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How Hospice Social Workers Make Sense of Religious and Cultural Diversity as it Relates to Death and Dying

by

Andrea S. Hanson, B.S.W.; L.S.W.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members

Lance T. Peterson, LICSW, Ph. D. (Chair)

Kristen Pearce, LGSW

Joan Olson, MA, BCC

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Hospice care has become a popular care concept among medical fields and with patients and family members who are terminally ill or have entered into the final stages of their life. Cultural competency is important to the social work profession and it is especially crucial to respecting the culture of a client and his/her loved ones at the end of life. Within the Minneapolis/St. Paul metro, local hospice social workers encounter the culture and religions of various Asian, African, Middle-Eastern and Latino clients. I specifically sought to analyze data from qualitative, semi-structured interviews with six local hospice social workers with the intent of evaluating the education and trainings that local hospice social workers receive in order to best equip them to assist their clients of diverse cultures and religions in relation to death and dying. I found that most of the education and training that the six local hospice social workers that were interviewed have received has been from interpreters, the clients or the internet. The following sections will explain the study and explore the themes in which the hospice social workers were educated; themes include: what is defined as best practice in hospice; clients as teachers of cultural competence; barriers, challenges and opportunities; and recommendations for education and training on religions and cultures.

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How Hospice Social Workers Make Sense of Religious and Cultural Diversity as it Relates to Death and Dying

Hospice care is a philosophy that is utilized in many countries and cultures around the world to provide support and care for people as they enter into the last phases of their life. Hospice focuses on caring for patients to make them comfortable rather than curing their life-limiting illness or injury. The National Hospice and Palliative Care Organization (NHPCO, 2015) states the following:

Considered to be the model for quality, [hospice provides] compassionate care for people facing a life-limiting illness or injury, hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.

The concept of hospice was first introduced during the 1970's and family members were encouraged to be caregivers, which was an unsupported role for many people. This allowed hospice agencies to be a new support system to the family members while assisting the patient with cares and their own personal relationship with their final stage of life (Kedizora-Kornatowska et al, 2011).

In the United States and other countries throughout the world, Hospice and Palliative care agencies provide quality end of life care to its residents and their families during their final stages of life. During the end-of-life process, when a person is dying, the client and their family can often have a significant and challenging experience.

Professionals and social workers are often prepared for the patient's intense emotions, anticipated grief and loss concerns and decision making for future plans, but often they don't consider how much of an influence someone's culture and religion can impact values of death and dying. Similarly to there being differences in culture and religion in the way someone lives their life, there are also many differences in how people grieve through the process of death and dying. The way a person grieves the death or loss of themselves or others can vary across cultures and is often heavily influenced by their religious persuasion (Chachkes & Jennings, 1994; Younoszai, 1993).

“Understanding the histories, cultural assumptions, and traditional beliefs of various cultural groups regarding end-of-life care issues can help practitioners to better serve an increasingly diverse population” (Newhouse, 2013, p. 331). It is important for hospice social workers to be aware of these religions and cultural influences and be aware of cultural diversity in end-of-life care practices in order to best support their client and provide culturally sensitive care. “Culture can be defined as a grouping of individuals who have some sense of commonality with respect to language, values, beliefs, norms, worldviews, accepted behaviors, rituals, and practices” (Lopez, 2007, p. 36). An important starting point when working with patients who are at the end stage of life or dying is to acknowledge cultural and religious diversity. “How and when rituals are practiced vary depending on the country of origin and level of acculturation into the mainstream society” (Lobar, Youngblut & Brooten, 2006, p. 44). Existing research shows patients who are involved in hospice and palliative care are often more active in maintaining their personal relationships and are more in touch with their emotional and spiritual growth (Becker, 2004). The way a person grieves or carries out his or her death

rituals is often heavily influenced by a person's upbringing and cultural and religious beliefs. The stronger a person is embedded in their faith and cultural beliefs, the more committed a family of the deceased is to performing rituals and ceremonies that are appropriate for their religion and culture (Lobar, Youngblut & Brooten, 2006).

Within the hospice culture, medical social workers are key referral sources to connect families with the concept and options of these hospice and palliative care agencies. Social workers have a very important role in the Hospice Palliative care service and will at some point engage with adults, children, and families who are "facing progressive life limiting illness, dying, death or bereavement" (Bosma et al, 2010). As caregivers, it may be difficult to understand the client's perspective and needs if they are not certain to understand the client's individual viewpoint, and unfortunately, some may make incorrect assumptions. Within each culture and religion it is unwise to even assume that each person of a certain religion or culture will look at death and dying the same.

Generally it is the role of the social worker to refer a family or patient to hospice care. Social work involvement in hospice care has been shown to improve team functioning, allows the social worker to address more issues for the team, reduce medical services and visits by other team members and increase client satisfaction by lowering the severity of the case (Reese & Raymer, 2004). Social workers bring a unique and different perspective to end-of-life care that is able to reflect upon and support the holistic philosophy of hospice and palliative care. Social workers are able to use an ecological approach to problem solving that takes into consideration the patient and their cultural or religious support as an entirety while working with the client. Social workers, along

with those endorsing the hospice philosophy, consider the whole picture and all entities of a psychosocial support system when working with an individual (Bosma et al, 2010)

Hospice social workers within the seven county metro area have other factors to consider when working with a diversified range of clientele and family members. Not only are hospice social workers assisting clients and families as a loved one is in the final stages of life, but there are also factors of working with different cultures and religions that make up the Twin Cities population. Over the past several decades, thousands of immigrants have moved to Minnesota from all over the world. During the 1990's, Minnesota's total population of foreign-born residents has grown by more than 130 percent (Boyd, 2010). In 2008, foreign-born residents in Minnesota made up 6.5 percent of the total population. Providing opportunities of a strong economy, good education and quality of life, Minnesota has been a popular destination for people moving out of their native country. Minnesota has also been known as a location where many volunteers and religious organizations have extended their arms and helping hands to people needing to vacate their homes. According to the Minnesota Compass, there are currently about 404,000 residents that are foreign born, which includes many refugees who have fled from their home country. "By country of origin, the 10 largest groups of foreign-born residents in Minnesota are (in descending order): Mexico, India, Laos, Somalia, Vietnam, Thailand (including Hmong), China, Korea, Ethiopia, and Canada" (Minnesota Compass, 2015). Nearly 80 percent of these immigrants live within the 7 county metropolitan areas. Given the number of cultures that are represented in the Minneapolis/St. Paul area, cultural competency of hospice social workers and learning how to respect a client's culture will mean a lot as they near the end of life.

The focus for this qualitative research project will be to evaluate the perspective that local hospice social workers have of the hospice program, the services they provide and the benefits and hardships of working with clients of different cultures and religions who are enrolled in hospice. The findings for this project will be based on research that will be conducted with local hospice medical social workers providing hospice and palliative services. By conducting this qualitative research with hospice social workers, this will serve as a foundation and knowledge for understanding the relationship between hospice social workers and a diverse religious and cultural population to improve the quality of care that hospice agencies can provide to their clients. The themes that will be discussed throughout the paper include: similarities in cultures and religions, differences in cultures and religions and adversities hospice social workers face working with diverse cultures and religions.

Literature Review

Adversities of Cultural and Religious Diversity in Palliative Care

Often when a patient or family member is first given the option of hospice, they will frequently experience some fear and anxiety over the unknown of the philosophy and the future of themselves or their loved one. In our society, hospice can often be considered a death sentence when a medical professional recommends that a patient or family explore comfort measures for the final stages of a patient's life. However, not all cultures will have experience with the concept of hospice and may have varying philosophies on death and dying that are specific to their culture or religion. In a study about oncology social workers' attitudes about hospice care, the social workers indicated that a majority of them had encountered resistance to referrals to hospice from both the family and the patient. This displays that "patients will naturally tend to deny the inevitability of their own death, and that entry into a hospice program entails an acknowledgement that one really is going to die" (Balfour, 1995, p. 53). This hesitancy and resistance may cause social workers to feel a sense of defeat if they are apprehensive about the way the family or patient may react and may cause them to not want to bring up hospice services to their clients.

Social workers may even have different feelings and apprehensiveness when working with people of diverse cultures and religions; yet, several examples illustrate the importance of considering cultural and religious diversity. "African-American, Jamaican, Asian, and Baptist participants stated that families have a desire to hold on to their loved one for as long as possible, so they may avoid signing Do Not Resuscitate (DNR) orders or making preparations for death" (Lobar, Youngblut & Brooten, 2006, p. 44). In Black

and Hispanic cultures it may also be seen as an insult to talk about organ donation in regards to their family member. Some cultures believe that the person must remain as a whole person and intact when they leave this world (Lobar, Youngblut & Brooten, 2006). In Asian culture, it is often believed that the number “4” is associated with death and the family may feel they are guaranteeing death if the ill person is placed in a room with the number “4” in it. It would be insulting to have to have the ill person’s feet facing the door as a deceased person is often carried out of the room feet first. It is also customary that Muslims believe God reveals laws about physical contact between sexes and is related to purity of both the living and the dead. A female caregiver touching the body of a Muslim man could cause the patient or family distress (Komaromy, 2004). Understanding that many cultures believe that karma brings on illness and death would be beneficial as a health care worker (Lobar, Youngblut & Brooten, 2006).

As a hospice social worker, it would be imperative to have an understanding of these beliefs and rituals as to ensure one does not insult the family members of one’s client. Although it is unrealistic to expect social workers and health care workers to know about every culture and religion, it is important to be aware of what questions to ask so one can best support the client and family as they navigate through their grief.

Religious Similarities in Understanding Death

In some cultures, grief and loss is much more outwardly expressed and family and friends mourn the deceased publicly. In the Latino culture, rituals are based heavily on the Catholic faith and spirituality is manifested by a relationship between the living and the dead through visits to the grave (Lobar, Youngblut & Brooten, 2006). The Hispanic culture puts a great deal of emphasis on relationships with immediate and extended

family and will often look to others for support in times of loss and sorrow. In Mexico and other Latin American countries Dia de los Muertos, or the Day of the Dead, is a holiday celebrated on November 1. This is a day where people are able to celebrate those who have passed through festivals and celebrations. It is common that the celebration is connected with All Saints Day and All Souls Day, which are celebrated in the Catholic faith (Sue, 2015). In the Latino culture, “grief is expressed by crying openly where women may wail loudly but men may act according to ‘machismo’ where there is a belief that men should act strong and not show overt emotion” (Lobar, Youngblut & Brooten, 2006, p. 44).

Rituals of grief after death and dying can vary widely from crying and wailing to being silent and stoic among the Black American population based on the diversity of religious affiliations, geographic regions, education and economics (Perry, 1993). Strong religious influences and viewing death as part of God’s will and the plan for each person can help many Black Americans to grieve and accept the passing of their loved one (Hines Smith, 1999, 2002). In Christianity, a follower of Christ will believe that when a person has passed, their soul leaves their body and returns to Heaven to be with God for all eternity. A funeral service is often held among friends and family as they pray for healing and comfort from God in their mourning of the loss of their loved one. Friends and family believe that they will see their loved one again when they, too, enter the Kingdom of Heaven and live for eternity with God.

In Judaism, when a person passes away, believers of the faith maintain that the body is a “holy repository of the soul” and they treat it with a great deal of respect. Funerals are planned soon after death, as they believe the soul begins to return to heaven

immediately after the passing. Friends and family of the deceased will often wear a black ribbon or torn clothing to show that they are in mourning. Friends within the community will take care of the family while they mourn. In the Jewish faith, a head stone will not be placed at the gravesite until a year has passed as to represent that their year of mourning has ended (Lobar, Youngblut & Brooten, 2006).

Living in the United States today, there are approximately 700,000 Russian-Speaking Jewish Immigrants from the Soviet Union; most of which have moved here within the last 30 years (Newhouse, 2013). Death is believed in a traditional form as being the “greatest of all evils” and they believe “the worst life is better than the best death.” Once a person has passed away, the community will surround them and participate in mitzvah by escorting them to the cemetery. They will practice the seven day mourning ritual shiveh when the family will stay home and friends and neighbors will come to offer their support and comfort. As a social worker, knowing about their beliefs in death being the greatest of all evils is imperative when working with Russian-Jewish Immigrants. “Cultural beliefs and superstitions may also play a role in hampering communication about death and dying, especially among older immigrants. For instance, many Russians consider it “bad luck” to mention death at all [believing it to be] an invitation for death to come” (Newhouse, 2013, p. 334). Discussing end-of-life care or funeral planning would be difficult to converse about if the social worker did not have some type of knowledge of their views on death and dying. Historically in their country, the older children, rather than the patient, would have received the bad news about his/her condition. This could be a custom where the patient’s tendency to avoid discussions of

death may be viewed in the American medical culture as “stonewalling” when in actuality they are protecting the patient from dealing with their imminent condition.

Islam is another major monotheistic religion that has rituals surrounding the death of a friend or family member. Muslims believe that when a person dies, the soul of the deceased is exposed to God. It is believed that the whole purpose of a worldly life is to prepare them for eternal life. When a person passes, it is believed that the deceased should be positioned facing Mecca while the room is perfumed and those who are unclean are made to leave the room (Lobar, Youngblut & Brooten, 2006). Mecca is a holy and sacred place for Muslims around the world. Mecca is the center of the Islamic world and is located in the Sirat Mountains of central Saudi Arabia.

In various cultures and religions around the world it is often common for family members to care for their loved one who is in the last phase of life. Several cultures provide female caregivers from the family to care for those who are sick and do not believe in having a facility or other people care for their loved one. Having an understanding of the importance of family and community is important when working with diverse cultures and religions.

Differences

In the Asian culture, death of a family member, especially that of a child, is deeply mourned. In the Chinese culture, the views of death and dying are deeply rooted in historical and traditional beliefs that date back to as early as 1027 – 221 B.C. (Hsu, C., O'Connor, M., & Lee, S., 2009). Knowing and understanding these traditions that stem from Taoism, Confucianism and Buddhism are an important start for health professionals in understanding the Chinese culture. “Death is a taboo and Chinese families will not

discuss issues of death and dying for fear of invoking bad luck. In order to postpone bad luck associated with death, Chinese people will try to prolong the patient's life as long as possible, while also acknowledging that death is part of the lifespan" (Hsu, C., O'Connor, M., & Lee, S., 2009, p. 154). Cultural dimensions of death and dying in the Chinese culture will often include the following themes: saving face (the more someone cries the more the person was loved), filial piety and invoking luck, blessing and fortune (Yick and Gupta, 2002). The family will normally have a traditional elaborate funeral ceremony and may wear white clothing and headbands for a period of time to symbolize the passing of the person's soul to the afterlife (Lobar, Youngblut & Brooten, 2006). "Sadness and grief may be expressed as somatic complaints, since mental illness is often considered a disgrace to the family" (Lawson, 1990, p. 76). Dating back to as early as 1027 – 221 B.C., the Chou dynasty had beliefs about the location of having the deceased in tombs and believed that they were to provide guidance for their ancestors following their death. It comes from these original beliefs that family members of Chinese dying patients place heavy importance on dying at home so they can continue to bond with their family after they have passed away (Hsu, C., O'Connor, M., & Lee, S., 2009). Chinese people believe that those who have passed before them play a significant role in their wealth and success in life and believe that the spirits of their ancestors remain on earth and can bring good or bad luck to their entire family for years to come (Yick & Gupta, 2002).

Buddhism, originating in northeastern India in the sixth century B.C., is one of the world's major religions and has had a significant influence on the Chinese culture for thousands of years (Hsu, C., O'Connor, M., & Lee, S., 2009). Hsu, O'Connor & Lee state that "samsara, nirvana and karma are the main beliefs of Buddhism emerging from [its

founder] Siddhartha [Gautama]'s long quest to understand suffering and the nature of existence" (Hsu, C., O'Connor, M., & Lee, S., 2009, p. 161). Samsara is the "wheel of life" and refers to the belief of reincarnation. Nirvana is the "ultimate goal" that Buddhists wish to achieve where they can put an ending to their cycle of reincarnation. "Karma embodies the consequences of individual deed and actions and is integral to goal of attaining nirvana. The performance of good deeds leads to good karma that results in a higher rebirth [...] evil acts accumulate bad karma and results in a rebirth of the person of a lower level of existence" (Hsu, C., O'Connor, M., & Lee, S., 2009, p. 161). Buddhists believe that death is an occasion that the person can use to improve their next life. They believe that it is important to enter death in a positive state of mind so they are able to be reborn on a high level in their next life. Family and monks typically will surround the deceased and will openly show grief while wearing white clothing. Buddhists believe that when a child passes away early in life that it is secondary to karma and that they did not do good in a previous life (Lobar, Youngblut & Brooten, 2006). Death and dying continue to be fearful subjects of discussion as Chinese people believe that talking about it may cause bad luck and can become an issue for professionals when discussing the diagnosis of cancer, which is associated with bad luck, or other life threatening illnesses. To many Chinese families, it is also important for the loved one to be moved home when dying is imminent so they can be placed in the main hall of their home and join their ancestors (Hsu, C., O'Connor, M., & Lee, S., 2009).

Hinduism is a religion that differs from many others because its foundation does not stem from scripture or sacred place but is seen as more of a way to describe a set of philosophies, cultures and way of life. However, their approach to death is fairly

consistent because of their belief in karma and reincarnation, which implies that birth is linked to the actions that were taken in a previous life. Births and deaths are part of a cycle that each person is seeking to transcend through the increase of good Karmas that will ultimately lead them to the freeing of the soul (Lobar, Youngblut & Brooten, 2006). After a Hindu passes away, the body is bathed, massaged and dressed in new clothes before being cremated prior to the next sunrise, which symbolizes the soul's transition to the next world. Various rituals are performed for 10 days while the soul of the deceased watches over its family until the 11th day when the soul lets go of the connection it had with its former life (Clements et al., 2003).

In Islam, wailing is not encouraged by the culture, but it is permissible to cry. Prayers and readings from the Quran may not be recited by the body of the deceased and women are traditionally not allowed to visit the cemetery (Ross, 2001). After a person passes away, people of the Muslim culture often feel it is an honor to help perform the ritual washing of the body. They must also wash their own body before and after cleansing the deceased as in preparation for prayer. When a person passes, Muslims believe that a cause of death should not be pursued and cremation is described as a 'punishment of hell' and should not be performed (Komaromy, 2004). These traditions and customs could be unbeknownst by a caregiver of a western culture or religion and could greatly affect the patient or family member of the Muslim culture.

In Asian cultures, it is believed that bad karma brings on sickness and death. East Indians believe that there are good times and bad times to die and will often go to a pundit (priest) to check a spiritual book to determine what the best time will be for the person to die (Lobar, Youngblut & Brooten, 2006). Some cultures are comfortable with

their loved one dying in a hospital, where others may feel it is important for the person to die at home.

Having a clear understanding of the differences of the various cultures and religions that one may encounter would greatly enhance the experience that a hospice social worker could potentially provide for clients and their family members. Expanding one's knowledge about diverse cultures and religions is crucial to understanding just how someone's culture may influence behaviors, decisions and reactions to being on hospice care. Cultural awareness and sensitivity are invaluable when working with a diverse range of clients and their families in the end-of-life as each individual has his/her own unique culture and belief that is important to seek to understand with respectful curiosity.

Conceptual Framework

When social workers interact with a diverse group of clients and families, it is likely that they will encounter a variety of people from different religions and cultures. It is important for social workers to have a clear understanding of some of these differences in cultures and religions when it comes to death and dying as they want to be as respectful as possible when working with clients and families during a vulnerable time. In our society, there is a social and moral movement that has been highly influential in psychology known as multiculturalism. “According to virtue ethics, multiculturalism can be seen as the pursuit of worthwhile goals that require personal strengths or virtues, knowledge, consistent actions, proper motivation and practical wisdom” (Fowers and Davidov, 2006, p 581). As professionals, we need to be knowledgeable in practicing in a culturally competent manner while having self-awareness so we can best assist our clients through their grief. If social workers and health care workers are not trained how to ask the appropriate questions, it could cause excessive stress on the family and client during the final stages of their life. Our focus as professionals should also take emphasis on reducing harm to ethnic minorities by being mindful not to deny them culturally appropriate care and impose the values of the dominant culture (Fowers and Davidov, 2006). My focus for this qualitative research project is to discuss the perspectives that local hospice social workers have of the hospice program, the services they provide to their clients, the training and education they have on working with multicultural and multi-religious clients and the benefits and hardships they have encountered with working with a diverse population.

Methods

Research Design

The focus for this qualitative research project was to evaluate the perspective that local hospice social workers have of the hospice program, the benefits and adversities of working with clients of different cultures and religions who are enrolled in hospice, the similarities and differences between various cultures and religions, and their experiences of various situations of a diverse pre-morbid population. Since there has not been a lot of research conducted in relation to this topic, this study was to explore the training and education that hospice social workers have obtained in order to make them successful in working with a diverse population of clientele. The findings for this project were based on qualitative research that was conducted with local hospice medical social workers providing hospice and palliative services. By conducting this qualitative research with hospice social workers, this served as a foundation and knowledge for understanding the relationship between hospice social workers and working with a diverse religious and cultural population. This project explored how to improve the quality of care that hospice agencies can provide to its clients and the education that should be implemented to best support the social workers in working with a multicultural and multi-religious hospice community. Former coworkers and committee members provided names of hospice social workers that allowed the start of a snowball sample. In efforts to construct an effective study that would explore the education and trainings that hospice social workers have received on cultural and religious diversity, the following was addressed: research design, sample, data collection, setting, protection of human subjects, analysis technique and potential strengths/limitations of the study.

Sample

For the purpose of this qualitative research project, hospice social workers were interviewed from a local metropolitan area about their experiences in working with multicultural and religiously diverse populations through death and dying. These social workers were chosen based on their experience as a hospice social worker and their involvements working with multicultural and religiously diverse populations.

Prior to beginning the interview, the consent form was reviewed with the hospice social workers and they were allowed to ask any questions or express any concerns regarding the interview. The consent form was modified to include information about the current study and was approved by the Institutional Review Board (IRB) of the University of St. Thomas. It is also in compliance with the University of Saint Thomas Protection of Human Subject guidelines, including adequate explanation of confidentiality and anonymity of the respondent during the research study. To ensure confidentiality and anonymity, the respondents' names were omitted from the field notes, transcript and report. The audiotape from the interviews will also be kept secured and confidential until the completion of the research presentation and until it is destroyed in June 2015.

The researcher searched and recruited six participants ($n = 6$) for this study. The number of respondents was chosen based on the appropriate number suggested for this type of in-depth interviewing and with participants who were willing and able to meet with the researcher to complete the interview (Padgett, 2008). A snowball sample was utilized due to the researcher wanting to examine specific education and trainings that the

participants have received for working with a diverse cultural and religious population. The sample was chosen in order to provide rich qualitative data for this research.

In order to be eligible for this study, all of the participants met the following criteria including their professional experience, licensure, and work location. The participants had direct experience working within the hospice field. Second, all participants were licensed social workers. Third, the participants all had practiced hospice social work within the Minneapolis/St. Paul metropolitan area.

Work experience

While all of the hospice social workers were of the same ethnicity, greater range was present with regards to participants’ overall years of work experience. Participants’ overall years of work in direct hospice care experience ranged from six weeks to 15 years. One participant had worked as a medical social worker for three years, but as a hospice social worker for six weeks. Two of the participants had between two to five years of experience in hospice and three of the participants had ten to fifteen years of experience. On average, the participants had worked in hospice social work for approximately 7.44 years. The description of years of the hospice social workers experience can be seen in Table (1).

Table 1

Description of Participants’ Hospice Work Experience Within Local Hospice Settings _____
n=6(%)

Years of experience	
0-5 years	3 (50%)
5-10 years	1 (16.7%)
11-15 years	2 (33.3%)

Note: This information reflects participants’ years of work experience in hospice social work

Recruitment

The type of recruitment that was used for the study was a snowball sample. The researcher started by contacting hospice social workers whose names were provided by former coworkers and committee members. All of the social workers that were contacted were currently working as hospice social workers within the Twin Cities Metropolitan area. After completing the interview, they were asked if they knew of any other hospice social workers that would be able and willing to also complete the interview. A letter of introduction explaining the research study, which can be viewed in Appendix A, was emailed to each hospice social worker after they indicated they would be willing to meet for an interview. Twelve social workers, who initially indicated they would participate in the study, were contacted to request their participation in the research study. Of the twelve that were contacted, only six of the hospice social workers returned follow-up calls to schedule a time and location for the interview. The participants did not receive any compensation for participating in the research study.

Data Collection

The respondents all agreed to participate in the interview by signing the provided consent form. The interviews were conducted in a semi-structured and flexible format and lasted between 20 – 30 minutes. The interviews were recorded to ensure accurate content analysis upon which to base codes and themes. Prior to the interview, the questions that were given to the respondents (see Appendix B) were approved by the University of St. Thomas' (UST) IRB in order to ensure that the questions met the UST IRB requirements. The questions were asked in a neutral and open-ended manner to ensure the respondents were able to fully and honestly answer all questions, as they felt necessary.

Questions were first asked to get an understanding of respondents' experience with hospice and their interactions working with multicultural and multi-religious clients. Then we talked specifically about the roles of the hospice social workers, the similarities and differences between various cultures and religions, the adversities they have faced working with clients of a diverse population, their experiences of various situations of a diverse pre-morbid population, their training and knowledge of multicultural and multi-religious philosophies on death and dying and finally we discussed the key components of a successful hospice program and how training on multicultural and multi-religious philosophies of death and dying could benefit the hospice social worker's role. After completion of the interview, I transcribed each interview.

Setting

The semi-structured interviews took place at a Hennepin County Public Library, offices and other public spaces within a private meeting area. The setting of the interview was not the most ideal as there were other groups of people meeting in the vicinity during some of the interviews. The Hennepin County Public Library systems also does not allow for an individual or group to reserve a meeting space more than one time per month which was not convenient for meeting with all of my respondents in that location.

Protection of Human Subjects

Prior to conducting the interview, the respondents were presented with a copy of the consent form, which was approved by the UST (IRB). The consent form provided a description of the study, informed the respondents of the confidentiality throughout the study and apprised them of the progression of the interview. The respondents were

informed that they would not have any benefits or risks from participating in the research and would be able to withdraw from the study at anytime. The respondents were notified that the information obtained during the interviews would only be seen by the researcher, and potentially the research chair. They were notified that all identification would be kept anonymous by the researcher and faculty member until it is destroyed in June 2015. The interview was audio-recorded with the permission of the participant.

Analysis Technique

Grounded theory (i.e. theory which is based on, or “grounded” in, raw data) arranged the analysis of data that was acquired throughout the interview (Monette, 2009). The data from the interview was reviewed multiple times by the researcher to develop codes and themes from the respondent’s remarks. Codes are described as patterns that occur throughout the data and were noted from the interviews and transcripts. Each line of the transcriptions was given a “code” which allowed the researcher to find common themes from the codes. Each assigned code “involves close and repeated readings of the transcript in search of ‘meaning units’ that is descriptively labeled so that they may serve as building blocks for broader conceptualization” (Padgett, 2008 p. 152). It is important that at least three instances of a code are utilized to construct a theme. These themes are to provide the best representation of the data, which was collected from the interviews with the hospice social workers.

Strengths and Limitations

Being able to use a qualitative approach to this study was a great strength of the project and research. Hospice is a well-represented program in the Twin Cities metropolitan area and I believe that having different agencies and health systems to

choose from for my respondents benefitted the nature of the study and the responses I received. The metro area is also a relatively diverse community with several different representations of cultures and religions; thus the chance that the hospice social workers had worked with multicultural and multi-religious clients was more probable.

A limitation in this study was getting local hospice social workers to volunteer to participate in this study. The researcher initially recruited twelve hospice social workers that indicated they would participate in the research interview. Of those twelve initial social workers, only six of the participants followed through with scheduling and setting up a meeting time and location for the interview. Since there are several graduate and undergraduate social work students, local social workers are often overwhelmed with the requests for interviews and surveys. Another limitation was due to the small sample size of participants in the research. Having a small representation of local hospice social workers could present a poor representation of the greater hospice social work population.

Findings

This section presents my findings from the interviews with local hospice social workers (n = 6), which resulted in the development of four distinct themes. The themes that were developed from the interviews included: (1) best practice; (2) learning from clients; (3) education/training on religious and/or cultural diversity; and (4) recommendations for education and training on religions and culture.

Cultural Sensitivity is Best Practice

One of the themes identified by the data analysis of the interviews related to the best practice that hospice social workers could follow when working with clients of different cultures and religions in their daily contribution to the hospice field. The following quotes from the respondents highlight the importance of this theme when working with clients and family members who are processing end of life through death and dying. For example, the following quote relates to both being sensitive, and taking on the role of “expert,” which is frequently expected in the role of hospice social worker:

Most families kind of expect that you're a professional and sort of the work that you use and the things that you say are expertise incarnate. So if you do, I mean I work with interpreters that are very, very good in that they, I will often ask them beforehand or through our relationship what may be offensive to talk about with this family. [...]. I think you're willing to keep it broad. You can remain sensitive without accidentally tripping over some delicate, more specific issues. It's just being sensitive but there's a different way of talking and there's just a different expectation of you if you're going in, if you're well dressed, you have a name badge; that you're really considered kind of an expert and someone to look up to rather than a peer. So that's something that you kind of have to get used to.

Another hospice social worker had a similar belief in not assuming what your clients want, but to ask questions about their beliefs.

I think just to never assume anything. To meet clients where they're at and let them tell you what they believe rather than trying to guess is extremely important. Asking prompting questions to try to learn about them.

The following respondent concurs with the emphasis on meeting clients where they are spiritually and emotionally. However, her narrative enriches this idea through pointing out two related and important considerations for best practice: (1) sitting “with” them in their grief, and (2) helping clients become self-aware.

I think just not coming in with an agenda and meeting people where they are at. I think that's what social workers do best. We don't try to change people. We try to help them and sit with them in their sorrow and grief and no matter what culture or religion. Not trying to change people's views on the world. [...]. I think just by acknowledging it's not my job to change anyone's perspective on anything, you know. My job is to help them feel comfortable and at peace. Whatever that looks like for that patient. Try to help them see hope in whatever area they can find that in. A huge part of social work is having people become self-aware. Having our clients become self-aware of things so we're not to impose things on them.

Another practitioner points out that meeting the clients where they are does not have to mean not knowing anything about their practices and/or beliefs:

At least, okay, I think I know how they practice, and yet you can't make any assumptions because there are so many different types of practices within that certain religion but at least you can, you don't have to sound like a total idiot, you know?

Best practice requires professional humility, with the acknowledgement that the work is both an honor, as well as challenging. Additionally, being open as a social worker or as Fowers and Davidov (2006) express, “openness to the other” comes out in thoughts about self-awareness and awareness of others from some respondents. The following address these ideas.

I think [working with hospice clients] is always hard. End of life is a very sensitive area to be in and it's an honor to be a part of that. As a hospice social worker you are essentially strangers to the scenario and the situation that they are coping with so getting in the door is a huge thing and then trying to catch up. As hospice workers its like you're a greyhound. You're constantly running, you're being released from the gate and you're running as fast as you can to try to catch up with where the person or patient and their family/loved ones are. Emotionally, physically, spiritually it is very fast paced work and you have to be

agile in all of those areas to withstand the pressures that are happening all around. Most importantly happening for the patient that is dying.

I feel really fortunate that I have always kind of carried this idea of being open to whatever and not I'm not going to expect anything or have an agenda other than to provide a presence. [...]. As the social worker or another profession, if you have the agenda of "I don't have an agenda other than to just be present" then it opens you up to what is going on around you. If you go in with an agenda, you're going to miss a lot. I think that being self conscious of your self personally and professionally; having that enhanced awareness has really helped me move forward in my career as a social worker.

I think what I have found [to be best practice when dealing with sensitivity] is just asking the questions like "how do you identify" or "tell me more about your faith background" and just acknowledging things outwardly like "I would really like to learn more." It's pretty cool to see the response of folks that are being asked that because maybe a lot of times they are not being asked that and you are faced with a potential of a lot of assumptions.... potentially the social worker having assumptions...the person or the patient having assumptions. So I think that in a gentle way like calling out your curiosities in a gentle and respectful way, I think really opens up a lot of doors. [...]. Every person, like every culture, there are just different variations and just asking the person "what's important to you?"

Every situation is different and unique and is different for that person and I see it as a complete honor to be a part of that and it's a very humbling experience. You have to be in check with yourself personally and professionally to continue to do it so you don't get snags and more specifically you need to take care of yourself. Because when you take care of yourself personally and professionally, your biases, if you have any, they're maybe not going to be impacting your work. We all have opinions. We will always have opinions. That's what makes the human race amazing. It's just that the more that we are aware of ourselves and we are aware of our opinions, we can separate ourselves from that.

Clients as Teachers of Cultural Competence

All social workers were then asked about some of the things they have learned from their clients of another culture or religion while providing them hospice services. They described ways in which their clients had taught them about religious or cultural sensitivity. They responded with the following statements:

I would say the biggest thing that I have learned is to ask them what their beliefs are and to let them know that you want to learn. [...]. I think the biggest thing that I have learned is to just go in and say number one, "I don't know anything about

the way that you believe and I would love for you, if you're comfortable, to share with me." Because that opens up a whole different feeling and I would say I have never had anybody not want to share with me. They're excited to share and it opens up a door of trust and mutual respect. So I would say that is by far the biggest thing I have learned and it's so simple. [...]. I think by observing too. When you observe something you can ask and say, "I noticed you did this or you said that. Can you explain that to me?" And it's usually based on something cultural because it's based on something that is out of the norm for us.

Other respondents felt that their clients had taught them a great deal about their cultures and religions. The following quotes explain the ways in which they have learned from their clients.

I know I've just gotten used to kind of asking the patient and family what are their comfort level when talking about aspects of death and dying.

[Your patients and families] teach you a great deal. They're who you learn from. And I think the interpreters are who you learn a lot from like I said before because they, they're maybe supposed to interpret everything you say but they do kind of veer from that once in a while.

I have certainly learned a lot and its certainly hard to capture in a concise way the last 12 years of working with people, but I think what stands out for me is being present is huge. It is a multicultural presence and you learn that from each person that you work with no matter where they are from.

Challenges and Opportunities on Religious and/or Cultural Diversity

All of the social workers were then asked about the education they had received from their institutions regarding religions and cultures as well as to describe the trainings they had attended since they had left their educational institution. They responded with the following statements:

None. I remember when I started in hospice all I got was one sheet of paper that that just had bullet points that told me the traditions of Hmong patients, traditional Hmong. Not even any other cultures. I haven't gotten any training on any other cultures, nothing. [...]. We typically would have an interpreter with [us] and the interpreter typically did all the education for us like how we needed to talk with [the patients and families]. [...]. Thinking back to grad school, I don't think I got any either. So I would say that would be great. Like 0-10? I maybe. I bet we touched on it and I just can't remember. Religious diversity. Was there a

class that specialized in that and then I didn't take it? I don't ever remember learning about religious diversity.

Other social workers discussed some education from institutions that they were aware of on some particular cultures, but also believed that most of the available education was on their own time.

It's typical Social work CEUs, I think. Between the expensive CEUs, I know St. John's; they tend to have a staff provide different cultural CEUs, just a 1 hour one on Hmong culture or Somali culture. It's usually held by a staff member there, so I guess there's some internal education. Lot of books. You get recommendations from interpreters, from other social workers who have found sites helpful. It's kind of your independent learning after school. I think [at my educational institution] there was training on cultural diversity but it seemed overarching and kind of superficial. So not very specific and I don't know how poignant it is to real life and how generalistic.

Certainly in my undergrad and my graduate settings in social work, there was certainly pertinent information that obtained and learned about. Also, with my place of employment, we live in a diverse world and with that we are also in a health care world, so my place of employment has been very generous in supporting me going to get more education on various topics. For instance, working with interpreters, how do you work with medical interpreters? How do you use them? How do you partner with them? That has been helpful and I have felt very fortunate to have a combination or conglomeration of training.

In the social work profession, we often spend time on educating professionals on the importance of racial and Gay/Lesbian/Bi-sexual/Transgendered (GLBT) diversity, but culture and religion is rarely part of the diversity training. Considering that it is such a significant part of people's beliefs and values I feel that it is important that we also include this topic of education for our professionals. The Minneapolis/St. Paul metro has one of the largest immigrant populations in the country, and we do not include culture and religions into our diversity trainings. The following quotes from the respondents exemplify this:

I feel like in the social work training, my education...my undergraduate and graduate degrees certainly were very good degrees but I don't know that there really was a lot of emphasis. Certainly on diversity, but not really specifically religious diversity. So I feel like I have gathered that after I graduated with both of my degrees and I happened to be connected to hospice, especially by doing the work you are kind of learning as you are going.

“When I started in hospice, all I got was a sheet of paper that told me the traditions of Hmong patients, traditional Hmong. [...]. I didn't know you weren't supposed to do things like call their kid cute; you can't touch the kids on the top of the head. Things like that I had no idea.”

Another social worker described how they have learned about other cultures and religions over the years, but did not have a lot of formal education from their institution or employer. This participant's response is as follows:

I would say looking back at my fifteen years, if I had dealt with the cultures that I have now, back then, and internet was kind of just starting...if I didn't have the internet now, I would have failed because now you can just look up something and at least have a little bit of knowledge in a very fast way. You know...I think our organization was good in the beginning about having a variety of different people coming in and I think we've kind of dropped the ball on that. We forget that we have new people you know, coming in and I don't blame the organization because I think people just get busy, you know and they forget. So it was good in the beginning and we haven't had that much but umm...our organization is good if we see a flyer that talks about something they'll say, "Yeah go ahead and go." Hopefully if we have the time. But again like I said I rely on the Internet a lot to learn.

Recommendations for Education and Training on Religions and Cultures

Lastly the social workers were asked to provide recommendations for cultural and/or religious education and trainings that they felt would be beneficial for the hospice social work profession. They responded with the following statements:

Oh my gosh, just CEUs you know. I know at St. John's they did one CEU one time where someone spoke about the Hmong culture. [...]. I think they just need to find people to come in to work places from various cultural and religious backgrounds and provide one hour CEUs honestly over lunch breaks would be so helpful. And of course when you start a job really, if that's a dominant cultural

group that you'll be working with, you should get training. I mean all types of. Someone needs to organize some CEUs.

Other social workers felt that there was a great need for education and a large gap

between what they received and what was needed. Their ideas are expressed below:

There could be a lot I think. [...]. I think that if there could be some kind of a course that just touches the basics about the Buddhism, the Islam, and the animism from the Hmong...just the basics. I mean there is just so much out there it could be overwhelming. You can't learn it all. [...]. But if there could be something basic that says "okay this is how they believe, this is how they practice" and then go down the row, I think that could be beneficial. And I think there should be refresher courses. It shouldn't be just a one-time thing I think it should be not yearly, but maybe once every two years. We get with so many different things and I think it's really important...very important.

I think that they need to be comfortable in looking at different potential communities that they would be working with and be comfortable in reaching out to different faith communities. I think we learn by asking questions and we need to feel comfortable with ourselves personally and professionally to be able to ask questions in a way so we can connect and learn more. [...]. So I think that having either a team social worker and a chaplain working in partnership on how to connect with these communities and maybe being a little bit proactive on that, you know you are faced with it's good to have all of this information but we might get information on the Baha'i community but we might not ever have any Baha'i patients. You know so it's like you need to know your audience and from there, try to build from that and not think, "well we have had this many people from this community." So we are always learning we are never an expert and we can only go based on other scenarios that may or may not be at all like the one prior.

"I think [hospice social workers] need to be comfortable in looking at different potential communities that they would be working with and be comfortable in reaching out to different faith communities."

"I think they just need to find people to come in to work places from various cultural and religious backgrounds and provide one hour CEU's. [...]. Of course when you start a job really, if that's a dominant cultural group that you'll be working with, you should get training."

Discussions and Implications

Researcher's Interpretation of Findings

The four themes identified above by the research encompassed several of the contents that were covered within the interviews. Beginning with the theme cultural sensitivity is best practice; it was identified because of the role and values that the hospice social workers have toward the importance of understanding clients from their frame of reference.

The quotes within this theme illustrate the best practices are really a way of being. These social workers speak frequently of honoring others' faith practices and being open to their clients' descriptions. Additionally, they speak of the importance of self-awareness; both in terms of helping clients discover it and discovering it themselves. As noted in this last quote, one is able to separate oneself from opinions when one is aware of them.

The second theme, clients as teachers of cultural competence, focused on the experiences and cultural and/or religious rules that they had learned from their clients while providing hospice services. The purpose of this theme was to explore the cultural difference that the social workers were learning about from their clients after they had already begun services with the insured. The social workers all expressed ways in which their clients had taught them about religious and cultural sensitivity.

The quotes within this theme exemplify the ways in which the clients taught each social worker about their own culture or religion. They all had experiences of working with a new culture or religion and having to ask what their clients' beliefs were. They

also described the importance of asking the client or family about their comfort level with death and dying based on their cultural or religious beliefs.

The third theme, challenges and opportunities on religious and/or cultural diversity, focused on the education and trainings that the social workers had received prior to starting their career as well as to acknowledge their trainings after they had graduated from their program. This theme highlights the frequency and types of trainings hospice social workers have received in order to best prepare them for best practice when working with their clients.

The quotes within this theme express the lack of education and training that all of the social workers felt they had received in order to prepare them for the work they would be doing and the clients they would serve. Their experiences included the lack of education they received from their institutions and the types of independent learning they had done on their own time to prepare them for the clients they would encounter.

The fourth theme, recommendation on religious and/or cultural education and trainings, focused on the recommendations they felt would provide them with the resources to provide best practice when working with clients of a different culture and/or religion. All of the social workers felt that they could have more primary education and continued trainings on how to work with the clients they serve to provide the best care and service from having knowledge about the cultures and religions of their clientele.

The quotes within this theme provide a strong representation for the social workers believing that there needs to be more education in institutions as well as personal agencies. The respondents indicated that it would be beneficial for them to have trainings for the cultures and religions that are most represented in their demographic area.

Literature and Findings

After reading the literature and interviewing six local hospice social workers, there were a lot of similarities that were found based on the cultures and religions that were researched and the experiences that the hospice social workers had when working with clients through death and dying. However, the social workers indicated that they had not received proper training and education to know about these cultural and religious views on death and dying prior to working with various clientele. Many of the social workers learned on the job from their clients, from the Internet or from the interpreters. One social worker explained how she received a single sheet of paper that informed her on a limited amount of the traditions of Hmong patients but did not include basic cultural forms of respect. All of the hospice social workers indicated their desire for having more training and education from the school or agency to better equip them for their profession.

The researcher also had difficulty finding research to provide a foundation for the way many religions and cultures view death and dying; especially if the culture finds it taboo to discuss health declines or death and dying.

Implications for Policy

There needs to be curriculum and educational opportunities in institutions as well as trainings and CEU's for agencies and places of employment that provide education on cultures and religions for hospice social workers. One way that we can ensure that our institutions and agencies begin to incorporate religious and cultural diversity into their missions is to begin with a change in their policy. One area of growth for encompassing religious diversity in social work was in 2001 when the CSWE Educational Policy and

Accreditation Standards revised their policy “incorporate religion into its understanding of human diversity” (Hodge, 2006). As one of the social workers recommended, it would be beneficial for agencies and medical organizations to have connections and relationships with faith-based and cultural leaders so they can provide education to the professionals working with their communities. “Interest in spirituality among social workers appears to be increasing and research indicates that most practitioners are currently addressing religious issues in practice settings” (Hodge, 2006, p. 91). By sharing the importance of their community’s values and beliefs with hospice social workers, empathy for various cultures and religions can be more prominent during their hospice service and end-of-life care. Having knowledge of what is important to other cultures or religions would benefit the professionals when working with clients through death and dying, but it would also show to the multi-cultural and multi-religious communities that their beliefs and values are respected. If hospice professionals were known to other multi-cultural and multi-religious communities as having knowledge of their beliefs, they would be able to offer hospice services to more members of the community.

However, not everyone in a profession that carries a strong emphasis on liberal rights and social justice may feel that it is important to incorporate religious diversity into their passion and understanding for the profession of social work. “Individuals who affirm traditional, mainstream tenets of various faith traditions, referred to by some as ‘people of faith,’ tend to be significantly under-represented in the helping profession” (Hodge, 2006, p. 92). Some social workers who hold a more conservative religious belief may have a difficult time providing services to a client of a different culture or religion.

Mainstream religious social workers who could be in favor of incorporating religion into our diversity training may be seen as a minority in the profession. While the NASW Code of Ethics requires that social workers eliminate and prevent discrimination based on religion, there could potentially be some backlash from some social workers that would not feel the importance of incorporating all religions and cultures into mainstream social work knowledge. These changes to include spiritual perspectives help to bring the social work profession “more in line with the NASW Code of Ethics as well as fostering a profession that is more reflective of the broader society that it is charged with serving” (Hodge, 2006, p, 91).

Strengths and Limitations

The qualitative study provided an in depth examination of the work that hospice social workers do with a diverse cultural and religious clientele; as well as the education and trainings, or lack there of, that they have received to best support their knowledge of death and dying in various cultures and religions. The interview process allowed the participants to provide depth and understanding to this research. The knowledge that was gained by this study will allow educational institutions and agencies a foundation to the training that hospice social workers need to be successful in their careers.

The qualitative nature of this study allowed for the participants to be fully engaged in the research process. Given that the questions were all asked in an open-ended manner, participants were able to provide more information and give examples from their work experience. The researcher was also able to clarify and obtain extra information from the participants. As the researcher explained the topic to the

participants, all of the participants agreed that it was important to have more education on cultures and religions when related to death and dying.

Although the research has strengths, it also provides limitations to the study. The sample of the research was provided from a snowball sample; thus, the results cannot be generalized for all hospice social workers. All of the participants volunteered after being asked from an initial person who was involved in the study, either through profession or being asked from a committee member. Due to the nature of the study, all but one of the participating hospice social workers were Caucasian and all but one was female. Even though the qualitative nature of this research allows for more in-depth conversation, it does not allow for a large number of participants so the research contained only eight participants.

The qualitative nature of the study was mostly strength based but it may also impede the research process. Since all of the interviews were conducted face to face the study does not allow complete anonymity of the participants. Because of their lack of total anonymity and knowledge of the interview being audio recorded, the participants may have not answered all questions honestly. Similarly, the questions utilized for the participants are not a reliability-tested instrument. The researcher had to base the interview questions off of previous research, which lacked information in questions regarding education on diverse cultures and religions for hospice social workers.

Implications of Research Findings

Prior to conducting the qualitative interview, the researcher believed that the local hospice social workers would have had more education and trainings on cultural and religious diversity in death and dying to best support them and prepare them for the

various cultures and religions that they would encounter. However, after interviewing the respondents, they all indicated that they had had little to no education or trainings on culture and religion to best serve the clients that were in their local demographic. As the interviewer, I was surprised to discover that hospice social workers that work with a variety of cultures and religions in the Twin Cities had little to no education to prepare them for the clientele that they would be working with, especially since Minneapolis/St. Paul has a strong representation of immigrants from other parts of the world. The cultures and/or religions that were represented clientele for the hospice social workers included: European decent, Hmong, Agnostic, Atheist, Hispanic, Laotians, Vietnamese, Somali and African-Americans. One hospice social worker also related that some individuals do not want to talk about their faith. Without education and trainings on these different cultures and religions, the hospice social workers cannot be successfully set up to perform the best practice while assisting their clients through their end-of-life.

Implications of Current Research Findings for Social Work Practice

The research information from the literature review and opinions of local hospice social workers provided information to begin the discussion about the importance for educational classes at institutions and agency/professional trainings on culture and religion. Since the literature review focuses mainly on the cultural and religious implications of death and dying, the findings for this project were based off of the opinions of local hospice social workers and their experience in working with clients of various cultures and religions. This qualitative study served as a foundation and knowledge for understanding the relationship between hospice social workers and the lack of education and trainings they receive to best support them in working with their

multi-cultural clients. Literature shows that education within our social work profession regarding hospice and its services is imperative in order to be able to provide the proper service to our patients who are in their final stages of life. It is possible that many social workers that have a degree in social work and work in hospice may never work with a client of a different religion or culture, but all social workers in general will encounter clients who have a belief in a different culture or religion at some point in their career. In these cases, it would be beneficial for hospice social workers to have a basic knowledge and foundation for the cultures and religions that are represented in their area to best serve all populations of the community.

It would also be important for master's programs around the metro to explore the process of reevaluating their curriculum to implement more diverse educational courses on various cultures and religions. "Educational programs are also required by the CSWE to make specific and continuous efforts to provide a learning context that fosters respect for religious diversity" (Hodge, 2006, p.100). Two of the most known MSW programs in the Twin Cities have a religious affiliation, yet do not offer classes about religious diversity in their curriculum. Adding these classes of diversity would engage the community and inform them that our local educational institutions are providing their MSW social workers with the knowledge and empathy for working with a multi-cultural and multi-religious population.

Exploration of the process of diverse cultural and religious educations and trainings for hospice social workers needs to be reevaluated and implemented. The findings in this study support this process as all of the social workers indicated that more education would be beneficial for their profession and the support they provide to their

diverse clientele. More research needs to be conducted in terms of diverse cultures and religions and their beliefs of death and dying. It would also be beneficial to explore their knowledge and opinions of the hospice philosophy and what part of the process is most beneficial for these communities. One social worker indicated that they believed it would be beneficial to reach out to faith-based and or cultural communities and build rapport with community leaders so that agencies and institutions feel more comfortable asking questions and learning about the various cultures and religions that we serve. Asking questions stimulates learning; learning encourages knowledge; knowledge supports empathy; and empathy increases the services we can provide to various communities.

Conclusion

In conclusion, this research adds valuable insight into the need for education and trainings that educational institutions and professional agencies need to provide to their hospice social workers in terms of working with diverse cultures and religions with death and dying. Many religions do not have a comfort level of talking about death and dying, which can cause a great deal of stress when they enter end-of-life care. It is the mission of the hospice social workers and hospice professionals to educate their clients on the hospice philosophy. However, it is imperative that in return these professionals have a basic understanding of the beliefs that these cultures and religions hold that agencies are serving. Given the number of cultures that are represented in the Minneapolis/St. Paul area, more research needs to be performed in this area of culture and religion in death and dying in order to better equip both professionals in the field and students in the classroom to improve future hospice social work practitioners.

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Appendix A

Letter to Potential Participants

My name is Andrea Hanson, and I am currently a student in the MSW program at St. Catherine University and the University of St. Thomas School of Social Work. I am writing to ask for your participation in a research study I am conducting about hospice social workers and their training and interactions for working with religious and culturally diverse clients. You were selected as a possible participant because you are a licensed hospice social worker in the Minneapolis/St. Paul metro area.

The focus for this qualitative research project will be to evaluate the perspective that local hospice social workers have of the hospice program, the services they provide and the benefits and hardships of working with clients of different cultures and religions who are enrolled in hospice. Findings will help clinical social workers consider what types of trainings may be necessary in order to best support the religious and cultural diversity of local hospice patients.

If you choose to participate you will be asked to take part in an in-person, audio-recorded interview lasting approximately 45 minutes. I will do my best to accommodate participants with meeting times and locations which fit their schedules. Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the researcher, advisor or the University of St. Thomas. Your participation will have no impact on your relationship with your agency and your participation in this study will not be known by anyone in your agency. If you decide to participate, you are free to withdraw at any time up to and until the completion of the interview.

If you are interested in learning more about participating in this research, please contact me at the phone number or email listed below.

Thank you for your consideration.

Sincerely,

Andrea Hanson
Student@stthomas.edu
555-555-1234

Appendix B. Informed Consent Form

**CONSENT FORM
UNIVERSITY OF ST. THOMAS**

**How Hospice Social Workers Make Sense of Religious and Cultural Diversity as it
Relates to Death and Dying**

I am conducting a study about hospice social workers and their training and interactions for working with religious and culturally diverse clients. I invite you to participate in this research. You were selected as a possible participant because you are a licensed hospice social worker in the Minneapolis/St. Paul metro area. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Andrea Hanson, LSW, MSW Graduate Student.

Background Information:

The focus for this qualitative research project will be to evaluate the perspective that local hospice social workers have of the hospice program, the services they provide and the benefits and hardships of working with clients of different cultures and religions who are enrolled in hospice.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in a live interview, which will be recorded for the graduate student to utilize. The interview will include a one time, thirty to forty-five minute face-to-face interview in a private location. All recordings will be disposed of in June 2015.

Risks and Benefits of Being in the Study:

There are no inherent risks with participating in this study.

There are no direct benefits for participating in this study.

Compensation:

There will be no monetary compensation for your participation in this study.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. The types of records I will create include recordings, transcripts, a master list and computer records. These records will be kept in a secured file cabinet in my home where only the researcher will have access. These records will be disposed of in June 2015. However, per federal

guidelines, I will keep the signed consent forms for at least three years (until May 2018), which will remain stored in the secure file cabinet.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the researcher, advisor or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the completion of the interview. No data you provide will connect you to the results of this research and you will not be identified at any point in the final report. You are also free to skip any questions I may ask.

Contacts and Questions

My name is Andrea Hanson. You may ask any questions you have now. If you have questions later, you may contact me at 555-555-1234. The advisor of this research project is Lance T. Peterson, LICSW, PHD, 555-555-1234. You may also contact the University of St. Thomas Institutional Review Board at 555-555-1234 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to the researcher to audio record the contents of this interview.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix C

Social Workers Relating to Death and Dying to Religious and Cultural Diversity

Interview Questions

Experience of Social Worker:

1. How long have you worked as a hospice social worker?
2. What are the various cultures and religions that you have encountered within your work as a hospice social worker?
3. What are some challenges you have encountered working with clients from diverse cultural and/or religious backgrounds?
4. What are some things you have learned from your clients of another culture and/or religion while providing them hospice services?

Education and Training:

5. In what ways do your clients teach you about cultural and/or religious sensitivity?
6. What trainings have you had at your educational institution or at your organization on various diverse cultural and religious clients?
7. What type of cultural and/or religious education do you feel would be beneficial for hospice social workers?
8. How would you rate the religious diversity training in social work practice?
9. How do you manage personal biases as you attempt to understand a world view of another's death, dying and afterlife philosophy?