a more positive attitude toward death, and higher levels of education showed a more positive attitude. Regarding the work experience of nurses, they concluded that nurses with less professional experience had a more positive attitude toward death
9	Henoch et al. in 2017 [22]	117	Longitudinal	132	The theoretical and clinical education of palliative care has a positive impact on end-stage care, as most students finally felt they were ready to take care of patients and families of dying patients
10	Cevik et al. in 2013 [23]	300	Cross-sectional	Mean no reported	The results of this study indicated that there was a need for further education research and better development of educational programs to help nurses for discovering their attitude towards death, increase communication skills and strengthen stress management strategies.

DISCUSSION

Certain groups in society such as nurses are contacting more with death due to their professional nature [3]. Nurses as a member of the care team play an essential role in the care of patients at the end of life, in addition to their attitudes and beliefs, terminal care is influenced by their personal and professional experience in the care of dying patients [4]. Research has shown that there is a meaningful relationship between the attitude toward death and the quality of care among dying patients [7]. The relationship between personal and professional experiences with the care of dying patients was approved [8].

In a study conducted by Iranmanesh et al. the care of patients in the final stages of life in oncology department were studied among Iranian and Swedish nurses. In this qualitative study, eight nurses from Iran and eight nurses from northern Sweden were interviewed. The mean year of service in Iranian and Sweden nurses was seven and twelve years. Iranian and Swedish nurses considered it necessary to take into account the personal and professional responses of nurses in taking care of patients at the end of life. The results of this study showed that attending a dying patient bedroom requires the observance of ethical principles that should be professionally respected regardless of gender and culture, and close relatives should be supported by a team [19].

A descriptive cross-sectional study was conducted on 106 nurses by Hojjati et al. entitled "Nurses' attitude toward death". Data were collected using the Death Attitude Profile Revised Questionnaire. The results of this study showed that nurses had a positive attitude toward death. Due to their nature, nurses are spending more time for taking care of the patients and have a closer relationship with family members and patients' companions. Positive visions and attitudes in nurses can be effective for caring in patients and supporting their family members [16].

In 2013, Rohi et al. conducted a study entitled "Death Anxiety Surveillance in nurses in the ICU" as a

descriptive-correlational study. The research units in this study were nurses working in the ICU selected through census and 120 nurses enrolled in this study. Templar's Death Anxiety Scale was used to measure death anxiety. The results showed that the mean of death anxiety score with all of the demographic variables was not related. The results showed that 25% of nurses had mild death anxiety, 36% had moderate death anxiety and 39% had severe death anxiety. Considering the effect of death anxiety on the physical and psychological aspects of nurses and the care provided by them, attention to this issue is needed among the ICU nurses for close contact with dying patients and to determine the reasons of death anxiety and it is essential to establish supportive systems in hospitals in order to provide better care [20].

According to Aysegül et al. study, nurses with higher beliefs had a more positive attitude toward death, and higher levels of education showed a more positive attitude. Regarding the work experience of nurses, they concluded that nurses with less professional experience had a more positive attitude toward death [21].

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According to Cevik et al. showed that the attitude of Turkish nurses towards death and care of dying patients were less than the attitudes of nurses reported in other studies, which could be due to cultural differences. The results of this study indicated that there was a need for further education research and better development of educational programs to help nurses for discovering their attitude towards death, increase communication skills and strengthen stress management strategies [23].

CONCLUSION

According to the results, failure to complete courses and workshops about the care of patients at the terminal stage of life was the main reason for the negative attitude of nurses. The results showed that nurses who had completed training courses and workshops of care had a better attitude to the final stage of life. Accordingly, such training can lead to the development of terminal care.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest in this study.

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