ISSN: 2795-1952 (Print); ISSN: 2976-1107 (Online)

MedS Alliance

Journal of Medicine and Medical Sciences

CCREACH

Original Investigation

Nursing Personnel's Caring Behaviors during End-of-Life Treatment in a Tertiary Care Hospital

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ARTICLE INFO

Article history:
Received: 20 September 2022
Revised: 19 December 2022
Accepted: 28 December 2022

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Citation:
Sah S, Dsouza S, Dsouza MC. Nursing Personnel's Caring Behaviors during End-of-Lif Treatment in a Tertiary Care Hospital. MedS. J. Med. Sci. 2022;2(4):66-70.

ABSTRACT

INTRODUCTION: The standard of end-of-life care has become an important indicator of a hospital's general care standards in modern times. Unfortunately, the present nursing standards and level of care provided to patients reaching the end of their lives fall short of what they had hoped for. As a consequence, it's crucial to look at how caregivers demonstrate care. Therefore, this observational study aims to assess the caring behavior towards death and dying among nursing personnels. **MATERIALS AND METHODS:** The research design adopted for the study was descriptive research design on 50 nursing personals working in the MICU, SICU, CCU, ITUs and wards working at SJMCH, Bangalore. Purposive sampling technique adopted to select nursing personals and participatory approach using observational rating scale during end of life care was used to assess the caring behaviour. The data was analysed using descriptive and inferential statistics. **RESULTS:** The result showed that caring behaviour of nursing personnel during end of life care found to be 58.0% with moderate caring behaviour, 38.0% with good caring behaviour and 4 % with poor caring behavior. There is no statistically significant association of caring behaviour of nursing personnel with the baseline variables like age of staff nurses and patients. **CONCLUSIONS:** It was found that there was no significant difference between demographic variables and caring behavior in nursing personnel. This study depicts that the caring behaviour of nursing personnel during end of life care was found as 58% with moderate caring behaviour, 38% with good caring behaviour and 4 % with poor caring behaviour.

Keywords: Behavior; End of Life Care; Hospital; Nursing Personnel's

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INTRODUCTION

Death and dying is traumatic to the near and dear ones and is the responsibility of health care professionals. To recognize the dying phase is a challenge to nurses as it requires expertise, most often health care personnel confused at this stage. Most often the care of a dying patient gets compromised due to various reasons. Nursing personnel's requires to be sensitized on the need for giving priority for the dimension of death care [1]. End of life encompasses many aspects of care such as pain and symptom management, culturally sensitive practices, assisting patients and their families through the death and dying process along with these, ethical decision making [2]. Death is end of life (EOL) process and dying is the end process of the life. It can become stressful when one comes to know that he or she is going to die due to an incurable disease. Caring for a person at the end of their life, and after death, is enormously important and a privilege [3]. Caring of the dying patients and facing the death can be a stressful and difficult experience for nurses. Besides personal and professional experiences, nurses' own attitudes toward death may affect the care given to dying individuals. [4]. To enhance knowledge and skills related to end of life care, nursing administrators may need to provide special workshops or training courses related to End of Life care for staff nurses. For nursing education, the content related to EOLC might be integrated in the undergraduate curriculum. Creating a positive, supportive atmosphere appears to be instrumental to sustainability [5]. For nursing research, the relationship between related factors and nurses' caring behaviors for dying patients need to be

explored [6]. The good death may be perceived as having the bio psychosocial and spiritual aspects of life handled well at the end of life care largely revolves around maintaining comfort of the patient, and their family, through management of pain and physical, psychosocial and spiritual morbidities, but focusing on the defined period of time before death [7]. In situation where the patient himself is aware that he is approaching death, he may experience varied emotional disturbances and will have his wishes that have to be at with priority. So, nurses have an important role in caring for the patients [8]. If nurses are highly skilled and knowledgeable then also caring behaviour may varies according to individual. Providing the end-of-life care with high quality [9] is only possible if nurses are completely prepared in all aspects. Nurses being the 24 hour careers in the health care system [10], play a vital role in rendering the end of life care services in the wards and especially at the time of death and dying.

MATERIALS AND METHODS

Study design and setting

A descriptive research design with a quantitative approach was adopted for the current study. The study was conducted in St John Medical College Hospital (SJMCH), which is 1425 bedded tertiary care hospital with average occupancy of 800 with average of 70 to 80 deaths per month and 2 to 3 deaths per day.

Participants, sample size and sampling technique

Staff nurses working in the St John's Medical College Hospital, working in the Medical Intensive Care Unit , Surgical Intensive Care Unit, Critical care Unit, Intensive Therapy Units, common wards and private rooms were included in the study. Purposive sampling technique was carried out in the study. The study is conducted in St John Medical College Hospital (SJMCH), which is 1425 bedded tertiary care hospital with average occupancy of 800 with average of 70 to 80 deaths per month and 2 to 3 deaths per day.

Data collection procedure and study variables

The data collection was carried by participatory assessment of caring behaviour by using self-developed Observational rating scale tool, where **Section A** consists of baseline variables of **nursing personnel** which include: Age, Gender, Area of working, Qualification, Years of experience, Institution of basic training and Additional training attended whereas baseline variables of **patient** include Age, Gender, Diagnosis, Date of admission, DNR (Yes/No) and Co-morbidities. **Section B** consists of **23 components** of caring behaviour of nursing personnel during end of life care with **four** caring behaviour approaches used for death and dying patients while providing death and dying care to the patients by a nurses, which included : **Sensitivity** (6 sub – components), **Comforting** (5 sub-components), **Competence** (5 sub-components) and **Death care** (7 sub-components)**.**The dependent variables used in the study was caring behaviour of nursing personnel, whereas independent variables included were age, gender, area of working, qualification, years of experience, institution of basic training, additional training attended for nursing personnel.

Statistical analysis and data management

The data analysis was done by using descriptive and inferential statistics. The data were entered in excel worksheet and transferred to SPSS software for tabulation and statistical analysis. The frequency and percentage distribution of subjects according to baseline variables were calculated using frequency and percentage. Chi-square test was used to find the association of selected baseline variables of staff nurses with caring behaviour towards end of life care.

Ethical considerations

This study approval was obtained from the Institutional Ethics Committee (IEC) (Study Ref No.66/2019) of St. Jones Medical College & Hospital (SJMCH), Bangalore, India.

RESULTS

Table 1 depicts that 76.0% of nurses were aged 24 years and less , more than half (58.0%) of nurses worked at MICU, majority (84.0%) nurses had qualification of a BSc. nursing, 68.0% of nurses had work experience of 1 year and less, 98% of nurses got private institution of basic training and all (100%) of nursing personal received ACLS and BLS as an additional training.

Table 2 depicts that the mean and standard deviation for caring behaviour score among nursing personnel during end of life treatment was 27.8 and 4.61 respectively with range of 17-35.

Mean and standard deviation score among nursing personal for sensitivity of caring behaviour was 6.96 and 1.56 with range of 4-11, for comforting was 5.90 and 1.34 with range of 3-8, for competency was 6.44 and 1.21 with range of 4-10 and for death care was 8.46 and 1.86 with range of 3-11 (Table 3).

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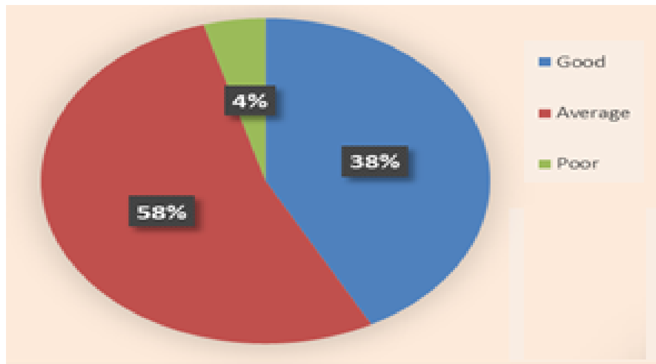

Figure 1 | Distribution of caring behaviour among nursing personnel during end of life care

Figure 1 depicts that the category of caring behaviour of nursing personnel during end of life care was found as 58.0% with moderate caring behaviour, 38.0% with good caring behaviour and 4.0% with poor caring behaviour.

Table 4 shows that there is no association of caring behaviour of nursing personnel with the age, area of working, qualification, and years of experience.

Table 1 | Frequency and percentage distribution of baseline variables of nursing personal (n=50)

Variables	Frequency	Percentage
Age		
≤ 24	38	76.0
> 24	12	24.0
Area of working		
MICU	29	58.0
SICU	19	38.0
CCU	2	4.0
Qualification		
Bsc. Nursing	42	84.0
GNM	7	14.0
Pcbsc	1	2.0
Years of Experience		
≤ 1 year	34	68.0
> 1 year	16	32.0
Institutional of basis training		
Government	1	2.0
Private	49	98.0
Additional training attended		
BLS and ACLS	50	100.0

Table 2 | Summary of caring behaviour among nursing personal during end of life care

Variable	Max score	Range	Mean	Mean%	Standard deviation
Caring behaviour	46	17-35	27.8	55.6	4.61

Table 3 | Description of specific content area of caring behavior among nursing personnel

Caring behaviour	Max Score	Range	Mean	Mean%	Standard deviation
Sensitivity	**12**	**4-11**	**6.96**	**13.92**	**1.56**
Comforting	**10**	**3-8**	**5.90**	**11.8**	**1.34**
Competency	**10**	**4-10**	**6.44**	**12.88**	**1.21**
Death care	**14**	**3-11**	**8.46**	**16.92**	**1.86**

Table 4 | Association of caring behaviour of nursing personnel with selected baseline variables

Variables	Category	Good		Moderate/Poor		Chi-square	p-value
		Frequency	Percentage	Frequency	Percentage		
Age	<24 years	13	81.3%	25	73.5%	0.356	0.72
	>24 years	3	18.8%	9	26.5%		
Area of working	MICU	2	4.0%	2	5.9%	3.827	.148
	SICU	7	43.8%	22	64.7%		
	CCU	9	56.3%	8	29.4%		
Qualification	B.Sc Nursing	15	35.7%	27	64.3%	1.746	.418
	General Nursing Midwifery	1	14.3%	6	85.7%		
	Pcbsc	0	0.00%	1	100%		
Years of experience	≤1 year	12	75.0%	22	64.7%	0.530	0.533
	>1 year	4	25%	12	35.3%		

DISCUSSION

The present study included a group of nursing workers. The majority of the professional nurses were under the age of 24. A little more than half of the nursing staff worked in the MICU section. Additionally, the majority of staff nurses had less than a year of professional training, and a significant portion of them possessed a BSc. in nursing. Nearly all of the staff nurses had received ACLS and BLS on top of their basic training from a private facility. This study depicts that the mean score and standard deviation of caring behaviour of nursing personnel during end of life care was 27.8 and 4.61 with range of 17-35., In terms of specific caring behaviors, the mean score and standard deviation for sensitivity of caring behaviour among nurses was 6.96 and 1.56 with range 4-11.For comforting mean score was 5.90 and standard deviation was 1.34 with range 3-8,and for competency mean was 6.44 and standard deviation was1.21 with range 4-10. Lastly, for death care, mean was 8.46 , the standard deviation was 1.86 with range 3-11. During end-of-life care, 58.0% of nursing employees demonstrated moderate caring behaviour, 38% demonstrated good caring behavior, and 4% demonstrated poor caring behaviour. While comparing association of caring behavior of staff nurses with end of life care, it was found that, there was no statistically association of caring behaviour of nursing personnel with the age, area of working, qualification, years of experience, institution of basic training and additional training attended.

The present study consisted 50 nurses. 76%of staff nurses were of ≤ 24 years of age, 100% staff nurses were female, 58% of staff nurses were from MICU, 84 % staff nurses had qualification of a Bsc. Nursing,68% of staff nurses have work experience of ≤ 1 year, 98% of staff nurses have got private institution of basic training and all of them have received ACLS and BLS as an additional training. A similar study conducted in Greece. The sample consisted of 246 nurses with mean age 39.7 years (SD=8.2 years).Univariate and multivariate analyses were performed with the sample size. The result came as, most participants were female (85.8 %) and 63.4 % of them were married, while 39.6 % were technological institutions' graduates. Most of the participants (54.9 %) were nursing assistants and so occupational stress affects nurses' health-related quality of life negatively, while it can also be considered as an influence on patient [11].This study depicts that the mean and standard deviation of caring behaviour of nursing personnel during end of life care is 27.8 and 4.61 with range of 17-35, the mean and standard deviation for sensitivity of caring behaviour among staff nurses is 6.96 and 1.564 with range 4-11, for comforting mean 5.90 and SD 1.344 with range 3-8, competency mean 6.44 and SD 1.215 with range 4-10 and death care mean 8.46 , SD 1.865 with range 3-11 and hence it depicts that the caring behaviour of nursing personnel during end of life care is found as 58% with moderate caring behaviour, 38% with good caring behaviour and 4% poor caring behaviour. A similar descriptive study was conducted to describe the level of nurses' caring behaviors for dying patients in southern Thailand on 360 registered nurses.

The results of this study indicated that nurses perceived themselves as having a moderate level of competency in taking care of dying patients. Therefore, educational intervention on enhancing nurses' competency for end of life care is recommended. In addition, factors relating to nurses' caring behavior for dying patients should be further explored [12]. A similar study was conducted in Bam, southeast of Iran among 30 nursing students. The result of the study came as 20% of the students reported previous experience of dying patients in their clinical courses. Students showed moderately negative to neutral attitudes toward caring for dying patients. Education has improved students' attitude significantly (mean score of FATCOD before study were 3.5 ± 0.43 and after intervention were 4.7 ± 0.33) (*P*< 0.001[13].

While comparing association of caring behavior of staff nurses with end of life care, it is found that, there is no statistically association of caring behaviour of nursing personnel with the age, area of working, qualification, years of experience, institution of basic training and additional training attended and there is no association of caring behaviour of nursing personnel with patient baseline variables with age,gender,diagnosis,DNR and Acute/chronic illness. A descriptive quantitative study was conducted in New York to assess how nurses employed in a comprehensive cancer center feel about death and caring for dying patients and examine any relationships between their attitudes and demographic factors.A convenience sample of 355 inpatient and outpatient oncology nurses were taken for study. The results of the study showed registered nurses with more work experience tended to have more positive attitudes toward death and caring for dying patients [14]. An observational study was conducted to study

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the process of care of dying patients in general hospitals with four large teaching hospitals in west of Scotland. Among 50 dying patients, 29 female and 21 male patients were selected for the study. Non-participant observer carried out in the study. The results showed that contact between nurses and the dying patients were minimal, isolation of patients by most medical and nursing staff was evident and the isolation increased as death approached [15].

CONCLUSIONS

It is found that there is no significant difference between demographic variables and caring behavior in nursing personnel. Statistically there is no significant difference between the caring behaviour of nursing personnel with age, area of working, qualification, years of experience, institution of basic training and additional training.

ADDITIONAL INFORMATION AND DECLARATIONS

Acknowledgements: None

Competing Interests: The authors declare no competing interests.

Funding: Self-funded

Author Contributions: Concept and design: SS, SD, and MCD; literature review and data collection: SS; analysis: SS, SD, and MCD; manuscript draft: SS and SD. All authors contributed to analysis, reviewed and write up of final manuscript, interpretation of results, and revision of the manuscripts. All have read and agreed with the contents of the final manuscript.

Data Availability: Data will be available upon request to corresponding authors after valid reason.

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