



# “Please Ask Gently:” Using Culturally Targeted Communication Strategies to Initiate End-of-Life Care Discussions with Chinese-American Older Adults



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## BACKGROUND

- Superstition, societal taboos around death and dying, and family objections were distinct barriers to end-of-life (EOL) care discussions with Chinese populations
- There is little guidance on how to initiate and facilitate EOL care discussions with Chinese-American older adults and their families for clinicians

## OBJECTIVE

- To explore **communication strategies** that clinicians can use to assess Chinese-American older adults’ readiness to discuss EOL care

## METHODS

### Qualitative Design

- Focused Ethnography

### Data Collection

- Field observations
- Face-to-face, individual semi-structured interviews

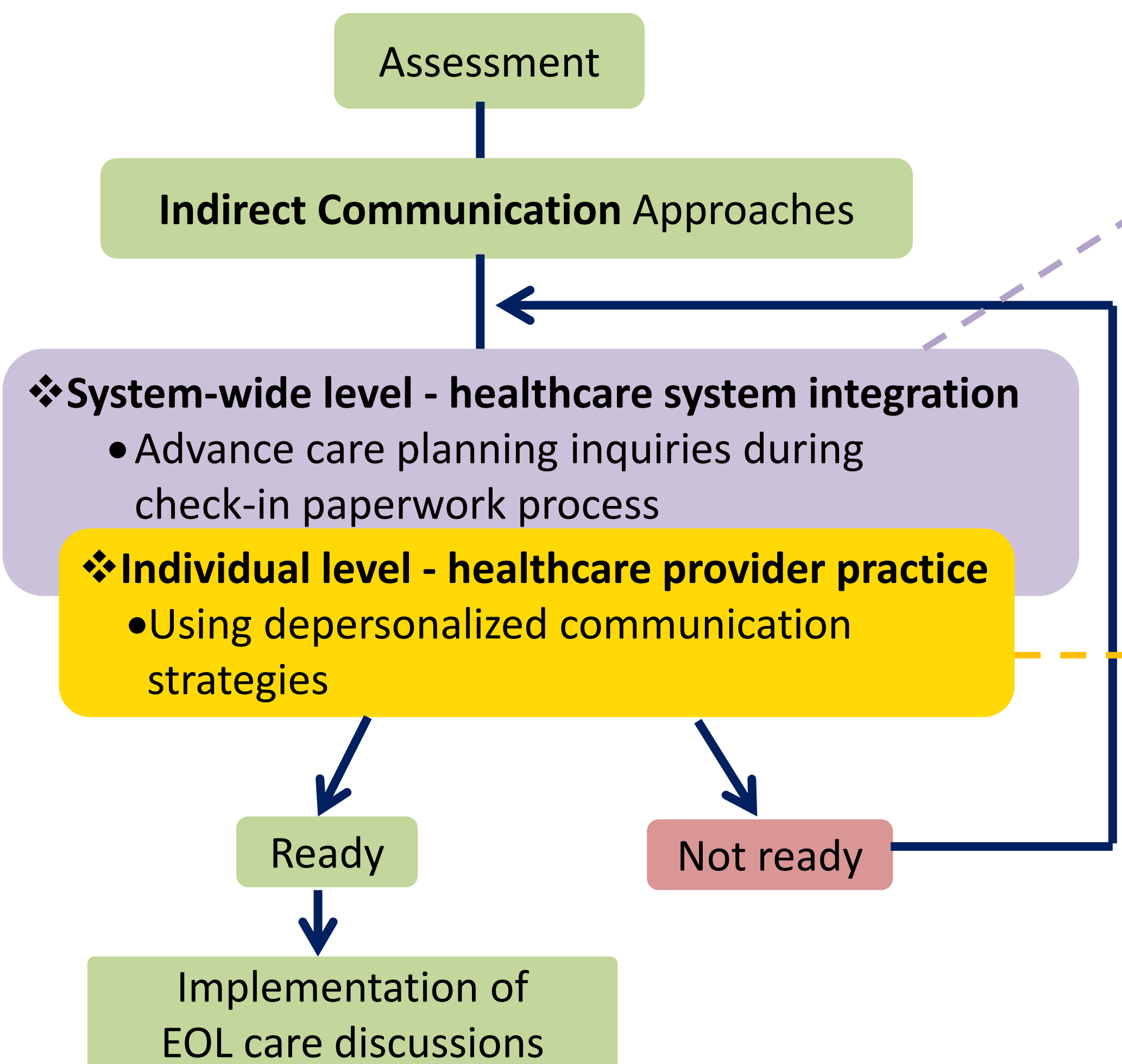
### Participants

- Community-dwelling Chinese-American older adults, adult children & clinicians

### Data Analysis

- Thematic and constant comparative analysis

## RESULTS



### Participant Demographics (N=30)

Older Adults  
(n=14)



- Age: 57 - 77
- 9 were foreign-born, married, female, educated, & lived in the US for ≥ 30 years
- 6 were taking care of their parents, age ≥ 80

Adult Children  
(n=9)



- Age: 31 - 57
- Cared for a parent aged between 67 - 86
- 4 were American-born Chinese

Clinicians  
(n=7)



- 6 were of Chinese descent
- Equally distributed in various disciplines (MDs, APNs & LCSWs) & specialties (e.g., palliative & primary care)

## RESULTS

### ❖ System-wide level

#### Why include ACP inquiries during the check-in paperwork process?

- Diminishing pressure of face-to-face, verbal confrontation with clinicians
- Minimizing stigma via standardizing the procedure

### ❖ Individual level

Depersonalized Communication Strategies	Why?
1. Use another person’s EOL care experience as an example	<ul style="list-style-type: none"><li>• Minimizing the stigma</li><li>• Providing an opportunity to express EOL care preferences</li></ul>
2. Frame the discussion as a standard question by policy	<ul style="list-style-type: none"><li>• Reducing tension &amp; sensitivity of introducing EOL care topics</li></ul>
3. Start with positive comments and reassurance of good health	<ul style="list-style-type: none"><li>• Eliminating worries about current health</li></ul>
4. Acknowledge cultural taboos and ask for permission	<ul style="list-style-type: none"><li>• Helping clinicians verify their own pre-existing cultural knowledge with patients</li><li>• Showing respect by asking for permission</li></ul>
5. Provide a Chinese longevity blessing statement as a prompt or describe a longevity scenario	<ul style="list-style-type: none"><li>• Giving clinicians an opportunity to elicit patients’ EOL care preferences or to further explore relevant aging matters</li></ul>
6. Use the clinician's own experience as an example	<ul style="list-style-type: none"><li>• Self-disclosure helps diminish EOL stigma by modeling and aligning clinicians with patients</li></ul>

## CONCLUSIONS

- **Assessing readiness** to discuss EOL care should be an essential and necessary action for early EOL care discussions with Chinese Americans
- Culturally targeted assessment for Chinese-American older adults includes using **indirect communication** approaches to initiate an EOL discussion to determine their readiness

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