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Nurses' Caring Behaviors for Dying Patients in Southern Thailand

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Background: Nowadays, the end-of-life care becomes an indicator of the quality of care in a hospital. However, current nursing standards and quality of care related to the end of life do not meet the desired expectations of both dying patients and their families. Therefore, caring behaviors of nurses need to be described.
Purpose: The purpose of this descriptive research was to describe the level of nurses' caring behaviors for dying patients in southern Thailand.
Method: Proportionate stratified random sampling was used to select 360 registered nurses who had been working in general hospitals and regional/university hospitals in southern Thailand for at least one year. Instruments used in the study included the Demographic Data Questionnaire (DDQ) and the Nurse's Caring Behavior for Dying Patients Questionnaire (NCBDQ). The questionnaires were content validated by three experts. The reliability of the NCBDQ was tested with 30 nurses yielding a Cronbach's alpha coefficient of .97. The data were analyzed by using frequency, percentage, mean and standard deviation.
Results: The level of nurses' caring behaviors for dying patients was high (M = 2.12, SD = .43). The five dimensions of the nurses' caring behaviors including compassion, confidence, conscience, commitment and comportment were also at a high level. However, the competence dimension was at a moderate level (M = 1.82, SD = .51).
Conclusion: The results of this study indicated that nurses perceived themselves as having a moderate level of competency in taking care of dying patients. Therefore, educational intervention on enhancing nurses' competency for end of life care is recommended. In addition, factors relating to nurses' caring behavior for dying patients should be further explored.

Keywords: caring behaviors, dying patients, nurses, southern Thailand

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Background

The average lifespan of the world population has increased due to advanced medical technology. In 2008, the Economic and Social Commission for Asia and the Pacific reported that a South East Asian country's life expectancy had increased from 65 years in 1990 to 67.8 years in 2007. The life expectancy statistics of Thailand is similarly increasing like other Asian countries. In Thailand, the population's life expectancy has risen from 55.9 to 69.9 years in males and 62.0 to 74.9 years in females (World Health Organization [WHO], 2007). The change in population aging results in an increasing elderly population which leads to an increasing number of chronically ill patients (Naughton, Bennett, & Feely, 2006). The numbers of terminally ill patients or dying patients are assumed to be high and due to the increasing number of the terminally ill patients, the demand of care at the end-of-life (EOL) is increasing also.

In the last stage of life, a dying patient is faced with various physical, psychological, emotional, and spiritual suffering (Chio et al., 2006; Hallenbeck, 2003; Miberg, Strang, & Jakobsson, 2004; Solano & Higginson, 2006). Not only is the dying patient faced with loss but also the families of the concerned patients have to bear the grief (Kubler-Ross, 1993). Therefore, the dying patient and their families have numerous needs of caring.

According to Roach (2002), caring is the human mode of being. Nursing is a caring profession. Caring is what distinguishes nursing from other professions. Caring is the locus of all attributes used to describe nursing. Nurses are prepared to be caring professionals by a curriculum based on holistic, integral humanism and caring environment. For dying patients, nurses have a responsibility to help the dying patients and their families to pass all suffering through the dying process and achieve a peaceful death via caring behavior (Henderson, Van Eps, Pearson, James, Henderson et al., 2007; Luck, Jackson, & Usher, 2008).

According to Thailand National Hospital Accreditation Authority, the provision of palliative care and end of life care is to be a quality indicator for hospital care (Institute of Hospital Quality Improvement and Accreditation [IHQIA], 2003). However, a multitude of research studies have found that the current nursing standards and quality of care related to end-of-life care (EOLC) do not meet the desired expectations of both patients and families (Knaus & Lynn, 1997; Levey, 2001; Miller, Forbes, & Boyle, 2001).

Only a few studies had been conducted to explore the caring behaviors of nurses for dying patients (Amormprompukdee, 2004; Daodee, 1994; Pokpalagon, 2005). However, these studies mainly focused on a nurse's caring practice for dying patients which is not reflected in the caring attributes of nurses. Moreover, most of the studies which were conducted in Thailand included only settings in Bangkok. Therefore, the researcher opted to study this interesting issue to describe the level of a nurse's caring behavior for dying patients in southern Thailand. The purpose of this article is to describe the level of caring behaviors for dying patients among nurses in southern Thailand.

Method

Participants and Settings

A stratified proportionate random sample of 360 nurses were recruited from eight general hospitals, two regional hospitals and one university hospital in the southern part of Thailand. The identification of the participants was guided by (1) Thai nursing licensure as a registered nurse (RN), (2) worked in ICU, general medical ward, or surgical ward for at least one year, and (3) willing to participate in this study. The nature and procedures of the study and the rights of participants was clearly explained to potential participants to ensure voluntary participation and prevent nursing burden. Approval for the study was granted by the appropriate research ethics committees from the Faculty of Nursing, Prince of Songkla University and selected hospitals.

Instruments

The participants were asked to complete two questionnaires: Demographic Data Questionnaire (DDQ) and Nurse's Caring Behavior for Dying Patients Questionnaire (NCBDPQ).

The demographic data questionnaire obtained information on participants' age, gender, religion, religious practice, perception about religious practice, educational level, professional experience, working unit, the number of dying patients that they have taken care of in the last year, trained experience about end of life care, perceived knowledge related to end of life care, and responsibility about an end of life care program.

The 40-item NCBDPQ was newly designed by the researcher based on Roach's Six Cs caring attributes (2002) and related literature to assess caring behaviors that nurse provide for the dying patients. Respondents were asked to rate on a 4-point Likert type

scale of 0 (Never) to 3 (Regularly). A mean acculturation score is obtained by summing the values of all of the items and dividing the sum by the total number of questions answered. The score was interpreted into three levels as a low, moderate and high level of caring behavior. NCBDPQ was tested for the clarity, validity, and appropriateness of the language used by three experts. It was also tested for internal consistency with 30 nurses by using Cronbach's alpha coefficient yielding a value of .97.

Data Analyses

Descriptive statistics, summarized as frequencies, percentages for categorical variables and means and standard deviations for continuous variables, were used to describe the demographic and caring behavior levels of nurses.

Results

Nurses' Characteristics

Of the 360 surveys mailed, 353 were returned giving a response rate of 98.06%. The age of participants ranged from 23 to 58 years with an average age of 34.36 years and a standard deviation of 7.30. Females represented 98% (n = 346) of the study sample. About 86% (n = 302) were Buddhist, and 75.4% of respondents (n = 266) identified themselves as moderately strict in religious practice.

About 92% (n = 326) reported a Bachelor degree as the highest level of education. The general working unit (n = 244, 69.1%) was noted to be the most frequent specialty. The years of professional experience in nursing ranged from 1 to 35 with a mean of 9.76 years and a standard deviation of 6.54. About 40% (n = 143) were trained by attending workshops or conferences related to end of life care. Approximately, fifty-four percent of the respondents had experience in caring for more than fifteen cases of dying patients within the last year. More than half of the respondents had experience in caring for their own end of life family member (56.4%, n= 199). Around three-fourths of them perceived their knowledge of care for a dying patient at a moderate level (n = 272, 77.1%) Obviously, 66.6% of the respondents had a responsibility about the end of life program in their unit (Table 1).

Table 1

Frequency and Percentage of Nurses' Demographic Characteristics (N = 353)

Characteristics	n	%
Age (years) (M = 34.36, SD = 7.30, Min = 23, Max = 58)		
Gender		
Female	346	98.0
Male	7	2.0
Religion		
Buddhist	302	85.6
Islamic	43	12.2
Christian	8	2.2
Educational level		
Bachelor degree	326	92.4
Master degree	27	7.6
Perception about religious practice		
Very strict	12	3.4
Moderately strict	266	75.4
Not strict	75	21.2
Working Unit		
General Unit	244	69.1
ICU	109	30.9
Professional experience (years) (M = 9.76, SD = 6.54, Min = 1, Max = 35)		
1-5	115	32.6
6-10	113	32.0
11-15	61	17.3
>15	64	18.1
Training experience for care of dying patients		
Yes	143	40.5
No	210	59.5
Experience of caring for dying patients		
1-5	47	13.3
6-10	67	19.0
11-15	47	13.3
>15	192	54.4
Perceived knowledge about care for dying patients		
High	33	9.3
Moderate	272	77.1
Mild	48	13.6
Responsibility about end of life program		
Yes	235	66.6
No	118	33.4

Nurses' Caring Behaviors for Dying Patients and Sub-Dimensions of the Nurses' Caring Behaviors for Dying Patients

Descriptive analyses were computed on the NCBDPQ and its subscales. The NCBDPQ was designed to measure a nurse's perception on the frequency of actions or performances she performed while providing care for dying patients (Table 2). On average, most participants reported a high level of caring behaviors for dying patients (M = 2.12, SD = 0.43). Interestingly, the highest caring behaviors of the southern Thai nurse were conscience, followed by compassion, and next was commitment. Comportment was found to be the fourth highest caring behavior and the fifth was confidence. Surprisingly, competence was found to be the lowest caring behavior with a moderate level for southern Thai nurses as presented in table 2.

Table 2

Mean, Standard Deviation, and the Level of Nurses' Caring Behaviors for Dying Patients and Subscale of the Nurses' Caring Behaviors for Dying Patients (N = 353)

Nurses' Caring Behaviors	**M**	**SD**	**Level**
Compassion	2.29	0.50	High
Competence	1.82	0.51	Moderate
Confidence	2.08	0.59	High
Conscience	2.39	0.47	High
Commitment	2.18	0.52	High
Comportment	2.11	0.52	High
Total	**2.12**	**0.43**	**High**

Table 3 and 4 show five questionnaire items with the highest and lowest mean scores of nurses' caring behaviors for dying patients, respectively.

Table 3

Five Items with Highest Mean Score of the Nurses' Caring Behaviors for Dying Patients (N = 353)

No	**Questions**	**Dimension**	**M**	**SD**
1	I intend to take care of the dying patient with all my best practices even though they are in the final time of their life	Commitment	2.56	0.55
2	I give honor and pay respect to the dying patient as a human even though they are in unconscious condition	Conscience	2.55	0.55
3	I provide equal care for every dying patient and their families	Conscience	2.53	0.57
4	I am willing to listen to the dying patients and their families	Compassion	2.52	0.60
5	I respect to the dying patient's decision or family's decision in the case of the patient not being able to make a decision	Conscience	2.50	0.61

Table 4

Fives Items with Lowest Mean Score of the Nurses' Caring Behaviors for Dying Patients (N = 353)

No	Questions	Dimension	M	SD
1	I apply clinical practice guidelines and research out puts for caring for dying patients and their families	Competence	1.29	0.82
2	I study to keep up to date with knowledge related to caring for dying patients and their families	Competence	1.53	0.73
3	I practice some skills of caring for dying patients and their families in order to respond to all needs	Competence	1.57	0.74
4	I have competence in using medical equipment and technologies for caring for dying patients	Competence	1.67	0.87
5	I collaborate and work with other health care providers in caring for dying patients and their families holistically	Competence	1.70	0.81

Discussion

Not surprisingly, the total scale of nurses' caring behaviors for dying patients was at a high level. One explanation of a high level of caring behaviors is that the nurse has been professionalized in a caring environment. According to Roach (2002) nursing is a career in that the desire is to help people and to care for people. A nurse is refined to be a caring nurse from the day she or he enters into the nursing profession. Caring is integrated into the nursing profession through a curriculum based on a holistic, integral humanism, moralism, and caring environment.

Interestingly, the highest caring behavior of the southern Thai nurse was conscience. Conscience, understood as the morally sensitive self attuned value, is integral to personhood (Roach, 2002; p.58). Moral norms, standards, principles and values, grounded in religious faith. Nursing professionals have borrowed Buddhist health related principles and applied them to the concept of caring (Watson, 2005). In Buddhism, the most fundamental Buddhist ethical precept is nonviolence or not to harm any living creature. In addition, three fundamental principles namely: not to do any evil, to cultivate good, and to purify the mind are the main teachings of Buddha (Payutto, 2001). As well as the demographic finding of this study which found approximately ninety six percent of the respondents were Buddhist and most of them identified themselves as moderately strict in religious practice. It could be said that the caring behaviors of Thai nurses has been

constructed by their cultural background. As result of this, caring behaviors among Thai nurses was at high level.

Caring behaviors on the compassion dimension in this study is at a high level. Compassion is a way of entering into the experience of the patients, of sharing in difficulty, pain and suffering, of being moved and changed (Roach, 2002; p.25). As presented in this study, the caring nurses reported that they are willing to listen to the dying patients and their families as the fourth highest item. Listening to the patients is the way that helps a nurse enter the experience of the patient. This finding also supported other studies which found that providing available time and listening to the patients' expression is the way to express compassionate care (Wilkin, 2003; Brilowski et al., 2005).

The commitment to care consists of two key elements of one's desire and one's obligation (Roach, 2002; p58). In this sense, caring nurses must commit to themselves to meet the dying patients and families' needs. The nurses in this study reported that they cannot give up and tried to overcome the barrier in providing care for their patients. They must keep promises and respond to the patients' needs as soon as possible. Keep promises and respond to the patients' needs demonstrate that nurses gave the dying patients and families ongoing opportunities to realize that help is always available for them. Caring behaviors on the comportment dimension was found to be the fourth highest caring behavior. The caring nurses in this study also showed their caring presence with appropriate dress, language, and the expression of feeling. This finding correlated with Roach who emphasized that it is paramount that the professional looks and sounds like what nurses profess to be and provide the patient with respect first, disease second (p.48).

Confidence is a critical attribute of professional caring. Confidence is a basis responsibility that enables the development of a trusting relationship with the dying patients and families (Roach, 2002; p. 57). In this study caring nurses used their self to foster trusting relationships, beginning by introducing them self to the dying patient and families, providing care with quality, being informative and good counselor and are with them any time they need help. These behaviors brought about the ability to have faith in the nurses who interact with dying patients and their families. This study's findings are consistent with other studies which found that being with the patients during their worrying time can increase better relationships between nurses and patients (Brilowski et al., 2005; Wilkin, 2003).

Surprisingly, competence was found to be the lowest caring behavior with a moderate level for southern Thai nurses. A competent nurse is a nurse who has knowledge, judgment, skills, energy, experience, and motivation required to respond adequately to the demands of the professional nurse's responsibilities (Roach, 2002; p. 54). The findings of this study indicated that nurses had moderate levels of competence in caring for the dying patients. One explanation is that in nursing, nurses have specific knowledge, skills, judgment and experience which might depend on various factors such as education and training (Roach). Based on the demographic findings of this study, most of the respondents had an educational level of bachelor degree (91.6%). According to the survey on the undergraduate curriculum, it was found that the end of life content is limited at this level (Phungrassami, 2006). Therefore, the nurses in this study lacked knowledge related to end of life care. The same as the demographic findings which found that the nurses perceived their knowledge related to end of life care at a moderate level. This finding also supported other research in that it found a positive relationship between educational level and knowledge related to end of life care (Manosilapakorn, 2003).

In addition, training was found to be the specific way in order to enhance skills and practice (Roach). According to the demographic findings of this study, nearly sixty percent of the respondents were not trained by attending a conference or work shop. Moreover, the respondents in this study also indicated that they were less in applying the clinical practice guidelines and utilizing research study in caring for the dying patients and families with the lowest mean score. This also might be contributed to the educational level because at bachelor degree level most of the content focuses on nursing care.

Furthermore, the next lowest mean score reported that the nurses were less in keeping up to date with gaining more knowledge related to end of life care. The nurses in this study also reported that they had less ability in using medical technology in caring for the dying patients. This might be due to the fact that more than half of the samples in this study were working in a general hospital and two thirds of them were working in a general unit which required medical technology less than a regional hospital and intensive care unit. Collaboration between a nurse and other health care providers in caring for the dying patient also showed as one of the lowest competencies. The finding in this item supported the results of another study that found a lack of collaboration between nurses and health care providers as a barrier to care for the dying patients (Beckstrand & Kirchhoff, 2005).

Conclusion and Recommendations

In summary, the finding from this present study show that caring behaviors for dying patients of southern Thai nurses was at a high level. The results from this study suggest that to enhance knowledge and skills related to EOL, nursing administrators should provide special workshops or training courses related to EOLC for staff nurses. For nursing education, the content related to EOLC should be integrated in the undergraduate curriculum. For nursing research, the relationship between related factors and nurses' caring behaviors for dying patients need to be explored further.

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