

Evaluation of End-of-Life Nursing Education Consortium-Geriatric Train-the-Trainer Program in Korea

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Background: Few nurses are trained in palliative care for long-term care in Korea. The End-of-Life Nursing Education Consortium (ELNEC)-Geriatric training program improves nurses' ability to promote palliative care for the elderly. **Purpose:** The aim of this study was to evaluate nurses' satisfaction and knowledge following the attendance at the ELNEC-Geriatric curriculum on nurses' knowledge of palliative care. **Methods:** Nine ELNEC-Geriatric modules were presented to 203 interdisciplinary professionals on July 1 and 3, 2010, in Seoul, South Korea. The Palliative care quiz for nursing (PCQN) was used to evaluate nurses' knowledge. Of all the participants, 128 nurses were completed the questionnaire. Of these nurses, 45.2% were staff nurses and 73.4% were hospital nurses. **Results:** Approximately eight nine percent of the nurses reported previous experience in caring for dying patients and attending various hospice palliative care training programs. Overall program satisfaction of the participants was 4.03 on a 5-point scale, and their mean of the total PCQN score was 12.75 out of 20 after participating in ELNEC-Geriatric course, which was a significant improvement ($p=.022$) from the pretest. **Conclusion:** The results of this study demonstrate that ELNEC-Geriatric curriculum was successfully implemented and significantly contributed to increasing the nurses' knowledge for palliative care in long-term care in Korea.

Key Words: Long-term care, Palliative care, Education, Nursing, Knowledge

INTRODUCTION

South Korea is one of the fastest-aging countries in the world. The percentage of those aged 65 years and older will dramatically increase from 5.1% in 1990 to 24.3% in 2030 (Kim & Traphagan, 2009). These large increases have strained the capacities of Korea's health-care service, and have resulted in a conflict between increased demand and inadequate supply of health care for the elderly, as well as concerns regarding health expenditures. A long-term-care insurance program (LTCI) was created in 2008 to control expenses associated with

population aging and to improve the quality of care for the elderly with chronic diseases at home or in a facility. Nearly 30 million elderly received LTCI benefits in 2010 and a significant proportion of them were placed in long-term care facilities (Korea National Health Insurance Corporation, 2010). Long-term care (LTC) facilities are likely to become sites that deliver palliative services for older people with chronic diseases with a long trajectory to death (Abbey, Froggatt, Parker, & Abbey, 2006). However, not many staffs in long-term care facilities are prepared or trained for end-of-life care, and this raises quality concerns (Miller, Shield, Mor, & Teno, 2007).

주요어: 기록 없음

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There are significant and urgent needs for improvement in end-of-life care, which leads to a good death in a long-term care setting, since deaths in long-term care facilities are increasing.

It is possible to improve palliative care in the LTC setting through enhanced communication, continuity of care, advanced care planning, and staff training (Hanson & Ersek, 2006). And nurses, especially clinical nurse specialists in palliative care, play a key role in leadership in delivering quality care in nursing homes (Froggatt & Houlst, 2002). Therefore, to provide high quality palliative care for elderly, it is important to foster nurse educators who educate other staffs. Because of End-of-Life Nursing Education Consortium (ELNEC) program is designed to train the trainer, it is valuable not only for enhancing clinical competencies of palliative care for nurses but also disseminating palliative care to all staffs in their practices through the nurses.

The ELNEC-Geriatric (ELNEC-G) project was initiated in February 2006 to prepare nurses as educators and leaders to improve the quality of end-of-life care in geriatric care facilities. The pilot ELNEC-Geriatric train-the-trainer program (ELNEC-G program) was conducted in 2007 and its effectiveness has been demonstrated in the USA (Kelly, Ersek, Virani, Malloy, & Ferrell, 2008). In 2008, the ELNEC project-Korea was launched to disseminate end-of-life care knowledge to Korean nurses, and the ELNEC Core train-the-trainer course was held with satisfactory outcomes in Seoul, Korea, in 2009 (Kim et al., 2011).

This study was conducted to implement the ELNEC-G program in Korea and to evaluate the participants' satisfaction and the effects on nurses' knowledge of palliative care.

METHODS

A. Implementation of ELNEC-G program

The ELNEC-Core train-the-trainer program was previously implemented with satisfactory outcomes in Korea. The ELNEC-Geriatric program differs from ELNEC-Core on target trainee. It developed for nurses as educators and leaders to improve the quality of palliative care in geriatric care facility, so it contains more educational materials and teaching methods for educating nursing assistant. Also the example situations are derived from long term care setting. Prior to initiating the ELNEC-G program, ELNEC project-Korea closely collaborated and communicated with a ELNEC principal

Investigator and the director of ELNEC project to deliver the program as it developed.

A 2-day ELNEC-Geriatric Train-the-Trainer Program was held in Seoul, Korea, on July 1 and 3, 2010. A total of 203 participants, including physicians, social workers, and nurses, attended, and 128 nurses completed the two-day course and the evaluation form. The ELNEC-G Curriculum faculties led eight modules and the chair of the ELNEC Project-Korea led the cultural consideration module (Figure 1). All sessions except the cultural consideration module were conducted in English, but professional translators provided a simultaneous interpretation into Korean for people who were not fluent in English. The ELNEC-Geriatric Train-the-Trainer Program differs from the other curricula from ELNEC in that it includes innovative teaching modules to educate nursing assistants and other unlicensed staffs (Kelly et al., 2008). Teaching and supervising unlicensed nursing staffs are significant roles for nurses, since those staff members provide the majority of care in long-term care facilities. So, sessions covering utilization of teaching techniques and resources were allotted. Participants were asked to set goals and to evaluate the program at the conclusion of the course.

B. Evaluation of ELNEC-G program

The ELNEC-G program was evaluated in three ways. First, the effects of the program on nurses' knowledge of palliative care were measured with the Palliative Care Quiz for Nursing (PCQN), which was originally developed by Ross, McDonald and McGuinness (Ross, McDonald, & McGuinness, 1996). In this study, we used the Korean PCQN, which was translated into Korean and validated by Kim et al (2011). The PCQN consists of 20 items with responses of 'true', 'false', and 'don't know'. The content validity index for Korean PCQN was 0.85 (Kim et al., 2011) and the internal consistency was 0.65 in this study. Second, all participants were asked to complete the course evaluation form. The evaluation form contained a five-point scale to rate participants' satisfaction in content, clarity, quality, usefulness, and effectiveness of teaching methods of each module. Third, all participants were asked to set three goals after taking the course.

C. Sample and setting

A one-group pre- and post-test design with a convenience sampling method was conducted. Among 203

| Day 1 | |
|-------------|--|
| 08:15-08:30 | Welcome/ Congratulatory address |
| 08:30-09:15 | Introduction/ Overview of ELNEC-Geriatric Curriculum and Resources |
| 09:15-10:30 | Module 1: Principles of Palliative Nursing Care |
| 10:30-10:45 | Break |
| 10:45-12:15 | Module 2: Pain Management in the Elderly |
| 12:15-13:30 | LUNCH |
| 13:30-14:30 | Module 7: Loss, Grief, and Bereavement |
| 14:30-14:45 | Break |
| 14:45-16:00 | Module 4: Goals of care/Ethical Issues |
| 16:00-17:00 | Teaching Techniques: How to use case studies, small group discussions |
| 17:00-17:15 | Q & A/ Daily Evaluation / Wrap up /Key points from Day 1. |
| Day 2 | |
| 08:30-09:45 | Module 3: Non-Pain Symptoms at the End of Life |
| 09:45-10:00 | Break |
| 10:00-11:00 | Module 6: Communication |
| 11:00-12:00 | Module 5: Cultural Considerations in Palliative Care |
| 12:00-13:15 | Lunch |
| 13:15-14:00 | Module 8: Ensuring Quality Care at End of Life |
| 14:00-15:00 | Module 9: Preparation for and Care at the Time of Death |
| 15:00-15:15 | Break |
| 15:15-16:15 | Teaching Techniques: How to use role plays, application activities, video clips |
| 16:15-17:00 | Implementing ELNEC within your organization Review of ELNEC Media (website, newsletter, etc.) |
| 17:00-17:30 | Q & A/ Daily Evaluation / Wrap up /Key points. Give the Certification |

Figure 1. ELNEC-Geriatric train-the-trainer program agenda.

attendees in the program, 148 completed the full 2-day session and voluntarily participated in the study. Out of 148 participants, 128 were nurses and were included in the analysis.

D. Procedure

A questionnaire with an informed consent form was distributed at the registration desk prior to the ELNEC-G program. The questionnaire consisted of two parts: general characteristics and PCQN. To protect the human subjects, all procedures were conducted with voluntary participants after receiving informed consent. Personal

identification was not coded to ensure confidentiality. The course evaluation form and PCQN questionnaire were provided to those who attended all sessions at the end of the last session. During the last session, all participants were instructed to write up personal goals.

E. Data Analysis

Data were analyzed descriptively using SPSS version 17.0. To compare the difficulties of PCQN in pre- and post-test, the paired t-test method was applied. The content analysis method was used to categorize post-course personal goals. Item difficulty was calculated from the

percentage of test-takers who answered the item correctly {p value for an item=(# of people responding correctly) / (# of people taking the test)}.

RESULTS

A. Demographic characteristics of participants

Most of the participants were female (99.2%), and 45.2% of them were staff nurses. Approximately three-quarters of the participants were affiliated with a hospital, and most of them had experience providing end-of-life care. Participants stated the reasons for attending the ELNEC-G program were to update their knowledge about palliative care (71.1%), to work for palliative care setting (36.7%), and to be trained as a trainer for other staff (31.3%), respectively. 29.7% of participants had previously attended the ELNEC-palliative care program, and 67.2% reported that they had taken some kind of palliative care education (Table 1).

Table 1. General Characteristics

(N=128)

| Characteristics | Categories | n (%) |
|---|--|------------|
| Gender | Female | 127 (99.2) |
| | Male | 1 (0.8) |
| Position | Staff nurse | 58 (45.2) |
| | Advanced nurse practitioner | 34 (26.6) |
| | Nurse manager | 24 (18.8) |
| | Not applicable | 12 (9.4) |
| Institution | Hospital | 94 (73.4) |
| | Long term care | 10 (7.8) |
| | Hospice | 8 (6.3) |
| | College | 12 (9.4) |
| | Others | 4 (3.1) |
| End-of-life care experience | Experienced | 114 (89.1) |
| | Inexperienced | 14 (10.9) |
| Reason to attend the program | To get new knowledge and trend about palliative care | 91 (71.1) |
| | To work for palliative care setting | 47 (36.7) |
| | To be trained as a trainer for staffs | 40 (31.3) |
| | To learn about palliative care | 38 (29.7) |
| | To initiate palliative care | 26 (20.3) |
| | As the supervisor recommended | 14 (10.9) |
| | Others | 4 (3.1) |
| Experience to attend ELNEC-palliative care program | Experienced | 38 (29.7) |
| | Inexperienced | 90 (70.3) |
| Experience to attend any kinds of palliative care education | Experienced | 86 (67.2) |
| | Inexperienced | 42 (32.8) |
| Institutional support in registration fee | Full registration fee are supported | 24 (19.8) |
| | Partial registration fee are supported | 19 (15.7) |
| | Not supported | 78 (64.5) |

B. Evaluation of Palliative Care Quiz for Nursing

The difficulty of PCQN was significantly improved after taking the ELNEC-G ($t=-2.49$, $p=.014$) (Table 2). When examining the difficulty of each item, responses to three item (items 1, 10, 14) showed significant improvement in the correct answer. The most difficult item was item 5, which stated that it is crucial for family members to remain at the bedside until death occurs, and the answers had not changed in the post-test (Table 3).

Table 2. Difference between Pre- and Post-course Palliative Care Quiz for Nursing scores (N=128)

| Variable | Difficulty | | t | p |
|------------|-------------|--------------|-------|------|
| | Pre M±SD | Post M±SD | | |
| PCQN score | 11.98±2.44 | 12.75±2.45 | -2.49 | .014 |

PCQN=palliative care quiz for nursing.

Table 3. Difference between Pre- and Post-course Palliative Care Quiz for Nursing Item Difficulty

(N=128)

| Item | Pre | | | | Post | | | | t | p |
|---|----------------------------|----------------------------|--------------|------------|----------------------------|----------------------------|--------------|------------|-------|-------|
| | True n (%) | False n (%) | DK n (%) | Difficulty | True n (%) | False n (%) | DK n (%) | Difficulty | | |
| 1. Palliative care is only appropriate in situations where there is evidence of a downhill trajectory or deterioration. | 7 (5.5) | 120 (93.8) [†] | 1 (0.8) | .94 | 1 (0.8) | 127 (99.2) [†] | 0 (0.0) | .99 | -2.38 | .019 |
| 2. Morphine is the standard used to compare the analgesic effect of other opioids. | 92 (71.9) [†] | 19 (14.8) | 17 (13.3) | .72 | 88 (68.8) [†] | 29 (22.7) | 11 (8.6) | .69 | 0.56 | .574 |
| 3. The extent of the disease determines the method of pain treatment | 87 (68.0) | 40 (31.3) [†] | 1 (0.8) | .31 | 73 (57.0) | 53 (41.1) [†] | 2 (1.6) | .41 | -1.60 | .113 |
| 4. Adjuvant therapies are important in managing pain. | 126 (98.4) [†] | 1 (0.8) | 1 (0.8) | .98 | 127 (99.2) [†] | 0 (0.0) | 1 (0.8) | .99 | -0.58 | .566 |
| 5. It is crucial for family members to remain at the bedside until death occurs | 127 (99.2) | 1 (0.8) [†] | 1 (0.8) | .00 | 125 (97.7) | 3 (2.3) [†] | 0 (0.0) | .02 | -1.75 | .083 |
| 6. During the last days of life, drowsiness associated with electrolyte imbalance may decrease the need for sedation | 34 (26.6) [†] | 89 (69.5) | 5 (3.9) | .27 | 33 (25.8) [†] | 92 (71.9) | 3 (2.3) | .26 | 0.13 | .895 |
| 7. Drug addiction is a major problem when morphine is used on a long term basis for the management of pain. | 13 (10.2) | 112 (87.5) [†] | 3 (2.3) | .88 | 17 (13.3) | 109 (85.2) [†] | 2 (1.6) | .85 | 0.52 | .603 |
| 8. Individuals who are taking opioids should follow a bowel regime. | 125 (97.7) [†] | 2 (1.6) | 1 (0.8) | .98 | 127 (99.2) [†] | 0 (0.0) | 1 (0.8) | .99 | -1.00 | .319 |
| 9. The provisions of palliative care require emotional detachment. | 24 (18.8) | 96 (75.0) [†] | 8 (6.3) | .75 | 22 (17.2) | 103 (80.5) [†] | 3 (2.3) | .80 | -1.04 | .299 |
| 10. During the terminal stages of an illness, drugs that can cause respiratory depression are appropriate for the treatment of several dyspnea. | 79 (61.7) [†] | 28 (21.9) | 20 (15.6) | .62 | 102 (79.7) [†] | 21 (16.4) | 5 (3.9) | .16 | -3.42 | .001 |
| 11. Men generally reconcile their grief more quickly than women. | 16 (12.5) | 88 (68.8) [†] | 2 (1.6) | .69 | 29 (22.7) | 90 (70.3) [†] | 9 (7.0) | .70 | -0.26 | .797 |
| 12. The philosophy of palliative care is compatible with that of aggressive treatment. | 83 (64.8) [†] | 35 (27.3) | 10 (7.8) | .65 | 90 (70.3) [†] | 33 (25.8) | 5 (3.9) | .70 | -0.90 | .372 |
| 13. The use of placebos is appropriate in the treatment of some types of pain. | 48 (37.5) | 75 (58.6) [†] | 5 (3.9) | .59 | 45 (35.2) | 79 (61.7) [†] | 4 (3.1) | .62 | -0.55 | .581 |
| 14. In high doses codeine causes more nausea and vomiting than morphine. | 45 (35.2) [†] | 40 (31.3) | 41 (32.0) | .35 | 63 (49.2) [†] | 38 (29.7) | 27 (21.1) | .49 | -2.37 | .020 |
| 15. Suffering and physical pain are synonymous. | 44 (34.4) | 83 (64.8) [†] | 1 (0.8) | .65 | 34 (26.6) | 92 (71.9) [†] | 2 (1.6) | .72 | -1.22 | .226 |
| 16. Demerol is not an effective analgesic for the control of chronic pain. | 94 (73.4) [†] | 22 (17.2) | 12 (9.4) | .73 | 94 (73.4) [†] | 23 (18.0) | 11 (8.6) | .73 | 0.00 | 1.000 |
| 17. The accumulation of losses renders burnout inevitable for those who work in palliative care. | 110 (85.9) | 13 (10.2) [†] | 5 (3.9) | .10 | 110 (85.9) | 14 (10.9) [†] | 4 (3.1) | .11 | -0.21 | .836 |
| 18. Manifestations of chronic pain are different from those of acute pain. | 109 (85.2) [†] | 13 (10.2) | 5 (3.9) | .85 | 108 (84.4) [†] | 14 (10.9) | 6 (4.7) | .84 | 0.17 | .867 |
| 19. The loss of a distant or contentious relationship is easier to resolve than the loss of one of one that is close or intimate | 62 (48.4) | 60 (46.9) [†] | 6 (4.7) | .47 | 66 (51.6) | 58 (45.3) [†] | 4 (3.1) | .45 | 0.26 | .794 |
| 20. Pain threshold is lowered by fatigue or anxiety | 60 (46.9) [†] | 64 (50.0) | 4 (3.1) | .47 | 73 (57.0) [†] | 52 (40.6) | 3 (2.3) | .57 | -1.62 | .107 |

DK=don't know

[†]Indicates correct response to item.

C. Program Satisfaction

Overall program satisfaction of the participants was 4.03 on a 5-point scale. Evaluation of individual presentations revealed a high degree of satisfaction, with ratings of 4.13~4.40. They scored 3.93 toward the question if this program inspired or changed their perception and 3.78 toward the question if this program fulfilled their expectation or goal., respectively (Table 4).

D. Personal Post-Course Goal

The post-course goals of the participants mainly involved three areas: to educate other staff members in palliative care (67.2%), to improve quality of care in their practice (43.0%), and to strengthen their competency through continued education (21.1%) (Table 5).

SUMMARY (Key points)

1. There is an urgent need to improve palliative care in the long-term care setting, since population aging and death in long-term care facilities are rapidly increasing in South Korea.
2. The End-of-Life Nursing Education Consortium (ELNEC)-Geriatric training program enlarges nurses' competency as educators to promote palliative care in long-term care settings.
3. Evaluation of the ELNEC-Geriatric training program revealed significantly improved knowledge about and motivation for palliative care with satisfactory program satisfaction.

DISCUSSION

Palliative care in long-term care settings can be devel-

Table 4. Program Satisfaction of Participants

(N=128)

| Modules | Contents | Clarity | Quality | Usefulness | ETM |
|---|-----------|-----------|-----------|------------|-----------|
| | M±SD | M±SD | M±SD | M±SD | M±SD |
| Introduction/overview of ELNEC-geriatric curriculum | 4.17±0.77 | 4.05±0.79 | 4.07±0.77 | 3.99±0.81 | 3.98±0.76 |
| Module 1: principles of palliative nursing care | 4.26±0.73 | 4.19±0.75 | 4.17±0.72 | 4.15±0.75 | 4.09±0.75 |
| Module 2: Pain management in the elderly | 4.26±0.75 | 4.19±0.73 | 4.14±0.78 | 4.24±0.68 | 4.09±0.75 |
| Module 7: loss, grief, and bereavement | 4.35±0.72 | 4.26±0.70 | 4.14±0.73 | 4.23±0.67 | 4.14±0.70 |
| Module 4: goals of care/ethical issues | 4.25±0.75 | 4.17±0.73 | 4.15±0.77 | 4.21±0.68 | 4.09±0.75 |
| Teaching techniques: case studies, small group discussions | 4.17±0.79 | 4.08±0.84 | 4.13±0.85 | 4.22±0.80 | 4.11±0.82 |
| Module 3: non-pain symptoms at the end of life | 4.28±0.78 | 4.24±0.76 | 4.15±0.78 | 4.23±0.73 | 4.14±0.76 |
| Module 6: communication | 4.39±0.78 | 4.26±0.80 | 4.25±0.74 | 4.34±0.72 | 4.23±0.75 |
| Module 5: cultural considerations in palliative care | 4.33±0.79 | 4.30±0.78 | 4.25±0.80 | 4.25±0.77 | 4.20±0.81 |
| Module 8: ensuring quality care at end of life | 4.13±0.77 | 4.03±0.74 | 3.99±0.81 | 4.02±0.78 | 4.03±0.76 |
| Module 9: preparation for and care at the time of death | 4.40±0.72 | 4.37±0.68 | 4.34±0.74 | 4.35±0.70 | 4.31±0.72 |
| Teaching techniques: role plays, application activities, video clips | 4.32±0.70 | 4.28±0.69 | 4.24±0.70 | 4.39±0.67 | 4.25±0.69 |
| Implementing ELNEC within your organization | 4.36±0.75 | 4.31±0.74 | 4.27±0.78 | 4.34±0.71 | 4.26±0.73 |
| Overall Satisfaction | | | 4.03±0.79 | | |
| Did this program inspire or change your perception of end of life care for elderly? | | | 3.93±0.83 | | |
| Did this program fulfill your expectation or goal? | | | 3.78±0.88 | | |
| Were material and resources appropriate? | | | 4.03±0.79 | | |

ETM=effectiveness of teaching methods; ELNEC=the end-of-life nursing education consortium.

Table 5. Personal Post-course Goals

(N=128)

| Personal post-course goals | n (%) |
|--|-----------|
| Educating palliative care to staff members | 86 (67.2) |
| Improving quality of care by implementing learning experiences in the practice | 55 (43.0) |
| Strengthening personal competency through further continuous educations | 27 (21.1) |
| Educating palliative care to patients and their family | 25 (19.5) |
| Promoting/Educating palliative care to the publicity | 21 (16.4) |
| Implementing end-of-life care content in nursing curriculum | 19 (14.8) |
| Promoting palliative care to health care providers | 18 (14.1) |
| Applying to own nursing care | 17 (13.3) |
| Providing ELNEC-Geriatric modules to faculty as recourses | 13 (10.2) |
| Conjugating in the clinical research | 12 (9.4) |

Note. Total values exceeded 128 because participants provided multiple responses. Percentage was calculated based on 128 total participants who completed the questionnaire; ELNEC=the end-of-life nursing education consortium.

oped and initiated through ELNEC-G program. This study aimed to introduce and evaluate the ELNEC-G program in South Korea.

In this study, we found that the ELNEC-G program could be successfully replanted to other countries despite a language barrier by engaging professional translators. Participants reported that they were satisfied and most of them planned to educate staff members in palliative care. Since the goal of the ELNEC-G program was to train the nurse educator in palliative care and to promote dissemination of ELNEC content (Kelly et al., 2008), these results demonstrated that the ELNEC-G program in South Korea achieved its goal. However, a follow-up study to determine if the participants actually met their post-course goals is needed to confirm the long-term effects of the program.

We used PCQN to measure nurses' knowledge in palliative care because it is quickly and easily scored. In addition, PCQN was used in a previous study to evaluate the effects of the ELNEC-Core course in South Korea (Kim et al., 2011), so we could compare the results. In this study, the mean score of PCQN was 11.98 in the pre-test and 12.75 in the post-test. These scores were lower than those in the study by Kim and her colleague in which Korean nurses scored 12.5 out of 20 before and 13.5 after taking the ELNEC-Core course (Kim et al., 2011). The mean score on PCQN in the pre-test of this study was somewhat lower than in other studies. A study of 164 geriatric nurses in the USA reported a mean score of 12.3 on the PCQN (Raudonis, Kyba, & Kinsey, 2002), and a study of 72 community nurses in the UK reported a mean score on PCQN of 12.5 (Hughes, Parker, Payne, Ingleton, & Noble, 2006). Approximately 70% of

participants in this study had some palliative care education and about 30% of them had taken the ELNEC-Core course in the previous year. This result indicates the significant need for continued education in palliative care. As Kim and her colleague pointed out, PCQN requires culturally sensitive interpretation, especially item 5 (Kim et al., 2011). In this study, over 95% of participants answered item 5 correctly, despite the original version of false. Item 5 concerned the presence of family members at the bedside until death occurs. In the original version, the difficulty of this item was 0.78 for Canadian registered nurses (Ross et al., 1996), in contrast to 0.00 in our study. After completion of the ELNEC-Geriatric course, the participants did not change their belief. This shows that it was a matter of cultural belief.

In PCQN, participants correctly answered item 10 and item 14 were significantly increased after ELNEC-Geriatric course. Those items were about symptom management and medication in palliative care. This implies nurses were not familiar to symptom management in palliative care and ELNEC-Geriatric course is useful to improve knowledge and competency of nurses.

Overall program satisfaction of the participants was high, 4.3 on a 5-point scale. And they reported especially the materials and teaching technique were useful to implement ELNEC within their workplaces. This result is supported other studies which evaluated the effectiveness of ELNEC program (Coyne et al., 2007; Kelly et al., 2008). Approximately 70% of the participants would to educate other staff members in palliative care and sought to additional palliative care learning. This demonstrates that the ELNEC-Geriatric program inspired nurses to improve palliative care in their practice.

Even though ELNEC-Geriatric program designed for nurses in long term care setting, most of participants were from hospitals and only 7.8% were actually working for long term care. This suggests the palliative care is unheralded to nurses in long term care setting and propagation of palliative care to them is urgent and significant issue. The other possible obstacles to participate the education program included a lack of financial support from the institution and time constraints. Less than 20% of participants were supported in full re-registration fee by institution. New strategies to motivate administrators and nurses in the long term care to seek the palliative care education program, is needed.

Nurses play a key role in caring for patients facing the end of their life. Especially in long-term care, nursing staff including nursing assistants spend more time with patients and their families than any other professionals. And their knowledge and competencies in palliative care affects significantly to quality of patient care in their workplace by improving both their own practice and influencing other staffs (Cotterell, Lynch, & Peters, 2007). Therefore, geriatric nurses should be intimately involved in end-of-life care and disseminate their knowledge to other staff members. In this respect, the ELNEC-Geriatric train-the-trainer program is valuable to enhance education in palliative care and to obtain resources to educate other nurses and staff. It is expected to promote improvement in the quality of long-term care.

CONCLUSION

The population of aged patients with chronic disease and a long trajectory to death in long-term care facilities has dramatically increased since Korea introduced social insurance for long-term-care insurance in July. There are quality concerns about end-of-life care in LTC facilities. This study attempted to replant the ELNEC-G program in South Korea; this program was developed to increase nurses' competency as educators to promote palliative care in long-term care settings. In this study, the participants reported over average satisfaction with the ELNEC-G program, and showed significant improvement of knowledge in and motivation for palliative care. This result demonstrated that ELNEC-G program has been successfully replanted in South Korea.

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