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ORIGINAL CONTRIBUTION

Assessing Death Anxiety and its Correlates among Community Dwelling Elderly

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Abstract— This descriptive study was designed to appraise the prevalence of death anxiety and its correlates among older adults. It was conducted on 150 elderly residents of the district Sargodha, who were chosen through multistage sampling. Interview Schedule, Death Anxiety Scale-15, and Coping Style Scale were used as instruments. The findings of the study indicated a pervasive prevalence of death anxiety among elderly. The majority of elderly reported moderate level of death anxiety and slightly less than one forth revealed lower level of death anxiety. The results of *T*-test analysis showed no variation gender wise and community wise on death anxiety. According to the research findings, both elderly men and women experienced the same level of death anxiety. However, illiterate elderly exhibited more death anxiety as compared to literate elderly. The findings regarding the factors associated with death anxiety indicates that fear of being aged, fear of loneliness, worry about leaving loved ones behind, fear of being destroyed and decaying of dead body after death, lack of religiosity, lower self esteem and poor physical conditions were the correlated factors that caused death anxiety among elderly. Moreover, chi square results revealed that age, qualification, family structure, number of family members (family size) and marital status had significant association with the level of death anxiety. In case of coping, the elderly are more prone to adopt emotion focused coping rather problem solving coping. To alleviate death anxiety in older adults, it is necessary to manage the contributing factors.

Index Terms— Death anxiety, Prevalence, Elderly, Coping, Contributing factors

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Introduction

Death can be perceived as an emotional threat. The frequency and intensity of such experiences vary according to individual characteristics, personal experience, and cultural/contextual factors (Sharif Nia, Ebadi, Lehto, & Peyrovi, 2015). Anxiety is a reaction to an imprecise, inner, and ambiguous risk that is unconsciously generated, unmanageable, and caused by a variety of factors. Death anxiety is the most well-known type of anxiety (Stuart & Laraia, 2012). Death anxiety is a multifaceted concept with numerous explanations (Dadfar & Lester, 2015). Death anxiety is defined as thoughts, fears, and emotions that are related to the final event of life and go further than a healthy life circumstances (Yochim, 2017). Death anxiety is a normal human experience but some older adults can develop an irrational fear related to death (Iverach, Menzies, & Menzies, 2014).

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Anxiety about dying is a difficult concept that is frequently defined as fear of dying. (Bahrami & Behbahani, 2019). This type of anxiety is similar to death and can harm a person's health (Curcio et al., 2019). The fear of death is normal however, if the death anxiety is excessive, it becomes problematic. Such emotions can lead to feelings of helplessness, loneliness, and resulted a decrease in quality of life (Majidi & Moradi, 2018).

Even though the fear of dying and death is a universal experience but communities react differently to it. Individual differences in death anxiety are because of a variety of factors, including age, mental and physical disorders, death experience, theology and religion and the care of people at risk of dying (Nia, Ebadi, Lehto, Mousavi, Peyrovi, & Chan, 2014). Death anxiety is influenced by a variety of factors, including gender, age, life satisfaction, physical health, life quality, religion, culture, and so on (Dadfar & Lester, 2015).

In developing countries, ageing is defined as reaching the age of 60 years. As far was older adult's population is concerned, in 2000, they made up 10% of the global populace. This percentage is expected to rise to 21% by 2050. The elderly population of 60 years and older is growing all over the world, as their mortality rate has decreased and their life expectancy has improved. The world's elderly population is expected to be 605 million today, and this population section is expected to grow by 2 billion by 2050. This ageing population poses the most difficult challenges to both developed and developing countries (Shoaib, Khan, & Khan, 2011; Perna et al., 2012; Dawane, Pandit, & Rajopadhye, 2014).

It is estimated that by 2025, 5.6 percent of Pakistan's population will be over 60 years old, with the possibility of rising to 11 percent. In Pakistan, the elderly population was 6% or approximately 10 million people of the total population and this proportion is likely to rise to 15% by 2050 (Gulzar et al., 2008; Jalaal & Younis, 2014). It is also reported that Pakistan has nearly 15 million populace over the age of 60, accounting for 7% of the total population. It is also estimated that with 40 million people above than the age of 60, the proportion of older people is expected to double to 12% in 2050 (Help Age, 2019).

Death anxiety is more common in older adults due to their vulnerability to various factors i.e. loneliness, physical disabilities, impaired mobility, chronic conditions, physical problems, greater dependence on others, significant losses of dear ones. Furthermore, retirement and the loneliness that comes with it can contribute to death anxiety (Aghajani, Valiee, & Tol, 2010; Jam, 2019; Nayak, Mohapatra, & Panda, 2019).

The most of the studies found a moderate-to-high prevalence of death anxiety among older adults. According to a Turkish study, 47.5 percent and 52.5 percent of older adults, respectively, experienced mild and moderate death anxiety (Sridevi & Swathi, 2014). An Indian study found that 60 percent and 40 percent of older adults had moderate or severe death anxiety, respectively (John, Binoy, Reddy, Passyavula, & Reddy, 2016). Another study of older people in Kashan, Iran, found that the majority of the older adults were estimated the moderate level of death anxiety and mean ± SD score of death anxiety at T1, T2, & T3 was 6.74 ± 3.81, 7.38 ± 3.64, and 6.18 ± 3.60, respectively (Zahedi, Tagharrobi, Sooki, & Sharii, 2020).That is, the older adults are more vulnerable to anxiety and stress as a result of diminished or lost self-esteem, loss of friends and relatives, limited activity and mobility, diminished physical and inancial autonomy and chronic diseases (Rashedi, Gharib, Rezaei, & Yazdani, 2013).

Furthermore, age, children's gender, marital status, satisfaction with hospital staff performance, number of hospitalizations and satisfaction with bedding arrangement were significant predictors of death anxiety among elderly patients in hospital setting. It has also concluded that during and after hospitalization, the older adults experience moderate death anxiety for a variety of reasons. Moreover, to alleviate it in older adults, it is necessary to manage the contributing factors (Zahedi, Tagharrobi, Sooki, & Sharifi, 2020).

Dealing with or attempting to manage intricacy is referred to as coping. Over time, we develop various thought and behavior skills, or coping skills to deal with problems and issues in our daily lives (Atchley & Barusch, 2004). Coping has two components: emotion focused coping and problem solving. In problem-focused coping, an individual takes practical steps and becomes autonomic to manage problematic circumstances, whereas in later (emotion focused coping), an individual manages negative effects of stress or strain condition (Lazarus & Folkman, 1998). As a result, when confronted with a problematic situation in everyday life, a person may seek social support or use denial as a maladaptive strategy. Furthermore, the loss of elderly roles activates stress and causes mental health problems such as anxiety and depression which obstructs coping (Cochran, Brown, & McGregor, 1999).

Death anxiety is a common occurrence in all societies. All humans are instinctively driven toward survival and continued existence, despite being aware of their inescapable mortality. As a result, they may consciously experience a fear of death. Generally, in comparison to older adults with normal worries, older adults with death anxiety related disorders have more difficulty in organizing their daily lives and they are at a higher risk of social isolation, premature mortality, disability, depression, falls, physical illness, and institutionalization. Numerous studies have traditionally proposed that the thought of death essentially convert into anxiety. Death anxiety is a universal reality that has been defined in multiple ways throughout the literature based on various conditions and situations (Haroon, Khawaja, & Ghayas, 2018; jam et al, 2014; Mazhar, Jam, & Anwar, 2012; Suhail, & Akram, 2002).

The literature also describes the negative health consequences of death anxiety in the elderly; however, no large-scale study has been conducted to date to investigate the prevalence and how Pakistani older adults cope with death anxiety. Data from this study may raise awareness of the need for more health services for the elderly, as well as be beneficial to the elderly well-being and adjustment.

Objective of the study

The objectives of the present study were:

- To assess the level of death anxiety among elderly.
- To probe into the causative or correlated factors of death anxiety among elderly.
- To see the association, if any between the demographic variables and death anxiety.
- To explore into the coping strategies adopted by elderly.

Hypotheses of the study

- Elderly women have more death anxiety as compared to elderly men.
- Death Anxiety is more prevalent among illiterate elderly than in literate older adults.
- Death Anxiety is more prevalent among urban community dwelling elderly than in rural Community dweller older adults.

Materials and Methods

The sample was carried out from district Sargodha of Punjab- Pakistan. The sample consisted of 150 community dwelling older adults with the age range of 60 and above. In order to gather data, probability multi-stage sampling technique was adopted. At the first stage we selected two Tehsils of District Sargodha out of Seven Tehsils (Bhulwal, Shahpur, Sahiwal, Sillanwali, Kot Momin, Bhera and Sargodha) of district Sargodha randomly. There were 34 union councils (31 urban and 3 rural) in Shahpur and Silanwali. At the next stage, five union councils were selected randomly out of 34 union councils through lottery method. At the last stag, we approached to target population by applying convenience sampling technique. Participants had a minimum of primary education and a maximum of post-secondary education. In the sample, retired men and women, businessmen and housewives were represented. Only psychologically and physically healthy people were participated as the sample. Elderly people under the age of 60, as well as those who were not able to act in response due to any difficulty (serious illness, unwillingness, language barrier, etc.) were not participated in the study. Similarly, elderly people who were receiving medical and psychiatric treatment for a serious problem were not participated in the study. In data analysis SPSS version 23 was used and descriptive analysis based on frequency distribution. T-test and chi-square test was used in inferential statistical analysis. Three instruments or tools of data collection have been used in current study ass follows;

Interview schedule

Demographic information was gathered by asking respondents about their age, gender, marital status, number of family members, socioeconomic status, and family income.

Death anxiety scale

Templer Death Anxiety Scale (1970), developed by developed by Donald I., has been used to measures the level of a person's death anxiety experiences. The Death Anxiety Scale (DAS) consisted of 15 items anticipated to be rated on a dichotomous scale of true or false by the respondents. DAS response category was revised by Templer and McMordiein (1979), introducing a likert format for the scale. In this study the researchers used liker scale so it can be used on both likert formats and true - false (McMordie, 1979). The Likert type design offers a rating on a continuum of 1 = strongly disagree, 3 = Neutral, 5 = strongly agree. Score ranges between 15-75, where low death anxiety = 15 - 35, moderate death anxiety = 36 - 55, and high death anxiety = 56 - 75. As a result, high score reveals high death anxiety. Test retest reliability for likert type format is .83 whereas internal consistency is .8 4.

Coping style scale – Urdu version

Zaman created the self-report questionnaire in 2015. It contains 22 items and the response choices are on a 5-point likert scale, with 5 being "always" and 1 being "never. High levels of alpha of PFC (.88) and emotion focused coping (.89) was revealed by the Coping Styles Scale (Zaman & Ali, 2015). In this study, the Cronbach's alpha of problem focused domain was .86. Moreover, Problem Focused Coping (PFC) included (8 items); item 3, item 4, item 6, item 10, item 13, item 15, item 16, item 19. Emotion Focused Coping (EFC) included (14 items); item 1, item 2, item 5, item 7, item 8, item 9, item 11, item 12, item 14, item 17, item 18, item 20, item 21, item 22.

Results of the Study

This unit of study was assessing death anxiety and its correlates among community dwelling elderly. The results of the study represent that the average age of the respondents was 68 years. 50% respondents were males while remaining were females. Half of the respondents were residing in rural community and others belong to urban community. Half respondents were literate and remaining half were illiterate. 70% respondents were married and remaining unmarried and widows. The study findings indicate that the average family size of respondents was 8 members. Majority of the respondents i.e. 73% were not working while 27% were working. The non working elderly depends upon their families for financial support. The average of the respondent's family monthly income was Rs.33217.

Table I
Prevalence of death anxiety

Death Anxiety	Frequency	Percentage
Moderate Death Anxiety	126	84
High Death Anxiety	24	16.0
Total	150	100.0

This table indicates the prevalence of death anxiety. It was assessed that majority of the respondent 83% had moderate death anxiety. 16% respondents were having high death anxiety. Whereas no person were reported in the category of lower level of death anxiety. The results show that majority of respondents exhibited moderate level of death anxiety instead of high or lower death anxiety.

Hypothesis: Elderly women have more death anxiety as compared to elderly men.

Table II
Gender wise comparison of means scores of death anxiety

	Male		Female		*T*	df	*p* - value	95 %Cl	
	N 75		N 75					LL	UL
	M	*SD*	M	*SD*					
Death Anxiety	51.1398	4.36287	51.5088	5.38557	-.459	148	.647	-1.95649	1.21851

An independent-sample *T*-test was conducted to compare death anxiety (by using Death anxiety scale by Templer) for equal proportion of male and female elderly i-e 75 male and 75 femle respondents. There was no significant difference in scores for male respondents taken from Group Statistics table (M = 51.1398 and *SD* = 4.36287) and for female (M = 51.5088 and *SD* = 5.38557). The data from Independent Sample Test table showed df (148), *t* = -459 and *p* = .647. So according to the above mentioned guidelines, there was no variance in death anxiety between the two groups of target population and this *p*-value > 0.005 also indicates no difference between two groups i.e. men and women elderly. Therefore, the hypothesis i.e. Elderly women have more death anxiety as compared to elderly men, has not been supported

Table III
Education wise difference of death anxiety

	Literature		Illerate		*T*	df	*p* - value	95 %Cl	
	N 75		N 75					LL	UL
	M	*SD*	M	*SD*					
Death Anxiety	51.1067	4.18999	51.4533	5.29736	-.445	140.546	0.004	-1.88851	1.19518

To compare death anxiety (by using Death anxiety scale by Templer) for equal proportion of literate and illiterate elderly i-e 75 literate and 75 illiterate respondents, An independent-sample *T*-test was conducted. There was a difference in scores for literate respondents taken from Group Statistics table (M = 51.1067 and SD = 4.18999) and for illiterate (M = 51.4533 and *SD* = 5.29736). The data from Independent Sample Test table showed df (140.546), *t* = -.445 and *p* = .004. So according to the above mentioned guidelines, there was variance in death anxiety between the two groups of target population and this *p*-value < 0.005 also indicates a difference between two groups. Therefore, the hypothesis i.e. Death Anxiety is more prevalent among illiterate elderly than in literate older adults, has been supported.

Hypothesis: Death Anxiety is more prevalent among urban community dwelling elderly than in rural Community dweller older adults.

Table IV
Community wise variation between rural and urban community dwellers on death anxiety

	Urban		Rural		*T*	df	*p* - value	95 %Cl	
	N 75		N 75					LL	UL
	M	*SD*	M	*SD*					
Death Anxiety	51.4133	4.32183	51.1467	5.19275	.342	148	.733	-1.27493	1.80826

To compare death anxiety among urban and rural community dwelling elderly, an independent-sample *T*-test was conducted. There was no significant difference observed in scores between respondents who lived in urban community and those who lived in rural areas. Group Statistics table indicates that for urban (M = 51.4133 and *SD* = 4.32183) and for rural (M = 51.1467 and *SD* = 5.19275). The figures from independent sample test table indicated df (148), *t* = .342 and *p* = .733. There was no variance in death anxiety between the two groups of target population and *p*-value > 0.005. Therefore, the hypothesis i.e. Death Anxiety is more prevalent in urban areas than in rural areas, has not been approved.

Table V
Factors associated with death anxiety

Sr. No.	Fears associated with death	Yes Percentage	No Percentage
1	Fear of being aged	50.7	49.3
2	Fear of loneliness or social isolation	52.7	47.3
3	Worry about leaving loved ones behind	78.0	22.0
4	Fear of being destroyed	62.0	38.0
5	Fear of the dying process	65.3	34.7
6	Fear of the body after death	64.7	35.3
7	After death life	64.0	36.0
8	Lack of faith in God/religiosity/spirituality	52.7	47.3
9	Weak physical health	73.3	26.7
10	Lower self esteem	69.3	30.7

This table represents the factors associated with death anxiety among elderly. These factors are causative factors and enhance the fear of death anxiety. It shows that 50.7% respondents feel fear of being aged and 49.3% elderly did not have fear of aging. 52.7% were of the opinion that fear of loneliness may contribute in death anxiety. It describes that 78% were worry about leaving loved ones behind and 22% did not have fear. 62% respondents felt fear of being destroyed, 65.3% felt fear of dying process and 64.7% elderly having fear of body after death while remaining fraction did not feel fear of decaying process of dead body. Almost two third of the respondents considered happening after death as a causative factor of death anxiety. 52.7% respondents reported about lake of religiosity or spirituality as a contributing factor. 73.3% reported weak physical health and 69.3% were of the opinion that lower self esteem also act as contributing factor in death anxiety.

Table VI
Chi – Square analysis between socio-economic demographics and level of death anxiety

	Chi Square Test			
Sr. No.		Value	Df	*P*-value
1	Pearson chi-square, gender and level of anxirty	.573a	1	.449
2	Pearson chi-square, residential status	.074a	1	.785
3	Age	20.588a	5	.001
4	Qualification	17.674a	6	.007
5	Monthly income	.576a	2	.750
6	Family structure	7.343a	2	.025
7	Number of family members	15.087a	3	.002
8	Marital status	16.674a	5	0.004

This table indicates the chi-square test results of various variables with level of anxiety. The guideline for level of significance if there is a significant level of Asymptotic, guidelines for the level of importance (suggested by Julie Palant, 2007 pp. 234-35). Sig (bilateral) *P* = .05 or less, then the significance existed between two variables and it indicates the association between two variables and if value of *p* will be more than .05, then qui-square results will indicate no association between variables. In above table, it was indicated that gender, residential status and residential status (urban or rural community) had no association with level of anxiety. Moreover, age, qualification, family structure, number of family members and marital status were significant with the level of death anxiety among elderly.

Table VII
Coping styles of the respondents

Coping Styles	Mean	*N*	Std. Deviation
Problem Focused Coping	33.3533	150	4.43769
Emotion Focused Coping	39.0867	150	6.95521

This table shows the coping styles of elderly. It represents that elderly used emotional focused coping for their satisfaction as compared to problem solving coping. The findings show that elderly people used emotional coping to cope more effectively with their problems.

Discussion

In case of prevalence of death anxiety, the current study indicates that majority of the elderly were having moderate level of death anxiety and less than one forth have sever level of death anxiety. These results are in line with the results of previous studies instead of high or lower level anxiety.

The majority of studies found a moderate-to-high prevalence of death anxiety among older adults. According to a Turkish study, 47.5 percent and 52.5 percent of older adults, experienced mild and moderate death anxiety respectively (Sridevi & Swathi, 2014). Another study conducted in India found that 60 percent and 40 percent of older adults had moderate or severe death anxiety, respectively (John, Binoy, Reddy, Passyavula, & Reddy, 2016). A study of the elderly in Kashan City, Iran, found that they experience moderate death anxiety during and after their hospitalization due to a variety of factors. To alleviate death anxiety in older adults, it is necessary to manage the contributing factors (Zahedi, Tagharrobi, Sooki, & Sharifi, 2020).

The gender wise variation has not been observed in the current study. These findings are in line with the study conducted among Chinese elderly, where results showed that there was no significant difference between the mean scores of the DA for men and women (Wu,Tang, & Kwok,2002). Whereas, in most of the previous studies, difference has been observed i.e. female have more death anxiety than males (Azaiza, Ron, Shoham, & Gigini, 2010; Haq et al, 2010; Zahedi, Tagharrobi, Sooki, & Sharifi, 2020 ; Sadaf, Loona, & Waqar, 2021).

In general women exhibited more mental health problems as compared to men. This implies that elderly in Pakistani society are being treated equally regardless of their gender. In our society the status of elderly women has become elevated with age and she become more respectable and take part in decision making in household matters.

As the study was conducted in small communities, so, there was a uniform perception about women's and men's aging. Regardless of gender, people were having respect for elderly people and traditional roles related to older adults. Previous studies also supported this argument that culture has a very dynamic role regarding public perception about ageing (Musaiger & Souza 2009 ; Weiss, & Hope, 2011).

There was no differenced observed between the prevalence of death anxiety between the urban and rural community. However, a variation has been observed on death anxiety between literate and illiterate elderly. This is supported by the study conducted in Iran reported that preoperative education was effective in significantly reducing death anxiety. Furthermore, a previous study found that illiteracy can cause anxiety in elderly patients. Literacy helps to correct delusions about health issues, diseases and treatment, which reduces anxiety. Moreover, the patients who received guidance and counseling preceding to discharge feel prepared to leave. This preparedness has the potential to reduce death anxiety (Zare-Marzouni, Karimi, Narimi Zh, Ghasemi, & Janaki, 2016),

The findings regarding the factors associated with death anxiety indicates that fear of being aged, fear of loneliness, worry about leaving loved ones behind, fear of being destroyed, fear of dying process and decaying of dead body after death, lack of religiosity, lower self esteem and poor physical conditions were the contributory factors to death anxiety among elderly.

Moreover, chi square results revealed that age, qualification, family structure, number of family members (family size) and marital status were significant relationship with the level of death anxiety in elderly.

The previous literature about contributing factors of anxiety also supports the findings of current study. The prior studies revealed that fear of survival with serious health problems, insufficient sleep, pain and discomfort, loss of control over the environment, loss of independence in performing most daily living activities, invasion of personal privacy, decreased social contribution, sensory overload, loss of respect and dignity, boredom at short visitations, and witnessing the death of other patients (Ahmadi, 2014).

Moreover, marital status in current study has significant association with death anxiety. According to the previous studies findings, the married participants reported less fear of death. Similarly, an earlier study in India found that widowed men and women experienced more death anxiety (Ghufran, & Ansari, 2008; Hamid, Jam, & Mehmood, 2019). This finding is due to the fact that bachelorhood may reduce older adults' perceived support, cause loneliness, and social isolation; as a result, it threatens their bio-psychological health (Nabavi, Alipour, Hejazi, Rabbani, & Rashedi, 2014).

In current study age is also significant with death anxiety. Death anxiety may decrease with age because older adults view death as the end of their problems, disabilities, pain, and low self-esteem; thus, they are less anxious about it. Our findings also indicated that

participants with higher levels of spiritual well-being had lower levels of death anxiety. Previous research has also found that spirituality has a significant impact (Hedayati, Hazrati, Momen-Nasab, Shokoohi, & Afkari, 2016).

The results of the study shows that more elderly persons were adopt emotional coping or emotion focused coping strategies to cope with anxiety rather problem focused coping. These results also supported by the previous literature. Alvi, Tarar, Ahmed and Kelley (2021) reported that two-thirds of the elderly use emotional coping, while one-third use problem-solving coping. It is supported by Lazarus (1998), who reported that the younger people used active and problem-solving coping strategies, whereas the elderly used passive emotional coping strategies. Stone and Neale discovered that as people aged, their vulnerability to life's stressors increases, making them unable to manage the situation and more likely to suffer from emotional coping rather than problem-focused coping styles.

Conclusion

The study concluded that the widespread prevalence of death anxiety, perception of ageing, and associated factors can predict death anxiety in the elderly. Furthermore, the constant use of emotional coping may disrupt the mental health of older adults. The study results indicated that there are widely held believes about death and the death anxiety has noteworthy emotional and behavioral consequences for elderly people. Moreover, understanding the determinants of death anxiety can improve elderly people's adjustment to age related challenges and satisfaction with ageing process. However, there are many cultural, social and personal factors involved in that and these challenges are likely to vary in different communities. The research findings concluded that it is direly needed to conduct more studies about this notion in various communities and design an inclusive care plan, preventive and intervention strategies for the social and mental wellbeing of elderly population in Pakistan.

REFERENCES

Aghajani, M., Valiee, S., & Tol, A. (2010). Death anxiety amongst nurses in critical care and general wards. Iran Journal Of Nursing, 23(67), 59-68.

Ahmadi, MH. (2014). *Pathology of stress and control methods: How to be calm* (Persian) (1st ed.). Nazar Abad: Siyadat.

Alvi, A. S., Tarar, M. G., Ahmed, R. I., & Kelly, T. (2021). Coping Strategies among Pakistani Elderly: Coping in Everyday Life and in Stressful Conditions. PalArch's *Journal of Archaeology of Egypt/Egyptology, 18*(4), 737-749.

Atchley, R. C., & Barusch, A. S. (2004). *Social forces and aging: An introduction to social gerontology* 910th Ed.). Belmont, CA: Wadsworth/Thomson Learning.

Azaiza, F., Ron, P., Shoham, M., & Gigini, I. (2010). Death and dying anxiety among elderly Arab Muslims in Israel. *Death studies, 34*(4), 351-364. https://doi.org/10.1080/07481181003613941

Bahrami, M., & Behbahani, M. A. (2019). The effect of a health literacy promotion program on the level of health literacy and death anxiety in women with breast cancer. *Iranian Journal of Nursing and Midwifery Research, 24*(4), 286-290.

Cochran, D. L., Brown, D. R., & McGregor, K. C. (1999). Racial differences in the multiple social roles of older women: Implications for depressive symptoms. *The Gerontologist, 39*(4), 465-472. https://doi.org/10.1093/geront/39.4.465

Curcio, C. S. S., & Moreira-Almeida, A. (2019). Who does believe in life after death? Brazilian data from clinical and non-clinical samples. *Journal of Religion and Health, 58*(4), 1217-1234. https://doi.org/10.1007/s10943-018-0723-y

Dadfar, M., & Lester, D. (2015). Death concern and death obsession in Iranian nurses. *Psychological Reports, 116*(3), 704-709. https://doi.org/10.2466/12.13.PR0.116k30w5

Dawane, J., Pandit, V., & Rajopadhye, B. (2014). Functional assessment of elderly in Pune, India: Preliminary study. *Journal of Gerontol Geriatric Research, 3*(3), 155-156. https://doi.org/10.4172/2167-7182.1000155

Ghufran, M., & Ansari, S. (2008). Impact of widowhood on religiosity and death anxiety among senior citizens. *Journal of the Indian Academy of Applied Psychology, 34*(1), 175-180.

Gulzar, F., Zafar, I. M., Ahmad, A., & Ali, T. (2008). Socioeconomic problems of senior citizens and their adjustment in Punjab, Pakistan. *Pakistan Journal of Agricultural Sciences, 45*(1), 138-144.

Hedayati, E., Hazrati, M., Momen Nasab, M., Shokoohi, H., & Afkari, F. (2016). The relationship between spiritual well-being and anxiety of aged people admitted in coronary care units. *Iranian Journal of Ageing, 11*(3), 432-439. https://doi.org/10.21859/sija-1103432

Hamid, M., Jam, F. A., & Mehmood, S. (2019). Psychological Empowerment and Employee Attitudes: Mediating Role of Intrinsic Motivation. *International Journal of Business and Economic Affairs, 4*(6), 300–314. https://doi.org/10.24088/ijbea-2019-46005

Haq, I. U., Ramay, M. I., Rehman, M. A. U., & Jam, F. A. (2010). Big five personality and perceived customer relationship management. *Research Journal of International Studies, 15*, 37-45. (JAHMS)

Haroon, W., Khawaja, A. O., & Ghayas, S. (2018). Ego integrity, physical health status and death anxiety in older adults. *Journal of Behavioural Sciences, 28*(1), 18-32.

Help Age International (2019). Pakistan. Retrieved from https://www.helpage.org/where-we-work/south-asia/pakistan/

Iverach, L., Menzies, R. G., & Menzies, R. E. (2014). Death anxiety and its role in psychopathology: Reviewing the status of a transdiagnostic construct. *Clinical psychology review, 34*(7), 580-593. https://doi.org/10.1016/j.cpr.2014.09.002

Jalal, S., & Younis, M. Z. (2014). Aging and elderly in Pakistan. *Ageing International, 39*(1), 4-12. https://doi.org/10.1007/s12126-012-9153-4

John, M., Binoy, S., Reddy, J. V., Passyavula, S. K., & Reddy, V. P. (2016). A study to assess the level of death anxiety among elderly people at selected area at Bhopal. *International Journal of Medical and Health Research, 2*(5), 23-4.

Jam, F. A. (2019). Crypto currency–a new phenomenon in monetary circulation. *Central Asian Journal of Social Sciences and Humanities, 4*(1), 39-46.

Jam, F. A., Rauf, A. S., Husnain, I., Bilal, H. Z., Yasir, A., & Mashood, M. (2014). Identify factors affecting the management of political behavior among bank staff. *African Journal of Business Management, 5*(23), 9896-9904.

Lazarus, R. S. (1998). The stress and coping paradigm. *Fifty years of the research and theory of RS Lazarus: An analysis of historical and perennial Issues*. New York; NY: Psychology Press.

Lazarus, R. S., & Folkman, S. (1998). *Stress, Appraisal, and Coping*. New York, NY: Springer.

Majidi, A., & Moradi, O. (2018). Effect of teaching the components of spiritual intelligence on death anxiety in the elderly. *Iranian Journal of Ageing, 13*(1), 110-123. https://doi.org/10.21859/sija.13.1.110

Mazhar, F., Jam, F. A., & Anwar, F. (2012). Consumer trust in e-commerce: A study of consumer perceptions in Pakistan. *African Journal of Business Management, 6*(7), 2516-2528.

McMordie, W. R. (1979). Improving measurement of death anxiety. *Psychological Reports, 44*(3), 975-980. https://doi.org/10.2466/pr0.1979.44.3.975

Musaiger, A. O., & D'Souza, R. (2009). Role of age and gender in the perception of aging: A community-based survey in Kuwait. *Archives of Gerontology and Geriatrics, 48*(1), 50-57. https://doi.org/10.1016/j.archger.2007.10.002

Nabavi, S. H., Alipour, F., Hejazi, A., & Rashedi, V. (2014). Relationship between social support and mental health in older adults. *Medical Journal of Mashhad University of Medical Sciences, 57*(7), 841-846.

Nayak, S., Mohapatra, M. K., & Panda, B. (2019). Prevalence of and factors contributing to anxiety, depression and cognitive disorders among urban elderly in Odisha-a study through the health systems' Lens. *Archives of Gerontology and Geriatrics, 80*, 38-45. https://doi.org/10.1016/j.archger.2018.09.008

Nia, H. S., Ebadi, A., Lehto, R. H., Mousavi, B., Peyrovi, H., & Chan, Y. H. (2014). Reliability and validity of the persian version of templer death anxiety scale-extended in veterans of Iran-Iraq warfare. *Iranian journal of psychiatry and behavioral sciences, 8*(4), 29.

Palant, J. (2007). *SPSS survival manual. A step by step guide to data analysis using SPSS for Windows third edition*. New York, NY: McGrawHill.

Perna, L., Mielck, A., Lacruz, M. E., Emeny, R. T., Holle, R., Breitfelder, A., & Ladwig, K. H. (2012). Socioeconomic position, resilience, and health behaviour among elderly people. *International journal of public health, 57*(2), 341-349. https://doi.org/10.1007/s00038-011-0294-0

Rashedi, V., Gharib, M., Rezaei, M., & Yazdani, A. A. (2013). Social support and anxiety in the elderly of Hamedan, Iran. *Archives of Rehabilitation (Joutrnal of Rehabilitation, 14*(2), 110-115.

Sadaf, S., Loona, M. I., & Waqar, S. (2021). Religiosity and death anxiety among madrasa and college students. *Rawal Medical Journal, 46*(3), 664-667.

Sharif Nia, H., Ebadi, A., Lehto, R. H., & Peyrovi, H. (2015). The experience of death anxiety in Iranian war veterans: A phenomenology study. *Death studies, 39*(5), 281-287. https://doi.org/10.1080/07481187.2014.991956

Shoaib, M., Khan, S., & Khan, M. H. (2011). Family support and health status of elderly people: A case study of district gujrat, Pakistan. *Middle-East Journal of Scientific Research, 10*(4), 519-525.

Sridevi G, Swathi P. (2014). Death anxiety and death depression among institutionalized and non-Institutionalized elders. *International Journal of Scientific and Research Publications, 4*(10),1-8.

Sridevi, G., & Swathi, P. (2014). Depression and suicidal ideation among institutionalized and non-institutionalized elders. *International Multidisciplinary E-journal, 3*(4), 213-224.

Stuart, G. W., & Laraia, M. T. (2012). Principles and Practice of Psychiatric Nursing (10th ed.). Missouri, MO: Mosby

Suhail, K., & Akram, S. (2002). Correlates of death anxiety in Pakistan. *Death studies, 26*(1), 39-50. https://doi.org/10.1080/07481180210146

Weiss, B. J., & Hope, D. A. (2011). A preliminary investigation of worry content in sexual minorities. *Journal of anxiety disorders, 25*(2), 244-250. https://doi.org/10.1016/j.janxdis.2010.09.009

Wu, A. M., Tang, C. S., & Kwok, T. C. (2002). Death anxiety among Chinese elderly people in Hong Kong. *Journal of Aging and Health, 14*(1), 42-56. https://doi.org/10.1177/089826430201400103

Yochim BP.(2017). *The Psychology of Aging* (1st ed.). New York, NY: Springer Publishing Company.

Zahedi Bidgol, Z., Tagharrobi, Z., Sooki, Z., & Sharifi, K. (2020). Death anxiety and its predictors among older adults. *Journal of Holistic Nursing and Midwifery, 30*(2), 101-110. https://doi.org/10.32598/jhnm.30.2.101

Zamaan, N. I., & Ali, U. (2015). Validity Assessment of Coping Styles Scale (CSS). *Pakistan Journal of Psychology, 46*(1), 53-64.

Zare Marzouni, H., Karimi, M., Narimi, Z., Ghasemi, A., & Janaki, M. (2016). Effects of education on reduction of stress and anxiety of orthopedic surgery. *Navid No, 19*(62), 62-68.