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ORIGINAL STUDY

Nursing students and their influence of resilience and psychological well-being on attitude to death

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Abstract

Background: The distress of patients and patients' families who suffer and face death circumstances is suggested to be the most distressing experience nursing students have while undergoing nursing school. Therefore, the current study aim to investigate how nursing students' attitudes on mortality are influenced by their resilience, level of life satisfaction, and psychological health.

Methodology: The current descriptive study was conducted at Koochi Goth Women Hospital, Karachi-Pakistan, from February 2022 to May 2022. A total of 55 nursing students were recruited. Resilience was measure using the 10-item Connor-Davidson resilience scale (CD-RISC), while Satisfaction with Life Scale was used to measure the life satisfaction. The 18-item Psychological Wellbeing Scale was used to measure the psychological well-being, while the attitude of nursing students on mortality was determined using the attitude to death scale. Data were analyzed using SPSS.20.

Results: A total of 55 nursing students take part in the study. The mean age of the study participants was 19.89 ± 1.51 years. It was observed that, majority of students (81.8%) were satisfied with their training. While most of them (72.7) did not have any experience of death. 61.8% of the student said that they did get education related to death. The mean score for Connor-Davidson resilience scale (CD-RISC) was 30.40 ± 1.51 . While mean score for Satisfaction with Life Scale was 18.85 ± 1.56 . Mean score for Psychological Wellbeing Scale and the attitude to death scale were 87.44 ± 4.37 and 34.62 ± 1.13 , respectively.

Conclusion: It is found that the level of psychological wellbeing and death related education act as major influencing factors in establishing the attitude of nursing student toward death. Hence, it is important to educate the student about death for better resilience.

Keywords

Nursing Students, Death, Resilience, Psychological Wellbeing, Satisfaction for Life



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Introduction

Every year, more people pass away in hospitals, which means that more nursing students tend to



experience death both directly and indirectly while taking classes or getting clinical experience^{1,2}. The distress of patients and patients' families who suffer and face death circumstances is suggested to be the most distressing experience nursing students have while undergoing nursing school³. When nursing students encounter death for the first time during clinical practice, they feel powerless, dejected, and extremely anxious⁴. They may also be afraid or skeptical about the likelihood of recovery^{2, 5}. Nursing students are future nurses who will care for people who are dying. Since this might inspire them to develop their attitude toward their own lives and their identity in nursing and enhance the quality of nursing performance, it is important to deal with their attitude about death in an appropriate manner⁶. Nursing students will exhibit unfavorable attitudes about death, such as worry and terror, if they care for dying patients before having solidified their beliefs and philosophy on death^{7, 8}.

Comprehensive nursing care is necessary for end-of-life care in order to enable patients pass away with dignity in their final stages of life. The right attitudes of nurses toward death should come before providing quality end-of-life care. However, because attitudes toward death are built over a lengthy period of time rather than quickly, the proper educational environment should be created so that nurses can develop good attitudes toward death and end-of-life care while undergoing nursing school^{2, 3, 9}. Students studying nursing have death fear for a variety of reasons^{2-5, 8}. Life satisfaction is a cognitive aspect that is the foundation of subjective well-being and one of the elements that influences attitudes about death¹⁰. According to a recent study, college students' better life satisfaction levels suggest that they have a more optimistic outlook about dying¹¹. Good acceptance of death is facilitated by a positive knowledge of the worth and significance of life, which also fosters a healthy understanding and view of death¹².

Psychological well-being is the idea of one's ability to contribute to society and is also a measure of one's subjective quality of life¹³. When undergoing clinical training, nursing students may encounter difficult scenarios like death. To handle these situations, they need to be in excellent psychological health. In addition to being closely related to life satisfaction, psychological health also has a big impact on lowering fear of dying and embracing it^{13, 14}. As a result of experience and knowledge gained by conquering adversity, people tend to become stronger¹⁵. Resilience has been defined as the capacity to bounce back and adapt when faced with difficulty^{16, 17}. Such fortitude helps nursing students overcome their worry and sense of powerlessness when caring for patients who are dying, as well as develop good attitudes toward death¹⁵.

The ability to cope with loss, life satisfaction, and psychological health all have a significant role in nursing students' attitudes on mortality. Additionally, a substantial correlation was observed between resilience and life satisfaction as factors, indicating that the more resilient a person is, the happier they are with their lives¹⁸. Resilience and life pleasure are highly connected with psychological well-being¹⁹. Educational preparation is required for nursing students to develop good attitudes toward death in order to enhance their life satisfaction, psychological wellbeing, and resilience and help them embrace death as a natural part of life. However, very little study has been done on the topics of resiliency, life satisfaction, and psychological health in the context of terminal care and attitude toward death among nursing students.

Therefore, the purpose of this study was to investigate how nursing students' attitudes on mortality are influenced by their resilience, level of life satisfaction, and psychological health. Additionally, the study sought to give information for the creation of programmed for education on death and the cultivation of favorable attitudes toward end-of-life care in the nursing curriculum.

Methodology

The current descriptive study was conducted at Koochi Goth Women Hospital, Karachi-Pakistan, from February 2022 to May 2022. A total of 55 nursing students were recruited, after taking inform consent.

The 10-item Connor-Davidson resilience scale (CD-RISC) was used to measure resilience. It is a 5-point Likert scale ranging from 0 (totally disagree) to 4 (totally agree). Satisfaction with Life Scale was used to measure the life satisfaction. It is a 5-item scale design to measure global cognitive judgement of one's life satisfaction. It is a 7-point scale ranging from 7 being strongly agree to 1 being strongly disagree.

The 18-item Psychological Wellbeing Scale was used to measure the psychological well-being. It is also a 7-point scale ranging from 7 being strongly agree to 1 being strongly disagree. While the attitude of nursing students on mortality was determined using the attitude to death scale, comprising of 20 items, scored on a 4-point Likert scale. Higher scores indicate positive attitude to death, with possible scoring range from 20 to 80. Data was collected and analyze using SPSS version 22.0. Demographic data and death-related characteristics of the study participants was represented in mean, Standard deviation, frequency, and percentage.

Results

A total of 55 nursing students take part in the study. The mean age of the study participants was 19.89 ± 1.51 years. When asked about their regular training, majority of students (81.8%) were satisfied with their training. While most of them (72.7) did not have any experience of death. Moreover, 61.8% of the student said that they did get education related to death (Table 1).

When observe the attitude of students towards resilience's, life satisfaction, psychological wellbeing, and death, there score suggest that the mean score for Connor-Davidson resilience scale (CD-RISC) was 30.40 ± 1.51 . While mean score for Satisfaction with Life Scale was 18.85 ± 1.56 . Mean score for Psychological Wellbeing Scale and the attitude to death scale were 87.44 ± 4.37 and 34.62 ± 1.13 , respectively (Table 1).

Table 1: Baseline Characteristics of the Study participants.

Variable	Mean \pm Std	
Age	19.89 \pm 1.51	
CD-RISC-10	30.40 \pm 1.51	
Satisfaction with Life Scale	18.85 \pm 1.56	
Psychological Wellbeing Scale	87.44 \pm 4.37	
The attitude to death scale	34.62 \pm 1.13	
	n (%)	
Are you satisfied during your training	Yes	45 (81.8)
	No	10 (18.2)
Have you ever experienced death	Yes	15 (27.3)
	No	40 (72.7)
Did you get death related education	Yes	34 (61.8)
	No	21 (38.2)

*N = 55

The score for the 10-item Connor-Davidson resilience scale ranges from 0 to 4. Most of the study participants (74.5%) suggest that they were able to adapt with changes in their surroundings. While 87.3% of the study participants believe that they can deal with whatever comes. Almost 18.2% of the study participants disagree that coping with stress can strengthen them, while 56.4% agree to get strengthen. It was also observed that majority of students believe that they can achieve their goals despite several obstacles and can handle unpleasant feelings (Table 2).

Table 2: The 10-item Connor-Davidson resilience scale (CD-RISC)

Variables	Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
I am able to adapt to change.	-	-	2 (3.6)	41 (74.5)	12 (21.8)
I can deal with whatever comes.	-	-	-	48 (87.3)	7 (12.7)
I try to see the humorous side of problems.	-	-	17 (30.9)	38 (69.1)	-
Coping with stress can strengthen me.	-	10 (18.2)	3 (5.5)	31 (56.4)	11 (20)
I tend to bounce back after illness or hardship.	-	-	11 (20)	44 (80)	-
I can achieve goals despite obstacles.	-	-	-	44 (80)	11 (20)
I can stay focused under pressure.	-	-	-	11 (20)	44 (80)
I am not easily discouraged by failure.	-	-	9 (16.4)	46 (83.6)	-
I think of myself as a strong person.	-	-	-	49 (89.1)	6 (10.9)
I can handle unpleasant feelings.	-	-	7 (12.7)	48 (87.3)	-

*Values are given as n(%)

*N = 55

The benchmarks for the satisfaction with life scale (SLS) suggest that most of the study participants (67.3%) were slightly dissatisfied with their life. While only 18.2% study participants were slightly satisfied with their life (Table 3).

Table 3: Benchmarks for the Satisfaction with Life Scale (SLS)

Benchmarks	n (%)
Extremely satisfied	-
Satisfied	-
Slightly satisfied	10 (18.2)
Neutral	8 (14.5)
Slightly dissatisfied	37 (67.3)
Dissatisfied	-
Extremely dissatisfied	-

*Values are given as n (%)

*N = 55

The psychological wellbeing scale show the attitude of the study participants about what they think of their personality and what might affect them psychologically. It was observed that most students (74.5%) like most part of their personality. While almost each study participant agrees that like some people who aimlessly wander through life, they are not like that, and that they live life one day at a time and don't really think about future. Moreover, each of them (100%) believes that for them, life has been a continuous process of learning, changing, and growth, and that they think that it is important to have new experiences that

challenge how they think of themselves and the world. It was observed that 40% of the participants disagree with the fact that people would describe them as a giving person, willing to share their time with others. While majority of them have confidence in their own opinions, even if they are different from the way most other people think (76.4%) and judge themselves by what they think is important, not by the values of what others think is (80%) (Table 4).

Table 4: Observation for Psychological Wellbeing Scale

Variables	Strongly agree	Agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree
I like most parts of my personality	-	41 (74.5)	-	-	14 (25.5)	-	-
When I look at the story of my life, I am pleased with how things have turned out so	37 (67.3)	18 (32.7)	-	-	-	-	-
Some people wander aimlessly through life, but I am not one of them	-	55 (100)	-	-	-	-	-
The demands of everyday life often get me down	-	-	-	9 (16.4)	-	46 (83.6)	-
In many ways I feel disappointed about my achievements in life	-	-	-	10 (18.2)	5 (9.1)	40 (72.7)	-
Maintaining close relationships has been difficult and frustrating for me	-	-	22 (40)	10 (18.2)	-	23 (41.8)	-
I live life one day at a time and don't really think about the future	-	55 (100)	-	-	-	-	-
In general, I feel I am in charge of the situation in which I live	-	43 (78.2)	-	12 (21.8)	-	-	-
I am good at managing the responsibilities of daily life	18 (32.7)	25 (45.5)	12 (21.8)	-	-	-	-
I sometimes feel as if I've done all there is to do in life	-	-	24 (43.6)	11 (20)	-	20 (36.4)	-
For me, life has been a continuous process of learning, changing, and growth	-	55 (100)	-	-	-	-	-
I think it is important to have new experiences that challenge how I think about myself and the world	-	55 (100)	-	-	-	-	-
People would describe me as a giving person, willing to share my time with others	-	-	-	33 (60)	22 (40)	-	-
I gave up trying to make big improvements or changes in my life a long time ago	-	26 (47.3)	-	-	-	29 (52.7)	-
I tend to be influenced by people with strong opinions	29 (52.7)	-	-	-	26 (47.3)	-	-
I have not experienced many warm and trusting relationships with others	-	32 (58.2)	-	23 (41.8)	-	-	-
I have confidence in my own opinions, even if they are different from the way most other people think	13 (23.6)	42 (76.4)	-	-	-	-	-

I judge myself by what I think is important, not by the values of what others think is important	11 (20)	44 (80)	-	-	-	-	-
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*Values are given as n(%)

*N = 55

The attitude of nursing students toward death was observed using the attitude to death scale. It was observed that 87.3% of them have fear of dying a painful death, while almost 100% of them have trouble and get frightened while thinking what the next world is like and fear the idea of never thinking ever again after death. 47.3% of them suggest that they did not dread to think about having any kind of surgical operation, while 52.7% agree to be afraid of operation. It was also seen that study participants tend to get upset on the fact that after they die, they will never feel anything. The believe of life after death was observed in almost 83.6% of the study participants. And, they agree to get troubled by the thought that their body will decompose in the grave. While majority (80%) of them worried about what will happen to them after they die (Table 5).

Table 5: Nursing Students observations on the Attitude to death Scale

Variables	Totally disagree	Disagree	Agree	Totally agree
I fear dying a painful death	-	7 (12.7)	48 (87.3)	-
Not knowing what the next world is like troubles me	-	-	55 (100)	-
The idea of never thinking again after I die frightens me	-	-	55 (100)	-
I am not at all anxious about what happens to the body after burial	-	55 (100)	-	-
Coffins make me anxious	-	8 (14.5)	47 (85.5)	-
I hate to think about losing control over my affairs after I am gone	-	17 (30.9)	38 (69.1)	-
Being totally immobile after death bothers me	-	20 (36.4)	35 (63.6)	-
I dread to think about having an operation	-	26 (47.3)	29 (52.7)	-
The subject of life after death troubles me greatly	-	23 (41.8)	32 (58.2)	-
I am not afraid of a long, slow dying	-	55 (100)	-	-
I do not mind the idea of being shut into a coffin when I die	-	22 (40)	33 (60)	-
I hate the idea that I will be helpless after I die	-	-	55 (100)	-
I am not at all concerned over whether or not there is an afterlife	-	43 (78.2)	12 (21.8)	-
Never feeling anything again after I die upsets me	-	-	33 (60)	22 (40)
The pain involved in dying frightens me	-	-	-	55 (100)
I am looking forward to a new life after I die	-	9 (16.4)	46 (83.6)	-
I am not worried about ever being helpless	-	36 (65.5)	19 (34.5)	-
I am troubled by the thought that my body will decompose in the grave	-	10 (18.2)	45 (81.8)	-
The feeling that I will be missing out on so much after I die disturbs me	-	31 (56.4)	24 (43.6)	-
I am worried about what happens to us after we die	-	11 (20)	44 (80)	-

*Values are given as n(%)

*N = 55

Discussion

The purpose of this study was to investigate how nursing students' attitudes on mortality were

influenced by their resilience, level of life satisfaction, and psychological health. The participants scored 2.77 out of a possible 4 points on the attitude toward death scale. This outcome coincided with Park and Kim⁷, whose subjects received 2.75 points. In the current study, nursing students' attitudes about death were on the average level. The views of the juniors and seniors regarding death were more optimistic than those of the freshmen or sophomores. The findings of Park and Kim⁷ and Lee et al.,²⁰ which found that experienced nurses had more favorable views toward death than untrained novices, are consistent with this outcome. This finding suggests that students in lower grades may view a patient's death as an event of unease and worry rather than as a fact, and as a result, may have a less optimistic outlook on dying. When students experience end-of-life care or death-related education through major-related learning and clinical training, they become more accepting of death as they advance in grade. The current study discovered that pupils who took part in death-related education had a more optimistic attitude than those who did not. Similar to Shin's findings, the present study found that providing nursing students with systematic death education over a period of time resulted in beneficial improvements in their views on death²¹. Mallory further said that nursing students who have received death education had a good outlook on dying²². As was already said, comprehensive learning about death helps kids develop healthy attitudes toward death and good attitudes toward it. Death-related education is seldom ever incorporated in curricula, despite its significance. Only 30.4 percent of those surveyed for this study got instruction about death. According to Park and Kim⁷, 86.2% of nursing students who had clinical training had encountered patient deaths during their training. Despite the students' admission that the experience had a profound impact on them, relatively few of them had sought out support from their friends or parents for help in coping with their feelings. For nursing students, discussing, and sharing their experiences with patient death is crucial because these actions support their natural acceptance of

patient death⁸. As a result, nursing students require professional counselling as well as the creation and implementation of support programmes for their experience connected to patient death to be favorably accepted and for their values towards death to be developed.

Death-related education and psychological health were the main determinants of attitude toward death, with psychological health serving as the largest predictor. The result is in line with Ji and You's findings²³, who looked at end-of-life care attitudes, stress, and spiritual health. Beyond one's own sense of enjoyment or wellbeing in life, psychological well-being refers to how well one fits into society¹³. For them to be able to handle and adjust to stressful events, like the deaths they face in their work environment and throughout the process of clinical training, nursing students need to have a high degree of psychological well-being. Psychological well-being is the capacity to accept one's circumstances in a positive light and to take decisions based on that resolve. Individuals' educational experiences are intimately tied to their psychological well-being¹⁶.²⁴ The results of earlier research support the notion that persons who get education about death have greater levels of psychological wellness and more optimistic views toward dying²⁵. To put it another way, learning about death enables nursing students to comprehend the process of dying and embrace it as a natural part of life. It enables nursing students to have a good attitude about death and to enhance their psychological well-being. According to Edo-Gual et al.,³ while the majority of nursing students want to avoid meeting death during clinical practice, other students are aware that their care might be beneficial to patients and see the possibility to care for those who are dying as an opportunity. Similarly, it is essential to provide an educational intervention that aids nursing students in finding positive meaning in any stressful experience and learning effective coping mechanisms. Nursing students' psychological wellbeing can be enhanced by learning about death, which can also assist foster a good attitude about dying. For nursing students to acquire good attitudes

toward death, structured educational programmes organized by grade and clinical practice experience must also be developed and implemented in the nursing curriculum.

Resilience was rated 3.41 out of 4 in the current study, which is higher than the 2.84 and 2.94 points reported by Kim and Moon²⁴ and Park and Kim⁷, respectively. Significant differences in resilience were also found for main satisfaction and education about death. This outcome is consistent with Park and Kim's⁷ observation that those who are happier with their majors are more resilient. It suggests that nursing students who are happy with their major have greater resiliency when identifying and addressing the root causes of crises, creating effective communications, and attempting to overcome challenges. Learning leads to the development of resilience, which can then be boosted by environmental factors¹⁵. This study also discovered that pupils who had received death education were more resilient. Therefore, it is crucial to increase the resilience of nursing students by guiding them in turning their negative emotions about death into mature experiences and empowering them to respond positively to any circumstance involving death. Additionally, programmes and methodical instruction must be used with the aim of boosting the resilience of nursing students.

In summary, this study discovered that psychological well-being and death-related educational experiences are significant determinants of nursing students' views toward death. According to earlier research, knowledge about death influenced people's attitudes about dying for the better. The significance of death-related education for older individuals and patients who were preparing for their own deaths, however, has been demonstrated in several earlier research²⁵⁻²⁷. On the other side, this study discovered that death-related education for medical professionals and nursing students, who must accept other people's deaths and help with end-of-life care, was also a crucial component of education. Through this study, we discovered that teaching about death might assist nursing students in developing a positive attitude about

death, accepting death as a part of life, and improving their psychological wellbeing. To develop nursing students' attitudes regarding death and prepare them for end-of-life care, it is necessary to integrate comprehensive death-related teaching into the pertinent curricula.

However, it has the following drawbacks. In the beginning, because the volunteers were from a particular area, the results could not be generalized. As a result, it's essential to increase the range of subjects and participants. Second, follow-up research with a substantial number of male participants is required to establish the impacts of sex, given the relatively low proportion of male students.

Conclusion

It is concluded that nursing student do get knowledge about death, and it experience in their professional life. Moreover, our results also show that they tend to have ability of resilience to able to adapt the changes with their surroundings. Moreover, it was also observed that the ability of the individual resilience differed significantly based on their life satisfaction rate and their perception related to death. Therefore, it is also found that the level of psychological wellbeing and death related education act as major influencing factors in establishing the attitude of nursing student toward death. Hence, it is important to educate the student about death for better resilience.

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