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Nurses' attitude towards care of dying patient in a teaching hospital

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Abstract

Introduction: Dying is the final portion of the life cycle, an inevitable phenomenon for all of us. This study aimed to find out attitude of nurses towards dying patients.

Method: A cross-sectional descriptive study was conducted among nurses working at Chitwan Medical College Teaching Hospital, Nepal, from 15 Jul 2023 to 15 Aug 2024. Of the total 300 nurses, 237 nurses with >6 months of work experience 153 were selected using a simple random sampling. Ethical approval was obtained. A self-administered questionnaire was used. The Frommelt Attitude Toward Care of the Dying Scale (FATCOD) was employed to assess nurses' attitudes toward caring for dying patients. Descriptive statistics (frequency, percentage, measures of central tendency and dispersion), and inferential statistics of Chi-square tests were used for analysis. A $p < 0.05$ was considered significant.

Result: Out of 153 nurses surveyed, 127(83%) had a positive attitude, and 26(17.0%) had a fair attitude towards the care of dying patients. There was a statistically significant association between the level of attitude towards care of dying patients with the current working ward ($p=0.048$), and training related to care of dying ($p=0.046$).

Conclusion: In this study majority of nurses had positive attitudes towards the care of dying patients. Support and continued efforts is necessary to enhance professional development of nurses for further improvement in the quality of care of dying patients.

How to cite

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Introduction

As the elderly population increases, nurses will take on greater responsibility for caring for terminally ill patients. Their attitude toward end-of-life care can significantly impact the quality of care provided. So that, the attitude of nurses toward care of dying person may affect the care that nurses provide to terminally ill patient.¹ Death is a deeply emotional experience. Nurses often face end-of-life situations in settings like emergency rooms, acute care, hospice programs, nursing homes, or patients' homes.²

Healthcare workers, especially nurses, frequently encounter death and dying. While responses to the dying process are hard to predict, nurses' attitudes often depend on their past experiences. Caring for a dying person is one of the most challenging aspects of nursing.³ The caring relationship between a nurse and their patient, with the ability to listen and provide a steady and supportive presence in suffering and distress, especially during death, serves as a healing connection.⁴

Caring for dying patients is challenging. Studies show that fear of death is linked to a less positive attitude toward end-of-life care.⁵ Nurses often feel inadequate, incomplete, or helpless when starting and providing palliative care.⁶ Caregivers for terminally ill patients face grief, fear, anxiety, and helplessness, affecting their care approach.⁷ Attitude of nurses directly affects the quality of care for terminally ill patients and their families.⁸ A study in Nepal showed that only 20% had a positive attitude.⁷

Thus, this study was undertaken to investigate the attitude of nurses towards the care of dying patients in a teaching hospital.

Method

informed consent was obtained from nurses. Data were collected by researchers themselves.

A cross-sectional descriptive study was conducted to assess nurses' attitudes toward the care of dying patients at Chitwan Medical College Teaching Hospital (CMCTH) from 15 Jul 2023 to 15 Aug 2023. The CMCTH is a 750-bedded tertiary-level hospital located in Chitwan, under Bagmati Province, Nepal.

Among 300 registered nurses working in CMCTH, 237 had more than six months of experience and were eligible for the study. From this group, 153 nurses from different wards were selected using a simple random sampling method, utilising a random number table. A comprehensive list of eligible nurses was compiled to create the sampling frame, and each nurse was assigned a unique number. A random number table was generated using Microsoft Excel, starting at a randomly chosen point, and the researcher proceeded across the rows until the required sample size was obtained. Nurses on extended leave, those with less than six months of work experience, and those working in OT and paediatric units were excluded from the study.

The sample size for an infinite population was calculated by using the Cochran formula.^{9,10}

$$n_0 = z^2pq/e^2 = 1.96 \times 1.96 \times 0.32 \times 0.68 / 0.05^2 = 334.37.$$

For finite population, $n = n_0 / 1 + (n_0 - 1) / N = 334 / 1 + 334 - 1 / 237 = 138.87 = 139$; Adding 10% error = $139 + 14 = 153$ was the final sample size.

Ethical clearance was taken from the Chitwan Medical College Institutional Review Committee (Ref: CMC-IRC/079/080-237), and data collection approval from hospital administration of CMCTH. Prior to data collection, written

The confidentiality of the information was maintained throughout the study by not

disclosing the information and using it only for research purposes.

A self-administered questionnaire was distributed to respondents across all shifts at a time convenient for them. Nurses on their day off or night off were approached the following day for data collection. Each day, data were collected from 9–10 participants. To avoid contamination of responses, participants were not allowed to discuss the questionnaire during the data collection process. Each nurse was given 15–20 minutes to complete the questionnaire, which was collected immediately upon completion. The researcher personally reviewed each questionnaire on the spot to ensure completeness and accuracy, thereby maintaining the reliability of the data.

Pretesting of the instrument was conducted on 10% of the total sample size in the Paediatric Intensive Care Unit (PICU). The Cronbach's alpha reliability coefficient of the Frommelt Attitude Toward Care of the Dying (FATCOD) scale used in the study was 0.80.

The structured self-administered questionnaire was used to collect socio-demographic and profession-related information. The standard tool (FATCOD) was used to measure attitudes of nurses towards the care of the dying patient. The five-point Likert-scale of FATCOD was developed by K.H.M Frommelt in 1991. Possible scores range from 30 to 150. A higher score indicates a more positive attitude¹¹ and in this study, we categorised the level of aptitude as positive $\geq 65\%$ score, fair=50-64%, negative attitude $\leq 50\%$.¹²

All collected data were reviewed and checked for completeness, consistency, and accuracy. The data were edited, organised, coded, and entered

into IBM SPSS 23. Data were analysed using descriptive statistics (frequency, percentage, central tendency, and measures of dispersion) and inferential statistics (Chi-square/Fisher's exact).

Result

Out of 153 nurses, 100(65.4%) were in the age group ≤ 24 , and most 103(67.3%) of the nurses were unmarried. Regarding professional qualification, 91(59.5%) completed PCL. There were 65(42.5%) nurses working in critical care wards and 53(34.6%) in surgery wards. There were 104(68.0%) nurses with ≤ 2 years' work experience, and 122(79.7%) had no training related to care of dying patients, Table 1.

Among 153 nurses, 141(92.2%) of the nurses believe in God, 87(56.9%) of the nurses worship daily and 92(60.1%) nurses believed that there is life after death, Table 2.

Out of the 153 nurses, 104(68.0%) of the nurses had experience of death of someone close, 86(56.2%) had experience of giving care of a dying family member and giving care within 3 months was only 52(34.0%), Table 3.

Out of the 153 nurses, 127(83%) of the nurses had a positive attitude, likewise, 26(17%) had a fair attitude towards dying patients, Table 4.

The study shows that the level of attitude towards care of dying patient is statically significant association between with current working ward ($p= 0.048$), training related dying care ($p=0.046$) and other all the variables such as age, marital status, religion, professional qualification, work experience, training related dying care, believe in God is not statically significant ($p>0.05$), Table 5.

Table 1. Socio-demographic characteristics and professional characteristics of nurses surveyed for attitude towards care of dying patient, n=153

Variables	n(%)
Age in complete years (Median=24, IQR=25-24, Min=19, Max=36)	
≤4	100(65.4)
>24	53(34.6)
Marital status	
Married	50(32.7)
Unmarried	103(67.3)
Professional qualification	
PCL	91(59.5)
≥Bachelor	62(40.5)
Current working ward	
Critical	65(42.5)
Medicine	19(12.4)
Surgery	53(34.6)
Gynae/Obs	16(10.5)
Work experience	
≤2 years	104(68.0)
>2 years	49(32.0)
Training related dying care	
Yes	31(20.3)
No	122(79.7)

Table 2. Religious believe of nurses surveyed for attitude towards care of dying patient, n=153

Variables	n(%)
Believe in God	
Yes	141(92.2)
No	12(7.8)
Worship God	
Daily	87(56.9)
Once a week	26(17.0)
Once per month	9(5.9)
Few times per year	25(16.3)
Never	6(3.9)
Life after death	
Yes	61(39.9)
No	92(60.1)

Table 3. Experience of nurses regarding death and care of dying of family members, n=153

Variables	n(%)
Experience the death of someone close	
Yes	104(68.0)
No	49(32.0)
Experience of giving care to a dying family member	
Yes	86(56.2)
No	67(43.8)
Experience care within 3 months	
Yes	52(34.0)
No	101(66.0)

Table 4. Attitude of nurses from a teaching hospital towards dying patients, n=153

Level of attitude	n(%)
Fair (50-64%)	26(17.0)
Positive (>65%)	127(83.0)

Table 5. Association between attitude and selected variables of nurses' attitudes towards care of dying patients in a teaching hospital, n=153

Variable	Level of attitude		χ^2	p-value
	Fair, n=26, n(%)	Positive, n=127, n(%)		
Age in complete years				
≤24	20(20.0)	80(80.0)	1.850	0.174
>24	6(11.3)	47(88.7)		
Marital status				
Married	8(16.0)	42(84.0)	0.052	0.820
Unmarried	18(17.5)	85(82.5)		
Professional qualification				
PCL	19(20.9)	72(79.1)	2.404	0.121
≥Bachelor	7(11.3)	55(88.7)		
Current working ward				
Critical	9(11.2)	71(88.8)	3.921	0.048
General	17(23.3)	56(76.7)		
Work experience				
≤2 years	16(15.4)	88(84.6)	0.596	0.440
>2 years	10(20.4)	39(79.6)		
Training related dying care				
Yes	9(29.0)	22(71.0)	3.995	0.046
No	17(13.9)	105(86.1)		
Life after death				
Yes	8(13.1)	53(86.9)	1.082	0.298
No	18(19.6)	74(80.4)		
Experience death someone close				
Yes	15(14.4)	89(85.6)	1.521	0.217
No	11(22.4)	38(77.6)		
Experience of giving care of dying family member				
Yes	15(17.4)	71(82.6)	0.028	0.867
No	11(16.4)	56(83.6)		
Experience care within 3 months				
Yes	11(21.2)	41(78.8)	0.967	0.326
No	15(14.9)	86(85.1)		

Discussion

Findings of this study to assess nurses' attitude towards care of dying patients, out of 153 nurses surveyed, a majority (65.4%) were aged 24 years. This finding contrasts with a study conducted in Pokhara, Nepal, where 80.9% of the nurses were reported to be under the age of 25.⁷ The discrepancy in age distribution between the studies may be attributed to variations in sample

size. In terms of educational background, 40.5% of the nurses in the present study held a bachelor's degree, which is notably lower than the 74.0% reported in a study from Iran involving 200 nurses. This difference may reflect contextual variations in educational attainment across different countries and institutions.¹³

In the present study, 68.0% of the respondents reported having experienced the death of

someone close to them, while 56.2% had previously provided care for a dying family member. However, only 34.0% had engaged in caregiving for a dying individual within the preceding three months. These findings contrast with those of a study conducted among Iranian nurses, in which only 36.9% reported experiencing the death of someone close, and 39.4% had cared for a dying family member.¹⁴ Such variations may be attributed to differences in sample sizes, cultural contexts, and the healthcare settings in which the studies were conducted.

The present study finding reveals that majority (83.0%) of the respondents had positive attitude and some (17.0%) had a fair attitude regarding caring for dying patients. Similar findings were reported in a study conducted in Nepal, which revealed that 80.0% of respondents had a fair and 20.0% of respondents had a good attitude towards caring for the dying patient and family.⁷ Likewise, the studies have shown varied findings as low as 32.0% of the nurses having a positive attitude¹⁵ to 100% in another study conducted in Mansoura University hospital¹⁶ among student nurses in caring for dying patients. This may be due to nurses having more exposure to the care of dying patients in a specialised centre.

In the current study, the level of attitude toward the care of dying patients was found to be statistically significant in relation to the current working ward ($p=0.048$) and having received training related to end-of-life care ($p=0.046$). However, a study conducted in Sydney reported significant associations between attitude and different variables, specifically nursing designation ($p=0.010$) and nursing role ($p=0.001$).⁸ Furthermore, in the present study, 127 respondents (83%) demonstrated a positive attitude toward caring for dying patients. In contrast, a differing result was observed in another study conducted in Northern districts, Palestine, where only 6.2% of participants exhibited a good attitude toward palliative care.

These discrepancies may be influenced by variations in cultural perceptions of end-of-life care, or the availability of palliative care education and training across settings.¹⁷

The present study revealed that only 50(32.7%) nurses were married, while 104 (68.0%) reported having experienced the death of someone close. These findings contrast with those of a study conducted at Puerta del Mar University Hospital in Cádiz, Spain, where more than half of the participants (60.7%) were married, and 107 nurses (35.7%) had experienced the loss of a family member within the past year.¹⁸ Such differences may be attributed to variations in sample size, socio-demographic characteristics, and the distinct settings in which the studies were conducted.

Conclusion

The current study suggests that more than three-fourths of nurses are well-prepared and motivated to provide high-quality care to dying patients in their final stages of life. Continued support, education, and training are necessary to bridge gaps in knowledge or comfort with end-of-life care.

Author contribution

Concept and design: ST, BT; Literature search- ST, BT; Data collection: ST, SG, DK; Data analysis: ST, SG; Draft manuscript: ST, SG, DK; Final manuscript and accountability: all

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Conflict of interest

None

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Supplementary material

The data and supplementary material that support the findings of this study are available

from the corresponding author upon reasonable request.

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Questionnaire/tools

Self-administered questionnaire on Nurses' attitude towards care of dying patient in a teaching hospital

Direction: The respondent should read the following question carefully and select the appropriate answer in the right response column.

Part- I

Socio-demographic information

S.N.	Questions	Response (e.g. a or 1)
1.	Write your age in complete year?y
2.	What is your marital Status? a. Married b. Unmarried	
3.	What is your educational status? a. Masters in Nursing (M.N.) b. Bachelor of Science in Nursing (B.Sc. Nursing) c. Bachelor in Nursing (B.N.) d. Proficiency certificate level in Nursing (PCL	
4.	What is your religion? 1. Hinduism 2. Buddhism 3. Christian 4. Others:	
5.	What is your ethnicity? a. Brahmin b. Chhetri c. Janjati (Rai, Limbu, Tamang, Gurung, & Newar Magar) d. Dalit (Bishwokarma, Pariyar, & Sarki) If others, please specify.....	
6.	Do you believe in God ? a. Yes b. No	
7.	How often do you worship the God? a. Daily b. Once a week c. Once per month d. Few times per year e. Never	
8.	Is there life after death? a. Yes b. No	
9.	Where do you work currently?	
10.	What are your working experiences? a. Less than 12 months b. Less than 24 months c. 24 months – 36 months d. 36 months and above	
11.	Have you had any training related to care of dying patient? a. Yes b. No	
12.	Have you ever experienced the death of someone close? a. Yes b. No	
13.	Have you ever experienced the care of dying members of family? a. Yes b. No	

14.	Have you ever experienced the care of dying patient within 3 months? a. Yes b. No	
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Part II

A five-point Likert scale (FATCOD scale) is a 30-item tool to indicate attitudes toward caring for dying patient. It includes 15 positively and 15 negative worded statement with response options: strongly disagree, disagree, uncertain, agree and strongly agree. Positive items are scored one (strongly disagree) to five (strongly agree).

Scores are reversed for negative items.

The Cronbach's alpha reliability coefficient of FATCOD scale was 0.80.

Please tick (✓) the letter following each statement which corresponds to your own personal feelings towards the given statement. Please respond to all 30 statements on the scale. The meaning of the letters is:

SD = Strongly Disagree

D = Disagree

U = Uncertain

A = Agree

SA = Strongly Agree

S.N.	Statement	SD	D	U	A	SA
1.	Giving nursing care to the dying person is a worth-while learning experience					
2.	Death is not the worst thing that can happen to a person.					
3.	I would be uncomfortable talking about impending death with the dying person.					
4.	Nursing care for the patient's family could continue throughout he period of grief.					
5.	I would not want to be assigned to care for a dying person					
6.	The nurse should not be the one to talk about death with the dying person.					
7.	The length of time required to give nursing care to a dying person would frustrate me.					
8.	I would be upset when the dying person I was caring for gave up hope of getting better.					
9.	It is difficult to form a close relationship with the family of the dying person					
10.	There are times when death is welcomed by the dying person.					
11.	When a patient asks, "Nurse am I dying?" I think it is best to change the subject to something cheerful.					
12.	The family should be involved in the physical care of the dying person.					
13.	I would hope the person I'm caring for dies when I am not present.					
14.	I am afraid to become friends with a dying person.					
15.	I would feel like running away when the person actually died.					
16.	Families need emotional support to accept the behaviour changes of the dying person.					

17.	As a patient nears death, the nurse should withdraw from his/her involvement with the patient.					
18.	Families should be concerned about helping their dying member make the best of his/her remaining life.					
19.	The dying person should not be allowed to make decisions about his/her physical care.					
20.	Families should maintain as normal an environment as possible for their dying member.					
21.	It is beneficial for the dying person to verbalize his/her feelings					
22.	Nursing Care should extend to the family of the dying person.					
23.	Nurses should permit dying persons to have flexible visiting schedules					
24.	The dying person and his/her family should be the in-charge decision makers.					
25.	Addiction to pain relieving medication should not be a concern when dealing with a dying person.					
26.	I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying.					
27.	Dying persons should be given honest answers about their condition.					
28.	Educating families about death and dying is not a nursing responsibility.					
29.	Family members who stay close to a dying person often interfere with the professional job with the patient.					
30.	It is possible for nurses to help patients prepare for death.					

Thank You!

