

Appendix G: Frommelt Attitude Toward Care of the Dying Scale

This scale's purpose is to determine how nurses feel about certain situations in which they are involved with patients. All statements concern nursing care given to the dying person and/or his/her family. Where there is reference to a dying patient, assume it refers to a person who is considered to be terminally ill, with six months or fewer to live.

Please circle the letter following each statement that corresponds, to your own personal feelings about the attitude or situation presented. Please respond to all 30 statements on the scale.

Positive items are scored one (strongly disagree) to five (strongly agree). Scores are reversed for negative items. Possible scores can range from 30–150. A higher score indicates a more positive attitude toward caring for this patient population.

SD = Strongly Disagree D = Disagree U = Uncertain A = Agree SA = Strongly Agree

1. Giving nursing care to the dying person is a worthwhile learning experience.	SD	D	U	A	SA
2. Death is not the worst thing that can happen to a person.	SD	D	U	A	SA
3. I would be uncomfortable talking about impending death with the dying person.	SD	D	U	A	SA
4. Nursing care for the patient's family should continue throughout the period of grief and bereavement.	SD	D	U	A	SA
5. I would not want to be assigned to care for a dying person.	SD	D	U	A	SA
6. The nurse should not be the one to talk about death with the dying person.	SD	D	U	A	SA
7. The length of time required to give nursing care to a dying person would frustrate me.	SD	D	U	A	SA
8. I would be upset when the dying person I was caring for gave up hope of getting better.	SD	D	U	A	SA
9. It is difficult to form a close relationship with the family of a dying person.	SD	D	U	A	SA
10. There are times when death is welcomed by the dying person.	SD	D	U	A	SA
11. When a patient asks, "Nurse am I dying?", I think it is best to change the subject to something cheerful.	SD	D	U	A	SA
12. The family should be involved in the physical care of the dying person.	SD	D	U	A	SA
13. I would hope the person I'm caring for dies when I am not present.	SD	D	U	A	SA
14. I am afraid to become friends with a dying person.	SD	D	U	A	SA
15. I would feel like running away when the person actually died.	SD	D	U	A	SA
16. Families need emotional support to accept the behavior changes of the dying person.	SD	D	U	A	SA
17. As a patient nears death, the nurse should withdraw from his/her involvement with the patient.	SD	D	U	A	SA
18. Families should be concerned about helping their dying member make the best of his/her remaining life.	SD	D	U	A	SA

19. The dying person should not be allowed to make decisions about his/her physical care.	SD	D	U	A	SA
20. Families should maintain as normal an environment as possible for their dying member.	SD	D	U	A	SA
21. It is beneficial for the dying person to verbalize his/her feelings.	SD	D	U	A	SA
22. Nursing care should extend to the family of the dying person.	SD	D	U	A	SA
23. Nurses should permit dying persons to have flexible visiting schedules.	SD	D	U	A	SA
24. The dying person and his/her family should be the in-charge decision-makers.	SD	D	U	A	SA
25. Addiction to pain relieving medication should not be a nursing concern when dealing with a dying person.	SD	D	U	A	SA
26. I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying.	SD	D	U	A	SA
27. Dying persons should be given honest answers about their condition.	SD	D	U	A	SA
28. Educating families about death and dying is not a nursing responsibility.	SD	D	U	A	SA
29. Family members who stay close to a dying person often interfere with the professionals job with the patient.	SD	D	U	A	SA
30. It is possible for nurses to help patients prepare for death.	SD	D	U	A	SA

Folmelt, K., American Journal Hospice Palliative Care (Vol. 8, Issue 5)
pp. 37-43, Copyright © 1991 by (SAGE Publication)
Reprinted by Permission of Sage Publications

Appendix H: Tips for Conducting a Family Conference

**After the Pre-conference, proceeds either to 2 or 3.

1. Pre-conference:

- a. Clarify conference goals and roles with the health-care team.
- b. Identify participants (health-care team, individual and family).
- c. Organize date, time and location (private space when available).

2. Conference with individual capable to make decisions and family if desired:

- a. Introduce self and others.
- b. Review meeting goals; clarify if specific decisions need to be made.
- c. Determine urgency of decision-making.
 - Establish ground rules: Each person will have an opportunity to ask questions and express views without interruption; a legal decision-maker will be identified; and the importance of supportive decision-making will be described.
- d. Review health status:
 - i. Determine what the patient and their family already know: “Tell us what you understand about your current situation.”
 - ii. Review current health status.