

# A STUDY ON THE SUBJECTIVITY OF WELL-DYING IN ELDERLY

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**Abstract**— In this paper n this paper It is a subjectivity study to grasp the subjectivity and the characteristics of each type of how Korean elderly perceives well dying. By applying the Q methodology, 31 elderly aged 65 or older living in G metropolitan city were selected as a convenient sampling method to classify 28 sentences of well-dying. Data were collected by distributing 28 selected Q samples on a Q distribution on a 9-point scale. Collected data was analyzed by Q factor after making data-file with QUANAL PC Program. As a result, the well-being perceived by the elderly was recognized as three types of 'accepting death', 'preparing death' and 'peaceful death'. The results of this study will be used as a basis for developing a more in-depth good death education program and interventions from the perspective of the elderly to prepare for good death.

**Keywords**— Well-dying, Subjectivity, Elderly

## 1. INTRODUCTION

Recently a rapid aging phenomenon, Korea became an aged society with the ratio of old population of 65 years or over being 14.3% in 2018, and is expected to become a super-aged society by 2025 with the ratio being 20% or over (Statistics Korea, 2019). Such an aging of population has increased social attention on how to live and how to prepare for death. Though death is part of the general and natural cycle of human life, the perception of death is personal and subjective idea, which cannot be rationally explained [1].

In January 2016, the National Assembly of Korea passed the 'Law on Palliative Care of Hospice and Decision on Life-Sustaining Treatment for Patients in the Process of Dying' which is called 'well-dying law', which began to be implemented in February 2018. The well-dying law respects self-determination on one's death and allows the dying person himself or herself to decide on life-sustaining treatment. Such a change of perception on death has raised social attention and demands regarding well-dying [2].

Well-dying means comfortable death, well dying, dying with dignity, and others [3,4]. The last stage of well-being is said to be 'dignified death one meets' instead of 'simply waiting death [5,6,7]. Consequently, it is necessary to figure out How old people view well-dying. But, as well-dying is subjective experience determined by one's personal life experiences and cultural characteristics of the society, it is not easy to approach it with conventional methods [8]. Thus, to figure out the meaning and perception of well-dying, we need a new appropriate method.

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Thus, this research wants to apply Q-methodology to reveal the structure of subjectivity on the definitions of 'well-dying' among old people. And, this research wants to contribute to death preparation education with the findings of this research.

## **2. METHODS**

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### **2.1. DESIGN OF RESEARCH**

To achieve research aims, this research first examines existing researches, media sources. The Q-method created by Stephenson measures attitudes and subjectivities individuals have on a specific object[9].

### **2.2. RESEARCH PROCEDURE**

- Q population and Q sampling

To extract comprehensive statements on well-dying by old people, Q population was created by review of domestic and foreign related literature, open-ended questionnaire, and individual in-depth interview. To collect various opinions on well-dying, this research explained the purpose of this research and collected old people of 65 years old or over who paid attention to, and volunteered to participate in the survey, this research extracted Q population of more than 200 persons in total. To select the Q population, this research consulted 1 methodology specialist, 1 nursing professor, 2 graduate school students, and 5 old people, to finally decide on the Q sample of 28 statements which can clearly distinguish respondents.

### **2.3. DATA COLLECTION METHOD**

#### 1) P sample

Q methodology is a qualitative survey method which emphasizes subjectivity focusing on differences in meaning and importance within individuals. P sample is based on small sample doctrine which assume that if the sample size becomes big, as many respondents congregate to a single factor, the characteristics does not emerge clearly. So, generally P sample regards 33 respondents as the proper number.<sup>8</sup> In this research, P sample was composed of conveniently collected 32 old people. Excluding one respondent who dropped in midway for personal reason, this research used 31 respondents as the final research objects.

### **2.4. DATA ANALYSIS**

Interviewee was asked to designate his evaluation on statement whether he or she agree or not on the card where the points are distributed from -4 to +4. - means 'disagree', and + means 'agree', and the higher the number is, the more extreme opinion is. Respondents' evaluation of statements converted into numerics from 1 point (-4), 5 points (0), to 9 (+4). The points were coded, and the data were put under factor analysis using the QUANAL PC Program. Means and standard deviation of factors were analyzed using the SPSSWIN 21.0 program.

### **2.5. ETHICAL CONSIDERATION**

Interviewees voluntarily participated in interview, and they were given the explanation that they could stop answering the interview whenever they wanted, and there was no

disadvantage for being interviewed, that collected data would be used only for research, and that personal information would be protected. And, to protect privacy and personal information, all the informations collected from interviewees were coded anonymously into Q sorting.

### 3. RESULTS

Characteristics of different types of perceptions on well-dying among old people. The analysis of subjectivity of perceptions on well-dying of old people found three types.

#### 3.1. CHARACTERISTICS OF DIFFERENT TYPES OF PERCEPTIONS ON WELL-DYING AMONG OLD PEOPLE

In Q methodology, the higher factor weight of someone is, the more typical or ideal he or she is in representing the type.

11 persons whose factor weights were  $\pm 1.00$  or over belonged to factor 1, 11 persons belonged to factor 2, and 8 persons belonged to factor 3 (Table I).

Table I. Eigen Value, Variance, and Cumulative Percentage

Well - dying	Type I	Type II	Type III
Eigen Value	5.862	3.950	2.681
Variance(%)	.189	.127	.086
Cumulative(%)	.469	.316	.403

Subjectivities of interviewees were classified into 3 factors, which explained 42.31% of total variance. Factor 1 explained 58.62%; factor 2 39.50%; factor 3 26.81%. As factor 1 has explanatory power of 58.62%, it can be said to explain old people's perception of well-dying the most effectively (Table 1). Among all the 31 interviewees, 11 belonged to factor 1; 12 to factor 2; and 8 to factor 3. Upper statements and lower statements on each of three factors were combined into one group.

#### 3.2. ANALYSIS PER TYPES

Types of subjectivity on well-dying perceived by old people calculated by such analysis are shown as follows.

##### 3.2.1. ACCEPTABLE DEATH

11 persons were classified as belonging to type 1, 'acceptable death' (Table II). The most positive statement in type 1 was 'Well-dying is devote to God, and to be embraced by God' (1.87), followed by 'Well-dying is to die without regret or tenacity to life(1.43).' followed by No. 20 (.446). Therefore, this research named type 1 as 'acceptable death'.

Table II. Q-statements on Well-dying type of representative items and Z-scores. (N=31)

Factor	Type	No	Representative items of type		
			Representative items	Mean(SD)	Z-score
Factor1 (N=11)	Type1	21	Well-dying is to devote to God, and to be embraced by God.	3.37(1.302)	1.87
		20	Well-dying is to die without regret or tenacity to life.	2.87(1.807)	1.43
	Type2	3	Well-dying is to know that it is time to die, and to prepare for it.	2.37(.916)	-1.72
		23	Well-dying is to die leaving property and goods to children.	2.62(1.187)	-1.75

Type3	3	Well-dying is to know that it is time to die, and to prepare for it.	3.50(1.690)	1.75
	2	Well-dying is to accept the cycle of life called birth, aging, disease, and death,	4.75(1.164)	1.69
Factor2 (N=12)	28	Well-dying is to die at home without being hospitalized for a long time.	6.75(.707)	-1.49
Type4	26	Well-dying is to die without giving too much stress to those close to me.	5.25(1.488)	-1.61
Factor3 (N=8)	28	Well-dying is to die at home without being hospitalized for a long time.	6.75(.707)	2.35
	Type5 27	Well-dying is to die naturally without life-sustaining treatment.	6.50(.755)	2.20
	Type6 5	Well-dying is to acquire peaceful resting place by death.	2.37(.916)	-1.33
	18	Well-dying is to die without burdening son and daughter or other people.	2.87(1.807)	-1.49

### 3.2.2. PREPARING DEATH

12 persons were classified as belonging to type 2, 'preparing death' (Table 3). The most positive statement in type 2 was 'Well-dying is to know that it is time to die, and to prepare for it' (1.75), followed by 'Well-dying is to accept the cycle of life called birth, aging, disease, and death' (1.69). followed by No. 1 (.2076). Therefore, this research named type 2 as 'preparing death'.

### 3.2.3. COMFORTABLE DEATH

8 persons were classified as belonging to Type 3, 'comfortable death' (Table 3). The most positive statement in type 3 was 'Well-dying is to die at home without being hospitalized for a long time' (2.35), followed by 'Well-dying is to die naturally without life-sustaining treatment' (2.20). Therefore, this research named type 3 as 'comfortable death'.

## 4. DISCUSSION

The analysis of types subjectivity perceived by old people and characteristics of each type led to the 3 types: 'acceptable death', 'preparing death', and 'comfortable death'. To compare three types and discuss the differences.

### 4.1. COMPARISON OF TYPE 1 AND TYPE 2

Comparison of type 1 and type 2 shows that the order of positive statements are as follows: statement No. 21, 'Well-dying is to accept the cycle of life called birth, aging, disease, and death' (point difference 2.586); statement No. 28, 'Well-dying is to die at home without being hospitalized for a long time' (point difference 2.493); statement No. 20, 'Well-dying is to die peacefully after short-time disease' (point difference -2.777); statement No. 8, 'Well-dying is to be liberated from this hard life, and to rest' (point difference -2.369).

In type 1, the interviewee who had high factor weight was No. 26 who said, "Well-dying is to devote to religion and leave without fear". The interviewee was the most negative to the statement, "It is not necessary to leave property to offspring, and I will donate it to society." To interviewee No. 28, well-dying was "prepare for death for oneself, and to die

without giving any burden to anybody." The interviewee was the most negative to the statement, "The world after death will be better than this world." To interviewee No. 13 who had high factor weight in type 2, to prepare for well-dying is "to prepare and write will and goods to leave after death in advance." These responses are similar to the findings that well-dying is to accept death in real life [7].

#### **4.2. COMPARISON OF TYPE 1 AND TYPE 3**

Comparison of type 1 and type 3 shows that the order of positive statements are as follows: statement No. 21, 'Well-dying is to accept the cycle of life called birth, aging, disease, and death' (point difference 2.883); statement No. 20, It is similar to the finding [6] showing that well-dying is to accept death and to be liberated from hard life. The order of negative statements are as follows: statement No. 27, 'Well-dying is to die naturally without life-sustaining treatment' (point difference -2.475); statement No. 9, 'Well-dying is to die peacefully after short-time disease' (point difference -1.585).

In type 1, the interviewee who had high factor weight was No. 26 who agreed to statement 21, "Well-dying is to devote to religion and leave without fear". The interviewee was negative to statement No. 8, 'Well-dying is to be liberated from this hard life, and to rest' and statement No. 23, "It is not important how other people think of my death." In type 1, the interviewee who had high factor weight was No. 27 said "Well-dying is to accept death without regretting one's own life." It is similar to the finding [7,9] showing that well-dying is to accept death and to be liberated from hard life.

#### **4.3. COMPARISON OF TYPE 2 AND TYPE 3**

Comparison of type 2 and type 3 shows that the order of positive statements are as follows: statement No. 3, 'Well-dying is to know that it is time to die, and to prepare for it' (point difference 2.071); statement No. 8, 'Well-dying is to be liberated from this hard life, and to rest' (point difference 1.500); statement No. 14, 'The negative statement was statement No. 28, 'Well-dying is to die at home without being hospitalized for a long time (point difference -3.848).

In particular, type 3 was similar to the findings that old people showed the tendency not to be physical and financial burden to family members and not to bother those near them.

### **5. CONCLUSION**

This research tried to examine subjective perceptions of well-dying of old people and divide them into types. As Korean old people tend to accept well-dying as destiny religiously and mentally, it is necessary to provide preparatory education for it. However, with development of modern medical science and social culture which does not accept death, sometimes, old people are under intensive care in hospitals before death. Thus, it is desirable to help old people to prepare for such things as death with life-sustaining treatment, intention to receive life-sustaining treatment, preparation for death, preparation for funeral rite, and writing will, etc., and communicate with family members about them. In particular, death-preparation education should be made per age groups. This research was done to provide basic data on termination of life-sustaining treatment and well-dying education programs by analyzing perception types on well-dying among old people.

Based on the findings of this research, this research wants to suggest the followings.

First, It is necessary to prepare custom-made education, using check list per type on well-dying. Second, based on characteristics of each type of well-dying, it is necessary to do further researches identifying consciousness on terminating life-sustaining treatment.

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