ATTITUINAL CHANGE OF FIRST YEAR NURSING STUDENTS IN
RELATION TO DEATH

by

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On June 3, 1965, at the end of the year during which data was collected for this paper, a group of students from the School of Nursing where the data was collected were involved in an automobile accident. One of these students was killed.

In the days that followed, family, fellow students and faculty sought an explanation for the impossible thing that had happened and for something which might be consoling in the loss. It was perhaps this girl's own words, written two months before her death to a friend whose father had died, that somehow explained and comforted. She wrote:

"... when God gave your father life He planned only this much for him, and no more, for God knew that in this time he could accomplish the purpose for being created.

And yet, even though you realize all this, it doesn't take away that empty feeling does it? God planned this too, to have you hurt — oh so much . . . .

Oh, what a God — he certainly knows how to make us love him, doesn't He?"

Though the author is mindful of its many deficiencies, it is with deep affection that she dedicates this work to Janice Hartman.
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The purpose of the study was to determine whether specific content given in a particular setting to first year nursing students enabled the student to function in patient care situations where death was impending.

It was hypothesized that students who had specific instruction, anticipatory guidance and the opportunity to ventilate their feelings about death developed better attitudes toward the giving of nursing care to the dying, supporting the family and accepting the fact of the patient's death than did students who did not have this kind of instruction.

The investigator worked with a group of first year nursing students (total 15 at the end of the study) using experimental content in the classroom setting. A group of first year nursing students was used as a control (total 11 at the end of the study).

A questionnaire was used, based on one which had been previously validated, and was designed to measure attitudes of the student nurses toward death, the dying patient and his family, and the nurse's role in caring for this kind of patient. A panel of six nurses, each with a minimum of two years nursing experience, assisted with the scaling of the questionnaire. Clarity of wording was determined through a pilot study.

During the year of the study the students in the experimental group were given specific, planned clinical experiences in working with the patient whose prognosis was poor. Pre-nursing care conferences prepared the student for the problems they might encounter with the assignment and focused on the emotional reactions of student and patient. Patients were not in immediate danger of death at the time of the study.

Students in the control group were given the usual content which was incorporated into the course in Fundamentals of Nursing and consisted of one hour of content dealing with physiological phenomena and care of the body after death. No planned clinical experiences were provided for the control group of students. Within the control group students who found themselves in the situation of caring for the patient whose prognosis was poor were free to seek help.

In pre-testing it was found that the groups differed significantly in eight out of the seventy-one items on the questionnaire. Following the classroom and clinical experience of the experimental group, the questionnaire showed that the differences had disappeared in all but two of the items, while differences had appeared in four new ones. In statistical analysis a significance level of ten percent was accepted.

In view of the findings on the questionnaire and their minimal changes found in statistical analysis, the hypothesis is not substantiated by the study.
CHAPTER I
THE PROBLEM

Introduction

It is a common lot of all living things to experience death, but it is a unique human problem to cope with the knowledge of death and come to terms with the implications which the problem holds for mankind. Death has been a concern of mankind since human life began, and the history of all peoples deals with death as well as with the lives of those whose stories are told.

Among those who deal intimately with the problem of death are those whose lives are dedicated to the healing arts -- the physician, the priest and minister, and the nurse. Of those who care for the sick in mind and body the nurse is most often called upon to witness death and to cope with the problems that death leaves in its wake. Accordingly, the attitudes of the nurse, the degree of personal composure she has developed, and her ability to communicate and to empathize with the dying patient and his family will have a great influence on those whose lives are touched by hers.

Where do nurses derive their attitudes? Once determined can they be changed? To what extent can they be changed, and how is this change initiated and completed? These are questions of vital concern to the nurse.

Using the last words of famous persons, Virginia Moore traces the development of attitudes toward death from earliest times to the present. Her investigations lead her to conclude that attitudes toward death are in large measure, culturally derived, for she writes:

Men have not always died in the same way, for the same reason that they have not always lived the same way. There are trends, there
are fashions, in dying.¹

In his book, The Meaning of Death, Herman Feifel points out the need for research into the problem of death.

Systematic research efforts concerning attitudes toward death are definitely in order . . to illumine effects of the prospect of imminent and not-so imminent death upon the human individual.²

If this is true of the general researcher, how much more meaning must it have for the nurse whose work is such that she may face the death of a patient on any working day.

In trying to assess the first year nursing student's attitude toward death and project the possibility of changing some of these attitudes, it is necessary to examine some background information which has bearing on the acquisition of these attitudes. As indicated by Moore, attitudes toward death are not innate, but rather are acquired. Like attitudes toward other objects, the human attitude toward death is developmental. Marie Nagy has identified three stages in this development of death attitudes.³

To the very young child, life is so real, and the experience of death is so limited that he has no concept of what death involves. Until the age of five, separation of any kind is synonymous with death. The child's experience shows him that many persons from whom he is separated come back, and thus he also expects the dead to return. He regards death as a departure or sleep. Toward the end of this first stage of development, the child may

³Ibid., p. 80-81.
come to some realization of death as an irreversible fact. This knowledge remains very vague, and the child continues to hope that death will prove temporary.

A further feature of the attitudes of the young child toward death is that of gradualness. In this initial stage of development the young child does not see death as occurring suddenly, and often the child visualizes the deceased person as making attempts to leave the grave or engage in other activities.

The second stage of development of the concept of death begins about the age of five years. This phase continues for about four or five years and is seen as a personification. The child at this age sees death as a real person, and children often express fear of the death man and a wish to avoid him. Death is described by children at this age level as a man, horrible, ghostly, and frightening.

Another serious factor which is important to the child's developing concept of death is the aspect of contingency. The child sees his behavior as determining the continued existence of those persons who are significant to him. Since it is natural for a child's feelings to range between love and hate, children who lose a parent or sibling at this age frequently feel responsible because of the feelings they have had about the dead one. Unless the child is able to work through his feelings, a process which requires understanding adult help, he may develop guilt feelings which persist for many years, or even for life.

The final stage of development of ideas of death and attitudes toward death begins about the age of nine. At this time children begin to perceive death as a cessation of bodily activities. This view is held more or less
throughout the remainder of the person's life, although cultural and religious factors will modify it. The culture is more apt to dictate ritual surrounding death and burial than to affect the development of the child's view of death.

Religious beliefs are also of some importance in the person's final view and attitudes toward death. Among those who hold a religious conviction, including a belief in afterlife, there appears to be some tendency to fear death more than do those who do not hold such religious beliefs.

The non-religious person fears death because of what is being left behind, rather than on what will happen after death. The stress on the religious person is twofold. . . he is concerned with afterlife matters as well as with the cessation of present earthly experiences.4

Even the belief in personal salvation does not seem to make a significant difference in the amount of fear felt or admitted.

The data indicated that even the belief that one is going to heaven is not sufficient to do away with the personal fear of death in some religious persons. This finding, together with the strong fear of death expressed in the later years by a substantial number of religiously inclined individuals, may well reflect a defensive use, so to speak, of religion by some of our subjects.5

While this information was obtained from a study conducted on a particular type of religious individual who holds fundamentalist views and cannot therefore be considered as indicative of all religions, still there is some significance in pointing out one religious position and its effect or lack of effect on the person's view of death.

4Herman Feifel, op. cit., p. 121.

5Ibid.
THE PROBLEM

Statement of the Problem. Will planned intervention in the learning experiences of the first year nursing student result in a realistic, positive attitude toward the patient whose death is impending, enable the student to communicate with the patient and his family, and enable the student to give adequate, skilled physical care and emotional support to this kind of patient.

This problem brings up the following four questions:

1. Will planned intervention in the learning experiences of first year nursing students be of benefit in directing or changing attitudes?

2. To what extent can attitudes be changed in late adolescence?

3. Can students resolve the problem of death sufficiently for themselves, so that they will be able to function effectively in the fact of a situation in which death is a factor?

4. What technics, including communication skills and tools, does the student need to function effectively in the situation where death is impending, and from what sources does she derive these tools?

Purpose of the Study. The purpose of this study was to determine whether specific content, given by a particular method of instruction to first year nursing students, would enable the student to function effectively in patient care situations where death is impending.

In the initial experience with death nursing students are often baffled, even overwhelmed. Occasionally, they are bewildered to the point of leaving nursing completely. This investigator has often noted in her years in nursing practice and education that the feelings precipitated in nursing students by a patient's death take precedence over nearly every other feeling and temporarily over other activities. The student, aware that other requirements
such as maintaining the work level are important, usually learns early in her nursing years to shield herself from the impact of such emotion-laden situations. Gertrude Ujhely states that by the time nurses are twenty-five they have covered themselves with a thick armor in regard to caring for the dying patient. Yet it is not the "armored" nurse, but the one who is open and empathetic who is able to be of real assistance to the dying patient and the family.

This study involved the following activities:

1. Identification of the attitudes related to death existent within the nursing student at the time of entry into the program.

2. Introduction of the topic of death to the students in a planned, sequential setting, considering the various aspects which are pertinent to nursing practice.

3. Involving the student in caring for the patient whose death is impending, though the patient is not at the time critically ill.

4. Giving additional support and guidance to the student while she is involved in giving care to these patients.

5. Assisting the student to develop appropriate tools and technics of communication in dealing with the dying patient and his family.

6. Determining whether the educational processes in which the students have engaged has changed their attitudes toward death.

Initial assessment and final determination of attitudes was made through a questionnaire based on an instrument constructed and scaled for another

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A control group was used for comparison with the group of students with which the investigator worked. This control group was composed of students of the same approximate age (18-22), educational level (high school graduates to less than two years of college), and work experience (two years of hospital contact) as the experimental group.

Hypothesis

The hypothesis developed for use in this study was: giving first year nursing students specific instruction, anticipatory guidance, and the opportunity to ventilate their feelings about death, will assist them in giving nursing care to the dying, support to the patient and family, and ability to accept the fact of the patient's death.

Definition of Terms

The following definitions of terms were used within the study:

1. **Attitude** - the degree of positive or negative effect associated with some psychological object. A psychological object is a symbol, phrase, slogan, person, institution, ideal, or idea toward which people can differ with regard to positive or negative effect.\(^7\)

2. **Realistic** - in accord with, or appropriate to the objective facts existential within the individual situation.

3. **Adequate, skilled physical care** - competent bodily care of the patient according to his individual needs.

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4. Emotional support - the assistance of empathy and compassion which is lent by one person to another especially in times of crisis, or when various obstacles must be overcome. A crisis is a crucial situation of unusual importance to an individual self or to bodily integrity and with possible or known far-reaching consequences.

5. Anticipatory guidance - guidance which is given before an event occurs and which focuses on the feelings and emotional reactions that can be expected to occur.9

6. Planned intervention - the use of a planned, organized, sequential group of experiences which have objectives, goals, and stated expected outcomes.

7. Impending death - death is the outcome of the diagnosis, and the prognosis indicates that this outcome will occur within a few months to a few years time. The patient is not critically ill at the time of the study.

Assumptions

There were four basic assumptions which motivated the investigator toward research in this area.

1. Students in nursing have questions relating to death which become a focal point during their initial clinical experience.

2. Some of the problems relating to death which students have are a result of fears and conflicts which they have not been able to resolve in any satisfactory way.

3. Giving people an opportunity to think and talk about their problems is one method of assisting toward the resolutions of these problems.

4. The mutual sharing and support which results from groups working together is one method of dealing with problems.

Justification for the Study and Review of the Literature

Personal observation and experience on the part of the investigator over a period of ten years pointed up a need for research into student nurses' perplexity with patients' deaths. The students taught by the investigator during the past five years have repeatedly confirmed this need. Students are baffled, sometimes overwhelmed, and occasionally even embittered by a patient's death. It seemed to this researcher that the nursing student needed help in developing a personal philosophy of death which would enable her or him to handle the bewildering emotions that result from such traumatic occurrences.

Professional literature in the past ten years has given ample indication of the need in this area. Folk and Nie in discussing this state, "Nurses need preparation for this event, not only to protect themselves from undue trauma, but to provide adequate care and support for the dying patient and his family."¹⁰

What kind of preparation should be made? Noris feels that "The most important facet is the nurse's need to work through her own feelings."¹¹

Ujhely concurs:

... the nurse, to be capable of kindness and professional objectivity, will have to attempt to solve her own questions relating to death, ... She will have to think about what death means to her personally, her


own death, and that of her loved ones.¹²

Within the recently published literature relevant to the problem, there appears to be general agreement that the basic nursing program is the appropriate place for the initiation of such preparation.

People continue to die in hospitals, and nurses continue to confront this dying, but with few guidelines to help them. There is no better time than now to accept this important challenge in nursing. One way to begin is by providing better preparation for nursing students.¹³

But like every other learning experience, the experience of working with the dying patient must be carefully planned if it is to be effective in accomplishing the objective.

We believe however, that such a topic should be handled in a planned, organized and systematic manner. It should be openly presented and actively discussed by the students. The subject of death should be handled not only in formal lectures but also in structured group discussions where the student has the opportunity to speak freely or to listen if she does not want to participate verbally.¹⁴

Two other nursing studies have particular significance for the present research into the attitudes of the student nurse toward death. In 1963, Pesznecker and Hewitt conducted a study to identify psychiatric content in the curriculum. In the area of classroom content in the curriculum relevant to death, they conclude that though the number of students reporting about death was few,

¹²Ujhely, op. cit., p. 45.


... it was apparent in all situations that students (1) felt incompetent in handling the situation, and (2) had limited ability to provide therapeutic nursing care for these patients.\(^{15}\)

In suggesting possible solutions for this uncomfortable position, they advise:

... in order to come to grips with the topics and/or occurrence of death, the following must take place:

1. A person must formulate his own philosophy of death and look at what has influenced the meanings which he associates with death. This is necessary if one is to find a positive reality to life itself.

2. Attitudes about death and its meaning can be formulated and explored only in situations where there is opportunity for free expression of candid thoughts.

3. After one has gone through the process of formulating his own thoughts on death and has been helped to identify this process, he is better equipped to utilize this process in helping others find their own unique meaning of death.\(^{16}\)

Simple exposure to ideas and assignments are not sufficient, though exposure constitutes a beginning. Some evaluation of the learning should be made. Suggested evaluation methods include testing to compare attitudes before and after instruction, observation of satisfactory responses after discussion and experiences, noting a student's ability to apply concepts of care, interviews to determine the depth of understanding, and completion of open-ended questionnaires.\(^{17}\)

Norris and Ujhely both emphasized the need for the nurse to work through her own feelings and develop a philosophy relevant to death which will carry


\(^{16}\)Ibid. p. 87.

\(^{17}\)Ibid. p. 89.
her through the storms and crises of her professional life. Pesznecker stressed too the benefits of thinking through the problem. "No matter on which end of the scale the person rests, (Death is a good or an evil) the mere fact that he has put meaning to the death experience can be therapeutic."18

The other study referred to was done by Mary Burton and associates and concerned curriculum development specifically related to the preparation of the nursing student for her initial experience with a patient's death.

Five objectives were developed in this study for use in preparing the student for the initial experience.

1. To develop an approach to effective functioning at the time of a patient's death.
2. To develop understanding of own feelings toward death.
3. To develop insight into feelings of others toward death: patient, family, and staff.
4. To develop a knowledge of post-mortem care.
5. To develop respect for the mystery of death.19

A series of fourteen learning experiences was also developed. These learning experiences included a written paper concerning any past experience of death; a series of reading assignments from a selected bibliography; group discussions in which students discussed their ideas of death; lectures and panel discussions by members of various disciplines including clergy of major religions; demonstrations of physical post-mortem care; assignments of

18Pesznecker and Hewitt, op. cit., p. 87.
caring for dying patients; and another written assignment in which the student discusses her experiences and how she thinks they will be helpful in her subsequent experiences with death.\textsuperscript{20}

These proposed learnings began with the student's own past experience and progressed to new experiences. A movement from simple to complex ideas and from her own to another's feelings is also noted.

The learning experiences were primarily aimed at providing for the student's first experience with the death of a patient. As learning is a continuing process in both breadth and depth, there will be subsequent experiences such as talking with the family of a patient who has expired. . . The faculty is aware that a later experience may be more traumatic than the first, depending on the situation.\textsuperscript{21}

Since this was a strictly theoretical study, no results of implementation were available within the paper.

Nurses and nurse educators are not alone in their concern for some solution to the problem of coping with death. Philosophers, doctors, clergy-men, authors, and psychiatrists have shown interest in the theme of death and have deeply considered the inevitable outcome of life.

The study by Feifel has already been quoted in pointing out the need for additional research into the topic of death.\textsuperscript{22} However, it should be noted that there are certain obstacles in the way of research. Carl Jung notes with a wry humor:

How these experiments are ultimately to be interpreted is a problem that exceeds the competence of empirical science and goes beyond our intellectual capacities, for in order to reach an ultimate conclusion one must necessarily have had the actual experience of death. This event

\textsuperscript{21}Ibid., p. 26.

\textsuperscript{22}Feifel, op. cit., p. 127.
unfortunately puts the observer in the position that makes it impossible for him to give an objective account of his experiences and of the conclusions resulting from them.\(^{23}\)

While it is impossible for us to know death intimately and ultimately, it is possible for us to gather more knowledge about the various aspects of death viewed from many angles. In 1964, William Johnson, a Methodist clergyman, conducted a survey on the campus of the Montana State College, Bozeman, to determine attitudes toward death in the general population. The results of his study supported his hypothesis that

\[\ldots\] factors which reveal attitudes toward death can be determined, and on the basis of these factors an attitude scale which will measure the real attitudes of people toward death can be constructed.\(^{24}\)

At the conclusion of Johnson's study, he recommended further use of the attitude scale in providing "\ldots\] a foundation for further research which could explore differences in attitudes toward death and ways of facing death situations in occupational and educational groups \ldots\] "\(^{25}\)

A final recommendation for the use of the study and questionnaire was proposed by Johnson. The questionnaire in particular he saw as valuable

\[\ldots\] in discussing death and attitudes toward death while teaching seminary students, student nurses, and medical students how to cope with death in their respective professions.\(^{26}\)

Cappon's study, conducted on a sample of 254 persons, is another example of contemporary concern about death.\(^{27}\) Seventy-five of this sample

\(^{23}\)Feifel, op. cit. p. 11.

\(^{24}\)Johnson, op. cit., p. 4.

\(^{25}\)Ibid., p. 3.

\(^{26}\)Ibid., p. 86.

were non-patients selected from various occupational categories. The study attempted to answer the following questions:

1. Do people actually want to be told about their imminent death? If so, how much do they want to know? How early and when (in what state of health) do they want to learn the details?

2. Do people actually want to hang onto life at all costs? Presuming a choice, how would they prefer to die? What is the role of pain in dying? Is it to be avoided at all costs?

3. Do people want some decisive control in the manner of their death? i.e. the right to resort to euthanasia?

4. How frequently do people speak of the fear of death, and of dying? To what factors are these statements related? What difference does the actual approach of death make? How extensive and conscious is the individual's awareness of death and the possibility of dying?

5. Does a person's "value system" affect his attitude toward death?

Cappon reports several observations which he makes during the study. One of these is the fact that questioning about death was not disturbing, at least not in ways that could be recognized. He further notes that most people in his study wanted to cut short the period of knowing that death was impending and the period of suffering pain, mutilation, or senility; that physical or psychological illness increased the frequency of statements on fear of death, and changed the expression from direct to indirect expression. A final observation Cappon made was that the sicker the person was, the less willing he was to give up his life for someone else or for any other value.

In summary, the investigator states that while taboos relevant to sex and birth have been lifted, "fear of death is the malady of our century."

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28 Cappon, op. cit., p. 46-47.


30 Ibid., p. 110.
Finally, he makes four recommendations to help alleviate the problem. We can talk about death, bluntly; we can dignify the exit from life by removing the tubes protruding from every orifice and the needles stuck in every available vein; we can help the young and old alike to accept the philosopher's consensus that inevitable and natural death is good; and we can help fashion a new time perspective which recognizes that the young do not possess the infinitude they feel, and the old need not fear their finitude.°

Writers also have had much to say over the years about death. Kate O'Brien in her book, *Land of Spices*, explores this problem through the eyes and heart of the 16-year-old Anna. Grieving for her brother, who was drowned the summer before, Anna dreads Christmas holidays and seeks to avoid the return home even for a short time. In a conversation with the head of the school, she tells of a recurring dream about Charlie's last moments and the horror which she thinks must have been his at that time. Having established a relationship of trust over the years, Mother Helen is able to lead Anna to talk of the grief and loneliness she has experienced in the intervening six months. Mother Helen then compares the mysteries of life and death, and gently tells Anna that she should not make death an abnormal, unnatural horror which contradicts everything else she knows of her brother.

... It is natural for us all to imagine that the moment of death is frightening and lonely, if we are fully aware of it. But so may be -- if we could exercise our imaginations more extensively -- the moment of birth... But whatever the ordeal of entrance into life, it was brief, and most of us are glad to have been born. So, too, with the moment of death. Whatever it holds, it is brief...°

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31 Cappon, op. cit., p. 112-113.

Whatever else the interview accomplished, it gave Mother Helen a deep insight into the meaning which the loss of this beloved brother held for the girl.

Clearly in losing Charlie she had not merely undergone a violent shock of the obvious kind but had suffered a particular loss — the loss of a chief source of love. Expressive affection, its security and reassurance, went with Charlie... Charlie alone... could have made her feel sufficiently loved to weather this unlooked for poverty and winter.33

Of somewhat wider scope is James Agee's gentle probing of the meaning of death to various members of a bereaved family. Agee weaves the story of a father's sudden death and its effect on the wife and children. Jay Follet, returning from a trip to visit his own father, was killed suddenly in an automobile accident. The desolation each family member feels is discussed. Mary, his wife, sits through a full recital of the accident the evening it happens, because no matter how overwhelming it is, she has to know.34

Rufus, the six-year-old son, listens patiently to his mother's account of the accident and the explanation that God put Daddy to sleep and then took him to heaven. With a child's characteristic penetration he asks, "Is Daddy dead?"35

Mary tries to reassure both children and insists that if either wants to know more, they have only to ask her, and she will tell them because they ought to know. Rufus, however, "knew by her eyes that she did not mean at all what she said, not now anyway, not this minute, he must not ask, and now he did not want to ask because he was too afraid;..."36

33 O'Brien, op. cit., p. 265.
36 Ibid., p. 191-192.
Catherine, a year younger than her brother Rufus, has less understanding of the facts of the situation. She muses on the information Mary gave her:

... Her mother said he wasn't coming home ever any more. That was what she said, but why wasn't he home eating breakfast right this minute? Because he was not with them eating breakfast it wasn't fun and everything was so queer.  

As Nagy has described, Catherine expects her father to return:

Now maybe in just a minute he would walk right in and grin at her and say, "Good morning, Merry Sunshine," because her lip was sticking out, and even bend down and rub her cheek with his whiskers and then sit down and eat a big breakfast.  

When Aunt Hannah tells the children that she will tell them about their father, Catherine thinks, "Now I'll know when he is coming home."  

Aunt Hannah promises they will see him again, but that he will be asleep, and this promise comforts Rufus. He has another more immediate problem. The large words his Aunt Hannah has used -- "embankment", "concussion" -- require some explanation, and while Hannah makes an effort to interpret the story into language the children will understand, Rufus gains another kind of understanding. If the concussion damaged his father's brain and he was killed instantly, "Then it was that that put him to sleep... not God."  

One of the most moving pleas for help in understanding death comes from a writer who recorded his own thoughts during the last few months of his life. This document might well be studied closely by all who have the opportunity to care for the dying, especially those who render close personal

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37Agee, op. cit., p. 195.
38Feifel, op. cit., p. 80-81.
39Agee, op. cit., p. 195.
40Ibid., p. 196.
41Ibid., p. 199.
Thomas Bell, dying of a malignant tumor in the abdomen, wrote In the Midst of Life to put down his thoughts and fears, and as he said, "so to be rid of them." He continually searches for the answer to what death really is, and ponders deeply what it means to him.

My emotion when I contemplate the beauty and mystery of life is not a greater love and understanding of it, but anger at being compelled against my will to leave it.

His concerns about death emerge in a wide range. He worries about Marie, his wife.

I wish, I keep forever wishing that I could make what is coming easier on Marie. But how can I, except by not dying? And how can I do that?

Dear Marie, dear Mrs. B., dear Susie, dear wife. What can I say?

He also worries about eating his last meal in a hospital. "Recently I got to thinking about hospitals and in particular about the extraordinarily depressing meals most of them serve." Worse than the meals will be the nights when he awakens hungry.

But what will I do when I awake in the night in the hospital and have no kitchen to go to? Lie there and torment myself with memories? The nurse will probably offer me a sleeping pill, but it won't be a sleeping pill I'll want: it will be bread and butter.

Finally he confesses that despite all his thought and effort he has no understanding of death.

I've likened death to sleep, to the unconsciousness of anesthesia, to a wall blocking my further path, to a soft darkness, but it has all been a

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43 Ibid., p. 146.
44 Ibid., p. 117.
46 Ibid., p. 163.
traffic in figures of speech. The thing itself has always eluded me. And it is the thing itself, death itself, I should like to capture, if only for a moment. It would take me no longer than that to see death plain, find the right words to describe it, and then let it go, my curiosity satisfied. Unless, by God, I suddenly realized what it was I had my hands on, and started shaking it to pieces in pure anger. Death deserves no better fate.

On the strength of the literature reviews and the personal observations cited above, the investigator structured and implemented this research project.

Methodology

The experimental method, employing a questionnaire and ten hours of content designed to implement specific objectives, was used. Attempt to gain additional information through personal interview was rejected when it became apparent that the interviews yielded no additional enlightenment beyond that afforded by the questionnaire.

The questionnaire was administered to two groups of students in September, 1964. All students were in their first year of nursing, though some had had previous college studies. The questionnaire was designed to yield information about feelings and attitudes regarding death and the student's concept of the nurse's role in the situation where death was impending or present.

The questionnaire was pre-tested by means of a pilot study for clarity of wording. Ten students who had completed a maximum of one year of nursing studies participated in this study.

A panel composed of six registered nurses, each having a minimum of two years of nursing practice experience assisted with the scaling of the

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47 Bell, op. cit., p. 159.
questionnaire. The nurses were asked to indicate the least desirable response to each item on the questionnaire. The purpose of this scaling was to assist the investigator during the planning phase of the project and was not intended to be used as a form of judgement of the "rightness" or "wrongness" of the students' responses. The questionnaire and the results of the scaling operation are shown in Appendix A.

The questionnaire was administered by the investigator in all instances, in a group setting. Directions were printed on each questionnaire, and read aloud prior to each administration. The investigator remained in the room during the time the groups were answering the questionnaire, but did not answer questions during this period. Response sheets were collected immediately, making return 100%. Answer sheets used in each testing are shown in Appendix B.

The experimental group consisted of one class of first year students at St. Vincent's School of Nursing, Billings, Montana. This group was subdivided into two equal-sized groups who received the same instruction. The division was made to allow for more freedom of response and individual attention in class. These students received specific instructional content from October, 1964, to March, 1965. Classes were held on alternate weeks and specific objectives and content were developed for each of ten class hours. Class content included common reactions to death exhibited by nurses and other staff members, patients, and families. Title, content and objectives for each class are shown in Appendix C.

During the months of the study students in the experimental group were assigned to care for patients whose diagnoses were such that death was the probable outcome. These students were provided the opportunity to discuss
the experience with the investigator. Prior to giving nursing care to their patients, the students were assigned to see the researcher, and were invited to return after the experience for further discussion if they wished. These pre-nursing care conferences were ten to fifteen minutes in length, and focused on the problem of death and what the experience might mean to the patient and the student. Open recognition was given at the time of the conference to the potential emotional content which the experience held for the student who was encouraged to verbalize any and all feelings about the projected experience.

The control group was in the same nursing program but attended school at Carroll College, Helena, Montana. All first year students in the group attending the school of nursing in Helena were invited to participate as control members. This group had the usual instruction and preparation regarding death of patients as had been given to students in past years. Usually this content in both Billings and Helena is included in the course in Fundamentals of Nursing and consists predominantly of physiological phenomena of dying and care of the body after death. The students in the control group reported the amount of instruction during the year as "one hour" or "none". No special help or conference was offered to the student who was assigned to care for a patient with a poor prognosis, nor was such an assignment a planned aspect of the curriculum. The students were free to seek help prior to or subsequent to such experience, and some did so.

Within the last week of the school year the questionnaire was re-administered to each group for comparison with other data collected.

48St. Vincent's School of Nursing offers a three year academic diploma program. First year students may attend either Carroll College, Helena, Montana, or Eastern Montana College, Billings.
Limitations

The major limitation of this study centered around the nebulous quality of measurement, especially in dealing with emotions. It is always difficult to obtain a true picture from a measuring instrument, especially when a self-report type of instrument is used. However, Selltiz et al. state that

Despite the limitations of the self-report, it is frequently both possible and useful to get an individual's own account of his feelings toward a psychological object, his image of the object, his views of appropriate behavior toward it.49

Thus the questionnaire was selected on the basis of the amount of information it yielded in the length of time available.

A second limitation was constituted by the restricted sample. The total number enrolled and the attrition rate in both the experimental and the control groups were recognized from the initiation of the project as limitations of the study.

Contingent on the numbers of students available for the study is the limitation in interpretation of the data. Subjectivity of interpretation is a definite limiting factor in any study and the usefulness of its findings. However, the size of the sample rendered objective statistical interpretation difficult.

A further limitation was inherent in the fact that the research dealt with attitudes. Attitudes are among those attributes of man which are hardest to change. "People change their attitudes slowly, and only when they are

Thus time span as well as the amount of time that could be devoted to the content and other experiences related to the study would tend to limit it.

A final limitation is the emotional level of the student at the beginning of the study, and the subsequent development of emotionality as a result of factors which were beyond the control of the researcher. Factors such as increased maturity and experiences in living probably produced changes in addition to the changes instruction was designed to achieve. Further, the scope of the study did not provide for the measurement of these extraneous factors.

Organization of the Remainder of the Study

The rest of this study was organized into two chapters. Chapter II deals with the analysis, presentation, and interpretation of the data. Chapter III presents the summary, conclusions, and recommendations for further study.

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CHAPTER II
ANALYSIS AND INTERPRETATION OF DATA

Introduction

In this chapter an analysis of data collected through the questionnaire will be made. The sample consisted of the entire first year classes of two academic diploma programs in nursing. Selection of this sample was on the basis of predicted need among the experimental group and knowledge of the deficiencies expressed by previous comparable groups.

Nature of the Sample

The sample consisted of two groups, all students within the first year of their nursing program. The group attending Carroll College at Helena, Montana, served as a control group and received the same instruction about death as had been given to other groups attending this nursing program in previous years. This instruction consisted of two lecture hours, incorporated into the course in Fundamental of Nursing and focused on the physiological phenomena of dying and care of the body after death.

The second group, attending Eastern Montana College, Billings, Montana, was an experimental group, and was given special content in a classroom setting relevant to death and the attitudes pertaining to death which affect nursing care. These students also had planned clinical experiences of caring for the noncritically ill, dying patient and were given anticipatory guidance and emotional support during the experience.

There were twelve females and three males in the experimental group and eleven females in the control group. Ages in the experimental group ranged from eighteen to twenty-two, and from eighteen to twenty in the control group. Within the experimental group eleven had completed high school
Table I
Summary of Personal Data Reported by Experimental and Control Groups

<table>
<thead>
<tr>
<th>Personal Factors</th>
<th>Experimental (15 Reporting)</th>
<th>Control (11 Reporting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>18-22</td>
<td>18-20</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Non-Catholic Christian</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Only</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>College (One Semester or More)</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
education only; four had had one year of college. One member of the control group had had two years of college, two had completed one semester of college studies; the remaining eight had finished high school.

All members of the sample had had some kind of experience with death. Of those in the control group, none had experienced the death of a parent or sibling. Two reported the death of a close friend, eight that of a close relative, and five indicated death of a distant relative. Three reported death of someone other than those listed which held significance for the student.

In the experimental group, four had lost one or both parents, two had lost siblings, twelve reported the death of a close friend, ten that of a close relative, seven the death of a distant relative, and four, others. Two students who indicated "other" in their responses specified the student nurse who had been killed in an automobile accident a week prior to the re-administration of the questionnaire.

During the year of investigation, thirteen members of the experimental group had clinical experiences in caring for a patient whose death was imminent. All of these had the opportunity to discuss the experience with someone outside the peer group. Two members of the experimental group did not have this experience.

Three members of the control group reported having clinical experience in caring for a patient whose prognosis was poor. Two of these students stated that they had discussed the assignment with an instructor.

In both groups the number of times the students had the experience of caring for a patient who was not expected to live varied. One student in the experimental group reported four such assignments; eight members reported
Table II
Summary of Experiences with Death of Control and Experimental Groups

Experiences Outside the Educational Program

<table>
<thead>
<tr>
<th></th>
<th>Experimental (15 Reporting)</th>
<th>Control (11 Reporting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Sibling</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Close Friend</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Close Relative</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Distant Relative</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Experiences Within the Educational Program

<table>
<thead>
<tr>
<th></th>
<th>Experimental (15 Reporting)</th>
<th>Control (11 Reporting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for Patient with Poor Prognosis</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Student-Instructor Conference</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Classroom Instruction 1-2 Hours</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>9-10 Hours</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>
having the experience twice; and the remaining four were given the assignment once. Two members of the control group reported being given such an assignment twice. The third student had the experience once.

Religious preferences of members of the experimental group were fairly evenly divided between Catholic and non-Catholic faiths. Nine stated Catholic, and six stated non-Catholic Christian faiths. Members of the control group were predominantly Catholic; only two of the 11 were non-Catholic Christian.

No attempt is made in this paper to correlate any of the personal data, such as prior experience of death, with the results of the questionnaire; nor is there any real attempt to correlate responses to any item with responses to any other item.

Discussion of the Questionnaire

The questionnaire administered to the student groups at the beginning and end of the study consisted of nine categories of questions designed to yield information about the attitudes of the student toward death, the dying patient and his family, and the nurse's role in caring for the dying patient. Five "waste questions" were included, making a total of seventy-one items. The categories and numbers of items in each are listed in Table III.

Students were given four choices of response, two positive and two negative. In both printed and verbal directions given by the investigator students were asked to respond to each item by placing the number which corresponded to their answer in the space provided on the answer sheet. They were asked to respond to all questions, and to give only one response to each question. Emphasis was placed on the fact that there were no "right" or "wrong"
Table III

Categories of Question and Numbers of Items in Each Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Numbers of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to Face Death Realistically</td>
<td>6</td>
</tr>
<tr>
<td>2. Tendency to Identify with Negative Experiences of Others</td>
<td>7</td>
</tr>
<tr>
<td>3. Concepts of Death</td>
<td>6</td>
</tr>
<tr>
<td>5. Acceptability of Emotion Shown in the Event of Death</td>
<td>6</td>
</tr>
<tr>
<td>6. Semantics Related to Death</td>
<td>6</td>
</tr>
<tr>
<td>7. Contemporary Death and Burial Practices</td>
<td>7</td>
</tr>
<tr>
<td>8. Thoughts and Planning for Personal Death</td>
<td>10</td>
</tr>
<tr>
<td>9. Concept of the Nurse's Role in Caring for the Dying</td>
<td>12</td>
</tr>
<tr>
<td>10. Waste Questions</td>
<td>5</td>
</tr>
</tbody>
</table>
answers. Answers were intended to reflect only facts or the attitudes and feelings of the students.

The responses and corresponding numbers were:

1. Yes, or I strongly agree
2. Probably true, or I probably agree
3. Doubtful, or I probably disagree
4. No, or I strongly disagree

For purposes of simplicity and because of the number in the sample, responses "1, Yes" and "2, Probably" were combined, and "3, Doubtful" and "4, No" were combined when doing the statistical analysis.

A Chi Square (recorded as $x^2$) or Fisher's Exact Probability (recorded as p.) statistic was applied to the data. A 10% level of significance was accepted.

Appendix A contains a copy of the questionnaire and answer sheets.

Analysis of the Data

In CATEGORY I, the questions dealt with facing death realistically. Table IV lists the items in this category and indicates the results of both testings.

In general, the students in both groups responded in a manner to indicate realism in facing death. In initial testing three of the twenty experimental students and five of the twenty five control group agreed it was better not to talk about death if you could avoid it, but no student in either group agreed with this idea at the end of the study. No qualifying clause was given with the question to indicate whether this was in general conversation or in professional practice. Whatever the limitations of the
Table IV

Category I - Ability to Face Death Realistically

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Group</th>
<th>Significant Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>I think all adults should carry life insurance</td>
<td>I</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>All persons fear death</td>
<td>I</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>I think people should be told when they have a serious disease</td>
<td>I</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>I (or my family) carry insurance on my life</td>
<td>I</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>26</td>
<td>I prefer not to see dead persons</td>
<td>I</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>31</td>
<td>It is better not to talk about death if you can avoid it</td>
<td>I</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

* No significant difference between groups in any item in this category.
question, or the individual interpretation given by each student, as a broad principle it appears that the students do not see merit in simply avoiding the topic of death.

To a lesser extent, the same conclusion seems to apply to the groups' responses to item 10. This item states that people should be told when they have a serious disease. Initially three students in the experimental group, and four in the control group, did not feel people should be given this information. This number was reduced to one experimental and two control students by final testing. It might be noted that there is no mention of patients and/or other specific persons, nor is there any indication of a professional role being assumed. Thus, again as a broad principle, the students felt it was better to be told than not.

Students in both groups were divided in their response to the idea that all persons fear death. Initially only seven experimental and ten control members agreed with this idea, and on retesting nine experimental students and six control responded positively. Neither testing shows any significant difference between groups, nor is there an appreciable change in the groups from one testing to the other. The differences of opinion in this item result apparently from the differences between the individuals within the groups.

Item 26 also shows no differences except those existent within individuals in the groups. This is another general question which merely asks the student to respond to a preference about not viewing the dead. Of the students in the experimental group, eight on first testing and seven on retest admit that they prefer not to see dead persons, while in the control group nine on initial testing and four on second testing admit to this fact. While it is
true that a preference not to view the dead does not indicate any particular lack of realism, an overwhelming number of students who do not wish to see a dead person might be of some significance. The results of the questionnaire in this regard may be nothing more than chance response to an item.

As a final concept in facing death, two items were included relevant to life insurance. Cultural pressures are strong for all persons to carry life insurance, and advertising often includes a connotation of sexual potency in the sales pitch. Except for one student in the experimental group, all students felt that all adults should carry life insurance although not all students had life insurance. It is possible that this discrepancy is due to financial strain within the family and especially on the student herself, rather than to any lack of conviction. A second explanation might be that the students at this age level do not think of themselves as adults, or at least consider an adult someone finished with schooling.

None of the items showed a significant difference between the groups at either testing, nor was there any significant change in either group relevant to any item from one testing to the other.

Questions in CATEGORY II (shown in Table V) related to the tendency to identify with the negative experiences of others. The items asked questions about common adolescent reactions to problems in other people's lives.

Initially three members of the control group acknowledged developing symptoms which were the same as those friends had when ill. On retest none of the control group gave a positive response to this. Within the experimental group one student responded positively to this item on both testings. Six students in each group indicated a tendency to cry when they saw others cry at the time of the first test. On retest, three members of experimental and
Table V

Category II - Tendency to Identify with the Negative Experiences of Others

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Test Experimental</th>
<th>Control</th>
<th>Significant Statistical Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>When my friends are in trouble I usually wish I could relieve them by taking their problems on myself</td>
<td>I</td>
<td>18 Yes 2 No</td>
<td>II</td>
<td>11 Yes 4 No 5 6</td>
</tr>
<tr>
<td>9</td>
<td>I am deeply troubled by the amount of sickness I see around me</td>
<td>I</td>
<td>11 Yes 9 No</td>
<td>II</td>
<td>17 Yes 5 No 6 2 6</td>
</tr>
<tr>
<td>13</td>
<td>When my friends become ill I often find I have the same symptoms</td>
<td>I</td>
<td>1 Yes 19 No</td>
<td>II</td>
<td>19 Yes 3 2 22</td>
</tr>
<tr>
<td>25</td>
<td>I usually cry when I see others cry</td>
<td>I</td>
<td>14 Yes 6 No</td>
<td>II</td>
<td>14 Yes 6 19</td>
</tr>
<tr>
<td>29</td>
<td>I often become so distressed when I read about conditions in foreign countries that I cannot eat or sleep</td>
<td>I</td>
<td>19 Yes 1 No</td>
<td>II</td>
<td>19 Yes 0 2 9</td>
</tr>
<tr>
<td>34</td>
<td>I like to help people who are in trouble or pain</td>
<td>I</td>
<td>25 Yes 1 No</td>
<td>II</td>
<td>30 Yes 0 11</td>
</tr>
<tr>
<td>41</td>
<td>Pictures and reports of devastating illness and poverty affect me very deeply</td>
<td>I</td>
<td>18 Yes 6 No</td>
<td>II</td>
<td>18 Yes 7 6 5</td>
</tr>
</tbody>
</table>

* Fisher's Exact Probability Statistic. p 0.100 or less significant
two control members still indicated this. Two in the control group stated a distress in reading of conditions in foreign countries that resulted in insomnia or anorexia. A little over half (14 experimental and 18 control) of each group reported being deeply affected by reports of devastating illness and poverty on initial testing. On retest, seven experimental and six control reported this tendency. All indicated a desire to help those in trouble or pain.

On initial testing, 18 of the 20 in the experimental group reported a desire to relieve their friends' problems by taking them upon themselves. The control group reported the same tendency, (17 out of 25 giving a positive response) but there was a significant difference in the groups on this item which was still present at final testing. At the beginning of the year, 11 experimental and 17 control students responded positively toward a tendency to be troubled by the amount of sickness around them. At the end of the year, only seven members of the experimental group reported this. The change in distribution of response of the control group with nine responding positively on second testing constituted a significant change.

It should be mentioned here that the tendency to be troubled by the amount of sickness the student perceived is not an indication of anything wrong. In fact, it would be quite unusual to find a nursing student who was not thus troubled. This question was only one in a group of questions which were designed to reveal a tendency, without any value judgement being made about the outcome. This same comment could be made about each item on the questionnaire.

Items in CATEGORY III were designed to reveal the students' concepts of death (Table VI).
At the time of the first testing, the groups differed significantly on two items, Numbers 8 and 14. Thirteen of the twenty in the experimental group were in favor of fighting death at all costs, while a greater proportion (18 out of 25) of the control group gave a negative answer to this question. Item 14 related to afterlife also showed a significant difference of response. All but three of the control group believed in the continuation of life after death, while only 14 of the 20 members of the experimental group responded positively to this item.

Several possibilities of interpretation might be considered in accounting for this difference. The nurse's role in healing and helping will be discussed under CATEGORY IX. While no specific mention was made of this as being from a nurse's point of view, some students may have interpreted it in this way.

Another factor which might be of importance is the variation in religious preference between the groups. Presumably, a definite religious belief would make it less desirable to fight death. The religious conviction could also be a definite contributing factor in reported belief in afterlife. Most religions have some kind of belief in a heaven, but Catholicism has always made this a definite point of teaching. Since it is not within the scope of this paper to correlate the personal data with other responses, this possibility remains in the realm of speculation.

On second testing the difference in Item 8 had disappeared. Eleven of the experimental group gave a negative response to the unlimited fighting of death. Six of the control group agreed that death should be fought at all costs, and five gave a negative response. The significance level on Item 14 (continuation of life after death) had changed somewhat, but four of the experimental group continued to deny afterlife, whereas the entire sample of
### Table VI

**Category III - Concepts of Death**

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Experimental Group Yes</th>
<th>Experimental Group No</th>
<th>Control Group Yes</th>
<th>Control Group No</th>
<th>Statistical Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>I</td>
<td>13</td>
<td>7</td>
<td>7</td>
<td>18</td>
<td>*χ² = 6.106</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>4</td>
<td>11</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>After death, life continues in an altered form</td>
<td>I</td>
<td>14</td>
<td>6</td>
<td>22</td>
<td>3</td>
<td>+p = 0.060</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>11</td>
<td>4</td>
<td>11</td>
<td>0</td>
<td>p = 0.097</td>
</tr>
<tr>
<td>23</td>
<td>Death is the end of everything</td>
<td>I</td>
<td>1</td>
<td>19</td>
<td>1</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Death is terrible and should not have to be endured</td>
<td>I</td>
<td>0</td>
<td>20</td>
<td>2</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>I believe that death can be caused by wishing evil to someone</td>
<td>I</td>
<td>1</td>
<td>19</td>
<td>0</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Death comes when your number is called</td>
<td>I</td>
<td>11</td>
<td>9</td>
<td>18</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>10</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

* Chi Square Statistic. 2.706 or greater, significant at 10%

* Fishers Exact Probability. p = 0.10 or less, significant at 10%
the control group gave a positive response to this item.

Despite the fact that some students in both groups questioned the existence of life after death, only one in each group on first testing felt that death is the end of everything. On the second testing no student agreed that death marked the end of everything.

There was also a lack of apparent relationship between the desire to fight death at all costs and the belief that death should not have to be endured. Initially only two students (both within the control group) felt that death should not have to be endured at all, and no student continued to feel this way at retest. One possible interpretation of this might be that although the students recognized that death could not be escaped entirely, some wanted to put it off as long as possible.

Two items in this category dealt with the cause of death. One experimental student felt that death could be caused by wishing evil to someone, but in each group over half gave a positive response to the death occurring when your number is called. Perhaps this is a 20th Century interpretation of the Christian belief that the time and place of death is known, and in fact, appointed by God.

Questions in CATEGORY IV were directed toward eliciting information pertinent to the students' concepts of the acceptability of emotion felt in the event of death (Table VII).

Within this series of items only one showed any significant difference between the groups. This occurred at initial testing, and was removed between the first and second testings, and pertained to nervousness produced by attending funerals. Two members of the experimental group gave a positive response to this, while nine members of the control group admitted to nervousness.
On second testing, only two members of the control group stated that funerals made them nervous. Four of the 15 members of the experimental group answered "yes". As a group, the experimental students admitted to more nervousness than did the control group.

After a year of special work with the group, a possible explanation for this phenomena seems desirable.

Two persons of known significance in the lives of the experimental group died during the year of the study. The school secretary died suddenly about three months after the students came to the school. This was a great shock to the entire student body, and all members of the school attended the funeral.

The second person who died suddenly, and violently, was a senior member of the student body, who was killed in an automobile accident early in June. Her death occurred a week prior to the second testing, and again the members of the school attended the funeral as a body. How much bearing this incident has on the response given to this, or any other item on the questionnaire, is not possible to determine. One might assume, however, with some degree of safety, that such an occurrence is of significance, and very probably made some difference in the responses given by the students on the second testing.

On the first test sixteen members of each group denied any wish to cry when seeing a dead person, although they admitted to other discomforts resulting from this experience. Thirteen members of the experimental group and fourteen of the control admitted to feeling uncomfortable in the presence of a dead person, but twelve experimental and fourteen control students thought they could take care of a body after death without too much discomfort.
### Table VIII

Category IV - Acceptability of Emotion Felt in the Event of Death

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Experimental</th>
<th>Group</th>
<th>Control</th>
<th>Statistical Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>When I see a dead person I feel like crying</td>
<td>I</td>
<td>4</td>
<td>16</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>3</td>
<td>12</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>18</td>
<td>It does not bother me in any way to be in the presence of a dead person</td>
<td>I</td>
<td>7</td>
<td>13</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>44</td>
<td>I find it acceptable to suppress all tendencies to cry for a deceased loved one</td>
<td>I</td>
<td>4</td>
<td>16</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>4</td>
<td>11</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>49</td>
<td>I think I could take care of a body after death without feeling too much discomfort</td>
<td>I</td>
<td>12</td>
<td>8</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>58</td>
<td>Attending funerals makes me nervous</td>
<td>I</td>
<td>2</td>
<td>18</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>4</td>
<td>11</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>63</td>
<td>It is a sign of deep faith if a person is able to control his feelings when there has been a death</td>
<td>I</td>
<td>14</td>
<td>6</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>11</td>
<td>4</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>

* Fisher's Exact Probability Statistic. p < 0.100 or less significant
At the end of the study, twelve students in the experimental group still denied any wish to cry on seeing a dead person, and nine in the control group felt the same way. Only four in each group denied any discomfort in the presence of a dead person, while five experimental and six control students did not think they could care for a body after death without too much discomfort.

Only four of the experimental and nine of the control group thought it acceptable to suppress all tendencies to cry for a deceased loved one at the beginning of the study. Interestingly, the same number of experimental students reported the same tendency at the end of the study, with three of the control group also continuing to feel this acceptable.

A majority on both testings felt that controlling one's feelings when there has been a death is a sign of deep faith. Initially, fourteen of the experimental and seventeen of the control students agreed with this idea. Final testing showed that eleven of the experimental and eight of the control members still agreed with the idea. The investigator finds it difficult to assign a meaning to this reported concept of the students. There was no significant difference between the groups on this item at either testing, nor was there any significant change within the groups. No known overt teaching was done to reinforce the attitude within the experimental group, and in fact, throughout the classes, feelings were stressed as something that occurred as a normal aspect of human grief. Some other undetermined factors would appear to be responsible for this.

Items in CATEGORY V also focused on emotions in the event of death, but dealt with the expression of emotion. Questions and result of testing are shown in Table VIII.
Two items in this category showed a significant difference between the groups at the initial testing. Seventeen of the twenty in the experimental group felt that a period of mourning for a deceased person was not meaningless, while only fifteen of the twenty-five of the control group felt this way. The second item which showed a difference between the groups related to the desirability of reviving the old custom of wearing black and going into seclusion. Of the nineteen experimental members responding to this, ten favored a revision of this custom, while only seven in the control group gave a similar response to the item. Since no other mode of mourning was offered, it is impossible to know what activity or restriction the remainder of the groups would engage in as evidence of mourning (seven experimental; three control). In any further usage of the questionnaire this point might be considered and other kinds of mourning evidences might be offered.

The differences between groups in both items had disappeared by the time of the second testing. Fourteen of the experimental and eight of the control group felt that a period of mourning was meaningful and only two in each group favored a revision of the mourning customs of an earlier time.

From the responses to the items relevant to mourning, it appears that the students generally recognize the value of some kind of manifestation of grief, and over a more prolonged period of time than is presently accepted.

At the time of the first testing sixteen experimental and seventeen control students stated that they felt free to cry upon seeing a deceased loved one for the last time; even those who did not feel free to cry themselves did not consider tears at the death of a loved one a sign of weakness. (Item 55). All students in both groups denied that tears at death were a sign of weakness.
## Table VIII

Category V - Acceptability of Emotion Shown in the Event of Death

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Group</th>
<th>Significant Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Having a period of mourning for a dead person is largely meaningless</td>
<td>I</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*p-0.079</td>
</tr>
<tr>
<td>35</td>
<td>I feel free to cry upon seeing a deceased loved one for the last time</td>
<td>I</td>
<td>Yes</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>Yes</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>8</td>
</tr>
<tr>
<td>55</td>
<td>It is a sign of weakness if a person cries upon seeing a dead loved one</td>
<td>I</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>24</td>
</tr>
<tr>
<td>66</td>
<td>People who do not cry at the death or funeral of a loved one are very</td>
<td>I</td>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>strong</td>
<td></td>
<td>No</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>Yes</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*p-0.010</td>
</tr>
<tr>
<td>68</td>
<td>The old custom of wearing black and going into seclusion after the death of a loved one should be revived</td>
<td>I</td>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>9#</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>70</td>
<td>I think it is acceptable for a woman to cry at the death or funeral of a loved one but a man should control his feelings</td>
<td>I</td>
<td>Yes</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>11#</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>p-0.043</td>
</tr>
</tbody>
</table>

* Fisher's Exact Probability Statistic - p. 0.10 or less significant at 10%

+ Chi Square Statistic $x^2 = 2.706$ or greater, significant at 10%

# One student in the experimental group failed to respond to this item
In view of the response to Item 55 which indicated that the students did not consider tears at the death of a loved one a sign of weakness, the investigator experienced some problem in assigning a meaning to the highly significant difference of response to Item 66 on the second testing. This item stated that people who do not cry at the death or funeral of a loved one are strong. Initially no member of either group felt that tears were a sign of weakness, but ten members of each group agreed that people who do not cry at the death or funeral of a loved one are very strong. The response to Item 55 did not change — on the second testing both groups denied still that tears are a consequence of weakness. Thirteen of the experimental group, however, gave assent to the idea that absence of crying indicated strength on second testing. The difference was a departure from the response given by the control group, as well as from the response given at the beginning of the study. If the absence of tears indicates strength, but tears in themselves are not a sign of weakness, it would seem that there is either a contradiction or that another function is assigned to tears. This function might presumably be grief, but it might as easily be relief, anger, or some other emotion. Since there is no other questionnaire item which appropriates a meaning to tears, one is left with a seemingly unresolved dilemma, and again, one wonders of what significance the experiences of the two deaths discussed above have been.

This problem is not materially helped by consideration of the response to the last question in the category under discussion. Item 70 states that it is acceptable for a woman to cry at the death of a loved one but not for a man. The first testing showed no difference in responses between the groups. Initially eight of the experimental and six of the control agreed with the
statement. While no conclusion can be drawn from this item as to the acceptability of crying as such, presumably those who disagreed with the statement felt that whatever emotion was acceptable for a woman to display was equally acceptable for a man in the event of death of a loved one. In the final testing, all members of the control group disagreed with the statement. Cultural pressures possibly account for the five positive responses of the experimental group, and also the presence of three males might make some difference. Whatever the cause, the difference in response is significant at a 5% level.

Questions in CATEGORY VI were relevant to semantics involved in discussions of death. Results of the testing in this category can be seen in Table IX.

None of the items in this category showed a significant difference in response between the groups at either testing. At initial testing nine students of the experimental group and thirteen of the control group expressed a preference for the terms "death" and "died", and at the same time twelve experimental and thirteen control students found the terms "passed away" acceptable for use. "Expired" was considered a more acceptable term by eight of the students in the experimental group and eleven in the control group.

In both groups, the least acceptable expressions were "met his Maker" (only six in each group considered this a preferred term); "was taken home" with one experimental and four control students finding this acceptable; and "end of the road" (one student in the experimental group preferred the use of this term).

Although the groups did not vary between themselves at either testing
both groups underwent a significant change in regard to the use of the terms "death" or "died", and "passed away." By the end of the year of investigation both groups stated a greater preference for the use of the term "died" (eleven experimental, seven control). No one in either group expressed a preference for the term "end of the road"; and only one of the sample (in the experimental group) wanted to use the expression "was taken home."

Five of the experimental students and six of the control still expressed a preference for the term "passed away" and five in each group continued to find "expired" more acceptable. "Met his Maker" was expressed as a preference by three students in the experimental and one in the control group.

In both groups a movement away from euphemistic expressions was seen, with an increased preference for the usage of factual terms such as "death" and "died." This trend is more marked within the group of experimental students, but the difference is not significant.

Items in CATEGORY VII relate to death and burial practices with some emphasis on contemporary concepts (Table X).

A significantly greater number of the experimental group indicated a desire for "the best possible funeral" at both testings. Initially eight of the experimental and three of the control group gave this response. On retest the number giving this response was reduced to four in the experimental group and none in the control.

The experimental group was fairly evenly divided concerning the "best possible funeral" for family members, with eleven wanting this at the time of the first test and seven at the time of the second. Members of the control group, however, though evenly divided at initial testing (eleven wanting this) took a less positive view on the second testing. Only four indicated wanting this at the end of the study.
<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Group Experimental Yes</th>
<th>Yes</th>
<th>No</th>
<th>Group Control Yes</th>
<th>No</th>
<th>Statistical Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>In speaking about death, I prefer to use the term, &quot;passed away&quot;</td>
<td>I</td>
<td>12</td>
<td>8</td>
<td>13</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>5</td>
<td>10</td>
<td>6</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>In speaking about death, I prefer to use the terms &quot;death&quot; or &quot;died&quot;</td>
<td>I</td>
<td>9</td>
<td>11</td>
<td>13</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>11</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>In discussing death, I find it more acceptable to use the term &quot;expired&quot;</td>
<td>I</td>
<td>8</td>
<td>12</td>
<td>11</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>In speaking about death, I prefer to use the term &quot;met his Maker&quot;</td>
<td>I</td>
<td>6</td>
<td>14</td>
<td>6</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>3</td>
<td>12</td>
<td>1</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>In discussing death, I prefer to use the term &quot;was taken home&quot;</td>
<td>I</td>
<td>1</td>
<td>19</td>
<td>4</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>1</td>
<td>14</td>
<td>0</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>In speaking about death, I prefer to use the term &quot;end of the road&quot;</td>
<td>I</td>
<td>1</td>
<td>19</td>
<td>0</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
On primary testing slightly less than half of each group (seven of experimental, eleven of control) stated that they did not care what happened to their bodies after death. This apparently included a willingness to give their bodies to a medical school, (eight experimental and thirteen control) but cremation was seen as a different problem completely. Only two members of the control group indicated any desire at all to be cremated at the initial testing, and one on retest. None of the students in the experimental group gave a positive answer to this item at either test. On repeat testing the number who indicated no concern for the fate of their body after death was distinctly reduced in both groups to two experimental, three control students. More reluctance to give their bodies to a medical school was also evident with only six experimental and four control students agreeing to this. But neither group showed a significant change in this attitude, nor in their lack of desire for cremation.

Two items in this category asked for a response to possibilities of autopsy. In neither was there any difference between the groups, nor any change in groups between testings. At the time of initial testing, six members of the experimental group thought autopsies should be performed only in rare circumstances (item 38); however, sixteen of this group agreed that they would allow autopsies to be performed on members of their families (Item 45). At the time of the second testing, the same general attitude was evident with four students stating autopsies should be reserved for rare circumstances and twelve agreeing that they would allow autopsies on family members.

Among the members of the control group, the same general trend is seen, though less markedly. Initially, nine of this group thought autopsies should be reserved for rare circumstances. This number was reduced to four at the
### Table X

**Category VII - Death and Burial Practices**

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Experimental Yes</th>
<th>Experimental No</th>
<th>Control Yes</th>
<th>Control No</th>
<th>Significant Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>When I die I want the best possible funeral</td>
<td>I</td>
<td>8</td>
<td>12</td>
<td>3</td>
<td>22</td>
<td>*p-.0500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>4</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>p-.081</td>
</tr>
<tr>
<td>38</td>
<td>I do not think autopsies should be performed except in rare circumstances</td>
<td>I</td>
<td>6</td>
<td>14</td>
<td>9</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>After death I think I would like to be cremated</td>
<td>I</td>
<td>0</td>
<td>20</td>
<td>2</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>0</td>
<td>15</td>
<td>1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>I would allow an autopsy to be done on any member of my family</td>
<td>I</td>
<td>16</td>
<td>4</td>
<td>19</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>12</td>
<td>2#</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>I think families should give their loved ones the best possible funeral</td>
<td>I</td>
<td>11</td>
<td>9</td>
<td>11</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>After death I do not care what happens to my body</td>
<td>I</td>
<td>7</td>
<td>13</td>
<td>11</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>2</td>
<td>13</td>
<td>3</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>I would not mind giving my body to a medical school after I die</td>
<td>I</td>
<td>8</td>
<td>12</td>
<td>13</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>6</td>
<td>9</td>
<td>4</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

* Fisher's Exact Probability Statistic. p-0.10 or less, significant at 10%

# One student in the experimental group failed to respond to this item
four at the time of the second test. Nineteen students in the control group stated that they would allow an autopsy to be done on any family member at the beginning of the study, with eight reporting this same attitude at the end of the study.

CATEGORY VIII included ten questions about the students' past and present planning for their own deaths (Table XI).

The groups were divided in the amount of thought they gave to their own deaths. Ten experimental and fourteen control initially admitted that they hardly thought of their own deaths, though only five experimental and nine control admitted difficulty in realizing they would eventually die.

At the time of the first testing, eight experimental and eleven control members reported being afraid of what would happen to them when they died. At the end of the study, only five experimental and four control members reported feeling any fear at their fate after death.

On initial testing a significant difference existed between the groups on item 50 related to disturbance at the thought of life's shortness. A great many more students in the control group (eight of the twenty-five) reported being disturbed by life's shortness than members of the experimental group (only two of the twenty). This difference was greatly reduced during the year of the study. The change took place in the control group, and by the end of the study only two experimental and three control members responded that life's shortness bothered them.

In assessing past recollections of death, two items were asked relevant to childhood memories of personal thoughts and fears. At the time of the first testing, nine of the experimental and twelve of the control could not ever remember thinking of death as a child, and only five of the experimental
Table XI

Category VIII - Personal Plans about Death

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Experimental Yes</th>
<th>Experimental No</th>
<th>Control Yes</th>
<th>Control No</th>
<th>Significant Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>I rarely think of my own death</td>
<td>I</td>
<td>10</td>
<td>10</td>
<td>14</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>6</td>
<td>9</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>If I thought I would die in one year, I would go into seclusion for the rest of the time</td>
<td>I</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>I find it difficult to realize that I will eventually die</td>
<td>I</td>
<td>5</td>
<td>15</td>
<td>9</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>I am often disturbed at the thought of life's shortness</td>
<td>I</td>
<td>2</td>
<td>18</td>
<td>8</td>
<td>17</td>
<td>p&lt;0.070</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>2</td>
<td>13</td>
<td>3</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>If I thought I would die in one year I would probably commit suicide</td>
<td>I</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>I was very afraid of death as a child</td>
<td>I</td>
<td>5</td>
<td>15</td>
<td>4</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>3</td>
<td>12</td>
<td>2</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>When I think of my own death I am usually afraid of what will happen to me after I die</td>
<td>I</td>
<td>8</td>
<td>12</td>
<td>11</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>I cannot remember ever thinking of death as a young child</td>
<td>I</td>
<td>9</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

* Fisher's Exact Probability Statistic. p<0.10 or less significant at 10%
<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Experimental</th>
<th>Control</th>
<th>Statistical Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>If I thought I would die in another year I would spend a lot more time in church than I do now</td>
<td>I</td>
<td>13</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>9</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>69</td>
<td>If I had any idea that I would die within a year I would continue to live as I am now</td>
<td>I</td>
<td>11</td>
<td>8#</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>12</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

# One student in the experimental group failed to respond to this item.
and four of the control groups remembered being afraid of death. At the time of the second testing, seven in each group reported no recollection of thinking about death as a child, and only three of the experimental and two of the control group remembered being afraid of death during childhood.

On the four items which asked what they would do if they knew of impending death within a year, no student in either group gave a positive response to the idea of suicide. Likewise the possibility of going into seclusion was rejected by every member of both groups.

On initial testing slightly less than half of each group (eight experimental, twelve control) reported that they would change in some manner their mode of living if they knew they were going to die within a year; a small majority (thirteen) of the experimental group and a large majority of the control group (nineteen) indicated that this change would entail considerably more time spent in church.

By the end of the year, only three members of the experimental and four of the control group gave any indication that a change of life might be considered in the light of knowledge of certain death. Nine experimental and six control members stated that more time would be spent in church during the next year if it were known to be the last.

CATEGORY IX, the final category of questions designed to yield attitudes, consisted of twelve items which asked for responses to statements of the nurse’s role in caring for the dying patient (Table XII).

Fourteen students in the experimental and twenty in the control group had been close by when someone was dying, thus some of them had already observed the role performed by those caring for the dying, or had performed this role themselves.
One of the most vital roles of the nurse in the care of the dying is that of communication. Initially all but one student in the experimental group indicated that they liked to hear others tell of their experiences. As a point of consistency eighteen experimental and twenty-four control also reported that if a patient wished to talk of death, the student could let him, even though four experimental and seven control students admitted to feeling uncomfortable when people talked about death. Responses to these items changed very little during the year of the study. One student in the control group did not like to hear others tell of their experiences; one in the control group did not feel she could let a patient talk about death if he wanted to, and one in the experimental group continued to feel uncomfortable when hearing death discussed.

At initial testing when the element of personal friendship was introduced, both groups were far more hesitant in discussing death with the seriously ill person. At the end of the year of the study this had changed. All but one member of the experimental group felt that they could talk about death with a seriously ill personal friend. In the control group only six of the eleven felt they could discuss death with a friend. The difference in response between the groups was significant.

Among the roles assigned to nurses by themselves and by society, that of helper and positive health promotor is possibly the most difficult to relinquish. Among members of both groups the idea that death could be fought at all costs was quite prevalent. (See page 10, 11) At the time of the first testing a highly significant difference existed between the groups; many more of the experimental group felt that death should be fought at all costs. Many more experimental members agreed with the statement than control members.
Table XII

Category IX – Concept of the Nurse’s Role in Caring for the Dying Patient

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Experimental Group</th>
<th>Control Group</th>
<th>Statistical Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>I like to listen to others tell me of their experiences</td>
<td>I</td>
<td>19 Yes</td>
<td>25 No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>15 No</td>
<td>10 Yes</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I feel that I can be of great help and comfort to the dying</td>
<td>I</td>
<td>18 Yes</td>
<td>22 No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>13 No</td>
<td>9 Yes</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I think if a patient wanted to talk to me about death I could let him</td>
<td>I</td>
<td>18 Yes</td>
<td>24 No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>15 No</td>
<td>10 Yes</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>I feel that nurses should go to every extreme to save life</td>
<td>I</td>
<td>17 Yes</td>
<td>21 No</td>
<td>3#</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>13 No</td>
<td>7 Yes</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>When people talk about death I am uncomfortable</td>
<td>I</td>
<td>4 Yes</td>
<td>7 No</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>1 No</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>I have been nearby when a person was dying</td>
<td>I</td>
<td>14 Yes</td>
<td>20 No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>8 No</td>
<td>7 Yes</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>When a person is dying it is better for the family not to be around</td>
<td>I</td>
<td>2 Yes</td>
<td>3 No</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>1 No</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>40</td>
<td>It is always better for a dying person to be in a hospital where he can be cared for</td>
<td>I</td>
<td>9 Yes</td>
<td>9 No</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>4 No</td>
<td>11</td>
<td>7</td>
</tr>
</tbody>
</table>

# One student in the control group failed to respond to this item
Table XII (continued)

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Test Period</th>
<th>Experimental</th>
<th>Group</th>
<th>Control</th>
<th>Statistical Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>I think I could talk to a friend about death if he were seriously ill</td>
<td>I</td>
<td>12</td>
<td>8</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>14</td>
<td>1</td>
<td>6</td>
<td>5 *p-0.032</td>
</tr>
<tr>
<td>48</td>
<td>Families are usually quite troublesome when a patient is dying</td>
<td>I</td>
<td>11</td>
<td>9</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>56</td>
<td>When caring for a patient who will probably die soon it is better to act like you don't know it</td>
<td>I</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>62</td>
<td>I think I can be of great assistance and comfort to the family of a dying person</td>
<td>I</td>
<td>10</td>
<td>10</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>II</td>
<td>13</td>
<td>2</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

* Fisher's Exact Probability Statistic. p-0.100 or less significant at 10%
At the end of the study a distinct change had taken place within both groups. Only four members of the experimental group agreed with the statement. The control groups was divided, with six giving a positive and five giving a negative response to the item, but this represented a great loss in number and proportion of negative responses.

No attempt can be made to correlate individual responses, such an attempt being beyond the scope of this paper. It is of some interest to note however, that among members of both groups and at both testings, a greater number felt that as nurses they had an obligation to go to extremes in life-saving attempts than felt they should fight death at all costs. Initially, seventeen experimental and twenty-one control respondents agreed with this idea; on second testing, four experimental and six control respondents gave a positive response to the nurse's obligation to go to every extreme. Apparently then, "fighting death at all costs" constitutes an entity quite different from a nurse "going to every extreme to save life."

Whatever other experiences may have been significant to the students, it is apparent to the writer that the class in which the nurse's role and obligation was discussed, was lost on a large number of the class. As a central theme, the anonymous article, "A Way of Dying" was used. The article poignantly describes the suffering, not only of the relatives who are forced to watch their loved ones trying to die, and being unable to do so because of modern medicine, but also discusses the patient's feelings in regard to this seeming cruelty. The investigator made serious attempts to

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encourage the students to think less of the apparatus and their own desire to save life, while considering the feelings of the patient and family in having suffering needlessly prolonged. As was mentioned above, the role of healer seems to be a difficult one for the nurse to relinquish.

Students were at first divided in regard to the value of feigning ignorance of a patient's fatal condition. Ten control and ten experimental agreed that this was a desirable behavior. Both groups exhibited a slight shift toward a negative reaction in relation to this kind of nursing activity. Only five experimental and four control members agreed to this by the end of the study.

Both groups were also quite hopeful and positive in their reported ability to be of help and comfort to the dying, even in the initial testing. However, ten of the experimental group and eight of the control group did not feel they could be of assistance and comfort to the family.

This changed for both groups during the period of the study, and thirteen experimental and nine control students felt at the end of the year that they could help the family. The students apparently did not wish to exclude the families, even though many of them reported feeling the family to be quite troublesome when the patient was dying. Thus, although initially fifteen control and eleven experimental students exhibited this attitude, only nine in each group agreed that it was always better for patients to be in a hospital where they could be cared for and only two experimental and three control students felt that the family should not be around when a patient was dying.

By the end of the study, both groups gave a less pejorative view of the family. Only one member of the experimental and three of the control
group felt it was better for the family to be absent when a patient was dying, even though five in each group still felt that families were quite troublesome at such times and four in each group still reported thinking it better for a patient to be hospitalized when he was dying.

Throughout the analysis of the data the writer has been impressed and occasionally concerned by the apparent lack of consistency within the groups relevant to certain questions and certain kinds of seemingly related questions. In some instances the answer to this problem is not readily discernible, nor does literature on the subject supply an answer. In other cases a shift in the point of view either of the question or within the student group might account for the apparent inconsistency.

A final point should be mentioned with regard to the students' responses to the questionnaire items. Attempts have not been made to compare the students' responses with the recommendations of the panel of nurses who assisted with the questionnaire scaling. Two factors are responsible for this. The first is the emphasis placed on the spontaneity of response from the student. To insist that there are no "right" or "wrong" answers to a question and then to compare responses given to those structured by a group who are so much more experienced seemed unfair and incompatible with the scope and purpose of this study.

The second factor was the amount of non-uniformity which the panel members themselves exhibited in discussions of some of the items and the lack of concurrence between the responses of the panel and the investigator. This was especially apparent in the categories which dealt with emotional aspects. In several instances (especially items 15, 18, 24, and 26) the
panel did reach agreement on a particular response with which the investigator could not concur. It appeared that the panel members were indicating that an individual could or should possess a set of "professional" attitudes which excluded certain emotional responses or preferences, some of which are quite beyond the control of most human beings.

In view of the small number of items which showed a change during the year of the study, it appears that the statement cannot be made that statistical results of the study substantiated the hypothesis set up by the investigator. This point is discussed further in the third chapter of this paper.
CHAPTER III
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine whether specific content given by a particular method of instruction to first year nursing students enables the student to function in patient care situations where death is impending. Four questions were raised by the problem:

1. Will planned intervention in the learning experiences of first year students in nursing be of benefit in changing or directing attitudes?
2. To what extent can attitudes be changed in late adolescence?
3. Is it possible for students to resolve sufficiently for themselves the problem of death so that they will be able to function effectively in the face of a situation where death is a factor?
4. What tools and techniques must the students have from other sources or develop through this specific educational experience, to be able to give physical care and emotional support and to communicate with patients whose prognosis is poor?

Questions 2, 3, and 4 were not studied in this project, but some conclusions relevant to them have been drawn from the study of the first question. The study was conducted on a sample of students in the first year of two academic diploma programs in nursing. This group was selected for the research because of projected need based on past experience with comparable groups.

An experimental method was used. Students attending Carroll College, Helena, Montana, served as the control group, and students attending Eastern Montana College, Billings, Montana served as an experimental group.

A questionnaire was given to both groups within two weeks after entry
into the nursing program. The experimental group then received ten hours of special classwork on materials relevant to attitudes toward death, the dying patient and his family, and the nurse's role in caring for and communicating with this kind of patient. During the year of investigation the students in the experimental group were assigned to care for patients whose prognosis was poor. This planned clinical experience did not include patients who were critically ill at the time of the study. Prior to carrying out the assignment and subsequent to the experience, each student was able to discuss the experience with the investigator. At the end of the academic year the questionnaire was readministered to both groups and the data analyzed. Some changes had occurred.

A number of limitations were anticipated and occurred. Prominent among these was the problem inherent in attempting to measure attitudes. The assessment of emotions and attitudes presents a difficulty because of the lack of instruments which will adequately and accurately measure the real emotions and attitudes of any individual or group.

The size of the group and the consequent limitations of the data analysis were also anticipated. The further fact that attitudes are hard to change, and that many other factors which occur during the period of late adolescence may enter into an observable change, was also considered a limiting factor.

Two occurrences which were not specifically anticipated also occurred and possibly made a difference in the results of the study. An exceptionally high attrition rate within the control group occurred during the year of the study. Less than fifty percent of the initial group tested were present for the second testing. Attrition rate in the experimental group was less drastic. Whether or not the study itself, including the classes and other kinds of
support given, is of any significance in the attrition rate, is not discernible.

The second unforeseen limitation was the sudden accidental death of a third year student in the nursing program. All members of the experimental group knew this girl quite well, and two specifically mentioned her death in the personal data gathered on the second testing. It seems reasonable to assume that among the large number in the experimental group who reported the experience of death of a close friend in the second testing, some were referring to this student. The additional fact that her death occurred less than a week prior to the second testing might also be assumed to have made some difference in the response of the students.

Responses to the various categories of questions showed a significant difference between the groups in initial testing on eight items. A summary of these is given in Table XIII p. 65.

On the second testing it was discovered that differences in the groups had disappeared in all except two items, and that four other items had developed differences. Table XIV, p. 66 summarizes the results of the second testing with regard to the differences in the groups.

Within the control group, one item (#70) underwent a significant change: on second testing all students in the control group felt that a man should have the freedom to express his feelings, as well as a woman.

Within the experimental group, five items showed significant change from the first to the second testing (#8, 22, 62, 66, 68). On retest significantly fewer students in the experimental group thought death should be fought at all costs. Fewer also wanted revival of the old customs of wearing black and going into seclusion than at first testing. A significantly greater
Table XIII

Items Showing a Significant Difference in Response between the Experimental and Control groups on Initial Testing

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Category</th>
<th>$x^2$</th>
<th><em>p</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>When my friends are in trouble, I usually wish I could relieve them by taking their problems on myself</td>
<td>2</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Death should be fought at all costs</td>
<td>3</td>
<td>6.106</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>After death, life continues in an altered form</td>
<td>3</td>
<td>0.06</td>
<td></td>
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<tr>
<td>19</td>
<td>Having a period of mourning for a dead person is largely meaningless</td>
<td>5</td>
<td>0.07</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>When I die I want the best possible funeral</td>
<td>7</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>I am often disturbed at the thought of life's shortness</td>
<td>8</td>
<td>0.07</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Attending funerals makes me nervous</td>
<td>4</td>
<td>0.02</td>
<td></td>
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<tr>
<td>68</td>
<td>The old custom of wearing black and going into seclusion after the death of a loved one should be revived</td>
<td>5</td>
<td>2.76</td>
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</tbody>
</table>

$x^2$ 2.706 or more significant at 10%

*p* 0.100 or less significant at 10%
Table XIV

Items Showing a Significant Difference in Response between the Control and Experimental Groups on Second Testing

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Category</th>
<th>$x^2$</th>
<th><em>p.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>When my friends are in trouble I usually wish I could relieve them by taking their problems on myself</td>
<td>2</td>
<td>0.0001</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I am deeply troubled by the amount of sickness I see around me</td>
<td>2</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>When I die I want the best possible funeral</td>
<td>7</td>
<td>0.08</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>I think I could talk to a friend about death if he were seriously ill</td>
<td>9</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>People who do not cry at a death or funeral of a loved one are very strong</td>
<td>5</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>I think it is acceptable for a woman to cry at the death or funeral of a loved one, but a man should control his feelings</td>
<td>5</td>
<td>0.04</td>
<td></td>
</tr>
</tbody>
</table>

+x^2 2.706 or more significant at 10%

*p. 0.100 or less significant at 10%
number of students expressed a preference for the use of the terms "death" or "died," felt they could be of great assistance and comfort to the family of the dying, and agreed that people who do not cry at the death or funeral of a loved one are very strong.

Because of the small number of items that showed change either within the groups or between the two groups, the hypothesis is not substantiated by this study.

Conclusions

It appears that the following conclusions are justified by the study.

1. Some attitudes of late adolescents are subject to change. The study does not show clearly what influences are instrumental in effecting these changes.

2. Students who feel that death should be fought at all costs are able to agree that acceptance of death is part of the process of nursing.

3. Certain verbal expressions relevant to taboo subjects are preferred for use after having had an educational experience in which they were used.

4. Students agree to accept their role in dealing with the family of the patient whose prognosis is poor, as well as with the patient himself.

5. Students agree that emotion displayed under some circumstances is not synonymous with weakness.

6. Students believe that they can be freer in communicating with the dying patient, even in instances where the patient is a close friend.

Recommendations

The following recommendations for further study are proposed.

1. Follow-up should be done on the sample of this study, including
(a) clinical observations and evaluations of students in both the experimental and control groups as they have additional work with the dying patient and his family
(b) re-administration of the questionnaire at the end of the second and third years of their nursing programs.

2. Class content similar to that used in this study should be given to nursing students early in their nursing programs. All kinds of nursing programs would possibly find this kind of content in the curriculum helpful to the student.

3. The questionnaire might be used for background of class discussion in giving nursing students class work relevant to death.

4. Certain items in the questionnaire should be modified before a new study is begun.
   (a) CATEGORY III of the questionnaire, entitled "Concepts of Death" appears somewhat lacking in content. New items should be added.
   (b) Items which ask for factual information should be removed from the questionnaire. If this information seems important it should be requested in another way.
   (c) Directions for use of the questionnaire and answer sheet should be printed on the answer sheet as well as on the questionnaire. The directions should also include some indication of questions which the participants may ask while answering questions.

5. Some method of correlation between personal data and responses might be attempted to determine whether certain experiences prior to entry into a nursing program have significance in producing a pattern of response.
APPENDIX
APPENDIX A

QUESTIONNAIRE

Directions: PLEASE DO NOT WRITE ON THE QUESTIONNAIRE:

There is an answer sheet accompanying this questionnaire on reactions toward death. Keep in mind that this is not a test, and there are no "right" or "wrong" answers. Simply read through each statement on the questionnaire and answer by writing the number which corresponds with your answer, and represents your feeling or response to the statement, in the space provided.

Please give only ONE answer to each question, but be sure you have answered ALL questions. Responses should be indicated in the following manner:

1. Yes, or I strongly agree
2. Probably true, or I probably agree
3. Doubtful, or I probably disagree
4. No, or I strongly disagree

Thank you for your cooperation.
QUESTIONNAIRE

1. I think I have the qualities to be a good nurse
2. I usually practice good health habits
3. I like to listen to others tell me of their experiences
4. I feel I can be of great help and comfort to the dying
5. I think all adults should carry life insurance
6. All persons fear death
7. When my friends are in trouble, I usually wish I could relieve them by taking their problems on myself
8. Death should be fought at all costs
9. I am deeply troubled by the amount of sickness I see around me
10. I think people should be told when they have a serious disease
11. I think if a patient wanted to talk to me about death, I could let him
12. I feel that nurses should go to every extreme to save life
13. When my friends become ill, I often find that I have the same symptoms
14. After death, life continues in an altered form
15. When I see a dead person, I feel like crying
16. In speaking about death, I prefer to use the term "passed away"
17. I (or my family) carry insurance on my life
18. It does not bother me in any way to be in the presence of a dead person
19. Having a period of mourning for a dead person is largely meaningless
20. When I die, I want the best possible funeral
21. I rarely think of my own death
22. When speaking of death, I prefer to use the terms "death" or "died"
23. Death is the end of everything
24. When people talk about death, I am uncomfortable
25. I usually cry when I see others cry

26. I prefer not to see dead persons

27. Death is terrible and should not have to be endured

28. I have taken care of sick people at home or in a hospital

29. I often become so distressed when I read about conditions in foreign countries that I cannot eat and/or sleep

30. I believe that death can be caused by wishing evil to someone

31. It is better not to talk about death if you can avoid it

32. I have been nearby when a person was dying

33. When a person is dying it is better for the family not to be around

34. I like to help people who are in trouble or pain

35. I feel free to cry upon seeing a deceased loved one for the last time

36. In discussing death I find it most acceptable to use the term "expired"

37. Death comes when your number is called

38. I do not think autopsies should be performed except in rare circumstances.

39. If I thought I would die in a year, I would go into seclusion for the rest of the time

40. It is always better for a dying person to be in a hospital where he can be cared for

41. Pictures and reports of devastating illness and poverty affect me deeply

42. After death I think I would like to be cremated

43. I find it difficult to realize that I will eventually die

44. I find it acceptable to suppress all tendencies to cry for a deceased loved one

45. I would allow an autopsy to be done on any member of my family

46. In speaking about death, I prefer to use the term "met his Maker"

47. I think I could talk to a friend about death if he were seriously ill

48. Families are usually quite troublesome when a patient is dying
49. I think I could take care of a body after death without feeling much discomfort

50. I am often disturbed at the thought of life's shortness

51. I think families should give their loved ones the best possible funeral

52. I find it easy to talk to others

53. If I thought I would die in one year, I would probably commit suicide.

54. I was very afraid of death as a child

55. It is a sign of weakness if a person cries upon seeing a dead loved one

56. When caring for a patient who will probably die soon, I think it is better to act like you don't know it

57. In discussing death, I prefer to use the term "was taken home"

58. Attending funerals makes me nervous

59. After death I do not care what happens to my body

60. When I think of my own death I am usually afraid of what will happen to me after I die

61. I cannot remember ever thinking of death as a young child

62. I think I can be of great assistance and comfort to the family of a dying person

63. It is a sign of deep faith if a person is able to control his feelings when there has been a death

64. If I thought I would die in another year I would spend a lot more time in church than I do now

65. I would not mind giving my body to a medical school after I die

66. People who do not cry at a death or funeral of a loved one are very strong

67. In speaking about death I prefer to use the term "end of the road"

68. The old custom of wearing black and going into seclusion after the death of a loved one should be revived

69. If I had any idea that I would die within a year I would continue to live as I am now
70. I think it is acceptable for a woman to cry at the death or funeral of a loved one, but a man should control his feelings.

71. I have very definite religious convictions.
APPENDIX B

RESULTS OF SCALING BY NURSE PANEL

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<td>60</td>
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QUESTIONNAIRE ANSWER SHEET

Initial Testing

Please complete all of the following information which applies to your situation or experience.

Age

Birth Date

Home Address

(City) (State)

Education Completed

Sex

Marital Status

Religion

My participation in religious activities is

active   inactive   sporadic

I have had someone close to me die

Yes  No

I have experienced the death of (please check)

a parent   close relative

a sibling   distant relative

close friend   other (please specify)

If you have worked, specify the type and length of time.

Agency

Job

Duration


Today's Date
QUESTIONNAIRE ANSWER SHEET

Second Testing

Please complete all of the following information which applies to your situation or experience.

Age __________________ Birth Date ________________________

Home Address ________________________

(City) ____________________ (State) ________________________

Education Completed ________________________________

Sex __________________ Marital Status ______________________

Religion ________________________________

My participation in religious activities is

_______ active _______ inactive _______ sporadic

I have had someone close to me die. ________Yes ________No

I have experienced the death of (please check)

_______ a parent _______ close relative

_______ a sibling _______ distant relative

_______ close friend _______ Other (please specify)

Have you had any instruction regarding death? ________Yes ________ No

How much? (approximate hours) ______________________

Have you had experience caring for patients whose prognosis is death, as part of your educational program? ________Yes ________ No

How often? ____________ number of times. At other times? ________Yes ________ No

How often? ____________ number of times.

Have you had any specific instruction or opportunity for discussing this experience (these experiences) with an instructor or any other person outside of the student body? ________Yes ________ No
With whom ____________________(Indicate position only)

Today's Date _______________
## Class I: Scope, Purpose and General Content of Classes

### Cultural and Historical Views of Death

#### Objectives

- To introduce the topic of death to the nursing student
- To gain awareness that death is a universal and unique human problem which deserves the time and thought of the nurse

#### Content

**I. Concepts of death held by various cultures**
- A. United States
- B. European Peoples
- C. Oriental Peoples

**II. The need for a development of some kind of philosophy of death**
- A. Nurses often in contact with death
- B. Students have been exposed to various ideas of death, and develop an attitude regardless of their lack of formal instruction
- C. Of what value is a philosophy of death?

**III. Read and briefly discuss the topics chosen for this series of classes**

**Suggested References:**  
Jessica Mitford, *The American Way of Death*, Ch. 13-14  
Ruth Benedict, *Patterns of Culture*, p. 108-111; 224-225
Class II: Nurses Attitudes and Behavior in Caring for Patients Facing Death

Objectives
To explore some attitudes which nurses have and manifest when dealing with the dying patient

Content
I. What are some possible emotional reactions nurses have to patient's deaths
   A. Fear - usually related to personal death
   B. Guilt - inability to save and heal
   C. Anxiety - for patient and personal future
   D. Grief - for loss of a human being
   E. Relief - somewhat unacceptable feeling, but occurs because a burden has been lifted

II. What behaviors might a nurse exhibit that indicate these reactions
   A. Withdrawal - physical from patient
   B. Unduly cheerful optimism
   C. Verbal avoidance
   D. Gloom
   E. Tears

Suggested Reference: Gertrude Ujhely, The Nurse and Her Problem Patients, ch. 7
Class III: Physical Signs, Causes of Death

Objectives

To learn some of the common causes of death and how physical problems and symptoms relevant to death relate to the nurse's professional practice

To gain a beginning awareness of the patient's emotional responses to a prognosis of death

Content

I. Common conditions which result in death

A. Cancer
B. Heart conditions
C. Serious accidents - automobile, burns, etc.

II. Physical signs of approaching death

A. Diminished sensation and response
B. Altered Respirations
C. Cardiovascular change in pulse and blood pressure

III. Nurse's role in patient care when patient is dying

Suggested Reference: McClain and Gragg, Scientific Principles in Nursing Care, Ch. 10
Class IV: The Child’s View of Death

Objectives

To understand the development of the concept of death, from childhood to adulthood

Content

I. Children do not perceive immediately what death is. Rather, the concept develops

A. Three - five years, not irreversible
B. Five - nine, personified; a contingency, gradual
C. Nine and up - definite circumstance governed by law, characterized by cessation of bodily functions

II. Even as adults, our views of death and afterlife change

A. Becomes more abstract
B. Ideas become more or less definite and are influenced by experience of death

Suggested Reference: J. Rosenblum, How to Explain Death to a Child (entire pamphlet)
James Agee, A Death in the Family, p. 120-199
Class V: Religious Practices Concerned with Death

Objectives

To acquire an understanding of the role of religious practices at the time of terminal illness and death

Content

I. Practices of major religions in relation to death

A. Catholic sacrament and Mass
B. Other Christian services
C. Jewish practices

II. Of what value are these religious practices

A. Comfort to patient at time of death
B. Comfort to the family

III. What can be done for the patient without faith

Suggested References:

Roman Ritual
Book of Common Prayer
Thomas Bell, In the Midst of Life, Ch. 24
Class VI & VII: The Feelings of the Dying Patient

Objectives

To gain insight into some of the feelings which patients have toward death

Content

I. The decision to tell the patient
   A. Properly belongs to the doctor
   B. Time, place, words, are all important
   C. Hope must be maintained without falsity
   D. Respect for the patient’s dignity

II. Possible reactions of patients to the information
   A. Denial of facts
   B. Non-denial
      1. Panic
      2. Fear and anxiety
      3. Concern for self and family
      4. Apathy
      5. Acceptance and realization
      6. Envy of those in health
      7. Concern about final outcome
      8. Bitterness
      9. Anger
     10. Inability to visualize the end
     11. Hunger
     12. Loss of dignity

Suggested References: Thomas Bell, In the Midst of Life, Ch. 12, 18, 27
Brian Bird, Talking with Patients, Ch. 6
Class VIII: Feelings and Reactions of Relatives of Dying Patients

Objectives
To gain insight into some of the feelings which relatives of the dying have

Content
I. Common observable relatives' reactions
   A. Grief
   B. Concern for the dying person
   C. Concern for the self or family left behind
II. Unusual reactions
   A. Relief
   B. Anger
      1. Toward the dying person
      2. Toward the doctors and nurses

Brian Bird, Talking with Patients, Ch. 7
Class IX: A Death That Stirred the Nation: J.F.K.

Objectives
To study the process of grief and grieving reflected in a nation due to death of a beloved national figure

Content
I. Students' personal recollections of Kennedy's death and burial

II. Significant points in the process of grieving

A. Disbelief
B. Mental Numbness, sometimes physical shock
C. Desire not to think of loss
D. Keep house, room other things as they were
E. After a few months begin to see the reality of "goneness"
F. At this point, can go through personal effects, throw out certain things
G. Finally change environment, at least the room, often the house, may move to new place, begin a new kind of life
H. Normal grief process may take up to two years
I. Anything (significantly) above this time is usually considered abnormal

Suggested References: The Torch is Passed
The Four Days
Articles published at time of Kennedy's death
Current articles from magazines
Class X: The Meaning of Death Seen Through Christ's Death

Objectives

To explore some of the connotations carried by death because of Christ's life, teaching, and death

Content

I. Death is inevitable as far as we know

A. All peoples, in all times have sought some purpose or meaning to assign death
B. Generally, meaning is incorporated into a religious context

II. Christians have specific teachings in their religions about death

A. He who keeps his life shall lose it
B. Christ raised three from the dead, and prevented others from dying (death an evil)
C. Greater love than this no man has, that a man will give his life for others

III. Why did Christ die?

Suggested References:
- Matthew: Ch. 27
- John: Ch. 11
- John: Ch. 19
LITERATURE CONSULTED

Books


Periodicals


Folk, Marilyn and Phyllis Nie. "Nursing Students Learn to Face Death." Nursing Outlook. 7:9, September 1959, pp. 510-513.


Pamphlets


Unpublished Sources
