

Chapter 5

SUMMARY AND IMPLICATIONS OF THE STUDY AND ITS FINDINGS

5.1 INTRODUCTION

This chapter presents a summary of the study; its findings and the implications for nursing practice, nursing education and nursing research. Conclusions and recommendations for ongoing terminal care education that have emanated from this study will be discussed. The limitations to this study will also be presented.

5.2 SUMMARY OF THE STUDY

5.2.1 Methodology

A quantitative, descriptive, correlational survey was conducted to examine the relationship between death anxiety and nurses' attitudes toward terminally ill patients in a private acute care hospital in the province of Gauteng in South Africa. Various extraneous variables have been identified and defined. No attempt was made to control or manipulate the situation as it is currently occurring. The study population comprised of all nurses working in this hospital who fulfilled the stipulated selection criteria. Data were obtained from nurses through the use of self-administered questionnaires. The response rate was 42% of the expected population. A total of 93 valid responses were received. Although the instrument was distributed to the total population, questionnaires not having fulfilled the selection criterion and incomplete questionnaires were unable to be used in the study. Descriptive statistics were used to analyze data and the significance of the relationships between variables was determined using the Fishers exact test (p -value of 0.05).

5.2.2 Purpose of the study

The purpose of this study was to identify, explore and describe nurses' personal fear of death (death anxiety) and explore whether an association exists between death anxiety and their attitudes towards dying patients in a private acute care hospital in Johannesburg. This study attempted to determine whether correlations exist between levels of nurses' death anxieties and their attitudes towards dying patients. In identifying these death anxieties and attitudes, this study has also indicated the need for ongoing education regarding end of life care.

5.2.3 Main Objectives

The objectives of this study were to:

- To identify nurses' attitudes towards death.
- To measure the level of nurses' death anxiety through their responses to death and dying.
- To explore whether an association exists between nurses' death anxiety and their attitudes toward the dying patient.
- To describe the association between nurses' different levels of death anxiety and their attitudes towards dying patients.
- To identify the need for ongoing institutional support and education regarding end of life care.
- To suggest recommendations for appropriate institutional support and education regarding end of life care for nurses caring for dying patients.

The findings for each objective will be discussed individually as follows:

5.2.3.1 Objective 1

In measuring death attitudes The Neville Strumpf Death Attitude Scale was used. Ten items were listed on this scale and items were scored on a five-point Likert scale ranging from 1 that was 'strongly disagree' to 5 which was 'strongly agree' (refer to Appendix G). Results from the death attitude scale revealed that 10 (11%) respondents have positive attitudes towards death and dying concerns and 83 respondents (89%) from this population have negative death attitudes towards death and dying issues.

5.2.3.2 Objective 2

The Revised Collet-Lester Scale measured death anxiety and consisted of four sub-scales as discussed in chapter three. It consisted of thirty-two questions and was also scored on a five-point Likert scale (refer to Appendix G). Results of the death anxiety survey produced similar results to that of the death attitude scale, with 89% of the population (83 respondents) exhibiting high levels of death anxiety and 11% (10 respondents) exhibiting low levels of death anxiety. The results generated by this scale indicated significantly high levels of anxiety on all of the sub-scales (refer to chapter three).

Significantly high levels of death anxiety were found in the population surveyed. However these findings should be viewed with caution as it represents less than 50% of the expected sample (n=197) and may be subject to self-report bias. These results should also be viewed within a socio-demographic context as several extraneous variables (example: exposure to crime, personal loss, dying trajectories etc) may have influenced these results.

5.2.3.3 Objective 3

A strong association was found to exist between death anxiety and death attitudes. Findings suggest a perfect agreement between these two study variables. Eighty-nine percent of respondents who reported higher death anxiety also reported more negative attitudes toward death and dying patients.

5.2.3.4 Objective 4

The relationship between death anxiety and death attitudes was hypothesized as being inversely proportional. The findings of this study have been found to be consistent with that of the proposed hypothesis.

The results of the study support the research hypothesis that *nurses evidencing high death anxiety will express more negative death attitudes than nurses with low death anxiety* and are consistent with the findings of other related studies.

5.2.3.5 Objective 5

The correlation between the adequacy of palliative care training, death anxiety and death attitudes was statistically significant with a *p*-value of less than 0.05.

The results of this study are consistent with past findings and suggest that caregivers who have adequate training in palliative care may feel more comfortable and confident in caring for the dying patient than those who are inadequately trained.

5.2.3.6 Objective 6

Results indicate that in acute care settings nurses may harbor feelings of unfounded guilt for the deaths of their terminally ill patients and this in turn may affect the quality of care rendered to these patients and possibly explain the nurse's reluctance to care for these patients. Structured support and debriefing programs addressing these issues may prove beneficial for this group of nurses. Structured guidelines and clearly defined goals for the

care of terminally ill patients within this sector may facilitate healthier nurse-patient relationships. This finding has important ramifications for future training especially in light of the current health crisis in Southern Africa and escalating mortality rates.

Findings from this study indicate that communication and psychosocial skills may be lacking in terminal care situations within this health sector and that this may be a particular area in palliative care where training is required.

In identifying a deficit in palliative care training within this sample, the need for palliative care education and the importance thereof has been highlighted by the findings of this study.

5.2.4 Findings

Findings of this study were consistent to that of similar studies. A strong association was found between death anxiety and death attitudes. Statistically significant relationships between age and length of nursing experience/exposure were found (p -value of 0.05). No significant relationship between sex and institutional support was found. Of import, the need for ongoing terminal care education was identified in this study. Findings also suggest high levels of death anxiety within the study population with correlating negative death attitudes. This may be associated to the fact that a significant proportion of the study sample was younger and less experienced as opposed to those who demonstrated lower levels of death anxiety and positive death attitudes and were more experienced and older.

5.3 GENERAL LIMITATIONS TO THE STUDY

Limitations to the study include that the extraneous variables were not controlled. The Neville Strumpf's Death Attitude Scale has content and face validity but lacks generalized validity and reliability. Future attempts to associate death anxiety and death attitudes may consider using a more powerful research tool that elicits reactions to the death of patients as well as formative experiences in death and dying issues.

Further limitations to the study may be self-report bias, as assessment of all variables in this study depended on self-report measures and as such only represent acknowledged death anxiety and attitudes. Future studies should consider inclusion of direct observation or interviews with terminally ill patients themselves. Research findings may not be representative of all nurses within the private acute care setting because a sample of nurses within one private acute care hospital was used. It is also proposed that questions addressing diverse personal experiences and cultural beliefs of caregivers be considered in future studies. A larger and more gender- balanced sample would allow more variables to be introduced that could not be introduced in this small sample.

5.4 IMPLICATIONS OF FINDINGS AND RECOMMENDATIONS

The recommendations for this study will be discussed under three headings: nursing practice, nursing education and nursing research.

5.4.1 Implications for nursing practice

Regardless of the components of the palliative care team, the nurse is the primary liason, the coordinating figure in the care of the dying and the individual who brings the team plan to the bedside of the dying patient, whether at home or in hospital. Because of the close proximity of the nurse to the patient and family through day-to-day observations and care, there is often a shift in the balance of decision making at the end of life from the physician to the nurse. This occurs within the broad construct of the goals of care arrived

at by the team and with recognition of the nurses' need for ongoing support and advice (Miaskowski and Buchsel, 1999).

The stresses that can be triggered in this field of work can be expressed in the physical, cognitive, emotional, personal and work related realms. Responsibility for preventing and recognizing such stresses lies with the individual, the team of caregivers and the institution involved in the provision of care (Miaskowski and Buchsel, 1999). High levels of death anxiety and correlating negative death attitudes demonstrate the need for ongoing educational training addressing difficult psychosocial issues. Since the need for training is closely associated with the quality of service rendered, the mandate to develop and ensure worker's skill takes on administrative proportions as well.

Acknowledgement and confrontation of one's own fears and anxieties related to one's mortality will enable the nurse who is cognizant of this to offer quality end of life care without allowing those fears and anxieties to impede the care provided. Setting priorities and limits, establishing attainable goals and celebrating the achievement of such goals are antidotes to burnout. Increasing knowledge adds to competence and can be a source of replenishment for many (Miaskowski and Buchsel, 1999).

5.4.2 Implications for nursing education

The finding that 89% of the study population has significantly high levels of death anxiety and correlating negative death attitudes, indicates a need for ongoing educational support. Perhaps the most significant finding in this study is that nurses who felt that they were adequately equipped to deal with death and dying concerns demonstrated lower levels of anxiety with correlating positive death attitudes. It seems obvious, both from literature and practice, that just as the patient needs help in mastering their terminal crisis, the caregivers also need preparation, in-service training and ongoing support in order to work in close contact with suffering, dying and death.

The results of this study have important implications for the design of educational programs geared at providing improved end of life care. The finding that higher levels of

death anxiety are associated with negative attitudes toward terminal care and that lower levels of death anxiety are associated with more positive attitudes toward terminal care and terminal care issues, suggest that these programs should include an assessment of participants' anxiety toward death and dying. Educational programs may be tailored to the characteristics of the nurses participating in this program. Program content and intensity may need to be varied depending on the age, length of experience of participants and their current level of contact with dying patients.

Although death education appears to decrease death anxiety, management of the dying patient is almost always fraught with medical uncertainty. This can be alleviated by the development of clear practice guidelines in making the transition to palliative care. At present, curative therapy and palliative care are perceived as dichotomous. Decisions regarding life-prolonging therapy and palliative care tend to be presented in an 'either-or' manner. Palliative care and life-prolonging therapy complement one another and can proceed simultaneously. Integrating both principles of care will only enhance the quality of the patient's life and ensure continuity of care.

5.4.3 Implications for nursing research

Further research into the reasons for the high levels of death anxiety within this population is also recommended and researchers should be mindful of the multifaceted nature of variables that contribute to the formation and maintenance of death attitudes. Thus future research that measures the relative contributions of other possible factors that may hinder the provision of compassionate palliative care to the terminally ill patient and their family should be designed.

It is also recommended that future attempts to associate death attitudes with death anxiety may consider using a more powerful research tool that elicits reactions to the death of patients as well as formative experiences in death and dying situations. Future studies should consider inclusion of direct observation or interviews with terminally ill patients

themselves. A larger population of nurses from other private and public sector hospitals should also be used for the study sample to be more representative.

5.5 CONCLUSION

The purpose of this study was to identify, explore and describe nurses' personal fear of death (death anxiety) and explore whether an association exists between death anxiety and their attitudes towards dying patients in a private acute care hospital. The study examined the relationship between death anxiety and death attitudes and also included correlations between several demographic variables. In accomplishing this, the high levels of death anxiety in nurses were highlighted with correlating levels of negative death attitudes. This finding is of consequence to the nursing practice because of the potential myriad of problems related to quality end of life care.