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Effect of end-of-life care education using humanistic approach in Korea

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Summary The essential concept of hospice and palliative care nursing is a humanistic approach to patient care. The purpose of this study was to examine the effects of a humanistic end-of-life care course on South Korean undergraduate nursing students' attitudes toward death, death anxiety, and communication skills. A nonequivalent control group design was used. Thirty-nine students from two universities were allocated to the control ($n = 20$) and experimental ($n = 19$) groups. Participants in the experimental group were enrolled in an end-of-life care course that utilized humanistic approach two hours per week for 16 weeks. The data were analyzed using the SPSS WIN 17.0. Attitudes toward death and communication skills in the experimental group were found to have increased compared with those of the control group. In conclusion, the humanistic end-of-life care course is effective in reducing negative attitudes toward death and increasing the communication skills of Korean nursing students.

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Introduction

Recently, the fields of the humanities and social sciences have been emphasized in the nursing education programs of South Korea. The Korean Accreditation Board of Nursing has announced that according to newly revised nursing college accreditation criteria, 40% of the curriculum must be composed of subjects related to the humanities and social sciences (Korean Accreditation Board of Nursing, 2011).

As health-care system became more procedure oriented and driven by technology, researchers were able to identify

the dehumanization of medicine in the process of pursuing efficiency in medical services (Haque & Waytz, 2012). Although focus solely on the scientific and technical aspects of nursing education was necessary, but this view is insufficient to prepare nursing students for nurses who focuses on the human complex emotion and experience (Dellasega, Milone-Nuzzo, Curci, Ballard, & Kirch, 2007). The humanistic perspective posits that every person has his or her own unique way of perceiving and understanding the world. Thus, this perspective emphasizes people's subjectivity; in other words, the humanistic approach to nursing is both holistic and individualistic (Wu & Volker, 2012). Although nursing education, according to the biomedical model, has generally focused on instructing future nurses on pathology and medical technologies, modern society desperately needs educational methods that help foster humane attitudes in nurses and restore humanity as the focus of nursing care (Jo

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& Kim, 2010). Nurses who are caring for dying patients must be skilled in the interpersonal aspects of care, which may be difficult to teach using conventional educational methods (Lorenz, Steckart, & Rosenfeld, 2004).

To overcome these problems, some nursing schools focused on a liberal nursing education that is complemented by the humanistic aspects of nursing, as it is called "humanistic nursing" (Dellasega et al., 2007). According to McKie (2012), liberal nursing education can help nursing students to critically consider ethical aspects of nursing practice and apply these insights to their own personal and professional development.

There were considerable studies that support the fact that end-of-life care educational program positively changes the negative attitudes toward death and caring for old people at the end of life (Mallory, 2003) or decreases death anxiety among nursing students (Mooney, 2005). However, the duration and teaching method applied in previous studies were various, and end-of-life care education program hardly provide nursing students as a subject within nursing curriculum in Korea. Furthermore, effective educational methods in this regard have yet to be fully explored.

Therefore, humanistic nursing education should be carried out using various educational methods in addition to the traditional lecture method. As the humanistic aspects of nursing are fundamental parts of value education (Jo & Kim, 2010), the educational methods employed should maximize student participation, such as reading literature, reflective thinking, group projects, discussions, and role playing rather than merely focusing on lectures. In particular, students can foster their understanding of humanity by reading literary works that broaden one's worldview (Kim, 2002). Moyle, Barnard, and Turner (1995) insist that the popular literature provide nursing students with the opportunity to understand and to appreciate life experiences. The reading literature assisted nursing students in gaining awareness and sensitivity to many physical and psychological components of people's reaction to health, illness, and hospitalization. In addition, small group discussions can be a powerful tool for learning the attitudes and humanistic perspectives necessary for care of the terminally ill (Karnad, 1999).

However, few studies have established the effectiveness of end-of-life care courses during one semester that apply a more humanistic approach in nursing curriculums. Hence, this study introduced humanistic nursing education into an end-of-life care course to provide nursing students with the opportunity for reflection on "death" and "end-of-life care."

Therefore, this study aims to identify the effect of an end-of-life care course using humanistic approach on Korean nursing students' attitudes toward death, death anxiety, and communication skills.

Content of the humanistic end-of-life care course

To develop the syllabus for the humanistic end-of-life care course, the authors adopted the content presented in the study on death in end-of-life care and human service domains by the U.S. End of Life Nursing Education Consortium (ELNEC; Downe-Wamboldt & Tamlyn, 1997; ELNEC,

2000) and suggestions from the studies of Wass (2003) and DeSpelder and Strickland (2002). The content included in death education comprised death and dying; the role of professionals; personal attitudes; the hospice movement; ethical, legal, spiritual, and cultural issues; and theories of death.

This course encouraged students to develop their own philosophy of death and dying to illuminate the core of their understanding and value of life and to establish more concrete priorities and goals of end-of-life care. Furthermore, the course explored how different cultures deal with death as social groups and introduced theories of representative researchers to aid in the students' understanding of the desires and emotions of the bereaved. The course used an integrated approach to studying people, by defining death, adopting a health education perspective, and explaining the legal and medical responsibilities that nurses are required to know.

The end-of-life care course in this study combined the content for death education from precedent studies (Jo, Lee, & Lee, 2006) with the content of the death education model developed by Lee, Jo, and Lee (2006), such that the cognitive, affective, and practical/behavioral aspects of end-of-life care were incorporated. The thanatology curriculum presented by Jo et al. (2006) was reorganized according to these different domains to develop the 16-week course called "Humanistic End-of-life Care," which utilizes humanistic educational methods such as lectures, group discussion, watching a movie, analysis of novel and poem, appreciation of music, and collage art.

As mentioned previously, the educational content was organized to reflect three aspects of end-of-life care: cognitive, affective, and practical/behavioral. The cognitive aspect included two categories: the first was "understanding of death," which included educational methods such as a lecture about death; finding and presenting humor, music, cartoons related to death; and an activity called "building your funeral home." The second category—"understanding of one's environment"—was included in the cognitive aspect, although it shares a connection with the "attitude establishment" category in the affective aspect of care.

The educational methods employed in this category included a lecture, group discussion, reading a novel, internet search on the cultural diversity of death, a discussion after watching a movie, and essay writing. The affective aspect also comprised two categories—"attitude establishment" and "emotional projects." The latter category employed humanistic educational methods such as making their will and creating a collage work, whereas the former category included an interview with a funeral director and learning about the applications of the 5L (love, laugh, live, learning, and listen) model for the bereaved (Wolfelt, 1999).

Finally, the practical/behavioral aspect, which could be considered the most important aspect for nursing students, had three categories: "assistance for the dying," "assistance for the bereaved," and "suicide prevention." In the "assistance for the dying" category, the educational methods included listening to experiences of death anxiety, and oral presentation on an article regarding nursing care at end-of-life. In the "assistance for the bereaved" category,

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