

The Relationship Between Sense of Calling, Moral Sensitivity, Attitude Toward Death and Attitude Toward End-of-life Nursing of Nursing Students Ahead of Graduation

Jae Woo Oh^{1*}, Mi-Ran Kim²

^{1,2} Konyang University Daejeon City, Korea E-mail: ojw77@konyang.ac.kr

Abstracts: This study was attempted to grasp the relationship between sense of calling, moral sensitivity, and attitude toward death, and attitude toward end-of-life nursing of nursing students ahead of graduation and to provide the basic data for developing education program to enhance the proper attitude of end-of-life nursing based on human dignity. **Methods:** The data collection period was from April 01, 2020 to April 4, 2020. The survey was conducted on 165 nursing students who were expecting to graduate from the nursing college located in D city. **Result:** The factors which affect the end-of-life nursing attitude of nursing students were attitude toward death, moral sensitivity, and type of practice institutions, and the explanatory power of these variables for end-of-life nursing attitude was 22.2%. **Conclusion:** It is necessary to expand an opportunity for indirect experience of end-of-life nursing that must be performed as a nurse to nursing students who are about to graduate, and various educational program development and implementation strategies are required to establish a sense of mission and the good awareness of death.

Keywords: Nursing student, Sense of Calling, Moral Sensitivity, Attitude Toward Death, Attitude Toward End-of-life

1.INTRODUCTION

With the recent development of life extension technology and the increase in chronic diseases, as management of dying and death has been transferred from patients and their families to medical institutions and medical personnel, the number of cases requiring dying patients to be cared for in hospitals increases. Individuals who are about to die hope to die in their homes surrounded by family or friends, but in reality, more and more people die in places other than their homes. A nurse is the person who has the closest relationship with the patient until he or she dies. Therefore, the effect of nurses' attitude toward death on the patient is inevitably large[1]. However, if nurses themselves do not understand death as a continuum of life and do not establish their own values, it is difficult to perform the right end-of-life nursing to patients or families. Therefore, in order to perform high-quality end-of-life nursing, the establishment of internal factors such as nurses' own sense of ethics and values should precede, and they should be more active and open to death. As end-of-life nursing is a comprehensive care to alleviate the pain and sadness of the bereaved family, helping the patients physically, emotionally, socially, and spiritually so that they can die in peace for the rest of their lives while maintaining human dignity and high quality of life[2], nurses are required to establish a high level of ethics and values in order to perform high-quality end-of-life nursing, but they lie in many ethical and moral dilemmas related to end-of-life nursing in clinical settings. In these ethical and moral dilemma situations, the moral sensitivity is the ability to discover ethical problems in nursing practices based on the value of human respect, a contextual and intuitive understanding of the vulnerability of individual situations, and an insight based on ethical decision-making on behalf of the individual[3, 20]. This moral sensitivity strengthens the sympathetic bond between the patient and the family being nursed by making nurses intuit the pain, shabby, abandonment and the fear of the unknown world that patients who are about to die suffer, and has a significant impact on the decision-making process[4].

Because nurses deal with human life, they need a thorough sense of calling in their work. A sense of calling is one of the perceptions that an individual has about his or her work, and it means an attitude to realize one's role in work, pursue meaning and goals within it, and thereby have a positive influence on the public good of society[5]. This sense of calling is believed to affect job immersion, functioning purely in the organization[6], increasing professional ethics[7], and affecting end-of-life nursing attitude. In particular, nursing students are those who are in charge of practice in the medical field as nurses after graduation and can directly affect patients, dealing with patients, and they should acquire the correct attitude toward death and end-of-life nursing and have the ability to provide high-quality end-of-life nursing in the medical field by perceiving and judging end-of-life nursing through theoretical and practical education from the time of their student days. However, as interest in end-of-life nursing

has recently increased, related studies are being conducted. However, no research has been found that reveals the relationship between sense of calling, moral sensitivity, and good attitude toward death, and attitude toward end-of-life nursing for nursing students. Therefore, this study was conducted to grasp the relationship between sense of calling, moral sensitivity, and attitude toward death, and end-of-life nursing attitude of nursing students, and to provide basic data which is to be helpful to acquire the correct attitude toward end-of-life nursing and to develop strategies for high-quality end-of-life nursing.

2.MATERIALS AND METHODS

2.1 Study Design

This study is a descriptive survey study to understand the relationship between sense of calling, moral sensitivity, and attitude toward death, and end-of-life nursing attitude of nursing students who are about to graduate.

2.2 Subjects of Study

The subjects of this study are those who voluntarily agreed to participate in the study as nursing students who are about to graduate among the students attending the nursing department of the university located in D. As for the sample size, it was based on the number of samples of 138 required when the power of test was 0.95, the effect size was 0.15, the significance level was 0.05, and the number of predictors was 5 using the G*Power 3.0.10 program. The questionnaire was distributed to 170 people in consideration of the dropout rate of 20%, and 165 copies were used for the final analysis, excluding 5 copies with unfaithful responses.

2.3 Study Tools

Sense of Calling

As for sense of calling scale, Korean version of CVQ-K, which Shim Ye-rim and Yoo Seong-kyung translated into Korean and modified with Calling and Vocation Questionnaire(CVQ) developed by Dik, Eldridge and Steger(2008), was used, and the tool reliability of Sim Ye-rim and Yoo Seong-kyung was .85 in Cronbach's α .

Moral Sensitivity

In order to measure moral sensitivity, K-MSQ, Korean version of the moral sensitivity questionnaire, which Han et al.(2010) adapted, modified and supplemented with Moral Sensitivity Questionnaire(MSQ) developed by Lutzen et al. (1995), was used. At the time of development, the reliability was Cronbach's α =.78 in the study of Lutzen et al.(1995), and it was Cronbach's α =.84 in this study.

Attitude Toward Death

Attitude toward death was measured with a tool which Park Seok-chun(1992) adapted, and Jeon Jae-soo(2014) revised and supplemented with Death Orientation measurement tool developed by Thorson and Powell(1988). In this tool, the higher the score, the more positive attitude toward death. At the time of development, the reliability of the tool was Cronbach's α =.83, Cronbach's α =.87 in the study of Jeon Jae-soo(2014), and Cronbach's α =.82 in this study.

Attitude Toward End-of-Life Nursing

Attitude toward end-of-life nursing was measured with a tool that Jo Hye-jin and Kim Eun-shim(2005) translated and modified with Attitudes toward Nursing Care of the Dying Scale that Frommelt(1991) developed for nurses. In this tool, the higher the score, the more positive attitude toward end-of-life nursing. At the time of development, the reliability of the tool was Cronbach's α =.94, Cronbach's α =.77 in the study of Jo Hye-jin and Kim Eun-sim(2005), and Cronbach's α =.84 in this study.

2.4 Data Collection Period

The data collection period was from April 01 to April 30, 2020. As for the data collection method, data collection was conducted after the researcher explained the purpose and method of the study to the subjects, obtained consent for participation in the study, distributed a questionnaire to them, and explained the response method and precautions. Before collecting the data, it was explained to the subjects that personal confidentiality would be guaranteed and that it wouldn't be used for purposes other than research according to research ethics.

2.5 Data Analysis Method

The collected data was analyzed using IBM SPSS/WIN 20.0 Program. Frequency, percentage, mean, and standard deviation were obtained for the degree of nurses' general characteristics, sense of calling, moral sensitivity, attitude toward death, and attitude toward end-of-life nursing. The correlation between nurses' sense of calling, moral sensitivity, attitude toward death, and end-of-life nursing attitude was found out with Pearson's Correlation Coefficients, and multiple regression was used to grasp the degree of influence of nurses's sense of calling, moral sensitivity, and attitude toward death on end-of-life nursing attitude.

3.RESULTS AND DISCUSSION

3.1 Differences in the degree of nursing student's sense of calling, moral sensitivity and attitude toward death, and attitude toward end-of-life nursing according to general characteristics

The results of examining the general characteristics of nursing students are shown in Table 1. As for the subjects, there were 141 women(85.5%), and 147(89.1%) aged 20 to 24 years. 81(49.1%) said they were satisfied with their major, which was the highest. 71(43.0%) responded that the motive for choosing the department of nursing was due to the high employment rate, which was the most, and 101(61.2%) responded that they adapted themselves well to the department, which was the highest. In the case of religion, 101(61.2%) answered that they had no religion, 144(87.3%) answered that they had no experience of the patient's death, and 148 (89.7%) responded that the period of clinical practice was 3 months or more and less than 6 months. In the type of clinical practice institution, 109(66.1%) responded that it was a superior general hospital, which was the most, and in with or without hospice course completion, 84(50.9%) responded that they didn't complete hospice course, however, 81(49.1%) responded that they completed it. As a result of examining the difference in variables according to the general characteristics of nursing students, it was found that when major satisfaction was high, and they adapted themselves well to the department, their sense of calling was high, and when major satisfaction was high, and they had religion, their moral sensitivity was high. In addition, as the age increased, attitude toward death was positive, and as the type of clinical practice institution was a general hospital, attitude toward end-of-life nursing was positive.

Table 1. Differences in the Degree of Nursing Students' Sense of Calling, oral Sensitivity, and Attitude Toward Death, and Attitude Toward End-of-Life Nursing According to General Characteristics (N=165)

Variables	Categories	N	Sense of Calling		Moral Sensitivity		Attitude Toward Death		Attitude Toward End-of-Life Nursing	
			Mean (SD)	t or F(p)	Mean (SD)	t or F(p)	Mean (SD)	t or F(p)	Mean (SD)	t or F(p)
Gender	Male	24	2.840 (.409)	2.990 (.121)	5.007 (.573)	-.109 (.951)	2.406 (.483)	.998 (.893)	2.679 (.346)	2.040 (.155)
	Female	141	2.520 (.496)		5.146 (.575)		2.302 (.412)		2.803 (.401)	
Age	20~24 years old	147	2.539 (.501)	-2.013 (.130)	5.150 (.578)	1.539.461)	2.290 (.429)	-2.395 (.036)	2.799 (.406)	1.608 (.207)
	over 25 years of age	18	2.787 (.402)		4.930 (.524)		2.540 (.301)		2.674 (.277)	
Major Satisfaction	Unsatisfactory	4	2.395 (.734)	7.380 (.000)	4.760 (.862)	6.887 (.000)	2.410 (.901)	.132 (.941)	3.033 (.433)	.754 (.521)

	Moderate	62	2.353 (.399)		4.902 (.532)		2.312 (.374)		2.778 (.387)	
	Satisfactory	81	2.704 (.491)		5.300 (.511)		2.325 (.434)		2.765 (.399)	
	Very Satisfactory	18	2.566 (.496)		5.126 (.575)		2.317 (.423)		2.848 (.407)	
Department Selection Motive	Grade	14	2.529 (.397)	2.351 (.056)	5.149 (.574)	1.211 (.308)	2.234 (.383)	1.050 (.383)	2.891 (.358)	.713 (.584)
	Aptitude	51	2.710 (.560)		5.212 (.611)		2.331 (.430)		2.804 (.433)	
	High Employment Rate	71	2.447 (.473)		5.047 (.547)		2.280 (.378)		2.735 (.370)	
	Peripheral recommendation	27	2.635 (.425)		5.199 (.547)		2.401 (.531)		2.836 (.413)	
	Others	2	2.458 (.176)		4.565 (.983)		2.740 (.367)		2.667 (.283)	
Department Adaptation	Well Adapted	101	2.678 (.522)	7.884 (.001)	5.257 (.531)	7.319 (.001)	2.305 (.420)	1.900 (.153)	2.800 (.407)	1.253 (.289)
	Moderate	61	2.374 (.391)		4.915 (.578)		2.313 (.415)		2.746 (.367)	
	Difficult To Adapt	3	2.722 (.411)		5.000 (.575)		2.786 (.605)		3.089 (.512)	
Religion	Christianity	34	2.906 (.481)	8.106 (.000)	5.355 (.448)	2.811 (.041)	2.249 (.396)	2.130 (.098)	2.830 (.397)	1.082 (.359)
	Catholic	17	2.558 (.400)		4.923 (.639)		2.508 (.262)		2.729 (.345)	
	Buddhism	13	2.589 (.618)		5.147 (.594)		2.461 (.574)		2.941 (.404)	
	No Religion	101	2.450 (.450)		5.080 (.584)		2.289 (.425)		2.759 (.400)	
Patient Death Experience	None	144	2.573 (.483)	.461 (.319)	5.108 (.570)	-1.010 (.735)	2.337 (.420)	1.552 (.604)	2.780 (.387)	.210 (.647)
	Yes	21	2.519 (.587)		5.250 (.608)		2.810 (.432)		2.822 (.456)	
Clinical Practice Period	Less than 3 months	17	2.549 (.561)	.024 (.878)	4.951 (.574)	1.756 (.187)	2.355 (.391)	.151 (.698)	2.773 (.378)	.019 (.889)
	More than 3 months and less than 6 months	148	2.568 (.490)		5.146 (.574)		2.313 (.428)		2.787 (.398)	
Type of Clinical Practice Institution	superior general hospital a	109	2.556 (.511)	.431 (.651)	5.159 (.532)	.702 (.497)	2.3116 (.436)	.164 (.849)	2.856 (.405)	5.716 (.004) (a>c)
	General Hospitalb	46	2.559 (.492)		5.040 (.690)		2.314 (.419)		2.665 (.350)	
	Specialized Hospitalc	10	2.708 (.336)		5.156 (.575)		2.392 (.309)		2.567 (.267)	
With or without hospice course completion	Yes	81	2.520 (.530)	-1.172 (.084)	5.128 (.545)	.045 (.445)	2.315 (.450)	-0.53 (.566)	2.834 (.401)	2.462 (.119)
	No	84	2.611 (.460)		5.124 (.606)		2.391 (.399)		2.738 (.385)	

3.2 The Degree of Nursing Students' Sense of Calling, Moral Sensitivity and Attitude Toward Death and Attitude Toward End-of-Life Nursing

As a result of examining sense of calling, moral sensitivity, and attitude toward death, and attitude toward end-of-life nursing for nursing students, sense of calling was 2.56 points on average, moral sensitivity was 5.12 points, attitude toward death was 2.31 points, and attitude toward end-of-life nursing was 2.78 points<Table 2>.

Table 2. The degree of nursing students' sense of calling, moral sensitivity, and attitude toward death, and attitude toward end-of-life nursing (N=165).

Categories	Mean±SD	Range
Sense of Calling	2.567± 0.497	1-4
Moral Sensitivity	5.126± 0.576	1-7
Attitude Toward Death	2.317± 0.424	1-4
Attitude Toward End-of-Life Nursing	2.785± 0.395	1-4

3.3 Relationship Between Nursing Students' Sense of Calling, Moral Sensitivity, and Attitude toward Death, and Attitude toward End-of-Life Nursing

Table 3 shows the relationship between nursing students' sense of calling, moral sensitivity, and attitude toward death, and attitude toward end-of-life nursing. Attitude toward end-of-life nursing showed a positive correlation with moral sensitivity($r=.278, p<.001$) and a negative correlation with attitude toward death($r=-.292, p<.001$).

Table 3. Relationship Between Nursing Students' Sense of Calling, Moral Sensitivity, and Attitude toward Death, and Attitude Toward End-of-Life Nursing.

Categories	Sense of Calling $r(p)$	Moral Sensitivity $r(p)$	Attitude Toward Death $r(p)$	Attitude Toward End-of-Life Nursing $r(p)$
Sense of Calling	1			
Moral Sensitivity	.436***	1		
Attitude Toward Death	.259**	.136	1	
Attitude Toward End-of-Life Nursing	.049	.278***	-.292***	1

* $p<.05$ ** $p<.01$ *** $p<.001$

3.4 The Influence of Nursing Students' Sense of Calling, Moral Sensitivity, and Attitude toward Death on Attitude toward End-of-End Nursing

Table 4 shows the influence of nursing students' sense of calling, moral sensitivity, and attitude toward death on attitude toward end-of-life nursing. In order to confirm whether regression analysis meets the assumption, the multicollinearity analysis showed that the Variance Inflation Factor(VIF) was 1.008 ~1.026, with values below 10 altogether, making multicollinearity no problem. In addition, the Durbin-Watson statistic was found to be 1.798 without autocorrelation of residuals, all of which met the assumption of regression analysis. The factors influencing nursing students' end-of-life nursing attitude were attitude toward death, moral sensitivity, and types of practice institution, and the relative influence of independent variables was in order of attitude toward death, moral sensitivity, and types of practice institution. The explanatory power of these variables for end-of-life nursing attitude was 22.2%.

Table 4. The Influence of Nursing Students' Sense of Calling, Moral Sensitivity, and Attitude toward Death on Attitude Toward End-of-Life Nursing.

Variables	B	SE	β	R ²	Adj. R ²	t	p
Constant	2.303	.271				8.494	
Attitude Toward Death	-.307	.065	-.330	.086	.080	-4.743	.000
Moral Sensitivity	.210	.048	.305	.189	.179	4.379	.000
Types of Practice Institution (Higher General Hospital)	.183	.057	.220	.236	.222	3.176	.002

R²=.236, Adj. R²=.222, F=16.621, $p<.05$

4. DISCUSSIONS

This study was conducted to understand the relationship between sense of calling, moral sensitivity, and attitude toward death, and end-of-life nursing attitude for nursing students, and to provide basic data for cultivating the correct attitude toward end-of-life nursing based on human dignity. The main results are discussed as follows.

The sense of calling recognized by nursing students was 2.56 points, which was higher than 2.35 points, the study result of Kim Moon-jung and Kang Kyung-ja[8], and similar to 2.55 points, that of Park Seon-young[9]. The sense of calling is an individual's perception of his or her work, and an attitude to have a positive influence as a member of society by recognizing his or her role in the work and pursuing meaning and goals in it[5]. Since it is considered a goal-oriented attitude toward work regardless of religious concepts, it can be said that interest in nursing students' sense of calling is necessary. The moral sensitivity of nursing students was 5.12 points, which was higher than 3.45 points, the study result of Jang Young-mi and Ahn Eun-kyung[10] for the first and second grade nursing students. It is thought that this result came out because in the case of the subjects of this study, the ability to sensitively grasp the ethical situation through nursing ethics subjects and clinical practice is higher than that of the first and second graders. Therefore, in order to improve moral sensitivity, which is the ability to interpret a specific situation morally and to picture how one can act in one's mind, it is thought that differentiated educational content for each grade should be constructed. The attitude toward death of nursing students was 2.31 points, which was lower than 2.52 points, the study result of Kang Kyung-hwa[11] for nursing students. In the case of nursing students, it is thought that this result came out as they have few opportunities to think seriously about death due to changes in the clinical practice environment, and few chances to receive education about death, even if they have clinical practice experience. Therefore, it is necessary to increase indirect educational opportunities for nursing students to think about death. Nursing students' attitude toward end-of-life nursing was 2.78 points, which was lower than 2.98 points, the study result of Kang Kyung-hwa[11] for nursing students. It is thought that this result came out as observation-oriented practice is conducted for nursing students due to changes in medical environments, and in particular, in the case of death, the opportunity to experience it decreases due to guardians' refusal to observe. In the clinical field, nurses strive to make sure that the dying patients can maintain human dignity, sympathize with the grief of the dying patients' family, and help them die in a comfortable and quiet atmosphere as much as possible, so nursing students, who are prospective nurses, should also have a curriculum that allows them to experience death and perform nursing indirectly. As a result of examining the difference in variables according to nursing students' general characteristics, when major satisfaction was high, and they adapted themselves well to the department, the sense of calling was high. This result supports the research result of Duffy, Allan & Dik[12], who reported that in a study for medical students in addition to various occupational workers, the sense of calling has an influence on academic satisfaction. Therefore, in order to improve nursing students' sense of calling, it is thought that programs for department adaptation and plans to improve major satisfaction should be prepared. When nursing students had a high major satisfaction and a religion, their moral sensitivity was found to be high. Moral sensitivity, which is a major component of moral decision-making and moral behaviors, is the ability to detect moral problems, a contextual and intuitive understanding of the patient's vulnerable situation, and an insight into the influence of one's decision on others, and it includes self-awareness of responsibility in ethically sensitive clinical situations as well as emotions in an ability to recognize moral problems[13, 14]. As a result of a prior research for nurses[15, 21], ethical standards, ethical education experience, attitude toward nursing professions, moral self-concept, degree of application of the code of ethics, and critical thinking tendencies were reported as variables related to moral sensitivity. Although the subjects of this study are different, it is thought that the result of this study supports the prior study in that they are nursing students who are about to graduate. In other words, it was confirmed that a systematic major curriculum is needed to improve the moral sensitivity of nursing students, who are prospective nurses, and it is suggested to develop a curriculum.

In addition, as the age increased, the attitude toward death was positive, and as the type of clinical practice institution was a general hospital, the attitude toward end-of-life nursing was positive. The result of this study was different from the research result of Kang Kyung-hwa[11] for nursing students that reported there was no significant difference. It was confirmed that there is a need to expand the subjects of the study in the future for that. However, nursing students can experience anxiety, helplessness, and fear about death while observing the patient's dying situation and end-of-life nursing through clinical practice. Therefore, it is considered that in order to positively

change the attitude toward death and end-of-life nursing, it is necessary to expand education related to death step by step for 3rd and 4th grade nursing students, and provide an opportunity to experience end-of-life nursing during clinical practice. As a result of examining the relationship between nursing students' sense of calling, moral sensitivity, and attitude toward death, and attitude toward end-of-life nursing, attitude toward end-of-life nursing had a positive correlation with moral sensitivity($r=.278$, $p<.001$), however, a negative correlation with attitude toward death($r=-.292$, $p<.001$). As there are no prior studies that examined the relationship between sense of calling, moral sensitivity and attitude toward death, and attitude toward end-of-life nursing for nursing students, it is difficult to make a direct comparison with them. However, attitude toward end-of-life nursing can be influenced mainly by one's own perception of death or by personal emotions through end-of-life nursing[16], and attitude toward end-of-life nursing is a main factor that determines the overall health and quality of life of dying patients and their families, based on positive or negative perceptions, emotions and motivations that nurses have about caring for end-stage patients[17], so in order to develop education programs to inspire mature attitude toward death of nursing students who will become nurses in the future, it is necessary to grasp their moral sensitivity, and attitude and values toward death. Factors affecting the end-of-life nursing attitude of nursing students were attitude toward death, moral sensitivity, and types of practice institution, and the explanatory power of these variables for end-of-life nursing attitude was 22.2%. End-of-life nursing is not treating patients with a focus on disease, but helping dying patients and their families meet their last moments of life in peace while maintaining dignity and high quality of life as human beings[18, 19, 22]. In addition, it is thought that in order to positively improve the attitude toward end-of-life nursing of nursing students with comprehensive care to reduce the grief and pain of the bereavement family, meeting the physical, mental, social, and spiritual needs of the subjects[3, 4], it is necessary to develop differentiated ethics education program that can improve the moral sensitivity, and by increasing the time to spend with those who are about to die, even indirectly, an environment of clinical practice in which nursing students can think about the meaning of death should be created. In light of the above research results, in order to positively change the attitude toward end-of-life nursing, it is necessary to expand education related to death in the undergraduate program and provide an opportunity to experience end-of-life nursing during clinical practice. In addition, by developing and applying a simulation module related to end-of-life nursing, positive values for death should be established, and end-of-life nursing should be possible without embarrassment in unfamiliar situations when faced with a dying situation

5. CONCLUSION

Through this study, it was confirmed that the factors affecting the end-of-life nursing attitude of nursing students, who are prospective nurses, were attitude toward death, moral sensitivity, and types of practice institutions. Therefore, it is thought that in order to foster the positive end-of-life nursing attitude of nursing students, systematic clinical practice education through cooperation with clinical practice institutions is necessary, and it is necessary to develop educational programs to increase moral sensitivity and foster the positive attitude toward death. Based on the results of this study, the following suggestions are made. Since this study was conducted for nursing students in one area, it is difficult to generalize the research results, so it is necessary to carry out an enlarged study in the future, and is suggested to conduct a study to develop a program which can improve attitude toward death and moral sensitivity, and to evaluate the effectiveness.

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