

## **Prerequisites for the implementation of palliative care in intensive care: a Saudi Arabian perspective**

The purpose of this scientific project is to explore the prerequisites of palliative care for critically ill patients in intensive care settings. This study will identify the professional's preconceptions and attitude towards death/dying, as well as the care of patients who are in an ICU to receive care towards the end of their life. By exploring the area and highlighting the challenges that may exist, healthcare professionals can acquire additional knowledge that will be necessary for improving care for those patients who require palliative care.

### Instructions

The survey consists of two scales: the Attitude Toward Care of the Dying Scale (FATCOD), the Professional quality of life scale (ProQOL), and demographical data. The survey will take approximately 15 minutes to fill in. Please answer as honestly and frankly as possible, by choosing one answer to each statement or question. Participation in this study is voluntary and your identity will remain anonymous. In light of this, please do not write your name in the questionnaire, to ensure your privacy anonymity. Please do not hesitate to contact me if something is unclear or clarification is needed. Your participation is much appreciated.

**Yours Faithfully**

### Part one: personal information

Please check the appropriate spaces:

1. Age: \_\_\_\_\_
2. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_
3. Religion: Muslim \_\_\_\_\_ Christian \_\_\_\_\_ Other \_\_\_\_\_
4. Nationality: Saudi \_\_\_\_\_ Other \_\_\_\_\_ (please specify)
5. Working country:
  - Saudi
  - Outside Saudi; specify \_\_\_\_\_
6. Member of SCCS
  - Yes
  - No
7. Profession:
  - Nurse
  - Physician
  - Respiratory therapist
  - Psychologist
  - Other (please specify) \_\_\_\_\_
8. Highest degree held:
  - PhD Degree
  - Master's Degree
  - Bachelor's Degree
  - High School Diploma
  - Other (please specify) \_\_\_\_\_
9. Specialist education/training
  - Critical care specialty
  - Trauma care specialty
  - None
  - Other please specify \_\_\_\_\_
10. Level of experience in the ICU
  - 0 year - 2 years
  - 2 years - 5 years
  - 6 years -10 years
  - More than 10 years
11. Type of hospital you work in
  - Ministry of health hospital
  - Military hospital
  - University hospital

- National guards' hospital
- Private hospital
- Other (please specify) \_\_\_\_

12. Type of Intensive care units (ICU) you work in

- General ICU
- Cardiac ICU
- Neuro ICU
- Intermediate ICU
- Other (please specify) \_\_\_\_

13. Language proficiencies

- English only
- Arabic only
- English and Arabic
- Other (please specify) \_\_\_\_

14. Do you hold a managerial position?

- Yes
- No (If no, please continue to question 16)

15. If yes, what type of managerial position do you hold?

- Head of ICU
- Charge of ICU
- Supervisor of ICU
- Clinic instructor of ICU
- Other (please specify) \_\_\_\_

16. Previous education on death and dying:

- I have taken a course in death and dying previously.
- I have not taken a specific course on death and dying, but material on the subject was included in other courses.
- No education dealing with death and dying was previously presented to me.

17. Do you have primarily religious or non-religious beliefs to your outlook on life?

A. I have primarily religious beliefs to my outlook of life, and

- my religious beliefs make a strong influence on my attitude toward death and dying
- my religious beliefs make a minor influence on my attitude toward death and dying
- my religious beliefs make do not influence my attitude toward death and dying.
- I have no religious beliefs

B. I have primarily non-religious beliefs to my outlook of life, and

- my non-religious beliefs make a strong influence on my attitude toward death and dying.
- my non-religious beliefs make a minor influence on my attitude toward death and dying.
- my non-religious beliefs make no influence on my attitude toward death and dying.
- I have no religious beliefs

18. Previous experience in caring for persons living close to death:

- I have previously cared for persons who are dying and their family members' previously.
- I have had no experience caring for persons who are dying and their family members previously.

19. Previous experience with loss:

- I have lost someone close to me within the past year; specify relationship:
  - Immediate family (partner, mother, father)
  - significant other
  - child
- I have no previous experience with the loss of someone close to me.

20. Present experience:

- I am presently anticipating the loss of a loved one.
- I presently have a loved one who is life-threateningly and incurably ill (life expectancy one year or less).
- I am not dealing with any impending loss at the present time.

## Part two: questions

Please select the statement that corresponds to your own personal feelings about the attitude.  
Please answer all 30 questions on the scale.

1. Giving care to the dying person is a worthwhile experience

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

2. Death is not the worst thing that can happen to a person.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

3. I would be uncomfortable talking about impending death with the dying person.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

4. Caring for the patient's family should continue throughout the period of grief and bereavement.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

5. I would not want to care for a dying person.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

6. The nonfamily caregivers should not be the one to talk about death with the dying person.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

7. The length of time required giving care to a dying person would frustrate me.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

8. I would be upset when the dying person I was caring for gave up hope of getting better.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

9. It is difficult to form a close relationship with the dying person.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

10. There are times when the dying person welcomes death.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

11. When a patient asks, "Am I dying?" I think it is best to change the subject to something cheerful.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

12. The family should be involved in the physical care of the dying person.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

13. I would hope the person I'm caring for dies when I am not present.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

14. I am afraid to become friends with a dying person.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

15. I would feel like running away when the person actually died.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

16. Families need emotional support to accept the behavior changes of the dying person.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

17. As a patient nears death, the nonfamily caregiver should withdraw from his/her involvement with the patient.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

18. Families should be concerned about helping their dying member make the best of his/her remaining life.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

19. The dying person should not be allowed to make decisions about his/her physical care.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

20. Families should maintain as normal an environment as possible for their dying member.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Strongly agree
5. Agree

21. It is beneficial for the dying person to verbalize his/her feelings.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

22. Care should extend to the family of the dying person.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

23. Caregivers should permit dying persons to have flexible visiting schedules.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

24. The dying person and his/her family should be the in-charge decision-makers.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

25. Addiction to pain relieving medication should not be a concern when dealing with a dying person.

1. Strongly disagree
2. Disagree
3. Uncertain



4. Agree
5. Strongly agree

26. I would be uncomfortable if I entered the room of a dying person and found him/her crying.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

27. Dying persons should be given honest answers about their condition.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

28. Educating families about death and dying is not a nonfamily caregiver responsibility.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

29. Family members who stay close to a dying person often interfere with the professional's job with the patient.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

30. It is possible for nonfamily caregivers to help patients prepare for death.

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

