

Awareness towards Death among Korean People; A Q- methodology Study

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ABSTRACT

Objectives: The purpose of the present study was to analyze the awareness towards death among Korean using Q-methodology, to offer a data for care intervention of Korean people. **Methods/Statistical Analysis:** A convenience sample of 31 participants, who were living in community residence at two Metropolitan Cities, classified 40 Q-samples using nine point scales. The collected data were analyzed using QUANL program. **Findings:** Three Perspectives emerged on awareness towards death in Korean people: life-attached, traditionalist, and death-rejecter. The three factors accounted 48.4% of total variance: factor 1 (32.7%), factor 2 (8.6%), and factor 3 (7.1%), respectively. Of the total 31 participants, 13 belonged to factor 1, 11 belonged to factor 2, and 7 to factor 3. The results of the study will conduce to understanding that healthcare providers have of the awareness of Korean people toward death. **Improvements/Applications:** The findings represent that differentiated interventions for death education program is recommended based on the three perspectives of death awareness in Korea.

Keywords: Awareness, Death, Korean socio-cultural Context, Q-methodology

1. Introduction

Patterns on awareness about death varies from person to person and the coping behavior in the face of death or dying is various and complicated, vary depending on the social and cultural context, place and method of death, and personal circumstance, feel, and act towards life^{1,2}. Comprehending an experience of death and dying have been explored systematically, but this is a question that people have asked since the beginning of history. Death is a universal experience, which is inevitable for all human beings. Therefore, how we face the death is a very serious subject. In addition, it is significant to plan researchers that permit researchers to investigate the social and cultural aspects of death related values, social customs and manners. To take care of the dying person should consider focus to the personal subjectivity of his/her own experiences about death and dying³. Most previously published researches are quantitative studies⁴ about the death in

Korea. Recently, there are a few researches in qualitative method^{5,6}. Since death experience is a unique and personal something, it is worthwhile to attempt to explore about the subjective value of death. Hence, identifying Korean people' awareness about death is essential for informing a systematic intervention to offering comfortable and dignified dying care from their death in clinical practice. Q-methodology affords the researcher to explain and understand an individual's subjective experience by objectifying his or her attitudes⁷. The present study identified the awareness toward death in Korean people within the Korean social and cultural background.

2. Purpose

The main of this paper is to analyze the awareness in Korean people about death, to identify the patterns and subjective structure of awareness based on perceptions, also to provide data for death education programs.

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3. Method

3.1 Research Design

We applied the Q-methodology which provides a method of analyzing the awareness toward death among Korean people. It identifies or informs the scope of viewpoints concerning an interest subject under exploration. The purpose of this method is to explore differentiate types of perception, thought, and attitude. Researches applying the Q-method employ small sample doctrine^{7,8}. The findings from a Q-methodology study propose how people resolve their concerns; also, they can anticipate the success of the intervention⁹.

3.2 Research Procedure and Data collection

The research processes are shown in Figure 1.

3.2.1 Concourse Development

In the primitive stage, we gathered belief, idea, and view statements concerning awareness about death and dying. We did so through personal interviews with adults in various conditions who live in Korea. Another data source conducted a comprehensive review of literature of death and dying. Collected Q-statements contained wide opinions such as thoughts, ideas, views, or beliefs towards death or dying. Through this process, total sample of 127 Q-statements were developed as the concourse.

3.2.2 Q sample Selection

At the second stage for a selection of Q-samples, the-matically analysis identified seven major themes. These

selections were carefully discussed until agreement of opinions was reached on a final Q-sample of 40 typical and distinctive statements, and then, the Q-samples were randomly assigned a number on the cards.

3.2.3 P-sample Selection

Q-method employs typically small samples, but the selected P- sample should reflect the scope of view among the mark population. Convenient P-samples who are relevant to the research issue under consideration was hired to participate in the study. Thus, P- sample of 31 participants, who were indwelling in Seoul and Incheon, Korea were invited. Data was successfully collected from 31 participants from May to September, 2014. Participants' sociodemographic characteristics are shown in Table 1.

3.2.4 Sorting the Q-sample

At the third stage, 31 P-samples were Q-sorting of each of yielded a systematic forced spread of 40 Q samples on a nine scale as shown in Table 2. Eventually, the research-

Table 1. Sociodemographic data of participants (N = 31)

Variables	Value
Age (years)	
Mean	47.7
20–40 years (N)	20
41–68 years (N)	11
Sex (%)	
Male	57
Female	43
Religious affiliation (%)	
Buddhist	20
Roman Catholic	10
Protestant	25
None	45
Marital status (%)	
Unmarried	24
Married	76
Education (%)	
Middle school	15
High school	25
Above college	60

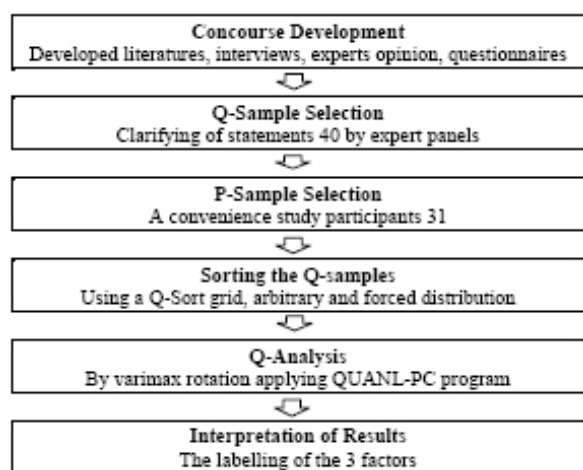


Figure 1. The research process in using Q-methodology.

ers required the participants to select the ranking of the two Q-samples they agreed and disagreed with most. All interviews were audio-tape recorded and transcribed verbatim.

3.3 Statistical Analysis

Q-factor analysis by using QUANL program was conducted to reveal clusters or patterns in the data after each person's score was entered into the database. An optimal estimate for each factor was calculated utilizing factor weightings that indicate the extent of an individual Q sort in each factor.

3.4 Ethical Approval

Ethical approval was obtained from the Research Ethics committee at a University (IRB No., 7001355-201406-

E-018). The purpose, survey items, and confidentiality of this study were explained clearly to the participants by in. Before the data collection, the researcher received approval and signed written informed consent from all participants. Their rights and privacy were protected throughout the study.

4. Results

Of the convenient sample of 31 adults eventually participated. The Q-factor analyses of the 31 Q-sorts revealed significant death awareness do exist among Korean people. We describe the three factors, seeing to the Q-sample numbers presented in Table 3. The characteristics of death awareness were identified and described on the Z-scores of each factors, participant's post-sorting interviews, and sociodemographic data. The different three factors about death awareness in Korean people were identified: life-attached, traditionalist, death-rejecter. The three factors accounted 48.4% of total variance: factor 1 (32.7%), factor 2 (8.6%), and factor 3 (7.1%), respectively. Of the total 31 participants, 13 belonged to factor 1, 11 belonged to factor 2, and 7 to factor 3. The number of people whose factor weight was above 1.0 was respectively 7, 5, and 1.

Table 2. Systematic forced distribution of Q-samples

	Least agree								Most agree
Score	1	2	3	4	5	6	7	8	9
Frequency (Number Q-sample)	-4 (2)	-3 (3)	-2 (5)	-1 (6)	0 (8)	+1 (6)	+2 (5)	+3 (3)	+4 (2)

Table 3. Items of description and Z- scores

Factor	Item	Q-statements	Z-score
1(N = 13)	7	Whenever I pass away, I hope to die quickly and without pain.	2.0
	35	I am afraid of think of emotional pains which come with death.	1.8
	37	If I get a terminal disease, I will make every effort to cure it.	1.7
	20	A fear of death is feature for the timid or the weak of heart.	-1.7
	32	Death is unavoidable to everyone, so it is nothing to be afraid of.	-1.7
2(N = 11)	37	If I get a terminal disease, I will make every effort to cure it.	1.8
	7	Whenever I pass away, I hope to die quickly and without pain.	1.7
	35	I am afraid of think of emotional pains which come with death.	1.6
	25	It does not matter what the family says that patients who get incurable disease must not be put to an easy death.	-1.6
	13	An idea of afterlife comes from the hope for immortality.	-1.8
3(N = 7)	27	We do not have to think about being dead until we are alive; we just need to live sincerely.	1.7
	30	A person near death has a right to talk frankly about his or her condition to family, physician, or priest.	1.7
	34	A hospital is a perfect place for a person near death, because it is useful for his or her family members to care the person.	1.7
	7	Whenever I pass away, I hope to die quickly and without pain.	-1.7
	24	A body of person will die but not the soul.	-1.7

4.1 Factor 1: Life-attached

The people who belong to Factor I strongly object to the statement that death comes to everyone once in their life-time so it shouldn't be feared ($z = -1.7$). They want to die instantaneously, as from a heart attack ($z = 2.0$), don't even want to think about their own death, and are afraid of the psychological agonies they'll go through when they die ($z = 1.8$). They have great expectations for advancements in modern medicine and will try all possible treatments if they were to acquire a terminal disease ($z = 1.7$), and will continue treatment even if they fall into a coma ($z = -1.1$). Those people in Factor I do not see death as the end of everything and strongly acknowledge life after death. For these evidences, factor 1 was labelled life-attached.

4.2 Factor 2: Traditionalist

The people in Factor II have strong intentions to try all possible treatments should they acquire an incurable illness ($z = 1.8$). They want to die painlessly, whenever it may be, because fear of death as well as psychological agonies and pains are a great burden to them ($z = -1.7$). They also aggressively support euthanasia ($z = -1.6$). They strongly believe in the next world or life after death ($z = -1.8$), attach a great deal of significance to funeral rites or commemoration ceremonies as a way of showing respect, and want to leave specific instructions for what to do after they die ($z = 1.2$). In addition, they think that Confucianism ideas are still prevalent in our society so they actively oppose organ donation in which a part of their body is cut off ($z = -1.2$). In summary, factor II participants had positive affection for life and believe in life-value of Confucian. Therefore, this factor has been named traditionalist.

4.3 Factor 3: Death-rejecter

People who belong to Factor III strongly support the statement that there is no need to think about death as long as they're alive. They think it best to live an earnest life ($z = -1.3$). They deny life after death and stress the need for serious talk between the patient facing death and the medical personnel and prefer medical personnel to ministers in such talks. In addition, they express strong opposition to instantaneous and painless death ($z = 1.7$) which revealed a strong resistance to death in them. Thus, these people reveal most agree for the statement that the life is sweet and valuable, and adhere to modern medical advancements. For these evidences, factor 3 was labelled death-rejecter.

5. Discussion

This present study identified the awareness of Korean people about death. The findings showed three factors that distinct the subjectivity about death among Koreans: life-attached, traditionalist, and death-rejecter. Factor 1 (life-attached) pursued a good death and to have an opportunity to ready for the death practically and emotionally – in other words, a chance to plan in advance, organize personal events, or reduce family distress, as stressed by in [10-12](#). It was identified that several major components of good death: proper age, preparation for death, death without pain, death before their spouse or offspring's death, death without disease, death after living one's wanted time, death during sleep, death after seeing their family happy, comfortable death, death after offering benevolence to others in their study. Therefore, we suggest that nursing interventions in Factor 1 should supportable their value for life into the physical and psychological care offered. The Factor 2 (traditionalist) perceived death, as the human nature to everyone, so it is nothing to be afraid of. They have positive idea of life and believe in life-value of Confucian. In addition, majority of women in Korea have a religion and depend on their spirituality to deal with the illness or suffering¹³; these are more assertive and significant attitudes than men. Salient approaches for traditionalist should contain a reminiscence therapy or life review that aids the elder to reduce the anxiety and distress^{14,15}. Participants who included to Factor 3 (death-rejecter) showed a strong attachment to life and adhere to modern medical advancements. These results are consistent with the findings of reporting that aged men favored life-sustaining treatments (e.g., hydration, total parenteral nutrition and artificial breathing). Also, men showed a greater fear about the uncertainty than women did in ¹⁶. Moreover, this awareness could be supported by study of in ¹⁷ to race and perceptions towards life -sustaining treatment, which reported that Korean-American men had a tendency to have an assertive generally perceptions toward life-sustaining technology. Thus, it suggests that Hyodo, which means filial piety in Korean, dominantly obligates the families for factor 3, to lengthen the lifespan of factor 3 by any means. An inevitable limitation in this research is that findings should be applied heedfully to other cases, notably to those in Europe and America, because the respondents of present research are bounded in Korean people who are living in the Far East.

6. Conclusion and Implication

We could explore three patterns of Korean adults with various conditions in terms of their awareness toward death and dying by using Q-methodology. This study demonstrates three factors of awareness about death among Korean people: life-attached, traditionalist, and death-rejecter. Consequently, precedence for future study is developing more differentiated approaches, liked to each of the three factors, to advance adults' death education programs. There are several implications of this study. First, in clinical practice, the results of present research will offer nurses and other healthcare providers with valuable information. Most nurses and healthcare providers involved in adult health care need to be confirmed the subjectivity of death in Korean people who are facing death or dying. Knowing this, nurses and other healthcare providers may reduce the discords they could generate during a remedial process, and aid the patients to recognize a restful death. Secondly, based on these findings, death education programs for medical and nursing students should be considered with differentiate strategies on the characteristics for Korean adults. Suggestions for future research are as follows. Multicultural researches should be required to explore the socio-cultural elements influencing on the awareness towards death. Qualitative researches are proposed to investigate the awareness of healthcare providers about death and dying in socio-cultural background of Korea. Most healthcare providers' attitudes or awareness regarding death might affect indirectly on the high quality of care system to their patients.

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