

A Study on Factors Affecting the Need for Preparation Education for Well-dying of University Students

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Abstract

This study aims to identify the influencing factors on the preparation education for well-dying of university students. To this end, this study investigated the 162 medical science students who had attended the thanatology lecture at K-university in Daejeon Metropolitan city for 15 weeks from March 1 to August 31 2014 after excluding those non-respondents. As for the continuous variables, independent sample t-verification was performed. Also, multiple regression was conducted with the factors affecting educational contents as the dependent variables. As a result of conducting the thanatology lecture as a class of liberal studies for one semester, one lecture a week for 4 weeks to death preparation experts would be suitable ($p < 0.05$) by making it as a regular class of university curriculum ($p < 0.001$).

Consequently, the education on death for undergraduate students of health and medical science department will lead to an increased need for understanding and death education on death by allowing them to look at their life and the phenomena related to death from the perspective of humanities and also the psychological and spiritual views. Moreover, it will be utilized as preliminary data for the development of death education program in addition to an improvement for the negative awareness of death among students.

Keywords: *Death, Death education, Death preparation experts, Death education content, Death education participation idea, Death education awareness*

1. Introduction

The concept of death to be used in general refers to a biological phenomenon and is understood to be the end of life for humans as a living thing and organism. There is no controversy medically and religiously for the fact that death means that physical continuity ends and a life is destroyed irreversibly although many religions argue that a life would be continued even after spirit is separate from human body [1]. Death is an inevitable process of life; thus, it would be very important to determine how to accommodate and treat death. Also,

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it would be more important for medical professionals to consider how to accommodate and treat death as they are always facing death. The debate on death from the biomedical perspective emerged as a general and objective concept from the end of the 18th century and this tendency brought about the clinical and pragmatic judgment criteria for death. Also, it became inevitable to identify medically the phenomenon related to death [2].

In fact, the studies on death have been performed based on the metaphysical and psychological meaning from the philosophical, cultural and religious aspects. It was also true that they were treated independently in each area with the direction of analyzing the meaning of death from the medical and social aspects. Those university students, who were at their early phase of adulthood, prepare to become a mature person by adapting to the rapidly changing social situation such as academic achievement, military service, employment, etc. and forming self-identity. Thus, it would be very important to have an opportunity to ponder over life and death as reconsidering the meaning of life at this time [3]. Helping people, who face death of others or are about to die, prepare for death would have a significant impact on the life of people who provide care [4].

The domestic and overseas studies related to death have a variety of study methods and subjects. However, most of the domestic studies on death have utilized the questions and concepts applied to Westerners; thus, these studies needed more understanding for the value of death [5]. Catholic priest and Professor Deeken classified death preparation education into the 4 steps. The first step was to delivery death information and the second step was to approach emotionally and the third step was to emphasize the value of life and death. The last was to the teach method step. It was to teach the education method in relation to death preparation education [6].

Death education is related to our own emotion toward ourselves, our live and the world in which we are living. It is not about avoiding grief. Rather, it is about helping handle it creatively to reflect on their life and establish a value for death [7]. Moreover, death education changes the attitude toward death and dying positively so that one can prepare well for death. As a result, it can help dying people and their family [8].

In overseas, the death education program for university students have been developed since the late 1990s. In particular, the critically ill patient death education program (The End of Life Nursing Consortium, ELNEC) was developed in 2000 in the United States. This program allows people to ponder over the meaning of life through the education on care, ethical issues, communication, post-death care for dying people and have a positive mindset for death so that they can form an appropriate attitude for death preparation [10].

In Korea, the death preparation education program was developed [11]. It includes the understanding of death, death of contemporary society, people caring life, handling loss and grief, proper life and death, etc. for nursing students. The study of [12] based on the literatures related to death education reflected on the positive attitude toward life and the meaning of life as a university student and proposed the need for development of education program for death preparation. The content thereof was consisted of search for death, acceptance of death and opening for death.

As for the death teaching method used in death education study, lectures and discussions have been mainly utilized. Also, the death related experiences and information and data have been provided through Internet [11]. As for the education period, it was very diverse in Korea, whereas the education was operated at the fixed time consistently in overseas. As for the thought on death, those with a positive attitude for death understood the meaning of death and had a proper mindset to prepare death well so that they could provide true help to those in need [13].

This study is to develop death education program that can be applied to university students by accepting the perspectives of public health care, humanities and sociology simultaneously in terms of understanding and handling a phenomenon of death. Thus, this study may be significant for providing preliminary data for the popularization and generalization of death preparation program.

Thus, this study aims to identify the influencing factors on well-dying preparation education for university students and provide preliminary data for successful development of death education program.

2. Study Methods

2.1 Survey Subjects

This study selected a total of 162 students as study subjects out of those undergraduate students majoring in medical science at K university in Daejeon Metropolitan city for 2 hours every week with a total of 30 hours for 15 weeks from March 1 to August 31, 2014.

2.2 Survey Methods

As for survey method, the health index, which was widely accepted for reliability and validity as being frequently used in many psychological health related epidemiological researches, and the development of death education programs for nurses [15] were modified and used for the purpose of this study. As for study items, the general characteristics were consisted of the following 5 items: gender, age, grade, religion, number of family members to live with. Death education institutes and education time were consisted of the 2 items of educational institutes and education time, whereas view on educators was consisted of the 1 item. View on death education period and education cost were consisted of the following 3 items: number of educate, required number of weeks for education and education fee. View on death education content was consisted of the 1 item and education content on those who are left and view on reason why death education has not been invigorated were consisted of the following 2 items: educational content for those who are left and reason why death education has not been invigorated. Lastly, there was one item for educational content influencing intention to participate in death education. Thus, this study was conducted with a total of 15 items.

2.3 Analytical Method

SPSS statistics program (version 16.0) with personal computer was used for analysis. As for the differences between the variables, cross analysis was used for nominal scale. Independent sample t-verification was conducted for continuous variables. Multiple regression analysis was performed with the influencing factors on educational contents as dependent variables. 5-point Likert scale scoring system was used with "Very important" for 5 points and "Not very important" for 1 point. A higher point in each upper area indicates a higher importance.

3. Study Results

3.1 General Characteristics of Study Subjects

As for the gender of those students having received death education, the men accounted for 18.5 % with 30 people and the women accounted for 81.5% with 132 people. As for the age, those under 20 years old accounted for 74.1% with 120 people and those over 21 years old accounted for 25.9% with 42 people. As for the grade, the second years students accounted for 90.7% with 147 people, followed by the third year students with 7.4%(12 people) and the fourth year students with 1.9%(3 people). Thus, the second year students accounted for a majority. Those with religion accounted for 42.6% with 69 people and those without religion accounted for 57.4% with 93 people. As for the number of family members to live with, 1 and 2 accounted for 22.2% with 36 people, respectively, whereas 3 with 55.6%(90 people) <Table 1>.

3.2 Death Educational Institutes and Education Time

As a result of analyzing the intention to participate in death education for each educational institute, university accounted for the largest %age with 38.6%(51 people) as the most appropriate place for death education, followed by associations, academic societies and lifelong educational centers with 25.0%(33 people) and current work place with 13.6%(18 people)($p < 0.001$). As for education time, undergraduate accounted for the largest percentage with 70.5%(93 people), followed by graduate school with 20.5%(27 people), middle school, high school, medical residents and medical specialists with 2.3%(3 people)($p < 0.001$) <Table 2>

Table 1. General Characteristics

unit: N(%)

Categories	Gender		Total
	Men	Women	
Age			
Young than 20	3(10.0)	117(88.6)	120(74.1)
Older than 21	27(90.0)	15(11.4)	42(25.9)
Grade			
Second Year	27(90.0)	120(90.9)	147(90.7)
Third Year	3(10.0)	9(6.8)	12(7.4)
Fourth Year	-	3(2.3)	3(1.9)
Religion			
Yes	6(20.0)	63(47.7)	69(42.6)
No	24(80.0)	69(52.3)	93(57.4)
Number of Family Members to Live with			
1 Person	6(20.0)	30(22.7)	36(22.2)
2 People	12(40.0)	24(18.2)	36(22.2)
3 People	12(40.0)	78(59.1)	90(55.6)
Total	30(18.5)	132(81.5)	162(100.0)

Table 2. Status of Death Educational Institutes and Education Time

unit: N(%)

Educational Institutes and Time	Intention to Participate in Death Education		Total	p-value
	Y	N		
Educational Institute				0.000
University	51 (38.6)	9 (30.0)	60 (37.0)	
Graduate School	12 (9.1)	9 (30.0)	21 (13.0)	
Educational Institutes (Associations, Academic Societies or Lifelong Education Centers)	33 (25.0)	6 (20.0)	39 (24.1)	
Social Welfare Institutes	6 (4.5)	6 (20.0)	12 (7.4)	

Medical Institutes	12 (9.1)	-	12 (7.4)	
Current Work Place	18 (13.6)	-	18 (11.1)	
Educational Time				0.000
Middle School	3 (2.3)	6 (20.0)	9 (5.6)	
High School	3 (2.3)	-	3 (1.9)	
University	93 (70.5)	12 (40.0)	105 (64.8)	
Graduate School	27 (20.5)	12 (40.0)	39 (24.1)	
Medical Resident	3 (2.3)	-	3 (1.9)	
Medical Specialist	3 (2.3)	-	3 (1.9)	
Total	132 (81.5)	30 (18.5)	162(100.0)	

3.3 View on Death Education Educators

Death preparation specialists accounted for the largest percentage with 77.3%(102 people) as a most suitable educator, followed by professors with 40.9%(54 people) and medical professionals with 15.9%(21 people).

<Table 3> View on Educators

Educators	Intention to Participate in Death Education		Total	p-value
	Y (n=132)	N (n=30)		
Professors	54 (40.9)	12 (40.0)	66 (40.7)	0.927
Priests	6 (4.5)	-	6 (3.7)	0.234
Medical Professionals (Doctors and Nurses)	21 (15.9)	3 (10.0)	24 (14.8)	0.411
Death Preparation Specialists	102 (77.3)	24 (80.0)	126 (77.8)	0.746
Social Workers	3 (2.3)	-	3 (1.9)	0.405

3.4 Views on Death Preparation and Education Cost

As a result of analyzing death education period and education cost, 1 time a week accounted for the largest percentage with 63.6%(84 people), followed by 2 times with 31.8%(42 people) and 3 times with 4.5%(6 people). As for the required number of weeks for education, 4 weeks accounted for the largest percent with 36.4%(48 people)($p < 0.05$), followed by 2 weeks with 20.5%(27 people) and 3 weeks and more than 9 weeks with 11.4%(15 people), respectively($p < 0.05$). As for education fee, free accounted for the largest percentage with 45.5%(60 people), followed by less than KRW 100,000 with 34.1%(45 people), around KRW 200,000 with 15.9%(21 people) and around KRW 300,000 with 4.5%(6 people) <Table 4>.

Table 4. Views on Death Preparation Period and Education Cost

Death Education Period and Education Cost	Death education		Total	p-value
	Y	N		
Number of Education a Week				0.386
1 Time	84 (63.6)	18 (60.0)	102 (63.0)	
2 Times	42 (31.8)	12 (40.0)	54 (33.3)	
3 Time	6 (4.5)	-	6 (3.7)	

Required Number of Weeks for Education				0.003
1 Week	6 (4.5)	-	6 (3.7)	
2 Weeks	27 (20.5)	3 (10.0)	30 (18.5)	
3 Weeks	15 (11.4)	3 (10.0)	18 (11.1)	
4 Weeks	48 (36.4)	15 (50.0)	63 (38.9)	
5 Weeks	9 (6.8)	-	9 (5.6)	
6 Weeks	9 (6.8)	-	9 (5.6)	
8 Weeks	3 (2.3)	6 (20.0)	9 (5.6)	
More than 9 Weeks	15 (11.4)	3 (10.0)	18 (11.1)	
Education Cost				0.059
Free	60 (45.5)	18 (60.0)	78 (48.1)	
Less than KRW 100,000	45 (34.1)	12 (40.0)	57 (35.2)	
Around KRW 200,000	21 (15.9)	-	21 (13.0)	
Around KRW 300,000	6 (4.5)	-	6 (3.7)	
Total	132 (81.5)	30 (18.5)	162 (100.0)	

3.5 View on Death Education Contents

As for death education content, they responded that meaning and awareness of death and value of life, fear for death, reduction of fear and method to overcome fear were some of the most required contents. They also said that the most required thing was understanding of modern people about death, followed by reflection and organizing the past life, medical tips and prevention for sudden death, writing will and legal effect, heritage handling, things that one want to leave to the world (sharing and social contribution), hospice education, caring cancer patients, telling truth about disease and planning one's funeral in advance ($p < 0.05$) <Table 5 >.

Table 5. View on Death Education Contents

Death Education Contents	Intention to Participate in Death Education		Total	p-value
	Y(n=132)	N(n=30)		
Koreans' understanding about death	3.64±0.77	3.50±0.68	4.00±0.61	0.375
Modern people's understanding about death	4.07±0.62	3.70±0.46	4.00±0.61	0.003
Meaning and awareness of death and value of life	4.34±0.60	3.80±0.40	4.24±0.61	0.000
Fear of death, reduction of fear and method to overcome fear	4.34±0.70	4.00±1.11	4.28±0.80	0.036
Think more frequently about death	3.41±0.96	3.10±1.06	3.35±0.98	0.122
Overcoming loss and grief due to death	3.95±0.77	3.90±0.54	3.94±0.73	0.714
Value of time and meaningful future life	4.25±0.85	4.40±0.67	4.28±0.82	0.372
Death and next life (religious understanding about spirit and body)	2.95±0.98	3.00±1.07	2.96±0.98	0.820
Removing taboos about death and accepting death positively	3.64±0.74	3.10±0.712	3.54±0.75	0.000

Ethical issues about death and death process	3.91±0.76	4.00±0.78	3.93±0.76	0.560
Identifying issues from forensic science	3.89±0.83	3.70±0.79	3.85±0.82	0.267
Creating will and legal effect, heritage handling	3.95±0.90	3.50±1.04	3.87±0.94	0.017
Planning one's funeral in advance	3.70±1.08	3.20±0.76	3.61±1.04	0.017
Reflection and organizing the past life	4.00±1.02	3.60±0.67	3.93±0.98	0.044
Things one want to leave to the world (sharing and social contribution)	3.98±0.86	3.50±0.82	3.89±0.87	0.007
Suicide and suicide prevention	4.45±0.75	4.40±0.81	4.44±0.76	0.725
Hospice education, caring cancer patients, telling truth about disease	3.75±0.93	3.30±0.79	3.67±0.92	0.016
Aged society, aging and change and characteristics at old age	3.59±0.96	3.40±0.81	3.56±0.93	0.316
Medical tips and prevention for sudden death	4.00±0.95	3.30±0.91	3.87±0.98	0.000
Actual cases and method of death preparation	3.93±0.75	3.80±0.88	3.91±0.77	0.404
Reconciliation and forgiveness	3.91±1.02	3.70±0.91	3.87±1.00	0.305

3.6 Educational Contents for Those Who are Left and View on Reason Why Death Education has Not Been Invigorated

As for educational contents for those who are left, psychological stability to reduce grief and guilt due to loss accounted for the largest proportion with 52.3%(69 people), followed by information provision to plan for the future with 36.4%(48 people), information on funeral process and ceremony with 6.8%(9 people) and helping having proper interpersonal relationship with 4.5%(6 people)($p < 0.05$). As for the view on reason why death education has not been invigorated, the lack of awareness on death education in Korean society accounted for the largest proportion with 50.0%(66 people), followed by being uncomfortable to tell about death with 20.5%(27 people), being unable to afford to think the last phase of life called death with 18.2%(24 people) and the fact that death has been conducted based on religious organizations with 6.8%(9 people) <Table 6>.

Table 6. Educational Contents for Those Who are Left and View on Reason why Death Education has Not Been Invigorated

Death education period and education cost	Death education		Total	p-value
	Y	N		
Educational contents for those who are left				0.016
Information on funeral process and ceremony	9(6.8)	3(10.0)	12(7.4)	
Information provision to plan for the future	48(36.4)	3(10.0)	51(31.5)	
Helping having proper interpersonal relationship	6(4.5)	-	6(3.7)	
Psychological stability to reduce grief and guilt due to loss	69(52.3)	24(80.0)	93(57.4)	
Reason why death education has not been invigorated				

Being unable to afford to think the last phase of life called death	24(18.2)	9(30.0)	33(20.4)
Lack of awareness on death education in Korean society	66(50.0)	9(30.0)	75(46.3)
Lack of death education by media	3(2.3)	6(20.0)	9(5.6)
Death has been conducted based on religious organizations	9(6.8)	3(10.0)	12(7.4)
Being uncomfortable to tell about death	27(20.5)	3(10.0)	30(18.5)
Others	3(2.3)	-	3(1.9)
Total	132(81.5) (100.0)	30(18.5) (100.0)	162(100.0) (100.0)

4. Discussions

Recently, Korean society is moving away from the area of life gradually due to the development of medical technology and urbanization. The death in the traditional society had co-existed with the area of life. According to the data of 2013 Census Bureau, the proportion of those who had seen their last day in hospital was 71.6% in 2013 from 12.8% in 1989. In other words, the percentage of people who died at home in 1989 was 77.4%; however, it was down to 17.6% in 2013. Koreans now face death in a special place called hospital rather than home. In this regard, the place to handle death was moved from ohm to funeral hall, particularly hospital funeral hall. Only several decades ago, home was a place of giving birth and also facing death in Korean society. However, hospitals are performing these functions today.

The findings of this study made them recognize the need for death education. According to the results of this study, those who received the death education accounted for 6.1 %; thereby, showing a very poor state of death education. Among them, the women accounted for 82.4 %. Thus, it was possible to know that women would participate more actively in death education than men as shown in the study of Cha. As for religion, christianity accounted for the largest proportion with 52.9 %. As shown in the study of Kim et al. (2009)[16], those having religion had a more positive attitude for death than those having no religion; thus, they tended to participate in death education more actively. However, the difference was not significant. This finding reflected the reality of Korea about the insufficient level of experiences on death education and the concentration of death education in the specific groups.

As for the content and configuration of death education, an interdisciplinary method was demanded rather than an isolated method that had been conducted in each academic field including humanities, medical science, sociology, religious studies. Decene, proposed the first phase to deliver death related information, the second phase to approach emotionally, the third phase to emphasize the values of life and death and the last phase to teach education method in relation to death preparation education as for death education content reflecting interdisciplinary approach method [17]. It is imperative to reflect the requirements from actual patient treatment in addition to theory as for communication technical education. It is also imperative to conduct well-balanced theory and practices. In this study, we also confirmed that it was required to inform patient's status to medical staffs and custodians first when a patient was critically ill. In other words, medical staffs would have to continue to make efforts to improve their communications skills by increasing the awareness of the importance of learning communication skills [18].

According to the survey conducted on the 1,055 patients in 2004 by Korea Hospice and Relaxation Medical Society, the most important thing for facing death with dignity was "not giving burden to others" (27.8%), followed by "being together with family members and personally important people" (26.0%). This indicates the need for an independent dying space. Of course, the most appropriate dying space is home. However, it is necessary to install a

dying room at hospitals in consideration of the reality that it is not easy to carry dead body in apartments and a lot of people are living in a rented room. Based on the surveys conducted by Korea Hospice and Relaxation Medical Society, more than half of the respondents (54.8%) selected home as the ideal dying place, followed by hospitals (28.0%) and hospice institutes (7.9%)[19]. Also from this thesis, "because loved ones such as family members can watch me dying" (68.4%) was the most important reason to select home; thereby, reflecting the fact that patients desire to die at their home. As a result of Gallop poll in the United States, the proportion of those who desired to die at home account for almost 90%. This finding indicated that they deemed home more important than we did. As for an appropriate place to die, home accounted for the largest proportion with 147 people (52.3%), followed by medical institutions and social welfare facilities. In Korea, more and more people use hospitals as a place to die. However, the fact that the respondents of this study were thinking their home as a place to die indicated that there was a difference between their thought and reality. Thus, it reflects the demand for a change in Korea's medical culture system in the future.

Kang(2010)[20] revealed that death preparation education in overseas had been progressed long time ago and the death preparation education has been conducted to students at all levels ranging from elementary school students to university students in Western countries and Japan. She also presented the need for education for experts as life-long education for general public. In this thesis as well, death preparation education experts accounted for the largest group as teacher of death education among those having received death education, followed by priests, medical professionals (including nurses). Among those not having received death education, death preparation education specialists accounted for the largest percentage, followed by priests, medical professionals (including nurses), social workers and professors. As a result, we can know that we need death preparation education specialists.

Consequently, the education on death for undergraduate students of health and medical science department will lead to an increased need for understanding and death education on death, an improvement for students' positive attitude toward death and also an improvement of understanding and sensibility for patients by allowing them to look at their life and the phenomena related to death from the perspective of humanities and also the psychological and spiritual views.

This study that includes the medical and humane perspective simultaneously on death will contribute to the development of "death education" program that is specialized for undergraduate students majoring in health and medical science.

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