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Original article

How social support affects the ability of clinical nursing personnel to cope with death

Wen P. Chang, PhD, RN*,[1]

School of Nursing, College of Nursing, Taipei Medical University, Taipei, Taiwan
Department of Nursing, Taipei Medical University-Shuang Ho Hospital, Ministry of Health and Welfare, New Taipei City, Taiwan

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ABSTRACT

Aim: The aim of this study was to explore how social support has an impact on nursing personnel's coping ability when they are faced with a death in a clinical situation.
Background: The amount of social support may have an impact on nursing personnel's ability to cope with patient deaths.
Methods: Overall, 323 effective questionnaires were returned. Their respective scores calculated according to the Death Coping Self-Efficacy Scale and Social Support Scale, using hierarchical regression for a statistical test.
Results: With regard to identification of coping with grief, the length of service of nurses (3–4.9 years vs 1–2.9 years) ($\beta = -0.15$, $p = .020$) and unit type (oncology ward vs general medicine ward) ($\beta = 0.15$, $p = .009$) reached significance. Following the control of basic attributes, social support can effectively influence their preparation for death, of which peer support reached significance ($\beta = 0.27$, $p < .001$). Moreover, social support can also affect one's ability to cope with death; specifically, peer support reached significance ($\beta = 0.23$, $p < .001$).
Conclusions: Support provided by supervisors and peers have a positive impact on the nursing personnel when nurses are providing hospice care for the terminally ill. Furthermore, sufficient support from colleagues can be an important source of comfort for clinical nursing personnel to manage their preparation for and overall strategies to cope with the death of patients.

1. Introduction

Nurse practitioners continuously face life or death scenarios in hospitals. Although death is regarded as a natural process, nursing personnel are not immune to emotional trauma, such as wanting to escape, fear, and a lack of confidence (Marshall, Clark, Sheward, & Allan, 2011; McLeod-Sordjan, 2014). Some nurses even view death as taboo (McLeod-Sordjan, 2014). Accordingly, nursing personnel must understand the inevitability of death in order to better manage their mental state and the professional responsibilities that arise before and after a patient passes away (Peters, et al., 2013).

Nursing personnel are often subjected to a range of psychological stresses when facing patient death; how they cope affects both their attitude toward death and subsequent behaviors. Previous studies have reported that outside support plays a crucial role in determining the ability of nursing personnel to cope with sudden loss (Peters et al., 2013, Peters et al., 2013). Without outside emotional support, nurses can become anxious, lose enthusiasm, or even decide to leave the nursing profession (Martins, Chaves, & Campos, 2014). Outside support primarily comes from peers and supervisors; therefore, effective communication between supervisors and nurses is vital. The strengthening of relationships among a nursing team is also important in boosting team members' morale, and support from colleagues has been found to lower emotional exhaustion (Kalicińska, Chylińska, & Wilczek-Różyczka, 2012). A similar correlation was found between supervisor support and clinical nurses' provision of care for dying patients (Bacon, 2017).

A proactive approach is necessary for nurse practitioners who are faced with sudden patient death, and nurses should be engaged with patients and their family members as they come to terms with death. An inadequate ability to cope with imminent patient death can result in more psychological stresses and can exacerbating negative attitudes toward death (Bluck, Dirk, Mackay, & Hux, 2008; Browall, Melin-Johansson, Strang, Danielson, & Henoch, 2010).

* Department of Nursing, Shuang Ho Hospital, Taipei Medical University, No.291, Zhongzheng Rd., Zhonghe, New Taipei 23561, Taiwan.
E-mail address: 10479@s.tmu.edu.tw.
[1] Her research focuses on oncology nursing and nursing administration and management.

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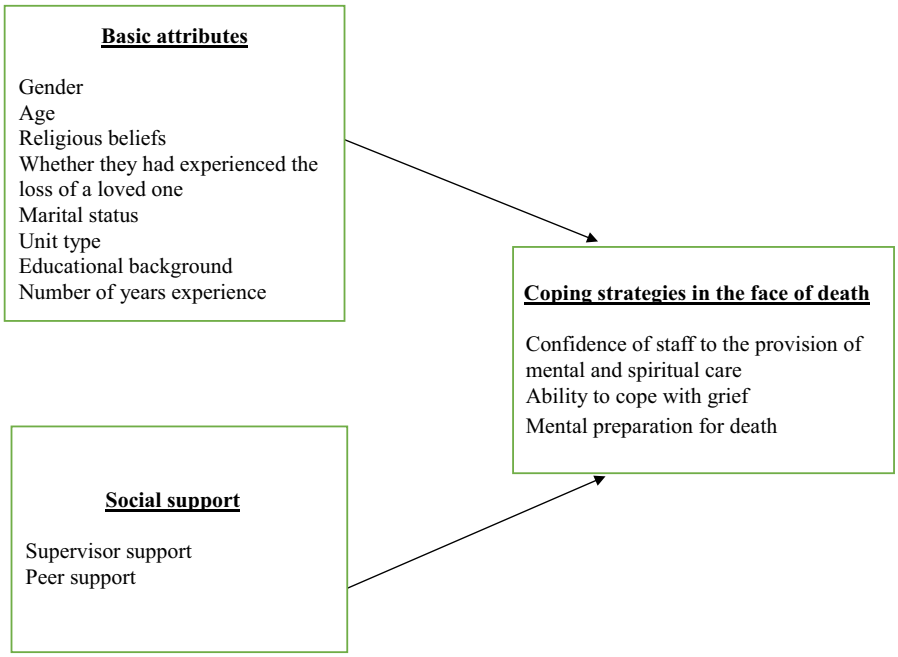

Fig. 1. Framework.

The means by which nursing personnel cope with death can be divided into the following aspects. In hospice care, the terminally ill patient is often already ravaged by disease and its symptoms, and these patients gradually lose bodily functions. Nurses caring for such patients must therefore take various considerations into account so as to alleviate the pain of patients and help them spend their last days in peace and comfort with dignity (Melhem et al., 2016; Wu, Tseng, & Liao, 2016). When nurses face and cope with the grief of their patients' deaths, they must learn how to strike a balance between professional expectations and feelings of loss, as well as adapt to the role conflict that occurs at the same time. If they deliberately ignore the discomfort brought by the pressure of death and bury their emotions to continue working, they will lose their own mental and physical health in the long term and even become unable to give proper care to or emotionally communicate with future patients (Houck, 2014; Wilson & Kirshbaum, 2011). In the preparation for patient death, Schroeder and Lorenz (2018) held that the attitude which nursing personnel must adopt in the face of patient death is that death is a part of life. In circumstances where death may happen at any time, nurses must be prepared to face it at any time and even show active concern for the death that a patient may face.

Although a professional responsibility of nurses is to help patients and their family members accept eventual loss (Matsui & Braun, 2010), some nurses lack the necessary skills to do so (Iranmanesh, Dargahi, & Abbaszadeh, 2008). The ways in which a nurse responds to death affects their provision of care, and it is generally impossible for a nurse to avoid caring for a dying patient at some point during his/her career. Peters, et al. (2013) and Peters et al. (2013) suggested that, if a nursing professional cannot accept death, a conflict between personal feelings and professional attitude arises. This can cause anxiety and reduce the nurse's ability to meet a dying patient's psychological and physiological needs. Nurse practitioners are also frequently expected to have sufficient knowledge to guide a dying patient and their family through this process.

Many researchers have investigated a number of other factors that also influence how nurses cope with death. The meta-synthesis performed by Zheng, Lee, and Bloomer (2018) revealed that age, religion, work experience (in years), type of work, and experience with death all influence personal views regarding death. Anngela and Busch (2011) mentioned that education and work experience and abilities can alleviate the pressure that nursing personnel feel when faced with patient death. Gender and marital status are also thought to be associated with how nurses cope with this process (Laal & Aliramaie, 2010).

In researching how nursing personnel respond to patient death, previous studies have focused on nurses working in an ICU or hospice unit. This current study collected information pertaining to the personal characteristics of clinical nurses who work in different units. To elucidate the correlation between social support and the attitudes of clinical nurses toward death coping mechanisms, a research framework was developed (Fig. 1).

2. Methods

2.1. Research design

I adopted a cross-sectional study design and recruited nursing personnel who (1) had a valid practitioner license, (2) were between 20 and 65 years of age, and (3) had at least one year experience working at a regional teaching hospital in northern Taiwan. The research plan was approved by the Institutional Review Board (IRB) prior to the start of the study, and consent was gained from each participant before personal information was collected. A questionnaire survey was then conducted among participating nurses. Nurses who ranked above head nurse or did not have experience in caring for dying patients were excluded from the study. The enrollment period was from October 2017 to March 2018.

2.2. Research tools

In this study information about general personal characteristics was collected from nurse practitioners. Research tools included the Death Coping Self-Efficacy Scale, the Social Support Scale, and the Death Attitude Profile-Revised (DAP-R) scale, all of which were completed by nurses. Brief descriptions of these are provided over the following:

1. General personal information: Information about the general personal characteristics of participating nurses was collected. These characteristics included age, gender, religious beliefs, marital status,