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Nurses' Attitudes Toward Death and Associations with Background Characteristics

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ABSTRACT

In the United States, the majority of deaths occur in a medical facility. As such, the nurses' attitudes toward death are crucial. Thus, this study examined nurses' attitudes toward death and the impacts of demographic variables on their attitudes. The *Death Attitude Profile-Revised (DAP-R)* survey was used, including three subsets: Anxiety toward death (fear and avoidance), escape acceptance (death as a way to escape life's troubles), and neutral acceptance (neither anxious nor too accepting). A demographic survey documented background characteristics, including gender, state of residence, year of experience, ethnicity, and area of nurse practice. There was a total of 168 participants, excluding missing data. Descriptive statistics and multiple regression analyses were conducted. This study found that nurses had low anxiety, moderate to high escape, and high neutrality to death. Year of experience and area of nurse practice (management versus extended care) showed statistically significant effects on the escape attitude. No overall predicting models showed statistically significant effects on nurses' anxiety and neutrality attitudes toward death. More experienced nurses might have less anxiety, and Caucasian nurses might have less neutrality than other nurses. Further research is warranted.

Keywords: attitudes toward death; registered nurses; death anxiety; death escape; neutral death attitude.

INTRODUCTION

In 2030, an estimated 72 million people in the 65-and-older age group will live in the US, totaling 20% of the population, with an average life expectancy of about 79 years (Russakoff, 2010). The 85-years-and-older age group, in particular, is the fastest-growing segment in the US, and it is projected to increase to 19 million in 2050 (Russakoff, 2010). The demand for related care is increasing as the population continues to live longer and grow older in the US. Concurrently, it has been argued that this trend will bring renewed attention to the quality of terminal care since the majority of deaths occur in a hospital or some medical center (Benoliel

& Degner, 1995; DeSpelder & Strickland, 2011; Kochanek, Murphy, Xu, & Arias, 2024).). As such, questions about nurse's attitudes regarding handling issues of death and dying associated with terminal care have emerged over the past decades. In this regard, it has been noted that death and dying are emotionally charged topics, and many healthcare professionals are uncomfortable with end-of-life issues. Nurses, in particular, are faced with physical and emotional suffering on a daily basis, yet they are often uncomfortable dealing with the realities of death and dying (Naropa University, 2014). Nurses and other healthcare professionals are often in the best position to make a difference in end-of-life care. However, they are caught in the middle of the complex culture of the healthcare system, their own uneasy attitudes about death and dying, and the emotional circumstances of patients and their families (End-of-Life Nursing Education Consortium [ELNEC], 2013). Thus, it is critical to understand how comfortable nurses are talking about end-of-life issues before they can adequately support and advocate for the patients; that is, it is important to learn about the nurses' attitudes toward death. A body of knowledge has emerged in recent years on end-of-life care topics such as lack of communication with patients, families, and coworkers, ethical issues, and how nurses view caring for their dying patients (ELNEC, 2013; Peterson et al., 2013). However, prior research has not examined how nurses personally feel about death, taking the patient out of the equation. In this regard, data on nurses' attitudes toward death should prove valuable.

Emotional labor, which was initially grounded on airline stewardesses' work, is defined as the emotions of caring for customers beyond physical and occupational skills (Hochschild, 1983). Like the stewardesses' role, nurses are expected to have appropriate and steady emotional responses as part of customer care and are required to have their personal attitudes in check when caring for patients experiencing issues such as death. That is, nurses are expected to be sympathetic, caring, and involved with their patients at all times. As such, when dealing with dying patients, nurses may have to hide feelings and experience an emotional cost that can lead to burnout (Barry & Yuill, 2011; Gray, 2009). To this end, showing emotional uncertainty or distress during patient care may be viewed as a sign of incompetence. In this regard, there is limited research on the connection between individual factors and the way nurses perform emotional labor (Hochschild, 1983). Thus, individual factors should be taken into account when looking at the emotional labor an employee may experience. If the nurse has a negative attitude toward death, she must emotionally labor to disguise those negative views and present a positive presence to her patient. In this context, Chu (2002) reinforced that service employees must display positive emotions, which translates to a positive experience for the customer (Bryan, 2007; Louikdou et al., 2009). In addition, based on the review of literature, the extent of experience and gender have also been identified as having an impact on attitudes toward death in connection to nurses' emotional labor (Hansen et al., 2009; Neimeyer et al., 2004; Russac et al., 2007; Thacker, 2008). Based on the tenets of the emotional labor theory and relevant review of literature, it was posited that nurses with more work experience would exhibit more positive attitudes toward death compared to novice nurses. Likewise, it was posited that background variables such as gender, ethnicity, area of nursing work, and state of residency might also be associated with attitudes toward death and serve as factors as implied by the emotional labor theory.

The Nurses' Attitudes Toward Death

It has been documented that nursing home staff with higher death anxiety had more negative views toward the elderly and aging (Neimeyer et al., 2004). It has also been found that nurses

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are less likely to talk about death and dying (Vickie & Cavanaugh, 1985). In general, nurses often report discomfort talking about end-of-life issues with their patients, which appears to be consistent behaviors across country lines (Ford, 2010; Ho, Barbero, Hidalgo, & Camps, 2010; Murrish, 2010). For sure, there is plenty of research focusing on nurses' feelings about death, but there is limited research focusing on just the attitudes of the nurse, taking away the patient element. When the patient is included in the research question, the nurse might be thinking as a nurse tasked with patient care and not as an individual. Under these conditions, it has been reported that nurses should be self-aware of their attitudes about death and their patients to provide better end-of-life care (Khader, Jarrah, & Alasad, 2010; Kim & Lee, 2003).

Factors Associated with Attitudes Toward Death

In the US, it has been reported that attitudes toward death may vary based on gender, age, ethnicity, and the occurrence of traumatic events. Russac and colleagues (2007) found that 20 to 30-year-old men and women score high on death anxiety, with women scoring significantly higher than men. The authors also found that both groups declined in death anxiety as their age increased. Furthermore, there is research indicating that African Americans are more afraid of the unknown in relation to dying, while older Caucasians display more fear of the actual dying process (DePaola, Griffin, Young, & Neimeyer; 2003; Neimeyer, Wittkowski, & Moser, 2004). Personal and societal traumatic experiences (e.g., 9/11 tragedy) can influence the level of death anxiety in society as well (Neimeyer et al., 2004).

The purpose of this study was twofold: (a) to explore nurses' attitudes toward death and (b) to determine whether nurses' attitudes are associated with background variables. This study targeted the nursing workforce in the US. Nurses' attitudes toward death were collected using a survey based on the Death Attitude Profile Revised (DAP-R) developed by Wong, Reker, and Gesser (1994). In addition, background variables were defined as gender, ethnicity, years of nursing practice, nursing specialty, educational level, and state of residence. To meet the purpose of the study, the following research questions were used to drive the inquiry:

1. What are the nurses' profiles of attitudes toward death (i.e., anxiety toward death, neutral acceptance, escape acceptance)?
2. What background variables (i.e., gender, years of experience, nursing area, state of residence, and ethnicity) impact nurses' attitudes toward death?

METHODS

Participants

A total of 248 nurses in the US participated in the study. However, surveys with missing values were excluded, and the final sample was reduced to 168 participants. The majority of respondents were from New Jersey (91%), and the rest (9%) were from other states, including Colorado, Minnesota, Delaware, Pennsylvania, New York, Florida, Utah, and Wyoming. The respondents were predominately female (92%) and primarily Caucasian (80%). These numbers were similar to national participation in the nursing workforce (National Council of State Boards of Nursing, 2015). Regarding age, the range was from 20-73 years old with an average of 51 years (SD = 12). Overall, survey participants represented eight areas of nursing work, including medical-surgical (21%), education (20%), outpatient (15%), extended care (11%), critical care (10%), management (10%), maternal-child (7%), and psychiatry (6%). Participants appeared to be normally distributed with a range of 1 to 52 years in nursing work, with an average of about 24 years (SD = 14 years) in the profession.

Instruments

Attitudes toward Death Survey:

Attitudes toward death were determined by the *Death Attitude Profile-Revised (DAP-R)* survey (Wong, Reker, & Gesser, 1994). The survey featured five subsets of statements regarding death and dying: Fear of Death, Death Avoidance, Neutral Acceptance, Approach Acceptance, and Escape Acceptance. Each subset focused on specific feelings about death and dying for a total of 32 questions (Wong et al., 1994). For the purposes of this study, fear of death and death avoidance were collapsed into one category labeled as *anxiety toward death*. The subsets on approach and escape acceptance were also collapsed into one category and labeled as *escape acceptance*, which referred to the extent individuals view death as a way to escape life's troubles. The category of *neutral acceptance* refers to attitudes toward death that are neither anxious nor too accepting. The Likert scale used in the survey ranged from 1 to 7, with 1 being "strongly disagree" to 7 representing "strongly agree". The standardized Cronbach's alpha for the entire survey equaled .82, and for the three subsets was .92 for anxiety (12 items), .93 for escape acceptance (15 items), and .49 for neutral acceptance (5 items).

Demographic Variable Survey:

To document background characteristics, a demographicsurvey targeted data about age, gender, ethnicity, years of nursing practice, area of nursing practice, and state of residence.

A Focus Group Interview:

A focus group was designed to gather further insights on attitudes toward death as a means to verify survey results. A focus group protocol (available upon request) was used to facilitate related discussion. A group of six registered nurses who worked at a Veterans Hospital in a southern state in the US was recruited. The nurses' years of experience ranged from 1 year to 40 years, with the average being 17.8 years. The focus group was conducted at a time that was convenient for participants for about 60 minutes, and was facilitated by the first author, and was tape-recorded for analysis.

Statistical Analyses

Descriptive statistics, including mean and standard deviation, were computed for the three subscales of attitudes toward death (i.e., anxiety, escape, and neutrality) as well as based on demographic variables (i.e., gender, education level, area of work, and ethnicity). Three multiple regression analyses were conducted to explore the impact of demographic variables on three attitudes toward death.

RESULTS

General Attitudes Toward Death

Table 1 presents descriptive statistics for three subscales (i.e., anxiety, escape, and neutrality) of attitudes toward death based on demographic variables. The demographic variables included gender, area of work, and ethnicity. As shown in Table 1, the highest mean attitude toward death was observed for *neutral* attitude with the mean score of 5.79, indicating a very high level of neutrality (i.e., neither anxious nor too accepting). In turn, the mean response for the *escape* attitude was 4.69, reflecting a slight tendency toward acceptance of death, while *anxiety* was rated as moderately low with a mean of 2.77. These results suggest that nurses, as a group, exhibited high neutral attitudes toward death, with just slight tendency toward escaping views, and low anxiety.

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In terms of gender, the results suggested that males showed a slightly higher *anxiety* towards death, compared to females. Similarly, a slight difference was observed on the level of *escape* attitude with females tending toward the moderately high level compared to males. Both males and females reported equivalently high levels of *neutrality*. In general, it appeared that attitudes toward death based on gender were relatively similar, which means no statistically significant. Regarding ethnicity, the results suggested comparable average attitudes representing moderately low *anxiety* for Caucasian and non-Caucasian respondents. Regarding *escape* attitudes, non-Caucasian nurses tended to have a slightly higher *escape* than Caucasian nurses. For *neutral* attitudes, Caucasians had a slightly higher attitude toward neutrality than non-Caucasians. The differences in attitudes between Caucasians and non-Caucasians occurred by chance.

As for state of residence, nurses in New Jersey tended to have slightly higher attitudes toward *anxiety* and *escape* but lower *neutrality* than those in other states. These differences in attitudes were not statistically significant.

About the breakdown of attitudes based on the area of nursing work, the reported levels of *anxiety* were relatively equivalent clustering toward moderately low anxiety, ranging from a mean of 2.56 for nurses working in education to a mean of 3.26 for nurses working in maternal-child units. In turn, the results suggested neutral views on *escape* attitudes (mean scores ranging from 4.04 to 4.33) for respondents working in psychiatry, extended care, critical care, and outpatient, whereas attitudes tending toward moderately high *escape* views (mean scores ranging from 4.56 to 5.31) for respondents in medical-surgical, education, maternal-child care, and management. The responses on *neutrality* attitudes showed similar views across various areas of work, representing a high level of neutrality (mean scores ranging from 5.60 to 5.92).

Table 1: Descriptive Statistics for Three Subscales of Nurses' Attitudes Toward Death Based on Demographic Variables

Group	*N*	Anxiety		Escape		Neutral	
		M	*SD*	*M*	*SD*	*M*	*SD*
Overall	168	2.80	1.06	4.50	1.09	5.39	0.52
Gender							
Male	14	3.02	1.35	4.24	1.13	5.29	0.50
Female	154	2.78	1.03	4.53	1.09	5.40	0.52
Ethnicity							
Caucasian	134	2.80	1.03	4.47	1.10	5.40	0.53
non-Caucasian	34	2.80	1.15	4.62	1.05	5.34	0.50
State							
New Jersey	152	2.82	1.07	4.51	1.05	5.39	0.53
Others	15	2.62	0.96	4.45	1.48	5.44	0.47
Area of Work							
Management	16	2.83	1.23	5.31	0.59	5.54	0.38
Education	34	2.56	0.75	4.60	1.22	5.41	0.59
Outpatient	26	2.88	0.73	4.33	1.02	5.38	0.41
Psychiatry	10	2.58	1.23	4.04	0.90	5.18	0.64
Maternal/Child	12	3.26	1.35	4.76	1.38	5.50	0.51
Medical-Surgical	35	3.00	1.12	4.56	0.92	5.33	0.53

Critical Care	17	2.71	1.05	4.30	0.95	5.47	0.42
Extended Care	18	2.65	1.36	4.05	1.30	5.34	0.69

Note. The 7-point Likert scale was used. The lowest score was 1 and the highest 7.

Impact of Background Variables

After establishing the nurses' profiles of attitudes toward death, we examined the association of each background variable with attitudes toward death. There was a high correlation ($r = 0.83$, $p < .001$) between age and year of experience in nursing practice. The strong correlation between nurses' age and year of experience simply states an obvious expectation that nurses would become more experienced as they get older. As such, the variable age was excluded in subsequent analyses to avoid multicollinearity. Years of experience was selected for further analyses, as it would be reasonable to infer that someone with more years of work experience was older as well.

Multiple Regression Analyses:

Three multiple regression analyses were conducted for anxiety, escape, and neutrality subscales of attitudes toward death. The predictors involved background variables, including gender, ethnicity, year of experience as nurse, residence state, and practice area. Table 2 presents the overall *F* tests of three subscales of attitudes toward death for background predictors.

Table 2: Overall F Test Outputs of Three Subscales of Attitudes Toward Death for Background Predictors

Dependent Variable	Source	*df*	Sum of Squares	Mean Square	*F*	*p*	*R*-square
Anxiety	Model	11	14.15	1.29	1.16	0.32	0.08
	Error	156	172.73	1.11			
Escape	Model	11	25.59	2.33	2.09	0.02	0.13
	Error	156	173.44	1.11			
Neutral	Model	11	3.97	0.36	1.34	0.20	0.09
	Error	156	41.90	0.27			

As shown in Table 2, a set of background variables made a significant prediction for escape ($p < 0.05$) but not for anxiety ($p = 0.32$) or nNeutrality ($p = 0.21$) with approximately 13% of escape variances, 8% of anxiety variances, and 7% of neutrality variances explained by these variables.

Table 3 shows the regression coefficients for a set of predictors for three subscales. Based on the overall *F* test results, we focused on the full set of background variables for the *Escape* subscale. For the *Escape* attitude, year of experience and practice area (Management versus Extended Care) were significant predictors, after controlling for other variables. Year of experience with a regression coefficient of 0.01 ($p < 0.05$) had a positive impact on the escape attitude, indicating that every year increase in experience would result in an increase of 0.01 in the escape attitude score. For practice area, nurses in the management area had a higher escape attitude than those in the extended care ($b = 1.13$, $p < 0.01$). The escape mean scores for nurses in management and extended care were 5.31 and 4.05, respectively (see Table 1), showing the largest difference in the escape attitude among nursing practice areas.

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Although the overall *F* tests for the *Anxiety* and *Neutrality* attitudes did not show significant results, year as nurse and race might be potential significant predictors (b = -0.01, $p < 0.05$ and b = -0.21, $p < 0.01$), respectively. These indicated that more experienced nurses showed less anxiety than less experienced nurses, and Caucasian nurses (M = 5.40) tended to have a slightly higher neutrality attitude than other racial nurses (M = 5.34). After controlling for other variables, gender and state of resilience did not show any influence on the three subscales of attitudes toward death.

Table 3: Regression Coefficients of Multiple Regression for Three Subscales of Attitude Toward Death

	Anxiety	Escape	Neutrality
Gender (Male vs. Female)	0.153	-0.16	-0.10
Racial (Caucasian vs. Others)	-0.153	-0.02	-0.21**
Year as nurse	-0.01*	0.01*	0.00
State (New Jersey vs. Others)	0.16	0.27	-0.10
Management	0.39	1.13**	0.22
Education	0.14	0.29	0.05
Outpatient	0.42	0.07	0.06
Psychiatry	0.00	-0.09	-0.07
Maternal Child	0.69	0.60	0.10
Medical-Surgical	0.41	0.48	0.09
Critical Care	0.00	0.24	0.17
Extended Care	-	-	-

Note 1. * indicates p < .05 and ** p < .01. Extended care is the reference group in this study.

DISCUSSION AND CONCLUSIONS

The increase in the elderly population brings a renewed focus on end-of-life care. Nurses are in a unique position to assist those who are dying to experience a high quality of life to the end of their lives (Dunn, Otten, & Stephens, 2005). Nurses are expected to have emotional insight into their feelings about death and dying to support their patients through the dying process adequately (Antičević, Ćurković, & Lušić Kalcina, 2024). This study, therefore, was intended to investigate nurses' *anxiety, escape,* and *neutrality* attitudes toward death and the impacts of demographic variables on their attitudes.

This study found some interesting results that do or do not align with previous findings about nurses' attitudes toward death in the nurse population. A similar finding in this study with other studies (e.g., Barnett, Reed, & Adams, 2021; Dunn, Otten, & Stephens, 2005) was that in general, nurses was not afraid of death and did not avoid thinking about death; that is, there was a lower score on the *anxiety* attitude toward death. Nurses also tended to have a consistently high *neutral acceptance* attitude toward death. For instance, they considered death as a part of the process of life and an unavoidable event. Nurses showed a moderate to high tendency of the *escape* attitude toward death. These attitude tendencies were consistent across gender, state of residence, ethnicity, years of nursing practice, and area of nursing practice, except for *escape* across different years of nursing practice and between nurses in management and extended care.

Dunn, Otten and Stephens (2005) and others (e.g., Deffner & Bell, 2005) found that nurses with

more experience had more positive interactions with death than younger nurses. Similarly, this study found that more years of practice nurses had a lower anxiety toward death. Langue and colleagues (2008) indicated that this may be due to exposure to death reducing death anxiety (Barnett, Reed, & Adams, 2021). In contrast, Black (2007) and others (e.g., Karkhah, et al., 2024) indicated that old and more experienced nurses showed more fear of death attitudes than young and less experienced nurses.

However, this study also found that nurses with more experience had a higher escape attitude than less experienced nurses. The escape attitude was seen as a way to escape one's troubles. The nurse's attitude could depend on how much death and care of the dying the nurse encountered throughout their career. A novice nurse would have much less exposure and be less comfortable with death and the dying process than an experienced nurse working in hospice (Gurdogan, et al., 2019). This may be a sign of burnout, as it appears to be the result of work-related stress. Hochschild (1983) further reinforced this notion, stating that if an employee was in an emotionally demanding job, then that employee might be at a higher risk of burnout. To this end, one survey respondent stated, "*…I started out in Critical Care, but found the constant death too much to take in my twenties…so I switched to school nursing.*"

Furthermore, this study found that nurses in management had higher *escape* attitude compared to those in extended care. This finding might indicate that nurses with high *escape* attitudes tend to choose the less stressed practice areas like management, whereas those with lower *escape* attitudes feel more comfortable to work in more tensive areas such as extended care.
In this study, male nurses had about the same anxiety level across three types of attitudes toward death as female nurses. However, Russac et al. (2007) found that death anxiety was higher in women than in men. Incongruent results between this study and previous research may be due to small samples of male nurses and different practice areas (Metallinou, Bardo, Kitsonidou, & Sotiropoulou, 2023), warranting further research with large-scale samples including more male nurses.

Implications, Limitations, and Future Research

Based on the findings in this study, potential implications for nursing practice were identified. Study results suggested that nurses with more years of experience had less anxiety towards death. Patients should not have to wait for their nurse to gain years of experience in end-of-life care. Nursing programs must consider covering related issues more adequately as part of undergraduate programs. End-of-life education after graduation also needs to integrate medical knowledge as well as personal knowledge of death and dying signs, symptoms, and personal viewpoints. The format of on-the-job education and training could have an impact on the nurses as well, as many educational opportunities in healthcare settings now rely on self-study and/or online tutorials. These types of end-of-life education and training do not support personal interaction and instead may contribute to emotional labor as suggested above. On the other hand, experiential education such as self-reflection exercises, role-playing scenarios on dying, and journaling with discussion groups could lead to less personal anxiety toward death and a decrease in nurses' emotional labor.

Some limitations need to be acknowledged in this study, along with some opportunities for further research. First, even though the survey was emailed to all state nurses' associations in the US, most respondents in this study were from New Jersey, heavily female, and Caucasian.

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Thus, further research should target a broader sample to enhance the geographical representation of participants. Second, the original DAP-R survey included five attitudinal categories and was revised to include only three categories (i.e., anxiety, escape, and neutrality) for the purpose of the study. As such, another consideration for additional research may involve duplicating the compressed categories or administering the survey in its original form of five subsets to validate the results. In addition, further research using different modes for survey administration may contribute to more accurate reporting of related attitudes.

In conclusion, the nurses surveyed in the study had a high mean score in the *Neutrality* attitude toward death, followed by the *Escape* attitude, and lowest for the *Anxiety* attitude. To this end, the research results confirmed some assumptions regarding nurses' attitudes. Female and male nurses rated relatively the same regarding the three types of attitudes toward death. The *Escape* attitude was higher in nurses with more nursing experience and nurses in management. In turn, the results showed that experienced nurses were the most comfortable with death.

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