### Factors Influencing Respect for life and Will of Korean Nursing Students

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### Abstract

Acquiring knowledge about death and bioethics and cultivating bioethical consciousness are important for nursing college students. This study investigates the factors influencing the respect for life and will of nursing students. The study results found that the factors affecting respect for life and will of nursing students were positive meaning of death, death concern, death anxiety, and religion. The study results reveal that nursing students must understand the meaning of death and reduce death anxiety by improving their understanding of the meanings of death.

Keywords: death, respect for life, nursing, students

### Introduction

Nursing fulfills the needs of people who have health problems in physical, mental, spiritual, and societal realms, and involves providing care with good intentions and a positive attitude towards life. Nursing practice involves ethical judgments about what is best for the person receiving care and ultimately aims to provide quality care. In addition, since nursing is a science that offers care for health problems at all stages of the human life all the care activities of nursing are closely related to respect for life and ethics [1].

Today, however, we face many problems related to human life. In addition to science and technology, the development of medical technology has saved millions of lives that could not have been saved in the past. Biotechnology, which is deeply embedded in human daily life, has generated other ethical problems related to human life. The development of these sciences has created a number of biomedical problems associated with nurses' career activities that are closely linked to human life. In other words, abortion, euthanasia, cessation of treatment, and brain death judgment have emerged as issues, and it becomes difficult to make ethical judgements and engage in ethical behavior when human dignity and values are involved [2].

In particular, respect for life and will the establishment of a firm sense of ethics with end-of-life nursing patients have become more necessary than ever [3]. However, while nursing end-of-life patients, nurses experience ethical conflicts between respecting patient autonomy and the responsibility for maintaining life [4].

The attitude of an individual towards accepting death differs according to the meaning of death for the individual. One of the important roles of a nurse is to help the patient to seek and accept the meaning of death actively rather than to die with anxiety and fear [5]. If the nurse does not understand the meaning of death and is anxious about death, the meaningfulness of respecting life reduces [6]. Therefore, it is important to study the effects of meaning of death, death anxiety, and death concern on respect for life and will, as such a study is pertinent to the basic vocation of nursing and offers a solution to nursing ethics. The impact of nurses' attitudes toward life and death will have a significant impact on patients perceived health care services [7].

In this context, nursing college students who are training to become future nurses are more likely to encounter patients who are about to die in clinical practice or during major studies, and they experience stress just like nurses do when they participate in such nursing practices as part of their clinical training. This experience is reflected in their attitudes toward death and interpretations of death according to life-related perceptions [8]. In addition, nursing students are placed in a variety of ethical conflict situations when they encounter nursing patients awaiting impending death at a clinical practice site [3]. Therefore, it is important to understand the numerous problems of biomedical care and the factors affecting the will to respect life from the point of view of not only nurses but also nursing students so that they can rethink the dignity of human life and make accurate and valuable judgments.

Respect for life and will refer to fetus and that of other people to value life and not to end life in any difficult situation. It is also an attitude related to bioethics that can determine the intent to donate one's organs when others face life-threatening situations. This respect for life and will are thought to be influenced by various aspects of attitude toward death [9].

Until now, no studies have investigated the factors affecting respect for life and will in nursing college students. Most of the existing studies have a single-variable level of influence on death and bioethical awareness [5, 10, 11], or the difference in perception or attitude toward death and bioethics of health students and non-health students [1]. Therefore, this study aims to identify the effects of meaning of death, death anxiety, and death concern on nursing students' respect for life and will, and to utilize them as basic data to develop and operate an effective bioethics education program for nursing students.

### Method

### A. Study Design

This is a cross-sectional descriptive study designed to identify the meaning of death, death anxiety, and death concern; respect for life and will; and factors influencing respect for life and will.

### B. Sample and Data Collection

We used a convenience sampling strategy for college students at four universities in Seoul, Pusan, and Gyeongbuk provinces. The data for this study were collected through a survey from June 18, 2018 to August 24, 2018 after receiving consent from the research participants. The researchers directly distributed questionnaires to 450 participants who responded to the questionnaires. A total of 442 participants were analyzed in the final study, and 8 participants who had insufficient responses were excluded from the results analysis.

### C. Sample Size Measures

The number of participants in this study was calculated using the G \* Power 3.1.9 program. The significance level was .05, the effect size was .10, the power was .95 [12], and the minimum sample size was 314. Due to the sensitivity of this research topic, high dropout rate was a concern. Finally, 450 people expressed willingness, and the minimum sample size of 442 was achieved.

### D. Data Analysis

We used SPSS / Win 23.0 to analyze the data. The general characteristics were determined by frequency and percentage, and differences in respect for life and will according to general characteristics were analyzed using mean, standard deviation, dependent t-test, and one-way ANOVA. The relationship between meaning of death, death anxiety, and death concern on the one hand and respect for life and will on the other was determined using Pearson's correlation coefficient. Stepwise multiple regression analysis was used to identify factors influencing respect for life and will.

### G. Ethical Considerations

Ethical approval was obtained from Dongguk University Institutional Review Board (IRB NO: DGU IRB 20180006-01). We explained the objectives, requirements, expectations, and implications of this study to the potential participants. The participants then decided whether to participate in the study. The participants then provided written consent and were informed that they were free to withdraw it.

### Results

# A. Respect for life and Will According to General Characteristics

The respect for life and will among nursing students showed a statistically significant difference according to the grade, religion, and economic level of family (Table I). Significantly higher respect for life and will was noted among those who had a higher grade (t=2.00, p<.001), had a religion (t=1.87, p=.003), and had higher family economic level (t=2.34, p<.001).

## B. Descriptive Statistics and Correlations of Research Variables

The means and standard deviations of the variables in the study are presented in Table II, and the results of the analysis of correlations between the variables in this study are presented in Table III. There was a statistically significant positive

| TABLE I  |
|--|
| RESPECT FOR LIFE AND WILL ACCORDING TO GENERAL |
| CHARACTERISTICS (N=442)                        |

| Variables          | Category     | n(%) or    | Respect for life and will |                 |  |
|--------------------|--------------|------------|---------------------------|-----------------|--|
|                    | Cutegory     | M±SD       | M±SD                      | t or $F(p)$     |  |
| Age(years)         |              | 19.48±1.50 |                           |                 |  |
| <b>C</b> 1         | Male         | 121(27.4)  | 61.7±8.3                  | 1.64            |  |
| Gender             | Female       | 321(72.6)  | 67.7±7.3                  | (.051)          |  |
|                    | First        | 184(41.6)  | 69.5±8.8                  |                 |  |
| Siblings           | Middle       | 66(14.9)   | 632±6.3                   | 1.65            |  |
| Sibilings          | Last         | 150(33.9)  | 60.5±9.0                  | (.130)          |  |
|                    | Only Child   | 42(9.5)    | 61.2±6.9                  |                 |  |
|                    | 1st          | 85(19.2)   | 58.9±6.5                  |                 |  |
| Grade              | 2nd          | 100(22.6)  | 63.4±6.8                  | 2.00            |  |
| Grade              | 3rd          | 123(27.8)  | 64.1±11.0                 | (<.001)         |  |
|                    | 4th          | 130(29.4)  | 70.2±8.0                  |                 |  |
| Religion           | No           | 249(56.3)  | 66.7±8.8                  | 1.87            |  |
|                    | Yes          | 193(43.7)  | 72.0±6.9                  | (.003)          |  |
| School<br>grades   | Higher level | 89(20.1)   | 66.7±8.8                  | 2.40            |  |
|                    | Middle level | 250(56.6)  | 66.5±10.3                 | 2.40<br>(.060)  |  |
|                    | Lower level  | 103(23.3)  | 64.8±9.6                  | ()              |  |
| Economic           | Higher level | 54(12.2)   | 72.1±9.6                  |                 |  |
| level of<br>family | Middle level | 243(55.0)  | 67.3±9.7                  | 2.34<br>(<.001) |  |
|                    | Lower level  | 145(32.8)  | 63.7±8.5                  | ()              |  |

correlation between meaning of death and negative meaning of death (r =. 69, p <.001), meaning of death and death of concern (r=.17, p=.014), and meaning of death and respect for life and will (r =. 42, p<.001). On the other hand, meaning of death was negatively correlated with death anxiety (r=-.23, p<.001). Among the sub-categories of death meanings, positive death of meaning was positively correlated with death of concern (r=.28, p<.001) and with respect for life and will (r=.15, p <.001). However, positive meaning of death was negatively correlated with anxiety (r=-.25, p<.001). Death anxiety was negatively correlated with death of concern (r=.27, p<.001). Death anxiety was negatively correlated with death concern (r=-.17, p<.036) and respect for life and will (r=.30, p<.001).

### C. Factors Influencing Respect for life and Will

Stepwise multiple regression analysis reveals that the factors influencing life respect and will include positive meaning of death ( $\beta$  = .45, p <.001), death concern ( $\beta$  = .30, p = .002), death anxiety ( $\beta$  = -. 26, p = .016), and religion ( $\beta$  = .19, p = .045), respectively. The explanatory power of these four

factors was 43.6%.

| TABLE II<br>SCORES OF VARIABLES (N=442) |      |      |              |        |
|---|------|------|--------------|--------|
| Variables                               | Min. | Max. | M±SD         | Ranges |
| Meanings of death                       | 97   | 207  | 155.59±20.28 | 35~245 |
| Positive<br>meaning<br>of death         | 40   | 115  | 80.15±14.76  | 19~133 |
| Negative<br>meaning<br>of death         | 44   | 106  | 75.44±12.48  | 16~112 |
| Death anxiety                           | 10   | 70   | 37.86±12.38  | 10~70  |
| Death concern                           | 16   | 64   | 42.52±8.75   | 10~70  |
| Respect for life and will               | 48   | 84   | 66.77±8.48   | 12~84  |

TABLE III CORRELATIONS OF MEANING OF DEATH, DEATH ANXIETY, DEATH CONCERN, AND RESPECT FOR LIFE AND WILL

|                                 |                             | (N=442)                                 |   |                          |                          |
|---------------------------------|-----------------------------|---|---|--------------------------|--------------------------|
| Variables                       | Meaning<br>of death<br>r(P) | Positive<br>meaning<br>of death<br>r(P) | Negative<br>meaning<br>of death<br>r(P) | Death<br>anxiety<br>r(P) | Death<br>concerr<br>r(P) |
| Meaning of death                | 1                           |   |   |                          |                          |
| Positive<br>meaning<br>of death | .79<br>(<.001)              | 1                                       |   |                          |                          |
| Negative<br>meaning<br>of death | .69<br>(<.001)              | 10<br>(.031)                            | 1                                       |                          |                          |
| Death<br>anxiety                | 23<br>(<.001)               | 25<br>(<.001)                           | .08<br>(.080)                           | 1                        |                          |
| Death<br>concern                | .17<br>(<.014)              | .28<br>(<.001)                          | 06<br>(.188)                            | 17<br>(<.036)            | 1                        |
| Respect for life and will       | .42<br>(<.001)              | .15<br>(<.001)                          | 07<br>(.121)                            | 27<br>(<.001)            | .30<br>(p<.001           |

### Discussion

The results of this study revealed that positive meaning of death, positive meaning of death, death concern, death anxiety and religion were the most significant factors affecting the respect for life and will of nursing students. However, since few studies have examined respect for life and will for nursing

TABLE IV FACTORS INFLUENCING SUB-SCALE OF RESPECT FOR LIFE AND WILL (N=442)

| Variables                 | В            | SE  | β   | t     | р     |
|---------------------------|--------------|-----|-----|-------|-------|
| (Constant)                | 52.59        | .19 |     | 7.62  | <.001 |
| Grade                     | 0.48         | .02 | .02 | 0.59  | .554  |
| Religion                  | -0.39        | .05 | .19 | 2.01  | .045  |
| Economic level of family  | 0.83         | .01 | .05 | -1.11 | .265  |
| Positive meaning of death | 0.08         | .02 | .45 | 2.84  | <.001 |
| Death anxiety             | -0.04        | .08 | 26  | -0.50 | .016  |
| Death concern             | 0.06         | .04 | .30 | 1.26  | .002  |
| F ( <i>p</i> )            | 12.06(<.001) |     |     |       |       |
| Adjusted R <sup>2</sup>   | .436         |     |     |       |       |

students, there is a limitation in terms of the number of existing studies whose results can be compared with the present study.

The results of this study suggest that positive meaning of death, death concern, and death anxiety affect the respect for life and will of nursing students, and that there is a significant correlation between positive meaning of death, death concern, death anxiety, and respect for life and will similar to Kang's study. Nurses with a negative attitude toward death are more anxious about death and attempt to avoid death. The results of an existing study [13] report that this attitude does not help provide comfortable nursing care for the disabled or family <sup>r</sup>members [14]. In particular, nursing students experience more deaths in their major course or clinical practice than other students. In the experience of death, nursing students may have difficulty adapting to the life of the department and adjusting to the field because of fear of death and post-death performance [15-17]. In addition, when the nurses' perception of death is uncertain, end-of-life patients experience stress, fear, and anxiety [9].

Kim et al. [19] reported that the attitude toward death of nursing providers determines the quality of nursing care for end-of-life patients, thus indicating the importance of the right attitude toward nursing death. When handling a nursing patient, the nurse is responsible for accepting death as a course of life and nursing with dignity so that they can finish their life quietly. It is necessary to positively and openly accept death as well as firmly establish their attitude toward death and death process [20]. In other words, the nurse should be aware of the positive meaning of death in order to be able to care for the patient at the final stage of their life.

Therefore, it is necessary for college students to recognize the positive meaning of death via education before becoming a nurse. This education intervention will help to reduce fear of on-the-job training and help adapt to field practice if nursing students have a clear perception of death by understanding death and thinking about the meaning of life and death prior to on-the-job training [21]. In addition, we believe that the formation of meaningful positive deaths will improve the respect for life and will of nursing students, and will ultimately help them grow into a nurse who can really help the patient who is about to die.

Finally, having a religion had a significant impact on respect for life and will. This result is similar to the results of existing studies [6, 13] in which religious nurses reported that they considered death positively and that their anxiety was low. Although we cannot force nurses to have a religion, it appears that having a religion helps reduce the nurse's anxiety of death and form a positive death meaning. Therefore, it is necessary to consider spiritual factors as well as cognitive and emotional factors in the development of interventions to improve the respect for life and will of nursing students and nurses.

### Conclusion

The attitude toward nurses' deaths is important because it determines the quality of nursing care for end-of-life patients. Since the formation of the right attitude toward death is difficult to achieve in a short period of time, it is necessary to provide education related to death for nurses when they are nursing students. Death-related education interventions, as confirmed in the present study, will generate a positive attitude towards death and specific goals of reducing death concerns and death anxiety, which should improve nursing students' respect for life and will. When such education is provided to nursing students, it will help them ultimately become nurses who can play their roles in nursing patients and their families by having clear views on death.

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### Authorship

Younghee Park made substantial contributions to conception and design, and acquisition of data, and analysis and interpretation of data; Inhong Kim made substantial contributions to design and analysis and interpretation of data and final approval of the version submitted.

### References

- K. S. Lee. *The bioethical experience of nurses*. [doctoral dissertation]. Seoul: Chung-Ang University, 2013, pp.1-76, unpublished.
- [2] K. Y. Park. Organ transplantaion and biomedical ethics. *Korean J Med Ethics Educ*, 3(1), pp. 13-26, 2000.
- [3] Y. H. Kim, Y. S. Yoo and O. H. Cho. Nursing Students' Awareness of Biomedical Ethics and Attitudes toward Death of Terminal Patients, *Korean J Hosp Palliat Care*, 16(1), pp. 1-9, 2013.
- [4] A. K. Kim, G. S. Park. The study of meaning in euthanasia and hospiece nursing among nurses, *The Korean journal of fundamentals of nursing*, 7(3), pp. 379-390, 2000.
- [5] E. M. Hyun. Effect of death education program for university students, *Journal of the Korea Academia-Industrial cooperation Society*, 15(7), pp. 4220-4228, 2014.

- [6] Y. R. Cha. A study on the nurses' attitude to death in Korea centering on university hospital in Jeollabuckdo province. [master's thesis] Isan: Wonkawang University, 2006, pp. 1-46, unpublished.
- [7] K. J. Ryoo. A study on the attitudes toward death for nursing care of the terminally III, J Nurs Acad Soc, 4, pp. 162-1637, 1974.
- [8] J. G. Kim, S. M. Oh and E. Y. Cheon et al. Factors influencing the attitude toward death in college nursing student, *Journal of the Korea Academia-Industrial cooperation Society*, 17(1), pp. 676-683, 2016.
- [9] Y.Inumiya, S. Y. Han. A study on development of a view of life and death scale, *Korean Journal of Psychological and Social Issue*, 10(1), pp. 31-82, May 2004.
- [10] S. N. Kim, H. J. Kim, S. O. Choi. Palliative care education program including meaning in life on attitudes toward end-of-life care and meaning in life among nursing college students, *The Journal of Korean academic society of nursing education*, 17(3), pp. 453-463, 2011.
- [11] I. S. Kim. Effects of bioethics education on the consciousness of bioethics of freshman nursing and health students, *J Korean Bioethics Assoc*, 14(1), pp. 1-13, 2013.
- [12] F. Faul, E. Erdfelder, A. Buchner. G\* Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences, *Behav Res Methods*, 39, pp. 175-191, May 2007.
- [13] J. H. Kang, S. J. Han. A study of intensive care unit nurses' understanding of the meaning of death, death anxiety, death concern and respect for life. Korean J Hosp Palliat Care,16(2), pp. 80-89, 2013.
- [14] M. Braun, D. Gordon and B. Uziely. Associations between oncology nurses' attitudes toward death and caring for dying patients. Oncology Nursing Forum, 37(1), pp. 43-49, 2010.
- [15] M. K. Cho. A comparative study on the consciousness of bio-medical ethics of nursing and non-nursing students, Journal of Digital Cnovergence, 11(4), pp. 311-320, 2013.
- [16] K. D. Kim. The effects of hospice unit practice education on spiritual well-being, attitude to death, and hospice awareness of nursing students, *Asian Oncol Nurs*, 16(4), pp. 176-184, December, 2016.
- [17] Y. S. Park, J. H. Kim. Influence of attitude to death and resilience on terminal care attitude among korean Nursing students, J Korean Acad Soc Nurs Educ, 23(1), pp. 37-47, 2017.
- [18] M. S. An, K. J. Lee. Awareness of good death and attitudes toward terminal care among geriatric hospital nurses, *The Korean J Hosp Palliat Care*, .17(3), pp.122-133, 2014.
- [19] K. H. Kim, K. D. Kim, H. S. Byun et al. Spiritual well-being, self esteem, and attitude to death among nursing students, Journal of *Korean Oncology Nursing*, 10(1), pp.1-9, 2010.
- [20] E. Hong, M. Jun, E. S. Park et al. Death perceptions, death anxiety, and attitudes to death in oncology nurses, *Asian Oncol Nurs*, 13, pp.265-272, 2013.
- [21] S. N. Kim, H. J. Kim, S. O. Choi, Effects of a hospice and palliative care education program including meaning in life on attitudes toward end-of-life care and meaning in life among nursing college students, *The Journal of Korean Academic Society of Nursing Education*, 17(3), pp.454-463, 2011.