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Original Article

Perceived Social Support and Death Anxiety Among Patients with Chronic Diseases

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Abstract

Background: There is a relationship between chronic diseases, death anxiety, social support and psychological distress. Social support is a crucial component for patients to adopt to life threatening illnesses while, close relations increase the self-esteem and act as a buffer against death anxiety.
Objectives: To investigate the perception of social support and death anxiety among patients having chronic diseases like Cancer, Hepatitis, Cardiovascular disease and diabetes.
Study type, settings and duration: It was a cross sectional study done in Pakistan Ordnance Factories Hospital Wah Cantt, Pakistan Institute of Medical Sciences Islamabad, Armed Forces Institute of Cardiology Rawalpindi and Ali Homoeopathic Clinic Rawalpindi. Data was collected during the period of March to June, 2011.
Patients and Methods: The sample size included 106 patients of both genders irrespective of age who were suffering from either some form of cancer or hepatitis or cardiac diseases or diabetes. The Death Anxiety Scale and Perceived Social Support Scale were used for data collection.
Results: Out of 106 cases there were 72 males and 38 females whose ages ranged from 18 to 76 years with a mean of 44.2 years and SD of 12.69. Male patients had significantly higher death anxiety, disturbing deaths thoughts and fear of not being as compared to female patients. Death anxiety was higher among married as compared to unmarried patients. There was negative relationship between death anxiety and perceived social support (r =-.205, p<0.05). Death anxiety increased with age and education. Patients with lower education and younger age perceived more social support and lesser death anxiety.
Conclusion: Social support and other psychosocial services may help in reducing the death related thoughts among chronic disease patients and improve their functions and recovery process.
Policy message: Physicians must consider the psychological status of the patients while, treating their chronic diseases.
Key words: Chronic diseases, death anxiety, perceived social support.

Introduction

Death anxiety is defined as the apprehension generated by death awareness[1]. It is closely related to core fear related to the annihilation of one's existence[2]. It is a state in which being is aware of its possible non-being, or in other words it is the essential awareness of becoming a non-being[3]. In chronic diseases, the frequency and intensity of death related thoughts increase. Some studies have shown that women perceive more death fear and death anxiety than men[4], while other cross cultural studies found that female gender was associated with higher death anxiety[5-7].

The relationship between age and death anxiety is complex and age plays a significant factor in the perception of death anxiety[8]. High death anxiety among elderly has been related to physical and psychological problems and low ego integrity[9]. In a cross sectional study younger staff members in a long-term-care facility reported that they faced higher levels of death anxiety and practical anxiety about managing the dying[10]. Moreover, death anxiety is highest among middle-aged, declines during later adulthood, and stabilizes in old age[11]. High level of death anxiety was seen in younger age[12]. A study on nurses reported that the age group of nurses did not affect the death thought rates and the age groups of the nurses working in the oncology field had no effect on their death anxiety levels[13]. Education is also related with death anxiety and highly educated individuals had higher death anxiety while patients with lower education were more prone to feel anxious about their illness compared to highly educated ones[14].

Social support is a crucial component in adaptation to life threatening illness. Social support comprises of emotional support, appraisal support and instrumental support. Social support becomes important as the people approached death, and interpersonal interactions lessen death anxiety. Perceived positive

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support from family was strongly related to lower death anxiety as seen in a study of patients with breast or colon cancer[15], where a greater social support was seen in those who had good prognosis. In another study, a link was found between perceived social support and effective coping of cancer patients[16]. Older adults who have a strong social support network have less fear of death because of a greater sense of security through their ties with others[17]. In community-dwelling older adults, perceived social support to have a direct effect on fear of the unknown but had no effect on fear of dying[18]. Social support networks showed inverse relation to fear of dying for women but not for men[19].

Numerous studies[9,11,20] have revealed relationship between death anxiety and psychological distress. There are many factors that affect death anxiety, including, family cohesion, marital status, perceived health status, and subjective happiness etc. These variables account for 50.1% of death anxiety[20]. Life expectancy was perceived as shortened in patients with death anxiety. Death anxiety is associated with anxiety, depressive symptoms, and beliefs about what will happen after death. It is associated with unresolved psychological and physical distress[21]. However, culture and high self-esteem serve as defense against death anxiety[22]. Patients live with a constant sense of threat and try to avoid death thoughts during their daily lives, but their disease symptoms would activate death anxiety[23]. Social support is a crucial component in adaptation to life threatening illness. Close relationships can increase self-esteem and may be a buffer against death anxiety, whereas disruption of such relationships may lead to death awareness and concerns[24]. Receiving reassurance of worth, caring, love, and trust from others reinforces self-esteem in older adults. As there is scarce published study in Pakistan on the perception of social support and death anxiety among patients with chronic illnesses, therefore this study was planned to find the association between death anxiety and social support in chronically ill patients.

Patients and Methods

Death Anxiety was measured using an indigenous death anxiety scale originally developed for the Pakistani population[25]. It is self reported measure, consisting of 20 items related to fear of personal death. The items included in the scale were categorized into six dimension of death anxiety i.e., concern over suffering and lingering death; subjective proximity to death; disturbing death thoughts; impact on the survivor; fear of punishment and fear of not being. The scale was found internally consistent with α=0.89.

Perceived social support scale is a self reporting Likert type scale having 24 scales but in this study its Urdu translated version with 05 points was used[26]. The 5 response categories ranged from 1=, never, to 5=, always. Three subscales, each addressing a different source of support: Family; Friends and significant others were used. Alpha reliability of the scale for the present study was 0.87.

The patients with chronic diseases were chosen using convenient purposive sampling from different hospitals of Islamabad and Rawalpindi. All patients were suffering from chronic diseases like cancer, Hepatitis C, Coronary heart disease and Diabetes. The inclusion criterion was an adult patient over the age of 18 years of either gender who was suffering from any of the above chronic disease and was under some treatment, and could comprehend and understand the questionnaires and did not have any diagnosed psychiatric disorder. Self administered questionnaire was used but for illiterate patients information was taken with the help of a trained interviewer. Ages of the patients ranged from 18 to 76 years (mean= 44.2, SD=12.69) and they had different educational levels.

Permission was taken from the hospital authorities and consent for data collection was sought from the patients who were explained the purpose of study. They respondents were assured for the confidentiality of the data and were ensured that the information they have provided would be used for research purpose only.

Results were analyzed by using the Predictive Analytics Software (PASW 18). Correlation was computed to see the relationship among the studied variables. *t*-test and *ANOVA* was used to see the comparison between the variables.

Results

A total of 110 patients were enrolled, of whom 72 were males (65.4%) and 38 females (34.5%). The male and female divide in cancer cases was 15.3% and 28.9%, in hepatitis C it was 19.4% and 26.3%, in coronary heart disease it was 33.3 % and 31.6% and in diabetes it was 31.9% and13.2%.

Table 1: Relationship of various factors with chronic illnesses.

Factors	1	2	3	4	5	6
Death anxiety	-	-.20*	.014	.05	.07	.26**
Social support			-.026	.09	.21*	-.36**
Treatment duration				.89**	.28**	-.09
Disease duration					.32*	-.07
Age						-.40*
Education						-

Note: *p<.05, **p<.01

Table-1 shows that death anxiety has negative relationship with social support (r=-.20, p<.05) and positive relationship with education (r=.26, p<.01). Social support has positive relationship with age and negative with education (rs=.21 &-.36; p<.05 & .01) respectively.

Table 2: Difference between male and female on death anxiety. (n=110)

Variable Name	Gender Males=72, Females=38	*Mean*	*SD*	*t*	*p*
Concern over suffering & lingering death	Male	3.56	1.41	1.80	0.075
	Female	3.05	1.46		
Subjective proximity to death	Male	3.18	1.61	2.5	0.01
	Female	2.39	1.48		
Disturbing death thoughts	Male	32.98	9.89	3.2	0.002
	Female	26.89	8.29		
Impact on the survivor	Male	3.15	1.30	1.56	0.12
	Female	2.73	1.36		
Fear of punishments	Male	12.01	4.15	.08	0.92
	Female	11.94	3.77		
Fear of not being	Male	6.95	2.31	2.16	0.03
	Female	5.97	2.17		

df = 108

Table 3: Gender effect on death anxiety and social support. (n=110)

Variables	*Male (72)*		*Female (38)*			
	M	*SD*	*M*	*SD*	*t*	*p*
Death anxiety	61.86	17.35	53.00	15.33	2.65	0.009
Social support	31.36	9,90	33.94	10.64	1.14	0.25

df= 108

Table 4: Effect of marital status on death anxiety and social support. (n=110)

Variable	*Married (92)*		*Unmarried (18)*			
	M	*SD*	*M*	*SD*	*t*	*p*
Death anxiety	60.20	17.03	51.60	16.31	1.97	0.051
Social support	32.69	10.58	31.11	7.37	.606	0.54

df= 108

Table 5: Comparison of education with death anxiety and social support. (n=110)

Variable	*Education*	*N*	*M*	*SD*	*t*	*p*
Death anxiety	Below matric	32	51.25	14.80		
	Matric	34	61.91	19.49		
	Intermediate	26	58.81	14.48	3.88	0.01
	Bachelor & above	18	66.33	15.87		
Social support	below matric	32	35.87	11.62		
	Matric	34	35.73	9.87	7.12	0.000
	Intermediate	26	27.31	7.66		
	Bachelor & above	18	27.50	4.92		

Note: between groups *df*=3;with in group= *df*=106, total *df*=109

There was a negative relationship between death anxiety and social support (r=.20) but a significantly positive relationship was seen between death anxiety and education (r=.26) (Table-1). Male patients had higher disturbing death thoughts (t=3.2, p<.01), more subjective proximity to death (t=2.5, p= .05), and higher fear of not being (t=2.16, p<.03) as compared to female patients (Table-2). Male patients scored higher on death anxiety as compared to female patients (Table-3). Death anxiety was higher among married patients as compared to unmarried (Table-4). Death anxiety increased with education whereas, perceived social support decreased with an increase in education which suggests that patients with lower education perceive more social support and lesser death anxiety as compared to patients with higher education (Table-5).

Discussion

The present study was designed to explore the relationship between death anxiety and social support among chronically ill patients. Death anxiety is associated with distress, and beliefs about what will happen after death along with psychological and physical distress. However, cultural support and high self-esteem serve as defense against death anxiety[20]. Social support is an important factor for the healthy recovery of the patients. It helps in fostering the psychological wellbeing

and resilience, whereas lack of social support badly affects the patient's recovery[27]. Death anxiety is the corollary of the chronic diseases and its presence impedes the disease recovery process. Perception of social support is a desirable factor whereas; death anxiety is an undesirable factor. However, these two variables are inversely related. Individuals who perceive more social support experience less death anxiety [28] and same was our finding. Social support is an important component in adaptation to life threatening illness[29] and perceived social support is negatively related with death anxiety[30] and same was seen in the present study.

Some reports suggest that females experience higher death anxiety as compared to males[4,5,7] while others have shown no gender differences[31]. Our findings show that male patients had higher death anxiety as compared to females, they had higher disturbing deaths thoughts, more subjective proximity to death and higher fear as compared to the female patients. Death anxiety decreases with the advancing age[9] and same was seen in the present study. Past studies have shown a significant difference between the age groups, gender and the period of disease treatment in relation to death anxiety levels[32].

In a previous study it was reported that individuals with low education experience higher death anxiety[16] but the present study showed that death anxiety increased with education. Our results also showed that perceived social support decreases with an increase in educational level which means people with lower educational level, perceive more social support as compared to individuals with higher education. In our culture with higher education, people feel and get more autonomous therefore they need and perceive less social support. The present study showed that death anxiety was higher among married patients. The reason for high may be the nature of their family responsibilities, commitments and their involvement in the life. All these factors have been identified and reported in other studies where it is recommended that variables like family cohesion, social support, marital status, perceived health status, and subjective wellbeing should be considered in developing intervention programs to decrease death anxiety[21] and strategies to enhance self esteem should be incorporated, because self esteem protects people from anxiety associated with the knowledge of certain mortality[33].

Often death anxiety is hidden therefore there is a need to incorporate special tools to assess for this phenomenon. Assessment and measurement of the death anxiety concept can be improved by the addition of qualitative measures designed to capture individualized personal constructs related to death anxiety[34]. Health and welfare professionals working with chronic disease patients should take special care to create good relationships with the families of their patient /clients and to encourage them to spend time with their loved ones. Engaging the patients in activities may leave them with less time to ruminate on negative thoughts. Further, research is needed to develop targeted interventions that would reduce the maladaptive consequences associated with death anxiety.

The limitation of our research includes reliance on self report measures and small sample size.

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