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# Associations Between Oncology Nurses' Attitudes Toward Death and Caring for Dying Patients

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In the past, most people died at home surrounded by their loved ones, and although inevitable, death was perceived as an integral part of life. This perception has changed in recent decades, and death now is perceived more commonly as an enemy that should be defeated (Haisfield-Wolfe, 1996). Denial of death is common in western cultures, and most people now die in hospitals or in institutional settings rather than at home (Da Silva & Schork, 1985; Haisfield-Wolfe). Cancer is a leading cause of death; 10,000 people died from malignant diseases in Israel in 2005, accounting for 27% of all deaths that year (World Health Organization, 2007).

Treatment of dying patients represents a large and significant part of the oncology nurse role (Haisfield-Wolfe, 1996). Oncology nurses are in the front line of healthcare providers who care for dying patients and accompany them in their final journey in life toward death (Ellershaw & Ward, 2003; Fairbrother & Paice, 2005; White, Coyne, & Patel, 2001). The quality of care delivered by oncology nurses could be influenced by their personal attitudes toward the care of dying patients and death itself (Costello, 2006; Deffner & Bell, 2005; Haisfield-Wolfe; Rooda, Clements, & Jordan, 1999). Attitudes are composed of ideas and beliefs that are attached to specific emotions, which together are connected to an action being taken in association with the object of the attitude, such as death (Neimeyer, 1994). Attitudes give people a sense of order and control and help them build their world perception and their own identity (Durlak & Riesenber, 1991).

Of the few studies that have examined attitudes toward caring for dying patients, most have focused on nurses. The different variables investigated that may influence these attitudes included gender (Roman, Sorribes, & Ezquerro, 2001; Servaty, Krejci, & Hayslip, 1996), age, years working as an RN, years employed at a cancer center (Lange, Thom, & Kline, 2008), exposure to dying patients (Brent, Speece, Gates, Mood, & Kaul, 1991; Dunn, Otten, & Stephens, 2005; Hare & Pratt, 1989;

**Purpose/Objectives:** To examine relationships between oncology nurses' attitudes toward death and caring for dying patients.

**Design:** Cross-sectional, descriptive, and correlational.

**Setting:** Israeli Oncology Nurses Society annual conference in June 2006.

**Sample:** A convenience sample of 147 Israeli nurses who were exposed to death in their daily work. Most worked in oncology departments and were of Jewish faith.

**Methods:** Completion of the Frommelt Attitude Toward Care of the Dying Scale, Death Attitude Profile-Revised Scale, and a demographic questionnaire.

**Main Research Variables:** Attitudes toward caring for dying patients, attitudes toward death (fear of death, death avoidance, and types of death acceptance), and demographic variables (e.g., religiosity).

**Findings:** Nurses demonstrated positive attitudes toward care of dying patients. The attitudes were significantly negatively correlated with death avoidance, fear of death, and approach acceptance of death. A mediating role of death avoidance was found between fear of death and attitudes toward caring for dying patients.

**Conclusions:** Nurses' personal attitudes toward death were associated with their attitudes toward the care of dying patients. The mediating model suggests that some nurses may use avoidance to cope with their own personal fears of death. Inconsistency between the current results and previous studies of associations between acceptance of death and attitudes toward care for dying patients imply that culture and religion might play important roles in the development of these attitudes.

**Implications for Nursing:** Training and support programs for oncology nurses should take into consideration nurses' personal attitudes toward death as well as their religious and cultural backgrounds.

Rooda et al., 1999), and nurses' training in the area of death and dying (Brent et al.; Demmer, 1999; Frommelt, 1991; Hainsworth, 1996; Mallory, 2003; Mok, Lee, & Wong, 2002; Wong, Lee, & Mok, 2001).