

ATTITUDES TOWARD DEATH  
A COMPARISON OF NURSING STUDENTS  
AND GRADUATE NURSES

by

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A FIELD STUDY

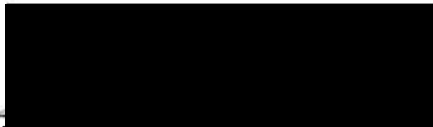
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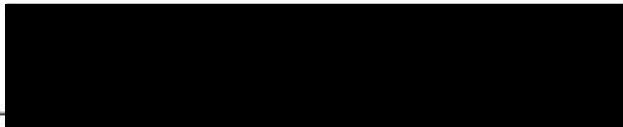
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## CHAPTER I

### INTRODUCTION

#### Introduction to the Problem

Increasing responsibility is being placed upon professional nurses to assess, prescribe nursing management, and evaluate plans to meet not only patients' physical needs, but also their complex psycho-social needs, as well as those of their family members. The psycho-social needs of the dying patient have been too long neglected. Professional nurses can and should be playing an increasingly important role in the total management of the dying patient.

Understanding in the area of death and dying is essential to nurses who throughout their careers will be involved in planning and implementing care for critically ill and dying patients. In addition, nurses are becoming members of multidisciplinary resource and management teams that promote suicide prevention, working with suicidal individuals and their families. Nurses are intimately involved with the issues in the area of death and dying, now that medical technology allows extraordinary, even heroic, measures to be taken to maintain and prolong life.

The behaviors which nurses demonstrate in their care of the



dying or suicidal patient are largely motivated by attitudes and values they hold, attitudes and values acquired through personal, social, educational, and professional experiences. These behaviors and attitudes can affect the adequacy of the care given to these patients.

Kastenbaum (37) reports that the dying patient's comfort and sense of dignity are largely determined by the behavior and attitudes of those caring for him. Spitzer and Folta (65) agree that the effectiveness of care in the hospital is essentially determined by the attitudes of individuals and groups within the hospital system. Goldstein (29) relates that the nurses' attitudes, developed through life experiences and incorporated into the nursing role, can affect the interpersonal relationships between themselves and patients, either positively or negatively. Hinton (33) confirms that the relationship between the patient and those caring for him will influence how he feels during his illness, and "it is quite possible that emotions are one of the many contributing causes which together influence the rate of progress towards death...." (33, 90)

Quint (53) relates that frequently both nurses and doctors may be unaware of the influence of their behaviors on the dying patient. The area of death and dying evokes strong emotion. The nurse's ability to understand and analyze her own behavior, attitudes, and emotional reactions affect the care that she gives. (65, 35). As Davis (11) offers, her ability to recognize and resolve her own

conflicts regarding death and dying influences how well she functions.

The need is great to examine the influences on attitudes and nursing behaviors that affect the quality of care given to the dying patient. Though there have been many investigations conducted in the area of death and dying, a relatively small amount of research has been carried out relating directly to nurses' attitudes and behaviors. Feifel (17), Folta (20), and Fond (21) concur on the need for studies to be conducted to determine nursing attitudes toward death and dying. Feifel believes the "...investigation of attitudes toward death....affords the possibility of improving treatment of the seriously sick and others facing the prospect of oncoming death." (16, 292) To date, the most extensive research of nursing attitudes and behaviors regarding death and dying has been conducted by Glaser and Straus (27), (28), Quint (51), (52), (55), (56), and Sudnow (66).

Those factors influencing nursing attitudes and behaviors toward death and dying have been less thoroughly investigated. A recent study by Golub and Resnikoff (30) explored the influence of nursing education and experience on attitudes toward death. In comparing responses to specific questions relating to death by first year nursing students and registered nurses, their findings tended to support the hypothesis that the nurse's professional education and experience influenced her attitudes toward death.

It has been earlier indicated that attitudes about death and dying arise out of life experiences. Kniesl (42) indicates that "...before nurses become nurses, they are individuals whose reactions to death, like anyone else's are influenced by significant events and people in the past." (42, 148) "Nurses import into the hospital the values of our society and act accordingly....responding as human beings born into our particular society." (27, 121)

The educational experiences of nurses should provide them with the knowledge necessary to promote quality care of the dying patient and his family. Communication with the dying patient is one vital aspect of quality care. However, Quint (51) reports that both doctors and nurses receive little training in how to talk with the dying patient and his family. She states, "In essence, doctors and nurses have the same attitudes toward talking about dying as do laymen in this society, and their educational experiences have done little to change them." (51, 50)

Glaser and Straus (28) state that in the past medical and nursing education has placed too little emphasis on teaching students how to talk with dying patients. In Hinton's (33) opinion, most nursing and medical students do not receive as much help as they should in their educational experience over the problems raised in caring for the dying.

Fulton and Langton (23) ten years ago summed up the nurse's

educational preparation to work with the dying patient as being "woefully inadequate". More recently, Benoliel (1) reports that the younger generation in nursing is more sensitive to the problems involved in caring for the dying patient but that many nurses in this group have not had the educational experience to help them cope with the conversational difficulties of interacting with a dying patient or family member any more effectively than previous generations of nurses.

Mervyn states, "...the nature of nursing education contributes to the emotionally unsupportive care given to dying patients." (48, 65) Too frequently, nursing students receive too little emotional support and understanding from educators when they encounter dying patients and death. At a time when students may be most vulnerable to having attitudes about death either strengthened or changed, they do not receive the guidance necessary to shape their attitudes.

Perhaps yet another difficulty for students and practitioners is found in the close alliance to the medical profession and its goals. Fond (21) relates that the primary goal of the medically-oriented health team is that of curing the patient, while comfort measures to relieve suffering are but secondary goals. The inability to cure, as in the instance of the terminally ill patient, may be viewed by both medical and nursing personnel as a failure, and as such, they attempt to cope with the situation by denial and avoidance of the patient.

What is beginning to be seen in nursing education today appears to be a recognition, as Boorer (3) offers, that attitudes concerning death and dying may be modified by example, "... but real lasting change can only come from the slow, often painful, self-examination conducted in the company and with the support of others of like mind." (3, 1046) There is clear implication for nursing to seek attitudinal changes in its members that are conducive to quality care of the dying patient. The profession needs to identify and utilize the role models that can "... teach others the creative care of the dying." (14, 62) As well, continuing education should be offered to teach practicing nurses psychosocial and mental health principles that help them to deal with their own and others' emotions. (64, 46)

#### Statement of the Problem

As a result of a number of investigations, some data are now available that provide information concerning societal, medical, and nursing behaviors and attitudes toward death and dying. There is a need for further research of nursing behaviors and attitudes concerning death and dying that affect patient care. Of particular importance is the determination of the influence of nursing education and experience on attitudes toward death and dying.

To understand nursing attitudes and behaviors toward death and the dying, it becomes necessary to gain an understanding of societal



attitudes and behaviors. It is also necessary to look at the experience of dying and the attitudes and behaviors of physicians and others in the hospital system that may have an impact on nursing attitudes and behaviors.

## Review of Literature

### Societal Attitudes and Behaviors

Fulton offers, "Death, in America, is no longer exclusively a matter of religious concern, but has increasingly become a subject of scientific investigation." (22, 67) As the impact of religious beliefs in America has lessened, the explanation of dying and death has become a fertile field of investigation for the scientific community. This has led to a growing scientific body of information which allows explanation of many of the physiological and psychosocial phenomena associated with dying and death and has also promoted a superior medical technology that allows life to be maintained or prolonged, in many instances.

And yet, Fulton (27) and Quint (55) maintain that death is a taboo topic in western culture. Children learn early in America that death is an avoided topic. (55, 288) Because death is an anxiety-provoking subject, it is often handled through avoidance and denial. Gerber (24), Fulton (22), and Gorer (31) believe the prevailing

attitudes toward death in America to be a combination of stoicism, denial, avoidance, and euphemism.

Even language is manipulated to avoid direct mention of death. In America, one who dies has "passed on" or "left this world". It is of interest that Feifel reveals that until recently the Christian Science Monitor would not permit the word, death, to be mentioned on its pages. (17, 115) Fulton and Langton (23) maintain that with the exception of the aged, death is simply not considered a polite topic of conversation.

In America, the degree to which individuals are disturbed by another's dying or death appears often to depend on the social value given the dying or dead person. Glaser and Straus (27) report that Americans tend to value others on the basis of a number of social characteristics, such as age, skin color, education, occupation, family status, talent, and accomplishments. Quint (54), (56) and Glaser and Straus (27) maintain that perhaps the single most important characteristic upon which social value is determined is age. Death of a child or young adult is perceived as a heightened loss to society, because their potential as contributing members of society is lost. Loss through death of the middle-aged individual is also intensely felt, as such an individual is at the pinnacle of his contributing capacity. The aged in America generally are felt to have low social value, and their deaths are of less concern to society. (9)

Because confrontation with death is for many Americans a frightening, even terrifying, experience, the deliberateness of a suicide is particularly disturbing. Both Choron (7) and Hinton (33) report that individuals frequently react to another's suicidal attempt or actual suicide by experiencing unease, fear, and most often, great anger. Sudnow (66) reports that laymen and professionals, alike, often view the body of the suicide victim with much distaste.

How individuals react to the dying person may reflect their personal fear of death. Feifel and Branscomb (18) report in a study of 371 persons that a number of variables may predict the degree of personal fear. Age and religious self-rating were found to be most consistently associated with the degree of personal fear of death.

There are yet other studies of interest in promoting an understanding of societal views on death and dying. Diggory and Rotham (12) asked a group of males and females to consider the consequences of their own death. In comparing male respondents to female respondents, the researchers concluded that women feared the dissolution of their body more significantly than did the male subjects.

Christ (8) and Rhudick and Dibner (58) found in their investigations that the amount of schooling had no effect on attitudes toward death, while Swenson (68) reported in a study of an aged population that the less educated elderly tended to evade the issue of death more than the highly educated elderly. Jeffers et al (35) concluded in their



study that low I. Q. was associated with a greater fear of death.

Several studies have looked at age in relation to attitudes toward death. Both Hinton (33) and Feifel (17) relate that children at five years of age become apprehensive about death. Kastenbaum (38) reports a study of 260 high school students revealed that adolescent attitudes towards life and death are strongly influenced by the existing cultural matrix and personal beliefs. John Hinton in Dying notes a study that revealed 90 per cent of the college students sampled stated they rarely thought about death in a personal way. (33, 22) A similar study of elderly persons revealed that 30 per cent of the participants rarely thought about death. (33, 23)

A study of 34 individuals over the age of 50 by Fulton (22) revealed that 45 per cent admitted to a positive or forward-looking attitude toward death, while 44 per cent were evasive about their attitudes. Hinton in Dying relates that an investigation of an elderly population revealed that less than 50 per cent of the subjects viewed death as the beginning of a new and better life. (33, 37)

Gorer (32) studied three groups of individuals, 85 mentally ill patients, 40 elderly persons, and 85 healthy individuals. He posed the question, "What does death mean to you?" He noted that the two prominent views were that death was the natural end of life and the beginning of a new life. Of interest, he reported the mentally ill and older aged group believed 70+ years to be the age of greatest

fear of death, while the healthy group believed 40-50 years of age to be the time of greatest fear of death, and childhood, the time of least fear of death.

In an ambitious investigation, Shneidman (62) surveyed by questionnaire the attitudes and beliefs about death and dying of some 30,000 subscribers of the magazine, Psychology Today. He reported that 92 per cent of the 30,000 participants believed in the possible influence of psychological factors being involved in or even causing death. In selecting multiple choice responses to the question, "What most influenced your present attitudes toward death?" 38 per cent of the male respondents selected the answer of "existential philosophy", while only 28 per cent of the females chose this answer. Thirty-five percent of the entire group stated that introspection and meditation most influenced their present attitudes toward death. Nineteen per cent reported that death of someone close most influenced their present attitudes, while 15 per cent believed their religious up-bringing to be the greatest influence.

He further reported that in response to the question, "What does death mean to you?" 35 per cent of the study population believed it to be the end, the final process of life, while 17 per cent related that it was the termination of life but with survival of the spirit. Thirteen per cent reported that death was a new beginning.

Further, the most commonly reported ages of greatest fear of

death were 20-29, 40-49, and 50-59. Of interest, 32 per cent of the total group stated they wished their body to be donated to a medical school or to science, while 31 per cent favored cremation, and 22 per cent of the group wished burial to be the method of disposal of their body after death.

The studies conducted to determine if psychological factors do influence or even cause death have been numerous. Shneidman (60) believes that the individual may play an unconscious role in his own failures or act in ways inimical to his welfare. In Sainsbury's (59) investigation of suicides in London, he found that in 18 per cent of the cases, physical illness seemed to be a major cause of suicide. Tas (69) reported from Bergen-Belsen that once the Jews in German concentration camps during World War Two became depressed, death quickly ensued. Young, Benjamin, and Wallis (73) revealed in a study of English widowers that there was a 40 per cent increase in the mortality rate during their first six months of bereavement, a period when sorrow, depression, and sense of loss was most pronounced. LeShan (46) relates that there is a good deal of evidence that deep psychological isolation, loss of ability to relate and to love, lowers the ability to fight for health. Kimball (41) conceded in his study that survival from open heart surgery is influenced by the patient's ability to tolerate fear of death. The greater the depression in these patients before surgery, the greater were their

chances for morbidity and mortality. (40)

### The Experience of Dying

Cappon (6) revealed a number of interesting findings in his interviews with 254 individuals. The study population consisted of four groups of non-patients, physically ill patients, psychiatric patients, and dying patients. When asked if they would like to be told if they had a fatal illness, 91 per cent of the non-patient group replied that they would wish to be told. Eighty-two per cent of the psychiatric group, 81 per cent of the physically ill group, and 67 per cent of the dying patients reported that they would wish to be told of a fatal diagnosis. Surprisingly, 73 per cent of the dying patients, 65 per cent of the non-patients and the physically ill patients, and 56 per cent of the psychiatric patients were in favor of euthanasia being practiced.

Irwin and Meier (34) state that dying individuals "...are usually isolated, impersonalized, dehumanized, and mechanized." (34, 1). Weisman and Hackett (72) believe that socially the dying patient is abandoned and experiences imposed silence, denial, and isolation from others in his environment. The dying patient is often left alone to cope as best he can with his situation. Feifel's (17) findings indicate that the dying patient wants very much to share his thoughts and feelings concerning his death but is inhibited from doing

so by the reluctance of others to listen. "There is almost nothing as crushing to a dying patient as to feel that he has been abandoned or rejected." (17, 125)

Commonly, patients are not told that they are dying, and yet Gilbertsen and Wangenstein (25) revealed that 80 per cent of the patients they interviewed stated they would like to be told if they were dying. Kubler-Ross (43), (44) in interviews with some 400 dying patients determined that the vast majority wished to be told if they were dying, and virtually all knew they were dying, whether they had been told so or not. Feifel (17) and Custer (10) report similar findings. Pearson in Death and Dying reported a study by Saunders in which 50 per cent of the dying patients studied not only knew they were dying, but wished to talk about it. (50) Feifel (16) and Kubler-Ross (43) believe that when a dying patient can voice his feelings and thoughts about death and dying and feels understood, he experiences less depression and deviant behavior.

#### Physicians' Attitudes and Behaviors

There is a general tendency to keep the dying person uninformed about the reality of his condition, to maintain him within a context of closed awareness about his diagnosis and progress. (36) Feifel (17), Glaser and Straus (28), and Lasagna (45) reveal that physicians tend to not reveal fatal diagnoses to their patients.



Fitts and Ravdin (19) in interviewing a group of physicians, found that 31 per cent of the doctors stated they always or usually told patients they had cancer. Sixty-nine per cent of the group stated they never or usually did not tell patients of such a diagnosis.

It is notable that Caldwell and Mishara (5) selected 73 physicians to be interviewed concerning death and dying, and of the original 73, only 13 consented to be interviewed when they learned the topic of the study. Of the 13 physicians, all agreed the patient has a right to know his diagnosis. And yet, 11 of the physicians stated that they did not reveal fatal diagnoses to their patients. None of the group stated that they were generally realistic and told the patient the whole truth. All 13 physicians reported that they told family members of the diagnosis, and all believed that dying patients know they are dying without being told. The entire group reported feeling uneasy when visiting dying patients. In addition, all revealed that they believed a patient could will himself to either die or to live "to a certain extent".

Perhaps the physician's tendency to avoid open and honest communication with the dying patient, in part, reflects his attitudes shaped by his medical education. The emphasis in medical education has been on saving lives, not on treating or caring for the dying patient. (50, 109) Engel (15) and LeShan and LeShan (47) suggest that the dying patient represents to the physician a medical and a

personal failure. He may feel guilty, defeated, and inadequate.

Thus, he avoids an open communication with the patient.

Kasper (36) goes so far as to suggest that physicians may have greater problems than most people in coming to terms with death. According to Feifel (17) and Shusterman's reporting of a study by Feifel (63), many physicians fear death more than their patients. In his study of a group of physicians and two control groups of patients and non-professionals, Feifel found that physicians tended to think less about death than the two control groups, but they were more afraid of death than either of the control groups. It is perhaps as Foltz (20) suggests, those individuals with a great deal of anxiety about death tend to enter the helping professions in an attempt to make themselves invulnerable.

#### The Hospital System and the Dying Patient

The hospital system itself may possess a "recovery focus" rather than a "comfort focus". (54, 767). Rothenburg (57) believes that the hospital goal is client cure, and achievement of that goal offers workers social reward, recognition, and reinforcement. Mervyn (48) confirms the belief that the general hospital is committed to restore health, rather than committed to care of the dying, and she relates that the dying patient is certainly aware of the hospital system's preference for health. It is for perhaps this reason

that Wallace (70) reports dying patients frequently come to feel that because they are not making progress towards health, they are not worthy of care.

Blauner (2) and Sudnow (66) reveal that hospitals are organized to conceal the facts of dying from patients and visitors. In his study of two hospitals over a span of one and a half years, Sudnow (66) revealed numerous ways in which the hospital organization attempts to avoid confrontation with death by use of avoidance behaviors on the part of the staff caring for the dying patient, by concealment of any structure or function that is associated with death. He observed the general management of the dying patient involved isolating and avoiding that individual.

Kelett (39), attempting to identify attitudes concerning the dying patient in the hospital system, surveyed 62 individuals who by profession were associated with hospital organization and procedures and 45 members of a control group of individuals, believed to have no interests in or relationship to hospital administration. He posed the question, "Have you ever seriously considered any approach to providing more than is currently available for patients expected to expire?" Fifty-nine per cent of the hospital-affiliated group and 87 per cent of the non-hospital-affiliated group replied that they had not considered providing more than is currently available to the dying patient. Sixty per cent of the hospital-affiliated group and 83



per cent of the non-hospital-affiliated group reported that those in hospital administration needed further education and training in preparing for the patient's death within the hospital. Sixty per cent of the hospital-affiliated group and 83 per cent of the non-hospital-affiliated group reported that special training in death and dying should be provided to all personnel giving tangible or related patient care. In response to the question of the subject of the dying patient in the hospital being worthy of serious and/or detailed research, 50 per cent of the hospital-affiliated group and 73 per cent of the non-hospital-affiliated group felt the subject worthy of research. This study seems to point out some discrepancies in the degree of need felt by hospital and non-hospital-affiliated individuals to examine issues in death and dying.

#### Nurses' Attitudes and Behaviors

With the prospect of death personally threatening and anxiety-provoking, nurses are faced with a difficult challenge in the management of the dying patient. "...the care of dying patients tends to be regarded by nurses as more difficult and less rewarding than the care of patients who are recovering." (54, 763)

It has been well documented by Smith (64), Wodinsky (71), Quint (51), (53), (54), Hinton (33), and Sudnow (66) that in attempting to cope with their own reactions and the feelings of dying patients,

nurses utilize avoidance and withdrawal from these patients. The dying patient is frequently placed in a private room, and Glaser and Straus relate that nurses prefer not to be present at the time of death. (28, 202) Sudnow (66) identifies a number of avoidance behaviors demonstrated by nurses. These include either isolating the patient in a private room or keeping the curtains drawn around the dying patient's bed much of the time. He noted that often if registered nurses needed an item from the dying or dead patient's room, they sent an aide to collect it. If nurses wished to avoid telling a waiting relative some news, their main strategy was to avoid contact with him. Interestingly, he noted that often nurses and physicians declined to ride the elevators in which a dead patient was being transported to the morgue.

Quint states, "There is evidence from many studies....that nurses do not generally personalize their interactions with patients and in fact are likely to avoid contact with patients who are dying." (55, 294) In Quint's (52) eighteen month study of nursing behaviors toward patients having mastectomies for cancer, she found that the nurses' avoidance strategies frequently involved interrupting patient discourses, acting hurried when in the patients' rooms, or completely changing the subject when patients alluded to dying in their conversations. Pattison (49) indicates that prior studies by Glaser and LeShan demonstrated the closer the patients to death, the slower

nurses were in answering their call lights.

Glaser and Straus (27) believe that the nurse finds her work easiest with the dying patient when the patient has a low social value. Quint reveals that generally nurses found it easiest to maintain composure "...when the dying patient was kept comfortable with sedation and a minimum of expressive care." (51, 177)

Suicide evokes strong emotions in individuals, and apparently nurses are no exception. Glaser and Straus (28) relate that a suicide within the hospital has a very disturbing effect on nurses, their religious and social beliefs, and sense of adequacy. After a suicide has occurred, "...the staff....rationalize that if he wanted to commit suicide it was his own business." (28, 139)

Kastenbaum (37) studied 117 licensed practical nurses to determine what they reported saying to patients who spoke of their own prospective deaths. He divided their responses into five general categories of reassurance, denial, changing the subject, fatalistic responses, and responses conducive to open discussion. He found that 25 per cent of the study group reported making fatalistic replies to patients, and 23 per cent changed the subject when the patients spoke about dying. Only 20 per cent of the study population reported making responses to patients that allowed for open discussion.

Pearson in Death and Dying reports a study conducted by Kastenbaum in 1964 in which he asked a group of nurses what they

felt were appropriate time and energy considerations for saving the life of a twenty-year-old person, an eighty-year-old person, and a pet dog. "The ratio of importance of the twenty-year-old to the eighty-year-old was greater than that of the eighty-year-old to the dog." (50, 85)

C Brown et al (4) investigated how registered nurses and licensed practical nurses at the University of Washington Hospital viewed the practice of negative euthanasia. Negative euthanasia is the practice in which extraordinary or heroic measures are not carried out to prolong or maintain the life of a seriously ill patient whose lifespan is expected to be nearing an end. Sixty-eight per cent of the nurses reported feeling more uncomfortable when the physician was not practicing negative euthanasia than when he was (28 per cent). Eight-nine per cent of these nurses reported they would practice negative euthanasia with a signed statement by the patient requesting such action. The nurses under the age of thirty were reported to be generally more in favor of negative euthanasia than older nurses. Divorced and separated nurses were found to be more uncomfortable than married nurses when negative euthanasia was being practiced. }

Golub and Resnikoff (30) compared attitudes toward death of nursing students in their first year of clinical experience and graduate nurses. The 70 nursing students were selected from two year associate degree and three year diploma programs in the New York

and New Jersey metropolitan areas. Eighty-two graduate nurses drawn from the same metropolitan areas represented sub-groups of nursing specialties, including medical-surgical nursing, public health nursing, school nursing, psychiatric nursing, and nurses in education/administration.

The data were obtained by utilizing a multiple-choice questionnaire designed by Edwin Shneidman of the Center for Advanced Study in the Behavioral Sciences in conjunction with Edwin Parker and G. Ray Funkhouser of Stanford University. The questionnaire appeared in the magazine, Psychology Today (61). The researchers utilized six of seventy-five items in the questionnaire that seemed most relevant to nurses.

Responses of the graduate group were compared to the nursing student group on each of the six items. The researchers also contrasted the responses of a sub-sample of 20 to 35-year old graduates (N=30) and students (N=13), in an attempt to evaluate the influence of age on response differences.

The graduate nurses' responses on the items were compared using nursing specialty, years of nursing experience, and age as independent variables. The researchers utilized Chi-square as the statistical technique to determine the significance of differences obtained.

Both groups were asked to what extent they believed that



psychological factors can influence (or even cause) death. Eighty-seven per cent of the graduate nurses and 74 per cent of the students believed that psychological factors can influence or cause death. This difference was statistically significant.

In response to being asked if they would wish to be told of a fatal illness, 78 per cent of the graduates and 67 per cent of the students replied they would wish to be told. This was not a statistically significant difference.

The researchers did find, however, a significant difference in willingness to undergo autopsy upon death. The graduate nurses were more likely than students to approve of autopsy upon their death.

Both graduates and students in the study favored suicide prevention generally, with 67 per cent of the graduates and 58 per cent of the students responding that suicide should be prevented "In every case" or "In all but a few cases". The findings did indicate, however, that three times as many students (14.5 per cent) as graduates (4.9) answered "In no case..." should suicide be prevented.

Further, the majority of graduates (90 per cent) and students (74 per cent) believed reasonable care and effort should be taken to keep a seriously ill person alive. It was statistically significant that more students (20 per cent) favored maintaining a life by "All possible efforts" than did graduates (7 per cent).

Both groups were asked if they would be willing upon death to donate their hearts for transplantation. The responses of both groups were quite similar, with the majority of graduates (74 per cent) and students (72 per cent) willing to donate their hearts.

In comparing the responses to the six items on the basis of the five specialty groups of nurses, no statistically significant differences were noted. Findings did indicate, however, that 92 per cent of the nurses with less than 20 years of nursing experience believed psychological factors can influence death, compared to 73 per cent of those nurses with more than 20 years of nursing experience.

In making an intragroup comparison of the graduate nurses based on age, the age group under 40 was found to believe in the influence of psychological factors on death significantly more so than did the group over 40 years of age.

Fifty-seven of the 82 graduates held B.S. degrees. No significant differences on any of the questions were noted between those holding B.S. degrees and those who held no such degrees.

#### Statement of the Purpose of the Study

By replication and enrichment of the research conducted by Golub and Resnikoff (30), this study proposes to explore the influence on attitudes toward death by comparing professional nurses' and nursing students' responses to specific questions dealing with death

and dying. Because of geographical and population differences and the recent increased social and professional interest in thanatology, replication of the research by Golub and Resnikoff is deemed necessary to determine to what, if any, extent their findings can be generalized.

#### Statement of the Hypothesis

Based on the findings of the research conducted by Golub and Resnikoff, it is hypothesized that significant differences between nursing students' and graduate nurses' attitudes toward the influence of psychological factors upon death, autopsy, and the treatment of the seriously ill will be found. It is further hypothesized that intragroup comparison of the graduates based on nursing specialty, years of nursing experience, and level of education will show remarkable similarity in graduate nurses' attitudes toward death.



## CHAPTER II

### METHODOLOGY

#### Subjects

Two groups of subjects were utilized in this study. Comprising the first group were 69 baccalaureate nursing students drawn at random from a class of 200 sophomore nursing students at the University of Oregon School of Nursing, Portland, Oregon. Because the students were selected from one nursing school, the sample may not be representative of all nursing students. These students had just completed their first seven months of clinical experience.

One hundred and one graduate nurse subjects constituted the second study group. Participating registered nurses represented the nursing specialties of medical, surgical, public health, and psychiatric nursing and the area of education/administration. With the exception of 17 of the 19 public health nurses who participated in this study, the graduates were selected at random from five major health care facilities in the Portland metropolitan area. Two public health nursing offices of Multnomah County were selected at random, and 17 public health nurses in those offices volunteered to complete the questionnaire. This was a cross sectional sample.

### Instrument

The data were obtained utilizing ten items of a multiple-choice questionnaire designed by Edwin Shneidman of the Center for Advanced Study in the Behavioral Sciences, in consultation with Edwin Parker and G. Ray Funkhouser of Stanford University. It is a modification of a questionnaire Dr. Shneidman developed at Harvard University with the assistance of Chris Dowell, Ross Goldstein, Dan Goleman, and Bruce Smith. The questionnaire appeared in Psychology Today (61).

The questionnaire samples religious influences, childhood experiences, beliefs about death, concerns about one's own death, rituals, suicide, and medical management of the dying individual. The ten items that seemed particularly relevant to nursing experience and practice were selected by the researcher. The ten multiple-choice items include the six items used by Golub and Resnikoff (30) in their study of nursing students' and graduate nurses' attitudes toward death. The items provided both nominal and ordinal scale data. In addition to these ten items, nine items were included in the researcher's questionnaire that provided data on population characteristics.

### Design

The design of the research was that of a non-experimental field study. The study was conducted in the natural setting of health care facilities in the Portland metropolitan area. Changes in the independent variables of nursing specialty, years of nursing experience, age and level of education were naturally occurring in the study population.

The intent of this research was to demonstrate relationships between the variables studied to aid in the understanding of nursing attitudes toward death and dying. Thus, the study was descriptive in nature, and it is on the basis of such studies that predictive statements may be made.

### Procedure

The 69 nursing students and the 101 graduate nurses were administered the questionnaire on death and dying. Responses of the two groups were statistically analyzed and compared. Graduate nurse intragroup comparisons were made on the basis of nursing specialty, years of nursing experience, age, and the level of education.

### Analysis of Data

The characteristics of both study groups were reported. The characteristics considered in the nursing student population included age, sex, racial group, marital status, religion, and family income. The characteristics of the graduate nurse population included age, sex, racial group, marital status, religion, income, nursing specialty, years of nursing experience, and level of education.

The age range of the nursing students was reported, as well as the percentage of students found within each age group. The percentage of students found in the various categories of race, marital status, sex, religion, and income was reported.

The age range of the graduate nurses was reported, as well as the percentage of subjects found in each age group. The percentage of graduates found in the various categories of race, sex, marital status, religion, income, nursing specialty, years of nursing experience, and level of education was reported.

Comparison of responses by nursing students and graduates was made. The percentage of each group's particular responses to the ten items was computed. On the basis of frequency of responses, Chi-square was utilized to determine significant differences in the responses of the two groups.

Chi-square may be used in testing hypotheses concerning the

significance of the differences of the responses of two or more groups to a stimulus of one type or another. (13, 197) In this research, Chi-square was computed utilizing frequency of responses in contingency tables.

Intragroup comparisons of the graduate nurses were made on the basis of nursing specialty, years of nursing experience, age, and the level of education. The frequency of responses and percentage of subjects in each group responding in a specific manner was reported.

Chi-square was used to determine if significant differences could be found in the responses of graduate nurses in the nursing specialty groups. These groups were medical, surgical, public health, and psychiatric nursing and nursing education/administration.

Frequency of responses and percentage of responses by subjects in four groups constituting years of nursing experience was reported. The four groups included those nurses with experience of 1-5 years, 6-10 years, 11-20 years, and greater than 20 years. Chi-square was used to determine if significant differences could be found in the responses of graduate nurses having less than ten years of nursing experience and those graduates having greater than ten years of nursing experience.

Frequency of responses and percentage of responses by subjects in five groups constituting age was reported. The five age

groups were graduates 20-29 years of age, 30-39 years of age, 40-49 years of age, 50-59 years of age, and 60-69 years of age. Chi-square was used to determine if significant differences could be found in the responses of graduates less than forty years of age and graduates over forty years of age.

Lastly, Chi-square was computed to determine significant differences in responses of graduate nurses who held less than a B.S. degree and those who held at least a B.S. degree.

## CHAPTER III

### RESULTS

The Death Questionnaire which samples experiences, attitudes, and beliefs about death was administered to 69 baccalaureate nursing students and 101 graduate nurses. The 69 students were selected at random from a class of 200 sophomore nursing students at the University of Oregon School of Nursing, Portland, Oregon. These students had just completed their first seven months of clinical experience.

A cross sectional sample of 101 graduate nurses representing six major health care facilities in the Portland metropolitan area participated in this study. These graduates represented five nursing specialty areas of medical, surgical, public health, and psychiatric nursing and the area of education/administration.

The data were obtained by the multiple-choice questionnaire. The responses of the nursing student group were compared with those of the graduates on each of the 10 items. Chi-square was the statistical technique used to determine significant differences in responses of the two groups.

The graduate nurses' responses to each of the 10 items were



then compared using nursing specialty, years of nursing experience, age, and level of education as independent variables. Chi-square was used to determine significant differences in responses of the various groups.

The characteristics of the student group were identified and reported in frequency counts and in percentages (See Table 1). The nursing student group was comprised of 69 sophomore baccalaureate students. The students ranged in age from under 20 to those students in the 40 to 49 years of age group. Twenty-two per cent of the students were under 20 years of age, 69.6 per cent were between 20 and 24 years of age, 5.8 per cent were between 25 and 29 years of age, and 2 per cent were between 40 and 49 years of age.

Of the student respondents, 93 per cent were females, 94 per cent were Caucasian, and 6 per cent were Oriental. Eighty-one per cent of the students were single, 17.4 per cent were married and 1.5 per cent were divorced. Fifty-five per cent of the students were Protestants, 24.6 per cent were Roman Catholic, and 2.9 per cent were Jewish. Of this group, 63.6 per cent reported annual family incomes over \$10,000.

The characteristics of the graduate nurse group were identified and reported in frequency counts and percentages (See Table 2). The graduate nurse group was comprised of 101 professional nurses, including 23 medical nurses, 22 surgical nurses, 19 public health



nurses, 21 psychiatric nurses, and 15 educators or administrators.

The graduates ranged in age from 20 to 24 years of age to 60 to 64 years of age. Of the group, 16 per cent were from 20 to 24 years of age, 30 per cent were from 25 to 29 years of age, 19 per cent were 40 to 49 years old, 6 per cent were 50 to 59 years of age, and 3 per cent of the graduates were 60 to 64 years of age.

Of the graduates, 97 per cent were females, 95 per cent were Caucasian, 3 per cent were Negro, and 1 per cent were Oriental. Twenty-six per cent of the graduates were single and 58 per cent were married. Sixteen per cent of the group were divorced or widowed. Sixty-nine per cent were of the Protestant faith, 23 per cent were Roman Catholic, and 2 per cent were Jewish. Eighty-four per cent of the group reported annual family incomes of over \$10,000.

The years of nursing experience of the graduate group ranged from 0.5 to 39 years of professional work experience. The average number of years worked was 10.5 years. Fifty-nine and a half per cent of the graduates had 10 or less years of nursing experience, while 40.6 per cent of the graduates had more than 10 years of nursing experience.

Of the graduates, 15 per cent held Associate degrees, 36.6 per cent were graduates of diploma programs, 38.6 per cent held a Bachelors degree, and 10 per cent of the group held Masters

degrees. Approximately 51 per cent of the group had less than a B.S. degree, and 49 per cent of the graduates held at least a B.S. degree.

#### Nursing Student-Graduate Nurse Comparison

Comparison of responses to the 10 items of students and graduates was made. Table 3 summarizes the answers to the questionnaire items in frequencies and percentages for both student and graduate groups.

Psychological factors. Ninety-seven per cent of the students and 97 per cent of the graduates believed that psychological factors can influence death. Three per cent of the students and 2 per cent of the graduates responded "Undecided or don't know" to the item. The differences in responses of the two groups to this item were not statistically significant.

Terminal illness. Responses of both groups were similar regarding terminal illness. Ninety-one per cent of the students and 93 per cent of the graduates responded "Yes" they would want to be told if they had a terminal disease. The differences were not statistically significant.

Autopsy. Sixty-eight and a half per cent of the students and 70 per cent of the graduates responded that they approved of or did not care one way or the other about having an autopsy performed upon

their death. Thirty-two per cent of the students and 30 per cent of the graduates disapproved or strongly disapproved of an autopsy being performed upon their death. The differences were not significant.

Suicide prevention. The majority of students and graduates favored suicide prevention. Fifty-eight per cent of the students and 52.5 per cent of the graduates responded that suicide should be prevented "In every case" or "In all but a few cases". Thirty-six per cent of the students and 41 per cent of the graduates responded "In some cases, yes, in others, no" to the question of suicide prevention. Six per cent of both groups responded "In no case" should suicide be prevented. The differences were not significant.

Life maintenance efforts. Ninety-six per cent of the students and 98 per cent of the graduates believed reasonable care and effort should be taken to keep a seriously ill person alive. However, 4.3 per cent of the students favored "All possible effort...." to keep a seriously ill person alive, compared to 1 per cent of the graduates. The differences were not significant.

Heart transplant. Seventy-seven per cent of the students and 71 per cent of the graduates responded that they would be willing upon death to donate their heart to anyone for transplantation. Four per cent of the students and 3 per cent of the graduates expressed a willingness to donate their hearts only to a relative or friend. Twenty-five per cent of the graduates and 14.5 per cent of the

students responded "No" to donating their hearts for transplantation upon death. The responses of the two groups were not significantly different.

Fear of death. Thirty-eight per cent of the students and 44 per cent of the graduates believed the years under 40 to be the times of greatest fear of death. Sixty-two per cent of the students and 56 per cent of the graduates responded that 40+ years were the ages of greatest fear of death. The responses of the two groups were not significantly different.

Influences on attitudes. In identifying factors which most influenced their present attitudes toward death, significant differences were found in the responses of the two groups. Thirty-five per cent of the students and 20 per cent of the graduates responded that religious upbringing most influenced their present attitudes toward death, and this was statistically significant ( $p < .05$ ). Nine per cent of the students and 24 per cent of the graduates identified a factor other than those listed on the questionnaire as having the greatest influence on their present attitudes toward death. This difference was statistically significant ( $p < .05$ ). Of interest, 22 of the 24 graduates (92 per cent) who identified a factor other than those listed stated their professional work experience with critically ill or dying patients most influenced their present attitudes toward death.

Personal death. Sixty-one per cent of the students and 74 per cent of the graduates reported that they thought about their own death occasionally. Eight per cent of the graduates and 14.5 per cent of the students reported thinking about their own death frequently. Thirteen per cent of the graduates and 17.4 per cent of the students reported thinking of their death "Rarely - no more than once a year", while 5 per cent of the graduates and 3 per cent of the students responded "Very rarely or never". The responses of the two groups were not significantly different.

Meaning of death. Sixteen per cent of the student and 21.4 per cent of the graduates responded that for them death meant "The end; the final process of life", while 36 per cent of the students and 18.4 per cent of the graduates responded that death meant "The beginning of a life after death". Thirty-two per cent of the students and 35.7 per cent of the graduates responded that death meant the "Termination of this life but with survival of the spirit". The difference in responses of the two groups were not significant.

#### Graduate Nurse Intragroup Comparisons

Graduate nurse intragroup comparison was made on the basis of nursing specialty. Table 4 summarizes the answers given by graduate nurses in the different specialty areas to the questionnaire items. Generally, responses by nurses in the five specialty groups



were very similar, though some variations were noted in the responses of the five groups.

Psychological factors. From 91 to 100 per cent of the nurses in the five specialty groups believed that psychological factors can influence death (answers A and B). It is of interest that from 72.7 to 77.3 per cent of the nurses in the specialty groups other than education/administration firmly believed that psychological factors can influence death, while only 50 per cent of the educators or administrators responded that they firmly believed psychological factors can influence death. However, the differences in responses were not significantly different.

Terminal illness. From 87 to 100 per cent of the nurses in the five specialty groups responded that they would wish to be told of a terminal disease. None of the surgical, public health, or educator/administrator nurses responded that they would not wish to be told of a terminal disease, while 4.3 per cent of the medical nurses and 4.8 per cent of the psychiatric nurses responded in this way. Differences in the responses of the five groups were not significantly different.

Autopsy. From 38 to 54.5 per cent of the nurses responded that they would approve of an autopsy upon their death, while 26 to 37.5 per cent of the graduates responded they they would disapprove or strongly disapprove. The group of nurses who most



frequently approved of autopsy upon their death was surgical nurses (54.5 per cent). The group of nurses who approved least frequently of autopsy upon their death was psychiatric nurses (38.1 per cent). The differences in responses were not statistically significant.

Suicide. From 33.3 to 63.6 per cent of the nurses in the specialty groups responded that suicide should be prevented "In every case" or "In all but a few cases". Fifty per cent of both the medical and surgical nurse groups responded "In every case", while 13.3 per cent of the educator/administrator group and 14.3 per cent of the psychiatric nurse group responded in this manner. Statistical analysis using chi-square, in which the frequencies of responses A+B and C+D were compared, revealed no significant differences in the responses of the five groups.

Life maintenance efforts. From 93.7 to 100 per cent of the nurses in the five specialty groups believed in reasonable care and effort being given to keep a seriously ill person alive. In comparing responses B and C in the five specialty groups, 61 per cent of the public health nurses selected response B, "Efforts that are reasonable....", while from 76.2 to 91.3 per cent of the nurses in the other four groups selected this response. The difference was statistically significant ( $p < .05$ ).

Heart transplant. From 59 to 79 per cent of the nurses responded that they would be willing to donate their heart for

transplantation upon death to anyone. Seventeen and a half to 65 percent of the nurses in the five groups responded that they would not be willing to donate their heart for transplantation upon death. The differences in the five groups' responses were not significant.

Fear of death. From 35 to 54.4 per cent of the nurses in the five groups responded under 40 years of age was the time of greatest fear of death. From 45.3 to 65 per cent of the nurses in the five groups responded that the greatest fear of death is experienced after the age of 40. Response differences of the specialty groups were not significant.

Influence on attitudes. Variations in responses by the five nurse groups were noted in identifying the factors which most influenced present attitudes toward death. The small frequency of various responses by the five groups did not permit analysis by the use of chi-square. Of interest, the nurses as a whole most frequently identified factors other than those listed as exerting the greatest influence on their present attitudes toward death. Twenty-two of the 24 nurses who identified a factor other than those listed on the questionnaire stated that professional work experience with critically ill or dying patients most influenced their present attitudes toward death.

Personal death. None of the nurses reported thinking of their own death "Frequently - at least once a day". From 0 to 18.2 per

cent of the nurses in the five groups responded that they thought "Frequently" about their own death. From 54.5 to 91 per cent of the nurses in the five groups reported thinking of their own death "Occasionally", while 9 to 31 per cent of the nurses reported they "Rarely" or "Very rarely" thought about their own death. The differences were not significant.

Meaning of death. Interesting variations were noted among the five specialty groups in responses to the question, "What does death mean to you?". The small frequency of responses in the various groups did not permit the use of chi-square in determining the significance of differences in responses.

Graduate nurse intragroup comparison was made on the basis of years of nursing experience. Table 5 summarizes the answers to the questionnaire items in frequencies and percentage of nurses in four groups comprising years of nursing experience, 1-5 years of nursing experience (N=36), 6-10 years of nursing experience (N=24), 11 to 20 years of nursing experience (N=28), and more than 20 years of nursing experience (N=13). The responses of nurses with experience of 1-10 years and those of nurses having more than 10 years of work experience were statistically analyzed to determine differences in these two major groups. Though variations were noted in the responses of the four sub-groups and the two major groups, differences between the two major groups were not significant.

Psychological factors. From 92 to 100 per cent of the nurses in the four sub-groups believed psychological factors can influence death. The largest percentage of nurses who responded they firmly believed psychological factors can influence death was found in that group with 6-10 years of nursing experience, while the smallest percentage of nurses responding this way was found in that group having greater than 20 years of nursing experience.

Terminal illness. From 89 to 96.4 per cent of the nurses in the four sub-groups responded that they would wish to be told of a terminal disease, while from 0 to 7.7 per cent of the nurses in the sub-groups responded that they would not wish to be informed of a terminal disease.

Autopsy. From 33 to 66.6 per cent of the nurses in the four sub-groups responded that they would approve of an autopsy being performed upon their death. Four to 18.5 per cent of the nurses in the four sub-groups strongly disapproved of an autopsy being performed upon their death.

Suicide. Nurses in the four sub-groups generally favored suicide prevention. The largest percentage of nurses in the four groups who responded that suicide should be prevented "In every case" was found in that group of nurses with 1-5 years of experience (38.9 per cent).

Life maintenance efforts. From 96 to 100 per cent of the

nurses in the four sub-groups believed that reasonable care and effort should be taken to save the life of a seriously ill person.

Heart Transplant. From 46.2 to 78 per cent of the nurses in the four sub-groups responded that they would be willing to donate their heart for transplant to anyone upon death. The smallest percentage of nurses responding in this way was found in that group with more than 20 years of nursing experience (46.2 per cent). The largest percentage of nurses responding in this way was found in that group having less than 6 years of nursing experience.

Fear of death. Responses by the four sub-groups to the question, "In your opinion, at what age are people most afraid of death?", varied. Approximately one half of the nurses responded that people under 40 were most afraid of death and one half responded that people over 40 were most afraid of death.

Influences on attitudes. The largest percentage of nurses (46.2) who reported that professional work experience with critically ill or dying patients most influenced their present attitudes toward death was found to be that group with greater than 20 years of nursing experience.

Personal death. The majority of nurses in the four sub-groups responded that they "Occasionally" thought about their own death. The smallest percentage (8.3 per cent) of nurses reporting that they "Rarely" or "Very rarely" thought about their own death was found in



that group with 1-5 years of nursing experience, while the largest percentage (31 per cent) of nurses offering this response was found in that group with more than 20 years of nursing experience.

Meaning of death. Nurses with 1-5 years of nursing experience most frequently responded that death meant "The termination of life but with survival of the spirit", and nurses with 11-20 years of experience most frequently selected this response and the response that death was "The beginning of a life after...."

Graduate nurse intragroup comparison was made on the basis of age. Table 6 summarizes the responses to the questionnaire items with frequencies and percentages for five age groups, 20-29 years of age (N=46), 30-39 years of age (N=27), 40-49 years of age (N=19), 50-59 years of age (N=6), and 60-64 years of age (N=3). Responses to questionnaire items by nurses under the age of 40 were statistically compared using chi-square with responses by nurses over the age of 40. On 9 of the 10 items no significant differences between the two major age groups were found. The two major groups did differ significantly in responses to the item dealing with suicide prevention.

Psychological factors. From 70.4 to 79 per cent of the nurses under the age of 49 responded that they firmly believed that psychological factors can influence death, while only 33.3 per cent of those nurses over 50 years of age offered this response.



Eighty-three to 100 per cent of the nurses in the five sub-groups believed that psychological factors can influence death (answers A and B).

Terminal illness. Responses to this item were similar among the five sub-groups of nurses. From 91 to 100 per cent of the nurses stated they would wish to be told of a terminal disease.

Autopsy. The nurses most likely to approve of autopsy being performed upon their death were those nurses of 20-29 years of age (54.3 per cent) and nurses 40 to 49 years of age (61.1 per cent). Nurses most likely to disapprove or strongly disapprove of autopsy upon their death were those nurses from 60-69 years of age (N=3, 100 per cent).

Suicide prevention. From 29.6 to 40 per cent of the nurses under 40 years of age responded that suicide should be prevented "In every case", while 11 to 50 per cent of the nurses over 40 selected this response. In comparing the two major groups of nurses, those nurses under 40 years of age were significantly more likely to respond that suicide should be prevented "In every case" or "In all but a few cases" than were nurses over the age of 40 ( $p < .05$ ).

Life maintenance efforts. Most nurses in the five sub-groups believed that reasonable care and effort should be taken to save the life of a seriously ill person (96 to 100 per cent).

Heart transplant. From 66.7 to 74 per cent of the nurses in

the five sub-groups responded that they would be willing to donate their heart for transplantation upon death to anyone. Of interest, 100 per cent of the nurses (N=3) over 60 years of age responded that they would not be willing to donate their hearts.

Remaining questionnaire items. Variations in responses to the items concerning fear of death, influence on attitudes, personal death, and meaning of death were noted in the five sub-groups. Comparison of responses by nurses under 40 years of age and those of nurses over 40 years of age revealed no significant differences.

Graduate nurse intragroup comparison was made on the basis of level of education. Table 7 summarizes the responses to the questionnaire items with frequencies and percentages by nurses with less than a B.S. degree (N=52) and those nurses holding at least a B.S. degree (N=49). Statistical analysis revealed no significant differences in responses by the two groups to the 10 items.

Psychological factors. Sixty-eight and a half per cent of the nurses with less than a B.S. degree and 73.5 per cent of the nurses with at least a B.S. degree responded that they firmly believed that psychological factors can influence death.

Terminal illness. Ninety-six per cent of the B.S. degree group and 90 per cent of the non-B.S. degree-holding group responded that they would wish to be told of a terminal disease.

Autopsy. Forty-four per cent of non-B.S. degree-holding

group and 52 per cent of the B. S. degree group responded that they would approve of autopsy being performed upon their death. More nurses with at least B. S. degrees (12.5 per cent) disapproved of autopsy being performed upon their death than did nurses with less than a B. S. degree (7.7 per cent).

Suicide prevention. Responses to the question of suicide prevention were quite similar for the two groups. Approximately 31 per cent of the nurses in both groups responded that suicide should be prevented "In every case". Fifty per cent of the B. S. degree-holding group and 55 per cent of the non-B. S. degree-holding group responded that suicide should be prevented "In every case" or "In all but a few cases".

Life maintenance efforts. One hundred per cent of the nurses with less than a B. S. degree and 96 per cent of the nurses with at least a B. S. degree believed that reasonable care and effort should be taken to save the life of a seriously ill person.

Heart transplant. Seventy-one per cent of the nurses in both groups reported that they would be willing to donate their heart for transplantation upon death to anyone. Twenty-five per cent of the nurses in both groups reported that they would be unwilling to donate their hearts.

Fear of death. Forty per cent of the non-B. S. degree-holding nurses and 49 per cent of the nurses holding at least a B. S. degree

believed that people under the age of 40 are most afraid of death.

Influence on attitudes. Responses by both groups which identified the factors influencing their present attitudes toward death showed small variation.

Personal death. None of the nurses in either group reported that they thought of their own death "Frequently - at least once a day". The majority of nurses in both groups responded that they "Occasionally" thought about their own death.

Meaning of death. The responses of the two groups to the question, "What does death mean to you?" were similar.

Statement of findings. The responses by nursing students and graduate nurses to questionnaire item likely to reflect attitudes toward death were examined to determine the influence of nursing education and experience on attitudes toward death. The responses of both nursing students and graduate nurses were quite similar. Significant differences between the responses of the two groups were noted only in the respondents' identification of factors they believed most influenced their present attitudes toward death. Nursing students were more likely than graduates to identify religious upbringing as the factor most influencing present attitudes ( $p < .05$ ). Graduates were more likely than students to identify work experience with critically ill or dying patients as the factor most influencing present attitudes toward death ( $p < .05$ ).

Graduate nurse intragroup comparisons were made on the basis of nursing specialty, years of nursing experience, age, and level of education. Generally, responses by graduates were similar. On the basis of nursing specialty intragroup comparison, a significant difference was noted in the responses of public health nurses to the issue of life maintenance efforts ( $p < .05$ ). Though the responses public health nurses were likely to make concerning life maintenance efforts differed from other specialty groups, all specialty groups favored reasonable care and effort being taken to save the life of a seriously ill person.

Responses by nurses in varying age groups were similar. A significant difference was noted in the responses by the groups concerning suicide prevention. Nurses under the age of 40 were more likely to respond that suicide should be prevented "In every case" or "In all but a few cases" than were nurses over the age of 40 ( $p < .05$ ).

Graduate nurse intragroup comparisons on the basis of years of nursing experience and level of education revealed no significant differences in the responses by graduate nurses.

Table 1. Characteristics of the Nursing Student Population.

| Characteristics              | Number of Students | % of Students |
|------------------------------|--------------------|---------------|
| <b>Age:</b>                  |                    |               |
| Under 20                     | 15                 | 21.7          |
| 20-24                        | 48                 | 69.6          |
| 25-29                        | 4                  | 5.8           |
| 30-34                        |                    |               |
| 35-39                        |                    |               |
| 40-49                        | 2                  | 2.9           |
| 50-59                        |                    |               |
| 60-64                        |                    |               |
| 65+                          |                    |               |
| <b>Sex:</b>                  |                    |               |
| Female                       | 64                 | 92.8          |
| Male                         | 5                  | 7.2           |
| <b>Racial Group:</b>         |                    |               |
| Caucasian                    | 65                 | 94.2          |
| Negro                        |                    |               |
| Oriental                     | 4                  | 5.8           |
| Other                        |                    |               |
| <b>Marital Status:</b>       |                    |               |
| Single                       | 56                 | 81.2          |
| Married                      | 12                 | 17.4          |
| Divorced                     | 1                  | 1.5           |
| Widow                        |                    |               |
| Widower                      |                    |               |
| <b>Religious Background:</b> |                    |               |
| Protestant                   | 38                 | 55.1          |
| Roman Catholic               | 17                 | 24.6          |
| Jewish                       | 2                  | 2.9           |
| Other                        | 12                 | 17.4          |
| <b>Income:</b>               |                    |               |
| Less than \$5,000            | 10                 | 14.5          |
| \$5,000-10,000               | 15                 | 21.7          |
| \$10,000-15,000              | 25                 | 36.2          |
| \$15,000-25,000              | 11                 | 15.9          |
| \$25,000-50,000              | 7                  | 10.0          |
| More than \$50,000           | 1                  | 1.5           |

N=69



Table 2. Characteristics of the Graduate Nurse Population.

| Characteristics       | Number of<br>Nurses | % of<br>Nurses |
|-----------------------|---------------------|----------------|
| Age:                  |                     |                |
| Under 20              |                     |                |
| 20-24                 | 16                  | 15.8           |
| 25-29                 | 30                  | 29.7           |
| 30-34                 | 14                  | 13.9           |
| 35-39                 | 13                  | 12.9           |
| 40-49                 | 19                  | 18.8           |
| 50-59                 | 6                   | 5.9            |
| 60-64                 | 3                   | 3.0            |
| 65+                   |                     |                |
| Sex:                  |                     |                |
| Female                | 98                  | 97.0           |
| Male                  | 3                   | 3.0            |
| Racial Group:         |                     |                |
| Caucasian             | 96                  | 95.0           |
| Negro                 | 3                   | 3.0            |
| Oriental              | 1                   | 1.0            |
| Other                 | 1                   | 1.0            |
| Marital Status:       |                     |                |
| Single                | 26                  | 26.0           |
| Married               | 59                  | 58.0           |
| Divorced              | 14                  | 14.0           |
| Widow                 | 2                   | 2.0            |
| Widower               |                     |                |
| Religious Background: |                     |                |
| Protestant            | 70                  | 69.3           |
| Roman Catholic        | 23                  | 22.7           |
| Jewish                | 2                   | 2.0            |
| Other                 | 6                   | 6.0            |
| Income:               |                     |                |
| Less than \$5,000     | 0                   | 0.0            |
| \$5,000-10,000        | 15                  | 15.6           |
| \$10,000-15,000       | 35                  | 36.5           |
| \$15,000-25,000       | 36                  | 37.5           |
| \$25,000-50,000       | 9                   | 9.4            |
| More than \$50,000    | 1                   | 1.0            |

Table 2. (Continued)

| Characteristics               | Number of<br>Nurses | % of<br>Nurses |
|-------------------------------|---------------------|----------------|
| Nursing Specialty:            |                     |                |
| Medical                       | 23                  | 22.7           |
| Surgical                      | 22                  | 21.8           |
| Public Health                 | 19                  | 18.8           |
| Psychiatric                   | 21                  | 20.8           |
| Education/Administration      | 15                  | 15.8           |
| Years of Nursing Experience:  |                     |                |
| 1-3                           | 24                  | 23.8           |
| 4-6                           | 22                  | 21.8           |
| 7-9                           | 12                  | 11.9           |
| 10-12                         | 9                   | 8.9            |
| 13-15                         | 13                  | 12.9           |
| 16-18                         | 6                   | 5.9            |
| 19-21                         | 3                   | 3.0            |
| 22-24                         | 3                   | 3.0            |
| 25-27                         | 2                   | 2.0            |
| 28-30                         | 1                   | 1.0            |
| 31-33                         | 3                   | 3.0            |
| 34-33                         | 2                   | 2.0            |
| 37-39                         | 1                   | 1.0            |
| 40-42                         |                     |                |
| 43-45                         |                     |                |
| 46+                           |                     |                |
| Level of Education:           |                     |                |
| 2 yr. A.D.                    | 15                  | 14.9           |
| 3 yr. Diploma                 | 37                  | 36.6           |
| B.S. Degree                   | 39                  | 38.6           |
| Masters Degree                | 10                  | 10.0           |
| Ph.D. or comparable<br>Degree |                     |                |

N=101

Table 3. Comparison of Responses by Nursing Students and Graduate Nurses to Questions Concerning Death.

| Question  | Answers  | Students            |                              | Nurses               |                              |
|---|--|---------------------|------------------------------|----------------------|------------------------------|
|   |  | N <sup>a</sup>      | %                            | N <sup>a</sup>       | %                            |
| 1. Psychological Factors<br>To what extent do you believe that psychological factors can influence (or even cause) death?               | A. I firmly believe that they can.<br>B. I tend to believe that they can.<br>C. I am undecided or don't know.<br>D. I doubt that they can. | 41<br>26<br>2<br>1  | 59.4<br>37.7<br>2.9<br>1.0   | 71<br>26<br>2<br>1   | 71.0<br>26.0<br>2.0<br>1.0   |
| 2. Terminal Illness<br>If your physician knew that you had a terminal disease and limited time to live, would you want him to tell you? | A. Yes.<br>B. No.<br>C. It would depend on the circumstances.  | 62<br>1<br>5        | 91.2<br>1.5<br>7.4           | 94<br>3<br>4         | 93.1<br>3.0<br>3.9           |
| 3. Autopsy<br>How do you feel about having an autopsy done on your body?  | A. Approve.<br>B. Don't care one way or the other.<br>C. Disapprove.<br>D. Strongly disapprove.  | 24<br>21<br>12<br>9 | 36.7<br>31.8<br>18.2<br>13.6 | 48<br>22<br>20<br>10 | 48.0<br>22.0<br>20.0<br>10.0 |

Table 3. (Continued)

| Question   | Answers   | Students       |      | Nurses         |      |
|--|---|----------------|------|----------------|------|
|  |   | N <sup>a</sup> | %    | N <sup>a</sup> | %    |
| 4. Suicide Prevention  |   |                |      |                |      |
| To what extent do you believe that suicide should be prevented?                    | A. In every case.   | 33             | 47.8 | 31             | 31.3 |
|  | B. In all but a few cases.  | 7              | 10.1 | 21             | 21.2 |
|  | C. In some cases, yes, in others, no.   | 25             | 36.2 | 41             | 41.4 |
|  | D. In no case; if a person wants to commit suicide society has no right to stop him.                      | 4              | 5.8  | 6              | 6.1  |
| 5. Life Maintenance Efforts  |   |                |      |                |      |
| What efforts do you believe ought to be made to keep a seriously ill person alive? | A. All possible effort; transplantations, kidney dialysis, etc.   | 3              | 4.3  | 1              | 1.0  |
|  | B. Efforts that are reasonable for that person's age, physical condition, and mental condition, and pain. | 54             | 78.3 | 80             | 80.0 |
|  | C. After reasonable care has been given, a person ought to be permitted to die a natural death.           | 12             | 17.4 | 18             | 18.0 |

Table 3. (Continued)

| Question  | Answer  | Students       |      | Nurses         |       |
|---|---|----------------|------|----------------|-------|
|   |   | N <sup>a</sup> | %    | N <sup>a</sup> | %     |
| 6. Heart Transplant<br>Would you be willing<br>to donate your heart<br>for transplantation<br>(after you die)?    | D. A senile person<br>should not be kept<br>alive by elaborate<br>artificial means. |                |      | 1              | 1.0   |
|   | A. Yes to anyone.   |                |      |                |       |
|   | B. Yes, but only to a<br>relative or friend.  | 53             | 76.8 | 72             | 71.3  |
|   | C. I have a strong<br>feeling against it.   | 3              | 4.3  | 3              | 3.0   |
|   | D. No.  | 10             | 14.5 | 1              | 1.0   |
| 7. Fear of Death<br>In your opinion, at<br>what age are people<br>most afraid of death?                           | A. Up to 12 years.  | 2              | 2.9  | 7              | 7.5   |
|   | B. 13 to 19 years.  | 3              | 4.4  | 10             | 10.7  |
|   | C. 20 to 29 years.  | 14             | 20.6 | 13             | 14.0  |
|   | D. 30 to 39 years.  | 7              | 10.3 | 11             | 12.0  |
|   | E. 40 to 49 years.  | 11             | 16.2 | 20             | 21.5  |
|   | F. 50 to 59 years.  | 13             | 19.1 | 19             | 20.4  |
|   | G. 60 to 69 years.  | 9              | 13.2 | 8              | 8.6   |
|   | H. 70 years and over.   | 9              | 13.2 | 5              | 5.3   |
| 8. Influences on Attitudes<br>Which of the following<br>most influenced your pres-<br>ent attitudes toward death? | A. Death of someone close.  | 15             | 19.5 | 21             | 21.0  |
|   | B. Specific reading.  | 6              | 7.8  | 6              | 6.0   |
|   | C. Religious upbringing   | 27             | 35.1 | 20             | 20.0* |

Table 3. (Continued)

| Question  | Answer  | Students       |      | Nurses         |       |
|---|---|----------------|------|----------------|-------|
|   |   | N <sup>a</sup> | %    | N <sup>a</sup> | %     |
| 9. Personal Death<br>How often do you<br>think about your<br>own death? | D. Introspection and<br>meditation.             | 11             | 14.3 | 19             | 19.0  |
|   | E. Rituals (e.g.<br>funerals)                   | 1              | 1.3  |                |       |
|   | F. TV, radio or<br>motion pictures.             |                |      |                |       |
|   | G. Longevity of my<br>family.                   | 7              | 9.0  | 2              | 2.0   |
|   | H. My health or phy-<br>sical condition.        | 3              | 4.0  | 5              | 5.0   |
|   | I. Other  | 7              | 9.0  | 24             | 24.0* |
|   | A. Very frequently<br>(at least once a<br>day). | 3              | 4.3  |                |       |
|   | B. Frequently.                                  | 10             | 14.5 | 8              | 8.0   |
|   | C. Occasionally.                                | 42             | 60.9 | 74             | 74.0  |
|   | D. Rarely (no more<br>than once a year).        | 12             | 17.4 | 13             | 13.0  |
| 10. Meaning of Death<br>What does death                                 | E. Very rarely or never.                        | 2              | 2.9  | 5              | 5.0   |
|   | A. The end; the final<br>process of life.       | 11             | 15.9 | 21             | 21.4  |



Table 3. (Continued)

| Question | Answer  | Students       |      | Nurses         |      |
|----------|---|----------------|------|----------------|------|
|          |   | N <sup>a</sup> | %    | N <sup>a</sup> | %    |
| B.       | The beginning of a life after death; a transition, a new beginning. | 25             | 36.2 | 18             | 18.4 |
| C.       | A joining of the spirit with a universal cosmic consciousness       | 3              | 4.3  | 8              | 8.2  |
| D.       | A kind of endless sleep; rest and peace                             | 2              | 2.9  | 9              | 9.2  |
| E.       | Termination of this life but with survival of the spirit.           | 22             | 31.9 | 35             | 35.7 |
| F.       | Don't know  | 6              | 8.7  | 7              | 7.1  |

<sup>a</sup>The totals do not always add up to 69 students and 101 graduates because not all respondents answered every question.

\*p < .05

\*\*p < .01

\*\*\*p < .001

Table 4. Graduate Nurse Intragroup Comparison: Nursing Specialty.

| Questions                | Answers | All       |      | Medical |      | Surgical |       | Public Health |       | Psychiatric |      | Ed. / Admin. |      |
|--------------------------|---------|-----------|------|---------|------|----------|-------|---------------|-------|-------------|------|--------------|------|
|                          |         | Graduates |      | N       |      | N        |       | N             |       | N           |      | N            |      |
|                          |         | N         | %    | N       | %    | N        | %     | N             | %     | N           | %    | N            | %    |
| Psychological Factors    | A       | 71        | 71.0 | 16      | 72.7 | 17       | 77.3  | 14            | 73.7  | 16          | 76.2 | 8            | 50.0 |
|                          | B       | 26        | 26.0 | 4       | 18.2 | 5        | 22.7  | 4             | 21.1  | 5           | 23.8 | 8            | 50.0 |
|                          | C       | 2         | 2.0  | 1       | 4.5  | --       | --    | 1             | 5.3   | --          | --   | --           | --   |
|                          | D       | 1         | 1.0  | 1       | 4.5  | --       | --    | --            | --    | --          | --   | --           | --   |
| Terminal Illness         | A       | 94        | 93.1 | 20      | 87.0 | 22       | 100.0 | 18            | 94.8  | 19          | 90.5 | 15           | 93.8 |
|                          | B       | 3         | 3.0  | 2       | 8.7  | --       | --    | --            | --    | 1           | 4.8  | --           | --   |
|                          | C       | 4         | 3.9  | 1       | 4.3  | --       | --    | 1             | 5.3   | 1           | 4.8  | 1            | 6.2  |
| Autopsy                  | A       | 48        | 48.0 | 12      | 52.2 | 12       | 54.5  | 9             | 50.0  | 8           | 38.1 | 7            | 43.8 |
|                          | B       | 22        | 22.0 | 5       | 21.7 | 4        | 18.2  | 3             | 16.7  | 7           | 33.3 | 3            | 18.8 |
|                          | C       | 20        | 20.0 | 5       | 21.7 | 3        | 13.6  | 3             | 16.7  | 5           | 23.8 | 4            | 25.0 |
|                          | D       | 10        | 10.0 | 1       | 4.3  | 3        | 13.6  | 3             | 16.7  | 1           | 4.8  | 2            | 12.5 |
| Suicide                  | A       | 31        | 31.3 | 11      | 50.0 | 11       | 50.0  | 4             | 21.0  | 3           | 14.3 | 2            | 13.3 |
|                          | B       | 21        | 21.2 | 2       | 9.1  | 3        | 13.6  | 4             | 21.0  | 9           | 42.8 | 3            | 20.0 |
|                          | C       | 41        | 41.4 | 6       | 27.3 | 7        | 31.8  | 11            | 58.0  | 9           | 42.8 | 8            | 53.3 |
|                          | D       | 6         | 6.1  | 3       | 13.6 | 1        | 4.5   | --            | --    | --          | --   | 2            | 13.3 |
| Life Maintenance Efforts | A       | 1         | 1.0  | --      | --   | --       | --    | --            | --    | --          | --   | 1            | 6.3  |
|                          | B       | 80        | 80.0 | 21      | 91.3 | 19       | 86.4  | 11            | 61.0  | 16          | 76.2 | 13           | 81.2 |
|                          | C       | 18        | 18.0 | 2       | 8.7  | 2        | 9.1   | 7             | 39.0* | 5           | 23.8 | 2            | 12.5 |
|                          | D       | 1         | 1.0  | --      | --   | 1        | 4.5   | --            | --    | --          | --   | --           | --   |

Table 4. (Continued)

| Questions              | Answers | All       |      | Medical |      | Surgical |      | Public Health |      | Psychiatric |      | Ed. / Admin. |      |
|------------------------|---------|-----------|------|---------|------|----------|------|---------------|------|-------------|------|--------------|------|
|                        |         | Graduates |      | N       |      | N        |      | N             |      | N           |      | N            |      |
|                        |         | N         | %    | N       | %    | N        | %    | N             | %    | N           | %    | N            | %    |
| Heart Transplant       | A       | 72        | 71.3 | 18      | 78.3 | 13       | 59.0 | 15            | 79.0 | 16          | 76.2 | 10           | 62.5 |
|                        | B       | 3         | 3.0  | 1       | 4.3  | 1        | 4.5  | --            | --   | --          | --   | 1            | 6.3  |
|                        | C       | 1         | 1.0  | --      | --   | 1        | 4.5  | --            | --   | --          | --   | --           | --   |
|                        | D       | 25        | 24.7 | 4       | 17.4 | 7        | 32.0 | 4             | 21.1 | 5           | 23.8 | 5            | 31.2 |
| Fear of Death          | A       | 7         | 7.5  | 2       | 9.0  | 1        | 4.8  | 2             | 12.5 | 2           | 10.0 | --           | --   |
|                        | B       | 10        | 10.7 | 1       | 4.5  | 6        | 28.6 | --            | --   | 1           | 5.0  | 2            | 14.3 |
|                        | C       | 13        | 14.0 | 5       | 22.7 | 1        | 4.8  | 2             | 12.5 | 3           | 15.0 | 2            | 14.3 |
|                        | D       | 11        | 12.0 | 4       | 18.2 | 3        | 14.3 | 2             | 12.5 | 1           | 5.0  | 1            | 7.1  |
|                        | E       | 20        | 21.5 | 4       | 18.2 | 6        | 28.6 | 6             | 37.5 | --          | --   | 4            | 28.6 |
|                        | F       | 19        | 20.4 | 3       | 13.6 | 3        | 14.3 | 2             | 12.5 | 9           | 45.0 | 2            | 14.3 |
|                        | G       | 8         | 8.6  | 2       | 9.0  | 1        | 4.8  | --            | --   | 2           | 10.0 | 3            | 21.4 |
|                        | H       | 5         | 5.3  | 1       | 4.5  | --       | --   | 2             | 12.5 | 2           | 10.0 | --           | --   |
|                        |         |           |      |         |      |          |      |               |      |             |      |              |      |
| Influence on Attitudes | A       | 21        | 21.0 | 4       | 19.0 | 3        | 13.0 | 4             | 22.2 | 5           | 26.3 | 5            | 31.2 |
|                        | B       | 6         | 6.0  | 1       | 4.8  | 1        | 4.3  | 2             | 11.1 | 2           | 10.5 | --           | --   |
|                        | C       | 20        | 20.0 | 6       | 28.6 | 8        | 35.0 | 4             | 22.2 | 1           | 5.3  | 1            | 6.3  |
|                        | D       | 19        | 19.0 | 2       | 9.5  | 3        | 13.0 | 4             | 22.2 | 7           | 36.8 | 3            | 18.8 |
|                        | E       | --        | --   | --      | --   | --       | --   | --            | --   | --          | --   | --           | --   |
|                        | F       | --        | --   | --      | --   | --       | --   | --            | --   | --          | --   | --           | --   |
|                        | G       | 2         | 2.0  | --      | --   | 1        | 4.3  | --            | --   | 1           | 5.3  | --           | --   |
|                        | H       | 5         | 5.0  | --      | --   | 1        | 4.3  | --            | --   | 3           | 15.8 | 1            | 6.3  |
|                        | I       | 24        | 24.0 | 8       | 38.1 | 6        | 26.1 | 4             | 22.2 | --          | --   | 6            | 37.5 |

Table 4. (Continued)

| Questions        | Answers | All Graduates |      | Medical |      | Surgical |      | Health |      | Psychiatric |      | Ed. / Admin. |      |
|------------------|---------|---------------|------|---------|------|----------|------|--------|------|-------------|------|--------------|------|
|                  |         | N             | %    | N       | %    | N        | %    | N      | %    | N           | %    | N            | %    |
| Personal Death   | A       | --            | --   | --      | --   | --       | --   | --     | --   | --          | --   | --           | --   |
|                  | B       | 8             | 8.0  | 4       | 18.2 | --       | --   | 2      | 10.5 | 2           | 9.5  | --           | --   |
|                  | C       | 74            | 74.0 | 12      | 54.5 | 20       | 91.0 | 11     | 58.0 | 17          | 81.0 | 14           | 87.5 |
|                  | D       | 13            | 13.0 | 4       | 18.2 | 2        | 9.0  | 5      | 26.0 | 1           | 4.8  | 1            | 6.3  |
|                  | E       | 5             | 5.0  | 2       | 9.0  | --       | --   | 1      | 5.3  | 1           | 4.8  | 1            | 6.3  |
| Meaning of Death | A       | 21            | 21.4 | --      | --   | 4        | 18.2 | 3      | 15.8 | 10          | 50.0 | 4            | 28.6 |
|                  | B       | 18            | 18.4 | 3       | 13.0 | 6        | 27.3 | 6      | 31.6 | 1           | 5.0  | 2            | 14.3 |
|                  | C       | 8             | 8.2  | 3       | 13.0 | 1        | 4.5  | 1      | 5.3  | 3           | 15.0 | --           | --   |
|                  | D       | 9             | 9.2  | 4       | 17.4 | --       | --   | 2      | 10.5 | --          | --   | 3            | 21.4 |
|                  | E       | 35            | 35.7 | 9       | 39.1 | 10       | 45.5 | 7      | 36.8 | 4           | 20.0 | 5            | 35.7 |
|                  | F       | 7             | 7.1  | 4       | 17.4 | 1        | 4.5  | --     | --   | 2           | 10.0 | --           | --   |

\*p&lt;.05

\*\*p&lt;.01

\*\*\*p&lt;.001

Table 5. Graduate Nurse Intragroup Comparison: Years of Nursing Experience.

| Questions                | Answers | All       |      | Years of Nursing Experience |      |         |      |          |      |              |      |
|--------------------------|---------|-----------|------|-----------------------------|------|---------|------|----------|------|--------------|------|
|                          |         | Graduates |      | 1 to 5                      |      | 6 to 10 |      | 11 to 20 |      | More than 20 |      |
|                          |         | N         | %    | N                           | %    | N       | %    | N        | %    | N            | %    |
| Psychological Factors    | A       | 71        | 71.0 | 24                          | 68.6 | 21      | 87.5 | 18       | 64.3 | 8            | 61.5 |
|                          | B       | 26        | 26.0 | 10                          | 28.6 | 3       | 12.5 | 9        | 32.1 | 4            | 30.8 |
|                          | C       | 2         | 2.0  | 1                           | 2.8  | --      | --   | 1        | 3.6  | --           | --   |
|                          | D       | 1         | 1.0  | --                          | --   | --      | --   | --       | --   | 1            | 7.7  |
| Terminal Illness         | A       | 94        | 93.1 | 32                          | 88.9 | 23      | 95.8 | 27       | 96.4 | 12           | 92.3 |
|                          | B       | 3         | 3.0  | 2                           | 5.6  | --      | --   | --       | --   | 1            | 7.7  |
|                          | C       | 4         | 3.9  | 2                           | 5.6  | 1       | 4.2  | 1        | 3.6  | --           | --   |
| Autopsy                  | A       | 48        | 48.0 | 18                          | 50.0 | 16      | 66.6 | 9        | 33.3 | 5            | 38.6 |
|                          | B       | 22        | 22.0 | 10                          | 27.7 | 3       | 12.5 | 7        | 25.9 | 2            | 15.4 |
|                          | C       | 20        | 20.0 | 6                           | 16.7 | 4       | 16.6 | 6        | 22.2 | 4            | 30.8 |
|                          | D       | 10        | 10.0 | 2                           | 5.5  | 1       | 4.2  | 5        | 18.5 | 2            | 15.4 |
| Suicide                  | A       | 31        | 31.3 | 14                          | 38.9 | 8       | 33.3 | 6        | 22.2 | 3            | 25.0 |
|                          | B       | 21        | 21.2 | 9                           | 25.0 | 5       | 20.8 | 5        | 18.5 | 2            | 16.6 |
|                          | C       | 41        | 41.4 | 12                          | 33.3 | 11      | 45.8 | 11       | 40.7 | 7            | 58.3 |
|                          | D       | 6         | 6.1  | 1                           | 2.7  | --      | --   | 5        | 18.5 | --           | --   |
| Life Maintenance Efforts | A       | 1         | 1.0  | --                          | --   | --      | --   | 1        | 3.7  | --           | --   |
|                          | B       | 80        | 80.0 | 30                          | 83.3 | 19      | 79.2 | 20       | 74.0 | 11           | 84.6 |
|                          | C       | 18        | 18.0 | 5                           | 13.9 | 5       | 20.8 | 6        | 22.2 | 2            | 15.4 |
|                          | D       | 1         | 1.0  | 1                           | 2.7  | --      | --   | --       | --   | --           | --   |
| Heart Transplant         | A       | 72        | 71.3 | 28                          | 78.0 | 17      | 70.8 | 21       | 75.0 | 6            | 46.2 |
|                          | B       | 3         | 3.0  | 1                           | 2.7  | 1       | 4.2  | --       | --   | 1            | 7.7  |
|                          | C       | 1         | 1.0  | --                          | --   | 1       | 4.2  | --       | --   | --           | --   |
|                          | D       | 25        | 24.7 | 7                           | 19.4 | 5       | 20.8 | 7        | 25.0 | 6            | 46.2 |

Table 5. (Continued)

| Questions               | Answers | All       |      | Years of Nursing Experience |      |         |      |          |      |              |      |   |   |
|-------------------------|---------|-----------|------|-----------------------------|------|---------|------|----------|------|--------------|------|---|---|
|                         |         | Graduates |      | 1 to 5                      |      | 6 to 10 |      | 11 to 20 |      | More than 20 |      | N | % |
|                         |         | N         | %    | N                           | %    | N       | %    | N        | %    | N            | %    |   |   |
| Fear of Death           | A       | 7         | 7.5  | 2                           | 5.9  | --      | --   | 2        | 7.7  | 3            | 27.3 |   |   |
|                         | B       | 10        | 10.7 | 5                           | 14.7 | 3       | 13.6 | 1        | 3.8  | 1            | 9.1  |   |   |
|                         | C       | 13        | 14.0 | 6                           | 17.6 | 4       | 18.2 | 2        | 7.7  | 1            | 9.1  |   |   |
|                         | D       | 11        | 12.0 | 2                           | 5.8  | 4       | 18.2 | 5        | 19.2 | --           | --   |   |   |
|                         | E       | 20        | 21.5 | 5                           | 14.7 | 6       | 27.3 | 7        | 26.9 | 2            | 18.2 |   |   |
|                         | F       | 19        | 20.4 | 9                           | 26.5 | 3       | 13.6 | 6        | 23.1 | 1            | 9.1  |   |   |
|                         | G       | 8         | 8.6  | 3                           | 8.8  | 1       | 4.5  | 2        | 7.7  | 2            | 18.2 |   |   |
|                         | H       | 5         | 5.3  | 2                           | 5.9  | 1       | 4.5  | 1        | 3.8  | 1            | 9.1  |   |   |
| Influences on Attitudes | A       | 21        | 21.0 | 6                           | 16.7 | 5       | 21.7 | 8        | 32.0 | 2            | 15.4 |   |   |
|                         | B       | 6         | 6.0  | 4                           | 11.1 | 1       | 4.3  | 1        | 4.0  | --           | --   |   |   |
|                         | C       | 20        | 20.0 | 8                           | 22.2 | 5       | 21.7 | 4        | 16.0 | 3            | 23.1 |   |   |
|                         | D       | 19        | 19.0 | 8                           | 22.2 | 5       | 21.7 | 5        | 20.0 | 1            | 7.7  |   |   |
|                         | E       | --        | --   | --                          | --   | --      | --   | --       | --   | --           | --   |   |   |
|                         | F       | --        | --   | --                          | --   | --      | --   | --       | --   | --           | --   |   |   |
|                         | G       | 2         | 2.0  | --                          | --   | 1       | 4.3  | --       | --   | 1            | 7.7  |   |   |
|                         | H       | 5         | 5.0  | 2                           | 5.5  | 1       | 4.3  | 2        | 8.0  | --           | --   |   |   |
|                         | I       | 24        | 24.0 | 8                           | 22.2 | 5       | 21.7 | 5        | 20.0 | 6            | 46.2 |   |   |
|                         |         |           |      |                             |      |         |      |          |      |              |      |   |   |
| Personal Death          | A       | --        | --   | --                          | --   | --      | --   | --       | --   | --           | --   |   |   |
|                         | B       | 8         | 8    | 4                           | 11.1 | 1       | 4.2  | 2        | 7.4  | 1            | 7.7  |   |   |
|                         | C       | 74        | 74.0 | 29                          | 80.6 | 17      | 70.8 | 20       | 71.4 | 8            | 61.5 |   |   |
|                         | D       | 13        | 13.0 | 3                           | 8.3  | 3       | 12.5 | 4        | 14.8 | 3            | 23.1 |   |   |
|                         | E       | 5         | 5.0  | --                          | --   | 3       | 12.5 | 1        | 3.7  | 1            | 7.7  |   |   |



Table 5. (Continued)

| Questions        | Answers | Graduates |      | Years of Nursing Experience |      |         |      |          |      |              |      |
|------------------|---------|-----------|------|-----------------------------|------|---------|------|----------|------|--------------|------|
|                  |         |           |      | 1 to 5                      |      | 6 to 10 |      | 11 to 20 |      | More than 20 |      |
|                  |         | N         | %    | N                           | %    | N       | %    | N        | %    | N            | %    |
| Meaning of Death | A       | 21        | 21.4 | 8                           | 22.2 | 4       | 16.6 | 6        | 24.0 | 3            | 23.1 |
|                  | B       | 18        | 18.4 | 6                           | 16.7 | 6       | 25.0 | 4        | 16.0 | 2            | 15.4 |
|                  | C       | 8         | 8.2  | 1                           | 2.8  | 4       | 16.6 | 1        | 4.0  | 2            | 15.4 |
|                  | D       | 9         | 9.2  | 2                           | 5.5  | 3       | 12.5 | 2        | 8.0  | 2            | 15.4 |
|                  | E       | 35        | 35.7 | 15                          | 41.7 | 6       | 25.0 | 10       | 40.0 | 4            | 30.8 |
|                  | F       | 7         | 7.1  | 4                           | 11.1 | 1       | 4.2  | 2        | 8.0  | --           | --   |

\*p&lt;.05

\*\*p&lt;.01

\*\*\*p&lt;.001

Table 6. Graduate Nurse Intragroup Comparison: Age.

| Questions             | Answers | All       |      | Age in Years |      |          |      |          |      |          |       |          |       |   |   |
|-----------------------|---------|-----------|------|--------------|------|----------|------|----------|------|----------|-------|----------|-------|---|---|
|                       |         | Graduates |      | 20 to 29     |      | 30 to 39 |      | 40 to 49 |      | 50 to 59 |       | 60 to 69 |       |   |   |
|                       |         | N         | %    | N            | %    | N        | %    | N        | %    | N        | %     | N        | %     | N | % |
| Psychological Factors | A       | 71        | 71.0 | 34           | 75.6 | 19       | 70.4 | 15       | 79.0 | 2        | 33.3  | 1        | 33.3  |   |   |
|                       | B       | 26        | 26.0 | 11           | 24.4 | 6        | 22.2 | 4        | 21.0 | 3        | 50.0  | 2        | 66.7  |   |   |
|                       | C       | 2         | 2.0  | --           | --   | 2        | 7.4  | --       | --   | --       | --    | --       | --    |   |   |
|                       | D       | 1         | 1.0  | --           | --   | --       | --   | --       | --   | 1        | 16.7  | --       | --    |   |   |
| Terminal Illness      | A       | 94        | 93.1 | 42           | 91.3 | 25       | 92.6 | 18       | 94.7 | 6        | 100.0 | 3        | 100.0 |   |   |
|                       | B       | 3         | 3.0  | 3            | 6.5  | --       | --   | --       | --   | --       | --    | --       | --    |   |   |
|                       | C       | 4         | 3.9  | 1            | 2.2  | 2        | 7.4  | 1        | 5.3  | --       | --    | --       | --    |   |   |
| Autopsy               | A       | 48        | 48.0 | 25           | 54.3 | 9        | 33.3 | 11       | 61.1 | 3        | 50.0  | --       | --    |   |   |
|                       | B       | 22        | 22.0 | 10           | 21.7 | 6        | 22.2 | 5        | 27.7 | 1        | 16.7  | --       | --    |   |   |
|                       | C       | 20        | 20.0 | 8            | 17.4 | 8        | 29.6 | 1        | 5.6  | 2        | 33.3  | 1        | 33.3  |   |   |
|                       | D       | 10        | 10.0 | 3            | 6.5  | 4        | 14.8 | 1        | 5.6  | --       | --    | 2        | 66.7  |   |   |
| Suicide               | A       | 31        | 31.3 | 18           | 40.0 | 8        | 29.6 | 2        | 11.1 | 2        | 33.3  | 1        | 50.0  |   |   |
|                       | B       | 21        | 21.2 | 10           | 22.2 | 7        | 26.0 | 4        | 22.2 | --       | --    | --       | --*   |   |   |
|                       | C       | 41        | 41.4 | 16           | 35.6 | 9        | 33.3 | 10       | 55.6 | 4        | 66.7  | 1        | 50.0  |   |   |
|                       | D       | 6         | 6.1  | 1            | 2.2  | 3        | 11.1 | 2        | 11.1 | --       | --    | --       | --*   |   |   |
| Life                  | A       | 1         | 1.0  | --           | --   | 1        | 3.8  | --       | --   | --       | --    | --       | --    |   |   |
| Maintenance Efforts   | B       | 80        | 80.0 | 39           | 84.8 | 20       | 77.0 | 15       | 79.0 | 4        | 66.7  | 2        | 66.7  |   |   |
|                       | C       | 18        | 18.0 | 6            | 13.0 | 5        | 19.2 | 4        | 21.0 | 2        | 33.3  | 1        | 33.3  |   |   |
|                       | D       | 1         | 1.0  | 1            | 2.2  | --       | --   | --       | --   | --       | --    | --       | --    |   |   |
|                       |         |           |      |              |      |          |      |          |      |          |       |          |       |   |   |
| Heart Transplant      | A       | 72        | 71.3 | 34           | 74.0 | 20       | 74.0 | 14       | 73.7 | 4        | 66.7  | --       | --    |   |   |
|                       | B       | 3         | 3.0  | 2            | 4.3  | --       | --   | 1        | 5.3  | --       | --    | --       | --    |   |   |
|                       | C       | 1         | 1.0  | --           | --   | 1        | 3.8  | --       | --   | --       | --    | --       | --    |   |   |
|                       | D       | 25        | 24.7 | 10           | 12.7 | 6        | 22.2 | 4        | 21.0 | 2        | 33.3  | 3        | 100.0 |   |   |

Table 6. (Continued)

| Questions                 | Answers | All       |      | Age in Years |      |          |      |          |      |          |      |          |      |   |   |
|---------------------------|---------|-----------|------|--------------|------|----------|------|----------|------|----------|------|----------|------|---|---|
|                           |         | Graduates |      | 20 to 29     |      | 30 to 39 |      | 40 to 49 |      | 50 to 59 |      | 60 to 69 |      |   |   |
|                           |         | N         | %    | N            | %    | N        | %    | N        | %    | N        | %    | N        | %    | N | % |
| Fear of<br>Death          | A       | 7         | 7.5  | 3            | 6.8  | 1        | 4.2  | 1        | 5.6  | 1        | 25.0 | 1        | 33.3 |   |   |
|                           | B       | 10        | 10.7 | 6            | 13.6 | 3        | 12.5 | --       | --   | 1        | 25.0 | --       | --   |   |   |
|                           | C       | 13        | 14.0 | 6            | 13.6 | 4        | 16.7 | 3        | 16.7 | --       | --   | --       | --   |   |   |
|                           | D       | 11        | 12.0 | 4            | 9.1  | 5        | 20.8 | 2        | 11.1 | --       | --   | --       | --   |   |   |
|                           | E       | 20        | 21.5 | 8            | 18.2 | 6        | 25.0 | 6        | 33.3 | --       | --   | --       | --   |   |   |
|                           | F       | 19        | 20.4 | 11           | 25.0 | 4        | 16.7 | 2        | 11.1 | 1        | 25.0 | 1        | 33.3 |   |   |
|                           | G       | 8         | 8.6  | 3            | 6.8  | 1        | 4.2  | 3        | 16.7 | --       | --   | 1        | 33.3 |   |   |
|                           | H       | 5         | 5.3  | 3            | 6.8  | --       | --   | 1        | 5.6  | 1        | 25.0 | --       | --   |   |   |
| Influence on<br>Attitudes | A       | 21        | 21.0 | 10           | 21.7 | 6        | 23.1 | 3        | 18.8 | --       | --   | 2        | 66.7 |   |   |
|                           | B       | 6         | 6.0  | 5            | 10.9 | 1        | 3.8  | --       | --   | --       | --   | --       | --   |   |   |
|                           | C       | 20        | 20.0 | 10           | 21.7 | 7        | 27.0 | 1        | 6.2  | 2        | 33.3 | --       | --   |   |   |
|                           | D       | 19        | 19.0 | 11           | 24.0 | 5        | 19.2 | 3        | 18.8 | --       | --   | --       | --   |   |   |
|                           | E       | --        | --   | --           | --   | --       | --   | --       | --   | --       | --   | --       | --   |   |   |
|                           | F       | --        | --   | --           | --   | --       | --   | --       | --   | --       | --   | --       | --   |   |   |
|                           | G       | 2         | 2.0  | --           | --   | 1        | 3.8  | --       | --   | --       | --   | 1        | 33.3 |   |   |
|                           | H       | 5         | 5.0  | 2            | 4.3  | 1        | 3.8  | 2        | 12.5 | --       | --   | --       | --   |   |   |
|                           | I       | 24        | 24.0 | 8            | 17.4 | 5        | 19.2 | 7        | 43.8 | 4        | 66.7 | --       | --   |   |   |
| Personal<br>Death         | A       | --        | --   | --           | --   | --       | --   | --       | --   | --       | --   | --       | --   |   |   |
|                           | B       | 8         | 8.0  | 5            | 11.1 | 2        | 7.4  | 1        | 5.3  | --       | --   | --       | --   |   |   |
|                           | C       | 74        | 74.0 | 35           | 80.0 | 18       | 66.7 | 16       | 84.2 | 2        | 33.3 | 2        | 66.7 |   |   |
|                           | D       | 13        | 13.0 | 4            | 8.9  | 3        | 11.1 | 2        | 10.5 | 4        | 66.7 | --       | --   |   |   |
|                           | E       | 5         | 5.0  | --           | --   | 4        | 14.8 | --       | --   | --       | --   | 1        | 33.3 |   |   |

Table 6. (Continued)

| Questions           | Answers | Graduates |      | Age in Years |      |          |      |          |      |          |      |          |      |  |  |
|---------------------|---------|-----------|------|--------------|------|----------|------|----------|------|----------|------|----------|------|--|--|
|                     |         |           |      | 20 to 29     |      | 30 to 39 |      | 40 to 49 |      | 50 to 59 |      | 60 to 69 |      |  |  |
|                     |         | N         | %    | N            | %    | N        | %    | N        | %    | N        | %    | N        | %    |  |  |
| Meaning of<br>Death | A       | 21        | 21.4 | 7            | 15.6 | 5        | 19.2 | 6        | 31.6 | 2        | 33.3 | 1        | 33.3 |  |  |
|                     | B       | 18        | 18.4 | 9            | 20.0 | 7        | 27.0 | --       | --   | 2        | 33.3 | --       | --   |  |  |
|                     | C       | 8         | 8.2  | 5            | 11.1 | 1        | 3.8  | 1        | 5.3  | --       | --   | 1        | 33.3 |  |  |
|                     | D       | 9         | 9.2  | 4            | 8.9  | 1        | 3.8  | 4        | 21.1 | --       | --   | --       | --   |  |  |
|                     | E       | 35        | 35.7 | 15           | 33.3 | 11       | 42.3 | 6        | 31.6 | 2        | 33.3 | 1        | 33.3 |  |  |
|                     | F       | 7         | 7.1  | 5            | 11.1 | 1        | 3.8  | 2        | 10.5 | --       | --   | --       | --   |  |  |

\*p&lt;.05

\*\*p&lt;.01

\*\*\*p&lt;.001

Table 7. Graduate Nurse Intragroup Comparison: Education.

| Questions                      | Answers | All<br>Graduates |      | Less than<br>B. S. Degree |      | At Least<br>B. S. Degree |      |
|--------------------------------|---------|------------------|------|---------------------------|------|--------------------------|------|
|                                |         | N                | %    | N                         | %    | N                        | %    |
| Psychological<br>Factors       | A       | 71               | 71.0 | 35                        | 68.6 | 36                       | 73.5 |
|                                | B       | 26               | 26.0 | 15                        | 29.4 | 11                       | 22.4 |
|                                | C       | 2                | 2.0  | 1                         | 2.0  | 1                        | 2.0  |
|                                | D       | 1                | 1.0  | --                        | --   | 1                        | 2.0  |
| Terminal<br>Illness            | A       | 94               | 93.1 | 47                        | 90.4 | 47                       | 96.0 |
|                                | B       | 3                | 3.0  | 3                         | 5.8  | --                       | --   |
|                                | C       | 4                | 3.9  | 2                         | 3.8  | 2                        | 4.0  |
| Autopsy                        | A       | 48               | 48.0 | 23                        | 44.2 | 25                       | 52.1 |
|                                | B       | 22               | 22.0 | 13                        | 25.0 | 9                        | 18.8 |
|                                | C       | 20               | 20.0 | 12                        | 23.1 | 8                        | 16.6 |
|                                | D       | 10               | 10.0 | 4                         | 7.7  | 6                        | 12.5 |
| Suicide                        | A       | 31               | 31.3 | 16                        | 31.4 | 15                       | 31.2 |
|                                | B       | 21               | 21.2 | 12                        | 23.5 | 9                        | 18.8 |
|                                | C       | 41               | 41.4 | 19                        | 37.2 | 22                       | 45.8 |
|                                | D       | 6                | 6.1  | 4                         | 7.8  | 2                        | 4.1  |
| Life<br>Maintenance<br>Efforts | A       | 1                | 1.0  | --                        | --   | 1                        | 2.0  |
|                                | B       | 80               | 80.0 | 45                        | 86.5 | 35                       | 73.0 |
|                                | C       | 18               | 18.0 | 7                         | 13.5 | 11                       | 23.0 |
|                                | D       | 1                | 1.0  | --                        | --   | 1                        | 2.0  |
| Heart Trans-<br>plant          | A       | 72               | 71.3 | 37                        | 71.0 | 35                       | 71.4 |
|                                | B       | 3                | 3.0  | 1                         | 2.0  | 2                        | 4.1  |
|                                | C       | 1                | 1.0  | 1                         | 2.0  | --                       | --   |
|                                | D       | 25               | 24.7 | 13                        | 25.0 | 12                       | 24.5 |
| Fear of<br>Death               | A       | 7                | 7.5  | 3                         | 6.0  | 4                        | 9.3  |
|                                | B       | 10               | 10.7 | 6                         | 12.0 | 4                        | 9.3  |
|                                | C       | 13               | 14.0 | 4                         | 8.0  | 9                        | 21.0 |
|                                | D       | 11               | 12.0 | 7                         | 14.0 | 4                        | 9.3  |
|                                | E       | 20               | 21.5 | 11                        | 22.0 | 9                        | 21.0 |
|                                | F       | 19               | 20.4 | 11                        | 22.0 | 8                        | 18.6 |
|                                | G       | 8                | 8.6  | 6                         | 12.0 | 2                        | 4.6  |
|                                | H       | 5                | 5.3  | 2                         | 4.0  | 3                        | 7.0  |
| Influence<br>on Attitudes      | A       | 21               | 21.0 | 13                        | 25.5 | 8                        | 17.4 |
|                                | B       | 6                | 6.0  | 2                         | 4.0  | 4                        | 8.7  |
|                                | C       | 20               | 20.0 | 10                        | 19.6 | 10                       | 21.7 |
|                                | D       | 19               | 19.0 | 9                         | 17.6 | 10                       | 21.7 |

Table 7. (Continued)

| Questions           | Answers | All<br>Graduates |      | Less than<br>B. S. Degree |      | At Least<br>B. S. Degree |      |
|---------------------|---------|------------------|------|---------------------------|------|--------------------------|------|
|                     |         | N                | %    | N                         | %    | N                        | %    |
|                     | E       | --               | --   | --                        | --   | --                       | --   |
|                     | F       | --               | --   | --                        | --   | --                       | --   |
|                     | G       | 2                | 2.0  | 2                         | 4.0  | --                       | --   |
|                     | H       | 5                | 5.0  | 3                         | 5.9  | 2                        | 4.3  |
|                     | I       | 24               | 24.0 | 12                        | 23.5 | 12                       | 26.1 |
| Personal            | A       | --               | --   | --                        | --   | --                       | --   |
|                     | B       | 8                | 8.0  | 4                         | 7.7  | 4                        | 8.2  |
|                     | C       | 74               | 74.0 | 41                        | 78.8 | 34                       | 69.4 |
|                     | D       | 13               | 13.0 | 5                         | 9.6  | 8                        | 16.3 |
|                     | E       | 5                | 5.0  | 2                         | 3.8  | 3                        | 6.1  |
| Meaning<br>of Death | A       | 21               | 21.4 | 10                        | 19.2 | 11                       | 23.0 |
|                     | B       | 18               | 18.4 | 7                         | 13.5 | 11                       | 23.0 |
|                     | C       | 8                | 8.2  | 5                         | 9.6  | 2                        | 4.1  |
|                     | D       | 9                | 9.2  | 5                         | 9.6  | 6                        | 12.5 |
|                     | E       | 35               | 35.7 | 20                        | 38.5 | 15                       | 31.2 |
|                     | F       | 7                | 7.1  | 5                         | 9.6  | 3                        | 6.2  |

\*p&lt;.05

\*\*p&lt;.01

\*\*\*p&lt;.001



## CHAPTER IV

### DISCUSSION

Responses by nursing student and graduates to questionnaire items likely to reveal attitudes toward death were compared and found to be similar. Though variations were noted, few significant differences were noted in the responses of students and graduates, and few significant differences were found in the responses of graduates in various sub-groups.

Both students and graduates recognized the importance of psychological factors in influencing death. The vast majority (97 per cent) of both groups firmly believed or tended to believe that psychological factors can influence (or even cause) death. Differences in responses by students and graduates and by graduate nurses in various sub-groups were not significant. This finding was consistent with that of Schneidman (62) whose study revealed that 92 per cent of his subjects believed psychological factors can influence (or even cause) death.

The finding is similar to that of Golub and Resnikoff (30). However, some differences were noted. The characteristics of subjects in this study and those in the study by Golub and Resnikoff differ (See Tables 8 and 9). Group differences may, in part, account

for differences in findings of the two studies. They found that the majority of students (74 per cent) and graduates (87 per cent) believed in the importance of psychological factors in influencing death but significantly more so by the graduates. No significant differences in the responses of students and graduates were found in this study on the question of psychological factors. Twenty-three per cent of the students in the study by Golub and Resnikoff responded "Don't know or undecided" to the question of the influence of psychological factors, as compared to 3 per cent of the students in this study who responded in that manner (See Table 10).

Graduate nurse intragroup comparisons on the basis of nursing specialty, years of nursing experience, age, and level of education revealed no significant differences among graduate responses to the question of the influence of psychological factors. In their study, Golub and Resnikoff did, however, find differences in the responses by graduates on the basis of age and years of nursing experience (See Table 10).

Several reasons may account for the differences in findings of this study and those of Golub and Resnikoff. It is possible that baccalaureate nursing students are exposed earlier in their nursing education to mental health concepts, in the period of time prior to their first clinical experiences, in which they study the sciences, social sciences, and the humanities. Also, in recent years there

has been an increase in public awareness of many psycho-social concepts, and the beliefs of students and graduates in this study may reflect that expanded general awareness. The nursing profession in this region seems deeply committed to continuing education for practicing nurses, and the responses of graduate nurses on the question of the influence of psychological factors may reflect their efforts at continuing their educations.

It was found that the majority of students (91.2 per cent) and graduates (93.1 per cent) would wish to be told if they had a terminal illness. This finding is consistent with that of other studies. Cappon (6) reported that 91 per cent of this non-patient subjects stated they would wish to be informed of a terminal illness. Gilbertsen and Wangensteen (25) and Kubler-Ross (43), (44) report similar findings. Though Golub and Resnikoff report the majority of students and graduates in their study responded that they would wish to be told of a terminal disease, a smaller percentage of both groups responded in this way, compared to the subjects in this study (See Table 10).

If it is presumed that nursing students and graduates believe that others feel as they do about being given knowledge of a terminal illness, then nurses may find their beliefs in conflict with those of physicians in caring for dying patients. It is the tendency of

physicians to not inform patients about the reality of their conditions. (5), (17), (19), (28), (45) The nurse may find herself in the difficult situation of caring for an uninformed dying patient whose physician may evade the patient's questions. She may attempt to deal with the conflict in beliefs between herself and the physician and the uncomfortable situation of caring for the questioning, uninformed patient by avoidance of the patient or denial of the reality of his condition.

A major work value for nurses is that of saving lives (21), (57) And when this value cannot be achieved, the nurse may feel unrewarded and defeated. She may manage her own sense of defeat and lack of satisfaction by withdrawal from the patient.

The majority of students (68.5 per cent) and graduates (70 per cent) approved or were indifferent to having an autopsy performed upon their death. No significant difference was noted between the frequency with which students responded that they approved of autopsy (36.7 per cent) and the graduates (48 per cent) who responded in this way. This finding is not consistent with that of Golub and Resnikoff who reported graduates (52.4 per cent) were significantly more likely to approve of autopsy than were students (17.1 per cent) (See Table 10).

Students may be exposed very early in their nursing education to the values of the professions of nursing and medicine and rapidly incorporate these values. Nursing and medicine are dedicated to the

advancement of the sciences which deal with illness and human suffering, and autopsy is a valued tool in making scientific contributions. In addition, students and graduates may reflect in their response the social values they have acquired prior to entry into nursing or outside the realm of nursing. The advancement of scientific technology and research tools seems to be held as a valuable goal in American society. Death has been an increasingly acceptable subject of scientific investigation in America. (22)

The majority of students (58 per cent) and graduates (52.5 per cent) favored suicide prevention "In every case" or "In all but a few cases". The difference in responses was insignificant. This finding was consistent with that of Golub and Resnikoff. However, this study revealed that nurses under 40 years of age were significantly more likely to respond that suicide should be prevented "In every case" or "In all but a few cases" than were those nurses over the age of 40. Golub and Resnikoff found no such significant differences.

It is likely that students have been exposed to mental health concepts and the value of suicide prevention as students and as members of a society which values the preservation of human life. American society seems to be increasingly conscious of the preservation of life through suicide prevention, as evidenced by the growth of local mental health center, suicide prevention leagues, greater numbers of suicidologists, and public awareness of the problems

and prevention of mental illness.

As psycho-social principles have been employed in nursing education and nursing practice to the greatest extent in the last twenty years, it is possible that nurses over the age of 40 have been less exposed to the value and practice of suicide prevention during their nursing education and much of their practice. Psychiatric nursing curriculum may not have employed the principles and practice of suicide prevention 20 years ago, as it does now. Research on attitudes toward suicide in relation to age is worthy of further research.

The primary goal of the health team is that of saving lives. (21), (48), (57) The majority of students and graduates believed that reasonable effort and care should be taken to preserve life of a seriously ill person. This finding is consistent with that of Golub and Resnikoff. However, that research team found that significantly more students responded that "All possible effort" be taken to save the life of a seriously ill person than did graduates (See Table 10). Of interest, 96 per cent of the students and 98 per cent of the graduates in this study responded that reasonable care and effort should be taken to preserve the life of a seriously ill person, while in the Golub and Resnikoff study 74.3 per cent of the students and 90.3 per cent of the graduates responded in this way.

Students' and graduates' attitudes toward life maintenance may



reflect the value system of their profession and of society, which emphasizes preservation of life. It is interesting that very few students or graduates responded that "All possible effort" should be taken to maintain the life of a seriously ill person, especially when one considers the recent advances in medical technology and practice which now permits heroic measures to be taken to maintain life. The lack of this response from students and graduates may reflect nursing, medical, and social awareness which is addressing itself to the question of quality of the life maintained, as well as its quantity, and the moral issues of preserving life when that may be inappropriate to the individual's condition.

The majority of students (76 per cent) and graduates (71.3 per cent) reported a willingness to donate their hearts for transplantation to anyone. This is not an unexpected response by individuals who are aware of recent advances in transplant techniques and who are members of a profession which is dedicated to scientific inquiry and is intimately involved in the care of individuals who are undergoing transplant. Society, as well, has increasing knowledge of transplant practices and seems to recognize the value of organ donation, as evidenced by a variety of organ banks and the number of individuals who contract with agencies to donate organs upon death.

It was found that students and graduates did not differ significantly in responding to the question, "In your opinion, at what age

are people most afraid of death? " The ages most frequently reported were 20-29, 40-49, and 50-59 by both groups. The age least frequently reported by both groups was childhood. These findings are consistent with those of Shneidman (62) and Gorer (31).

It is possible that individuals tend to identify the ages of greatest fear of death on the basis of the degree of perceived social loss, should a person of those age groups die. It may be socially engrained in individuals that the young adult and middle-aged adult are most actively engaged in contributing to society. The death of such persons is perceived with heightened loss to society. It is perhaps because society highly values individuals in these age groups that they are commonly identified as ages of greatest fear of death.

Students and graduates differed significantly in identifying factors which most influenced their present attitudes toward death. Students were more likely to identify religious upbringing than were graduates. The graduates were significantly more likely to identify work experience with critically ill or dying patients as the greatest influence on present attitudes toward death. The results on this item tend to differ with those of Shneidman (62) The differences in the findings of these two studies may reflect differences in populations studied.

It is possible that as students gain work experience they will come to identify those influencing factors which graduates most

frequently did. Work experience with seriously ill or dying patients may eventually be identified by these students as exerting the most influence on their attitudes towards death. It is interesting to note, however, though students and graduates identified different influencing factors, their attitudes towards death and dying appear to be remarkably similar.

The majority of students (60.9 per cent) and graduates (74 per cent) reported thinking about their own death "Occasionally". This finding disagrees with that of the study reported by Hinton in Dying (33) in which 90 per cent of the college student subjects stated they rarely thought about their own death. The differences in the findings of the two studies may be attributable to subject interpretation of the meaning of the words, "frequently", "occasionally", and "rarely".

No significant differences were noted in the responses of the groups to the question, "What does death mean to you?" Slightly over one half of both groups' responses reflected a belief in a life after death. It may be speculated that this is a reflection of the lessening impact of religious beliefs in America.

Differences in the findings of this study and those of Golub and Resnikoff may be attributable to several factors. There are differences in the two, the three, and the four year nursing programs which may contribute to attitudinal differences among students of the three programs. Baccalaureate students may be exposed

earlier in their nursing education to psycho-social concepts that may exert an influence on attitude formation. Such students have had a background in the sciences, the social sciences, and humanities, prior to their initial clinical experience.

Differences in the responses of the students in the two studies may also be a function of age. The students in the study by Golub and Resnikoff tended to be younger than student subjects in this study. As young individuals mature, their attitudes may tend to change.

Differences in student responses in the two studies may also be a function of religious upbringing. The majority of student subjects in the study by Golub and Resnikoff were Roman Catholics, while the majority of students in this study were Protestants. One may expect differences in attitudes toward death in individuals whose religious orientation differs.

Differences in the responses of students and graduates in the two studies may be attributed to varying geographical locations and social environments. Differences may also be a function of time. There has been greater public and professional interest in the area of death and dying in the last several years. Thanatology is now being investigated and discussed in community-based programs, as well as by those in the health occupations. Such professional and social willingness to begin to examine the issues of death and dying may have exerted an influence on the attitudes of nurses in the years

since Golub and Resnikoff conducted their study. This may explain some of the differences noted in the responses of nurses in the two studies.

Few differences in the responses by graduates in this study were noted. This is surprising when one considers the manner and degree of professional involvement with dying and death by nurses in the various specialty areas.

Few differences were noted among graduate nurses' responses on the basis of length of nursing experience, age, and level of education. Nurses seem to share similar attitudes toward death regardless of their type and length of nursing education and professional work experience. These nurses may have had similar educational experiences, and at some time, they have dealt with patients with a limited life span.

Since attitudes toward death appear to be quite similar for graduates and students, it seems likely that the influence of nursing experience on attitudes toward death takes place very early in the nurses' education and remains quite stable throughout their careers.

Table 8. A Comparison of Characteristics of Student Subjects in This Study and that of Golub and Resnikoff.

| Subject Characteristics | This Study<br>% of Sample | Golub's Study<br>% of Sample |
|-------------------------|---------------------------|------------------------------|
| Nursing Program:        |                           |                              |
| 2 or 3 years            | 0.0                       | 100.0                        |
| Baccalaureate           | 100.0                     | 0.0                          |
| Age:                    |                           |                              |
| Under 20                | 21.7                      | 68.0                         |
| 20-24                   | 69.6                      | 13.0                         |
| 35-39                   | 5.8                       | 17.0                         |
| Religion:               |                           |                              |
| Protestant              | 55.1                      | 22.0                         |
| Roman Catholic          | 24.6                      | 67.0                         |
| Jewish                  | 2.9                       | 7.0                          |
| Marital Status:         |                           |                              |
| Married                 | 17.4                      | 12.0                         |
| Sex:                    |                           |                              |
| Female                  | 92.8                      | 100.0                        |
| Male                    | 7.2                       | 0.0                          |
| Race:                   |                           |                              |
| Caucasian               | 94.2                      | 90.0                         |
|                         | N=69                      | N=70                         |

Only those characteristics which were reported by Golub and Resnikoff are considered and compared in this table.



Table 9. A Comparison of Characteristics of Graduate Subjects in This Study and that of Golub and Resnikoff.

| Subject Characteristics                       | This Study<br>% of Sample | Golub's Study<br>% of Sample |
|---|---------------------------|------------------------------|
| Age:  |                           |                              |
| 25-49   | 76.0                      | 55.0                         |
| Religion:                                     |                           |                              |
| Protestant                                    | 69.3                      | 30.0                         |
| Roman Catholic                                | 22.7                      | 55.0                         |
| Jewish  | 2.0                       | 13.0                         |
| Marital Status:                               |                           |                              |
| Married                                       | 58.0                      | 50.0                         |
| Sex:  |                           |                              |
| Female  | 97.0                      | 100.0                        |
| Male  | 3.0                       | 0.0                          |
| Race:   |                           |                              |
| Caucasian                                     | 95.0                      | 90.0                         |
| Income:                                       |                           |                              |
| Over \$10,000                                 | 84.4                      | 80.0                         |
| Level of Education:                           |                           |                              |
| Bachelor's or Master's Degree                 | 48.6                      | 57.0                         |
| Mean Number of Years of Experience in Nursing | 10.5                      | 11.5                         |
|   | N=101                     | N=82                         |

Only those characteristics which were reported by Golub and Resnikoff are considered and compared in this table.

Table 10. A Comparison of Responses by Subjects in This Study and that of Golub and Resnikoff.

| Questions                | Answers | This Study    |             | Golub's Study |             |
|--------------------------|---------|---------------|-------------|---------------|-------------|
|                          |         | Students<br>% | Nurses<br>% | Students<br>% | Nurses<br>% |
| Psychological Factors    | A       | 59.4          | 71.0        | 36.2          | 38.0        |
|                          | B       | 37.7          | 26.0        | 37.7          | 49.4*       |
|                          | C       | 2.9           | 2.0         | 23.2          | 7.6**       |
|                          | D       | 0.0           | 1.0         | 2.9           | 5.1         |
| Terminal Illness         | A       | 91.2          | 93.1        | 67.1          | 77.8        |
|                          | B       | 1.5           | 3.0         | 8.6           | 2.5         |
|                          | C       | 7.4           | 3.9         | 24.3          | 19.8        |
| Autopsy                  | A       | 36.7          | 48.0        | 17.1          | 52.4***     |
|                          | B       | 31.8          | 22.0        | 48.6          | 25.6**      |
|                          | C       | 18.2          | 20.0        | 22.9          | 13.4        |
|                          | D       | 13.6          | 10.0        | 11.4          | 8.5         |
| Suicide Prevention       | A       | 47.8          | 31.3        | 44.9          | 54.3        |
|                          | B       | 10.1          | 21.2        | 13.0          | 12.3        |
|                          | C       | 36.2          | 41.4        | 27.5          | 28.4        |
|                          | D       | 5.8           | 6.1         | 14.5          | 4.9         |
| Life Maintenance Efforts | A       | 4.3           | 1.0         | 20.0          | 7.3*        |
|                          | B       | 78.3          | 80.0        | 52.9          | 67.1**      |
|                          | C       | 17.4          | 18.0        | 21.4          | 23.2        |
|                          | D       | 0.0           | 1.0         | 5.7           | 2.4         |
| Heart Transplant         | A       | 76.8          | 71.3        | 73.9          | 72.0        |
|                          | B       | 4.3           | 3.0         | 5.8           | 3.7         |
|                          | C       | 4.3           | 1.0         | 1.4           | 3.7         |
|                          | D       | 14.5          | 24.7        | 18.8          | 20.7        |

\* $p < .05$

\*\* $p < .01$

\*\*\* $p < .001$

Significant differences are those found between students' and graduates' responses in the study by Golub and Resnikoff. Significant differences between responses by students and graduates on these items were not found in this study.

## CHAPTER V

### SUMMARY, CONCLUSIONS, RECOMMENDATIONS

#### Summary

Sixty-nine baccalaureate nursing students from the University of Oregon School of Nursing and 101 graduate nurses, representing six major health care facilities in the Portland metropolitan area participated in this study. Students' and graduates' responses to questionnaire items were examined to determine the influence of nursing education and experience on attitudes toward death.

Students' and graduates' attitudes toward death were found to be similar. With the exception of respondents' identification of the factors most influencing their present attitudes toward death, differences in the responses of the two groups were not statistically significant. Students were found to more often identify religious upbringing as the major influence on present attitudes toward death, while graduates were significantly more likely to identify work experience with critically ill or dying patients as exerting the most influence on their present attitudes toward death. Remarkable similarity was noted in the attitudes of students and graduates toward the influence of psychological factors upon death, terminal illness, autopsy, suicide prevention, treatment of the seriously ill, organ

transplantation, death concern, and the meaning of death.

Intragroup comparison of graduate nurses on the basis of nursing specialty, years of nursing experience, age, and the level of education showed remarkable similarity among the graduates. The only significant difference among graduate attitudes was noted in the responses to the question of suicide prevention on the basis of age. Graduates under the age of 40 were significantly more likely to respond that suicide should be prevented in all cases or in all but a few cases than were nurses over the age of 40. Regardless of the type and length of nursing experience, age, and educational experience, graduate nurses have very similar attitudes toward death.

### Conclusions

The responses of nursing students' and graduates' to questionnaire items likely to reveal the influence of nursing education and experience on attitudes toward death were compared. The findings of this study revealed remarkable similarity in attitudes of students and graduates toward the influence of psychological factors on death, terminal illness, autopsy, suicide prevention, life maintenance efforts, heart transplant, death concern, and the meaning of death.

Intragroup comparison of graduates on the basis of nursing specialty, years of nursing experience, age, and level of education revealed that graduates' attitudes toward death are also very similar.

Despite wide differences in age, experience, and the frequency with which the various specialty groups encounter death, attitudes of graduates were very much alike. It appears that similar attitudes arise out of experiences common to all nurses, their nursing education, and at some point in their experience, the care of an individual with a limited life span.

On the basis of this study it can be concluded that attitudes toward death are remarkably similar in nursing students and graduates. It is concluded that the influence of nursing experience in shaping attitudes toward death takes place early in the nurse's career, during the very early stages of her nursing education, and that these attitudes remain fairly stable throughout her professional career.

#### Recommendations

It is recommended that a number of studies be carried out as a result of the data obtained in this study. These may include:

1. Replication of this study using a larger population of students representing the three types of nursing programs, and nurses from a greater variety of specialty areas.
2. Replication of this study with concurrent collection of data by behavioral observations of subjects in situations in which they care for dying or suicidal individuals to

determine congruence of attitudes and behaviors.

3. Replication of this study using other members of the health professions.
4. Replication of this study using sophomore college students in nursing and non-nursing majors and professionals in nursing and non-health allied fields.



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## APPENDIX

## DEATH QUESTIONNAIRE

1. To what extent do you believe that psychological factors can influence (or even cause) death?
  - A. I firmly believe that they can.
  - B. I tend to believe that they can.
  - C. I am undecided or don't know.
  - D. I doubt that they can.
2. If your physician knew that you had a terminal disease and limited time to live, would you want him to tell you?
  - A. Yes.
  - B. No.
  - C. It would depend on the circumstances.
3. How do you feel about having an autopsy done on your body?
  - A. Approve.
  - B. Don't care one way or the other.
  - C. Disapprove.
  - D. Strongly disapprove.
4. To what extent do you believe that suicide should be prevented?
  - A. In every case.
  - B. In all but a few cases.
  - C. In some cases, yes, in others, no.
  - D. In no case; if a person wants to commit suicide society has no right to stop him.
5. What efforts do you believe ought to be made to keep a seriously ill person alive?
  - A. All possible efforts; transplantations, kidney dialysis, etc.
  - B. Efforts that are reasonable for that person's age, physical condition, mental condition, and pain.
  - C. After reasonable care has been given, a person ought to be permitted to die a natural death.
  - D. A senile person should not be kept alive by elaborate artificial means.
6. Would you be willing to donate your heart for transplantation (after you die)?
  - A. Yes, to anyone.
  - B. Yes, but only to a relative or a friend.
  - C. I have a strong feeling against it.
  - D. No.
7. In your opinion, at what age are people most afraid of death?
  - A. Up to 12 years.
  - B. 13 to 19 years.
  - C. 20 to 29 years.
  - D. 30 to 39 years.

- E. 40 to 49 years.  
 F. 50 to 59 years.  
 G. 60 to 69 years.  
 H. 70 years and over.
8. Which of the following most influenced your present attitudes toward death?
- A. Death of someone close.  
 B. Specific reading.  
 C. Religious upbringing.  
 D. Introspection and meditation.  
 E. Rituals (e.g., funerals).  
 F. TV, radio or motion pictures.  
 G. Longevity of my family.  
 H. My health or physical condition.  
 I. Other (Specify): \_\_\_\_\_
9. How often do you think about your own death?
- A. Very frequently (at least once a day).  
 B. Frequently.  
 C. Occasionally.  
 D. Rarely (no more than once a year).  
 E. Very rarely or never.
10. What does death mean to you?
- A. The end; the final process of life.  
 B. The beginning of a life after death; a transition, a new beginning.  
 C. A joining of the spirit with a universal cosmic consciousness.  
 D. A kind of endless sleep; rest and peace.
- E. Termination of this life but with survival of the spirit.  
 F. Don't know.
11. What is your level of education?
- A. Currently a nursing student.  
 B. R.N. (2 yr. A.D. program).  
 C. R.N. (diploma program).  
 D. R.N. (B.S. degree).  
 E. R.N. (Masters degree.)  
 F. R.N. (Ph.D or other advanced degree).
12. What is your clinical specialty?
- A. Currently a nursing student.  
 B. Medical nurse.  
 C. Surgical nurse.  
 D. Public Health nurse.  
 E. Psychiatric nurse.  
 F. Education/Administration.
13. What is your sex?
- A. Female.  
 B. Male.
14. What is your age?
- A. Under 20.  
 B. From 20 to 24.  
 C. From 25 to 29.  
 D. From 30 to 34.  
 E. From 35 to 39.  
 F. From 40 to 49.  
 G. From 50 to 59.  
 H. From 60 to 64.  
 I. 65 or over.
15. To what racial group do you belong?
- A. Caucasian.  
 B. Negro.

- C. Oriental.  
D. Other.
16. What is your marital status?
- A. Single.  
B. Married.  
C. Divorced.  
D. Widow.  
E. Widower.
17. What is your religious background?
- A. Protestant.  
B. Roman Catholic.  
C. Jewish.  
D. Other.
18. What is the approximate annual income of your family?
- A. Less than \$5,000.  
B. From \$5,000 to \$10,000.  
C. From \$10,000 to \$15,000.  
D. From \$15,000 to \$25,000.  
E. From \$25,000 to \$50,000.  
F. More than \$50,000.
19. Please indicate your number of years of nursing experience.
- A. \_\_\_\_\_



For the MASTER OF NURSING

Title: ATTITUDES TOWARD DEATH  
A COMPARISON OF NURSING STUDENTS  
AND GRADUATE NURSES

Approved: \_\_\_\_\_  
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## ABSTRACT

The behaviors which nurses demonstrate in caring for critically ill, dying, and suicidal patients are largely motivated by the nurses' attitudes toward death and can affect the quality of care given these individuals. There has been a need for further research on nursing attitudes that may affect patient care. Of particular importance is the determination of the influence of nursing education and experience on attitude formation. This study was undertaken to determine the influence of nursing education and experience on attitudes toward death.

Sixty-nine sophomore baccalaureate nursing students from the University of Oregon School of Nursing, Portland, Oregon, participated in this research. These students had just completed their first seven months of clinical experience. The majority of these subjects were under the age of 24, female, Caucasian, single, and Protestant.

A cross sectional sample of graduate nurses representing six major health care facilities in the Portland metropolitan area also participated in this study. One hundred and one graduate nurses represented five nursing specialty areas. The graduates included 23 medical nurses, 22 surgical nurses, 19 public health nurses, 21 psychiatric nurses, and 15 nurse educators or administrators. The majority of graduates were under the age of 49, female, married, Caucasian, and Protestant. Nursing experience ranged from 0.5 to

39 years. The mean number of years of nursing experience was 10.5. Forty-nine per cent of the graduates held at least a B. S. degree.

The responses of students and graduates to a ten item multiple-choice questionnaire reflecting attitudes toward death were compared. Graduate nurse intragroup comparisons were made on the basis of nursing specialty, years of nursing experience, age and level of education. Significant differences in the responses of the groups were determined by the use of Chi-square. Questionnaire items included the influence of psychological factors on death, terminal illness, autopsy, suicide prevention, treatment of the seriously ill, life maintenance efforts, heart transplant, death concerns, the influence on present attitudes, and the meaning of death.

Remarkable similarity was noted in the attitudes of students and graduates toward the influence of psychological factors upon death, terminal illness, autopsy, suicide prevention, treatment of the seriously ill, organ transplantation, death concerns, and the meaning of death. The only significant difference in the responses of the two groups was found to be in the respondents' identification of those factors they believed most influenced their present attitudes toward death. Students were more likely to identify religious upbringing as the major influence on death attitudes, while graduates were found to be more likely to identify work with critically ill or dying patients as the greatest influence.

Intragroup comparison of graduates on the basis of nursing specialty, years of nursing experience, age, and the level of education showed remarkable similarity in graduates attitudes toward death. The only significant difference was noted in the comparison based on age. Graduates under the age of 40 were significantly more likely to respond that suicide should be prevented in all cases or in all but a few cases than were nurses over the age of 40. Regardless of the type and length of nursing experience, age, and educational preparation, graduate nurses were found to have similar attitudes toward death.

On the basis of this study, it is concluded that attitudes toward death are very similar in nursing students and graduates. The influence of nursing experience in shaping attitudes toward death likely takes place early in the nurse's career, during the early stages of her nursing education, and these attitudes remain fairly stable throughout her nursing career.