



Thanatology Students' Attitudes When Facing Patients Death

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Author's contribution

The sole author designed, analyzed, interpreted and prepared the manuscript.

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ABSTRACT

Background: Health professionals constantly face patients' death in their work places, along with a series of changes that develop during the mourn process of the human being in both, patient's relatives and themselves. They intervene in some steps of the process since, consciously or unconsciously they interact with the hospitalized dying patient and relatives, either in a public or private institution. Health professionals receive some training in the subject, but it is not common so that they seek to get it. The aim of the study was to identify the attitudes of the thanatology diplomat students when facing death in their professional and personal lives, in order to promote their continuum improvement in thanatology attention.

Methods: the study was quantitative, observational, descriptive, cross-sectional and prospective; a questionnaire was applied to 33 students of the thanatology diplomat from National Autonomous University of Mexico with hospital practice. The questionnaire had 7 items with a Likert scale of frequent, infrequent, never, that included the variables of study, such as death process in different life steps, death due to suicide, sudden death, due to HIV/AIDS, etc. An Excel data base was created and descriptive statistics was used in the analysis.

Results: When a child was dying, 27 students were empathetic in communicating affection and companionship during the process, while the rest had difficulty doing so. For the death of the adolescents, 27 students behaved empathetic and affective, while 2 showed difficulty in accepting

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the death of the patient and the rest avoided interaction with the patient and relatives. In the case of adult death, 28 students behaved empathetic and affectionate; while for the older ones, 24 students behaved empathetic and affective, 3 believed it as a natural process that comes to an end.

Conclusion: Attitudes of thanatology diplomat students facing death, along their professional and personal lives improve once they received information for dealing with patients and relatives.

Keywords: Thanatology; professional and personal attitudes; mourning.

1. INTRODUCTION

Health professionals constantly face death and all the consequences related to the human grief process, since they have contact with the hospitalized person and their relatives even though no training in thanatology aspects nor in facing the end of life of their patients are in their scholar *curriculum* [1,2,3].

Human death, despite age or sex of the dying individual confronts human nature fragility [1,2]. It would be expected that health professionals would have the theoretical knowledge and the skills training for these future experiences, regrettably this is not the case. There are some optional courses for students of health careers [4,5,6,7], but those that do not take the diplomat, lose the opportunity to have homogeneous scholar training for the graduate profile in the subject; then, regarding the labour field, when a person dies the harsh reality put to test all our values, knowledge, beliefs and emotions such that our strength may crumble surfacing pain, since the death of a person shows the reality of our own death and the fragility of life, such that these continuous events may overwhelm health professionals with negative emotions provoking somatization or evasion of the event [8,9].

The way death is seen and interpreted, either as a general or other's event, changes when it affects a specific person, most of all if a child is dying, and also the age of the sick detonates the death process differently, i.e., when the ill or his relatives confront the closeness of death [9,10,11]; then it is important that health professionals may identify their reactions and attitudes under these circumstances, and give themselves the chance to seek for help to fulfill training skills timely, even if it was not in their *curriculum*.

They must be aware that there is no way to significantly help the ill terminal patient if the patient, relatives and health professionals are not taken in account. Every one of them plays a very important role during sickness and their reactions

will contribute, either helping or hampering the mourn steps [12].

Health professional must have thanatological specialized skills to face death process in an assertive way both, professionally and personal since that profession favors that patients and relatives approach to seek support to face sickness and death, and it is not ethical to evade the commitment to professional's oath. Furthermore, it is not ethical to grant that being a health professional it is automatically trained to face death, so that the need to be trained should be identified in due time [8].

Thanatological intervention responds to communication needs between patient, relatives and interdisciplinary team, to adapt facing loss and finitude through accompaniment, seeking decent and humane treatment at all moments for patients and relatives, in order that they can accept a human death [8,11]. Thanatology education allows health professionals to provide support and get over all types of loss, to support the suffering and give thanatological counseling and crisis management to both, patient and relatives, and accompaniment to terminal ill patients helping them to have life quality in this difficult process [8,10]. Thanatological work is part of the accompaniment granted as soon as the person knows is sick, and his family consents to ensure his good death, helping person to accept own or other's death [8,9,10].

To understand the meaning of thanatological counseling it is needed to hear and read a plurality of discourses, since each one has a validity context [10,11]. The counselor intention must be constant listening, to motivate the opening to death process of the sick person and relatives, do not generate misunderstandings and constantly help a person to make plans and take decisions about specific aspects of his life [8,10]. Differences in death management depend of each individual concept, as well as the social context of growing and development; health professionals must know first their abilities as persons then as professionals to assume their role [12].

Reasoning, progress and medical technology, among other causes, have modified attitude facing death and this change is reflected in: the way of dying, inpatient stay, mourn, burying method, and loss of most of funerary rituals. Up to early XIX century physician's image was separated from death, since he accompanied the patient while necessary and when patient was terminally ill, the dying was under family's care. Currently, most patients live their death process being hospitalized [12,13]; then the health multidisciplinary team is committed to be trained to face professionally and humane this task, with assertive interventions like thanatological accompaniment; that commitment involves to seek specific and formal training to follow-up to reach the goals. Then the aim of the study is to identify the attitude of thanatology diplomat students of the National Autonomous University of Mexico (UNAM) facing death, as professional and as a person to promote continuous improving in thanatology attention to users.

2. METHODS

2.1 Study Design

A quantitative, observational, descriptive, cross-sectional and prospective study was used [14]. Thirty three students of the thanatology diplomat course from UNAM, with 260 hours of theory and practice schedule in a public hospital; aged 20 to more than 60 years old, from both sexes mainly females, and different health careers: nurses, physicians, social workers, psychologists and anesthesiologists. They were selected by convenience with the support and approval of the diplomat coordinator to invite students to the study; all students accepted to participate and signed an informed consent. The study was done between February-May, 2017, after their hospital practice.

2.2 Procedure

A questionnaire validated by expert thanatologists was applied to be answered by all students, it was also reviewed by the lecturers of the course. This instrument included 7 items using a Likert type scale with frequent, infrequent and never choices, that considered the study variables, i.e., about different thanatology interventions on children, adolescents, adults and elders, which contemplate to favor empathy, intercommunication with patient and relatives, accompaniment, counseling, identification of death process, attitude of student about its own

and relatives' death, the possible topic evasion, and patient and relatives' reactions [3,8,9]. The questionnaire was filled after students practiced giving thanatology intervention on patients at hospitals, assigned by the coordinator. A preliminary test was carried out with 5 students and the necessary adjustments were made to the questionnaire.

2.3 Inclusion Criteria

Students enrolled in the thanatology diplomat, with direct hospital practice on patients, willing to participate.

2.4 Data Analysis

Descriptive statistical analysis with central tendency measurements, dispersion was used [14], employing statistical package SPSS V. 20.

3. RESULTS

Data collection and analysis allowed obtaining participants characteristics (Table 1).

Thanatological intervention that health professional gave to dying patients has several steps, based in the complexity of intervention, its knowledge and experience; in this regard, students' attitudes before patients in their hospital practice were grouped in four interventions, from thanatological accompaniment along different mourn steps of patient and relatives, through the most complex thanatological counseling, which guides patient and relatives about the different stages to cover to reach a dignified death, the listening and guidance to favor anticipated wills. Also the difficulty students faced to endure the dying process and its evasion were contemplated.

Data analysis showed that in regard to the mourn process attitude in professional practice, most than half of the students mentioned that they gave thanatological accompaniment in different life steps, accordingly to what they learned in the course, and empathically tried to diminish physical and psychological suffering of the ill and relatives, based on the mourn step of the ill; while few students identified their no acceptance of the dying children and adolescents. More than half of students gave thanatological counseling by attending the identified and expressed needs of patients and relatives, by means of effective and affective interpersonal communication based in the death process step; whereas a few

experienced to identify their own death without intervening due to a lack of preparedness, and also evaded the death process of their patients (Table 2).

Health professionals face a role within their family surroundings when someone is ill or dying, i.e., they are responsible for caring of family members; then this aspect was contemplated during thanatological training, and results showed that more than half of students' attitude achieved thanatological accompaniment to family members, to diminish physical and psychological suffering of their ill relative before death. However, less than half of students gave thanatological counseling in adult or elder ill relatives, and few of them identified the fragility of their own existence and the dying step of a relative or evaded it due to a lack of preparedness to help (Table 3).

It is important to mention that most of students offered interpersonal communication with patients and their families, and based on the follow-up of the death process, a quarter of them identified the stage of grief. Regarding their attitude towards their own death and towards family members, more than a half of them anticipated living with their loved ones in the last moment of their lives.

Based on the results it was inferred that students' answers in their attitudes toward death related to patients' ages, and also with the age of students' relatives, did not show significant

differences. Even though the processes were painful and they participated in the mourning stage for the most part.

4. DISCUSSION

Thanatology is related to many fields from attention to the dying person and his (her) family, up to elaborate a grief process due to a significant loss [15]. Thanatology evolved for the grief process due to constant separation and feeling of loss that each individual's life history went through, highlighting that facing a disease despite life step mourn occur embracing different personal and interpersonal aspects, which affect most the close relative, i.e., family caregivers, but also health professional such that thanatology counseling must be in under these circumstances [16,17]. A thanatologist could help to overcome any loss, help the sufferer through counseling and crisis attention both, to the dying patient and relatives as well as accompaniment to terminal ill patients, giving them a better quality of life in this process. Thanatology actions accompany the person that knows it as is ill, and together with relatives consent to well dying helping person transit all grief steps, until finding self-death or others acceptance [1,6].

This integrative view of death allow thanatologists to comprehend fears and emotional states of those involved in the process,

Table 1. Sociodemographic characteristics of the students of Thanatology Diplomat, UNAM (n = 33)

Characteristics	n	%
Sex		
Female	30	90.9
Male	3	9.1
Age (years)		
21-30	5	15.2
31-40	10	30.3
41-50	10	30.3
51-60	5	15.2
+60	3	9.1
Profession		
Nurses	22	66.7
Physicians	4	12.1
Social workers	2	6.1
Psychologists	2	6.1
Anesthesiologists	3	9.1

Source: 33 questionnaires applied to students of Thanatology Diplomat, UNAM

Table 2. Summary of answers of the Thanatology Diplomat students interventions to patients based in their attitudes and in patients' age

Intervention	Set of attitudes	Child	Adolescent	Adult	Elderly
I. Thanatological accompaniment	1) I visualize death as a natural process	Infrequent 3 (9.09 %)			Infrequent 3 (9.09 %)
	2) I provide warm company during the process of the dying person and its family.	Frequent 27 (81.8 %)	Frequent 27 (81.8 %)	Infrequent 1 (3 %)	Infrequent 4 (12.1 %)
II. Thanatological counseling	3) I attend the needs of patients and their families with effective and affective interpersonal communication based of the stage of the dying process.			Frequent 28 (84.8%)	Frequent 24 (72.7%)
III. Stage Identification of the dying process	4) I identify the stage of the dying process that my patient is in.				Infrequent 2 (6.1 %)
	5) I identify the fragility of my existence.			Infrequent 2 (6.1 %)	
IV. Evasion of the death process	6) I evade the topic and patients and relatives reactions. Fear of talking to a patient to find out its severity.	Infrequent 3 (9.09 %)	Infrequent 1 (3%)		
	7) I evade communication with my patient and relatives, since I am not able to help.		Infrequent 5 (15.2 %)	Infrequent 2 (6.1 %)	

Source: 33 questionnaires applied to students of Thanatology Diplomat, UNAM

Table 3. Thanatological intervention of students facing the death of a relative based on their attitudes and relative's age

Intervention	Set of attitudes	Child	Adolescent	Adult	Elderly
I. Thanatological accompaniment	1) I provide warm company during the process of the dying person and its family.	Frequent 22 (66.7 %)	Frequent 26 (78.8 %)	Frequent 14 (42.4 %)	Frequent 13 (39.3 %)
	2) I visualize death as a natural process				
II. Thanatological counseling	3) I attend to the need of my family member with effective and affective interpersonal communication based of the stage of the dying process.			Frequent 10 (30.3%)	Frequent 15 (45.4%)
III. Stage Identification of the dying process	4) I identify the stage of the dying process in which my family member is in	Infrequent 1 (3%)		Infrequent 8 (24.2 %)	Infrequent 5 (15.1 %)
	5) I identify the fragility of my existence.				
IV. Evasion of the death process	6) I evade the topic and reactions of my family member.	Infrequent 10 (30.3 %)	Infrequent 7 (21.2 %)	Infrequent 1 (3%)	
	I avoid the subject of my own death.				
	Difficulty to accept that my family member is dying.				
	7) I evade communication with my family and relatives, since I am not able to help.				

Source: 33 questionnaires applied to students of Thanatology Diplomata, UNAM

and should contribute that all of them be taken in account if possible and considering all different concerns [4,18]. This is clear for any thanatology student in theory [13]; however, put it in practice is not an easy task such that it was found that 24 of them attended the dying person and family members. Other students just identified the step process without a thanatological intervention, since death is an ineludible fact but a fact not accepted by everyone. Defining health counseling means a systematic attention based in effective communication, recognizing in the user a protagonist role in adoption of healthy behaviors and self-care, while the professional facilitates the process of being conscious and taking decisions [19]. A brief advice is a common activity during health attention, lasting 3-5 minutes; whereas the integral or intensive advice is a 15-20 minutes long in each of four or more sessions conducted by a health professional [1,3].

It is also known that man learned how to pose this topic from different views and perspectives, i.e., according to Castañeda [19], in western society uncertainty of death lead to fear during life but it is important to understand that every one of us will die, then learn to face death in its double aspect, as individual and as mourner, and to assume our own humanity. In this regard findings of this study coincided with this author, since students' assumed attitudes facing their own death and that of relatives, 18 of them mentioned that they want to stay with beloved ones in the last moment of their existence; then considering that 22 participants were nurses it was clear they have experience that help to face their own death and that of relatives [20].

When a health professional faces a dying process of a patient, diverse negative emotions appear, such as anguish, frustration and depression beside what death means; it is possible that along time this will be overcome and/or learn how to deal with it, but also it can happen that acceptance of the process never occur, and as time passes by, these emotions will be deep and long lasting having an impact on professionals' health [21], which coincided with the findings where professional had problems to accept a child or an adolescent is dying.

Following the five steps described by Kübler-Ross [17,22], it is clear that the psychic anatomy of death, along with all its emotional character, allow the understanding of the dying process and support the findings on the thanatology students'

attitudes when facing death of a patient, according to age, i.e., for children, adolescents and adults, 27-28 students favored empathy to communicate affection and company, despite some rejection to accept death at earlier ages; in contrast, death of an elder person was seen as a natural step at the end of life [23,24].

Health professional is gathering skills along her (his) training and personal experiences, to accompany the death process, even though these imply to face the fragility of her(his) own death and relatives. Training in thanatology issues must be incorporated in the *curriculum* of all health-related careers, to develop knowledge, professional abilities and competences about the dying patients and the mourn of those involved, which will favor a real accompaniment and counseling with emotional intelligence. The most difficult of all deaths to give accompaniment is that of a kid and an adolescent, since it is expected they should have a great future.

5. CONCLUSION

We can affirm that the process of human dying, regardless of the age and sex of the person who dies, confronts man with the fragility of human nature, since the death of a fellow man presents us with the reality of our own death, and the loss of what we love. Health professionals must have specialized training in thanatology, to face the death process in an assertive way, from a professional and personal approach. It is concluded that the attitudes of Thanatology Diplomat students facing death, along their professional and personal lives, show a wider aperture once they receive information for dealing with patients and relatives, favoring accompaniment, counseling and the identification of the steps process.

CONSENT AND ETHICAL APPROVAL

A memorandum to the diplomat coordinator from UNAM was presented to ask for approval. The ethical and legal aspects were based on the Declaration of Helsinki principles, point 9 "It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent" Each participant signed

an informed consent letter according to Nüremberg code and local law.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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