Dying2Learn: Experience of a Massive Open Online Course

Tieman J¹, Miller-Lewis L¹, Rawlings D¹, Sanderson C², and Parker D²
1. College of Nursing and Health Sciences, Flinders University, Australia
2. Faculty of Health, University of Technology Sydney, Australia

Introduction
There is increasing interest in building community engagement with death and dying to encourage active involvement in decision making, community-based caring and acceptance of death as a natural part of the life cycle. Massive Open Online Courses (MOOCs) are freely available short online courses that anyone can join.

This study looked at the effect online learning and discussions offered through the MOOC had on participants’ feelings and attitudes towards death and dying.

Methods
The Dying2Learn MOOC was held in 2016. It explored death and dying through media representations, language use, art and history, medicalisation of dying, and digital and technological impacts.

The intent was to develop learning outcomes, resources and activities that supported a community-driven approach to death and dying.

Engagement in MOOC activities was tracked as part of the educational platform’s infrastructure. Death attitudes were measured at enrolment and again at the conclusion of the MOOC along with user satisfaction questions. A follow up survey on post MOOC actions was sent six months after completion.

Findings
1,156 people enrolled in the Dying2Learn MOOC, with 895 participating in some way.

Overall the course modules pages were viewed 18,216 times, and almost 10,000 comments were made with, on average, 7.5 comments per person (SD=14.3).

211 people provided pre- and post-MOOC data on death attitudes. The majority of participants (93.7%, 99.5%) agreed that death is a normal part of life, most (87.6%, 95.7%) felt comfortable talking about death and dying, but also felt that most people do not feel comfortable talking about death (87.1%, 84.4%). Statistically significant increases in levels of agreement with the following two statements on completion of the MOOC were noted: ‘Death is a normal part of life’ (Z = 3.36, p < .001, with a small effect size, r = .165) and ‘I am comfortable talking about death/dying’ (Z = 3.63, p < .001, with a small effect size, r = .178).

Those who self-identified as health professionals did not report significantly more positive attitudes before or after the MOOC than other participants.

183 people responded to the follow-up survey with 73.6% having started a conversation about death and dying at work and 76.9% having looked for information on advance care planning.

Discussion
The study showed that a MOOC platform was able to provide an environment that enabled open discussions around death and dying.

People were willing to enrol and participate in the MOOC. Age did not appear to be a barrier with people from 16 to 84 years (M = 49.5, SD=12.3) joining the MOOC.

Participation in the MOOC seemed to reinforce and strengthen the view that death is a normal part of life and to support the individual’s comfort in talking about death and dying.

The evaluation data indicates that the participants became more comfortable discussing death and dying, developed a greater understanding of death and gained personal insights into their own beliefs.

Conclusion
The Dying2Learn MOOC provided a rare opportunity to explore community views, attitudes and perceptions around death and dying within a learning environment rather than a health context.

Enrolment, participation and completion rates demonstrated significant community interest in the MOOC and a willingness to participate. Pre-post scores showed a statistically significant change in death attitudes.

Find out more
Email: jennifer.tieman@flinders.edu.au
Web: www.caresearch.com.au/dying2learn

Publications:


Ethics approval was received for the research study and for the use of de-identified educational content (Flinders University HREC No: 7247).