

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

Hee Young Woo, R.N., Ph.D. and Young Ran Yeun, R.N., Ph.D.*

Department of Nursing, Hallym Polytechnic University, Chuncheon,

*Department of Nursing, College of Health Science, Kangwon National University, Samcheok, Korea

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

Received March 19, 2018

Revised May 4, 2018

Accepted May 9, 2018

Correspondence to

Young Ran Yeun

Department of Nursing, College of Health Science, Kangwon National University, 346 Hwangjo-gil, Dogye-eup, Samcheok 25949, Korea

Tel: +82-33-540-3364

Fax: +82-33-540-3369

E-mail: yeunyr@kangwon.ac.kr

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.

Table 1. Program Contents.

Session	Objectives	Contents items	Detailed contents	Methods
1	Hospice and palliative care	• Understanding life and death	• Life toward death	L&D
		• Bioethics and preparation for a dignified life	• The dying process	L&D
		• Attitudes and roles of the volunteers, and stress management	• Ethics related to terminal patients	L&D
2	Physical care	• Physical symptoms of palliative care recipients	• Preparation for death	L&D
		• Cancerous disease and nursing care	• Origin of palliative care	L&D
		• Physical care for palliative care recipients	• Purpose of palliative care	L&D
		• Nutrition management for palliative care recipients	• Stress management strategies	L&D
3	Psychological and spiritual care	• Psychological needs of palliative care recipients and provision of care	• Signs of near death	L&D
		• Spiritual needs of palliative care recipients and provision of care	• End of care	L&D
4	Communication methods	• Communication process with palliative care recipients	• Kinds of cancer	L&D
		• Bereaved family management	• Pain evaluation and management	L&D
5	Complementary and alternative medicine	• Foot massage lecture and practice	• Physical needs of terminal patients	L&D
		• Laughter therapy lecture and practice	• Physical care for terminal patients	L&D
6	Field trip and curriculum evaluation	• Field trip to the hospice center	• Needs of nutrition	L&D
		• Curriculum evaluation	• Guidance of nutrition management	L&D
			• Psychological needs of terminal patients	L&D
			• Good death	L&D
			• Psychological care for terminal patients	L&D
			• Spiritual I needs of terminal patients	L&D
			• Spiritual care for terminal patients	L&D
			• Communication with terminal patients	L&P
			• Communication with terminal patients' family	L&D
			• Stages of bereavement or grief	L&D
			• Feelings of grief	L&D
			• Coping with grief	L&D
			• Effects & method of foot massage	L&P
			• Foot massage practicum	L&P
			• Effects & method of Laughter therapy	L&P
			• Laughter therapy practicum	L&P
			• Visiting to hospice center	FT
			• Discussion and evaluation of the program	Conf.

L&D: Lecture and discussion, L&P: Lecture and practice, FT: Field trip, Conf.: Conference.

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 α 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 α 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 α was 0.86 by Hayslip (26), and 0.88 in this study.

5. Statistical analysis

All of the data were expressed as means \pm 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 re-

sult, 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
		n (%) or M \pm SD	n (%) or M \pm SD	
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)	
	\geq 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 \pm 13.15	76.16 \pm 13.36	0.679
Death anxiety		44.41 \pm 7.13	43.48 \pm 5.04	0.528
CAD		56.82 \pm 7.01	55.89 \pm 7.86	0.601

CAD: Communication apprehension with the dying.

Table 3. Clinical Outcomes of Baseline and Follow-Up Examination in Groups A and B (N=71).

Variable	Group	Examination		Changes	t	P
		Baseline	Follow-up			
		M \pm SD	M \pm SD			
Motivation	A (n=34)	75.17 \pm 13.15	83.88 \pm 8.76	8.11 \pm 2.81	2.341	0.022
	B (n=37)	76.16 \pm 13.36	76.48 \pm 10.50	0.47 \pm 2.89		
Death anxiety	A (n=34)	44.41 \pm 7.13	41.21 \pm 3.65	-3.20 \pm 1.37	-2.166	0.034
	B (n=37)	43.48 \pm 5.04	43.39 \pm 5.42	-0.91 \pm 1.27		
CAD	A (n=34)	56.82 \pm 7.01	51.41 \pm 8.35	-6.50 \pm 1.97	-2.808	0.006
	B (n=37)	55.89 \pm 7.86	56.92 \pm 8.12	0.43 \pm 1.99		

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 군에게는 2주 동안 주 3회, 총 6회기, 1회 3시간의 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 기술 통계를 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

REFERENCES

1. National Hospice and Palliative Care Organization: NHPCO's facts and figures hospice care in America 2014 edition [Internet]. Alexandria: National Hospice and Palliative Care Organization:c2014 [cited 2017 Oct 1]. Available from: http://www.nhpco.org/sites/default/files/public/Statistics_Research/2014_Facts_Figures.pdf.
2. Hospice UK: Volunteering in hospice care [Internet]. London: Hospice UK:c2018 [cited 2017 Oct 1]. Available from: <https://www.hospiceuk.org/about-hospice-care/volunteering-in-hospice-care>.
3. No YJ, Kim NC, Lee SM. The present status and the proposals of hospice in Korea. Korean J Adult Nurs 1996;8:338-49.
4. Black BB, Kovacs PJ. Age-related variation in roles performed by hospice volunteers. J Appl Gerontol 1999;18:479-97.
5. Stelzer EM, Lang FR. Motivations of German hospice volunteers: how do they compare to nonhospice volunteers and US hospice volunteers? Am J Hosp Palliat Med 2016;33:154-63.
6. Delaloye S, Escher M, Luthy C, Piguat V, Dayer P, Cedraschi C. Volunteers trained in palliative care at the hospital: an original and dynamic resource. Palliat Support Care 2015;13:601-7.
7. Braun M, Gordo D, Uziely B. Associations between oncology nurses' attitudes toward death and caring for dying patients. Oncol Nurs Forum 2010;37:E43-9.
8. Nissim R, Emmerson D, O'Neill B, Marchington K, Draper H, Rodin G. Motivations, satisfaction, and fears of death and dying in residential hospice volunteers: a prospective longitudinal study. Am J Hosp Palliat Care 2016;33:335-9.
9. Claxton-Oldfield S, Crain M, Claxton-Oldfield J. Death anxiety and death competency: the impact of a palliative care volunteer training program. Am J Hosp Palliat Care 2006-2007;23:464-8.
10. Epstein RM, Street Jr RL: Patient-centered communication in cancer care: promoting healing and reducing suffering [Internet]. Bethesda: National Cancer Institute; 2007 [cited 2017 Oct 1]. Available from: http://outcomes.cancer.gov/areas/pcc/communication/pcc_monograph.pdf.
11. Planalp S, Trost MR. Communication issues at the end of life: reports from hospice volunteers. Health Commun 2008;23:222-33.
12. Pagano MP. Learning about dying and living: an applied approach to end-of-life communication. Health Commun 2016;31:1019-28.
13. Kim MS, Lee JS, Kim HC. The effects of hospice volunteer education program on perceptions about hospice and the meaning of life. J Korean Oncol Nurs 2007;7:131-9.

14. Min S, Jeong KI, Ju RA. The effects of hospice training on the volunteer's spiritual well-being. *Korean J Hosp Care* 2003;3:12-8.
15. Yun MO. Effect of a death preparing education program on death anxiety and meaning of life in volunteers. *Korean J Hosp Palliat Care* 2009; 12:199-208.
16. Garbay M, Gay MC, Claxton-Oldfield S. Motivations, death anxiety, and empathy in hospice volunteers in France. *Am J Hosp Palliat Care* 2015;32:521-7.
17. Grossman D, Rootenberg M, Perri GA, Yogaparan T, DeLeon M, Calabrese S, et al. Enhancing communication in end-of-life care: a clinical tool translating between the Clinical Frailty Scale and the Palliative Performance Scale. *J Am Geriatr Soc* 2014;62:1562-7.
18. Pesut B, Duggleby W, Warner G, Fassbender K, Antifeau E, Hooper B, et al. Volunteer navigation partnerships: Piloting a compassionate community approach to early palliative care. *BMC Palliat Care* 2017;17:2.
19. Choi WS, Choi SN, Suh WK. A study on hospice volunteers' self-efficacy and death anxiety. *Korean J Fam Welf* 2007;12:193-212.
20. Kim IT. The effects of motivation and need satisfaction on continuance will of volunteer activity among hospice volunteers : focused on the mediating effect of death anxiety [dissertation]. Kimhea: Inje Univ.; 2018. Korean.
21. Lee EY, Choi EJ, Park JS. Effects of hospice and palliative care education on knowledge of hospice and palliative care and attitude toward death in nursing students. *J Korean Public Health Nurs* 2012;26:280-8.
22. Yeun YR, Kwon M, Lee KS. Development and evaluation of an education program for professional palliative care nursing. *J Korean Acad Nurs* 2015;45:139-46.
23. Claxton-Oldfield S, Wasyliw L, Mark M, Claxton-Oldfield J. The inventory of motivations for hospice palliative care volunteerism: a tool for recruitment and retention. *Am J Hosp Palliat Care* 2011;28:35-43.
24. Templer DI. The construction and validation of a death anxiety scale. *J Gen Psychol* 1970;82(2d Half):165-77.
25. Ko HG, Choi JO, Lee HP. The reliability and factor structure of K-Templer Death Anxiety Scale. *Korean J Health Psychol* 2006;11:315-28.
26. Hayslip Jr B. The measurement of communication apprehension regarding the terminally ill. *Omega* 1986-1987;17:251-61.
27. Planalp S, Trost M. Reasons for starting and continuing to volunteer for hospice. *Am J Hosp Palliat Care* 2009;26:288-94.
28. Cho HJ, Kim ES. The effect of the death education program on the death anxiety and attitudes toward nursing care of the dying patients of nursing student. *Korean J Hosp Palliat Care* 2005;8:163-72.
29. Yoon MO. Effect of a death preparing education program on death anxiety and meaning of life in volunteers. *Korean J Hosp Palliat Care* 2009; 12:199-208.
30. Wittenberg E, Ferrell B, Goldsmith J, Ragan SL, Paice J. Assessment of a statewide palliative care team training course: COMFORT communication for palliative care teams. *J Palliat Med* 2016;19:746-52.
31. Brown CE, Back AL, Ford DW, Kross EK, Downey L, Shannon SE, et al. Self-assessment scores improve after simulation-based palliative care communication skill workshops. *Am J Hosp Palliat Care* 2018;35:45-51.
32. Lee ES. A study on the impact of attitude care of the dying, communication competence, burnout on hospice volunteer on volunteer activity continuance intention [master's thesis]. Jinju: Gyeongsang National Univ.; 2015. Korean.
33. Claxton-Oldfield S, Claxton-Oldfield J, Paulovic S, Wasyliw L. A study of the motivations of British hospice volunteers. *Am J Hosp Palliat Care* 2013;30:579-86.