

POSITIVE EFFECTS OF EDUCATION ON NURSING STUDENTS' ATTITUDES TOWARD DEATH AND DYING

Suzanne Caty • Deborah Tamlyn

Introduction

Death is a universal experience which none can escape. Nevertheless, in North American society death is still a topic which many avoid because of conscious and unconscious fears and attitudes which are frequently fueled by superstitions, myths, and taboos. Health professionals are not immune to these fears and attitudes. Nurses, as the primary care givers for dying patients and their families, are frequently ill equipped to assist individuals and families in handling the human experience of dying.

The pioneering work of Quint (1967, 1969) and Kubler-Ross (1969, 1972) helped nurse educators to recognize the importance of including death education in nursing curricula, and recent surveys indicate that this is now happening in many nursing schools (Trush, Paulus, & Trush, 1979; Caty & Downe-Wamboldt, 1983). This article describes the results of a study which measured the death attitudes of third year baccalaureate nursing students.

Literature Review

Many educators have recognized the need to evaluate, in an objective and systematic way, the effect of death education on learners' attitudes toward death and dying (Watts, 1977; Miles, 1980; Gow & Degner, 1980; Benoleil Quint, 1982; Eddy & Alles, 1983). Some research findings point to a positive impact of education on attitudes (Quint, 1969; Snyder, Gertler & Ferneau, 1973; Yeaworth, 1974; Hopping, 1977; Watts, 1977; Gow & Degner, 1980; Miles, 1980; Tamlyn & Caty, 1983), while others found no effect (Martin & Collier, 1975; Swain & Cowles, 1982), or a delayed positive effect (Murray, 1974; Laube, 1977).

Suzanne Caty, R.N., M.Sc., and Deborah Tamlyn, R.N., M. Ed., are assistant professors, School of Nursing, Dalhousie University, Halifax, Nova Scotia.

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The literature indicates that a variety of approaches, educational designs, content, and strategies are used in death education (Trush, Paulus & Trush, 1979; Gow & Degner, 1980; Benoleil Quint, 1982; Eddy & Alles, 1983; Caty & Downe-Wamboldt, 1983). However, the relationship between educational design and its effect on attitudinal changes still remains unclear.

This study was undertaken to measure the effects of a two-day death education seminar on attitudes of baccalaureate nursing students toward death and dying.

The research questions were:

1. Do nursing students' attitudes toward death and dying change significantly after a death education seminar?
2. After completing a death education seminar, do nursing students who have experienced the death of an immediate family member register a more significant attitude change than nursing students who have not experienced the death of an immediate family member?
3. After completing a death education seminar, do nursing students who have nursed dying patients demonstrate a more significant attitude change than nursing students who have not nursed a dying patient?

Methods and Materials

Subjects

Two groups of subjects participated in this study; an experimental group of third year nursing students, and a control group of third year physiotherapy students, both attending the same university. All students in these two classes were invited to participate in the study.

All potential participants were informed that the research project had received ethical approval. The purpose of the study was explained, as were the facts that involvement in the study was voluntary, that anonymity was guaranteed, and that a decision not to participate had no effect on their student status.

Thirty-three of the nursing students (83%) and 22 of the physiotherapy students (88%) participated in the first measurement. The percentages of participation in subsequent measurements were 73% and 78% for the nursing students, and 72% and 84% for the physiotherapy students. Only data from subjects who had participated in measurement one and at least one subsequent measurement were included in the study.

Research Design

A quasi-experimental research design was employed. The two groups were tested prior to, and 3 months and 14 months following the seminar. Only the nursing students experienced the death education seminar.

The first measurement was done two weeks prior to the death education seminar, before the experimental group were informed of the objectives and suggested readings for the seminar. Longitudinal measurements were done in order to determine the effect of time on death attitudes. Other researchers have also recommended the need for longitudinal study in this area (Murray, 1974; Hopping, 1977; Laube, 1977).

Instrument

A variety of instruments have been developed for measuring attitudes toward death and dying (Snyder, Gertler & Ferneau, 1983; Martin & Collier, 1975; Hopping, 1977; Watts, 1977; Miles, 1980; Swain & Cowles, 1982). We elected to use the "Questionnaire for Understanding the Dying Person and his Family" (Winget, Yeaworth & Kapp, 1979) because it was developed for health professionals and has been used extensively with nurses. Its items are congruent with the objectives of our death education seminar, and it has been successful in detecting attitudinal differences in baccalaureate nursing students. Its developers have reported a discriminant validity of $t = 8.69$ for mean scores ($p < 0.001$) and a co-efficient alpha of .72.

The questionnaire has three parts. The first part consists of fifty Likert-type items related to death to be answered using a 5 point scale. Seventeen of the items are fillers. A scoring key has been developed and scores can range from 33 to 165 points: the lower the score, the more open and flexible the attitude. The second part of the questionnaire collects information which deals with the respondent's personal and professional experiences with death. The third part collects demographic data such as age, sex, marital status, religion, and perceived intensity of religious beliefs.

Analysis of Data

Data from the completed questionnaires were analyzed using the Statistical Package for the Social Science (Klecka, W.L., Nie, N.H., Hull, C.H., 1975; 1982), and included: 1) descriptive statistics to describe and summarize the data and mean scores of the three measurements; 2) t-tests on the differences between mean scores for the three measurements for each group; 3) analysis of co-variance to compare the experimental and control group mean scores, taking into

consideration the possible initial differences in the group; 4) stepwise multiple regression analysis to examine the correlations between the mean scores and the independent variables, experience with death of a family member, and experience with a dying patient. Because of the distribution of responses for the variable intensity of religious belief, it was decided to include this variable in the multiple regression analysis. Level of significance was set at $p \leq 0.05$.

Treatment

The two-day (16 hour) required death education seminar was incorporated into a third year baccalaureate nursing course which focuses on the nurse's role in helping clients, i.e. individuals and families, adapt to living with a chronic health problem. In their clinical experiences students are exposed to clients at different stages of the life cycle who are coping with a variety of chronic illnesses. Many students have direct or indirect contact with dying patients and their families.

Knott (1977) contends that students in death education courses must be given opportunities to examine their feelings and values as knowledge alone cannot bring about the desired attitudinal and behavioral changes. This belief guided us in the development of the following learner objectives for the seminar:

- to become more aware of personal feelings and attitudes towards death and dying
- to recognize how one's feelings about death and dying can influence nursing care.
- to understand the nurse's role in caring for the dying patient and his family.

A variety of resource people and teaching strategies were used to optimize conditions for the accomplishment of the objectives (Table 1). The resource people included local faculty, and two nurses and a chaplain from a local hospice unit. We believe it is important that all these people be comfortable with their own feelings about death and dying. Personal experiences of faculty members enabled them to develop sensitivity to these issues.

Before the seminar, the students received a packet which described objectives, suggested readings and relevant questions to consider. The activities of small groups and of the entire group played an integral part in the seminar. Small group learning activities encouraged discussion and provided opportunities to share ideas, feelings, and experiences. In the activities of the entire group, the emphasis was on sharing feelings, ideas, and experiences rather than only on transmitting information. For example, faculty members shared their personal

experiences in the death of family members. Self-disclosure on the part of the faculty prompted the development of an atmosphere of trust that encouraged the students to be open as well.

Each day of the seminar had a special focus: day one, "Death and Me"; and day two, "Death and Nursing" (Table 2). We believe that students ought to examine their own feelings and attitudes about these topics before they discuss their professional roles. The initial sessions are quite emotional for the students, and the group leader's role is key to helping the students deal with their feelings. On the second day of the seminar, the hospice nurses shared with the students how they use their professional skills to help the dying and their family members. During these sessions, much time was spent on improving communication skills primarily through role playing.

In contrast, the control group had no formal required course or planned content on the topic of death and dying. The topic may have been discussed in clinical situations or in some theory courses but it was not assured that all students would receive this information.

Results

Characteristics of the subjects at measurement one are presented in Table 3. The majority of the subjects were single females, 20-25 years old, who considered themselves to be religious. In both groups of subjects, at least 68% had experienced the death of an immediate family member, i.e. parent, step-parent, sibling, spouse, or child.

In the experimental group, many of the students (73%) stated that they had nursed a dying patient prior to the seminar. At the time of the final measurement, 13% reported they had not nursed a dying patient; this meant they would probably not have this experience during their nursing programme.

At measurement three, 62% of the subjects in the control group stated that they had worked with a dying patient during a clinical field experience. Forty-seven percent (47%) of the control group subjects reported, at the third measurement, that they had never studied the topic of death and dying in a course.

The lowest score obtained by the experimental group was 48 and the highest was 87. In contrast, in the control group, the lowest score was 60 and the highest was 104.

Statistical Findings

The mean score of each measurement obtained by the two groups of subjects is presented in Table 4. In the experimental group, statistical significance was found between the difference in the means of

measurement one and of measurement three ($t = 3.02$, $df = 30$, $p = 0.005$); no statistically significant difference was found between the means of measurement one and measurement two. In the control group, the difference between the mean scores of t_1 , t_2 , and t_3 was not statistically significant.

The difference in the mean scores of the nursing students and the physiotherapy students at measurement one was statistically significant ($t = 3.17$, $df = 53$, $p = 0.003$). Further, statistical analysis used an analysis-of-covariance in which the mean score at measurement one was the covariate. This was employed to control for any differences in the groups which might confound differences in the mean scores in measurement two and three. The analysis of covariance produced no significant difference between the adjusted mean scores of the experimental and the control group at measurement two, but did reveal a significant difference between the adjusted mean scores of the groups at measurement three (Table 5).

The stepwise multiple regression analysis for both groups indicated no significant correlations between the mean scores and the independent variables (experience with death of a family member, intensity of religious beliefs, and experience with a dying patient).

Discussion

The homogeneity of the two groups is probably a consequence of the fact that the nursing and physiotherapy professions are still predominantly female professions. The high percentage of subjects in both groups who had experienced the death of an immediate family member was surprising, considering the relatively young age of the subjects. In an earlier exploratory study (Tamlyn & Caty, 1983), only 25% of nursing students had experienced such a loss.

It was noteworthy that over 80% of the subjects rated their intensity of religious belief as average or strong. This was also found in an earlier study (Tamlyn & Caty, 1983); however, the relationship between intensity of religious belief and mean scores was not statistically significant in either group. Leming (1979-80) surmises that intensity of religious belief may serve to increase anxiety about death as well as decrease it. Lester (1970) reported that college students with low intensities of religious belief held less inconsistent attitudes than students with high intensities of religious belief. Further study in the role of religiousness in attitude formation would be worth pursuing.

A majority of the students in the experimental group reported nursing dying patients before the seminar. Similar majorities have been reported in other studies (Martin & Collier, 1975; Tamlyn &

Caty, 1983). Educators need to question the potential detrimental effect when students nurse dying patients before they have had an opportunity to examine their own feelings and attitudes, and to acquire the nursing skills for their care.

The lack of significant difference between the mean scores of measurement one and two in the experimental group is a different finding from other studies (Watts, 1977; Miles, 1980; Tamlyn & Caty, 1983). This may, in part, be explained by the low mean score on measurement one (69.0). Yeaworth (1974), in her study with nursing students, found a mean score of 78.8 for the same measurement with freshman students, and Gow & Degner (1980) found that sophomore nursing students had a mean score of 75.04. Professional socialization may have been an influencing factor, as, at the time of the first measurement the nursing students had been in the nursing programme for two and a half year.

In contrast, the significant difference between mean scores on measurement one and measurement three in the experimental group supports the premise that attitudes change over time. It also illustrates the necessity for doing longitudinal studies (Hopping, 1977; Gow & Degner, 1980; Miles, 1980; Tamlyn & Caty, 1983). As time passed, a greater number of students in the experimental group displayed a more open flexible attitude toward death and dying. Measuring the students' attitudes a few days after the seminar might have given us a better understanding of the influence of the seminar on death attitudes.

The statistically significant difference in mean scores between the two groups in the first and third measurement is an important finding. The difference in mean scores on the initial measurement is remarkable considering the apparent homogeneity of the two groups. The initial mean score of the control group (76.27) is very similar to the freshman and sophomore students' scores found in the Yeaworth (1974) and the Gow & Degner (1980) studies. Once again, one needs to consider the influence of professional socialization, educational experiences, and the focus of different programmes on attitude formation. Sundin, Gaines, and Knapp (1975) suggested in their study comparing death attitudes of dental and medical students that their attitudes toward death may be affected by professional experiences.

The statistical significance between the difference in the adjusted mean scores of the two groups at measurement three is encouraging, and lends some support to the value of this two day seminar. We believe that the positive attitude changes demonstrated by the nursing

students occurred because the two-day seminar is incorporated into an integrated programme that has an emphasis on helping relationships, communication and, family centered nursing.

In summary, the results of this study suggest a two-day death education seminar may exert some influence on attitudes toward death and dying. Nurse educators considering inclusion of death education in their programme, need to examine their present curriculum in order to determine whether learning would be increased by incorporating such a seminar into an existing course or by adding a separate death education course to the curriculum.

This project has raised many research questions that may offer direction for future study. We offer the following:

1. What is the relative effect of different educational designs on death attitudes?
2. What is the relationship between death attitudes and subsequent clinical behaviours?
3. What is the role of professional socialization in attitude formation?
4. When and where should death education be placed within a nursing curriculum?

Table 1
Death Education Seminar

<p><u>Knott's Objectives</u></p> <ul style="list-style-type: none"> - Information sharing - Value clarification - Development of coping behaviours 	<p><u>Seminar Objectives</u></p> <ul style="list-style-type: none"> - Increased awareness of personal beliefs, feelings about death and dying - Recognize effect of own beliefs, feelings on caring for the dying - Analyze role of the nurse in caring for the dying 	<p><u>Strategies</u></p> <ul style="list-style-type: none"> - Non-traditional classroom - Audio-visual Film "Jocelyn" - Small group discussion and sharing - Case studies - Role-playing - Pre-seminar independent study guide - Required readings - <u>Resource People</u> - Qualified and interested faculty member - Clergyman - Hospice Nurses 	<p><u>Outcomes</u></p> <ul style="list-style-type: none"> - Cognitive learning. written exam - Affective learning. measurement of attitudinal changes - verbal evaluation about seminar by students and faculty
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Table 2

Outline of Death Education Seminar

Day One — Death and Me

- Introduction — Review of objectives
 — Introduction of resource people
 — Death and Dying in North America. Where are we now?
- Whole Group — Loss and grieving
 — Faculty share own personal experience with death and dying and how this loss has influenced their nursing practice.
- Small Group — Exploration of feelings and experiences about death and dying.

Lunch

- Large Group — Spiritual aspect of death and dying
 — Film "Jocelyn"
 — Discussion Film
- Small Group — Sharing of feelings and experiences
 — Follow-up discussion on topic presented in large group
- Large Group — Review of day

Day Two — Death and Nursing

- Large Group — Hospice movement and nursing
- Small Group — Sharing of professional experiences
 — Exploration of feelings
 — Discussion on previous presentation

Lunch

- Large Group — Communicating with the dying and their families
 — Role playing
- Small Group — Practicing communication skills
 — Role-playing
 — Case studies
- Large Group — Review of day
 — Evaluation of seminar
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Table 3
Characteristics of Subjects At Measurement 1

Characteristics	Experimental Group (n = 33)		Control Group (n = 22)	
	N	%	N	%
Age 20-25	32	97	20	90.9
26-30	1	3	2	9.1
Sex Female	33	100	21	95.4
Male			1	4.6
Marital status: single	32	97	20	90.9
married	1	3	2	9.1
Religion: Catholic	11	33.3	9	40.9
Protestant	18	54.5	12	54.5
Other	4	12.2	1	4.6
Intensity of Religious Beliefs: Poor	2	6.1	3	13.6
Fair	4	12.1	1	4.6
Average	20	60.6	11	50.0
Strong	7	21.2	7	31.8
Attended a funeral: no	5	15.2	4	18.2
yes	28	84.8	18	81.8
Death of an Immediate Family Member: no	10	33.3	7	31.8
yes	23	69.7	15	68.2

Table 4
Death Attitude Mean Scores At Measurement 1, 2, 3

Measure- ment	Experimental Group				Control Group			
	N	Range	\bar{x}	SD	N	Range	\bar{x}	SD
1	33	48-86	69.06	7.65*	22	65-104	76.27	9.10
2	29	51-83	67.79	8.23	18	67-86	75.94	6.00
3	31	48-87	63.06	9.37*	21	60-97	73.80	8.28

*p = .005

Table 5

Analysis of Variance of Death Attitude Mean Scores of Test 2 and 3 by Group Type with Mean Score of Test 1 as the Covariate

Source	d.F.	M.S.	F
Mean score test 2 / by group type	1	169.416	3.817*
Error	41	44.386	
Total	43	74.983	
*p = .058			
Mean score test 3 / by group type	1	272.540	4.402*
Error	41	61.910	
Total	43	92.957	
*p = .042			

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RÉSUMÉ

Effets positifs de la formation sur les attitudes des étudiants infirmiers face à la mort

Cette étude a mesuré les attitudes face à la mort des étudiants infirmiers en troisième année du programme de baccalauréat avant et après un séminaire de deux jours sur la mort. On a utilisé une conception quasi expérimentale auprès d'un groupe expérimental qui avait participé au séminaire et d'un groupe témoin d'étudiants de physiothérapie de troisième année qui n'avaient pas été exposés à cette formation. Des évaluations des attitudes avant le séminaire ainsi que 3 mois et 14 mois après cette rencontre ont été effectuées auprès des groupes à l'aide du "Questionnaire for Understanding the Dying Person and His Family" (Questionnaire visant à comprendre le mourant et sa famille) de Winget.

La différence au niveau du score moyen d'attitudes face à la mort chez les étudiants infirmiers, entre la première et la troisième évaluation a été significative sur le plan statistique ($P = 0,005$). Dans le groupe témoin, le changement des résultats moyens n'était pas significatif sur le plan statistique. Les différences de résultats moyens avant le séminaire entre les étudiants infirmiers et les étudiants physiothérapeutes étaient significatives sur le plan statistique à $P = 0,003$. Une analyse de co-variance dans laquelle les résultats moyens d'avant le séminaire ont servi de co-variés n'ont fait apparaître aucune différence significative sur le plan statistique entre les résultats moyens lors de la deuxième évaluation mais des différences importantes ont été notées entre les résultats moyens lors de la troisième évaluation ($P = 0,042$). Les étudiants infirmiers ont démontré une attitude plus souple et plus ouverte face à la mort tout au long de la période d'évaluation. Ces observations semblent indiquer que le séminaire de deux jours pourrait avoir joué un rôle en améliorant les attitudes face à la mort.