

The Adjustment Process for Taiwanese Hospice Care Team Members

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Objectives: The relationship between practitioners and their work on hospice care teams was the main concern of this study. **Methods:** This study used a qualitative research method. We chose Taiwan hospitals for focus group interviews by purposive sampling, selecting among those which had instituted palliative care wards and had practitioners with hospice care experience of more than half a year. We edited transcripts of interviews and coded these experiential data into comprehensive text sections based on categories of the interview outline. **Results:** Practitioners continuously adjusted themselves to care assignments on duty, and the way they would adopt while dealing with stress is dependent on growth experience and workplace environments. The study found that practitioners would unconsciously get stuck in more stress derived from patient's predictable death, unknown fears, body-mind-spirit needs and emotional fluctuations and even for providing mental and emotional support to patient's families affected by the coming death of loved ones. Therefore, practitioners often need to adjust their own life values and replicate the clinical experience in order to share it with associated workers and need to help patient's families cope with overwhelming grief. **Conclusions:** In order to decrease the burden of hospice care, practitioners should actually realize their true emotions arising from patient's death, their competence in assisting patients and their families through sadness, and their tolerance of uncertainty and emergencies while on duty. This study summarized the key to practitioners' adjustments to hospice care and clarified the actions practitioners would take, called "**quartets of hospice care**", including self-consciousness, self-modulation, translation of care experience and sharing of knowledge (Fig. 1). Finally, practitioners should concentrate on improving the quality of hospice care and patient's good death through clinical experience, education and training in order to help patients and their families strike a balance during the periods of hospice care.

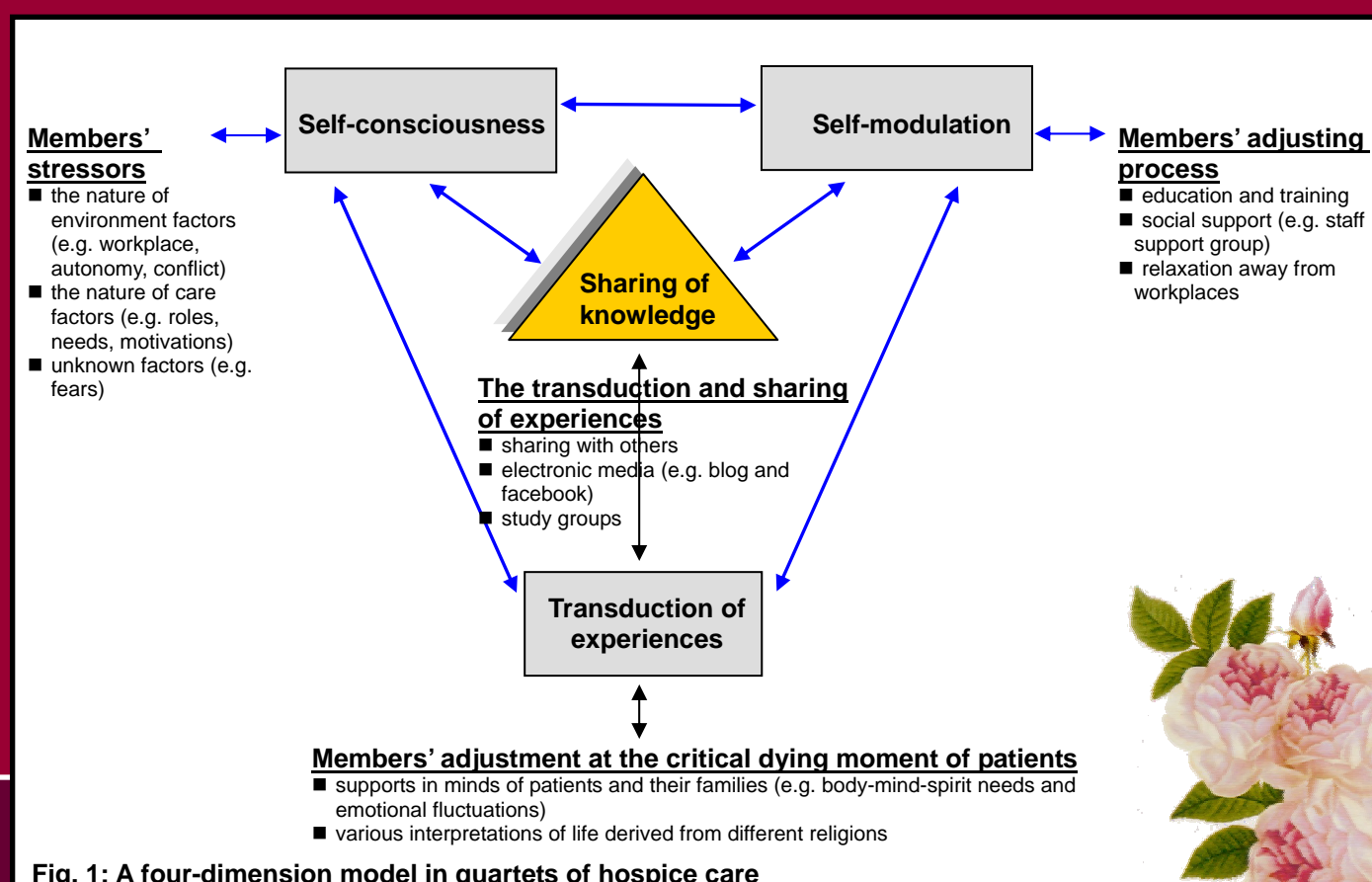


Fig. 1: A four-dimension model in quartets of hospice care

Key Words: hospice care team, adjustment process, qualitative research, focus group interviews.