ATTITUDE OF NURSES TOWARDS DEATH AND DYING OF PATIENTS IN KADUNA STATE, NIGERIA

YAKUBU GORAH KAJANG Ph.D

Abstract

Attitudes of Nurses Towards Death and Dying of Patients in Kaduna State was investigated using survey research design. To achieve the purpose of the study, quantitative data were collected from a sample of 262 nurses working in either general or specialist hospitals in the state. The instrument for data collection was a twenty-four-item. Attitudes of Nurses Towards Death and Dying of Patents Questionnaire (ANTDDPQ). The collected data were analysed using mean and analysis of variance (ANOVA). The only hypothesis stated for the study was tested at 05 level of significance. The findings of the study showed that nurses had negative attitudes towards death and dying, gender had little influence on the attitudes of nurses and age did not influence the attitudes of nurses.

Introduction

Death is a daily companion. We talk, read and write about it whenever the chance naturally presents itself. For it is not to be ignored, the subject needs to be included in the daily rituals of living since it is part of life.

As observed by Kalish (1988), death is being perceived in different ways and can have many meanings. However, he described death as the conclusion of the dying process and the termination of life. He pointed out that death has remained the untouchable and unwanted subject for open discussion in many societies, because of the fear of the unknown it conjures in the minds of humans.

Describing dying, Kashtenbaun (1985) explained that it is the act or process of ceasing to live and involves a more general sense of perishing, languishing and fading away.

Death and dying cannot be in anyway be said to be a pleasant phenomena but for each person to accept its reality is an important aspect of a mature personality. In spite of the fact that death and dying are common happenings in all societies, individuals find it abnormal discussing the phenomenon. Many appear to look at death with surprise as if it were not there or something that we are not part of. Indeed, Okafor (1994) observed that it is likely that no day passes without, at least, one or more Nigerians dying, in each local government in the country. He posited that current Nigeria attitudes towards death may be assumed to be representative of avoidance and decimal aversion.

Attitude was described by Allport (1995) as a mental or neutral state of readiness organized through experience, exerting a directive or dynamic influence upon situation with which it is related. This implies that attitude is a preparation or readiness to act. Death as explained by thanatologists is mutil dimensional with the following features, fear, death concern, death anxiety, death threat and death aversion. Death attitudes is used in the present study to mean likes and dislikes of individuals that come as a result of experience which influence them to respond towards death and dying.

Discussing Nigerian attitudes towards death and dying, Okafor (1994) pointed out that it is possible that individuals may wish to learn more about death, factors seem to exist in Nigeria which lessen, people's familiarity with the subject. Some of such social and technological factors may include displacement of death from the home, gradual replacement of the extended family, changing causes of death and geographical mobility. Others are, mortality rates, increase in average life expectantly, advance in medical science and in applied health care technology. All these factors are not only likely to contribute to demographic changes, but they may also alter the setting where dying most often occurs especially in hospitals where nurses practice their profession.

Nurses do not just only allay the physical suffering of patients, prepare for recognition and acceptance of death so that they can undertake their last task in life with credit and dignity. The presence of the nurse can bring comfort and reduce anxiety. The non-judgmental and warm attitudes of the nurse can elicit the feeling and thoughts the patients need to make them have a sense of security and control over life and their environment (Rondo, 1986).

All these and other benefits will accrue and fear of death reduced only if the attitudes of the nurse are in line with the above assertion. Regrettably, Kastenbaum and Kastenbaum (1989) observed that nurses do not sometimes find the care of patients to be interesting or rewarding to them. This may be one of the reasons why nurses abandon patients, fight with the relatives of patients, slap patients, disagree among themselves and their patients. Beside, they expressed that this is normally witnessed in situations where the lingering patient had become only a bed to be managed rather than a distinctive personality. There are also tendencies among nurses to assume

that a person on lingering trajectory (especially if an aged adult) is "ready for death". In addition, they expressed that, often involved is the further belief that the dying person is ready for the end and having suffered through a long progressive loss of function and no longer finds much satisfaction in life.

Such behaviours as a result of the aforementioned beliefs of nurses have often been a source of concern to the society, and is frawned at because they violate professional and cultural rules as well as moral values. Consequently upon these beliefs and attitudes of nurses and the resulting effects, it is implicit that certain factors yet unidentified are implicated in the trend. Again, available literature showed that very few reports on death and dying in Nigeria and even no published studies on the subject using nurses as respondents in the area of the study exist. The foregoing assertions have therefore necessitated the study on attitudes of nurses towards death and dying of patients in Kaduna state.

To guide the study, the following research questions and hypothesis were posed.

1. What are the attitudes of nurses towards death and dying of patients?
2. What is the influence of gender on the attitudes of nurses towards death and dying of patients?
3. What is the influence of age on the attitudes of nurses towards death and dying of patients?

Hypothesis.

Age has no significant influence on the attitudes of nurses towards death and dying of patients.

In order to achieve the purpose of the study, they survey research method was employed. Ejifugha (1998) expressed that the survey research method is considered one of the best available design to the researcher who wants to collect original data for the purpose of describing a population that is fairly large. The survey research design therefore was considered appropriate for use in this study which describes the attitudes of nurses in Kaduna state.

The population for the study was 883 employed nurses working in the ministry of health, out of which 271 respondents formed the sample size for the study. The population was stratified according to gender and thirty percent were selected using proportionate sampling technique.

A 2 part questionnaire was designed for the study as follows:-

Section A contained information on the demographic factors selected for the study (Age and Sex). Section B was a 25-item nurses, death attitude scale most of which were modified and adopted from learning feat of death attitude scale with five response alternatives "strongly Agree (SA), Agree (A), Neutral (N) Disagree (DA) and Strongly Disagree (SD).

In scoring positive statements, one, point was assigned for strongly agree (SA), two for Agree (A), three for Neutral (N) four points for Disagree (DA) and five points for strongly disagree (SA). For items with negative response, the reverse was the case. This was done in order to control for agreement response set as was used by Hoelter and Hoelter (1980) and Okafor (1993). The face validity of the instrument was certified by five professionals drawn from Health and Physical Education and allied fields such as Educational Psychology and Test and Measurement Evaluation, all of the university of Nigeria, Nsukka. Reliability of the instrument was determined through the outcome of the pretest using the split-half method. This is because it is mostly used in determining internal consistency of written test (Ogbazi and Okpala, 1994). A step up procedure the Cronbach (1951) alpha co-efficient formula was used to estimate the reliability of the instrument. A reliability co-efficient of .70 was obtained. It was considered appropriate for accepting the instrument as reliable.

The investigator with the help of 2 research assistants who were trained in the methods for administering and retrieving back the instrument. In all, 271 copies of the questionnaire were distributed and collected back giving a 100 percent return rate. Out this number, 262 copies were found useable giving a working rate of 96.6 percent. The responses were coded and recorded on the computer coding sheets, which were computed, analyzed using statistical package for the social sciences (SPSS batch system).

In determining attitudes of the subjects towards death and dying the mean score was used as a criterion for evaluation by adding all the scores assigned to the degrees of agreement and disagreement to a statement and dividing it by the number of possible responses to that statement as follows:-

$5+4+3+2+1=15/5=3.0$

Therefore, attitude was negative if the grand, mean of the responses was equal to or greater than 3.0. conversely, it was considered to be positive if the grand mean was less than 3.0. The means obtained were used to answer all the research questions and ANOVA was employed in verifying the only hypothesis posed.

The results is as follows:

Table 1: Attitudes of Nurses Towards Death and Dying of Patients (N262).

		X	SD
1.	Loss of life due to fatal illness makes me apprehensive	3.5	1.2
2.	Like to care for dying patients	19*	1.0
3.	Fear seeing a patient dying painful death	3.6	1.2
4.	Afraid of patient dying a long slow death	3.0	1.2
5.	Loss of physical attractiveness that accompanies Dying patients is disturbing to me	3.5	1.2
6.	Isolation to death patients does not bother me	3.5	1.1
7.	Dread the helplessness of dying patients	3.6	1.0
8.	Separation from patients' loved one's at death make me anxious		
9.	Not knowing what dead patients feel like makes me uneasy	3.2	1.0
10.	No problem being alone with a dead patient	2.4	1.1
11.	The subject of life after death of a patient troubles me	3.4	1.1
12.	Thought of punishment after death of patients are a source of apprehension for me	3.6	1.1
13.	The idea of never thinking after death of a patient frightens me	2.7*	1.2
14.	Idea that a patient dies young does not bother me	3.6	1.4
15.	Loss if identify at death of patients alarms me	3.6	1.0
16.	Emotionally unprepared to accept the death of my patients	2.8*	1.0
17.	Thoughts of a patients' body decomposing does not Bother me	3.4	1.3
18.	Sight of a dead body makes me uneasy	2.3	1.2
19.	Idea of a dead patient being buried frightens me	2.5*	1.2
20.	I am afraid that TIPS may be declared dead when still alive	2.9*	1.3
21.	Not brother by the idea to a dead patient is placed in a casket	2.6*	1.2
22.	Have misgivings about the fact that dying patients may be Isolated	3.0	1.1
23.	Fear of seeing a patient hooked to machines and gadgets	3.4	1.2
24.	Not quite bothered by the grief TIPS may cause relatives and Friends	3.8	1.3
	Over all means		

Accepted as positive attitudes of nurses.

Table 1 reveals that nurses "like to care for dying patients" (x=1.9) "have no problem being done with a dead of a patient (x=2.4) "idea of never thinking after the death of patient frighten me (x=2.7) and "I am emotionally unprepared to accept the death of my patients", (x=2.8), others are "idea of a dead patient being buried frightens me (x=2.5)" I am afraid that Tips may be declared dead when they are still alive" (x=2.9) and" I am not bothered by the idea that a dead patient is placed in a casket when he/she dies" (x=2.6) were the accepted positive attitudes of nurses. Generally, the response (x=3.2) shows that nurses had negative attitudes as indicated on the 5- point attitude scale which is greater than the criterion of x 3.0.

Table 2: Attitudes of nurses towards Death and dying patients by Gender

	Attitudes	Responses			
		Male N=72		**Female N=190**	
		X	SD	X	SD
1.	Loss of life due to fatal illness makes me apprehensive	3.2	1.2	3.6	1.2
2.	Like to care for dying patients	2.6	1.2	1.9	4.0
3.	Fear seeing a patient dying painful death	3.6	1.2	3.6	1.3
4.	Afraid of patient dying a long slow death	3.2	1.3	3.0	1.4
5.	Loss of physical attractiveness that accompanies Dying patients is disturbing to me	3.7	1.1	3.3	1.2
6.	Isolation to death patients does not bother me	3.6	1.1	3.4	1.1
7.	Dread the helplessness of dying patients	3.6	1.1	3.0	1.1
8.	Separation from patients' loved one's at death make me anxious	3.1	1.3	3.0	1.1
9.	Not knowing what dead patients feel like makes me uneasy	3.7	1.1	3.6	1.0
10.	No problem being alone with a dead patient	3.4	1.1	2.6	1.1
11.	The subject of life after death of a patient troubles me	3.4	1.2	3.4	1.2
12.	Thought of punishment after death of patients are a source of apprehension for me	3.4	1.0	3.6	1.0
13.	The idea of never thinking after death of a patient frightens me	2.5	1.3	3.1	1.3
14.	Idea that a patient dies young does not bother me	3.8	1.3	3.5	1.0
15.	Loss if identify at death of patients alarms me	3.6	1.1	2.9	1.2
16.	Emotionally unprepared to accept the death of my patients	3.6	1.2	3.3	1.2
17.	Thoughts of a patients' body decomposing does not Bother me	3.6	1.2	3.3	1.2
18.	Sight of a dead body makes me uneasy	3.3	1.2	3.0	1.1
19.	I am afraid that TIPS may be declared dead when still alive	2.7*	1.3	3.0	1.2
20.	Not brother by the idea to a dead patient is placed in a casket	1.8	1.1	2.6	1.1
21.	Have misgivings about the fact that dying patients may be Isolated	2.8*	1.1	3.1	1.1
22.	Fear of seeing a patient hooked to machines and gadgets	3 .3	1.3	3.5	1.1
23.	Not quite bothered by the grief TIPS may cause relatives and Friends	4.0	1.3	3.7	1.1
	Over all means	**3.1**		**3.2**	

Exclusively accepted as positive attitudes of Nurses

Table 2 indicates that "afraid tips may be declared dead when they are still alive"(x=2.7, male =3.0 female) and have misgiving for dying patients be Isolated by others" x=2.8 male x=3.1, female) were the only attitude items in which gender showed some influence. In each of all the other twenty-two attitude items of Table 2 the nurses showed difference in neither the positive nor the negative attitude. The over all (x=3.1, male x= 3.2 female) result shows that gender had no influence on the attitudes of nurses towards death and dying of terminally ill patients. This is because each of both male and female had an overall mean score greater than the criterion mean of 3.0

Table 3: Nurses Attitudes towards Death and Dying of Patients by age.

Attitudes	Responses					
	20-25 (N-62)		26-30 (N=60)		31 and above (N=140)	
	X	SD	X	SD	X	SD
1. Loss of life due to fatal illness makes me apprehensive	3.5	1.2	3.2	1.6	3.6	1.4
2. Like to care for dying patients	2.2	1.1	1.9	1.0	2.0	1.1
3. Fear seeing a patient dying painful death	3.7	1.3	3.9	1.1	3.5	1.2
4. Afraid of patient dying a long slow death	3.0	1.2	3.3	1.3	3.0	1.0
5. Loss of physical attractiveness that accompanies Dying patients is disturbing to me	3.5	1.3	3.7	1.5	3.5	1.2
6. Isolation to death patients does not bother me	3.4	1.1	3.0	1.4	3.5	1.2
7. Dread the helplessness of dying patients	3.5	1.2	3.4	9.8	3.6	1.3
8. Separation from patients' loved one's at death make me anxious	3.0	1.1	2.8	1.1	3.2	
9. Not knowing what dead patients feel like makes me uneasy	3.8	1.3	2.6	1.2	3.5	1.1
10. No problem being alone with a dead patient	3.2	1.2	3.5	1.2	2.4	1.1
11. The subject of life after death of a patient troubles me	3.6	1.3	3.7	1.2	3.3	1.1
12. Thought of punishment after death of patients are a source of apprehension for me	3.6	1.3	2.6*	1.5	3.5	1.3
13. The idea of never thinking after death of a patient frightens me	3.3	1.2	3.6	1.1	2.5*	1.1
14. Idea that a patient dies young does not bother me	3.5	1.3	3.6	1.3	3.7	1.4
15. Loss if identify at death of patients alarms me	3.6	1.2	2.8	1.3	3.4	1.2
16. Emotionally unprepared to accept the death of my patients	3.2	1.0	3.3	1.0	2.5*	1.1
17. Thoughts of a patients' body decomposing does not Bother me	3.4	1.3	3.2	1.3	3.5	1.2
18. Sight of a dead body makes me uneasy	3.5	1.2	2.2*	1.1	3.2	1.1
19. Idea of dead patient being buried frightens me	3.0	1.0	2.2*	1.1	2.4	1.2
20. I am afraid that TIPS may be declared dead when still alive	3.2	1.0	2.7*	1.1	2.8*	1.2
21. Not bother by the idea to a dead patient is placed in a casket	2.5	1.1	2.4	1.2	2.8	1.2
22. Have misgivings about the fact that dying patients may be Isolated	3.2	1.2	3.9	1.1	3.9	1.0
23. Fear of seeing a patient hooked to machines and gadgets	3.7	1.5	3.6	1.4	3.3	1.1
24. Not quite bothered by the grief TIPS may cause relatives and Friends	3.3	1.2	3.6	1.4	4.0	98
Over all means	**3.3**		**3.2**		**3.2**	

- **Exclusive accepted as positive attitudes**

The result in Table 3 shows that "idea of never thinking after the death of a patient frightens me". I am emotionally unprepared to accept the death of my patients". The idea of dead patients being buried frightens me, and I am afraid TIPS may be declared dead when they are still alive were only accepted by age brackets (26-30 years) and (31 years and above). In all the other twenty attitudes items of table 3 the nurses showed no difference in either accepting or rejecting each of the attitudes as positive or negative. Averagely, age did not influence the attitudes of nurses towards death and dying of patients because all age brackets of nurses showed negative death and dying attitudes with each of their responses means greater than the criterion means of 3.0

Table 4: Summary of one-way Analysis of Variance (ANOVA) in Death and Dying Attitudes of Nurses According to age.

Level of Age Decision	N	Source of Variance		df	Mean square		Cal. F	Tab F
20 – 25	62	BG	6.158E-02	60	207			
		WG	7.580E-02					
62 - 30	60	BG	-6.158E-02	58	- 173	1.19	3.04	accepted
Accepted								
		WG	-1.422E-02					
		BG	-7.579E-02					
31 & above	140	WG	-1.421E-02	138	414			

Table 4 reveals that the calculated F-ratio is 98 and the critical F-ratio at 0.5 level of significance is x3.04. This shows that the calculated F-ratio is less than the critical F-ratio (calculated F=98 < tab. F =3.04, P< 0.5), the hypothesis, which state that age, makes no significant difference in the attitudes of nurses towards death and dying was therefore accepted. This means that age made no significant difference on attitudes of nurses towards death and dying of patients.

Discussion:

Attitudes of Nurses Towards Death and Dying

Table 1 showed that the nurses had negative attitudes towards death and dying. Though they generally showed negative attitudes, their attitudes were not totally negative because the nurses showed positive attitudes in seven aspects of death and dying which include, "caring for dying patients" (x=1.9), no problem being alone with a death body" (x=2.4) 'never thinking after the death of a patient' (x=2.2), "never frightened by the idea that a dead patient is buried (x=2.5). Others are not frightened that TIPS may be declared dead while they are alive" (x=2.9) and "not bothered by the idea that a dead patient is placed in a casket when he/she dies"(x=2.6), the findings were not surprising because Kubler –Ross (1981) pointed out that the fear of death, to varying extent was present in all people. Also, as pointed by Learning and Dickson (1985) that death fears are not instinctive, but exist because our culture may have created and perpetuated fearful meanings and ascribed them to death.

Again, the findings agreed with that of Okafor (1994) who had attributed it to the Nigerian cultures of the subjects which at a discussion level do not find it easy to be free and comfortable with death and dying related issues.

Table 2 revealed overall mean scores of x3.1 males and females. These are greater than the criterion mean of x3.0, which means that both sexes had negative attitudes. However, both sexes had some items that were positive. In addition, to these, the male respondents showed positive responses in "I am afraid patients may be declared dead when they are still alive" (x = 2.7) and "I have misgivings for dying patients being isolated by others" (x=2.8). The fact that both sexes generally showed negative attitudes towards death and dying was not expected because, one would have expected some differences to exist between the two groups, reason being that some studies by Lamb (1980) and Farberaw (1993) had discussed differences between the two sexes.

The two statements that gave the little difference between the two groups could be attributed to the beliefs that masses generally want to prove that they are less fearful compared to females in most situations.

In Table 3, the overall mean scores of x3.3 (20-25years) x3.2 (20-30 years) and 3.3 (31 years and above) for the three groups indicate negative attitudes towards death and dying of patient. This result agrees with the submission by Kastenbaum (1979) that different age groups varied in their attitudes towards death. It is possible that the difference could be as a result of working experience, because the youngest group (20-25 years) with their youthful exuberance may tend to think more of immortality. This is not in line with the position of Stallion (1985) who explained that this category of individuals protect themselves from death anxiety by varying death as something that happens only to the elderly or will occur to them only after a great deal of time has passed.

On the other hand, the other two groups are likely to have shown more positive responses due to their experience in life and especially if they have been caring for the terminally ill for a long time. In addition, the result did not agree with that of Okafor (1994) who found significant differences between the

three age brackets; which he attributed to opinions held by some life span psychologists.

Conclusion

Based on the findings of the study, the following conclusions were drawn;

1. Nurses had the following "like to care for dying patients", have no problems being alone with death patients". Idea of never thinking after the death of a patient frightens them "continually unprepared to accept the death of patient" idea of death patient being buried frightens them" "afraid that patients may be declare dead when they are still alive", and "not bothered by the idea that a dead patients is placed in a casket.
2. Age made no significant difference in nurses' attitudes towards death and dying of patients.

Recommendations

On the basis of the findings of the study, the discussion and conclusions there of, it was recommended that, the Kaduna state ministry of health should improve on the curriculum content for training nurses in order to pave way for more effective death education programmes that can modify nurses negative attitudes. This could be done by setting up a committee to look into the present curriculum with a view to adopting the approach to the revision. When this is done, the same committee should be entrusted with the supervision of the implementation of the revised curriculum who will report directly to the officer, in charge of nursing education at the state ministry of health.

References

Allport, G.W. (1995). Attitudes in C Murchison (ed), *Handbooks of social psychology* Massachuset Clark University Press

Cronbanch, L (1951). Coefficient alpha and the internal structures of tests. Phychometrics, 16, 197-354

Ejifugha, A.U. (1998) *Fundamental of research in health education.* Owerri: Bennimi Barlu Z. Publishers: Inc.

Farberow, N.L.(1993). Introduction. In N.L. Farberow (ed). *Taboo topics* New York. Antherton Press

Hoelter, J.W. & Hoelter, J.A. (1980). On the interrelationship among exposure of death and dying, fear of death, and anxiety. *Omega*, 11 (3) 241-254

Kalish, R.A. (1988). The study of death: A psychological perspective.in H. Wass, F. Berardo, & R.A. Neimeyer (eds), *Dying facing the facts* (pp. 220372). Washington, D.C. Hemisephere

Kastenbaum, R. (1979). *A manual of death education and simple burial.* Burnsulle: N.C. Calo Press

Kastenbaum, R.(1985). *The vitality of death,* Westport Green wood publishing company

Kastenbaum, R. & Kastenbaum, B(1989). *Encyclopedia of death, myth, history Philosophy science-the many aspects of death and dying.* New York Avon books Omega, 5. 299-310.

Kubler-Ross, E. (1981). *Living with death and dying.* New York Macmillan.

Lamb, D. (1980) *Diagnosing death.* Philosophy and Public Affairs, 7, 144-153

Lemming, M.R. & Dickson, G.E. (1985). The American way of dying, in M.R Learning & G.C.Dickson (Eds). *Understanding dying, death and bereavement* (pp 182-193). New York Holt, Renhart and Winston.

Ogbazi, N., & Okpala J. (1994). *Writing research reports: Guide for researchers in education, social sciences, and the humanities.* Owerri: Primer Time Series.

Okafor, R.U. (91993). Attitudes of undergraduate PHE Students towards death and drying: Implication for health education. Unpublished Ph.D thesis, University of Nigeria, Nsukka.

Okafor, R.U. (1994). Thenotology teacher competencies for Nigerian secondary education. *Journal of Education and psychology in third world.* 1, 27-30.

Ranto, E.(1986). *Grief, dying, and death: Clinical interactions for caregivers.* Illinois: Research Press Company.

Stallion, R. (1985). *Death Anxiety.* New York: Mcgille Publishing Company.