PALIATIA
revista de ingrijiri paliative

PALIATIA
journal of palliative care

Vol 16 / Nr. 4 / Octombrie 2023 https://www.paliatia.eu

Influence of demographics and religiosity on choice of palliative care among caregivers of patients with dementia

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Received: 11.10.2023 • Accepted for publication: 30.10.2023

Abstract
The prevalence of dementia and the need for palliative care services in Romania will increase in the coming years, and the way in which patients or relatives choose the type of palliative care service differs. Therefore, we considered that the decision of the relatives regarding the form of palliative care of the patient, can be influenced by a cultural characteristic (the religiosity) and by certain socio-demographic characteristics. This paper aimed to verify the effect of certain socio-demographic factors (gender, age, level of studies, monthly income, environment of provenance) and religious on a recipient's decision to choose from palliative care services (home care and hospitalization in a unit with beds) for a patient diagnosed with a form of dementia. The data collection was performed through a questionnaire applied to the relatives of patients with a form of dementia, hospitalized within the "Socola" Psychiatric Institute in Iasi. Most of our results contradict a number of studies used in theoretical analysis, so we notice that there is a statistically significant association only with the variable „age" ($p = 0.011 < 0.05$). These results contribute to the development of literature in the field of palliative care, especially in the context in which there is a limited resource of data concerning, not only patients but also their relatives. It is important to focus on constantly informing patients and caregivers about what dementia is, but especially about how patients can benefit from specialized services, thus reducing the possibility of decisions that could significantly affect the quality of life of patients, especially in recent years of life.

Keywords: dementia; palliative care services; socio-demographic factors; religion; decisions of the owners; home care; boarding with the bed; patient information; quality of life

Rezumat
Prevalența demenței și necesitatea serviciilor de îngrijire paliativă în România va crește în următorii ani, iar modul în care pacienții sau aparținătorii aleg tipul de serviciu de îngrijire paliativă diferă. De aceea, am considerat că decizia aparținătorilor referitoare la forma de îngrijire paliativă a pacientului, poate fi influențată de o caracteristică culturală (religiozitatea) și de anumite caracteristici socio-demografice. Lucrarea de față și-a propus verificarea efectului anumitor factori socio-demografici (Genul, Vârsta, Nivelul Studiilor, Venitul lunar, Mediul de proveniență) și religioși asupra deciziei unui aparținător de a alege dintre serviciile de îngrijire paliativă (îngrijire la domiciliu și internare în unitate cu paturi) pentru un pacient diagnosticat cu o formă de demență. Colectarea datelor s-a realizat printr-un chestionar aplicat pe aparținătorii pacienților cu o formă de demență, internați în cadrul Institutului de Psihiatrie „Socola" din Iași. Majoritatea rezultatelor noastre contrazic o serie de lucrări utilizate în analiza teoretic, astfel observăm că există o asociere semnificativă din punct de vedere statistic doar la variabila „vârstă" ($p=0,011 < 0.05$). Aceste rezultate contribuie la dezvoltarea literaturii de specialitate din domeniul îngrijirilor paliative, mai ales în contextul în care există o resursă limitată de date ce privesc, nu numai pacienții, ci și aparținătorii acestora. Este important să ne orientăm către informarea constantă a pacienților și a aprținătorilor despre ce reprezintă demența, dar mai ales despre modurile în care pacienții pot beneficia de servicii specializate, astfel reducând posibilitatea unor decizii care ar putea să afecteze semnificativ calitatea vieții pacienților, mai ales în ultimii ani de viață.

Cuvinte cheie: demență; servicii de îngrijire paliativă; factori socio-demografici; religiozitate; decizii aparținătorilor; ingrijire la domiciliu; internare în unitate cu paturi; informare pacienți; calitatea vieții

Introduction

Dementia is a life-limiting disease defined as a neurodegenerative disorder characterized by the decline of several brain functions, including physical, cognitive and behavioral impairments, resulting in severe disability that persists until the patient's death. (1) (2). Globally, the prevalence of dementia is expected to increase to nearly 132 million by 2050 (3). People diagnosed with dementia generally require complex long-term care, which involves a multidisciplinary approach and integration of medical resources (4). The prevalence of dementia has increased in western (5)(4)(6) and eastern (7) populations due to an ageing population, with a marked effect on national health systems and a considerably socioeconomic burden (8).

Given that dementia has a progressive and irreversible course, the implementation of palliative care programmes for patients diagnosed with dementia is internationally considered an appropriate strategy (9)(10). Insufficient information about the terminal nature of dementia among caregivers and some medical professionals has limited the provision of palliative

care to patients with dementia (5)(11). Furthermore, unpredictability of the disease (5)(12)(13), difficulties in establishing a prognosis (13)(14), lack of professional policies, guidelines (15), or poor funding (14), are commonly encountered disincentives to the provision of palliative care among patients diagnosed with dementia.

The recognition of dementia as a life-limiting condition highlights the need for comprehensive and compassionate care to improve patients' overall well-being. In this sense, palliative care aims to alleviate suffering, increase comfort and improve quality of life for people facing serious illness, including dementia (16). Recognizing the terminal phase of dementia, palliative care interventions can provide appropriate support, manage symptoms, facilitate communication, and ensure a peaceful and dignified end-of-life experience (9).

Religion plays a significant role in the lives of many people, including those diagnosed with dementia. In the context of Eastern Europe, where religious beliefs and practices have cultural significance, understanding the role of religion in the care of patients with dementia becomes crucial. Eastern Europe is known for its strong cultural and religious traditions. Religion, especially Christianity in its various forms (Orthodox, Catholic, Protestant), occupies a significant place in the lives of many individuals in this region (17). Religious beliefs and practices often shape individuals' identities and influence their perspectives on various aspects of life, including health and illness. Religious beliefs and spirituality can serve as sources of comfort, hope and guidance for both patients with dementia and their carers (18). Studies have shown that religion and spirituality can positively influence cognitive functioning, coping strategies and quality of life for people with dementia (19).

The decision to place a person diagnosed with a form of dementia in institutional care is often a challenging and emotional process for families. Research in the field has identified several factors that influence the decision to place a person with dementia in institutional care, including: ensuring safety, reaching a breaking point, caregiver depression, patient behavioral changes, quality of care, and needs related to the physical and organizational environment of care (19). In making such a decision, religion and spirituality have a significant impact on the decision-making process for institutional placement of patients with dementia. While limited research specifically addresses the role of religion in this context, religious beliefs and practices may influence understanding, response and access to care for people with dementia and their families (17).

The decision to place a person with dementia in institutional care is complex and multi-faceted. While limited research specifically addresses the role of religion in this decision-making process, it is clear that both religious beliefs and practices can play a significant role. Religion can influence moral and ethical considerations, provide support networks, and offer spiritual comfort and guidance to individuals and families navigating this challenging decision.

Further research is needed to explore the specific ways in which religion influences the institutional placement of patients with dementia and to develop a comprehensive understanding of the role of religion in dementia care.

Research objective

The present work aims to test the existence of an effect of religiosity level, age, education level, gender, monthly income and background on caregivers' attitudes towards the way patients receive palliative care services.

Research hypotheses

H1. There is a significant association between level of religiosity and participants' expressed attitudes towards palliative care.

H2. There is a significant association between age category and participants' expressed attitudes towards palliative care.

H3. There is a significant association between level of education and participants' expressed attitude towards palliative care.

H4. There is a significant association between participants' gender and participants' expressed attitudes towards palliative care.

H5. There is a significant association between monthly income and participants' expressed attitude towards palliative care.

H6. There is a significant association between background and participants' expressed attitudes towards palliative care.

Study sample

Relatives of patients from the "Socola" Psychiatric Institute in Iasi, acute and chronic wards, participated in the present study. In order to participate in the study, they had to fulfil a number of inclusion criteria:

1. To be a relative of a patient with more than 3 admissions in the last 2 years.
2. The patient had a progressive chronic illness, specifically diagnosed with a form of dementia.

Tools

A series of psychometric instruments, validated and widely used in the measurement of psychological phenomena of interest to us, especially for scientific research purposes, were used to measure the variables presented above

a. To measure the level of religiosity/spirituality we used the Spirituality/Religiosity [Spi] scale from the IPIP-Ro [The Romanian adaptation of the International Personality Item Pool: IPIP-Ro] (20) This summative scale contains a number of 10 items, 3 of which are reversed, measured with a Likert scale from 1 to 5 (1 = Strong Disagree and 5 = Strong Agree). The internal consistency is α=0, 893.
b. To measure attitudes towards institutionalization of patients, participants were asked to respond to a situational question, which takes the following form: Given that you are the carer of a patient diagnosed with dementia, please answer the following question: You have the option of seeking palliative care services either in an institutional setting (i.e. the person will be admitted to a medical facility specializing only in palliative care) or at home (i.e. the person will remain at home where palliative care services will be provided). Each situation has benefits and costs, but you are in a position to choose one of the two for your family member. Which type of palliative care services would you choose? They then had two options for the answer: I would go for palliative care services in an institutional setting. and I would turn to home care services.
c. Finally, we collected demographic data which we used in subsequent statistical analyses. The following data were collected: age category, level of education completed, background, marital status, gender, relation of caregiver to the patient, level of monthly income.

Design
In the first phase, the questionnaire was created and piloted, including the previously mentioned instruments, translated into Romanian, and finally it was completed with questions aimed at gathering socio-demographic data. Then, in physical format, the questionnaire was applied to those who had patients admitted to the "Socola" Institute of Psychiatry in Iași. No rewards were offered for completing the questionnaire, and participants were asked to answer honestly, being informed about the confidentiality of the data and its use for research purposes only. The participants did not report any ambiguities or errors during the completion. After collecting the data, they were entered into the SPSS (Statistical Package for the Social Sciences) program for further statistical analysis.

Statistical analysis
Given that the variables are nominal, we used the chi-square test in the statistical analysis process to compare the groups and their characteristics with each other. Observed values and expected values are important concepts to assess associations between categorical variables. These values provide information about how the actual (observed) data compares to what we would expect to observe if there were no (expected) association between the variables.

Result
The study included 84 participants (27(32.1%) male participants, 57(67.9%) female participants)) who fulfilled the inclusion criteria. Regarding the demographic characteristics of the participants, we can note the following: 57.1% belong to the 18-30 age group, and the remaining 42.9% from the 30-50+ age group. Only 13% of the participants have completed high school as their last cycle of studies, and 87% have completed higher education. The environment of origin is predominantly urban (75%), and 25% from the countryside. 44% of participants are married, 29.8% are in a relationship, and 22.6% are single, 3% of whom are divorced or widowed. The most present degrees of kinship are son/daughter (40.5%), nephew/niece (29.8%) and husband/wife (8.3%). From the point of view of monthly income, we have 9.6% of respondents in the category 0 - 2000 RON/month, 44% in the category 2000 - 5000 RON/month, and 46.4% over 5000+ RON/month.

H1. Is there a significant association between the level of religiosity and the attitude expressed by the participants towards the palliative care of patients?
The Crosstab table and the Chi-square test (Figure 1) analyze the association between the variable attitude towards palliative care and the variable level of religiosity/spirituality, according to the two categories: Institutionalized and Home. The Contingency Table indicates that, for the "Domicile" category, we have an observed number of 14 people with a low level of religiosity and 33 people with a high level of religiosity. The expected values for these cases are 17.9 and 29.1, respectively; for the "Institutionalized" category we have an observed number of 18 people with a low level of religiosity and 19 with a high level. The expected values for these cases are 14.1 and 22.9, respectively; Regarding the results of the chi-square test, we can see that **there is no statistically significant association** (p=0.077 > 0.05; p=0.123 >0.05) between the measured variables. Also, the association between the two variables is weak (Phi = - 0.193, and Cramer's V value = 0.193)

Crosstab

			SPI_R scazut	SPI_R ridicat	Total
ATITUDINEA	DOMICILIU	Count	14	33	47
		Expected Count	17,9	29,1	47,0
	INSTITUTIONALIZAT	Count	18	19	37
		Expected Count	14,1	22,9	37,0
Total		Count	32	52	84
		Expected Count	32,0	52,0	84,0

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	-,193	,077
	Cramer's V	,193	,077
N of Valid Cases		84	

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3,123[a]	1	,077		
Continuity Correction[b]	2,374	1	,123		
Likelihood Ratio	3,124	1	,077		
Fisher's Exact Test				,113	,062
Linear-by-Linear Association	3,086	1	,079		
N of Valid Cases	84				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 14,10.
b. Computed only for a 2x2 table

Figure 1 - The results of the statistical analysis in SPSS for the variables "Attitude of those who belong (Institutionalized/ Domicile) and the variable Level of religiosity

H2. Is there a significant association between age category and participants' expressed attitude towards palliative care?

In the Crosstab table and the Chi-square test (Figure 2) we analyze the association between the variable attitude towards palliative care and the age category, according to the two categories: Institutionalized and Home. The Contingency Table indicates that, for the 18–30-year-old category, in the "Home" category we have an observed number of 20 people and a number of 25.7 people. In the same 18–30-year-old category, in the Institutionalized category we have an observed number of 26 and an expected number of 20.3. This suggests that in the age group "18 - 30 years", there are more people with the attitude "INSTITUTIONALIZED" than expected and fewer people with the attitude "HOME" than expected. For the age category 30 – 50+ years, in the Domicile category we have an observed number of 27 people and an expected number of 21.3; for Institutionalized. In the age group "30 - 50+ years", we observe more people with attitude 33 "HOME" than expected and fewer people with attitude "INSTITUTIONALIZED" than expected. Regarding the results of the chi-square test, we can see that **there is a statistically significant association (p=0.011 < 0.05) between the measured variables. Also, the association between the two variables is moderate (Phi = -0.276, and Cramer's V value = 0.276)**.

Crosstab

			VARSTA		
			18 - 30 ani	30 - 50+ ani	Total
ATITUDINEA	DOMICILIU	Count	20	27	47
		Expected Count	25,7	21,3	47,0
	INSTITUTIONALIZAT	Count	26	11	37
		Expected Count	20,3	16,7	37,0
Total		Count	46	38	84
		Expected Count	46,0	38,0	84,0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6,420[a]	1	,011		
Continuity Correction[b]	5,350	1	,021		
Likelihood Ratio	6,543	1	,011		
Fisher's Exact Test				,015	,010
Linear-by-Linear Association	6,344	1	,012		
N of Valid Cases	84				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 16,74.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	-,276	,011
	Cramer's V	,276	,011
N of Valid Cases		84	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Figure 2 - The results of the statistical analysis in SPSS for the variables "Attitude of those who belong (Institutionalized/ Home) and the variable Age

H3. Is there a significant association between the level of education and the attitude expressed by the participants towards the palliative care of patients?

In the Crosstab table and the Chi-square test (Figure 3) we analyze the association between the variable attitude towards palliative care and the variable level of studies, according to the two categories: Institutionalized and Home. The Contingency Table indicates that, regarding the High School education level for the "Home" category, we have an observed number of 9 people and an expected number of 6.2 people; in the same category we have a number of 38 people observed and 40.8 expected with a "higher education" education level; for the "Institutionalized" category we have an observed number of 2 people and an expected number of 4.8 people with a "High School" education level and an observed number of 35 and an expected number of 32.2 with a "higher education" education level. Regarding the results of the chi-square test, we can see that **there is no statistically significant association** (p=0.064 > 0.05; p=0.127 >0.05) between the measured variables. Also, the association between the two variables is weak (Phi = 0.202, and the value of Cramer's V = 0.202)

Crosstab

			STUDII		
			LICEU	STUDII SUPERIOARE	Total
ATITUDINEA	DOMICILIU	Count	9	38	47
		Expected Count	6,2	40,8	47,0
	INSTITUTIONALIZAT	Count	2	35	37
		Expected Count	4,8	32,2	37,0
Total		Count	11	73	84
		Expected Count	11,0	73,0	84,0

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,202	,064
	Cramer's V	,202	,064
N of Valid Cases		84	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3,436[a]	1	,064		
Continuity Correction[b]	2,335	1	,127		
Likelihood Ratio	3,748	1	,053		
Fisher's Exact Test				,102	,060
Linear-by-Linear Association	3,395	1	,065		
N of Valid Cases	84				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 4,85.

b. Computed only for a 2x2 table

Figure 3 - Results of the statistical analysis in SPSS for the variables "Attitude of those who belong (Institutionalized/ Home) and the Higher Education variable

H4. Is there a significant association between participant gender and participants' expressed attitudes toward palliative care?

In the Crosstab table and the Chi-square test (Figure 4) we analyze the association between the variable attitude towards palliative care and the gender variable, according to the two categories: Institutionalized and Home. The Contingency Table indicates that, for the "Home" category, we have an observed number of 16 male and 31 female persons. The expected values for these cases are 15.1 and 31.9, respectively; for the "Institutionalized" category we have an observed number of 11 male and 26 female persons. The expected values for these cases are 11.9 and 25.1, respectively; Regarding the results of the chi-square test, we can see that **there is no statistically significant association** (p=0.674 > 0.05; p=0.853 >0.05) between the measured variables. Also, the association between the two variables is extremely weak (Phi = 0.046, and the value of Cramer's V = 0.046)

Crosstab

			GEN		
			MASCULIN	FEMININ	Total
ATITUDINEA	DOMICILIU	Count	16	31	47
		Expected Count	15,1	31,9	47,0
	INSTITUTIONALIZAT	Count	11	26	37
		Expected Count	11,9	25,1	37,0
Total		Count	27	57	84
		Expected Count	27,0	57,0	84,0

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,046	,674
	Cramer's V	,046	,674
N of Valid Cases		84	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,177[a]	1	,674		
Continuity Correction[b]	,034	1	,853		
Likelihood Ratio	,177	1	,674		
Fisher's Exact Test				,815	,428
Linear-by-Linear Association	,174	1	,676		
N of Valid Cases	84				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 11,89.

b. Computed only for a 2x2 table

Figure 4- Results of the statistical analysis in SPSS for the variables "Attitude of those who belong (Institutionalized/ Home) and the Gender variable

H5. Is there a significant association between monthly income and participants' expressed attitudes toward palliative care?

We can see that in the Crosstab table and the Chi-square test (Figure 5) we analyze the association between the variable attitude towards palliative care and the variable monthly income, according to the two categories: Institutionalized and Home. The Contingency Table indicates that, for the category "HOME", we have an observed number of 2 people with income in the range "0 - 2000 RON", 24 people with income in the range "2000 - 5000 RON" and 21 people with income of

"5000+ RON". The expected values for these cases are 4.5, 20.7, and 21.8, respectively. For the "INSTITUTIONALIZED" category, we have an observed number of 6 people with income in the range "0 - 2000 RON", 13 people with income in the range "2000 - 5000 RON" and 18 people with income of "5000+ RON". The expected values for these cases are 3.5, 16.3, and 17.2, respectively. Regarding the results of the chi-square test, we can see that **there is no statistically significant association** (p=0.112 > 0.05; p=0.108 >0.05) between the measured variables. Also, the association between the two variables is weak (Phi = 0.228, and the value of Cramer's V =0.228)

Crosstab

			VENIT			
			0 - 2000 RON	2000 - 5000 RON	5000+ RON	Total
ATITUDINEA	DOMICILIU	Count	2	24	21	47
		Expected Count	4,5	20,7	21,8	47,0
	INSTITUTIONALIZAT	Count	6	13	18	37
		Expected Count	3,5	16,3	17,2	37,0
Total		Count	8	37	39	84
		Expected Count	8,0	37,0	39,0	84,0

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,228	,112
	Cramer's V	,228	,112
N of Valid Cases		84	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4,373[a]	2	,112
Likelihood Ratio	4,451	2	,108
Linear-by-Linear Association	,309	1	,578
N of Valid Cases	84		

a. 2 cells (33,3%) have expected count less than 5. The minimum expected count is 3,52.

Figure 5 – Results of the statistical analysis in SPSS for the variables "Attitude of the people (Institutionalized/ Home) and the Income variable

H6. Is there a significant association between the environment of origin and the attitude expressed by the participants towards the palliative care of patients?

In the Crosstab table and the Chi-square test (Figure 6) we analyze the association between the variable attitude towards palliative care and the variable environment of origin, according to the two categories: Institutionalized and Home. The Contingency Table indicates that, for the "Home" category, we have an observed number of 15 people from the rural environment and 32 people from the urban environment. The expected values for these cases are 11.8 and 35.3, respectively; for the "Institutionalized" category we have an observed number of 6 people from the rural environment and 31 from the urban environment. The expected values for these cases are 9.3 and 27.8, respectively; Regarding the results of the chi-square test, we can see that **there is no statistically significant association** (p=0.099 > 0.05; p=0.163 >0.05) between the measured variables. Also, the association between the two variables is weak (Phi = 0.180, and the value of Cramer's V = 0.180)

Crosstab

			MEDIU_PROV		
			Rural	Urban	Total
ATITUDINEA	DOMICILIU	Count	15	32	47
		Expected Count	11,8	35,3	47,0
	INSTITUTIONALIZAT	Count	6	31	37
		Expected Count	9,3	27,8	37,0
Total		Count	21	63	84
		Expected Count	21,0	63,0	84,0

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,180	,099
	Cramer's V	,180	,099
N of Valid Cases		84	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2,721[a]	1	,099		
Continuity Correction[b]	1,948	1	,163		
Likelihood Ratio	2,807	1	,094		
Fisher's Exact Test				,130	,080
Linear-by-Linear Association	2,689	1	,101		
N of Valid Cases	84				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 9,25.

b. Computed only for a 2x2 table

Figure 6- Results of the statistical analysis in SPSS for the variables "Attitude of those who belong (Institutionalized/ Domicile) and the variable Environment of Origin

Discussions

The present work aimed to investigate how the relatives of patients with a form of dementia would opt for one of the forms of palliative care, namely: the institutionalized form, that is, the form in which the patient is placed in a specialized inpatient unit and palliative care services provided at the client's home. Each form of providing palliative care services has costs and benefits, but in this paper, we wanted to investigate if there are variables that could influence the preferences of relatives regarding the way in which patients receive these cares.

Considering that Romania has a cultural profile in which the level of spirituality is high, but also socio-economic factors can influence the way people make decisions in everyday life, we chose the following variables: religiosity/spirituality, age, economic level, gender, level of education and background. From the analysis of the data, we collected from the relatives of patients admitted to the "Socola" Institute of Psychiatry in Iași, with a form of dementia, we can find results that disprove most of the hypotheses formulated, but confirm a hypothesis that we consider important, and which can represent a starting point for further research.

We find that the hypotheses regarding spirituality/religiosity ($p=0.077 > 0.05$; $p=0.123 >0.05$), education level ($p=0.064 > 0.05$; $p=0.127 >0.05$), gender ($p=0.674 > 0.05$; $p=0.853 >0.05$), monthly income ($p=0.112 > 0.05$; $p=0.108 >0.05$) and the environment of origin ($p=0.099 > 0.05$; $p=0.163 >0.05$) do not represent factors that influence the decision of the relatives. However, some of the variables, even if they do not have a statistically significant effect, the scores obtained are quite close to the significant level of effect, which means that they could still have an effect if the sample were larger and from different areas of the country. These results contradict a number of studies that we used in our theoretical analysis. (17)

There is one hypothesis that is being confirmed, namely that concerning age. The data analysis and, consequently, the results of this approach show us that there is a statistically significant association ($p=0.011 < 0.05$) between the attitude of the members and the age variable. More precisely, the attitude of those belonging to the 18-30 age group is to institutionalize the patient, that is, to be placed in a form in which the patient receives palliative care services in a specialized palliative care inpatient unit; while in the 30-50+ age category we find more people who would prefer the patient to receive palliative care services at home.

We can interpret these data, only from the point of view of age differences, and identify why there is a difference between these categories when it comes to choosing a form of palliative care provision for their relatives, thinking about the following aspects:

First, younger people, those between the ages of 18 and 30, may not have the maturity to deal with major illness or end-of-life situations. They might equate modern medical treatment with specialized institutional care, which they believe will provide the patient with the most comfort and symptom control. This age group may also have fewer obligations to their families or friends, which allows them to think of institutionalization as a method of guaranteeing that the patient's requirements are met by specialists without interfering with their daily schedules.

While, for the 30-50+ age category, we could identify a greater life experience that also involves addressing end-of-life issues. They may appreciate more the emotional significance of spending the last moments of life with loved ones and family. This age group may have additional obligations in their personal and professional lives, making it difficult to stay away from home for long periods of time. An approach to obtaining palliative care while maintaining a sense of normality and community may influence the choice of home care. Second, cultural and social aspects may have an influence, in that certain cultures or communities place a strong emphasis on the value of family support and care, which makes older people choose to keep the patient at home. Then, access to information and easy communication means that because of their longer life experiences, older people may have had more exposure to knowledge about palliative care alternatives. This exposure could come from their social media discussions, personal experiences or media portrayals. In contrast, younger people may be more influenced by current information sources that may emphasize the advantages of specialized care facilities. (21)

Finally, each generation may exhibit changes in attitude, so we find that as generations progress, attitudes towards end-of-life care change. While the younger generation may be more receptive to contemporary medical treatments, the older generation may prefer conventional home care.

Limitation

A limitation of this study would be the population sample - the results being significant and representative for the population belonging to the "Socola" Institute of Psychiatry in Iași. In other words, we cannot generalize these data and results to the level of the Romanian population, but we can use these data to lay the foundations for a wider investigation. Another limitation would be contextuality, in the sense that the participants completed the questionnaires provided in a difficult environment and context for them (hospital, background noise, multiple stimuli, etc.) which could have influenced the modality in which they answer the questions in the questionnaire. A context with more environmental control would be preferable in future research.

For further research on this topic, it is important to take into account the limitations involved in the present work, as well as other parasitic variables that could influence the research. However, an important future direction would be to explore the socio-economic and demographic components of how both carers and patients decide how they prefer to access palliative care services. An extensive research, on regions of Romania and on a larger cohort, could significantly improve the way we understand people's decision vis-à-vis palliative care services.

Conclusions

This work aimed to verify the existence of an effect of the level of religiosity and some demographic variables on the attitude of relatives towards the way in which patients receive palliative care services. The most important result of this research is the fact that there is an association between the age category and the two attitudes towards the form in which patients receive palliative care, in the sense that those belonging to the 18-30 age category consider institutionalization more appropriate, while people in the 30-50+ age category consider it more appropriate to care for patients at home. The present work suggests that there are no other significant associations. This study contributes data relevant to a deeper understanding of how people relate to palliative care. At the same time, it opens opportunities for new directions of research on caregivers and palliative care: on the one hand, it is necessary to increase the test sample, on the other hand, to explore other variables, such