

Investigation for How Koreans Construct the Concept of Dying Well

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ABSTRACT

The subject of dying well has attracted much attention, but to date there have been few papers that have examined what this actually means and what components must be present to qualify as dying well. The present study investigates how Koreans envision dying well, how this is affected by demographic factors, and how their ideas correlate with factors related to quality of life. A total of 1,000 survey participants were recruited nationwide by means of a stratified random sampling method for each region, gender, and age group. Based on previous studies conducted on the perception of dying well or a “good death,” we came up with six main themes of that we further classified into 20 subthemes. We constructed a dying well assessment tool using a total of 57 items and used these to conduct a survey through Gallup Korea. The items covered matters such as death preparation, religious and spiritual factors, physical symptoms, medical treatment, social relationships, and death environment. The quality-of-life (QOL) index and the perception of dying well were highly correlated regardless of the theme, with a high QOL generally correlated with a high score for dying well. For Koreans, the general perception of dying well is most strongly associated with death preparation, such as the making provisions for the costs associated with dying and making funeral arrangements. The next-most important component is the acceptance of death and psychological dignity such as spirituality. From a demographic point of view, individual health and stress conditions had some significant correlations with subthemes of dying well. Other factors did not show significant correlation. Surprisingly, it was found that age did not change Koreans’ perceptions of what it means to die well. Discussions about death and dying well are increasingly relevant in aging populations, but it does not appear in various forms at the individual level in reality. Future studies will need to develop measurement tools around more sensitive issues of death or investigate the developmental aspects of thinking through longitudinal research.

Keywords: *Dying Well, Good Death, Quality of Life, Palliative Care, Aging, Hindrance Factor*

Introduction

Korea’s life expectancy is sixteenth in the world and still improving ^[1]. Like many countries, however, it is also facing a rapidly aging society and a decreasing birth rate ^[2]. These factors, taken together socioeconomic problems such as pension concerns, medical expenses,

and reduced productivity have left a significant portion of the Korean population facing a serious decrease in their quality of life (QOL) ^[2]. This has led to increasing questions concerns about the next phase: quality of death. We all hope to die well, but what does that mean? The study aimed to shed light on that question.

Traditionally, the young cared for the old and sick. Parents and grandparents lived and died in the homes of their relatives. This happens with far less frequency today, not just in Korea but worldwide. The number of Koreans living alone has been rising steadily for decades, and this includes the elderly—especially elderly women; in 1960, the number of elderly widows living alone was about half what it was in 2010 ^[3].

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Recently, discussions of dying well have been attracting attention, and considerable research several social movements are under way in efforts to improve the quality of life and the quality of death of the elderly population. Despite this, while there have been many studies what constitutes QOL when it comes to policy; social and psychological support; and economic and environment status, there have been few comparable studies for dying well.

To develop a new welfare policy for the elderly and to improve the efficiency of existing policies that are customized to address the problems in today's society, it is essential to investigate the perception structure of dying well and the obstacles to dying well. Evidently, from an academic point of view, dying well is a complex concept that includes the philosophical understanding of death, the mindset for a happy life, concrete action plans and attitudes, the psychological state or reaction to death, physical preparation, social relationships, some medical knowledge, and awareness. Therefore, it is important to investigate and systematically identify this complex cognitive framework in Koreans.

The literature on dying well can be divided into two main areas: (1) developmental aspects or general perceptions of dying well or a good death; and (2) the concept of dying well or a good death in those who are faced with it, in medical experts, or among family members who have witnessed it—for example, patients with cancer ^[4], patients in nursing homes or long-term care facilities ^[5], patients receiving palliative or hospice care ^[6], families of patients ^[7], and nurses in hospices ^[7]. As discussed earlier, few of these studies reveal insights into the public's perception of dying well, and none of these focus on it specifically.

Typical measurement tools used to investigate dying well are the Quality of Dying and Death Questionnaire (QODD) or a modified version ^[9,10]; the Good Death Scale and the Good Death Inventory (GDI) ^[11]; and the Quality of Dying in Long-term Care (QOD-LTC) ^[12]. These measurement tools are actually designed to investigate those who have experienced death directly rather than to investigate the perceptions of the general public.

Although some differences may exist, summarizing the perception structure of dying well based on the relevant literature yields seven major components that people consider: physical, psychological, social,

spiritual and existential experience; the nature of health care; life closure and death preparation; and the circumstances of death. Physical symptoms and control over some components of dying from a physical point of view is associated with fear of physical pain and a desire for personal control over our own pain. Control of physical symptoms is expected to play an important role in dying well, and fear of death in general likely plays a major role in whether a death is viewed as “good” or not. Other elements likely associated with dying well are not having to rely on mechanical devices (or having to), living the last moments free of pain or suffering (or not), feeling comfortable, content, and confident that you are not leaving your family economically distressed by your death (or not) ^[12].

Death preparedness consists of reducing psychological and economic burdens; finalizing funeral preparations; and making relationship, work, and personal arrangements. In a study conducted with the elderly population, death anxiety averaged 3.04 points, with 64% showing little or no death preparation; not surprisingly, death anxiety increases with the failure to prepare for death ^[13].

Death environment consists of preferred place of death and the presence of others. Previous studies have shown that dying in a preferred place is associated with dying well; typically, the preferred places named are either those best equipped to handle death, such as hospices or nursing home facilities, or at home. The preference varies depending on the educational background and the number of family members ^[14].

In terms of social relationships, family is the most direct and important area of individuals' social and cultural environment that affects disease prevalence among the elderly. Family plays an intermediate role in linking the elderly and society, acting as the major factor in dying well by providing direct support in researching problems, solutions, and resources. Friends and neighbors are also important, but the support they provide is far less in terms of duration or strength ^[14]. Most of the social support comes from family members as the end of life approaches ^[4].

The hospital treatment environment consists of questions about adequate care, specialized care and reflection of personal wishes with respect to prolonged care versus euthanasia and death with dignity versus a

natural death. Studies have found that the factors that interfere with the best decision-making in actual hospital settings are the characteristics of family relations in Korea in which family members act on behalf of the patients based on familism; communication problems among medical staff and the patients' families; and the public's passive attitude toward clinicians' burdens in making decisions [16].

Increasingly, the place of death has moved from home to hospital. Naturally, this means increased access to means to prolong life artificially, such as artificial respiration, cardiothoracic devices, cardiopulmonary resuscitation, kidney dialysis, artificial nutrition, etc., meaning that the number cases of mere extension of life where the patient would have died in the past have increased [16].

Finally, religiosity and spirituality come from psychological affirmation, psychological acceptance, meaning and purpose of life, dignity, self-respect, and transcendence. In terms of spirituality, the general view is that dying well is a process of facing death in a state of awakening the soul through religious prayer or meditation. To overcome death anxiety with a transcendental belief in death, a psychological component, and to face death with a sense of happiness, psychological spirituality can intervene, and many studies have suggested that a relationship between spirituality and death anxiety is important. However, a more systematic approach has not been made [17].

Based on the existing literature, this study designed a measurement tool of dying well to measure the economic, social, medical, psychological, and environmental factors of dying well to investigate what dying well means to Koreans. In addition, we investigated how dying well correlates with people's QOL and tried to extract qualitative parts of life to enhance dying well.

Materials and Method

Research Subjects: Subjects were randomly sampled from each group using a stratified random sampling method. The distribution and collection of questionnaires was conducted by Gallup Korea throughout February 2018. To obtain written consent of the subjects, the consent form was prepared and obtained from the subjects prior to conducting the survey, and the permission information included the purpose of the

study, a description of the participation, and the consent for disclosure of personal information used in the study.

Perception of dying well was considered to be influenced by individual life cycle characteristics and environment, so we set gender, age group, and region (17 cities) as stratification variables. Based on statistics issued by the Ministry of Public Administration and Security (as of the end of November 2017) on resident populations, we used proportional allocation. After the final IRB approval, we conducted a one-on-one survey on a total of 1,000 people through Gallup Korea (Table 1).

Measurement Tools (Materials): Dying well measurement tool. To investigate the perception of dying well in Koreans, we extracted six factors based on the existing literature, and then further divided them into 20 subthemes (Table 3). The final questionnaire consisted of 57 items based on these detailed factors.

Quality of life measurement tool. In the present study, we used the WHOQOL-BREF tool, created by WHO and adapted into Korean by Man et al. (2002), to measure QOL. The four subfactors were physical health, psychological health, social relationship, and environment.

Analysis method. Analysis was done using statistical Program R. Frequency analysis was conducted for gender and age, among other items in the questionnaire; and descriptive statistics analysis was performed on factors that constitute dying well for Koreans. We analyzed correlation between socio-statistical variables and the components of dying well and between the perception of dying well and QOL.

Table 1: Distribution of Survey Participants

Frequency of Demographic Variables (N)		N	(%)
Gender	Male	502	(50.2)
	Female	498	(49.8)
Age	Ages 19–29	190	(19.0)
	Ages 30–39	187	(18.7)
	Ages 40–49	217	(21.7)
	Ages 50–59	212	(21.2)
	Ages 60–69	160	(16.0)
	Ages 70–74	34	(3.4)
Total		1,000	(100.0)

Results and Discussion

Correlation between Dying well and Demographic Characteristic Factors: First, we looked at the correlation between socio-statistical variables and the components of dying well. As shown in Table 2, the correlation between the perception of dying well and socio-demographic factors was small. In particular,

there was no correlation between Koreans’ change in age and their change in perception of dying well. The level of education correlated with the religious and spiritual aspects of death, and stress levels correlated with medical care and health status, death environment, and social relationships. Lastly, those who thought that they were interested in dying well thought that death conditions and medical care were important (Table 2).

Table 2: Correlation between Dying well and Demographic Characteristic Factors

	Age	Education	Sleep	Stress	Health	Interest of Dying well
Symptoms & Personal Control	.061	.020	-.019	.024	.028	.044
Preparation for Death	.035	.009	.006	.045	.021	.051
Death environment	.047	-.003	-.004	.045	.078*	.139**
Family & Social relationship	-.030	-.037	.052	.055	.102**	.038
Medical care	.023	.041	-.019	.078*	.053	.089**
Religiosity & spirituality	-.005	.070*	.013	.030	.047	.023

* Correlation is significant at the 0.05 level(t-tailed)

** Correlation is significant at the 0.01 level(t-tailed)

Mean of Main Themes of Dying well: Figure 1 and Table 3 show the factors that constitute the dying well as perceived by Koreans. The most important factor is death preparation, followed by psychological dignity, physical symptom and personal pain control, hospital treatment, family social relationship, and death environment [F(5, 4825) = 102.86, p < 0.001)] (Figure 1). Among subthemes, psychological acceptance had the highest score for dying well in Koreans, followed by psychological and economic burden (Table 3).

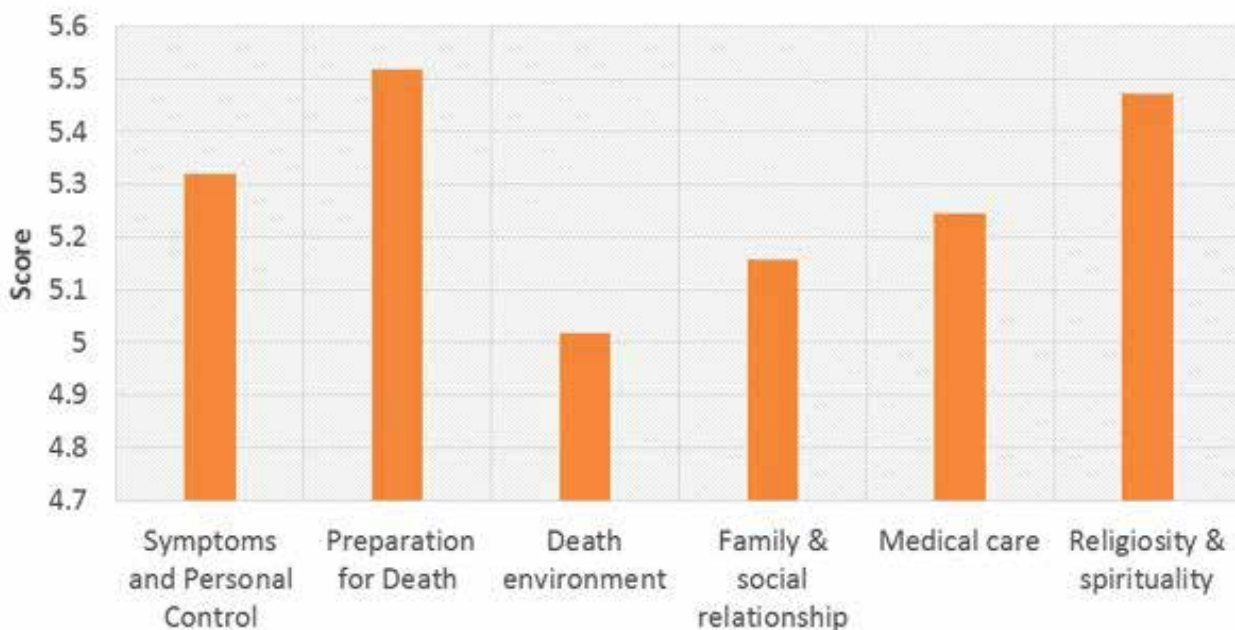


Figure 1: Mean of main themes of well-dying

Table 3: Means of the Subthemes of Dying well

Core Themes	Subthemes	Mean	Stv.
1. Symptoms and personal pain control	1. Pain-free status	5.30	1.01
	2. Control of body	5.34	0.93
2. Preparation for death	3. Healthcare costs covered	5.61	0.77
	4. Funeral arrangements in order	5.31	0.92
	5. Arrangements of personal concerns	5.56	0.74
	6. Goodbyes said	5.59	0.82
3. Death environment	7. Place of death arranged	5.38	0.86
	8. Special place of death	4.66	1.14
	9. Having others present at time of death	5.10	0.98
4. Family & social relationship	10. Arrangement of family relationship	5.38	0.77
	11. Arrangement of social relationships	4.99	0.91
5. Medical care	12. Adequate medical care	4.97	0.93
	13. Preferences for dying process	5.21	0.78
	14. Euthanasia death with dignity	5.56	0.89
	15. Natural death	5.58	0.83
6. Religiosity & spirituality	16. Emotional support	5.53	0.83
	17. Acceptance of death	5.64	0.73
	18. Meaning and purpose in life	5.45	0.79
	19. Maintained dignity and self-respect	5.43	0.81
	20. Transcendence	5.22	0.85

Quality of Life: Among the four subthemes of life quality for Koreans as shown in Table 4, physical condition showed the highest score followed by psychological, environmental, and social condition [$F(3, 2997) = 156.23$].

Correlation between Dying well and Quality of Life: Table 5 shows the correlation between the perception on dying well and QOL. Factors that constitute dying well were correlated with the subthemes of QOL. Those who rated their QOL high generally scored high on most dying well items. Environmental factors were rated somewhat higher in explaining the perception of dying well than other factors in terms of QOL ($r^2 = .06$).

Table 4: Mean of Quality of Life

Quality of Life Subthemes	Physical quality	Psychological quality	Environmental quality	Social quality
Score	5.14	4.80	4.77	4.76

Table 5: Correlation between Dying well and Quality of Life

	Symptoms and Personal Control	Preparation for Death	Death environment	Family & Social relationship	Medical care	Religiosity & spirituality
Physical quality	.142**	.122**	.117**	.141**	.143**	.172**
Psychological quality	.111**	.136**	.093**	.119**	.090**	.187**
Environmental quality	.202**	.227**	.228**	.213**	.204**	.244**
Social quality	.153**	.189**	.127**	.214**	.169**	.215**

** Correlation is significant at the 0.01 level (t-tailed)

Conclusion

For Koreans, the general perception of dying well is most strongly associated with death preparation, such as the making provisions for the costs associated with dying and making funeral arrangements. The next-most important components are the acceptance of death and psychological dignity such as spirituality. From a demographic point of view, individual health and stress levels had some impact on dying well. Other factors did not show significant correlation. Surprisingly, it was found that age did not change respondents' perceptions of dying well. Although the general assumption is that the older we get, the more likely we are to be interested in death and dying well, this turns out not to be so. Our survey results revealed very little difference between the generations of Koreans in their perceptions of dying well. This means that dying well in Korean people is thought in abstractive and normative level but not in real life.

As discussed earlier, there is not much research on the general public's perception about dying well in Korea. Although more research is needed, the results of this study suggest that Koreans in general do not connect much the end of life with current life and social conditions. What is interesting is that educational experience about dying well leads to a broader sense the complexities of dying well and allows people to understand that dying well is not just an individual matter, providing more evidence that it is important to raise the level of education and awareness of dying well.

Ethical Clearance: The study was approved by the Institutional Review Board (IRB No. KYU-2018-003-03) of Konyang University.

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REFERENCES

1. South Korea Population [Internet]. [cited 2018 Sep 24]. Available from: <http://http://worldpopulationreview.com/countries/south-korea-population/>
2. Boyoung J., Soonman K. "Health and long-term care systems for older people in the Republic of

- Korea: Policy challenges and lessons", *Health Sys Reform*, (2017).
3. Hyunjoon P., Jaesung C. "Long-term trends in living alone among Korean adults: Age, gender, and educational differences", *Demog Research*, (2015).
4. Payne SA., Langley-Evans A., Hillier R. "Perceptions of a good death: a comparative study of the views of hospice staff and patients", *Palliat Med*, (1996).
5. Costello J. "Dying well: Nurses' experiences of good and bad deaths in hospital", *J Adv Nurs*, (2006).
6. Granda-Cameron C., Houldin A. "Concept analysis of good death in terminally ill patients", *Am J Hosp Palliat Care*, (2012).
7. Steinhauer KE., Clipp EC., McNeilly M., Christakis NA., McIntyre LM. & Tulsky JA. "In search of a good death: Observations of patients, families, and providers", *Ann Intern Med*, (2000).
8. DelVecchio Good MJ., Gadmer NM., Ruopp P., Lakoma M., Sullivan AM., Redinbaugh E., Arnold Robert M & Susan D Block. "Narrative nuances on good and bad deaths: Internists' tales from high-technology work places", *Soc Sci Med*, (2004).
9. Curtis JR., Downey L., Engelberg RA. "The quality of dying and death: Is it ready for use as an outcome measure?", *Chest*, (2013).
10. Munn JC., Zimmerman S., Hanson LC, Williams CS., Sloane PD., Clipp EC, et. al. "Measuring the quality of dying in long-term care", *J Am Geriatr Soc*, (2007).
11. Miyashita M., Morita T., Sato K., Hirai K., Shima Y. & Uchitomi Y. "Good death inventory: A measure for evaluating good death from the bereaved family member's perspective", *J Pain Symptom Manag*, (2008).
12. Ezekiel J Emanuel. "The promise of a good death", *The Lancet*, (1998).
13. Mark Hoeltherhoff., Man Cheung Chung. "Death anxiety and well-being: Coping with life-threatening events", *Traumatology*, (2013).

14. National Hospice and Palliative Care Organization [Internet]. History of Hospice. Available from: <http://www.nhpc.org/about/hospice-care>.
15. Abel J., Bowra .J, Walter T., Howarth G. “Compassionate community networks: Supporting home dying”, *BMJ Supportive & Palliative Care*, (2011).
16. Young-Tae S. Physician’s Experience about ‘Dying with Dignity’ [master’s thesis]. Seoul: Yonsei University, 15p, (2010).
17. Hag-Bong H. Relationship between death anxiety and spirituality [master’s thesis]. Seoul: Korea University, 46p, (2015).