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Articles

Attitudes of Nurses Towards Patients at the End of their Life: Using FATCOD-B in the Ghanaian Context

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Abstract

Nursing care for dying patients is a vital nursing role. However, little is known about the demographic characteristics and attitudes of Ghanaian nurses towards the care of dying patients. We explored nurses' demographic profiles and attitudes toward patients at the end of their life in Ghana. We used a quantitative descriptive cross-sectional research design. Five hundred and seventy female nurses from the Ashanti and Greater Accra Regions of Ghana were voluntarily given the Frommelt Attitudes towards the Care of the Dying Care Form B (FATCOD-B) to complete. The FATCOD-B showed a good Cronbach's alpha before analysis. Data analysis was conducted using Chi-square and Independent t-Test. Results showed that nurses generally shared positive attitudes toward dying patients. However, the cultural context of the Ghanaian nurses affected their perceptions toward appreciation, family support, and prejudice about dying patients. Further studies are required to validate the FATCOD-B across a broader Ghanaian nursing population.

Keywords: frommelt attitudes towards the care of the dying care, Ghana, nurses, patients.

1. Introduction

The hospital is an environment where people go for healing. Death is never thought of when an individual walks into a health facility, although it is inevitable for all living beings. Moreover, the mention of death or dying in the Ghanaian setup is not welcomed by the vast majority (Adinkrah, 2016). Death is far off and need not be discussed or mentioned. This posture is surprising considering the amount of money and energy involved in organising funerals in Ghana (Bernard et al., 2020; Jack et al., 2020). Notwithstanding the sociocultural context of Ghanaian nurses, they are mandated by the Florence Nightingale pledge to care for all patients to good health or a peaceful death (Adu-Gyamfi, Brenya, 2016). They have the unique role in assisting individuals, sick or well, to perform activities that may contribute to health or recovery or even a peaceful death (Adu-Gyamfi, Brenya, 2016).

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Nurses play a vital role in the lives of dying patients and their families. Death is considered a not so pleasant experience and tends to create some amount of anxiety and trauma for those who experience it, especially caregivers (Chahraoui et al., 2015; Feldman et al., 2016; Waldrop, Meeker, 2011). However, some studies have reported that nurses were viewed as individuals who have no regard for dying patients because it is a regular occurrence (Peters et al., 2013; Strang et al., 2014). Nurses in the emergency units have to learn to deal with gruesome deaths that usually occur as a result of accidents and disasters (Hogan et al., 2016; Kongsuwan et al., 2016; Seol, Koh, 2018; Pehlivan et al., 2019), while those who work and care for patients with terminal conditions and their families have to deal with caring for patients who experience slow and sometimes painful deaths (Puente-Fernández et al., 2020).

Nurses with longer years of caring for dying patients seem to have developed better coping strategies and believe that death is an escape from the painful realities of life (Cevik, Kav, 2013). Maria (2011) reports that among Greek nurses, those with more clinical experience tend to have better attitudes toward caring for patients in their end-stage of life. These nurses also tend to have better attitudes towards their death and that of family members than nurses with little or no working experience. Longer years of caring for dying patients allow health workers, especially nurses, to develop coping mechanisms for providing quality care (Andersson et al., 2016; Zheng et al., 2018; Zheng et al., 2015). Older nurses are more likely not to be afraid and are better equipped to help the patient transition peacefully and help the patient's family through the process of grieving. The greater the nurses' experience, the greater the form of support they can give to the patient and the family to make the experience less stressful.

Caring for dying patients and their families also takes a toll on nurses' beliefs, attitudes, and psychological makeup. Nurses' experiences in caring for patients at the end of life affect their views and perspectives towards death. Peters et al. (2013) reported that among a group of nurses studying in Turkey, 37.5 % experienced grief and about 34 % experience helplessness, 41.7 % experienced frustration, and 32.3 % experienced depression while caring for patients in the end stages of life. Caring for dying patients and experiencing death among their patients throws a lot of nurses into depression and helplessness later in life (Kisorio, Langley, 2016; Tornøe et al., 2015).

Most nurses, especially those who work with patients with terminal illnesses, experience burnout both physically and psychologically (Dijxhoorn et al., 2015; Kisorio, Langley, 2016; Zheng et al., 2015). The situation worsens for these caregivers when they are not psychologically prepared for the task. Nurses caring for dying patients must be well prepared to make the experience of death more pleasant and less stressful for dying patients and their families. Since nurses' actions are extensions of our attitudes and beliefs, it is imperative to explore the factors that affect the attitude of nurses towards death and care of patients at their end of life. The study aimed to examine nurses' attitudes towards patients at the end of life and observe any differences in nurses' experiences of death and their attitude toward nursing care towards persons at the end of life.

2. Methods

A quantitative descriptive cross-sectional study design was employed where questionnaires were administered to nurses who met the inclusion criteria. The study was conducted among nurses in the Ashanti and Greater Accra Regions of Ghana. We obtained written and verbal consent from the nurses who were willing to participate in these two regions. A seminar on end-of-life nursing care was organised in the two regions. Nurses from the district, regional, and teaching hospitals attended the seminar. A convenience sampling method was used to select participants. Nurses eligible for participation were those who have worked in the medical ward for at least one month. A total of 580 questionnaires were distributed, and 570 fully completed questionnaires were analysed. Out of the 570 female nurses, 167 (29 %) of them were aged between 21-25 years, 128 (22.5 %) of them aged 31-35 years, 125 (21.9 %) aged 26-30 years, 92 (16.4 %) aged 36-40, 58 (10.2 %) aged between 41-60 years.

Following all the prescribed ethical procedures required for human studies, official permission and informed consent from participants were obtained before the start of the study. In agreement with seminar attendants, a researcher introduced the study to the nurses at the beginning of each session for each cohort. The researcher provided a general overview of the study's purpose and procedures and informed the nurses that participation was voluntary and

anonymous and that non-participation would incur no penalty. The researcher handed out written information sheets, consent forms, and questionnaire packs to all nurses. Those willing to participate signed the consent form and completed the questionnaires before the seminar began. The researcher collected returned questionnaire packs in an opaque carton box that she kept with her. Consent forms were collected separately in a documents folder.

The Frommelt Attitudes Towards Care of the Dying (FATCOD) form B (Frommelt, 1991) assessed nurses' attitudes towards caring for dying patients. A FATCOD-B scale is a 30-item tool using a 5-point Likert scale to indicate respondents' attitudes toward caring for dying patients. The instrument includes 15 positively worded statements (1, 2, 4, 10, 12, 16, 18, 20, 21, 22, 23, 24, 25, 27, and 30) and 15 negatively worded statements (3, 5, 6, 7, 8, 9, 11, 13, 14, 15, 17, 19, 26, 28, and 29) with response options: strongly disagree, disagree, uncertain, agree, and strongly agree. Positive items are scored one (strongly disagree) to five (strongly agree). A higher score indicates a more positive attitude toward caring for dying patients. A brief section collects sociodemographic data, including gender, age, previous experience working with terminally ill patients, and years of service as a nurse. The reliability test of FATCOD-BI showed a Cronbach's alpha of 0.68, and the result of the validity test using correlation coefficient showed the range of -0.278 to 0.544.

3. Results and Discussion

3.1 Examine the attitudes of nurses towards patients at the end of life.

Examining nurses' appreciation attitude, as shown in Table 1, a greater number of them agree ($n = 387$; 67.9 %) that caring for a dying person is a worthwhile learning experience ($Chi-square = 73.011$, $p < .001$). This finding is similar to a study by Zeru et al. (2020), where more than half of the nurses in Ethiopia also agreed with this statement. Additionally, more than half of the nurses ($n = 335$; 58.8 %) saw death as the worst thing that could happen to a person ($Chi-square = 17.544$, $p < .001$). Three hundred and fifty-four (354), representing 62.1 % of the nurses' underscored that the nursing care for the patient's family should continue throughout grief and bereavement ($Chi-square = 33.411$, $p < .001$). On the contrary, this finding is contrary to Zeru et al. (2020), where nurses in Ethiopia disagreed with extending nursing care to patients' family members. In Iran, a dataset provided by Farmani et al. (2019) reveals that although the majority (37.8 %) of nurses agreed to an extension of nursing care to families throughout grief and bereavement, yet a large number (27.4 %) were neutral on this statement. This variation could be attributed to the nursing council's introduction and practice of patient-family centred care; hence, nurses in Ghana are more likely to involve family members to an extent.

The nurses in the current study preferred dying patients not to give up during care. However, they also appreciated that giving up by patients during nursing care is part of the profession; hence, they would not be alarmed when such a thing occurs ($n = 422$, 74 %, $Chi-square = 131.712$, $p < .001$). They also agreed that there are times death is welcomed by dying person ($n = 318$, 55.8%, $Chi-square = 7.642$, $p < .05$). These positive attitudes have been confirmed by researchers such as Wang (2019) and Jang et al. (2019). Amidst the positive care attitudes, Puente-Fernández et al. (2020) observed that nurses experienced negative emotional effects as they cared for dying patients.

Additionally, we investigated nurses' attitudes toward family support. In all, 61.6% of the nurses ($n = 351$) indicated that families need emotional help to accept the behaviour changes of the dying person ($Chi-square = 30.568$, $p < .001$). In areas such as maintaining a normal environment for the dying person and extending the nursing care to the dying person's family, the nurses almost equally had differing views. Thus, no significant differences were established between nurses who disagreed or agreed with these family support mechanisms. A greater percentage of the nurses also indicated that families should be concerned about helping their dying members to make the best of their remaining lives ($Chi-square = 5.116$, $p < .05$). Yet, 55.6 % of nurses disagreed with the statement that nurses should permit dying persons to have flexible visiting schedules ($Chi-square = 7.186$, $p < .01$). Yakubu et al. (2019) noted that family members of patients in intensive care units of Ghana shared some reservations towards the open visiting policy, notwithstanding its perceived benefits. They believed that this policy would negatively affect their sick family members' privacy and psychological well-being. Similar perceptions might likely have influenced the nurses' perception of flexible visiting times in our results. Akbari et al. (2020) suggested that flexible visiting times can provide a calming environment that enhances patients' health and general satisfaction. Additionally,

Chan et al. (2020) suggested moving dying patients to a quiet corner of a ward or cubicle or closing the curtains separating beds to provide some privacy and allow the family to be with and offer emotional support to the dying patient with flexible visiting time. For hospitals with limited space, this could be a temporary measure.

We examined the prejudices of nursing care towards the dying person using three statements. We noted that most of the nurses disagreed ($n = 442$; 77.5 %) with the statement 'I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying' ($Chi-square = 172.975$, $p < .001$). Majority of the nurses ($n = 506$; 88.8 %) disagreed to the statement 'educating families about death and dying is not a nursing responsibility' ($Chi-square = 342.744$, $p < .001$). We also examined whether family members being around a dying person could interfere with their professional duty as nurses. Their responses ($n = 414$; 72.6 %) suggest that such an experience has no significant impact on their professional duty of caring for a dying person ($Chi-square = 116.779$, $p < .001$). Generally, more than half of the nurses agreed that the presence of family members in the dying patient's room would not affect the nursing care provided. This assertion confirms reports by authors (Beckstrand et al., 2019; Giles et al., 2019; Porter, 2019; Shamloo et al., 2021; Timmins et al., 2018). Given the effects caused by separation from loved ones, nurses must learn to be more accommodative of patient relatives.

Table 1. Nurses' Attitudes Towards the Care of the Dying

Attitudes items	Response		X ²
	Disagree (%)	Agree (%)	
Appreciation (5 items)			
Giving nursing care to the dying person is a worthwhile learning experience	183 (32.1)	387 (67.9)	73.011***
Death is not the worst thing that can happen to a person	335 (58.8)	235 (41.2)	17.544***
Nursing care for the patient's family should continue throughout the period of grief and bereavement	216 (37.9)	354 (62.1)	33.411***
I would be upset when the dying person I was caring for gave up the hope of getting better	422 (74.0)	148 (26.0)	131.712***
There are times when death is welcomed by the dying person	252 (44.2)	318 (55.8)	7.642**
Family Support (6 items)			
Families need emotional support to accept the behaviour changes of the dying person	219 (38.4)	351 (61.6)	30.568***
Families should be concerned about helping their dying member make the best of his/her remaining life	258 (45.3)	312 (54.7)	5.116*
Families should maintain as normal an environment as possible for their dying member	272 (47.7)	298 (52.3)	1.186 ^{ns}
It is beneficial for the dying person to verbalise his/her feelings	274 (48.1)	296 (51.9)	0.849 ^{ns}
Nursing care should extend to the family of the dying person	290 (50.9)	280 (49.1)	0.175 ^{ns}
Nurses should permit dying persons to have flexible visiting schedules	317 (55.6)	253 (44.4)	7.186**
Prejudice (3 items)			
I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying	442 (77.5)	128 (22.5)	172.975***
Educating families about death and dying is not a nursing responsibility	506 (88.8)	64 (11.2)	342.744***
Family members who stay close to a dying person often interfere with the professional's job with the patient	414 (72.6)	156 (27.4)	116.779***

Notes. * $p < .05$; ** $p < .01$; *** $p < .001$; ^{ns} $p > .05$; $n = 570$

3.2: Examine differences in nurses' experiences of death and their attitude to nursing care of patients at the end of life.

Table 2 shows no significant differences in attitude to nursing care of dying patients between nurses with single and multiple death experiences. Also, nurses with no death experience and

nurses with single experience of death did not differ significantly in attitudes toward nursing care. However, we saw significant differences in the attitude of nursing care towards the dying person [$t_{(400)} = 2.179, p = .015$] between nurses with multiple death experiences and those with no experience.

Table 2. Independent t-Test Statistics of differences of means of Nurses' Experiences of death on Attitude of Nursing Care towards Dying Person

Groups	Mean/Standard Deviation		df	t	p
	Single	Multiple			
Single/Multiple	41.21(SD=10.414)	42.28(SD=13.073)	424	-0.885	.189
No Experience/Single	No Experience		Single		
	39.49(SD=10.691)	41.21(SD=10.414)	310	-1.438	.076
Multiple/No Experience	Multiple		No Experience		
	42.28(SD=13.073)	39.49(SD=10.691)	400	2.179	.015

Notes. Single = 168; Multiple = 258; No Experience = 144

Although all nurses in this study generally had a positive attitude toward caring for dying patients, nurses who have nursed or experienced multiple times dying patients have a significantly more positive attitude than those who have not. Our finding confirms studies by Farmani et al. (2019), Fristedt et al. (2021) and Chew et al. (2021), where nurses with experience in nursing dying patients had a significantly better attitude to end of life care. Participants in this study confirmed that some patients welcomed death as an escape from distress, as documented in Streeck's (2020) research.

4. Conclusions and Recommendations

We sampled 570 female nurses from the Ashanti and Greater Accra Regions of Ghana for this survey. Participants' responses on the FATCOD-B showed that nurses generally shared positive attitudes toward dying patients. However, the Ghanaian cultural context about death might have affected some of their perceptions toward appreciation, family support, and prejudice about dying patients. Thus, it is necessary to include detailed palliative and end-of-life care in the curriculum of nursing students to better equip them for the provision of a better quality of nursing. Additionally, providing continuous professional development seminars on the end of life care for nurses could also improve the attitude of nurses in this aspect.

5. Acknowledgements

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6. Conflict of Interest

We hereby declare that we have no conflict of interest in the conduct of this study or declaration of results.

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