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ARTICLE

A SURVEY OF RESIDENTS' AWARENESS OF PALLIATIVE CARE IN JIAXING CITY OF CHINA

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ARTICLE DETAILS

ABSTRACT

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Objective: to understand the cognition, attitude and influence factors of palliative care in Jiaxing, and to provide research data for further promotion of palliative care. Methods: using the method of random sampling, a self-compiled questionnaire survey was conducted in the Jiaxing community and shopping mall square. 245 copies of questionnaires were distributed. Results: 245 questionnaires were distributed and taken back, there are 238 valid questionnaires. The effective rate was 97%. The overall awareness rate of residents in Jiaxing was 48.7%. In different genders ($\chi^2=0.053$, $P=0.817$), different education backgrounds ($\chi^2=0.573$, $P=0.751$), different occupations ($\chi^2=5.297$, $P=0.381$), different households income ($\chi^2=2.547$, $P=0.467$) there were no significant differences in the overall awareness rate of palliative care. 92.0% subjects are willing to accept palliative care at the end of life. Conclusions: Jiaxing residents do not have a high degree of overall awareness of palliative care, but they have a high degree of acceptance of relevant knowledge and concepts. It is necessary to increase educational publicity and improve the overall cognition level, so as to change people's view of life and death and improve the quality of life ending.

KEYWORDS

Palliative care, awareness, recognition rate, influencing factors.

1. INTRODUCTION

Palliative care is a systematic approach to improve the quality of life ending and the ability to cope with crises in patients and families suffering from life-threatening diseases. It aims to identify pain, rigorous assessment and effective management needed by all (psychological and mental) of patients and families 2015 *Quality of Death Index Country Profile* has conducted a comprehensive assessment of the death index of 80 countries and regions in the world^[1]. The results showed that the quality of death in Chinese mainland ranks 71st in the world^[2]. At present, the Aging of the Population in China gets seriously and the incidence of cancer is increasing quickly. Palliative care has provided a way to improve the life quality of patients and their family members at the end of life. In 2017, the National Health and Family Planning Commission of PRC released 3 important documents on palliative care, and selected 5 of the first batch of palliative care trials nationwide. The introduction of a series of policies and regulations has promoted the development of palliative care. This study investigated the cognition, attitude and influence factors of Jiaxing residents on palliative care, and provided data support for exploring clinical practice and universal education of palliative care.

2. SUBJECTS AND METHODS

2.1 Subjects

In 2019, July to september, the random sampling method was used

to conduct a questionnaire survey in Baimiao community and Wanda shopping mall center in Jiaxing. Inclusion criteria: (1) voluntary investigation after oral informed consent. (2) Jiaxing household registration. (3) Age ≥ 18 . (4) Exclude those who could not understand the contents of the questionnaire, such as psychiatric disorders and communication disorders. 245 questionnaires were issued and 238 valid questionnaires were recovered. There were 62 males with an average age of (31.45 \pm 13.619), 176 women with an average age (35.03 \pm 20.671) completed the questionnaire.

2.2 Methods

2.2.1 Questionnaire survey

Based on literature review and expert interviews, the questionnaire for public perception of palliative care in Jiaxing is compiled. The questionnaire consists of 2 parts. The first part includes general information, including gender, occupation, age, educational background, family economic income and other basic information. The second part is a survey of palliative care cognition, including 4 dimensions. The first dimension, palliative care awareness: including awareness rate, awareness channels, content etc. The second dimension, death attitude: including I accept death is inevitable; if I get an incurable disease, I hope someone tell me; if the patient is dying, I will tell him etc. Likert-level scoring method was used to divide the option into 1-5 parts: "very disagreement, disagreement, uncertainty, agreement and very agreement". The higher the score is, the more comfortable to accept the

death event. The third dimension is about the degree of recognition of palliative care, including the significance of palliative care. Palliative care can help patients to face death. Palliative care can care for the dying. Palliative care can help alleviate the pain of dying people. The Likert5-level scoring method is adopted. The higher the score is, the higher the degree of recognition for palliative care. The fourth dimension is the attitude of palliative care: including willingness to learn and understand palliative care, hoping to mitigate the role played by palliative care, and palliative care that can be done by oneself etc.

All subjects were issued a Popular Science handbook for palliative medical knowledge, and conducted the fourth dimensional research on one-to-one publicity.

2.2.2 Quality control

Before the formal investigation, 10 sample surveys were carried out, and the descriptions that were easily misunderstood and unclear were modified based on the response of the sample survey. Furthermore, in order to ensure the quality, the questionnaire survey personnel are uniformly trained, and the questionnaires are distributed and collected on the spot. In the process of investigation, a total of 245 questionnaires were distributed and returned, of which 238 were valid, with an effective rate of 97.1%.

2.3 Statistical analysis

The questionnaire data were entered repeatedly. After checking correctly, spss22.0 statistical software was used for data processing and analysis. \bar{x} s and frequency were used for descriptive statistics, and χ^2 test was used for statistical analysis for rate comparison.

3. RESULTS

3.1 Demographic data of respondents

Among the 238 respondents, the oldest is 65 years old and the youngest is 17 years old, with an average age of 33.82 ± 19.03 . Among them, 62 men accounted for 26.1%, and 176 women accounted for 73.9%. The occupations and academic qualifications of the respondents were shown in table 1.

Table 1: General information of respondents.

Project	Classification	n	Proportion (%)
Occupation	Liberal professions	21	8.8
	State-owned enterprise	48	20.2
	Private enterprise	15	6.3
	Be unemployed	11	4.6
	Retiree	11	4.6
	Other	132	55.5
Annual household income	10 thousand below	15	6.3
	1~3 million	20	8.4
	4~10 million	64	26.9
Education background	More than 100 thousand	139	58.4
	High school and below	22	9.2
	Specialty and higher vocational education	70	29.4
	Bachelor degree or above	146	61.4

It is obvious from the data in the table that there was no significant difference in family economic status between different genders

($\chi^2=2.221$, $P=0.528$), and education background ($\chi^2=3.395$, $P=0.821$). However, there was significant difference in Occupation Classification ($\chi^2=12.715$, $P=0.026$).

3.2 The impact factors of palliative care awareness

There were 116 people (48.7%) who knew palliative care, and 122 (51.3%) were not aware of it. There was no significant difference in gender ($\chi^2=0.053$, $P=0.817$), education background ($\chi^2=0.573$, $P=0.751$), occupation ($\chi^2=5.297$, $P=0.381$) and family income ($\chi^2=2.547$, $P=0.467$), but there is a significant difference in the awareness rate of palliative care between people has medical relatives or not ($\chi^2=2.547$, $P=0.026$), See table 2 for details.

Table 2: Comparison of different observational variables in palliative care.

		Know (%)	Do not know (%)	χ^2	P
There are relatives or friends	Yes	75(58.6)	53(41.4)	10.764	0.001
	No	41(37.3)	69(62.7)		
Working as medical staff		116	122		

3.3 Acceptance of palliative care and its influencing factors

After the science popularization of palliative care medical knowledge, 92% of the respondents expressed their willingness to choose mild medical care at the end of their own life. Research subjects who were willing to further study and promote the knowledge related to palliative medicine were regarded as approved palliative care; otherwise they were regarded as non-recognized. Among them, 201 people expressed their approval, accounting for 84.5%. There was no significant difference in age ($t=0.084$, $P=0.933$), educational background ($\chi^2=2.547$, $P=0.026$), household economic income ($\chi^2=2.547$, $P=0.026$), whether to experience death ($\chi^2=2.547$, $P=0.026$) and palliative care medical acceptance. There were significant differences in gender and attitude towards death. Women's recognition is higher than men's, and those who accept the attitude towards death has higher recognition. See Table 3 for details.

Table 3: Differences in recognition rate of palliative care between different gender and death attitudes.

Project	Approval n, % ($\bar{x} \pm s$)	Not recognized by n, % ($\bar{x} \pm s$)	χ^2 / t	P	
Gender	Male	46, 74.2	16, 25.8	6.722	0.010
	Female	155, 88.1	21, 11.9		
The attitude of death	12.42 + 2.50	11.49 + 2.98	2.017	0.045	

4. DISCUSSION

In this survey, residents in Jiaying City aware rate of palliative care was 48.7%, which was consistent with the findings of literature analysis of domestic scholars^[2]. This study showed that the residents of Jiaying City had a good recognition of palliative care, and the practice of palliative care had a good public foundation. Ninety-two percent of the subjects were willing to choose palliative care at the end of life, which was higher than that of other literatures (47.2%)^[3]. However, the study also found that the public knew little about the core contents and concepts of palliative care, and they were generally willing to accept the relevant concepts of palliative care and to learn and understand further after the research team popularized the relative knowledge. Therefore, it is necessary to do more detailed and systematic training for the public scientific propaganda of palliative care. The study found that citizens with medical staff in their relatives have a higher awareness of

palliative care. This may be related to the fact that medical staff paid more attention to patients' autonomy. Medical staff was more respectful of the patients' autonomous choice, and had a greater understanding and perception of life and death. palliative care is one of the treatment methods for patients to "pass away", also respects for the dignity of patients' life. It can be seen that the popularization of palliative care knowledge for medical workers is helpful to improve public acceptance and recognition.

In this study, it was found that gender factors have a significant difference in the perception of palliative care, and women's perception is significantly higher. This may be related to the fact that women play a major role in caring for patients, with heavy burden of care, and more attention to relevant information. Some scholars have found that women pay more attention to the information of life care and have higher demand^[4,5]. At the same time, this study shows that public's acceptance of death attitude is directly proportional to the awareness of palliative care. This is consistent with the views put forward by domestic scholars^[6]. Palliative care is essentially a process of caring for and guiding patients to death. A correct view of death is the basis for the development of Palliative care. On the contrary, the development of palliative care allows patients and family members to re-examine life, feel the limited amount of life, and die with dignity, so as to promote the change and sublimation of the concept of death.

The population aging of Jiaying City is relatively serious. It is the most serious city in Zhejiang province. According to the statistics of Jiaying Aging Office in 2016, the total number of the elderly over 60 years old in the city reached 883,200, accounting for 25.07% of the total population in Jiaying City^[7]. Therefore, Jiaying City has a high demand for palliative care. Citizens are generally willing to accept the relevant concepts of palliative care and to learn and understand. Based on the results of the investigation, the following suggestions are put forward: (1) Make rational use of existing resources, strengthen death education to the public, and improve public awareness of death. Especially in health institutions, every level should be carried out palliative care education. (2) Popularize relevant knowledge to the public through news media, community lectures and other ways to enhance the understanding of the core concept of palliative care.(3) The government strengthens its

support for the related projects of palliative care, promulgates relevant policies, incorporates palliative care into the health service system, and grants certain special fund subsidies to the hospital to facilitate the implementation of palliative care policies.

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