

# Nursing Experience and the Care of Dying Patients

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**Purpose/Objectives:** To examine relationships among demographic variables and nurses' attitudes toward death and caring for dying patients.

**Design:** Descriptive and correlational.

**Setting:** Two metropolitan hospitals in Detroit, MI.

**Sample:** 58 RNs practicing in oncology and medical/surgical nursing. The majority was female and white, with a mean age of 41 years.

**Methods:** Completed survey of three measurement tools: a demographic survey, Frommelt Attitudes Toward Care of the Dying (FATCOD) Scale, and Death Attitude Profile–Revised (DAP-R) Scale. Of 60 surveys distributed, 58 were completed and returned.

**Main Research Variables:** Past experiences (level of education and death training), personal experiences (age, race, religion, and attitudes toward death), professional experiences (months or years of nursing experience and the percentage of time spent in contact with terminally ill or dying patients), and attitudes toward caring for dying patients.

**Findings:** Most respondents demonstrated a positive attitude about caring for dying patients. Nurses who reported spending a higher percentage of time in contact with terminally ill or dying patients reported more positive attitudes. No significant relationship was found between nurses' attitudes toward death and nurses' attitudes about caring for dying patients. Statistically significant relationships were found among certain demographic variables, DAP-R subscales, and FATCOD Scale.

**Conclusions:** Regardless of how the nurses felt about death, providing professional and quality care to dying patients and their families was salient.

**Implications for Nursing:** Developing continuing education programs that teach effective coping strategies to prevent death anxiety and identifying barriers that can make caring for dying patients difficult may make the journey from novice to expert nurse a gratifying and rewarding experience.

## Key Points . . .

- ▶ The more experience that nurses have with dying patients, the more positive the care experience becomes.
- ▶ Regardless of how nurses felt about death, providing professional and quality care to dying patients and families was salient.
- ▶ Findings from this study support Benner's (1984) proposition that practical knowledge learned from professional experience may influence how nurses care for patients.

79 and 74 years of age for women and men, respectively. Census bureau projections for the United States estimate that by the year 2030, the older than 65 age group will double to approximately 70 million, with the fastest growth rate to occur in the older than 85 age group (e.g., nine million) (Federal Interagency Forum on Aging Related Statistics, 2000). According to the National Cancer Institute (n.d.) Surveillance, Epidemiology and End Results (SEER) Cancer Statistics Review 1975–2001, more than half (57%) of the reported cases of cancer in the United States are among older adults, with the median age of death from cancer occurring at age 72. These statistics suggest that nurses will be responsible for the care of a larger population of dying patients in the future and, therefore, the need to be educated about death is warranted. Thus, the aim of this pilot study was to replicate the findings from Rooda et al. (1999) to provide rationale for the development of proactive educational programs designed to improve the quality of care of dying patients and their families.

## Literature Review

A review of the research literature to determine what effect death education may have on working nurses' attitudes toward care of dying patients revealed very few recently published

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Death is inevitable for all living beings (Haisfield-Wolfe, 1996) and, as healthcare providers, nurses play a principle role in the care of dying individuals and their families. Consequently, the care that nurses provide to terminal or dying patients may be affected by their own attitudes toward death (Rooda, Clements, & Jordan, 1999). According to Rooda et al., "Determinants of attitudes toward death and dying encompass not only cultural, societal, philosophical, and religious belief systems, but also personal and cognitive frameworks from which individual attitudes toward death and dying are formulated and interpreted" (p. 1683). Therefore, nurses' personal feelings also may influence how they cope with dying patients.

The average life expectancy of Americans has increased dramatically since the early 1900s, from 49 years of age to