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Nurses Perception Towards The Care of The Dying in Federal Neroupsychiatric Hospital, Enugu State, Nigeria

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ABSTRACT

Part of becoming a good nurse is being able to understand one's own perception of death and dying, which can affect the quality of care a dying patient will receive. This study was carried out to assess the Nurses perception towards the care of the dying in federal Health Facilities in Enugu State. Part of becoming a good nurse is being able to understand one's own perception of death and dying, which can affect the quality of care a dying patient will receive. Four objectives were used for this study. A descriptive survey method was used, and the population of 56 nurses were used, the instrument used for data collection was questionnaire and checklist developed based on the objectives of the study. The data collected were analyzed and presented using descriptive statistics of frequency and percentages. The study showed that the socio –demographic characteristics of the respondents. It shows that 40 (72.7%) of the respondents were between 20-29 years. Almost all, 53(98.1%) of the respondents were married .While 23(46.0%) had RN as their highest level of education. Majority, 27(84.4%) of the respondents had basic training in the care of the dying. The table shows that majority, 34(70.6%) of respondents had less than 5 years of experience. The respondents from Neuropsychiatric Hospital had positive perception on: death is the cessation of all life processes, death is the sure end of every man, death can occur at any age , death is a transition to a new life , death is simply a part of the process of life, death offers a wonderful release of the soul . While the respondents had negative perception on: it is better to die than live with an incurable disease, it is an escape from the cruelty of this world, death is as a result of sin and curses and I am afraid of death, so I avoid thinking about it The respondent had positive perception on the following: it is a good thing to care for the dying; the rights of a patient should be protected even till death, nurses should aim at achieving a peaceful death in all patients at their end of life; dying patients do need spiritual preparation according to their belief, showing love to the dying will help him die a happy death , It is good to involve the family members in the care of a dying patient. While the participants had negative perception on: tt is a waste of time and resources to care for the dying, after all they will still die, the length of time spent in care of the dying is frustrating, the dying patient should not be allowed to make decisions about his care, it is difficult to form a close relationship with the family of a dying person. The participants had positive perception in all the personal factors: religion; beliefs; previous experience with a dying person; age of the nurse, age of the patient; disease conditions of the patient; loss of a loved one; socio economic class of patient. Advance directive hinders the delivery of care to the dying; Euthanasia is a moral wrong; advance directives are time consuming for health professional; Interference of care from advance directives. While they had negative perception on terminating life at the request of an individual is not immoral because it is the individual's decision to make. The result shows that perception of death did not significantly influence the perception of the respondent caring for the dying. The result shows that the year of experience did not significantly influence the perception of respondents care of the dying. dying patients do need spiritual preparation according to their belief; it is difficult to form a close relationship with the family of the dying person; showing love to the dying person will help him die a happy death. The nurses in Federal Neuropsychiatric hospital had a good perception of death. Furthermore, they disagreed to the perception that it is better to die than to live with an incurable disease; death is an escape from the cruelty of this world.

***Keywords**: nurses perception, care, the dying*

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INTRODUCTION

Death is a universal reality that affects all people; it is an inevitable end to life and is one of the most profound emotional experiences that people encounter. Although a person is aware of the inevitability of death, how, or when it will occur is not known. Death has been defined as the cessation of all biological

functions that sustains a living organism. Despite advances in medical expertise and technology, medicine cannot cure some diseases. Cultural, ethnic and religious beliefs helps to shape people's perception towards death and dying. Death often make people consider some questions like , the meaning of life , the existence of a soul and the possibility of life after death, these questions can only be answered by the individual, relations and family's belief system, regardless of whether death will occur in the hospital or at home. Although, people generally do not develop positive perception towards death, personal factors such as occupations, gender, age, education, personal life experiences, strong religious background and the belief system of family origin are influential [1].In addition, age has a significant influence on nurses perception towards the care of the dyingas younger adults tend to report higher levels of death anxiety than do middle aged adults[2]; and older nurses feel more comfortable talking about end-of-life issues than younger nurses[3].

Nurses encounter death and dying in their everyday practice, be it at home, in the hospital, nursing homes or in hospice care settings. When nurses care for dying patients, they must face the reality of death, while supporting and caring for dying patients and their significant others, this means they have to ensure that the common needs of those at the end of life are anticipated and where possible, must be open to responding to individual difference[4].

Although end - of - life care is a very particular and important part of nursing care, it is both unique and common. Much of the care that people need at this time can be planned for and anticipated. Care of the dying requires an active compassionate approach that treats, comforts and supports individual who are living with or dying from progressive or chronic life threatening conditions Kassa *et a. l* [4]. Comfort care is an essential part of nursing to a dying patient; it is a care that helps or soothes a person who is dying by preventing or relieving suffering as much as possible and to improve quality or life while respecting the dying person's wishes.

Our world is rapidly becoming a global community, which creates a need to further understand the universal phenomena of death and professional caring for dying persons. Nurses and nursing students are increasingly exposed to dying patients with chronic diseases requiring palliative and End-of-Life (EOL) care in any clinical setting that trigger the importance of integrating that care and considering it an essential component of nursing care. Nurses have been adequately trained in the care of the dead (last office), but recently, palliative care was introduced and this new aspect has filled the gap of the care of the dying patient.

Care of the dying can be an overwhelming practice for the nurse, presenting the individual with personal challenges affecting attitude and skills. Understanding nurses perception of death and dying can help nurses prepare for these situations. Part of becoming a good nurse is being able to understand one's own perception of death and dying which can affect the quality of care a dying patient will receive because people behave differently based on individual differences and perception.

MATERIAL AND METHODS

Research Design

A descriptive survey research design was used for this study.

Area of Study

The study was carried out at the Federal Neuropsychiatric Hospital in Enugu state, Nigeria. Federal Neuro Psychiatric Hospital is a federal tertiary institution located at Upper Chime Avenue in Enugu North Local Government Area, both in Enugu state. The institution consists of professionals such as Doctors, Nurses, Pharmacist, and Engineers etc. and Semi- skilled workers like Drivers and Unskilled workers like Cleaners.

Population of Study

The target population of the study is 125 nurses from Federal Neuro psychiatric hospital irrespective of age, tribe or religion.

Sample Size and Sampling Procedure

The sample size for Federal Neuro Psychiatric hospital was 56 nurses. This was determined using the Taro Yamane formula. The Taro Yamane method for sample size calculation was formulated by the statistician TaroYamane in 1967 to determine the sample size from a given population. Below is the mathematical illustration for the Taro Yamane method:

$n= N/ (1+N (e)^2)$

Where:

n signifies the sample size

N signifies the population under study

e signifies the margin error (it could be 0.10, 0.05 or 0.01)

For Federal Neuro Psychiatric Hospital

$n = 125/1+125(0.10)^2$
$n = 125/1+125(0.01)$
$n = 125/1+1.25$
$n = 125/2.25$
$n = 55, 5 = 56$

Convenience sampling technique was adopted for this study to enable the researcher administer the questionnaire to the nurses in their different wards. This method will be in line with the inclusion criteria which include availability of the nurses and willingness of the nurses to participate in the study.

Instrument for Data Collection

The instrument which will be used for data collection will be a self-structured questionnaire which was constructed from literature, based on the objectives of the study. The questionnaire was designed in such manner that guaranteed that the process of enquiry to the topic was in logical sequence. This was achieved by arranging the questions in a way that ensured they follow in the order that the respondents will see a natural smooth movement, from item to item and it represented the various aspect of the problem under study. The questionnaire consists of five sections A, B,C,D and E. Section A consists of the respondents socio demographic data and has eight (8) question items. Section B assesses the nurse's perception of death, It consists of (10) question items. It consists of a four point Likert scale of strongly agree (4), agree (3)), disagree (2), strongly disagree (1). Section C, assesses the nurses perception towards the care of the dying and their perception of dying .It consist of sixteen (16) question items .Section D identifies personal factors that influence nurse's perception towards the care of the dying, and consists of eleven (11) question items and section E identifies ethical and legal factors influencing the perception of nurses towards the care of the dying and consists of five (5) question items, among nurses at UNTH and Federal Neuro Psychiatric Hospital.

Validity of Instrument

The draft copy of the questionnaire was submitted to the project supervisor for face and content relevance of the content after which necessary corrections were made, the questionnaire was typed and used for data collections.

Reliability of Instrument

In testing the reliabilityof the instrument, Cronbach's Alpha model of test internal consistency was used. The entire scale /questionnaire had a Cronbach's Alpha value of 0.837, this being greater than 0.7, indicated the reliability of the test instrument was strong. (See appendix 1).

Pilot Study

A pilot study was conducted using 10% of the sample size. The questionnaire was distributed to nurses at the Mother of Christ specialist hospital Enugu, which is not the facility for study.

Method of Data Collection

Research constructed questionnaire was distributed to the nurses with the help of trained research assistants and collected after being duly filled. 284 copies of the questionnaire were distributed on four different occasions, for a period of four weeks, while only 255 were correctly filled and returned, giving a return rate of 90%.

Method of Data Analysis

Data were collated, tallied and analyzed with the aid of statistical package for social sciences [SPSS Version 23.0] software. Descriptive statistics was carried out to show the responses, frequency and percentages, mean and standard deviation of demographic data and factors which influence nurses' perception towards the care of the dying were presented in tables. Fishers test was used to test the relationship between nurses' perception of death and their perception towards the care of the dying.

Decision rules were used to analyze the four point Likert scale of strongly agree, agree, disagree and strongly disagree, with positive decision mean of >2.5 and negative decision mean of <2.5.Fisher's test statistics was adopted for relationship testing.

Ethical Considerations

An identification letter was obtained from Enugu study center, Director of the National Open University of Nigeria .A research proposal and questionnaire was forwarded to the University of Nigeria Teaching Hospital; Health Research Ethical Committee and Ethical Clearance Certificate obtained, principle of confidentiality, anonymity and voluntary participation was applied.

Permission was obtained from the Chief Medical Director, Director of Nursing Services and the ADN's in charge of the various wards, after which the questionnaires was distributed to the nurses following oral consent and then oral appreciation while returning the questionnaire.

RESULTS

Table 1: Socio-demographic characteristics of participants

Variables	Frequency N=55	Percentage (%)
Ages	**N=55**	
20-29 years	40	72.7
30-39 years	9	16.4
40-49 years	5	9.1
50 and above years	1	1.8
Mean(SD)	**28.50±7.35**	
Religion	**N=54**	
Christianity	53	98.1
Islam	0	0
Others	1	1.9
Marital Status	**N=55**	
Single	30	54.5
Married	25	45.5
Divorced	0	0.0
Widowed	0	0.0
Highest level of education	**N=50**	
RN	23	46.0
RN/RM	11	22.0
BNSc	14	28.0
M Sc Nursing	2	4.0
PhD	0	0.0
Care Unit	**N=51**	
Medical Wards	25	49.0
Surgical Wards	6	11.8
Emergency	4	7 .8
Oncology	0	0.0
Others	16	16.0
Special training in care of the dying	**N=54**	
Yes	25	46.3
No	29	53.7
Source of training in the care of the dying	**N=32**	
Basic Training	27	84.4
Continued Education	5	15.6
Years of Experience	**N=48**	
Less than 5 years	34	70.8
6-10 years	8	16.7
11-15 years	3	6.3
Above 15 years	3	6.3

Table 1 above shows that the socio –demographic characteristics of the respondents. It shows that 40 (72.7%) of the respondents were between 20-29 years. Almost all, 53(98.1%) of the respondents were married .While 23(46.0%) had RN as their highest level of education. Majority, 27(84.4%) of the respondents had basic training in the care of the dying. The table shows that majority, 34(70.6%) of respondents had less than 5 years of experience.

Table 2: Responses to the perception of death by the Participants

S/N	Variables	SA N (%)	A N (%)	D N (%)	SD N (%)	Mean (StD)
1.	Death is the cessation of all life processes	41(74.5)	14(25.5)	0.0(0)	0.0(0)	3.75(.440)
2.	Death is the sure end of every man	41(74.5)	12(21.8)	2(3.6)	0(0)	3.71(.533)
3.	Death can occur at any age	33(60.0)	8(14.5)	5(9.1)	9(16.4)	3.85(.408)
4.	It is better to die than live with an incurable disease	47(9.8)	63(24.8)	124(48.8)	42(16.6)	2.16(.811)
5.	It is an escape from the cruelty of this world	5(9.6)	10(19.2)	28(53.8)	9(17.3)	2.21(.848)
6.	Death is a transition to a new life	2(3.7)	4(7.4)	23(42.6)	25(46.3)	2.77(.847)
7.	Death is as a result of sin and curses	2(3.7)	4(7.4)	23(42.6)	25(46.3)	1.69(.773)
8.	Death is simply a part of the process of life.	24(44.4)	21(38.9)	7(13.0)	2(3.7)	3.24(.823)
9.	Death offers a wonderful release of the soul	26(10.2)	21(43.7)	85(33.5)	32(12.6)	2.63(.774)
10.	I am afraid of death, so I avoid thinking about it	6(11.3)	15(28.3)	21(39.6)	11(20.8)	2.30(.932)

Key: SA-Strongly Agree
A –Agree, D –Disagree, SD –Strongly Disagree, Std – Standard Deviation
Decision rules: Positive perception: mean of above 2.5 Negative perception: mean of less than 2.5

In reference to decision rules on perception of death, the respondents from Neuropsychiatric Hospital had positive perception on: Death is the cessation of all life processes(mean of 3.75 ± 0.440), Death is the sure end of every man(mean of 3.71 ± 0.553), Death can occur at any age (mean of 3.85 ± 0.408) , Death is a transition to a new life(mean of 2.77 ± 0.847) , Death is simply a part of the process of life (mean of 3.234 ± 0.823), Death offers a wonderful release of the soul(mean of 2.63 ± 0.932) .
While the respondents had negative perception on: It is better to die than live with an incurable disease (mean of 2.16 ± 0.811), It is an escape from the cruelty of this world (mean of 2.21 ±0.846), Death is as a result of sin and curses (mean of 1.69 ± 0.733) and I am afraid of death, so I avoid thinking about it (mean of 2.30 ± 0.932).

Table 3: Assessment of participants' perception of the care of the dying

Variables	SA	A	D	SD	Mean (StD)
It is a good thing to care for the dying	41(74.5)	11(20.0)	3(5.5)	0(0)	3.69(.573)
It is a waste of time and resources to care for the dying, after all they will still die	1(1.8)	2(3.6)	15(27.3)	37(67.3)	1.40(.655)
The rights of a patient should be protected even till death	42(76.4)	10(18.2)	2(3.6)	1(1..8)	3.69(.635)
Nurses should aim at achieving a peaceful death in all patients at their end of life	4(7.3)	5(9.1)	29(52.7)	17(30.9)	3.75(.615)
The length of time spent in care of the dying is frustrating	4(7.3)	5(9.1)	29(52.7)	17(30.9)	1.93(.836)
The dying patient should not be allowed to make decisions about his care	2(3.6)	2(3.6)	22(40.0)	31(56.4)	1.47(.573)
It is difficult to maintain a good interpersonal relationship with the dying.	8(14.8)	11(20.4)	22(40.7)	13(24.1)	2.26(.994)
Dying patients do need spiritual preparation according to their belief	28(51.9)	19(35.2)	4(7.4)	3(5.6)	3.33(.847)
It is difficult to form a close relationship with the family of a dying person.	4(7.4)	11(20.4)	29(53.7)	10(18.5)	2.17(.818)
Showing love to the dying will help him die a happy death	35(63.6)	19(34.5)	1(1.8)	0(0)	3.62(.527)
It is good to involve the family members in the care of a dying patient	35(63.6)	19(34.5)	1(1.8)	0(0)	3.60(.596)

Key: SA-Strongly Agree
A –AgreeD –Disagree, SD –Strongly Disagree, Std – Standard Deviation
Decision rules:

Positive perception: mean of above 2.5
Negative perception: mean of less than 2.5

In reference to decision rules on perception of death, the participants from Neuropsychiatric Hospital had positive perception on-The respondent had positive perception on the following: it is a good thing to care for the dying (mean of 3.69 ± 0.573);The rights of a patient should be protected even till death (mean of 3.69 ± 0.635) Nurses should aim at achieving a peaceful death in all patients at their end of life (mean of 3.75 ± 0.615); Dying patients do need spiritual preparation according to their belief(mean of 3.33 ± 0.847), Showing love to the dying will help him die a happy death (mean of 3.62 ± 0.527) It is good to involve the family members in the care of a dying patient (mean of 3.60 ± 0.596)
While the participants had negative perception on It is a waste of time and resources to care for the dying, after all they will still die (mean of 1.40 ± 0.665) The length of time spent in care of the dying is frustrating (mean of 1.93 ± 0.836) The dying patient should not be allowed to make decisions about his care (mean of 1.47 ± 0.573), It is difficult to form a close relationship with the family of a dying person (mean of 2.17 ± 0.818).

Table 4: The personal factors influencing the perception of respondents towards the care of the dying

Variables	SA	A	D	SD	Mean (StD)
Religion	25(47.2)	19(35.8)	8(15.1)	1(1.9)	3.28(.794)
Beliefs	24(45.3)	25(47.2)	4(7.5)	0(0)	3.38(.627)
Previous experience with a dying person	23(44.2)	18(34.6)	10(19.2)	1(1.9)	3.21(.825)
Age of the nurse	11(20.8)	15(28.3)	17(32.1)	10(18.9)	2.51(1.031)
Age of the patient	8(15.1)	19(35.8)	20(37.7)	6(11.3)	2.55(.889)
Disease condition of the patient	21(38.9)	20(37.0)	9(16.7)	4(7.4)	3.07(.929)
Loss of a loved one	20(37.0)	23(42.6)	9(16.7)	2(3.7)	3.13(.825)
Socio economic class of patient	14(25.9)	13(24.1)	19(35.2)	8(14.8)	2.61(1.036)

Key: SA-Strongly Agree
A –Agree, D –Disagree, SD –Strongly Disagree, Std – Standard Deviation
Decision rules: Positive perception: mean of above 2.5, Negative perception: mean of less than 2.5

The table 4 above shows the personal factors influencing participants on the care of dying.
The participants had positive perception in all the personal factors: religion (mean of 3.28 ± 0.794) ;Beliefs (mean of 3.38 ± 0.627); previous experience with a dying person (mean of 3.21 ± 0.825);age of the nurse (mean of 2.51 ± 0.031), age of the patient (mean of 2.55 ± 0.889);disease conditions of the patient (mean of 3.07 ± .929); loss of a loved one (mean of 3.13 ± 0.825).;socio economic class of patient (mean of 2.61 ± 1.036)

Table 5: Ethical and legal factors influencing the care of the dying

Variables	SA	A	D	SD	Mean (StD)
Advance directive hinders the delivery of care to the dying	6(411.3)	23(43.4)	19(35.8)	5(9.4)	2.57(.821)
Euthanasia is a moral wrong	21(39.6)	16(30.2)	13(24.5)	3(5.7)	3.04(.940)
Advance directives are time consuming for health professionals	9(18.0)	17(34.0)	19(38.0)	5(10.0)	2.60(.904)
Terminating life at the request of an individual is not immoral because it is the individual's decision to make.	10(18.9)	14(26.4)	10(18.9)	19(35.8)	2.47(1.085)
Interference of care from advance directives	12(24.5)	19(38.8)	15(30.6)	3(6.1)	2.82(.882)

Key: SA-Strongly Agree
A –Agree
D –Disagree
SD –Strongly Disagree
Std – Standard Deviation
Decision rules
Positive perception: mean of above 2.5
Negative perception: mean of less than 2.5

The table 5 above shows the ethical and legal factors influencing care of the dying the participants had positive perception on: Advance directive hinders the delivery of care to the dying (mean of 2.57 ± 0.821); Euthanasia is a moral wrong (mean of 3.04 ± 0.940); advance directives are time consuming for health professional (mean of 2.60 ± 0.904); Interference of care from advance directives (mean of 2.82 ±0.882). While they had negative perception on Terminating life at the request of an individual is not immoral because it is the individual's decision to make (mean of 2.47 ± 1.085).

Table 6: The relationship between the respondents' perception of death and their care towards the dying

Perception of death	Perception of caring for the dying		Total	
	Positive perception	Negative perception		Fisher's Test (p-value)
Positive perception	2	0	2	0.254 (1.000)
Negative perception	47	6	53	
Total	49	6	55	

The table 6 above examines the relationship between the respondents' perception of death and their care towards the dying

Fisher's test statistics was in adopted because some cells in the table above content values less than 5 and therefore did not meet the criteria for chi-square. The result shows that perception of death did not significantly influence the perception of the respondent caring for the dying (X= 0.254 with a p-value of 1.000). So the null hypothesis is accepted that there is no relationship between the nurses' perception of death and their perception towards the care of the dying .

Table 7: the relationship between the respondent years of experience and their perception towards the care of the dying

Years of Experience	Perception of caring for the dying		Total	
	Positive perception	Negative perception		Fisher's Test (p-value)
Less than 5 years	31	3	33	8.896 (0.081)
6-10 years	7	1	8	
11-15 years	1	2	3	
Above 15 years	3	0	3	
Total	42	6	48	

The table 7 above shows the relationship between the respondent years of experience and their perception towards the care of the dying. The result shows that the year of experience did not significantly influence the perception of respondents care of the dying. (X =8.896 with a p-values of 0.081).So the null hypothesis is accepted that there is no relationship between the nurses years of experience and their perceptions of the care of the dying.

DISCUSSION

The study revealed that the nurses at Federal Neuropsychiatric hospital had a negative perception on: it is better to die than to live with an incurable disease (70.8%), and death is an escape from the cruelty of this world (71.1%).

The above findings this study agreed with the studies by Fadere *et al* [5] and Mc Callem and Mc Conigley [6] which revealed that 80.5% of the respondents recognized dying as a normal process, death as the cessation of all life processes and 88% perceived death as a part of life respectively.

The study also revealed that the nurses at Federal Neuropsychiatric Hospital also had a positive perception towards the care of the dying. The study revealed that the most prevalent perception among the nurses in Federal Neuropsychiatric hospital include: it is a good thing to care for the dying(94.5%), the rights of the patients should be protected even till death(94.6%),dying patients do need spiritual preparation according to their belief(87.1%),showing love to the dying will help him die a happy death(98.1%) and it is good to involve the family members in the care of a dying patient(98.1%).

Furthermore, the nurses at Federal Neuropsychiatric hospital had negative perception that it is a waste of time and resources to care for the dying after all they will die (94.6%), the length of time spent in care of the dying is frustrating(83.6%) and the dying patients should not be allowed to make decisions about their care (94.6%).

The above findings lends support the interpersonal relation in nursing theory and the humanistic theory, which showed that connected and trusting interpersonal relationship in a palliative care environment led to improvement in patients physical and emotional states, facilitated their adjustment to the illness, decreased pain and ultimately led to a good death experience. Moreover, the theory emphasized the importance of including the family in the care plan of the patient, which is of utmost importance in caring for patients that are dying in order to help them come to terms with the imminence of death. The humanistic theory places emphases on relating ,dialogue, communication and presence of the nurse in a caring situation as important for effective palliative care practice, It also lend support to Henderson's theory of the definition of nursing which states "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death), that he would perform unaided, if he had the necessary strength, will or knowledge". Thus, the duty of care is not just an obligation to nurse to recovery, but also to nurse unto a peaceful death.

In addition, nurses are uncomfortable with the notion of talking about death and dying with the terminally ill patient.

The study also revealed that some personal factors influence the perception of the nurses at Federal Neuropsychiatric hospital towards the care of the dying. They include beliefs, previous experience with a dying person, and disease condition of the patient and loss of a loved one.

According to Abdel-Khalek and Al-Kandari [2], age has a significant influence on nurses' perception toward the care of the dying. It was found that younger adults tend to report higher levels of death anxiety than do middle-aged adults, and older nurses feel more comfortable talking about EOL issues than younger nurses [3].The findings also agreed with the study by Brzostek *et al* [7],that the belief factor was the highest ranking factor and a study by Karadog *et al* [1], that personal factors such as strong religious background and the belief system of family origin were influential.

The study also revealed that there were legal and ethical factors that influenced the care of the dying among nurses in Federal Neuropsychiatric hospital. Some of the legal and ethical factors include: interference from advance directives which is time consuming and the fact that euthanasia is a moral wrong. The study also revealed that the nurses disagreed that terminating life at the request of an individual is not immoral because it is the individual's decision.

These findings lend support to the assertion of Mc Cabe and Coyle [8], on ethical and legal issues in palliative care, which revealed that euthanasia and advance directives are the main source of ethical and moral concern, which influence the care of the dying. Moreover, the needs, preferences, and values of the patient and family will continue to be at the core of palliative care.

Implications of Findings to Nursing

Due to the mixed feelings which accompany the topic of death, nurses should be prepared for this journey from their school days. The curriculum for nurses should include matters that have to do with death and dying and to emphasize the need for the legal implications of advance directives and euthanasia.

CONCLUSION

Based on the findings of the study, the following conclusions were made. Some of perception of the nurses in Federal Neuropsychiatric Hospital towards the care of the dying include: dying patients do need spiritual preparation according to their belief; it is difficult to form a close relationship with the family of the dying person; showing love to the dying person will help him die a happy death. The nurses in Federal Neuropsychiatric hospital had a good perception of death. Furthermore, they disagreed to the perception that it is better to die than to live with an incurable disease; death is an escape from the cruelty of this world. The legal and ethical factors that had influenced the care of the dying in Federal Neuropsychiatric hospital include advance directives, terminating life at the request of the patients, etc. and both nurses at Federal Neuropsychiatric Hospital disagreed with the argument that terminating life at the request of an individual is not immoral.

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