Impact of a Palliative Care Education Program on Korean Hospice Volunteers: Motivation, Death Anxiety, and Communication with the Dying

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Purpose: This study was conducted to evaluate the impact of a two-week palliative care education program on Korean Hospice volunteers. Methods: A total of 71 volunteers were assigned to two groups: Group A (intervention, n=34) and Group B (usual care, n=37). Group A received six sessions of palliative care education for two weeks. The level of volunteers’ motivation, death anxiety, and communication with the dying were measured at baseline and after the program ended. Results: The palliative care education program had positive influence on the volunteers’ motivation (t=2.341, P=0.022), death anxiety (t=–2.166, P=0.034), and communication with the dying (t=–2.808, P=0.006). Conclusion: The findings of this study suggest that a palliative care education program may be an effective way to boost hospice volunteers’ motivation, ease their death anxiety and improve their communication with the dying.

Key Words: Hospices, Volunteers, Motivation, Anxiety, Communication

INTRODUCTION

The demand for hospice palliative care is increasing worldwide, as the mortality rate increases every year due to chronic diseases (e.g., cancer, cardiovascular diseases, stroke, and chronic respiratory disease). There are approximately 400,000 hospice volunteers in the United States and more than 125,000 hospice volunteers working in the UK (1,2). In 1963, hospice volunteer activities were established in South Korea when the sisters of the ‘Little Company of Mary’ in Gangneung started to provide end-of-life care for their patients. There have been national volunteer education and activities since the 1990s (3).

Hospice activity is characterized by providing care through a multidisciplinary team (e.g., doctors, nurses, social workers, clergy, nutritionists, volunteers, etc.). Among them, hospice volunteers have a very important position. Recipients of palliative care want a dignified death while receiving physical, mental, and social assistance and relief during their last days of life. However, it is difficult for the medical professionals to provide them with intensive care in the current medical system due to the limited time. Hospice volunteers spend the longest time together with the dying among the hospice members. They also provide various care to the patients’ physical, emotional, social, and spiritual needs, excluding medical care, as well as for the bereaved family, and provide financial support activities, public relations, and community linkage projects, which are necessary for the hospice business development (1,4). However, hospice volunteer activity does not rely on com-
passion alone, but it also requires training and education as a profession. Therefore, a systematic education for hospice volunteers is deemed necessary. Volunteer activities are motivated by mental interests, and highly motivated volunteers have higher satisfaction and persistence with the hospice (5,6). Therefore, the hospice volunteer education should serve as an opportunity for education recipients to regularly participate in hospice volunteer activities after receiving their education by increasing the motivation.

Death anxiety is a psychological process that causes negative emotions, such as anxiety, disgust, rejection, and negation of death and the process of dying. When hospice volunteers barely experience death anxiety, they exhibit more positive attitudes toward providing end-of-life care to the dying patients, and they are capable of effectively communicating with palliative care recipients (7–9). Communication skills are the most important approach of hospice services. Effective communication enhances the understanding between the patient and their family, strengthens therapeutic relationships, and enables an accurate assessment of the services that are being provided. It also promotes the implementation of treatment and the quality of life of the patients (10–12). Therefore, hospice education should enable volunteers to have positive attitudes toward life and death, to overcome death anxiety, and to effectively communicate with the dying, so that they can help terminal ill patients to pass away peacefully.

In the United States and Europe, many studies are being performed on the factors such as communication, motivation, or empathy that can influence the relationship between the volunteers and the patients (13–15). However, in Korea, where there is relatively little awareness about hospice among the general public and medical practitioners, many studies have been conducted in order to study the changes in social perceptions through an education program that provides accurate information about hospice (16–18). Furthermore, there are some studies that have examined the correlation between motivation, death anxiety or commination (19,20), but almost no intervention studies that have been conducted both internationally and domestically to enhance the volunteers’ motivation or improve their communication with the dying. Thus, intervention studies mainly focusing on improving the quality of hospice services are needed in Korea. Accordingly, this study aimed to evaluate the effects of the palliative care education program (PCEP) on motivation, death anxiety, and communication apprehension of the volunteers in Korea hospice volunteers.

**METHODS**

1. **Study design**

This research is a quasi-experimental study for identifying the effects of PCEP on motivation, death anxiety, and communication apprehension of the volunteers.

2. **Subjects**

Hospice volunteers who had registered at S hospital in Seoul, South Korea were eligible for inclusion in the study. G*Power version 3.1.9.2 program was used to estimate the required sample size for t-test with a significance level of 0.5, a medium effect size of 0.80, and statistical power of 0.80. The results showed that 26 subjects were required for each group, but 40 were assigned to Group A (experimental group) and Group B (control group) to account for potential dropout. However, 6 volunteers dropped from Group A and 3 from Group B prior to the follow-up examination, because of scheduling conflicts. Ultimately, 71 subjects (Group A: n=34; Group B: n=37) were included in the analysis.

This study was conducted after obtaining the approval from the Institutional Review Board (IRB) of the S hospital (IRB No. SYMC IRB 1601–002) was performed. Written informed consent was obtained from each participant.

3. **Experimental intervention**

The PCEP applied to this study was developed based on the hospice volunteer program that was being conducted at the hospice palliative care research center at S University in Seoul, South Korea and the previous studies (21,22). This program consisted of 16 contents with a total of 6 sessions for 2 weeks (3 sessions per week), and each session was composed of theoretical education using lectures, discussions, case studies, and practical training and field trip. A 3-hour education was given for each session. The core education contents and procedures of each session are presented in Table 1.
4. Outcome measures

1) Motivation
Motivation assessed using Hospice Palliative Care Volunteerism (IMHPCV) developed by Claxton-Oldfield et al. (23). To facilitate its use in our study, a bilingual nursing professor translated the IMHPCV from English and Korean. The translated draft was then back-translated into English by an English expert. A subsequent comparison of the original and back-translated IMHPCV yielded no substantial differences. The IMHPCV consists of 25 items with a 5-point Likert-type scale from 'strongly disagree' (1 point) to 'strongly agree' (5 points). The higher the score means the higher the motivation to become a volunteer. The Cronbach’s $\alpha$ representing the reliability was 0.85 by Claxton-Oldfield et al. (23), and 0.87 in this study.

2) Death anxiety
Death anxiety assessed using Death Anxiety Scale (DAS) developed by Templer (24) and verified the reliability and validity of a Korean version by Ko et al. (25). DAS consists of 15 items with a 5-point Likert-type scale from 'strongly disagree' (1 point) to 'strongly agree' (5 points). The higher the score means the higher the death anxiety. The Cronbach’s $\alpha$ was 0.83 by Templer (24), and 0.86 in this study.
3) Communication apprehension with the dying
Communication apprehension with the dying assessed using Communication Apprehension with the Dying (CA-Dying) scale developed by Hayslip (26). A bilingual nursing professor translated the CA-Dying from English and Korean. The translated draft was then back-translated into English by an English expert. A subsequent comparison of the original and back-translated CA-Dying yielded no substantial differences. This instrument consists of 30 items with a 5-point scale from 'strongly disagree' (1 point) to 'strongly agree' (5 points). The higher the score means the higher the apprehension level while communicating with the dying. The Cronbach’s $\alpha$ was 0.86 by Hayslip (26), and 0.88 in this study.

5. Statistical analysis
All of the data were expressed as means±standard deviations. The homogeneity of Groups A and B was analyzed using t-tests or Chi-square tests. The effects of the intervention on motivation, death anxiety, and communication apprehension with the dying were analyzed using t-tests. Data analysis was performed using SPSS Statistics for Windows version 20.0 (IBM Corp., Armonk, USA). The significant level was set at $P<0.05$.

RESULTS

1. Subjects’ baseline characteristics
The general characteristics of the subjects and the homogeneity test result at baseline are presented in Table 2. Females constituted 62.0% (n=44), and 47.9% (n=34) of participants were 50~59 years old. According to the homogeneity test result, there was no statistically significant difference between Group A and Group B.

Table 2. Subjects’ General and Clinical Characteristics at Baseline (N=71).

| Characteristics | Categories | Group A (n=34) | Group B (n=37) | P       |
|-----------------|------------|---------------|---------------|---------|
| Gender          | Male       | 11 (32.4)     | 16 (43.2)     | 0.464   |
|                 | Female     | 23 (67.6)     | 21 (56.8)     |         |
| Age (yrs)       | 20~29      | 2 (5.9)       | 3 (8.1)       | 0.928   |
|                 | 30~39      | 1 (2.9)       | 1 (2.7)       |         |
|                 | 40~49      | 7 (20.6)      | 5 (13.5)      |         |
|                 | 50~59      | 15 (44.1)     | 19 (51.4)     |         |
|                 | ≥60        | 9 (26.5)      | 9 (24.3)      |         |
| Religion        | Yes        | 27 (79.4)     | 25 (67.6)     | 0.547   |
|                 | No         | 7 (20.6)      | 12 (32.4)     |         |
| Educational level | Middle school | 4 (11.8)     | 1 (2.7)       | 0.319   |
|                 | High school | 7 (20.6)      | 11 (29.7)     |         |
|                 | College    | 8 (23.5)      | 12 (32.4)     |         |
|                 | ≥University | 15 (44.1)     | 13 (35.2)     |         |
| Economic status | Good       | 5 (14.7)      | 6 (16.2)      | 0.590   |
|                 | Fair       | 21 (61.8)     | 27 (73.0)     |         |
|                 | Poor       | 8 (23.5)      | 4 (10.8)      |         |
| Health status   | Good       | 8 (23.5)      | 6 (16.2)      | 0.113   |
|                 | Fair       | 25 (73.6)     | 31 (83.8)     |         |
|                 | Poor       | 1 (2.9)       | 0 (0.0)       |         |

Motivation 75.17±13.15 76.48±10.50 0.234 0.022
Death anxiety 44.41±7.13 43.48±5.04 0.528
CAD 56.82±7.01 55.89±7.86 0.601

CAD: Communication apprehension with the dying.
2. Effects of interventions

The motivation, death anxiety and communication apprehension with the dying significantly improved after the intervention, as shown in Table 3. The mean motivation of group A was 90.17±13.15 before and 98.88±8.76 after intervention (t=2.341, P=0.022). In addition, the mean death anxiety of group A was 44.41±7.13 before and 41.21±3.65 after intervention (t=−2.166, P=0.034). Similarly, there were significant decreases in the communication apprehension with the dying scores (group A: before=56.82±7.01 and after=51.41±8.35; t=−2.808, P=0.006).

DISCUSSION

This study was conducted in order to identify the effects of PCEP on the hospice volunteers’ motivation, death anxiety, and communication apprehension with the dying.

The result of this study showed that the mean motivation score of the Korean volunteers, who received a 6-session PCEP for 2 weeks, increased. Since there was no study that investigated the change of motivation after providing a program to the hospice volunteers, a direct comparison is difficult to achieve. However, these results confirmed those of previous study. Kim et al. (13) showed that a 15-hour hospice volunteer education, which was composed of overview and ethics of hospice, family management, physical management, psychological management, bereavement management, spiritual management, and role of the volunteers, significantly increased the volunteers’ awareness of hospice and value of life. Yeun et al. (22) reported that a hospice palliative medicine education program, which consisted of a total of 5 sessions (3 sessions per week), increased the nurses’ awareness of hospice. According to a study that was conducted on 351 hospice volunteers, the major factor that enabled them to continue to participate in volunteer activities was the positive experience with the hospice organization (27). It means that continuous support and supervision are important for motivating them to continue their hospice volunteer services. Therefore, it is necessary to constantly develop program to enhance the motivation of hospice volunteers in the future.

PCEP was effective on reducing the death anxiety of the volunteers. This is similar to the result of a study, in which a 6-session death education was provided to the junior year nursing students and resulted in a reduced death anxiety (28). It is also similar to the study result of Lee et al. (21), in which a 7-session hospice palliative care education program was provided to the nursing students and resulted in an improved attitude toward death. In addition, Yoon (29) reported that after a 5-day death preparation education program for the hospice volunteers 6 hours every day, death anxiety was significantly lowered, thereby supporting the result of this study. The education program of this study includes the content to help in the overall understanding of death, and it is believed that anxiety about death was reduced by discovering the positive feeling and meaning of death through various activities.

PCEP was also effective on improving the volunteers’ communication apprehension with the dying. It is difficult to direct compare the results of this study with previous studies because there is no study that verifies the effect of volunteers’ communication apprehension with the dying after intervention. Compared with similar studies, Wittenberg et al. (30) found that a training that used the Communication, Orientation and options, Mindful communication, Family, Openings, Relating, and Team (COMFORT) communication for the palliative care teams’ curriculum enhanced the communication ability of nurses, social workers, doctors, military chaplains, and psychologists with the dying. Brown et al. (31) reported that simulation–based palliative care communication skill workshops improved the hospice communication skills of the internal medicine residents, medicine subspecialty fellows, nurse practitioner students, and community–based advanced practice nurses. According to a previous study, the communication ability with the dying was correlated with the volunteers’ intention to continue participating in volunteer activities (32). Therefore, it is believed that education programs should be developed continuously in order to improve the volunteers’ communication ability.

The study had several strengths. For example, it was the first study to investigate the effects of hospice palliative care education on the volunteers’ motivation, death anxiety, and communication apprehension with the dying of the Korean hospice volunteers. In addition, the program could be used as an effective method for the volunteers to promote their participation.
in the community. Based on the above results, suggestions for further studies are as follows. First, the mean volunteer motivation score of this study subjects was higher than those of the volunteers in France (16), and the United Kingdom (33). We suggest a study exploring the factors associated with motivation enhancement through comparison of the motivation levels by country or culture. Second, this study measured the changes in variables only at baseline and 2-week follow-up. It is necessary to carry out a study that measures the variable changes over time in order to identify the lasting effects of education and determine the re-education schedule in the future.

요약

목적: 본 연구는 일개 종합병원의 호스피스 자원봉사자들을 대상으로 완화 돌봄 교육 프로그램을 실시하여 호스피스 자원봉사자의 동기, 죽음 불안 및 말기 환자와의 의사소통 불안에 미치는 효과를 파악하고 궁극적으로 호스피스 완화돌봄 서비스의 질 향상을 위한 기초 자료를 제시하고자 시도되었다.

방법: 본 연구의 설계는 비동등성 대조군 전·후 유사실험연구이다. 서울 소재 S 종합병원에 등록되어 있는 호스피스 자원봉사자 71명을 A 군(실험군, 34명) 또는 B 군(대조군, 37명)에 배정하였다. A 군에는 2주 동안 주 3회, 총 6회가, 1회 2시간의 16개 내용으로 구성된 완화돌봄 교육프로그램을 제공하였다. A군과 B군은 프로그램 실시 전·후에 호스피스 자원봉사자의 동기, 죽음 불안 및 말기 환자와의 의사소통 불안 정도를 측정하였다. 대상자의 일반적인 특성은 기술통계를 이용하여 나타내었으며, 두 군 간의 일반적인 특성 및 종속변수에 대한 동질성은 Chi-square test와 t-test로 검정하였다. 완화돌봄 교육프로그램이 호스피스 자원봉사자의 동기, 죽음 불안 및 말기 환자와의 의사소통 불안에 미치는 효과는 t-test로 검정하였다.

결과: 완화돌봄 교육프로그램은 호스피스 자원봉사자의 동기 (t=2.341, P=0.022), 죽음 불안 (t=-2.166, P=0.034) 및 말기 환자와의 의사소통 불안 (t=2.808, P=0.006)에 통계적으로 유의한 효과가 있는 것으로 나타났다.

결론: 본 연구 결과, 완화돌봄 교육프로그램은 호스피스 자원봉사자의 동기를 향상시키고 죽음 불안 및 말기 환자와의 의사소통 불안을 감소시키는데 효과적인 방법으로 사용될 수 있을 것이다.

중심단어: 호스피스, 자원봉사자, 동기, 불안, 의사소통

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