

Community Views

Hospice New Zealand
Public Perceptions Research 2022-23



Prepared by

PERCEPTIVE

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01

Summary





Methodology

- This research highlights attitudes and experiences with hospice care, and towards coping with one's own death or that of a loved one. It also covers the role of carers and the preparedness of New Zealanders for a time when they may need care services or face death.
- The research was conducted by an online survey using Perceptive and Pure Profile panels. The survey was open to New Zealand residents 18 years or older.
- The survey was open from the 15th to 22nd December and from the 9th to 30th January.
- The survey took an average of 10 minutes to complete, and the final sample size was n=1318. This included targeting of Māori and rural residents to ensure the sample better represented the New Zealand population.
- The results are weighted by age, gender and region to represent the New Zealand population on this basis.



Hospice Awareness, Perceptions and Experience

- **Slightly over one third of New Zealanders could name the Hospice in their community** (35%). This represented an increase upon those who named their local Hospice in 2015 (29%).
- **The vast majority of New Zealanders view Hospice as an essential part of medical services** (90%) and that **Hospice staff provide comfort to people at the end of their lives** (89%). More New Zealanders hold these views now than was recorded in 2015.
- Hospice services and staff have also become widely known for **helping family members care for palliative care patients** (82%) and **helping people die with dignity** (81%). However, **almost a half of New Zealanders were uncertain about Hospice helping with assisted dying**, with those who disagreed (32%) slightly outweighing those who agreed (21%).
- Like 2015, **one third of New Zealanders had experienced a Hospice service**. Those who had experience with a Hospice service were slightly more likely to have experienced an in-patient service (56%), with just under a half having experienced a community-based Hospice service. Māori and Pacifica people were slightly more likely to experience community-based Hospice services.



Attitudes towards Death and Dying

- **In 2022 a higher proportion of New Zealanders had experienced the death of a close friend or relative (82%)** compared to 2015 (77%). This came from an increased proportion of younger New Zealanders who had experienced the loss of a loved one. A quarter of these people had an experience in the past year and 40% had experienced the death of a loved one in the past 2 years.
- **Over two thirds of New Zealanders agreed that they feel anxious and uncomfortable when thinking about a loved one dying (69%).** A similar number know that they can make a positive difference to the experience of someone they care about who is dying (66%) and over a quarter were unsure (29%).
- Concerns with death were more prevalent than in 2015. However, **when thinking about their own death, New Zealanders were split with 40% who disagreed that they get anxious and another 40% who agreed.**
- New Zealanders were more likely to get anxious when thinking about someone they care about dying (69%) than they were when thinking about their own death (40%).



Connection to Family and Importance of Religion and Spirituality

- New Zealanders' strength of connection to family has been consistent over time. In 2022, **36% had a very strong connection and another 36% a strong connection** (72% with a strong or very strong connection).
- A higher proportion of Māori held a very strong connection to family (44%) than in the overall population.
- **The importance of religion to New Zealanders was slightly higher in 2022.** There were 24% who considered it high or very highly important, compared with 21% in 2015.
- **New Zealanders lean towards being more spiritual than they do religious.** There were 37% who considered the importance of spirituality to be high or very high, compared with 32% in 2015.
- New Zealand European were significantly less likely to hold strong religious and spiritual beliefs when compared with the overall population. There were 18% who considered religion and 31% who considered spirituality to be high or very highly important to them.



Providing Care for a Loved One

- Those who cared for someone in the past 2 years (including those who were doing so currently) equated to 18% of New Zealanders, which was comparative with 17% in 2015.
- There were 40% of carers who spent 21+ hours per week in the role.
- The key rewards of being a carer were spending time with that person (76%), giving back to someone they care about (75%) and doing something meaningful (61%).
- The pressing challenges for carers were financial (38%) and access to support services (31%).
- The awkwardness of talking to the person about dying also featured highly as a challenge for carers (27%).
- Since 2015, less carers stated access to support services and feeling undervalued as being challenges.



Advance Care Plan, Advanced Directive and writing a Will

- **There were 13% of New Zealanders who had made an Advance Care Plan**, including 7% who had made one for themselves and 7% who had made one for someone else. **There were 16% of New Zealanders who had made an Advanced Directive**, including 11% who had made one for themselves and 6% who had made one for someone else.
- Motivations were similar for making an Advance Care Plan and Advanced Directive. They were commonly made when someone experienced serious illness or witnessed loved ones go through illness or death. The main reasons for not having either an Advance Care Plan or Advanced Directive were of being too young and that it only applied in cases of serious illness or when someone was dying.
- **Close to a half of New Zealanders had written a Will (49%).** A little lower than that recorded in 2015 (53%).
- Significant life events were key motivators for writing a Will. These mainly involved, having children, buying property, getting married, divorced, illness, experiencing the death of a loved one and observing a bad experience when a Will was not made. Those who did not have children, had minimal assets and perceived themselves as being young and in good health gave these as reasons for not writing a Will.

An Advance Care Plan is a document created by someone outlining how they would like to be cared for in the future. It may outline what is important, what they want when near the end of life, what they value and believe, and what matters to them.

An Advanced Directive is a document created by someone outlining their health care wishes in the event they are no longer able to communicate or have the capacity to make decisions. A person(s) is appointed as their enduring power of attorney, so they can act on the persons behalf when necessary.

02

Awareness of Hospice



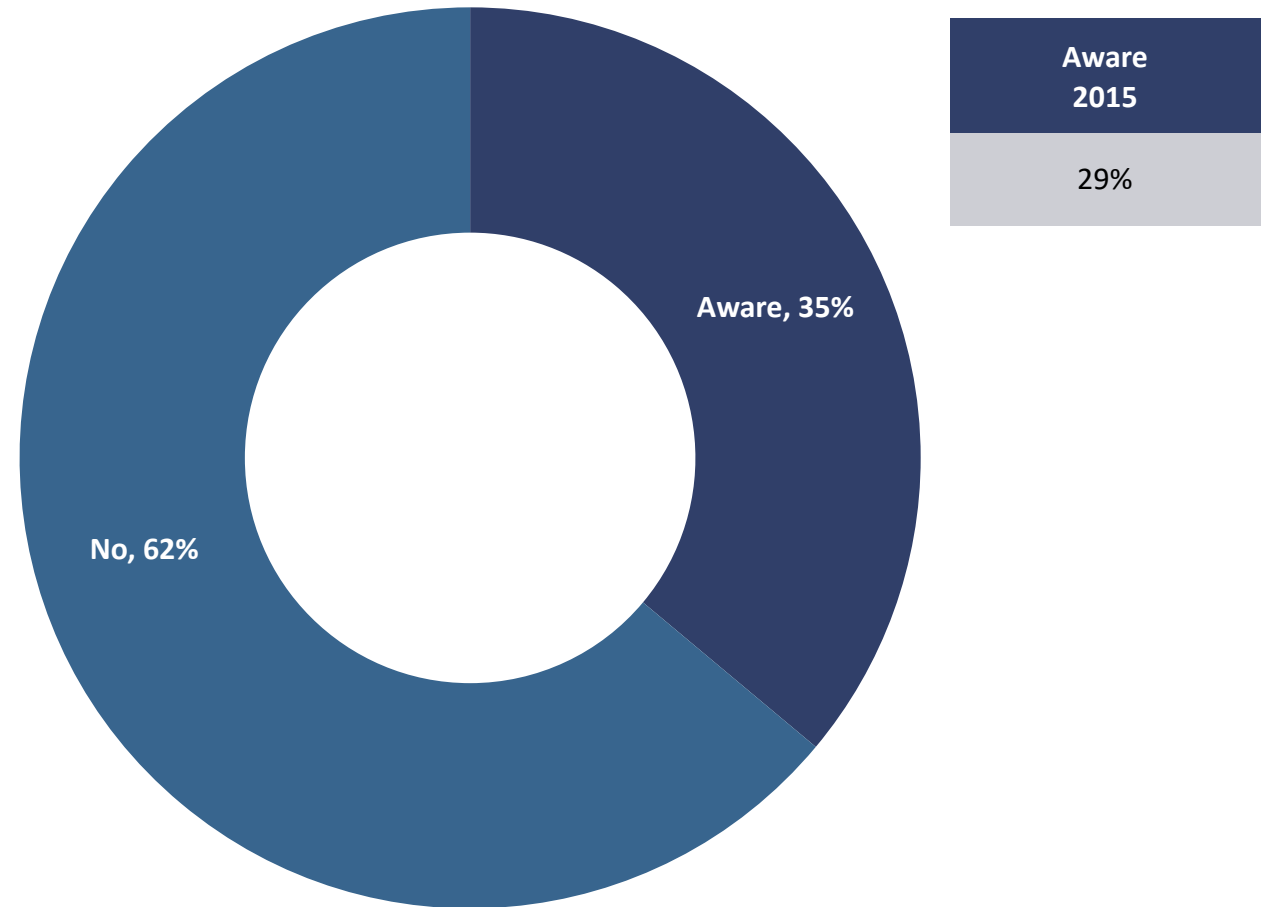
Awareness of local Hospice

Just over a third of New Zealanders could name the Hospice in their community (35%). This represented an increase compared to 2015 (29%).

The Hospices New Zealanders were most aware of were Mary Porter Hospice (10%), Nurse Maude Hospice (9%), and Totara Hospice (9%).

Respondents had to have named a Hospice provider in their community (taken as the Hospice provider in the region they resided in). Those who named a Hospice outside their community were recorded as unaware.

Can you name the Hospice that provides care services in your community?



Total sample 2022: n=1318, Total sample 2015: n=1001

03

Perceptions of Hospice Services



Perceptions of Hospice Services

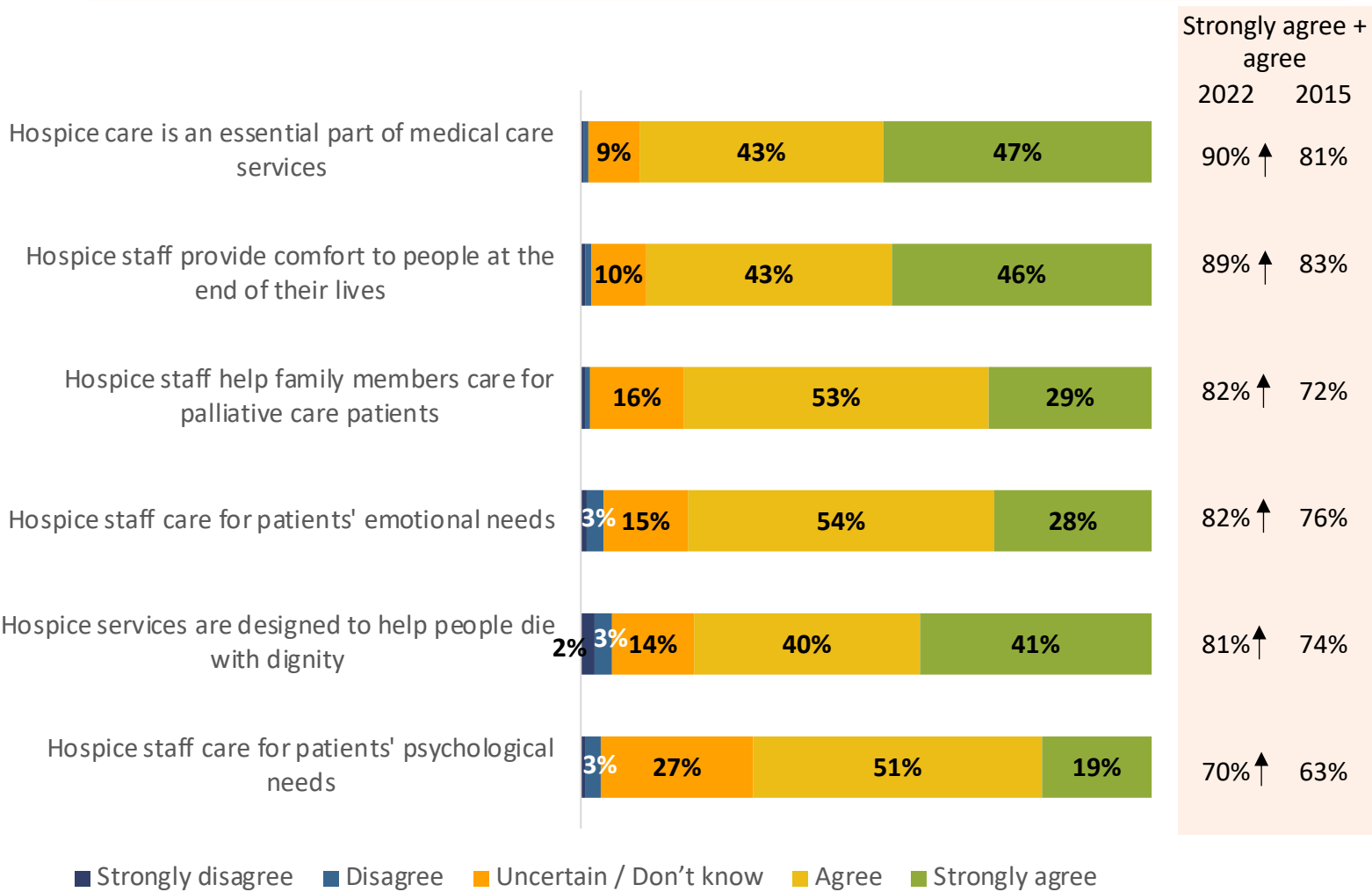
The vast majority of New Zealanders view Hospice as an essential part of medical services (90%) and that Hospice staff provide comfort to people at the end of their lives (89%). More New Zealanders hold these views now than was recorded in 2015.

Hospice services and staff have also become widely known for helping family members care for palliative care patients (82%), helping people die with dignity (81%), and caring for patients' emotional (82%), psychological needs (70%).

More New Zealander's disagreed (70%) that Hospice services are only for cancer patients than in 2015 (64%).

More New Zealanders disagreed (32%) that Hospice staff help people die when they want to, than agreed (21%). With another 47% uncertain.

Please indicate your opinion to the following statements



Total sample 2022: n=1318, Total sample 2015: n=1001

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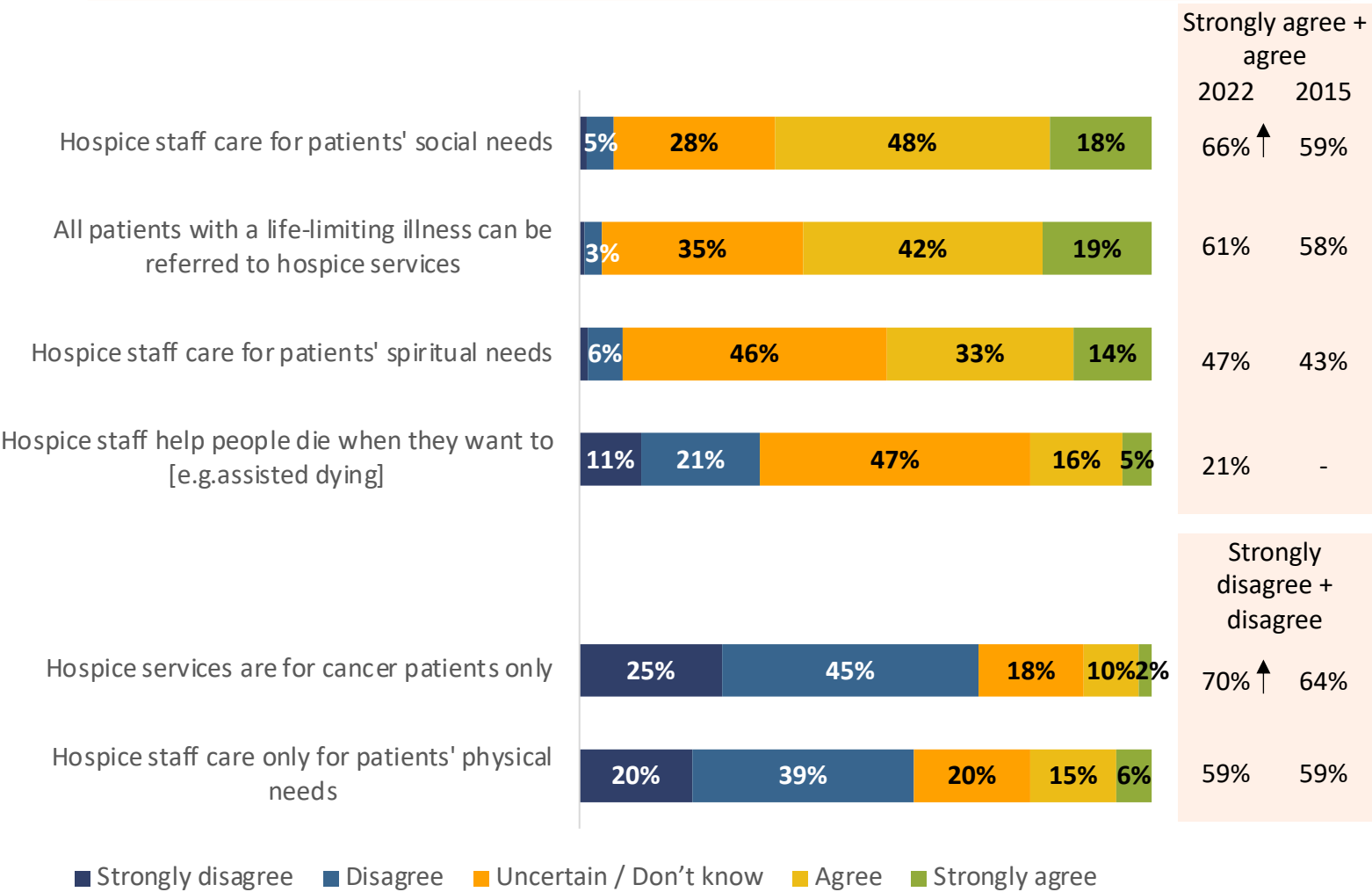
↑ Significantly higher than 2015 at 95% confidence level

Perceptions of Hospice Services

More New Zealander’s disagreed (70%) that Hospice services are only for cancer patients than in 2015 (64%).

More New Zealanders disagreed (32%) that Hospice staff help people die when they want to, than agreed (21%) - with another 47% uncertain.

Please indicate your opinion to the following statements



Total sample 2022: n=1318, Total sample 2015: n=1001

<2% not show in chart labels

↑ Significantly higher than 2015 at 95% confidence level

Perceptions of Hospice Services

If you wish to make any other comments about these questions or topics please write them here

"Hospice staff are incredibly resilient and empathetic people who care for patients physically and emotionally, as well as patient's families too. We need them!"

"Hospice are not just there for the Cancer patient but the patient's families as well. Hospice nurses/doctors go over and beyond for the whanau as a whole. I can attest to this as I lost a parent to cancer in June this year and Hospice were amazing throughout the whole 8 months my father was ill."

"I do not agree with Hospices offering assisted dying, it goes against the principle of palliative care and the God given order of life."

"I admit to being a little confused about exactly what Hospice services currently provide, based on various comments I have read in the past, but would be happy to learn that things have advanced since I was last (as a GP) involved with these services. Unfortunately, based on these prior experiences, I think that (were I to have a terminal condition), I would prefer to stay at home, with the support of family & local GP staff."

"Hospice staff help to look after the patient & their family holistically trying to make their loved ones transit to death as pain-free & comfortable as humanly possible within the realms & policies of the area, Hospice & laws of the country!"

"I would hope that they help with assisted dying one day because once I get old, I would like to clock out of life when I start getting dementia, Alzheimers, but it's not available yet in NZ I don't think."

Perception of Hospice Services

There were some significant differences within demographic groups. Those aged 60+ years were more likely to agree with many of the statements. Although were in less agreement on Hospice staff helping people die when they want to. While those aged 30-39 were more likely to agree with this statement, together with those living in a main city. There were also some differences between male and female respondents when it came to Hospice service provision.

Please indicate your opinion to the following statements

	NET	18-29	30-39	40-49	50-59	60+	Male	Female	A main city	A provincial centre	A rural area	Māori	New Zealand European
Column % agree + strongly agree													
Hospice care is an essential part of medical care services	90%	89%	87%	85% ↓	91%	94% ↑	86% ↓	93% ↑	89%	90%	91%	91%	92% ↑
Hospice staff provide comfort to people at the end of their lives	89%	80% ↓	86%	90%	93%	94% ↑	83% ↓	93% ↑	87%	91%	93%	91%	91% ↑
Hospice staff help family members care for palliative care patients	82%	74% ↓	81%	81%	84%	88% ↑	79%	85%	80%	86%	83%	83%	85% ↑
Hospice staff care for patients' emotional needs	81%	81%	81%	78%	80%	84%	79%	83%	81%	81%	82%	84%	83%
Hospice services are designed to help people die with dignity	80%	65% ↓	78%	80%	86%	90% ↑	76% ↓	84% ↑	77% ↓	85%	86%	81%	83% ↑
Hospice staff care for patients' psychological needs	70%	71%	72%	71%	69%	67%	67%	72%	73% ↑	65%	65%	68%	70%
Hospice staff care for patients' social needs	66%	68%	67%	63%	65%	65%	65%	67%	67%	64%	65%	67%	66%
All patients with a life-limiting illness can be referred to Hospice services	61%	55%	62%	58%	58%	68% ↑	59%	63%	61%	61%	63%	59%	62%
Hospice staff care for patients' spiritual needs	46%	44%	55% ↑	51%	43%	42%	42% ↓	51% ↑	47%	44%	45%	46%	46%
Hospice staff help people die when they want to [e.g. assisted dying]	21%	27%	30% ↑	21%	16%	15% ↓	23%	19%	24% ↑	18%	16%	18%	20%
Column n	1318	262	380	225	190	261	511	807	811	338	169	241	942

↑ ↓ Significantly higher/lower than average at 95% confidence level

Throughout this report 'A main city' refers to residents of Auckland, Hamilton, Wellington, Christchurch, Dunedin; 'A provincial centre' refers to residents of a township and 'A rural area' residents outside of a city or town.

Perception of Hospice Services

Those aged 60+ years were more likely to disagree that Hospice was only for cancer patients and Hospice staff care only for patients' physical needs. Females were more likely than males to disagree that Hospice staff care only for patients' physical needs, indicating that females see a broader role for Hospice staff.

Please indicate your opinion to the following statements

Column % disagree + strongly disagree	NET	18-29	30-39	40-49	50-59	60+	Male	Female	A main city	A provincial centre	A rural area	Māori	New Zealand European
Hospice services are for cancer patients only	70%	71%	69%	57% ↓	67%	80% ↑	67%	72%	70%	67%	71%	72%	74% ↑
Hospice staff care only for patients' physical needs	58%	51%	54%	57%	57%	69% ↑	51% ↓	65% ↑	57%	61%	59%	61%	62% ↑
Column n	1318	262	380	225	190	261	511	807	811	338	169	241	942

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Throughout this report 'A main city' refers to residents of Auckland, Hamilton, Wellington, Christchurch, Dunedin; 'A provincial centre' refers to residents of a township and 'A rural area' residents outside of a city or town.

Perceptions of Hospice Services

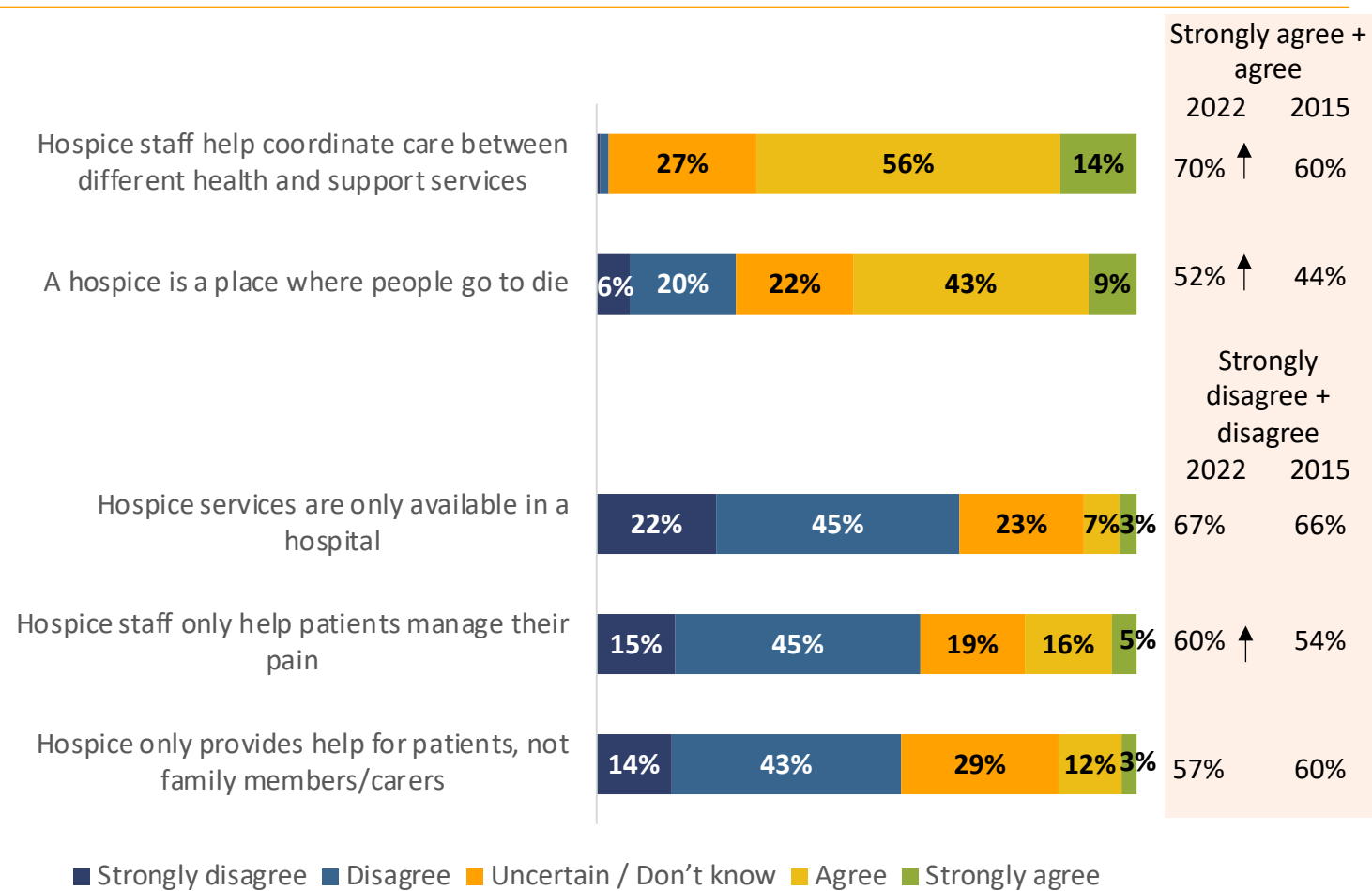
The proportion of New Zealanders who agree that Hospice staff coordinate care between different health and support services has grown from 60% in 2015 to 70%.

Consistent with 2015, there were about two thirds who disagreed that Hospice services are only available in a hospital, with almost a quarter of New Zealanders unsure.

The proportion who view a Hospice as a place where people go to die has grown to 52% of people living in New Zealand. As well as 60% who view Hospice staff as helping patients with more than pain management alone. However, about one fifth of New Zealanders agree that Hospice staff only help patients manage their pain.

There was a relatively high proportion (30%) of New Zealanders who were uncertain about Hospice providing help to family members or carers, and a further 15% who did not view Hospice as providing this service.

Please indicate your opinion to the following statements



Total sample 2022: n=1318, Total sample 2015: n=1001

<2% not show in chart labels
 ↑ Significantly higher than 2015 at 95% confidence level

Perceptions of Hospice Services

There were some significant differences within demographic groups. New Zealand European had stronger perceptions of Hospice being a place people go to die, service being not only available in a hospital, and for more than just pain management. While Māori held stronger to Hospice providing help for family members and carers. Female and those aged 50+ years also held stronger views towards these Hospice services, particularly in comparison to those aged 18-40 years.

Please indicate your opinion to the following statements

	NET	18-29	30-39	40-49	50-59	60+	Male	Female	A main city	A provincial centre	A rural area	New Zealand European	Māori
% strongly agree + agree													
Hospice staff help coordinate care between different health and support services	70%	70%	72%	69%	71%	70%	70%	70%	69%	71%	73%	71%	70%
A Hospice is a place where people go to die	52%	45%	56%	54%	61%	49%	49%	56%	53%	51%	53%	56% ↑	47%
Column n	1318	262	380	225	190	261	511	807	811	338	169	942	241

	NET	18-29	30-39	40-49	50-59	60+	Male	Female	A main city	A provincial centre	A rural area	New Zealand European	Māori
% strongly disagree + disagree													
Hospice services are only available in a hospital	67%	57% ↓	58% ↓	63%	74% ↑	80% ↑	59% ↓	74% ↑	64% ↓	72%	74%	72% ↑	69%
Hospice staff only help patients manage their pain	60%	54%	50% ↓	53%	69% ↑	69% ↑	53% ↓	66% ↑	58%	62%	63%	65% ↑	64%
Hospice only provides help for patients, not family members/carers	56%	53%	47% ↓	53%	58%	66% ↑	48% ↓	64% ↑	55%	58%	60%	61% ↑	65% ↑
Column n	1318	262	380	225	190	261	511	807	811	338	169	942	241

Perceptions of Hospice Services

If you wish to make any other comments about these questions or topics please write them here

"My understanding is that Hospice care is usually for the final few weeks of a patients life, but sometimes patients can choose to go home the last few days and Hospice will provide support and arrange services and people to assist at home so its comfortable and families feel supported."

"I have seen personally at the death of a close friend the amazing level of care and help they provide to someone who want to die at home - hospital bed, medication, daily visits, support to the family."

"I have always assumed Hospice care or palliative care is where cancer patients go before they die and the medication for pain is essentially what ends their life."

"The last question about people going to Hospice to die. I disagree on this statement as I believe people go to Hospice to live the remainder of their life as easy as possible with as much help as they need."

"I would think a Hospice being an end of life place would assist family members in coping with the loss of a loved one, offer counselling etc."

04

Experience of Hospice



Personal Experience with Hospice Services

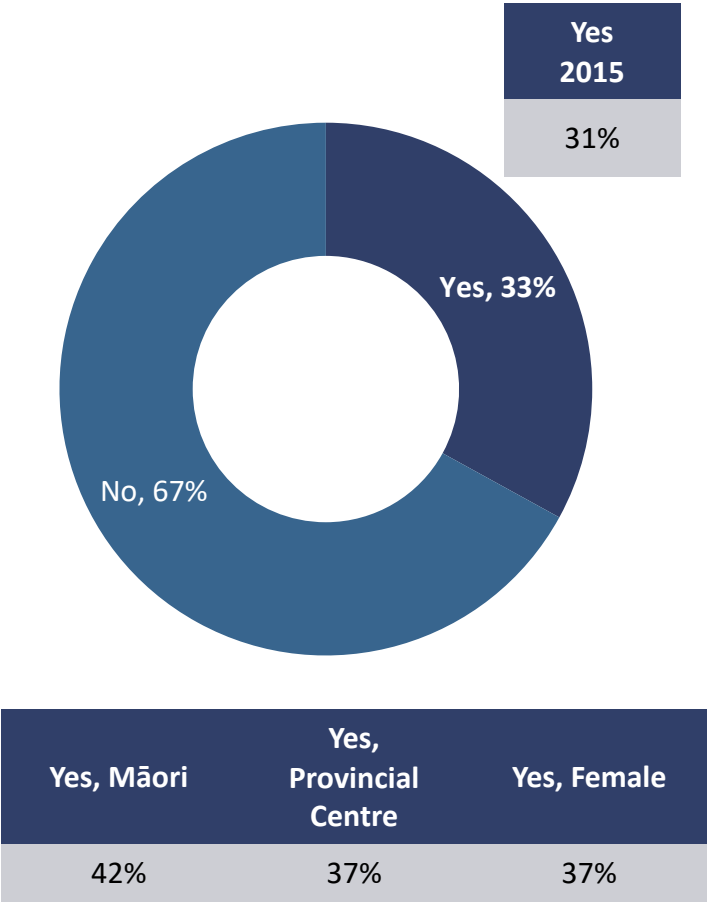
Two thirds of New Zealanders had not experienced Hospice services and like 2015, one third had experienced Hospice.

Though respondents aged 50+ years were slightly more likely to have experienced Hospice, there was not significant differences between age groups. This differed from 2015. Those aged 20-29 and 30-39 were more likely to have experienced Hospice in 2022 (19% and 23% in 2015 compared with 29% and 31% in 2022).

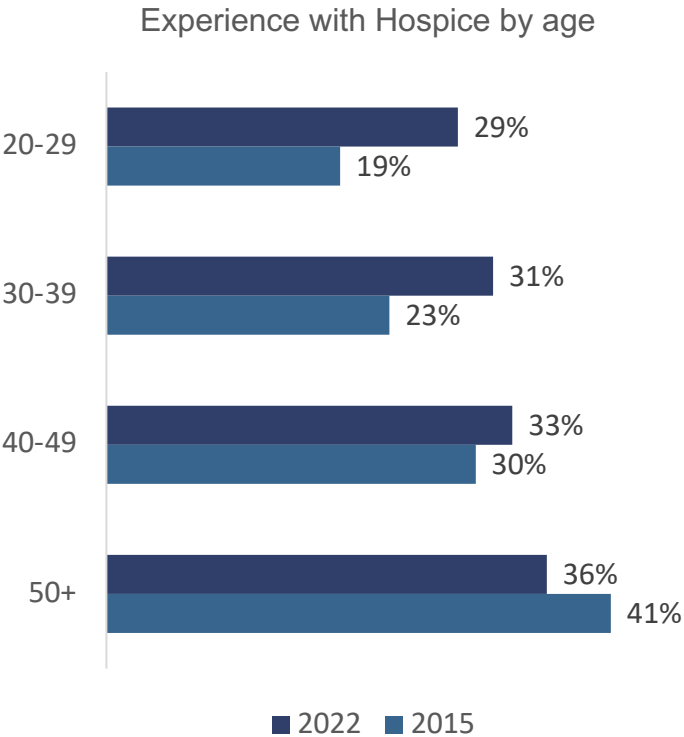
Females were more likely to have experienced Hospice services than males (37% and 28% respectively). While Māori and those living in a provincial centre were also more likely.

Over a half of those who were carers in the past 2 years had experienced Hospice services (54%).

Have you had any person experience with Hospice services?



Total sample 2022: n=1318, Total sample 2015: n=1001



Hospice Services

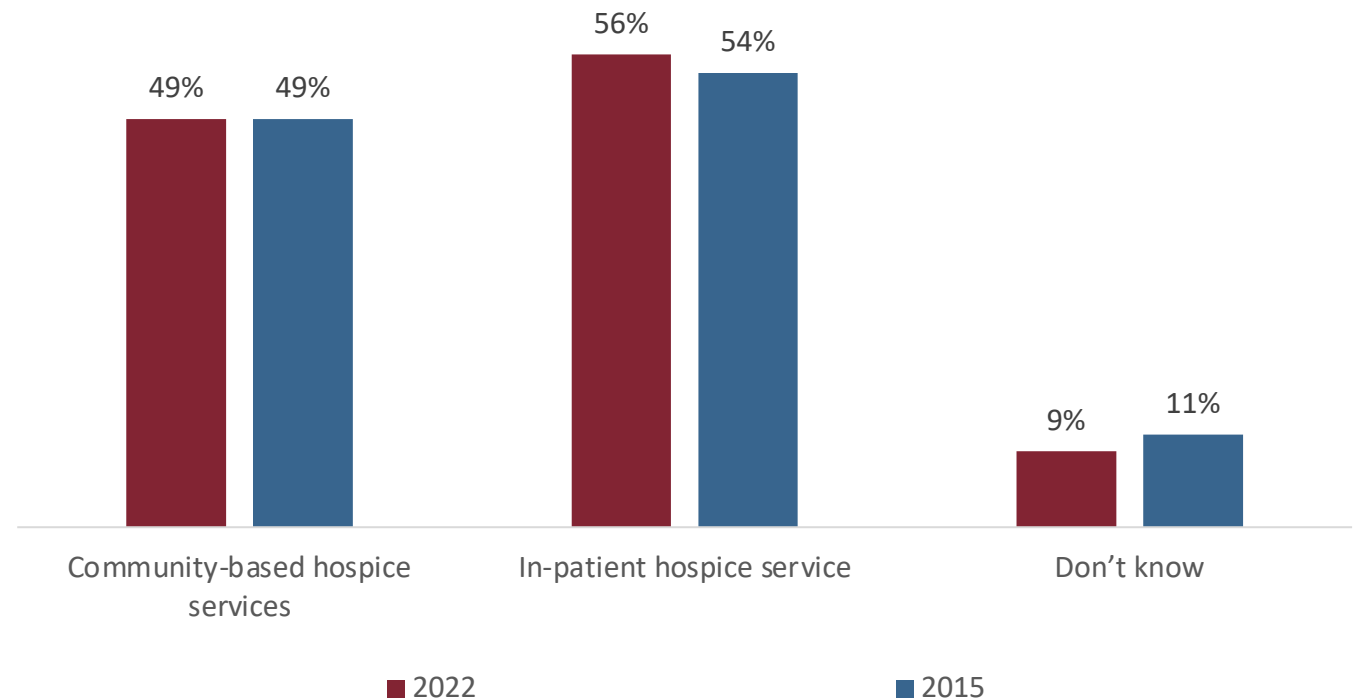
Similar to 2015, those who had experience with a Hospice service were slightly more likely to have experienced an in-patient service (56%), with just under a half having experienced a community-based Hospice service. Approximately one in ten were unaware of the type of service they had experienced.

Māori were more likely to have experienced a community-based Hospice (57%) than in-patient facilities (48%). This was similar for Pasifika people, who were less likely to have experienced in-patient Hospice services (42%) and more had experience with community-based Hospices (56%).

Rural New Zealanders were significantly more likely to have experienced in-patient Hospice services (64%) compared to community-based services (39%).

What type of Hospice service was it?

Those who had experience with Hospice services



Those who had experience with Hospice services: 2022 n=458, 2015 n=324

*Note: Pasifika people include Samoan, Cook Island, Tongan, Fijian, Niuean and Tokelauan ethnicities.

05

Attitudes towards Death and Dying

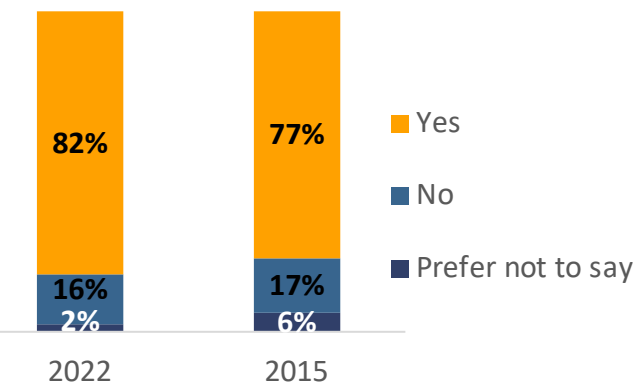


Experiencing Death within the Family

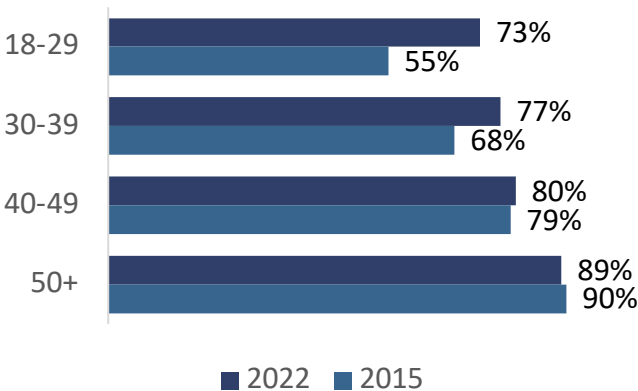
In 2022 a higher proportion of New Zealanders had experienced the death of a close friend or relative (82%) compared to 2015 (77%). This came from the increased proportion of younger New Zealanders who had experienced the loss of a loved one. This number increases to over 90% for Māori.

A quarter of those who had experienced the death of a loved one had an experience in the past year. With about 40% having experienced the death of a loved one in the past 2 years. This increased for Māori, where over a half had suffered the death of a loved one in the past 2 years (53%).

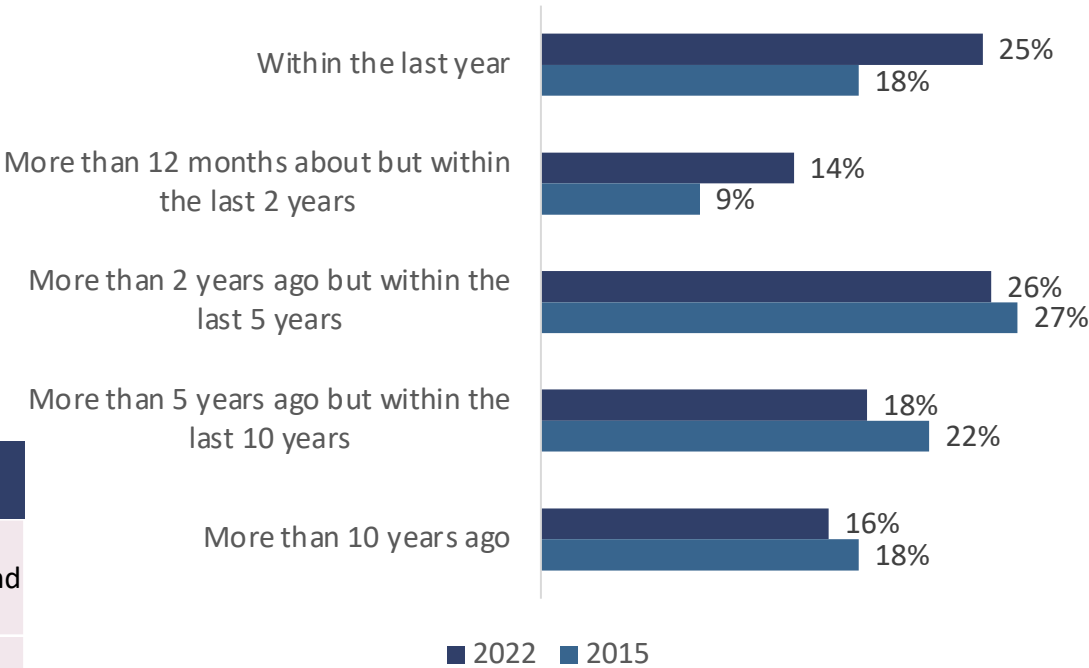
Have you had any personal experience with the death of a close friend or relative?



Personal Experience by Age



How long ago was your most recent experience of the death of a close friend or relative?



Yes											
	18-29	30-39	40-49	50-59	60+	Male	Female	A main city	A provincial centre	A rural area	Māori
	73% ↓	77% ↓	80% ↓	85% ↑	90% ↑	78% ↓	86% ↑	80% ↓	83% ↑	88% ↑	91% ↑
Column n	262	380	225	190	261	511	807	811	338	169	241

	New Zealand European
	84% ↑
Column n	942

Total sample 2022: n=1318, Total sample 2015: n=1001,

↑ ↓ Significantly higher/lower than average at 95% confidence level

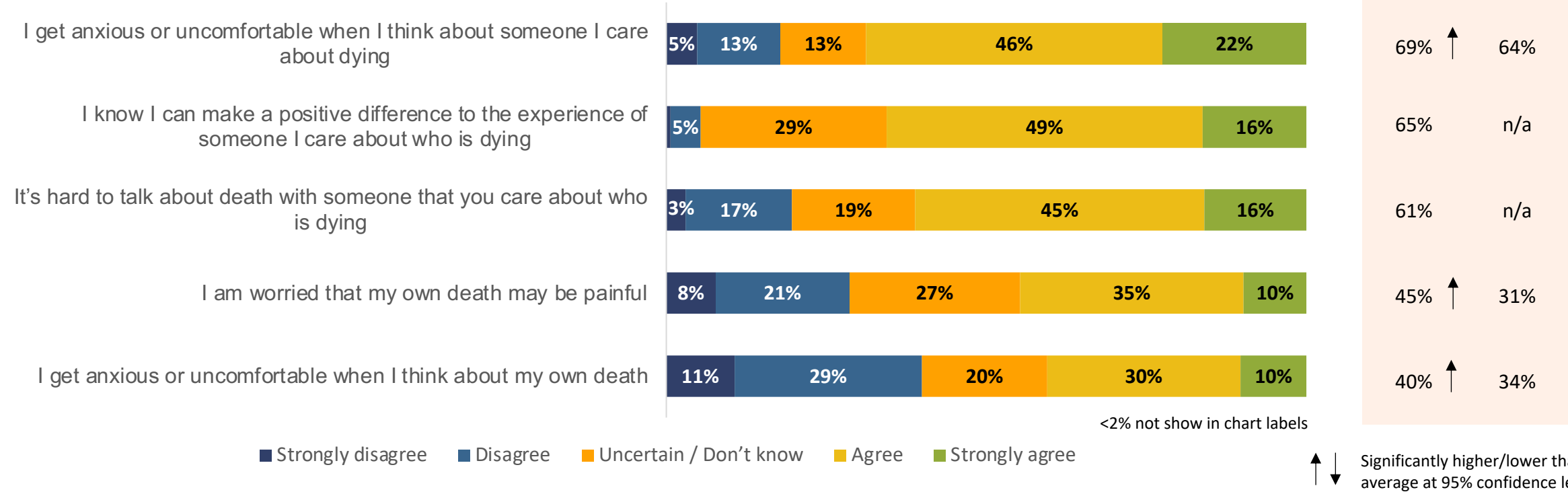
Those who have had an experience with death of friend or relative 2022 n=1087
Those who have had an experience with death of friend or relative 2015: n=795

Attitudes to Death and Dying

Over two thirds of New Zealanders agreed that they feel anxious and uncomfortable when thinking about a loved one dying (69%) and slightly under a quarter strongly agreed (22%). Two thirds of New Zealanders know that they can make a positive difference to the experience of someone they care about who is dying (66%). Still, over a quarter were unsure (29%).

Concerns about death were more prevalent than in 2015. However, when thinking about their own death, New Zealanders were split with 40% who disagreed that they get anxious and another 40% who agreed.

Please indicate your opinion to the following statements



Total Sample 2022: n=1318, Total Sample 2015: n=1001

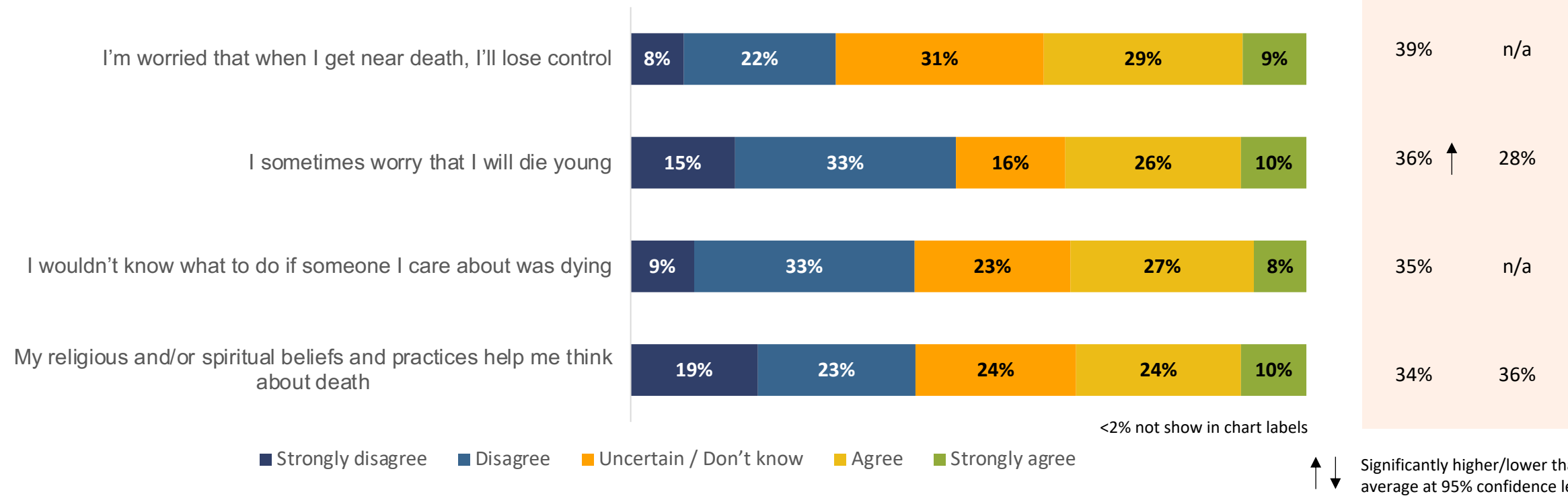
*Indicates the statements that were added

Attitudes to Death and Dying

The proportion of New Zealanders that sometimes worry that they will die young increased to 36%. However, there remained a higher proportion (48%) who disagree that they worry they will die young.

There were slightly more New Zealanders who disagreed, than agreed, that they wouldn't know what to do if someone they cared about was dying and their religious/spiritual beliefs help them think about death. Still, over a third of New Zealanders agreed with these statements.

Please indicate your opinion to the following statements



Total Sample 2022: n=1318, Total Sample 2015: n=1001

*Indicates the statements that were added

Attitudes to Death and Dying

Females were more likely to get anxious when they think about a loved one passing or their own death (73% and 44% agree respectively). New Zealanders aged 18-29 years were more likely to feel anxious when thinking about a loved one passing and more worried that their own death may be painful (80% and 57% agree respectively). Younger New Zealanders (aged under 40 years) tend to be more worried about dying young, with over a half between 19-29 years who sometimes worry that they will die young.

Three quarters of Māori believe they can make a positive difference for those who are dying and feel anxious when thinking about loved ones passing.

Please indicate your opinion to the following statements

↑ ↓ Significantly higher/lower than average at 95% confidence level

Column % strongly agree + agree	NET	18-29	30-39	40-49	50-59	60+	Male	Female	A main city	A provincial centre	A rural area	New Zealand European	Māori
I get anxious or uncomfortable when I think about someone I care about dying	69%	80% ↑	73%	71%	67%	56% ↓	64% ↓	73% ↑	72% ↑	61% ↓	70%	69%	75%
I know I can make a positive difference to the experience of someone I care about who is dying	66%	69%	70%	65%	66%	60%	64%	67%	70% ↑	57% ↓	60%	67%	75% ↑
It's hard to talk about death with someone that you care about who is dying	61%	70% ↑	70% ↑	63%	58%	48% ↓	58%	64%	65% ↑	58%	49% ↓	60%	61%
I am worried that my own death may be painful	45%	57% ↑	46%	39%	45%	38%	41%	48%	47%	41%	43%	44%	42%
I get anxious or uncomfortable when I think about my own death	41%	49% ↑	53% ↑	42%	38%	27% ↓	36% ↓	44% ↑	42%	39%	34%	39%	40%
I'm worried that when I get near death, I'll lose control	39%	43%	39%	38%	40%	35%	36%	42%	40%	36%	39%	39%	37%
I sometimes worry that I will die young	36%	54% ↑	48% ↑	47% ↑	28%	11% ↓	31% ↓	40% ↑	38%	32%	32%	35%	38%
I wouldn't know what to do if someone I care about was dying	35%	49% ↑	45% ↑	36%	31%	18% ↓	34%	36%	38% ↑	34%	21% ↓	31% ↓	32%
My religious and/or spiritual beliefs and practices help me think about death	34%	30%	37%	41%	34%	31%	31%	37%	38% ↑	28%	29%	31% ↓	35%
Column n	1318	241	325	192	166	210	459	675	700	290	144	802	233

06

Connection to Family and Importance of Religion and Spirituality



Connection with Family

New Zealanders strength of connection to family remained similar to 2015, with 36% having a very strong connection and another 36% having a strong connection (72% with a strong or very strong connection).

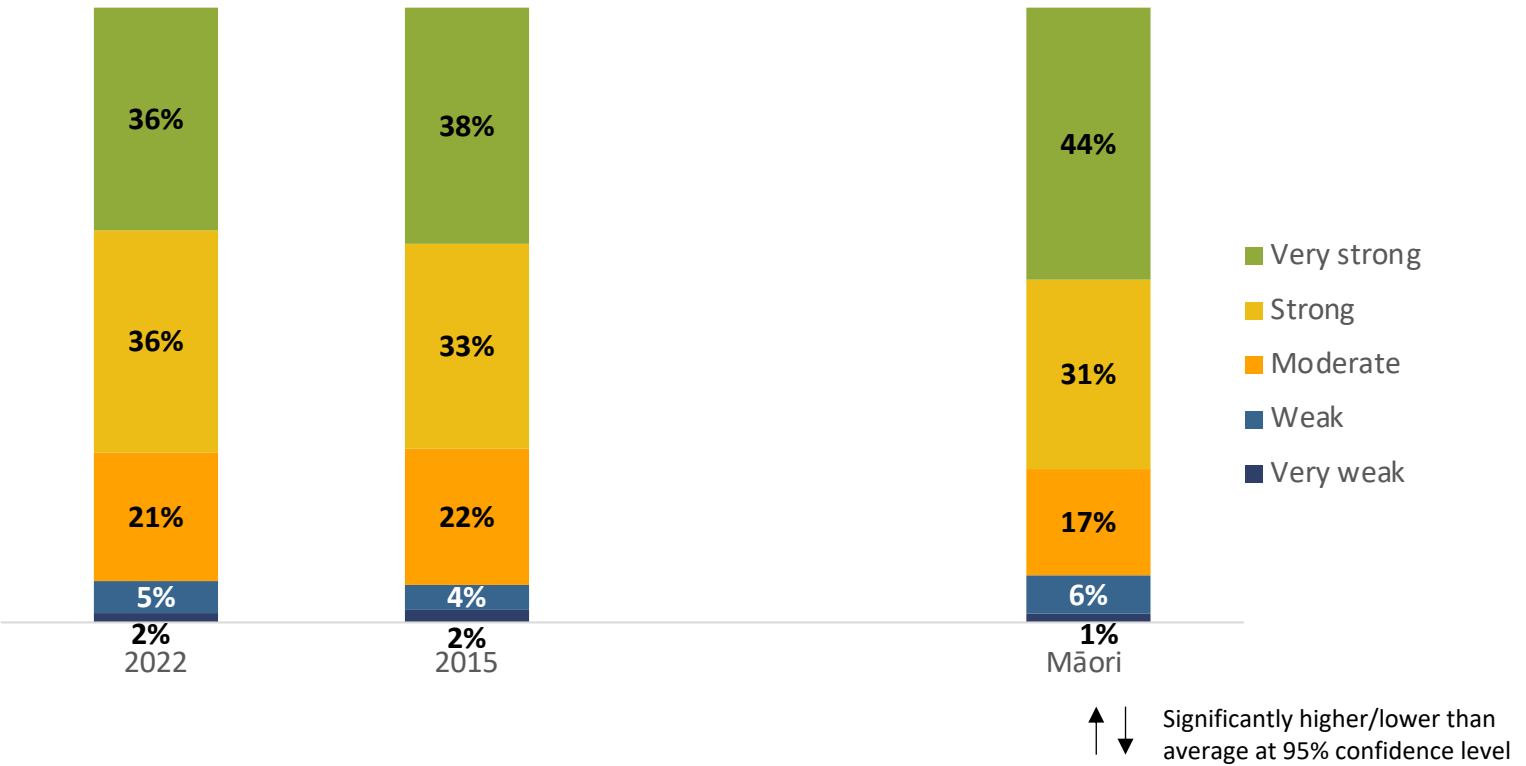
Māori had a stronger connection to family, with 44% having a very strong connection.

Those aged 18-29 and 30-39 held strong connections to family overall (77% and 76% with a strong or very strong connection respectively).

Females also held a slightly stronger bond to their family members (75%) than male (69%).

Those who were married/partnered also held a strong connection with family compared to those who were single (76% and 66% respectively).

What is the strength of your connection with your family?



% Strong + Very Strong													
2022	2015	18-29	30-39	40-49	50-59	60+	Male	Female	Main city	Provincial centre	Rural area	NZ European	Māori
72%	71%	77%	76%	71%	69%	70%	69%	75%	75%	67%	73%	70% ↓	75%
1318	1001	262	380	225	190	261	511	807	811	338	169	942	241

Column n

Total Sample 2022: n=1318, Total Sample 2015 n=1001, Māori: n=241, Rural: n=169

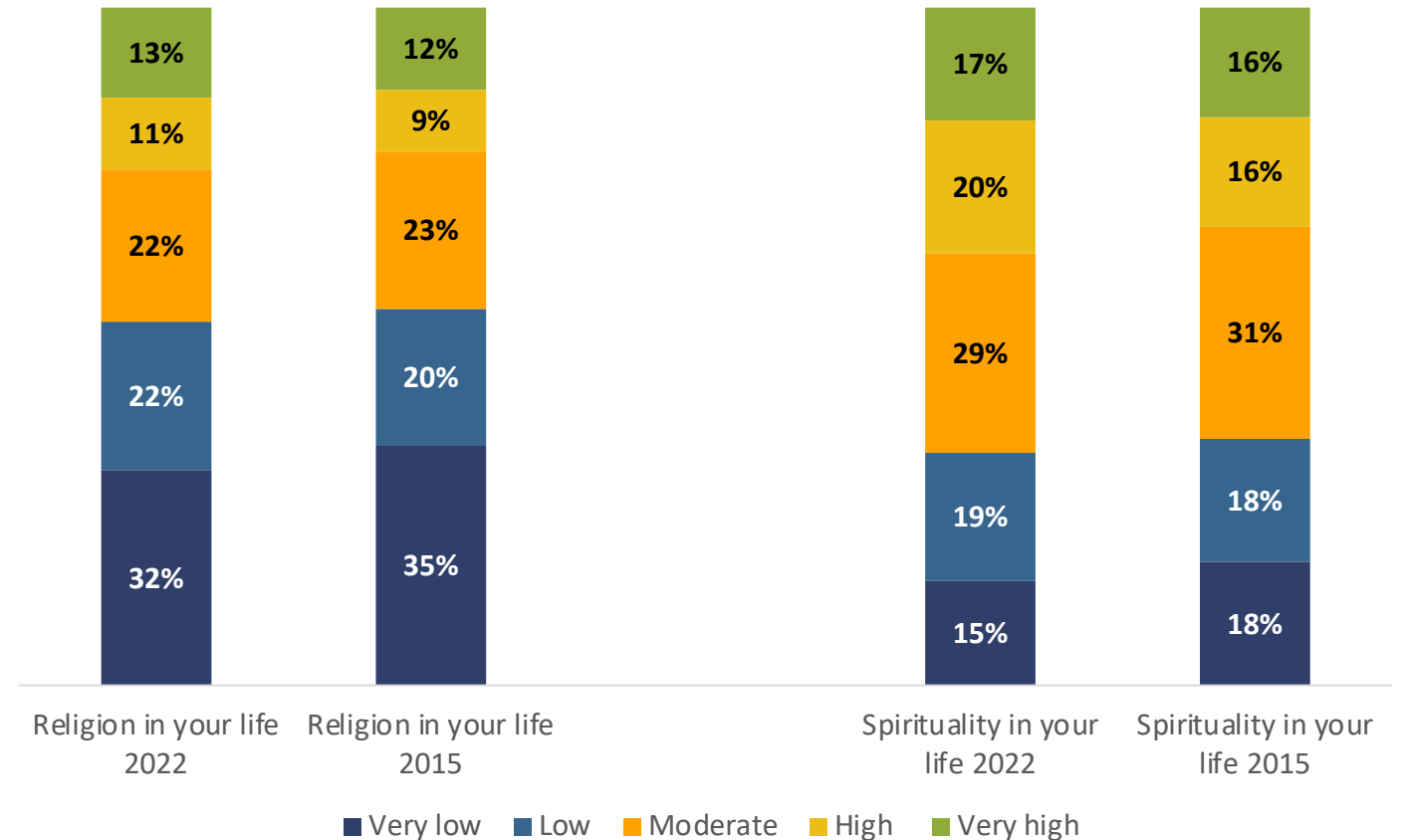
Religion and Spirituality

The importance of religion to New Zealanders was slightly higher in 2022, with 24% considering it high or very high, compared with 21% in 2015.

New Zealanders lean towards being more spiritual than they do religious. There were 37% who considered the importance of spirituality to be high or very high. This compared with 32% in 2015.

Females considered spirituality to be more important to them than males did (42% and 30% rated it as high or very high comparatively).

How important is the following in your life?



Total sample 2022: n=1318, Total sample 2015: n=1001

Religion and Spirituality

Those aged between 40-49 years placed a higher level of importance on religion than other age groups.

Those who lived in a main city were more likely to be strong in their religious and spiritual belief than regional residents. New Zealand European were significantly less likely to hold strong religious and spiritual beliefs.

How important is the following in your life?

Column % high + very strong	NET	18-29	30-39	40-49	50-59	60+	Male	Female	A main city	A provincial centre	A rural area	New Zealand European	Māori
How important is religion in your life?	24%	19%	29%	31% ↑	19%	22%	23%	25%	28% ↑	19% ↓	15% ↓	18% ↓	23%
How important is spirituality in your life?	36%	36%	39%	40%	33%	35%	30% ↓	42% ↑	40% ↑	33%	26% ↓	31% ↓	42%
Column n	1318	262	380	225	190	261	511	807	811	338	169	942	241

↑ ↓ Significantly higher/lower than average at 95% confidence level

07

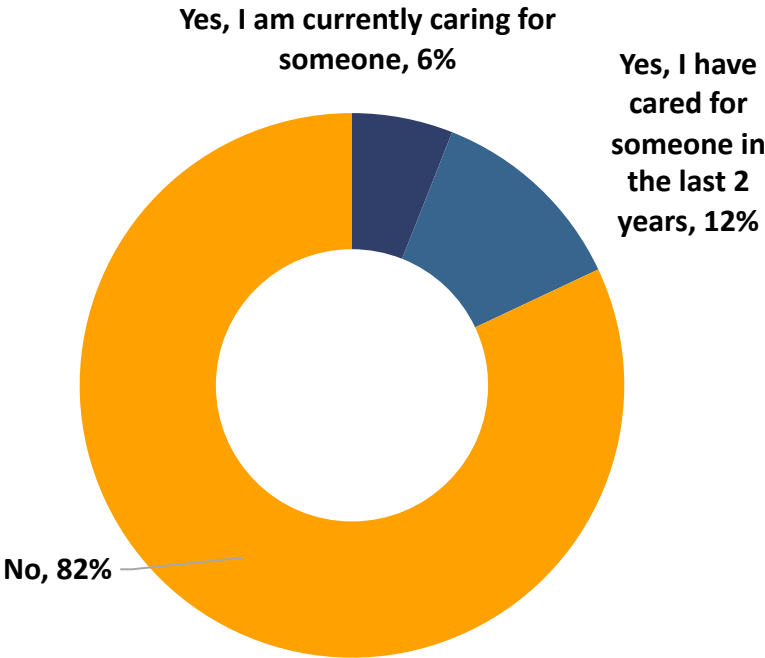
Providing Care for a Loved One



Caring for a friend/family member

Those who cared for someone in the past 2 years (including those who were currently) equated to 18% of New Zealanders, which is comparative with 2015. The proportion of carers tended to be slightly more prevalent in younger age groups. Those who lived in a main city and Māori also had a slightly higher proportion who were carers (20% and 22% respectively).

Are you currently or have you cared for a family member or friend who is likely to be in the last year of their life?



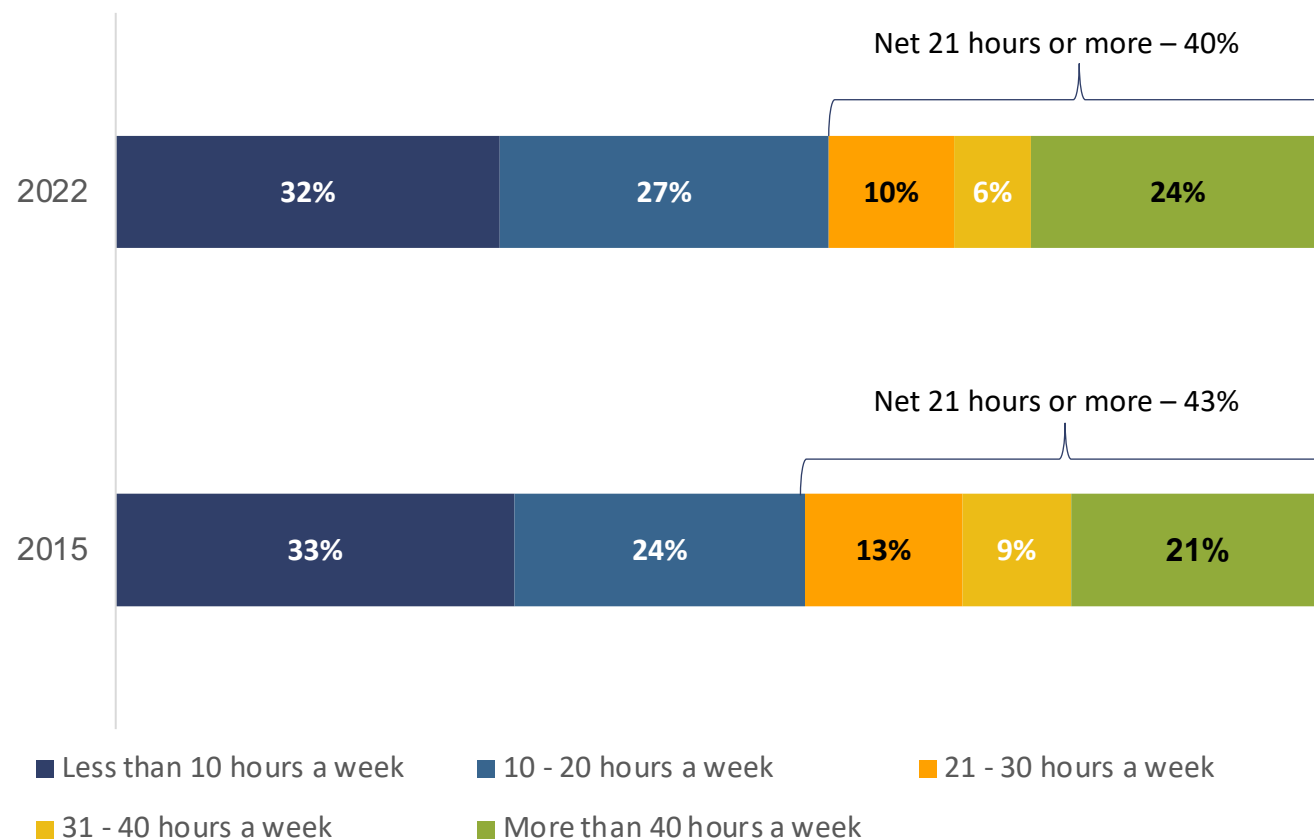
2015	
Currently	Within last two years
6%	11%

Yes (currently + last 2 years)											
								A			
								A main city	provincial centre		
18-29	30-39	40-49	50-59	60+	Male	Female		20%	14%	13%	22%
23%	18%	17%	16%	14%	17%	18%					17%
262	380	225	190	261	511	807		811	338	169	241

Time Spent Caring for a Family Member

There were 40% of carers who spent 21+ hours per week in the role. Females spent more time in their caring role than males. Over a half of Māori spent 21+ hours taking care of a loved on (52%).

Approximately how many hours a week do, or did you spend in that role?



Those who have/are caring for someone in the last year of their life 2022 n=232, Those who have/are caring for someone in the last year of their life 2015 n=173

Rewards of being a Carer

The key rewards of being a carer were spending time with that person (76%), giving back to someone they care about (75%) and doing something meaningful (61%).

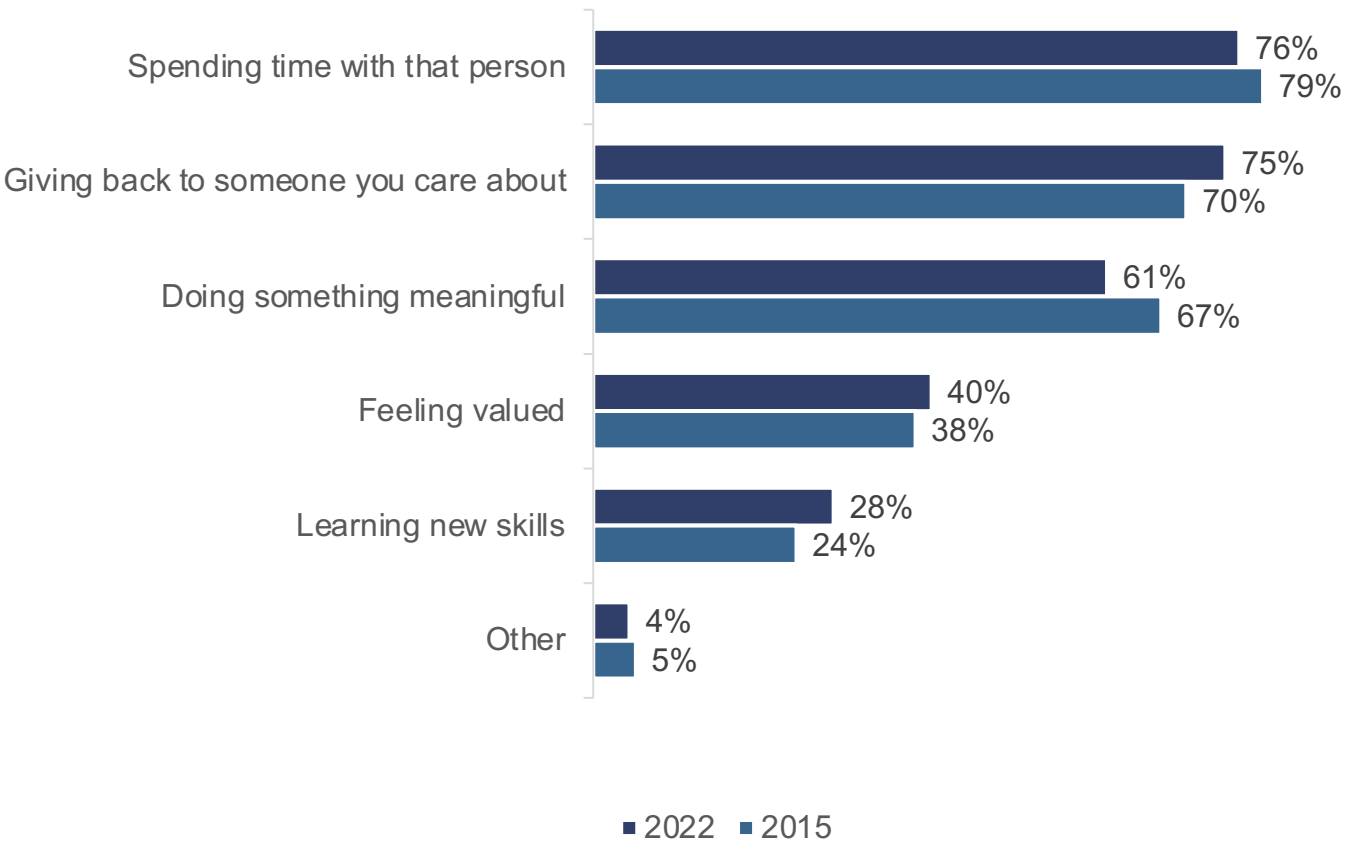
In 2022 New Zealanders felt slightly more rewarded by giving back to someone they cared about compared with 2015. They also enjoyed learning new skills more than they did previously.

A higher proportion of female carers get a sense of reward from spending time with the person compared to males (86% and 64% respectively). This is also the case when giving back to someone they care about (82% and 65%).

A high proportion of those aged 50+ years found reward in spending time with the person (82%), but significantly less with learning new skills (14%).

A high proportion of Māori got reward in both spending time with the person and giving back to someone they care about (84% and 87% respectively).

And which, if any, of the following rewards are you receiving or have you received in your role as a carer for this person?



Those who have/are caring for someone in the last year of their life 2022 n=232, Those who have/are caring for someone in the last year of their life 2015 n=173

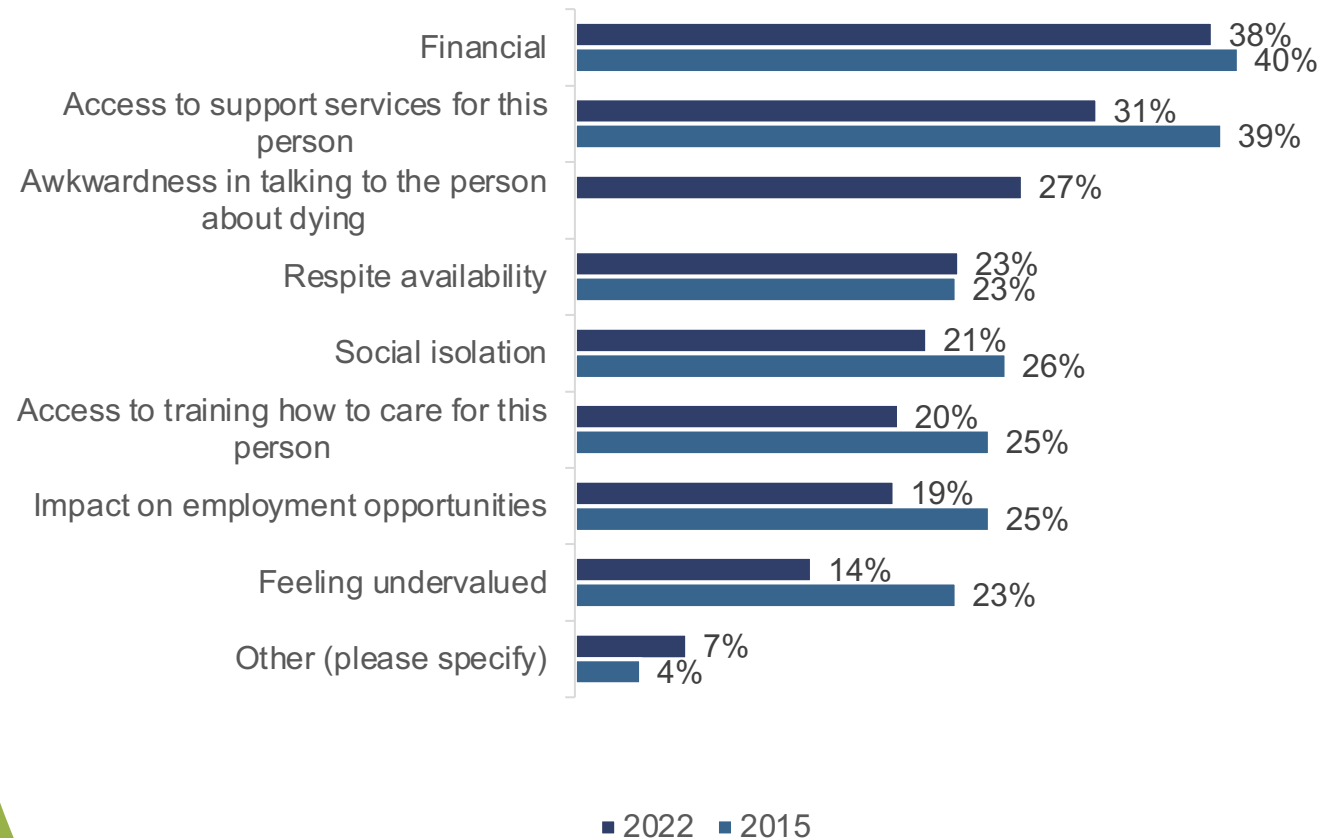
Challenges of being a Carer

The pressing challenges for carers were financial (38%) and access to support services (31%).

The awkwardness of talking to the person about dying also featured highly as a challenge for carers (27%).

Since 2015, less carers stated access to support services and feeling undervalued as being challenges.

Which, if any, of the following challenges have you faced or are you facing, in your role caring for this person?



Those who have/are caring for someone in the last year of their life 2022 n=232, Those who have/are caring for someone in the last year of their life 2015 n=173

*Awkwardness in talking to the person about dying was added mid fieldwork. The base size for this statement is n=213

08

Advanced Care Plan



Advance Care Plan

There were 13% of New Zealanders who had made an Advance Care Plan. This included 7% who had made one for themselves and 7% who had made one for someone else. Only 1% had made a Plan for both themselves and someone else.

Those who have cared for someone in the past two years were significantly more likely to have made a Plan, both for themselves (17% compared with 7% on average) and someone else (21% compared with 7% on average). Overall, 36% had made a Plan.

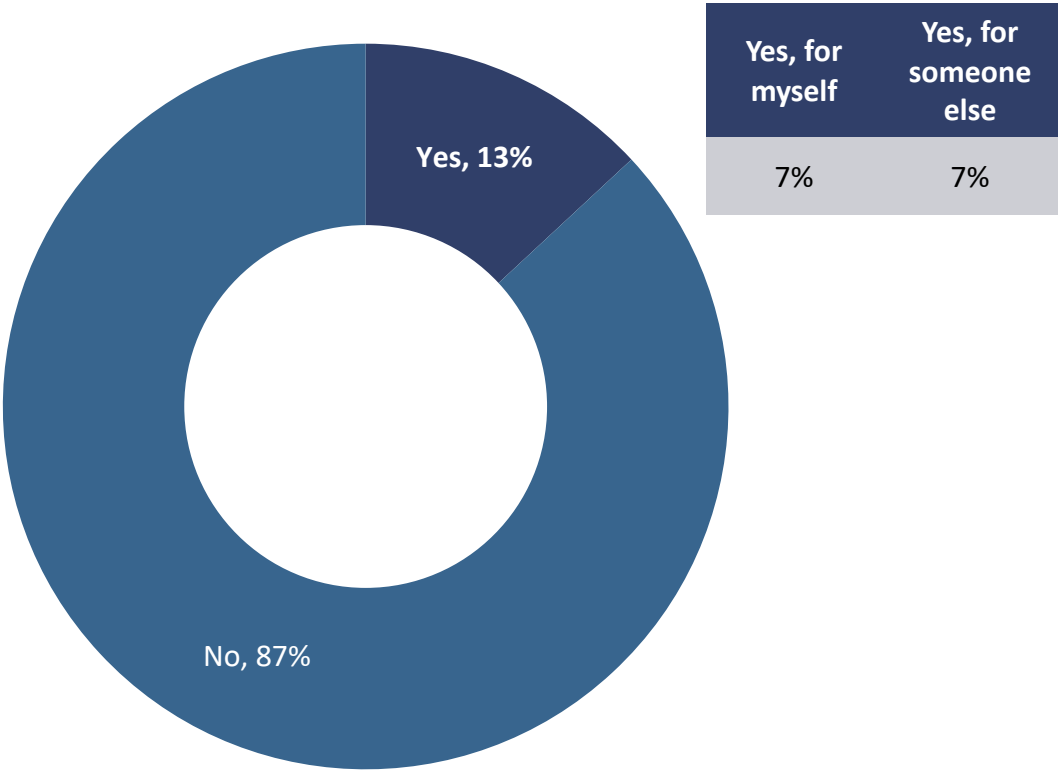
Those with personal experience of Hospice services were significantly more likely to have made a Plan.

Those with a post graduate degree were more likely to have helped someone plan (14% compared with 7% on average).

Those for which religion or spirituality was important were more likely to have a plan for themselves (12% religion and 11% spirituality high/very high importance compared with 7% on average).

An Advance Care Plan is a document created by you outlining how you would like to be cared for in the future. It may outline what is important to you, what you want as you near the end of your life, what you value and believe, and what matters to you.

Have you made an Advance Care Plan?



Total sample 2022: n=1318

Motivators for an Advance Care Plan for myself

- An Advance Care Plan was commonly made when someone experienced serious illness or witnesses loved ones go through illness or death. Sometimes it was not having family that motivated one to a plan.
- The key motivations for making an Advance Care Plan was for easing the burden on family, including financially and avoiding conflict among family members. It was important for many that their wishes were followed in how they wanted to be cared for and in dying. For others it was a matter of being organised and well prepared.

What was it that motivated you to make an Advanced Care Plan? – Those who answered ‘Yes, for myself’

Personal

Make it easier on my family, easier financially, avoid conflict

“To make it easier for my family to make important decisions when I am unable to do so myself”

Important to me that people know how I want to be cared for and my intentions when dying

“So that my wishes could be followed”

Want to be organised, prepared

“Having kids so I want to be organised for them”

Circumstance

Experiencing serious illness for myself or of someone close

“Seeing a family member having everything laid out and clear, there was no second-guessing wishes”

A death in the family or someone close

“My mum's death” “Father's death”

No family around to look after me

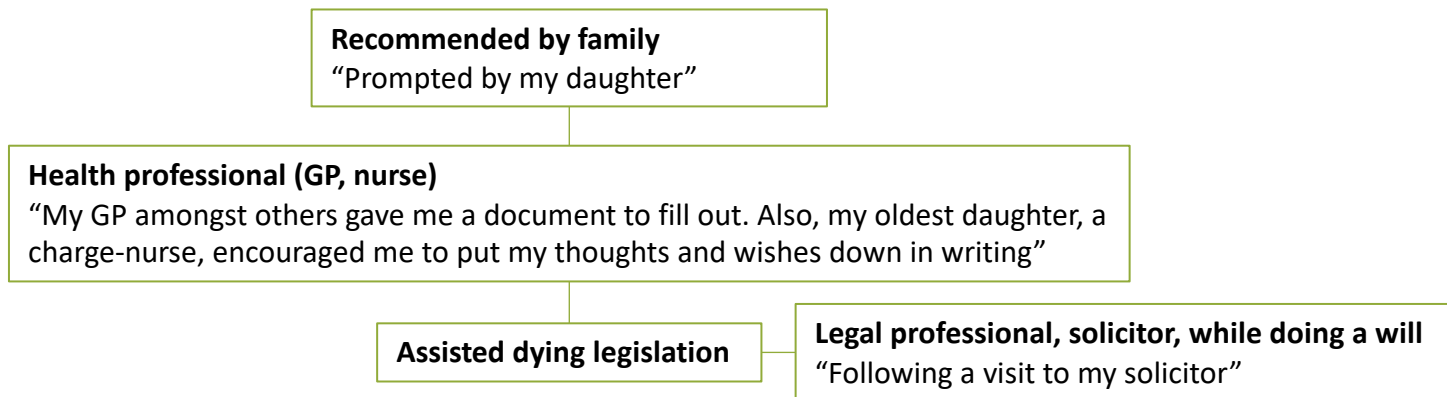
“I am 88 and have no family living”

Motivators for an Advance Care Plan for myself

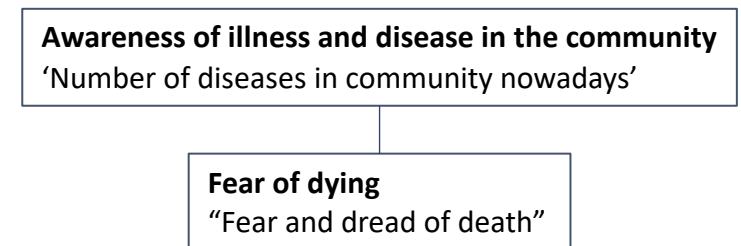
- For many it was family members that motivated them. Others took advice from their solicitor and made an Advance Care Plan while writing a will. Less common influences were from health professionals and the assisted dying legislation.

What was it that motivated you to make an Advanced Care Plan? – Those who answered ‘Yes, for myself’

Influencers



Fears



Motivators for an Advance Care Plan for someone else

- An Advance Care Plan was commonly made for someone else when they had a serious illness or were near death. In some cases, it was for a family member who had asked for help or was part of placing them in aged care.
- Love and care for someone often spurred the desire to help them with an Advance Care Plan, as well as making it easier on the person, ensuring the care they receive is what they want and helping to take emotion out of the hard decisions to be made.
- An Advance Care Plan was advised by health professionals in some cases.

What was it that motivated you to make an Advanced Care Plan? – Those who answered ‘Yes, for someone else’

Personal

Desire to help, care, love a family member

“It was for someone I cared for, as a family we decided together to know exactly and discuss best way to care for our loved one through each stage”

Make things easier for a family member

“I wanted to make sure that what the person wanted was what she got and everyone was clear about her treatment and their expectations”

Remove emotion from decisions

“All emotion is removed from the process. Everything is all ready set down so your loved ones wants and wishes will be respected”

Circumstance

Family member or loved one with serious illness

“Person I helped was getting old and more fragile with health complications”

Moving family member into aged care

“My grandma was going into a resthome and it was part of the process”

Family member asked for help

“My mother asked for help with hers”

Influencers

Advised by health professional

“My family were advised to do so from a Doctor and a nurse who had been assigned to assess my elderly mum”

Reasons for not making an Advance Care Plan

- The main reasons for not making an Advance Care Plan were of being too young and that it only applied in cases of serious illness or when someone was dying. Other thoughts were that circumstances or wishes may change, and the trust in family of handling it.
- Many were not aware of an Advance Care Plan and had not given it thought, though for a few the question did prompt them to consider it for the future.

What is holding you back from making an Advance Care Plan, either for yourself or helping someone else to create their Plan? For what reasons have you not done this?

Unnecessary

Only if ill or dying, no one I know is sick

"Haven't thought about it. I guess if I got terminally ill, I would create one then"

Age, too young

"Young and death doesn't seem like something that would happen for a while"

My circumstances or wishes might change

"Don't want to think about death yet, think its too premature to do one plus circumstances change and my wishes may also change"

Not necessary, trust family to take care of me

"I don't feel it necessary as my family are quite capable of handling this and know my thoughts on the subject as we have talked about this in detail"

Inertia

Wasn't aware of it, never heard of it

"I have never heard of it before and will probably think about doing it at some point in my life"

Never thought about it

"No reasons - haven't given it much thought"

Reasons for not making an Advance Care Plan

- Not wanting to confront the thought of advanced care or dying was a concern. A lack of information or not knowing where to start was another barrier. Affordability and finding time for it often have it in the 'too hard basket'.

What is holding you back from making an Advance Care Plan, either for yourself or helping someone else to create their Plan? For what reasons have you not done this?

Emotional

Don't want to think about it, don't want to think about dying

"Do not want to face it for myself and dad shared everything verbally with us and it was up to us as a whanau to ensure his wishes came to fruition"

Confronting, don't want to face it, uncomfortable to talk about

"It is quite a confronting thing and I haven't prioritised it as something to do in my life right now"

Rational

Don't know how, not sure where to start

"Not sure how to go about this"

Can't afford it

"Do not have the funds to do this at this time, but my children do know my wishes"

Need more information about it

"I don't have enough information about this topic"

No time

"I have never considered making a plan like this. However, I am time poor and wouldn't know where to start in making a plan, whether it needs a proper format or legal sign off. It seems like one of those things that's on the "to do" list but also in the "too hard" basket"

09

Advanced Directive



Advanced Directive

There were 16% of New Zealanders who had made an Advanced Directive. This included 11% who had made one for themselves and 6% who had made one for someone else.

Those who have cared for someone in the past two years were significantly more likely to have made a Directive, both for themselves (23% compared with 11% on average) and someone else (21% compared with 6% on average). Overall, 40% had made a Directive.

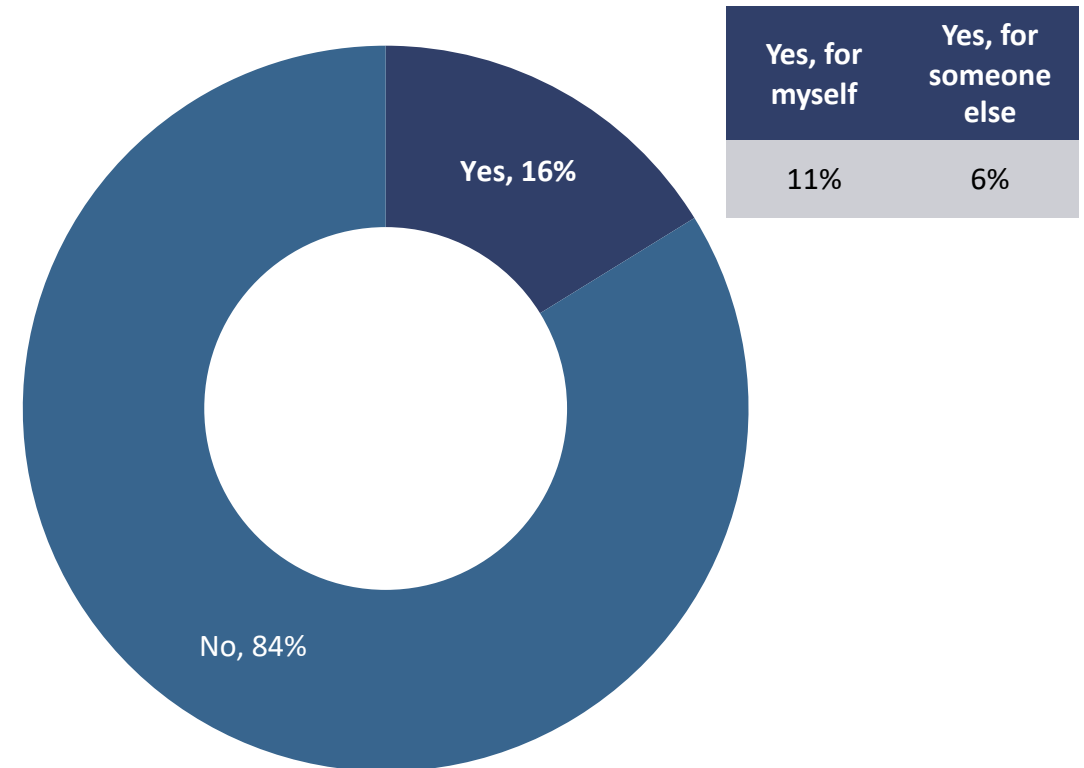
Those with personal experience of Hospice services were significantly more likely to have made a Directive.

Those aged 60 years or older were significantly more likely to have made a Directive when compared with other age groups.

Those for which religion or spirituality was important were more likely to have a plan for themselves (16% religion and 15% spirituality high/very high importance compared with 11% on average).

This is a document created by you outlining your health care wishes in the event you are no longer able to communicate or have the capacity to make decisions. A person(s) is appointed as your enduring power of attorney, so they can act on your behalf when necessary.

Have you made an Advanced Directive?



Total sample 2022: n=1318

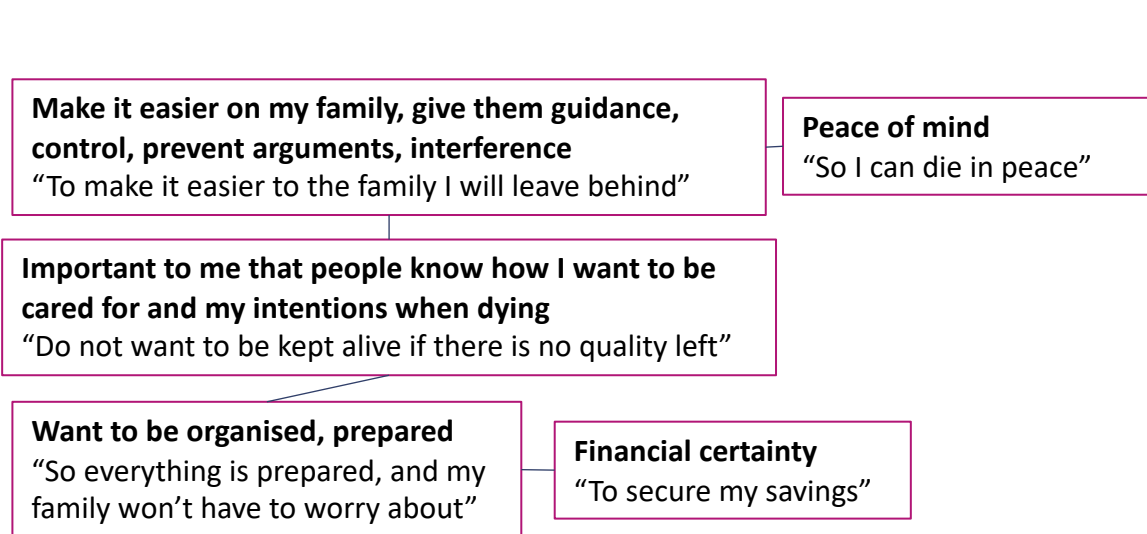
No significant differences were found between gender, or urban and rural residents, or Māori and NZ European.

Motivators for an Advance Directive for myself

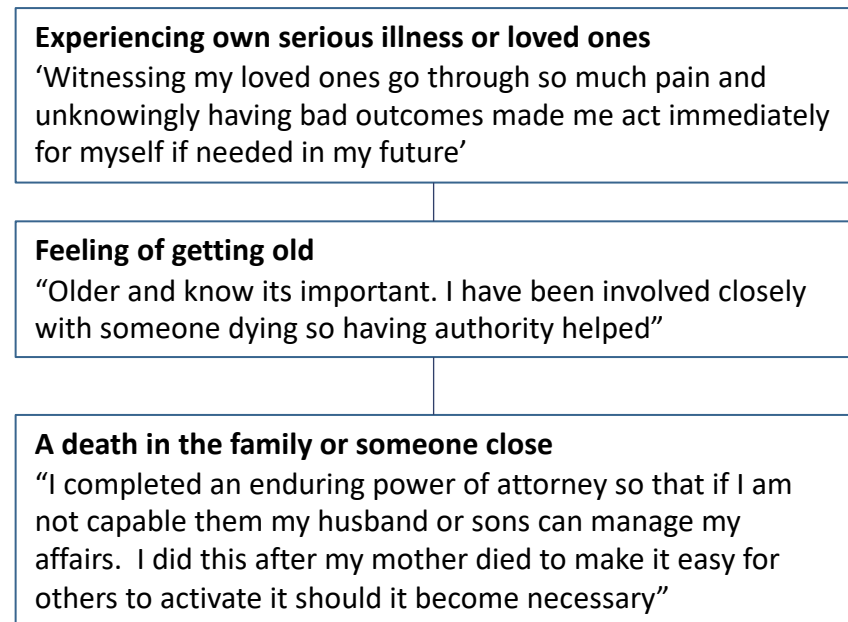
- An Advanced Directive was commonly made when someone experienced serious illness or witnesses loved ones go through illness or death.
- The key motivation for making an Advanced Directive was for easing the burden on family, as well as for the person's own wellbeing. It was important for many that their intentions be clear on how they wished to be cared for and when dying. Being well organised, having peace of mind and financial certainty were also mentioned.

What was it that motivated you to make an Advanced Directive? – Those who answered 'Yes, for myself'

Personal



Circumstance

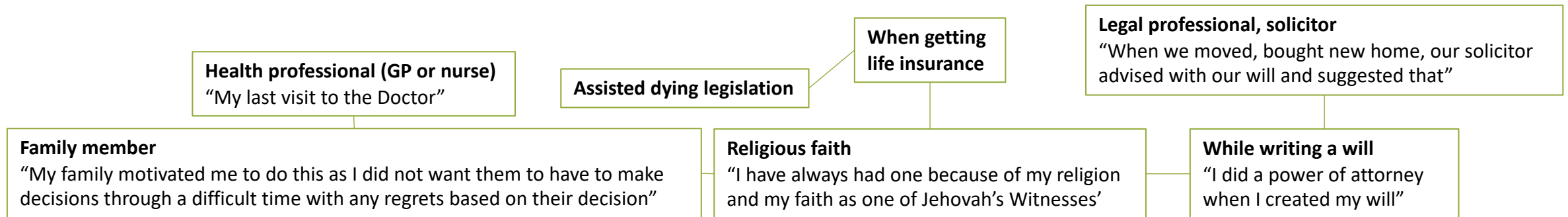


Motivators for an Advance Directive for myself

- For many it was family members that motivated them. Others took advice from their solicitor and made an Advanced Directive while writing a will or as part of their life insurance. Less common influences were from health professionals, religious faith and the assisted dying legislation.

What was it that motivated you to make an Advanced Directive? – Those who answered ‘Yes, for myself’

Influencers



Motivators for an Advance Directive for someone else

- An Advanced Directive was commonly made when a family member had serious illness or was near death. In some cases, it was for a family member who had asked for help. In other cases, they had witnessed its importance from people in their care.
- There were strong emotional motivators for helping a loved one with an Advanced Directive. Love for someone and the desire to help them, make it easier on them, give them control and see that their wishes were clear and carried out how they wanted.

What was it that motivated you to make an Advanced Directive? – Those who answered ‘Yes, for someone else’

Personal

Desire to help, care, love a family member

“Love and the bond we share”

Make things easier for a family member, give them control

“To allow my family member to have control over their care”

To carry out family members wishes

“To be clear on their wishes. Have a strategy in place should it be needed. To reduce potential for family disagreements. For me, I haven't done it, but it would be about retaining a sense of control”

Circumstance

Family member with serious illness or near death

“It was helping my dad sort a POA when he got sick.”

Caring for someone

“Because I’m already caring for someone it’s important to know these things just to prepare for my family”

Family member asked for help

“I did not specifically. My parents did. They had me go to their lawyers and sign papers so that if they are unable to speak for themselves that I can make the medical decisions for them. I am aware of what they want under different circumstances”

“What motivated me is seeing so many patients get to this point in their lives where they cannot make their own decisions and family or healthcare staff make them for them”

Motivators for an Advance Directive for someone else

- The process of setting up a will for someone was described as a time for making an Advanced Directive or when engaging with an aged care facility for a family member.

What was it that motivated you to make an Advanced Directive? – Those who answered ‘Yes, for someone else’

Influencers

Age care facility

“The home my dad is in and my dad asked me to”

Setting up a will

“We made these at the same time as a will. Got all the stuff done in one hit so don't need to think about anymore.”

Reasons for not making an Advance Directive

- The main reasons for not making an Advanced Directive were of being too young and that it only applied in cases of serious illness or when someone is dying. Not being a priority or necessary were common general reasons given.
- Some had set a power of attorney but not an Advanced Directive. While sometimes trust was placed in their family to do what was right for them rather than formally making an Advanced Directive. Many were not aware of an Advanced Directive and had not given it thought, though for a few the question did prompt them to consider it.

What is holding you back from making a Directive, either for yourself or helping someone else create their Directive? For what reasons have you not done this?

Unnecessary

Only if ill or dying, no one I know is sick
“Don't think I'll die soon”

Age, too young
“I'm young and don't feel like I need one yet”

Not a priority
“Not something I've thought about needing to do, and have not prioritised - definitely should do though”

Not necessary
“Not necessary just yet”

Alternatives

Trust family to take care of it

“It is something I am thinking about doing but I trust my family to do what is right for me. We have openly all discussed what we would like if anything happened to us”

It's in my will, have a power of attorney

“I have included in my will a power of attorney, should I become mentally unable to communicate or make decisions”
“Didn't know about this as a thing - have got power of attorney set up for relatives”

Inertia

Wasn't aware of it, never heard of it

“Didn't know it was something you could do and only thought you did it when you got a diagnosis of an illness like cancer”

Never thought about it

“I just haven't thought about this yet but am now at the age where I really should start better planning for the future”

Reasons for not making an Advance Directive

- Emotional reasons of being overwhelmed and confronting to think about were given, along with several rational reasons of not knowing how to make an Advanced Directive, needing more information, not being able to afford it or have the time to make one. Others were planning on doing it at the time of writing a will or were in the process of making one.

What is holding you back from making a Directive, either for yourself or helping someone else create their Directive? For what reasons have you not done this?

Emotional

Don't want to think about it, don't want to think about dying
"Prefer not to think about it"

Overwhelming

"It seems overwhelming to think about, and along with thinking that I probably wouldn't need one for a while, although realizing that's a poor thought process, it's dumped in the too hard basket"

Need more information about it
"Would like to do some more research about this"

Don't know how, not sure where to start
"Because I don't know enough about this to create one"

Can't afford it
"I don't know where to go to start and I don't know have any extra money"

No time, too busy
"I have other things that keep me busy, so I am not thinking about such things yet"

Planning

Going through the process

"We are in the process ... after watching close friends go through hell because they didn't plan ahead"

Will do when setting up will

"I need to update my will and will do so then. I am still young and healthy and haven't seen a need up to now"

Rational

10

Writing a Will



Writing a Will

Close to a half of New Zealanders had written a Will. A little lower than that of 2015.

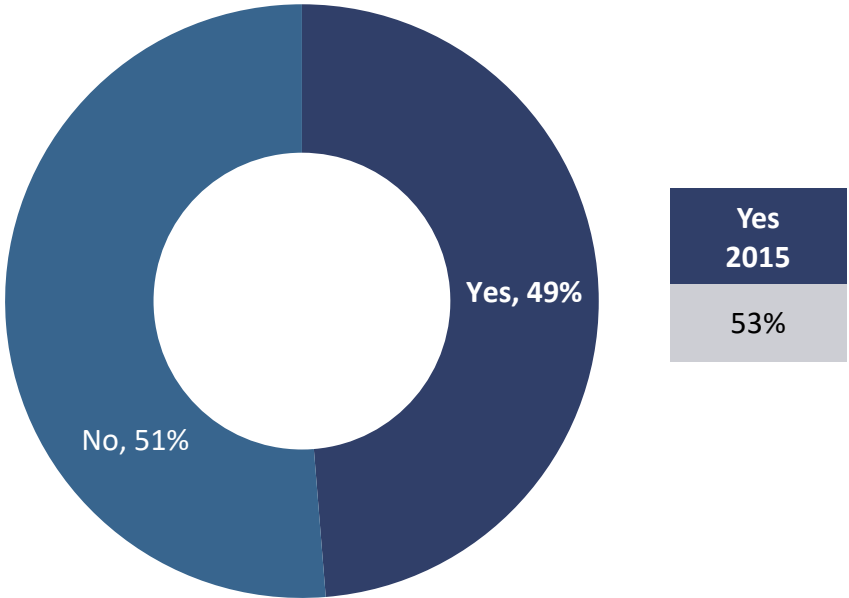
Those aged over 60 years or older were significantly more likely to have a Will (86%). Those 50-59 years were also more likely to have a Will than those of younger age groups.

Those living in a provincial centre or rural area were more likely to have a Will than those in a main city. New Zealand European were more likely to have a Will than those of Māori descent.

Those who were widowed, separated/divorced or who had used Hospice services were also significantly more likely to have written a Will:

- > Widowed – 93%
- > Separated/divorced – 67%
- > Used Hospice services – 58%

Have you written a Will?



Yes											
18-29	30-39	40-49	50-59	60+	Male	Female	A main city	A provincial centre	A rural area	Māori	New Zealand European
15% ↓	26% ↓	42% ↓	62% ↑	86% ↑	47%	51%	42% ↓	61% ↑	58% ↑	35% ↓	54% ↑
262	380	225	190	261	511	807	811	338	169	241	942

Column n

Total sample 2022: n=1318, Total sample 2015: n=1001

Motivators for writing a Will

- Significant life events were key motivators for writing a Will. These mainly involved, having children, buying property, getting married, divorced, illness, experiencing death of a loved one and observing a bad experience when a will was not in place.

What was it that motivated you to write a Will?

Circumstance

Getting married

"Getting married and purchasing a house with my husband prompted us to think about how our assets would be shared should one or both of us die"

Serious illness, preparing for death

"Had to update when my husband was told he had a terminal illness"

Older age

"Getting a little older, and now have assets of some value, needed to make sure family were properly cared for if anything happened to me"

A divorce

"It was written many years ago when I was married and we were approached to do this. But since my divorce I need to write another one"

Having children, grandchildren, and wanting to ensure care for them

"We have children and grandchildren and need them not to fight over things, as I know so many families do"

Property purchase or sale

"Once we sold our house we wrote a will and we needed it stated where our children would be going if anything happened to us both"

A death in the family/someone close

"My parents passed without having a will so I wanted to do mine even though I'm young because you never know what might happen"

Bad experience, observing a bad experience

"To ensure that my financial items are sorted and go to the people I want when I am no longer here to give the directive. I have seen the issues caused when wills are not sorted before people die and the problematic situations left behind for family members"

Motivators for writing a Will

- Having the certainty of a Will for passing on assets, conveying wishes, ease on family and avoiding conflict were given as personal motivators for writing a Will.

What was it that motivated you to write a Will?

Personal

Convey wishes

"I have always thought a Will to be important so that my wishes can be carried out. Further, as my stepchildren contested my husband's will for over 7 years, bankrupting the estate, I know the need to have detailed directives which I have discussed with my Executors"

Pass on assets, sort finances, show financial responsibility

"My husband and I own various property and assets and wanted to know that everything was taken care of in case of accidents"

Make it easy for my family

"To ensure that my family know they won't have to be financially pressured. To ensure that certain things are left to certain people"

Avoid conflict, arguments, complications

"The knowledge that if someone dies without a Will it can cause huge issues withing families regarding the deceased's Estate - entitlement/disagreement"

Motivators for writing a Will

- There were mentions of a Will being recommended by a lawyer and even that they were free in some cases. A few others feared government interference and risks involved with their career.

What was it that motivated you to write a Will?

Fears

So government doesn't get assets or interfere
"To make sure that my estate is appropriately distributed, without state interference, to my family members"

Business, career risks
"My career and the dangers associated with it"

Legal professional, got it done for free
"Lawyer said so"

Reasons for not writing a Will

- Life stage and circumstance played a key role in the decision to write a Will. Those who did not have children, had minimal assets and perceived themselves as being young and in good health gave these reasons for not writing a Will. Others put it down to simply not prioritising it, being too busy, not having or making time for it, or not being something they were worried about. Cost and confronting the emotion of writing a Will were further barriers.

What is holding you back from writing a Will? For what reasons have you not done this?

Emotional & Rational Barriers

Don't know how to, where to start, so overwhelming

"I'm not too sure what the process involves, I don't own much so never really thought it would matter but upon thinking about it now, it's actually pretty important since I have family heirlooms and I would like certain things to go to each of my children. It's also hard to face that one day, I will die. It's scary to think that I might leave my young children behind without a mother, although I have an amazing family that will make sure they are well taken care of, it's still not the same as having a mother but it's the next best thing"

Time

"Time, I really need to do it"

Cost, lawyers are expensive

"Financial is the main thing. It costs a fortune"

Confronting, emotional

"Don't like thinking of no longer being around"

Lazy, procrastination, too busy

"We have a 2 and 4 year olds who keep us very busy. We had planned to do it. We voiced with family our wishes should anything happen and we have godparents also"

Unnecessary

No children

"I am still very young, and will probably think about making a will when I have children/am older"

Not many assets, no property or much money, nothing to leave

"Scary thought needing one and don't have much to give, everything I have is for my partner and children"

Age, too young

"I'm only 21 didn't think I'd need to have one at my age"

Haven't prioritised it

"I haven't prioritised it, and I need my husband to be on board with making one too"

Do not think I will die soon, am in good health

"I try to stay healthy, and I don't think I'm going to die young"

Not worried about it

"I'm not too worried at the moment"

Reasons for not writing a Will

- There were people who believed they were covered through their life insurance, and others who had put informal plans in place or trusted family to take care of the circumstances should they pass away.
- Many state that they do not know how or where to start. While others were planning on writing a Will, wanting to write one or knew that they should get around to it.

What is holding you back from writing a Will? For what reasons have you not done this?

Alternatives

Trust family will take care of it, split among family

"My immediate whanau are very tight and always look out for and take care of each other. There is no jealousy in my family, especially financially"

Informal plan with family

"Haven't got round to it, but do have plan with whanau"

Have life insurance

"I have written information with my insurance details not an official will"

Inertia

Never thought about it

"Price, I have nothing of real value to leave to anybody, and haven't really thought about what I want for when I die eg location, ceremony"

Don't know / unsure

"Not sure, haven't thought about it much but have kids now so should"

Not sure who to leave assets to

"I should've done this when I bought a house (am selling now so there's no point doing it now). I didn't do it because I didn't know who to leave stuff to. And once my house is sold, I won't do it as I don't have any assets to give away"

Planning on doing it, need to organise with my partner or do it at retirement

"I am planning to, but I haven't gotten around to it yet"

11

Demographics



Results are weighted by region, age and gender to represent the New Zealand population.

Sample Profile

The 2022 sample contains a slightly higher proportion of Married/Partnered and lower proportion of those Separated/Divorced. It also contains a slightly more academically educated proportion.

	2023	2015
Male	48%	48%
Female	52%	52%
Base n	1318	1001

	2023	2015
18-19	2%	5%
20-29	19%	16%
30-39	16%	16%
40-49	19%	19%
50-59	17%	17%
60-69	15%	17%
70+	12%	10%
Base n	1318	1001

	2023	2015
Upper North Island	23%	24%
Auckland	33%	29%
Lower North Island	22%	22%
South Island	23%	24%
Base n	1318	1001

	2023	2015
Single	25%	27%
Married/Partnered	66%	58%
Separated/Divorced	5%	12%
Widowed	3%	3%
Prefer not to say	1%	-
Base n	1318	1001

	2023	2015
Primary school	1%	1%
Secondary school	28%	36%
Diploma/Trade certificate	28%	29%
Undergraduate degree	25%	19%
Post graduate degree	17%	12%
Prefer not to say	1%	2%
Base n	1318	1001

	2023	2015
New Zealand European	72%	75%
Māori	16%	10%
Chinese	4%	3%
Samoan	3%	3%
Indian	3%	3%
Cook Island Māori	1%	1%
Tongan	1%	1%
African	1%	-
Other European	5%	6%
Other Asian	4%	1%
Other Pacific	2%	1%
Other	1%	1%
New Zealander/Kiwi	<1%	1%
Base n	1318	1001