

Relationship of spiritual health and death attitude of nursing students in Macau

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Introduction



- In order to effectively prepare the nursing students for caring the dying patients, the nursing educational curriculums had been designed to add the elements of death education programs and palliative concept since 1960s.
- However, the nursing students still experienced fear, sadness, frustration, and anxiety during caring for dying patients (Beck, 1997; Kao & Lusk, 1997; Mok, Lee, & Wong, 2002; Babgi, 2006).

Literature review (1)



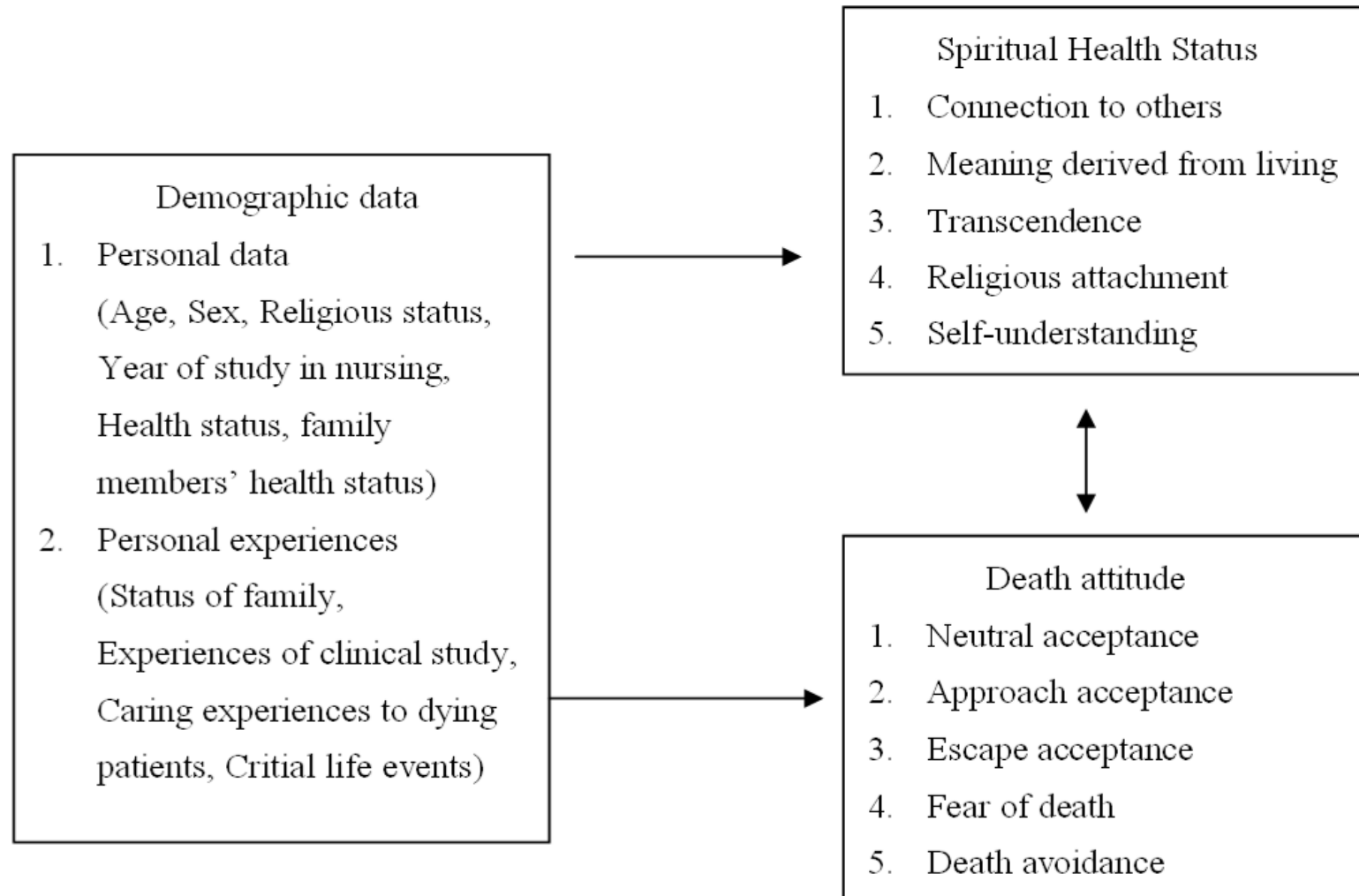
- *Spirituality*
 - 18 facets were proposed by WHO(1998), include Transcendence, Searching for meaning of life, Inner peace/ serenity/ harmony, Death and dying, etc.
 - It is not only related to specific religion
- *Spiritual health*
 - a condition that reflect personal wellness with an affirmation of life, peace, harmony, understand the values of inner self and others, purposeful life beliefs, and a sense of interconnectedness with God, self, community, and environment (Jon, Matt, Amani, Heather & Margaret, 2005; Greer & Moberg, 1998; Moberg, 1979).

Literature review (2)



- *Death attitude*
 - Taboo and negative experience that will not be discussed in Chinese culture (Yick & Gupta, 2002).
 - Fear of death & death acceptance, is individual perspective and do not relate to the psychological function (Gesser, Wong & Reker, 1987)
 - Netural acceptance, Approach acceptance, Escape acceptance, Fear of Death, death avoidance
 - According to Frankl (1977), spirituality will be the most important and effective element to put death into perspective and to find meaning in life.

Research framework



Research problem



- The problem of this study is to explore the relationship of the spiritual health and the death attitude of the nursing students in Macau. In other words, will the death attitude be influenced by the spiritual health among nursing students in Macau?

Research questions



According to the research problem, some research questions need to be explored:

- What is the status of spiritual health of the nursing students in Macau?
- What is the relationship between demographic data and the spiritual health of the nursing students in Macau?
- What is the death attitude of the nursing students in Macau?
- What is the relationship between demographic data and the death attitude of the nursing students in Macau?
- What is the relationship between spiritual health and the death attitude of the nursing students in Macau?

Data collection



- The self-administrated questionnaire will be included three components:
 - Demographic data
 - Spiritual Health Status questionnaire (SHS)
 - CVI 0.85, KMI 0.76 ($p < 0.00$), Cronbrach's α 0.94 (0.76-0.91)
 - 47 questions, 5-point Likert scale
 - Death Attitude Profile-Revised scale (DAP-R)
 - Cronbrach's α 0.67-0.88
 - 32 questions , 5-point Likert scale
- The data was collected on-line from 6/11/2011 to 20/11/2011.

Population and participants



- Students who study the 4-year Bachelor Degree of Nursing (BSN) curriculum in Macau were invited
- Convenient sampling
- Total 91 participants, both were anonymous and voluntary

Results ~ Demographic data

Table 1. Demographic data (N=91)

		N=91	Percentage (%)
Gender	Male	11	12.1
	Female	80	87.9
	Total	91	100
Age	18-19 years old	33	36.3
	20-21 years old	37	40.7
	22-23 years old	18	19.8
	24 years old or above	3	3.3
	Total	91	100
Religion	Yes	17	18.7
	No	74	81.3
	Total	91	100
Classifications of Religious belief	Christianity	8	47.1
	Catholicism	3	17.6
	Buddhism	6	35.3
	Total	17	100
Year of study	Year 1	7	7.7
	Year 2	30	33.0
	Year 3	24	26.4
	Year 4	30	33.0
	Total	91	100
Times of clinical study	Haven't been clinical study	8	8.8
	1time	9	9.9
	2-3 times	29	31.9
	4-5times	17	18.7
	6 times or above	28	30.8
	Total	91	100

Results ~ Demographic data



Table 2. The experiences related to dying and death of respondents (N=91)

		N=91	Percentage (%)
The most impressive death experience	Grandparents	42	46.2
	Parents	7	7.7
	Relatives	10	11.0
	Friends	2	2.2
	Seniorities	3	3.3
	Classmates	2	2.2
	Patients	20	22.0
	Pet	5	5.5
	Total	91	100
Experience on funeral	Yes	70	76.9
	No	21	23.1
	Total	91	100
Participation on death education	Yes	44	48.4
	No	47	51.6
	Total	91	100

Results ~ Demographic data

Table 2. The experiences related to dying and death of respondents (N=91) (Cond't)

		N=91	Percentage (%)
Discussion of death issues at home	Never discuss	14	15.4
	Avoid to discuss	20	22.0
	Only discuss when necessary and would not talk before children	14	15.4
	Unharmonious feeling during discussion	17	18.7
	Calmly and harmony during discussion	26	28.6
	Total	91	100
Read the books or articles about death and dying	Often	33	36.3
	Seldom	53	58.2
	Never	5	5.5
	Total	91	100
Experience on caring for dying and death	Often	13	14.3
	Sometimes	39	42.9
	Seldom	21	23.1
	Never	18	19.8
	Total	91	100
The most affected event to personal death attitude	Death of family member	18	19.8
	Death of patients	18	19.8
	Religion/ Belief	5	5.5
	Books/ articles	4	4.4
	Self-reflection and exploration	23	25.3
	TV/Radio/Film	13	14.3
	Seniority	8	8.8
	Personal health status	1	1.1
	Total	90	100

Results ~ Spiritual Health Status



Table 3. *Spiritual Health Status of Respondents (N=91)*

	N	Range	Minimum	Maximum	Mean	Std. Deviation
S1_Connection to others	91	22.00	33.00	55.00	45.4615	5.17109
<u>S2_Meaning derived from living</u>	91	22.00	38.00	60.00	<u>50.5824</u>	<u>5.33972</u>
S3_Transcendence	91	29.00	25.00	54.00	39.9670	6.76010
<u>S4_Religious attachment</u>	91	23.00	7.00	30.00	<u>19.6374</u>	<u>5.29259</u>
S5_Self-understanding	91	21.00	13.00	34.00	23.6593	4.43526
Spiritual Health Status	91	80.00	136.00	216.00	179.3100	18.92306

Results ~ Spiritual Health Status

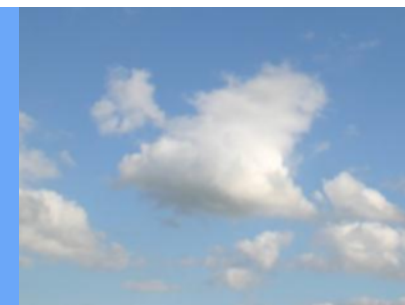


Table 4. *Relationship between demographic data and spiritual health status (N=91)*

		Sum of Squares	df	Mean Square	F	Sig.
<u>Feeling of family</u>	Between Groups	3931.797	3			
	Within Groups	28295.588	87	1310.599	4.030	.010*
	Total	32227.385	90	325.237		
<u>Perception of personal spiritual health</u>	Between Groups	8401.748	4			
	Within Groups	23825.636	86	2100.437	7.582	.000**
	Total	32227.385	90	277.042		
<u>Discussion of death issues at home</u>	Between Groups	3390.270	4			
	Within Groups	28837.114	86	847.568	2.528	.046*
	Total	32227.385	90	335.315		

* $p < 0.05$; ** $p < 0.01$

Results ~ Death Attitude



Table 5. *Death Attitude of respondents (N=91)*

	N	Range	Minimum	Maximum	Mean	Std. Deviation
D1_Fear of Death	91	28.00	7.00	35.00	22.5824	5.55191
D2_Death Avoidance	91	18.00	7.00	25.00	16.6374	4.32182
D3_Neutral Acceptance	91	20.00	5.00	25.00	12.2308	5.90871
D4_Approach Acceptance	91	38.00	12.00	50.00	30.2857	6.47952
D5_Escape Acceptance	91	20.00	5.00	25.00	15.7033	4.82930
DAP_R	91	77.00	58.00	135.00	97.4396	14.47236

Results ~ Relationship between spiritual health and death attitude



Table 6. *Correlations between Spiritual Health Questionnaire and Death Attitude Profile-Revised*

		SHQ	DAP_R
SHQ	Pearson Correlation	1	-.107
	Sig. (2-tailed)		.013*
	N	91	91
DAP_R	Pearson Correlation	-.107	1
	Sig. (2-tailed)	.013*	
	N	91	91

* Correlation is significant at the 0.05 level (2-tailed).

Discussion



- Most of the students (51.6%) did not participate into death education.
- Most of the students (52.8%) never, avoid, or seldom discussed the topics related to death at home.
- Most of the students (57.2%) had experiences on caring to dying patients.
- The spiritual health status of the students was at the above average with 179.31 ± 18.92 scores.
- The highest score of the spiritual health status was the “Meaning derived from living”, the lowest score was “Religious attachment”.
- There are only three demographic data showed the positive relationship with the spiritual health status by the analysis of one way ANVOA. They are “Feeling of family”, “Perception of personal spiritual health” and, “Discussion of death issues at home”.
- The death attitude of the respondents was also at the above average with 97.44 ± 14.47 scores.
- The highest score of the Death Attitude was the “Approach Acceptance”, the lowest score was “Neutral Acceptance”.
- The coefficient between total status of spiritual health to death attitude is -0.107 ($p < 0.05$)

Limitations



- Lack of related research on this area for reference so that there may be unsuitable in the design of the study and instruments choosing.
- Moreover, because of the time-limit, researcher does not review the variables that relate to the curriculum setting and the experiences that the students perceived from their teachers.
- The sampling bias may result from the convenience sampling.

Conclusion



- The spiritual health status of nursing students in Macao is quite well.
- The death attitude of nursing students in Macao is quite positive.
- The relationship between the spiritual health status and the death attitude of nursing students in Macau has been identified as a negative correlation. In other words, if the spiritual health status is high, the death attitude will trend to be more positive.

Implications



- On fundamental nursing education
- For continuous nursing education
- In nursing clinical service
- And future studies

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