

Attitudes of Iranian nurses toward caring for dying patients

SEDIGHEH IRANMANESH, M.SC.N.,¹ HELEN DARGAHI, M.SC.N.,² AND
ABBAS ABBASZADEH, PH.D.³

¹Department of Health Science, Luleå University of Technology, Luleå, Sweden

²Valiasr Hospital, Tehran University of Medical Science, Tehran, Iran

³Faculty of Nursing and Midwifery, Kerman University of Medical Sciences, Kerman, Iran

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ABSTRACT

Objective: To examine the attitudes of Iranian nurses toward caring for dying patients.

Methods: Nurses' attitudes toward death and caring for dying patients were examined by using two types of questionnaires: the Death Attitude Profile–Revised (DAP-R) and Frommelt's Attitude towards Caring for Dying Patients (FATCOD), both with a demographic survey.

Results: The results showed that most respondents are likely to view death as a natural part of life and also as a gateway to the afterlife. The majority reported that they are likely to provide care and emotional support for the people who are dying and their families, but they were unlikely to talk with them or even educate them about death. They had a tendency not to accept patients and their families as the authoritative decision makers or involve families in patient care. Nurses' personal views on death, as well as personal experiences, affected their attitudes toward care of the dying.

Significance of results: Lack of education and experience, as well as cultural and professional limitations, may have contributed to the negative attitude toward some aspects of the care for people who are dying among the nurses surveyed. Creating a reflective narrative environment in which nurses can express their own feelings about death and dying seems to be a potentially effective approach to identify the factors influencing their interaction with the dying. Continuing education may be required for Iranian palliative care nurses in order to improve the patients quality of care at the end of life.

KEYWORDS: Attitude toward caring for dying patients, Attitude toward death, Palliative care, Palliative care education, Iranian nurses

INTRODUCTION

Palliative care nurses strive to provide an environment in which individuals at the end of life can experience a peaceful death (International Council of Nurses, 1997). Their personal attitudes toward death and end-of-life care should be consistent with that aim. In the personal interaction with the dying, a perception that a humanistic relationship exists with the nurses and is recognized and valued at a personal level is important (Richardson, 2002). The

success of nurses in palliative care relies on their relationship with each patient and it is related to her/his interest and willingness to care for people at the end of life (Olthuis et al., 2006). This personal motivation, which is the reflection of nurses' attitudes toward giving care to the people who are dying (Olthuis & Dekker, 2003), might be affected by not only their beliefs and practices (Holloway, 2006) but also by their personal and professional experiences related to death and dying (Dunn et al., 2005). For instance, there are some research studies that found the effect of death education on nurses' attitudes toward care of people who are dying (Hainsworth, 1996; Wessel & Rutledge, 2005). Others revealed the relationships between professional nurses'

Address correspondence and reprint requests to: Sedigheh Iranmanesh, Department of Health Science, Luleå University of Technology, Luleå, 97187, Sweden. E-mail: sedigheh.iranmanesh@ltu.se

experiences and their attitude toward caring for persons at the end of life (Rooda et al., 1999; Dunn et al., 2005).

Some studies found a close relation between personal experiences related to death and dying with attitude toward care of people who are dying (Franke & Durlak, 1990; Waltman & Zimmerman, 1992). Besides personal/professional experiences, nurses' sociocultural heritage also may translate into different ways of interacting with people at the end of life (Kao & Lusk, 1997). Therefore, the American Association of Colleges of Nursing (AACN) asserted that one of the competencies necessary for nurses to provide high-quality care at the end of life is recognizing one's own attitudes, feelings, and values about death and dying (Ferrell, 2001). So, this descriptive study aimed to examine the attitude toward death and caring for people at the end of life among Iranian nurses (oncology and nononcology) in the capital of Iran, Tehran.

Context

The sample of nurses in this study was selected from the Cancer Institute and Valiasr Hospital, which are under the supervision of the Tehran University of Medical Science. Assuming both that the Iranian nursing profession is strongly influenced by sociocultural context (Adib Hajbaghery & Salsali, 2005) and death as a foundation on which culture is built (Bauman, 1992), it seems necessary to mention the context in this study. According to the Leininger (1985), sociocultural factors may influence attitudes toward death and dying, including values and beliefs, kinship relationship, political and economical factors, and educational and technological situations.

Iran, as one of the most ancient world civilizations, is part of Middle East culture. The population is about 67 million, and, of this, 51% are younger than 20 years and 6.5% constitute the older people (World Health Organization, 2005). The Health demographic indicators are indicated in Table 1. Most religions are represented in this country, but the preponderance is Islam. The country is ruled by theocrats. The majority (99.4%) of the people in Iran consider themselves to be religious (European Values Study Group and World Values Surveys Association, 2000), and religious beliefs are strong and explicit in dealing with the fact of death (Ghavamzadeh & Bahar, 1997).

Iranians are familiar with death. Besides the Iran–Iraq war and natural disasters, which led to the considerable collective death in recent years, the major causes (65%) of death among Iranian are heart disease, cancer, and accidents (Budget & Planning Organization, 1988). So apart from chronic disease, accidents seem to be a significant cause of

Table 1. WHO Health and Welfare Indicators in Iran

Indicator	Value
Total population	69,515,000
Healthy life expectancy (M/F) 2002	56/59
Gross national income per capita (PPP international \$)	8,050
Total expenditure on health per capita (Intl \$, 2004)	604
Probability of dying between 15 and 60 years M/F (per 1,000 population)	180/112
Probability of dying under age 5 (per 1,000 live births)	36

Source: World Health Organization, 2005.

death or at least life-threatening situations among Iranian people.

Iranian families are nuclear and in some areas extended. Familial relations and sentiments are so strong that, for instance, incurable disease strikes not only the patient but the family as well (Ghavamzadeh & Bahar, 1997). The eldest family members are regarded as a source of spiritual blessing, wisdom, and love, and they often prefer to die at home with their family members (Cheraghi et al., 2005). End-of-life care is still a new topic in Iran, and palliative care education is neither included as specific clinical education for nurses who are involved with end-of-life care nor as a specific academic course in the nurse educational curriculum. In addition, there is not any specific hospice care centers like in Western countries (Cheraghi et al., 2005), but the health care system has already started to provide palliative care for people at the end of life.

METHODS

Design

There was approval from the heads of the Cancer Institute and Valiasr Hospital prior to the collection of data. The study employed a descriptive design and was conducted in those two hospitals.

Background Information

First, a questionnaire was designed to obtain background information that was assumed to influence attitudes toward death and dying. It was developed based on the experiences of a pretest among nurses and included four categories: (1) personal characteristics like gender, age, and marital status, (2) professional characteristics like previous education about caring for dying patients, years of nursing

experience, and years of working with people who are dying, (3) previous experiences related to death within the last 6 months such as experience of caring for a dying member in the family, experience of death of someone close, and experience of life-threatening situations, and (4) religiosity index consisting of intrinsic (belief in God) and extrinsic (attendance at religious services and activities) religiosity.

The Instruments

To measure the nurses' attitudes toward caring for people at the end of life, a translated version of Frommelt's Attitude towards Care of the Dying (FATCOD; Frommelt, 1991) was used. This scale has 30 items designed to measure participants' attitude toward providing care to people at the end of life. Fifteen of the items were worded positively and 15 were worded negatively. The questions are scored from 1 to 5 (1 = *strongly disagree* to 5 = *strongly agree*).

The nurses' attitude toward death was measured with a translated version of the Death Attitude Profile–Revised (DAP-R; Wong et al., 1994). This is a multidimensional measure using a 7-point Likert-type scale. It is composed of 32 questions that describe attitude toward death. A factor analysis made by Wong et al. (1994) on research made in an American setting revealed that the questions could be divided into five components, including fear of death (7 items), death avoidance (5 items), neutral acceptance (5 items), approach acceptance (10 items), and escape acceptance (5 items). The questions are scored from 1 to 7 (1 = *strongly disagree* to 7 = *strongly agree*).

For translation of both questionnaires from English into Farsi, the standard forward–backward procedure was applied. Translation of the items and the response categories was independently performed by two professional translators and then temporary versions were provided. Afterward they were back-translated into English, and, after a careful cultural adaptation, the final versions were provided. Translated questionnaires went through pilot testing. Suggestions by nurses were combined into the final questionnaires versions.

Reliability and Validity

The two translated scales were originally developed and tested in an American cultural context, which is different from the research contexts, so the validity and reliability of both scales was rechecked. A factor analysis (Rotated Component Matrix) on the results was done in order to examine the context validity of the five identified components of the DAP-R scale. The load of the items was similar to the American results. The validity of both scales was assessed

through a content validity discussion. Scholars of statistics and nursing care have reviewed the content of the scales from religious and cultural aspects of death and dying and agreed on a reasonable content validity. To reassess the reliability of both translated scales, alpha coefficients of internal consistency and three-week test–retest coefficients ($n = 50$) of stability were computed. The alpha coefficient for FATCOD was .68 and for DAP-R varied from a low of .59 in natural acceptance of death to a high of .77 in approach acceptance. The three–week test–retest coefficients of stability for FATCOD was .63 and for DAP-R varied from a low of .65 in fear of death to a high of .79 in approach acceptance. So both translated scales presented acceptable reliability.

Data Collection and Analysis

Accompanied by a letter including some information about the aim of the study, the questionnaires were handed out by the third author to 120 nurses who were introduced by the head of each ward at work during two months (May and June 2007) at the Cancer Institute and Valiasr Hospital in Tehran. Some oral information about the study was also given by the third author. Participation in the study was voluntary and anonymous. One hundred twenty sets of questionnaires were distributed, with a dropout of six. In all collected data, 98% of all questions were answered. Data from the questionnaires were analyzed using the Statistical Package for Social Scientists. A Kolmogorov–Smirnov test indicated that the data were sampled from a population with a normal distribution. Descriptive statistics of the sample and measures that were computed included frequencies, means, and reliability. A Pearson correlation was used to examine relationships among the measured factors (DAP-R scores and demographic variables) and scores on the FATCOD.

RESULTS

Participants

A descriptive analysis of the background information (Table 2) revealed that the participants belonged to the age group of 20–50 years with a mean age of 33 years and were mainly female (81%). About 68% were married and the majority had a Bachelor of Science degree in nursing (91%) with 1–10 years experience of working in hospitals (73%). Whereas 64% of participants were oncology nurses, only 12.2% claimed that they were educated in caring for people who are dying. Almost 58% of respondents stated that they had less than 2 years of experience of caring for people at the end of life. Regarding

Table 2. Background Characteristics of the Sample

Variable	n	%
Age (year)		
Mean = 33		
Range = 20–50		
Nursing experience (years)		
1–10	73	64
10–20	33	28.9
20–30	8	7.1
Ward		
Oncology	73	64%
General wards	41	34%
Experience of working with dying patients (years)		
<2	66	57.9
2–5	14	12.3
5–10	17	14.9
>10	17	14.9
Palliative care education		
Yes	14	12.2
No	100	87.8
Experience of death of someone close (within last 6 months)		
Yes	42	36.9
No	72	63.1
Experience of a life-threatening situation (within last 6 months)		
Yes	71	62.3
No	43	37.7
Experience of care for a dying member of family (within last 6 months)		
Yes	45	39.4
No	69	60.6

previous experience of death and dying, 36.9% had the experience of death of someone close, 39.4% had the experience of care for a dying member in the family, and 62.3% had experienced a life-threatening situation within the last 6 months. Considering religiosity (Table 3), 81.6% of respondents reported that they always experience God's existence in their daily life, and 19.3% claimed that they attended religious services daily. Of the participants, 79.9% stated that they performed religious activities like praying daily.

Descriptive Findings

Descriptive analysis (Table 4) indicated a neutral to a moderately positive attitude toward giving care to people who are dying among the participants (mean = 3.55). Most of the nurses in this study were likely to give care and emotional support to persons at the end of life and their families as well. They acknowledge care of people at the end of life as a worthwhile experience. But most of the participants did not tend to involve persons who are dying and

Table 3. Religious Variables among the Participants

Variable	n	%
Attendance at the religious services		
Daily	22	19.3
Once a week	20	17.5
Once per month	23	20.2
Few times per year	45	39.5
Never	4	3.5
Attendance at the religious activities (praying)		
Daily	91	79.9
Some times a week	17	14.9
Some times per month	3	2.6
Few times per year	3	2.6
Never	0	0
Personal experience of God's existence		
Always	93	81.6
Often	16	14
Sometimes	5	4.4
Never	0	0

their families in the care and accept them as in-charge decision makers. They also reported themselves unlikely to talk about death with persons at the end of life and even educate them about death and dying. Furthermore, they stated that they are not likely to give honest answers to the dying persons about their conditions. In DAP-R subscales, on average, nurses reported that they have a low fear of death and death avoidance, but most of them viewed death as a natural phenomenon in life and also as a gateway to the afterlife.

Correlation Analysis

Pearson correlation analysis (Table 5) indicated a significant correlation of natural ($r = .257$) and approach ($r = .293$) acceptance with attitude toward giving care to persons who are dying. It means that those who viewed death as a natural part of life or/and as a gateway to the afterlife were more likely to give care to persons who are dying than those who did not share these views. But fear of death was negatively ($r = -.199$) correlated with attitude toward giving care to persons who are dying. Among demographic characteristics, the experience of death of someone close ($r = .231$) and also care for a family member who is dying ($r = .271$) was positively correlated with attitude toward giving care to people at the end of life.

DISCUSSION

The results of this study indicated a significant relationship between nurses' views on death and their attitudes toward giving care to people at the end of

Table 4. *Frommelt Attitude towards Care of the Dying Patients (FATCOD) and Death Attitude Profile-Revised (DAP-R) Scores*

Scale	Scale items	Mean	SD
FATCOD ^a	Attitude toward caring for dying patients and their families.	3.55	0.36
	Giving nursing care to the dying person is a worthwhile learning experience.	4.38	1.20
	The family should be involved in physical care of the dying person.	2.50	1.24
	Dying people should be given honest answers about their conditions.	2.94	1.25
	The dying person and his or her family should be the in-charge decision makers.	2.87	1.11
	Families need emotional support to accept the behavior changes of the dying person.	4.55	0.58
	I would be uncomfortable talking about impending death with the dying person.	4.05	1.32
	Educating families about death and dying is not a nursing responsibility.	4.35	1.25
	I would be uncomfortable if I entered the room of a terminally ill person and found him or her crying.	4.15	0.97
	DAP-R ^b	Fear of death.	3.28
Death is no doubt a grim experience.		4.14	2.06
The uncertainty of not knowing what happens after death worries me.		3.92	2.06
Death avoidance.		2.95	1.44
I avoid death thoughts at all costs.		2.49	1.72
I try to have nothing to do with the subject of death.		2.81	1.68
Approach acceptance.		5.40	0.98
Death brings a promise of a new and glorious life.		5.42	1.61
Death is a union with God and eternal bliss.		5.85	1.45
Escape acceptance.		4.14	1.44
Death is deliverance from pain and suffering.		4.01	1.85
Death provides an escape from this terrible world.		4.13	1.97
Natural acceptance.		5.81	0.85
Death is simply a part of the process of life.		6.07	1.22
Death is a natural aspect of life.		6.14	1.29

^aThe item range for FATCOD = 1–5.

^bThe item range for DAP-R = 1–7.

Table 5. *Correlation between Measured Factors and Frommelt Attitude towards Care of the Dying Patients (FATCOD) Scores*

Scales	Subscales	FATCOD
DAP-R ^a subscales	Fear of death	$r = -.199^*$
	Approach acceptance	$r = .293^{**}$
	Natural acceptance	$r = .257^{**}$
Demographic factors	Experience of caring for dying at home	$r = .271^{**}$
	Experience of death of someone close	$r = .231^{**}$

^aDAP-R: Death Attitude Profile-Revised.

*Correlation is significant at the level of $p < .05$.

**Correlation is significant at the level of $p < .001$.

life. According to the results, approach and natural acceptance of death was positively correlated to the attitudes toward giving care to people at the end of life, but fear of death was negatively correlated. This result supported other research that found nurses who had less fear of death and accepted death as a gateway to the afterlife (Wessel & Rutledge, 2005) or as a natural part of life (Rooda et al., 1999) tend to have a more positive attitude toward giving care to people who are dying than nurses who did

not have these views. It could be explained by the fact that caregivers view death as a natural part of life and are more likely to interact positively with the terminally ill and to talk honestly about death with them (Rooda et al., 1999). The other findings indicated that nurses who had previous experience of death of significant others or/and experience of care for a dying member in the family are more likely to give care to people at the end of life than those who did not have such experiences. According to Franke

and Durlak (1990), death of a significant other could be the highest life experience to decrease death anxiety. These findings can be supported by previous studies that found the experience of a close family member's death to be a positive influential factor not only on the attitude toward giving care to people at the end of life among nurse students (Brent et al., 1991) but also on the attitude toward providing continuing care for bereaved family members among caregivers (Waltman & Zimmerman, 1992).

The majority of nurses in this study reported that they accepted death as a natural part of life and also as a gateway to the afterlife. An attitude of acceptance toward death seems to be associated with familiarity with death (Ghavamzadeh & Bahar, 1997) and stronger religious beliefs (Neimeyer et al., 2004). Apart from the reported mortality rate and religious beliefs among Iranian people, the demographic characteristics in this study also revealed that more than half (62.3%) of participants had experienced a life-threatening situation within the last 6 months, and the majority (81.6%) claimed that they always experience God's existence in their daily life.

On average, the majority of nurses in this study claimed that they are likely to provide care and emotional support for people who are dying and their families and acknowledge it as a worthwhile experience. But they did not have a positive attitude toward most aspects of the care for them. It could be related to the lack of education and clinical experiences related to death and dying among the participants. More experience (Dunn et al., 2005) or/and more education (Wessel & Rutledge, 2005) leads to less anxiety about death and consequently a more positive attitude toward care of people who are dying. But in this study, more than half of the participants (about 58%) had less than 2 years of experience in working with people at the end of life, and the majority of them (87.8%) had not received any education on how to care for them and their families. In addition, Iranian nurses are overworked due to the nursing shortage in the health care system (Nikbakht & Emami, 2006). So they may have limited time to spend with patients and their families in order to talk with them or even educate them about death and dying. Another possibility, as was mentioned before, is related to cultural limitations. For instance, the relations and sentiments among Iranian families are so strong that, apart from the patient, the family members will be severely struck if they are informed that their loved one is near death (Ghavamzadeh & Bahar, 1997). These reactions, which make the patient worse or disrupt the family, may lead nurses to be likely, on one hand, to give them care and support them emotionally, but be unlikely, on the other hand, to talk with them about

death, to give them honest answers about the patient's condition, and even to involve them in the care.

Limitations

The convenience sample of nurses, which is not representative of all Iranian nurses, including oncology or nononcology nurses, could limit the generalization of the findings. Furthermore, use of the self-report questionnaires may have led to an overestimation of some of the findings due to variance that is common in different methods. Another limitation is related to the article's focus on the psychological aspects of attitude, as "attitude" is a very complex term with the broad meanings (Olthuis & Dekkers, 2003).

Implications

The findings of this study suggest that how nurses view death together with personal experiences affect on how they felt about care of people who are dying. Besides the findings, the lack of education and experience as well as some cultural and professional limitations may have contributed to the negative attitude toward some aspects of the care for people who are dying among most of the nurses. So creating a reflective narrative environment in which nurses can express their own feelings about death and dying (Wessel & Garon, 2005) seems to be as an effective approach to identifying the influential factors on their interaction with people at the end of life. Furthermore, continuing education may need to be added to the palliative care in order to improve the quality of care at the end of life.

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REFERENCES

- Adib Hajbaghery, M. & Salsali, M. (2005). A model for empowerment of nursing in Iran. *BMC Health Services Research*, 5, 24.
- Bauman, Z. (1992). Survival as a Social Construct. In *Cultural Theory and Cultural Change*, Featherstone M. (ed.), pp. 1–36. London: Sage.
- Brent, S.B., Speece, M.W., Gates, M.F. et al. (1991). The contribution of death related experiences to health care providers' attitudes toward dying patients: I. Graduate and undergraduate nursing students. *Omega*, 23, 249–278.

- Budget and Planning Organization (1998). *National Atlas of Iran: Higher Education*. Tehran, Iran: National Mapping and Geographical Organization Publishers.
- Cheraghi, M.A., Payne, S.H. & Salsali, M. (2005). Spiritual aspects of end of life care for Muslim patients: Experiences from Iran. *International Journal of Palliative Nursing*, 11, 468–479.
- Dunn, K.S., Otten, C. & Stephens, E. (2005). Nursing experience and the care of dying patients. *Oncology Nursing Forum*, 32, 97–104.
- European Values Study Group and World Values Surveys Association. (2000). European and World Values Surveys Four-wave Integrated Data File, 1981–2004. Retrieved September 2007 from <http://www.worldvaluessurvey.org/services/index.html>.
- Ferrell, B. (2001). Caring at the end of life. *The Journal of the American Society of Ophthalmic Registered Nurses*, 4, 109–113.
- Franke, K.J. & Durlak, J.A. (1990). Impact of life factors upon attitudes toward death. *Journal of Death & Dying*, 21, 41–49.
- Frommelt, K.H. (1991). The effects of death education on nurses' attitudes toward caring for terminally ill persons and their families. *American Journal of Hospice Palliative Care*, 8, 37–43.
- Ghavamzadeh, A. & Bahar, B. (1997). Communication with the cancer patients in Iran: Information and truth. *Annals of the New York Academy of Sciences*, 809, 261–265.
- Hainsworth, D.S. (1996). The effect of death education on attitudes of hospital nurses toward care of the dying. *Oncology Nursing Forum*, 23, 963–967.
- Holloway, M. (2006). Death the great leveller? Towards a transcultural spirituality of dying and bereavement. *Journal of Clinical Nursing*, 15, 833–839.
- International Council of Nurses. (1997). *Basic principles of nursing care*. Washington, DC: American Nurses Publishing.
- Kao, Sh.F. & Lusk, B. (1997). Attitudes of Asian and American graduate nursing students towards death and dying. *International Journal of Nursing Studies*, 34, 438–443.
- Leininger, M. (1985). Transcultural care diversity and universality: A theory of nursing. *Nursing and Health Care*, 6, 209–212.
- Neimeyer, R.A., Moser, R. & Wittkowski, J. (2004). Psychological research on death attitudes: An overview and evaluation. *Death Studies*, 28, 309–340.
- Nikbakht Nasrabadi, A.R. & Emami, A. (2006). Perceptions of nursing practice in Iran. *Nurse Outlook*, 54, 320–327.
- Olthuis, G. & Dekkers, W. (2003). Medical education, palliative care and moral attitude, some objectives and future perspectives. *Journal of Medical Education*, 37, 928–933.
- Olthuis, G., Dekkers, W., Leget, C., et al. (2006). The caring relationship in hospice care: An analysis based on the ethics of the caring conversation. *Nursing Ethics*, 13, 29–40.
- Richardson, J. (2002). Health promotion in palliative care: The patients' perception of therapeutic interaction with the palliative nurse in the primary care setting. *Journal of Advanced Nursing*, 40, 432–440.
- Rooda, L.A., Clements, R. & Jordan, M.L. (1999). Nurses' attitudes towards death and caring for dying patients. *Oncology Nursing Forum*, 26, 1683–1687.
- Waltman, N.L. & Zimmerman, L. (1992). Variations among nurses in behavioral intentions toward the dying. *The Hospice Journal*, 7, 37–49.
- Wessel, E.M. & Garon (2005). Introducing reflective narratives into palliative care home care education. *Home Healthcare Nurse*, 23, 516–522.
- Wessel, E.M. & Rutledge, D.N. (2005). Home care and hospice nurses' attitudes towards death and caring for dying patients. *Journal of Hospice and Palliative Nursing*, 7, 212–218.
- Wong, P., Reker, G. & Gesser, G. (1994). Death Attitude Profile–Revised. In *Death Anxiety Handbook*, Neimeyer R.A. (ed.), pp. 120–144. Washington, DC: Taylor & Francis.
- World Health Organization. (2005). Retrieved June 2007 from <http://www.who.int/countries/en/#S>.