

Survey and the Current Status of Awareness of Hospice Care among Nursing Medical Students

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Abstract: With the development of the times, the medical model is shifting towards a "biological spiritual social" medical model. The new medical model suggests that diseases are a common phenomenon in social life, closely related to social and psychological factors. Therefore, diseases are seen as comprehensive symptoms that arise in the body after a combination of multiple factors. The transformation of this model has prompted people to reflect on traditional medicine and reflect on the true needs of life. In this context, soothing therapy and palliative care have emerged. After more than half a century of development, palliative medicine has formed a relatively complete system. Many countries have combined grassroots health services with rehabilitation nursing to form innovative rehabilitation nursing models, and these experiences have reference significance for people. This study aims to review and evaluate these achievements, and compare them with the situation in China, providing reference for the development of hospice care in China. The experimental results show that 35% of students believe they understand the psychological impact of illness, and only 5% of students believe they can provide good end-of-life care. There is a certain degree of insufficient awareness among nursing medical students.

1. Introduction

Against the backdrop of China's increasingly aging population, hospice care has become an important guarantee for improving the quality of life of end-stage patients, and the demand is constantly increasing, which has become a widely valued issue in the whole society. Palliative therapy is a comprehensive work, and through general education, it can enhance public awareness and understanding of palliative therapy, allowing more people to understand, accept, and participate in it. The development of knowledge and skills in palliative care has made traditional indoctrination teaching methods no longer suitable for practical needs, and there is an urgent need to innovate

palliative care education strategies. This article analyzes the current situation of general education in hospice and nursing in China, and proposes an innovative education and evaluation system for general education in hospice and nursing. With diverse educational content and methods, it strengthens the training of medical staff, promotes the diversity of student groups, and enhances the public's knowledge of hospice and nursing. It provides ideas and suggestions for the development of general education in hospice and nursing.

2. Related Works

Experts have long conducted specialized research on the popularity of hospice care knowledge among different populations. Liu J investigated the cognitive level and influencing factors of end-of-life care among elderly people aged 60 and above. The results showed that elderly people in the community have lower awareness of end-of-life care, and those with lower education levels, living alone, and fear of discussing death have lower awareness. He suggests strengthening public medical education and training to enhance the awareness of end-of-life care among this group [1]. Tobin J systematically synthesized literature on inequality in palliative care, focusing on demographic characteristics such as diagnosis, age, gender, marital status, race, region, and socio-economic status. The results indicate that there is inequality among the population of palliative care, with lower rates of access to palliative care for non-cancer patients, elderly people, ethnic minorities, and those living in rural or impoverished areas. There is limited literature on LGBTQ+(Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others) [2]. Cardenas V aimed to provide a comprehensive overview of the assessment of Hispanic understanding and attitudes towards palliative care, barriers and promoting factors in the use of palliative care, usage patterns, and outcomes related to palliative care. Out of the 4841 abstracts reviewed, 41 peer-reviewed articles met the inclusion criteria. These studies mainly reported that Hispanics have a lower level of understanding and awareness of palliative care, and compared to white people, the use and outcomes of palliative care are mixed [3].

Fan S Y explored the predictive factors and coping strategies for occupational burnout and empathy satisfaction among Taiwanese hospice workers. The results showed that individuals who felt greater pressure from hospice care, lacked a sense of growth and self-efficacy, had higher levels of occupational burnout and lower levels of empathy satisfaction. Meanwhile, individuals with weaker self-awareness and emotional management abilities also tend to experience occupational burnout. Common coping strategies include seeking social support, participating in professional courses, and developing hobbies [4]. Teno J M evaluated the trend of care locations for medical insurance deceased before joining hospice care. The results showed that the proportion of transitioning from community to hospice care remained stable, but slightly decreased after adjustment. In 2018, there were differences in the care locations and states for patients with different diagnoses [5]. Khosla N explored the understanding and attitudes of young people towards end-of-life care. Focus group discussions showed that most participants believe that maintaining patient comfort is crucial when facing incurable and deadly diseases. However, many people are not familiar with the concept of end-of-life care and hold opposing attitudes towards it, mainly due to their desire for normal life, cultural differences, environmental concerns, and preference for dying at home [6].

Cloyes K G investigated the perceptions, specific needs, and best nursing and communication practices of palliative care team providers towards LGBTQ+patients and caregivers. The results showed that the majority of participants believed that LGBTQ+status should not be the standard for providing special end-of-life care, but should be treated equally. Although it is more acceptable for patients with homosexuality or heterosexuality, the acceptance of individuals with transgender and

gender diversity is lower, and their nursing experience is limited [7]. Back A explored the public's attitudes and perceptions towards these forms of care, as well as methods to enhance public awareness through the use of evidence-based information dissemination principles. Through sharing experiences and worksheets, participants are helped to improve their public information dissemination methods to promote effective public participation [8]. Breyre A M explored the use of emergency medical services by hospice and comfort care patients in Alameda County, California. The results showed that out of 237493 emergency medical services, 0.2% involved patients receiving hospice and comfort care. The most common source of calls is private residences, with main impressions including respiratory discomfort and changes in mental state. Most patients were sent to the hospital, and a few died on site [9]. Beltran S J conducted semi-structured interviews with 13 Hispanic individuals aged 65 and above or their representatives and found that palliative care is not a universally understood or sought after care method in the Hispanic community, but rather a means of accessing services [10]. According to Osakwe Z T's survey, key factors in establishing collaborative relationships between nursing schools and clinical institutions include increasing nursing professional awareness of palliative care, building relationships with managers, going beyond emergency care collaboration, providing incentives, and developing opportunities for both direct and indirect nursing experiences. These findings provide important insights for cultivating nurses with palliative care clinical abilities [11].

Chen C investigated the reasons and decision-making process of end-of-life patients and their families choosing end-of-life care units in Shanghai. Through mixed methods research, including cross-sectional surveys and descriptive qualitative studies, it was found that family led discussions were the main decision-making mode, and the most common reason for choice was the inability to find other hospitals. The research results also revealed the important role of families in the decision-making process, as well as their ways of understanding end-of-life care wards and discussion decision-making patterns [12]. Vanderstichelen S evaluated the recognition, coverage, and influence of *the Madrid Charter* issued by the European Palliative Care Association in the field of end-of-life care and palliative care. The survey results show that the Charter occupies a dominant position in word-of-mouth communication. Although 64% of respondents have heard of the Charter, only 30% have used it. Most respondents believe that the Charter lacks practical application and cannot support immediate changes in volunteer service practices, but may require long-term support for change [13].

Nair M aimed to explore the views of Indian pediatricians on end-of-life care, emphasizing the challenges and opportunities faced in strengthening end-of-life care for children [14]. Latimer A aimed to evaluate the ethical dilemmas of palliative care and end-of-life care social workers during COVID-19 and describes the main scenarios. 81.4% of participants experienced moral distress, mainly due to strict visitation policies and systemic standards, which affected best practices and personal work responsibilities [15]. Noh H investigated the awareness rate of end-of-life care among rural residents in the Black Belt region of Alabama and its relationship with health and social determinants. The results showed that the majority of participants were aware of end-of-life care, with older individuals being more likely to be aware. Housing stability and health literacy are positively correlated with awareness rates, while social isolation is negatively correlated with awareness rates. This indicates that when raising awareness of end-of-life care, the influence of age and social determinants should be considered [16]. The existing survey on the awareness of hospice care may have shortcomings, including sample selection bias, incomplete questionnaire design, and inaccurate data analysis methods, all of which may affect the objectivity and reliability of the survey results.

3. Methods

3.1 Materials and Methods

A cross-sectional study was conducted on nursing medical students and individuals engaged in other professions from February to March 2022 at A City Medical College.

Admission criteria for nursing medical students: full-time undergraduate students; nursing major

Exclusion criteria for nursing medical students: non nursing interns from hospital; nursing interns who terminate clinical internships; the questionnaire was incomplete [17].

3.2 Investigation Methods

(1) Baseline data survey

A basic information questionnaire was prepared by the head of hospice care in City A and specialized nurses based on clinical experience, including gender, internship duration, whether the school offers hospice care courses, the types of courses offered by the school, whether they have participated in hospice care training, training duration, whether they have taken care of seriously ill patients at home, whether they have experienced important family and friend deaths, whether they are willing to work in hospice wards, and whether they are willing to participate in volunteer services for hospice care.

(2) Assessment of knowledge, belief, and practice abilities in hospice care

The paper used a questionnaire on knowledge, attitudes, and behaviors related to hospice care, with a Cronbach's a coefficient of 0.811. The questionnaire included 45 items in three dimensions: knowledge, attitude, and behavior. Among them, there were 20 items in the knowledge dimension, with 0 and 1 points for each item, resulting in a total score of 20 points. The higher the score, the better the mastery of hospice care knowledge; The attitude dimension consists of 17 items, with each item scoring 1-5 points and a total score of 85 points. The higher the score, the more positive the attitude towards hospice care; The behavioral dimension consists of 8 items, with each item scoring 1-5 points and a total score of 40 points. The higher the score, the better the practical behavior towards hospice care.

The paper can use the Wenjuanxing platform for online surveys, and the investigators can distribute QR codes and provide instructions for filling out the questionnaire. Interns are required to independently complete the questionnaire based on their personal situation, collect the questionnaire, and carefully check its completeness and authenticity. A total of 500 questionnaires were distributed, and 484 valid questionnaires were collected, with an effective response rate of 96.8% (484/500).

4. Results and Discussion

The data collection method is mainly responsible for distributing and collecting questionnaires by three graduate students. Before the investigation, all investigators undergo unified training to clarify the investigation content and methods. This article adopts a unified guiding language to introduce the purpose and significance of this study to the survey subjects, and follows the principle of confidentiality. Participants who have difficulty filling out the questionnaire are patiently explained, and data is collected through a question and answer method. Each questionnaire takes approximately 5-10 minutes. Statistical methods were used for data processing and analysis using SPSS 22.0 software. Count data is expressed in frequency and percentage.

4.1 Current Situation of Residents' Awareness and Cognition of Hospice Care

Based on the data provided in Table 1, the experiment compared and analyzed the cognitive status of residents with different demographic characteristics towards hospice care. Firstly, in terms of gender, the awareness rate of males is 49.8%, while that of females is 71.3%, indicating a significant difference ($\chi^2=27.77$, $p<0.01$). Secondly, in terms of age, residents under the age of 30 have the highest awareness rate at 76.0%, while residents between the ages of 41 and 50 have the lowest awareness rate at only 45.6%. Among different occupational groups, medical staff have the highest awareness rate, reaching 89.7%, while farmers/herders have the lowest awareness rate, only 26.7%. In addition, education level has a significant impact on the understanding of hospice care, with only 40.8% of people with high school education and below having a knowledge rate, while the knowledge rate of people with graduate education and above is as high as 93.1%. However, in terms of religious beliefs, there was no significant difference in the perception of hospice care among residents of different religious beliefs ($\chi^2=7.4$, $p>0.05$). Overall, gender, age, occupation, and education level have a significant impact on the cognition of hospice care, while religious beliefs do not show significant differences.

Table 1: Comparison of Cognitive Status of Residents with Different Population Characteristics towards Palliative Care (%)

Project	n	Number of people who know	Awareness rate(%)	χ^2	P
Gender					
Male	209	104	49.8	27.77	<0.01
Female	275	196	71.3		
Age (years)					
< 30	121	92	76	35.31	<0.01
31~40	106	70	66		
41~50	114	52	45.6		
51~60	69	38	55.1		
>60	74	41	55.4		
Occupation					
Cadre	100	61	61	83.9	<0.01
Labourer	87	47	54		
Farmer/Herdsman	90	24	26.7		
School student	22	13	59.1		
Medical personnel	107	96	89.7		
Others	78	41	52.6		
Academic qualifications					
High school and below	201	82	40.8	54.56	<0.01
University (speciality and undergraduate)	254	180	70.9		
Graduate or above	29	27	93.1		
Religion					
No	347	215	62	7.4	>0.05
Buddhism	78	38	48.7		
Islam	56	33	58.9		
Christian	3	2	66.7		

4.2 Comparison between Students and Medical Staff

Table 2: Comparison of hospice care behaviors among nursing medical students and scores of medical staff in hospice care institutions

Entry	Doctors and nurses	Nursing medical students	t	p
1. In the case of a life-threatening, irreversible patient, you will initiate discussions with the patient and his/her family about issues related to death.	3.45 ±0.85	3.12 ±1.30	7.235	<0.001
2. Volunteer to refer terminally ill patients and family members to medical facilities for terminally ill patients and families.	3.35 ±0.95	2.76 ±1.33	8.893	<0.001
3. Proactively communicate with the patient's family so that they will respect the patient's wishes.	3.65 ±0.85	3.38 ±1.10	4.546	<0.001
4. Relieve the pain and discomfort of the dying patient.	4.05 ±0.75	4.00 ±0.85	0.981	0.4118
5. Patient's pain evaluation.	3.95 ±0.85	4.30 ±0.70	0.872	<0.001
6. Reduction of non-essential medical costs.	3.85 ±0.85	3.97 ±0.88	2.885	0.00399
7. Meeting the physical and psychological needs of the terminally ill patient.	3.95 ±0.75	4.15 ±0.80	5.118	<0.001
8. Instructions to the patient and family members on expected death procedures.	3.75 ±0.85	3.48 ±1.15	3.159	0.0031
9. Instructing family members to provide care that is beneficial to the terminally ill patient.	3.85 ±0.75	4.00 ±0.90	2.893	0.0038
10. To be aware of the wishes and suffering of the family members in order to provide assistance.	3.85 ±0.75	3.90 ±0.95	1.438	0.171
11. Establish good relationships with family members.	4.05 ±0.75	3.85 ±1.00	3.368	0.001
12. Coordination of medical, social, psychological and spiritual media resources.	3.55 ±0.95	3.66 ±1.05	2.101	0.0411
13. Provide assistance to families at high risk of grief to better navigate the grieving process.	3.75 ±0.85	3.65 ±1.00	0.122	0.899
14. Counselling for family members in the handling of the body and for the conduct of the funeral.	3.45 ±0.95	3.52 ±1.15	1.379	0.168
Total scale score	52.50 ±9.50	47.50 ±10.00	8.345	<0.001
Mean score for entry	3.75 ±0.85	3.38 ±0.70	7.733	<0.001

Based on the data in Table 2, the paper conducted a comparative analysis of the scores of nursing medical students and medical staff in hospice care institutions in terms of hospice care behavior. Firstly, among all 14 hospice behaviors, nursing medical students scored lower than medical staff in hospice institutions, indicating that their behavior in hospice care is generally poor. This may be

related to the insufficient understanding of hospice care concepts and skills among nursing medical students. Specifically, nursing medical students scored relatively high in patient pain assessment (item 5), reducing unnecessary medical expenses (item 6), meeting the physiological and psychological needs of terminally ill patients (item 7), guiding family members to provide beneficial care for terminally ill patients (item 9), understanding family members' wishes and pain in order to provide assistance (item 10), coordinating medical, social, psychological, and mental media resources (item 12), and providing counseling for family members in handling bodies and holding funerals (item 14). This may reflect that nursing medical students have a certain understanding and practice of directly participating in patient care, but there are shortcomings in more complex aspects such as communicating with family members and reducing medical costs. In addition, by comparing the total score of the scale and the average score of the items, it can be seen that the overall score of nursing medical students is also significantly lower than that of medical staff in hospice care institutions, indicating that the overall level of nursing medical students in hospice care behavior is relatively low. In summary, there is significant room for improvement in the behavior of nursing medical students in hospice care. It is necessary to strengthen the training of relevant theoretical knowledge and practical skills, and improve their comprehensive literacy and practical ability in hospice care work.

4.3 Evaluation of Nursing Medical Students' Awareness of Hospice Care from Different Perspectives

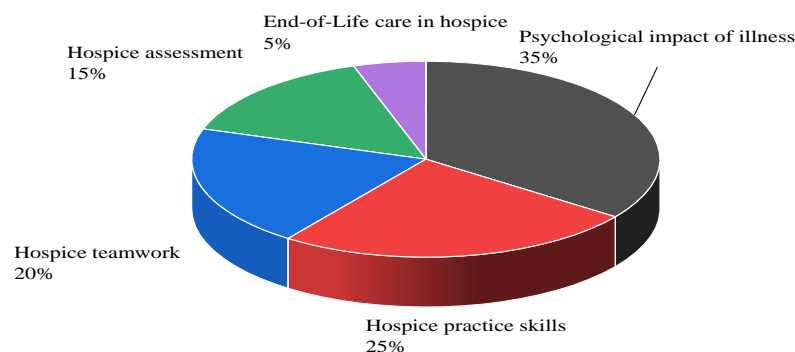


Figure 1: Self-evaluation of awareness of hospice care among nursing medical students

In the experiment shown in Figure 1, nursing medical students evaluated their awareness of hospice care. The results showed that 35% of students believed they understood the psychological impact of the disease, 25% of students were confident in mastering practical skills in palliative care, and 20% of students felt they were good at teamwork. Only 15% of students self-evaluate their condition as understanding hospice care, and only 5% of students believe they can provide good end-of-life care. This indicates that although some students have a certain understanding of hospice care, there is still room for improvement in practical skills and end-of-life care, and relevant training and education need to be strengthened.

According to the experimental results in Figure 2, it can see that there are certain differences in the awareness of hospice care among nursing medical students. Among them, 30% of students know the definition of palliative care, 25% understand its purpose, 20% understand its principles, and 15% understand its implementation methods, while only 10% of students recognize the importance of palliative care. This indicates that there is a certain degree of insufficient awareness among nursing medical students, especially in recognizing the importance of palliative care, which needs to be strengthened.

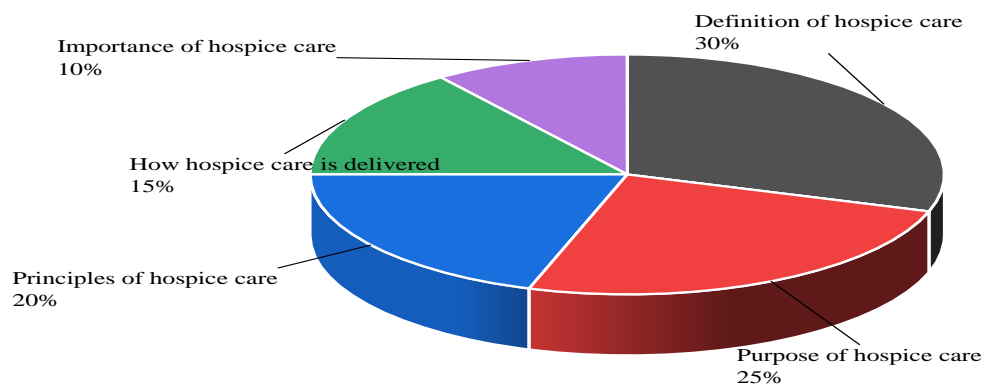


Figure 2: Survey of awareness of hospice care among nursing medical students

5. Conclusions

With the aging population and the increase in chronic diseases, the demand for palliative care is becoming increasingly prominent. Palliative care, as an end-stage care approach that focuses on providing comfort and dignity, is of great significance to patients and their families. However, the level of education and awareness of hospice care among nursing medical students in their professional training is not yet clear. Therefore, this study aims to investigate and analyze the awareness of hospice care among nursing medical students, in order to provide guidance and improvement suggestions for future nursing education and practice. In the current survey and analysis of the awareness of hospice care among nursing medical students, the papers have identified some key issues and trends. Although nursing students have shown positive cognition and behavior towards palliative care in certain aspects, there are still some challenges and areas for improvement that are worth paying attention to. Firstly, although most nursing students recognize the importance of palliative care in the management of end-stage diseases, in practice, they still need to improve their ability to engage in in-depth discussions and communication with patients and their families.

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