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Perspective towards End-of-Life Care among Nurses Working in BPKIHS: A Cross-Sectional Study

• Shalu Parajuli[1] • Sharishma Phuyal[1] • Erina Shrestha[1] • Ram Sharan Mehta[1]

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Sharishma Phuyal
sharishma.phuyal@gmail.com

https://orcid.org/0000-0002-8234-9710

[1] Department of Medical-Surgical Nursing, B. P. Koirala Institute of Health Sciences, Dharan, Nepal

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Abstract

Background: End-of-life care (EOLC) is the term used to describe the support and medical care given to dying patients and their families during the time surrounding death. It has a direct impact on the attitude of nurses towards the care of dying. We aimed to assess the perspective towards end-of-life care and its association with different socio-demographic variables among the nurses working in B. P. Koirala Institute of Health Sciences (BPKIHS).

Methods: This cross-sectional study was carried out among 136 nurses working in the selected settings of BPKIHS. Simple random sampling was used to select staff nurses and purposive sampling to select senior staff nurses and senior Auxiliary Nurse Midwifes. Frommelt Attitude Towards Care of the Dying (FATCOD-B) scale was used to assess the nurses' perspective towards care of dying. Data were analyzed using SPSS version 17.0. Descriptive statistics were used for describing sample characteristics. The chi-square test was used to show the association between level of attitude and socio-demographic variables.

Results: Almost two-third (64%) of the nurses had a fair attitude, 36% had a good attitude. The socio-demographic characteristics i.e. marital status, ward/unit, level of education, designation, total duration of work, experience of caring for dying, and training on end-of-life care were significantly associated with the nurses' attitude towards care of dying.

Conclusion: Overall, nurses had a fair attitude towards the care of dying; none had a poor attitude.

Keywords: End-of-Life Care; Nurses; Perspective

Declarations

Ethics approval and consent to participate: This study was conducted with prior ethical approval from Departmental Review Unit (DRU) of College of Nursing, BPKIHS and informed consent has been obtained from participants prior to the enrollment. (CON-73/2077/078)

Consent for publication: Informed consent was obtained from the participants for the publication of identifying features along with the manuscript.

Availability of data and materials: The full data set supporting this research is available upon request by the readers.

Competing interest: None

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End-of-life Care (EOLC) is the term used to describe the support and medical care given during the time surrounding death [1]. EOLC comprises of advanced care planning, palliative care, hospice care, and bereavement care [2]. Nowadays, the place where people die is moving to hospital settings due to a value in saving and prolonging life using advanced medical technologies for treatment [3].

Nurses follow three areas i.e. comfort, information, and acceptance while caring for patients who are at the end-of-life [4]. However, existing literature revealed that the quality of EOLC following caring behaviors of nurses is often unsatisfactory for both the dying patients and their family members [5, 6]. The studies on nurses' attitude towards death and caring for dying patients revealed conflicting results [7-9]. In industrialized nations, geriatric and palliative care has developed as separate specialties. The International Association of Hospice and Palliative Care recommends that the low- and middle-income countries should develop their own appropriate models based on the needs of the patients and availability of resources rather than follow models more appropriate to high income countries [10]. The nurses' attitude is significantly associated with the socio-demographic variable, level of education, designations, work areas, total duration of work and training on palliative care [8, 9, 11-16].

Suffering, dying with dignity and respecting patient wishes is of critical interest in the moral arena of nursing [13]. In Nepal, specialized health care professionals and teaching-learning activities in EOLC are limited. Therefore, this study aimed to assess the perspective towards EOLC and its association with different socio-demographic variables among the nurses working in B. P. Koirala Institute of Health Sciences (BPKIHS).

METHODS

This cross-sectional study was conducted in critical (Intensive Care Unit/ Critical Care Unit, Surgical ICU, Maternity ICU, Dialysis, and ER) and non-critical areas (Medicine units, Surgery units, Gynecology, Orthopedic, Orthopedic Observation, Cardiothoracic and vascular surgery, Tropical) which were selected purposively. The sample size of 136 nurses was selected from the study population of 276 nurses in the selected setting of BPKIHS. A simple random sampling technique using the lottery method was used to select staff nurses (SN) whereas senior staff nurses (SSN) and senior Auxiliary Nurse Midwife (ANM) were selected purposively. Nurses working in the post of SSN, SN, and senior ANM who gave consent to participate were included. Nurses who have total work experience of less than six months were excluded.

The instrument used included two sections: Section 1 consisted of socio-demographic and profession related variables and Section 2 consisted of Frommelt Attitude Toward Care of the Dying (FATCOD)-B Scale which is a psychometric instrument that specifically detects nurse's attitude towards care for the dying. It consists of 30 randomly ordered items scored on a five-point Likert-type scale. Positive items are scored as follows: (1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, 5 = strongly agree.) Scores are reversed for negative items i.e., pertaining to negative emotions (Statements No: 3, 5, 6, 7, 8, 9, 11, 13, 14, 15, 17, 19, 26, 28 and 29). The total score ranges from 30 to 150; higher scores indicate more positive attitude. Twenty items in the FATCOD-B scale relate directly to the nurses' attitude towards the patient i.e., statement no. 1, 2, 3, 5, 6, 7, 8, 10, 11, 13, 14, 15, 17, 19, 21,23, 25, 26, 27, 30 (range 20-100) and ten items relate directly to the nurse's attitudes towards the patients' family i.e., statement no. 4, 9, 12, 16, 18, 20, 22, 24, 28 and 29 (range 10-50). The scores are categorized as poor (<50%), fair (50 to < 75%), and good (≥ 75%) of the total score points according to the standardized tool. The statements describe beliefs and feelings about EOLC, such as the patient's decision-making autonomy, the doctor's emotional involvement with the patient's experience, care of the patient's family, and pain treatment [17].

The content validity of section 1 was established through literature review and consultation with concerned guides and experts. The Nepali version of the tool was validated by consultation with experts. The reported reliability coefficient of the FATCOD-B scale (Section 2) is 0.977 [18]. Pre-testing was done among 10% of the total sample under a similar setting. After pretesting, change was made in section A of the tool regarding the level of professional education.

Written approval was obtained from the Departmental Research Unit College of Nursing, BPKIHS. The purpose of the study was explained to the nurses and informed written consent was taken. They were assured about the confidentiality and anonymity of the information provided. A self-administered semi-structured questionnaire was distributed to the nurses according to the feasibility of their time in their respective wards,

and completed questionnaires were collected on the same day. Respondents took around 20 minutes to complete the questionnaire. Data were classified, coded manually, and entered in Microsoft Excel 2007 and analyzed using Statistical Package for Social Sciences (SPSS) software version 17.0. Descriptive statistics were used for describing sample characteristics; and inferential statistics (chi-square test) was used to analyze the association of perspective of the nurses with socio-demographic and profession-related variables. For each test, significance was considered at $p < 0.05$ at a 95% confidence interval.

RESULTS

One hundred and thirty-six nurses completed the questionnaire and there was no missing data. The majority (87.5%) were staff nurses (**Table 1**). Around three-fifth (58.8%) had experience of 3-6 years in BPKIHS. Most (72.1%) had an experience caring for dying patients within a year. Only 5.1% had an experience of the recent death of family members. More than one-third (39.7%) had received a training on basic and advanced life support. None had undertaken a specific training on EOLC/ palliative care.

The majority (81.6%) followed Hindu religion (**Fig. 1**). The majority (58.9%) had Proficiency Cer-

Table 1: Socio demographic and profession related characteristics of the nurses (n = 136). Values are presented as number, %, or mean ± SD and range.

Characteristics	Category	Frequency	Percentage
Age group (years) [Mean ± SD = 26.82 ± 5.30] Range = 22 - 43	22 - 24	24	17.6
	24 - 26	56	41.2
	26 - 28	20	14.7
	28 - 30	14	10.3
	≥ 30	22	16.2
Ethnicity	Brahmin/Chhetri	40	29.5
	Janajati	72	52.9
	Madhesi	23	16.9
	Dalit	1	0.7
Marital status	Married	62	45.6
	Unmarried	72	53
	Divorced/ Separated	2	1.4
Ward/ unit	Critical	69	50.7
	Non critical	67	49.3
Designation	ANM	11	8.1
	Staff nurse	119	87.5
	Senior staff nurse	6	4.4
Total duration of work (y)	1 - 3	29	21.3
[Mean ± SD = 5.15 ± 4.81]	3 - 6	80	58.8
Range = 1.5 - 22.4	≥ 6	27	19.9
Experience of caring dying patient	Yes	98	72.1
	No	38	27.9
Experience of recent death of family members	Yes	7	5.1
	No	129	94.9

Table 2: Categorization of nurses' perspective towards care of dying based on FATCOD-B Scale (n = 136). Values are presented as number (%), mean ± SD, range or mean %.

Characteristics	Category	n (%)	Range	Mean ± SD	Mean %
Nurses perspective towards care of dying patient	Fair (50 - < 75%)	93 (68.4)	57 - 84	69.54 ± 6.88	69.54
	Good (≥ 75%)	43 (31.6)			
Nurses perspective towards care of families of dying patient	Poor (< 50%)	2 (1.5)	22 - 49	38.10 ± 5.40	76.20
	Fair (50 - < 75%)	57 (41.9)			
	Good (≥ 75%)	77 (56.6)			
Overall nurses perspective towards care of dying	Fair (50 - < 75%)	87 (64)	81-133	107.63 ± 10.30	71.75
	Good (≥ 75%)	49 (36)			

FATCOD-B: Frommelt Attitudes towards Care of the Dying-B

tificate Level (PCL) of education. Most (68.4%) had a fair (> 50% score in FATCOD) perspective towards the care of dying patient (**Table 2**). More than half (64%) showed fair attitude towards care of dying. None had poor attitude towards care of dying. The maximum score obtained was 133 (Range: 30-150).

Table 3 depicts the association between socio-demographic and profession related characteristics and perspective towards care of dying. There is statistically significant association between level of attitude with variables (marital status, ward/unit, level of education, the designation of the Nurses, the total duration of work, the experience of caring for dying, and training received on the EOLC/ palliative care). We found a better attitude towards care of the dying when the nurses were married, working in non-critical units, or with work experience of > 5 years. Surprisingly, nurses with higher level of education (PCL Nursing and Bachelor Level vs ANM), more experience of care of the dying and those with training on EOLC/ palliative care had a poorer attitude towards care of the dying (fair vs good). There is no statistically significant association between the remaining socio-demographic variables with the nurses' attitude.

DISCUSSION

The current study revealed that more than half (64.0%) had fair attitude and the rest (36.0%) had good attitude towards care for dying. None have poor attitude. The mean FATCOD-B score achieved in this study was 107.63 ± 10.3 (Range: 30–150). Similar findings were reported in another study conducted in Nepal where the majority (80.0%) had a fair attitude and 20.0% of respondents had good attitude towards care for dying [11]. In contrast, the mean FATCOD-B score in our study was higher than different studies conducted in Turkey and Egypt, where the mean scores were 99.9 ± 8.7, and 62.85 ± 4.86 respectively. The rationale behind not having higher percentage of good attitude in Turkey and Egypt might be lack of enough education, specialized training, and effective communication skills regarding care for dying [17, 18].

When the statements were further divided according to the questions related to the care of patient and their family, most (68.4%) had fair perspective towards care for dying patient. Similarly, 56.6% had good perspective towards care for families of the dying patient.

As depicted in results, there was a statistically significant association between different socio-demographic and profession related variables. We observed that critical care nurses had better positive attitude. Similar study conducted in Ethiopia revealed statistically significant association with education status, work areas with the nurses' attitude towards care for dying [11]. Another study by Victoria Tait et al. revealed significant association between designations, highest level of education and nurses' attitude [12]. Similar study conducted in Jordan, Northwest Ethiopia, and Italy revealed significant association between experience of Nurses and care of dying patient [13, 14, 19]. Whereas previous study conducted in Nepal showed no signifi-

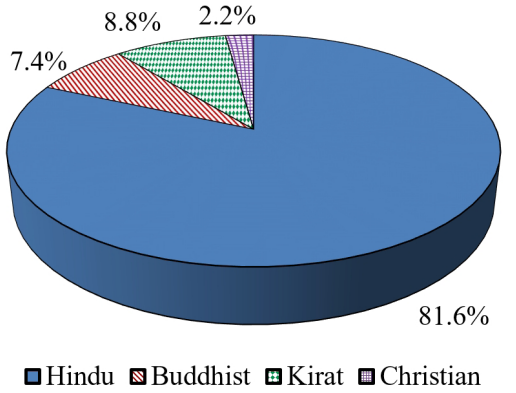

Figure 1: Distribution of the nurses according to their religion (n = 136)

Table 3: Association between socio-demographic and profession related characteristics with perspective towards care of the dying (n = 136). Values are presented as number.

Characteristics	Category	Fair attitude	Good attitude	p-value
Age group in years	< 25	45	18	**0.09#**
	≥ 25	42	31	
Ethnicity	Brahmin/ Chhetri	25	15	0.46#
	Janajati	44	28	
	Others: Dalit, Madhesi	18	6	
Religion	Hindu	72	39	0.65#
	Others: Buddhist, Christian	15	10	
Marital status	Married	30	32	**0.001#**
	Unmarried	57	17	
Ward / Unit	Critical	51	18	**0.01#**
	Non critical	36	31	
Level of education	ANM	3	8	**0.017#**
	PCL	51	29	
	BN/ B. Sc.	33	12	
Designation	ANM	3	8	**0.006#**
	Staff nurse	82	37	
	Senior staff nurse	2	4	
Total nursing experience	< 5	72	20	**< 0.001#**
	≥ 5	15	29	
Experience of caring dying patient within a year	Yes	73	25	**< 0.001#**
	No	14	24	
Experience of recent death of family members	Yes	5	2	0.71*
	No	82	47	
Training received on EOLC/ palliative care	Yes	42	12	**0.006#**
	No	45	37	

*#Pearson's chi square *Fishers exact test ANM: auxiliary nurse midwife; BN: Bachelor in Nursing; B. Sc.: Bachelor of Sciences, EOLC: End-of-life care; PCL: proficiency certificate level*

cant association of independent variable (i.e., age, ethnicity, religion, marital status, year of work experience, present working unit, experience of cari ng dying patient within a year, experience of recent death of family members, and received training or education on dying or EOLC) with the attitude of nurses [8].

This study had some limitations. The Corona Virus Disease 2019 (COVID- 19) pandemic began soon after we initiated the study, which lead to an inevitable lengthening of the study period. Amidst the pandemic some nurses were infected, quarantined. There was difficulty in accessing the nurses. The research was conducted in one center, so the findings cannot be generalized to other settings.

The findings of this study might provide baseline data for further studies or for conducting staff development programs concerning the care of dying and palliative care.

EOLC is sensitive issue in itself largely depending upon the nurses' attitude. It is affected by various factors like education, experience, and work areas of nurses. Policies need to address these concerns while formulating protocols and strategies regarding EOLC practices.

CONCLUSION

Nearly two-thirds of nurses had a fair attitude towards caring for dying. Marital status, working area, level of education, the designation of the nurses, the total duration of work, the experience of caring for dying, and receiving training on the EOLC were significantly associated with the nurses' attitude towards care of dying.

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