

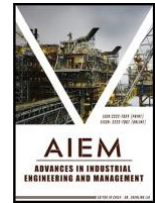


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REVIEW ARTICLE

INVESTIGATION AND CORRELATIVE FACTORS ANALYSIS OF HOSPICE COGNITION AND ACCEPTANCE DEGREE OF COMMUNITY RESIDENTS IN NANHU DISTRICT OF JIAXING CITY

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ABSTRACT

Objective: To investigate the community residents' cognition and acceptance of hospice in Nanhu District of Jiaxing city, and to provide evidence for the way and direction of hospice community publicity. **Methods:** Using convenient sampling method, the questionnaire was prepared by the residents of three communities in Jiaxing city. **Results:** A total of 74 questionnaires were collected, 70.27% of which did not know about hospice care. 71.62% of the surveyed residents accepted hospice care; Residents of different ages have different understandings of the service target and connotation of hospice. Compared with younger residents, > 50 years old residents have less understanding of the connotation of hospice service, including pain control, spiritual care and social support ($X^2=0.155, P=0.020$); The higher the education level, the higher the proportion of residents who agreed that hospice included spiritual care ($X^2=0.001, P=0.002$), and the higher the proportion who agree that hospice includes hospice care ($X^2=0.040, P=0.033$). **Conclusion:** At present, the community residents in Nanhu District of Jiaxing city have low awareness and high acceptance of hospice care.

KEYWORDS

Hospice care, community, cognition

1. INTRODUCTION

Hospice care refers to providing physical, psychological and spiritual care and humanistic care for terminally ill or elderly patients before they die, controlling pain and discomfort symptoms, improving life quality, and helping patients to die comfortably, peacefully and with dignity (Tang, et al., 2015; Guan 2022). With the increasing aging of the society, the attention and demand for hospice care are increasing. As the second batch of hospice pilot areas in China, Jiaxing has set up hospice centers. However, the public's cognition and acceptance of hospice in the community is the key factor for the smooth development of the pilot work. Only by developing community hospice service can hospice be popularized by the public. The purpose of this study was to investigate the community residents in Nanhu District, Jiaxing City, to understand the current status of residents' cognition and acceptance of hospice, and to analyze the influencing factors, so as to provide a basis for the development of community hospice services.

2. OBJECT AND METHOD

2.1 General information

Using convenient sampling method, the residents of Baimiao community, Heyuan community and Jinsui Yueliangwan community in Nanhu District of Jiaxing city were selected as the investigation objects. Inclusion criteria: ① Have lived in Jiaxing for more than 2 years; ② Over 18 years old; ③ Clear consciousness, with a certain understanding, thinking, expression ability; ④ Informed consent, voluntary participation in this investigation. Exclusion criteria: ① Hospice care professionals; ② Dyslexia or mental disorders; ③ Unwilling to participate in the survey.

2.2 Method

By referring to the literature related to community hospice cognition and the content of hospice research project in Wuhan Geriatric Hospital, questionnaire star was used to make questionnaire. The contents of the questionnaire include: ① The general situation of the residents; ② Understanding of hospice care; ③ Acceptance of hospice; ④ Attitudes towards illness and death.

2.3 Statistical analysis

SPSS22.0 was used for statistical analysis. Chi-Squared Test was used to discuss residents' understanding and acceptance of hospice care. $P < 0.05$ was considered to be statistically significant.

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3. RESULT

A total of 74 people were investigated, of which 22 were males, accounting for 29.73%, 52 were females, accounting for 70.27%, 9.46% were middle-aged and elderly people over 50, and 4.05% were elderly

3.1 The general situation of the respondents

Table 1: The general situation of the respondents

Item	Options	N	%
Age	20-29 years old	37	50
	30-49 years old	27	36.5
	Over 50 years old	10	13.5
Sex	Male	22	29.70%
	Female	52	70.30%
Educational level	Junior high school and below	7	9.5
	Technical/vocational/high school	11	14.9
	Junior college	23	31.1
	Bachelor degree or above	33	44.6
Average monthly income	<7000 yuan	51	68.9
	7000~15000 yuan	15	20.3
	Over 15000 yuan	8	10.8
Whether they are practitioners in medical institutions	No	69	93.2%
	Yes	5	6.80%
Religious belief	Buddhism	12	16.2
	Christianity	2	2.7
	Other	3	4.1
	No religion	57	77

people over 70. See Table 1 for details.

3.2 Survey respondents' knowledge of hospice care

Among the surveyed population, 52 (70.27%) did not know hospice care; 22 (29.73%) had heard of hospice. Among them, 63.64% of residents use the Internet as a way to learn, which is the most common. The proportion of practitioners in medical institutions who learned about hospice care through hospital publicity/hospital outpatient clinics and public accounts, community science popularization and education/free clinic, medical lectures/academic conferences, medical books and papers was higher than that in non-medical institutions, with statistical significance (see Table 2); 75.68% of residents believed that the most in need of hospice care were terminally ill and irreversible patients, the second is patients with serious diseases who cannot afford curative treatment and explicitly refuse curative treatment, and patients who are critically ill, the risks and pain of continuing curative treatment significantly outweigh the benefits, and who explicitly refuse curative treatment; Hospice care and psychological support were the most recognized service contents of hospice care by residents, accounting for 78.38%; The outcome of hospice care most recognized by the residents was that the patients died comfortably and peacefully in the hospital or respected the patients' request of dying at home and discharged them, accounting for 64.86%; The most widely recognized meaning of hospice care is to relieve the physical and mental pain of dying patients, accounting for 83.78%.

3.3 Acceptance of hospice care

Among the surveyed population, 53 people received hospice care, accounting for 71.62%, and 5 people did not receive hospice care, accounting for 6.76%, 16 people expressed ambivalence about whether to receive hospice care, accounting for 21.62%. See Table 3 for details.

3.4 Cognitive analysis of age and hospice

Residents of different ages have different understandings on the service objects and connotation of hospice (see Table 4-5). Compared with community resident over 50 years old, more young community residents believe that patients who are critically ill and whose risks and suffering of continuing curative treatment are significantly greater than those who benefit and who clearly refuse curative treatment, patients with severe disease, can't bear a curative treatment, and made it clear that refused to curative treatment, and patients with advanced cancer who have given up curative treatment are the targets of hospice care services; Younger residents were more likely to identify with hospice services including pain control, spiritual care, and social support.

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3.5 Analysis of educational level and hospice cognition

Residents of different ages had different understandings of the service objects and connotation of hospice care (see Table 6). The higher the education level of the residents, the higher the proportion of identifying with the connotation of hospice care including spiritual care and hospice care. The data statistically significant ($P > 0.05$).

4. DISCUSSION

4.1 The awareness rate of hospice care is low, and the dissemination of related knowledge in the community needs to be strengthened

According to the survey, nearly 70 percent of residents have never heard of hospice. Although the social awareness of hospice has been improved, many residents are still at the stage of conceptual understanding. Residents are not clear about the purpose, object and content of hospice, and their understanding of hospice institutions is also insufficient (Zhang et al., 2009; Wei et al., 2012). In addition, the ways of residents' understanding of hospice care were mainly concentrated in network channels, followed by hospital publicity/outpatient clinics and public accounts. Analysis of the reasons, may be due to the rapid development of the network, residents are good at obtaining relevant knowledge from the network. The proportion of practitioners in medical institutions who know about hospice care through hospital publicity, medical lectures, medical books and papers is higher than that in non-medical institutions, indicating that occupation is strongly correlated with the way of understanding hospice care. Hospitals can improve the cognition of hospice care practitioners in medical institutions by popularizing hospice care. After interviewing community workers, we found that although Jiaying is a pilot city for hospice care, the staff of community service centers know little about hospice care, which indicates that there is a great space for development of community-based hospice publicity channels. By increasing the awareness of community workers, especially elderly community workers, about hospice care, the author can improve the awareness of community workers, especially elderly community workers, about hospice care. In order to improve the awareness of hospice care for residents in the community. The diversification of publicity methods in this way can achieve better publicity effects. For example, taking the wechat public account as the platform for popular science related knowledge can achieve better publicity effects for young and middle-aged residents (Wei et al., 2021). It can also be propagandized and promoted through network channels such as small videos, so as to make the content into life and entertainment, so as to

Table 2: The relationship between hospice access and occupation

Options	Practitioners in medical institutions		X ²	P
	Yes	No		
Hospital publicity/hospital outpatient service, public number	3 (60.0%)	5 (7.2%)	0.039	0.001
Community science mission/free clinic	2 (40.0%)	3 (4.3%)	0.056	0.009
Medical lectures/academic conferences	3 (60.0%)	4 (5.8%)	0.035	0.000
Medical books and papers	2 (40.0%)	3 (4.3%)	0.056	0.009

Table 3: Acceptance of hospice care

Item	Options	N	%
Reasons for receiving hospice care	Can provide a more peaceful and comfortable environment	46	66.67%
	Can help relieve physical pain and discomfort	52	75.36%
	Can help control negative emotions	49	71.01%
	Be able to maintain dignity	42	60.87%
	To have a choice in the treatment of your own disease	36	52.17%
	It can avoid some unnecessary examinations and treatments and reduce medical costs	31	44.93%
	It can reduce the physical and mental pressure and economic burden of family members	39	56.52%
Reasons for not receiving hospice	Don't know what hospice is	15	71.43%
	Concerned about the low level of knowledge and skills of hospice medical staff	5	23.81%
	Worried after entering hospice care, medical staff will ignore the pain of patients and take insufficient care of patients	9	42.86%
	Worried about the cold and oppressive environment of the hospice unit	3	14.29%
	Worried about the high cost of hospice care	13	61.9%

Table 4: The relationship between the cognition of Hospice patients and age

Options	Age			X ²	P
	20-29years old	30-49years old	Over 50 years old		
Patients who are critically ill and whose risks and suffering of continuing curative treatment are significantly greater than those who benefit and who clearly refuse curative treatment	31 (83.8%)	22 (81.5%)	1 (10.0%)	0.000	0.000
Patients with severe disease, can't bear a curative treatment, and made it clear that refused to curative treatment	31 (83.8%)	19 (70.4%)	4 (40.0%)	0.026	0.020
Patients with advanced cancer who have given up curative treatment	30 (81.1%)	16 (59.3%)	4 (40.0%)	0.025	0.025

facilitate understanding and memory; Communities can also improve the quality of advocacy by publicizing real stories about hospice care (Ying, et al 2022).

4.2 Residents are willing to talk about death, and life and death education can improve hospice acceptance rates

Although people have traditionally been reluctant to discuss the topic of death, with the increasing openness of society, most people are no longer afraid to talk about death. When a disease is known to be incurable, most residents are more willing to be truthfully informed about the disease and are more concerned about their right to know their own life and health. Data show that residents with a high degree of acceptance of the topic of death are more likely to accept hospice care, which has statistical

significance. A large number of literatures (Wang and Wang, 2018) show that residents who have received life and death education are more able to understand that death is only a process of life, that is, they are more receptive to the topic of death. This indirectly shows that life and death education is conducive to the spread of hospice care among the public, and improve the public's cognition and acceptance of peace.

4.3 Factors influencing understanding of hospice care

4.3.1 Age

Among the surveyed residents, the younger residents have a more accurate and comprehensive cognition of hospice service recipients. The possible reason is that with the popularization of disease-related

Table 5: The relationship between the connotation of hospice service content and age

Options	Age			X ²	P
	20-29years old	30-49years old	Over 50 years old		
Control of pain	22 (59.5%)	19 (70.4%)	2 (20.0%)	0.155	0.020
Spiritual care, including helping to support goals, religion, etc	29 (78.4%)	13 (48.1%)	4 (40.0%)	0.006	0.014
Social support: including but not limited to family and friends, social workers, volunteers, etc	29 (78.4%)	13 (48.1%)	4 (40.0%)	0.006	0.014

Table 6: The relationship between connotation cognition of hospice care service and educational level

Options	Age				X ²	P
	Junior high school and below	Technical/vocational/ high school	Junior college	Bachelor degree or above		
Spiritual care, including helping to support goals, religion, etc	0 (0.0%)	6 (54.5%)	15 (65.2%)	25 (75.8%)	0.001	0.002
terminal care	3 (42.9%)	8 (72.7%)	17 (73.9%)	30 (90.9%)	0.040	0.033

knowledge, more residents can understand diseases through the Internet, while the older residents have a low awareness of using the Internet to understand related knowledge, and often have misunderstandings about diseases. According to the survey results, younger residents pay more attention to patients' own wishes, which may also be related to the change in social concepts, and younger residents pay more attention to personal ideas. It can be concluded that the change in the value of personal wishes can also increase the acceptance of hospice care. At the same time, young residents pay more attention to the personal experience of hospice patients, including the spiritual care and social support for patients, while residents aged 30-49 pay more attention to the pain control of patients, possibly because most young residents have not experienced or been in contact with the pain caused by diseases, and their awareness of the pain caused by diseases is less than that of the elderly.

4.3.2 Educational level

Among the residents surveyed, the residents with higher education level had a more comprehensive cognition of the connotation of hospice service and paid more attention to the psychology of hospice patients. At

present, with the popularization of psychology-related knowledge in colleges and universities, the public pays more and more attention to mental health, and care is not only limited to the physiological level, but also puts forward demands in psychological care. Therefore, the propaganda of hospice can emphasize the positive psychological effects on patients and their families, and deepen the understanding of well-educated residents on hospice to improve their awareness

5. CONCLUSION

To sum up, the community residents in Nanhu District of Jiaxing City have a low awareness of hospice care and a high acceptance. The publicity and promotion of hospice care is an important factor affecting the development of hospice care services. The feasible methods to improve the publicity quality of hospice care community are to actively publicize hospice care in the community, strengthen the education of life and death, promote the general community to understand the role and necessity of hospice care, and adopt different publicity methods for different groups. At the same time, on the basis of publicity, it can also cooperate with relevant institutions to initially form a specialized

hospital-community hospice care service system to implement the needs of residents.

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