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A Study on the Validity of Dying Well Education Expert License System For Ordinary People

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ABSTRACT

Background/Objectives: This study was conducted in order to secure the validity of the license system development for education training experts with the multidisciplinary knowledge of dying well by identifying the need for the dying well education and license system.

Method/Statistical Analysis: A total of 128 adults aged 19 or older who visited D Station in D city from April 14 to May 14, 2018 was randomly selected and surveyed, and the statistical program R was used for the analysis.

Findings: All subjects answered that dying well education is necessary, and that educators suitable for dying well education included experts, medical professionals, and religious leaders who received dying well education. Of the educational contents, care for terminal patients (hospice) and psychological healing were the most needed. There was a correlation between experts who received dying well education, terminally ill patients and their families, and nursing and elderly hospital workers.

Improvements/Applications: In order to secure the expertise of dying well education in the future, it is necessary to form a curriculum based on the results of this study and to train death education experts with multidisciplinary knowledge through the verification of a professional national license.

Keywords: *Dying well, Education, License System, ordinary people, Necessity, Validity*

Introduction

Recently, the elderly population and chronic diseases are increasing in Korea, and in addition to well-being[1], dying well culture that means good death and decent death is spreading as the interest in human death is growing [2]. Death is the end of life, and the right to die like a human being should be guaranteed by the concept of human dignity and human rights[3]. The term 'human-like' herein means more or less active death, which includes planning for death and dignified, beautiful death, not lonely death, and preparing for death on their own such as writing a will in advance and preparing for shroud [4]. In particular, dying well is important not only to alleviate the pain of death, but also to find the meaning of life[2]. In addition, as interest in terminal cancer patients has increased, the institutionalization of hospice and palliative care has been emphasized, and the need to apply health insurance has been raised, thus raising the discussion on the need for institutionalization. Although the hospice palliative medical institutions are operated, there are only a few independent facility type medical institutions and independent wards, which are models of ideal hospice palliative medical institutions, not providing good quality services.

The application of dying well programs to solve these social problems positively changes elderly people's perception of the meaning of life, self-efficacy, and successful aging and is an opportunity to realize the meaning of death, to think seriously about death, to look back on their life[5], and systematic and continuous

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program application management can be achieved through the development of dying well education contents and programs needed for the elderly in order to find ways to live a healthy and happy life psychologically as well as physical health through preparation for death of the elderly [2].

'Hospice palliative care' is the extensive treatment that checks the meaning of the time left until a patient who is unlikely to be cured dies and allows him/her to live during the time faithfully. With the 'Act on Decisions on Life-sustaining Treatment', it is overall treatment and care which alleviate the pain of terminally ill patients and help them to die a comfortable death physically and mentally and hospice, palliative care and hospice palliative care are used in the same sense[6].Hospice and palliative health care system should be transformed into a nation-wide 'National cultural movement for decent death' in which many leaders of society such as culture art world, academic world, religious world as well as the government participates[7]. In order to do so, it is necessary to train experts for institutional and professional education. In addition, it is necessary to develop programs for experts treating dying patients mainly in hospital intensive care units or hospice wards and death preparation course education of professional death preparation field educators and dying well of hospice dying patients sharply increased in proportion to the diagnosis of medicine in recent years and expand the subjects of dying well preparation education[8].

As the Dying well Act (Act on Life-Sustaining Treatment Determination) which determines not to carry out or discontinue medical care for life prolongation for patients in the dying process was enacted[9], the need for professional education for dying well has increased, and at present, the expertise of the education operating subject has been secured, and it is difficult to meet the increasing social demand related to dying well. Therefore, there is a high demand for professional death education experts in order to secure the expertise of dying well education[10]. Dying well preparation education programs should be conducted in a continuous and long-term way as part of life, not as an educational short-term program. Also, when constructing a program, it is necessary to constantly supplement and develop programs that can meet the psychological and social needs by reflecting the desire of participants and to activate them professionally[5]. In addition, information on dying well should be exchanged by establishing cooperative systems such as funeral instructors, death preparation educators, end care nurses, program experts, family therapists, hospice nurses, and social welfare practitioners who are experts in interdisciplinary fields[5].

Thus, this study not only includes knowledge of basic dying well but is to secure the validity of the license system development for training educators with overall multidisciplinary knowledge of death.

Method

Subject: Adult men and women aged 19 or older who visited D Station located in D city were randomly selected and surveyed. For four weeks from April 14, 2018, we visited D Station on Saturdays and conducted surveys only for those who wanted to participate in the study. A total of 128 people answered the survey.

Method: The study was approved by the Institutional Review Board (IRB No. KYU-2018-007-02) of Konyang University. The questionnaire consists of the following: The general characteristics were 3 items such as sex, age, religion. The subjects' perception of the need for dying well education and qualification courses, the need for each subject of the dying well education expert license educational contents of the subjects and the subjects' perception related to dying well education expert training course were composed of 4 items, 5 items and 3 items, respectively. Referring to Cancer Registration Standard Occupational Classification System (Korean Standard Occupational Classification), we carried out the study by classifying the occupations of the subjects into experts, students, ordinary people as independent variables.

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 occupations (expert, student, ordinary person), the perception of the need for dying well education and qualification course and the perception related to dying well education expert training qualification course were analyzed by performing the chi-square test and the need for each subject of the dying well education expert license educational contents by performing One-way ANOVA, and the canonical correlation analysis was carried out in order to identify the correlation between educators, educational subjects and perception related to qualification course.

Analysis Results

General characteristics of subjects: Table 1 shows the general characteristics of the subjects. The total number of subjects was 128, and men (9.4%) accounted for more than women (90.6%). In age, 29 or younger was the most common (48.4%), followed by 16.4% of 30-44 or older, 35.2% of 45 or older. In religion, no religion, Protestantism (Christianity), Catholics and Buddhism were found to be 46.1%, 29.7%, 7.8% and 16.4%, respectively.

Subjects' perception of the need for dying well education and qualification course: The Table 2 shows the subjects' perception of the need for dying well education and qualification course. All answered "Yes" to the question of "Do you think dying well education is necessary?". To the question of "If dying well education is necessary, who do you think is best for education?", the answer was found to be experts who received dying well education (82.0%) and medical personnel (14.8%) in, and both religious people (pastor, priest, monk) and others were found to be the lowest, 1.6%. Among groups of experts, students, ordinary people, experts who received dying well education were the most common, which showed a statistically significant difference (p<0.05). To the question of "for whom do you think dying well education is necessary?", the most answered all the people (51.6%), followed by nursing and elderly hospital workers (25.8%), terminally ill patients and their families (15.6%), medical personnel (6.3%), others (0.8%). To the question of "Which is the right institution for dying well education", the most people answered educational Institutions (Association or Society, Lifelong Education Center, Social Education Center, followed by university (25.0%), social welfare organs(General welfare center, senior welfare center, nursing facility, nursing home etc.) (19.3%), cultural Center (12.5%), Community Center(senior citizens' center, hall for senior citizens in addition to dong office) (7.0%), graduate school (3.1%), medical institutions (hospitals, public health centers, etc.) (2.3%), religious institutions (0.8%). In the expert group, university was the highest (37.8%) and Community Center(senior citizens' center, hall for senior citizens in addition to dong office) and religious groups were the lowest (no response). In the student group, educational institutions (Association or Society, Lifelong Education Center, Social Education Center) were the lowest (44.4%) and Cultural Center was the lowest (no response). In the ordinary people group, like the student group, educational institutions (Association or Society, Lifelong Education Center, Social Education Center were the highest and graduate school, religious institutions, medical institutions (hospitals, public health centers, etc.) were the lowest (no response), which showed a statistically significant difference (p<0.01).

Table 1: General characteristics of subjects

Category	N	(%)	Category	N	(%)
Sex			**Religion**		
Men	12	(9.4)	Christianity	38	(29.7)
Women	116	(90.6)	Catholics	10	(7.8)
Age			Buddhism	21	(16.4)
29 or younger	62	(48.4)	No religion	59	(46.1)
30~44 or older	21	(16.4)			
45 or older	45	(35.2)			
Total	128	(100.0)	Total	128	(100.0)

Table 2: Subjects' perception of the need for dying well education and qualification course

Unit :N(%)

Category	Expert		Student		Ordinary Person		Total		p-value
Do you think dying well education is necessary?									
Yes	37	(100.0)	54	(100.0)	37	(100.0)	128	(100.0)	
No		-		-		-		-	

Conted…

If dying well education is necesary, who do you think is best for education?									
Experts who received dying well education	30	(81.1)	49	(90.7)	26	(70.3)	105	(82.0)	0.047*
Religious people (pastor, priest, monk	1	(2.7)		-	1	(2.7)	2	(1.6)	
Medical personnel	4	(10.8)	5	(9.3)	10	(27.0)	19	(14.8)	
Others	2	(5.4)		-		-	2	(1.6)	
For whom do you think dying well education is necessary?									
Terminally ill patients and their families	7	(18.9)	8	(14.8)	5	(13.5)	20	(15.6)	0.082
Nursing and elderly hospital workers	11	(29.7)	7	(13.0)	15	(40.5)	33	(25.8)	
Medical personnel	1	(2.7)	5	(9.3)	2	(5.4)	8	(6.3)	
All the people	18	(48.6)	34	(63.0)	14	(37.8)	66	(51.6)	
Others		-		-	1	(2.7)	1	(0.8)	
Which is the right institution for dying well education?									
University	14	(37.8)	9	(16.7)	9	(24.3)	32	(25.0)	0.005**
Graduate school	1	(2.7)	3	(5.6)		-	4	(3.1)	
Educational Institutions (Association or Society, Lifelong Education Center, Social Education Center	10	(27.0)	24	(44.4)	12	(32.4)	46	(35.9)	
Religious institutions		-	1	(1.9)		-	1	(0.8)	
Social welfare organs(General welfare center, senior welfare center, nursing facility, nursing home etc.)	4	(10.8)	10	(18.5)	3	(8.1)	17	(13.3)	
Community Center(senior citizens' center, hall for senior citizens in addition to dong office)		-	6	(11.1)	3	(8.1)	9	(7.0)	
Medical institutions (hospitals, public health centers, etc.	2	(5.4)	1	(1.9)		-	3	(2.3)	
Cultural Center	6	(16.2)		-	10	(27.0)	16	(12.5)	
Total	37	(28.9)	54	(42.2)	37	(28.9)	128	(100.0)	
*$p<0.05$, **$p<0.01$									

The need for each subject of dying well education expert license educational contents of subjects: Table 3 shows the need for each subject of dying well education expert license educational contents of the subjects. The total average of the need for each subject was found to be 3.35 points, and psychological healing and care for terminal patients (hospice) were the highest (3.50 points), followed by communication (3.42 points), thanatology (3.35 points), funeral (2.96 points). In the expert group, care for terminal patients (hospice) was the highest and psychological healing was the highest (3.41 points) in the student group and the score is 3.62 in the ordinary people group, and psychological healing was found to be the highest like the student group.

Table 3: The need for each subject of dying well education expert license educational contents of subjects

Unit :Mean ± S.D

Category	Expert		Student		Ordinary person		Total		p-value
Thanatology	3.43	± 0.80	3.35	± 0.48	3.27	± 0.65	3.35	± 0.63	0.550
funeral	3.03	± 0.80	2.98	± 0.57	2.86	± 0.63	2.96	± 0.66	0.547
care for terminal patients (hospice)	3.57	± 0.83	3.43	± 0.50	3.54	± 0.73	3.50	± 0.68	0.566
Communication	3.41	± 0.90	3.37	± 0.56	3.51	± 0.80	3.42	± 0.74	0.657
Psychological healing	3.51	± 0.77	3.41	± 0.53	3.62	± 0.68	3.50	± 0.65	0.305
Total	3.39	± 0.82	3.31	± 0.53	3.36	± 0.70	3.35	± 0.67	
1point = lowest, 4 point=highest									

Subjects' perception related to dying well education expert training qualification course: Table 4 shows the subjects' perception related to dying well education expert training qualification course. In the effective lecture method during death education lecture, the most answered practice/experience style (37.5%), followed by use of video (35.2%), lecture style (16.4%), discussion style (10.2%). By group, the expert and student groups responded the most to the practice/experience style, while the ordinary people group responded the most to "Using video" (43.2%). In the item of appropriate education period for acquiring dying well education expert license, one semester (3 months) was found to be the highest (49.2%), followed by one month (22.7%), 6 months(17.2%), 1 year (9.4%), 1 week (0.8%), others(0.8%). In the item of appropriate educational expense for acquiring dying well education expert license, 43.0% answered 200,000 won~290,000 won followed by 300,000 won~390,000 won(25.0%), 400,000 won~490,000 won(16.4%), others(8.6%), more than 500,000 won(7.0%). Each group showed similar trends

Correlation factors between educators and subjects and qualification course related perception: According to the result of the canonical correlation analysis of educators and subjects, lecture method, education period, cost of education, six canonical functions were derived. Among them, 1 canonical function was found to be statistically significant ($p<0.05$). In the case of the top two canonical functions among them, when the chi-square value was 104.914 and the degree of freedom was 78, statistical significance was shown in the canonical function 1 ($p<0.05$). According to the standard canonical coefficients of canonical function 1, it was found that there was a correlation between experts who received dying well education as educators and terminally ill patients and their families, Nursing and elderly hospital workers as subjects. It was found that there was a correlation in all items of the lecture method and the education period, and there was a correlation between 400,000~490,000 won, 300,000~390,000 won, 200,000~290,000 won in the case of educational expense

Table 4: Subjects' perception related to dying well education expert training qualification course

Unit :N(%)

Category	Expert		Student		Ordinary person		Total		p-value
Effective lecture method during death education lecture									
Lecture style	3	(8.1)	10	(18.5)	8	(21.6)	21	(16.4)	0.176
Discussion style	7	(18.9)	5	(9.3)	1	(2.7)	13	(10.2)	
Use of video	13	(35.1)	16	(29.6)	16	(43.2)	45	(35.2)	
Practice/Experience style	13	(35.1)	23	(42.6)	12	(32.4)	48	(37.5)	
Others	1	(2.7)		-		-	1	(0.8)	
Appropriate education period for acquiring dying well education expert license									
One week		-		-	1	(2.7)	1	(0.8)	0.521
One month	10	(27.0)	12	(22.2)	7	(18.9)	29	(22.7)	
One semester (3 months)	16	(43.2)	29	(53.7)	18	(48.6)	63	(49.2)	

Conted…

6 months	5	(13.5)	10	(18.5)	7	(18.9)	22	(17.2)	
1 year	6	(16.2)	3	(5.6)	3	(8.1)	12	(9.4)	
Others		-		-	1	(2.7)	1	(0.8)	
Appropriate educational expense for acquiring dying well education expert license									
More than 500,000 won	4	(10.8)	3	(5.6)	2	(5.4)	9	(7.0)	0.620
400,000 won~490,000 won	8	(21.6)	8	(14.8)	5	(13.5)	21	(16.4)	
300,000 won~390,000 won	8	(21.6)	16	(29.6)	8	(21.6)	32	(25.0)	
200,000 won~290,000 won	13	(35.1)	25	(46.3)	17	(45.9)	55	(43.0)	
Others	4	(10.8)	2	(3.7)	5	(13.5)	11	(8.6)	
Total	37	(28.9)	54	(42.2)	37	(28.9)	128	(100.0)	

Table 5: Correlation factors between educators and subjects and qualification course related perception

Category		Standard Canonical Coefficient		Canonical Loadage		Canonical Cross Loadage	
		1	2	1	2	1	2
Educator	Experts who received dying well education	-.921†	-.323†	-.896	.204	-.445	.087
	Medical personnel	.039	-.680†	.828	-.242	.411	-.103
Subject	Terminally ill patients and their families	-.550†	-3.025†	-.351	-.679	-.174	-.290
	Nursing and elderly hospital workers	-.501†	-2.639†	-.031	.250	-.015	.107
	Medical personnel	-.172	-1.314†	.146	.230	.073	.098
	All the people	-.200	-3.290†	.206	.058	.102	.025
Lecture method	Lecture style	1.346†	1.435†	.318	-.235	.158	-.100
	Discussion style	1.116†	1.418†	.318	.100	.158	.043
	Use of video	1.363†	1.851†	.180	-.205	.089	-.088
	Practice/Experience style	.851†	2.278†	-.581	.380	-.288	.163
Education period	one week	-.900†	-.244	-.211	-.334	-.105	-.143
	one month.	-2.318†	1.305†	.134	-.112	.067	-.048
	One semester (3 months)	-2.904†	1.516†	-.047	.243	-.024	.104
	6 months	-2.280†	.969†	-.103	-.073	-.051	-.031
	1 year	-1.906†	.748†	-.047	-.002	-.023	-.001
Educational expense	More than 500,000 won	.023	.695†	.118	.444	.059	.190
	400,000~490,000 won	-.463†	.231	-.170	.067	-.084	.029
	300,000~390,000 won	-.524†	-.197	-.090	-.462	-.045	-.197
	200,000~290,000 won	-.478†	.346†	.004	.181	.002	0.77
		1			2		
Canonical Correlation		.497			.428		
Wilk's Lamda		.408			.541		
Chi-square		104.914			71.773		
df		78.000			60.000		
p-value		0.023*			0.142		
*p<0.05							

Conclusion

This study not only includes knowledge of basic dying well, but also aims to provide basic data for securing the validity of the license system development for training education experts with multidisciplinary knowledge about death. The results of this study are summarized as follows: First, all the experts, students, ordinary people answered dying well should be educated by experts who received dying well education, which was found to be significantly high($p<0.05$). Second, students and ordinary people answered that educational institutions (Association or Society, Lifelong Education Center, Social Education Center are appropriate for dying well educational institutions. In the case of experts, university was found to be significantly high ($p<0.01$). Third, the result of the canonical correlation analysis of educators and subjects, lecture method, education period, educational expense showed that there was a correlation between experts who received dying well education as educators and terminally ill patients and their families, nursing and elderly hospital workers as subjects. It was found that there was a correlation in all the items of the lecture method and education period. There was a correlation between 400,000~490,000 won, 300,000~390,000 won and 200,000~290,000 won in educational expenses ($p <0.05$). In conclusion, despite the development of medicine, it is necessary to traindeath education experts who have multidisciplinary knowledge through the verification of professional national license in order to carry out education and perception of death in order to finish the last period of life that cannot be avoided.

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