

# Death Anxiety and Death Depression among Elderly

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## ABSTRACT

**Background:** Death is the only certainty of the life. Elderly people have a significant death anxiety and death depression which causes negative effect on their health and creates low self esteem, lack of purpose in life, negativity and poor mental well being.

**Aim:** Present study aimed to assess the death anxiety and death depression among elderly and their relationship with socio-demographic variable.

**Method:** Descriptive, cross-sectional survey was done to assess the death anxiety and death depression among 100 elderly who were age of more than 60 years.

**Results:** Majority (94.0%) of elderly people had moderate death anxiety whereas (3.0%) had severe death anxiety. Majority (72%) elderly people had moderate death depression whereas (15%) had severe death depression. A significant moderate positive correlation was found between death anxiety and death depression ( $r=0.477$  and  $p<0.001$ ).

**Conclusion:** Elderly people had moderate death anxiety and death depression and both are positively correlated.

**Recommendation:** There is an urgent need to initiate some interventional strategies to reduce death anxiety and death depression among elderly so that their physical and mental health can be improved.

**Keywords:** *Death, anxiety, depression, elderly people*

## INTRODUCTION

Old age in human beings is the final stage of the normal life span. Old age is frequently defined as 60 years of age or older. The elderly population with age of 60 years and above is increasing around the world, as due to decline in their mortality rate life expectancy has been increased.<sup>1</sup> Today the number of elderly is estimated to be 605 million in the world <sup>2</sup> and a rise to this segment of population is estimated to 2 billion by 2050.<sup>3</sup> This growing old age population is showing the most difficult challenges for both the developed

and developing countries. Pakistani society, where traditionally the elders are supposed to be respected and their care is still seemed as a family responsibility, is also facing issues as time has changed.<sup>4</sup>

Ageing is a natural process. In the words of Seneca; "Old age is an incurable disease", but more recently, Sir James Sterling Ross commented; "You do not heal old age. You protect it; you promote it; you extend it." These are in the fact the basic principles of preventive medicine. Old age should be regarded as a normal, inevitable biological phenomenon.<sup>1</sup>

Ageing is an irreversible biological process which starts from conception and ends after death. Also old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness as compared to other adults.<sup>5</sup> Average life expectancy throughout the world is increasing year by year leading to an overall increase of geriatric population. These trends are appearing

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in all countries where medical and social services are well developed and standard of living is high.<sup>6</sup>

Death is only certainty of the life. There is no reversal, no remedy, no more tomorrow. Everyone has to face it and death signifies the centre of all hope with respect to this world. Death is inevitable. Various study conducted to know death anxiety and death depression among elderly. These studies show elderly participants in assisted living facility have higher level of fear of dying process. Also this fear of dying was due to unsatisfactory lifestyle which creates low self-esteem, little purpose in life, negativity and poor mental well being.

In addition to it many studies reported that there was a significant death anxiety and death depression among elderly, which is causing many negative effect related to health of elderly.<sup>6-7</sup> In Indian setting, very few studies have been conducted with small sample, so to explore death anxiety and death depression in elderly is the objective of study.

It gave awareness to the community people current status of elderly in Punjab, so that they will look forward and have positive attitude. It will clear out the old to make way for new generation

## MATERIALS AND METHOD

A quantitative, non-experimental, descriptive research approach was used to assess death anxiety and death depression among elderly. The present study was conducted in two setting i.e. community rural area of village Bazakhana, Faridkot (Punjab) and old age homes (under Red Cross Society), in Faridkot city. The old age home were selected on the basis of expected availability of old age people, giving permission to conduct the study and convenience in terms of distance. The population under study was elderly people residing in old age home of Faridkot city. Sample consisted of elderly people of old age home, those meeting the inclusion criteria were selected by the researcher for the study. A sample of 100 elderly people was taken conveniently for study. The tools used for the study were Socio demographic Data Sheet, Death Anxiety Scale and Death depression scale.

**1. Socio-demographic data sheet:** It is self developed questionnaire and used in this study to measure socio-demographic profile of the elderly people. It includes items related to age, gender, educational status, religion, residence,

occupational status, marital status, self income per month type of family, practicing in any prayer on regular basis and practicing any yoga or exercises.

**2. Death Anxiety Scale (DAS)<sup>8</sup>:** It is standardized five point likert scale and used in this study to measure anxiety related to death among elderly. It includes 15 items in which are 1, 4, 8, 9, 10, 11, 12, 13, 14 are positive statements where as 2, 3, 5, 6, 15 are negative statements. Options vary from strongly disagree to strongly agree. Positive items are scored from 1 to 5 where as negative items were scored 5 to 1, respectively. Higher score indicates that subject perceived themselves as being more anxious. Tool administration time is approximately 5-10 minutes. Score between 15-35 is considered as low death anxiety, score between 36-55 is considered as moderate death anxiety, and score between 56-75 considered as severe death anxiety. It has acceptably high validation and reliability scores. The scale has relatively high internal consistency and stability. The reliability was established for the present study through test retest method ( $r=0.84$ ).

**3. Death Depression Scale (DDS)<sup>9</sup>:** It is standardized five point likert scale and used in this study to measure depression related to death among elderly. It includes 17 statements out of which 11 and 12 are negatively stated and rest are positive statements. All items are scored on five point likert scale ranging from strongly disagree to strongly agree. Positive items are scored from 1 to 5 where as negative items were scored 5 to 1, respectively. Higher score indicate that subject perceived themselves as being more depressed. Score between 15-39 is considered low death depression, score between 40-62 is considered moderate death depression, and score between 63-85 is considered as severe death depression. Administration time is approximately 5-10 minutes. It has acceptably high validation and reliability scores. The scale has relatively high internal consistency and stability. The reliability was established for the present study through test retest method ( $r=0.77$ ).

The tools were translated into Punjabi language under the guidance of language experts and amendments were made according to suggestions. Back translation in English was done to ensure the content and meaning.

Try out of the tool was done to ensure the reliability and understanding of the tool. Pilot study was conducted and the study was found to be feasible.

Prior to administration to tools, a participant information sheet explaining the purpose of the study was readout and handed over to the subject. All the questions and queries were discussed and sort out before actual data collection. An informed written consent form was signed by the each subject before data collection. All the subjects were ensured that confidentiality and anonymity was maintained throughout the study. Permission was obtained from Institutional Ethical Committee to carry out the study. Written permission was also obtained from various Incharges or Sarpanch of the Bajakhana village before data collection.

The data was analyzed by Statistical Package for Social Sciences (SPSS) version 21. The  $p < 0.05$  level was established as a criterion of statistical significance for all the statistical procedures performed. Appropriate descriptive and inferential statistics were employed to analyze data as per objectives of the study. Frequency and %age distribution of sample characteristics was computed.

## RESULTS

**Table 1: Distribution of elderly as per Socio-demographic variables**

(N = 100)

Variables	Categories	f	%
Age	60-70	55	55.0%
	71-80	38	38.0%
	81-90	7	7.0%
Gender	Male	73	73.0%
	Female	27	27.0%
Education	Illiterate	27	27.0%
	Up to Matric	42	42.0%
	Higher secondary	4	4.0%
	Graduate	12	12.0%
	Postgraduate	15	15.0%
Religion	Sikh	76	76.0%
	Hindu	23	23.0%
	Muslim	1	1.0%
Residence	Institutional	50	50.0%
	Non-institutional	50	50.0%

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Occupation	Retired from Govt job	36	36.0%
	Private job	16	16.0%
	Farmer	18	18.0%
	Any others	30	30.0%
Marital status	Married	86	86.0%
	Widow/widower	14	14.0%
Self Income (Per Month)	Less than 10,000	62	62.0%
	10,001 to 20,000	9	9.0%
	20,001 to 30,000	9	9.0%
	Above 30,000	20	20.0%
Type of family	Nuclear Family	54	54.0%
	Joint Family	45	45.0%
	Extended Family	1	1.0%
Worship/Spiritual participation	Yes	85	85.0%
	No	15	15.0%
Yoga and Exercise	Yes	67	67.0%
	No	33	33.0%

As shown in table 1, the mean age of the subject was 71.38 (SD-7.67) years and little over half (55.0%) was in the 60-70 years age group category. Maximum of the subjects were male (73%), educated up to matriculation (42%), and belongs to Sikh religion (76%). Majority (86%) of the subjects were married and one third of the subjects (36%) were retired from Govt. job. Mean monthly income of subject (62%) was < 10,000 Rs. and maximum subjects (54%) were from nuclear family. Majority of subjects (85%) were doing worship/spiritual activities and majority of subjects (67%) were doing yoga and exercises.

**Table 2: Mean (SD) of death anxiety and death depression among elderly**

(N = 100)

Variables	Min.	Max.	Mean ± SD
Death anxiety	26	58	44.73 ± 5.4
Death depression	31	74	50.65 ± 9.5

As shown in table 2, mean ± SD score of death anxiety of the subjects was 44.73 ± 5.4. Similarly, mean ± SD score of death depression of the subjects was 50.65 ± 9.5. Hence, it can be concluded that elderly people has considerable death anxiety and death depression.

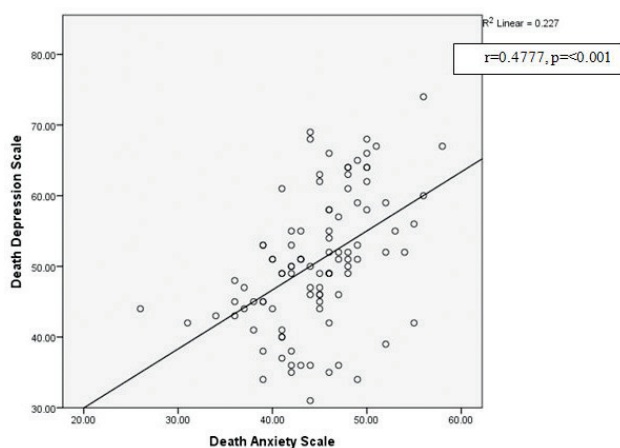
**Table 3: Level of death anxiety and death depression among elderly**

(N = 100)

Level	Anxiety f (%)	Depression f (%)
Mild	3 (3%)	13 (13%)
Moderate	94 (94%)	72 (72%)
Severe	3 (3%)	15 (15%)

As shown in table 3, majority of the subjects had moderate (94%) level of death anxiety where as 3% of the subjects had severe death anxiety. Similarly, maximum (72%) elderly people had moderate death depression followed by severe (15%) death depression.

As shown in figure 1, a significant moderate positive correlation was found between death anxiety and death depression ( $r=0.477$  and  $p<0.001$ ). Hence, it can be concluded that increase in death anxiety results in high death depression among elderly.

**Figure 1: Relationship of death anxiety with death depression among elder**

Association of death anxiety and death depression with socio-demographic variables was established with chi-square test. It was found that age, occupation and family type is significantly associated with death anxiety where as rest of the variables (gender, educational status, religion, residence, marital status, self income, spiritual organization & worship yoga and exercise) had no association. Similarly, age, gender, occupation and marital status had significant association with death depression where as rest of the socio-demographic variables had no association.

## DISCUSSION

The present study is an attempt to understand the relationship of death anxiety and death depression among

elderly. Result revealed that there is moderate positive significant relationship between death anxiety and death depression among elderly. High level of death anxiety results in high depression in old age people. Similar results were reported by **Manjus John et al (2016)**<sup>10</sup> who found that elderly people have severe (40%) death anxiety score, followed by 36 (60.0%) subjects have moderate death anxiety. A significant association was found between knowledge with demographic variable such as age, type of family, income and source of information. **Mathew (2009)**<sup>11</sup> conducted a study among 32 residents of three skilled nursing homes showed that majority of them were (81%) women and 85 years or older (41%). **Naik NA (2007)**<sup>12</sup> reported that maximum (90%) of the senior citizens from old age home were under borderline emotional well-being, 05% of them under negative emotional well-being. Those senior citizens who were staying with family had positive emotional well-being (92%). **Goyal A et al (2014)**<sup>13</sup> assessed depressive symptoms among Indian elderly and found that maximum of them were mildly depressed. 13% were suffering from severe depression. **Doaa A. Almostadi (2010)**<sup>14</sup> revealed statistically significant correlation between death anxiety and death depression. Study also reported a significant difference in gender with death anxiety and death depression.

## CONCLUSION

Study concluded that majority of the elderly people had death anxiety and death depression. To ensure a healthy elderly population, improving the nutrition is one of the most important approaches. Death could act as a powerful risk for anxiety and depression in elderly population that it should be detected early. The results are expected to help in designing policies and making plans regarding health care provision for the elderly. Elderly people should be regularly assessed for their anxiety, depression and coping.

## IMPLICATIONS AND RECOMMENDATIONS

Nurses are the primary health care workers for the early detection of death anxiety and death depression among elderly population. Therefore the nurses should use screening tools for early detection of sign and symptoms. Nurses can motivate the people for regular screening. The community health nurse should have strong emphasis on making the community aware of death anxiety and death depression, its prevention, early

detection and treatment. A Mental health nurse should take the benefit of each and every encounter with the people. Study recommend that nurse administrators may arrange awareness campaigns on anxiety and depression in the hospital and community people and should also assess the effectiveness of such programmes thereafter.

### LIMITATIONS

Lack of large sample size may result in lack of representativeness and generalizability to the whole population; however data were collected from old age home of Punjab. The data in the present study may subject to selection bias as the elderly were conveniently selected. In order to make findings generalizable, a large geographical area based study based on random sampling technique is recommended.

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