

# **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**



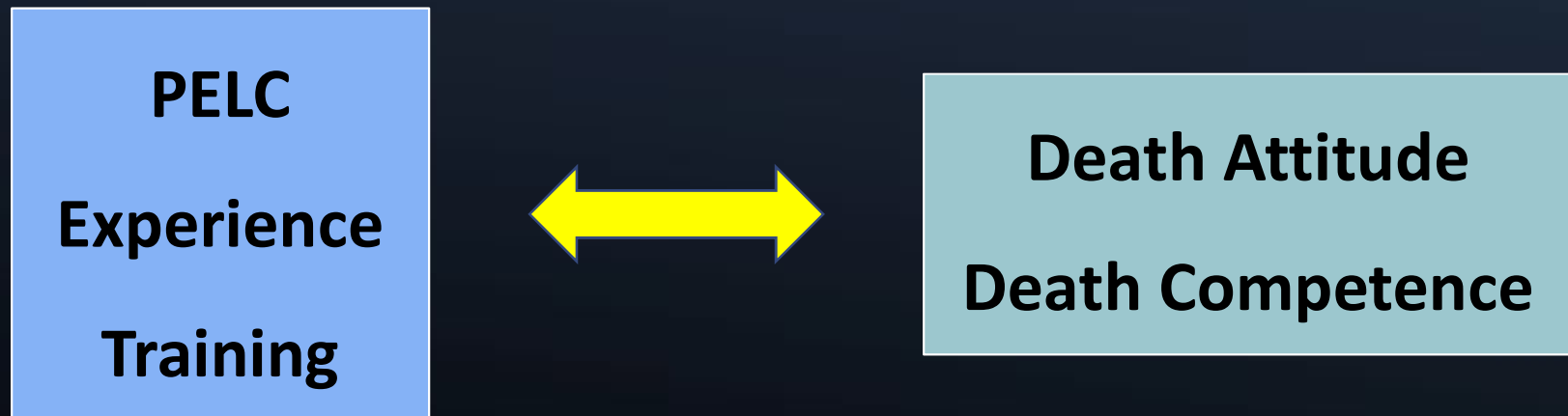
Study aims are to describe:

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:  $33.6 \pm 8.7$  (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	<b>.62***</b>	-.02	<b>.17**</b>	<b>.26***</b>	-.10
Death Avoidance		-.05	<b>.22***</b>	<b>.26***</b>	<b>-.15**</b>
Neutral Acceptance			<b>.15**</b>	<b>.26***</b>	<b>.44***</b>
Approach Acceptance				<b>.66***</b>	<b>.43***</b>
Escape Acceptance					<b>.26***</b>

***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	<b>&lt;.01</b>
Neutral Acceptance	5.6	0.8	5.3	1.0	<b>&lt;.01</b>
Approach Acceptance	4.1	1.2	3.5	1.2	<b>&lt;.001</b>
Escape Acceptance	3.9	1.2	3.7	1.4	0.11
<b><i>Death Competence</i></b>	141.6	20.6	128.0	23.7	<b>&lt;.001</b>

# 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
<b><i>Death Competence</i></b>	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	<b>-.21</b>	-.14	<b>-.15</b>
Death Avoidance	<b>-.27</b>	<b>-.30</b>	<b>-.40</b>
Neutral Acceptance	.19	<b>.31</b>	<b>.33</b>
Approach Acceptance	.07	-.03	.06
Escape Acceptance	.09	-.04	.08
<b>Death Competence</b>	<b>.31</b>	<b>.28</b>	<b>.40</b>

# PELC Knowledge and Skill

**1= None/Almost none**

**2= Low**

**3= moderate**

**4= High**

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

# More PELC education and training wanted

**1= None**

**2= A little more**

**3= A lot more**

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

# DISCUSSION



Summary: Study Aim 1

Level of Death Attitude and Death Competence

### **DEATH ATTITUDE**

Highest agreement

- Neutral Acceptance

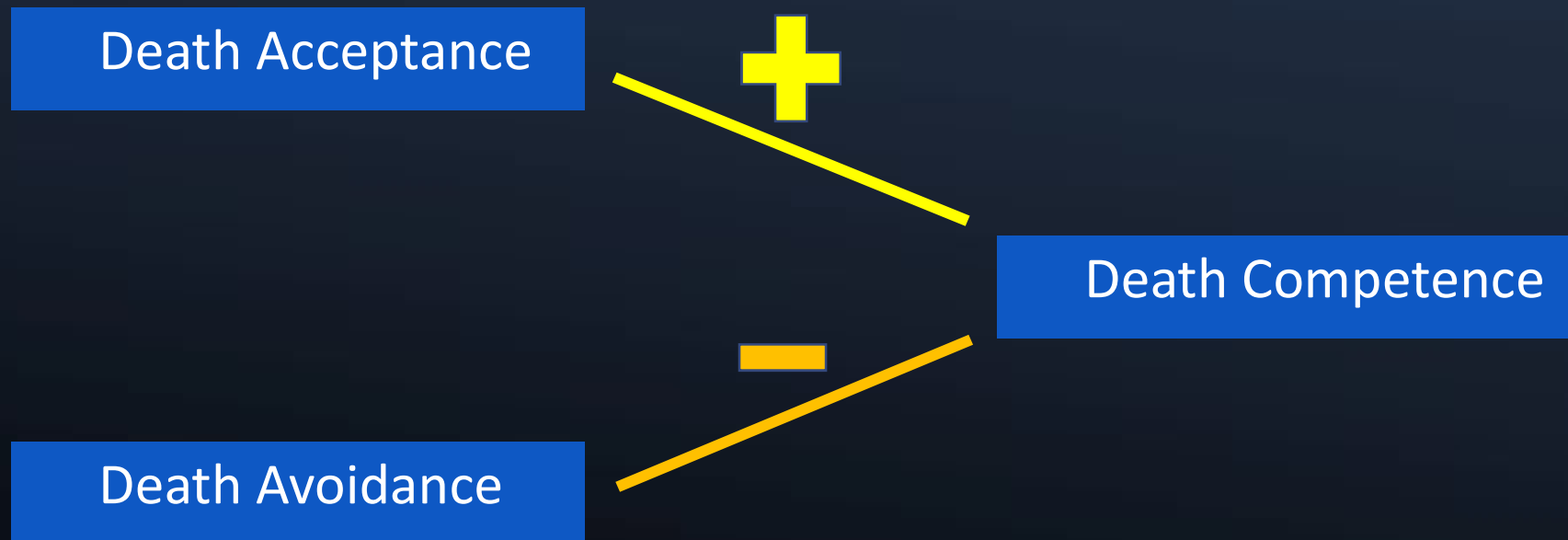
Neither agree nor disagree:

- 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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