

*Original Article*

# Coping With Existential and Emotional Challenges: Development and Validation of the Self-Competence in Death Work Scale

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**Abstract**

**Context.** Palliative care professionals often are confronted by death in their work. They may experience challenges to self, such as aroused emotions and queries about life's meaningfulness. Assessing their level of "self-competence" in coping with these challenges is crucial in understanding their needs in death work.

**Objectives.** This study aims to develop and validate the Self-Competence in Death Work Scale (SC-DWS).

**Methods.** Development of this scale involved three steps: 1) items generated from a qualitative study with palliative care professionals, 2) expert panel review, and 3) pilot test. Analysis was conducted to explore the factor structure and examine the reliability and validity of the scale. Helping professionals involved in death work were recruited to complete questionnaires comprising the SC-DWS and other scales.

**Results.** A total of 151 participants were recruited. Both one-factor and two-factor structures were found. Emotional and existential coping were identified as subscales in the two-factor structure. Correlations of the whole scale and subscales with measures of death attitudes, meaning in life, burnout and depression provided evidence for the construct validity. Discriminative validity was supported by showing participants with bereavement experience and longer experience in the profession and death work possessed a significantly higher level of self-competence. Reliability analyses showed that the entire scale and subscales were internally consistent.

**Conclusion.** The SC-DWS was found to be valid and reliable. This scale may facilitate helping professionals' understanding of their self-competence in death work, so appropriate professional support and training may be obtained. *J Pain Symptom Manage* 2015;50:99–107. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

**Key Words**

*Self, competence, scale development, validation, professionals, death*

**Introduction**

Palliative care professionals often work with dying patients and bereaved families. They may be confronted by death personally and experience various emotional and existential challenges, for example, being overwhelmed by the emotions and suffering of patients and having their life and death assumptions and meaning in life shattered.<sup>1–3</sup> Therefore, it is crucial for them to acquire the competence to face the impact of death on the self in their work.<sup>3,4</sup> Different from our current understanding of professional competence, which emphasizes

evidence-based knowledge and practice, the competence required to cope with the emotional and existential challenges to self in working with death was highlighted by Chan and Tin<sup>5</sup> as "self-competence" in death work. Death work is defined as "any supportive, therapeutic or remedial work in response to death or matters related to death."<sup>5</sup> Apart from palliative care, other examples of death work may include working with patients with life-threatening illness, disaster relief, working with older adults in end-of-life care in long-term care facilities, and bereavement counseling.

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Failure to develop self-competence in death work may lead to serious consequences, such as burnout and compassion fatigue.<sup>6–10</sup> Thus, developing the necessary self-competence in death work should be considered an ethical issue in providing palliative care.<sup>4,11</sup> Previous studies focused on the competence of palliative care professionals in relation to knowledge,<sup>12,13</sup> skills,<sup>14</sup> communication,<sup>15</sup> sensitivity to cultural diversity,<sup>16,17</sup> and overall confidence in providing palliative care.<sup>18</sup> Self-competence in death work received limited attention in the literature.

Assessing self-competence in death work among palliative care professionals may help to better reflect their needs in facing death in their work.<sup>18</sup> Appropriate support and training can then be given to enhance their self-competence and minimize the negative impacts that death work may bring.<sup>12,13</sup> To our knowledge, no previous scale has been systematically developed to measure self-competence in death work. Therefore, this study aimed to describe the process of developing and validating the Self-Competence in Death Work Scale (SC-DWS).

## Methods

### Scale Development

The initial conceptualization of the SC-DWS was based on the findings of Chan and Tin.<sup>5</sup> In their study, 176 helping professionals responded to a one-item question: “What do you think are the necessary competencies in performing death work (death work competence)?” Almost half the coded answers were related to the self and were conceptualized under the theme “self-competence.” Self-competence was first understood as the use of personal resources and emotional and existential coping to face the impact of death work on the self. To further explore the concept of self-competence, in-depth interviews were conducted with 22 palliative care professionals (five physicians, 11 nurses, and six social workers), during which they shared their experience of personal challenges and coping in death work.<sup>19</sup> Existential coping and emotional coping were identified as the main themes in coping with the challenges to the self in death work. Participants indicated the importance of existential coping (coping with the challenges related to their existence, such as their life and death perspective, and meaning in life). Two subthemes were identified under the main theme of existential coping: 1) rebuilding life and death assumptions, and 2) actualizing life and death assumptions. Similarly, participants identified the importance of emotional coping (coping with the challenges related to their emotions, such as their own grief and sense of helplessness).

Emotional coping was further categorized at the personal and professional levels. Two subthemes were identified at the personal level: 1) acceptance of own emotions, and 2) management of own emotions. Four subthemes were identified at the professional level: 1) adjustment of expectations in death work, 2) searching for meaning in work, 3) differentiation between work and self, and 4) adjustment of expectations in professional identity.<sup>19</sup> To develop the SC-DWS, we decided to generate items based on these themes, to measure the extent to which helping professionals may cope with the emotional and existential challenges to self in death work.

A scale that can be widely used by helping professionals should be brief and easy to administer. Therefore, we aimed to generate the minimum number of items. To ensure content validity, the first two authors, experienced thanatologists, thoroughly discussed the aforementioned themes and generated 16 items to develop the SC-DWS. This first version was sent for comments to an expert panel of two experienced social workers involved in death work, and a physician and a nurse who worked in palliative care. They commented on the content of the items as valid and relevant. Only the wording was modified.

In phase 2, the initial testing and refinement of the SC-DWS was conducted by a pilot study. Forty-five undergraduate and graduate social work students interested in death work after graduation were invited to complete a questionnaire comprising the SC-DWS and scales validating it. The SC-DWS showed good reliability, with Cronbach’s alpha of 0.85.

### Participants and Procedures

To validate the SC-DWS, helping professionals doing death work in Hong Kong were recruited to complete either an online or a hard copy questionnaire comprising the SC-DWS and scales validating it. They were either helping professionals in the palliative care units of hospitals who were recruited through the authors’ network, or helping professionals involved in death work and enrolled in training conducted by the first two authors that aimed to enhance self-competence in death work (questionnaires were completed before this group participated in the training). Data collection took place between October 2013 and May 2014. Each questionnaire took about 15 minutes to complete. Written consent was sought before completion of the questionnaires. Ethics approval of the study was given by the Research Ethics Committees of the Hong Kong Hospital Authority and The Chinese University of Hong Kong.

### Measures

Demographics and background information of participants were collected, such as age, gender, and years

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