



Hemşirelerin vicdan algılarının ölmekte olan bireyin bakım tutumlarına etkisi

The effect of nurses' perceptions of conscience on the care attitudes of dying individuals

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ABSTRACT

Aim: This study was conducted to evaluate the effect of conscience perceptions of nurses working in the intensive care unit and their attitudes towards the care of dying individuals.

Materials and Methods: The research was conducted between April 2022-2023. The study was conducted with 302 nurses. Data were collected using the Perception of Conscience Scale and the Frommelt Attitudes Toward Care of Dying Individuals Scale.

Results: In the study, it was determined that the nurses' conscience perception and attitudes towards dying individual care were above the medium level. It was determined that the perception of conscience, age, gender, working status in the COVID-19 intensive care unit had a 17% effect on the nurses' attitude towards the dying individual's care. It was determined that men and nurses working in COVID-19 intensive care had more negative attitudes.

Conclusion: This study determined that nurses' perception of conscience and attitudes towards dying individual care were above the medium level. It was determined that nurses' perception of conscience and socio-demographic characteristics had a 17% effect on FATCOD.

ÖZ

Amaç: Bu araştırma; yoğun bakımdaki hemşirelerin vicdan algılarının ve ölmekte olan bireyin bakımına ilişkin tutumlarına etkisini belirleyebilmek amacıyla yapılmıştır.

Gereç ve Yöntem: Araştırma, Nisan 2022-2023 tarihleri arasında gerçekleştirilmiştir. Çalışmada 302 hemşireye ulaşılmıştır. Veriler, Giriş Anketi, Vicdan Algısı Ölçeği ve Frommelt Ölmekte Olan Bireylerin Bakıma Yönelik Tutumları (FATCOD) kullanılarak çevrimiçi olarak toplanmıştır.

Bulgular: Çalışmada, hemşirelerin vicdan algılarının ve ölmekte olan birey bakımına yönelik tutumlarının orta düzeyin üzerinde olduğu belirlenmiştir. Vicdan algısı, yaş, cinsiyet ve COVID-19 yoğun bakım Ünitesinde çalışma durumunun hemşirelerin ölmekte olan bireye yönelik bakım tutumları üzerinde %17 oranında etkili olduğu saptanmıştır. COVID-19 yoğun bakımda çalışan erkek ve hemşirelerin daha olumsuz tutumlara sahip olduğu belirlendi.

Sonuç: Çalışmada hemşirelerin vicdan algısı ve ölmekte olan birey bakımına yönelik tutumlarının orta seviyeyen üzerinde olduğu belirlendi. Çalışmada hemşirelerin vicdan algısı ve sosyo-demografik özelliklerinin FATCOD üzerinde %17 etkisi olduğu belirlendi.

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Keywords; Attitude towards death, nursing, perception of conscience.

Anahtar kelimeler; Ölümeye yönelik tutum, hemşirelik, vicdan algısı.

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Introduction

The origin of the word conscience comes from the Latin. The word "Conscientia" is defined as a moral understanding that guides a person's actions regarding right and wrong (1). Conscience is an ethical concept that positively affects nursing care and carries it forward. Nursing is an ethically complex profession. Nurses, while providing care to patients; taking into account patient rights, professional obligations and their own conscience (2).

Nurses may experience negative emotions such as guilt, hopelessness, sadness and helplessness when they feel a conscientious disturbance while performing their duty. These feelings are the result of guilt. Remorse represents "a conscience that hurts people". The emotions experienced can be carried out of the working environment to private life. If the perceived conscientious problem is not resolved, the working environment will be adversely affected. This situation may force the nurse to ignore her conscience in order to continue working in the health system. Moreover, it causes burnout in the nurse (3,4).

Millions of people around the world have been found to be sick with the COVID-19 virus, and hundreds of thousands of people have died because of this. Since serious complications developed in approximately 15% of individuals infected with this virus, the risk of mortality was high, and the need for care increased, their treatment and care continued in intensive care units (5).

Intensive Care Units (ICUs) are extremely busy and stressful environments for patients, their relatives and healthcare professionals. ICU nurses are frequently faced with trauma and death, from the situation of patients with multiple problems they care for, to make

ethical and conscientious decisions, to constantly witness the suffering of patients, to lose patients despite intense medical support, and communication problems with the patient or their relatives. may be affected emotionally (6,7).

While the individual who is about to die or is dying, experiences his own death process, he also experiences some feelings for those around him. Therefore, it is thought that it affects the nurses and their families psychologically. The attitudes of nurses, who encounter the phenomenon of death very frequently in their working life, towards providing services to dying patients are quite important for the quality of care given. Nurses' attitudes towards dying patients may vary according to nurses religious-cultural structures, social living space, the technological facilities they use in the units where they work, communication methods and their experiences of encountering death (8,9).

It is very important for nurses to be aware of how their attitudes affect their care while providing services to patients who are about to die. Nurses can eliminate their fear of death by having a positive approach while caring for the dying patient. It can also prepare a peaceful death process by making the patient feel that he/she is a respected individual in a safe environment. In addition to physically and psychologically comforting patients, nurses have an important role in preparing family members for the grieving process (10).

The aim of this study is to examine the relationship between nurses' attitudes towards caring for dying individuals and factors such as perception of conscience, age, gender, and working in the COVID-19 intensive care unit.

MATERIAL AND METHODS

Research Design

This research is a cross-sectional study.

Place and Time of Research

The research was carried out on nurses working in the intensive care unit in a Training and Research Hospital. The research was conducted between January and February 2022.

Population and Sample of the Research

The sample size of the study was determined as 302 people with 97% confidence interval, 0.05 error level, 0.25 effect size and 0.95 population representativeness by power analysis (11). The inclusion criteria were nurses actively working in inpatient units with at least 6 months of professional experience and willing to participate in the study voluntarily. Nurses on leave, not working in patient care, or unwilling to participate were excluded from the study.

Data Collection Tools

In the study, the "Nurse Descriptive Information Form" created by the researchers, the Conscience Perception Scale, and the Frommelt Dying Person Attitudes towards Care Scale prepared by the researchers.

Information Form: This form, developed by the researchers, consists of 12 questions that determine the socio-demographic characteristics of nurses.

Conscience Perception Scale (CPS):

The scale developed by Dahlquist et al. was developed to assess nurses' perceptions of conscience. While it originally consisted of 15 items and 6 factors, Ahlin et al. added 1 more item and published it as 16 items. In order to be used by nurses in Turkey, a validity

and reliability study was conducted by Aksoy et al. in 2019. The statement related to the item has a scale where individuals are scored between 1-6 as 6 if they completely agree and 1 if they strongly disagree. The scale has 2 sub-dimensions, namely Responsiveness and Authority. The Cronbach Alpha coefficient is 0.84. A high score on the scale indicates a high perception of conscience (10). The Cronbach Alpha value of the scale in our study was found to be 0.86.

Frommelt Dying Individual Attitude Scale Towards Care

The scale was developed by Frommelt (1991) to determine nurses' attitudes towards the care of dying patients. The five-point Likert-type scale consists of 30 items. The scale consisting of includes statements about positive and negative attitudes. In the scale, (1, 2, 4, 10, 12, 16, 18, 20, 21, 22, 23, 24, 25, 27, and 30) and 15 items were expressed as positive and other 15 items as negative. In the evaluation of the scale, questions containing negative attitudes are reversed and summed with positive answers to obtain a total score. Scores on the scale range between 30 and 150. A high score on the scale indicates that nurses have a positive attitude towards death (12). Akbolat et al. made the next Turkish validity and reliability test. Cronbach's alpha coefficients of the scale and its sub-dimensions were found between 0.606 and 0.800 (13) In this study, the Cronbach's alpha coefficients were determined to be between 0.72 and 0.80.

Data Collection

Data were collected online between April 2022-2023. An online survey form was used in the study. The prepared questionnaire form was sent by the researcher to the nurses both through social media channels and instant messaging applications after providing

information on the subject and they were asked to fill it out after the approval link. Data collection took approximately 15-20 minutes. A total of 302 nurses were included in the study.

Variables of the Study

Dependent variables: Nurses' Attitudes Towards Dying Individual Care

Independent variables: Perception of Conscience scale and Nurses' introductory features (age, gender, clinic worked, duration of work).

Ethical Aspect of Research

Before starting the study, ethics committee permission was obtained from Inonu University Non-Interventional Scientific Research Ethics Committee (2022-2-16). Consent was also obtained from the nurses via text message.

Evaluation of Data

Data analysis was performed with SPSS 24.0 package program. Mean in the analysis of the data obtained from the forms, standard deviation, minimum-maximum score and median descriptive statistics were used. The effect of independent variables on the dependent variable was determined by linear logistic regression analysis. All analyses were performed with a 95% confidence interval.

RESULTS

Socio-demographic characteristics of the nurses are presented in Table 1. The socio-demographic characteristics of the 302 participating nurses show that the mean age was 30.85 ± 5.06 years, with the highest proportion in the 30-34 age group (37.4%). The majority of the participants were female (77.2%), while 22.8% were male. Regarding marital status, 71.2% were married, 27.2% single, and 1.7% divorced. Most of the nurses

held a bachelor's degree (80.1%), followed by high school graduates (13.9%) and those with a graduate degree (6.0%).

A large proportion of the participants (80.1%) reported having provided care to patients in the terminal period, and all nurses (100%) stated that they had encountered death at least once in their professional life. The average duration of professional experience was 8.44 ± 5.78 years, with the highest percentage (39.0%) working for 1-5 years. The average working time in intensive care units was 3.00 ± 2.04 years. Regarding the workplace, 36.8% of the nurses were working in COVID-19 intensive care units, while 63.2% were employed in other intensive care units (e.g. coronary, internal medicine, surgical).

In the study, it was determined that nurses scored 65.01 ± 12.49 on the Conscience Perceptions Scale and 103.94 ± 9.85 points on the Dying Person's Attitude towards Care Scale (Table 2).

In Table 3, the effect of Nurses' Perceptions of Conscience and socio-demographic characteristics on the Dying Individual's Attitude towards Care and addiction status was examined. The effect of characteristics based on qualitative data on Nurses' Attitude towards Care of Dying Individuals was determined and it was found as $R=0.412$, $R^2=0.170$. It was determined that the total variance in the dependency dependent variable of Nurses' Attitude towards Care of the Dying Person was explained by these variables, and the result was statistically significant ($p=0.000$). It was determined that the perception of conscience, age, gender, working status in the COVID-19 intensive care unit had an effect on the Nurses' Attitudes towards Care of the Dying Individual ($p<0.05$). It has been determined that the Perception of Conscience and age have a positive (.116, .739) effect on Nurses' Attitudes towards the Care of the Dying Individual, and as the

Table 1. Socio-demographic characteristics of the nurses (n = 302)

Features	N	%
Age		
20-24 age	29	9.6
25-29 age	91	30.1
30-34 age	113	37.4
35-39 age	50	16.6
40 age and above	19	6.3
Gender		
Female	233	77.2
Male	69	22.8
Marital status		
Married	215	71.2
Single	82	27.2
Divorced	5	1.7
Education level		
High school	42	13.9
License	242	80.1
Graduate	18	6.0
The status of giving care to the patient in the terminal period		
Yes	242	80.1
No	60	19.9
Confrontation with death		
Yes	302	100.0
No	0	0.0
Working time		
1-5 years	178	39.0
6-10 years	96	21.1
11-15 years	93	20.4
16 years and older	89	19.5
Clinic studied		
Covid-19 intensive care	111	36.8
Other intensive care clinics (Coronary-internal medicine-surgery etc.)	191	63.2
The average age	30.85±5.06	
Working time (years)	8.44±5.78	
Working time in intensive care	3.00±2.04	

Table 2. Mean and standard deviation values of the scales

SCALES	Mean±SD
Perception of Conscience Questionare	65.01±12.49
Frommelt's Attitude Toward Caring of the Dying Scale	103.94±9.85

perception of conscience and age increase, the Attitudes of the Nurses Towards Care of the Dying Individual also increase. It was determined that the characteristics of gender and working status in the COVID-19 intensive care unit had a negative (-4.861,-4.538) effect on Nurses' Attitudes towards Dying Individual Care. Accordingly, it has been determined that the Attitudes of Men and Nurses working in the COVID-19 intensive care unit towards the Dying Individual's Care are also negative.

It was found that education level, marital status, working time, working time in the intensive care unit, caring for terminal patients, encountering death had no effect on the attitude towards care of the dying individual ($p>0.05$).

DISCUSSION

Nurses working in intensive care units always feel conscientious responsibility for the quality of care given to patients and are faced with the phenomenon of death. For this reason, nurses' perceptions of conscience and how they think about the concept of death and the care they provide can be affected by these factors (13). They need to be aware of their knowledge and attitudes towards death.

In determined that nurses received an average of 103.94±9.85 points from the Dying Individual's Attitude towards Care Scale. In the study conducted by Huriah et al., among Non-Palliative Care Nurses in Indonesia, the Dying Individual's Attitude towards Care Scale mean score was found to be 111.29±9.44 (14). In the study conducted by Zahran et al. on nursing students in Jordan, the Dying

Person's Attitude towards Care Scale mean score was found to be 98.1±9.2 (15). In the study of Karadağ on intern students, the mean score of the scale was found to be 81.59±12.99 (16). Leombruni et al. (2014) found it to be 115.20±7.86 in their study with nursing students in Italy (17). In another study, the mean score of the scale was found to be 99.9 ± 8.7 (18). In the study of Ferri et al. on nursing students; Italian students got 101.5 points, Spanish students got 95 points and English students got 95 points (19). According to these results, it is observed that nurses have a positive attitude above the medium level. The fact that these differences in the studies were conducted with working nurses and student nurses may have caused the difference in the mean score of the scale due to religious and cultural differences.

In the study, it was determined that nurses scored an average of 65.01±12.49 on the Conscience Perceptions Scale. In the study conducted by Karakurt et al., the perception of conscience of nurses working in Pandemic clinics scored 65.04±10.10 from the scale average (20). According to the results of this research, it is observed that nurses have a perception of conscience above the medium level.

In our study, when the socio-demographic factors affecting the Attitudes of Nurses to Care of the Dying Person were examined; It was determined that the perception of conscience, age, gender, working status in the COVID-19 intensive care unit had a 17% effect on the Nurses' attitude towards the Dying Individual's Care. Perception of Conscience Nurses have

Table 3. Explanation of factors affecting nurses' frommelt attitude toward care of the dying scale with regression analysis

Model	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			
(Constant)	84.580	6.909			12.242	.000
Perception of conscience	.116	.042	.147	2.738	.007	
Age	.739	.242	.380	3.057	.002	
Gender	-4.861	1.397	-.207	-3.479	.001	
Marital status	2.056	1.127	.103	1.824	.069	
Education level	-1.293	.978	-.079	-1.322	.187	
Working time	-.277	.231	-.162	-1.198	.232	
Working time in intensive care	.025	.174	.010	.143	.886	
Caring for the terminal patient	1.572	1.398	.064	1.124	.262	
Working status in the Covid-19 intensive care unit	-4.538	1.486	-.179	-3.054	.002	
Confrontation with death	1.072	1.078	.057	.994	.321	
		R	R Square	F	p	
		.412	.170	5.942	.000	

Dependent variable: Frommelt's attitude toward caring of the dying scale

a positive effect on the Dying Individual's Attitude towards Care. No studies have been found in the literature examining the effect of nurses' conscience perceptions on the Dying Individual's Attitude towards Care. It can be stated that during the pandemic process, nurses see conscience as a guide that guides them. Thanks to their conscience, they strive to develop an attitude that refrains from doing wrong for both themselves and their patients. It is thought that the conscientious sensitivity they experience causes nurses to develop more positive attitudes towards Dying Individual Care in parallel with professional ethical principles.

In our study, it was determined that age affects the Nurses' attitude towards the

Dying Individual's Care, and as the age of the nurses increases, they develop more positive attitudes. In the study of Huriah et al., no statistical relationship was found between the ages of the nurses and the Dying Individual's Attitude to Care (14). In the literature, it has been observed that most of the studies were conducted on nursing students and there was no relationship between age and the Nurses' attitude towards the Dying Individual's Care (15, 21-23).

In some studies in the literature, similar to our study, it was found that there is a statistically significant relationship between the ages of nursing students and the attitude of the dying individual towards care (23,24).

In our study, it was determined that gender affects Nurses' attitudes towards Dying Individuals' Care. It has been determined that women have more positive attitudes. In some studies in the literature, similar to our research, it has been found that women have a more positive attitude than men (15,21).

In the studies conducted on nursing students in the literature, it was observed that the gender of the students was effective in their attitudes towards the care of dying patients (23,25). The reasons such as the fact that there was more female gender in our study, and that care roles were mostly the responsibility of women in the Turkish family structure may have caused women to develop more positive attitudes.

In the study, it was observed that COVID-19 affects the attitude of nurses working in intensive care towards the care of the dying individual. Accordingly, nurses working in the COVID-19 intensive care unit have a more negative attitude than their colleagues working in other intensive care units (26.).

The hospital where the research was conducted is a large hospital where COVID-19 patients are followed up and treated on a provincial basis. According to the COVID-19 case situation, the hospital transforms its normal intensive care units into COVID-19 intensive care units and provides COVID-19 patient hospitalization. In the hospital, COVID-19 intensive care units serve separately from other intensive care units. There is no study on this subject in the literature. According to this result, the fact that nurses working in COVID-19 intensive flow have a higher workload than those working in other intensive care units, as well as the fear of getting COVID-19 and the painful death process of the patients show that the nurses may have affected the attitude of the dying

individual towards care more negatively.

Limitations of the Study

This study has some limitations. As it was conducted in a single training and research hospital, the generalizability of the findings is limited. Due to its cross-sectional design, causal relationships between variables cannot be determined. Data were collected through self-reported online questionnaires, which may be subject to recall and social desirability bias. Additionally, participation was voluntary, potentially leading to selection bias. The intense working conditions during the COVID-19 pandemic may also have influenced nurses' responses.

CONCLUSION

In determined that the nurses' conscience perception and attitudes towards Dying Individual Care were above the medium level. This study determined that the nurses' perception of conscience, age, gender, socio-demographic characteristics of working in the COVID-19 intensive care unit had a 17% effect on the attitude towards the care of the dying individual. It was determined that as the nurses' conscience perception scores and ages increased, they developed a more positive attitude towards the Dying Individual's Care. Additionally, it was determined that men and nurses working in COVID-19 intensive care had more negative attitudes. It is recommended to take measures to prevent the decrease in the quality of care in nursing services, to prevent nurses working in critically important places in the hospital from feeling inadequate and to create a more positive attitude towards the dying patient. These situations should be foreseen by the institutions in the early period, programs supporting nurses, motivational interviews should be made and policies should be developed.

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