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Qualitative Research on Death Attitude of Dying Patients

-- Take the Department of Internal Medicine of Chongqing Integrated Traditional Chinese and Western Medicine Rehabilitation Hospital as an Example

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Abstract

The aim of this study is to understand the true feelings of dying patients towards the end of their lives and to provide the basis for informing patients' conditions and guiding the work of dying care. This study adopted the method of qualitative research and used participant observation and depth interviews to interview 5 dying patients, 2 nurses, and 1 family member. By using the generic analysis method to summarize the death attitudes of dying patients, there are 4 types: (1) Just go with the flow, face and wait for death calmly (2) They were forced to accept the fact that they were about to die. When the disease recurred, they showed a strong desire for survival and were in urgent need of medical assistance (3) They show a more positive and optimistic attitude towards death (4) They are fear of death. Family members and medical staff need to pay attention to the psychological reactions and needs of dying patients, call for the improvement of the social support system and further promote the life education of the whole society to help people establish a correct value of life and death.

Keywords

Dying patients; attitude towards death; qualitative research.

1. Introduction

In Chinese traditional culture, death or talking about death is always a taboo. With the progress of human society and the development of science and technology, great changes have taken place in people's view of death: should we try our best to make the patients live and accept death naturally, or should we let the dying patients go through the final journey of life with dignity, painlessly and peacefully? In order to improve the living conditions of dying patients, better carry out life education and improve the quality of hospice care, the dying patients should start from themselves to understand their attitudes towards death.

Due to the taboo culture of death in China, most of the current studies focus on the death attitude of medical staff and patients' families, so as to understand their or patients' death attitude from the perspective of bystanders. In the existing studies, qualitative research method is not in general use. It is common to use questionnaire survey to measure the death attitude of patients in different dimensions, or to explore the different factors affecting the attitude to death, and to study the relationship between death attitude and various factors.

"Our culture doesn't give dying patients a safe enough atmosphere to express their concerns about themselves," said a study in Finland. Although it is in a foreign environment that holds a relatively open view on death, the "call" of patients in the near death is also weak. They will take into account the workload of medical staff and the mental care they need, which will cause

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trouble to others. In the discussion of the meaning of life, values, attitudes and other issues, the author believes that qualitative research can dig out more profound problems. Therefore, the author adopts qualitative research method to study the death attitude of dying patients.

2. Research Objects and Methods

2.1. Research object

The author selects the inpatients of the Department of Internal Medicine of Chongqing Integrated Traditional Chinese and Western Medicine Rehabilitation Hospital from November to December 2019 guided by the phenomenological research method. The purpose sampling method is adopted, and the interview is completed when the qualitative research data is saturated. Screen the selected subjects and set the inclusion criteria: 1) no cognitive impairment; 2) willingness to discuss issues related to terminal care and dying; 3) performance status sufficient to tolerate an interview greater than one hour in duration; and 4) Clear thinking, stable mood and good expression ability of patients and people related to them. Exclusion criteria: people with communication difficulties, patients with illness and emotional instability. A total of 8 subjects were interviewed in this study, including 5 dying patients, 1 family member, and 2 medical staff. The general information of dying patients is shown in Table 1.

Table 1. General information of the interviewee (n=5)

Sex/age	Marital status	Education	Profession
Male/74	Married	Junior high school	Chef
Female/93	Widowed	University degree	Official
Female/87	Widowed	Primary school	Worker
Female/87	Married	Junior high school	Unknown
Female/81	Widowed	vocational school	Engineer

2.2. Method

2.2.1. Data Collection

This study uses face-to-face, semi-structured in-depth interview to collect data. Faced with the patient himself, the researcher entered the survey site as a young volunteer to conduct the investigation. The reason was that "volunteers came to chat with the patient", and mainly used daily communication and chat to establish a good communication relationship with the interviewee. The interviewees interspersed the interview questions of this study in the process of communicating with the patients themselves, and obtained the answers from the interviewees from the side. The interview questions are shown in Table 2. In the face of family members and medical staff, the investigators revealed their true identities, inform the interviewee of the research purpose and significance, obtain the interviewee's consent and start the interview. Conduct a 60-90 minute interview with a subject at a time, and observe the interviewee's facial expression, body language, and emotional changes during the interview, and record them in time. At the end of each interview, the interview data of the day will be summarized and edited by means of retrospective records, and the interviewee's own language shall be used as much as possible. Use communication techniques such as encouragement, gaze, exploration, and silence to strive to obtain more detailed information and gradually deepen according to the respondents' answers. If the patient's emotions are too strong, terminate the interview in time and provide psychological care to calm the patient.

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2.2.2. Data Collation and Analysis

The data collation and analysis process is carried out by two researchers at the same time to ensure the consistency of the data interpretation. Use qualitative research analysis method to analyze the obtained data. Read the transcripts as a whole, and use the generic analysis method to code and classify the data, and extract themes. Summarize the corresponding interview content based on the analysis of the research questions. In order to prevent infringement of the privacy of research subjects and protect their right to choose, the names of patients are replaced by serial numbers.

Table 2. Interview outline of respondents' attitudes towards death

Open question
1. After knowing the condition, how do you feel in your heart?
2. Please review your recent treatment experience and tell us about it.
3. Please evaluate your life, are you satisfied?
4. Can you tell us, are you afraid of death? Can you accept the reality of your deathbed?
5. In what state do you plan to spend the coming days?
6. What preparations will you take to meet death? Have you considered your own funeral?
7. In the last stage of life, do you value the quality of life more or the length of life?
8. Do you have anything else to say to us?

3. Result

3.1. Psychological State

3.1.1. Loneliness

Patients stay in the hospital every day. They sleep, eat and watch TV day after day. Most of the patients in the same ward cannot speak. Some of them are not conscious. Some can only be sick in bed for a long time, in a lethargic state. Feeding need to be inserted into the esophagus. Therefore, for patients with the ability to speak, there are very few people who can chat. When we asked patient A, "Would you be happy if a volunteer came to chat with you?" he replied, "Yes, of course." Once we just walked into the hospital room, he immediately turned to get romance of The Three Kingdoms and asked us, " Where to read today? How about starting from the first chapter?" Patient B could not see with her eyes, could not hear with her ears, and could not speak with her friends. She thought that the nurse was very busy, so she would not bother her. She understood that family members also have their own business to do, so she will let them go without delaying them after the meal is delivered. In addition, her own body itself was very weak, and her body functions began to degenerate, and she could only lie on the bed as a whole. "They don't talk," she says, "I talk to myself sometimes." In addition, patients sometimes exhibit the opposite behavior to disguise their inner need for companionship. Patient C usually has no one to chat with and few family visits. Nearly an hour after the first interview, when I told her I was going to see another patient, she agreed but said nothing. In the next few interviews, after talking for a while, she would ask investigators to see other patients. When interviewing her for the third time, she watched the other two volunteers in the same group chatting around other patients. It seemed very lively. She stretched her neck to look at it from time to time. She also took the initiative to get up and walked over with the railing, but after sitting for a few minutes, no one talked to her, so she came back, sat next to her for a while, went to bed facing the wall, but did not fall asleep.

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3.1.2. Sensitivity

Most patients are sensitive to the behavior of others. They care about the attitudes and opinions of others around them, which will affect their own emotions.

3.1.3. Sense of Meaninglessness

We asked the patient B whether she liked reading or not. She replied that she didn't like reading but liked playing. "What do you like to play?" "We demanded. She replied, " I don't have anything I like to play with." "Then you don't like to read, and you like to play. You don't have anything to play with." "It doesn't make any sense," she said. When asked if she thinks about the past or the future, she says there's no point in thinking too much. So I asked her, " Why do you keep saying it makes no sense?" She replied, " I am a plain person." "And she said," I don't feel anything."

3.1.4. Helpless Acceptance

Patients will consider many reasons to hide their inner need for companionship. They think of family members who have their own things to do and act as if they don't need company. Patient B told us that she felt her family had something to do, so she would let them go after the meal was delivered, without delaying them. When we asked the patient whether she would go home for the Spring Festival, she shook her head expressionlessly and said, "No, going back would be a burden." In the third interview, the investigator asked, "Grandma, don't your family come to visit you on weekdays?" . She nodded and said, "They do." "Do they come to see you often?" "She slightly excited said" Not much. They don't have time to see me, they also have jobs, everyone has their own tasks. "Are you bored all day?" asked the investigator. She was silent.

3.2. Death Attitude

3.2.1. Fear of Death

These patients are particularly urgent for medical assistance when the illness occurs. During the interview, we encountered patient C who had a cold and had an episode of bronchitis. From entering the door to sitting down, Patient C always looked worried, kept looking up at the infusion tube, and looking down at the hand where the needle was inserted from time to time. As the needle flow rate was slower than usual, patient C was anxious. Patient C did not return to normal until the nurse replaced the needle. From the perspective of family members, the author understands that these patients are afraid of death. A patient's wife said: "These grandparents are very picky when eating fruits! Fruits are too sour, and the food is not appetizing. For example, the mother-in-law of bed 3, if the food is not good, she will get angry! But they are willing to take the medicine no matter how bitter it is. The desire to survive is very strong, and no matter how bitter the medicine is, they have to take it because they want to survive."

3.2.2. Death Evasion

From the beginning of our research, the hospital's medical staff confessed to us that "because of the sensitive topic, many patients are unwilling to accept such investigations, so we can only go deep into the lives of patients as volunteers. Understand their attitude." We tried to open up the topic of death with Patient C, but the reaction was rather cold. When asked about the wife of Patient C, she said that her husband had been dead for many years. The investigator paused and asked, "Then you and your baby are a little sad, right?" She was silent. "Then you told your children at that time that their wife had passed away?" She answered," They were so young at that time. They were only over ten years old and they couldn't understand this." The investigator asked, "Well, in other words, they don't understand that their father's death was meant to be a spoiler at that age. So did you told them at that time?" She said, "No." "Nothing?" She replied, "Well, I said nothing." The tradition of taboo talking about death is not only in themselves, but also in their relationships with other family members. And they also showed

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an evasive attitude towards death. The nurse at the hospital said, "You know, some old people are taboo to say this."

3.2.3. Acceptance of Death

A small number of patients adopt an attitude of acceptance and letting nature take its course in the face of death, and some even show a humorous attitude. During our conversation with Patient B, when we asked if she had ever had regrets, she replied, "No. Any regrets? What's the use of thinking about it after it's all gone? 'Which slope to sing,' don't you think? There are so many things that are not going well in life, how can there be flowers and applause all the way?" When we asked her if she was afraid of what would happen in the future, she said, "I don't think about that. It's too complicated. I just think about having fun every minute of the day and not thinking about the mess. There's no point in thinking too much. Go with the flow. Follow the flow." When researchers joked with her, she would always cover her face and smile, and she comforted the researchers by saying that she should ask her grandmother (the researcher's grandmother) to be more relaxed. She would try to keep herself cheerful, and she would recite to us poems like "People say in vain that Loushan pass is as solid as iron". One caregiver said about Patient D, "When she wasn't feeling well, she was there saying, 'Oh, I'm dying, I'm dying. 'And I asked,' Are you going to die? When will you die? 'And she says,' I don't know, I haven't received the call. '" "When she was not feeling well, what else would she say to you?" the researchers asked the care worker. "She would either yell, yell, and sometimes hit me," the nurse said.

4. Discussion

Terminal patients experience complex emotional experience at the end of life. But their psychological state has not been paid enough attention to.

4.1. The Living Conditions of Dying Patients Urgently Need to Be Improved

The group of dying patients has not received enough attention. Our society has caused a series of social problems such as care for the elderly and empty nest elderly due to the aging population. The living conditions faced by the elderly in the dying stage are even worse. The daily life of the patients in the hospital is very simple, nothing more than eating, sleeping, and watching TV. For example, patient E is brought to the aisle outside the ward by a nurse every day. The nurse has a lot of chores to do, so patient E spends most of the day in the wheelchair. Patient A is a male and the caregiver is female. He has the ability to get out of bed and walk around. However, the caregiver finds it troublesome. She is worried that he gets up and catches a cold easily. In addition, it is more difficult for women to take care of the taller men. Therefore, he eats every day, sleeping, watching TV occasionally. I have never gotten up in the hospital for two years, and I rarely even sit down. He looks up at the ceiling every day and occasionally looks at the people passing by the ward aisle. Their living environment in the hospital is also relatively ordinary, and some conditions are very poor. Some patients even live in what was originally a nurse’s office. There are no windows and no outside view. The nurse’s office is reduced to a small cubicle. The eating is also average. I asked a few patients, some patients said that "eating here is not as good as eating in rural areas."

4.2. The Need for Support and Help From the Social Support System

During the conversation with these patients, some family problems were reflected. Although it is an individual patient, it has typical characteristics. The patients received very little family support. Illness is like a dividing line, cutting off the connection between the patient and the family. In the face of the final stage of life, support from the family and other social systems is undoubtedly of great significance to patients.

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4.3. Diverse Attitudes Towards Death and Complex Emotional Experience

Dying patients mainly hold 4 attitudes towards death: (1) Just go with the flow, face and wait for death calmly (2) They were forced to accept the fact that they were about to die. When the disease recurred, they showed a strong desire for survival and were in urgent need of medical assistance (3) They show a more positive and optimistic attitude towards death (4) They are fear of death. The emotional experience experienced by patients is complex and changeable. When the condition gets worse, they will be worried and anxious, while occasionally will accept it. These emotions have recurring characteristics, which also shows that the terminal stage is difficult for patients.

4.4. Strengthen Life Education and Pay Attention to The Wishes, Psychological Reactions and Needs of Patients at the End of Life

In order to improve the quality of patients at the end of life, we should pay attention to life education, the psychology and needs of patients. Establish a correct view of death.

5. Conclusion

In general, there are four situations in the death attitude of dying patients. And their psychological reactions and needs are complicated when facing death. In order to improve their quality of life, they need the help of various social support systems. At the same time, life education for patients, family members, and medical staff must be strengthened to improve death awareness.

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