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ORIGINALES

Fear of death and quality of life in older adults

Miedo ante la muerte y calidad de vida en adultos mayores

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ABSTRACT:

Objective: Know the relationship between the fear of death and the quality of life of older adults.
Materials and Method: Correlational study in older adults. The sample was 99 older adults. The original Collet-Lester Scale of Death Fear and the Dying Process and the WHOQOL-BREF Questionnaire were used.
Results: No relationship found on the global scale of Death Fear and the Dying Process with the quality of life. A negative relationship was observed between the fear of own death and the physical dimension of the quality of life (p<.05), and the fear of the process of dying with the environmental dimension of quality of life (p<.05). Positive relationship was found between the fear of the death of others and the social dimension of quality of life (p <.05).
Conclusions: A lesser fear of one's own death higher quality of life in the physical dimension, a lesser fear of the process of dying, greater quality of life in the environmental dimension and the greater the fear of the death of other people, the greater the quality of life in the social dimension.

Key words: Fear; death; quality of life; aged.

RESUMEN:

Objetivo: Conocer la relación entre el miedo a la muerte y calidad de vida de los adultos mayores.
Material y Método: Estudio correlacional en adultos mayores. La muestra fue de 99 adultos mayores, se utilizó la Escala original de Collet-Lester de Miedo a la Muerte y al Proceso de Morir y el Cuestionario WHOQOL-BREF.
Resultados: No se encontró relación en la escala global del miedo ante la muerte y el proceso de morir con la calidad de vida. Se observó relación negativa entre el miedo a la propia muerte y la dimensión física de la calidad de vida (p<.05) y en el miedo al propio proceso de morir con la dimensión ambiental de la calidad de vida (p<.05). Se encontró relación positiva entre el miedo a la muerte de los otros y la dimensión social de la calidad de vida (p<.05).

Conclusiones: A menor miedo a la propia muerte mayor calidad de vida en la dimensión física, a menor miedo al propio proceso de morir mayor calidad de vida en la dimensión ambiental y a mayor miedo a la muerte de otras personas mayor calidad de vida en la dimensión social.

Palabras clave: Miedo; muerte; calidad de vida; anciano.

INTRODUCTION

The phenomenon of aging is present worldwide; it generates important changes in lifestyle, which have biological, phycological and social implications [(1)]. The changes that occur with aging, physical and/or mental problems, as well as proximity to death force a person to confront mortality, which can lead to a decrease in the quality of life.

Among the changes that occur with aging are the situations around death and the process of dying, causing fear and confusion. During this stage, the elderly experience the loss of close relatives and suffer from diseases [(2)].

In old age, everything that has been lived throughout life is evaluated. Where, on the one hand, one accepts the way life has been lived and shows interest in finding motivations that allow elderly to have a greater acceptance of their relatives' death, as well as theirs [(3)]. In contrast, elderly tend to present negative emotions, knowing that they are in their final stage, and do not dare to talk openly about it. These emotions have a great impact on the meaning that elderly have about death and the process of dying, which cause them suffering and can alter their thoughts, as well as delayed acceptance of death [(4)].

Life experiences determine the meaning that people give to death and the process of dying, which is related to the current context in where the elderly are, as well as their background. In this sense, when people get ready and accept death, can face this process in a positive way and live the last stage of their lives with greater quality. The quality of life is defined as the state of general well-being, measured by the physical, social and emotional dimensions [(5)].

Based on researchers' experience, both fear of death and process of dying, as well as quality of life, are variables that are important to be studied by the multidisciplinary health team, since they affect elderly and their families in a negative way. In the elderly population, the damage is presented in the emotional and spiritual deterioration with an impact on family and social relationships. While in the family, there is suffering when experiencing the emotional and spiritual deterioration of the elderly.

In the literature search, no studies have been identified in which the relationship between fear of death and the process of dying with the quality of life in elderly is analyzed. There is little empirical evidence of the study of fear of death and the process of dying. In Colombia they found that 63.5% of elderly were afraid of death [(6)]. Regarding the quality of life, recent data from a study in Mexican population indicate a poor perception of the quality of life in 45.4% of elderly, with a greater impact on the psychological dimension [(7)].

Therefore, in order to increase the body of nursing knowledge, it is important to perform a study based on the following research question: How does fear of death and the process of dying relate to the quality of life in the elderly? The results are expected

to guide the development of interventions focused on redirecting the fear of death and the process of dying in elderly and, thereby, improving their quality of life.

METHODOLOGY

Participants in the study were elderly over 60 who attend to the community clinic "Las Culturas" belonging to the Ministry of Health of Matamoros, Tamaulipas, Mexico. Data were collected from January to July 2017. The sample was made up of 99 older adults of both sexes. Because the universe of study is unknown, elderly were identified through a non-probabilistic sampling in snowball technique, which involves asking the first subject to identify another potential subject that also meets the criteria of the investigation, where the inclusion criteria were to be over 60 years old, with the ability to communicate, oriented in time, place and person, which was found with questions such as their name, day of the week, month, year and place where they were . Said sampling was used because the sampling frame is unknown, which made it impossible to use a sampling of probabilistic type.

The Scale Fear to Death of Collett-Lester (8) was used, in the version adapted to Spanish, with 28 items. Likert type response options were established ranging from a lot (6 points) to nothing (1 point), it is made up of four subscales that provide multidimensional information about “fear of the own death” (1, 4, 6, 14, 17, 20 , 23, 26 and 28), “fear of the death of others” (2, 7, 9, 13, 18, 19, 21, 27, 32 and 33), “fear of the own process of dying” (5, 12, 15, 24, 30 and 36) and “fear of the process of dying of others” (3, 8, 10, 11, 16, 22, 25, 29, 31, 34 and 35). The answers to the items 3, 6, 7, 8, 9, 10, 12, 14, 16, 18, 21, 23, 24, 25, 26 and 28 are negative, so they must be recoded. In this way, the global scale has a maximum score of 216 points, a higher score indicates greater fear of death. The elderly who got 36 points were considered fearless, with some fear from 37 to 144 points, and very afraid from 145 to 216 points.

The WHOQOL-BREF Scale of the World Health Organization was used to evaluate the quality of life (9). This scale is composed of 26 items, the first two questions are independent and investigate the general perception of the individual about the quality of life and their health respectively, the remaining 24 assess four specific dimensions of Quality of Life: Physical (items 3, 4 , 10, 15, 16, 17 and 18), Psychological (items 5, 6, 7, 11, 19 and 26), Social (items 20, 21 and 22) and Environmental (items 8, 9, 12, 13, 14 , 23, 24 and 25). Each question is assessed on a scale of 1 to 5, the higher the assigned score, the higher the quality of life. The negative item scores (3, 4 and 26) are reversed and the total scores obtained are converted to a scale of 0 to 100 to be able to establish comparisons between the domains, since these are composed of an unequal number of reagents. The score of perception of the quality of life and health of the elderly was classified as deficient when it was between 0 and 2.99, acceptable from 3 to 3.99 and high between 4 and 5.

The data was processed and analyzed in the Statistical Package for the Social Sciences (SPSS) software, version 21 for Windows. The Kolmogorov Smirnov test with Lilliefors correction was applied and, based on the results, Spearman's correlation coefficient was used to answer the objective. The study adhered to the guidelines established in the General Health Law on Health Research (10). The informed consent of the subjects of study, approval of the corresponding authorities to carry out the field work and authorization of the ethics and research committee, with registration number 042, were obtained.

RESULTS

59.6% (59) of the elderly who participated in the study were female, with an average age of 69.2 years (7,283), 55.6% (55) with marital partners, 40.4% (40) reported having a job paid, 86.9% had not been hospitalized in the last six months, 53.5% (53) suffered at least one chronic illness, 28.3% (28) indicated that in the last six months a loved one had died. 27.3% (27) live only with their spouse and 70.7% (70) belong to the Catholic religion (Table 1).

Table 1: People with whom they live and religion of the elderly. Matamoros, Tamaulipas, Mexico, 2017.

Variable	*f*	%
Lives with		
Spouse	27	27.3
Children	16	16.2
Children and family	14	14.1
Spouse and children	24	24.2
Spouse, children and family	4	4.0
Others	14	14.1
Religion		
Catholic	70	70.7
Protestant	15	15.2
Jehovah's witnesses	8	8.1
Other	4	4.0
Atheists	2	2.0

All the elderly were afraid of death and the process of dying. On the global scale, 87.9% (87) resulted in some fear, and 12.1% (12) with much fear. In the analysis by dimensions, in the fear of the own death, 98.0% (97) expressed some fear and 2.0% (2) much fear; in the fear of death of others 50.5% (50) with some fear and 49.5% (49) with much fear; in the fear of the own process of dying 50.5% (50) with some fear and 49.5% (49) with a lot of fear, and in fear of the process of dying of others 87.9% (87) with some fear and 12.1% (12) with a lot of fear.

Regarding the variable quality of life, 18.2% (18) perceived their health status as deficient, 49.5% acceptable and 32.3% (32) high. 3.0% (3) perceived poor quality of life, 64.6% (64) acceptable and 32.3% (32) as high. In the analysis by quality of life dimensions, it was observed that the most affected dimension is the environmental one with an average score of 52.84 (SD = 9.72; Table 2).

Table 2: Description of the fear of death and the process of dying and the quality of life of older adults. Matamoros, Tamaulipas, Mexico, 2017.

Variable	Average	σ	CI 95%	
			Lower limit	Upper limit
Age	69.20	7.28	67.75	70.62
Scholarship	6.48	4.28	5.62	7.31
Fear of the own death	26.76	4.84	25.68	27.80
Fear of the death of others	40.04	5.36	39.07	40.97
Fear of the own process of dying	24.53	3.90	23.75	25.37
Fear of the dying process of others	37.47	6.91	36.13	38.87
Global scale of fear of death	128.81	15.09	126.14	131.90
Quality of physical life	57.32	10.33	55.46	59.28
Psychological quality of life	64.94	10.92	63.44	67.10
Quality of social life	56.64	14.43	54.21	59.87
Environmental quality of life	52.84	9.72	51.04	54.81

With the Mann Whitney U test, only gender differences were observed in the dimension of fear of the death of others, where men were more fearful compared to women (*U= 850.000; p= .018*); likewise, the fear of the death of others (*U= 858.500; p= .021*) and the fear of the own process of dying (*U= 868.500; p= .026*) appeared with greater intensity in those who do not have a paid employment compared to those who do have it.

There were no statistically significant differences in fear of death in those with marital partners (*p> .05*), in those with paid employment (*p> .05*), in those with chronic diseases (*p> .05*) and in those who experienced the death of a loved one in the last six months (*p> .05*) compared to those who have opposite situations to the ones above.

In the quality of life, the dimensions in which significant differences were found were psychological (*U= 780.500; p= .004*) and social (*U= 738.000; p= .001*), where women reflected lower quality of life in comparison with men. Likewise, in the psychological (*U= 919.000; p= .039*) and social (*U= 595.500; p= .000*) dimensions, those who do not have a marital partner turned out to have a lower quality of life compared to those who do. In the physical (*U= 678.000; p= .000*), psychological (*U= 851.000; p= .018*) and social (*U= 740.500; p= .001*) dimensions, the elderly who did not report having paid employment resulted in lower quality of life. In the psychological dimension (*U= 350.000; p= .029*) those who had been hospitalized in the last six months had a lower quality of life. There were no statistically significant differences in the quality of life of those suffering from chronic diseases (*p> .05*) and in those who experienced the death of a loved one in the last six (*p> .05*) months compared to those who do not suffer from chromic diseases and have not experienced the death of a loved one, respectably.

In response to the general objective that was raised, a correlational analysis of fear of death and the process of dying with the quality of life of the elderly was initially made, and no statistically significant relationship was found. Next, an analysis by dimensions of both variables was made and a negative and significant relationship was observed between the dimension of fear of the own death and the physical dimension of quality

of life (p <.05) and in fear of the process of dying with the environmental dimension of quality of life (p <.05). Finally, a positive relationship was found between the fear of death of others and the social dimension of quality of life (p <.05; Table 3).

Table 3. Relationship between fear of death and the process of dying with the quality of life of the elderly. Matamoros, Tamaulipas, Mexico, 2017.

Variables	Physical	Psychological	Social	Environmental	Age
	rs	rs	rs	rs	rs
Age	**-.252***	-.035	**-.245**	.009	1
Fear of the own death	**-.244***	-.031	-.114	-.090	.034
Fear of the death of others	-.034	.131	**.257***	-.029	-.143
Fear of the own process of dying	.003	-.038	.155	**-.206***	**-.390****
Fear of the process of dying of others	-.137	-.101	-.049	-.176	**-.239***
Global scale of fear of death	-.151	-.030	.051	-.173	**-.226***

Statistically significant: *p <.05; **p <.01*

DISCUSSION

This study allowed us to empirically verify the relationship between the dimensions of fear of death and the process of dying with the quality of life. It was observed that the less fear of the own death, the greater the quality of life in the physical dimension is, this could be due to the fact that when the elderly are aware that they are in the last stage of life, they accept the changes that have occurred with aging, and even if they show physical deterioration, they may not perceived themselves with damage because they have adapted to the changes and accept their aging [(11)].

When the elderly are in an environment in optimal conditions they feel safe, quite the opposite, if the environment in where they are in their old age is insecure, they can present fear of their own process of dying, this is evident with what was found in the present study, where it was identified that the lower the fear of the process of dying, the greater the quality of life in the environmental dimension. In this regard, the literature indicates that the fear of the process of dying occurs due to the uncertainty of the place where one is going to die. In our culture, families now prefer that death occurs in a hospital environment, with the intention of providing specialized care, without thinking and considering the decision of the elderly, who would probably prefer to be in a family environment [(12)].

When it comes to the death of others, the situation changes. In this study it was found that the greater the fear of death of other people, the greater the quality of life in the social dimension. The last could be due to the fact that when the elderly experience the death of other people and also know that they are close to death, they take awareness of the importance of self-care and apply it to their own lives, which helps them improve their quality of life.

In this sense, some authors suggest that the context and circumstances in which the elderly find themselves, facilitate the position they will take in the face of death and the process of dying [13]; that is, according to the social context and life experience of the elderly, the death of other people translates into a new experience about the end of their life and this new experience entails the application of changes in lifestyle that favor the quality of life of the elderly.

In order to propose nursing interventions that allow modifying the fear of death and the process of dying, a characterization of the subjects with the greatest fear is considered necessary; In this sense, in the present study it was identified that men were more afraid of the death of others compared to women, which could be due to the fact that in our culture, women continue to fulfill the social expectation of being caregivers of others, which generates satisfaction and positive experience in the face of aging [14].

On the other hand, the fear of the death of others and the fear of the own process of dying appeared with greater intensity in those who do not have a paid job compared to those who do have it, so it can be considered as employment a protective factor of fear of death and the process of dying; however, old age is a stage of life in which a large part of the elderly are retired or unconditioned to work, so it is necessary to design nursing interventions to modify fear.

It was found that women and those without a marital partner reflected lower quality of life in the psychological and social dimension, contrary to what was reported by other authors who did a study in a Mexican population and in the analysis by gender did not find differences in quality of life [14]. The same authors suggest that women are usually widowed in greater proportion than men, and when widowed men remarry, unlike women who prefer to be alone. However, these variables were not analyzed in both studies, so it is recommended to deepen them in future research.

The elderly who did not report having paid employment, resulted in a lower quality of life in the physical, psychological and social dimension; This explains that work, in addition to contributing financially and meeting needs, helps people stay physically and socially active, with an impact on the psychological dimension. In addition, it is thought that the negative effect of the cessation of work activity on the quality of life of the elderly could be since in our Mexican culture there is no preparation for retirement.
In Mexico, the aim is to improve the quality of life of the elderly, especially those with lower economic resources, through aid for food, senior home care, literacy, technical training and human values [15]. However, although in the present study an analysis was not made of the quality of life of the elderly who receive help from an organization, the general results suggest that paid activity is a contributing factor in improving the quality of life , so it is recommended to conduct research with greater depth of analysis and that include these variables.

Lastly, it was observed that those who had been hospitalized in the last six months had a lower quality of life in the psychological dimension, a situation that is considered clear because the elderly are subjected to unknown procedures and environments, as well as in many times they are not informed about their state of health, which creates uncertainty.

CONCLUSIONS

It was observed that the less fear of the own death, the greater the quality of life in the physical dimension, the less fear of the own process of dying, the greater quality of life in the environmental dimension, and the greater fear of death of others, the greater the quality of life in social dimension. In relation to the fear of death and the process of dying, men were more afraid of the death of other people, and those without paid employment were more afraid of the death of others and of the process of dying. Regarding the quality of life, women and those without a marital partner reflected a lower quality of life in the psychological and social dimension. The elderly who did not report having paid employment resulted in a lower quality of life in the physical, psychological and social dimension; and those who had been hospitalized in the last six months had a lower quality of life in the psychological dimension.

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