

A Q-methodological Study on Nursing Students' Attitudes toward Nursing Ethics

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Purpose. Professional nursing ethics is a living, dynamic set of standards for nurses' professional moral behavior. Furthermore, in daily clinical nursing training, nursing students are constantly confronted with decision-making that is moral in nature. The aim of this study was to identify the perceived ethical attitudes in the clinical training process of senior nursing students using Q-methodology to offer basic strategies for nursing ethics education and thereby improve patients' care.

Methods. Q-methodology provides a scientific method for identifying perception structures that exist within certain individuals or groups. Thirty-seven participants in a university rated 38 selected Q-statements on a scale of 1-9. The collected data were analyzed using pc-QUNAL software.

Results. Principal component analysis identified 3 types of ethical attitudes in nursing students in Korea. The categories were labeled Sacred-life, Science-realistic and Humane-life. Sacred-life individuals think that a life belongs to an absolute power (God), not a man, and a human life is a high and noble thing. Science-realistic individuals disagreed that allowing an induced abortion or embryo (human) duplication is unethical behavior that provokes a trend, which takes the value of a life lightly; most of them took a utilitarian position with respect to ethical decisions. Humane-life individuals exhibit a tendency toward human-centered thought with respect to ethical attitudes.

Conclusion. This study will be of interest to educators of students of nursing and hospital nursing administrators. Also, the findings may provide the basis for the development of more appropriate strategies to improve nursing ethics education programs.

Key Words : Attitude, Ethics, Nursing student, Q-methodology

INTRODUCTION

The health care environment has changed considerably. The rapid and major changes in response to society's demands to control costs, to increase accessibility, and to improve the quality and effectiveness of patient care have increased the number and complexity of ethical questions occurring in the work environment (Hendel & Steinman, 2002). This increase in ethical concerns significantly affects nursing students as much as

nurses and other health professionals.

Scott (1996) asserted that ethics is also taking an increasingly prominent place in nursing education. A professional nursing ethics is a living, dynamic set of standards for nurses' professional moral behavior. The categories of a professional nursing ethics consist of the nurses' responsibilities to patients, the nursing profession, colleagues and other health professionals, and society (Verpeet, Meulenberg & Gastmans, 2003). The development of a view on nursing ethics education requires a consensus regarding what nursing practice means. In dai-

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ly clinical practice, nursing students face daily clinical practice involving ethical issues such as using restraints, telling the truth, handling patients who refuse treatment or medication, and allocating resources. A person's attitudes, beliefs or values concerning a certain object have considerable influence on behavior. Students' attitude toward nursing ethics is expected to significantly affect clinical practice and patient care. Effective nursing ethics education for nursing students is essential in order to achieve mature nurses of high quality in the future.

For nursing ethics education to be achieved, it is important to understand the perspective of students, particularly in situations that may be ethically problematic. Research suggests that nursing students may perceive ethical values differently from nurses, and may employ different reasoning and decision-making processes (Ahn, Ku & Kim, 1998; Chafey, 1989; Han & Ahn, 1995 a, b; Park, 2000; Quinn, 1990; Raines, 2000; Redman & Fry, 2000). According to Clark, Maben and Jones (1997), individual attitudes are not static, and students, through a variety of formal and informal learning experiences, tend to acquire the attitudes of their professional mentors. At this point, it is important to explore the perceived ethical attitudes of nursing students. In this regard, Q-methodology that explains the participant's subjectivity by objectifying his or her experience is employed in the present study.

Aim

The aim of the present study was to identify the perceived ethical attitudes of nursing students, to understand the structure and characteristics of their perception, and to offer appropriate interventions for professional ethics education programs to nursing students by taking into consideration the characteristics of individual types of attitudes about nursing ethics.

METHODS

Research Design

This study was conducted applying a Q-methodological approach to identify and understand the structure of subjectivity and schemata of nursing students toward nursing ethics. The procedures adopted for this investigation are described below.

Methodology

In order to understand students' attitudes and percep-

tions toward nursing ethics, Q-methodology was used. Q-methodology was proposed in 1935 by British physicist-psychologist William Stephenson and is most often associated with quantitative analysis due to its reliance on factor analysis. In addition to its statistical procedures, Stephenson was interested in creating a scientific approach that would reveal the subjectivity involved in any situation. For example, Q-methodology has been used to study aesthetic judgment, poetic interpretations, perceptions of organizational roles, political attitudes, appraisals of health care, experiences of bereavement, perspectives on life and the cosmos, educational processes, among other topics. It is the meaning of subjectivity in this sense, i.e., life as lived from the standpoint of the person living it, that Q-methodology is designed to examine and that frequently engages the attention of the qualitative researcher interested in combining quantitative procedures and Q-methodology (Brown, 1996). Currently, Q-methodology combines the strengths of both qualitative and quantitative research traditions (Dennis & Goldberg, 1996) and in many respects it provides a bridge between the two as a research approach.

Q-methodology is based on abductive logic and a self-psychological credo. Q-methodology provides a scientific method for identifying perception structures that exist within certain individuals or groups. Therefore it deals with peoples' attitudes and perceptions that have been gained from personal experience. Because Q-methodology deals with the measurable subjectivity of the individual, it is possible to measure subjective attitudinal structures. It studies attitudes by beginning with the individuals' unique way of looking at a given issue- through his/her own and filtered through his/her own apperceptive mass (Stephenson, 1953). Subjectivity means nothing more than a person's communication of his/her point of view. Concourse theory and factor analysis can be used to explore this subjectivity. Q-methodology and its related techniques can be used to measure humans' subjective schemata (Dennis, 1986; Kim, H.K., 1990; McKeown & Thomas, 1988). Q-methodology would seem to hold special promise for those seeking to make more intelligible and rigorous the study of human subjectivity. Results from a Q study not only suggest how people might be approached, they can also predict the very success of the approach.

Procedures and Data collection

Construction of Concourse (Q population)

The Q population was assembled from various sources: relevant literature and previous studies about bioethical issues, codes of nursing ethics, ethical values, ethical dilemmas, hospital ethics, nursing ethics, and professional values of clinical nurses and nursing students were reviewed and analyzed to define the Q population of statements. Subsequently, in-depth interviews were conducted to extract self-referent statements from 10 nursing students who were not study participants. The statements covered broad areas such as feelings, experiences, and impressions about nursing ethics. After correcting redundant and unclear statements, a total of 155 statements were collected as the Q population.

Q sample

The 155 statements were reviewed by three professors of nursing and one methodologist, and classified into 6 categories (human life, clients, nursing practices, colleagues and other health professionals, issues of human rights, and society) according to meaning and themes. Through this process, a final set of 38 Q samples classified as the most representative and distinctive were chosen for use in the sorting process (Appendix A).

P sample (participants)

One of the most salient characteristics of Q-methodology is the use of a small sample, which is possible because intraindividual differences rather than interindividual differences are considered significant. Therefore, a convenient sample of 37 participants who were senior nursing students having the experiences of clinical practices of a university in Seoul were recruited to participate in the study, and agreed to do so. All nursing students enrolled in the study completed the Q sorts.

Q sorting

Each of the thirty-seven participants was sorted out to yield a distribution of 38 Q statements on a scale of 1-9

(Figure 1). After each Q sort, participants were interviewed about the items they placed in the extreme columns-most strongly disagree (-4) and most strongly agree (+4). The resultant Q sort would be a matrix representing the participant's operant subjectivity on the issue under consideration.

Data Analysis

Data were coded into a suitable file format to be used in the PC-QUANL software. Principal component factor analysis in the program produces the eigenvalues of Q factors. To decide on optimal factors, those that were thought to be most appropriate were selected after inputting various factors with an eigenvalues of at least 1.00.

Ethical Considerations

As the research did not involve patients, it was approved by the university administration, and informed consents were obtained from the participants. All participants had been provided an explanation about this data; that it would never be used for any other purpose other than for this research. All the information was treated confidentially and anonymously.

RESULTS

All of the thirty-seven participants in this study were female students. There were three factors of ethical attitudes that nursing students recognized, which together explained 63.7% of total variance: factor I- 52.5%, factor II- 6.7% and factor III- 4.5% respectively. In addition rather high correlation among the three factors was found. The characteristics of ethical attitudes were analyzed based on typal array, participant's comments on the extreme items, and demographic information.

Factor I : Sacred-life

There were eighteen participants classified in this category out of the total of thirty-seven. The distinguishing statements for Factor I that were most positively agreed

Figure 1. Distribution of Q-samples (N = 38)

Score	Most disagree				Neutral				Most agree
	1	2	3	4	5	6	7	8	
Frequency	-4	-3	-2	-1	0	+1	+2	+3	+4
(Amount of Cards)	(2)	(3)	(4)	(6)	(8)	(6)	(4)	(3)	(2)

with and most strongly disagreed with are shown in Table 1. Nursing students who were associated with Factor I positively thought that a patient, a patients' family or a health professional could not determine human life; even if a patient is not expected to survive, cardiopulmonary resuscitation (CPR) should be used. Also, they strongly rejected statements that it is the family's decision to continue or discontinue treatment for non-revivable patients and that research in bioscience and biotechnology should be more focused on treating incurable diseases such as genetic disease or cancer. The key informant was No. 12 (factor weight: 1.9900) of this factor. Participant No.12, a Protestant, stated her views toward human life, as "I believe that I'm not the owner of human life. Nobody can choose life or death. Furthermore, even if there is a fetus in my uterus I'm not the owner of the fetus' life. And then, I think... in any case, human life should be respected." As mentioned above, nursing students who belong to Factor I think that a life belongs to an absolute power (God), not to humans, and a human life is the highest and most noble thing. These nursing students place a priority on the preservation of human life and on the respect for life. For these reason, factor I has been named 'Sacred-life'.

Factor II : Science-realistic

Fourteen participants fell into this factor. See Table 2 for the statements with which they most positively agreed and strongly disagreed. These students most strongly affirmed the following: that studies in bio-

science and biotechnology should be more active in treating incurable diseases such as genetic diseases and cancer; that it should be a patient's decision to refuse treatment if the patient knows he/she has little hope of living longer; that termination of pregnancy is against the right to life, but that it would be permitted for a single mother who does not have the ability to raise a child; that it will be a family decision to discontinue use of an artificial ventilator for prolonging the life of an unconscious patient. Such attitudes consistently can be seen in their opinion less often than all other factors, that is, those who were characterized primarily as Factor II type slightly agreed that allowing an induced abortion or embryo (human) duplication is unethical behavior that provokes a trend, which takes the value of a life lightly. Participant No. 25 (factor weight: 2.6745) is representative of those who are classified under this factor. She stated her views for a patient's right and treatment as "I think that a patient's right to autonomy or decision-making regarding his/her care depends on a harmony among family members in a family-oriented society, like Korea." Participant No. 29, a Buddhist (factor weight: 1.3062) explained her views for a single mother's induced abortion as "I think...a single mother who does not have the ability to bring up her baby should receive an abortion, because a single mother's child will be treated badly from a social viewpoint, especially in the Korean context." In this regard, nursing students who belong to Factor II mostly took a utilitarian position with respect to ethical decisions. This shows the charac-

Table 1. Descending Array of Z-scores (greater than ± 1) and Item Description for Sacred-life Individuals

Item no.	Statement	Z-score
Q29	It is a violation of a patient's right to take a test, such as drawing blood, without first obtaining the patient's consent.	1.65
Q18	Health professionals should always be honest with patients or their caregivers.	1.62
Q13	If a patient asks for privacy/secretcy, a health professional should honor that request.	1.55
Q19	Even if a patient is not compatible, or does not fully cooperate with a health professional, he/she should have the courtesy of being provided the best medical service possible.	1.52
Q10	A patient, his family or a health professional cannot determine human life.	1.46
Q04	Even if a patient is not expected to survive, cardiopulmonary resuscitation (CPR) should be used.	1.32
Q33	When you see a person fall down on the street, you should rush to help him/her.	1.30
Q11	Allowing an induced abortion or embryo (human) duplication is considered unethical behavior that provokes a trend toward taking life lightly.	1.26
Q15	Terminal patients should not be informed of a diagnosis or prognosis.	-1.12
Q26	Hospital supplies (e.g. bandages or medication) can be used personally.	-1.31
Q17	A slight degree of neglect by the health professional is permissible, if a task overloads or is beyond the individual's ability.	-1.33
Q24	An order from a health professional should be absolutely obeyed even though it may lead to some mistakes.	-1.53
Q37	If a doctor or a peer nurse requests changing the nursing notes, I should comply with this order.	-1.61
Q25	In situations where there is an error in medication or treatment, it should not have to be reported if it did not result in a serious impact on a patient's condition and was not known by anyone but myself.	-1.74

teristics of factor II, which was labeled 'Science-realistic'.

Factor III : Humane-life

Participants who fell into this factor were 5 nursing students. The distinguishing statements for Factor III that were most positively agreed with and most strongly disagreed with are shown in Table 3. Those in Factor III strongly agreed with the following statements that stud-

ies in bioscience and biotechnology should be more active in treating incurable diseases such as genetic diseases and cancer; that allowing an induced abortion or embryo (human) duplication is considered unethical behavior that provokes a trend toward taking life lightly; that in terminal patients, intervention for prolonging life should not be considered for purpose developing medical care; that placebos are permitted on patients if it us-

Table 2. Descending Array of Z-scores (greater than ± 1) and Item Description for Science-realistic Individuals

Item no.	Statement	Z-score
Q13	If a patient asks for privacy/secretcy, a health professional should honor that request.	2.20
Q29	It is a violation of a patient's right to take a test, such as drawing blood, without first obtaining the patient's consent.	1.61
Q34	Studies in bioscience and biotechnology should be more active in treating incurable diseases such as genetic diseases and cancer.	1.39
Q01	It will be a patient's decision to refuse treatment if the patient knows he/she has little hope of living longer.	1.20
Q33	When you see a person fall down on the street, you should rush to help him/her.	1.08
Q31	Placebos are permitted on patients if it uses harmless materials such as distilled water or saline, if there is some benefit to be gained.	1.01
Q19	Even if a patient is not compatible or does not fully cooperate with a health professional, he/she should have the courtesy of being provided the best medical service possible.	1.01
Q20	During treatment, patients should absolutely observe the opinions of health professional (e.g. doctor or nurse).	-1.07
Q26	Hospital supplies (e.g. bandages or medication) can be used personally.	-1.19
Q25	In situations where there is an error in medication or treatment, it should not have to be reported if it did not result in a serious impact on a patient's condition and was not known by anyone but myself.	-1.23
Q17	A slight degree of neglect by the health professional is permissible, if a task overloads or is beyond the individual's ability.	-1.36
Q16	Under circumstances where a shock is highly possible, providing false information to a patient and his/her family may be more comforting.	-1.38
Q37	If a doctor or a peer nurse requests changing the nursing notes, I should comply with this order.	-1.61
Q15	Terminal patients should not be informed of a diagnosis or prognosis.	-1.69
Q24	An order from a health professional should be absolutely obeyed even though it may lead to some mistakes.	-1.75

Table 3. Descending Array of Z-scores (greater than ± 1) and Item Description for Humane-life Individuals

Item no.	Statements	Z-score
Q13	If a patient asks for privacy/secretcy, a health professional should honor that request.	1.78
Q34	Studies in bioscience and biotechnology should be more active in treating incurable diseases such as genetic diseases and cancer.	1.71
Q11	Allowing an induced abortion or embryo (human) duplication is considered unethical behavior that provokes a trend toward taking life lightly.	1.63
Q33	When you see a person fall down on the street, you should rush to help him/her.	1.55
Q05	In terminal patients, intervention for prolonging life should not be considered for developing medical care.	1.31
Q31	Placebos are permitted on patients if it uses harmless materials such as distilled water or saline, if there is some benefit to be gained.	1.17
Q29	It is a violation of a patient's right to take a test such as drawing blood, without first obtaining the patient's consent.	1.12
Q36	When a patient asks a question about a doctor who is considered incompetent, I should give my honest opinion.	-1.21
Q24	An order from a health professional should be absolutely obeyed even though it may lead to some mistakes.	-1.25
Q17	A slight degree of neglect by the health professional is permissible, if a task overloads or is beyond the individual's ability.	-1.27
Q37	If a doctor or a peer nurse requests changing the nursing notes, I should comply with this order.	-1.60
Q02	It will be a family decision to discontinue use of an artificial ventilator for prolonging the life of an unconscious patient.	-1.85
Q25	In situations where there is an error in medication or treatment, it should not have to be reported if it did not result in a serious impact on a patient's condition and was not known by anyone but myself.	-1.98

es harmless materials such as distilled water or saline, if there is some benefit to be gained. In addition, they strongly rejected the statement that it should be a family decision to discontinue use of an artificial ventilator for prolonging the life of an unconscious patient; even if a patient is not expected to survive, CPR should be used; it should be a patient's decision to refuse treatment if the patient knows he/she has little hope of living longer. Participant No. 37 (factor weight: 1.4789), who is a Protestant, was the key informant of Factor III. Participant No.37 stated her views for the induced abortion and embryo (human) duplication as " I believe.... the more induced abortion or human, embryo duplication is increased, the more human dignity is defamed." On the other hand, Participant No.11 (factor weight: 1.0144), a Roman Catholic, explained her views for an organ donation as follows: "In my opinion, if in a situation when an organ transplantation is urgent, trading an organ may be allowed." As in the above-mentioned, participants characterized as being of the Factor III type have a tendency to show human-centered thought, in which patients' right and autonomy are respected as the core of caring or treatment with respect to life. Therefore, this factor has been named 'Humane-life'.

DISCUSSION

In previous research on nursing students' attitudes related to ethics (Ahn, Ku, Kim, 1998; Chafey, 1989; Han, Ahn, 1995 a, b; Park, 2000), there are some limitations in understanding individual subjectivity, because most of the previous research was conducted through structured questionnaires. In this study using Q-methodology, three types that represent the subjective attitudes of nursing students toward nursing ethics were identified: sacred-life; science-realistic; and humane-life.

Factor I reflects strong religious beliefs as followed mainly by practitioner of Christian religions, although Buddhism and spirituality were mentioned, and factor I emphasizes the importance of human life- that is, induced abortion and trading an organ should not be accepted under any circumstances. This finding is in contrast to Elder, Price and Williams's (2003) findings that differences in ethical attitudes could not be explained by age, religious affiliation or gender. However, this study is consistent with the findings of Park (2000), who found that the ethical values of nursing students differed significantly according to their religion and the length of their

nursing education. A possible explanation for this difference depending on religious viewpoint in the current study is that it was due to the nursing student's socio-cultural context in Korea. This result is consistent with previous studies conducted by Chon and Mun (1998) and Kim and Kim (1999) that most nursing students and nurses had an idea of the priority in the preservation of human life and in the respect for life, dignity and the rights of individuals. In particular, Kwon and Yeun (2000) might explain these attitudes, in research on subjectivity of organ donation and transplantation, which indicated that there is some evidence that participants, who were in 'deontologist', regard transplantation to be non-humanistic behavior. Thus, we consider that nursing ethics education for these students might be best achieved by the supportive approach of their religious viewpoints to improve one's beliefs, values, and attitudes.

In the case of Factor II, nursing students have higher tolerance limits and emphasize the aspect of humanistic life rather than moral regulation. Furthermore they strongly supported the practices of induced abortion and embryo (human) duplication and were of the opinion that human life does not sustain as long as possible only within limited circumstances. These findings are consistent with the results of Ahn, Ku and Kim (1998) and Chon and Mun (1998), who showed that nursing students have the position of utilitarian in human life areas (i.e.; cardiopulmonary resuscitation, artificial ventilation and induced abortion). Therefore we should take into consideration the tendency of Factor II to lean towards a strong utilitarian view of human life.

Factor III, the Humane-life, emphasizes that the important thing in the world is one's life so they reject the removal of an artificial ventilator, induced abortion, and embryo (human) duplication under any circumstance whatsoever. On the other hand, however, Factor III also emphasizes the importance of patients' autonomy, so participants classified in this category strongly agree that there is no need to use cardiopulmonary resuscitation. This attitude is consistent with a study by Candy (1991) who found that resuscitation was frequently unsuccessful and that it was a potent source of distress. These students also showed strong support for the trading of an organ, and the use of placebos, compared to students in other categories. These results are congruent with a study by Kwon and Yeun (2000, 2003), who reported that 'utilitarian' recognizes human life to be very valu-

able and they have the idea that all possible measures should be taken to extend human life. This phenomenon might be explained by the fact that these students more have a tendency of the human-centered thought with respecting to life in their ethical values than any other fac-

tors. Hence, valuable interventions for the Humane-life will enhance circumstantial ethics education to be considering individual preferences.

There was no congruence according to the study with respect to the relationship between ethical attitudes and

Appendix A. Q-statements on Attitudes toward Nursing Ethics

Item	Statement
Q1	It will be a patient's decision to refuse treatment if the patient knows he/she has little hope of living longer.
Q2	It will be a family decision to discontinue use of an artificial ventilator for prolonging the life of an unconscious patient.
Q3	Life should be extended using all possible measures under all circumstances
Q4	Even if a patient is not expected to survive, cardiopulmonary resuscitation (CPR) should be used.
Q5	In terminal patients, intervention for prolonging life should not be considered for developing medical care.
Q6	When the medical resources are limited, saving a child's life should take priority.
Q7	Termination of pregnancy is against the right to life, but would be permitted for a single mother who does not have the ability to raise a child.
Q8	In situations when organ donation is urgent, trading an organ should be allowed.
Q9	It will be a family decision to discontinue treatment for a non-revivable patient.
Q10	A patient, his family or a health professional cannot determine human life.
Q11	Allowing an induced abortion or embryo (human) duplication is considered unethical behavior that provokes a trend toward taking life lightly.
Q12	If a patient refuses treatment due to religious convictions (e.g. Jehovah Witnesses' refusal of a blood transfusion), that treatment should not be performed out of respect for the patient's religious viewpoint.
Q13	If a patient asks for confidentiality, a health professional should honor that request.
Q14	A patient needs to be informed about all treatments regardless of the procedure.
Q15	Terminal patients should not be informed of a diagnosis or prognosis.
Q16	Under circumstances where a shock is highly possible, providing false information to a patient and his/her family may be more comforting.
Q17	A slight degree of neglect by the health professional is permissible, if a task overloads or is beyond the individual's ability.
Q18	Health professionals should always be honest with patients or their caregivers.
Q19	Even if a patient's personality is not compatible, or does not fully cooperate with a health professional, he/she should have the courtesy of being provided the best medical service possible.
Q20	During treatment, patients should absolutely follow the opinions of the health professional (e.g. doctor or nurse).
Q21	If a patient is too demanding, that patient should be placated in order to avoid irritating him/her.
Q22	In Korea, priority is given to maintaining a sense of a harmony among family members and this principle should not be sacrificed for the patient's right to autonomy or decision-making regarding his/her care.
Q23	When a health professional withholds the truth about a patient's condition, it is considered a comfort to terminal patients because of the social-cultural attitude which seeks to avoid public discussion of this topic.
Q24	An order from a health professional should absolutely be obeyed even though it may lead to some mistakes.
Q25	In situations where there is an error in medication or treatment, it should not have to be reported if it did not result in serious impact on a patient's condition and was not known by anyone but myself.
Q26	Hospital supplies (e.g. bandages or medication) can be used personally.
Q27	Restraints can be freely applied to protect a patient.
Q28	I will follow the job regulations even if it is thought that they will not benefit a patient.
Q29	It is a violation of a patient's right to take a test, such as drawing blood, without first obtaining the patient's consent.
Q30	Because medical care is a service, there should never be a strike.
Q31	Placebos are permitted on patients if it contains harmless materials, such as distilled water or saline, if there is some benefit to be gained.
Q32	In situations where time is limited, it would be better to first treat patients with less severity than those who are in intensive care.
Q33	When you see a person fall down on the street, you should rush to help him/her.
Q34	Studies in bioscience and biotechnology should be more active in treating incurable diseases such as genetic diseases and cancer.
Q35	I should instantly advise a colleague if I notice a colleague's error or misbehavior.
Q36	When a patient asks a question about a doctor who is considered incompetent, I should give my honest opinion.
Q37	If a doctor or a peer nurse requests changing the nursing notes, I should comply with this order.
Q38	If you anticipate promotion but you feel your peer nurse is more competent for that promotion, you should tell the supervisor about her/him.

religion (Elder, et al., 2003; Kim & Kim, 1999; Moon, et al., 2003; Park, 2000), however a significant axis was found in this study; ones' religious viewpoints influence attitudes and subjectivity toward ethics among nursing students. A possible explanation for this might lie the differences in research methodology, the individuals who participated, and cultural influences. More qualitative studies are needed to explore the attitudes of nursing students toward professional nursing ethics in the Korean context.

Throughout this study it was also found that most nursing students generally have positive ethical attitudes which respect human life, patient's right, and are in favor of telling the truth and protecting the confidentiality of patients. However they also experience some conflicts and dilemmas with respect to patient care and in clinical situations. According to Redman and Fry (2000), the predominant characteristic of ethical conflicts was disagreement with the quality of medical care given to patients. Therefore, to overcome these problems, nursing educators should consider providing nursing ethics education that establishes the appropriate ethical attitudes. A variety of teaching methods were employed in teaching nursing students including discussion, student-led seminars, structured debate and role-play (Sofaer, 1995). To support these concerns, promoting and developing nursing ethics education programs, along with the ethical theories of egalitarianism and utilitarianism, should be applied throughout a variety of students' learning course content focused on clinical nursing practices. In the study on 'A Fundamental Ethical Approach to Nursing' by Gastmans (2002), who insists that the major point is that the kind of nursing ethics education that is given reflects the theory that is held of nursing and the three fundamental components of an ethical view of nursing : (1) nursing considered as moral practice; (2) the intersubjective character of nursing; and (3) moral perception. A limitation of this study is the results have to be carefully applied to other cases, especially in Western society, because the participants of this study are limited to Korean nursing students.

CONCLUSION AND IMPLICATIONS

A human's attitude or values may be subjective schemata. Ethical attitudes are not innate qualities. This study identified three types of ethical attitudes and suggested that one's religious views may influence the ethi-

cal attitudes among nursing students in Korea. This study's findings would be of interest to educators of students of nursing and hospital nursing administrators. Also, the findings may provide the basis for the development of more appropriate strategies to improve nursing ethics education programs by taking into consideration the characteristics of individual students.

There are at least two implications of this study. First, educators can assist students to develop effective coping strategies to deal with ethical issues. Teaching-learning processes can be developed based on the findings of the present study and could help to raise nursing students' ethical sense. Second, clinical instruction and supervision are essential factors in the development of nursing students into professional nurses. It is important to guide the ethical development and maturation of nursing students. Nursing administrators who support the student in clinical supervision need to consider strategies for preparing nursing students' attitudes to care for the patients based on the findings of the present study.

References

- Ahn, E. K., Ku, O. H., & Kim, T. S. (1998). The ethical values of nursing students. *JKANA*, 4(1), 19-31.
- Brown, S. R. (1996). Q Methodology and qualitative research. *Qualitative Health Research*, 6(4), 561-567.
- Candy, C. E. (1991). Not for resuscitation: the student nurses viewpoint. *J Adv Nurs*, 16, 138-146.
- Chafey, K. H. (1989). *An exploration of the linkages among selected components of moral behavior*. Unpublished doctoral dissertation, University of Minnesota, Minnesota.
- Chon, M. Y., & Mun, M. S. (1998). Nursing student's attitude of induced abortion. *J Korean Nurs Educ*, 4(2), 264-279.
- Clark, J. M., Maben, J., & Jones, K. (1997). Project 2000: perceptions of the philosophy and practice of nursing: shifting perceptions- a new practitioner? *J Adv Nurs*, 26, 161-168.
- Dennis, K. E. (1986). Q methodology; relevance and application to nursing research. *Adv Nurs Sci*, 8, 6-17.
- Dennis, K. E., & Goldberg, A. P. (1996). Weight control self-efficacy types and transitions affect weight-loss outcomes in obese women. *Addictive Behaviors*, 21, 103-116.
- Elder, R., Price, J., & Williams, G. (2003). Differences in ethical attitudes between registered nurses and medical students. *J Nurs Ethics*, 10(2), 149-161.
- Gastmans, C. (2002). A fundamental ethical approach to nursing: Some proposals for ethics education. *J Nurs Ethics*, 9(5), 494-507.
- Han, S. S., & Ahn, S. H. (1995a). Moral reasoning and ethical decision making among student nurses in moral dilemmas. *JKANA*, 1(1), 5-21.
- Han, S. S., & Ahn, S. H. (1995 b). Effects of nursing ethics education on moral reasoning and ethical decision making for student nurses. *JKANA*, 1(2), 268-284.

- Hendel, T., & Steinman, M. (2002). Israeli nurse managers' organizational values in today's health care environment. *J Nurs Ethics*, 9(6), 651-662.
- Kim, H. K. (1990). *Understanding of Q-methodology: applications to advertising*. Seoul. Seokang University Press.
- Kim, M. J., & Kim, M. H. (1999). A study of moral development and ethical values of the nurse. *JKANA*, 5(2), 337-353.
- Kwon, Y. M., & Yeun, E. J. (2000). Subjectivity on organ donation and transplantation. *J Korean Acad Nurs*, 30(6), 1437-1454.
- Kwon, Y. M., & Yeun, E. J. (2003). The experience of decision making to donate organs. *J Korean Acad Adult Nurs*, 15(2), 256-266.
- McKeown, B., & Thomas, D. (1988). *Q methodology*. Beverly Hills, CA: Sage.
- Metcalf, B.L., & Yankou, D. (2003). Using gaming to help nursing students understand ethics. *J Nurs Educ*, 42(5), 212-215.
- Moon, Y.I., Park, H.R., Tak, Y. R., Kim, M.A., Kim, S.A., Park, K.S., & Im, D.S. (2003). A Study on the Clinical Nurse's Ethical Value. *JKANA*, 9(4), 541-557.
- Park, M. H. (2000). The patterns of change in ethical value of nursing students. *J Korean Nurs Educ*, 6(2), 199-217.
- Quinn, C. A. (1990). A conceptual approach to the identification of essential ethics content for the undergraduate-nursing curriculum. *J Adv Nurs*, 15(6), 726-731.
- Raines, M. L. (2000). Ethical decision making in nurses: Relationship among moral reasoning, coping style, and ethics stress. *JONAS Health Law Ethics Regul*, 2(1), 29-41.
- Redman, B. K., & Fry, S. T. (2000). Nurses' ethical conflicts: what is really known about them? *J Nurs Ethics*, 7(4), 360-366.
- Scott, P. A. (1996). Ethics education and nursing practice. *J Nurs Ethics*, 3, 53-63.
- Sofaer, B. (1995). Enhancing humanistic skills: an experiential approach to learning about ethical issues in health care. *J Med Ethics*, 21(1), 31-34.
- Stephenson, W. (1953). *The study of behavior: Q-Technique and its methodology*. Chicago, University of Chicago Press.
- Stephenson, W. (1967). *The play theory of mass communication*. Chicago, University of Chicago Press.
- Verpeet, E., Meulenbergs, T., & Gastmans, C. (2003). Professional Values and Norms for Nurses in Belgium. *J Nurs Ethics*, 10(6), 654-665.