

Background

Death is a fundamental part of long-term care environments. Yet, there is a limited understanding of the attitudes toward death and experiences with end-of-life care among facility management (i.e., administrators).

Hypotheses

The purpose of this study was to examine:

- 1) The attitudes toward death of administrators in training (AIT's).
- 2) Examine the past and current experiences with death and the impact on leading in the context of grief, bereavement and loss.

We hypothesized that nursing home administrators would have a negative attitude toward providing end-of-life care and predicted that past experiences with death would impact providing end-of-life care.

Methodology

Three student cohorts (2020, 2021, & 2022) from the Health Care Administration program at the University of Wisconsin-Eau Claire were interviewed 3 months into their residency experience (i.e. administrators in training).

The Frommelt Attitude Toward Care of the Dying (FATCOD) was used to gain insight on Administrator in training students' attitudes on caring for a dying person and their family members.

AIT's were also asked about their past experiences with death and how these experiences impacted the way they process/deal with death at work.

Evaluation and Results of Data

Qualitative Perceptions

Table 1: Nursing home administrators in training's experiences with death and dying

Focal Dimension	Sub Themes
Prior experiences with death	No prior experience with death Family grandparent, parent, pets Resident from health care prior job
How have these previous experiences impacted the way you process death at work	More aware of own/others mortality Death is inevitable Positive personal views of mortality "better place" Neutral or feeling uncomfortable Fear of the unknown

Qualitative Summary

- Most students had prior experiences with death including family and pets.
- Experiences with death impacted thoughts on mortality
- Most students felt neutral or uncomfortable about death with some noting that there is a fear of the unknown.
- Some students (7%) had a positive view of mortality, with several connected to religious beliefs and a "better place"
- Experiences with death (prior and current) impacted feelings of depersonalization toward patients.

Table 2: Nursing home administrators in training perceptions of death and dying

Focal Dimension	Examples from nursing home administrators in training
Experiences with death	"There is always an array of emotions I feel when someone passes away." "I felt emptiness and sadness." "The difficulties I faces as a result of these deaths were feeling lost in the world without them and angry at the world because they are gone far too soon." "Everyone also says time will heal the wound and the void, but I find that to be very untrue. Although time may change things, it's never going to make it better, just different."
Thinking about own mortality	"The thought of mortality makes me appreciate life and the people around me a lot more." "I think about more own mortality as a positive thing after being a caregiver at a nursing home, seeing the peace it brings the person and family."

Quantitative Frommelt Assessment

Variable	M	SD	P ₂₅	P ₇₅	Student Min	Student Max
FATCOD (total)	123.8	10.1	117.3	131.0	96	141
Attitudes towards caring for a dying person	68.6	7.4	65.0	73.0	47	81
Attitudes towards dying patient's families	55.2	4.8	53.0	59.8	39	63

The Frommelt scale has a max score of 150 and a min of 30.

Quantitative Assessment Results

- Mean score towards attitudes toward caring for a dying person = 68.6 and the score for attitudes towards dying patient's families= 55.2.
- The highest scoring FATCOD assessment from a student was 141/150 and the lowest was 96/150.
- The overall student mean score =123.8
- AIT students have strong (high) attitudes towards caring for dying patients; In other words, showing more positive attitudes towards death.
- Overall, AIT students had an above average score indicating a more positive attitude towards caring for dying patients.

Discussion

- Working in a nursing home makes AIT's and other workers more aware of their own mortality.
- Death can be an emotional process for many workers to experience in a nursing home.

Conclusions

- This information can be implemented to provide innovative operational improvements to end of life care.
- Using the quantitative data gathered from multiple AIT cohorts, the students have a high score (meaning stronger feelings) when it comes to attitudes towards caring for dying patients.
- Qualitative data shows that AIT's have many different feelings and experiences dealing with death
- Many students felt neutral, uncomfortable or that death is inevitable.
- This study can also provide a foundation for furthering awareness of the importance of caring for residents during end-of-life care as well as the impacts it has on the AIT's and others involved in the process.