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RESEARCH ARTICLE (ORIGINAL)

Effectiveness of a training program for nurses' emotional management of patient death

Efetividade de um programa de formação na gestão emocional dos enfermeiros perante a morte do doente

Eficacia de un programa de formación en la gestión emocional de los enfermeros ante la muerte de un paciente

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Abstract

Background: Death is a common reality in hospital settings, requiring nurses to adopt effective strategies for managing their emotions.
Objectives: To assess the effectiveness of a training program for nurses' emotional management of patient death.
Methodology: A one-group pretest-posttest pre-experimental study was conducted in a sample of 20 nurses working in oncology inpatient units. Data were collected using a questionnaire consisting of the Portuguese versions of the Revised Death Attitude Profile (Escala de Avaliação do Perfil de Atitudes acerca da Morte - EAPAM) and the Coping with Death Scale (ECM), and the Program Implementation Assessment Scale (EAIP), applied at three different periods.
Results: The training program changed nurses' attitudes in the dimensions of fear of death and neutral acceptance (EAPAM). Significant differences were found in coping with one's own death and the death of others (ECM), revealing improved skills in this area. The training program was rated as very good (EAIP).
Conclusion: The implementation of the training program proves to be an effective strategy for improving nurses' emotional management of death.

Keywords: nurses; death; training program; emotional adjustment; education

Resumo

Enquadramento: A morte é uma realidade frequente, em contexto hospitalar, exigindo aos enfermeiros a apropriação de estratégias eficazes de gestão das emoções.
Objetivos: Avaliar a efetividade de um programa de formação (PF) na gestão emocional em enfermeiros perante a morte do doente.
Metodologia: Estudo pré-experimental de grupo único com avaliação pré e pós intervenção, realizado numa amostra de 20 enfermeiros de serviços de internamentos de oncologia. O instrumento de colheita de dados foi o questionário. Este integrava Escala de Avaliação do Perfil de Atitudes acerca da Morte (EAPAM), Escala de *Coping* com a Morte (ECM) e Escala de Avaliação de Implementação de Programas (EAIP), aplicado em três momentos distintos.
Resultados: O PF levou a mudanças das atitudes nas dimensões: medo e neutralidade (EAPAM) e verificaram-se diferenças significativas no *coping* com a própria morte e com a morte dos outros (ECM), revelando uma capacitação nesta área. O PF foi classificado como muito bom (EAIP).
Conclusão: A implementação do programa evidencia ser uma estratégia interventiva de empoderamento nestes enfermeiros, na autogestão emocional perante a morte.

Palavras-chave: enfermeiros; morte; programa de formação; ajuste emocional; educação

Resumen

Marco contextual: La muerte es una realidad frecuente en un entorno hospitalario y requiere que los enfermeros se apropien de estrategias eficaces de gestión emocional.
Objetivos: Evaluar la efectividad de un programa de formación (PF) en la gestión emocional de los enfermeros ante la muerte de un paciente.
Metodología: Estudio preexperimental de un solo grupo con evaluación previa y posterior a la intervención, realizado en una muestra de 20 enfermeros de pacientes oncológicos hospitalizados. El instrumento de recogida de datos fue el cuestionario. Este incluyó la Escala de Evaluación del Perfil de Actitudes ante la Muerte (Escala de Avaliação do Perfil de Atitudes acerca da Morte - EAPAM), la Escala de *Coping* con la Muerte (ECM) y la Escala de Evaluación de la Implementación de Programas (EAIP), aplicado en tres momentos diferentes.
Resultados: El PF provocó cambios de actitud en las dimensiones: miedo y neutralidad (EAPAM) y hubo diferencias significativas en el afrontamiento (*coping*) de la muerte propia y de la de los demás (ECM), lo que reveló una capacitación en esta área. El PF fue clasificado como muy bueno (EAIP).
Conclusión: La implementación del programa resulta ser una estrategia de intervención de empoderamiento en estos enfermeros en la autogestión emocional ante la muerte.

Palabras clave: enfermeros; muerte; programas de capacitación; ajuste emocional; educación

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Introduction

Death has been rejected and taken away from family and social life; it is no longer considered a natural process inherent to the human condition, being removed to the hospital rather than taking place at home (Silva, Lage, & Macedo, 2018).

Health professionals, especially nurses, due to their close contact with patients who are dying, experience negative emotions that require an effective adjustment, although it is known that not all nurses can handle death in an effective way (Becker, Wright, & Schmit, 2017).

Emotional management is considered a building block of personal and professional performance because emotions are responsible for the adaptation to environmental demands, influencing cognitive processes such as perception, thinking, decision-making, language, beliefs, motivation, learning, memory, behaviors, attitudes, and intentions (Limonero, Reverte, Gómez-Romero, & Gil-Moncayo, 2018). These emotions affect people's lives in such a way that their everyday lives are only facilitated if they acquire effective coping strategies. Coping skills show that people with more resources can suffer fewer adverse effects in stressful contexts (Folkman, 1984).

Recent studies have shown that emotional training programs, as well as the sharing of information and experiences among peers are effective emotional management strategies (Carvalho, Lunardi, Silva, Vasques, & Amestoy, 2017; Gómez-Díaz, Delgado-Gómez, & Gómez-Sánchez, 2017; Sulzbacher, Reck, Stumm, & Hildebrandt, 2017).

Nurses report that they have little training to help them manage their emotions when a patient dies (Gómez-Díaz et al., 2017) and that ineffective emotional management interferes with the quality of care (Becker et al., 2017).

Therefore, this study was conducted to assess the effectiveness of a training program for nurses' emotional management of patient death.

Background

It is difficult for human beings to understand and accept death, for which reason the social representations of the concept of death are guided by abstractionism, mythology, symbolism, religion and, above all, subjectivity (Pais, 2019). In the past, people had a natural and close relationship with death, but more recently death is experienced in a repressed and distant way, and considered cursed, forbidden, and repelled (Ariès, 2011). Death is becoming increasingly common in hospital settings and long-term care units, where nurses without emotional management strategies can underestimate, minimize, or underdiagnose patient and family suffering (Limonero et al., 2018), providing routine and technical care (Silva et al., 2018).

Recent studies have called attention to the importance of training programs for nurses' emotional management (Gómez-Díaz et al., 2017), as well as of creating physical spaces for mutual support in the institutions to share ideas and feelings about death, clarify doubts, as well as share and reflect on issues associated with the dying process (Carvalho et al., 2017; Sulzbacher et al., 2017). The literature suggests that the following topics should be explored in the training programs: effective bereavement strategies (Tranter, Josland, & Turner, 2016), preparation for death (Santos Souza et al., 2017), and investment in the development of emotional intelligence and emotion expression processes (Gómez-Díaz et al., 2017).

The training in emotional education/management is an effective strategy for nurses because if they do not have or do not develop emotional management skills, the consequences of painful experiences associated with a patient's death will cause real harm, influencing their well-being and interfering negatively with their personal and professional life.

Research hypothesis

The training program contributes positively to nurses' emotional management.

Methodology

A level 4, pre-experimental, quantitative study was conducted with a one-group, pretest-posttest design (Campbell & Stanley, 2005).

The target population consisted of nurses who worked at oncology inpatient units in the central region of Portugal. This population was chosen because these nurses who care for cancer patients are faced with a high mortality rate, which requires greater emotional management skills to cope with this experience (Finley & Sheppard, 2017).

A convenience sampling technique was used, taking into account the voluntary nature of participation in the program, after the promotion of the study at the health institution.

The sample was composed of 20 female nurses, aged between 26 and 58 years, with a mean age of 42.65 +/- 9.11 years and a median of 43.50 years; 70% were married or cohabiting. All of them were Catholic. The nurses worked in surgical units (n = 11) and medical units (n = 9). They had an individual employment contract (*Contrato Individual de Trabalho*, CIT; n = 7) or a public service employment contract (*Contrato de Trabalho em Funções Públicas*, CTFP; n = 13). All of them had an undergraduate degree, and five of them had a master's degree. Six nurses had the title of specialist, although only two worked as specialists, one nurse had a leadership position, seven worked as nurses, and 10 worked as graduate nurses. In this sample, 12 nurses had training in palliative care, and eight had no training. When questioned about their perceptions of death self-management, three of them answered that they do not cope with death effectively (Table 1).

Table 1
Absolute and percentage distribution of the nurses' characteristics

Variables		*N*	%
Marital status	Single	6	30
	Married/Cohabiting	14	70
Religion	Catholic	20	100
Gender	Female	20	100
Type of employment contract	CIT	7	35
	CTFP	13	65
Department of origin	Surgical	11	55
	Medical	9	45
Academic and professional qualifications	Undergraduate degree	20	100
	Postgraduate degree	1	5
	Specialization degree	6	30
	Master's degree	5	25
Position	Nurse	7	35
	Graduate nurse	10	50
	Specialist nurse	2	10
	Head nurse	1	5
Training in palliative care	Yes	12	60
	No	8	40
Perception of adequate death management	Yes	17	85
	No	3	15
Age	Mean (*M*)	42.50	
	Standard deviation (s)	9.11	
	Median (*Md*)	43.50	
	Range	32 (26-58)	

Note. CIT = *Contrato Individual de Trabalho* (Individual Employment Contract); CTFP = *Contrato de Trabalho em Funções Públicas* (Public Service Employment Contract).

To achieve the objective outlined above, a six-hour training program was built. It consisted of four sessions, with an hour and a half each, once a week. The first program took place in February 2018 and the second one in March 2018. The training sessions were held on Mondays between 2.30 p.m. and 4 p.m., always in the same room. The number of participants per group ranged from a minimum of six to a maximum of 12. The first training program was composed of 12 nurses and the second one of eight nurses. All nurses who did not work at inpatient units and attended less than 100% of the training hours were excluded.

The training program was built based on the assumptions of andragogy and emotional intelligence, using coaching tools for the development of knowledge of self and others. The topics addressed in the program were chosen based on the recommendations in studies of Tranter et al. (2016), Santos Souza et al. (2017), and Gómez-Díaz et al. (2017).

The training program was developed by a trainer with a postgraduate degree in psychological anthropology of health and education, who worked with the principal investigator on the strategies to be implemented.

Data were collected using a questionnaire that was applied in three different periods: before the 1st session (1st period), at the end of the four sessions (2nd period), and at a 2-month follow-up (3rd period). It included a section on sociodemographic and professional characteristics and the Portuguese versions of the Revised Death Attitude Profile (EAPAM) and the Coping with Death Scale (ECM), and the Program Implementation Assessment Scale (EAIP).

The EAPAM, which was adapted and translated by Loureiro (2010) from the Revised Death Attitude Profile (DAP-R) by Wong, Reker, and Gesser (1994), is composed of five dimensions: fear of death, neutral acceptance, approach acceptance, escape acceptance, and death avoidance. This scale was applied in the three data collection periods.

The Portuguese version of the Coping with Death Scale (ECM) by Camarneiro and Gomes (2015) assesses two factors: coping with one's own death and coping with the death of others, and it was also applied in the three data collection periods.

The Program Implementation Assessment Scale (EAIP) by Jardim and Pereira (2006) assesses seven dimensions: Overall assessment of the program, Objectives, Contents, Activities, Participation, Resources, and Development. It was applied in the 2nd data collection period.
These scales were considered to be the most appropriate scales to assess the effectiveness of the training program for nurses' emotional management of patient death. The internal consistency of the scales was assessed, with Cronbach's alpha values ranging from ∞ = 0.6-0.9.
Sociodemographic and professional data were collected in the first data collection period (Table 1). Data were collected in three different periods due to the need to identify nurses' attitudes and characteristics to cope with death with a view to assessing the effectiveness of the training program for emotional management and the changes produced over time. The quality of the training program was assessed after its completion (2nd period).
Permission to conduct the study was granted by the Board of Directors, the Ethics Committee (TI 04/17), and the Research and Training Coordinator Office of the health institution where the study was developed. Permission to use the three scales was obtained from their authors. Anonymity and confidentiality were ensured by not collecting any data that would identify the participants. Before the implementation of the training program, an informed consent form was delivered to each participant, who were explained the objectives of the study, what was expected of their participation, as well as the associated benefits and risks. Thus, these steps ensured that the nurses' participation was based on respect for the right to self-determination.
Data were processed using IBM SPSS Statistics, version 24.0.

Results

Non-parametric statistics were used for statistical data analysis due to the small sample size (n = 20) and the lack of normal distribution of variables through the Kolmogorov-Smirnov test for normality.
To measure the strength of association (contingency) between the training in palliative care and emotional management, Fisher's exact test was applied. The results showed a statistically significant difference. The three nurses who had more difficulties in managing their emotions in the face of death had no training in palliative care (p = 0.04; Table 2).

Table 2
Absolute distribution of the nurses' emotional and training characteristics and results of Fisher's Exact Test

		Training in palliative care		
		Yes	**No**	**Total**
Emotional management	Positive (n = 17)	n = 12	n = 5	17
	Negative (n = 3)	n = 0	n = 3	3
	Total	12	8	20
Fisher's Exact Test		***p* = 0.04**		

Note. p = Significance test.

The nurses who reported that they did not cope well with death had a CIT contract, which corresponded to the youngest nurses (32.57 ± 3.78 years) with fewer years of professional experience (9.96 ± 1.22 years; Table 3).

Table 3
Sample distribution, age and length of experience by type of employment contract

Type of Employment Contract	Statistics	Age	Length of experience
CIT	Mean ($\bar{x}$)	32.57	9.96
	Standard deviation	3.78	1.22
	Range	11 (26-37)	9 (4-13)
CTFP	Mean ($\bar{x}$)	48.08	24.84
	Standard deviation	5.77	1.52
	Range	19 (39-58)	19 (17-36)

Note. CIT = *Contrato Individual de Trabalho* (Individual Employment Contract); CTFP = *Contrato de Trabalho em Funções Públicas* (Public Service Employment Contract).

In the analysis of the attitudes toward death using the EAPAM, the Friedman test was run to check for differences across the three periods, by dimension. Statistically significant differences were found for the dimensions fear of death and neutral acceptance. Then, the Wilcoxon test with a Bonferroni correction was applied

to check for statistically significant differences across the three periods.
Thus, in the dimension of fear of death, statistically significant differences were found between the results obtained in the 1st data collection period and those obtained in the 2nd period, as well as between the results in the 1st period and those in the follow-up.
For the dimension of neutral acceptance, statistically significant differences were only found between the 1st period and the follow-up (Table 4).

Table 4
Results of the Friedman and Wilcoxon tests for the dimensions of the EAPAM, in the three assessment periods

		1st and 2nd Periods	1st and 3rd Periods	2nd and 3rd Periods
	Friedman's Test	*Wilcoxon Test*		
Approach acceptance	*p = 0.46*	*Z* = -1.07 *p* = 0.29	*Z* = -1.18 *p* = 0.24	*Z* = -0.53 *p* = 0.60
Fear of death	***p = 0.00***	***Z* = -2.16** ***p* = 0.03**	***Z* = -2.48** ***p* = 0.01**	*Z* = -0.66 *p* = 0.51
Death avoidance	*p = 0.60*	*Z* = -0.54 *p* = 0.59	*Z* = -0.43 *p* = 0.67	*Z* = -1.03 *p* = 0.30
Escape acceptance	*p = 0.68*	*Z* = -0.78 *p* = 0.43	*Z* = -0.02 *p* = 0.98	*Z* = -1.19 *p* = 0.23
Neutral acceptance	***p = 0.05***	*Z* = -0.68 *p* = 0.49	***Z* = -2.14** ***p* = 0.02**	*Z* = -1.29 *p* = 0.19

Note. p = Significance test; *Z* = Value of the statistical test.

With regard to the study of coping with death through the ECM (Table 5), statistically significant differences were found for both factors of the scale: coping with the death of others and coping with one's own death, after a comparison of the factors across the three periods using the Friedman test.
Then, the Wilcoxon test with a Bonferroni correction was applied to check for any statistically significant differences. In the factor related to coping with the death of others, the results showed statistically significant differences between the 2nd period and the follow-up, suggesting medium-term effects.
In the factor related to coping with one's own death, statistically significant differences were found after comparison of the results obtained before attending the training program (1st period) and those obtained afterwards (2nd and 3rd; Table 5).

Table 5
Results of the Friedman and Wilcoxon tests for the factors of the ECM, in the three assessment periods

		1st and 2nd Periods	**1st and 3rd Periods**	**2nd and 3rd Periods**
	Friedman Test	Wilcoxon Test		
Coping with the death of others	***p = 0.00***	*Z* = -1.18 *p* = 0.24	*Z* = -0.88 *p* = 0.38	***Z* = -2.21** ***p* = 0.02**
Coping with one's own death	***p = 0.00***	***Z* = -3.92** ***p* = 0.00**	***Z* = -3.92** ***p* = 0.00**	*Z* = -0.39 *p* = 0.69

Note. p = significance test; *Z* = value of the statistical test.

The EAIP was used to assess the training program. In all items, the results show a score ≥ 4, with the scale score ranging [1.5], with the mean scores being very good.
The item with the lowest mean score was the "duration of the program" ($\bar{X}$ = 4.10 ± 0.55).
The following items had the highest scores: "The appropriateness of the strategies to achieve the objectives was"; "Overall, the activities carried out in the in-person sessions were"; "The adequacy of the exercises to develop the skills was", and "The participants' motivation was", which had mean scores of 5.
The maximum score of the training program was 150 points, and the minimum score was 30 points. The mean scores were 144.70 ± 5.75, which corresponds to a qualitative rating of very good (4.8 points).
It should be emphasized that the score assigned by the participants to their skills at the end of the training program was higher than the score assigned by them before attending the program ($\bar{X}$ *final* = 4.45 ± 0.51 compared to $\bar{X}$ *initial* = 3.65 ± 0.88).

It should also be noted that the stimuli data to continue to deepen the skills were on average 4.95 ± 0.22 (with a maximum value of 5).

Discussion

The results of the study indicate that the variables of age and professional experience interfered with the nurses' ability to manage their emotions in coping with a patient's death, with the younger and less experienced nurses being less able to manage their emotions, which is in line with the studies of Zheng, Lee, and Bloomer (2016) and Martins, Chaves, and Campos (2014).

The training in palliative care provides nurses with tools to cope with suffering, helping them manage their emotions towards death because the nurses who reported more difficulties in coping with death were those who reported having no training in palliative care. The health and education institutions should reflect on this situation. Health institutions should offer its professionals, particularly those who are undergoing integration processes, training programs in palliative care that allow them to provide the best end-of-life care possible and, simultaneously, experience less negative emotions during and after the process of caring for patients at the end of life.

The results confirm the effectiveness of the training program for nurses' emotional management of death because of the changes found in the dimensions of fear of death and neutral acceptance and in coping with the death of others and with one's own death.

The dimension of fear of death decreased after attendance at the training program. While recognizing that the fear of death interferes with the quality of care, it can be concluded that the training program can contribute to improving nursing care at the end of life by minimizing/helping to manage the fear of death (Becker et al., 2017). Another positive outcome of the program was the integration of death as an integral part of life (neutral acceptance), which is confirmed by the increasing scores in this dimension, meaning that death came to be understood as a natural event (Loureiro, 2010).

After attending the training program, the nurses improved their skills for coping with the death of others, which, according to Camarneiro and Gomes (2015), means better skills to communicate with and/or help terminally ill patients and their families.

Another positive outcome from the program is the increase in skills for coping with one's own death, given the statistically significant differences that were found before and after the training program. The fact that the training program focused on the process of expression of emotions towards death may have led to deeper levels of introspection about death and dying. The inner work developed by the nurses during the program may have facilitated the development of skills to cope with their own death and feel less need to express their emotions.

The participants rated the training program for emotional management of death as very good and characterized it as a strategy capable of improving their emotional skills, motivating them to develop their skills further. These results are in line with those found by Gómez-Díaz et al. (2017) regarding the importance of training programs for developing nurses' emotional management skills because several authors (Göriş et al., 2017; Carvalho et al., 2017; Gómez-Diaz et al., 2017) have found that ineffective emotional management of death will have an impact on both the quality of nursing care and nurses' quality of life.

There were some limitations associated with the research design, such as the lack of a probability sampling and full variable control. The small sample size (n = 20) is also a limitation of this study. Thus, it is suggested that the training program should target a larger sample, include a control group, and use probability sampling in future applications.

Conclusion

The training program on emotional management proved to be effective because it led to changes in the nurses' attitudes of fear of death and neutrality towards death, accepting death as an integral part of life. By developing strategies to help them manage their emotions towards suffering, the nurses revealed that they were able to cope with the death of others and their own death and improved their ability to manage their emotions towards death.

The older nurses, with more professional experience and training in palliative care, were those who were more capable of managing their emotions towards death.

The training program has contributed positively to nurses' emotional management, representing a strategy to facilitate self-knowledge and emotional self-management.

The implementation of institutional projects for sharing emotions and experiences, as well as the development of training programs in the areas of emotional intelligence, palliative care, and coping strategies towards death using coaching tools and based on the assumptions underlying andragogy proved to be strategies that helped nurses to manage their emotions towards death and dying and deliver better end-of-life care.

In view of these results, it is recommended that the program be implemented using an experimental design with a control group, directed to nurses and nursing students, through the development of partnerships between schools and health institutions.

Author contributions

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