

A Study on the Dying Well Education Expert Training Course For Professional Instructors

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ABSTRACT

Background/Objectives: This study was conducted in order to determine the validity of developing a license system for qualified dying well education training experts by identifying the need of the dying well education and license system.

Method/Statistical Analysis: A survey was conducted from April 20 to May 20, 2018 for 54 professional lecturers who completed the education course for training dying well instructors, and the statistical program R was used for the analysis. All items in the questionnaire except the general characteristics of subjects were composed of 4-point Likert scale (“Very unnecessary” was 1 point, “unnecessary” was 2 points, “necessary” was 3 points, and “Very necessary” was 4 points.).

Findings: According to the result of measuring the need for dying well education expert license education contents, the average score for each subject was found to be as follows: Thanatology 3.40 points(± 0.63), care for terminally ill patients (hospice) 3.56 points(± 0.56), communication 3.38 points(± 0.59).

Improvements/Applications: In the future, it is necessary to provide systematic and integrated death education through the training of qualified education experts and the composition of subjects according to the necessities of the curriculum of the professional dying well education.

Keywords: *Dying well, Dying well Education, Expert Training Course, professional instructors, the training of experts*

Introduction

As interest in terminal cancer patients has increased in Korea in recent years, the use of hospice and palliative care has been emphasized and the need for health insurance coverage has led to debate about hospice palliative care services. As the dying well law (Act on Life-Sustaining Treatment Determination) was enacted as a result of the enforcement of Act on Life-Sustaining Treatment Determination with the purpose of allowing the patient himself/herself subject to terminal hospice

to choose dignified death, the need for professional education for dying well has increased ^[1,2]. However, it can be said that there are only a few professional education courses, professional educators, and specialized facilities to conduct education at a national level for well-being and dying well for all citizens who can choose dignified death for patients and their families. In the current situation where the operator’s expertise is not secured such as educational workforce as well as dying well educational institutions, it is difficult to meet the increasing social demand related to dying well ^[3,4], so there is a need for dying well education that can change the perception and attitude toward death through the understanding of death ^[5,6], and professional dying well education should be preceded in order to consider the quality of death and to improve the perception of death ^[7,8]. In addition, there is a high demand for the training of professional death education experts in order to secure the professionalism

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of dying well education, and there should be a license system to verify this. However, current death preparation education focuses on death lecture and how to overcome the bereavement by death education lecturers [9,10]. Therefore, it is urgent to educate those who are about to die by experts educated by the development of correct understanding and acceptance of death, psych therapeutic, more specialized and diverse programs. Thus, this study is to secure the validity of the development of the license system for the training of talented people with basic knowledge of dying well, humanistic, sociological and healthcare knowledge of death.

If dying well education is achieved through the training of experts with the qualification for dying well education by identifying the need for dying well education and license system, this study not only can change the perception and attitude of death but it is also an opportunity to prepare the death well and to determine the quality of life.

Method

Subject: The organization which has been conducting dying well related education courses for training dying well instructors for a month from April 20, 2018 sent e-mails, and a survey was conducted only for those who want to participate in the research for professional dying well lecturers aged 19 or older who have completed the dying well education course in dying well related organizations. A total of 54 people responded to the questionnaire, and they were selected as subjects.

Method: The study was approved by the Institutional Review Board (IRB No. KYU-2018-008-02) of Konyang University. The questionnaire consists of the following: The general characteristics were 3 items of sex, age, and education. For the need for each subject of dying well education expert license educational contents of the subjects, 9 items of thanatology, 19 items of care for terminal patients (hospice), 16 items of communication were composed of Likert 4-point scale (“Very unnecessary” was 1point, “unnecessary” was 2 points, “necessary” was 3 points, and “Very necessary” was 4 points.).

Analysis Method: The statistical program R was used for the analysis. For the item of questionnaire, the frequency analysis of the general characteristics was carried out. Based on age, an independent sample t-test was performed for the need for each subject of dying well education expert license educational contents of the subjects (thanatology, care for terminal patients (hospice), communication).

Results

General Characteristics of Subjects: Table 1 shows the general characteristics of the subjects. The total number of subjects was 54, and men (55.6%) accounted for more than women (44.4%). In age, “50~59 years old” (55.6%)accounted for more than “60 or older” (44.4). In the level of education, grad school graduates were the most common (68.5%), followed by university graduates (24.1%), college graduates (5.6%) and high school graduates (1.9%).

Table 1: General Characteristics of Subjects

Category	N	(%)	Category	N	(%)
Sex			Level of Education		
Men	30	(55.6)	High school graduate	1	(1.9)
Women	24	(44.4)	College graduate	3	(5.6)
Age			University graduate	13	(24.1)
50~59 years old	30	(55.6)	Grad school graduate	37	(68.5)
60 or older	24	(44.4)			
Total	54	(100.0)	Total	54	(100.0)

The need for each subject of dying well education expert license educational contents of subjects (thanatology): Table 2 shows the results of measuring the need for each subject of dying well education expert license educational contents of the subjects (thanatology). The total average of

the need for each subject in thanatology was found to be 3.40 points. In death education, the need for death education was found to be the highest, 3.65 points, followed by 3.50 points for the purpose of death education, 3.49 points for the main content and reality of death education and 3.43 points

for death education according to the subject. Those aged 59 or younger answered that the purpose of death education is necessary following the need for death education, while those aged 60 or older answered that the main contents and reality are needed following the need for death education. According to the understanding of death, the definition of

death was found to be the highest, 3.51 points, followed by 3.46 points for psychological understanding of death, 3.36 points for social understanding of death, and 3.18 points for philosophical understanding of death and death and human civilization was found to be the lowest, 3.04 points.

Table 2: The need for dying well education expert license educational content details of subjects (thanatology)
Unit: Mean \pm S.D

Category	59 or younger (N = 30)		60 or older (N = 24)		Total (N = 54)		p-value
Death Education							
Purpose of death education	3.50	\pm 0.57	3.50	\pm 0.59	3.50	\pm 0.58	1.000
Need for death education	3.63	\pm 0.56	3.67	\pm 0.48	3.65	\pm 0.52	0.817
Main contents and reality of death education	3.40	\pm 0.77	3.58	\pm 0.50	3.49	\pm 0.64	0.319
death education according to the subject	3.40	\pm 0.62	3.46	\pm 0.59	3.43	\pm 0.60	0.727
Understanding of Death							
Definition of death	3.43	\pm 0.63	3.58	\pm 0.50	3.51	\pm 0.56	0.345
Death and human civilization	3.17	\pm 0.70	2.92	\pm 0.78	3.04	\pm 0.74	0.219
Philosophical understanding of death	3.20	\pm 0.66	3.17	\pm 0.87	3.18	\pm 0.77	0.874
Psychological understanding of death	3.47	\pm 0.63	3.46	\pm 0.59	3.46	\pm 0.61	0.960
Social understanding of death	3.43	\pm 0.73	3.29	\pm 0.55	3.36	\pm 0.64	0.433
Total	3.40	\pm 0.65	3.40	\pm 0.61	3.40	\pm 0.63	
1point = lowest, 4 point=highest							

The need for each subject of dying well education expert license educational contents of subjects (care for terminal patients (hospice)): Table 3 shows the need for each subject of dying well education expert license educational contents of the subjects (care for terminal patients (hospice)). The total average of the need for each subject is 3.56 points in care for terminal patients (hospice). In physical symptoms and care, difficulty breathing (shortness of breath) was the lowest, 3.52 points, followed by delirium (3.50 points), bed sore care (3.48 points), nutrition management (3.38 points). In spiritual care, "human as a spiritual being" was found to be the highest, 3.70 and the detail which showed the lowest score was "Holistic human" (3.60 points). In age, "Holistic human" was the lowest in 59 or younger, while the score of human as a spiritual being was the lowest in 60 or older. In the part of spending

remaining time together, "Traveling with family" and "The effect of time with family on mental state of patient" showed similar scores, 3.65 points and 3.66 points, respectively. Of 7 contents on understanding of symptoms and psychology of terminally ill patients, both understanding of hospice palliative care and understanding of patient psychology were the highest, 3.65 points, and "Symptoms at the moment of death of patients", "Types of hospice palliative care", "Criteria and scope for selecting subjects of hospice palliative care", "Contents of hospice palliative care" and "Status of hospice palliative care use" were found to be 3.61 points, 3.55 points, 3.50 points, 3.49 points and 3.47 points, respectively. In social care for terminal patients, the score of "Care service for patients with terminal cancer" (3.57 points) was higher than that of "In-ward therapy program" (3.40 points).

Table 3: The need for dying well education expert license educational content details of subjects (care for terminal patients (hospice))

Unit : Mean ± S.D

Category	59 or younger (N = 30)		60 or older (N = 24)		Total (N = 54)		p-value
Physical Symptoms and Care							
Difficulty breathing (shortness of breath)	3.53	± 0.57	3.50	± 0.66	3.52	± 0.62	0.843
Delirium	3.50	± 0.57	3.50	± 0.66	3.50	± 0.62	1.000
Bedsore care	3.53	± 0.63	3.42	± 0.72	3.48	± 0.67	0.527
Nutrition management	3.50	± 0.63	3.25	± 0.85	3.38	± 0.74	0.235
Spiritual Care							
Holistic human	3.73	± 0.45	3.50	± 0.59	3.60	± 0.52	0.117
Human as a spiritual being	3.77	± 0.43	3.46	± 0.59	3.70	± 0.46	0.038*
Spiritual suffering of terminal patients	3.77	± 0.43	3.63	± 0.49	3.68	± 0.47	0.274
Spiritual care	3.77	± 0.43	3.58	± 0.50	3.65	± 0.47	0.163
Spending remaining time together							
Traveling with family	3.67	± 0.48	3.54	± 0.51	3.65	± 0.49	0.359
The effect of time with family on mental state of patient	3.73	± 0.45	3.63	± 0.49	3.66	± 0.48	0.404
Understanding of symptoms and psychology of terminally ill patients							
Understanding of patient psychology	3.80	± 0.41	3.63	± 0.49	3.65	± 0.50	0.170
Symptoms at the moment of death of patients	3.77	± 0.43	3.58	± 0.50	3.61	± 0.51	0.163
Understanding of hospice palliative care	3.77	± 0.43	3.67	± 0.56	3.65	± 0.51	0.463
Criteria and scope for selecting subjects of hospice palliative care	3.63	± 0.49	3.50	± 0.59	3.50	± 0.53	0.368
Types of hospice palliative care	3.63	± 0.49	3.46	± 0.59	3.55	± 0.57	0.238
Contents of hospice palliative care	3.73	± 0.45	3.54	± 0.59	3.49	± 0.56	0.195
Status of hospice palliative care use	3.43	± 0.73	3.38	± 0.58	3.47	± 0.66	0.750
Social care for terminal patients							
Care service for patients with terminal cancer	3.57	± 0.63	3.46	± 0.66	3.57	± 0.63	0.539
In-ward therapy program	3.40	± 0.67	3.25	± 0.68	3.40	± 0.67	0.421
Total	3.64	± 0.52	3.50	± 0.59	3.56	± 0.56	

*p<0.05, 1point = lowest, 4 point=highest

The need for each subject of dying well education expert license educational contents of subjects (communication): Table 4 shows the need for each subject of the dying well education expert license educational contents of the subjects (communication). In the communication course, the total average of the need was found to be 3.38 points. In the understanding of communication, nonverbal communication, verbal communication, significance of communication and process of communication were found to be 3.45 points, 3.35 points, 3.28 points and 3.25 points, respectively and a similar pattern was shown even when examined

by age. In listening, importance of listening and effort for listening were the highest, 3.45 points and method of listening is 3.43 points and significance of listening showed the lowest score, 3.39 points. In the effective death communication method, “Effect of hospice palliative care communication” showed the highest score, 3.51 points, followed by reaction in death communication (3.48 points), ineffective death communication (3.45 points), telling bad news (3.19 points). By age, “Effect of hospice palliative care communication” showed the highest score in 59 or younger, while “Reaction in death communication” showed the highest score in 60 or older.

In the contents of identifying family relationships and patient background, telling your death, telling the death of others, identifying the patient's family relationship and identifying the background of dying patients were found to be 3.48 points, 3.32 points, 3.31 points and 3.25 points, respectively, and it can be seen that it is necessary to inform death.

Table 4: The need for dying well education expert license educational content details of subjects (communication)
Unit : Mean \pm S.D

Category	59 or younger (N = 30)		60 or older (N = 24)		Total (N = 54)		p-value
Understanding of communication							
Significance of communication	3.27	\pm 0.52	3.29	\pm 0.69	3.28	\pm 0.61	0.880
Process of communication	3.17	\pm 0.53	3.33	\pm 0.64	3.25	\pm 0.58	0.299
Verbal communication	3.20	\pm 0.55	3.50	\pm 0.51	3.35	\pm 0.53	0.045*
Nonverbal communication	3.37	\pm 0.61	3.54	\pm 0.51	3.45	\pm 0.56	0.268
Listening							
Significance of listening	3.40	\pm 0.56	3.38	\pm 0.49	3.39	\pm 0.53	0.865
Method of listening	3.40	\pm 0.56	3.46	\pm 0.51	3.43	\pm 0.54	0.695
Importance of listening	3.37	\pm 0.56	3.54	\pm 0.51	3.45	\pm 0.53	0.238
Effort for listening	3.37	\pm 0.56	3.54	\pm 0.51	3.45	\pm 0.53	0.238
Effective death communication method							
Reaction in death communication	3.47	\pm 0.57	3.50	\pm 0.51	3.48	\pm 0.54	0.824
Ineffective death communication	3.43	\pm 0.63	3.46	\pm 0.59	3.45	\pm 0.61	0.882
Effect of hospice palliative care communication	3.57	\pm 0.57	3.46	\pm 0.59	3.51	\pm 0.58	0.496
Telling bad news	3.30	\pm 0.70	3.08	\pm 0.88	3.19	\pm 0.79	0.319
Identifying family relationships and patient background							
Identifying the patient's family relationship	3.33	\pm 0.61	3.29	\pm 0.62	3.31	\pm 0.62	0.805
Identifying the background of dying patients	3.30	\pm 0.60	3.21	\pm 0.59	3.25	\pm 0.59	0.575
Telling your death	3.53	\pm 0.57	3.42	\pm 0.58	3.48	\pm 0.58	0.463
Telling the death of others	3.47	\pm 0.63	3.17	\pm 0.70	3.32	\pm 0.67	0.104
Total	3.37	\pm 0.58	3.39	\pm 0.59	3.38	\pm 0.59	

*p<0.05, 1point = lowest, 4 point=highest

Discussion and Conclusion

This study was attempted to secure the validity of the license system for the training of dying well education experts so that dying well education can be rooted as socially acceptable education. According to the results of the study, in the need for each subject of the dying well education expert license educational contents, care for terminal patients (hospice) was found to be the highest, and communication was found to be the lowest. The need for each subject of thanatology was the second highest following care for terminal patients (hospice), followed by communication. It can be interpreted that the need for education for care for terminal patients (hospice) was the highest because the recent increase in

cancer patients and the enforcement of the Act on Life-Sustaining Treatment Determination led to the need for education of care for terminal patients.

Through the education of thanatology, we can increase the philosophical, psychological and social understanding of death, know the true meaning of death education, and identify the characteristics of death education according to the subject. Especially in death education, the need for death education was found to be the highest, followed by purpose of death education, main contents and reality of death education, death education according to the subject, which showed a difference depending on age. For those aged 59 or younger, the purpose and need for death education

are important, while those aged 60 or older said that death education and main contents and reality of death education are necessary. According to the understanding of death, the meaning of death was found to be the highest, which is believed that it will be the basis of the high demand for the professional dying well education which can change the attitude and perception of death. It is considered that it is necessary to construct a curriculum considering the need for each subject in the composition of educational contents in the future and to reflect the weight in the qualification examination to acquire a license. In addition, the qualification test should be carried out with the content that can verify the professional dying well educational contents, which is believed that it can support the adequacy and accuracy of the qualification examination. However, the most important thing is that professional education for dying well education should be preceded in order to increase the acceptance of death and the quality of death and to bring about a change in perception of death, and can be said that professional education institutions and professional education personnel are needed to support this. Based on this support, systematic and integrated death education should be carried out and the role of the dying well education experts is important in order to secure a central point that plays a leading role in making all the people accessible. In this way, if responsible dying well education is provided by professional staff, the training of dying well education experts is expected to secure sufficient validity as a national license system. This study was carried out in order to identify the need for dying well education and license system. If dying well education is achieved through the training of education experts with the qualification for dying well education, it not only can change the perception and attitude of death but it is also an opportunity to prepare the death well and to determine the quality of life through professional dying well integrated training.

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REFERENCES

1. Maeng JM. Euthanasia, Law of Death with Dignity, and Well-dying Law. *PHILOSOPHICAL STUDIES*. 2016 Nov; 44:185-211. Available from: <http://www.dbpia.co.kr/Journal/ArticleDetail/NODE07062522#>
2. Song HD, Ahn SY, Kim YH, Hwang HJ, Lee SH, Kim KH. A Study on the Well-Dying Recognition and Decision of Death before and after Education Among University Students. *Journal of the Korea Academia-Industrial cooperation Society*. 2018;19(1):300-310. DOI: <https://doi.org/10.5762/KAIS.2018.19.1.300>
3. Kim MY. A Narrative Study on Learning Experience of Attendees in Well-Dying Class. *The Journal of Educational Research*. 2016 Aug;31(1):1-27. Available from: http://www.riss.kr/search/detail/DetailView.do?p_mat_type=1a0202e37d52c72d&control_no=fe4599695c3c1614b7998d826d417196#redirect
4. Kim YE. Nurse's Well Dying Awareness and Sub-Factor Analysis in Acute Cancer Ward [master's thesis]. Gyeonggi: Gachon University, Gyeonggi; 2018. 62-65 p. Available from: http://www.riss.kr/search/detail/DetailView.do?p_mat_type=be54d9b8bc7cdb09&control_no=4b127fe924119f89ffe0bdc3ef48d419
5. Park JH. A Study of Death Education for Dying Well :A Case study of the Sang Ha Church [doctor's thesis]. Seoul: Presbyterian University and Theological Seminary, Seoul; 2014. 133 p. Available from: http://www.riss.kr/search/detail/DetailView.do?p_mat_type=be54d9b8bc7cdb09&control_no=029ec5d7adc50f98ffe0bdc3ef48d419
6. Jung EJ, Byun SH. Impact of Education for Welldying on Workers Related to Senior Welfare. *The Korea Contents Society*. 2013; 7(2):215-222. DOI: <http://dx.doi.org/10.5392/JKCA.2012.12.07.215>
7. Hong YK. The Roles of Social Workers for the Purpose of Well-Dying [master's thesis]. Gyeongnam: KAYA University, Gyeongnam; 2011. 79 p. Available from: http://www.riss.kr/search/detail/DetailView.do?p_mat_type=be54d9b8bc7cdb09&control_no=8e03cf5389b1d474ffe0bdc3ef48d419

8. Lee SH, Shin DE, Sim JA, Yun YH. Public Perception and Acceptance of the National Strategy for Well-Dying. *The Korean journal of hospice and palliative care*. 2013 June;16(2):90-97. DOI : <http://dx.doi.org/10.14475/kjhpc.2013.16.2.090>
9. Shin SH. A study of Integrated characters of Well-Dying. *The Korean Association of Buddhist Professors*. 2017;23(1):1-30. Available from: [http://www.ndsl.kr/ndsl/search/detail/article/article Search Result Detail. do? cn = ART002263301](http://www.ndsl.kr/ndsl/search/detail/article/article%20Search%20Result%20Detail.do?cn=ART002263301)
10. Yoo BH, Lee MA. A Study on Importance Evaluation on Planning Factors of Well-dying Space and Recognition Attitude of Well-dying in College Students. *Journal of the Korean Housing Association*. 2017 Jan;28(1):63-72. DOI: <https://doi.org/10.6107/jkha.2017.28.1.063>