

A study to assess the level of death anxiety among elderly people at selected area at Bhopal

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Abstract

Objectives of the Study

1. To assess the level of death anxiety among elderly people.
2. To associate the level of death anxiety with the selected demographic variables.

Hypothesis

H₁: There will be significant level of death anxiety among elderly people.

H₂: There is significant association between levels of death with the selected demographic variables of the elderly people.

Keywords: Death, anxiety, elderly people, hypothesis, sample, sampling technique

1. Introduction

Death anxiety is the morbid, abnormal or persistent fear of death or dying. The British National Health Service defines death anxiety as a feeling of dread, apprehension or solicitude (anxiety) when one thinks of the process of dying, or ceasing to be or what happens after death. It is also referred to as thanatophobia (fear of death) and necrophobia (fear of death or the dead. Lower ego integrity, more physical problems, and more psychological problems are predictive of higher levels of death anxiety in elderly people.

Death anxiety became a topic of psychological interest in the late 1950's. From its inception "thanatology" has been a multidisciplinary field including contributions from all disciplines. The definition of death anxiety has been the most perplexing task for a researcher till today. In the opinion of earlier reviewers, much confusion in the literature on death attitudes can be traced to the "careless interchange of 'fear' and 'anxiety,' each of which implies different approaches", for e.g., if fear represents a more realistic reaction to a specific danger, anxiety refers to a more neurotic response that is out of proportion to any actual external hazard concluded that the study of death and dying "is severely limited in terms of both methodology and on theory

2. Conceptual Framework

Conceptual framework acts as building block for the research study. The overall purpose of framework is to make the scientific finding, meaningful and generalized. It provides a certain framework of reference for clinical practice, education and research. Framework can guide the researcher's undertaking of not only 'what' of natural phenomena but also 'why' of their occurrence. They also

give direction for relevant questions to practical problems. Conceptual framework is defined as the frame of reference that serves to guide a research study and is developed from theories, findings from a variety of other research studies, and the authors' personal experiences and values

The conceptual frame work chosen for this study is based on the Health belief Model. Rosenstoch's (1974) and Becker and Maiman's (1975) health belief model addresses the relationship between a person's beliefs and behaviors. It provides a way of understanding and predicting how clients will behave in relation to their health and how they will comply with health care therapies. Persons have to initiate and do active roles and this behavior is goal directed for raising health and good living.

3. The model comprised of three primary components, including

- Client cognitive-Individual perceptions (perceptual factors)
- Modifying factors
- Participating in health promoting behaviors (likelihood of initiating or engaging in action)

3.1 Research Approach

The investigator adopted a descriptive survey approach for the present study.

3.2 Research Design

The non-experimental descriptive research design was used for the present study.

3.3 Setting

The study was conducted at selected urban area, Bhopal.

3.4 Variables

3.4.1 Research variables

Level of death anxiety among elderly people.

3.4.2 Demographic variables

The demographic variables in this study includes age, gender, religion, educational qualification, Occupation, monthly income, type of stay, source of information etc.

3.5 Population

The targeted population of present study was Elderly people.

3.6 Sample

Elderly people of age group 60 years and above residing in, Bhopal.

3.6.1 Sample Size: N = 60 Elderly people.

3.6.2 Sampling Technique: Non probability convenient sampling technique was used to select the samples

3.6.3 The Major Findings of the Study as Follows: 60 elderly people participated in this study, among which 24 (40.0%) elderly people have severe death anxiety score, followed by 36 (60.0%) subjects have moderate death anxiety and none of the respondent had mild death anxiety score. With respect to Overall anxiety score the data revealed that out of 60 respondents the overall mean was 42.5 and SD is 2.27 Hence the hypothesis (H_1) stated as "H₁- There will be significant level of death anxiety among elderly people" is accepted There is statistical significant association between the Death anxiety scores with selected demographic variables such as age, type of family, income and source of information. Hence the stated hypothesis H₂- There is significant association between levels of death with the selected demographic variables of the elderly people has been accepted for age, type of family, income and source of information. Whereas demographic variable such as Gender, educational status, religion and marital status area found to be non-significant.

4. Conclusion

Based on the findings of the study, the following recommendations are made

1. The study can be replicated in other parts of the country and on large sample.
2. An experimental study can be carried out to find out the effectiveness of structure educational programme on managing death anxiety among elderly people.

A comparative study can be done among urban and rural elderly people

5. References

1. [http://en.wikipedia.org/wiki/Death_anxiety_\(psychology\)](http://en.wikipedia.org/wiki/Death_anxiety_(psychology))
2. Kastenbaum R, Costa PT. Psychological perspectives on death. *Annual Review of Psychology*. 1977; 28:225-240.
3. Baum SK, Boxely RL. Age denial: Death denial in the elderly: *Death Education*. 1984; 8(5-6):419-423.
4. http://www.meaning.ca/archives/archive/art_death-acceptance_P_Wong.htm
5. Goodman LM. *Death and the creative life: Conversations with eminent artists and scientists as they reflect on life and death*. New York: Springer Publishing Company, 1981.
6. Palmer G. *Death. The trip of a lifetime*. San Francisco, CA: Harper San Francisco, 1993, 279.
7. Pyszczynski T, Greenberg J, Solomon S. In the wake of 9/11: The psychology of terror. Washington, DC: American Psychological Association, 2002.
8. Kuhl D. *What dying people want: Practical wisdom for the end of life*. Toronto: Doubleday Canada, 2002, 17-18.
9. http://www.ehow.com/about_6390401_death-anxiety_.html#ixzz1wKyH3cN6
10. *Anxiety and Fear - world, body, funeral, life, beliefs, rate, time, person, human*
<http://www.deathreference.com/A-Bi/Anxiety-and-Fear.html#ixzz1wLBLhCkP>