Living With Death and Dying: The Experience of Taiwanese Hospice Nurses

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Compared to Western countries, the idea of hospice and palliative care is relatively new to Taiwan. In 1990, the first inpatient hospice in Taiwan was opened to provide end-of-life (EOL) care for terminally ill patients with cancer. Since then, the number of hospice and palliative care programs has grown to include 37 inpatient care units, 50 homecare services, and 38 hospice shared-care service programs (Taiwan Hospice Organization, 2007). “Shared care” refers to a model in which a hospice care team provides services to the dying on nonhospice inpatient units. Challenges encountered by Taiwanese hospice and palliative care professionals include meeting the needs of a growing number of terminally ill patients with cancer and other illnesses, solving the difficulties associated with high-quality hospice and palliative care, and developing a culturally specific model of care (Lai, 2004).

Many studies of hospice and palliative care nursing have been conducted in Western countries (Barnard, Hollingum, & Hartfiel, 2006; Brannstrom, Brulin, Norberg, Boman, & Strandberg, 2005; Dunniece & Slevin, 2002; Gaydos, 2004; Georges, Grypdonck, & de Casterle, 2002). Most of the studies used a phenomenologic approach and focused on homogenous samples in terms of gender (dominant female), age, experience, and practice setting. Major findings included the importance of providing holistic care, having a good nurse-patient relationship, encountering stress and challenges, undergoing transformation, and applying stress-management strategies. The participants provided comfort care and respected and supported the decisions of dying patients and their families. Two published studies conducted with Taiwanese hospice nurses focused on job stress and coping strategies (Liao, Wu, Luan, Fu, & Lai, 2005) and spirituality (Chang, Wang, & Chen, 2006). In a third study that investigated the lived experience of 13 Taiwanese hospice nurses, Tsai, Tsai, and Liu (2006) used a hermeneutic, phenomenologic approach to investigate self-care as a response to death anxiety. They found that the self-care response involved the discovery of the primordial self, a coming to terms with frustration and anxiety, self-reflection, and self-transcendence. Of note, the study was framed as an investigation of death anxiety and did not examine a broader experience of hospice nursing. However, little is known about the caregiving experiences of Taiwanese hospice nurses. Research is needed to better support Taiwanese hospice nurses in the provision of high-quality EOL care within the Taiwanese cultural context. Therefore, the purpose of this hermeneutic, phenomenologic study was to explore the experiences of Taiwanese nurses who care for patients who die within hospice settings.

Purpose/Objectives: To explore and describe the experiences of Taiwanese nurses who care for dying patients in hospices, a relatively recent healthcare option in Taiwan.

Research Approach: Qualitative, hermeneutic, phenomenologic approach.

Setting: Six hospices in central and southern Taiwan.

Participants: 14 Taiwanese hospice nurses.

Methodologic Approach: Interviews were audiotaped and analyzed with Colaizzi’s guidelines.

Main Research Variables: Caregiving experiences of Taiwanese hospice nurses.

Findings: Four main themes emerged from the analysis: entering the hospice specialty, managing everyday work, living with the challenges, and reaping the rewards. Three subthemes of managing everyday work were providing holistic, meaningful care through close relationships; confronting and managing negative beliefs about hospice; and managing the dying process.

Conclusions: The fundamental structure of the caregiving experiences of Taiwanese hospice nurses is a dynamic, multidimensional process that evolved over time. The hospice nurses demonstrated how they achieved balance in their daily nursing practice within the Taiwanese cultural context.

Interpretation: Improved end-of-life education for the Taiwanese public, nurses, and other healthcare professionals that includes hospice concepts is needed. Administrators should provide adequate support to encourage and empower their nursing staff in hospice settings.