

## **END-OF-LIFE AND PALLIATIVE CARE CURRICULA IN U.S. SOCIAL WORK GRADUATE PROGRAMS**

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### **ABSTRACT**

Social workers have a high probability of relating to clients with terminal illnesses and their families. Yet, end-of-life education in U.S. graduate programs of social work has been somewhat limited. A recent guideline by the National Association of Social Workers (NASW) sets standards for social work practice in palliative and end-of-life care. This article presents the results of a 2012 survey of U.S. social work graduate programs to determine curricula offerings in end-of-life and palliative care. Results suggest that the majority of graduate social work programs are addressing the NASW guidelines; however, less than half of students participate in the offering(s).

**Key Words:** end-of-life, palliative care, social work curricula, death and dying

Social workers rather routinely encounter individual clients and families coping with end-of-life issues, whether in healthcare or other practice settings. Yet, end-of-life education in social work programs has been limited (Walsh-Burke & Csikai, 2005). For example, in a comprehensive review of 50 social work textbooks of over 19,000 pages of text, only about 650 pages (3%) were related to topics of end-of-life care (Kramer, Hovland-Scafe, & Pacourek, 2003). A series of studies and reports during the 1990s brought to the forefront the critical need for social work programs to develop and implement specific knowledge and skill-building strategies in end-of-life care (Forrest & Derrick,

2010). Additionally, several national surveys among social workers prior to 2000, as cited by Walsh-Burke and Csikai, indicate a need for improved educational preparation and training in end-of-life care for social workers in their graduate courses.

Morrissey (2011) documents that the conceptualizations of dying under current dominant biomedical models need to be reframed for social workers to permit conversations about dying and transitions to social roles of dying for persons who are in states of serious and advanced chronic illness. Social work is a broadly based profession that can meet the needs of individuals and families affected by life-limiting illness and end-of-life issues, notes the NASW standards for social work practice (Bailey, 2012). There is increasing agreement that attending to needs along the continuum of illness and coming to terms with end-of-life issues are vital life tasks and it is through such responsibilities that social work's values and skills can make a significant contribution (Kaplan, 1995).

The primary objective of this study is to determine the current status of end-of-life offerings and palliative care in graduate social work programs in the United States. Secondary objectives are:

1. compare these data (Time 2) to a similar survey, though less comprehensive, in 1990 (Time 1); and
2. to ascertain if these current offerings are addressing the recent NASW guidelines for social work practice in palliative and end-of-life care.

## METHODS

The *Council on Social Work Education Directory of Accredited Graduate Programs 2012* was obtained on-line. Mailed surveys were then sent to the 213 graduate programs. First mailing went out on March 1, 2012, followed by a second mailing to non-respondents on March 31. The number of surveys completed and returned was 88 (41%). Included was a cover letter and a self-addressed, stamped envelope. The Time 2 questionnaire (see Appendix) queried the programs regarding their death and dying offerings, average number of teaching hours, percentage of students exposed to the offerings, teaching methods used, and the professional background of the instructor(s). Other questions addressed the extent of palliative care offerings, number of teaching hours, percentage of students participating, the use of a terminally-ill patient in educating the students, involvement of hospice, and end-of-life topics covered. The 1990 survey was mailed to the 108 graduate schools, approximately half the number of programs found today, with the addresses taken from the *Directory of Colleges and Universities with Accredited Social Work Education Programs 1990*. The number of surveys completed and returned was 98 (91%), a tremendous difference in response rate from Time 2. The 1990 survey had similar questions, though

was only about half the length of the 2012 survey. Such a limitation reduces a complete comparison of Time 1 and Time 2 surveys.

## FINDING

The percentage of separate courses on death and dying had increased since 1990, as noted in Table 1 (11 respondents included a syllabus of their course; most dealt with grief and loss). The average number of teaching hours about death and dying in 2012 was 7 hours (not available for 1990), with 42% of students participating in the death and dying graduate offerings. Five of the responding schools in 2012 do not “formally offer” anything on death and dying. The teaching method used primarily for dying, death, and bereavement in Time 1 was the lecture, with some discussion (80%), whereas in Time 2 the lecture occurred in 100% of schools. Additionally, in 2012, lectures were augmented with seminars (80%), audio-visu-als (75%), clinical case discussions (72%), hospice involvement (49%), role-playing (47%), and use of simulated patients (14%). Professional background of the instructor(s) was primarily social work in both time periods (see Table 2). A somewhat limited multidisciplinary approach to teaching continues to be used today. In addition to death and dying offerings, the respondents were queried regarding palliative care offerings in graduate programs: 21% today offer a separate course, 48% include as a “module of a larger course,” 31% cover in a “lecture or two,” and for 24%, palliative care is “not taught formally” (percentage greater than 100, due to multiple responses in some cases). The average number of teaching hours on palliative care is 18.8 hours, with 30% of students taking the offering. A patient with a terminal illness addresses a class in 23% of the schools.

Table 1. Death Education Offerings in 1990 and 2012 in U.S. Graduate Social Work Programs, *N* (%)

Year	Death and dying offering <sup>a</sup>		
	At least a lecture	Integrated into another course	Separate course
Time 1 1990 <sup>b</sup>	73 (74)	59 (60)	39 (40)
Time 2 2012 <sup>c</sup>	59 (79)	42 (56)	48 (64)

<sup>a</sup>The percentages total more than 100 due to some respondents checking more than one choice.

<sup>b</sup>*N* = 98; <sup>c</sup>*N* = 75.

Table 2. Professional Background of Death Education Instructors Teaching in U.S. Graduate Social Work Programs in 1990 and 2012, *N* (%)<sup>a</sup>

Professional background of instructors	Year	
	1990 <sup>b</sup>	2012 <sup>c</sup>
Social work	68 (94)	82 (99)
Attorney	1 (1)	2 (2)
Medicine	0	4 (5)
Nursing	0	4 (5)
Psychology	5 (7)	3 (4)
Sociology	2 (3)	0
Philosophy	2 (3)	1 (1)
Theology	4 (6)	6 (7)
Psychiatry (MD also)	2 (3)	1 (1)
Gerontology	0	3 (4)

<sup>a</sup>The percentages total more than 100 due to multiple instructors for some offerings.

<sup>b</sup>*N* = 72; <sup>c</sup>*N* = 83.

When queried about the topics offered, those most often checked were: attitudes toward dying and death; grief and bereavement; the impact of ethnic, religious, and cultural differences; and psychological aspects of dying (see Table 3). Topics offered by more than 70% of the responding schools which seem to address the new NASW guidelines for social workers include grief and bereavement, advance directives, suicide, communication with patients with terminal illnesses and their families, the needs of special populations, quality of life, social contexts of dying, psychological aspects of dying, the impact of ethnic, religious, and cultural differences, and the range of settings including home care, nursing homes, and hospice. Recent findings for social workers (Bullock, 2011) confirm the need to understand cultural values that influence end-of-life care. Topics encouraged by the NASW guidelines but which are found in less than 70% of the programs include the physical and multidimensional stages of the dying process, psychosocial interventions to alleviate pain across the life cycle, socioeconomic dimensions of patients with terminal illnesses and their families, and illness-related issues such as decision making in dying and death.

Seventy-eight percent of the programs responding have “some aspect of hospice” included in their graduate curriculum in 2012 (either clinical or classroom). Of the 20 schools currently not offering anything on hospice participation, 9 have plans to include something in the future, whereas 11 have no such plans.

Table 3. Topics on End-of-Life and Palliative Care Covered in U.S. Graduate Social Work Programs in 2012, *N* (%)<sup>a</sup>

Topic	
Attitudes toward death and dying	81 (98)
Grief and bereavement	79 (95)
The impact of ethnic, religious, and cultural differences	74 (89)
Psychological aspects of dying (e.g., anxiety, depression)	71 (86)
Communication with dying patients	69 (83)
Communication with family members of patients with terminal illnesses	69 (83)
Social contexts of dying (e.g., family care)	69 (83)
Quality of life	66 (80)
Suicide	65 (78)
Advance directives (living will, power of attorney for health care)	65 (78)
The range of settings including home care, nursing homes, and hospice)	65 (78)
The needs of special populations (e.g., children and those with disabilities)	60 (72)
Illness-related issues such as decision making in dying and death	57 (69)
Socioeconomic dimensions of patients with terminal illnesses and their families	51 (61)
Psychosocial interventions to alleviate pain across the life cycle	48 (58)
The physical and multidimensional stages of the dying process	48 (58)
Euthanasia	39 (47)

<sup>a</sup>*N* = 83.

## DISCUSSION

Where comparisons can be made between Time 1 and Time 2, a major difference in death education offerings is the increased number of separate courses offered in Time 2, from 40% to 64% of programs. Such an increase in a separate death and dying course is encouraging as it complies with the new NASW standards for more emphasis on this topic in social work programs. Yet, only 42% of graduate students actually participate in the death and dying offering(s), whether a separate course or a lecture or two. Obviously, these offerings are electives in many situations, thus are not reaching the majority of graduate social work students. Unfortunately, the survey did not inquire as to whether an offering was required or an elective.

The lecture is the most popular teaching method used in the death and dying offering. What might be missing in the lecture format, however, is the unique individuality of each of us, especially when confronted by an approaching death situation, with its accompanying anxiety and the possibilities of pain and suffering (Mermann, 1997). It is important that students should be made to face their own anxieties about end-of-life issues and learn better communication skills prior to becoming practicing clinicians. The various augmented methods to the lecture should address this concern, however, in programs which include such.

Ninety-four percent of responding programs offer at least a lecture or two on death and dying, with the average number of teaching hours being 7 hours. Other recent surveys of U.S. professional schools (Dickinson, 2012a, 2012b) reveal the average number of teaching hours on death and dying range from 2 to 33 hours: dental (2 hours), pharmacy (6 hours), nursing (14 hours), medical (17 hours), and child life (33 hours). One might expect more of an emphasis on death education in medical, nursing, and child life (often related to children with terminal illnesses), though less perhaps with dental and pharmacy programs. On the other hand, social workers would likely have more interaction with persons with terminal illnesses than dentists and pharmacists, yet their thanatology emphasis, at least at the graduate level, averages only 7 hours.

Professional background of the death education instructors seems to have about the same interdisciplinary focus in 2012 as in 1990, with a social worker continuing to be the primary instructor. Many traditional strategies for social work and other educational programs have tended to operate in a “silo-type manner,” as disciplines educate their own but fail to embrace the importance of interdisciplinary learning (Forrest & Derrick, 2010). A hint of interdisciplinary cooperation is found with these responding graduate social work programs, but the cooperation is only limited. Such a silo-type approach is not unique to the social work profession, however, as medical, nursing, dental, child life, and pharmacy schools tend to do the same (Dickinson, 2012a, 2012b). Forrest and Derrick are optimistic regarding the possibilities for interdisciplinary learning strategies in end-of-life care within the existing educational systems and have implemented an interdisciplinary, interuniversity program to prepare social workers and others when working with individuals and families facing end-of-life circumstances. Yet they note that interdisciplinary learning environments remain extremely difficult due to discipline turf issues and traditional discipline-specific priorities, among others. A real plus of interdisciplinary exposure, however, is the variety of practice values, beliefs, and theories of other disciplines.

Seventy-six percent of responding social work graduate programs offer at least a lecture or two on palliative care, with the average number of hours being 18.8, almost three times the amount allotted to death and dying offerings. Yet only 30% of students are exposed to these offerings. This is a rather impressive concentration on palliative care in the responding programs which indeed offer such, though 24% of the responding schools offer nothing formally on this topic.

The palliative care emphasis meets one of the standards of the NASW guidelines: to achieve “essential skills for effective palliative and end-of-life care.”

Over 75% of responding schools involve some aspect of hospice in their program, and nearly half of the programs not currently offering hospice participation plan to do so “in the future.” Such a high inclusion of hospice participation is in line with the NASW standards for social work practice involving end-of-life care, as hospice focuses on caring, something for which social workers are renowned.

Slightly less than one-fourth of the social work graduate programs have a patient with a terminal illness address the class. What better “teacher” of death and dying than one experiencing it? Studies tend to confirm that exposure in an academic program to individuals with terminal illnesses is positive for healthcare workers in preparing them for providing quality end-of-life care (Dickinson, 2011).

Thus, many of the topics highlighted by the NASW guidelines are in place in the responding graduate social work programs. Social workers in every field of practice will be called on to assist with end-of-life care issues, including grief and bereavement, yet as noted earlier, systematic preparation at all levels of social work education for end-of-life care is far from completion (Walsh-Burke & Csikai, 2005). Progress is being made toward compliance with NASW standards for end-of-life care in social work graduate programs, yet it will take time before all programs can adjust to be more inclusive regarding end-of-life and palliative care. The progress made regarding end-of-life issues, however, is in a direction that should be favorable to the client, her/his family, and to the social work student—a win-win situation for all.

## APPENDIX 1 2012 SURVEY

### End-of-Life and Palliative Care in Social Work Graduate Programs

1. Name of social work school \_\_\_\_\_
  
2. What is the extent to which dying, death, and bereavement is offered in your graduate curriculum?
  - \_\_\_\_\_ Covered in a separate course
  - \_\_\_\_\_ Forms a module of a larger course
  - \_\_\_\_\_ Covered only in 1 or 2 lectures
  - \_\_\_\_\_ Not taught formally
  - \_\_\_\_\_ Other, please specify \_\_\_\_\_

If offered to any degree, approximate number of teaching hours? \_\_\_\_\_

3. Approximately, what percentage of students participate in the dying, death, and bereavement graduate offering(s)? \_\_\_\_\_

4. What are the teaching methods used in the dying, death, and bereavement graduate offering(s)? (check as many as are appropriate)

- lecture                       seminar/small groups  
 role-play                       simulated patients                       video/film/DVD  
 hospice involvement                       clinical case discussions

5. What is the professional background of the instructor(s) of your graduate dying, death, and bereavement offering(s)? (check as many as are appropriate)

- attorney                       nurse                       philosopher  
 physician                       psychologist                       theologian/clergy  
 social worker                       sociologist                       psychiatrist (MD also)  
 other, please specify \_\_\_\_\_

6. What is the extent to which palliative care is offered in your graduate program?

- Covered in a separate course  
 Forms a module of a larger course  
 Covered only in 1 or 2 lectures  
 Not taught formally  
 Other, please specify \_\_\_\_\_

If offered to any degree, approximate number of teaching hours? \_\_\_\_\_

7. Approximately, what percentage of students participate in the palliative care graduate offering(s)? \_\_\_\_\_

8. Does a patient with a terminal illness address any of your classes?

- Yes                       No

9. Is some aspect of hospice currently part of your graduate curriculum?

- Yes                       No

If hospice contacts are not currently part of your curriculum, do your future curriculum or clinical plans include hospice participation?

- Yes                       No

10. Which of the following topics regarding end-of-life and palliative care are covered in your graduate curriculum? (check as many as are appropriate)

- attitudes toward dying and death  
 communication with dying patients  
 communication with family members of patients with terminal illnesses  
 grief and bereavement



- \_\_\_\_\_ suicide
- \_\_\_\_\_ the needs of special populations (e.g., children and those with various disabilities)
- \_\_\_\_\_ psychosocial interventions to alleviate pain across the life cycle
- \_\_\_\_\_ social contexts of dying (e.g., family care)
- \_\_\_\_\_ psychological aspects of dying (e.g., anxiety, depression)
- \_\_\_\_\_ the physical and multidimensional stages of the dying process
- \_\_\_\_\_ quality of life
- \_\_\_\_\_ euthanasia
- \_\_\_\_\_ advance directives (living will, power of attorney for healthcare)
- \_\_\_\_\_ illness-related issues such as decision making in dying and death
- \_\_\_\_\_ the impact of ethnic, religious, and cultural differences
- \_\_\_\_\_ the range of settings including home care, nursing homes, and hospice
- \_\_\_\_\_ socioeconomic dimensions of patients with terminal illnesses and their families

Your name and title (optional) \_\_\_\_\_

Your enclosing a syllabus or reading list for your course(s) on dying, death and bereavement and/or palliative care or any related course would be appreciated.  
Mail: dickinson@cofc.edu

Any comments?

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George E. Dickinson, Professor of Sociology at the College of Charleston (SC, USA), received his Ph.D. in sociology from LSU in Baton Rouge and his M.A. in sociology and B.A. in biology from Baylor University. He came to the College of Charleston in 1985, having previously taught in Pennsylvania, Minnesota, and Kentucky. Dickinson has been the author/co-author of over 80 articles in peer-reviewed journals and 23 books/anthologies, primarily on end-of-life issues (*Understanding Dying, Death and Bereavement* 7th ed. (with M. R. Leming), Cengage/Wadsworth Publishers, 2011, and *Annual Editions: Dying, Death and Bereavement* 14th ed. (with M. R. Leming), McGraw-Hill, 2013). His research and teaching interest in end-of-life issues goes back to 1974 when he taught his first course in death and dying and in 1975 when he began end-of-life research. Over the years he has written about thanatology in medical, dental, nursing, child life, social work, pharmacy, and veterinary schools. Additionally, he has completed research on graduates of programs dealing with end-of-life issues. He is on the editorial boards of *Mortality* (UK) and the *American Journal of Hospice & Palliative Medicine* (US). Recent awards include the 2002 Distinguished Teacher/Scholar Award and the 2008 Distinguished Research Award at the College of Charleston, South Carolina

Governor's Distinguished Professor Awards in 2003 and 2008, and the Association for Death Education and Counseling's Death Educator Award in 2009. In 1999 he was a Visiting Research Fellow in palliative medicine at the University of Sheffield's School of Medicine (UK), in 2006 at Lancaster University's Institute for Health Research in the International Observatory on End-of-Life Issues (UK), and in 2013 at the University of Bristol's School of Veterinary Science (UK). Earlier, Dickinson did postdoctoral studies at Pennsylvania State University (gerontology), at the University of Connecticut (medical sociology), and at the University of Kentucky's School of Medicine (thanatology).

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