

Core Attitude in Different Working Fields

Results of a Representative Survey of Professionals in Palliative Care in Germany



Ramsenthaler C^{1,2}, Geiss G^{1,2}, Kruschke NR¹, Bausewein C³, Simon S^{2,3}

¹Department of Psychology, Carl von Ossietzky University, Oldenburg/Germany,

² ipac – Institute of Palliative Care, Oldenburg/Germany and

³ Department of Palliative Care, Policy & Rehabilitation, King's College, London/UK



Background

'Core attitude' describes the basis of actions and thoughts in the work with dying patients. Due to constant confrontation with death and dying, work experience might induce a change of core attitudes.

Aims

To explore and describe (a) the change of core attitude through work experience and (b) the potential influence of setting (PCUs, hospice and home care) and profession (physicians, nurses, social workers, psychologists).

Sample and Methods

A survey with five free-text questions was conducted of which analysis of question three is presented here. This survey is a part of a broader study including a questionnaire with closed-questions and free-text. Participants were asked to describe whether their core attitude changed after beginning to work in the palliative setting. The question was developed on the basis of a pilot study with ten qualitative interviews (1). 87 institutions in northern Germany were contacted by mail and telephone (non-random sample). Data were analyzed using qualitative content analysis (2) and free-text analysis (3). After development of categories, group differences were analysed for significance (Pearson's chi-square test and contingency coefficient).

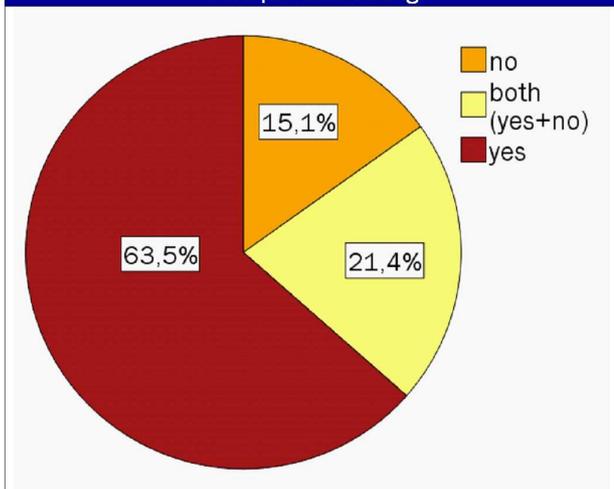
Results

350 professionals of 63 palliative and hospice care institutions completed the questionnaire (see Table 1).

With respect to a) Nearly 2/3 of professionals (63.5%) report a change of their personal core attitude through their work experience (see Figure 1).

The most important area of change is regarding 'Priorities' (see Table 2). Professionals pointed out that goals and preferences in their life changed, e.g. to take more time for family and friends. Some participants described their life as more intensive and deeper than before. They report that they respect their own wishes more often, and that they became more self-confident.

Figure 1: Did your core attitude change after beginning to work in the palliative setting?



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Table 1 – Sample characteristics

N = 350 Response rate = 51.3 % Age: mean = 43.8 years (SD = 9.1) Gender: 78.3% female, 21.7% male	Institutions: 26 palliative care units (hospital) 21 hospices (inpatients) 21 hospice home care Work experience in pc: mean = 13.5 years (SD = 8.2)
Professions: (8.9% no data) 62.2% nurses 12.0% physicians 8.3% psychologists and social workers 3.7% chaplains 4.9% other (e.g. hysiotherapist, management)	Special training in palliative care: Legend: no data (yellow), yes (red), no (orange)

Table 2: priorities

- establishing priorities
- change of importance
- respecting own wishes
- acknowledge one's own limitations
- new life goals
- life has intensified and deepened
- to enjoy living
- take time for family and friends

With respect to b) Setting (e.g. hospice, home care) and profession have no influence on change of core attitudes through the work experience of professionals. (This result is slightly different to our preliminary results in the abstract.) However, special training in pc was associated with a greater importance of values in pc work ($\chi^2 = 8.6; p < .03$). That means that professionals with further education in pc expressed more often the variety of values in the pc work setting. Furthermore, women reported a change in 'Priorities' more often than men ($\chi^2 = 7.1, p < .005$).

Conclusions

Nearly 2/3 of the participants stated that their core attitude had changed since they started working in the palliative setting. Work experience has a high impact on private life and personal characteristics of professionals, especially on setting priorities. However, setting and profession are not related to areas of change. Our finding that professionals with a special training assign a higher importance to values for the care of the dying might underlines the importance of education.

Literature

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