

NURSES' ATTITUDE TOWARDS END-OF-LIFE CARE IN A SELECTED TEACHING HOSPITAL

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ABSTRACT

Background:

End-of-life care (EOLC) is the support given to people in the final stages of life to help them live as comfortably as possible. It includes managing symptoms, respecting the wishes of patients and families, and offering emotional and social support. Nurses play an important role in providing this care, and their attitudes can greatly affect the quality of care given. Positive attitudes from nurses can lead to better comfort and support for both patients and their families. Understanding what influences nurses' views on EOLC can help improve care, especially in diverse hospital settings.

Objectives:

1. To assess the nurses' attitude towards end-of-life care (EOLC) in a selected teaching hospital.
2. To identify the factors that influence the nurses' attitude towards end-of-life care (EOLC).

Research Methodology:

A total of 134 nurses are included in this study. The data is collected from a validated structured questionnaire called Nurses' Attitude Towards End-of-life care by using the scale (FATCOD) developed by Frommet, consisting of demographic characteristics and end-of-life care-related questions to be used among critical care nurses.

Results:

The study indicates that critical care nurses had a moderate attitude towards end-of-life care.

Conclusion:

The study reveals that nurses who see end-of-life care as a significant part of their work typically handle it with compassion and positivity. Many find it rewarding, but others struggle emotionally, find talking about death uncomfortable, and are concerned about how to handle their suffering. Emotional, cultural, and spiritual factors influence these attitudes more than experience, gender, or age. Improving work settings, emotional support, and training may enhance nurses' optimism along with their ability to provide compassionate end-of-life care.

Keywords: End of life care, Critical care nurses, Attitude, Factors.

INTRODUCTION

End-of-life care (EOLC) refers to the comprehensive support provided to individuals in the final stages of life, enabling them to maintain the highest possible quality of life until death (World Health Organization, 2020). It is a crucial component of palliative care and encompasses the management of physical symptoms, as well as the provision of emotional, social, and psychological support, while respecting the preferences and dignity of both patients and their families (National Institute for Health and Care Excellence, 2015). Patients receiving EOLC are typically those experiencing a progressive decline in health and approaching the end of life. Although EOLC is associated with the final phases of life, the timing of its initiation may vary depending on the patient's condition and care needs (World Health Organization, 2020).

The provision of high-quality end-of-life care allows individuals to make informed decisions about their care preferences and supports them in living as comfortably as possible during their remaining time. It also involves addressing the needs of family members and caregivers, ensuring holistic care delivery (National Institute for Health and Care Excellence, 2015). Nurses play a pivotal role in delivering EOLC, as their attitudes and perceptions significantly influence both patient outcomes and the well-being of family members. Moreover, these attitudes can impact nurses' own psychological and emotional health (Frommelt, 2003).

Research indicates that registered nurses who demonstrate positive attitudes toward end-of-life care contribute to improved patient and family outcomes, including effective pain management, advocacy for patient preferences, facilitation of open visitation, and responsiveness to patient needs (American Nurses Association, 2016). However, nurses' attitudes toward EOLC may be shaped by diverse cultural, religious, and personal beliefs about death and dying, which can vary widely across different contexts (Braun et al., 2010). Understanding these attitudes and the factors influencing them is essential for overcoming barriers and enhancing the quality of EOLC, particularly in multicultural healthcare settings such as teaching hospitals.

In intensive care settings, while some deaths occur unexpectedly, many follow decisions to withhold or withdraw life-sustaining treatment. During this critical period, patients and their families require individualized care, emphasizing the importance of skilled and compassionate nursing interventions (Curtis & Rubenfeld, 2001). Nurses are central to this process, as they manage symptoms, provide emotional and spiritual support, and ensure that patients experience dignity and comfort in their final days. A positive nursing attitude fosters a supportive environment that enhances patient comfort and respect, whereas negative attitudes may hinder the quality of care delivered (Frommelt, 2003).

MATERIALS AND METHODS

Statement of the Problem: "Nurses' Attitudes Towards End-Of-Life Care in a Selected Teaching Hospital".

Objectives of the Study:

1. To assess the nurses' attitude towards end-of-life care (EOLC) in a selected teaching hospital.
2. To identify the factors that influence the nurses' attitude towards End-of-life care (EOLC).

Materials and Methods:

Source of Data: Data is collected from all the Intensive Care Unit (ICU) nurses in the selected teaching hospital.

Study Type: The research approach adopted is a descriptive approach.

Method of collection of data: Data is collected from a structured Questionnaire. The questionnaire is adapted using the FATCOD scale (Frommelt, 2003). The Questionnaire

consists of 30 items designed to be measured by a 5-point Likert scale, where, further, the questionnaire is modified to include demographic details of the ICU nurses and also an open-ended question to collect the details on the factors that influence the ICU nurses' attitude towards EOLC as perceived by them. This adapted questionnaire is again validated with the pilot samples.

Plan for Data Analysis: Collected data is analysed by frequency, percentage, mean, standard deviation and by Chi- Square Test.

Sample and Sampling Techniques: In a selected hospital, there are 134 Intensive Care Unit nurses. All 134 are included in the study, so sample size calculation and sampling techniques are not applicable in the study.

Tools and Techniques: A structured questionnaire is adapted and administered to the nurses involved in nursing care in ICUs to collect the data. The questionnaire is mainly divided into 2 parts.

Part 1: Demographic profile of respondents.

Part 2: This part has 2 sections of the modified FATCOD scale

- Section A: Nurses' Attitudes towards Dying Scale questionnaire.
- Section B: Factors influencing nurses' attitude towards dying.

Content Validity: Frommelt KH et.al. used a validated nurse's attitude towards dying patients, a structured questionnaire for nurses in their study. The same is adapted in this study. Further, the edited structured questionnaire was validated in a pilot study for content validity. Based on the suggestions from this pilot study, restructuring of the questionnaire was performed.

Inclusion Criteria: All the Intensive care unit registered nurses who have above 6 months of experience are included in the study. ICU nurses on long leave and not willing to participate were excluded from the study.

Limitations of the Study: The study is limited only to the critical care nursing staff of the selected hospital.

RESULTS AND DISCUSSION

Part 1: Demographic profile of respondents.

Among the 134 nurses who participated in the study, the majority are female (80.6%) and unmarried 87%. Most respondents 73% have between one and three years of work experience, suggesting that many are in the early stages of their professional journey. The largest age group falls between 20 and 30 years, comprising 56% of the total. Regarding educational qualifications, 51% of the nurses hold a Bachelor of Science in Nursing (BSc Nursing), making it the most prevalent degree. Furthermore, 62% are employed in the Medical Intensive Care Unit (MICU), indicating this as the most common area of work among the participants of nurses' attitudes towards end-of-life care. These demographic details showed that there is no statistically significant relationship between any of the demographic factors and the nurses' attitudes toward end-of-life (EOL) care ($p > 0.05$).

This implies that attitudes toward EOL care are not influenced by age, gender, marital status, work experience, education level, or work area in this sample population. Subih M et.al;(2022) a similar study also showed that the demographic details were analysed and found no significant relationship of variables like Age, Work experience, Gender, Marital Status, education level and training course in Palliative care or EOLC, Furthermore the model showed how age, experience, marital status, and training in palliative or end-of- life care (EOLC) affected cultural, ethical, and national values. XU DD et al.:(2022) study revealed that there is no statistically significant relationship between the demographic profile of the participants, such as age, gender, religion, area of residence, professional education, marital status, total experience in ICU, total experience as a staff nurse, and any in-service training done. , and the result was consistent with

the study conducted, where it was noted that there was no significant correlation between the age and a nurse's caring behaviour for dying patients.

Overall, the demographic profile suggests that the study predominantly represents young, professionally qualified nurses with limited clinical experience, primarily working in intensive care units, which may influence their perceptions and attitudes toward end-of-life care.

Part 2: This part has 2 sections of the modified FATCOD scale

Section A: Nurses' Attitudes towards Dying Scale questionnaire.

The analysis indicates that nurses generally demonstrate a positive attitude toward end-of-life care (EOLC), as reflected in a relatively high overall mean score (95.00 ± 11.75). Nurses have a range of feelings about end-of-life (EOL) care. Most nurses 88.2% see caring for dying patients as a meaningful and worthwhile learning experience. Many 69.4% believe that families should continue to receive support even after the patient's death. Likewise, 64.2% feel that helping patients prepare for death is part of their role, and 63.4% agree that patients should be free to express their emotions during this time. More than half 55.3% think patients should have the right to make their own choices regarding EOLC. Despite these positive views, there are still challenges. About 56% of nurses feel uncomfortable being present when a patient dies, and 50.7% feel that giving emotional support to families is part of their responsibility. Nearly half 48.5% tend to avoid situations involving death, and 47.1% keep some emotional distance from dying patients. In addition, 45.6% believe it is their role to educate families about death, while 42.6% find it difficult to talk about death with patients. Similarly, 42.5% find it hard to connect with patients' families. Concerns about pain relief remain, as 34% of nurses are still worried about the risk of addiction to medications. Various emotional and personal factors also affect their attitudes, these include feelings of sadness and grief 7.46%, religious beliefs 5.97%, cultural background 4.48%, limited training 3.73%, and past experiences with death 2.99%.

To help nurses feel more prepared and compassionate in EOL care, better training, emotional guidance, and a supportive workplace are needed to help them care for both patients and families with empathy. Alshammari F et, al;(2023) study showed that while registered nurses had generally positive attitudes toward end-of-life care, they had negative opinions about talking about death and managing patients' and families' emotions, the study also provided new knowledge that may be useful for future comparisons and offering valuable insights to address current and future challenges when end-of- life care was provided in general hospital settings based upon FACTOD scale. Mastroianni C et, al;(2023). In this study, the results showed that, compared to most other nations, Italian nursing students appeared to have more positive opinions regarding the treatment of dying patients. Although they feel that providing care for a patient near death is a valuable and formative experience, they do not feel sufficiently prepared in reality. More in-depth instruction in palliative care combined with hands-on training would better prepare students, allowing them to explore their own humanness and relieve suffering.

Overall, while nurses exhibit strong positive attitudes toward compassionate and family-centred care, the presence of uncertainty and emotional challenges suggests the need for targeted training, communication skill development, and psychological support systems to strengthen confidence and competence in end-of-life care delivery.

Overall, Nurses' Attitude Towards End-of-Life Care by using the FATCOD Scale

The overall attitude of nurses towards end-of-life care score is 63.33%, with an overall mean 95% in the selected hospital. The rating scale used describes that below 50% is considered a poor attitude of nurses, 51-75% moderate level attitude of nurses and 76-100% High attitude. Thus, the study showed that nurses have a moderate level of attitude towards end-of-life care. Hamed HE et al.:(2017) this study used a scoring scale for overall perceptions of nurses. <50% - poor,

51-75% moderate and 76-100% High, and the study revealed that there was no relationship between perceptions of nurses towards their rights and their relations to job satisfaction. The similar scoring system and categories from the study were adopted in the current study.

Pereira et al. (2016) evaluated nurses' attitudes and understanding of palliative care at tertiary institutions in India and found that nurses had a generally positive attitude and a moderate level of awareness. To support nurses in this regard, they emphasised the necessity of ongoing professional development programs.

Section B: Factors influencing nurses' attitude towards the dying.

The study reveals that nurses' attitudes toward end-of-life (EOL) care are influenced by various emotional, professional, cultural, and personal factors. Emotional support is the most commonly reported need, 18.3%, followed by feelings of sadness and grief 11.7% and the influence of spiritual or religious beliefs, 8.97%. Both empathy and teamwork issues are noted by 6.38% of nurses, indicating their effect on emotional connection and collaboration in care. A lack of proper training, compassion, sympathy and pain were 5.31%, and the need to support patients' families and personal experience with dying patient 4.25% are also concerns. Past experiences with death and work-related stress 3.19% contribute to discomfort in handling EOL situations. Rare but impactful cases, such as the death of young adults 1.06%, further add to the emotional burden. Enhancing emotional support systems, improving training programs, and creating a more supportive work environment may help nurses deliver more compassionate and confident EOLC. Aktar et al.'s (2023) study included a brief review of the different factors affecting nurses' attitudes when caring for patients who are in critical condition. The majority of the nurses had positive attitudes, such as empathy, team dynamics, compassion, and emotional support. Furthermore, they felt that a supportive work environment would improve their willingness to strive for higher-quality care. Further study was required to examine the factors that contribute to nurses' varying attitudes, which in turn influence their readiness to offer direct nursing care. Alshammari et al.'s (2023) study aimed to examine the attitudes of registered nurses (RNs) toward end-of-life care and to identify the factors that influence these attitudes, such as the nurses' lack of communication skills and the resistance to end-of-life care that comes from family, culture, and religion. The provision of the best holistic care for patients and their families as they near the end of their lives needs a professional workforce and an understanding that communication skills are equally as vital as physical care skills.

TABLES AND FIGURES

Table:1 Demographic details of the respondents

Details	Variables	No. of Respondents	Percentage (%)
Age	20-30 Yrs.	75	56
	30-40 yrs.	40	29.9
	40-50 Yrs.	19	14.2
	>50 yrs.	0	0
Gender	Male	26	19.4
	Female	108	80.6
Work experience in years	1-3 Yrs.	68	50.7
	3-7 Yrs.	35	26.1
	7-11 Yrs.	17	12.7

	11 yrs & above	14	10.4
Education Level	ANM	3	2.2
	GNM	35	26.1
	BSC	83	61.9
	MSC	13	9.7
Marital Status	Married	36	26.9
	Single	98	73.1
	Others	0	0
Work Area	MICU	37	27.6
	ICCU	27	20.1
	SICU	33	24.6
	PICU	20	14.9
	NICU	17	12.7

Table 1 explains the demographic profile among the total sample of 134 critical area nurses.

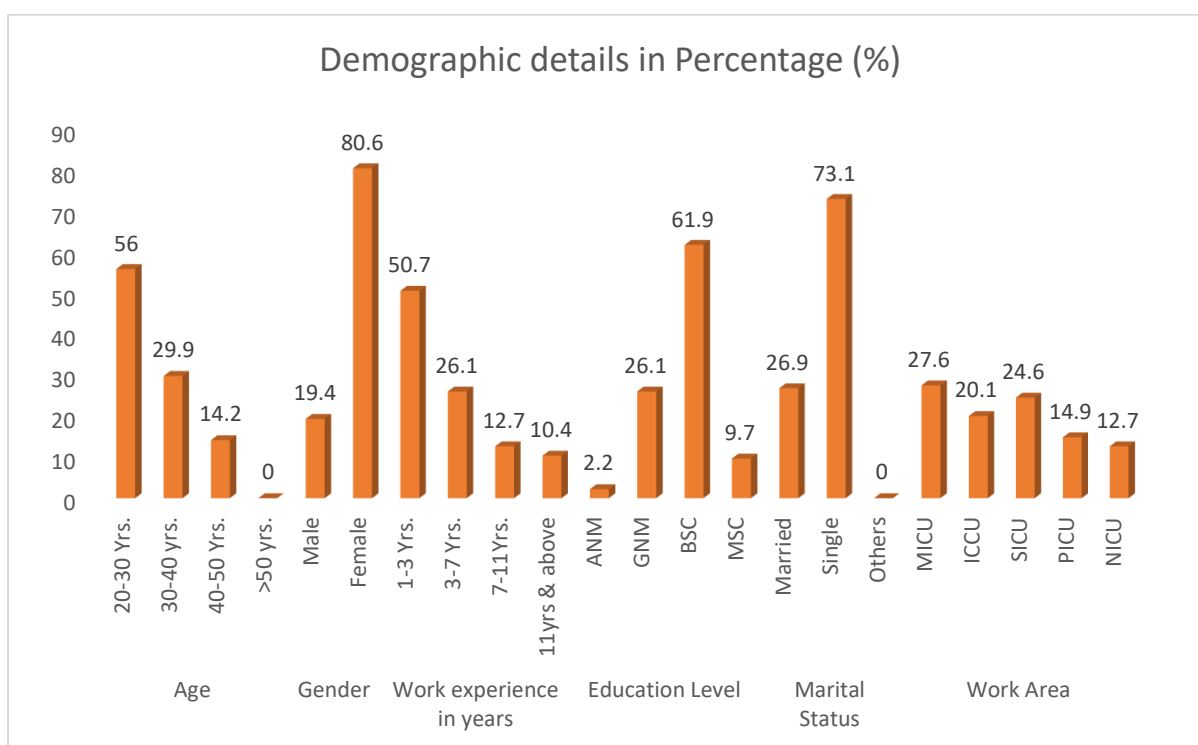


Figure 1: Percentage of the demographic details of the respondents

Figure 1 show the details of demographic data in percentages. All p-values being > 0.05 show that there is no statistically significant association between the demographic variables and nurses’ attitudes toward end-of-life (EOL) care.

Table 2: Nurses Attitude towards EOLC.

SL.NO	Variables	Total Respondents (N)	Mean	Standard Deviation
1	Giving nursing care to the dying person is a worthwhile learning experience.	134	3.96	0.984
2	Death is not the worst thing that can happen to a person.	134	3.34	1.077

3	I would be uncomfortable talking about impending death with the dying person.	134	3.34	1.104
4	Nursing care for the patient's family should continue throughout the period of grief and bereavement.	134	3.84	0.943
5	I would not want to be assigned to care for a dying person.	134	2.43	1.259
6	The nurse should not be the one to talk about death with the dying person	134	2.82	1.262
7	The length of time required to give nursing care to a dying person would frustrate me	134	2.88	1.344
8	I would be upset when the dying person I was caring for gave up hope of getting better.	134	2.96	1.156
9	It is difficult to form a close relationship with the family of a dying person.	134	3.19	1.063
10	There are times when death is welcomed by the dying person.	134	3.24	1.035
11	When a patient asks, "Nurse, am I dying?" I think it is best to change the subject to something cheerful.	134	3.42	1.258
12	The family should be involved in the physical care of the dying person.	134	3.32	1.193
13	I would hope the person I'm caring for dies when I am not present.	134	2.89	1.168
14	I am afraid of becoming friends with a dying person	134	2.66	1.137
15	I would feel like running away when the person actually died.	134	2.62	1.255
16	Families need emotional support to accept the behaviour changes of the dying person.	134	3.13	1.427
17	As a patient nears death, the nurse should withdraw from his/her involvement with the patient.	134	2.87	1.32
18	Families should be concerned about helping their dying member makes the best of his/her remaining life.	134	3.13	1.261
19	The dying person should not be allowed to make decisions about his/her physical care.	134	3.04	1.279
20	Families should maintain as normal an environment as possible for their dying member.	134	3.41	1.197
21	It is beneficial for the dying person to verbalise his/her feelings.	134	3.51	1.261
22	Nursing care should extend to the family of the dying person.	134	3.57	1.079
23	Nurses should permit dying persons to have flexible visiting schedules	134	3.35	1.203
24	The dying person and his/her family should be in charge decision makers.	134	3.25	1.181

25	Addiction to pain-relieving medication should not be a nursing concern when dealing with a dying person.	134	3.01	1.214
26	I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying.	134	3.1	1.175
27	Dying persons should be given honest answers about their conditions.	134	2.93	1.145
28	Educating families about death and dying is not a nursing responsibility.	134	2.74	1.201
29	Family Members who stay close to a dying person often interfere with the professional's job with the patients.	134	3.3	1.026
30	It is possible for nurses to help patients prepare for death.	134	3.75	1.074

Table 2 explains the nurses' attitudes toward End-of-Life Care (EOLC).

Table 3: Overall, Nurses' Attitude score towards the EOLC

Parameters	Overall Mean	Total no of question	High score	Score
Attitude score	95	30	5	63.33%

Table 3 explains the overall attitude score of nurses towards end-of-life care to be **63.33%**. The scoring category, as used by Hammed HE et al (2017) in their study, is also applied in the current study. <50% - poor, 51-75% moderate and 76-100% High.

Table 4: Analysis of the factors that chiefly affect nurses' attitude on providing care to dying Patients.

Factors	Frequency	Percentage
Emotional Support	16	18.3%
Sadness and Grief	11	11.7%
Spiritual/Religious Beliefs	8	8.5%
Cultural Beliefs and Practices	6	6.38%
Empathy and Compassion	6	6.38%
Interpersonal Relationships and Team Dynamics	6	6.38%
Training and Education	5	5.31%
Compassion and Sympathy	5	5.31%
Pain and Suffering	5	5.31%
Family Attachment and Support	4	4.25%
Personal Experiences with Dying Patients	4	4.25%
Health Care Setting	3	3.19%
Fear of Death	3	3.19%
Psychological Support for Families	3	3.19%

Workplace Challenges	3	3.19%
Decision-Making Challenges	2	2.12%
Holistic Approach	2	2.12%
Young Adult Death	1	1.06%

Table 4 outlines the key factors influencing nurses' attitudes toward providing care to dying patients, ranked by frequency. The results show that nurses' perceptions of end-of-life (EOL) care are shaped by emotional, professional, cultural, and organizational influences.

SUGGESTIONS

The study findings led to the following suggestion to improve the nurses' attitude towards EOLC. Specific guidance and practice sessions to enable nurses to communicate with patients and their families about the forthcoming death in a kind and understandable manner can be arranged by the nursing training and development section. Safe places, peer support groups, and counselling rooms can be set up to facilitate nurses in which they may express their feelings and cope with handling EOLC patients. Empowering nurses with specific training to help the EOLC patients and their family members overcome their pain and agony. Encourage feelings of empathy among nurses and recognize and reward those who provide compassionate and humane end-of-life care.

CONCLUSION

The study revealed that nurses generally hold a positive and caring attitude toward providing end-of-life care. They view caring for dying patients as a meaningful and valuable part of their profession, helping them grow both personally and professionally. Many nurses believe it is important to support not only the patients but also their families during and after the dying process. They respect the rights of patients to make decisions about their own care and recognise the importance of allowing patients to express their emotions openly.

At the same time, the study showed that some nurses experience discomfort or uncertainty when it comes to discussing death or being present when a patient passes away. Some may avoid forming close emotional bonds with dying patients or their families, often as a way to manage their own emotional stress. Concerns also exist around the use of pain-relieving medications, with a few nurses worried about the potential for addiction. These emotional, ethical, and communication challenges can make end-of-life care complex and emotionally demanding.

Interestingly, the study found no strong link between nurses' attitudes and their age, gender, education, marital status, or work experience. Instead, their attitudes were shaped more by emotional experiences, personal beliefs, cultural and spiritual values, and workplace conditions. To improve nurses' confidence and readiness in end-of-life care, there is a clear need for better training, emotional support systems, and a supportive work environment. Providing these resources can help nurses deliver more compassionate, patient-centred care during one of the most sensitive and meaningful stages of life.

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