

A STUDY ON THE KNOWLEDGE AND ATTITUDES OF NURSING STUDENTS' FAITH, GOOD DEATH PERCEPTION, AND PRE-LIFE-SUSTAINING MEDICAL INTENTIONS

Soonyoung-Yun¹, Shinhong- Min^{*2}

¹Professor, Dept. of Nursing Science, Baekseok University, Baekseok Daehak-ro 1, Dongnam-gu, Cheonan-si, Chungcheongnam-do, 31065, South Korea, syb3000@bu.ac.kr

^{*2}Professor, Dept. of Nursing Science, Baekseok University, Baekseok Daehak-ro 1, Dongnam-gu, Cheonan-si, Chungcheongnam-do, 31065, South Korea, shmin@bu.ac.kr

Abstract

Background/Objectives: This study was conducted for nursing students, and it is a study on the faith, good death perception, knowledge, and attitude of nursing students in pre-life-sustaining medical intentions.

Methods/Statistical analysis: The study design was a descriptive research study, and the subjects of this study were 196 nursing students enrolled in a university located in C city. The data collection period was from March 3 to 8, 2023, and the data collection method was conducted through an online survey. As a research tool, faith, good death awareness, and knowledge and attitudes about pre-life-sustaining medical intentions were used. For data analysis, real numbers, percentages, means, standard deviation, t-test, ANOVA, and correlation coefficient were used using the SPSS 23.0 program.

Findings: Knowledge of pre life-sustaining medical intention differs depending on gender, grade, experience of death by close acquaintances, and knowledge of hospice palliative care and the law on life-sustaining treatment decisions for dying patients. It was found that attitudes toward pre life-sustaining medical intentions differed according to gender, religion, the experience of death of close acquaintances, and the experience of preparing pre life-sustaining medical intentions. It was found that faith differs according to religion. Good death perception was found to be different depending on religion, hospice palliative care, and knowledge of the law on life-sustaining treatment decisions for dying patients. Knowledge and faith, knowledge and good death perception, attitude and faith, attitude and good death perception all showed positive correlations, and attitude and good death perception were found to be the most correlated variable with good death perception.

Improvements/Applications: Based on this study, it is necessary to develop a curriculum that can provide meaningful help to nursing students positively cope with death-related emotions and care for hospice, palliative care, and dying patients as future nurses.

Keywords: Nursing Students, Faith, Good Death Perception, Pre-Life-sustaining Medical Intentions

1. INTRODUCTION

Data mining helps to extract the original and the valuable data from the large amount of dataset. Data Most nursing students are in early adulthood and the meaning of life and death can be established, and they experience patient death during clinical practice or participate directly or indirectly in end-of-life nursing, causing negative emotions and stress about death [1]. In contrast to these emotions, faith is one of the factors that can give meaning to life and lead a healthy, prosperous life mentally, psychologically, and behaviorally to humans [2]. Faith through religion has long formed basic values and beliefs in an individual's life and has been an important factor in mitigating or restoring them when an individual faces a difficult situation or his or her self-esteem is impaired [3]. Nursing students need to experience life and death up close due to the nature of the curriculum and check the extent to which religious faith has affected them in accepting related emotions.

In recent years, with the development of medical technology,

death and death in hospitals, surrounded by various medical devices, have become common [4]. Nursing providers are obligated to help the subject face a good death by experiencing various conflicts over human dignity, patient autonomy related to death, patient's decision-making rights, and quality of life when nursing an impending death [5]. Good death is a concept that can vary depending on the times, cultures, and values, and in Western society, concepts such as human values, physical well-being, autonomy, preparation, and maintenance of good human relationships were recognized as good death [6]. On the other hand, the recent good death in Korean society is to try to be able to die through the interaction of patients, families, and medical staff, and patients avoid meaningless prolongation of life and face a dignified death in interaction with medical staff, and families experience positive feelings [7]. The decision on life-sustaining treatment cannot be irrelevant to the perception of good death because it is simply to decide whether to extend life through life-sustaining treatment.

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A hospice-related law was enacted in 2016 and has been in effect since 2018 to alleviate the suffering of subjects and their families who are hindered by good death due to life-sustaining treatment and to maintain the subject's right to self-determination and dignity and values as a human being [8]. With the rapid development of medical technology, the current life expectancy in Korea continues to increase from 82.36 years in 2016 to 82.7years in 2022 [9]. In addition, due to the change in society's overall perception, interest in quality of life and death has increased rather than meaningless life-sustaining treatment [10]. Accordingly, in Korea, advance letter of intent for life-sustaining treatment began to be interested in the early 2000s, and in 2016, the law on hospice and palliative care and life-sustaining treatment decisions for dying patients was enacted, and this law has been in effect since 2018. The Life-sustaining Treatment Decision Act was enacted to guarantee the best interests of hospice and palliative care, respect the right to self-determination, and protect dignity and values as a human being. In addition, the diagnostic criteria for end-stage patients and diseases subject to hospice were determined by Ordinance of the Ministry of Health and Welfare to prepare and manage a life-sustaining treatment plan and advance letter of intent for life-sustaining treatment [11].

Therefore, based on this study, we intend to use it as basic data to develop a major curriculum by confirming faith, good death awareness, and knowledge and attitude toward pre-life care so that nursing students can positively cope with death-related emotions experienced through the curriculum and provide meaningful help when nursing hospice, palliative care, and dying patients as future nurses.

2. Materials and Methods

The study design was a descriptive research study, and the subjects of the study were 196 nursing students enrolled in a university located in C city. The data collection period was from March 3 to 8, 2023, and the data collection method was conducted through an online survey method. For good death recognition as a research tool, a tool adapted and modified by Jeong [12] was used for Schwarz's good death recognition tool [13], and for measuring knowledge of advance letter of intent, a tool developed by Hong [14] was modified and supplemented by Kwon [15]. Advance Directive Attitude Scale (ADAS) was used as a tool to measure attitudes toward advance letter of intent. This tool was created by Nolan and Bruder [16]. In this study, a tool adapted and modified by Kim [17] was used. For the measurement of faith, the scale used to measure faith in the study of Kim [18] was used. A total of 26 questions are composed of 13 questions each with external and intrinsic factors, and if the total score is 52 or more, it can be judged that religious faith is deep. For the data analysis method, real number, percentage, mean, standard deviation, t-test, ANOVA, and correlation coefficient were used using the SPSS 23.0 program.

3. Results and Discussion

The demographic characteristic survey results are shown in <Table 1>. As for the gender, 85.7% of female students and 14.3% of male students were male students. The grade was 16.3% for first graders. 38.8% for second graders. 25.5% for third graders. 19.3% for fourth graders. 66.3% of students did not have religion, 25.5% of Christian students were religious, 5.1% of students were Catholic in religion, and 3.1% were Buddhist in religion. When asked if they had any experience of seeing a family member or a close person on their deathbed, 49% of students answered 'yes' and 51% answered 'no'. When asked if they knew

about the 'Act on Hospice Palliative Care and Decisions on Life-sustaining Treatment for Dying Patients', 35.7% of students answered 'I don't know', 49% answered 'I know a little', and 15.3% answered 'I don't know very well'. To the question, "Have you ever written a letter of intent for life-saving medical treatment?" 96.9% of students answered "none," and 3.1% of students wrote that they had written it.

Table 1: Demographic Characteristics

		N	%
SEX	Male	28	14.3
	Female	168	85.7
grade	1st	32	16.3
	2nd	76	38.8
	3rd	50	25.5
	4th	38	19.4
Religion	Christianity	50	25.5
	Catholic	10	5.1
	Buddhism	6	3.1
	have no religion	130	66.3
Have you ever experienced the deathbed of a family member or someone close to you?	I've never experienced it	98	51.0
Are you aware of the "Law on Hospice Palliative Care and the Determination of Life-sustaining Care for Patients on the Death Penitentiary"?	I don't know	70	35.7
	know a little about	96	49.0
	be familiar with	30	15.3
Do you have any experience in writing a letter of intent for life-sustaining care?	I've written it	6	3.1
	I've never written it	190	96.9

The mean and standard deviation of each variable are shown in Table 2.

Table 2: The mean and standard deviation of variable

	M	SD
Knowledge	9.62	2.67
Attitude	44.86	5.01
Faith	64.16	16.36
Good Death Perception	53.73	5.97

Knowledge scores according to general characteristics are shown in <Table 3>. Knowledge was found to differ according to gender, grade, experience of death by close acquaintances, and knowledge of the law on hospice palliative care and life-sustaining treatment decisions for dying patients.

Table 3: Knowledge scores according to general characteristics

		M	SD	T/F
SEX	Male	7.93	2.57	- 3.760* *
	Female	9.92	2.59	
Grade	1st	8.07	3.32	8.244* * (a<C, a<d, b<c)
	2nd	9.17	2.43	
	3rd	10.79	2.51	
	4th	10.16	2.06	

Religion	Christianity	10.04	2.77	.521
	Catholic	9.50	2.88	
	Buddhism	9.50	0.58	
	have no religion	9.48	2.68	
Have you ever experienced the deathbed of a family member or someone close to you?	I've experienced it	8.85	2.60	- 2.521*
	I've never experienced it	9.93	2.69	
Are you aware of the "Law on Hospice Palliative Care and the Determination of Life-sustaining Care for Patients on the Death Penitentiary"?	I don't know	8.85	2.60	5.098* (a<b, a<c)
	know a little about	9.93	2.69	
	be familiar with	10.47	2.46	
Do you have any experience in writing a letter of intent for life-sustaining care?	I've written it	11.33	2.73	1.596
	I've never written it	9.57	2.67	

The attitude score according to the general characteristics is shown in <Table 4>. Attitudes were found to differ according to gender, religion, the experience of death of close acquaintances, and the experience of preparing a letter of intent for life-saving medical treatment.

Table 4: The attitude scores according to the general characteristics

		M	SD	T/F
SEX	Male	46.64	5.90	2.046*
	Female	44.56	4.81	
Grade	1st	44.88	5.07	2.254
	2nd	44.00	4.85	
	3rd	46.38	5.61	
	4th	44.63	4.17	
Religion	Christianity	44.64	5.82	3.309*
	Catholic	47.40	6.62	
	Buddhism	50.00	5.59	
	have no religion	44.51	4.34	
Have you ever experienced the deathbed of a family member or someone close to you?	I've experienced it	44.85	5.74	.690
	I've never experienced it	44.29	3.82	
Are you aware of the "Law on Hospice Palliative Care and the Determination of Life-sustaining Care for Patients on the Death Penitentiary"?	I don't know	44.85	5.74	2.758
	know a little about	44.29	3.82	
	be familiar with	46.73	6.29	
Do you have any experience in	I've written it	43.00	1.79	- 2.348*

writing a letter of intent for life-sustaining care?	I've never written it	44.92	5.08	
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The faith score according to the general characteristics is shown in <Table 5>. It was found that faith differs according to religion.

Table 5: The faith scores according to the general characteristics

		M	SD	T/F
SEX	Male	63.20	20.50	-.199
	Female	64.31	15.82	
Grade	1st	63.40	16.10	2.368
	2nd	64.42	15.27	
	3rd	72.71	8.41	
	4th	57.25	20.89	
Religion	Christianity	72.50	9.07	29.390** a>c, a>d, b>c, b>d
	Catholic	69.25	9.90	
	Buddhism	41.50	17.90	
	have no religion	46.56	14.29	
Have you ever experienced the deathbed of a family member or someone close to you?	I've experienced it	65.31	10.65	1.049
	I've never experienced it	60.88	21.38	
Are you aware of the "Law on Hospice Palliative Care and the Determination of Life-sustaining Care for Patients on the Death Penitentiary"?	I don't know	65.31	10.65	1.667
	know a little about	60.88	21.38	
	be familiar with	70.00	7.63	
Do you have any experience in writing a letter of intent for life-sustaining care?	I've written it	72.00	11.55	.985
	I've never written it	63.71	16.55	

The Good Death Perception score according to general characteristics is shown in <Table 6>. Good death perception was found to differ according to religion, hospice palliative care, and knowledge of the law on life-sustaining treatment decisions for dying patients.

Table 6: The Good Death Perception score according to general characteristics

		M	SD	T/F
SEX	Male	52.29	5.44	-1.388
	Female	53.98	6.04	
Grade	1st	53.38	5.99	1.866
	2nd	52.68	6.44	
	3rd	55.16	5.25	
	4th	54.21	5.72	
Religion	Christianity	54.16	5.22	8.378* (a<c, b>d)
	Catholic	59.20	3.22	
	Buddhism	61.67	5.39	
	have no religion	52.77	5.96	

Have you ever experienced the deathbed of a family member or someone close to you?	I've experienced it	53.12	5.77	.224
	I've never experienced it	52.92	5.59	
Are you aware of the "Law on Hospice Palliative Care and the Determination of Life-sustaining Care for Patients on the Death Penitentiary"?	I don't know	53.12	5.77	8.604* (a<b, a<c)
	know a little about	52.92	5.59	
	be familiar with	57.73	6.24	
Do you have any experience in writing a letter of intent for life-sustaining care?	I've written it	57.67	3.14	1.645
	I've never written it	53.61	6.01	

The correlation between variables is shown in <Table 7>. Knowledge and Faith, Knowledge and Good Death Perception, Attitude and Faith, Attitude and Good Death Perception all showed positive correlations, and Attitude and Good Death Perception showed the highest correlation with Good Death Perception.

Table 7: The correlation between variables

	Knowledge	Attitude	Faith	Good Death Perception
Knowledge	1			
Attitude	.120	1		
Faith	.296*	.328**	1	
Good Death Perception	.235**	.587**	.326**	1

4. Conclusion

Knowledge of pre life-sustaining medical intention differed according to gender, grade, death experience of close acquaintances, hospice palliative care, and knowledge of the end-of-life patient life-sustaining treatment decision method, and attitude toward pre life-sustaining medical intention was found to differ according to gender, religion, death experience of close acquaintances, and experience in writing pre life-sustaining medical intention. Faith was different according to religion, and good death perception was found to be different according to religion, hospice palliative care, and knowledge of the end-of-life patient life-sustaining treatment decision method. Knowledge and faith, knowledge and good death perception, attitude and faith, attitude and good death perception all showed positive correlations. Among them, attitude was found to be the variable with the highest correlation with good death perception.

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