

The elephant in the room: Why is it difficult for hospice workers to discuss death with their terminally ill patients?

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Introduction

There have been several studies comparing hospice nurses with traditional or emergency room nurses. These studies reveal that hospice nurses have less death anxiety and have more support in the work place. They make connections between personality traits and these factors in an attempt to explain why hospice and other nurses differ (Payne, 1998).

There have been several other studies that support these results. Carr and Merriman's results illustrated that hospice workers have "greater comfort" when caring for the terminally ill than other healthcare professionals. Social workers had the greatest comfort in caring for the terminally ill and the lowest death anxiety. Nurses aides, on the other hand, exhibit a high level of death anxiety and the least comfort dealing with terminal patients.

Method

Participants

81 hospice personnel aged 36-79 (average age 55 years)

The participants were employed in a number of positions: Patient Care Secretary, Patient Care Administrator, Team Manager, Bereavement Service Manager, Medical Doctor, Social Worker, Registered Nurse, Home Health Aid, Certified Nursing Assistant, Chaplain, and Switchboard Operator.

Materials

We used a variety of measures to create our survey. The International Personality Pool (Mini IPIP), the Maslach Burnout Inventory (MBI), the Acceptance and Action Questionnaire (AAQ II), the Revised Death Fantasy Scale (RDFS), the Death Attitude Profile Revised (DAPR), the Inventory of Interpersonal Problems (IIP), and a Religious Background and Behavior Questionnaire.

Procedure

Once we obtained the appropriate permissions from VITAS Hospice, we attended several of their weekly meetings to introduce ourselves and briefly explain our study.

Those interested in participating were given a consent form to fill out and their compensatory pen. After handing in the consent form, each participant was given a survey and instructed to complete it within two weeks.

We spoke with all of the team managers regarding our project, and for the meetings we were unable to attend we left surveys with the team managers to hand out at their weekly meetings.

Results

1. Correlations

Job, which we coded as "1 Least Contact," "2 Some Contact," and "3 Most Contact" was significantly correlated ($r = 0.365, p < 0.01$) with the Fear of Death subset of the Death Attitude Profile Revised (DAPR).

Job was also significantly correlated ($r = 0.319, p < 0.01$) with the Death Avoidance scale of the DAPR, as well as the Neutral Acceptance scale ($r = 0.301, p < 0.05$).

The Fear of Death sub scale of the DAPR is positively correlated with the Avoidance of Death sub scale ($r = 0.640, p < 0.001$).

The Emotional Exhaustion sub scale of the MBI is negatively correlated with the Avoidance of Death sub scale of the DAPR ($r = 0.362, p < 0.01$).

Years in Position was correlated with the Fear of Death sub scale ($r = 0.346, p < 0.001$).

2. Regression

We performed a stepwise regression analysis using Fear of Death as the dependent variable. The independent variable is job which was categorized by degree of contact.

The regression produced one viable model. The model itself was statistically significant, however, the variables alone were not significant. The beta coefficients revealed that as degree of contact decreased than the degree of fear increased.

We performed an additional stepwise regression analysis using Death Avoidance as the dependent variable, and job categorized by contact.

The regression produced a viable model. Once again, the model was significant but the individual variables were not. The beta coefficient showed that as degree of contact increased than death avoidance increased.

3. ANOVA:

We conducted an Oneway ANOVA with the independent variable of job, and several dependent variables.

Fear of death, and death avoidance were the only significant variables ($p < 0.01$ and $p < 0.05$).

4. Factor Analysis:

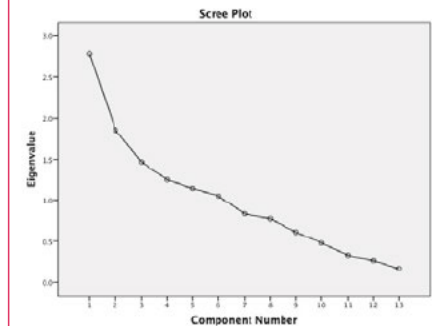
Rotated Component Matrix^a

	Component					
	1	2	3	4	5	6
O	-.047	-.038	-.024	-.113	.825	.216
N	.118	.066	-.054	-.032	.208	.831
Emotion	.578	-.366	.304	.033	-.174	.238
Deperson	.843	.015	.087	-.184	.023	.120
AAQTotal	-.668	-.130	.082	-.032	.280	-.085
Pos	-.142	-.125	-.007	.683	-.253	.416
Neg	.725	.061	.019	.041	.334	-.351
Fear	-.213	.812	.157	-.077	-.085	.125
DeathAvo	-.119	.918	.098	.026	-.010	-.062
BirthYear	-.003	.022	.006	.888	.046	-.192
Job	.076	.188	.792	-.079	-.225	-.005
YrsPos	.421	.367	.146	-.280	-.436	.265
Gender	.023	.059	.828	.061	.145	-.048

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 9 iterations.

4. Factor Analysis:



Discussion

The data indicated that there was a relationship between occupation and death anxiety. An interesting finding was the relationship between number of years in position and fear of death. The data show that for every additional year worked, fear of death increases. The data did not support a relationship between personality factors and experiential avoidance, though other relationships were supported.

References

- Payne, S. A., Dean, S. J., & Kalus, C. (1998). A comparative study of death anxiety in hospice and emergency nurses. *Journal of Advanced Nursing*, 28(4), 700-706.
- Carr, M., & Merriman, M. P. (1995). Comparison of death attitudes among hospice workers and health care professionals in other settings. *OMEGA*, 32(4), 287-301.