

## NURSES' ATTITUDES TOWARD DEATH AND CARING FOR DYING PATIENTS AT MANSOURA ONCOLOGY CENTRE

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### Abstract

Oncology nurses play role in the care of individuals and their families in all stages of cancer, from diagnosis to death. **Aim of the study:** Assess nurses' attitudes toward death and caring for dying patients at Oncology Center Mansoura University. **Method:** A descriptive research design. Study **Subjects:** All available nurses (50) provide direct care for patient at end of life. **Tool:** One tool used for data collection Nurses' attitudes toward death and caring for dying patients questionnaires, adopted by DeKock (2011). **Results:** Revealed (100%) of study subject perceived as severe total general attitude towards care. On other hand, (58%) of study subject perceived as moderate of total work satisfaction, and (42%) perceived them to be of severe. Show that (86%) of the study subject perceived as severe total support in the working environment of oncology nurse and (14%) perceived them to be of moderate. **Conclusion:** Oncology nurses working at Oncology Center - Mansoura University have positive attitudes toward death and caring for dying patients and observed that the scores for environmental support were much higher than the ranges for work satisfaction.

**Keywords:** Oncology Nurses, Attitudes, Death And Caring, Dying Patients,.

### Introduction:

Cancer, sometimes thought to be a disease mainly of developed countries is in fact a complex set of distinct health challenges, many of which are associated with poverty. Cancer transition mirrors the overall epidemiological transition, meaning that low and middle income countries (LMICs) increasingly face cancers associated with infection as well as all other cancers. Suffering from cancer a disease widely assumed to be exclusive to the wealthy will in fact be increasingly concentrated among the poor<sup>(22)</sup>.

Cancer is a leading cause of death worldwide, accounting for 7.6 million deaths (around 13% of all deaths) in 2008. Lung, stomach, liver, colon and breast cancer cause the most cancer deaths each year. The most frequent types of cancer

differ between men and women. About 70% of all cancer deaths in 2008 occurred in low- and middle-income countries including Egypt. Death rates from cancer worldwide are projected to continue rising, with an estimated 13.1 million deaths in 2030<sup>(23)</sup>.

Oncology nurses play a principal role in the care of individuals and their families in all stages of cancer, from diagnosis to death. Of all health professionals, nurses spend most of their time with patients and their families at the end stages of life<sup>(21)</sup>.

Oncology nurses can assist patients and their families to develop coping strategies and to redefine their roles within the family. A particularly important task of the oncology nurse is to reframe patients' "hopes" realistically, so that they have the

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opportunity for personal growth and reconciliation of relationships. When patients express their underlying feelings and uncertainties, the oncology nurse can listen and acknowledge their feelings<sup>(11)</sup>.

Attitude can be defined as a predisposition or a tendency to respond positively or negatively towards a certain idea, object, person, or situation. Attitude influences an individual's choice of action, and responses to challenges, incentives, and rewards (together called stimuli).<sup>(16)</sup>

Past research has investigated the relationship between nurses' attitudes toward end-of-life care and certain demographic factors. For instance, found that positive attitudes and care are associated with more experience taking care of dying patients. Thus, nurses who have more years of experience and more personal experiences with dying patients will be better suited to care for the dying patient. Other factors such as age, gender, religion, and degrees of schooling have also been studied.<sup>(5)</sup>

**Aim of study:**

The aim of the study was to assess nurses' attitudes toward death and caring for dying patients at Oncology Center - Mansoura University.

**Research question:**

What are the influences of demographic, work environment and environmental support factors on nurses' attitudes towards caring for patients that are dying in Oncology Center-Mansoura University?

**Materials & Method**

**Study Design:**

A descriptive research design was used in this study

**Setting:**

This study was conducted at the medical and surgical departments in Oncology Center - Mansoura University.

**Subjects**

All available nurses (50), with various ages, different qualifications, different years of experience, different level of

education who provide direct care for patients at end of life, accepted to participate voluntarily in the study and gave consents, were included in the study.

**Tool:**

One tool was used for data collection:-

Nurses' attitudes toward death and caring for dying patients questionnaires

This tool was adopted by Dekock, (2011) to assess nurses' attitudes toward death and caring for dying patients at Oncology Center-Mansoura University. It consists of 51 items, and divided into four main parts:

**Part I: - Socio-demographic characteristic of the nurses studied: -**

it includes, (age, marital status, level of education, years of experience in caring for patients in this departments, how many times have you caring to patients at end of life?, number of deaths that occurred during nursing care of this patients and attending training programs, courses, workshops, and conferences about end of life care), it includes (7 items).

**Part II: - Frommelt Attitude of Nurses Towards the Care of the Dying**

**Patient (FATCOD) Scale: -**

this scale is consists of twenty nine-items, having six response categories, ranging from strongly disagree to strongly agree. Two thirds of the items referred directly to the respondent's attitudes towards the patient that is dying, whilst one third referred directly to the attitudes towards the family of the patient that is dying.

The scale further consists of an equal number of positively and negatively worded statements. The scores of the FATCOD scale ranged between 29 – 174, with the higher scores representing more positive attitudes towards caring for patients that are dying, it includes (29 items).

**Part III: -Work satisfaction of the nurses studied: -**

it was developed by Biton &Tabak (2002), to assess work satisfaction of the nurses using Likert scale questionnaire. The Likert scale included

six response categories, ranging from never to always. All seven items of the work satisfaction instrument were included in the questionnaire, but the term, "nurse" was replaced with the words, "oncology nurse" The scores of Likert scale ranged between 7 – 42 with the higher scores representing more work satisfaction towards caring for patients that are dying, it includes (7 items).

**Part IV:-Working environment support of the nurses studied:** - it was developed by cashavelly (2008), to assess the level of support in the working environment using Likert scale questionnaire, Likert scale included six response categories, ranging from never to always. The scores of Likert scale ranged between 8 – 48 with the higher scores representing more support in the working environment towards caring for patients, it includes (8 itmes).

**Method:**

1. An official permission to conduct the study was obtained from the faculty of nursing of Mansoura University to carry out the study.
2. An official letter to conduct the study was obtained from the hospital administrative authority after sending official letter from the faculty and explanation the aim and nature of the study.
3. Nurses' attitude toward death and caring for dying patients questionnaires was translated into simple Arabic language and vice versa.
4. Verbal explanation of the aim and the nature of the study were explained to all staff nursing to gain theses cooperation in data collection.

**Validity of the study:**

5. The tool was tested for content- related validity by 5 experts, Mansoura University, two professors of surgical department faculty of medicine, three assistance professor of medical- surgical nursing, , who reviewed the English and Arabic tool for clarity, relevance,

understanding, and applicability for implementation. According to their opinions minor modifications were done.

**Pilot study:**

6. A pilot study was carried out on 5 nurses from the oncology medical-surgical nursing departments at Oncology Center-Mansoura University to assess the clarity and the applicability of the tool, and the necessary modification were done prior to data collection. Those nurses were excluded in the main study.

**Reliability of the study:**

7. The reliability of the FATCOD scale has been established and analyzed by cronbach's alpha test (r. alpha) based on standardized items and found to be (r =.75). The reliability of the work satisfaction of oncology nurse found to be (r= .811). And reliability of the level of support in the working environment of oncology nurse found to be (r= .918).
8. Data was collected using self administered questionnaires during a period of three months from the beginning of December 2013 till the end of February 2014, four sheets per week and every sheet answering took an 20-30 minutes on average.

**Ethical consideration:**

1. Verbal and written consent from each nurse enrolment in to the study was obtained after explanation the aim and nature of the study. (Appendix II)
2. Privacy of the subjects was assured and confidentiality of the collected data was maintained.
3. Answering of the questionnaires require about 20- 30 minutes to be completed

**Statistical analysis:**

Data entry and analysis were performed using the Statically Package for Social Sciences version 22 (SPSS, Inc., Chicago, IL, USA). The quantitative data were presented as numbers and percentages. The chi- square ( ) was used to find the

association between variable of qualitative data. The p value of  $< 0.05$  Indicates a significant result while, p value of  $> 0.05$  indicates a non significant result.

**Limitations of the study:**

- 1-The convenience sample used in the study, may not have been representative of all oncology nurses at large, and may diminish the applicability of the findings in general. The relatively small sample size of 50 respondents may have affected the ability to actualize statistical significance.
- 2-Using self administered method for data collection being used in this study may have resulted in falsely positive responses. Therefore, it is important to take into account the differences between how nurses actually behave in real life (true attitudes) and what nurses reflected in the questionnaire (stated attitudes).

**Results:**

The data collected were analyzed statistically and the results are categorized into 5 main parts which are: Socio-demographic data, Frommelt Attitude Towards Care of the Dying (FATCOD) scale, Work satisfaction of the nurses studied, Working environment support of the nurses studied and part 5 divided into:-

- 1-Total frommelt attitude of nurses towards the care of the dying patient (FATCOD) scale, the total work satisfaction and the working environment support of oncology nurses studied
- 2- Relation between the work satisfaction to provide end of life care and the socio-demographic characteristics of nurses studied.
- 3-Relation between the working environmental support to provide end of life care and the socio-demographic characteristics of nurses studied

**Table (5.1):** Socio-demographic characteristics of the study subjects:

Items	Frequency N= 50	Percent %
Age (years)		
20-30 years	46	92.0
30-40 years	4	8.0
40 years and >	0	0.0
Marital status		
Married	40	80.0
Single	10	20.0
Divorced	0	0.0
Widowed	0	0.0
Education graduated from		
Faculty of nursing	12	24.0
Technical institute of nursing	24	48.0
School of nursing	14	28.0
Years of experience on oncology work		
1-2 years	7	14.0
2-4 years	11	22.0
4-6 years	8	16.0
6 years and >	24	48.0
Times have you caring to patients at end of life		
2-4 years	12	24.0
4-6 years	14	28.0
6 years and >	24	48.0
Number of deaths that occurred during nursing care of these patients		
2-4 cases	12	24.0
4-6 cases	11	22.0
6 cases and >	27	54.0
Attending training programs, courses, and types	0	0
Training on the care of dying patients	0	0
Training on communication skills	0	0
Training on in first aids	0	0
Other trainings .....		

**Table 5.1:**

This table shows that the majority of the study subjects (92%) are the age of between 20 to 30 years old. In relation to the marital status the most of the study subjects (80%) are married. In relation to the educational level about half of the study subjects (48%) are nurses graduated from technical nursing institute. Regarding to years of experience of nurse on oncology work (48%) are " more than 6

years" .In reference to times have you caring to patients at end of life at oncology work (48%) are "more than 6 years", .This table also shows that number of deaths that occurred during nursing care of these patients slightly more about half (54%) are" more than 6 cases".

Finally, regarding to attending training programs, courses, workshops, and conferences about end of life care none of

the nurses has attending training any programs.

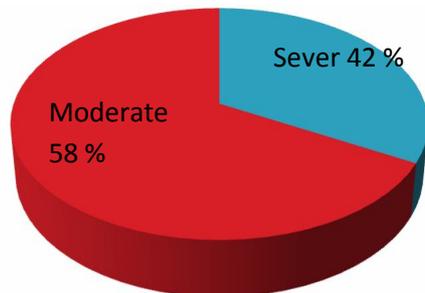
**Table (5.2):** Total frommelt attitude of nurses towards the care of the dying patient (FATCOD) scale, the total work satisfaction and the working environment support of oncology nurses studied (N= 50).

Item	Moderate		Sever	
	N	%	N	%
Nurses attitude towards care of the dying patient	-	-	50	100
Work satisfaction	29	58	21	42
Working Environment Support	7	14	43	86

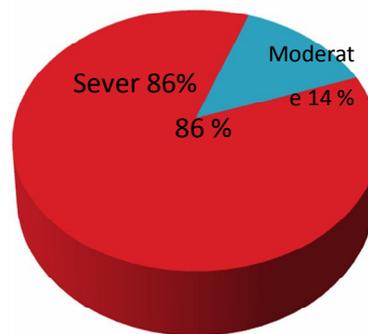
**Table 5.2:** This table shows that 100% of study subject perceived as severe total general attitude towards care of the dying to providing end of life care.

On other hand, 58% of study subject perceived as moderate of total work satisfaction to providing end of life care.

Finally this table show that 86% of the study subject perceived as severe total support in the working environment of oncology nurse to providing end of life care



**Figure (1)** Work Satisfaction of Nurses Studied



**Figure (2)** Working Environment Support of Nurses Studied

**Table (5.3):** Relation between the Work Satisfaction to provide End of Life Care and the Socio-demographic Characteristics of Nurses Studied. (N=50)

Variable		Medium	Sever	Total	Test
Age	20-30	26	20	46	$\chi^2$ (.516) P (.473)
	30-40	3	1	4	
	40-60	0	0	0	
	Total	29	21	50	
Marital Status	Married	24	16	40	$\chi^2$ (.328) P (.567)
	Single	5	5	10	
	Total	29	21	50	
Educational Graduated from	School of nursing	7	7	14	$\chi^2$ (.568) P (.753)
	Technical institute of nursing	15	9	24	
	Faculty of nursing	7	5	12	
	Total	29	21	50	
Years of working Experience in oncology work	1-2	6	1	7	$\chi^2$ (6.737) P (.081)
	2-4	3	8	11	
	4-6	5	3	8	
	6-	15	9	24	
	Total	29	21	50	
Times have you caring to patients at end of life	2-4	8	4	12	$\chi^2$ (.519) P (.771)
	4-6	8	6	14	
	6-	13	11	24	
	Total	29	21	50	
Number of deaths that occurred during nursing care of these patients	2-4	8	4	12	$\chi^2$ (.490) P (.783)
	4-6	6	5	11	
	6-	15	12	27	
	Total	29	21	50	

**Table 5.3:** This table shows that no statistical significant association ( $p>0.05$ ) between the work satisfaction to provide end of life care and the socio-demographic. This table also shows that there is no sever work satisfaction among nurses. The majority has medium work satisfaction. Regarding age and marital status, the medium work satisfaction is found in (20-30 years; 52%) and (married; 48%). For educational level, the medium work satisfaction is found in (graduated from technical institute of nursing, 30%).

On the other hand, years of working experience in oncology work and times have you caring to patients at end of life have medium work satisfaction in (6 and more years; 30%) and (6 and more years; 26%) respectively. Finally, the number of deaths that occurred in front of you at work has medium work satisfaction for (6 and more; 30%)

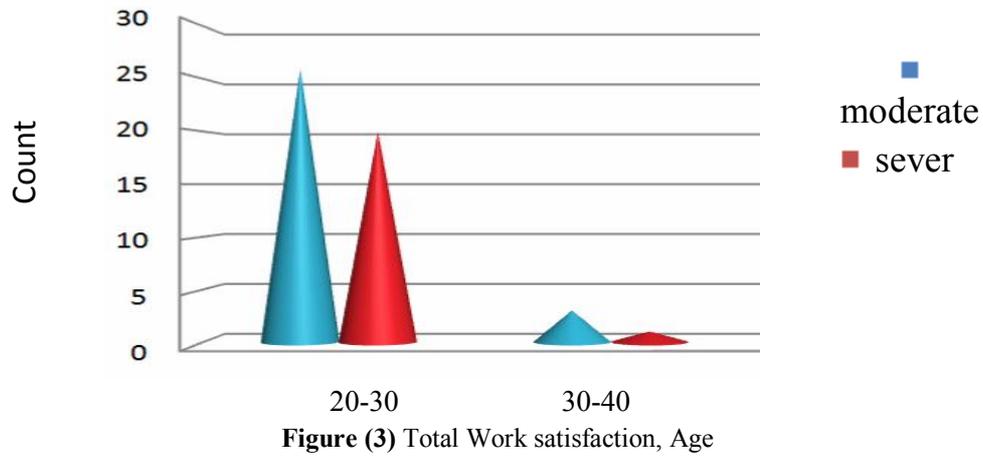


Figure (3) Total Work satisfaction, Age



Figure (4) Total Work satisfaction, Marital status

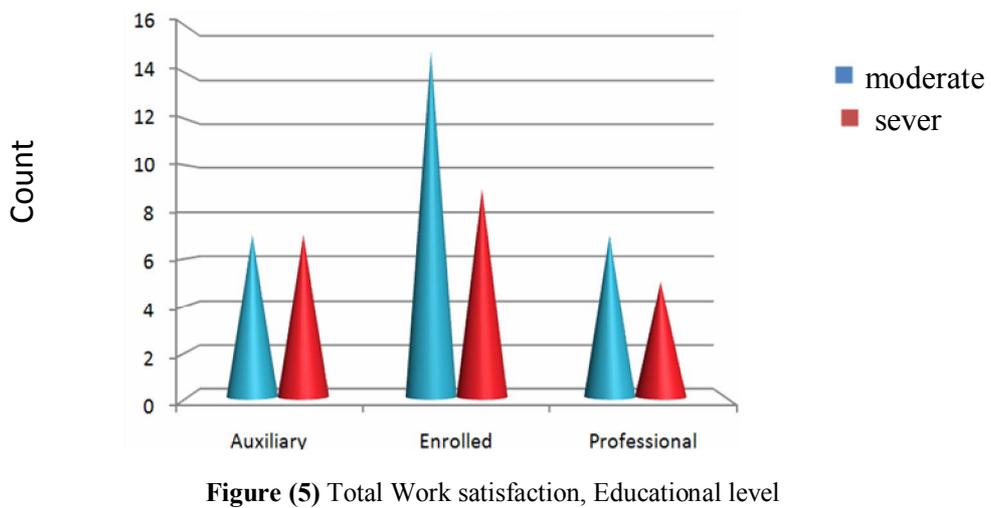


Figure (5) Total Work satisfaction, Educational level

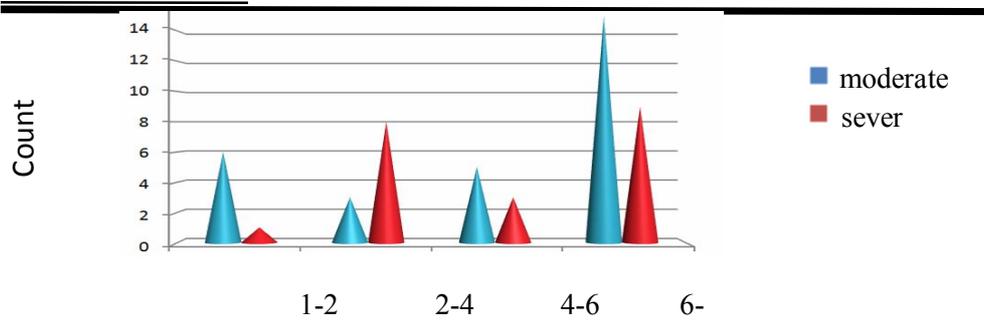


Figure (6) Total Work satisfaction, Years of working Experience in oncology work

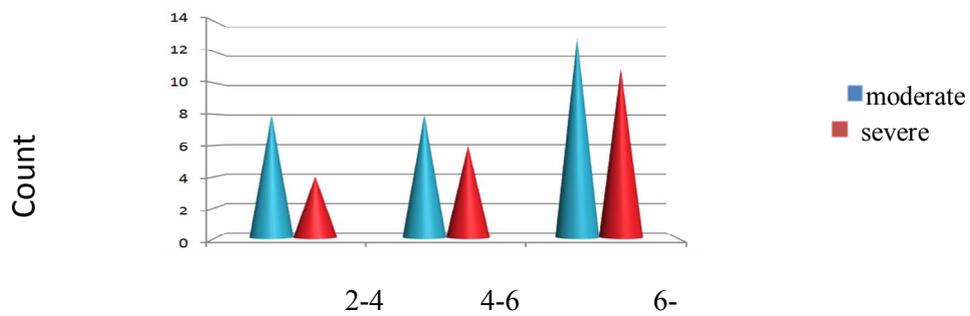


Figure (7) Total Work satisfaction, Times have you caring to patients at end of life

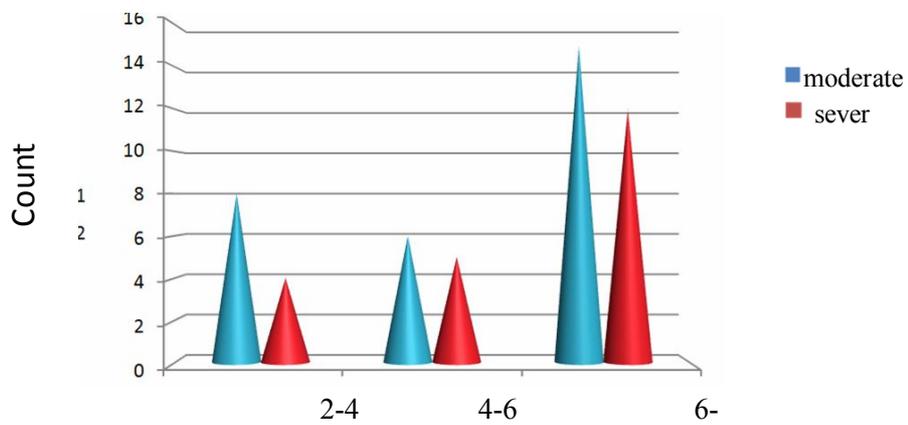


Figure (8) Total Work Satisfaction, Number of deaths that occurred during nursing care of these patients

**Table (5.4):-** Relation between the working environmental support to provide end of life care and the socio-demographic characteristics of nurses studied (N=50).

Variable		Medium	Sever	Total	Test
Age	20-30	7	39	46	$\chi^2$ (.708) P (.400)
	30-40	0	4	4	
	40-60	0	0	0	
	Total	7	43	50	
Marital Status	Married	5	35	40	$\chi^2$ (.374) P (.541)
	Single	2	8	10	
	Total	7	43	50	
Educational Graduated from	School of nursing	2	12	14	$\chi^2$ (.117) P (.943)
	Technical institute of nursing	3	21	24	
	Faculty of nursing	2	10	12	
	Total	7	43	50	
Years of working Experience in oncology work	1-2	1	6	7	$\chi^2$ (.377) P (.945)
	2-4	1	10	11	
	4-6	1	7	8	
	6-	4	20	24	
	Total	7	43	50	
Times have you caring to patients at end of life	2-4	3	9	12	$\chi^2$ (1.847) P (.397)
	4-6	2	12	14	
	6-	2	22	24	
	Total	29	21	50	
Number of deaths that occurred during nursing care of these patients	2-4	3	9	12	$\chi^2$ (2.340) P (.310)
	4-6	2	9	11	
	6-	2	25	27	
	Total	7	43	50	

**Table (5.4):** This table shows that no statistical significant association ( $p>0.05$ ) between the environmental support provide end of life care and the socio-demographic. The majority has severed environmental support.

Regarding age and Marital Status, the sever environmental support is found in (20-30 years; 78%) and (married; 70%). For Educational level, the sever environmental support is found in (Enrolled, 42%). On the other

hand, years of working Experience in oncology work and times have you caring to patients at end of life have sever environmental support in (6 and more years; 40%) and (6 and

more years; 44%) respectively. Finally, the number of deaths that occurred in front of you at work has severed environmental support for (6 and more; 50%).

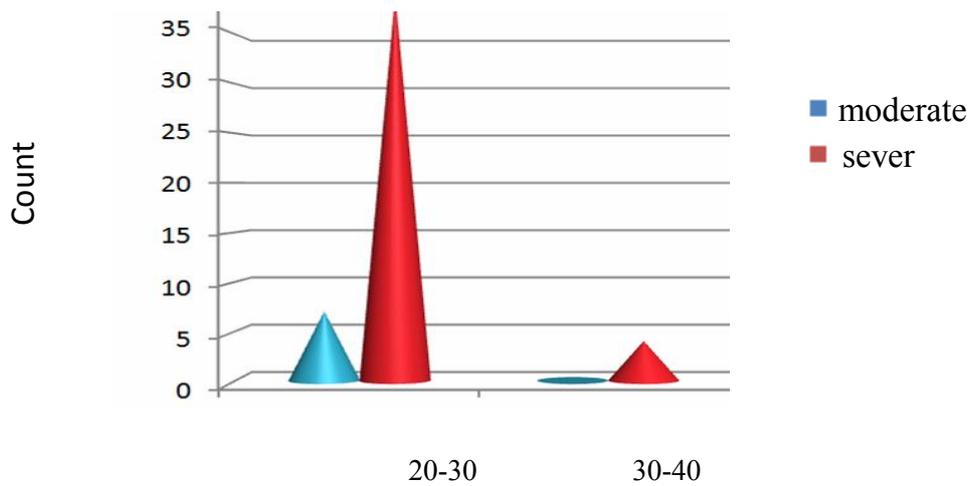


Figure (9) Total Environment support, Age

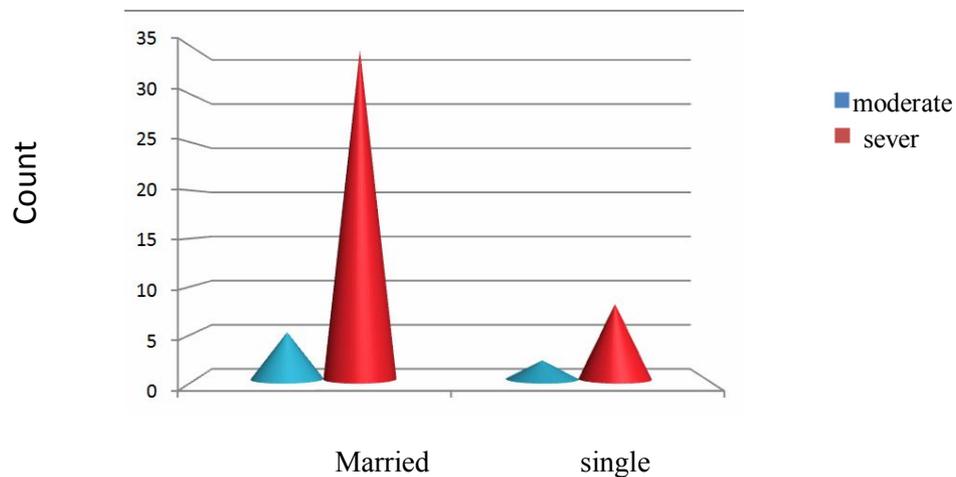


Figure (10) Total Environment support, Marital Status

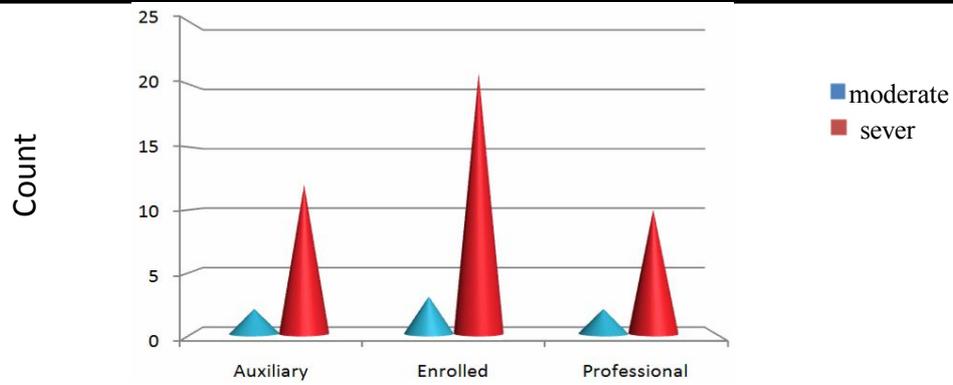


Figure (11) Total Environment support, Educational level

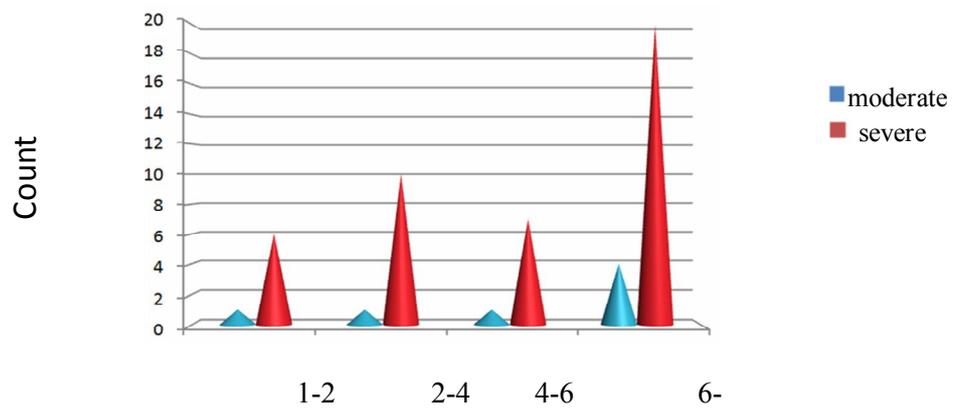


Figure (12) Total Environment support, Years of working Experience in oncology work

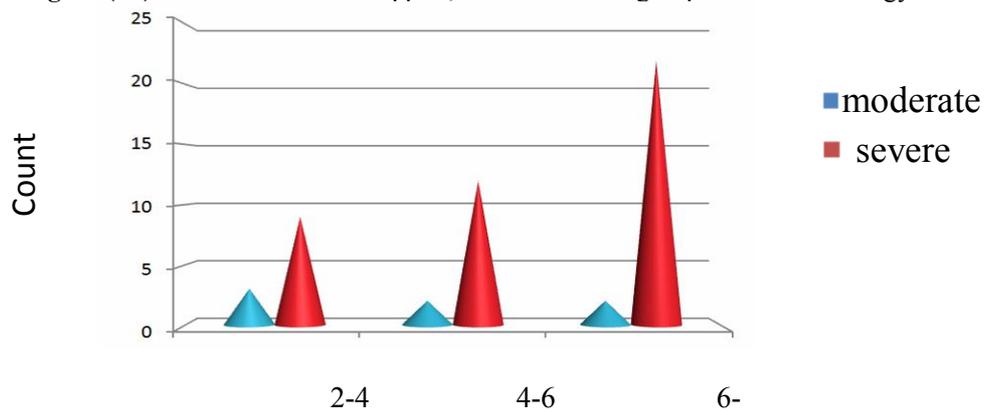


Figure (13) Total Environment support, Times have you caring to patients at end of life

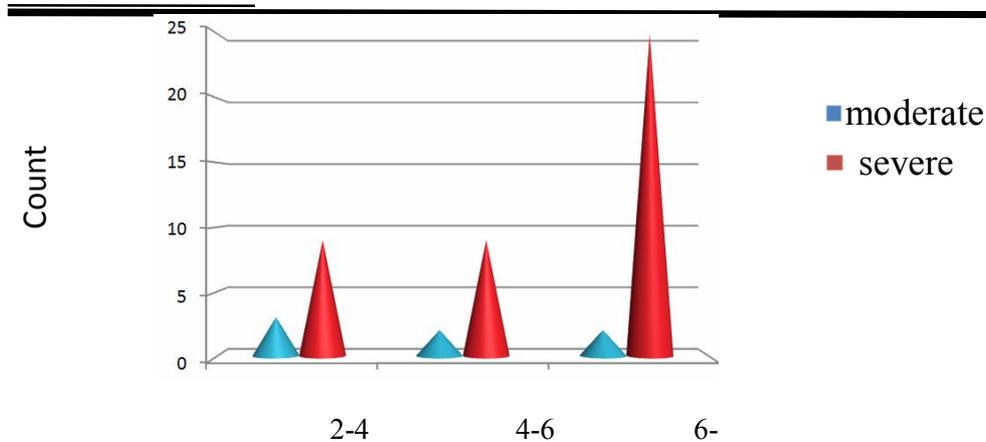


Figure (14) Total Working Environment Support, Number of deaths that occurred during nursing care of these patients

**Discussion:**

Cancer, sometimes thought to be a disease mainly of developed countries is in fact a complex set of distinct health challenges, many of which are associated with poverty<sup>(22)</sup>

**1.Socio-demographic Characteristics of the Nurses Studied:**

As regards to age, the present study findings revealed that, more than two third of the study were in younger age (20-30) years old. This result is agreement with <sup>(10,26)</sup> it was found that younger adults tend to report higher levels of death anxiety than do middle-aged adults.

The result comes in consistent with <sup>(7,31)</sup> in age of nurses more than two third of the study were in younger age (20-30) years old were found no statically significant relation between age of the dying patients and nurses attitudes. This may be due to the fact that death is death whatever the age.

The findings were also disagreement with <sup>(4,25,30)</sup> who mentioned that, a significant number of respondents taking part in this study, were middle age (41 - 45) years old and settled in their profession.

In relation to marital status the finding of the present study represented that, the majority of the studied patient were

married. This agreement with <sup>(3,4,28)</sup> who mentioned that. This information helped the researcher determine the percentage of respondents who had family responsibilities.

As regarded to level of education, the result of the preset study showed that, the majority of the study group was Enrolled nurse or technical nursing institute. This agreement with <sup>(3,7)</sup>.This finding was similar to several studies. <sup>(15,29)</sup> the study observed.

But this result may be due to the small number of participants who had previous death education. Similarly, <sup>(26)</sup> studied nurses and found no significance effect of previous death education on dying attitudes.

The findings were also in disagreement with <sup>(4)</sup> in level of education who mentioned that, a significant number of respondents were professional nurses with training in oncology or palliative care.

In relation to "Experience of nurse on oncology work", the finding of the present study represented that, below than half of nurses are" more than 6 years". This result agreement with <sup>(27)</sup> and found that experience with individuals who were dying have an influence on attitude change.

In relation to "Number of deaths that occurred in front of you at work on your years of experience". The present study represented that, more than half of nurses are "more than 6 years". This result agreement with <sup>(28)</sup> who mentioned that. There will be no significant relationship between nursing students. Attitudes toward care of the dying and their previous death experience.

**Attitude of Nurses towards Care of the Dying patient by using (FATCOD) Scale at Oncology Center-Mansoura University**

This study agrees with <sup>(4)</sup> about oncology nurses, who participated in this study, predominantly displayed positive attitudes towards caring for patients that are dying. The majority of participants acknowledged the importance of a good nurse-patient relationship and the role of the family in the holistic care of the patients that are dying.

On other hand this study disagrees with <sup>(3)</sup> nurses are not well prepared to care for the dying. Consequently, they have negative attitudes towards caring of dying patients and this in turn affect quality of EOL care. It is evident that addition of certain educational courses to nursing curricula at nursing faculties and continuing training programs at hospitals and cancer care units along with experiences with terminal patients enhances nurses' positive attitudes of caring for dying patients.

This study agrees with <sup>(13)</sup> nurse educators have identified that historically nurses have not been prepared to care for dying patients. Research also has identified that nursing students have anxieties about death, dying, and caring for dying patients. This study agrees with <sup>(6)</sup> studies on nurses' attitudes to caring for terminally ill patients indicate that death and dying create fears and anxieties for health-care providers. To identify nurses' most common attitudes toward death and the Socio demographic, professional, and

training factors that significantly affect those attitudes. This was a descriptive correlation study this study contributes to a better understanding of the factors that underlie nurses' attitudes toward death. This may be useful for creating relevant and effective pre- and post-graduate nursing training.

In this study agrees with <sup>(12)</sup> the attitudes of student nurses from Kerman and Bam in Iran towards death and caring for dying patients were compared. Two types of questionnaire were used: the DAP-R (Death Attitude Profile Revised) and FATCOD (Frommelt Attitude towards Caring for Dying patients).

This study also agrees with <sup>(2,17)</sup> mediating role of death avoidance was found between fear of death and attitudes toward caring for dying patients.

This study agrees with <sup>(10)</sup> years of total nursing experience, years employed at the cancer center, previous experience with caring for dying patients, age, gender, and attitudes toward death and caring for dying patients. Statistically significant relationships were noted among age, nursing experience, previous experience with caring for terminally ill patients, and scores on the FATCOD and DAP-R.

On other hand this study disagrees with <sup>(8)</sup> caring of the dying patients and facing the death can be a stressful and difficult experience for nurses. Besides personal and professional experiences, nurses' own attitudes toward death may affect the care given to dying individuals.

This study agrees with <sup>(15)</sup> it includes two subscales: positive attitude toward caring for the dying patient and perception of patient- and family-centered care.

This study agrees with <sup>(14)</sup> nursing care of the dying is a particularly demanding role that requires nursing skill and also necessitates nurses to have insight into their personal beliefs about death and dying.

This study agrees with <sup>(7)</sup> according to the results of the study, it concluded that half of the studied nurses have a fair attitude toward caring for dying patients, about one third of them have positive attitude, and only 3.6% have negative attitude. There was no relation between different studied variables and attitudes of nurses' toward caring for dying patients, except the level of education and years of experiences of the nurses which demonstrates a positive relation with the nurses attitudes toward caring for dying patients.

Results of this study agree with <sup>(9)</sup> indicate that education can have a positive effect on nursing students. Attitudes toward care of the dying. Nursing students in the treatment group had a significant positive increase in their attitudes toward care of the dying after the treatment. It was also noted on the pretest that those students who had previous experience in caring for dying patients had a statistically significant higher positive attitude toward care of the dying than those who did not have previous experience in care of the dying.

Results of this study agrees with <sup>(30)</sup> reported that nurses with more years of nursing practices exhibits a positive attitude toward caring for dying patients, this is contradict with the results of the present study which demonstrated that there was no relation between Years of nurses' experience and nurses attitudes toward caring for dying patients The findings of several studies mentioned that greater exposure and experience in working with dying patients were associated with more positive attitudes toward death and care of dying patients.

The findings from this study corresponded with studies by <sup>(18)</sup> who had found that if nurse managers valued their nurses and gave them emotional support and guidance that it would contribute towards a supportive work environment.

In addition, <sup>(20,1)</sup> had found that professional debriefing groups and

professional assistance and support to oncology nurses promoted a supportive work environment.

**Relation between socio-demographic and nurses' attitudes toward death and caring for dying patients at Oncology Center - Mansoura University**

This study finding revealed no statistical significant association nurses' attitudes toward death end of life care and the socio-demographic.

**The relation between the work satisfaction to providing end of life care and the socio-demographic.**

This study finding revealed no statistical significant association between the work satisfaction to providing end of life care and the socio-demographic.

**Relation between the environmental support to providing end of life care and the socio-demographic.**

The current study revealed no statistical significant between the environmental support providing end of life care and the socio-demographic and.

**Conclusion:**

The results of this study clearly indicate, oncology nurses working at Oncology Center - Mansoura University

- In relation to " Age", the present study findings that, more than two third of the study were in younger age (20-30) years old.
- In relation to" Marital Status", the finding of the present study represented that, the majority of the studied patient were married
- As regarded to "Level of education", the result of the preset study showed that, the majority of the study group was Enrolled nurse or technical nursing institute.
- In relation to "Years of experience on oncology work" the finding of the present study represented that, below than half of nurses are" more than 6 years".

- In relation to "Times have you caring to patients at end of life", the present study shows that, approximately half of the nurses are "more than 6 years".
- In relation to" number of deaths that occurred in front of you at work on your years of experience". The present study represented that, approximately more than half of the nurses are" more than 6 years".
- Based on the study findings, oncology nurses working at Oncology Center - Mansoura University have positive attitudes toward death and caring for dying patients and observed that the scores for environmental support were much higher than the ranges for work satisfaction, because of shortage in monetary incentives and work overloading due to minimum number of staff.

**Recommendation:**

Based on the results of the present study the following recommendations are suggested:-

- It is assumed that this study to make educational programs need to be developed to educate nurse and physicians in quality end of life care.
- The overall recommendation from this study oncology nurses should undergo training in palliative care, and receive effective emotional support to help them cope with their fears and anxieties, relating to caring for patients that are dying. This should promote positive attitudes towards caring for patients that are dying and, subsequently, effective and quality palliative and end of life care to patients and their families.
- It is recommended that nurses shall gain more support from their supervisor.
- To gain more work satisfaction, many action are recommended such as:  
1-Giving more rewards and incentives.  
2-Increasing the number of staff members to minimize work load.  
3-Training staff members with workshops

4-Engaging them with decision making processes

- It is better to extend the scope of the application to other medial institution and hospitals.

**Conflict of interest:**

The authors declare that they have no conflict of interests.

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