

How nurses face patients' death in Mexico



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*“How very little can be done
under the spirit of fear”*

Florence Nightingale

- The end-of-life process is deeply feared by our society in which prevails a cultural denial of death
- Maintains us far from being ready to face it
- Although people may die suddenly, in the majority of cases, people die as a result of a chronic disease that requires medical care (long-standing)

- Physicians have the responsibility to provide patients and their families the information on their condition
- So they can make the best decisions concerning medical actions and other choices
- A difficult task for physicians who form part of this death-denial society
- Frequently lack the specific training
- With this in mind...

- We explored the views of Mexican physicians about death in their clinical practices
- The majority of them valued the need to communicate a poor prognosis
- But we only know what they said they do and it remains unknown what they actually did
- Participant physicians might not have engaged in as many conversations regarding death with their patients as they claimed



PRELIMINARY REPORT

Facing Death in Clinical Practice: A View from Physicians in Mexico

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Some limitations of the present study should be taken into consideration. First, these results were based on self-reported information and, therefore, some participants could have given socially acceptable answers. Additionally, we do not know if our results can be generalized because most participants were from public hospitals. Future research is needed to compare the results between physicians from public and private hospitals.

- Nurses play a very special role in the care of terminally ill patients
- Their role is broader as their care encompasses physical contact and emotional support
- They are with patients and their families during the life-to-death transition

- The majority of nurses have not received specialized training to deal with death
- There is scarce data on this topic
- Nurses comprise a unique source of information for enhancing our understanding of health care during the end-of-life period
- They can give information about physicians and about themselves

Aims of the study

- To explore nurses' perceptions about physicians' attitudes and reactions dealing with terminally ill patients, in order to compare their responses with the previous study
- To explore the views of Mexican nurses about death in their clinical practice

Methods

Sample

- We surveyed a non-probabilistic sample of nurses
- Residing in Mexico City
- Having completed at least 1 year of clinical practice
- Caring for terminally ill patients
- Working at two National Institutes of Health (NIH), high specialty-level public hospitals

Methods

Procedure and measurement

- Surveys were completed from May to November 2014
- Took fewer than 20 min for completion
- Two questionnaires developed for this study:
 - The General Data questionnaire (sociodemographic)
 - The Nurses' Views About Death questionnaire (NVD) based on the Physicians' Views About Death questionnaire (PVD) of the previous study

Methods

- Six of the NVD items were similar to those of the PVD
- The remaining were developed from a review of literature and from interviews with nurses
- Final version has 18 items, 5-point Likert scale that ranged from 1 (strongly disagree) to 5 (strongly agree)

Methods:

NVD items classification

- a) Nurses' views about the information that terminally ill patients should receive
- b) Nurses' reactions in dealing with terminally ill patients
- c) Nurses' perceptions with respect to physicians' reactions in dealing with terminally ill patients
- d) Nurses' views regarding their training for care of terminally ill patients

Results

- Of the 304 nurses invited to participate, 97% agreed
- 295 nurses were surveyed
- Ages ranged from 20–70 years (mean, 38 years)
- 1–45 years of clinical practice

Table 1. Sociodemographic characteristics of the sample

Gender

Feminine	253	(85.8 %)
Masculine	42	(14.2 %)

Age (years)

21–35	138	(46.8 %)
36 or more	157	(53.2 %)

Religion

Catholic	262	(91 %)
Other	22	(7.5 %)
None	4	(1.4 %)

Clinical practice (years)

1–10	135	(45.8 %)
11 or more	160	(54.2 %)

Academic training

Registered Nurse	183	(63.4 %)
Specialist	91	(31.5 %)
Nurse's aide	11	(3.8 %)
Master degree	4	(1.4 %)

Academic training related with death

None	101	(34.7 %)
Thanatology	150	(51.5 %)
Palliative care	9	(3.1 %)
Thanatology/palliative care	3	(1 %)
Other	28	(9.6 %)

Table 2. Summary of responses to the Nurses' Views About Death (NVD) questionnaire by item

Disagree Neither agree nor disagree Agree

Nurses' views about the information patients should receive:

1. When it is known that patients are going to die, they should be informed	13 (4.4%)	26 (8.8%)	256 (86.8%)	$p=0.0001$
3. The attending physician is the only staff member responsible for informing terminally ill patients that they will die	69 (23.4%)	48 (16.3%)	178 (60.3%)	$p=0.0001$

Disagree

Neither agree nor disagree

Agree

Nurses' reactions:

4. I attempt to talk with my terminally ill patients about death	25 (8.5%)	89 (30.2%)	181 (61.4%)	$p=0.0001$
5. When patients are going to die and have not been informed, I refer them to their physician for them to be informed	18 (6.1%)	20 (6.8%)	257 (87.1%)	$p=0.0001$
6. It bothers me to have terminally ill patients	181 (61.4%)	72 (24.4%)	42 (14.2%)	$p=0.0001$
7. I avoid the subject of death with my terminally ill patients	148 (50.2%)	79 (26.8%)	68 (23.1%)	$p=0.0001$
8. When my terminally ill patients bring up the subject of death, we talk about it	5 (1.7%)	20 (6.8%)	270 (91.5%)	$p=0.0001$
9. I find it hard to establish a close relationship with a terminally ill patient	155 (52.5%)	64 (21.7%)	76 (25.8%)	$p=0.0001$
10. When a patient asks me, "Am I dying?", I try to change the subject	164 (55.6%)	75 (25.4%)	56 (19%)	$p=0.0001$
11. When patients who are going to die have not been informed of this and they ask me about it, I tell them	94 (31.9%)	85 (28.8%)	116 (28.8%)	$p=0.075$

Disagree

Neither agree nor disagree

Agree

Nurses' perceptions about physicians' reactions:

12. Physicians tell their patients the truth when they are going to die	89 (30.2%)	89 (30.2%)	117 (39.7%)	$p=0.070$
13. If the patient's relatives ask physicians to hide from patients that they are going to die, the physicians consent to this	82 (27.8%)	72 (24.4%)	141 (47.8%)	$p=0.0001$
14. Physicians avoid the subject of death with their terminally ill patients	116 (39.3%)	83 (28.1%)	96 (32.5%)	$p=0.060$
15. When physicians know that one of their patients is going to die, they withdraw from the case	140 (47.5%)	87 (29.5%)	68 (23.1%)	$p=0.0001$
16. Terminally ill patients talk more with nurses than with physicians about death	15 (5.1%)	30 (10.2%)	250 (84.7%)	$p=0.0001$
17. Physicians use to be prepared to hear nurses' views about their terminally ill patients	106 (35.9%)	80 (27.1%)	109 (36.9%)	$p=0.075$

Disagree

Neither agree nor disagree

Agree

Nurses' preparation

2. Nurses should have access to special places to reflect on issues related with death (seminars, workshops, etc.)

1 (0.3%)

1 (0.3%)

293 (**99.3%**)

$p=0.0001$

18. I feel well prepared to care for terminally ill patients

43 (14.6%)

50 (16.9%)

202 (**68.5%**)

$p=0.0001$

Table 3. Comparison between responses provided by nurses (current data: $n = 295$) and by physicians (previous data: $n = 413$)

<i>Nurses' perceptions vs. physicians' statements about the physicians' reactions:</i>		Agree	Neither agree or disagree	Disagree	
NVD	Physicians tell their patients the truth when they are going to die	117 (40%)	89 (30%)	89 (30%)	0.0001
PVD	In my clinical practice, I tell my patients the truth when they are going to die	324 (79%)	69 (17%)	15 (4%)	
NVD	Physicians avoid the subject of death with their terminally ill patients	96 (33%)	83 (28%)	116 (39%)	0.0001
PVD	I avoid the subject of death with my terminally ill patients	56 (14%)	77 (19%)	276 (68%)	
NVD	When physicians know that one of their patients is going to die, they withdraw from the case	68 (23%)	83 (29%)	140 (48%)	0.0001
PVD	When I know that one of my patients is going to die, I withdraw from the case	21 (5%)	30 (7%)	356 (88%)	
NVD	If relatives ask physicians to hide from patients that they are going to die, physicians consent	82 (28%)	70 (24%)	140 (48%)	0.0001
PVD	If the patients' relatives ask me to hide from patients that they are going to die, I consent	209 (21%)	113 (28%)	86 (51%)	

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PVD	In my clinical practice, I tell my patients the truth when they are going to die	324 (79%)	69 (17%)	15 (4%)	
NVD	Physicians avoid discussing death with their terminally ill patients	276 (68%)	116 (39%)	116 (39%)	0.0001
PVD	I avoid the subject of death with terminally ill patients	276 (68%)	116 (39%)	116 (39%)	
NVD	When physicians know that one of their patients is going to die, they withdraw from the case	21 (5%)	30 (7%)	356 (88%)	0.0001
PVD	When I know that one of my patients is going to die, I withdraw from the case	21 (5%)	30 (7%)	356 (88%)	
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There were significant differences between what physicians reported that they do and nurses said physicians do

Table 3. Comparison between responses provided by nurses (current data: $n = 295$) and by physicians (previous data: $n = 413$)

		<i>Views of nurses vs. views of physicians:</i>			
		Agree	Neither agree or disagree	Disagree	
NVD	When it is known that patients are going to die, they should be informed	252 (87%)	26 (9%)	13 (5%)	0.70
PVD	When it is known that patients are going to die, they should be informed	350 (85%)	45 (11%)	18 (4%)	
NVD	Nurses should have access to special places to reflect on issues related with death (seminars, workshops, etc.)	291 (99%)	1 (0.3%)	1 (0.3%)	0.0001
PVD	Physicians should have access to special places to reflect on issues related with death (seminars, workshops, etc.)	319 (77%)	60 (15%)	34 (8%)	

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		<i>Views of nurses vs. views of physicians:</i>			
		Agree	Neither agree or disagree	Disagree	
NVD	When it is known that patients are going to die, they should be informed	252 (87%)	26 (9%)	13 (5%)	0.70
PVD	When it is known that patients are going to die, they should not be informed	1 (0.3%)	18 (4%)	13 (3%)	
NVD	Nurses should have access to special places to reflect on issues related with death (seminars, workshops, etc.)	294 (100%)	1 (0.3%)	1 (0.3%)	0.0001
PVD	Physicians should have access to special places to reflect on issues related with death (seminars, workshops, etc.)	319 (77%)	60 (15%)	34 (8%)	

More nurses than physicians considered they need special places to reflect on death

Discussion:

- Nurses valued the need to communicate with patients about a poor prognosis
- Nurses want spaces to reflect on death
- There were significant differences between what physicians reported that they do and nurses said physicians do
- These results support our hypotheses: physicians responses referred to a greater degree to what they thought was the correct thing to do, that to what they actually do

Conclusions:

- Another possible explanation is the inadequate communication between nurses and physicians in Mexico
- Nurses' work is not recognized as it should be, as in other countries
- This study highlights the importance of correcting inadequate communication between nurses and physicians

Some limitations and recommendations:

- A limitation of the study is that it is a quantitative study
- As with physicians, we do not know what nurses actually do
- We do not know if nurses would actually inform patients they are going to die if they were allowed
- Explore physicians perceptions about how nurses deal with death

Conclusions:

- Our results demonstrate the importance of more education of nurses and physicians on end-of-life issues
- This training must be integrated with practical experiences that complement theoretical information enhancing coping skills

MUCHAS GRACIAS