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A Study of the Relationships Between Attitudes of Student Nurses and Graduate Nurses Toward Death and the Type of Care Student Nurses and Graduate Nurses Give or Would Give Dying Patients

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A STUDY OF THE RELATIONSHIP BETWEEN ATTITUDES OF STUDENT NURSES AND GRADUATE NURSES TOWARD DEATH AND THE TYPE OF CARE STUDENT NURSES AND GRADUATE NURSES GIVE OR WOULD GIVE DYING PATIENTS

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Accepted as fulfillment of the requirement for the Research Honors Program and granted "Research Honors in Nursing."

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INTRODUCTION

There are two events that every human being experiences, birth and death. In our society we talk freely about birth and the birth process. However, many sociologists and psychologists have labeled death and the act of dying as "taboo topics" in American society.[1] Dying patients with terminal illnesses have many psychological and physical needs that must be met if they are to reach what Dr. Kübler-Ross has called the final stage of acceptance, during which a patient is neither depressed nor angry but "will comtemplate his coming end with a certain degree of quiet expectation."[2] Unfortunately, many of these psychological and physical needs are not met, and many, if not most, dying patients are never given the opportunity to reach the stage of acceptance. I feel that it is the responsibility of the nurse, through her care of the dying patient, to provide him with this opportunity.

Why is the nurse not able to provide or why does the nurse not provide the care necessary to enable the dying patient to reach this stage of acceptance? Obviously, there

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[1]Glenn M. Vernon, Sociology of Death (New York: The Ronald Press Company, 1970), pp. 9-14.

[2]Elizabeth Kübler-Ross, On Death and Dying (New York: Macmillan Publishing Co., Inc., 1969), p. 112.

are many possible answers to this question. The purpose of this study was to determine if the attitudes of registered nurses and student nurses toward death are related to the type of physical and psychological care they give or believe they would give to dying patients. This information may add another dimension to our present knowledge of the attitudes of nurses toward death and dying. This is also an important step toward uncovering the many possible factors that could affect the type of care nurses give dying patients, as well as a step toward providing insight into how the nurse can give total care to the dying patient.

CHAPTER 1

REVIEW OF RELATED RESEARCH

In the past several years an increasing amount of literature has been written on the subjects of death and dying. In my literature search I found that most of the research done in this area dealt with the actual experience of dying. A majority of the reported data was obtained directly from patients through various interview techniques. Very little research has been done in regard to attitudes of nurses toward death or the type of care dying patients receive from nurses.

One of the studies that is probably the most relevant to this project was carried out by Golub and Reznikoff (1971). This study focused on the influence of nursing education and experience on attitudes toward death. A multiple-choice questionnaire was completed by graduate registered nurses, ranging in age and amount of experience, and first-year nursing students. From this questionnaire six items were chosen that were felt to be relevant to nursing experience and practice. Conclusions were based on these six items. Nurses' attitudes toward death were found to differ from those of students. Because the difference occurred among the younger, less-experienced nurses as well as among the older nurses, it was suggested that "the influence of nursing experience in

forming attitudes toward suicide and death takes place early in the nursing career, most likely during the student years."[3] It was also found that there was no significant difference in attitudes based on years of nursing experience.

Another study performed by Lester and associates (1974) involved an investigation of the attitudes of undergraduate and graduate nursing students and nursing faculty toward death and dying. Each participant completed a questionnaire entitled "Attitudes Toward Death and Dying." Scores were compared according to educational level and areas of clinical specialization. The results of the study tended to support the hypothesis that "fear of death and dying will decrease with increased academic preparation." Results did not support the second hypothesis which was: "Fear of death and dying will be positively related to choice of clinical specialization in medical-surgical nursing rather than with choice of clinical specialization in community health, rehabilitation, or mental health-psychiatric nursing."[4]

A study similar to the one just cited was carried out by Yeaworth and associates (1974) and involved the freshman and senior classes of a four-year nursing program. This program's curriculum included "various learning experiences designed to

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[3]Sharon Golub and Marvin Reznikoff, "Attitudes Toward Death," Nursing Research, Nov.-Dec., 1971, p. 507.

[4]David Lester, Cathleen Getty, and Carol Ren Kneisl, "Attitudes of Nursing Students and Nursing Faculty Toward Death," Nursing Research, Jan.-Feb., 1974, p. 51.

assist students to become aware of and understand their feelings and beliefs about death and dying."[5] The purpose of this study was to discover if the freshman and senior nursing students differed in their attitudes or beliefs about death and dying. A three-part questionnaire was administered to each participant. The responses made by seniors on Part 1 of the questionnaire indicated "greater acceptance of feeling, more open communication, and less use of stereotyped attitudes."[6] Replies to questions in Part 2 also followed this pattern. Overall findings suggested that important changes in attitudes toward death and dying can result from nursing education.

All three of the studies which have been described deal with nurses' attitudes toward death and dying. All three of these studies support the premise that nursing education does influence changes in attitudes toward death and dying. It is interesting to note that the study carried out by Lester and associates (1974) and the study carried out by Yeaworth and associates (1974) reached virtually the same conclusion despite the fact that Yeaworth's students had a curriculum which contained experiences specifically designed to enable them to deal with death and dying, whereas Lester's study made no mention of any special experiences in the curriculum of the students and faculty which he tested.

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[5]Rosalee C. Yeaworth, Frederic T. Kapp, and Carolyn Winget, "Attitudes of Nursing Students Toward the Dying Patient," Nursing Research, Jan.-Feb., 1974, p. 20.

[6]Ibid., p. 24.

Simply the fact that there now exist nursing schools whose curriculums include experiences as described on the previous page, indicates that some progress has been made in the nursing profession in the area of death and dying. In her book, The Nurse and the Dying Patient, Jeane C. Quint (1967) presents portions of interviews with student nurses and nursing faculty which deal specifically with caring for dying patients. She concludes that nursing education does not prepare a nurse to meet the psychological needs of dying patients and proceeds to offer proposals for changes in nursing programs to improve the care of dying patients. Quint is the earliest author discovered who was concerned with training the nurse to meet the psychological needs of dying patients and, thus, enabling them to give total care to the dying.[7]

Kübler-Ross (1969) reemphasized the need for nurses to become aware of their own attitudes and feelings about death before they can help a dying patient work through his feelings and reach the final stage of acceptance.[8]

Although there has been very little research involving care of the dying patient directly, numerous guidelines have been developed as a result of interviews with dying patients. Kübler-Ross has been responsible for many of these guidelines for nursing care of the dying which were compiled during her interviews with dying patients. Weisman (1972) describes

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[7]Jeane C. Quint, The Nurse and the Dying Patient (New York: The MacMillan Company, 1967).

[8]Kübler-Ross, On Death and Dying, p. 131.

what he refers to as "conditions of an appropriate death,"[9] many of which are within the ability of the nurse to control. A set of guidelines for the care of the dying patient was written at a workshop in Lansing, Michigan and called "The Dying Person's Bill of Rights."[10]

As you can see, there are a growing number of individuals concerned with the type of care that dying patients receive. Through this study I have attempted to contribute information that will aid in the improvement of the nursing care of the dying.

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[9]Avery D. Weisman, On Dying and Denying (New York: Behavioral Publications, Inc., 1972), pp. 39-41.

[10]The American Journal of Nursing, Jan., 1975, p. 99.

CHAPTER 2

DESCRIPTION OF THE STUDY

Purpose and Hypotheses

As previously stated, the purpose of this study was to determine if there was a difference in student nurses' and registered nurses' attitudes toward death and to attempt to relate their attitudes toward death to the care they give or would give dying patients.

The following hypotheses were formulated:

1. Student nurses' attitudes toward death differ from registered nurses' attitudes toward death.
2. Student nurses' and registered nurses' attitudes toward death are related to the type of care they give or would give dying patients.

Population

The population invited to participate in the study consisted of the 192 undergraduate nursing students of the Illinois Wesleyan University School of Nursing and 120 selected graduates of the school of nursing. The undergraduate population included 55 freshmen, 51 sophomores, 38 juniors, and 48 seniors (seniors graduating mid-year were excluded). The alumnae included the 37 graduates of the class of 1970, the 40 graduates of the class of 1972, and the 43 graduates of the class of 1974.

Actual participants included 135 undergraduates (70%) and 64 graduates (53%). Undergraduate participants consisted of 38 freshmen, 38 sophomores, 22 juniors, and 37 seniors. Graduate participants consisted of 18 graduates of the class of 1970, 20 graduates of the class of 1972, and 26 graduates of the class of 1974. (The graduates were used as the population of registered nurses and will be referred to as such from this point on.) All but two participants were female.

Instrument

The instrument used in the study was a 34 item multiple-choice questionnaire.[11] The first five items dealt with descriptive information such as age and sex. The remainder of the questionnaire consisted of two types of questions: those questions which measured attitude toward death, and those questions which measured care of the dying patient.

Questions 2, 3, 4, 5, 8, 9, 15, 16, 17, 18, 19, 20, 21, 22, 23, 27, and 30 were used to measure attitude toward death. All of these questions except number 27 were taken from a questionnaire entitled "Death & Dying: How Do You Really Feel About It?" which was designed under the direction of David Popoff and appeared in the November issue of Nursing '74. Mr. Popoff had directed an earlier questionnaire for Nursing '74 as well as several for Psychology Today.[12] Minor word changes were made in several of these questions.

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[11] A sample of the questionnaire can be found in appendix 1.

[12] "Death & Dying: How Do You Really Feel About It?" Nursing '74, November, 1974, pp. 58-63.

Question 27 also measured attitude toward death and was included as a means of checking the reliability of the answer given in number 30 and vice versa.

Questions 1, 6, 7, 10, 11, 12, 13, 14, 24, 25, 26, and 28 were used to measure the care the participant gives or thought she would give to a dying patient. Question 1 and its possible responses have been discussed by numerous individuals in various pieces of literature. Throughout her book, On Death and Dying, Dr. Kübler-Ross supports the responses referring to communication with the patient about his death, alleviating pain, maintaining hope, listening to complaints, and allowing denial. These responses were also supported in articles written by Fleming, McNulty, Annas, Whitman, and Heymann[13] as well as in books written by Kutscher and Goldberg, Vernon, Feifel, Quint, and Weisman.[14] Questions 6, 7, 11, and 12 simply required more specific responses to some of the concepts of care already presented in question 1. Question 10,

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[13]Ruth P. Fleming, "Good Physical Care, Priority for the Dying," R.N., April, 1974, pp. 46-48+; Barbara McNulty, "The Problem of Pain in the Dying Patient," Queen's Nursing Journal, Oct., 1973, pp. 152+; George J. Annas, "Rights of the Terminally Ill Patient," Journal of Nursing Administration, Mar.-Apr., 1974, pp. 40-44; Helen H. Whitman and Shelby J. Lukes, "Behavior Modification for Terminally Ill Patients," American Journal of Nursing, Jan., 1975, pp. 98-101; David A. Heymann, "Discussions Meet Needs of Dying Patients," Hospitals, July 16, 1974, pp. 57-58+.

[14]Austin H. Kutscher and Michael R. Goldberg, eds., Caring for the Dying Patient and His Family (New York: Health Services Publishing Corporation, 1973); Vernon, Sociology of Death; Hermann Feifel, ed., The Meaning of Death (New York: McGraw-Hill Book Company, Inc., 1959); Quint, The Nurse and the Dying Patient; Weisman, On Dying and Denying.

which dealt with involving relatives in the care of the dying patient, was supported primarily by Eric Wilkes in an article called "The Management of the Family in Fatal Illness,"[15] although it has been discussed and recommended by a number of individuals, some whom I have already mentioned. Few would argue with the importance of up-to-date care plans for dying patients which is the focus of question 13. Fleming's article "Good Physical Care, Priority for the Dying"[16] emphasizes all aspects of physical care for dying patients and stresses the importance of up-dated care plans. Question 14 is supported by an article written by Douglas Pett which discusses the role the hospital chaplain plays in the care of dying patients.[17] This can be further supported by Dr. Kübler-Ross' work with chaplains and other clergy in her interviews of dying patients. Questions 24 and 25 are supported primarily by Dr. Kübler-Ross and Glenn Vernon who, in their books, stress the importance of maintaining the patient's right to make decisions regarding his care and treatment.[18] Questions 26 and 28 were taken from the questionnaire in Nursing '74.[19]

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[15]Eric Wilkes, Queen's Nursing Journal, October, 1973, pp. 150-151.

[16]Fleming, pp. 46-48+.

[17]Douglas Pett, "The Hospital Chaplain," Nursing Times, December 13, 1973, pp. 1678-1682.

[18]Kübler-Ross, On Death and Dying; Vernon, Sociology of Death, pp. 298-306.

[19]"Death & Dying: How Do You Really Feel About It?" pp. 59 & 61.

Question 28 was changed to docus on the participant herself rather than focusing on "most nurses."

Procedure

The questionnaire was sent to all participants with a cover letter[20] which provided a very brief explanation of the study and offered to send a summary of the results to the participant. An answer sheet[21] was also enclosed. Participants were instructed to complete the answer sheets within a period of two weeks and return them in the self-addressed envelopes which were provided for their convenience. Senior nursing students had the highest rate of return with 77%. The registered nurses in the class of 1970 had the lowest return with 49%. Lack of addresses for 19 of the registered nurses presented a problem. Table 1 shows the number and percentage of questionnaires returned by each group of students and registered nurses.

Table 1. Number and Percentage of Questionnaires Returned and Not Returned by Freshman, Sophomore, Junior, and Senior Student Nurses and Registered Nurses in the Classes of 1970, 1972, and 1974.

	Frosh.		Soph.		Jr.		Sr.		RN-1970		RN-1972		RN-1974	
	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
Returned	38	69	38	75	22	58	37	77	18	49	20	50	26	60
Not Returned	17	31	13	25	16	42	11	23	9	24	11	28	17	40
No Address	--	--	--	--	--	--	--	--	10	27	9	22	--	--
Totals	55	100	51	100	38	100	48	100	37	100	40	100	43	100

[20] A sample cover letter can be found in appendix 1.

[21] A sample answer sheet can be found in appendix 1.

The responses for each question (except questions 1, 24, and 25) were assigned numbers 1, 2, 3, or 4. The number 4 was assigned to the response that was most appropriate, or that response which complied to the greatest degree with the guidelines set by means of the literature search for attitude and care. The numbers 3, 2, and 1 were assigned to the responses that complied to lesser degrees with the guidelines set, so that the response assigned the number 1 would have the lowest degree of compliance with the guidelines. In question 1 the 5 appropriate responses were each assigned the number 2, and the 2 least appropriate responses were assigned the number 1. In questions 24 and 25 the most appropriate response for each question was assigned the number 4, and all other possible responses were assigned the number 1. Questions dealing with attitude and care were tabulated separately. Each participant was given an attitude score and a care score. The highest possible attitude score was 68. The highest possible care score was 56. Results were analyzed to obtain mean scores for each class of nursing students and for each class of registered nurses in both attitude and care. Single classification analysis of variance was performed to compare attitude scores and care scores of student nurses to the attitude scores and care scores of the registered nurses. A correlation was then done to determine if the attitude and care scores were related.

CHAPTER 3

RESULTS AND DISCUSSION

The first hypothesis, that student nurses' attitudes toward death differ from registered nurses' attitudes toward death, was supported by the data. Table 2 shows the mean attitude and care scores for each class of nursing students and registered nurses. Note that the mean attitude scores of

Table 2. Mean Attitude and Care Scores (from equated scales) for Freshman, Sophomore, Junior, and Senior Nursing Students, and for Registered Nurses in the Classes of 1974, 1972, and 1970.

	Mean Attitude Score*	Mean Care Score**
Freshmen	35.91	44.20
Sophomores	35.71	45.11
Juniors	36.33	43.75
Seniors	38.58	44.65
R.N.'s-1974	38.37	44.81
R.N.'s-1972	39.41	45.65
R.N.'s-1970	39.38	46.78

*1 freshman's, 2 sophomores', 1 1974 R.N.'s, and 1 1972-R.N.'s attitude scores were not used because 1 or more questions were left unanswered

**3 freshmen's, 1 sophomore's, and 2 juniors' care scores were not used because 1 or more questions were left unanswered

the freshmen and sophomore students are within .2 of a point of each other, whereas the junior and senior students' and the registered nurses' mean attitude scores show a tendency to increase. The similarity between the mean attitude scores of the freshmen and sophomore students could be due to the small amount of clinical experience obtained during these two years. These students may be seeing themselves and death in a hypothetical sense, depending primarily on their past experiences instead of on any clinical experiences to measure their attitudes toward death. On the other hand, the junior and senior students as well as the registered nurses have had a significant amount of clinical, patient-care experience and can utilize this when measuring their attitudes toward death. In other words, unlike the freshmen and sophomore students who had very little clinical experience, the junior and senior students and the registered nurses have had both the clinical, patient-care experience and the time to evaluate and improve their attitudes toward death.

The single classification analysis of variance that was performed on the attitude scores of student nurses and registered nurses supported the first hypothesis. The calculated F exceeded the tabled F, indicating that the probability that these differences in attitudes toward death would occur by chance was less than .01. Table 3 shows the source table of this analysis of variance.

Table 3. Source Table of Single Classification Analysis of Variance for Attitude Scores of Student Nurses Compared with Attitude Scores of Registered Nurses.

Source	ss	df	ms	Calculated F	Tabled F
bg	350	1	350	12.04	6.76 (.01)
wg	5,579	192	29.06		3.89 (.05)
tot	5,529	193			

As is apparent from Table 2, the mean care scores of the undergraduate students and the registered nurses were all very close to one another. The scores of the registered nurses did show a trend with the class of 1974 having the lowest of the classes' mean scores and the class of 1970 having the highest. In the undergraduate classes the juniors had the lowest mean care score and the sophomores had the highest.

The single classification analysis of variance that was performed on the care scores failed to show any significant difference in the care student nurses give or thought they would give dying patients as compared to the care the registered nurses give dying patients. The fact that all those participating in the study were enrolled in or had graduated from the same nursing program could be a reason for the similarity in care. Table 4 shows the source table of this analysis of variance. The calculated F did not exceed the tabled F which indicated that any difference in the mean care scores of student nurses and registered nurses could occur by chance.

The second hypothesis, that student nurses' and registered nurses' attitudes toward death are related to the type

Table 4. Source Table of Single Classification Analysis of Variance for Care Scores of Student Nurses Compared with Care Scores of Registered Nurses

Source	ss	df	ms	Calculated F	Tabled F
bg	52.3	1	52.3	3.50	6.76 (.01)
wg	2,855.2	191	14.95		3.89 (.05)
tot	2,907.5	192			

of care they give or would give dying patients, was tested by comparing attitude scores with care scores. A correlation for each group was obtained based on these comparisons. Table 5 shows the correlations obtained from the data as well as the tabled correlations at the .05 and .01 levels of significance.

Table 5. Correlations Obtained by Comparing Attitude Scores with Care Scores and Correlations Necessary for Significance at the .05 and .01 Levels

Group	Correlations Obtained	Significant Correlations .05	.01
Freshmen	.056	.325	.418
Sophomores	.222	.325	.418
Juniors	.447*	.423	.537
Seniors	.181	.325	.418
R.N.'s-1974	.357	.381	.487
R.N.'s-1972	.287	.433	.549
R.N.'s-1970	.142	.444	.561
All Students	.404*	.174	.228
All R.N.'s	.348*	.250	.325
All Students & R.N.'s	.386*	.138	.181

*indicates correlations obtained that were significant

The junior nursing students were the only group of students whose attitude and care scores were correlated significantly. Correlations obtained for freshman, sophomore, and junior nursing students showed a gradual increase with freshmen having a very low correlation, sophomores a somewhat higher correlation, and juniors a correlation that was higher yet. This trend could be explained by the increasing amount of experience each group of students had in actual patient care. The freshmen, who had no patient care experience, showed a very low correlation between attitude toward death and care of the dying. Lack of patient care experience could have accounted for their difficulty in relating their attitudes toward death with actual care of the dying. With the sophomore and junior students, the increased correlation between attitude and care scores coincides with an increase in clinical experience. This increase in clinical experience could have enabled them to better relate their attitudes toward death to care of the dying.

Senior nursing students showed a correlation of only .181 between their attitude and care scores. This is a lower correlation than that of the sophomore or junior students. The scatter plots of the junior and senior attitude and care scores shown in Figures 1 and 2 illustrate the difference in the correlations obtained for these classes. Table 6 also compares the seniors' attitude scores with their care scores. This table shows, in points, how closely the attitude and

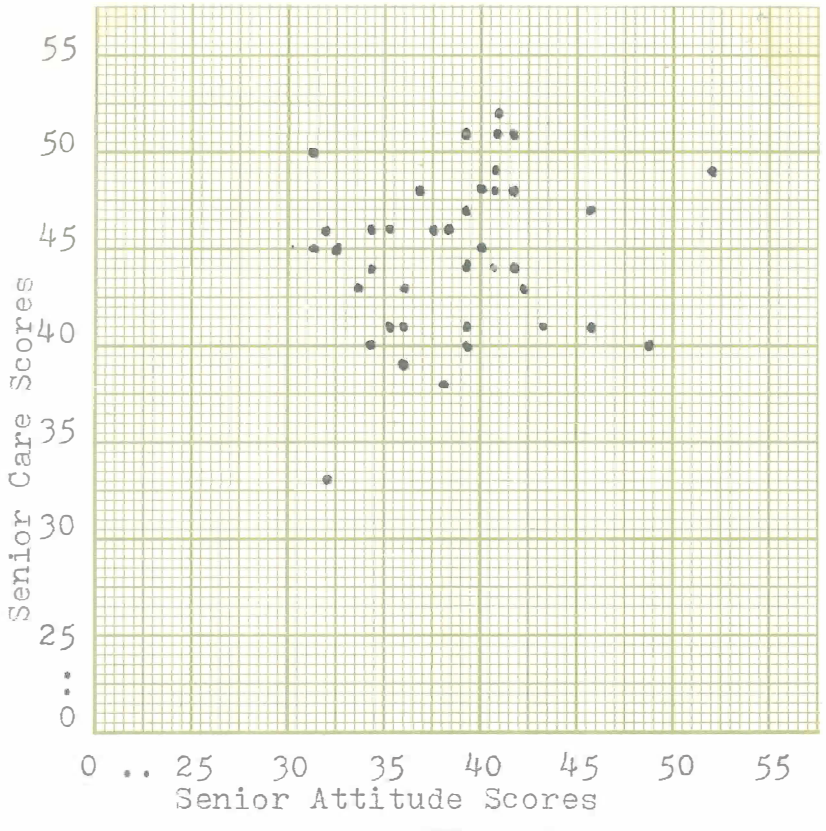

Figure 1. Scatter Plot Relating Senior Attitude Scores and Senior Care Scores

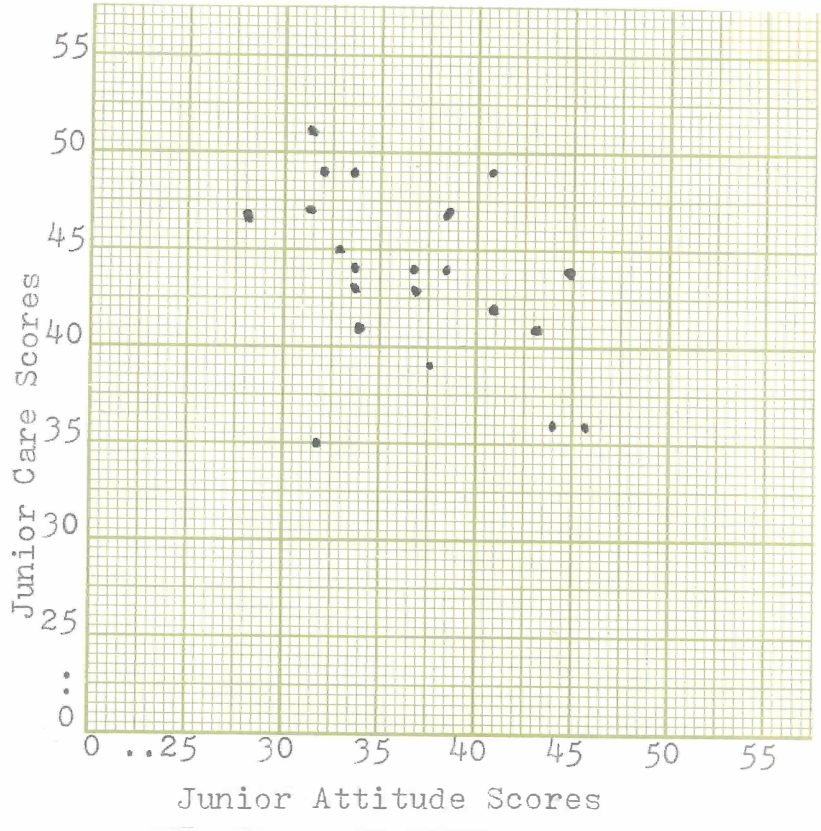

Figure 2. Scatter Plot Relating Junior Attitude Scores and Junior Care Scores

Table 6. Breakdown of Number of Seniors' Attitude and Care Scores Divided into Two-Point Intervals

Scores	Attitude-# of Srs.	Care-# of Srs.
30-31.9	2	0
32-33.9	4	1
34-35.9	5	0
36-37.9	5	0
38-39.9	7	2
40-41.9	8	8
42-43.9	2	3
44-45.9	2	6
46-47.9	0	7
48-49.9	1	5
50-51.9	0	4
52-53.9	1	1

care scores of the seniors were grouped. This close grouping of scores explains why the correlation was as low as .181. A possible reason for this sudden drop in correlation may lie in the senior students' clinical experiences which included patient care on an Intensive Care Unit, a Neurological Unit, and a Rehabilitation Unit. It is probably during the senior year that the student comes in closest contact with dying patients or patients who are in danger of death. Initial exposure to the reality of death may have prevented the senior students from relating their attitudes toward death to their care of the dying patient.

Correlations of attitude scores and care scores among the registered nurses tended to decrease as their years of experience increased. This trend could be due to the

relatively slight increase in attitude scores among the registered nurses (see Table 2) and the somewhat greater increase in care scores among these nurses. It's not surprising that the attitude scores showed only a small amount of change, since attitudes are very difficult to change under almost any circumstances. It must also be remembered that attitudes are formed by the life expectancies of the nurse as well as her nursing education and clinical experiences. The reason for the increased care scores is probably because increasing amounts of experience enable the nurse to better carry out the care of dying patients.

The last three groups in Table 5 strongly support the second hypothesis of this study. It was found that both the students and the registered nurses, as well as the students and registered nurses grouped together, showed significant correlations between attitude and care scores. In other words, attitudes toward death and care of the dying were significantly related among student nurses as well as registered nurses.

CHAPTER 4

CONCLUSIONS

This study supported the findings of the studies done previously by Golub and Reznikoff (1971), Lester and associates (1974), and Yeaworth and associates (1974) regarding the differences in attitudes toward death between student nurses and registered nurses.

The mean attitude and care scores (Table 2) obtained in this study as compared with the highest possible scores point to the need for improvement in the attitudes of student nurses and registered nurses toward death as well as improvement in the type of care they give or think they would give dying patients.

No significant differences in the care student nurses give or thought they would give dying patients and the care registered nurses give dying patients were found. The mean care scores of the registered nurses did exhibit a trend of increasing with time which may indicate that nursing experience is related to the improvement of the care of dying patients.

The study also supported the hypothesis that attitude toward death and caring for the dying patient are related.

This was found to be true among student nurses as well as among registered nurses.

In view of these conclusions, I feel that further studies are needed to determine other factors directly relating the nurse to the type of care she gives or does not give dying patients. These factors could include the type of nursing program attended, the type of facility in which the nurse is employed, interpersonal relationships, staffing, snd the duties of the nurse as well as a myriad of other variables.

APPENDIX 1

March 17, 1975

I am a senior nursing major at Illinois Wesleyan University participating in the Research Honors Program.

The purpose of this letter is to request your participation in the research project that I have undertaken in order to fulfill the requirements for this research program. My project deals with the concept of death and the act of dying. I would appreciate it very much if you would take a few minutes of your time to complete the enclosed questionnaire. Because my population is limited every response will be significant. If you have not encountered a situation as it is described in a question, please answer the question in the way that you think you would behave of feel.

Your only identification will be a randomly assigned I.D. number. All names will be kept strictly confidential. A complete report of this research project will be available in the archives of the University Library. If you would like to receive a brief summary of the report and the results obtained, indicate this in writing at the bottom of the answer sheet and it will be sent to you. Please place the answer sheet in the enclosed self-addressed envelope and drop it in the mail by Monday, March 31.

Thank you for your time.

Sincerely,

Paula Raibley

Paula Raibley

RESEARCH HONORS QUESTIONNAIRE

Do not write on this questionnaire. Place all of your responses on the answer sheet. Mark your responses by filling in the appropriate circles. Please mark only one response for each question unless it is specifically indicated that more than one response may be marked. Remember - If you have not encountered a situation as it is described in a question, please answer the question in the way that you think you would behave or feel.

A. Are you a

1. Student Nurse?

   a. Year in school: 1. Freshman 2. Sophomore 3. Junior 4. Senior 5. Other
   b. Year in which you entered Illinois Wesleyan's nursing program.

2. Graduate Nurse?

   a. Year in which you graduated from Illinois Wesleyan.
   b. Years of nursing experience since your graduation from Wesleyan

B. What is your age?

1. From 17 to 22
2. From 23 to 28
3. From 29 to 34
4. Over 34

C. What is your sex?

1. Female
2. Male

D. What is your marital status?

1. Single, never married
2. Married
3. Separated
4. Divorced
5. Divorced and remarried
6. Widowed
7. Widowed and remarried

E. What is your religious denomination?

1. Protestant
2. Roman Catholic
3. Jewish
4. None
5. Other (please specify)

1. What do you think comprises proper care of the patient who is aware that he/she is dying? (you may mark more than one response)

2 a. Communicating with the patient about his pending death
2 b. Alleviating pain
1 c. Keeping the patient quiet
2 d. Maintaining hope
2 e. Listening patiently to the patient's complaints
1 f. Refraining from referring to the patient's condition
2 g. Allowing the patient to deny his pending death

How often has caring for a terminally ill patient made you feel

2. Discouraged?

1 a. Almost always
2 b. Occasionally
3 c. Seldom
4 d. Never

3. Depressed?

1 a. Almost always
2 b. Occasionally
3 c. Seldom
4 d. Never

4. Angry?

1 a. Almost always
2 b. Occasionally
3 c. Seldom
4 d. Never

5. Satisfied and fulfilled?

4 a. Almost always
3 b. Occasionally
2 c. Seldom
1 d. Never

6. How often do you encourage patients who may or may not die to verbalize their feelings concerning death if they indicate a desire to discuss this?

1 a. Never
2 b. Seldom
3 c. Occasionally
4 d. Almost always

7. How often do you encourage patients who know they are dying to verbalize their feelings concerning death if they indicate a desire to discuss this?

1 a. Never
2 b. Seldom
3 c. Occasionally
4 d. Almost always

8. If it is left to the doctor, a patient with a terminal illness should be told that he has a very serious illness and informed of possibilities for care and treatment

4 a. as soon as possible after the diagnosis is certain.
3 b. after he has shown some awareness of his condition.
2 c. only when in the last stages of the illness and death is imminent.
1 d. The patient should never be told of the seriousness of his illness.

9. When a terminally ill patient brings up the topic of his death or dying, what is your honest, inner reaction?

1 a. I feel unable to cope with the situation.
2 b. It makes me feel anxious and uncomfortable.
3 c. It makes me feel somewhat uncomfortable.
4 d. I feel somewhat relieved that the patient has brought up the topic.

10. How often do you encourage the relatives of dying patients to participate in planning and giving nursing care?

1 a. Never
2 b. Seldom
3 c. Occasionally
4 d. Almost always

11. When caring for a dying patient, how often do you administer PRN medications for pain when the patient requests them?

4 a. Almost always
3 b. Occasionally
2 c. Seldom
1 d. Never

12. When caring for a dying patient, how often do you administer PRN medications for pain when you observe that the patient needs pain medication?

4 a. Almost always
3 b. Occasionally
2 c. Seldom
1 d. Never

13. How often do you make changes in the care plans of dying patients?

1 a. Never
2 b. Seldom
3 c. Occasionally
4 d. Almost always

14. How often do you ask the hospital chaplain or other clergy to visit a patient who is aware that he/she is terminally ill, other than when the patient is very close to death?

1 a. Never
2 b. Seldom
3 c. Occasionally
4 d. Almost always

Some nurses find it extremely difficult to cope with their own feelings when they have to care for certain kinds of dying patients. Assuming you were assigned to care for the following kinds of dying patients today, and assuming that their prognosis and symptons were comparable, how would you feel?

15. A new born infant?

4 a. Comfortable
3 b. Somewhat uncomfortable
2 c. Very uncomfortable
1 d. Unable to cope

16. A young child?

4 a. Comfortable
3 b. Somewhat uncomfortable
2 c. Very uncomfortable
1 d. Unable to cope

17. An adolescent?

4 a. Comfortable
3 b. Somewhat uncomfortable
2 c. Very uncomfortable
1 d. Unable to cope

18. A young adult?

4 a. Comfortable
3 b. Somewhat uncomfortable
2 c. Very uncomfortable
1 d. Unable to cope

19. A mother with young children at home?

4 a. Comfortable
3 b. Somewhat uncomfortable
2 c. Very uncomfortable
1 d. Unable to cope

20. A father with a young family?

4 a. Comfortable
3 b. Somewhat uncomfortable
2 c. Very uncomfortable
1 d. Unable to cope

21. A middle-aged person?

4 a. Comfortable
3 b. Somewhat uncomfortable
2 c. Very uncomfortable
1 d. Unable to cope

22. An elderly person?

4 a. Comfortable
3 b. Somewhat uncomfortable
2 c. Very uncomfortable
1 d. Unable to cope

23. A very old person?

4 a. Comfortable
3 b. Somewhat uncomfortable
2 c. Very uncomfortable
1 d. Unable to cope

24. Which of the following persons or groups should be given the primary right to make decisions regarding the treatment of a terminal illness, assuming that all are capable of making a rational decision? (mark only one response)

1 a. The patient's family
4 b. The patient
1 c. The medical staff
1 d. The nursing staff

25. Which of the following persons or groups should be given the primary right to make decisions regarding whether or not the dying patient is kept alive by mechanical means, assuming that all are capable of making a rational decision? (mark only one response)

1 a. The patient's family
4 b. The patient
1 c. The medical staff
1 d. The nursing staff

26. Sally, a nurse, has two terminally ill patients in her ward. She spends a great amount of time looking after and talking to these two patients. Her supervisor notices this and one day admonishes Sally, saying she is not providing equal care for her other patients. Do you think that Sally is right in giving priority to the care of dying patients?

1 a. Strongly disagree
2 b. Disagree
3 c. Agree
4 d. Strongly agree

27. If you were a patient with a terminall illness would you want to be told that you had a very serious illness and informed of possibilities for care and treatment

4 a. as soon as possible after the diagnosis
3 b. after you had become somewhat aware of your condition
2 c. only when in the last stages of the illness and death was imminent
1 d. would not want to be told of the seriousness of your illness

28. How would you rate the care and attention you give to dying patients?

4 a. I go out of my way to give extra care and comfort to dying patients.
3 b. I treat dying patients as well as I treat my other patients.
2 c. I give a minimal amount of care to dying patients.
1 d. I delegate the care of dying patients to those under me.

30. Do you feel you have come to terms with your own fear of your own death?

4 a. Yes
3 b. To a great extent, yes
2 c. Only in part
1 d. No

ANSWER SHEET

A. 01

a. 0 0 0 0 0
1 2 3 4 5

b. Year entered _____

02

a. Year graduated _____
b. Years experience _____

B. 0 0 0 0
1 2 3 4

C. 0 0
1 2

D. 0 0 0 0 0 0 0
1 2 3 4 5 6 7

E. 0 0 0 0 0 _____
1 2 3 4 5 other

1. 0 0 0 0 0 0 0
a b c d e f g

2. 0 0 0 0
a b c d

3. 0 0 0 0
a b c d

4. 0 0 0 0
a b c d

5. 0 0 0 0
a b c d

6. 0 0 0 0
a b c d

7. 0 0 0 0
a b c d

8. 0 0 0 0
a b c d

9. 0 0 0 0
a b c d

10. 0 0 0 0
a b c d

11. 0 0 0 0
a b c d

12. 0 0 0 0
a b c d

13. 0 0 0 0
a b c d

14. 0 0 0 0
a b c d

15. 0 0 0 0
a b c d

16. 0 0 0 0
a b c d

17. 0 0 0 0
a b c d

18. 0 0 0 0
a b c d

19. 0 0 0 0
a b c d

20. 0 0 0 0
a b c d

21. 0 0 0 0
a b c d

22. 0 0 0 0
a b c d

23. 0 0 0 0
a b c d

24. 0 0 0 0
a b c d

25. 0 0 0 0
a b c d

26. 0 0 0 0
a b c d

27. 0 0 0 0
a b c d

28. 0 0 0 0
a b c d

29. 0 0 0 0
a b c d

30. 0 0 0 0
a b c d

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