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Impact Of Death Anxiety On Quality Of Life Among Deadly Diseases Patients And Healthy Persons

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Abstract: *To determine the effect of death anxiety on Quality of Life among deadly diseases Patients of different diseases and Healthy Persons and to explore the association of death anxiety with quality of life. This is quantitative cross sectional study that includes the sample size of 540, which includes 270 patients that were taken from different hospitals of Haripur and Abbottabad and 270 were healthy persons that were taken from teachers and students of different colleges and universities (males and females) by using multistage sampling technique. Templers death anxiety scale (DAS) and Quality of Life Scale (QOLS) were used for data collection. Results shows that death anxiety negatively influence the quality of life among patients and healthy persons as shown by* β*= -0.86 and* R^2*= 0.75 that shows strong negative relationship and negative impact of death anxiety on quality of life. Death anxiety negatively predicts quality of life among deadly diseases patients and healthy persons.*

Keywords: Death Anxiety, Quality of Life, Deadly Diseases Patients, Healthy persons.

Introduction

The effective, serious ailments that periodically stand out as truly newsworthy strike a chord when individuals consider the deadliest illnesses on the planet. 74% of the world's 55.4 million deaths in 2019 were attributed to non-communicable chronic diseases that progress slowly.4 The fact that many of the deadliest diseases are largely preventable may be even more shocking. Non-preventable factors that affect risk include a person's location, access to preventative care, and the quality of their healthcare.3 Prior to the development of modern medicine, people used a variety of traditional healthcare methods, and these methods continue to play an important role in treatment.2 Although death phobia or death anxiety affects all people, it is more pronounced in significant death-related situations. Regarding contemporary existentialist reasoning, "feeling of dread toward death" or "passing uneasiness" is the most basic issue of man and demise tension can diminish person's prosperity. Over the past one hundred years, it has been suggested that certain fears and human nature are rooted in death anxiety. Fear of death can be seen as frequently seeking reassurance from physicians through self-control and continuous analysis of somatic symptom-related disorders. It has been suggested that death anxiety has a trans-diagnostic nature that underlies a number of different mental health conditions.5

Furthermore, the expansion in pressure causes unnecessary thickness in wellbeing organizations as well as actual medical conditions. Because of this, people employ a variety of defense mechanisms in order to deal with these circumstances.1 Quality of life has been defined as the relationship between an individual's capacity to cope and the impact of illness and health care on a person's daily activities and sense of well-being. Physical concerns (pain and symptoms) and psychological distress (depression and existential anxiety) are important aspects of quality of life as death approaches.6 Anxiety about mortality and quality of life in cancer patients and healthy volunteers. The outdoor and indoor oncology departments of three teaching hospitals, two private hospitals, and three private clinics provided information on cancer patients. The people without disease were drawn from the local area, while the patient gathering was drawn after the proper specialists had finished their determinations. The groups of participants with and without cancer were matched based on age, gender, education, socioeconomic status, occupation, and religion. The results of the t-test showed that cancer patients had higher levels of death anxiety, and their quality of life was only statistically different from that of people without cancer in the area of social interactions.

METHODOLOGY The multistage sampling method was used to collect the data from various hospitals, colleges, and universities in the Hazara Division. Information was gathered through polls and were appropriated among understudies and patients too. Segment factors incorporate orientation, conjugal status and wellbeing status. In the study, the English-language instruments for the variables were used. Templer's Demise Uneasiness Scale (DAS) was utilized that was created by Donald I. Templer in 1970. It contains 15 things that are valid misleading based (0= bogus, 1= valid). The scoring for items 2, 3, 5, 6, 7, and 15 is reversed. The Passing Uneasiness Scale has a generally excellent interior consistency ((= 0.77). The Personal satisfaction Scale (QOLS) was created by John Flanagan in the 1970's. There are 16 items in it. It is a scale of the Likert type. The seven reactions were "enchanted" (7), "satisfied" (6), "for the most part fulfilled" (5), "blended" (4), "for the most part disappointed" (3), "miserable" (2), "horrendous" (1). A 7-point delighted-terrible scale was used to determine an item's satisfaction. The QOLS is conceptually distinct from health status or other causal indicators of quality of life and is a valid instrument for measuring quality of life across patient groups and cultures. With an internal consistency of ((= 0.76), it is very good.

Statistical analysis

In this study, Socio demographic characteristics of participants, psychometric properties for scales, regression, correlation and t-test analysis were run by using SPSS. Through reliability analysis, alpha reliability of variables was also established.

RESULTS

In this review, complete example comprised of 540 lethal sicknesses patients and solid people (270= patients, 270= sound people) that varies based on orientation and conjugal status. From a sample of 540, patients have higher scores for quality of life and lower scores for death anxiety, whereas healthy people have higher scores for both. Based on orientation, guys score better of life and lower in death tension while females score higher in death uneasiness and worse of life. People who are married have higher scores for quality of life and lower scores for death anxiety, whereas people who are not married have higher scores for both.

Table1

Psychometric properties of scale

Scales	*K*	*M*	*SD*	Range	Cronbach's α
Death Anxiety Scale	15	13.48	2.13	4-15	.77
Quality of Life Scale	16	72.07	9.81	39-108	.76

Note. *M* = Mean, *SD*= Standard Deviation, *K*= No of items in scale.

Table 2

Death Anxiety Indirect Association with Quality of Life among Healthy Person's and Deadly Diseases patients

Variables	*B*	β	*SE*
Constant	17.51***		1.54
Death Anxiety	-.91***	-.86	.14
R^2	.75		

Note. *N* = 540, *SE*= Standard Error, *B* = Regression coefficient in sample, β = Population Regression Coefficient, R^2 = Regression.

***ρ< .001

Table 3

Descriptive Statistical and correlation for Study Variables

Variables	*N*	*M*	*SD*	1	2
Death Anxiety	540	13.48	2.13	-	-
Quality of Life	540	72.07	9.81	-.35**	-

Note. *N*=Total no of sample, M= Mean, *SD*= Standard Deviation.

**P<.0.01

Table 4

Mean comparison of Male and Female Participants Death Anxiety Effect on Quality of Life Among Deadly Diseases patients

		Gender				
	Male		Female			
Variables	*M*	*SD*	*M*	*SD*	t(538)	ρ	Cohen's *d*

DAS	6.85	1.95	13.16	1.59	-40.95	.000	0.54
QOLS	71.31	11.91	25.39	4.44	58.84	.000	0.91

Note. Death Anxiety Scale *(DAS)*, Quality of Life Scale *(QOLS)*, ρ = level of significance, *M* = mean, *SD*= Standard Deviation.
***ρ< .001

Table5
Mean comparison of Death Anxiety effect on Quality of Life Among Deadly Diseases patient's

		Marital Status					
	Married		Un-married				
Variables	*M*	*SD*	*M*	*SD*	t(538)	ρ	Cohen's *d*
DAS	13.21	2.3	11.75	1.33	-2.94	.003	.77
QOLS	72.0	7.71	74.13	11.53	.14	.00	.21

Note. Death Anxiety Scale *(DAS)*, Quality of Life Scale *(QOLS)*, ρ = level of significance, *M* = Mean, *SD*= Standard Deviation.
**ρ< .01
**ρ< .01

Table 6
Mean Comparison of Death Anxiety impact on Quality of Life Among Healthy People

		Gender					
	Male		Female				
Variables	*M*	*SD*	*M*	*SD*	t(538)	ρ	Cohen's *d*
DAS	1.50	.51	1.60	.50	4.31	.000	0.21
QOLS	74.31	10.52	72.12	9.1	-.14	.01	0.22

Note. Death Anxiety Scale *(DAS)*, Quality of Life Scale *(QOLS)*, ρ = level of significance, *M* = Mean, *SD*= Standard Deviation.
***ρ< .001,
*ρ< .05

Table 7
Mean Comparison of Death Anxiety impact on Quality of Life Among Healthy Person's

		Marital Status					
	Married		Un-married				
Variables	*M*	*SD*	*M*	*SD*	t(538)	ρ	Cohen's *d*

DAS	11.8	3.14	7.01	2.04	19.5	.000	0.8
QOLS	34.80	19.01	71.5	13.3	-24.3	.000	0.4

Note. Death Anxiety Scale *(DAS)*, Quality of Life Scale *(QOLS)*, ρ = level of significance, *M* = Mean, *SD*= Standard Deviation.
***ρ< .001

DISCUSSION

Results of this study indicated that death anxiety negatively predicted quality of life. They are also negatively co-related with each other. This study also shows that death and quality of life have negative association among deadly disease patients and healthy persons. Results of this study also reported that death anxiety is higher in women rather than men and quality of life becomes lower among females than males. It also shows that death anxiety will be higher in patients and lower level of quality of life among patients. While this study also proves that quality of life becomes lower in married persons and higher death anxiety than un-married persons.

CONCLUSION

It is concluded that death anxiety is a strong negative predictor of quality of life. If death anxiety becomes higher then quality of life will be lower among patients and healthy persons either gender wise or marital status wise.

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