

Key Concepts : Hospice, Education program

## Model Development of Korean Professional Hospice Care Education

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### ABSTRACT

This study was conducted to develop an education program of hospice care for the professional in order to care for nurses for terminally ill patients facing death and their families. The Modified Tyler-Type Ends-Means model was used to guide the curriculum development of the study. The curriculum include a philosophical conception of hospice education, fundamental concepts, purpose, objective and the educational contents. The content was developed based upon a 70% or more demand in educational demand analysis. The education program has a total of 360 hours consisting of 172 hours of theoretical study and 188 hours of practice including fundamental nursing care for hospice.

### I. INTRODUCTION

#### 1. Need for research

Development in medical science has increased the rate of life expectancy and the outlook of main causes of death seem to be from cerebrovascular disease, chronic liver diseases and degenerative diseases. Korea is not an exception, the number of people dying from cancer has been growing constantly and it's the first cause of death (National Statistical Office, Republic of Korea, 1995).

Objectives of hospice care are to recognize death as a part of life and help them face their last moment of life comfortably while

maintaining their human dignity. It is also to increase the quality of life for the patients and their families by satisfying their physical, emotional, social, economical and spiritual needs (Ro et al., 1996).

WHO has also emphasized palliative care and the importance of hospice care for the elderly and terminally ill patients (Han, 1994), palliative care is a new challenging area for the nurses to accept in practical nursing (Weggel, 1997).

Hospice is different from other medical delivery system in a way of consists in professional and non professional team. Therefore, the result depends highly on team work and their ability, so to increase quality of hospice care a systematic and professional

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education needs to be prioritized.

For instance in England, the program developed by a hospice organization is recognized by the English National Board and in some cases credit is given (Doyle, 1996). In the United States they only operate programs accredited by the National Hospice Organization (HRA, 1981). In Korea, hospice was first introduced in 1965 and approximately 40 organizations or groups are in operation, however, there is no standardized education program (Ro et al., 1996). A scattered education for hospice care is performed so a quality hospice education is not being conducted (Ro, Kim & Lee, 1996).

A specialized education program must be started to maintain human dignity and to provide comprehensive care with the patient with terminal illness and their families. Development of an adequate professional education program for Korea is a desperate task.

## 2. Objectives of research

The objective of research is to develop an educational program for professional nurses to provide hospice care for patients with terminal illness and for their families on the whole.

The specific objective is to develop a professional educational course based on current education condition and educational needs perceived by current professors at nursing education institutes and the modified Tyler model.

## II. METHOD

### 1. Process

#### 1) Organizing a curriculum development committee

To develop the curriculum a board was created consisting of 6 professors in nursing, one professor in education and two physicians in cancer specialists for the

advisory board. The curriculum development team consisting of 6 nursing professor studied domestic and international documents on hospice and palliative care and reviewed the training course manual abroad and the content of hospice education in Korea. They abstracted the content that needed to be included in the education and after going through 19 modifications they came up with the current details.

#### 2) Investigative research beforehand

With the information organized by the curriculum development board, a survey was conducted to investigate the present condition and the desired courses to be included in the hospice education for 99 Korean nursing education institutes. The returned results by 49 institutes and 162 current professors were used as a fundamental source in this research.

#### 3) Verification of adequacy

We went through inquiries from a professor of education instructing nursing and medical students for years at the Catholic University and 2 oncologists working for cancer patients and hospice care.

While developing the course we received verification of adequacy on practice and education hours from Australia's International Hospice Institute director, Dr. Ian Maddock, a NIH home care consultant in the United States, Tina Marrelli, and a hospice & palliative care specialist in England, Dr. Derek Doyle.

### 2. Method

The course was developed by using the modified Tyler-Type Ends-Means Model (Tyler, 1949). The general approaches are as follows.

The curriculum development include the

statement of education ideology, research on demand, objective, limitations, the education content and experience, temporary education verification and operation of the curriculum and evaluation and quality of the curriculum.

1) Education ideology of professional hospice care curriculum

The education ideology was based upon the philosophy and definition of hospice care.

2) Selecting the conceptual framework of professional hospice care curriculum

The conceptual framework was established based upon social resources, student resource and scholastic resource (Tyler, 1949). The social resource was based on the social need for hospice education, importance of quality of life value and student resource was based on the quality and the needs of students, scholastic resource was base upon distinctive quality and content of each course in the hospice curriculum.

3) The process of deciding the objective of professional hospice care curriculum

The hospice movement was started by problems in dehumanization, abandonment of the elderly, negligence of the terminally ill and confusions caused by change in ethics due to advance in technology (Ro et al., 1996). Therefore, we need to change from studying human by parts to understanding human and respecting human being, valuing human creativity and applying humanism and holism, in other words hospice was developed based on the philosophy that human is an integrated being of various parts. The role of hospice care provider is not just providing care for the patients and their families with physical, social, psychological, and spiritual needs but also letting them accept the terminally ill patient's dying as a normal process and have a meaningful

experience (Ro et al., 1996).

Therefore, the objectives of this curriculum are to provide support and care for terminally ill patients and their families, and letting them have a comfortable and abundant last moments of their lives and developing an ability to look into life positively. Also to let them accept death as a part of life and recognizing that hospice care is not focused on extending life or shortening it.

4) The process of establishing the specific objectives in the various courses

The courses were established based on key concepts in the educational ideology and goals and the lower objectives were selected in each course.

5) Selection method of study content

The content was based on the following general and specific standards(Tyler, 1949).

(1) General standards

- ① must be directly connected with the students needs and objectives
- ② must include an opportunity to put the education objectives into practice
- ③ students must be able to feel success, satisfaction and security from studying
- ④ must be able to reach various different goals simultaneously

(2) Specific standards

The content was selected based on answers provided by 162 nursing professors teaching at 49 nursing education institutes and on contents through literature review which meets with the hospice philosophy and objection.

6) Method of organizing study content structure

The content of study was based upon the following general and specific standards.

(1) General Standards

- ① to teach equal values and attitudes and understanding ability needed for hospice care for all students in the course
  - ② to develop student's ability to find their special interests and needs
  - ③ to maintain contingency in experience
  - ④ to maintain experience which leads to other nurses
  - ⑤ to be connected in the various courses and to be integrated into the study experience
- (2) Specific standards
- ① to help understand hospice care and develop values and attitudes as a hospice personnel.
  - ② to connect hospice and palliative care for dying and terminally ill patients
  - ③ to develop effective communication skills to help young patients and how to directly help the families and be a help to bereavement care
  - ④ to acquire stress management technique which can be accumulated from hospice care process
  - ⑤ to learn the nurses role in management of hospice care at home or in the hospital or in other independent hospice institutes
  - ⑥ to understand the ethical issues which can be raised from hospice activities in the hospitals and community when there is an increase in movements in biomedical ethics
  - ⑦ to understand AIDS and approach method which will be a target of hospice care
  - ⑧ to provide time to go over policies to develop further and organizing a basis for preparing to acquire skills and ability for hospice in the hospital and society
  - ⑨ to provide second hand experience in hospice, a video play care for the

dying patients and bereavement will be shown, and followed by a discussion session.

- ⑩ Discussion session of clinical experience with hospice care in the hospital or in other institutes is provided at the end of the course.

#### 7) Method of evaluation

The objectives of evaluation of curriculum development is based on the goal of the curriculum were reached. The importance of evaluation is based upon whether students have a clear sense of knowledge, skill and attitude and their ability to practice their skills acquired from the course.

### III. RESULTS & DISCUSSION

#### 1. Philosophy of professional hospice care

The philosophy of professional hospice care include the followings.

- ① Hospice care is a direct care for patients and family when further reaction cannot be expected from medical treatment.
- ② The philosophy of this care is focused to help the patients have a quality of life for the remaining days of their lives.
- ③ Patients with advanced diseases need unique health care and demand : they need a specially planned and coordinated care for them.
- ④ Patients rely on positive and practical care provided by the various team members on their disease.
- ⑤ Patients are not excluded with a progressed disease, care them as a family or a member of a society. Family care is an important part of hospice care.
- ⑥ An important role of a professional nurse is to reach a high quality of care standard by individual effort and research.
- ⑦ To reach a certain care standards and to

maintain it, a professional nurse needs to be able to make decision about patient care, follow up with the responsibility.

- ⑧ Therefore, the curriculum was based upon broad knowledge from practices. Students should be able to develop skills to positively coordinate according to changes of health system and society.

## 2. Objectives and goals of professional hospice care education

The objectives of professional hospice care curriculum is to provide terminally ill patients facing death a quality of life in their remaining days while maintaining their human dignity to increase the quality of life for the families and to meet their demands for physical, emotional, social, economical and spiritual needs, also to be free from pain and grief of the bereaved families. Also, the specific objectives to reach the above objectives are as follows.

### 1) Objectives

From completing the professional hospice course students are able to do followings.

- ① understand the problems of terminally ill patients and apply various intervention methods to solve the problems
- ② understand the various roles of the hospice team and modify it
- ③ play an administrative role in operating and managing hospice facilities
- ④ plan and conduct hospice related research
- ⑤ educate and train hospice related personnels
- ⑥ promote and educate the importance of hospice in the community

### 2) Goals

To reach the above objectives the specific goals are as follows.

- ① understand the history and philosophical principles of hospice and palliative care,

understand the various different hospice models and the characteristics of team work

- ② understand the loss and grief for terminally ill and dying patients and their family
- ③ understand the theory of hospice and palliative care and approach it using various different methods and especially acquire more of pain management methods
- ④ understand physiological mechanisms and increase the knowledge of supportive methods for general symptom management for terminally ill patients
- ⑤ study communication and consulting skills to help terminally ill patients and their family
- ⑥ study the major causes of infants death and improve the ability for hospice care for infants and their families
- ⑦ provide a family centered care by understanding wide range of family dynamics for the patient and their families
- ⑧ learn about the reaction process on loss and grief to provide effective hospice care
- ⑨ understand personal and institutional stress of hospice personnel which comes from taking care of hospice patients
- ⑩ learn how to support home hospice care and to make sure that symptoms and pain are appropriately managed at home
- ⑪ understand ethical and legal dilemma faced with hospice and palliative care environment and improve problem solving skills
- ⑫ acquire and apply knowledge of AIDS and HIV to take care of terminal AIDS patients
- ⑬ reflect hospice in health care policies and to develop strategies for adequate hospice care for Korea

- ④ contribute to hospice care activities and research students should learn to instruct and research
- ⑤ learn about hospice care models by care studies and case study presentation and experience death and write a will to prepare for your own death

### 3. Organization of professional hospice curriculum

The content of the course consists of selected material which showed over 70% demand by demand analysis of professional hospice (Choi et al., 1998) and which fits the education objectives. In other word, it's about death and dying, introduction to hospice, common symptom and pain management, communication skills, child hospice, family care, bereavement care, stress management, family hospice, hospice ethics and legal issues, AIDS, hospice and health care policy and research methodology. It also includes hospice care studies and presentation, visiting other hospice institutes, a video forum, group discussion, death experience and writing your own will and practical training in hospice institutions.

The above education course consists of 360 hours in total with 172 hours of lecture and 188 hours of practice (table 1).

The time allotment of the curriculum and each course hours are accredited by England National Board's 3 week (90 hours) and 9 week (207 hours) in England and it was adjusted to the present condition of Korean hospice care. Eight hours are assigned to introduction to hospice, 18 hours which includes learning about meaning of death, understanding death, experiencing death and writing your own will in death and dying, symptom management in palliative care plays the most important role so 18 hours were allotted, 28 hours were allotted for common symptom management and support methods. The Ki therapy, acupuncture therapy

is based from Korean traditional medicine and physical therapy, relaxation therapy, music therapy and aroma therapy have been recognized recently for it's effectiveness so they were included in common symptom management. The effective approach to hospice patient and their family can be an important entry point so 12 hours were allotted for communication skills, 6 hours were allotted to child hospice, family care and bereavement care, and home hospice care has 8 hours including presentation.

Stress management for hospice care provider has 5 hours, AIDS and HIV has 8 hours, ethics in hospice and palliative care has 6 hours, hospice and outlook for health care policy has 4 hours, education method was allotted 5 hours and 4 hours were given to hospice research methodology.

Also there are two video forums with discussion, practical training with case presentation are allotted 22 hours and 2 evaluation period takes up 8 hours. The following course hours are subject to change depending on the demand and quality of students also, the curriculum development is a continuous process.

The curriculum has 68 subjects and that's similar to 70 subjects of hospice nurse certification course and subjects developed by Knight and Knight (1997).

### 4. The operation of professional hospice curriculum

The operation method is decided upon education content, allotment of time, objectives on the various courses which follows the objective and goals of the education course.

- 1) The education content and time schedule according to courses

It has a total of 360 hours and the specific operation method and time allotment of each subjects are as follows (table 1).

&lt;Table 1&gt; Characteristics of Sample

course	content	# of classes	total (hrs.)
Introduction to hospice	History and philosophy of hospice	2	8
	Principle and standard of hospice	2	
	Communication system and model of hospice	2	
	Understanding of teamwork in hospice	2	
Death and dying	Meaning of death and life	3	18
	Understanding of death and dying	3	
	Concept of death in the East and West	6	
	Experience of death and composition of will	6	
Palliative care	Introduction to hospice	2	18
	Physiology of pain	3	
	Management of pain:		
	medical aspect	3	
	anesthetic aspect	2	
	radiological aspect	2	
	neurosurgical aspect	2	
	psychiatric aspect	2	
physical management aspect	2		
Symptom control	Common symptom management		28
	physical aspect	3	
	psychosocial aspect	3	
	spiritual aspect	3	
	nutritional aspect	3	
	Ki therapy	3	
	acupuncture	3	
	musical therapy	3	
	physical therapy	2	
	relaxation therapy	2	
aroma therapy	3		
Hospice care and communication	Fundamental skills	6	12
	Applied skills	6	
Hospice for the child	Death of a child	1	6
	Physical care of a child	1	
	Coping and sadness of the child	1	
	Coping and sadness of a parent	1	
	Communication with the child	1	
	Bereavement with the child	1	
Family care	Family dynamics	3	6
	Family consulting	3	
Bereavement care	Sadness of loss and bereavement	2	6
	Kinds of bereavement	2	
	Bereavement nursing	2	
Stress management	Stress theory	1	5
	Organizational strategy for stress management	1	
	Strategy of stress management for professionals	1	
	Stress management for individuals	1	
	Stress intervention method	1	
Home hospice	Role of home hospice provider	3	8
	Dying at home	2	
	Reality of home hospice	3	
Ethics of hospice and palliative care	Life ethics, Ethical standards	2	6
	Ethical problems for hospice/palliative care	2	
	Ethical decisions and group discussion	2	

to be continued

course	content	# of classes	total (hrs.)
AIDS and HIV	Introduction and cause of AIDS	1	8
	AIDS prevention and treatment	1	
	Palliative care for AIDS patients	2	
	Present status of domestic/foreign AIDS/HIV	1	
	Governmental and social support for AIDS patients	1	
	Psychological and social response toward AIDS patients	1	
	General infection control	1	
Hospice and health care policy and projection	Hospice and health care policy	2	4
	Projections for hospice	2	
Method of education	Method of education	1	5
	Education planning	1	
	Selection of teaching method	1	
	Development of educational text	1	
	Evaluation of education	1	
Hospice research	Research methodology	2	4
	Introduction to hospice related researches	2	
Seminar	Video and discussion	8	22
	Presentation and discussion	14	
Evaluation	twice		8
Total hour of course			172
Practical training hours	Fundamental nursing skills for Hospice care	24	188
	Hospice institute workshop	144	
	Field training	20	
Total hour of program			360

2) Development of study material and the objectives for the course

It is important to consider the content of the course material. However, it is crucial to discuss specific course objectives and to have sufficient study material for self-studying.

5. Course Evaluation

The evaluation of the course is divided into two parts, which includes the process evaluation and the overall course evaluation.

The process evaluation is conducted by students to determine the adequacy of the course objective and to determine whether the course had satisfied their expectations. It will help in improving the quality of the course. It is designed so that the students will give a systematic response at the end of each class. The categories in the evaluation process are as follows : students attitudes toward the course,

students knowledge beforehand, time shared for the course, method of instruction, practicality and the adequacy of the course material.

The overall course evaluation as a written examination will be conducted by series of multiple choice questions.

It will constitute about 60% of the grades and practical training will take up 40% : case study 10%, practice exercise 30%.

The overall program evaluation is conducted to further enhance the quality of the education. The students will evaluate the content of the course, selection of the professors, allocation of time, and the overall evaluation of the practical training.

IV. CONCLUSION AND RECOMMENDATION

This study was conducted to develop education program to provide professional nurses for terminally ill patients facing death and their

families.

The Modified Tyler-Type Ends-Means model was used to guide the curriculum development of this study. The advantages of this model is that it forms a conceptual framework of based on educational philosophy considering social reality which is different from it's former Tyler model.

The following education model selection process to raise professional hospice nurses were based upon organizing of the education development board, a pilot study and a validity test. It was also put into practice by forming a philosophical conception of hospice education program, selection of fundamental concepts, purpose and selection of objective, and selection and formation of the educational content.

The education process was developed based upon a 70% or more demand in educational demand analysis on professional education process(Choi et al., 1998) for professional development which were death and dying, introduction to hospice and relief of common symptoms and pain, communication, child hospice, family care, bereavement care, stress management, home hospice care, legal and ethical issues of hospice, AIDS, hospice and health care, outlooks for hospice and hospice related research. The education process is centered on team work based upon text related subject matter and experience through field work.

The education program has a total of 360 hours consisting of 172 hours of theoretical study, and 188 hours of practice including fundamental nursing care for hospice.

The evaluation of the education program will be held by process evaluation done by students at the end of each class and total course evaluation held at the end of the semester, the total course evaluation will include 60% of the result of a written examination and 40% of evaluation of practical training.

The authors propose a need for research on

the evaluation of effectiveness of the professional hospice development program and the need of developing a system to certify a professional hospice nurse.

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