



Role of Funeral Support Service in Facilitating Bereavement Adjustment:

An Evaluation Study on Be-with Bereavement Support Service for Newly Bereaved Persons in Hong Kong

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In time death inevitably descends on everyone including those we love. Feelings may come in waves during bereavement. Due to traditional taboos on death and the general lack of understanding of funeral matters, the newly bereaved people usually get overwhelmed with the complicated funeral arrangements, and therefore are more likely to feel stressed and anxious in addition to emotional shock and grief caused by the decease.

Since 2012, the Endless Care Services of Tung Wah Group of Hospitals has launched the Be-with Bereavement Support Service (the Service). The Service aims to relieve the grief and pressure of the bereaved and help them adapt to a new life by providing free and comprehensive bereavement services. The Service reaches out to nearly 300 cases each year and offers services ranging from funeral consultation, assistance in implementing funeral plans to emotional support. Such bereavement support is given throughout and even beyond the funeral process. Follow-up calls by our team members, provision of counselling, bereavement workshops and service referral are arranged timely in response to the users' needs.

Recently we commissioned the Department of Social Work of the Chinese University of Hong Kong to conduct a study to examine the effectiveness of the Be-with Bereavement Support Service and how similar services may support the bereaved persons. The results showed that the Service has brought about significant positive influence to the healing process and grief adjustment of the service users. It also found that the stress of the bereaved is mainly caused by the complex post-death affairs, unfamiliarity with tasks and funeral rituals, and confusion over the wide variety of funeral products available in the market. It is particularly difficult for the elderly and people with limited mobility. Moreover, since death is still a taboo among local people, some of the bereaved persons are reluctant to seek help and hence, leaving them no choice but to mourn and handle the post-death matters alone.

Instead of being a funeral agency, “Be-with” is a professional guide who stands by the bereaved and accompanies them throughout the funeral process. We believe that through handling their loved one’s funeral in person, the bereaved would be given a chance to express their grief and thoughts. This helps them to soothe the negative emotions such as distress, fear, anxiety, regret, despair and anger that always come with bereavement. It also enables them to accept their loss and equips themselves with knowledge about funeral matters. From helplessness to helping others, many service users are empowered to become volunteers to help other bereaved people.

Everyone reacts differently to loss, but there are always the needs to be cared for, be heard and be accompanied which are common to all. We encourage the public to break the taboo of death and be more proactive in caring for the bereaved - be more aware of their mental condition and needs, and provide timely assistance and companionship to relieve their feelings of loneliness and grief. We also encourage the bereaved to reach out for help. With bereavement support, they will be able to find hope in the midst of struggles.

We would like to give our heartfelt thanks to Chun Tei Kok Buddhist Association Limited and Ms. Ko Lai-chi who have funded this meaningful service for the past 10 years. Our gratitude also goes to our Board of Directors for the financial support on the research. We would also like to express our appreciation to Dr. Chan Chi-ho, Wallace and his team from the Chinese University of Hong Kong for their unrivalled research efforts. Lastly, thanks are extended to all interviewees for their keen participation in this study.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	6
1 INTRODUCTION	8
2 RESEARCH METHODS	
2.1 Qualitative study	12
2.1.1 Research objectives	12
2.1.2 Participants and recruitment	12
2.1.3 Data collection	13
2.1.4 Data analysis	14
2.2 Quantitative study	14
2.2.1 Research objectives	14
2.1.2 Participants and selection criteria	14
2.1.3 Sampling and procedures	15
2.1.4 Questionnaire and data collection	17
2.1.5 Statistical analysis	20
3 QUALITATIVE FINDINGS	
3.1. Multiple stressors: Difficulties in handling post-death/funeral matters	22
3.1.1 Intrapersonal stressors	22
3.1.2 Interpersonal stressors	24
3.1.3 Contextual stressors	25
3.2 Total support: How the Be-with service facilitates the bereaved in coping with multiple stressors	26
3.2.1 The overall service: Companionship from the beginning to the end	27
3.2.2 Informational support: Professional guide like a white cane (盲公竹)	28
3.2.3 Emotional support: Caring about more than funeral logistics	28
3.2.4 Instrumental support: Servicing beyond job responsibilities	29
4 QUANTITATIVE RESULTS	
4.1 Sample characteristics of participants	32
4.2 Service effects on emotions in facing the death of family members	35
4.2.1 Within-group changes among the intervention group	35
4.2.2 Comparison between intervention and comparison groups	37

4.3 Service effects on emotions in handling post-death/funeral matters	38
4.3.1 Within-group changes among the intervention group	38
4.3.2 Comparison between intervention and comparison groups	40
4.4 Service effects on family communication	43
4.4.1 Within-group changes in the intervention group	43
4.4.2 Comparison between intervention and comparison groups	44
4.5 Service effects on perceived emotional support	45
4.5.1 Within-group changes in the intervention group	45
4.5.2 Comparison between intervention and comparison groups	46
4.6 Service effects on post-death/funeral information accessibility	47
4.6.1 Within-group changes in the intervention group	47
4.6.2 Comparison between intervention and comparison groups	50
4.7 Overall evaluations of the service	52

5 DISCUSSION & IMPLICATIONS

5.1 Summary	56
5.1.1 Key findings from the qualitative study	56
5.1.2 Key findings from the quantitative study	56
5.2 Discussion	58
5.2.1 Effectiveness of the Be-with funeral support service	58
5.2.2 Profiles of service recipients	59
5.2.3 Distressing situation in the period immediately after loss	60
5.2.4 The role of workers in facilitating bereavement adjustment	60
5.3 Implications	61
5.3.1 Role of formal companionship and practical support	61
5.3.2 Significance of funeral support service	61
5.3.3 Strengthen the continuity of support for the bereaved	62

REFERENCES	63
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SPECIAL THANKS & PARTICIPATING PARTIES	64
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EXECUTIVE SUMMARY

This is the first local study in Hong Kong which aims to examine the effectiveness of the funeral support service and how that service may support bereaved persons in Hong Kong. A mixed-research method was conducted. For the qualitative study, 10 bereaved persons who received Be-with Bereavement Support Service and 3 workers of Be-with were recruited. In-depth interviews were conducted to examine their experience of providing and receiving the funeral support service. A survey was then conducted to examine the effectiveness of the Be-with service. Based on the qualitative findings, key psychosocial outcome measures were included in the questionnaire: (a) emotions in facing the death of family members, (b) emotions in handling post-death/funeral matters, (c) family communication, (d) perceived emotional support, and (e) post-death/funeral information accessibility. A total of 130 participants were recruited (3–30 months following their bereavement). The intervention group (N = 64), who were bereaved service recipients, completed a questionnaire that assessed psychosocial outcomes of two time points (before the service and after the service/the funeral). The comparison group (N = 66), who were bereaved non-service recipients, also completed the questionnaire, which assessed their psychosocial outcomes after the funeral. Psychosocial outcomes before and after the service (within the intervention group), and psychosocial outcomes (after the funeral) between the intervention group and the comparison group were analyzed.

The qualitative findings highlighted the distressing situation and multiple secondary stressors experienced by bereaved persons while handling funeral arrangements and post-death matters. The thematic analysis found four themes related to how the service supported bereaved persons and indicated the service had a vital role in meeting their unique immediate needs following the death of loved ones: 1. Companionship from the beginning to the end, 2. Informational support: Professional guide like a white cane, 3. Emotional support: Caring about more than funeral logistics, 4. Instrumental support: Serving beyond job responsibilities.

The quantitative results highlighted that the recipients of Be-with were more economically and socially disadvantaged. The majority of service recipients were female (64.1%), and the average age was 58.72 (SD = 13.02); 32.8% reported an educational level of tertiary or above, 22% lived alone, 57.8% were unemployed, 15.6% reported having no family income per month and 32.8% had family income under HK\$10,000. Furthermore, results of psychosocial outcomes before and after the service showed that bereaved service recipients experienced a significant decrease in the scores of negative emotions in facing the death of family members ($p < 0.001$) and in handling post-death/funeral matters after the service use ($p < 0.001$). They also indicated a significant increase in the scores of family communication ($p < 0.01$), perceived emotional support ($p < 0.001$) and post-death/funeral information accessibility ($p < 0.001$). Results of psychosocial outcomes (after the funeral) between the intervention group and the comparison group found that, compared with bereaved non-service

recipients, bereaved service recipients showed significantly lower mean scores of negative emotions in facing death ($p < 0.001$) and post-death/funeral matters ($p < 0.001$), and higher mean scores of perceived emotional support ($p < 0.001$) and post-death/funeral information accessibility ($p < 0.001$).

This study shows the effectiveness of a funeral support service in Hong Kong and illustrates the important role of the service in supporting newly bereaved persons in handling post-death/funeral matters. Our study, therefore, suggests the importance of providing funeral support to newly bereaved persons in Hong Kong, especially those who lack resources and social support.

INTRODUCTION

1

The loss of a loved one through death is usually followed by a funeral and engagement in various post-death matters. In recent years, increasing attention has been drawn to topics relating to the functions of funeral/death rituals in bereavement adjustment. In general, researchers and practitioners recognize handling post-death/funeral matters is important in the healing process of the bereaved. If accomplished well, post-death/funeral matters might facilitate the bereaved in coming to cognitively accept the death of the beloved (Bolton & Camp, 1989), leading to externalization of grief and fostering the expression of negative emotions (Rando, 1985; Vale-Taylor, 2009), helping to re-establish the bonding with the deceased (Mroz & Bluck, 2019; Possick et al., 2007), and contributing to gaining feelings of control over the changes and uncertainties brought about by the death (Norton & Gino, 2014), and thus possibly helping significantly in the healing process. Apart from highlighting the role of post-death/funeral matters in grief adjustment, it is important to recognize the stress and anxiety of newly bereaved persons in handling these matters, which may further complicate the grieving process.

First of all, bereavement has long been recognized as one of the most stressful and difficult times in an individual's life (Aiken, 2000). In addition to such a life disruption, bereaved persons experience different physical and emotional grief reactions during the period immediately after death, including insomnia, elevated blood pressure, anxiety, loneliness, and anger. Waves of acute pain can last several weeks or months (Lindemann, 1944). However, in the months succeeding the loss, bereaved persons in emotional chaos often find themselves having to deal with immediate but unfamiliar demands, including contacting the funeral home and making funeral arrangements. For example, Hanna et al. (2020) indicated that one challenge met by bereaved persons is that arranging a funeral turned into "a treadmill" of things that had to be done which may obstruct their grief. Moreover, it is known that the death of a loved one is a significant life stressor which may impact an individual's decision-making capacity (Aoun et al., 2018; Gentry et al., 1995). Thus, having to deal with post-death/funeral matters is often stressful for newly bereaved persons.

Second, handling post-death/funeral matters is becoming increasingly stressful not only due to the emotionally vulnerable status of bereaved persons but also because of the pragmatic concerns in the process. Chinese funeral rituals are often highly elaborate and expensive nowadays and may cost tens of thousands of dollars. Considering the heavy financial cost, bereaved persons with less social capital often opt out of the services of a funeral director and tend to carry out the funeral on their own. Furthermore, post-death affairs in Hong Kong involve complicated tasks, such as registering the death, collecting a medical certificate of the cause of death from the hospital, and booking the cremation service with the Food and Environmental Hygiene Department (FEHD). Normally, if we include the arrangement of a niche in a columbarium as part of the funeral process, the process may last over a year, and the bereaved persons have to go through time-consuming procedures, which might lead to cumulative stressors generated by the pragmatic concerns of post-death/funeral matters.

Taking everything into consideration, newly bereaved persons might feel frustrated, stressed and anxious about handling post-death/funeral matters. The commercialization of funeral arrangements,

complicated procedures, and the acute grief of the bereaved further exacerbate the situation. As Gamino et al. (2000) indicated, the occurrence of adverse events during the funeral arrangements, such as family conflicts over costs or problems with the funeral home, is related to more intense grief reactions. Local Hong Kong studies have also revealed that bereaved families may feel guilty if they fail to coordinate a perfect funeral for their loved ones (Chan & Chow, 2006). Funeral support service thus is crucial to support newly bereaved people in navigating this difficult and stressful experience, particularly for those who lack social resources and support.

Despite the significance and urgency of supporting newly bereaved persons in Hong Kong and the crucial role of funeral support, as suggested above, there is a shortage of local services directed to newly bereaved persons in Hong Kong. Noticing this service gap, the Tung Wah Group of Hospitals (TWGHs) launched the Be-with Bereavement Support Service in 2012, to help the bereaved persons with less social capital and low social support in handling post-death/funeral matters. The objectives of the Be-with service are to assist the bereaved to complete the funeral procedures and reduce their stress level. Workers of the Be-with service will accompany the bereaved through the entire process and provide emotional support when the bereaved need it. The Be-with service includes a wide range of work, such as assisting the service recipients in applying for a medical certificate of death from a hospital or a coroner, booking the cremation service of FEHD, contacting the funeral home for the related arrangements, arranging the dates of cremation, collecting the ashes of the deceased, and purchasing a niche. Within the year after the funeral, the service continuously provides follow-up emotional support to the bereaved person and his or her family.

Given that handling post-death/funeral matters is a common experience, there is a need for a better understanding of the effectiveness of the funeral support service and how that service may support newly bereaved persons, to shed light on how funeral support service can be improved in the future. Therefore, a research study was conducted by TWGHs and Dr. Chan Chi-ho, Wallace (Principal Investigator), Department of Social Work, The Chinese University of Hong Kong, to evaluate the effectiveness of the Be-with service. Through the evaluation study, we aimed to fill this research gap and enrich our understanding of the role of a funeral support service in facilitating bereavement adjustment from the experiences of newly bereaved persons and of professionals. We report here our research in the following parts: research methods and data analysis, qualitative findings, quantitative results, discussion and implications.

2

RESEARCH METHODS

To explore the effectiveness of the Be-with service and how that service may support newly bereaved persons, mixed-method research, which includes a qualitative part (in-depth interviews) and a quantitative part (self-completed questionnaire) was used. The mixed-method research can help readers to gain a deeper, broader understanding of the study (Hurmerinta-Peltomäki & Nummela, 2006). Moreover, integrating both qualitative and quantitative data can offer readers more confidence in the results and the conclusions of the study (O’Cathain et al., 2010). All research procedures and materials were approved by the Survey and Behavioral Ethics Committee of the Chinese University of Hong Kong.

2.1 Qualitative study

2.1.1 Research objectives

The objectives of the qualitative study were to:

- Explore the experience of bereaved persons in receiving the Be-with service, including understanding how and why that service is perceived as helpful or unhelpful.
- Identify the possible outcomes of the Be-with service which was perceived by bereaved persons as helpful.
- Understand the roles of the workers of the Be-with service.

2.1.2 Participants and recruitment

Considering information-rich cases can contribute to in-depth inquiry into the issues thought to be of central importance in such a study (Patton, 1990), a purposeful sampling strategy was utilized to seek information-rich cases. Both service recipients and workers of the Be-with service were recruited.

Specifically, for the purpose of this research, the qualitative study targeted recruiting service recipients who: (a) were the key family members who had major contact with the workers of the Be-with services, (b) had experienced the death of a family member in the past 12 months, (c) finished the entire funeral, including cremation, and (d) agreed to participate in the study. The staff of the Be-with service, who assisted in identifying potential participants, was given the inclusion criteria as a guideline and was asked to invite service recipients who they felt had reached a stage in their grief period where they could be reflective with respect to their experiences handling post-death/funeral matters. Also, the qualitative study targeted recruiting participants with different backgrounds (e.g., gender of both the bereaved and the deceased, age, social support network, family relationships) to maximize the variation and capture potential differences.

The final sample of the qualitative study included 10 service recipients and 3 workers of the Be-with service. Background information of service recipients appears in Table 1, where a wide range of demographic characteristics is evident. By age of data collection, nearly half of the service recipients (40%) were over 60, three were in their 40s (30%) and the rest were in their 50s. More than half of the participants (60%) had earned a tertiary degree or above. More than half of the participants (60%) reported a monthly income of less than HK\$20,000. Half of the participants (50%) had no religious

belief, and more than half of the participants (60%) had taken the deceased family member to the public mortuary after death. The participants (workers) of the Be-with service all had one to three years of relevant working experience; two were female and one was male; two were between 18 and 25 years of age and one was between 36 and 40 years of age; one was a social worker and two were program workers.

Table 1. Background information of service recipients in the qualitative study (N = 10)

	Characteristics	N	%
Gender	Male	5	50
	Female	5	50
Age	41–50	3	30
	51–60	3	30
	61–0	2	20
	>70	2	20
Education Level	Primary school	1	10
	Secondary school	3	30
	Tertiary or above	6	60
Marital Status	Married	5	50
	Single/Divorced/Widowed/Separated	5	50
Employment status	Full-time employee	5	50
	Part-time employee/Retired/Homemaker	5	50
Monthly income	<10,000	3	30
	10,001–20,000	3	30
	40,001–50,000	1	10
	>50,000	3	30
Religious belief	Buddhism	2	20
	Protestantism	3	30
	No religion	5	50
The type of mortuary	Public	4	40
	Hospital	6	60

2.1.3 Data collection

The in-depth interview followed a semi-structured format. The interviewer first explained the purpose of the qualitative study, the procedure of the interview, the ethical issues (including the no-harm rule and confidential transcripts), and answered questions from the participants (both service recipients and workers of the Be-with service). Participants were asked to sign a consent form. The interview was audio-recorded. Each participant was interviewed individually by a research assistant from CUHK who was trained by the PI, an experienced social work scholar with expertise in end-of-life care. Interviews lasted 30 to 60 minutes and were transcribed and de-identified.

The service recipients were first asked how they knew about this service, and workers of the Be-with service were first asked to introduce the service from their perspectives. Subsequent questions were designed to explore the experience of receiving/providing support in the Be-with service. For instance,

the service recipients were asked what they perceived as the most helpful elements and how the workers helped them. The workers were asked what they considered the most helpful elements about this service for bereaved persons and what challenges the workers encountered. Several questions were routinely asked at the beginning of the interviews; subsequent questions focused on deeper experiences. All interviews were conducted between April 2019 and September 2019.

2.1.4 Data analysis

Our analysis focused on the understanding of how the Be-with service may support bereaved persons in Hong Kong and the possible outcomes of the funeral support service. Data were analyzed using the general method of comparative analysis and were guided by grounded theory (Glaser & Strauss, 2017). This analysis involved specific procedures: open coding, axial coding, and selective coding. Initial steps were conducted to create as many categories as possible by analyzing and coding every part of the interview transcript. The second stage of coding reorganized the data by identifying a central phenomenon for related categories. The third part of the analysis – delimiting the theory – was employed through selective coding, which involved explicating a “story-line” (Glaser & Strauss, 2017). Data were coded and mapped by a member of the research team and then cross-checked by the principal investigator.

2.2 Quantitative study

2.2.1 Research objectives

Our study was exploratory. The findings from the qualitative study shed light on our understanding about the possible outcomes of the Be-with service. The quantitative study aimed to examine the effectiveness of this service; specifically:

- To examine the possible differences in psychosocial outcomes of service recipients before and after the service.
- To examine the possible differences in psychosocial outcomes between service recipients and non-service recipients after the funeral.

2.1.2 Participants and selection criteria

For the objectives of the quantitative study, two groups of participants were recruited: an intervention group and a comparison group.

Eligible participants in the intervention group were bereaved persons who received the Be-with service while handling funeral arrangements and post-death matters. Specifically, inclusion criteria of the intervention group were: (a) being the key family member or friend who had major contact with workers of the Be-with service and handled the funeral of the deceased, (b) having experienced the death of a family member or a friend 3 to 30 months ago, (c) being able to read Chinese (for those who completed the questionnaire by themselves) or to communicate in Cantonese (for those who completed the questionnaire through being interviewed by a research assistant), and (d) having finished the funeral process. Those who were assessed by the workers of the Be-with service to be

mentally and psychologically unfit to participate in the study (e.g., those who were actively disturbed by mental health issues; those who were too emotionally unstable to discuss post-death/funeral issues) were excluded due to ethical concerns.

Eligible participants in the comparison group were bereaved persons who did not receive the Be-with service or other similar funeral support services while handling funeral arrangements and post-death matters. Specifically, inclusion criteria of the comparison group were: (a) being the key family member or friend who handled the funeral of the deceased, (b) having experienced the death of a family member or a friend 3 to 30 months ago, (c) being able to read Chinese (for those who completed the questionnaire by themselves) or to communicate in Cantonese (for those who completed the questionnaire through being interviewed by a research assistant), and (d) having finished the entire funeral process. The exclusion criterion included service recipients of other funeral support services similar to the Be-with service.

2.1.3 Sampling and procedures

According to the research objectives and design, t-test analysis was used. As shown in Figure 1, by using t-test analysis, rounding up to two decimal places, we see that a sample size of 64 is required to detect an effect of 0.50 with the power of 0.80. Hence, we proposed this sample size for the intervention and comparison groups respectively.

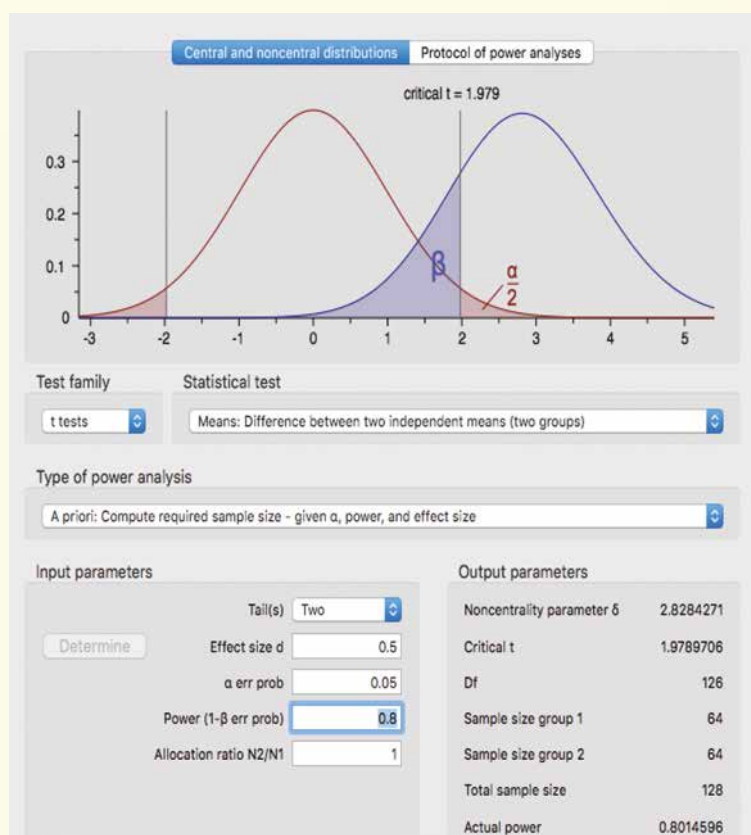


Figure 1. Sample size justification

According to the different characteristics of the intervention and comparison groups, two different sampling strategies were adopted to collect the sample.

For the intervention group, who were bereaved recipients of the Be-with service, we used the systematic sampling method to select participants from the list of 200 cases provided by the workers of the Be-with service. By definition, systematic sampling is a type of probability sampling method in which the researcher chooses elements from a target population by selecting a random starting point and selects sample members after a fixed “sampling interval” (Rubin & Babbie, 1997). Considering the characteristics of the Be-with service, the systematic sampling method is efficient and convenient for the researchers to create, conduct, and analyze samples, and therefore serves to represent bereaved service recipients in a faster and simpler manner. Specifically, the research team first assumed a sample size of 64 bereaved service recipients and a relatively high response rate of 80%. In order to reach that sample size of 64, the research team needed to invite 80 participants to complete the questionnaire, and thus the sample interval should be two, which is the result of the division of 200 ($N = \text{size of the population}$) and 80 ($N = \text{size of the sample}$). After that, the research team randomly selected a case as the starting point, by using the random sampling function in Excel, and then kept adding the sample interval to the random number until a sample was built systematically.

As shown in Figure 2, during the data collection, the research team conducted four recruitment rounds to reach the proposed sample size. In total, 120 eligible bereaved service recipients were invited to join the study; 56 refused to participate in the survey, making a total of 64 bereaved service recipients allocated to the intervention group. According to the responses of the bereaved service recipients, the reasons for refusal are: (1) failure to reach the service recipients, such as not being in Hong Kong or having changed the phone number (80.56%); (2) having joined the qualitative study (6.94%); (3) unwillingness to participate in the research (4.17%); (4) forgetting the details of the service (2.78%); (5) withdrawing for personal reasons, such as physical illness or emotional burden (1.39%); (6) having passed away (1.39%); (7) being under 18 years old (1.39%), and (8) unknown reasons (1.39%).

For the comparison group, the bereaved persons who did not receive the Be-with service or other similar funeral support service, we used the convenience sampling method to openly recruit participants. By definition, convenience sampling (also known as opportunity sampling) is a type of non-probability sampling that involves the sample being drawn from that part of the population that is close to hand (Rubin & Babbie, 1997). Considering the characteristics of bereaved non-service recipients, the convenience sampling method is the most useful for the current study. The research team conducted two recruitment rounds to reach the proposed sample size. The team first openly recruited the participants of the comparison group outside the Kowloon Cemeteries and Crematoria Office. While the potential participants were going to handle post-death matters in the office, the research team introduced the current study and thus invited them to participate. Fifty participants were recruited during the first recruitment round. The research team recruited the remaining participants through a referral from TWGHs. The second recruitment round was facilitated by the volunteers of bereavement

support in TWGHs. After the team explained the objectives of the study, some volunteers helped to refer 16 suitable bereaved persons to join the study. In total, 66 bereaved non-service recipients were recruited as the comparison group.

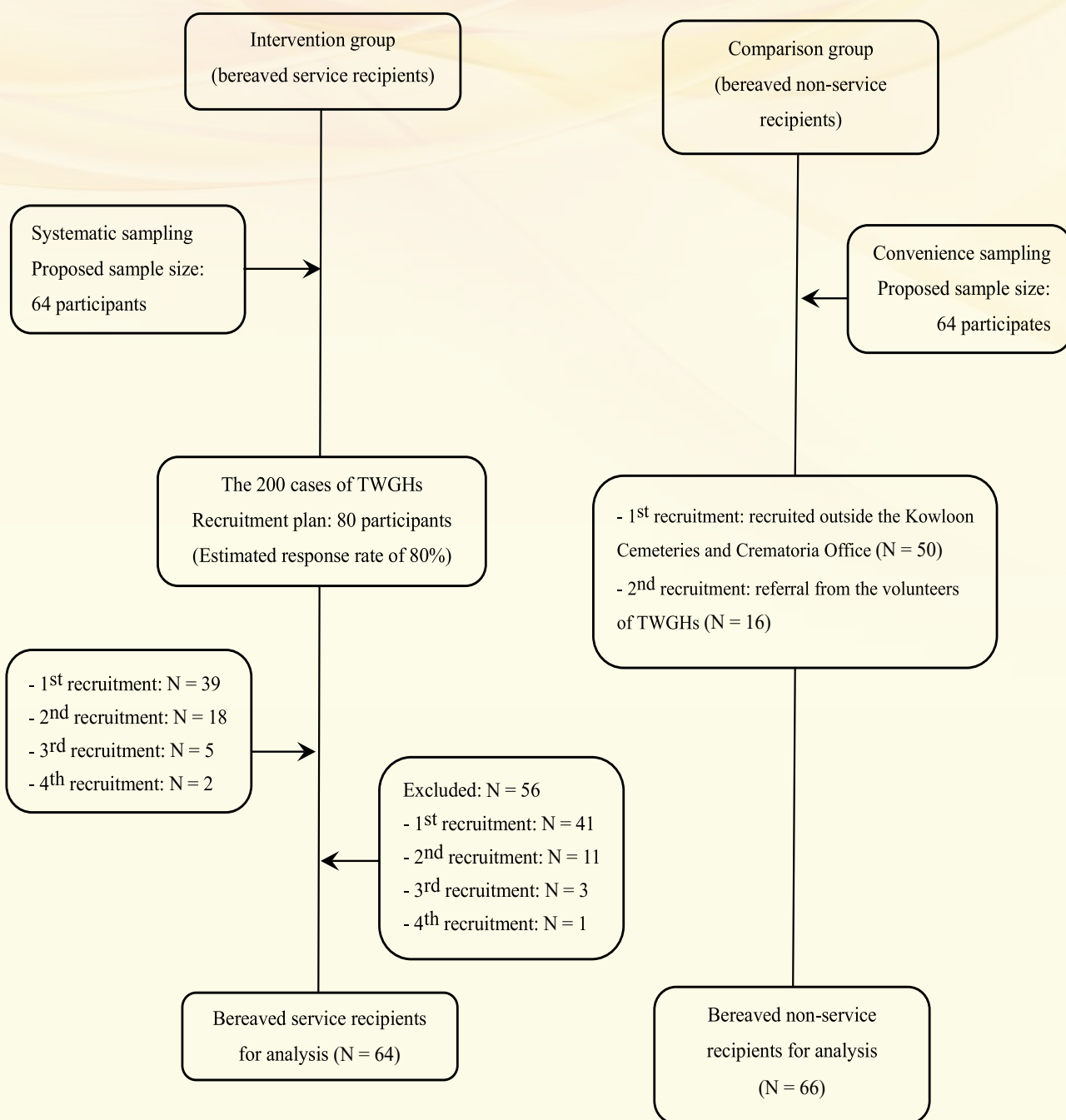


Figure 2. Flowchart of the participants' recruitment

2.1.4 Questionnaire and data collection

The questionnaire employed in the current study was developed by the principal investigator of this study, based on the qualitative findings, related literature, and professional opinions from workers of the Be-with service. To ensure the validity of the results, the questionnaire was piloted and revised prior to the survey administration. The questionnaire consists of the following sections:

Section 1: Sociodemographic information. Age, gender, educational level, place of birth, length of residence in HK (years), family income (per month), religion, employment status, living arrangement, relationship with the deceased, cause of death, type of mortuary, venue of the funeral, intimacy level with the deceased, and subjective grief level. Respondents were asked to indicate their intimacy level with the deceased and their subjective grief level on a 5-point Likert scale, a higher score indicating a higher level of intimacy and subjective grief.

Section 2: Emotions in facing the death of family members. This section included two statements that capture data related to participants' emotions in facing the death of a family member. Respondents were asked the extent to which they agree or disagree with the statements, on a 5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). Statements such as "When facing the death of the deceased, I felt helpless", and "When facing the death of the deceased, I felt distressed" were included, a higher score indicating a higher level of agreement.

Section 3: Emotions in handling post-death/funeral matters. This section included three statements that capture data related to participants' emotions when handling post-death/funeral matters: worry, stress, and loneliness. Respondents were asked the extent to which they agree or disagree with the statements, on a 5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). Statements such as "When dealing with post-death matters/funeral arrangements, I felt worried" were included, a higher score indicating a higher level of agreement.

Section 4: Family communication. This section includes one statement that captures data related to participants' family communication when handling post-death/funeral matters. Respondents were asked the extent to which they agree or disagree with the statements, on a 5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). The statement "When dealing with post-death matters/funeral arrangements, I could communicate effectively with my family members" was included, a higher score indicating a higher level of agreement.

Section 5: Perceived emotional support. This section includes one statement that captures data related to participants' perceived emotional support when handling post-death/funeral matters. Respondents were asked the extent to which they agree or disagree with the statements, on a 5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). The statement "When dealing with post-death matters/funeral arrangements, I felt emotionally supported" was included, a higher score indicating a higher level of agreement.

Section 6: Post-death/funeral information accessibility. This section includes three statements that capture data related to participants' post-death/funeral information accessibility: knowledge regarding the procedure of post-death matters, knowledge regarding the procedure of funeral arrangements, and

access to information. Respondents were asked the extent to which they agree or disagree with the statements, on a 5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). Statements such as “When dealing with post-death matters/funeral arrangements, I could access the needed information” were included, a higher score indicating a higher level of agreement.

Table 2. Outcomes included in the questionnaire

Outcomes		Items to be measured	Range
Emotions in facing the death of family members	2 items	Felt helpless	1–5
		Felt distressed	1–5
Emotions in handling post-death/funeral matters	3 items	Felt worried	1–5
		Felt stressed	1–5
		Felt lonely	1–5
Family communication	1 item	Could communicate effectively	1–5
Perceived emotional support	1 item	Felt emotionally supported	1–5
Post-death/funeral information accessibility	3 items	Knew the procedure of post-death matters	1–5
		Knew the procedure of funeral arrangements	1–5
		Could access the needed information	1–5

Note. These outcomes were developed based on the preliminary analysis from the qualitative study.

In sum, as shown in Table 2, key psychosocial outcome measures were included in the questionnaire: (a) emotions in facing the death of family members, (b) emotions in handling post-death/funeral matters, (c) family communication, (d) perceived emotional support, and (e) post-death/funeral information accessibility, namely, Section 2 to 6 in the questionnaire. Sociodemographic information was also measured, namely, Section 1 in the questionnaire. A total of 130 participants were recruited (3-30 months following their bereavement). The intervention group (N = 64), who were bereaved service recipients completed a questionnaire that asks for their recall on their psychosocial outcomes of two time points (before the service and after the service/the funeral). The comparison group (N = 66), who were bereaved non-service recipients also completed the questionnaire which assessed their psychosocial outcomes after the funeral. The questionnaire took approximately 20 minutes to complete. Respondents were first invited to clarify any inquiries on the survey before they signed the informed consent form to complete the questionnaire. Respondents were also fully informed that they could stop filling in the survey at any point.

2.1.5 Statistical analysis

Sample characteristics for both the intervention and comparison groups were analyzed to determine the comparability of the two groups. Independent T-test/Mann-Whitney U tests were used to examine whether there were any differences between groups for the continuous variables. The Chi-square test was used to examine the difference in categorical variables.

Psychosocial outcomes before and after the Be-with service (within the intervention group), and psychosocial outcomes (after the funeral) between the intervention group and the comparison group were analyzed. To examine whether there was any service effect within the intervention group, any differences in psychosocial outcomes before and after the service, paired sample t-test/Wilcoxon signed-rank test was first performed to examine changes of scores in different outcomes. Furthermore, analysis of covariance (ANCOVA) was adopted to examine whether there was a significant difference between the intervention group and the comparison group in each measuring dimension after the funeral, using the significantly different sample characteristics between the two groups as covariates. A two side-significance test ($p < 0.05$) was applied. The magnitude of the effects between the intervention and the comparison groups was displayed as a partial η^2 effect size. For η^2 , results larger than 0.14 are considered large effects. All analyses were carried out using IBM's SPSS version 25.

3

QUALITATIVE FINDINGS

3.1. Multiple stressors: Difficulties in handling post-death/funeral matters

The qualitative findings first highlighted the distressing situation and multiple secondary stressors experienced by the newly bereaved persons while handling funeral arrangements and post-death matters. Our qualitative findings revealed that bereaved persons experienced multiple stressors when dealing with post-death matters/funeral arrangements. The cumulative stress may make them feel lonely, powerless, and isolated. The findings presented here come from three key stressors that seemed to represent the full spectrum of the distressing situations they experienced: intrapersonal stressors, interpersonal stressors, and contextual stressors, as shown in Figure 3.

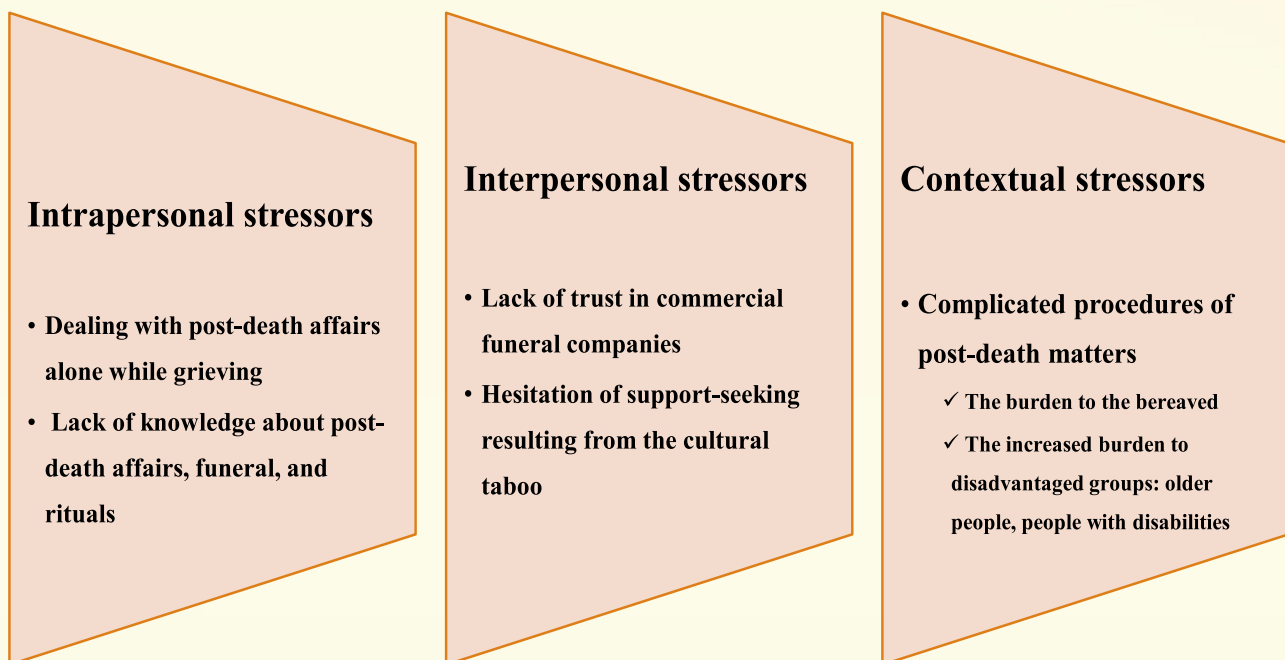


Figure 3. Multiple stressors experienced by bereaved persons

3.1.1 Intrapersonal stressors

Intrapersonal stressors occur within a person, for example, the person's emotions and feelings (Neuman & Fawcett, 1989). Our analysis suggests that intrapersonal stressors predominantly come from various sources among bereaved persons: (1) lack of knowledge about post-death affairs, funeral, and rituals; and (2) dealing with post-death affairs alone while grieving.

First, lack of knowledge about post-death affairs, funeral, and rituals is an important factor that triggers the distressing feeling of bereaved persons. It was the first time for most of the participants to handle post-death matters or arrange a funeral for a family member. In the period immediately after death, bereaved persons often found themselves having to deal with immediate but unfamiliar demands, such as the death being officially pronounced by someone in authority, like a doctor in a hospital. The bereaved was told to get a legal pronouncement of death as soon as possible. Such post-death affairs are necessary for many reasons, such as life insurance, financial and property issues. However, when confronted with such demands, bereaved persons reported that at the beginning they generally had no idea what to do next; and during the process of handling post-death/funeral matters, they had no idea how to deal with different tasks and where to access the needed information.

Recipient 8: *Since it was the first time my family and I faced the problem, it became...it felt like I found no support at all... What I needed the most is the information, like how to arrange things, like is there any limitation on the time schedule. Take the application for niches as an example. Since we have to submit the application in accordance with the announced arrangements, if we miss this, is there any possibility for us to be allotted a niche? So, I think the related information is crucial.*

Interviewer: *Sounds like at that time, many things are what we don't know.*

Recipient 8: *Yes, I didn't know, I knew nothing about it...including sending the dead body for burial after the death of my family member, even the whole process of a funeral I didn't know... including buying the kind of cloth for the deceased, I had no idea at all... That's why I think the information is most important... It will help reducing the anxiety and fear since I had never handled these affairs before. That moment...the feeling of wandering...I didn't know what to do, yes. I totally had no idea about the procedure, what to do first and what to do next. Someone told me that if I buy the niche then there is a small chance to be allotted. And if I try to buy one, it is so complicated. I have no idea how to make a decision. I felt so confused. I had no idea what to do and which thing to do first. I had totally no idea what to do. (Male, 46–50 years old)*

In the interviews, even though some of the service recipients revealed that this actually was not the first time they handled post-death affairs, they found it very unfamiliar and difficult to deal with if no professional support was provided.

Recipient 6: *Actually, my father passed away...let me think, passed away in 2015. Yes, try to imagine, from 2015 to now... It came to my mother and she left so suddenly. So, most of the time, when I tried to arrange a funeral for her, actually I was not so familiar with this stuff... At that time, how to describe the feeling, I felt so anxious, I didn't know how to arrange it... Even though my mother was around 96 years old, I was not surprised by her death. Still, since she left so suddenly, then I had to arrange the funeral suddenly. I really didn't know what to do... I had no idea about the whole process, such as where is the births and deaths registry office, what applications should I apply for. I totally have no idea! (Male, 66–70 years old)*

Another important risk factor of bereaved persons' intrapersonal stressor is dealing with post-death affairs alone while grieving. The most direct responses to the actual situation of handling post-death affairs indicated that bereaved persons had to deal with post-death affairs while beginning the grieving process. That is, they began to experience the pain of loss (grief, helplessness, loneliness, fear, etc.), even if it was a good death for the deceased. In response to that, they had to suppress all their grief reactions in order to deal smoothly with post-death affairs. Moreover, when bereaved persons tried to handle such administrative matters, not only were they the only representative to deal with these matters, but they also might need to take care of other family members, and therefore they pretended to be strong during the process.

Recipient 7: *The situation was when I heard the news (my father's death), I was heartbroken... I felt helpless since I never experienced such things before. I never experienced the death of a family member before. Then I didn't know how to do it... At least, (with the support of the Be-with service), we didn't need to handle the post-death affairs, when I just began to accept the pain of loss. It was too soon; I just realized his death, just began to adjust to the loss, and at the same time, I was expected to deal with different matters. I think these two different tasks had conflicts with each other since I was not okay at that time, and then I had to, yes, I had to arrange the funeral. I had no choice. So, at that time, my emotional status was not ready at all. (Male, 41–45 years old)*

3.1.2 Interpersonal stressors

Interpersonal stressors occur between individuals, for example, role expectations (Neuman & Fawcett, 1989). The qualitative analysis identified two sources that appear to lead to interpersonal stressors among bereaved persons: (1) lack of trust in commercial funeral companies, and (2) hesitation to seek support which results from the cultural taboo.

First, one sub-category in this regard is lack of trust in commercial funeral companies, which would further increase the stress levels of bereaved persons. Various agents from different funeral companies often wait outside hospitals and try to sell their commercial service to bereaved individuals. Although those companies may provide diverse choices for arranging the funeral ceremonies, and even at very low prices, bereaved persons were very hesitant about choosing a commercial company and felt very stressed. Significantly, this is perhaps largely due to the bad impressions by the general public of the private funeral business and the lack of transparency about the cost of funeral arrangements. Therefore, the bereaved had low trust in commercial funeral companies, such as suspecting those companies of price fraud and the accuracy of information provided, as these companies may only aim at profit-making, instead of serving:

Interviewer: *As far as I know, when a family member passes away, there will be lots of agents trying to provide commercial services.*

Recipient 5: *Those business guys, yes.*

Interviewer: *If you hire one of them, then you would save lots of time and energy.*

Recipient 5: *The price is totally different. If I have the money, it would be totally different. If it is my case, I know, lots of people will come to serve me if I have lots of money.*

Interviewer: *However, you trust TWGHs.*

Recipients 5: *Exactly. Those private agents; I don't know the price. It is very possible that I get false information. The prices could be different from person to person. I might have to pay more money. It is more terrible if they cheat me out of a huge sum of money. (Male, 66–70 years old)*

Hesitation to seek support which results from the cultural taboo can also act as an important risk factor for bereaved persons' interpersonal stressors. Surprisingly, it appears that despite the participants

generally feeling helpless about the complicated funeral arrangements, they seldom seek support. This is perhaps largely the result of the cultural taboo of death in Chinese culture. Bereaved persons were afraid that their friends and other people would be unpleasant to them if they share the “bad luck” news (i.e., the death):

***Recipient 9:** My younger brother once suggested we could ask my deceased father’s friend for help who provides funeral service. However, we were not close friends, so if we hadn’t approached him when times were good, then we shouldn’t seek help now. That feeling was very weird and complex, even though that friend works in the funeral industry. So, when the Be-with service told me that they could provide the related service, I asked the opinion of my mother. She also agreed that we shouldn’t ask that friend’s help and allowed me to receive the Be-with service. (Female, 51–55 years old)*

3.1.3 Contextual stressors

Contextual stressors occur outside the individual, for example, the person’s job or financial pressures (Neuman & Fawcett, 1989). In our findings, the complicated procedures of handling post-death matters are a key contextual stressor experienced by bereaved persons.

First, our analysis suggests that such complicated procedures of post-death matters put a heavy burden on bereaved persons. After the family member passed away, bereaved persons first had to obtain various official documents immediately, for the purpose of processing the post-death procedures. In addition, if it is a case of complicated death, in which the deceased died of an unnatural death, the bereaved individual may experience more complicated procedures which are different from those for natural deaths that happen in the hospital. Therefore, processing post-death matters would become more complicated and time-consuming for these bereaved persons. After obtaining the relevant documents, the bereaved also mentioned that they still have a long checklist to go through step by step, to complete the post-death affairs. This may take more than a year (e.g., application for niches provided by the government).

Bereaved persons particularly expressed their feelings of helplessness when they only received a simple leaflet for the death-related to-do list from the mortuary, with no formal support provided:

***Recipient 3:** Take the births and deaths registry office as an example, how to apply for the death certificate, how to hold a funeral at the hospital, how to carry out cremation at the funeral parlor... It was a totally chaotic time... Too many things to do, and then I had no idea which one to do first... If we do this without guidance, then we would find ourselves missing some important paperwork upon arriving at the office... You can imagine; too many documents to bring. And then I find out “oh, I forget that one”, then I have to start again... They always say the same thing, those procedures, you know how much trouble the government can be about*

such things... By the way, speaking about the Food and Environmental Hygiene Department, their bureaucratic procedures could be very complicated. After the cremation, then..., I have to keep the ashes in the Food and Environmental Hygiene Department for one to two weeks. After that...so weird, I have to submit some documents, make a declaration, and fill out a form. And then I have to wait...wait for their permission. However, that department will approve it anyway, right? Then I have to wait for one to two weeks, for a letter sent by that department. And then with this letter, I can go to collect the ashes. How ridiculous! What's the point of that?
(Female, 51–55 years old)

Second, our interviews also revealed that such complicated procedures of post-death matters imply an increased burden to some disadvantaged groups, such as older people and people with disabilities. For example, one of our participants reported that he particularly found it overwhelming when it took lots of physical and mental energy to deal with the procedures of post-death affairs.

Recipient 6: *Like me, an older adult, something like walking is not so easy sometimes. I had to walk around and found I was lost and couldn't find it (note: the building for getting the death certificate). This process, I found it very annoying... Also sometimes I had to fill out some forms. And the worker of the Be-with service is familiar with them; she knows how to fill them out. But if I have to fill them out myself, it is totally different. If she didn't help me, then I might be filling out the forms in the wrong way and have to do it again. So, does it make me feel annoyed? I might spend three to four hours filling them out... Yes, sometimes, that's the way. I am not young; I don't have good energy or a healthy body. The whole procedure requires me to walk around and deal with different kinds of things. Then my body couldn't support me. It is very likely that I will get sick because of it... Take me as an example, since I myself am not young anymore. (Male, 66–70 years old)*

3.2 Total support: How the Be-with service facilitates the bereaved in coping with multiple stressors

In response to multiple stressors, we found, in our interviews that the support from the Be-with service facilitated the bereaved service recipients in coping with such situations, which could be summarized as “Total support”. In what follows, we present four key themes related to how the service supported bereaved persons and indicate that it had a vital role in meeting their unique immediate needs after the death of loved ones: (1) the overall service: companionship from the beginning to the end; (2) informational support: professional guide, like a white cane (盲公竹); (3) emotional support: caring about more than funeral logistics; and (4) instrumental support: serving beyond job responsibilities, as shown in Figure 4.

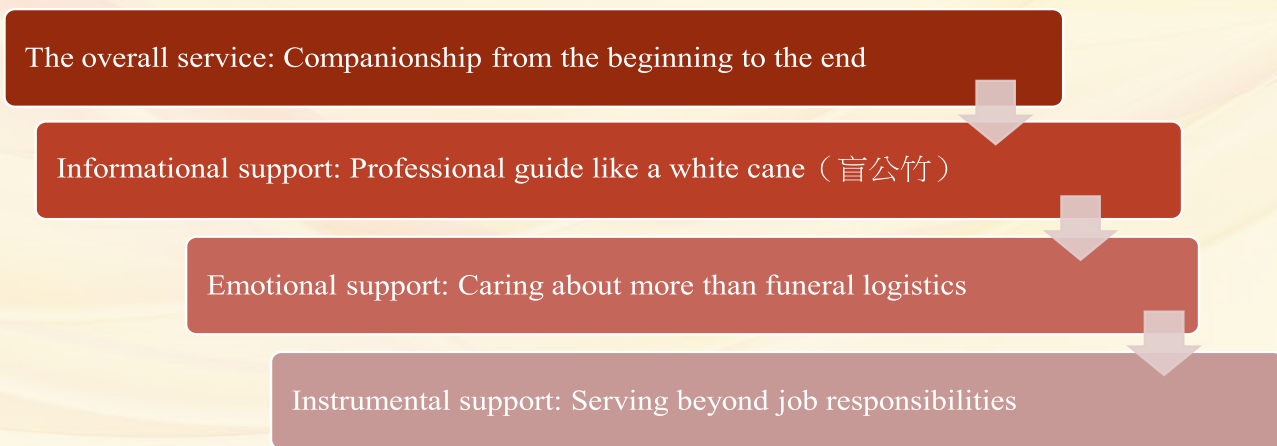


Figure 4. Total support provided by the Be-with service

3.2.1 The overall service: Companionship from the beginning to the end

Significantly, just as the name of the Be-with service implies, we will be there with you, our interview material yielded rich evidence of the significance of companionship. Most of the participants said they remembered feelings of being supported and cared for when the service worker was always with them during the complicated procedures for handling post-death matters. According to the qualitative interview, bereaved persons said that the workers in the Be-with service would physically accompany them at every step of the process, including claiming the body from the public mortuary.

***Recipient 6:** Their name is the Be-with service, right? So, the whole process, after my mother passed away, the worker was there during the whole process, including how to claim the body, how to apply for a cremation permit, how to book a cremation session, how to book the cemetery, how to buy things in a coffin shop, how to register a death and collect the certificate of death. All these kinds of things were accomplished with the support of Miss Lam, a worker of the Be-with service. She was there for me, from the beginning to the end. I can say that. What I need to do when trying to arrange a funeral, she helped me handle most of the matters and accompanied me during the process...I can say that the service she provided is very professional, very considerate. I can describe it like that. The support of Miss Lam is impeccable, is perfect. (Male, 66–70 years old)*

***Recipient 10:** To be honest, about claiming the body, I was really afraid to go down the stairs (in the public mortuary). The service worker then said: I will accompany you. Yes, that's true. Because I was really afraid to go down the stairs, because...If I want to go to the public mortuary, then I have to take the lift, and there is only me, the whole process, I myself alone. Then the worker who accompanied me stood in front of me, I was standing behind the worker. I was afraid to walk alone. I don't know why, and I was terrified. That was it. (Female, 41–45 years old)*

3.2.2 Informational support: Professional guide like a white cane (盲公竹)

In our interviews, one of the service recipients described the workers of the Be-with service as a white cane (盲公竹). This metaphor is appropriate and demonstrates the role of the service worker in providing informational support as a professional guide when bereaved persons often found themselves lost and helpless while handling complex post-death procedures.

As discussed, bereaved persons found the procedures extremely complicated, and it became quite stressful for them to make decisions without enough information. Considering this situation, one focus of the Be-with service is to provide informative guidance for the service recipients, since they generally lack knowledge and information about how to proceed with post-death affairs. Most of the participants highly valued the significance of such informational support. Several service recipients expressed gratitude toward the Be-with service in circumstances where the workers would provide informative guidance at every step of handling post-death matters and reminding bereaved persons of the to-do matters in advance, by phone. As a result, such informational support was reported as beneficial because it helps bereaved persons reduce their anxiety level and bring peace of mind. It also contributes to a smooth settlement and saves money, time, and energy.

***Recipient 3:** I was so supported during the whole process; that is, the worker would remind me, now I needed to do this first, step by step. At first, the worker would explain the whole procedure to me. Then, step by step, there would be a worker with me, to call me and to remind me. These are the most important things, because I really had no idea at all. If we are required to handle everything without any guidance, then it is not good if we miss one of those documents at any moment. Instead, the service worker would remind me where I should go and what we should bring; things like that. Then if I get someone to accompany me, I will feel things are settled smoothly, feel secure. And in this way, I subjectively perceived such procedures were becoming simpler, clearer, and then I became less distressed. It is like a straight road with fewer misleading forks. I therefore will not be very stressed. (Female, 51–55 years old)*

***Recipient 9:** The service worker would call me one day before, or two days in advance. She would inform me of the time and the address for my task of that day. At first, I thought it was a one-time thing, and she wouldn't remind me again. However, during the process, she would help me remember my schedule. Even though I myself would keep different tasks in my mind, I would mark them on my calendar; she was so considerate to keep reminding me two days in advance, in case I forgot. (Female, 51–55 years old)*

3.2.3 Emotional support: Caring about more than funeral logistics

In general, most service recipients experienced distress when handling the complex and unfamiliar matters after the death of a family member. Thus, the key determinant of the Be-with service to the

bereaved persons was the emotional support. Service recipients felt the service workers cared about them more than just caring about handling funeral logistics.

The qualitative analysis demonstrated that while accompanying bereaved persons in dealing with various post-death affairs, the service workers would pay close attention to the emotional status of the service recipients, instead of just focusing on the administrative affairs. Despite the distress they experienced, some participants revealed that they seldom shared their feelings with others, including their family members and friends, when dealing with post-death affairs. The workers of the Be-with service, therefore, became the only listener and provided them with emotional comfort. When bereaved persons had emotional needs (e.g., feeling stressed during the process), the service workers would provide emotional support immediately, through different strategies: (1) caring through continued encouragement, (2) listening and accepting their negative emotions, (3) identifying negative emotions sensitively and providing feedback, and (4) sharing the experiences of others.

***Recipient 9:** What happened during that time, I had no one to talk with. I wouldn't share the emotion with my other family members. Since I didn't want to increase their emotional burden, and it might turn into a family affair if I share, I wouldn't share it; I just kept it in my mind. However, I also needed to vent my negative emotions. Therefore, Miss Lam was my listener, since she knew what happened at that time. Therefore, I disclosed the whole event to her. She understood, and she provided me so much comfort. I felt relieved after sharing my feelings with her. Can you understand? I couldn't keep all the negative emotions in my heart. If I couldn't share it, I would be depressed. (Female, 51–55 years old)*

Moreover, a number of participants commented that even when the procedures of handling the post-death affairs were finished, the service workers would follow up on the emotional status of the bereaved persons, including caring, by phone or home visits.

***Recipient 8:** During the process of arranging the funeral, and six months after it, the worker of the Be-with service would call me and care for my emotional status. In fact, the worker was thinking about asking me to meet up. Just receiving the call made me feel very happy. It made me feel, oh there was someone caring about me. It made me feel that I am not alone, not just I myself facing the whole thing, and realizing there was someone to share the bad thing or the good thing. (Male, 46–50 years old)*

3.2.4 Instrumental support: Servicing beyond job responsibilities

It is pertinent to note that some service recipients were appreciative of what we describe as instrumental support. They highlighted the pragmatic benefits brought by the additional tangible assistance offered by the workers of the Be-with service, especially when the service recipients had special needs (e.g., older adults with mobility limitations).

Recipient 6: *For example, when I was trying to collect the death certificate, the service worker and I would discuss a meeting time and meet together to apply. And at that time, the worker would help me fill out the forms. If I fill out the forms myself, it will take a much longer time and I would have a higher chance of filling them out wrong. Therefore, the worker would kindly offer me a hand... Moreover, when I carried my mother's ashes back to Cheung Chau, the cinerary casket my wife and me took from TWGHs was quite heavy. At our age, sometimes, it is not very easy for us to move around. My wife brought a cart to assist me, but it was not easy. Then Miss Lam saw everything and helped us to move that cart and took us to the bus station. How do I say it? Miss Lam was so considerate. Sometimes, even when I pay someone to help me, they might be not willing to help me with a true heart. (Male, 66–70 years old)*

4

QUANTITATIVE RESULTS

To examine the effectiveness of the Be-with service, we compared the possible differences in psychosocial outcomes of service recipients before and after the service (Figure 5). We also compared the possible differences in psychosocial outcomes between service recipients and non-service recipients after the funeral (Figure 6). In what follows, we first report the profiles of our participants and then present service effects on different psychosocial outcomes.

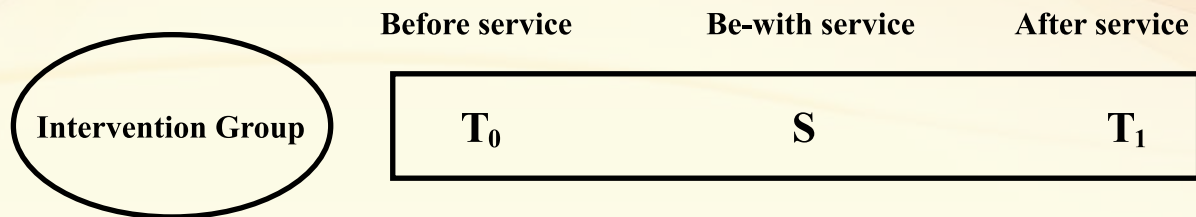


Figure 5. Research design for testing within-group changes among the intervention group

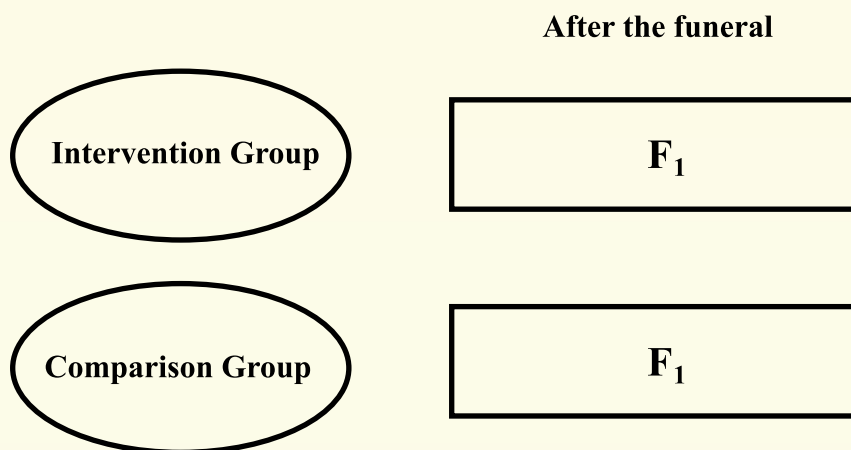


Figure 6. Research design for testing differences between intervention and comparison groups

4.1 Sample characteristics of participants

Demographic and bereavement-related characteristics of both the intervention group (service recipients) and the comparison group (non-service recipients) are presented in Table 3 and Table 4, respectively.

As shown in Table 3, of the total sample of 130 participants, the majority who handled post-death affairs were female (recipients: 64.1%; non-service recipients: 53%; $p > 0.5$) and were older than 45. The mean age of the intervention group (service recipients) was significantly older than that of the comparison group (non-service recipients) (recipients: 58.72 years; non-service recipients: 48.72 years; $p < 0.001$). Service recipients were more likely to have a lower educational level (recipients: 32.8%; non-service recipients: 50%, reporting tertiary or above education), were more likely to be unemployed (recipients: 57.8%; non-service recipients: 21.2%; $p < 0.001$), were more likely to have no family income per month (recipients: 15.6%; non-service recipients: 4.5%; $p < 0.001$), and were more likely to live alone (recipients: 34.4%; non-service recipients: 10.8%; $p < 0.01$).

Table 3. Demographic characteristics by study groups

	Intervention group (N = 64)	Comparison group (N = 66)	p
	N (%) or M (SD)	N (%) or M (SD)	
Gender			0.202 ^c
Female	41 (64.1)	35 (53.0)	
Male	23 (35.9)	31 (47.0)	
Age (years)	58.72 (13.02)	48.47 (12.27)	0.000*** ^a
Place of birth			0.003** ^c
Hong Kong	37 (57.8)	55 (83.3)	
Mainland China	24 (37.5)	11 (16.7)	
Other places	3 (4.7)	0	
Educational level			0.068 ^c
No formal schooling	3 (4.7)	1 (1.5)	
Primary or below	6 (9.4)	3 (4.5)	
Junior secondary school	20 (31.3)	10 (15.2)	
Senior secondary school	14 (21.9)	19 (28.8)	
Tertiary or above	21 (32.8)	33 (50.0)	
Religious belief			0.463 ^c
No religion	41 (64.1)	37 (56.1)	
Buddhism	12 (18.8)	12 (18.2)	
Protestantism	7 (10.9)	14 (21.2)	
Catholicism	1 (1.6)	0	
Taoism	3 (4.7)	3 (4.5)	
Islam	0	0	
Employment status			0.000*** ^c
Full-time	18 (28.1)	44 (66.7)	
Part-time	7 (10.9)	7 (10.6)	
Unemployed	37 (57.8)	14 (21.2)	
Prefer not to disclose	2 (3.1)	1 (1.5)	
Length of residence in HK (years)	44.91 (21.57)	44.88 (14.39)	0.534 ^b
Family income (per month)			0.000*** ^c
10,000 or below	21 (32.8)	3 (4.5)	
10,001–20,000	7 (10.9)	10 (15.2)	
20,001–30,000	7 (10.9)	12 (18.2)	
30,001–40,000	3 (4.7)	12 (18.2)	
40,001–50,000	2 (3.1)	6 (9.1)	
50,001 or above	10 (15.6)	16 (24.2)	
No income	10 (15.6)	3 (4.5)	
Other	4 (6.3)	4 (6.1)	
Living arrangement			0.001** ^c
Living alone	22 (34.4)	7 (10.8)	
Living with family or friends	42 (65.6)	58 (89.2)	

Note. ^a Independent T test; ^b Mann-Whitney U test; ^c Chi-square test; * p < 0.05, ** p < 0.01, *** p < 0.001

With reference to Table 4, the bereavement-related characteristics between the intervention group (service recipients) and the comparison group (non-service recipients) were similar, except that the bereavement period, time since death (months), was found significantly longer in the intervention group (recipients: 26.27; non-service recipients: 17.01; $p < 0.001$). The different recruitment strategies for the two groups might provide an explanation. Also, the results showed that the subjective grief level of service recipients was higher (recipients: 4.02; non-service recipients: 3.61; range = 1-5; $p > 0.5$).

Table 4. Bereavement-related characteristics by study group

	Intervention group (N = 64)	Comparison group (N = 66)	p
	N (%) or M (SD)	N (%) or M (SD)	
Time since death (months)	26.27 (7.97)	17.01 (8.94)	0.000*** ^b
Relationship with the deceased			0.030* ^c
Grandparent	3 (4.7)	3 (4.5)	
Parent ¹	32 (50.0)	48 (72.7)	
Partner ²	11 (17.2)	4 (6.1)	
Son/daughter	3 (4.7)	0	
Sibling	9 (14.1)	2 (3.0)	
Other relative	4 (6.3)	3 (4.5)	
Friend	1 (1.6)	5 (7.6)	
Other	1 (1.6)	1 (1.5)	
Cause of death			0.651 ^c
Anticipated death by illness	47 (73.4)	47 (71.2)	
Sudden natural death	10 (15.6)	14 (21.2)	
Accident	0	0	
Suicide	3 (4.7)	1 (1.5)	
I don't know/prefer not to disclose	4 (6.3)	4 (6.1)	
Type of mortuary			0.535 ^c
Public	11 (17.2)	9 (13.6)	
Hospital	53 (82.8)	56 (84.8)	
Other	0	1 (1.5)	
The place holding funeral			0.094 ^c
Public/hospital mortuary	22 (34.4)	14 (21.2)	0.135 ^b
Funeral parlour	42 (65.6)	52 (78.8)	
Level of intimacy with deceased (<i>I was close to the deceased.</i>)	4.42 (0.96)	4.29 (0.94)	0.272 ^b
Subjective grief level (<i>I feel grief due to the death of the deceased at this moment.</i>)	4.02 (1.16)	3.61 (1.45)	0.135 ^b

Note. ^a Independent T test; ^b Mann-Whitney U test; ^c Chi-square test; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$; ¹ including parent-in-law/stepparent, ² including boyfriend/girlfriend

4.2 Service effects on emotions in facing the death of family members

4.2.1 Within-group changes among the intervention group

Two types of emotions in facing the death of family members were measured: helplessness and distress. As indicated in Figure 7 and Figure 8, before receiving the Be-with service, 65.7% and 57.8% of service recipients agreed or strongly agreed with the statements that they felt helpless (無助) and distressed (情緒受困擾) when facing the death of the deceased. For the intervention group, the percentage experiencing these negative emotions decreased after receiving the Be-with service (feelings of helplessness: from 65.7% to 11%; feelings of distress: from 57.8% to 14.1%).

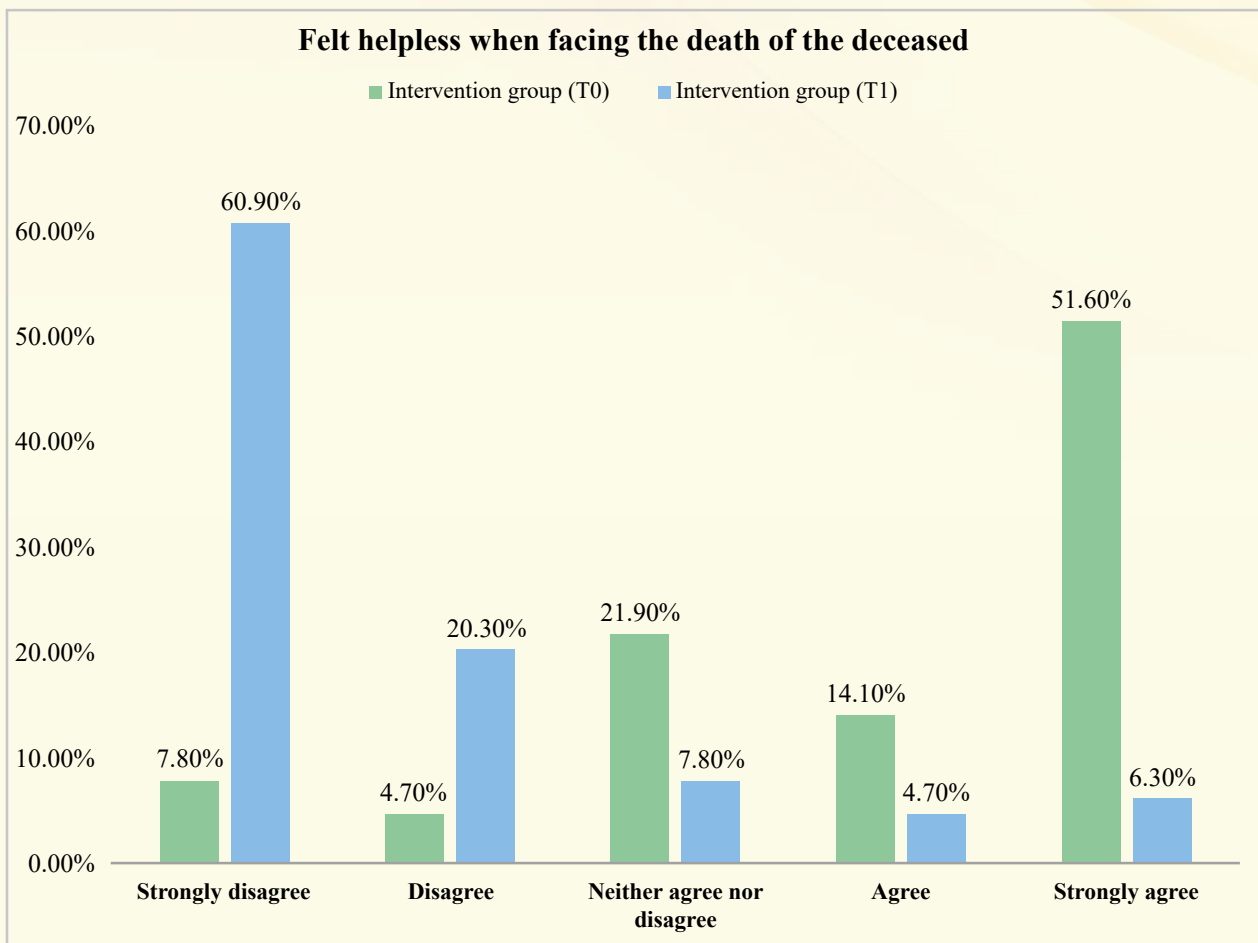


Figure 7. Comparison of helplessness when facing the death of family members for the intervention group before and after the service

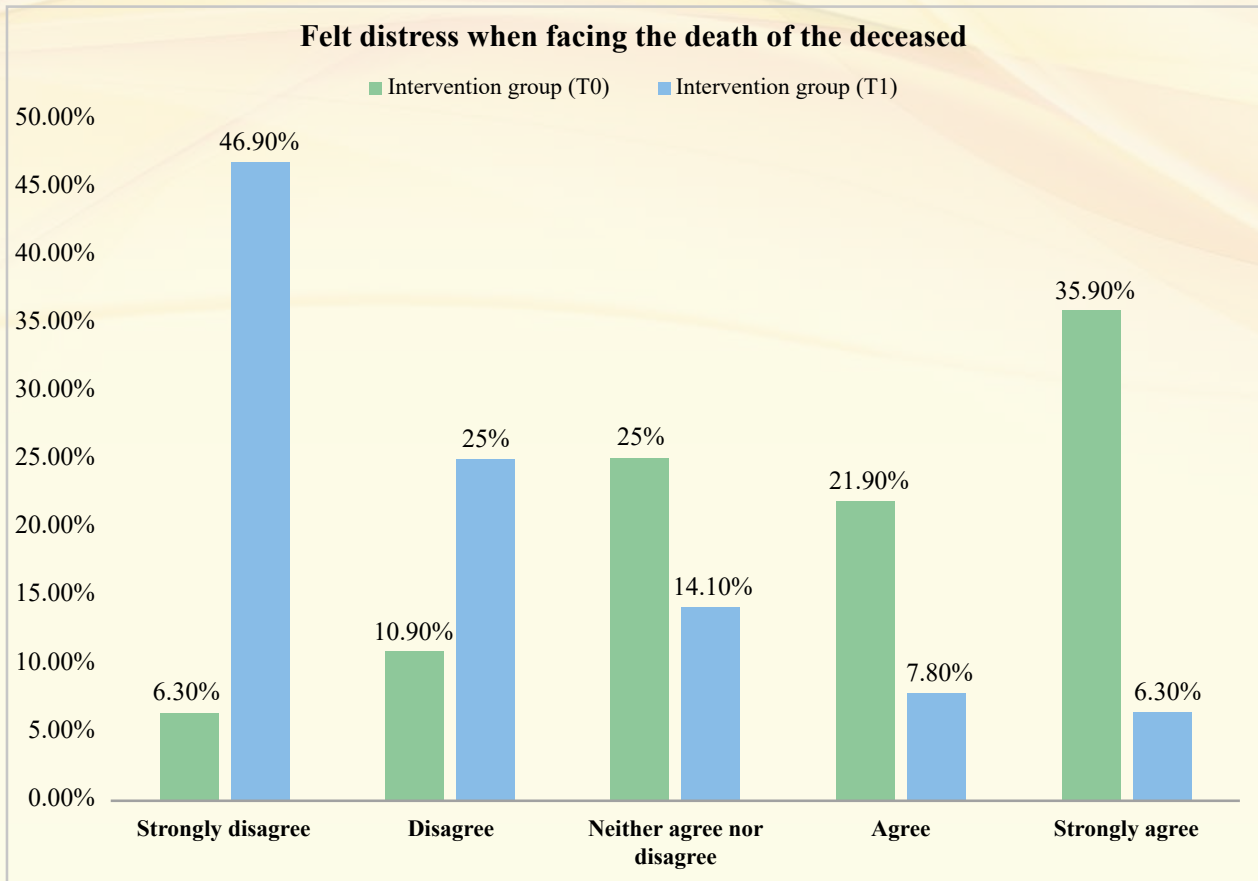


Figure 8. Comparison of distress when facing the death of family member before and after the service

The result of the Wilcoxon signed-rank test further confirmed the above findings, indicating that there was a statistically significant decrease in the scores of both feelings of helplessness and distress following the Be-with service ($p < 0.001$).

Table 5. Within-group changes in emotions in facing the death of family member of the intervention group

Outcomes	Items measured	M (SD)		Within-group changes	
		Intervention group (T0)	Intervention group (T1)	Z	p
Emotions in facing the death of family member	Felt helpless	3.97 (1.28)	1.75 (1.18)	-6.146	0.000***
	Felt distressed	3.70 (1.24)	2.02 (1.23)	-6.030	0.000***

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; T0 = Before service, T1 = After service, Wilcoxon signed-rank test was employed instead of paired sample t-test, since the data are not normally distributed, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

4.2.2 Comparison between intervention and comparison groups

Results showed that non-service recipients from the comparison group were more likely to agree or strongly agree with the statement that they felt helpless after the funeral, compared with the service recipients in the intervention group (comparison group: 28.8% vs. intervention group: 11%). A similar observation was found for feelings of distress (intervention group: 14.1%; comparison group: 42.4%). The details are shown in Figure 9 and Figure 10.

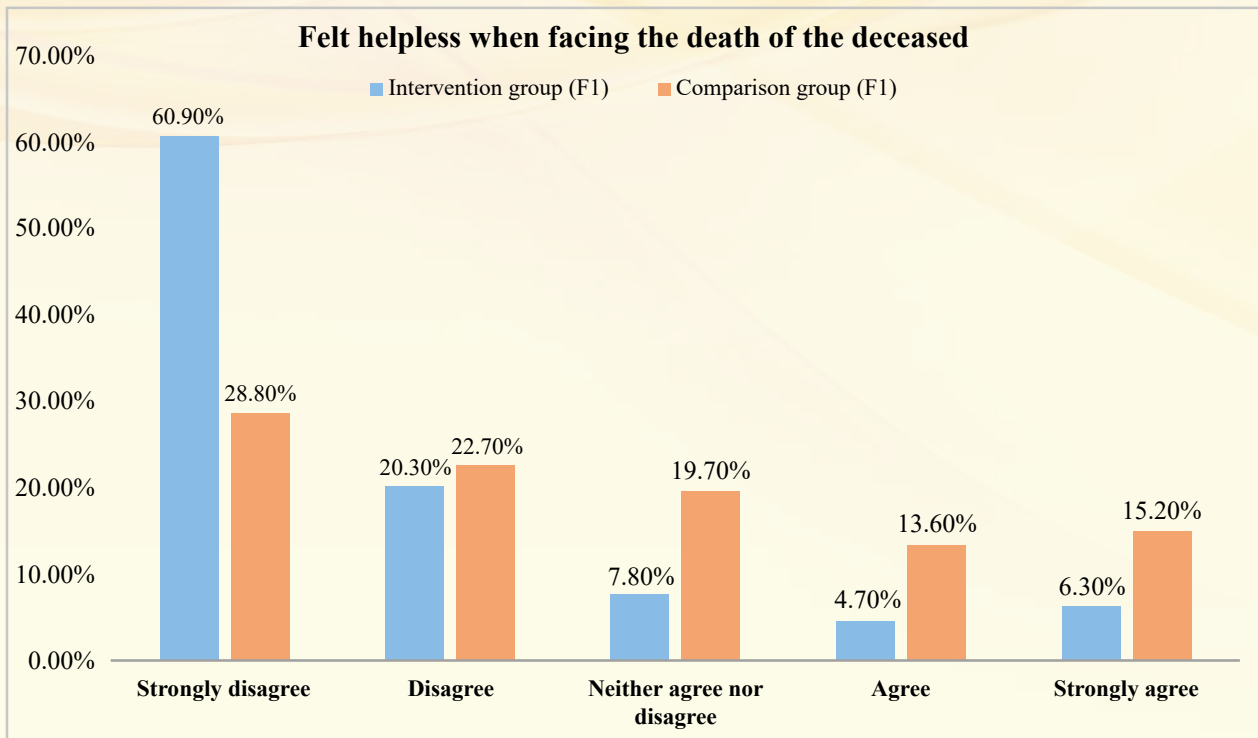


Figure 9. Comparison of helplessness when facing the death of family member between intervention and comparison groups after the funeral

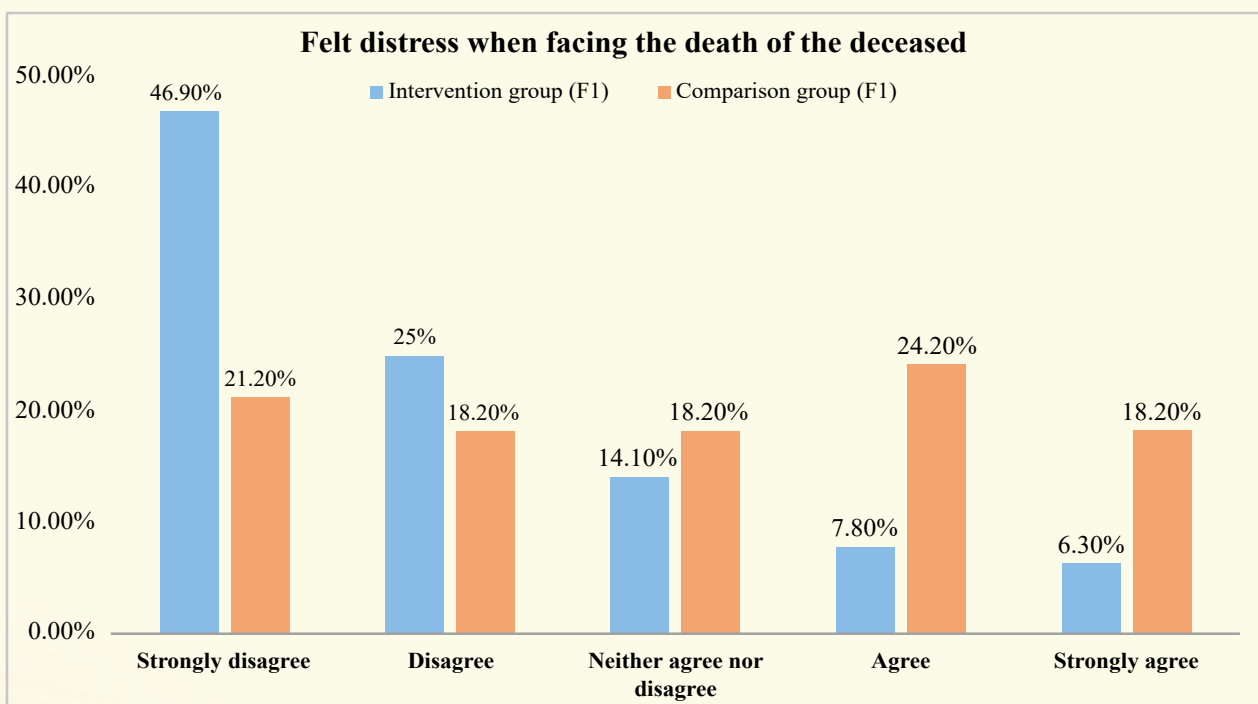


Figure 10. Comparison of distress when facing the death of family member between intervention and comparison groups after the funeral

As shown in Table 6, the ANCOVA test indicated that, after controlling for the background factors between the two groups (age, place of birth, employment status, family income, living status, time since death), non-service recipients from the comparison group rated significantly higher scores in both feelings of helplessness (intervention group: 1.75; comparison group: 2.64) and distress (intervention group: 2.02; comparison group: 3.00), than the Be-with service-recipients in the intervention group.

Table 6. Comparison of emotions in facing the death of family member between intervention and comparison groups

Outcomes	Items measured	M (SD)		F ratio	p	partial η^2
		Intervention group (F1)	Comparison group (F1)			
Emotions in facing the death of family member	Felt helpless	1.75 (1.18)	2.64 (1.42)	-6.146	0.000***	0.302
	Felt distressed	2.02 (1.23)	3.00 (1.43)	-6.030	0.000***	0.311

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; F1 = Funeral, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. ANCOVA was employed on each item and adjusted with significant different sample characteristics between the two groups (age, place of birth, employment status, family income, living status, time since death). Partial eta-squared (η^2) reflects the portion of variance explained by the service after controlling for sample characteristics. For η^2 , results larger than 0.14 are considered large effects.

4.3 Service effects on emotions in handling post-death/funeral matters

4.3.1 Within-group changes among the intervention group

Up to 73.4% of the service recipients in the intervention group agreed or strongly agreed that they felt worried (擔心或憂慮) when handling post-death/funeral matters. Similarly, 70.3% and 59.4% of the service recipients agreed or strongly agreed that they were stressed (有壓力) and lonely (孤單) when handling post-death/funeral matters. All these percentages decreased after receiving the Be-with service (feelings of worry: from 73.4% to 6.3%; feelings of stress: from 70.3% to 6.3%; feelings of loneliness: from 59.4% to 3.2%).

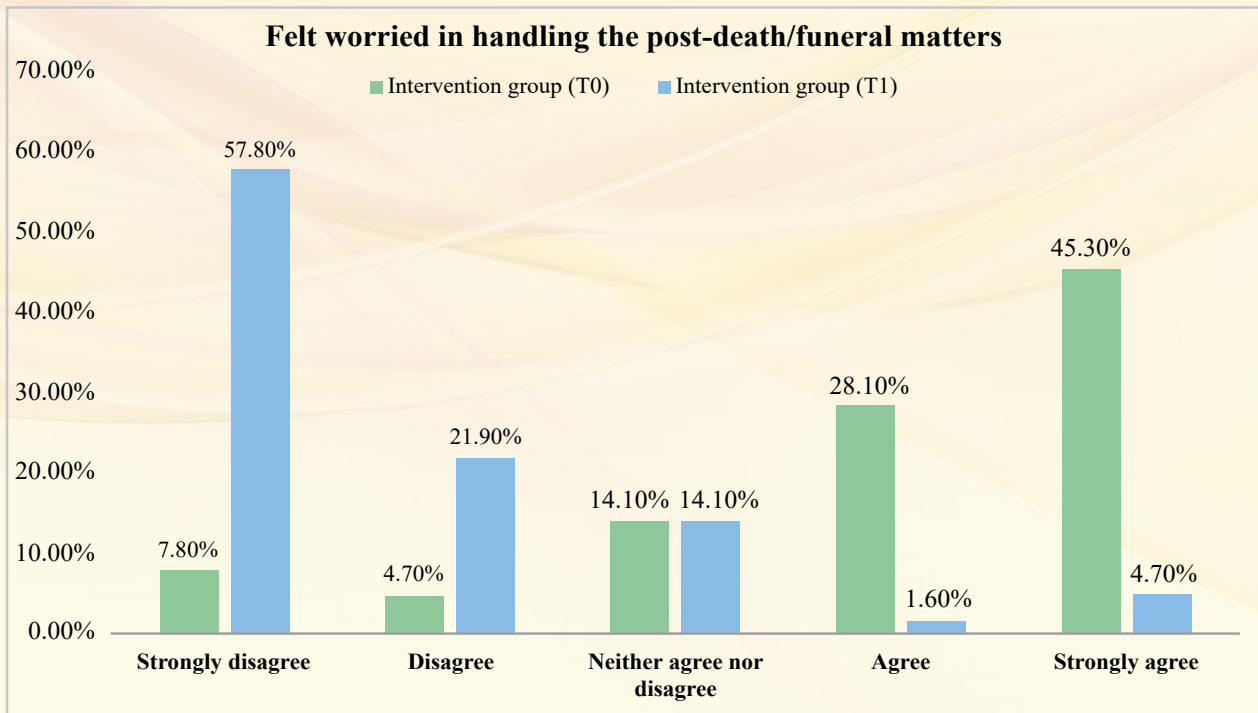


Figure 11. Comparison on worry in handling post-death/funeral matters in the intervention group before and after the service

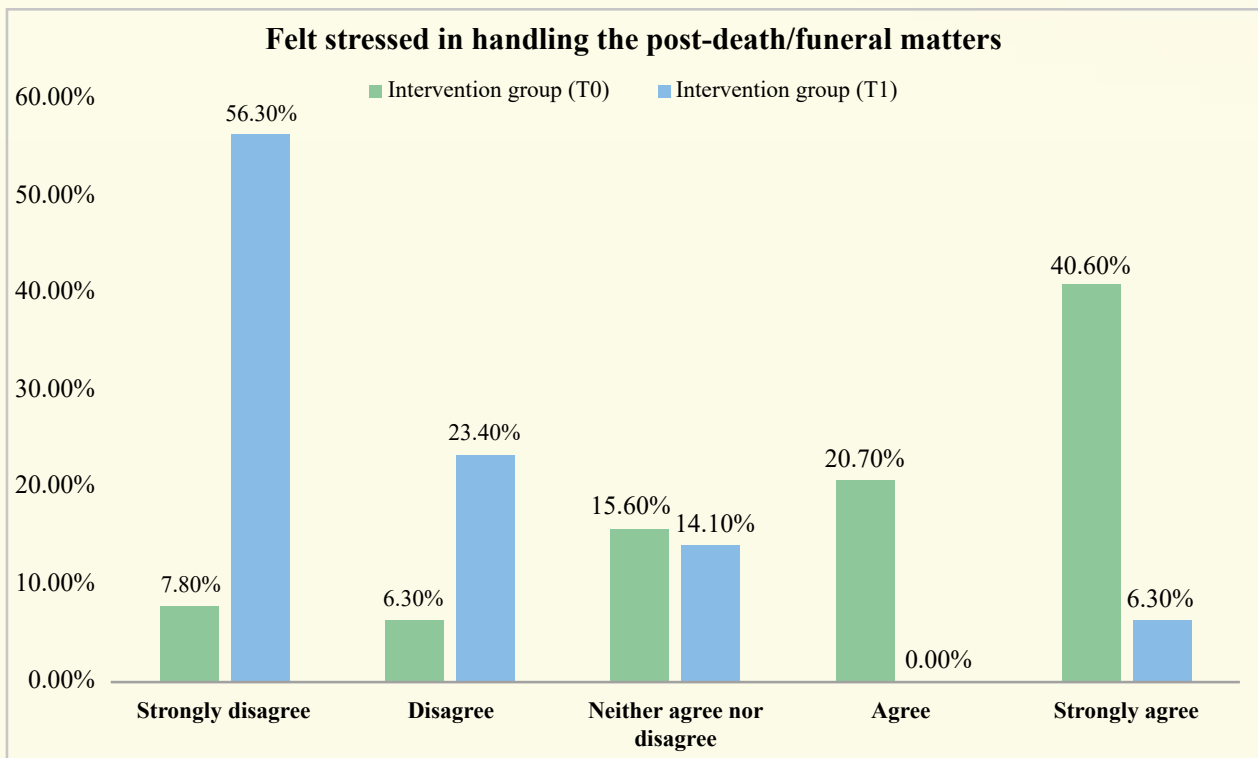


Figure 12. Comparison of stress in handling post-death/funeral matters in the intervention group before and after the service

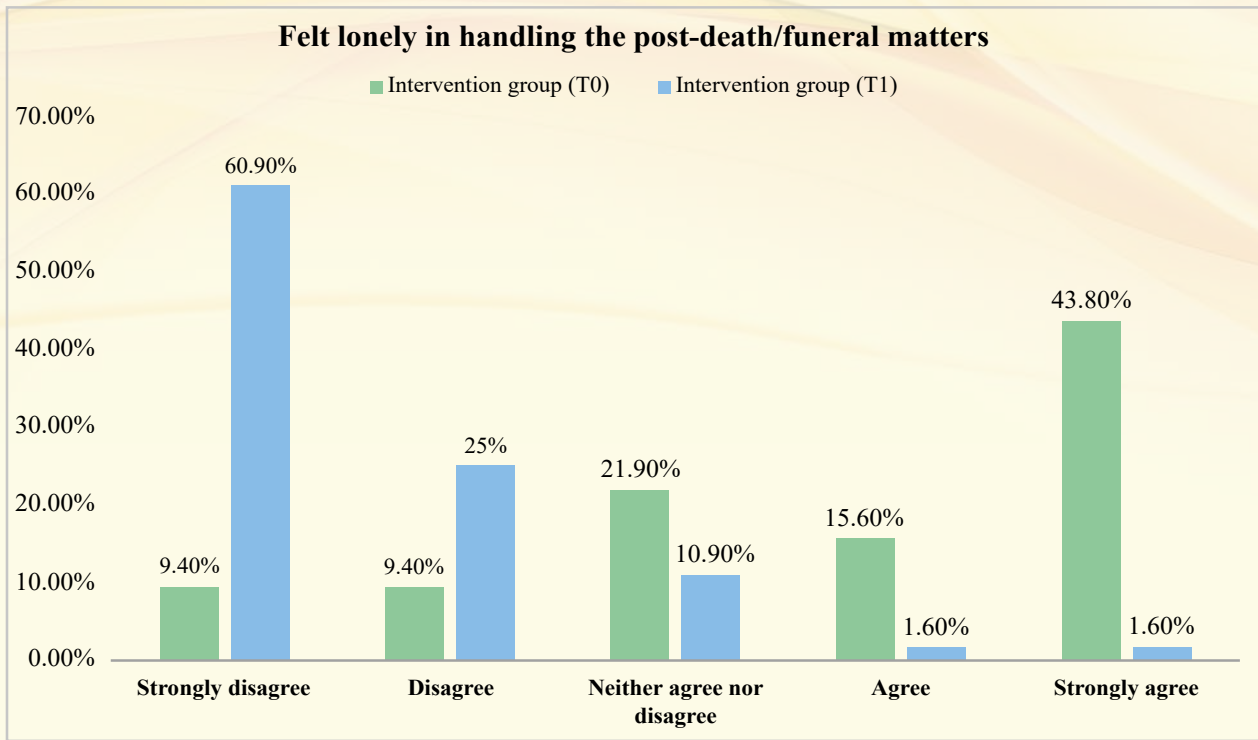


Figure 13. Comparison of loneliness in handling post-death/funeral matters in the intervention group before and after the service

Results of the Wilcoxon signed-rank test further confirmed the above findings, indicating that there was a statistically significant decrease in the scores of feelings of worry, stress, and loneliness following the Be-with service ($p < 0.001$).

Table 7. Within-group changes in emotions in handling post-death/funeral matters

Outcomes	Items	M (SD)		Within-group changes	
		Intervention group (T0)	Intervention group (T1)	Z	p
Emotions in handling post-death/funeral matters	Felt worried	3.98 (1.23)	1.73 (1.07)	-6.458	0.000***
	Felt stressed	3.89 (1.24)	1.77 (1.11)	-6.363	0.000***
	Felt lonely	3.75 (1.36)	1.58 (0.87)	-6.268	0.000***

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; T0 = Before service, T1 = After service, the Wilcoxon signed-rank test was employed instead of paired sample t-test, since the data are not normally distributed, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

4.3.2 Comparison between intervention and comparison groups

When compared with non-service recipients in the comparison group, service recipients in the intervention group indicated smaller percentages in feelings of worry, stress, and loneliness after the funeral (feelings of worry: intervention group (6.3%) vs. comparison group: (25.7%); feelings of stress: intervention group (6.3%) vs. comparison group (33.3%); and feelings of loneliness: intervention group (3.2%) vs. comparison group (18.2%).

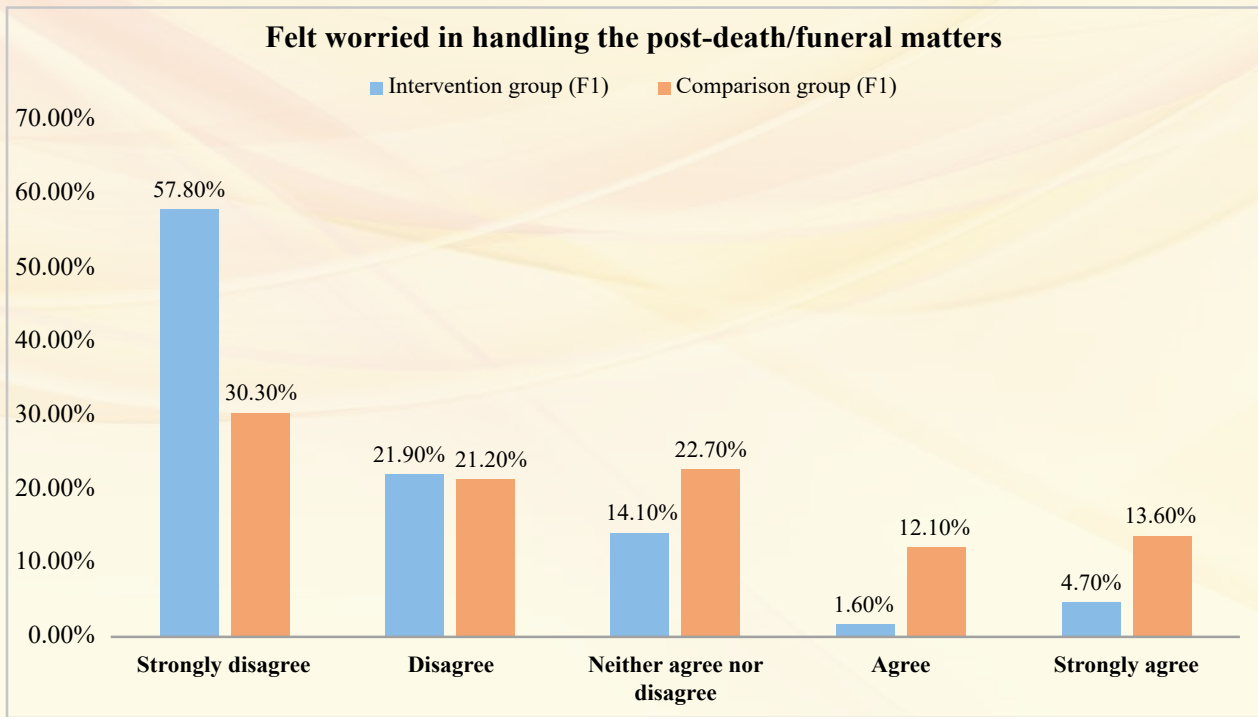


Figure 14. Comparison on worry in handling post-death/funeral matters between intervention and comparison groups after the funeral

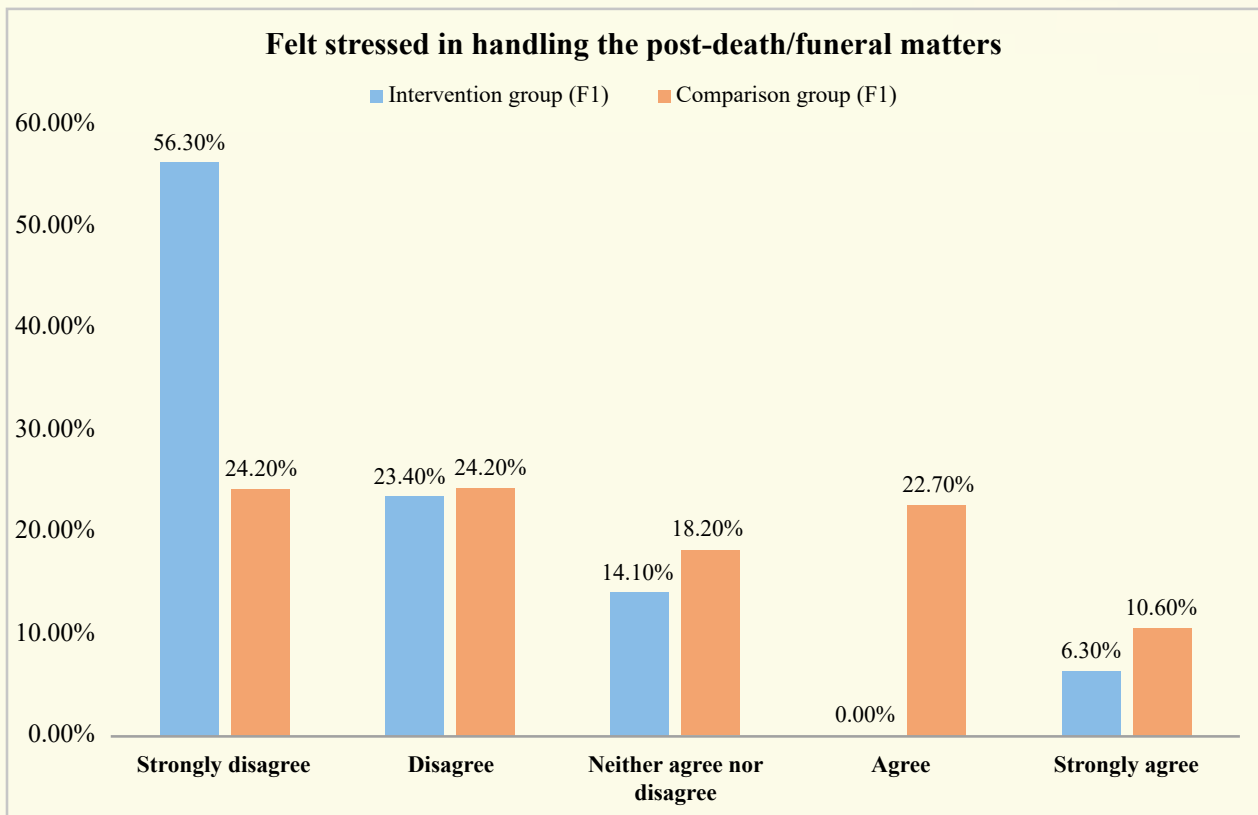


Figure 15. Comparison of stress in handling post-death/funeral matters between intervention and comparison groups after the funeral

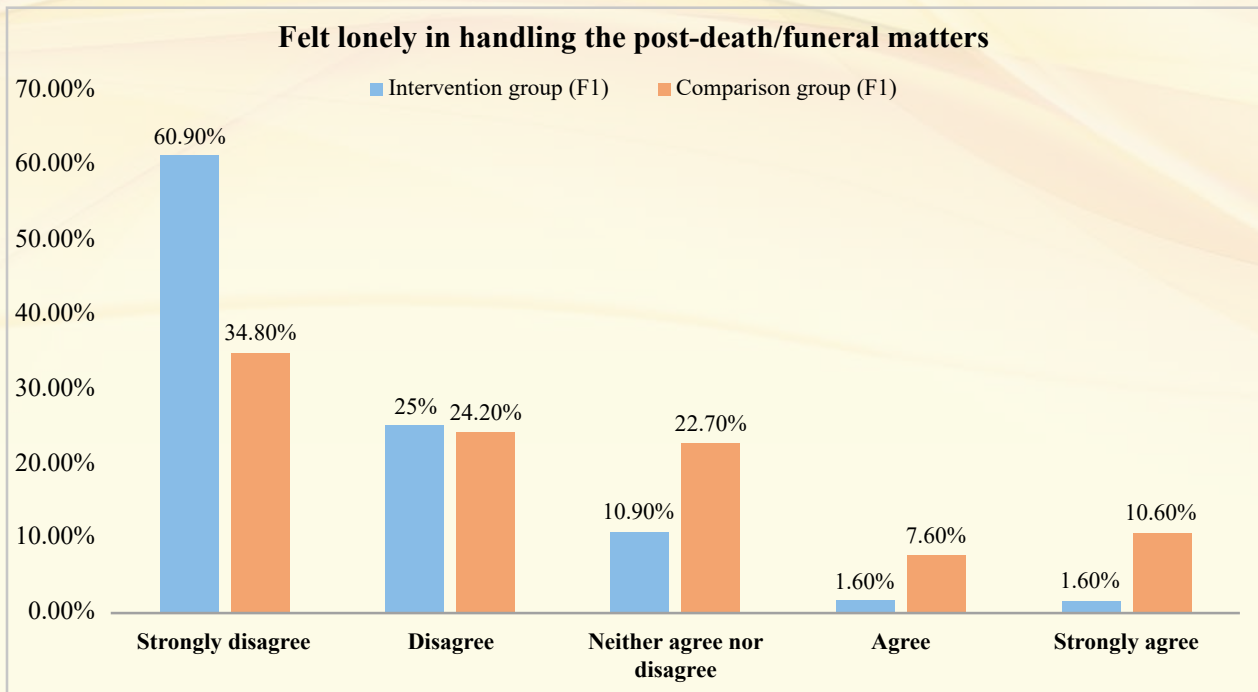


Figure 16. Comparison of loneliness in handling post-death/funeral matters between intervention and comparison groups after the funeral

As shown in Table 8, service recipients from the intervention group had lower scores on feelings of worry (intervention group: 1.73; comparison group: 2.58), stress (intervention group: 1.77; comparison group: 2.71), and loneliness (intervention group: 1.58; comparison group: 2.35), compared with non-service recipients from the comparison group. The ANCOVA test also indicated that, after controlling for background factors in the two groups (age, place of birth, employment status, family income, living status, time since death), service recipients from the intervention group showed significantly lower scores on feelings of worry, stress, and loneliness in handling post-death/funeral matters, when compared with non-service recipients from the comparison group.

Table 8. Comparison of emotions in handling the post-death/funeral matters between intervention and comparison groups

Outcomes	Items measured	M (SD)		F ratio	p	partial η^2
		Intervention group (F1)	Comparison group (F1)			
Emotions in handling post-death/funeral matters	Felt worried	1.73 (1.07)	2.58 (1.39)	75.302	0.000***	0.400
	Felt stressed	1.77 (1.11)	2.71 (1.35)	63.256	0.000***	0.359
	Felt lonely	1.58 (0.87)	2.35 (1.32)	57.936	0.000***	0.339

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; F1 = Funeral, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. ANCOVA was employed on each item, adjusted with significant different sample characteristics in the two groups (age, place of birth, employment status, family income, living status, time since death). Partial eta-squared (η^2) reflects the portion of variance explained by the service after controlling for sample characteristics. For η^2 , results larger than 0.14 are considered large effects.

4.4 Service effects on family communication

4.4.1 Within-group changes in the intervention group

As shown in Figure 17, 40.8% of service recipients strongly agreed that they had good family communication (我能夠有效地和親人商討身後事及喪禮的安排), and another 24.5% agreed with that statement. The number of service recipients having good family communication increased from 65.3% to 88% after receiving the Be-with service.

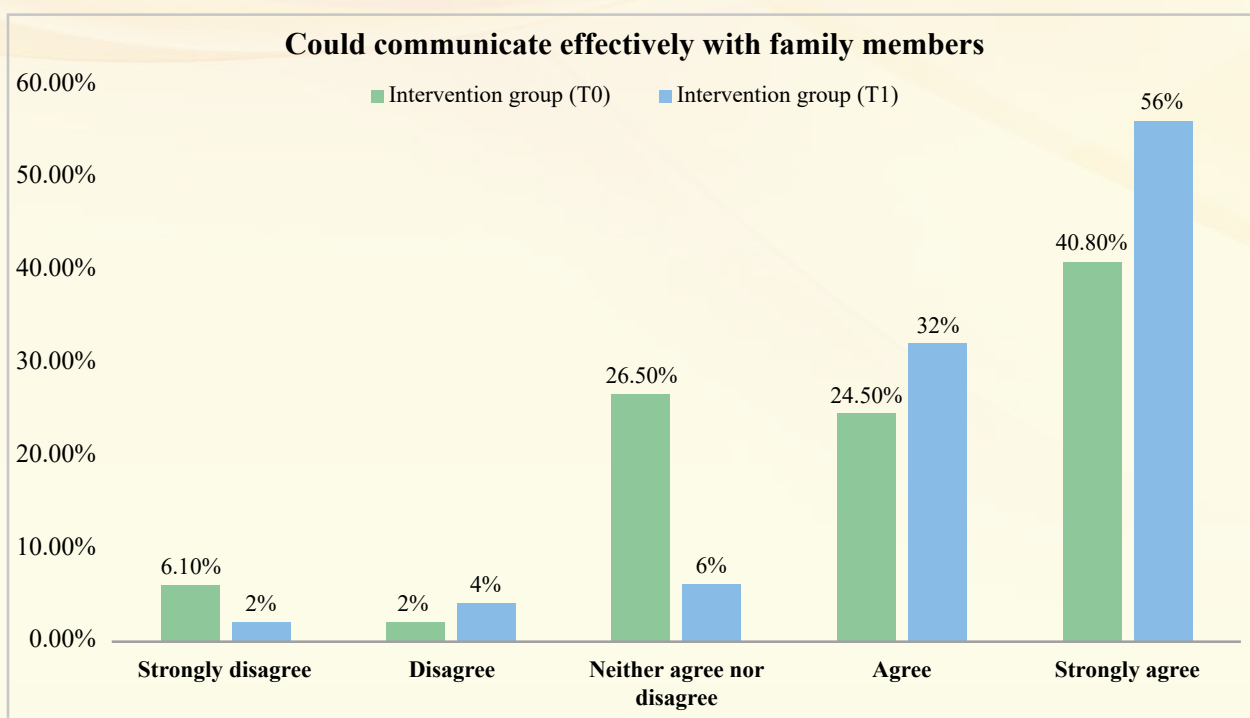


Figure 17. Comparison of family communication among the intervention group before and after the service

As shown in Table 9, the intervention group had a slightly higher score in family communication at T1 than the score at T0 (T0: 3.92; T1: 4.36). The result of the Wilcoxon signed-rank test suggested that the change in family communication was statistically significant for the intervention group following the Be-with service ($p < 0.01$).

Table 9. Within-group changes in emotions in handling post-death/funeral matters

Outcomes	Items	M (SD)		Within-group changes	
		Intervention group (T0)	Intervention group (T1)	Z	p
Family communication ^a	Could communicate effectively	3.92 (1.15)	4.36 (0.92)	-2.737	0.006***

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; T0 = Before service, T1 = After service, Wilcoxon signed-rank test was employed instead of paired sample t-test, since the data are not normally distributed, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$; ^a Valid n (T0) = 49, Valid n (T1) = 50

4.4.2 Comparison between intervention and comparison groups

Figure 18 indicates that of the 130 participants, more than half (intervention group: 56%; comparison group: 52.4%) strongly agreed that they could communicate effectively with other family members when handling post-death/funeral affairs. However, those from the intervention group, who have received the support of the Be-with service, were more likely to agree or strongly agree with that statement (intervention group: 88% vs. comparison group: 73%).

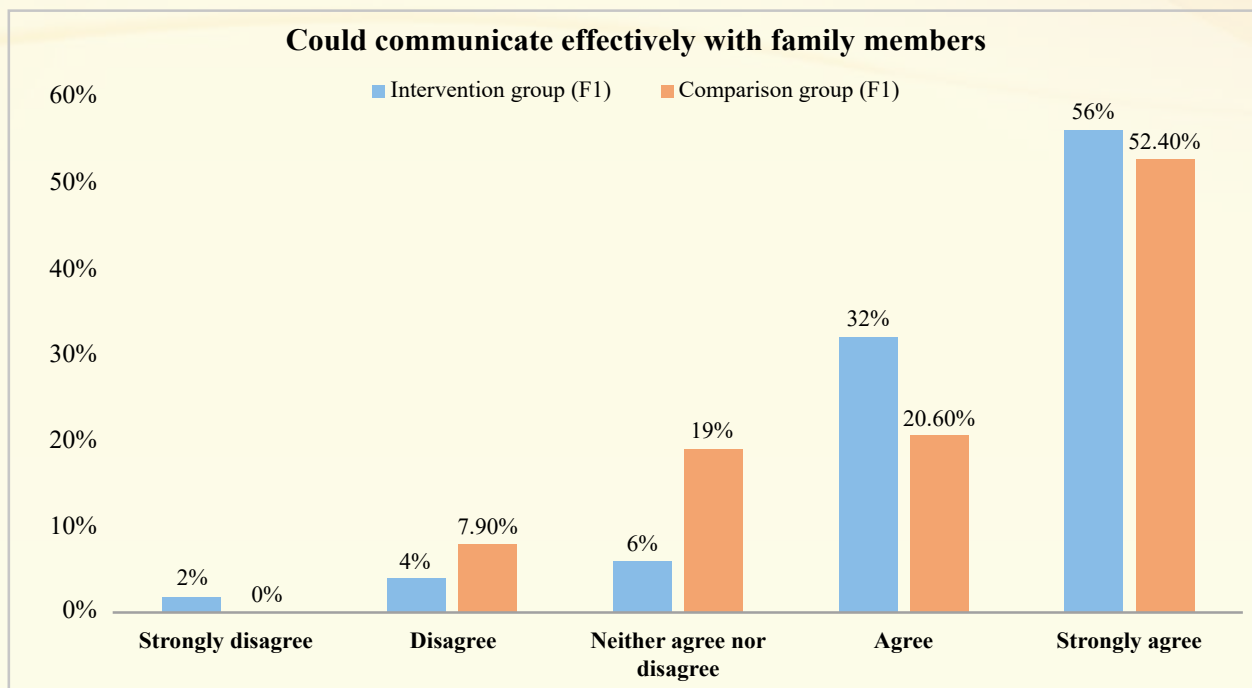


Figure 18. Comparison of family communication between intervention and comparison groups after the funeral

Although both percentage and overall means of descriptive statistics indicated better family communication among the participants from the intervention group (shown in both Figure 18 and Table 10), the result of the ANCOVA test suggested that there was no significant difference in the score of family communication at F1 between the intervention and the comparison group ($p = 0.083$).

Table 10. Comparison on family communication between intervention and comparison groups after the funeral

Outcomes	Items measured	M (SD)		F ratio	p	partial η^2
		Intervention group (F1)	Comparison group (F1)			
Family communication ^a	Could communicate effectively	4.36 (0.92)	4.17 (1.01)	3.068	0.083	0.031

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; F1 = Funeral, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. ANCOVA was employed on each item, adjusted with significant different sample characteristics between the two groups (age, place of birth, employment status, family income, living status, time since death). Partial eta-squared (η^2) reflects the portion of variance explained by the service after controlling for sample characteristics. For η^2 , results larger than 0.14 are considered large effects. ^a Valid n (intervention group) = 50

4.5 Service effects on perceived emotional support

4.5.1 Within-group changes in the intervention group

As presented in Figure 19, before receiving the Be-with service, only 21.9% of service recipients in the intervention group strongly agreed that they felt supported by others (我感受到情感上的支持) when handling post-death/funeral matters. However, after receiving the Be-with service, more than half of the participants (65.6%) strongly agreed with that statement. Taken together, after receiving the Be-with service, the number of service recipients having perceived emotional support (including the rating of “agree” and “strongly agree”) increased from 50% to 85.9% in the intervention group.

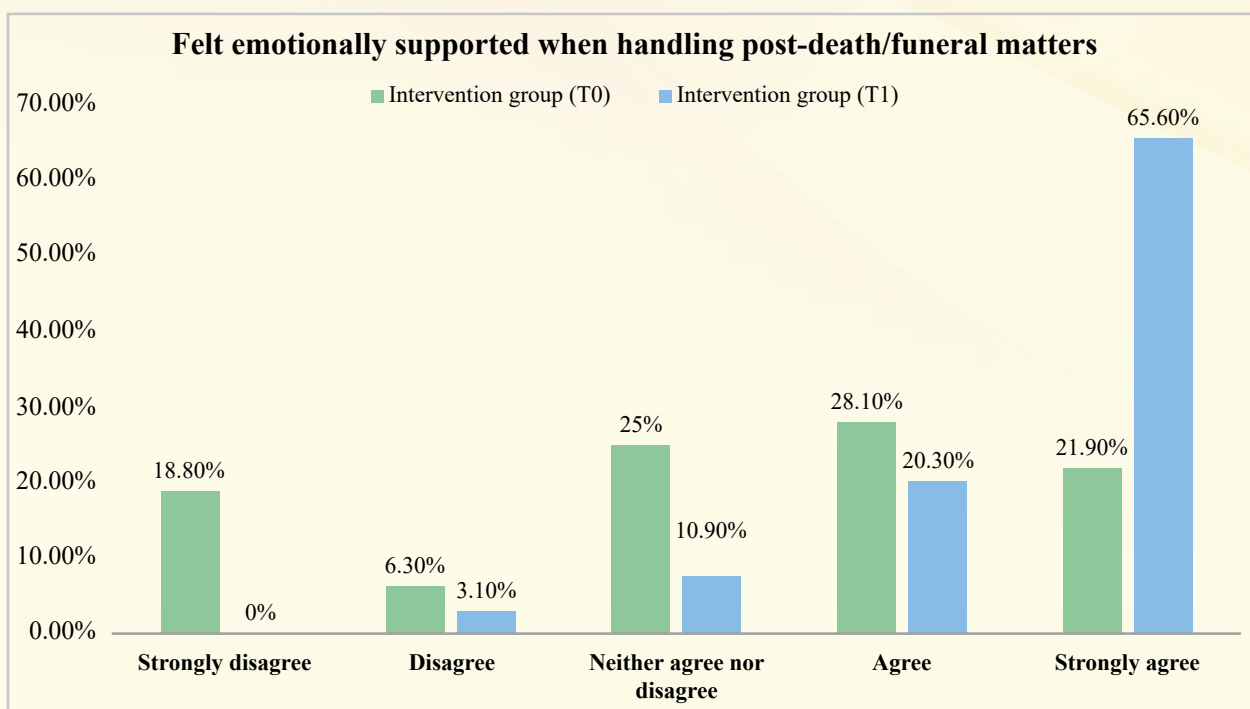


Figure 19. Comparison on perceived emotional support in the intervention group before and after the service

As shown in Table 11, the result of the Wilcoxon signed-rank test further confirmed the above findings, indicating that there was a statistically significant increase in the score of perceived emotional support between T0 and T1, following the Be-with service ($p < 0.001$).

Table 11. Within-group changes in perceived emotional support

Outcomes	Items	M (SD)		Within-group changes	
		Intervention group (T0)	Intervention group (T1)	Z	p
Perceived emotional support	Felt emotionally supported	3.28 (1.39)	4.48 (0.82)	-4.538	0.000***

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; T0 = Before service, T1 = After service, Wilcoxon signed-rank test was employed instead of paired sample t-test, since the data are not normally distributed, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

4.5.2 Comparison between intervention and comparison groups

The comparison results suggested that there was a dramatic difference in perceived emotional support between the intervention group (service recipients) and the comparison group (non-service recipients) after the funeral, as presented in Figure 20. Importantly, 65.6% of participants from the intervention group strongly agreed that they felt supported by others, whereas only 30.3% of participants from the comparison group strongly agreed with that statement. In total, those from the intervention group, who have received the support of the Be-with service, were more likely to have a feeling or a strong feeling of being supported while handling post-death/funeral matters: intervention group: 85.9% vs. comparison group: 63.6%.

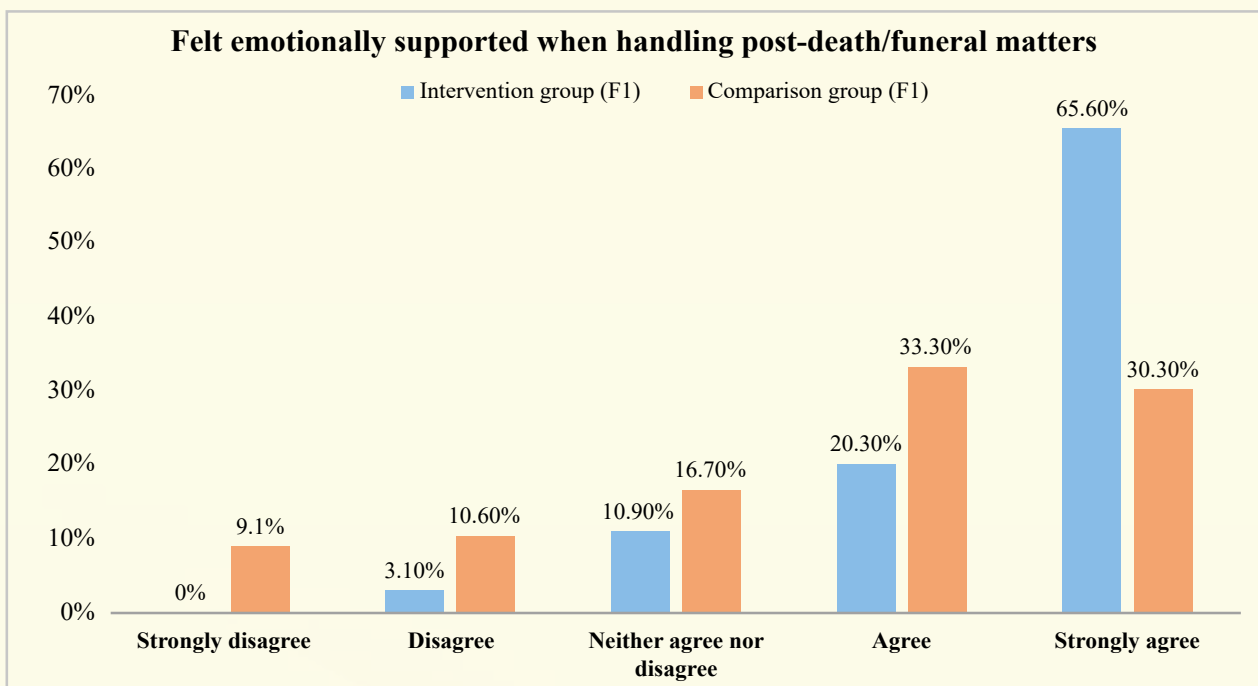


Figure 20. Comparison on perceived emotional support between intervention and comparison groups after the funeral

Furthermore, the overall means of descriptive statistics indicated a stronger feeling of being supported at F1 among the service recipients in the intervention group (intervention group: 4.36; comparison group: 3.65). The result of the ANCOVA further confirmed the above findings, indicating that there was a statistically significant difference between the intervention and comparison groups in the score of perceived emotional support following the Be-with service ($p < 0.001$).

Table 12. Comparison on perceived emotional support between intervention and comparison groups after the funeral

Outcomes	Items measured	M (SD)		F ratio	p	partial η^2
		Intervention group (F1)	Comparison group (F1)			
Perceived emotional support	Felt emotionally supported	4.48 (0.82)	3.65 (1.27)	14.64	0.000***	0.115

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; F1 = Funeral, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. ANCOVA was employed in each item, adjusted with significant different sample characteristics between the two groups (age, place of birth, employment status, family income, living status, time since death). Partial eta-squared (η^2) reflects the portion of variance explained by the service after controlling for sample characteristics. For η^2 , results larger than 0.14 are considered large effects.

4.6 Service effects on post-death/funeral information accessibility

4.6.1 Within-group changes in the intervention group

As shown in Figure 21 and Figure 22, findings showed that before receiving the Be-with service, only 9.4% and 7.8% of service recipients in the intervention group strongly agreed that they knew the procedure for post-death matters (我認為自己了解整個身後事流程) or the procedure for making funeral arrangements (我認為自己了解整個喪禮流程), respectively. And as shown in Figure 23, only 9.4% of service recipients reported strong agreement with the statement that they could access the needed information (我能夠得到我需要的資訊去處理身後事及喪禮). Significantly, a dramatic upward trend of post-death/funeral information accessibility was observed after receiving the Be-with service (knowledge regarding the procedure of post-death matters: from 21.9% to 95.3%; knowledge regarding the procedure for funeral arrangements: from 20.3% to 93.7%; information access: from 18.8% to 96.9%), which included the ratings of both “agree” and “strongly agree”.

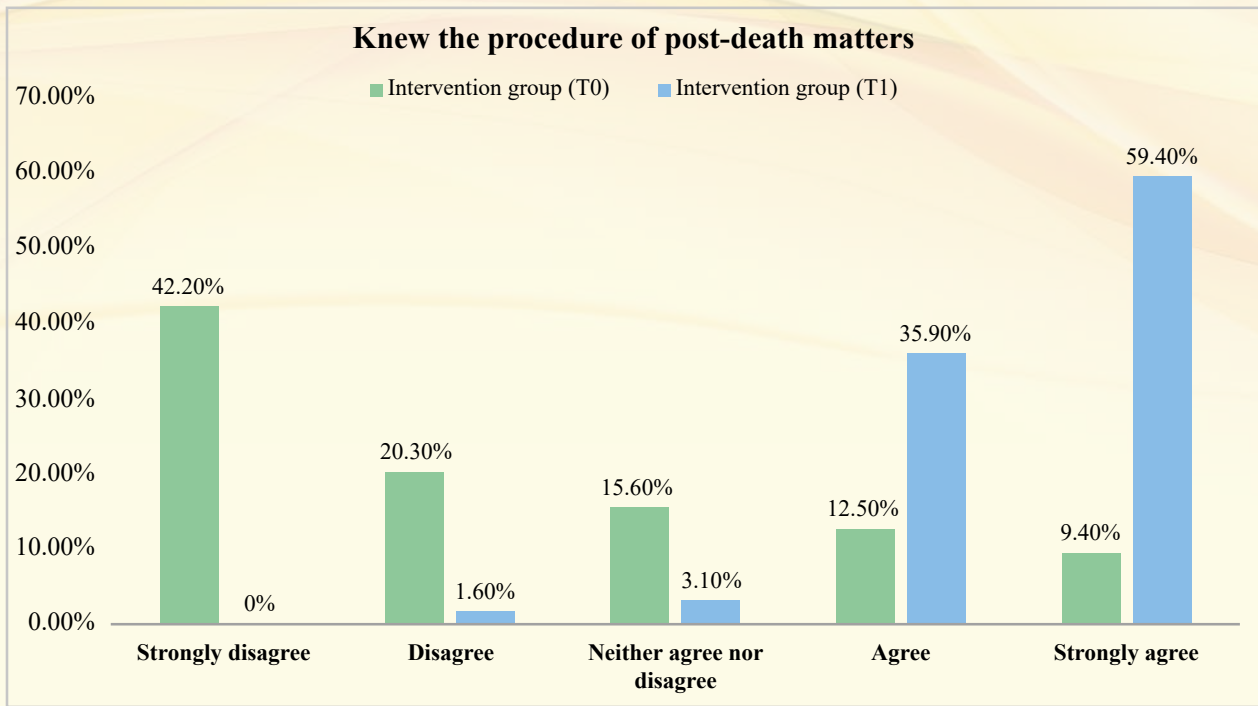


Figure 21. Comparison of knowledge regarding the procedure for post-death matters in the intervention group before and after the service

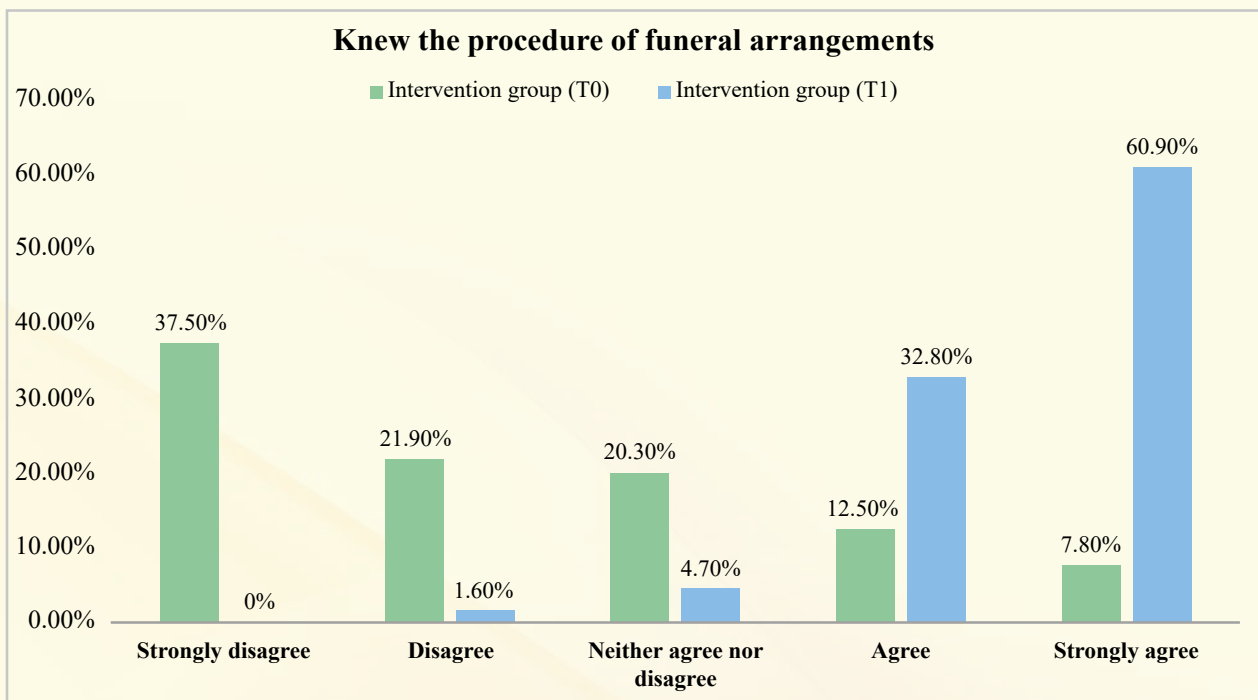


Figure 22. Comparison of knowledge regarding the procedure for funeral arrangements in the intervention group before and after the service

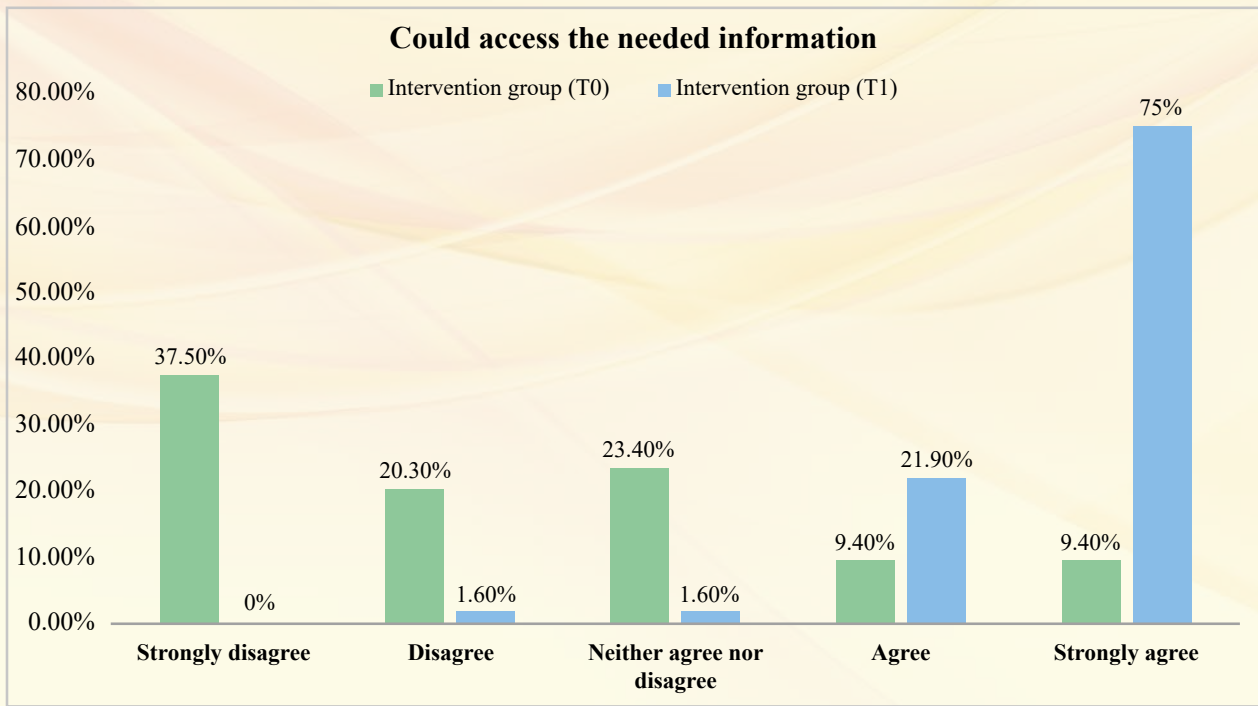


Figure 23. Comparison of information access in the intervention group before and after the service

As shown in Table 13, the result of the Wilcoxon signed-rank test further confirmed the above findings, indicating that there was a statistically significant increase in the score of post-death/funeral information accessibility between T0 and T1, following the Be-with service ($p < 0.001$).

Table 13. Within-group changes in post-death/funeral information accessibility

Outcomes	Items	M (SD)		Within-group changes	
		Intervention group (T0)	Intervention group (T1)	Z	p
Post-death/funeral information accessibility	Knew the procedure for post-death matter	2.27 (1.37)	4.53 (0.64)	-6.274	0.000***
	Knew the procedure for funeral arrangements	2.31 (1.31)	4.53 (0.67)	-6.372	0.000***
	Knew the procedure for funeral arrangements	2.33 (1.02)	4.70 (0.58)	-6.483	0.000***

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; T0 = Before service, T1 = After service, Wilcoxon signed-rank test was employed instead of paired sample t-test, since the data are not normally distributed, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

4.6.2 Comparison between intervention and comparison groups

As shown in Figure 24, in comparison with the intervention group (service recipients), participants from the comparison group (non-service recipients) perceived more difficulties in accessing post-death/funeral information.

Specifically, only 25.8% of participants from the comparison group strongly agreed that they knew the procedure for post-death matters (compared with 59.4% in the intervention group), 27.3% of participants from the comparison group strongly agreed that they knew the procedure for funeral arrangements (compared with 60.9% in the intervention group), and 39.4% of participants from the comparison group strongly agreed that they could access the needed information (compared with 75% in the intervention group).

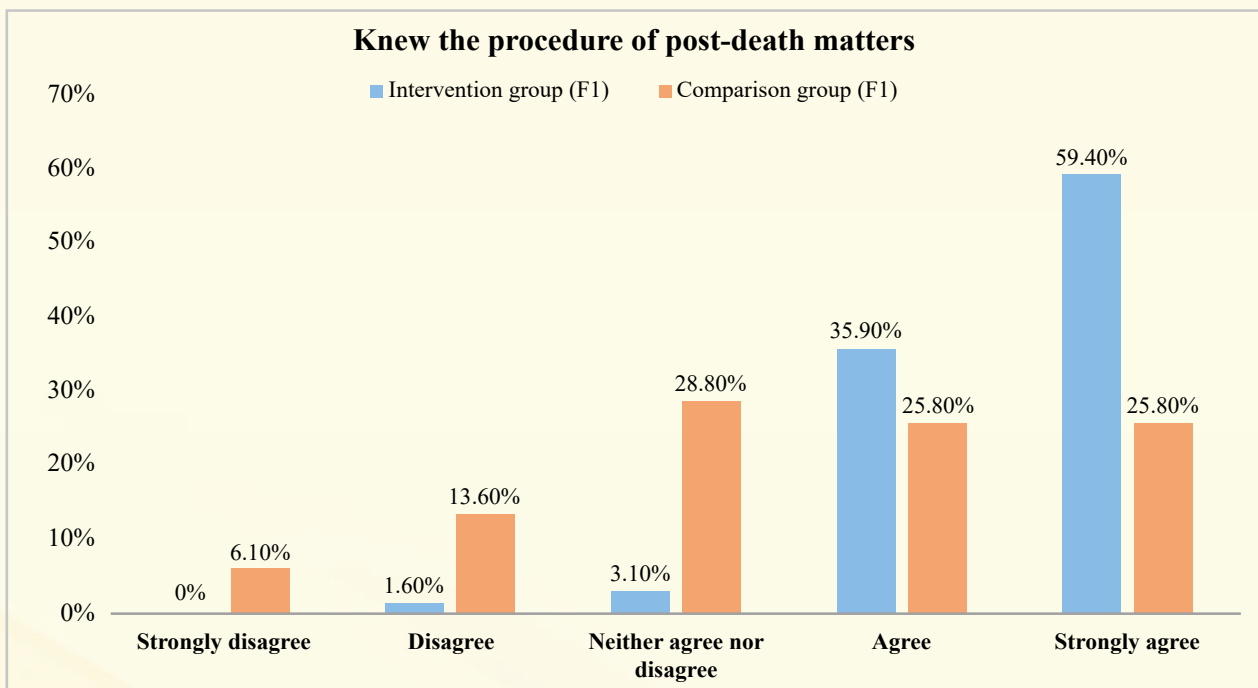


Figure 24. Comparison of knowledge regarding the procedure for post-death matters between intervention and comparison groups after the funeral

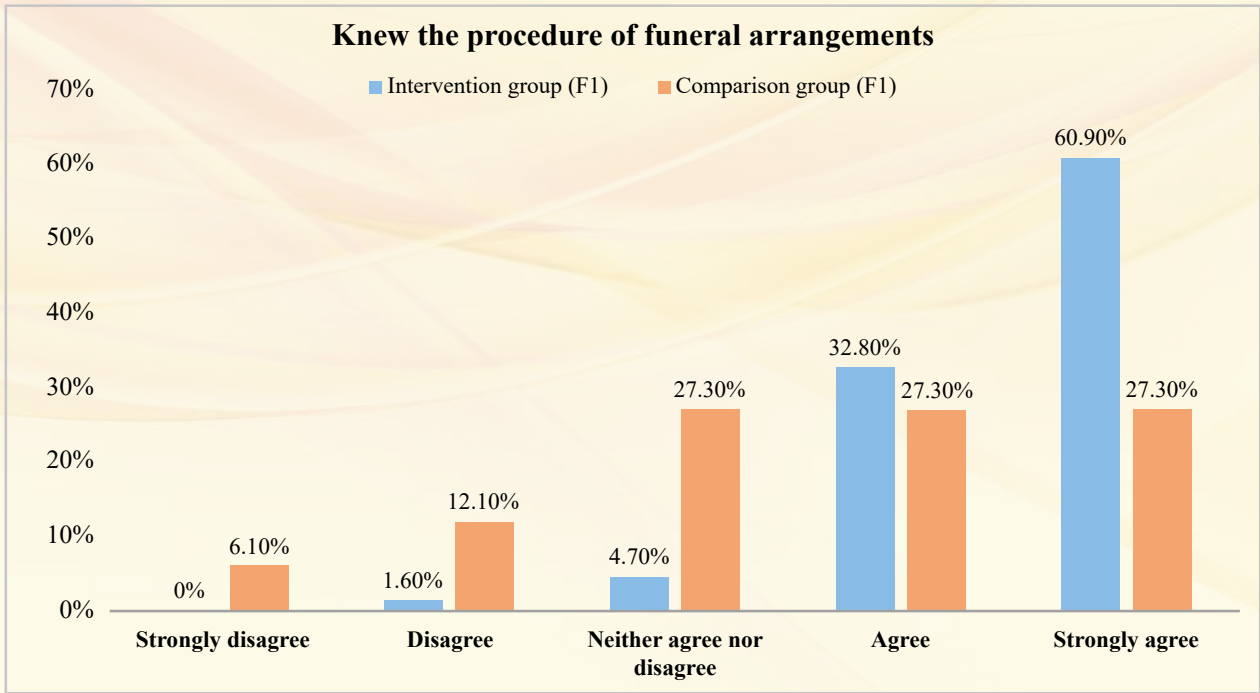


Figure 25. Comparison of knowledge regarding the procedure for funeral arrangements between intervention and comparison groups after the funeral

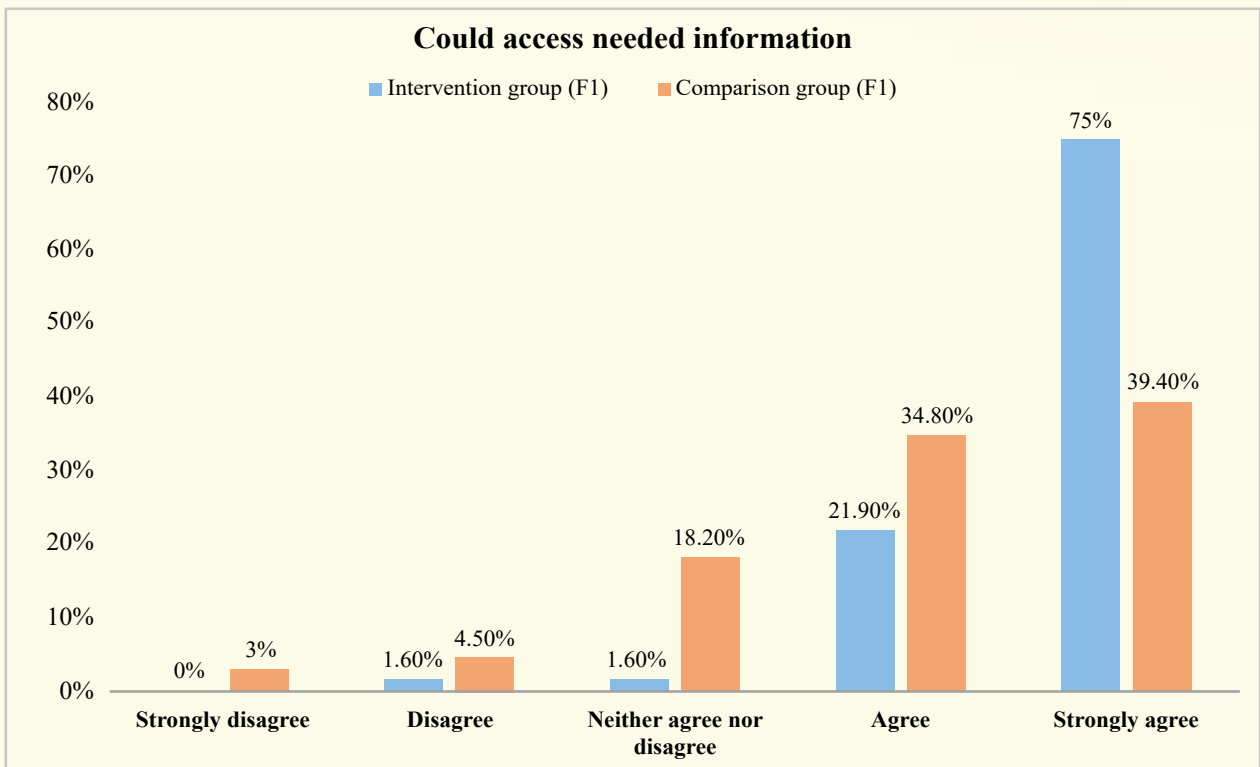


Figure 26. Comparison of information access between intervention and comparison groups after the funeral

Table 14 presents the overall means and standard deviations of outcome variables of post-death/funeral information accessibility. Significant differences were observed between the two groups. First, non-service recipients from the comparison group had a lower score on knowledge regarding the procedure for post-death matters (intervention group: 4.53; comparison group: 3.52), knowledge regarding the procedure for funeral arrangements (intervention group: 4.53; comparison group: 3.58), and information access (intervention group: 4.70; comparison group: 4.03), compared with service recipients from the intervention group. The result of the ANCOVA test further confirmed the above findings, indicating that after controlling for the significant different sample characteristics between the two groups, there were statistically significant differences between intervention and comparison groups in the score of knowledge regarding the procedure for post-death matters, knowledge regarding the procedure for funeral arrangements, and information access following the Be-with service ($p < 0.001$).

Table 14. Comparison of post-death/funeral information accessibility between intervention and comparison groups after the funeral

Outcomes	Items measured	M (SD)		F ratio	p	partial η^2
		Intervention group (F1)	Comparison group (F1)			
Post-death/funeral information accessibility	Knew the procedure for post-death matters	4.53 (0.64)	3.52 (1.19)	60.567	0.000***	0.349
	Knew the procedure for funeral arrangements	4.53 (0.67)	3.58 (1.19)	57.713	0.000***	0.338
	Could access the needed information	4.70 (0.58)	4.03 (1.02)	38.169	0.000***	0.252

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; F1 = Funeral, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. ANCOVA was employed in each item, adjusted with significant different sample characteristics between the two groups (age, place of birth, employment status, family income, living status, time since death). Partial eta-squared (η^2) reflects the portion of variance explained by the service after controlling for sample characteristics. For η^2 , results larger than 0.14 are considered large effects.

4.7 Overall evaluations of the service

As part of the service evaluation, the service recipients were asked about the overall evaluation of the Be-with service as well as their perception of the workers' professional qualities while helping them handle funeral/post-death affairs. Impressively, the results showed that the mean score of the overall evaluation of the service (In general, I felt satisfied with the Be-with service) was 4.86 (SD = 0.43), which was very close to the maximum score of 5.0. And 96.9% of service recipients agreed or strongly agreed with that evaluating statement. Furthermore, of 66 service recipients, there was a

very positive perception of the workers' professional characteristics, as shown in Figure 27. As the two highest-rated items demonstrated, the workers of the Be-with service were perceived as "eager to help" ($M = 4.82$, $SD = 0.37$) and "knowledgeable about post-death matters/procedures" ($M = 4.82$, $SD = 0.48$). In general, the majority of service recipients perceived the workers as very supportive and professional during the process of dealing with funeral/post-death affairs.



Figure 27. Service recipients' evaluations of the worker's professional characteristics

5

DISCUSSION & IMPLICATIONS

5.1 Summary

Through a mixed-methods evaluation strategy, this study examined the effectiveness of the Be-with funeral support service of TWGHs and how that service may support newly bereaved persons in Hong Kong. Our results suggest that the Be-with service is effective in supporting bereaved persons, particularly in helping them to handle the funeral arrangements and post-death matters. In what follows, we present a brief summary of both the qualitative and the quantitative research.

5.1.1 Key findings from the qualitative study

The qualitative findings uncovered the multiple stressors experienced by bereaved persons, i.e., the various difficulties arising from the process of handling funeral arrangements and post-death matters in Hong Kong, thus leading to a situation in which bereaved persons found themselves lonely, powerless and isolated.

Specifically, our analysis shows that such distressing situations come from three key stressors: intrapersonal, interpersonal and contextual.

- Intrapersonal stressors mainly include (1) lack of knowledge about post-death affairs, funeral, and rituals; and (2) dealing with post-death affairs alone while grieving.
- Interpersonal stressors mainly include (1) lack of trust in commercial funeral companies and (2) hesitation in support-seeking resulting from the cultural taboo.
- Contextual stressors mainly refer to the complicated procedures of post-death/funeral matters in Hong Kong.

In response to multiple stressors, we found four types of support the Be-with service provided to the newly bereaved persons in coping with such a situation, summarized as “Total support”.

- The overall service: companionship from the beginning to the end.
- Informational support: professional guide, like a white cane (盲公竹).
- Emotional support: caring about more than funeral logistics.
- Instrumental support: serving beyond job responsibilities.

5.1.2 Key findings from the quantitative study

The sample characteristics highlighted that compared with other bereaved individuals, the recipients of the Be-with service were more economically and socially disadvantaged. The majority of service recipients were female (64.1%), and the average age was 58.72 (SD = 13.02); 32.8% reported an educational level of tertiary or above, 22% lived alone, 57.8% were unemployed, 15.6% reported having no family income per month and 32.8% had a family income of under HK\$10,000.

Our quantitative analysis demonstrated that the Be-with service has significant benefits and therefore provides strong evidence for the hypothesis that funeral support service in the period immediately after death provides a protective buffer against the burden of handling post-death/funeral matters.

- Compared with the psychosocial status before the service, service recipients experienced a

significant decrease in the scores of negative emotions in facing the death of family members ($p < 0.001$) and in handling post-death/funeral matters ($p < 0.001$) after the Be-with service (as shown in Table 15).

- Compared with the psychosocial status before the service, service recipients experienced a significant increase in the scores in family communication ($p < 0.01$), perceived emotional support ($p < 0.001$) and post-death/funeral information accessibility ($p < 0.001$) after the Be-with service (as shown in Table 15).
- Compared with the psychosocial status of non-service recipients, service recipients showed significantly lower mean scores of negative emotions when facing death ($p < 0.001$) and post-death /funeral matters ($p < 0.001$) with the support of the Be-with service (as shown in Table 16).
- Compared with psychosocial status of non-service recipients, service recipients showed significantly higher mean scores of perceived emotional support ($p < 0.001$) and post-death/funeral information accessibility ($p < 0.001$) with the support of the Be-with service (as shown in Table 16).

Table 15. Within-group changes in the intervention group

Outcomes	Items measured	M (SD)		Within-group changes	
		Intervention group (T0)	Intervention group (T1)	Z	p
Emotions in facing the death of family members	Felt helpless	3.97 (1.28)	1.75 (1.18)	-6.146	0.000***
	Felt distressed	3.70 (1.24)	2.02 (1.23)	-6.030	0.000***
Emotions in handling the post-death/funeral matters	Felt worried	3.98 (1.23)	1.73 (1.07)	-6.458	0.000***
	Felt stressed	3.89 (1.24)	1.77 (1.11)	-6.363	0.000***
	Felt lonely	3.75 (1.36)	1.58 (0.87)	-6.268	0.000***
Family communication ^a	Could communicate effectively	3.92 (1.15)	4.36 (0.92)	-2.737	0.006**
Perceived emotional support	Felt emotionally supported	3.28 (1.39)	4.48 (0.82)	-4.538	0.000***
Post-death/funeral information accessibility	Knew the procedure of post-death matters	2.27 (1.37)	4.53 (0.64)	-6.274	0.000***
	Knew the procedure of funeral arrangements	2.31 (1.31)	4.53 (0.67)	4.53 (0.67)	0.000***
	Could access the needed information	2.33 (1.02)	4.70 (0.58)	4.70 (0.58)	0.000***

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; T0 = Before service, T1 = After service, the Wilcoxon signed-rank test was employed instead of the paired sample t-test, since the data are not normally distributed, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. ^a Valid n (T0) = 49, Valid n (T1) = 50

Table 16. Comparison between intervention and comparison groups

Outcomes	Items measured	M (SD)		F ratio	p	partial η^2
		Intervention group (F1)	Comparison group (F1)			
Emotions in facing the death of family members	Felt helpless	1.75 (1.18)	2.64 (1.42)	-6.146	0.000***	0.302
	Felt distressed	2.02 (1.23)	3.00 (1.43)	-6.030	0.000***	0.311
Emotions in handling post-death/funeral matters	Felt worried	1.73 (1.07)	2.58 (1.39)	75.302	0.000***	0.400
	Felt stressed	1.77 (1.11)	2.71 (1.35)	63.256	0.000***	0.359
	Felt lonely	1.58 (0.87)	2.35 (1.32)	57.936	0.000***	0.339
Family communication ^a	Could communicate effectively	4.36 (0.92)	4.17 (1.01)	3.068	0.083	0.031
Perceived emotional support	Felt emotionally supported	4.48 (0.82)	3.65 (1.27)	14.640	0.000***	0.115
Post-death/funeral information accessibility	Knew the procedure of post-death matters	4.53 (0.64)	3.52 (1.19)	60.567	0.000***	0.349
	Knew the procedure of funeral arrangements	4.53 (0.67)	3.58 (1.19)	57.713	0.000***	0.338
	Could access the needed information	4.70 (0.58)	4.03 (1.02)	38.169	0.000***	0.252

Note. Range = 1–5, 1 = Strongly disagree, 5 = Strongly agree; F1 = Funeral, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. ANCOVA was employed in each item, adjusted with significant different sample characteristics between two groups (age, place of birth, employment status, family income, living status, time since death). Partial eta-squared (η^2) reflects the portion of variance explained by the service after controlling for sample characteristics. For η^2 , results larger than 0.14 are considered large effects. ^a Valid n (intervention group) = 50

5.2 Discussion

5.2.1 Effectiveness of the Be-with funeral support service

The period immediately after death has often been overlooked in bereavement support; there is a notable lack of research in this area. Although social support is often considered a promising protective factor in bereavement care, little is known about whether helpful support can be provided through a funeral support service and by facilitating post-death/funeral matters.

To our knowledge, this is the first study reporting on research from the perspective of both bereaved service recipients and non-service recipients on their experiences in handling post-death/funeral matters in Hong Kong and elsewhere. Our results suggest that the bereavement support service could provide a protective buffer against the burden of handling post-death/funeral matters, and thus improve the service recipients' psychosocial status and facilitates their bereavement adjustment. Even after response bias is taken into consideration, there were significantly more beneficial effects following the Be-with service: 96.9% of service recipients agreed or strongly agreed that they felt satisfied with the service. It is clear and evident that, based on our findings, the funeral support service as well as the workers have a vital role in meeting the unique immediate needs of bereaved persons following the death of loved ones, particularly in providing emotional and informational support. This is in line with a qualitative study in the UK which explored funeral directors' experiences of providing a service to families in the immediate bereavement period, when a parent dies from cancer, and demonstrated that funeral directors can have an important role in guiding families through the distressing period immediately after death (Hanna et al., 2020). The present study, both from qualitative interviews and quantitative questionnaires, provides evidence of the effectiveness of the Be-with service in providing emotional and informational support to bereaved persons who need to handle post-death/funeral affairs.

5.2.2 Profiles of service recipients

It is noteworthy that our quantitative study demonstrated that compared with other bereaved individuals (the comparison group), the recipients of the Be-with service (the intervention group) were more financially deprived and socially disadvantaged. The mean age of service recipients was over 58; the majority did not have an educational level of tertiary or above; they were more likely to live alone and be unemployed; and they tend to have less family income. This could be explained by our research design. Instead of using a randomized controlled design, the current study employed systematic sampling to recruit participants of the intervention group from recipients of the Be-with service. And according to the mission of Be-with service, the target group is bereaved persons with less social capital and limited social support in handling post-death/funeral matters.

Previous studies have shown that bereavement adjustment is influenced by complicated factors. Many potential risk/protective factors have been examined, including both the role of funeral rituals and the availability of social support (Birrell et al., 2020). However, regarding such risk factors, literature has revealed attention to the experience of deprived individuals handling post-death matters. With the service design of TWGHs' Be-with service, the current study, in particular, explored the experiences of the deprived newly bereaved people and suggested that a similar funeral support service program in the future might benefit individuals with less social capital and less social support more. This support-providing strategy also aligns with the three-tiered approach to bereavement in palliative care proposed by the National Institute for Clinical Excellence (2019) in the UK. As these post-death/funeral matters make bereavement adjustment more difficult, providing funeral support service to financially deprived bereaved persons is a good idea, especially considering they are at risk of developing more complex needs. Our findings have provided further support for the need to care for

the deprived newly bereaved, not only for their grief/emotional needs but also for the complicated process of handling post-death/funeral matters.

5.2.3 Distressing situation in the period immediately after loss

Aside from examining the effectiveness of funeral support services for newly bereaved persons, our current study provides greater meaning in understanding the complexity of the immediate bereavement experience. The difficulty in managing post-death/funeral matters during acute grief has long been underestimated, the need of bereaved persons in the period immediately after the loss has also been overlooked. As our qualitative interviews uncovered, the loss of a loved one through death is usually followed by a funeral and engagement in various administrative tasks. Through the lens of bereaved persons, this study has highlighted the distressing situation and challenges experienced when handling post-death affairs: the complication of the post-death procedure, lack of trust in commercial funeral companies, hesitation in support-seeking, lack of knowledge about post-death affairs and dealing with post-death affairs alone while grieving. The above findings add to the literature the possible detrimental effects of overlooking the immediate bereavement experience, especially related to the stressful tasks of handling post-death matters (e.g., Gamino et al., 2000; Hanna et al., 2020).

Interestingly, as shown in our qualitative findings, one of the multiple stressors that further increased the stress levels of bereaved persons is their lack of trust in commercial funeral companies. Even though bereaved persons lack knowledge about post-death affairs, funeral, and rituals, they hesitated to seek professional advice from a funeral company. This is also a common reason for many service recipients to explain why they choose TWGHs' Be-with service instead of other funeral businesses: *They are not funeral agents doing it with a business model. I think they serve since they hope to reduce our stress level (Recipient 8, Male, 46–50 years old)*. This is in line with an Australian study that explored the role of funeral service providers in bereavement support and highlighted the financial tension between the funeral directors and the bereaved persons (Aoun et al., 2018). Some funeral companies have long been criticized for indulging in unethical practices that increase their profits at the expense of the bereaved. Taken together, whereas previous studies have discussed the key roles played by family members or friends, or funeral service providers with respect to facilitating bereavement adjustment, the current study extends the evidence by assessing the significant role of formal support in a non-governmental organization.

5.2.4 The role of workers in facilitating bereavement adjustment

The key determinant of the Be-with service to the recipients was the high level of professionalism shown by the workers from the service. Importantly, as shown in our qualitative findings, bereaved persons seemed to perceive professionalism as a multidimensional construct, implying the service workers' informational competency (knowledgeable about post-death matters/procedures) and emotional empathy (eager to help).

First, informational competency, as an important quality of service workers, underlines what the bereaved persons needed is a "professional guide" to help them through the complicated process of

applying for different certificates, arranging for a funeral, offering useful advice when asked, and clearly explaining what is required. Such guidance is perceived as a relief from the additional burden imposed on bereaved persons' state of acute grief, alleviating the stress level of completing various post-death tasks. It is noteworthy that such informational competency also invokes the bereaved persons' feelings of trust in the Be-with service and its workers. Second, as suggested in our in-depth interviews, it is evident that bereaved persons identified the emotional empathy of service workers as a significant difference between the support from a non-governmental organization and the service from a commercial funeral company: *Moreover (compared with the commercial funeral company), the Be-with service would provide follow-up service regarding my emotional status or invite me to join some bereavement-related activities. I think their service is more comprehensive (Recipient 8, Male, 46–50 years old)*. More specifically, the quality of the service workers – being patient, caring, compassionate, responsible, as well as providing follow-up contact – was appreciated and perceived as significant support, especially considering that bereaved persons usually deal with post-death affairs alone, with less social support.

5.3 Implications

5.3.1 Role of formal companionship and practical support

This study indicated that there is a strong need for formal companionship and practical support for newly bereaved persons, especially within the context of handling various funeral/post-death affairs. It is notable that both funeral arrangements and post-death affairs are becoming increasingly complex (Aoun et al., 2018). Therefore, findings suggest that the development of information, skills and expertise among the workers of a funeral support service, in recognizing the significance of companionship from the beginning to the end as well as providing practical assistance, may be as important as caring for the bereaved individuals through bereavement counseling. Also, findings demonstrate that formal companionship has surprising meaning to newly bereaved individuals. In the current study, while bereaved persons were confronting pragmatic struggles with the post-death affairs, the most valued support was the workers' companionship of the Be-with service, who would accompany the bereaved during the process, take time to answer questions, and remind the bereaved what to do next. Thus, our findings suggest in bereavement support, there should be a role for practitioners to provide formal companionship and practical support to newly bereaved person in the period immediately after loss. Such practitioners are equipped with the relevant knowledge, information, and skills in post-death/funeral affairs in Hong Kong and will accompany the bereaved persons until the funeral, including the completion of cremation.

5.3.2 Significance of funeral support service

Our results alert the social welfare system and service provision to the potential significance of handling post-death affairs or arranging a funeral in mental health trajectories following bereavement. This research has highlighted the distressing situation and multiple stressors experienced by newly bereaved persons, especially those with less social capital and social support, in the period immediately after loss. A shortage of human resources and social resources is a common problem in the bereavement

care setting, which is also reflected in our qualitative interviews: *If asked for my suggestions, perhaps the TWGHs could allocate additional funding and increase human resources for the Be-with service, because from what I know, their team doesn't have too many workers. Therefore, sometimes, maybe there are many bereaved persons in need, applying for this service; it is very difficult for them to be everywhere at once; they will be overwhelmed. Hence, adding another position to this team could also support the bereaved better (Recipient 7, Male, 41–45 years old).* No mention was made that bereavement care has long been marginalized in mainstream services, due to the Chinese cultural taboo of discussing death. Based on such discrepancy we found between the past and the current Hong Kong social welfare system, we suggest that the Social Welfare Department review its assumption about bereavement support and recognize the unique immediate needs of bereaved persons while processing the complicated post-death procedures in Hong Kong. Although this implication may seem rather obvious in most social welfare policy and practice fields, it is important to note that, for the field of bereavement-related policy and practice, a public health approach is in its infancy. Before the service gap is fixed, workers in a non-governmental organization might also have to adopt various strategies, including effective use of existing human resources and cultivating volunteers, which might help to provide appropriate funeral support to newly bereaved persons and reduce their workload in response to the complicated needs of clients.

5.3.3 Strengthen the continuity of support for the bereaved

Grief is a lifelong process. Through a mixed-research method, the current study has provided further support for the need to strengthen the continuity of support for bereaved individuals in Hong Kong, not only for supporting the funeral/post-death tasks but also along the continuum of bereavement support. The need for cooperation of everyone involved in doing death work has never been greater (Aoun et al., 2018), and the wish of our participants asking for further bereavement support after the funeral has reinforced this claim. In addition to the current practice framework, bereaved persons suggested that the Be-with service offers continuing grief support after the funeral, including cremation. This implies that service recipients sincerely wish to talk about the loss and share their grief with others, especially when the workers of the Be-with service can be readily accessed within their current social support networks. Hence, our findings suggest that while accompanying the service recipients handling funeral/post-death affairs, the workers also need to make use of the administrative part to include more therapeutic elements as grief care. Taking various views and our findings into consideration, referring the service recipients to other appropriate services seems to be the most effective approach. It is clear that the Be-with service has an explicit role in the period immediately after loss. Therefore, referring the service recipients to longer-term bereavement counseling for follow-up offers a suitable solution. The workers could refer older bereaved recipients to DECC, to enhance community support after the loss of a key family member in later life.

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