Providing Spiritually & Culturally Sensitive End-of-Life Care for Americans of Middle Eastern & North African Descent

Maya Al-saghir, BS[1] | Changiz Mohiyeddini, PhD[1]
[1]Oakland University William Beaumont School of Medicine, Rochester, MI

Introduction

- End-of-life care (EOLC) is an interdisciplinary medical caregiving approach that applies to patients from all backgrounds and religions, yet its experience varies greatly among individual patients and their families.[1]
- EOLC services remain poorly understood among Americans, including those of Middle Eastern and North African (MENA) descent[2,3]
- Factors that contribute to this limited understanding may include cultural norms, language barriers, health literacy, and religious values

Photo credit: National Association of Social Workers Michigan (2019)

Aims and Objectives

1. Identify and address gaps in knowledge and misconceptions about EOLC among individuals of MENA descent
2. Explore how cultural, religious, and spiritual beliefs influence perceptions of EOLC within the MENA demographic

Approach/Process

- Study participants will fill out an online survey that utilizes the following questionnaires:
  - Acculturation Attitudes and Behaviors Questionnaire[4]
  - Basic Psychological Needs Questionnaire–Religiosity/ Spirituality (BPNQ-R/S)[5]
  - Attitudes Towards End-of-Life Care Questionnaire (self-generated)
- The analysis of the data will involve correlation, mediation analyses, and ANCOVA

Evaluation Plan

1. Create evidence-based interventions to increase the awareness and acceptability of EOLC among diverse populations
2. Inform medical education by highlighting cultural nuances and preferences surrounding EOLC, with the aim of fostering more culturally competent healthcare practices

Expected Results

- We anticipate discovering diverse attitudes towards EOLC services among Americans of MENA descent, influenced significantly by cultural factors and individual spirituality
- Participants will likely have limited personal experience with EOLC options and decision-making
- These findings will inform the development of educational materials and training for healthcare professionals, providing culturally competent and patient-centered approaches to EOLC that respect the cultural diversity within the American MENA community

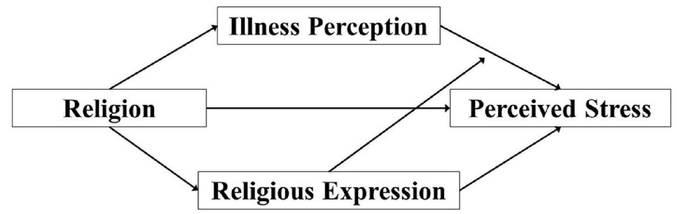

Photo credit: Ting RS-K, Aw Yong Y-Y, Tan M-M and Yap C-K (2021) Cultural Responses to Covid-19 Pandemic: Religions, Illness Perception, and Perceived Stress. Front. Psychol. 12:634863

Discussion

- Assessing attitudes towards EOLC among Americans of MENA descent is crucial for developing clear and practical healthcare guidelines. This will enable healthcare workers to effectively introduce EOLC services to minority patients in a culturally sensitive manner
- Participation in this study can empower individuals, contribute to the knowledge base, improve healthcare services, raise awareness, and advance evidence-based practices

References

1. Silbermann M, Arnaout M, Daher M, et al. Palliative cancer care in Middle Eastern countries: accomplishments and challenges†. *Annals of Oncology*. 2012;23:iii15-iii28. doi:10.1093/annonc/mds084
2. Trivedi N, Peterson EB, Ellis EM, Ferrer RA, Kent EE, Chou WYS. Awareness of Palliative Care among a Nationally Representative Sample of U.S. Adults. *Journal of Palliative Medicine*. 2019;22(12):1578-1582. doi:10.1089/jpm.2018.0656
3. Duffy SA, Jackson FC, Schim SM, Ronis DL, Fowler KE. Racial/Ethnic Preferences, Sex Preferences, and Perceived Discrimination Related to End-of-Life Care. *J American Geriatrics Society*. 2006;54(1):150-157. doi:10.1111/j.1532-5415.2005.00526.x
4. Kizgin H, Jamal A, Richard MO. Acculturation Attitudes and Behaviors Questionnaire. Published online March 12, 2018. doi:10.1037/t65244-000
5. Hathcoat JD, Fuqua DR. Initial development and validation of the Basic Psychological Needs Questionnaire–Religiosity/Spirituality. *Psychology of Religion and Spirituality*. 2014;6(1):53-63. doi:10.1037/a0035078