

# 간호대학생의 호스피스 인식에 대한 조사 연구

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## A Study about Hospice Perception of Nursing University Student

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**요 약** 본 연구는 간호대학에 재학 중인 간호대학생의 일반적 특성 호스피스 인식의 교과과정, 인식 정도, 실습 경험, 경로, 시기, 의미, 필요성, 대상, 제공, 유형, 기관, 경험, 호스피스 이용과 호스피스 서비스 내용의 신체적, 정서적, 사회적, 영적 측면을 파악하여 호스피스 확대와 발전에 도움이 되고자 하며 호스피스 완화의료에 기초자료를 제시하기 위한 것이다. 본 연구에 사용된 도구는 세 부분으로 구성하였고 일반적 특성 6문항과 호스피스 인식 24문항의 명목척도와 호스피스 서비스 내용을 측정하는데 사용된 설문지로 총 24개 문항으로 이루어진 3-point Likert식 척도이며 각 문항에 대해 응답자는 신체적, 정서적, 사회적, 영적 측면에 대해 필요하다(1), 그저 그렇다(2), 필요하지 않다(3)등으로 응답할 수 있다. 본 도구의 점수 범위는 최저 24점에서 최고 72점으로 점수가 높을수록 호스피스 인식이 높음을 의미한다. 호스피스는 임종을 앞둔 말기 환자와 그 가족을 사랑으로 돌보는 행위로 환자가 남은 여생동안 인간의 존엄성과 높은 삶의 질을 유지하면서 삶의 마지막 순간을 평안하게 맞이하도록 신체적, 정서적, 사회적, 영적으로 돌봐야 하며, 사별 가족의 고통과 슬픔을 경감시키기 위한 총체적인 돌봄이라고 할 수 있다.

**주제어** : 간호대학생, 호스피스, 인식, 교과과정, 조사 연구

**Abstract** This study was conducted to be helpful to the expansion and development of hospice and to provide the basic data for Hospice palliative care by identifying the general characteristics of curriculum of hospice perception, level of perception, practice experiences, routes, times, meanings, needs, targets, supply, types, organizations, experiences, use of hospice and physical, emotional, social and spiritual aspects of hospice services. Study tools which were used in this study were composed of three sections. Survey paper is 3-point Likert scale which is composed of 6 questions of general characteristics, nominal scale of 24 questions about hospice perception and hospice service contents. Respondents can reply with 3 answers of Necessary (1), Mediocre (2), and Not necessary (3), in physical, emotional, social and spiritual aspects. Score ranges of this tool are from minimum of 24 points to maximum of 72 points and higher scores mean higher perception of Hospice. Hospice is a behavior to take care of terminal patients who are waiting for death and their family and it should be conducted physically, emotionally, socially and spiritually in order that the patients could meet their last moments of life by maintaining a high quality of life, human dignity and peace for the rest of their lives. Hospice could be mentioned to be a comprehensive care to relieve the pains and grieves of bereaved family.

**Key Words** : Nursing University Student, Hospice, Perception, curriculum, Survey study

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## 1. Introduction

Even if the science is developing, incurable disease like chronic illness and cancers are rather increasing. Therefore, the perception that the hospice is definitely required and extensive understanding and interest of the general public should be generated in order that terminal patients who are waiting for death could meet the comfortable death.[7][10]

The cancer becomes a major target disease of the hospice and when the patients are diagnosed with cancer, their family as well as the patients themselves have a huge shock in their physical and mental peace. Therefore, the hospice for the cancer patients is especially required in that they are greatly affected in the social and economic aspects.[1]

The hospice should mediate the problems in numerous aspects like physical, mental, spiritual, social, economic problems, patient's family, death, and pains etc in order that the patients who are in the dying stage could live their remaining lives pervasively to the end, could maintain their dignity as a human being and meet their death peacefully.[7] Therefore, the hospice should be conducted with the cooperation by a comprehensive team including doctors, nurses, social workers, counselors, pastors and volunteers etc. And, they should help the patients who are in the dying stage maintain the dignity and high quality of life as a human being and meet the last moment of their lives peacefully.[9] Accordingly, this study was tired to identify study subjects' perception about the hospice and consequently to suggest of the basic data about the palliative hospice treatments.[5]

## 2. Study subjects and methods

This study is a descriptive research to identify the perception of Hospice targeting nursing university students who are currently enrolled in the college of

nursing and study subjects were collected by convenient sampling with 420 more than 18 years old, male and female students who are currently enrolled in college of nursing university and understood and agreed to the purpose of this study.

440 survey papers were distributed and 420 papers were used for final analysis except 16 papers of no answer and 4 inappropriate answers. Collected data were analyzed through SPSS (Statistical package for social science)/WIN 16.0 program and in order to identify the Hospice perception, frequency analysis with frequencies and percentages, chi verification and hypothesis analysis with 0.05 significance level was conducted.

## 3. Study results

### 3.1 General characteristics of study subjects

Frequency analysis was conducted to identify the general characteristics of 420 study subjects. Gender of study subjects is composed of 42 Male (9.8%) and 379 Female (90.2%) and their religions are composed of no religion (48.8%), catholic (21.9%), Christian (18.8%) and Buddhist (10.5%) in Order. Regarding hospice practice experience, 8.3% of subjects replied "Yes" and 91.7% replied "No". (Table 1)

〈Table 1〉 General characteristics of study subjects (N=420)

Category	Frequency	Percentage	
Total	420	100.0	
Gender	Male	41	9.8
	Female	379	90.2
Religion	Christian	79	18.8
	Catholic	92	21.9
	Buddhist	44	10.5
	No religion	205	48.8
Hospice practical experience	Yes	35	8.3
	No	385	91.7
Hospice Practice subject	Family	12	34.3
	Volunteer	23	65.7
Grade	3-year course	300	71.4
	4-year course	120	28.6

### 3.2 Hospice perception

#### 3.2.1 Hospice curriculum

17% of study subject students replied they have hospice curriculum. Grades in hospice curriculum are 2 credits (57.5%), 3 credits (5.3%) and hospice nursing practice (4.6%).

<Table 2> Hospice curriculum (N=420)

Category	Total	School system					
		3-year course		4-year course			
Inclusion of Hospice subjects	Yes	72	17.1	30	10.0	42	35.0
	No	348	82.9	270	90.0	78	65.0
Credits in Hospice subject	1 credit	2	1.8	1	1.8	1	1.7
	2 credits	65	57.5	27	49.1	38	65.5
	3credits	6	5.3	5	9.1	1	1.7
	Other	40	35.4	22	40.0	18	31.0
Hospice nursing practice	Yes	18	4.6	12	4.3	6	5.6
	No	370	95.4	269	95.7	101	94.4

#### 3.2.2 Hospice perception

Regarding degree of perception, 90.7% of study subjects replied they know about the hospice experience, which showed “perceived (60.0%)”, “well perceived (10.0%)” and “not much perceived (26.9%)”.

<Table 3> Degree of hospice perception, experiences (N:420)

Category	Total	School system					
		3-year course		4-year course			
Degree of hospice perception	Well perceived	42	10.0	28	9.3	14	11.7
	Perceived	252	60.0	183	61.0	69	57.5
	Not much perceived	113	26.9	79	26.3	34	28.3
	Not heard	13	3.1	10	3.3	3	2.5
Hospice perception experience	Yes	381	90.7	266	88.7	115	95.8
	No	39	9.3	34	11.3	5	4.2

### 3.3 Hospice perception according to general characteristics

#### 3.3.1 Hospice perception according to school system

T-test results with independent sample showed higher points in 4-year course by 2.86 than 3-year course (t=-2.18, p=0.0296); and psychological and social aspects showed higher points in 3-year course than 4-year course with statistically significant differences. (t=-1.99, p=0.0471) (t=-2.09, p=0.0374)

<Table 4> Hospice perception according to school year

Category	School year	Average	SD	t	p
Hospice perception	3-year course	2.83	0.15	-2.18	0.02
	4-year course	2.86	0.13		
Physical aspect	3-year course	2.84	0.18	-0.59	0.55
	4-year course	2.85	0.13		
Psychological aspect	3-year course	2.77	0.21	-1.99	0.04
	4-year course	2.83	0.20		
Social aspect	3-year course	2.79	0.26	-2.09	0.03
	4-year course	2.86	0.21		
Spiritual aspect	3-year course	2.95	0.15	-0.60	0.55
	4-year course	2.96	0.19		

\*<.05, \*\*<.01

#### 3.4 Hospice perception according to gender

T-test results with independent sample showed higher points in female by 2.84 than male with statistically significant differences. (t=-2.60, p=0.0097) (Table 5).

〈Table 5〉 Hospice perception according to gender

Category	Gender	Average	SD	t	p
Hospice perception	Male	2.78	0.18	-2.60	0.00
	Female	2.84	0.14		
Physical aspect	Male	2.80	0.25	-1.83	0.06
	Female	2.85	0.16		
Psychological aspect	Male	2.73	0.26	-1.92	0.05
	Female	2.79	0.20		
Social aspect	Male	2.74	0.32	-1.79	0.07
	Female	2.81	0.24		
Spiritual aspect	Male	2.91	0.21	-1.87	0.06
	Female	2.96	0.15		

\*<0.05, \*\*< 0.01

### 3.5 Hospice perception according to religion

T-test results with independent sample showed higher points in the students who have religions than those who don't have with statistically significant differences. (t=-2.77, p=0.0059) (Table 6).

〈Table 6〉 Hospice perception according to religion

Category	Religion	Average	SD	t	p
Hospice perception	Yes	2.85	0.12	2.77	0.00
	No	2.81	0.16		
Physical aspect	Yes	2.85	0.16	0.91	0.36
	No	2.83	0.18		
Psychological aspect	Yes	2.81	0.18	2.13	0.033
	No	2.76	0.23		
Social aspect	Yes	2.83	0.22	2.28	0.02
	No	2.78	0.28		
Spiritual aspect	Yes	2.97	0.13	2.47	0.01
	No	2.93	0.18		

\*<.05, \*\*<.01

### 3.6 Hospice perception according to practice

T-test results with independent sample showed higher points in the students who have practice experience than those who don't have with statistically significant differences. (t=-2.30, p=0.0222) (Table 7)

〈Table 7〉 Hospice perception according to practice

Category	Practice	Average	SD	t	p
Hospice perception	Yes	2.89	0.13	2.30	0.02
	No	2.83	0.14		
Physical aspect	Yes	2.83	0.16	-0.51	0.61
	No	2.84	0.17		
Psychological aspect	Yes	2.88	0.16	2.82	0.00
	No	2.78	0.21		
Social aspect	Yes	2.90	0.18	2.19	0.02
	No	2.80	0.26		
Spiritual aspect	Yes	2.97	0.10	0.76	0.44
	No	2.95	0.16		

\*<.05, \*\*<.01

## 4. Discussion

Discussion about hospice perception based on the study results are as follows.

Regarding the degree of hospice perception, subjects replied "perceived" (60.0%), "not much perceived" (26.9%) and "well perceived" (3.1%). Regarding hospice perception experiences, 90.7% replied "Yes" and 9.3% replied "No". Study results of Choi Seung Ok(1993) targeting ordinary people showed 98.2% of hospice perception experience and those of No Soon Hee(2004) targeting ordinary university students showed 47.9% of "have heard of". These study results agree with those in this study in that 60.0% of "perceived" in hospice perception and 90.7% of "have experience" in hospice perception experience.

Hospice perception in psychological and social aspects is shown higher in 4-year course than 3-year course and was statistically significant as well. (p ≥.05). In gender category, hospice perception points of female were higher than those of male; and in religion category and hospice perception points, perception points of the students who have religion were higher than those who don't have. In hospice practice category, hospice perception points of the students who

have hospice practice were higher than those who don't have and their hospice perception in psychological and social category was shown to be high. ( $p \geq .05$ ). Hospice medically relieves the pains caused by the diseases during the remaining life of the patient and has an objective to maintain physical, emotional and spiritual stability for hospice subjects and their family as much as possible. The education and promotion about the hospice perception are expected to start from the school and various academic researches about hospice are expected in the future. [1]

## 5. Conclusions

420 total study subjects were composed of 41 male students and 379 female students. Order of their religions is no religion, Catholic, Christian and Buddhist. Volunteer works were highest for hospice practice, curriculum according perception had curriculum and grade points were 2 credits and received nursing practices. Degree of perception was "know", perception experience was "recognize", perception paths were perceived through curriculum and perception times were at university and the meaning of hospice was perceived as the helping the patients to live their remaining lives faithfully and to meet the comfortable death and regarding necessity, they replied "necessary". Subjects should be end-stage cancer patients, services should be provided at nursing facility and Hospice specialized hospital, the institution emphasized the necessity of specialized hospice hospital and the operating body should be national public institution. Reason why the system introduction is not active is economic feasibility of the hospital which means lack of profitability and operating body of facilities should be governmental institution. Experiences were family or neighbors and regarding experiencing people, they had experiences and period of receiving hospice for the family or neighbors was less

than 1 month and providing principals should be nurses. Terminology perception paths were through school and regarding opinions about hospital wards operation utilization, they agreed. Reason in favor of operating wards was the alleviation of physical and mental pains and the counterview about operating wards was because they often saw the death of the patients who are next to them. Physical aspects of services were to help to relieve the patients' vomiting, listen to the psychological aspects of the patients, meet the death of the patients in social aspects, to help the family that they could deal with the sorrows and sense of loss, to alleviate the patient's physical, mental and spiritual pains in spiritual aspects and to promote more comfortable and whole-person nursing care.

Future education and promotion about the perception of hospice should start from the college of nursing and more consequent academic studies are expected and the hospice education will have to be conducted institutionally and systematically.

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