IQSS: (Journal Of Quranic and Social Studies) ISSN: (e): 2790-5640 ISSN (p): 2790-5632

Volume: 3, Issue: 2, July-December 2023. P: 15-23 Open Access: http://jqss.org/index.php/JQSS/article/view/98

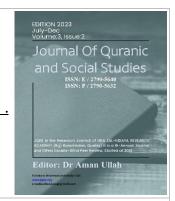
DOI: https://doi.org/ 10.5281/zenodo.10157052

Article History: Received Accept **Published** 20-10-2023 10-11-2023 20-11-2023

@ 0 8

Copyright: © The Aothors

Licensing: this work is licensed under a creative commons attribution



Death Anxiety among Hospitalized Patients: A Gender **Based Comparison**

M.Phil. Scholar, Department of Psychology, 1. Mr. Shahid Ali 📵 University of Balochistan, Quetta shahidali0503 I 987@gmail.com Chairperson/ Assistant Professor, Department 2. Dr. Saima Ambreen 🗈 of Psychology, University of Balochistan, Quetta saima.ambreen.awan@gmail.com Lecturer, Department of Psychology, University 3 Dr. Sara Mehmood Durrani 🗈 of Balochistan, Quetta smdpsy@gmail.com

How to Cite: Mr. Shahid Ali and Dr. Saima Ambreen and Dr. Sara Mehmood Durrani (2023). Death Anxiety among Hospitalized Patients: A Gender Based Comparison, (JQSS) Journal of Quranic and Social Studies, 3(2), 15-23.

Abstract and indexing



























Publisher HRA (AL-HIDAYA RESEARCH ACADEMY) (Rg) **Balochistan Quetta**



Death Anxiety among Hospitalized Patients: A Gender Based Comparison

Journal of Quranic and Social Studies

15-23

© The Author (s) 2023 Volume:3, Issue:2, 2023

www.jgss.org

ISSN: E/ **2790-5640**

ISSN: P/ 2790-5632

SYSTEMS

Mr. Shahid Ali

M.Phil. Scholar, Department of Psychology, University of Balochistan, Quetta DOI:10.5281/zenodo.10157052

Dr. Saima Ambreen

Chairperson/ Assistant Professor, Department of Psychology, University of Balochistan, Quetta

Dr. Sara Mehmood Durrani

Lecturer, Department of Psychology, University of Balochistan, Quetta

Abstract

Objectives: Present research purpose is to investigate and compare the level of death anxiety among male and female hospitalized patients in Balochistan. Place and duration: the research was conducted in various hospital of district Quetta and Makuran Division, Balochistan and took 6 months for completion. Sample and methods: Total sample for the study encompassed 50 hospitalized patients that includes male [n= 27, M (SD) = 51.41 (6.541)] and female [n=23, M (SD) = 49.04(6.630)] admitted in various hospitals of Balochistan. Measure: Informed Consent Form and Death Anxiety Scales (Donald Templer, 1970) was utilized for any level of death anxiety. Analysis: For assessing and comparing death anxiety among two gender groups. Descriptive analysis and independent sample ttest was conducted. Results: Results indicate substantial death anxiety among hospitalized patients of Balochistan, but there were non-significant differences among male and female on the levels of death anxiety.

Keywords: Death Anxiety. Hospitalized Patients, Anxiety, Gender Based, Quetta and Makuran

Corresponding Author Email:

shahidali0503 I 987@gmail.com saima.ambreen.awan@gmail.com smdpsy@gmail.com

Introduction

According to Sahan and Berkol (2018) one of the most momentous problems in individuals life which configure one's thinking and actions is death, understanding a near death episode, experiencing a life-threatening disease or observing death of a beloved one may endangers us to measure our life and to build our life more satisfactory. At present, developments in diagnostic tools and advanced health facilities are less to minimize the fear feelings and disappointment against death. Even though, there is present the thinking about death in each stage of life, living with an illness belonging to death may give rise to encountering death more than normal. While there are patients who may think fear and hopelessness but others may consider death as the normal and natural aspect of one's life.

The unclear concept of living would be experience by patients who are in the last stage of their chronic disease, by meeting with the true physical nature of the symptoms and thought of other significant physical symptoms, thinking about the important others in life and family members, the respect and worth of him/her self, and other factors such as age, socioeconomic status will increase the fear of dying for such patients (Mahadavi, et al. 2019).

Esther, et al. 2017 argued that death anxiety is faced by us in our lives and influence each and every one among us in divergent manners. This fear has been explained as an attitude or feeling horrible, fear or anxiety at the idea of death, or whatever to carry on with dying. This anxiety associated with the fear of death has been termed as thanatophobia by an influential psychologist and physician named Sigmund Freud as: Thoughts for the Time on War and Death, in one of his essays. He thought death anxiety to be associated to person's beliefs in his own eternal life or immortality. In 1933 another Neo-Freudian psychologist named Carl Jung postulated that "life is same as a lesson, begins at birth and finishes at dying. Specifically, death is an element of the life cycle." So awareness the inevitability of death is necessary to our life.

Death anxiety has been related with many negative health outcomes, including psychological stress, low level of physical functioning, unable to integrity of ego, decrease in spirituality and religious beliefs, not satisfying with life, and weak resilience (Rabbab, Hayajneh & Bani-Iss, 2020). Furthermore death anxiety is related with the encountering to event which are threaten to lives, for example people who were with their relatives or witness their beloved ones being HINI type influenza and were victim of its symptoms felt death anxiety in higher levels (Hoelterhoff & Chung, 2013).

Harrawood, White, and Benshoff (2009) argued that the previous researches have explored that the effects of many factors on death anxiety as contradictory results such as some researches postulated that the age, social support, and well-being in spirituality had significant positive correlated with death anxiety; moreover some other researches resulted death anxiety had a negative correlation with age, social support and wellbeing in

spirituality; while other studies explored that death anxiety was not significantly correlated with the place where the individuals are residing, education level, and gender and age.

Thought of dying is a dangerous idea, how one would be able to think about death. But for the patients the idea of death is more common because they are not healthy and they experience more the concepts of death than others. Moreover no one can deny the effect of care by others over the patients because the support and care always helps the patients try to overcome the thought of death due to disease, and on the other hand it may help the patient to use the different strategies in dealing the disease. Therefore, conducting research on the topic of the death anxiety of hospitalized patients has become sufficient topic of the present time, when there is a need of care and support by others and getting information what the patients feel living with disease would be helping for the betterment for patients. The present research is basically targeted to evaluate the level of death anxiety among hospitalized patients throughout the hospitals of Makuran division and Quetta city of Balochistan province. The patients with chronic diseases in these hospitals have been selected as research participants to understand how much they experience death anxiety.

Methods:

Objectives

- 1. To evaluate the extent of death anxiety among hospitalized patients.
- 2. To investigate the level of death anxiety between male and female hospitalized patients.

Research Design

This research adopted a cross-sectional comparative research design of research for the purpose of its completion.

Instruments

- a) The information sheet of the demography of the responders including cast, gender, socioeconomic status, and the duration of hospitalization.
- b) Death Anxiety scale developed by Donald Templar and translated into Urdu by Tamkeen Saleem, Seema Gul, and Shemaila (2015). The numbers of the item are 15. The responses of the responders were recorder on a 5- point Likert Scales between Always= 5, to Never=1.

Sample

The sample of this research includes the patients from the hospitals of Quetta city and Makuran Division of Balochistan province. The sample size is 50 patients in hospitals (including 27 male and 23 female patients, n = 50).

Procedure

After taking the informed consent forms and demographic information sheets from the responders, the main targets of the study were described to the respondent. The scales or the questionnaire of the study were managed and data was taken. Further the

information was recorded on SPSS (Statistical Package for Social Sciences, version-21) data sheet for additional processing.

Results and Discussions

The present study is primarily aimed to assess the levels of death anxiety among hospitalized patients in hospitals of Makuran and Quetta regions of Balochistan province suffering with chronic diseases, and to investigate the prevalence extent of death anxiety between male and female genders.

Table 1

Score Distribution and Reliability coefficient for DAS- Death Anxiety Scales (N=50)

S.no	Scale	No. of item	Mean	SD	α	Rang		Skewness	
						Max	Min	Skew	Std. error
1	DAC	15	50.32	62	.519		37	.027	.337

Note. DAS= Death Anxiety Scale.

The table I displays the score distribution of DAS- Death Anxiety Scales. The results show the mean by the side with their standard deviation, a moderate reliability coefficient and range score of DAS- Death Anxiety Scale. Results indicate substantial death anxiety among hospitalized patients of balochistan. Score do not indicate significant skew. Table

Distinctions in the Standard Deviation and Mean on scores of Hospitalized Patients from the two Gender group on Death Anxiety scales:

	Male	Female					
Scales	(<i>n</i> =27)	(n=23)				95%CI	
DAS	M(SD)	M(SD)	t (df)	p	LL	UL	Cohen's
							d
Test							
DAS	51.41(6.541)	49.04(6.630)	1.266(48)	.921	-1.391	6.119	0.359

Note. DAS= Death Anxiety Scale.

Table 2 depicts to the distinctions or the differences in standard deviation and mean over the scores of hospitalized patients from the two gender groups on death anxiety. The outcomes demonstrates that measure for both the two gender group do not significantly differ.

Death anxiety is considered generally as an existential side present that every person has to die, and cross-cultural and global similarities are present worldwide about the important things at the time of end of life. It should be free of burden and pain, and many people want to die at home, and with respect, instead in hospitals (Seifart & Rief, 2021).

The relationship of death anxiety is significant with the psychological and physiological abnormalities. It is predictive that a high level of death anxiety would produce more psychological and physical abnormalities and malfunctioning. From its inception in 1950, Thanatology become a central interest and consideration from the experts in psychological fields and other disciplines (John, et al, 2016).

Though substantial death anxiety was indicated among hospitalized patients, but our research does not show significant difference among gender groups on their levels of death anxiety which is not much consistent with contemporary research.

Previous research has revealed that influence of many components on the fear of death have not very much clear as some studies resulted that gender, age, social help, and religious belief and spiritual well-being, and the relationship of such other variables had significantly a positive relationship with the fear of death. Some research had negated this finding and other had offered an explanation saying that death fear was not correlated significantly with the level of education, gender and age, and the place where the individual is residing such as at home or in hospitals (Harrawood, 2009). So, the present study was aimed at exploring the extent of death anxiety among hospitalized patients in common, and to comparatively investigate the levels of death anxiety between male and female hospitalized patients in particular.

Bibliography

- I.Ahlberg, K., Ekman, T., Wallgren, K., & Johanssan, G. F. (2001). Fatigue, psychological distress, coping and quality of life in patients with uterin cancer. J Adv Nurse; 2: 223-25.
- 2. Akhtar, M. (2005). Coping Strategies and their relationship with Stress and time demand among University students. Unpublish M.phil thesis. National Institute of Psychology, Quaid-e-Azum University Islamabad.
- 3. Baldree, K., Murphy, S., & Powers, M. (1982). Sress identification and coping patterns in patients on hemodialysis. Nursing Research 31, 200-209.

- 4. Benson, R. B., Cobbold, B., Boama, E. O., Akuoko, C. P., & Boateng, D.(2020). Challenges, Coping Strategies, and Social Support among Breast Cancer patients in Ghana. Carol J.Burs.https//doi. Org / 10.1155 /2020 /4817939.
- 5. Berkman, L. F., Glass, T. Brissett, I, & Seeman, T. E. (2000), from social investigation to health: Durkaeim in the new millennium. Social Science and Medicine. 2000; 51: 843-857. PubMed Google Scholar.
- 6. Cohen, M. (2014). Depression, anxiety, and somatic symptoms in older cancer patients; a comparison age groups. Psych Oncology, 23(2), 151-157
- 7. Compass, B. E., Conner- Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E.(2001) Coping and stress during childhood and adolescence: problems, progress, and potential in theory and research. Psycho Bul; 127:87-127.
- 8. Costa, D, C., Sa M, J. & Calheiros, J, M. (2012). The effect of Social Support on the quality of life of patients with multiple Sclerosis. https://dx.doi.org/10.1590/s0004282X2012000200007.
- 10. Deimling, T. J., Wagner, J. L., Bowman, F. K., et al. (2006). Coping among older-adult, Long-term cancer survivors. Psycho-Oncology. 15: 143-59.
- 11. Dirkson, S. R. (1989). Perceived well-being in malignant melanoma survivors. Oncol Nurse Forum, 16(3):353-358.
- 12. Earl, E. Bakken Center for Spirituality and Haling. University of Minnesota (2016).
- 13. Emery, C. F. (1994). Effects of age on physiological and psychological functioning among COPD patients in an exercise program. Journal of Aging and Health, 6(1), 3-16.
- 14. Endler, N. S., Parker, J.D.A., & Summerfield, L. J. (1998). Coping with health problem: developing a reliable and valid multidimensional measure. Psychological Assessment, 10(3), 195-205.
- Gangdal, M. S., & Inger, G. (1996). Religiosity, quality of life and survival in cancer patients. Social indicator research. (Abstract). Psychological Abstracts, 36(2) 193-211.
- 16. Goldaccre, M. J., Waton, C. J Yeates, D., et al (2007). Cancer in people with depression or anxiety: record-linkage study. SocPsychiatry Psychiatr Epidemiol, 42:683-89.
- 17. Gurkls, J, K., & Menke, E, D. (1995). Chronic hamodialysis patients' perception of stress, coping and social support. American Nephrology Nurse, Association Journal; 22(4): 381-388.
- 18. Holland, J. C., Passik, S., Kash, K. M., et al. (1998). The role of religion and spiritual belief in coping with malignant melanoma. Psycho- Oncology, 8(1): 14-26.
- 19 Jiang, L., Qin. G.L., Li, Y.F., & Gan, Y.M. (2011). Relationship between the quality of life and social support in patients with systemic lupuserythermatosus. J Nurse Admin. 11(7): 457-459.

- 20. Karabulutlu, E. Y., Bilici, M., Cayair, K., Kekin, S. B., & Kantarci, R. (2010). Coping, Anxiety, and Depression in Turkish patients with breast cancer. Ataturk University, Faculity of Health Science, Erzrum.
- 21. Khawar, M., Aslam, N., & Aamir, S. (2013). Perceived social support and death anxiety among patients with chronic diseases. Pakistan Journal of Medical Research, 52 (3), 75–79.
- 22. Lamb, L.A., Halpern.A., & Hwu, W-J (2003). Diagnosis and management of stage I/II Melanoma. Semin-Oncol Nurs. 19(1): 22-31.
- 23. Leming, R. (1990). Religion and Death: A test of Homan's Thesis. Omega, 10(4), 347-364.
- 24. Lloyd- William, M. (2006). Screening for depression in palliative care patients: a review. Eur j Care, 10:31-35.
- 25. Muhmoud, A. S, Berma, A. E, & Gabal, S.A.A. S. (2017). Relationship between Social Support and Quality of life among psychiatric patients. Journal of psychiatry and Psychiatric disorders. ISSN: 2572-519.
- 27. Mookodan, F., & Arthur H, M. (2004). Social support and its Relationship to Morbidlty and Mortality after Acute Myocardial information: Systematic Overview. Arch Intern Med;164 (14): 1/514-1518.Doi: 10-1001/ archinte.164.14.1514.
- 28. Neimeyer, R. A. (1988). Special article: Death anxiety research. The state of art omega: Journal of Death & Dying, 36(2), 163-169.
- 29. Oh, P.J., & Lee Y.J. (2008). Predictors of fighting spirit or helplessness/hopelessness in people with cancer. Taehan Kanho Hakhoe Chi, 38 (2), 270–277.
- 30. Oka, M., & Choboyer, W. (1999). Dietry behaviours and sources of support in haemodialysis patients. Clinical Nursing Research. 8(4); 203-317.
- 31. Pasmeny, G. (2009). Social support and quality of life in adults with sever and persist mental illness. Unpublished Master thesis, school of Graduate students' University of Lethbridge Canad. 14-30.
- 32. Reblin, M. MA, and Bert, N. (2008), Social and emotional support and its implication Health. Curropin Psychiatry. 2008 Mar; 21(2): 201-205.
- 33. Reuter, K., Glassen, C. C., Roscoe, A. J., et al. (2006). Association of copingstyle, pain, age, and depression with fatigue in women with primary breast cancer. Psycho-Oncology, 17: 772-79.
- 34. Safdar, F. & Rehman, N.K. (2016). University of Punjab Lahore. Quality of life and Death Anxiety among patients with Cancer and Non-Cancer participants. Pakistan Journal of Professional Psychologists; Vol 7, No 1:3-4.
- 35. Saleem, T. & Gul, S. (2015) Death Anxiety Scales; transilation and validation in patients with cardiovascular disease. Professional Med 1; 22(6): 732-736.

- 36. Sania, A. R. & Zainal, N. Z. (2010). Anxiety, Depression, and Coping Strategies in Breast Cancer patients on chemotherapy. Department of Psychological Medicine, Faculty of Medicine, University of Malaysia 50603 Kula Lumpur, Malaysia. MJP Online Early.
- 37. Sun, X. L. Qin, R. & Wu Y. L. (2009). A review of illness uncertainaty in inpatients. J Nurse Sci(surg Ed). 2009; 24 (2):89-91.
- 38. Singer, P. A., Martin, D. K., & Kelner, M. (1999). Quality End of Life: parent's perspective. Journal of American Medical Association, 13(2), 163-168.
- 39. Taylor, S.E. (2003). Health psychology (5th ed). New York: McGraw Hill Companies ADD. Van der Lee, M. L., Van der Bom, J. G., Swarte, N. B., Heintz, A. P.M., de Graeff, A., & 40. Van Den Bout, J. (2005). Euthanasia and depression: a prospective cohort study among terminally ill cancer patients. Journal of Clinical Oncology, 23(27), 6607-6612.
- 41. Wilson, K.G., Scott, J, F., Graham, I.D., Kozak, J, F., Chater, S., Viola, R.A., & Curran, D. (200). Attitudes of terminally ill patients towards euthanasia and physician-assisted suicide. Archive of Internal Medicine, 160(16), 2454-2460.
- 42. Zachariades, F. K. (2000). Coping with health related problems and psychological distress among elder and adults hospital patients. https:// ecu. Edu- au/ thesis /1392.
- 43. Zimet, D. M., Dehlem, N.W, .Zimet, S. G., & Farley, G. K. (1988). Multidimensional Scale of Percieved Social Support. Journal of Personality Assessment; 52: 30-41.