

Attitude and Perceived Competence in Working with Death: A Study of Chinese Health Care Providers

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Study Purpose

To describe death attitudes and death competency of Chinese health care providers and how they are related to PELC experience and training

BACKGROUND

Background

Palliative care: new specialty in China

training professionals on IDT is a primary task

Comfort working with patients at end of life:

important for providing quality care

Definitions

Death Attitude

Includes: death acceptance, death avoidance, fear of death.

Death Competence

Skill encompassing emotional and cognitive competency that enables service providers to tolerate and manage their own and their clients' issues relating to dying, death, and bereavement.

(Neimeyer, 2015)

Studies in U.S. and Western Europe show:

MORE EDUCATION



Lower death anxiety

Higher death competence

when providing care for
terminally ill patients

SUGGESTED:

PELC education to help health care providers cope with
negative attitudes toward end-of-life care.

(Schmit et al., 2016; Thiemann et al., 2015; Wessel & Rutledge, 2005; Erb, 2002)

Few studies on death attitude and death competence among Chinese health care providers.

- The positive effects of training on self-competence in death work were maintained at the 3-month follow-up.
- Nurse with more education experienced less anxiety when providing EOL care.
- Suggested that education programs on hospice care could be strengthened to help nurses cope with negative attitudes toward EOL care.

(Ho et al., 2017; Yang et al., 2017)

Study aims are to describe:

1. Level of Death Attitude and Death Competence in Chinese health care providers



**Death
Attitude**



**Death
Competence**

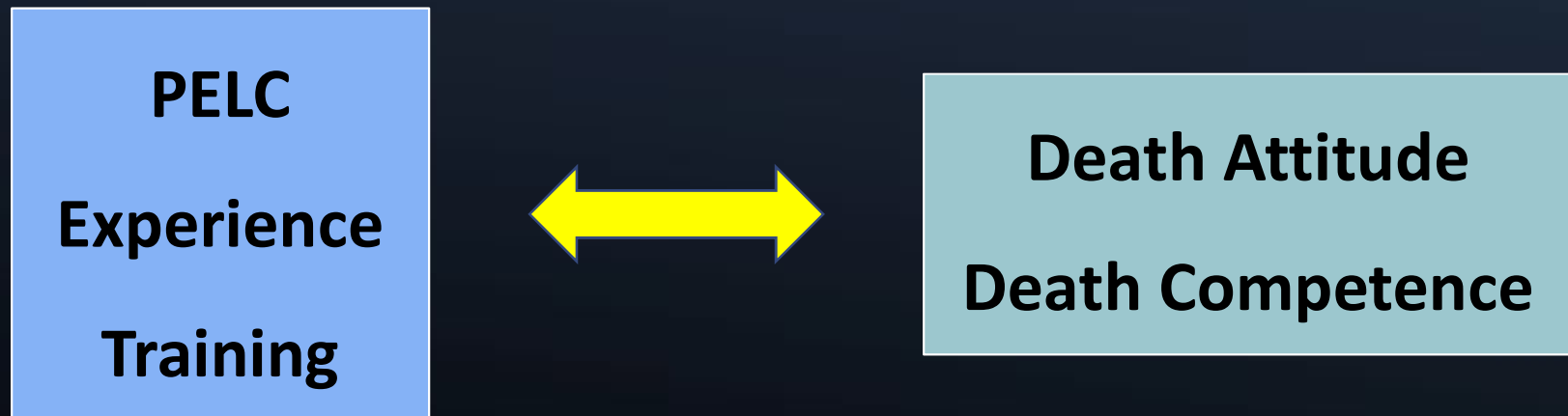
Study aims are to describe:

2. Relationship between Death Attitude and Death Competence



Study aims are to describe:

3. Relationship between PELC Experience and Training with Death Attitude and Death Competence



Study aims are to describe:

4. PELC Knowledge and Skill Level

**PELC
Knowledge
And
Skills
*SELF-RATING***

**PELC
Education
and
Training
*WANT***

METHODS

Study Design

cross-sectional study

MAY 2017						
M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE 2017						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

JULY 2017						
M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	21	22	23	24	25
27	27	28	29	30	31	

Self-administered questionnaire

Sample

Sampling Plan:

Convenience sample

Study Population:

Participants in two PC training programs in China

N = 322

Measures

Death Attitude Profile-Revised

32 items

Five Dimensions

- Fear of Death (7 items)
- Death Avoidance (5 items)
- Neutral Acceptance (5 items)
- Approach Acceptance (10 items)
- Escape Acceptance (5 items)

strongly disagree = 1 to strongly agree = 7

(Gesser, Wong, & Reker, 1987-1988; Wong, Reker & Gesser, 1994)

Coping with Death Scale

30 items, Likert Scale:

Don't agree at all = 1 to Agree completely = 7

Two factors:

- Coping with one's own death
- Coping with the death of others

(Bugen, 1980-1981; Robbins, 1990-1991)

PELC Experience

Experience working or volunteering in PELC

- Duration
- # end-of-life patients cared for
- % of current job/volunteer work w/ terminally ill/dying pts

Prior PELC training

- Type
- # of hours

Adequacy of training to work with dying patients

How well understands philosophy of hospice care

PELC Knowledge and Skills

11 items

- Managing pain, physical sx, emotional sx
- Communication with patient and family
- Legal, ethical, spiritual issues

2 Questions for each item:

1. Self-rated knowledge & skills
2. How much more education & training wanted

Sociodemographic Characteristics

Gender

Age

Educational attainment

Ethnicity

Income

Religious affiliation

Religiosity/spirituality

FINDINGS

Sample

PROFESSION	N	%
Nurses	140	44%
Social Workers	72	22%
Physicians	66	21%
Other	44	13%

Age: 33.6 ± 8.7 (range 19 - 58)

Female 84%

Education attainment

- HS or GED (5%)
- Associate or Vocational degree (28%)
- Some college / Bachelor's degree (45%)
- Graduate degree (22%)

Has a religious affiliation: 28%

Religious/spiritual: Deeply/Fairly 64%

Slightly/Not at all 36%

Death Attitude

	Mean	SD
Fear of Death	3.7	1.2
Death Avoidance	3.6	1.4
Neutral Acceptance	5.5	0.9
Approach Acceptance	3.8	1.2
Escape Acceptance	3.8	1.3

strongly disagree = 1
to
strongly agree = 7

Death Competence

M=135.7 (23.2)

possible range 30 - 210

A moderate level of perceived competence
in
coping with death

Death Attitude & Death Competence

	Death Avoidance	Neutral Acceptance	Approach Acceptance	Escape Acceptance	Death Competence
Fear of death	.62***	-.02	.17**	.26***	-.10
Death Avoidance		-.05	.22***	.26***	-.15**
Neutral Acceptance			.15**	.26***	.44***
Approach Acceptance				.66***	.43***
Escape Acceptance					.26***

Significant correlation

Death Attitude & Death Competence with PELC Experience

	PELC experience				p value
	Yes		No		
	MEAN	SD	MEAN	SD	
Fear of death	3.6	1.1	3.8	1.2	0.28
Death avoidance	3.4	1.4	3.9	1.3	<.01
Neutral Acceptance	5.6	0.8	5.3	1.0	<.01
Approach Acceptance	4.1	1.2	3.5	1.2	<.001
Escape Acceptance	3.9	1.2	3.7	1.4	0.11
<i>Death Competence</i>	141.6	20.6	128.0	23.7	<.001

Death Attitude & Death Competence with PELC Training

	PELC Training				p value
	Yes		No		
	MEAN	SD	MEAN	SD	
Fear of death	3.6	1.1	3.8	1.2	0.28
Death avoidance	3.5	1.4	3.9	1.3	<.05
Neutral Acceptance	5.5	0.9	5.3	1.0	<.05
Approach Acceptance	4.0	1.2	3.5	1.2	<.01
Escape Acceptance	3.9	1.3	3.7	1.4	0.14
<i>Death Competence</i>	139.0	21.6	128.0	24.0	<.001

Death Attitude & Death Competence with Amount of Experience

	# months PELC work/volunteer (n=105)	# EOL patients cared for (n=145)	# hours PELC prior training (n=185)
Fear of death	-.21	-.14	-.15
Death Avoidance	-.27	-.30	-.40
Neutral Acceptance	.19	.31	.33
Approach Acceptance	.07	-.03	.06
Escape Acceptance	.09	-.04	.08
Death Competence	.31	.28	.40

PELC Knowledge and Skill

1= None/Almost none

2= Low

3= moderate

4= High

My knowledge and skill level on this topic	MEAN	SD
Communication with a dying patient and family	2.4	.8
Management of pain	2.4	.8
Management of depression & other emotional distress	2.4	.8
Management of fatigue, dyspnea, & other physical sx	2.4	.8
Shared decision-making with patient and family	2.4	.8
Resolving family conflict related to the dying patient	2.2	.8
Bereavement support	2.2	.8
Addressing spiritual issues with a dying patient & family	2.1	.9
Ethical issues related to dying patients	2.1	.8
Working with dying children and adolescents	2.0	.8
Legal issues related to hospice care	2.0	.8

More PELC education and training wanted

1= None

2= A little more

3= A lot more

How much more knowledge and skills want	MEAN	SD
Management of depression and other emotional distress	2.7	.5
Working with dying children and adolescents	2.7	.5
Management of pain	2.7	.5
Management of fatigue, dyspnea, & other physical sx	2.6	.5
Communication with a dying patient & family	2.6	.6
Bereavement support	2.6	.6
Legal issues related to hospice care	2.6	.6
Shared decision-making with patient and family	2.6	.6
Ethical issues related to dying patients	2.6	.6
Resolving family conflict related to the dying patient	2.6	.6
Addressing spiritual issues with a dying patient & family	2.5	.7

DISCUSSION

Summary: Study Aim 1

Level of Death Attitude and Death Competence

DEATH ATTITUDE

Highest agreement

- Neutral Acceptance

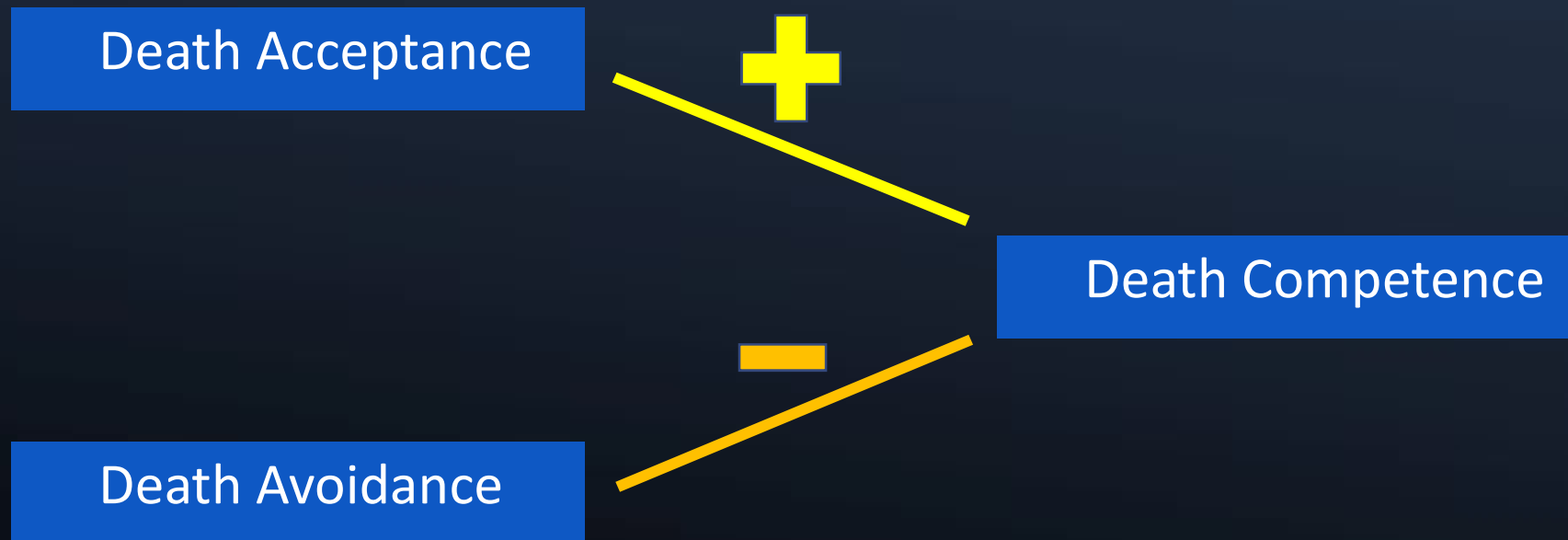
Neither agree nor disagree:

- Fear of Death
- Death Avoidance
- Approach Acceptance
- Escape Acceptance

DEATH COMPETENCE

Moderate level

Summary: Study Aim 2
Relationship between Death Attitude
and Death Competence



Summary: Study Aim 3

Relationship between PELC Experience and Training with Death Attitude and Death Competence

Those with PELC Experience and Training had:

Higher score on:

- Neutral Acceptance
- Approach Acceptance
- Death Competence

Lower score on:

- Death Avoidance

Summary: Study Aim 4

Describe PELC Knowledge and Skill Level and
Education and Training Wanted

Self-Rated Knowledge
and Skill Level

Low

Education and Skill
Training Wanted

Moderate to A Lot

Limitations & Strengths

Limitations

- Cross-sectional study
- Not representative sample
- Scales need to be culturally adapted

Strengths

- First study of Chinese PELC workers/volunteers on death attitude and competence
- Big sample size
- Shed light on future practice and research

Implications for Practice and Research

Develop & evaluate training programs/curriculum

- Improve death attitude and death competence
- To provide quality care for PELC patients and family
- Culturally sensitive

For

- Graduate social work, medical, nursing
- Qualification training (licensing)
- Continuing education
- Volunteers

Thank You

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