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BELIEFS ABOUT HOSPICE CARE AMONG HELPING PROFESSIONALS

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BELIEFS ABOUT HOSPICE CARE AMONG
HELPING PROFESSIONALS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Teresa Yvette Phinazee

June 2015

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ABSTRACT

Centered on interviews with 13 hospice care professionals from two large hospice organizations in Southern California, this thesis project examines the challenges that arise in hospice work. Hospice's delivery of end-of-life care is becoming even more significant as the population lives longer. According to the National Institute on Aging (2014), the face of aging in the United States is changing dramatically. This examination discloses some of the challenges that hospice workers face in a continuously changing health care system, while trying to provide extraordinary service to the terminally ill.

Hospice regards dying as a conventional progression, and neither hastens nor defers death. Hospice health care professions are essential in providing care. This thesis uses a qualitative method and examined beliefs about hospice care among hospice professionals using compassion fatigue also known as burnout, job satisfaction and religion and spirituality as a foundation.

The findings of this thesis found that compassion fatigue is a real phenomenon and has been experienced by nine or 69% of participants, and of the 69%, six or 67% that experienced compassion fatigue are paid employees who work a forty hour work week. The remaining three participants or 33% who have experienced compassion fatigue are volunteers who commit to volunteering more than two days a week. Frequent contact with individuals who are terminally ill increases the likelihood of compassion fatigue. The

findings also indicate that 100% of participants experienced job satisfaction while working in patient care, despite the length of time working in the field of hospice. Job satisfaction is contributed to the belief that participants have regarding hospice care, and that belief is the work they do in hospice is a “calling” and they all consider working with the terminally ill as a privilege. Lastly, the findings indicate that religion and spirituality play a major role in how participants deal with the ongoing death of patients. Ninety two percent or 12 out of the 13 participants claim a belief in a higher power, and they use this belief to cope with the suffering and death of patients. They also use religion and spirituality as a way to decrease stress and to have a piece of mind that when a patient dies they are in a much better place and relieved of their suffering.

Taken as a whole, this study concentrated on hospice professionals and the correlation of compassion fatigue, job satisfaction and religion and spirituality which can have a pronounced impact on the overall quality of service delivery. The purpose of this study was to bring mindfulness to the hospice social professional. What has been provided in this study is empirical support for advanced research in the field of hospice care. Additional research is necessary in order to understand more about the beliefs of hospice care among helping professionals and the motivations they use in order to deliver optimal service to the terminally ill.

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DEDICATION

I give God, who is the head of my life, all of the honor and all of the glory for allowing me to complete this research project. “Be still and know that I am God; I will be exalted among the nations, I will be exalted in the earth” (Psalm 46:10).

None of this would have been conceivable without the infinite love, support and encouragement of my family. I dedicate this project to you for supporting me throughout my journey in the MSW program. Thank you so much for molding me as a person. I would also like to thank Larry, one of my biggest supporters, even before being accepted into the MSW program. Your words of encouragement and endless support during my moments of self-doubt are truly appreciated and will not be forgotten

Finally, thank you to my mom, Mary and my late dad, Willie. I am the person that I am in large part because of you. I am so truly blessed to have met your acquaintance. I hope I made you proud.

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CHAPTER ONE

INTRODUCTION

Although my concentration in hospice work stems mainly from personal motives, there are also many explanations from a social work point-of-view why exploring challenges in hospice work is significant. The viewpoint of a hospice is that it sustains life. Hospices provide support and care for those in the last stages of a terminal disease, so they can live as fully and comfortably as possible. Hospices view dying as an ordinary process, and neither speed-up nor delay death. Hospices believe that suitable care for the patient and family members enables them to uphold mental and spiritual preparation for death.

Hospice care has evolved over the years. According to the National Hospice Foundation (2014), the inspiration for the modern hospice movement came from Dame Cicely Saunders, who as a student of nursing witnessed a great deal of pain and suffering. Dame Saunders obtained degrees in the field of medicine and social work and in 1967; she established the first hospice care facility in London. In 1974, seven years later and under the inspiration of Dame Saunders, the United States opened the first hospice care facility in the country.

Hospice health care workers are indispensable in delivering care to the terminally ill. According to the National Hospice and Palliative Care Organization (2012), an estimated 1.5 to 1.6 million patients received services

from hospice, and statistics show that today in the United States there are over 5,800 hospice programs. Due to the large number of individuals that receive care from hospice, it is essential that hospice health care workers deliver optimal levels of care. This research project will discuss beliefs of hospice health care professionals, which may hinder their level of care in service delivery. Compassion fatigue also known as burnout and secondary stress, religion and spirituality and job satisfaction in hospice health care are important issues that may impede service delivery and must be addressed.

This chapter will function as groundwork for the research project, and will discuss some of the barriers that may have an impact on the hospice health care professional, and the way in which they deliver services to the terminally ill. The purpose of this study is to examine the beliefs about hospice care among helping professionals.

Problem Statement

Compassion Fatigue

The focus of the study is to explore beliefs about hospice care among helping professionals. Compassion fatigue in helping professions such as medical and social work is well known as a prevalent and nearly an inevitable occurrence. A relatively new area of study based on examining the emotional impact of working in the field of hospice has been classified under several different terms including compassion fatigue (CF), burnout and secondary traumatic stress (STS). According to Hegney et al. (2014), burnout and

secondary traumatic stress are significantly related to higher anxiety and depression levels. The term “compassion fatigue” was selected for this research project because large amounts of evidence based literature was available to prove that compassion fatigue is tangible. Compassion fatigue; and burnout are significant nursing stressors (Neville & Cole, 2013).

Compassion fatigue is characteristically found within the helping profession, and is thought to be triggered by frequent exposure to the problems of others. Neville and Cole conducted a non-experimental design using a convenience sample of nurses who completed the Health Promoting Lifestyle Profile II, the Professional Quality of Life Scale, and a demographic data sheet. The findings of the study indicated statistically significant relationships among health promotional behaviors and compassion fatigue; compassion satisfaction; and burnout were identified.

The issue of compassion fatigue and the hospice health care profession is important in many ways. Hospice workers are subject to a great deal of stress on a daily basis. They can become disengaged and exhibit the inability to focus on caring for the terminally ill. They may suffer from depression, be less productive in service delivery and prone to mistakes which can be costly to the hospice organization, especially hospices that are considered for-profit, because hospice is becoming more like a business due to the increased demands. However, compassion fatigue affects more than just health care professionals. The hospice patient is also affected during his or her final days

of life because the quality of the treatment they receive can be affected. Ultimately, the agency suffers the most from compassion fatigue because hospice professionals become disengaged and unhappy which relates to large employee turnover rates. This suffering could result in the inability for hospice agencies to profit, the inability to flourish, and provide the necessary care to the terminally ill.

Job Satisfaction

Job satisfaction is fundamental in all aspects of the workforce, but especially critical among hospice health care professionals. Working in a hospice setting has its own set of internal stressors by caring for the terminally ill. There is a great deal of anxiety placed on hospice workers due to the imminent death of a person they are caring for. Research conducted by Casarett, Spence, Haskins, and Teno (2011) conveyed that job fulfillment is predominantly significant in the hospice trade given the passionate and interpersonal trials that hospice staff face in delivering care to patients that are near the end-of-life. Modest information is known about the job satisfaction of hospice providers or about differences in satisfaction among certain fields of study which is why this area should be given full consideration. The significance of work-life stability for job fulfillment and happiness between the health care workforce is completely documented (Munir, 2012). Minute levels of total job fulfillment expand the likelihood of a person exiting a job and pursuing employment elsewhere. Staff turnover rates in the Australian

aged-health care profession are condensed as compared to the United States, nonetheless. it is still troublesome (King, 2013).

Religion and Spirituality

It is customary for patients in the United States to depend on faith and theology to aid them in coping with life-threatening sickness (Callahan, 2011). The same beliefs are true regarding hospice health care professionals. Hospice professionals frequently experience a varied range of powerful emotions, and for the hospice professional to be included professionally during the critical time of service delivery to the terminally ill is extremely gratifying and yet extremely challenging.

Physicians, nurses, chaplains, social workers, bereavement coordinators and even volunteers that assist with care to the terminally ill confront matters of mortality and may be concerned with existence, particularly human existence each day on the job. These professionals, who have intimate contact with their patients day-to-day, must find an internal source of fortitude and determination in order to care for individuals who are at the end of their lives. Termination of life practices fluctuate from motivating, refined methods, to challenging, intricate circumstances. As a result of the capacity and concentration of hospice employment, considerate, deliberate emphasis on individual care is essential for hospice experts to remain successful (Jones, 2008). Self-care can be accomplished through a variety of ways, and religion and spirituality is one of those ways. The research question is to what extent

are religion and spirituality helpful to the hospice healthcare professionals in their duties of caring for the terminally ill?

Purpose of the Study

This investigative analysis is to collect and analyze data obtained from hospice professionals to address beliefs about hospice care. Due to the large number of individuals that receive care from hospice, it is essential that hospice health care professionals deliver optimal levels of care. This research project will discuss beliefs of hospice health care professionals, which may hinder care. Compassion fatigue, job satisfaction, religion and spirituality in hospice health care are important issues that may impede service delivery and must be focused on. The rationale of this study is to assess the beliefs about hospice care among helping professionals, and to examine the correlations between beliefs about compassion fatigue, religion and spirituality and job satisfaction.

Significance of the Project for Social Work

The importance of this project to social work is educational awareness, as it aims are to determine how these factors affect the hospice health care professionals. Because hospice care has evolved since its inception, a large number of social workers will be involved in tending to the fatally ill. According to Encyclopedia of Social Work (2008), hospice social workers are critical participants of the interdisciplinary team that deliver biopsychosocial and

religious care to critically ill patients, and their family members during the last six months of the lifecycle. The interdisciplinary team in the field of hospice is a group of professionals from diverse disciplines that come together to provide comprehensive assessments and consultations to resolve difficult cases as related to hospice care. This team is regarded as the prototype for excellence in empathetic care for people confronting an end-of-life disorder. Social workers, especially hospice social workers, must be trained in providing proven interventions including uninterrupted consumer services. An assessment of procedures is imperative in order to provide the highest quality of social work services at the micro, mezzo, and macro levels. Compassion fatigue, job satisfaction and the role of religion and spirituality may play in hospice work, and caring for patients that are terminally ill, may have the potential to create serious problems for the helping professionals of social work. This study may influence social work research by providing information that will contribute to a better understanding of these issues that may be encountered by professionals working in the hospice arena.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This literature review will first examine factors on compassion fatigue and burnout. A review of literature was conducted on both of the aforementioned and it was noted that compassion fatigue and burnout are noteworthy nursing stressors, and have been thought to be the consequence from the passionate nature of work performed in the helping professions, especially in hospice care.

Compassion Fatigue and Burnout

While there are systems offered to balance the unwelcome consequences of compassion fatigue and burnout, and to advance compassion satisfaction, there is an absence of literature examining the connection between health promotion behaviors, compassion fatigue, burnout, and compassion satisfaction.

The expression compassion fatigue was initially presented by Figley in 1983, who described it as a “state of tension and preoccupation with the cumulative impact of caring” (Figley, 1983, p. 10). According to Boyle (2000), “it is a privilege to care for those in need, there is a cost to caring” (p. 23).

Hospice care focuses on the whole person and includes an interdisciplinary team methodology to care that includes physicians, nurses,

social workers, counselors, clergy and volunteers. According to Jacobson, Rothschild, Mirza, and Shapiro (2013), a study was conducted to explore the association of individual and structural qualities along with indicators of depression, and clergy compassion fatigue, burnout, and capacity for compassion fulfillment. Ninety-five clergy from a collection of Lutheran churches in the middle of the United States completed unidentified surveys. The outcome proposed that clergy were at minimal danger for burnout and modest danger for compassion fatigue.

Physician empathy is anticipated by both patients and the medical expert, and is fundamental to successful clinical practice. Yet, despite the importance of empathy to medicinal practice most empathy related examinations has concentration on compassion fatigue, an exact kind of burnout among health providers (Fernando & Consedine, 2014). Compassion fatigue among hospice workers is prevailing due to their interaction with the terminally ill on a daily basis. Research conducted in the last two years has shown a correlation between workplace satisfaction, compassion fatigue and burnout. The prevalence of compassion fatigue is connected with an absence of stability and retention rates resulting in occupational shortages.

A study conducted by Drury, Craigie, Francis, Aoun, and Hegney (2014), discussed the importance of compassion fatigue. In a two-phase Australian study Drury et al. (2014) explored the causes influencing compassion fatigue, anxiety, depression/stress, and to define the approaches

nurses use to develop compassion gratification into their working lives. The study found that compassion fatigue had been discovered to influence job fulfillment, the condition of patient care and the retaining of employees within nursing.

Burnout and compassion fatigue can be related to individual factors as well as circumstantial predictors. Research has found that an analysis which employed transaction stress and coping theory used to investigate the impact of counselor sexual characteristics years of knowledge, perceived working situations, individual sources of mindfulness, use of managing tactics and compassion gratification were all used to calculate compassion fatigue and burnout in a nationwide example of 213 mental health therapists. Therapists who recounted fewer maladaptive coping, greater mindfulness approaches, compassion satisfaction, and more helpful observations of their work setting recounted a reduced amount of stress (Thompson, Amatea, & Thompson, 2014).

According to Quinn-Lee, Olson-McBride, and Unterberger (2014) hospice work has been regarded as primarily demanding due to the complex characteristics in the delivery of end-of-life care. Stress and mortality apprehension are particularly significant to hospice social workers because they frequently work in an elevated-stress-loss settings. The reason for this study was threefold: To describe the frequency of stress and mortality apprehension among hospice social workers; to research links between stress

and mortality apprehension; and to research the causes which can influence the growth of mortality apprehension and stress.

Job Satisfaction

Job satisfaction is paramount in all aspects of the workforce, but especially critical among healthcare professionals. The low levels of complete job satisfaction increase the probability of a person leaving and seeking employment elsewhere.

Job satisfaction, mistreatment from clients, outstanding pay hours and concern for more than one client as well as employment-health needs forecast less enjoyment (Delp, 2010).

Specialized quality of life between healthcare suppliers can impact the worth and welfare of client care. The objective of this inquiry was to examine compassion satisfaction and compassion fatigue readings as calculated by the Professional Quality of Life Scale self-report tool in a public clinic in the United States. A cross-sectional review observed variances among 139 RNs, physicians, and nursing assistants. Associations between personal and structural changes were investigated. Care providers for seriously ill clients were recorded as being considerably worse on the Professional Quality of Life subscale of stress when matched with individuals employed in a non-life threatening care unit. Direct recession outcomes show that elevated sleep quantities and occupations in life-threatening care sections are associated with reduced amounts of stress (Smart et al. 2014).

Religion and Spirituality

As stated earlier, it is customary for health care clients residing in the United States to depend on faith and religion to assist them in dealing with life-threatening illness (Callahan, 2011). The same beliefs are true regarding hospice care professionals. For the hospice professional to be included professionally during this critical time in the life of the patient and their families is extremely gratifying and yet challenging. Hospice care professionals frequently experience a varied range of powerful emotions.

According to Clark et al. (2007) there is an ongoing attempt to enhance the value of comfort care for the terminally ill. This research measured (1) the prevalence of religion among hospice interdisciplinary team (IDT) supporters; (2) whether religion is related to employment fulfillment; and (3) the organizational path associations between four variables: religious beliefs, assimilation of religion at work, individual actualization and occupational approval. The study measured 215 hospice IDT members who accomplished the JareI Spiritual Well-Being Scale, the Chamiec-Case Spirituality Integration and Job Satisfaction Scales. Several worsening and organizational pathway demonstrating various approaches were employed to describe the pathway association linking all four variables. Ninety-eight percent of the respondents considered themselves as having spiritual well-being. Seventy-nine percent described elevated employment gratification and religious integration.

End-of-life occurrences for the hospice expert extend from motivating, graceful practices to problematic, complicated circumstances. Given the span and force of hospice work, careful and deliberate attention on personal care is required for hospice professionals to stay effective. The key to personal care is the capability to effectively enter into associations with clients while upholding one's personal life and happiness. The pathway to this balancing act includes protecting the professional association and structure for handling powerful feelings induced in hospice work (Jones, 2008).

Theories Guiding Conceptualization

One theory guiding conceptualization is the strengths-based perspective. The strengths-based perspective is a methodology to the progression of practice rather than a theory. The crucial objective of this practice concept is diminishing the weaknesses and exploiting the strengths of the client, whether the client is seen in micro, mezzo or macro practice. Empowerment is a fundamental premise to this approach because a hospice professional will have to exhibit strength in order to work in this industry. Saleebey (1992) proposes that individuals and groups have enormous often unused and regularly unappreciated pools of tangible, expressive, intellectual, personal, collective and divine energies, resources and proficiencies (p. 6). Research shows that the strengths viewpoint offers service suppliers a work tradition which centers on strengths, capabilities and abilities rather than difficulties, shortages, and pathologies of the consumer, but it is the hospice

expert that displays strength in dealing with mortality on a daily basis. The strengths viewpoint and strength-based methodologies provide service providers with methods of working that concentrate on strengths, capabilities and ability rather than complications, shortfalls and pathologies (Chapin, 1995).

Another theory guiding conceptualization is crisis theory. According to the Hospice Education Institute (2015), a crisis can be outlined as a momentary failure to deal with change. Adapting to illness or having a family member whose is ill requires numerous changes, and some of these changes can trigger a crisis. In a crisis we must use problem-solving skills to discover new solutions. Most life crises involve loss and change and in hospice care loss and change are synonymous, and can be experienced by the hospice professional, the patient and their family members.

CHAPTER THREE

METHODS

Introduction

This chapter introduces an overview of the research methods that were used and applied in conducting this research study. In particular, it will discuss the study design including a description of the participants chosen for the study, how they were solicited, as well as what data was collected and the instrument used to conduct the interviews. Also observed in this chapter are procedures on how the data was collected, the protection of human subjects and the data used to answer the 13 interview questions posed to each participant.

Study Design

The specific purpose of this research study was to explore the extent that beliefs about hospice care play in the role of service delivery. The information from this study will be used to further enhance hospice care, and to gain a better understanding of the individuals that render care in hospice services.

This study utilized a qualitative method because it was the most suitable method for obtaining detailed data using words, illustrations and stories from the sample group, and because of the expertise of those working in the field of hospice. The qualitative method also allowed for a better

understanding of the personal views of those interviewed, and their experiences of working in the field of hospice. An interview design was utilized for this study because of the small number of sample participants.

To collect the data, the researcher traveled to each interview site independently, and as predetermined by the participants. Prior to each interview the researcher personally read the informed consent form in its entirety, and afterwards asked participants if they had any questions. Researcher reviewed with each participant the goal of the study which is to explore beliefs about hospice care among hospice professionals. Researcher explained to participants that once the interview was complete that they would receive compensation in the form of a \$20.00 gift card for their time. With the participants permission each interview was audio recorded. Participants were asked to refrain from using last names during the interview process. Researcher assured each participant that their identity would remain confidential, and that all data from the interviews would be maintained in a secure location until destroyed. During certain periods of the interview the researcher took type written notes to capture unique phrases. These notes were secured on a password protected laptop. The audio recorder was maintained under lock and key. The collected data from the interviews were later transcribed onto a password protected laptop.

Sampling

The researcher was able to obtain both physical access letters from both hospice organizations before the interviews began. The researcher interviewed more volunteers than anticipated, as the goal of the researcher was to obtain data from physicians, chaplains, nurses, bereavement coordinators and social workers.

Participants for this research project are 13 employees and volunteers from two separate hospice health care agencies located in Riverside and San Bernardino counties located in Southern California. Individuals for the sample consisted of one registered nurse, one chaplain, two social workers, two bereavement coordinators and seven volunteers. The sample represented a large range of educational levels from high school to master's degree graduate level. The researcher requested, from the patient care coordinators who set up the interviews, that each participant have at least six months experience working with hospice, have attended hospice training, and that family members employed or who volunteer at the same facility not take part in the sample. The sample was chosen because of the participant's willingness to take part in the study due to their response of publicity materials, and because they met criterion mentioned earlier. Many of the participants exhibited composure when talking about their hospice experiences and were eager to share in an effort to assist me the research process. It was obvious with the paid employees (registered nurse, the chaplain, the two social workers and the

two bereavement coordinators) that they had the most frequent exposure to complex and difficult hospice cases. They were also extremely proficient in answering the research hypothesis because of their prolonged exposure with hospice patients. The researcher did experience difficulties in obtaining individuals for the research sample, and experienced one male participant who agreed to take part in the study, but later withdrew his request to participate.

Data Collection and Instruments

An interview questionnaire was developed by the researcher and was used to guide the interviews and to collect the data. A list of the 13 questions utilized during the interviews is listed at the end of the data collection and instruments section. Some of the compassion fatigue questions came from previous research by Christina Melvin (2012). All of the questions regarding religions and spirituality came from Edward Stannard (2012), a candidate for Master's Degree in Religious Studies, Sacred Heart University.

It was requested that data collection be conducted in Riverside and San Bernardino counties respectively. The researcher was flexible in meeting interview participants in areas within close proximity to their work and home. The researcher had to be flexible in accommodating last minute changes to the interview schedule due to the unpredictable nature of hospice care. Researcher interviewed 13 participants in seven different public locations in Southern California. Distractions were present during some of the interviews, but were minimal.

The procedure used for data gathering was face-to-face interviews. As indicated earlier, each interview was audio recorded, and a password protected laptop was used to annotate brief notes such as direct and unique quotes. The notes were later cross-matched to interview transcripts for primal accuracy. Prior to the interviews, the researcher spent three to five minutes giving each participant a brief personal introduction. There were no major problems in conducting the interviews, but some of the participants were talkative and went past the thirty minute allotted time for each interview. The researcher had to travel outside the confines of both hospice facilities in order to accommodate interview participants. The interviews were conducted every day of the week with the exception of Sunday. An interview format was utilized, but some participants got lost in their thoughts so restating the questions were often necessary to get the participants back on track.

The interview questions utilized for interviews were:

01. What is your professional title?
02. Tell me how you cope with the on-going death of patients?
03. Tell me if your view of death has changed since work in hospice and if so, how?
04. Tell me what you believe happens after death?
05. Tell me about your belief in a higher power?

06. Tell me about a time you discussed spirituality or the afterlife with a patient?
07. Tell me about a time that you experienced any distressing symptoms related to this work (nightmares, difficulty sleeping, intrusive thoughts and depression)?
08. Tell me about your coping strategies used in your work environment?
09. Tell me when you know you need a break from hospice environment?
10. What happens to you when you are feeling stress?
11. How do you protect yourself from stress?
12. What is the best aspect of your job?
13. What is the worst aspect of your job?

Protection of Human Subjects

Participation in the study was completely voluntary and no identifying information was asked during the interviews. Confidentiality of the study participants was handled with utmost importance. In order to protect the human subjects involved in this study, the following precautions were taken:

- There was a limited amount of personal identifying information that was collected from the participants.
- The informed consent statement asked participants to make an “X” to indicate their willingness to participate in the study.

- The interview data was audio recorded and maintained in under lock and key. Once the data was analyzed the only individuals with access to the information was the researcher and research supervisor.
- An informed consent form was read and given to each participant, and the debriefing statement was read after the conclusion of each interview.

Data Analysis

This study is qualitative in nature and the data collected were used to analyze any thematic qualitative clusters and to determine if there is a correlation between hospice work and common beliefs of those working in the hospice industry.

Presentation of the Findings

There were thirteen interview questions used for this study. Table 1 summarizes the demographic characteristics of the participants. The first question asked participants their professional title. This question also revealed background information on the participant such as their educational level and the number of years working in hospice. Question two queried participants on how they cope with the ongoing death of patients? Question three found out if the participant's view of death has changed since working in the hospice environment, and if so, how? Question four was tell me what you believe

happens after death? Question five asked participants to tell me about their belief in a higher power? Question six asked participants to tell about a time they have discussed spirituality or the afterlife with a patient? Question seven was tell me about a time that you have experienced any distressing symptoms to this work such as nightmares, difficulty sleeping, intrusive thoughts and depression? Question eight to the participants was for them to tell me about their coping strategies used in your work environment? Question nine was tell me when you know you need a break from the hospice environment? Question ten asked participants to tell what happens to them when they are feeling stress? Question eleven asked how do you protect yourself from stress? Question twelve and thirteen asked participants about the best and worst aspect of their job?

Each participant was given the opportunity to express him or herself fully while answering each interview question. If questions needed clarification then the researcher provided additional information for the participant to understand before answering. Some of the 13 questions garnered different responses and some of the questions garnered the same responses or exhibited parallel ideas. Detailed findings can be found in chapter four.

Table 1. Demographic Characteristics of the Respondents

Variable	Frequency (n)	Percentage (%)
Gender (N = 13)		15.4%
Male	2	
Female	11	84.6%
Age (N = 13)		
25-30	1	8%
31-40	5	38.0%
41-50	2	16.0%
51-60	4	30.0%
61-highest	1	8%
Education		
High School Diploma	2	16.0%
Bachelor's Degree	4	30.0%
Master's Degree	7	54.0%
Years Working In Hospice		
0-5	8	61.0%
6-10	3	23.0%
11-15	1	8.0%
16-20	0	0%
21-25	0	0%
26-30	0	0%
31-35	1	8.0%

Summary

The purpose of the study is to determine beliefs about hospice care among professionals. This chapter explained the methods that were utilized in

conducting the study. It also includes a description of the participants, as well as an explanation of how the data was retrieved and analyzed.

CHAPTER FOUR

RESULTS

Introduction

In this chapter, the results of interviews conducted with 13 hospice professionals are analyzed and discussed. This study had one aim: To understand beliefs of hospice professionals using compassion fatigue, religion and spirituality and job satisfaction as a foundation. To accomplish this objective, the responses to face-to-face interviews were analyzed using a qualitative research method. Participants were asked 13 questions regarding their professional titles, view of death and the after-life and also questions relating to stress, such as how they cope with it in the hospice environment. Hospice professional, for the purpose of this study, is regarded as chaplain, registered nurse, social worker, bereavement coordinator and volunteer. Each participant was queried with the same questions, and in the same numerical sequence. The results of the interviews conducted have been analyzed and the results are as follows:

Demographics

The interviews were conducted with individuals from two different hospice agencies. These agencies concentrate on providing services to clients that are terminally ill. The agencies utilized in the study were Vitas Innovative Hospice Care and California Visiting Nurse Association Home Health Hospice

Outreach (VNA). A total of thirteen participants were interviewed. Table 2 lists descriptive information on the participants used for the study. Four individuals were interviewed from Vitas Hospice (30.8%) and nine individuals were interviewed from California Visiting Nurse Association (69.2%). According to the Vitas website it states that Vitas is a for-profit organization and their mission statement is a growing family of hospices providing the highest quality human services, products and case management to the terminally ill (2015). VNA is a non-profit organization and their websites states that the mission of the VNA is to strive to achieve quality of care delivered by satisfied employees in the areas of home health, hospice and other appropriate health and human services (2015).

The sample was comprised of both male and female participants. Two (15.4%) of the participants were male and eleven (84.6%) of the participants were female. The ages of the participants ranged from age twenty-five to seventy-eight. The mean age was 47.4 years old, and the median was 48.

In addition to the afore-mentioned, the participant, educational levels were also documented. The education levels were not posed in a question, but rather revealed during each interview as participants talked about their backgrounds. Education levels extended from High School Diploma's (15.4%) Bachelor's Degree (30.6%) to Master's Degree (54%). Also notated was the number of years that each participant had been working in the field of hospice. The mean number was 7.1 years and the median was 5.0 years.

Table 2. Descriptive Information on Participants

Pseudonym	Occupation	Race/Ethnicity	Agency
Jill	Volunteer	White	Vitas
Sue	Volunteer	White	VNA
Amber	Volunteer	White	Vitas
Dana	Volunteer	White	VNA
Frankie	Registered Nurse	Hispanic	VNA
Mary	Volunteer	Middle Eastern	VNA
Darlene	Chaplain	Hispanic	VNA
Sarah	Volunteer	White	Vitas
Verna	Social Worker	White	VNA
Joann	Social Worker	White	Vitas
Lisa	Bereavem. Coord	White	VNA
Brittany	Bereavem. Coord	White	VNA
Bill	Volunteer	White	VNA

** Pseudonym's have been utilized to protect privacy of each participant **

How You Cope with Ongoing Death of Patients (Compassion Fatigue and Job Satisfaction)

Seventy-seven percent of participants had a difficult time coping with the ongoing death of patients. Meditation, faith, exercise and hobbies were the most common answers to this question. One participant stated: "I cope because I accept death. I believe the patient is better off because they are relieved of their suffering. I'm happy for them. The faster they go the better" (Participant 5, personal interview, March, 2015). "I cope by learning not to get

too close to the patient. You know they are not going to be around that long” (Participant 3, personal interview, March 2015).

View of Death Has Changed (Job Satisfaction)

There has been an extensive need to talk about death and dying and that need continue today, similarly we need to begin to take action on those matters that will enable us to improve the care of the terminally ill. Death need not, nor should it be faced alone. The inclination with the question, tell me if your view of death has changed since working in hospice? The mainstream perceives death as a natural process. Three (30.8%) affirmed their views of death has transformed since working in the hospice environment. The transformation perceived during the interviews was that participants were more accepting of death because of its inevitability. Ten participants (76.9%) mentioned their views of death have not changed since working in the hospice environment. “No, my view has not changed. I just know that there is a life-cycle. People die and the body is not meant to last forever” (Participant 2, personal interview, March, 2015). Participants interviewed, who had a different view of death while working in hospice, were among the youngest in age of those interviewed. The younger generation used to believe that death happens to older generations, but this belief is changing. One response I received from a participant remarked, “Yes, my view of death has changed. It has made me realize that death can happen to anyone” (Participant 3, personal Interview, March 2015).

Beliefs of What Happens after Death (Religion and Spirituality)

Participants that responded with what they believed happened after death were varied in their responses. One participant did not answer and asked to move on to the next question. A large majority of participants communicated their belief in heaven and hell. One participant said “I don’t believe in heaven or hell. I believe energy is returned to the universe once we die” (Participant 9, personal interview, March, 2015). An additional participant said, “I think it’s complicated, and I don’t think we are meant to know” (Participant 7, personal interview, March, 2015).

Belief in Higher Power (Religion and Spirituality)

Religion is an endeavor to advance access to a higher power in anticipation of cultivating ones’ life circumstances. Spirituality encompasses the endeavor to focus your mind to gain access to the higher power within in the expectation of refining ones’ life circumstances.

Participants in the interviews communicated without limitations and described their beliefs or non-beliefs in a higher power. Eleven (85%) of the thirteen participants conveyed their belief in a higher power was from the Christian faith. One participant (7.5%) reported that her background in a higher power originated from the Islamic faith, and one (7.5%) reported no current belief in a higher power, but at one time, followed the teachings of Christianity. “I had a belief when I was a kid. When my sister passed away I detached from it” (Participant 3, personal interview, March, 2015). Two participants

experienced the death of close family members. One participant denounced her belief in a higher power, and the other participant trusted in the higher power to get him through the tragic death of his mother. The participants that expressed their faith in a higher power associated their faith to the singular motivation for surviving in the field of hospice. Without this higher power the participants were uncertain if they could conduct their obligations as a hospice professional. The single participant that did not have faith in a higher power believed that there was no change in the level of care that she provided to the patients, as opposed to participants that did possess faith in a higher power.

Discussed Spirituality or Afterlife (Religion and Spirituality)

Despite the fact that 92% of participants acknowledged a belief in a higher power all of them were hesitant in initiating a discussion about spirituality or the afterlife with the patient. "I consider myself spiritual but I don't know enough to discuss religion or the afterlife with a patient (Participant 6, personal interview, March 2015).

Distressing Symptoms (Compassion Fatigue and Job Satisfaction)

Elizabeth Kubler-Ross noted in her book, *On Death and Dying* that relatively little is known about psychological responses to dying. Dying produces diverse emotions. Each one can create an assortment of reactions and these reactions can transform with time (1974). Participants in the research study responded to questions concerning their interpretations of how

they cope with death, and if their hospice experience has triggered any distressing symptoms such as nightmares and intrusive thoughts. Eleven (85%) of the participants had never experienced any distressing symptoms while working with hospice patients, and this can be attributed to their responses in which they indicated that they strongly believe that working in hospice is a calling and a privilege to be able to share the last days with the terminally ill. Two (15%) of participants have experienced symptoms such as depression and uncontrollable crying however these symptoms were experienced at the onset of their work with hospice, and have diminished in frequency.

Coping Strategies Utilized (Compassion Fatigue and Job Satisfaction)

This section concentrates on coping strategies employed in the hospice environment. Individuals deal with death in a multitude of ways. For a select group of individuals, the understanding of death may lead to individual progression even though it is a challenging and trying time. There is no precise way of dealing with death. The manner in which a person grieves is contingent upon the temperament of that person and the connection with the person who has died. The coping strategies revealed in the interviews alternated from spiritual beliefs, seeking the assistance and advice of others, exercise, allowing the terminally ill patient to determine the course of coping, and participating in hobbies such as knitting and gardening. One person

interviewed affirmed, “Again, I’ll go back to my faith which helps me tremendously. I also think that meeting the patient is important because each patient is different so you work your coping around their personality and how they are coping” (Participant 2, personal interview, March, 2015). The mainstream of participants revealed how they pursued guidance from co-workers in regards to coping with the death of patients. This characteristic was not only exposed in hospice volunteers, but also apparent in hospice professionals, such as the chaplain, bereavement coordinators and social workers.

When You Know You Need a Break from Hospice (Job Satisfaction and Compassion Fatigue)

Caregiving in hospice care is extremely difficult work. It can be a rewarding experience, but exhausting as well. It is important for hospice caregivers to set professional boundaries and take care of themselves and this may mean taking some time away from the hospice environment. Just 4 (30%) of participants have taken any time away from the hospice environment. Of those 4, only 1 stated that she needed time away after the death of a patient that she had cared for over the course of eleven months. Other participants cited large workloads and the feeling of being ineffective as others reasons for needing time away. “I felt like I couldn’t devote my full attention to my clients because the workload was too big. I could go two months without seeing a

patient, and that didn't sit well with me" (Participant 8, personal interview, March 2015).

What Happen to You When Feeling Stress (Compassion Fatigue)

Hospice professionals attracted to hospice work exhibit a wealth of compassionate involvement with those they assist. The adoration and consideration that make hospice workers so exceptional can also function as a key source of stress in their lives such as: Not being able to meet the needs of the terminally ill patient; not being able to deliver high quality of care; impending death of patient; large case workloads; inadequate support from management and work/home-life balance.

Participants answer to this question was varied. Individuals handle and deal with stress in a variety of ways. Some answers to the question regarding what happens to you when you are feeling stress yielded the following responses: Panic attacks, shortness of breath, remove self from the situation, migraine headaches and more prone to gossip. "I feel anxiety and the fight or flight reaction when I'm stressed" (Participant 12, personal interview, March 2015).

How Do You Protect Yourself From Stress?

At the core of concentrated caregiving, hospice workers regularly forget to take care of themselves. In order to continue to deliver ideal hospice care, it is critical to uphold a lifestyle that integrates manageable stress-reducing

methods. Exercise, religion, meditation, health eating were common themes. One participant noted that she does not experience any stress in the hospice environment. This may be due to the fact that she is a volunteer and only visits the hospice patient one time a week. Ninety two percent of the participants indicated that they experience stress on a regular basis and have learned ways to reduce the stress. The length of time working in hospice did not diminish stress. "I've been working in hospice over ten years, and I still experience stress" (Participant 8, personal interview, March 2015)

Best/Worst Aspects of Job (Job Satisfaction)

The best aspect of working in hospice for 100% of the participants was the joy they feel by assisting the terminally ill. Additionally I heard similar themes such as hearing the stories of the patient's life before he or she became terminally ill. One participant noted, "I had a patient that was in World War II and I loved to hear his stories about what he did. His life is just a piece of history that I'm hearing for the first time" (Participant 1, personal interview, March, 2015). One social worker stated that the best aspect of the job to her is death. "I believe that death is the most sacred time and I can be there. There are times when I'm there and the person takes their last breath, and instead of being freaked out about it, it's like this huge blessing" (Participant 12, personal interview, March, 2015).

The interview question that asked about the worst aspect of working in hospice yielded responses that were as varied as the participants themselves.

The chaplain gave the most profound response to this question. The lack of acceptance regarding death is one of the worse aspects with hospice. “We live in society that does not handle death. People are not ready to accept death and dying. People do not want to age, get old or die. We glorify youth” (Participant 7, personal interview, March, 2015). The chaplain, who was the most vocal, loves her job but struggles on a daily basis with what she perceives as a lack of acceptance regarding death. Participant 3 was especially unwavering in her response, “The worst aspect of the hospice work is the dying, that’s a no-brainer” (Participant 3, personal interview, March, 2015). Paradoxically, this response was not replicated by any other participant. Additional responses to this question generated replies such as charting and documentation, travel time from one patient to the next and the fear of not being able to assist the patient in the way that they require.

Summary

This chapter presented the findings from 13 interviews used for the purpose of this study. All questions used for the interviews were intended to measure compassion fatigue, religion and spirituality or job satisfaction but were asked in a way to not dictate a particular response. The study design, methods, and data analysis were all designed to obtain an accurate picture regarding the participant’s true beliefs about the hospice environment in which they work. Some responses to the 13 interview questions garnered similar responses, while other questions received entirely different responses from all

the participants despite the discipline such as chaplain, nurse, social worker, bereavement coordinator and volunteer.

CHAPTER FIVE

DISCUSSION

Introduction

The data revealed that paid professionals such as nurses, chaplains, social workers and bereavement coordinators experience compassion fatigue and job burnout at a more accelerated rate as compared to volunteers, as indicated in my research by the amount of hours volunteers spend with the hospice patient as opposed to paid hospice professionals. My sample included 54% of hospice volunteers as opposed to 46% of hospice paid professionals. Of the 54% of volunteers 4 volunteered between 4 and 6 hours per month. The remaining 3 volunteers committed to volunteering between 8 to 12 hours a month.

Advancing cultural competence bring about the capacity to understand, communicate and successfully network with people across cultures. Cultural competence does not materialize instantly because it is a progression that involves desire, intent and skill which will improve over time. Hospice professionals are comprised of a culturally diverse group of individuals, but my sample did not indicate this. Seventy seven percent of the sample was comprised of Caucasians; Hispanics made up 15% of the sample and 8% of the sample was of Middle Eastern decent.

Discussion

The purpose of this study was to examine beliefs about hospice care among helping professionals using compassion fatigue also known as burnout and secondary stress, religion and spirituality, and job satisfaction as a foundation. This study showed that hospice care professionals understand compassion fatigue and the approaches needed to reduce it. This study also showed that compassion fatigue is currently at reduced rates among research participants, but has been experienced by 77% of research participants in the past. Their past experience of compassion fatigue led to job discontent which left participants with a negative outlook on life, emotional, depressed and needing time away from the hospice environment. In an effort to reduce and eliminate compassion fatigue the following methods were utilized: Boundary setting, processing difficult cases with co-workers, learning to say no, and religion and spirituality were successful techniques used in reducing or eliminating compassion fatigue. The study ultimately showed that there was a strong corresponding relationship between compassion fatigue, job satisfaction and religion and spirituality.

Limitations

There were several limitations from this study. One limitation is small sample size. The study is based on interviews with 13 hospice professionals from two separate hospices. One was for-profit and the other was non-profit. The sample also suffers from a lack of representation in the hospice

profession. The sample was not all-inclusive of hospice professionals. The sample lacks data from physicians or Certified Nursing Assistants, and only one registered nurse took part in the study. The majority of the participants that took part in the study are volunteers, and while what they do in hospice work is admirable, their interaction with hospice patients is reduced to several hours a week. Some of the participants were initially uncomfortable with the interview method because it appeared too formal, but relaxed shortly thereafter. Another limitation for this study is that each participant taking part was compensated with a gift card so this compensation may skew the results.

Recommendations for Social Work Practice, Policy and Research

The lack of attention to the challenges of hospice work not only is a limitation to the hospice industry, but also to the social work profession. The examination of the challenges in hospice work is particularly significant amidst the changing health care industry. Human service organizations and hospice care facilities are escalating, in large part due to our aging population. The potential problems within the practice of health care will affect social workers who chose hospice care as their specialization. The results suggest that hospice agencies can do a better job of minimizing compassion fatigue by understanding that this phenomenon exist and that it must be addressed to reduce large turnover rates often experienced in the hospice care industry.

Conclusions

Taken as a whole, this study concentrated on hospice professionals and the correlation of compassion fatigue, job satisfaction and religion and spirituality which can have a pronounced impact on the overall quality of service delivery. The purpose of this study was to bring mindfulness to the hospice social professional. What has been provided in this study is empirical support for advanced research in the field of hospice care. Additional research is necessary in order to understand more about the beliefs of hospice care among helping professionals and the motivations they use in order to deliver optimal service to the terminally ill.

APPENDIX A
INTERVIEW QUESTIONS

Interview Questions

1. What is your first name, professional title and how long in hospice?
2. Tell me how you cope with ongoing death of patients?
3. Tell me about a time that you have experienced any distressing symptoms related to this work (nightmares, difficulty sleeping, intrusive thoughts and depression).
4. Tell me if your view of death has changed since working in hospice and how?
5. Tell me about your coping strategies used in your work environment?
6. Tell me when you know you need a break from hospice environment?
7. Tell me about your belief in a higher power?
8. Tell me what you believes happens after death?
9. Tell me about a time you discussed spirituality or the afterlife with a patient?
10. What is the best aspect of your job?
11. What is the worse aspect of your job?
12. What happens to you when you are feeling stress?
13. How do you protect yourself from stress?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate beliefs about hospice care among helping professions using compassion fatigue, job satisfaction and religion and spirituality as a guide. This study is being conducted by Teresa Phinazee, Master's degree candidate in the school of Social Work at California State University, San Bernardino under the supervision of Rosemary McCaslin, Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study is to determine the effects of compassion fatigue, job satisfaction, and religion and spirituality on the hospice professional and if these items hinder the level of service to the patients they serve.

DESCRIPTION: Each participant will be interviewed for no more than 30 minutes and each participant will be asked a series of 20 questions. Interviews will be audio recorded and the data from the interviews will be analyzed.

PARTICIPATION: Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

CONFIDENTIAL: Confidentiality will be strictly enforced. All data will be recorded via tape recorder. Once the data are transcribed they will be kept on a password protected laptop. Once the data are analyzed the audio recordings will be destroyed 3 years after the project has ended.

DURATION: Interviews should last no more than 30 minutes.

RISKS: There are no foreseeable risks for participation in this research.

BENEFITS: The benefits of this study will be to provide more empirical research in the hospice field of study.

VIDEO/AUDIO/PHOTOGRAPH: I understand this research audio recorded
Initials ____

CONTACT: Please understand that your participation in this research study is strictly voluntary, and you are free to withdraw at any time without penalty. If you have any questions or concerns regarding this study, you may contact Dr. Rosemary McCaslin, Social Work Professor, California State University, San Bernardino at (951) 537-5507.

RESULTS: Results from this study can be obtained after September, 2015 from Teresa Phinazee (951) 894-2586 or from Pfau Library, California State University, 5500 University Parkway, San Bernardino, CA 92407

Please mark with an "X"

Date

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

You have just completed an interview designed to evaluate the connections among compassion fatigue, spirituality and job satisfaction among hospice professionals. It is believed that relief from compassion fatigue, spirituality and job satisfaction are essential in service delivery.

No deception was used in formulating the interview questionnaire, and participants are not expected to experience any negative effects from participation in the study. Due to the anonymous nature of the study, no individual results will be available; however, overall results and findings of the study are expected to be available at the John M. Pfau Library at California State University in San Bernardino by July 2015.

This study is being conducted as a Master of Social Work research project at California State University, San Bernardino by Teresa Phinazee under the supervision of Dr. Rosemary McCaslin, Professor, Department of Social Work. Any questions or concerns regarding your participation in the study should be directed to Dr. McCaslin.

Dr. Rosemary McCaslin
California State University, San Bernardino
5500 University Parkway
San Bernardino, CA 92407

Thank you for your participation.

APPENDIX D
LETTERS

Hospice Thesis Project

Volunteers Needed

Request your assistance in obtaining information on your profession as a hospice worker. I need 6-8 hospice professionals to take part in a 20 minute interview with a series of 13 questions for my hospice thesis.

Compensation

Each participant will be given a \$20.00 gift card for their time. If interested please contact me at the information listed below: teresa.phinazee@uhsinc.com (Rancho Springs Hospital Social Work Intern) or 757 291 8888 (Cell Phone).

Teresa Phinazee,
Master's of Social
Work Student,
California State
University.

**California State
University
Master's of Social
Work Program**

5500 University Parkway
San Bernardino, CA 92407-
Teresa.phinazee@uhsinc.com



March 11, 2015

To whom it may concern,

The Murrieta Branch of VNA California gives Teresa Phinazee permission to conduct research at VNA Hospice including the collection of data or the conducting of interviews. All participants are voluntarily sharing their hospice experiences with Teresa.

Thank you,

A handwritten signature in black ink that reads 'Helen Grove'.

Helen Grove
Hospice Manager

VNA CALIFORNIA - MURRIETA
39815 Alta Murrieta Drive, Suite C4, Murrieta, California 92563
Home Health Phone 951-894-5300 / Fax 951-894-5346
Hospice Phone 951-894-5330 / Fax 951-894-5348

www.VNACalifornia.org

7888 Mission Grove Parkway S. tel 909.386.6000
Suite 200 fax 909.386.6004
Riverside, CA 92508 www.VITAS.com


November 17, 2014

To Whom it May Concern:

Teresa Phinazee has my permission to conduct research at VITAS Hospice Care, including the collection of data or the conducting of interviews. She will interview other volunteers for her assignment.

If you have any questions, please contact me at 909.386.6062.

Warmest Regards,



Laurie Rexford
Volunteer & Bereavement Services Manager

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Hospice Care[®]

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