

# Investigating Death Anxiety in Institutionalized Elderly Individuals Based on Some Variables

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## ABSTRACT

**Objective:** For the purpose of guiding professional groups working with elderly individuals and families, we aimed to determine the views of elderly individuals on death, anxiety-creating factors and the variables that affect these.

**Material and Method:** By applying the Standardized Mini-Mental Examination Test/ Standardized Mini-Mental State Examination (SMMSE) on 96 elderly individuals living at institutions (nursing homes and old people's homes), questionnaires, a sociodemographic data form and the Templer Death Anxiety Scale were applied on 82 elderly individuals with test scores of 27 or higher with the method of face-to-face interviews.

**Results:** It was found that the variables of age, gender, marital status and frequently thinking of death were effective on death anxiety, while income, presence of a chronic disease, the status of having children and educational status were not effective in terms of death anxiety. It was determined that only 16 (19.5%) of the participants were afraid of death very much, while all of them (n=82, 100%) were afraid of dying by suffering pain.

**Conclusion:** The anxieties of the elderly individuals related to death varied based on some sociodemographic variables, and the results of our study showed that all participants were anxious about 'dying while suffering from pain'. Knowing about anxieties and fears regarding death will be guiding the clinical practices of especially healthcare professional groups.

**Keywords:** Aged, anxiety, nursing homes, pain, death

## Kurumda Yaşayan Yaşlı Bireylerde Ölüm Kaygısının Bazı Değişkenler Açısından İncelenmesi

### ÖZET

**Amaç:** Yaşlı bireylerle çalışan meslek gruplarına ve ailelere yol gösterebilmek için, yaşlı bireylerin ölümle ilgili düşüncelerini, kaygı yaratan etmenleri ve bunları etkileyen değişkenleri belirlemeyi amaçladık.

**Gereç ve Yöntem:** Burdur ilinde kurumda yaşayan (bakımevi ve huzurevi) 96 yaşlı bireye standardize mini mental test uygulanarak, test puanı 27 ve üzeri olan 82 yaşlıya sosyodemografik veri formu ve Templer Anksiyete Ölçeği'ni kapsayan anket formu yüz yüze görüşme tekniği ile uygulanmıştır.

**Bulgular:** Yaş, cinsiyet, medeni durum, sık sık ölümü düşünme değişkenlerinin ölüm kaygısında etkili değişkenler olduğu; gelir, kronik hastalık varlığı, çocuk sahibi olma ve eğitim durumu değişkenlerinin yaşlılarda ölüm kaygısı açısından etkili değişkenler olmadığı bulunmuştur. Yaşlı katılımcıların sadece 16'sının (%19,5) ölümden çok korktuğu ancak katılımcıların tamamının (n=82, %100) acı çekerek ölmekten korktukları saptanmıştır.

**Sonuç:** Yaşlı bireylerin ölümle ilgili kaygıları bazı sosyodemografik değişkenlere göre farklılık göstermektedir, araştırma sonuçlarımız da gösteriyor ki tüm katılımcılar 'acı çekerek ölmekten' kaygı duymaktadır. Ölüm ile ilgili kaygı ve korkuların bilinmesi özellikle sağlık profesyonellerinin klinik uygulamalarında yol gösterici olacaktır.

**Anahtar Kelimeler:** Yaşlı, kaygı, huzurevi, ağrı, ölüm

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Beyond our differences regarding culture, race, nationality, sociocultural and socioeconomic characteristics, lifestyle, etc., death is the mutual point of all humanity. Considering variables such as social, demographic, educational, lifestyle-related and age-related variables, it is seen that death is the common denominator of all people. Such that, death, which means the end of life, is defined as the purpose of life in some sources, and actually, it complements life. For this reason, it is seen that death is not merely an end, but its status as completion of life, in the real sense, is in agreement with its status as the purpose of life (1-3). Death, which cannot be directly experienced as we would not exist when it happens and means the complete and certain end of life, has been accepted as a part of life and a significant event within life in all beliefs and cultures in history. Different cultures, societies and disciplines have made very different definitions of death varying based also on the personality, age, religion and cultural status of the individual (4). The common points included in all these definitions are that the living organism loses its ability to rejuvenate itself, life ends by one or more vital organs' stoppage of working completely, and the inevitable nature of death. In the individual and social sense, death has never been understood as a simple event in any period (2, 5). This is because death is not just a biological phenomenon. It is a socio-cultural event with behaviors, ceremonies and beliefs that may change and evolve in time. This is why the attitudes and judgments of individuals towards death may change. Knowing about the attitudes and judgments of people, about actually what kind of death they want and behaving accordingly in the last period of life are among the frequently debated issues recently. By itself, death is a situation that creates anxiety for both the person and their relatives. Understanding the reason for this anxiety and knowing how to reduce it will spiritually relieve both the individual and their family. This is why studies have been conducted on people of all age groups on how they want to die and what kind of death would be a good death to determine what is important for people at the time of death. These studies have shown that, even though they are not much spoken of, people have a set of expectations and anxieties about their own death, and meeting these expectations is among the factors that reduce anxiety. As they are closer to the end of their expected lifespan, especially elderly individuals are associated more with the concept of death, and it is a reality that young deaths are less frequent than old deaths (6). The higher rate of chronic diseases in elderly individuals in comparison to the youth and the more complicated medical process due to chronic diseases increase the times of hospitalization and recovery. This

creates difficulties for both the healthcare personnel and all professional groups working with elderly individuals and families, and it leads the thought of death to come to mind more frequently. Knowing about the death-related thoughts and anxiety levels of elderly individuals has significance in terms of professional groups working with the elderly and the relatives of the elderly knowing about how to shape their behaviors. Knowing about the fears of the elderly about death, therefore their expectations, will reduce the spiritual burden on the family and personnel and help them cope with this situation more easily. For this reason, in our study, in order to be able to guide individuals working with the elderly and families, we aimed to determine elderly individuals' death-related thoughts, anxiety-creating factors and the sociodemographic variables that affect these.

## Material and Method

The design of the research was a cross-sectional study. The data were collected in the period of 01.01.2018-01.06.2018, and the entire population was accessed. The population of the study consisted of 96 elderly individuals who were staying at nursing homes in the province of Burdur in Turkey. The elderly without any sensory loss due to vision or hearing impairments and without a history of psychiatric health problems and mental problems were included in the study. A standardized Mini-Mental Examination Test/Standardized Mini-Mental State Examination (SMMSE) was used for mental status assessment. Written and verbal consents were obtained from the participants at the beginning of the study. The questionnaires were applied using the face-to-face interview technique by the researcher. 82 elderly individuals who had a Standardized Mini-Mental Examination Test score of 27 or higher and in accordance with the research criteria agreed to participate in the study were enrolled. This way, 85.4% of the entire population was included in the study.

### *Data Collection Instruments:*

**1. Sociodemographic Characteristics Data Form:** This form was created by the authors to collect information by questions on the individuals' characteristics such as gender, age, marital status, number of children, family type, educational status, whether or not they thought of death frequently and chronic disease status.

**2. Templer's Death Anxiety Scale:** To determine the anxiety levels of the participants, the Death Anxiety Scale (DAS) developed by Templer (7) in 1970 consisting of 15 questions was utilized. The questions are answered as

true or false. This scale, which consists of statements that express emotions that arise in relation to death such as anxiety, fear and horror, has been used in several studies, and it is still being used. In a study they conducted in 1989, Şenol translated DAS into Turkish and made validity and reliability calculations on the scale based on the face validity and test-retest reliability techniques (8). In their study, the reliability coefficient of DAS that was calculated by the test-retest method was found as 0.86. The total death anxiety score is calculated by assigning 1 point for the response of 'true' for each of the items 1 to 9 and 15 and 0 points otherwise, while assigning 1 point for the response of 'false' for each of the items 10 to 14 and 0 points otherwise. The maximum possible score in the scale is 15, while 0-4 points indicate "mild", 5-9 points indicate "moderate", 10-14 points indicate "severe" and 15 points indicate "panic-level" death anxiety (8).

**3. Standardized Mini-Mental Test (SMMT)/ Standardised Mini-Mental State Examination (SMMSE):** SMMSE was developed for the first time in 1975 by Folstein et al. (9) to grade cognitive disorders, while later, Molloy and Standish (10) created a standardized application guide to achieve standardization in practices, measure cognitive levels and eliminate differences, and thus, the test started to be used. The test that has been used by researchers in also epidemiological studies was tested for validity and reliability in Turkish by Güngen et al. (11), and its normative values were determined. The patient receives a maximum score of 30 and a minimum score 0 as/at?? the end of the test. The critical score is 27 or 24. It is accepted that patients with scores under 27 have a cognitive disorder. In some cases, the cutoff point is accepted as 24 (11).

#### *Ethical Aspects of the Study*

Written permission was obtained from the Ethics Committee of Burdur Mehmet Akif Ersoy University (No: 2017/3-76) and the participants' verbal permission was obtained.

#### *Statistical Analysis*

The data obtained from the study were analyzed using "SPSS 20.0 for Windows", and arithmetic means, standard deviations for measurement values and percentages for counted values were calculated. The differences between the mean values were determined by

independent-samples t-test for comparing 2 groups, one-way ANOVA for comparing 3 or more variables, and post-hoc Tukey's test for determining the source of significance. Cronbach's alpha for determining the consistency of the scale was used.

## Results

Based on the demographic characteristics of the participants, 39.1% were women, their mean age was  $77.3 \pm 2.04$ , 87.8% were divorced or widowed, 92.7% had children, 42.7% received education at primary school level, 90.2% had one or more chronic diseases, 85.4% thought about death more frequently, and the income of 85.3% was lower than their expenditures (Table 2).

Answers for the Death Anxiety Scale	Agree n (%)
1. I am very afraid of dying.	16 (19.5)
2. I'm often troubled with the fact that time passes so fast.	54 (65.8)
3. I'm afraid when I think I will undergo surgery.	60 (73.1)
4. I often think about how short life really is.	56 (68.2)
5. Life after death worries me greatly.	68 (82.9)
6. I'm really afraid of having a heart attack.	40 (48.7)
7. Appearance of a corpse terrifies me.	59 (71.9)
8. Talking about outbreak of a world war scares me.	39 (47.5)
9. I'm afraid of dying in agony.	82 (100)
10. I'm not afraid of dying.	66 (80.4)
11. I feel there is nothing to fear for me in the future.	61 (74.3)
12. I don't have a particular fear of getting cancer.	43 (52.4)
13. I don't get nervous when people talk about death.	70 (85.3)
14. The thought of death never worries me.	74 (90.2)
15. The thought of death comes to my mind occasionally.	75 (91.4)

The death anxiety levels of the participants were examined, and their mean total score was found as  $5.22 \pm 1.05$  (moderate anxiety). The Cronbach's alpha value of DAS was calculated as 0.778, which indicated good consistency. Among the participants, all were afraid of dying by suffering pain, 82.9% were afraid of life after death, 85.3% were not anxious about death-related talks, 90.2% did not feel anxious about the thought of death. Among the elderly individuals, 80.4% were not afraid of death at all, while the others were very much afraid of it (Table 1).

Sociodemographic Characteristics		Number-Percent n (%)	Death Anxiety
			Mean±SD
Age (77.3±2.04)	65-74*	31 (37.8)	5.76±2.69
	75-84	43 (52.4)	5.09±3.02
	85 ve üzeri*	8 (9.8)	3.56±3.16
	(p)		(0,001)
Gender	Male	50 (60.9)	4.09±1.16
	Female	32 (39.1)	6.27±2.13
	(p)		(0,001)
Income status	Less than expenses	70 (85.3)	5.22±1.09
	More or Equal to expenses	12 (14.7)	5.39±1.04
	(p)		(0.065)
Marital Status	Married*	4 (4.9)	6.01±1.21
	Single	6 (7.3)	5.02±1.01
	Divorced/ Widowed	72 (87.8)	5.36±1.45
	(p)		(0,005)
Child	Yes	76 (92.7)	5.59±2.18
	No	6 (7.3)	5.47±2.17
	(p)		(0.712)
Educational Status	Primary school	35 (42.7)	5.14±1.51
	Middle school	35 (42.7)	5.16±1.06
	High school	12 (14.6)	5.30±1.32
	(p)		(0.556)
Thinking about death frequently	No	12 (14,6)	4.89±1.13
	Yes	70 (85,4)	5.39±1.61
	(p)		(0,001)
Presence of chronic disease	Yes	74 (90.2)	5.23±1.11
	No	8 (9,8)	5.06±1.21
	(p)		(0.117)
Total		82 (100.0)	5.22±1.05
*: Statistical meaning			

Considering the factors that affected the death anxiety of the elderly individuals based on sociodemographic data, income status, the status of having children, education and presence of a chronic disease; were found to be unrelated to death anxiety. In addition to this, it was determined that death anxiety was higher among the elderly women ( $p=0.001$ ); it decreased among the elderly participants as age increased ( $p=0.001$ ); the elderly who were married experienced more anxiety ( $p=0.005$ ), and thinking of death frequently increased anxiety ( $p=0.001$ ) (Table 2).

## Discussion

Death, which has become a whole with life, has been a phenomenon that constantly arises curiosity in individuals. For centuries, humanity has proposed ideas about the end of life and tried to make sense of it within its capacities. The fact that individuals are looking for answers to questions regarding their purpose of living also affects their activities towards making sense of death (12). Death is one of the issues that will continue to exist as life exists, therefore, it is one of the significant issues that shape our lives. Although a new one is added to the developments in the fields of science, technology and health every day, these have not eliminated the helplessness, loneliness and anxieties that people feel facing death. These anxieties are also seen frequently among the elderly. Although the period of old age is a part of our lives, being aware that one is getting closer to the end of life sometimes leads people to live this period with hopelessness and anxiety, and sometimes even receive medical care (13).

Several studies have shown that the variable that is the most related to death anxiety is age. There are many studies that have shown that death anxiety decreases in elderly individuals by age (14-16). Lester and Templer found that people in their mid-70s experienced less death anxiety in comparison to people in their mid-60s (17). We also divided individuals over the age of 65 into three different groups based on their ages, and we found that death anxiety significantly decreased as age increased (Table 1,  $p<0.001$ ). In this respect, our study was in agreement with many studies in the literature. However, in the meta-analysis of Fortner and Barry in 1999 which contained 49 studies, as opposed to the case in many variables, no significant relationship was found between age and death anxiety (18). We believe that this difference was caused by the fact that the individuals in our sample consisted of the elderly who were living at old people's homes and nursing homes.

As in our study, most studies on death anxiety and gender found that women experienced more death anxiety than men. While Madnawat and Kachhawa (19) determined that death anxiety increased in women by age, in their study on anxiety levels related to old age, Depaola et al. (20) could not find a significant difference based on genders, while they reported that women felt more death anxiety than men. In their study which examined clinical cases, Abdel-Khalek et al. (21) also found that women had higher scores on the death anxiety scale. In our study, we similarly found that death anxiety was higher among



women than men, and this difference was statistically significant (Table 2,  $p \leq 0.001$ ).

Some previous studies examined the relationship of death anxiety with educational status, income status and marital status, and conflicting results were obtained. Erdoğan and Özkan (22) found that those in the lower and higher socioeconomic group and those who were married experienced more death anxiety, while educational status was not a factor that affected death anxiety. Öztürk et al. did not find a significant relationship between death anxiety in elderly individuals and marital status or educational status (23). Şenol found that death anxiety increased in the elderly as their education and income levels increased (8). In our study, while we found a statistically significant relationship between death anxiety and marital status (Table 2,  $p \leq 0.005$ ), we did not find a significant relationship with educational status ( $p = 0.556$ ), having children ( $p = 0.712$ ) or income status ( $p = 0.065$ ) (Table 3).

In their study which used the Spanish form of Templer's Death Anxiety Scale, Moreno et al. (24) found that frequency of thoughts of death increased death anxiety in the elderly, while Erdoğan and Özkan (22) also determined that the mean scale scores of individuals varied based on their frequencies of remembering death. Öztürk et al. (23) determined that the death anxiety levels of elderly individuals who stated that they thought about death frequently were higher, and for this, they also used Templer's Death Anxiety Scale that was utilized in our study. In agreement with the literature, we also found in our study that, as the frequency of thinking of death increased, death anxiety also increased by a statistically significant degree (Table 3,  $p \leq 0.001$ ).

Fortner and Barry (18) determined in their meta-analysis on death anxiety in the elderly that death anxiety was higher in individuals with physical problems, while in another study with elderly individuals, Lucas (25) did not find a statistically significant relationship between death anxiety and the number of diagnosed and ongoing diseases (23). Our results showed that the status of having a chronic disease was not a determining factor in terms of death anxiety among elderly individuals ( $p = 0.117$ ).

Consequently, although the death-related anxieties of the elderly individuals who were receiving institutionalized care and living at institutions varied based on some socio-demographic variables, our results showed that all participants were afraid of 'dying by suffering pain'. A death that

fits human dignity and away from things one is anxious about is everyone's right. Studies to be conducted about the last period of life, as in our study, will reveal the issues that people are most afraid of or anxious about, and knowing about these will be guiding in the clinical practices of especially groups of healthcare professionals.

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