

# FEAR OF DEATH IN HEALTH SOCIAL WORKERS

Marie Mackova<sup>1</sup>

---

## Abstract

Attitudes and fear of death among health and social workers can affect their approach to a dying client, so it is necessary to talk about the issue of death and fear of death. The aim of this research was to determine the level of fear and anxiety about death in health and social workers and to compare it according to age, gender, length of practice and subjective assessment of one's own health. The Revised Collet-Lester Fear of Fear Scale (FODS) by Collett and Lester (1969) was used to measure fear in four categories: fear of death, fear of death, death others and the dying of others using a 5-point Likert scale. When interpreting the data, the average value is given on a scale of 1–5, where 1 means no fear and 5 very strong fear. Spearman's correlation coefficient and Mann-Whitney test were used to compare the monitored parameters. 104 respondents participated in the research. It was found that the respondents are most afraid of their own dying (average 3.95), then the death of their loved ones (average 3.46), the death of their loved ones (average 3.22) and the least fear of their own death (average 2.61).

## Keywords

Health Social Workers, Death, Fear, CL FODS

---

## I. Introduction

Death is something we must sooner or later face in our lives. It can be the death of a loved one, colleague or client. Healthcare professionals, including health social work, encounter death more often than the general population. A number of studies have also confirmed, that if health professionals themselves are afraid of death, it is difficult to discuss this topic with their patients. This is especially sad in situations where medical science has exhausted its full potential, patients face the fear of death and healthcare professionals refuse to talk to them precisely because they cannot face the fear themselves.

In the past, people encountered death much more often than today. People have encountered death throughout their lives, and death has been a part of their lives. The average probable life expectancy was between forty and fifty years, by today's standards in middle age. At present, people live to be much older, and deaths in childhood are rare. The elderly, the sick or the dying are usually taken care of in various institutions such as a hospital, a home for the elderly or nursing homes. Adults and children come into contact with death very rarely (Šiklová, 2013).

We classify anxiety and fear among the emotions, or mental states that accompany our experience. Emotions are defined as the tendency to react with certain behaviors to external or internal stimuli (Plhánková, 2003). Anxiety is usually characterized as an unpleasant, long-term emotional state. An individual has worries, experiences feelings of danger, but is often unable to identify the cause of his or her concerns or estimate when and where the threat will come from. Anxiety is usually caused by fears of something unknown, it is anxiety about something specific (Smolík, 2002). Fear is defined as an unpleasant short-term emotional state during a current or only expected stimulus, which the person cognitively processes as a stimulus that threatens or is dangerous for him. The individual is usually able to identify the cause of his fear (Nakonečný, 2012).

In recent decades, research into attitudes toward death, including fear and anxiety about death, has become very intense. Many of these studies have focused on the development of various

---

<sup>1</sup> The PRIGO University, Vítězslava Nezvala 801/1, 736 01 Havířov, Czech Republic. E-mail: marie.mackova@prigo.cz

tools for measuring anxiety and fear of death, while other research has focused on improving existing methods (Neimeyer, Moser, Wittkowski, 2003). Initially, the tendency towards one-dimensional scales prevailed (e.g. McMordie, 1979 or Templer, 1970), later developed tools already accept the multidimensional nature of this construct (Collett, Lester, 1969; Florian, Kravetz, 1983; Leming, Dickenson, 1985; Wittkowski, 2001).

## **II. Aim of the research**

The aim of the research was to determine the level of fear and anxiety about death measured using the revised CL - FODS scale in health social workers. Furthermore, the aim of the research was to determine whether selected sociodemographic factors (age, gender, length of practice and subjective assessment of one's own health) correlate with the degree of anxiety and fear of death.

## **III. Methodology**

The Revised Collett-Lester Fear of Death Scale (CL-FODS) by Collett and Lester was used to measure fear and anxiety from death, which measures the degree of fear in four subscales: fear of self death, fear of dying, fear of death of others, fear of dying of others. The scale contains 32 questions divided into 4 categories: 1 - fear of one's own death, 2 - fear of one's own death, 3 - fear of the death of others and 4 - fear of the death of others. Each category contains 8 questions. Anxiety and fear of death are measured using a 5-point Likert scale, where 1 means no fear at all of the item and 5 very strong fear (Lester, 1994). For individual categories, averages are then calculated from the eight items that make up the category. The questionnaire also included 4 sociodemographic questions focused on age, gender, length of practice of respondents in the position of health and social worker and subjective assessment of their own health. The questionnaire was distributed electronically to all hospitals and medical facilities in the Czech Republic. The condition for participation in the research was at least one year of experience as a health and social worker, qualification of a health and social worker and consent to the research. A total of 280 questionnaires were sent out, 135 questionnaires were filled in and finally 104 questionnaires were subjected to exploratory and statistical analysis. The program Statistica 13 was used for the analysis, the Spearman correlation coefficient and once the Mann-Whitney test were used to verify the hypotheses. Data were verified at a significance level of 0.05.

## **IV. File description**

100 % of women participated in the research. The average age of the respondents was 39.12 years, the variation range 26 - 65 years, the standard deviation (SD) 8.75. The average length of their practice as a health and social worker was 15.92 years, variation range 1-47 years, standard deviation (SD) 8.18. The majority of respondents (80.77 %) rated their own health as very good and good. 18.19 % of respondents could not decide whether they perceive their health as good or bad. Only 1.04 % of respondents described their health as bad and no one chose the option very bad.

## **V. Results**

The fear of one's own death arouses the least fear among the respondents. The respondents were most afraid of death at a young age and also of shortness of life. The slightest concern was the idea of complete isolation after death and the decay of the body after they died. The results of individual items are shown in Table 1.

**Table 1 Fear and anxiety from own death on a scale of 1-5 in individual items (%)**

How much fear and anxiety causes you	Not (1-2)	Little(3)	Very (4-5)	Average
Complete isolation after death	52	21	27	1,90
Shortness of life	30	27	43	3,20
Lose everything that happens after death	51	20	29	2,63
Die young	25	26	49	3,37
Not knowing what it's like to be dead	48	19	33	2,70
Never think again and experience nothing	47	23	30	2,56
The possibility of pain and suffering after death	61	17	22	2,36
Decomposition of the body after you die	63	14	23	2,18

*Source: own*

On the contrary, the fear of their own dying arouses the greatest fear among the respondents. The respondents were most afraid of the pain associated with dying and dying in a hospital without a family. They were least worried about the uncertainties about mastering the process of dying and the grief of others when they died. The results of individual items are shown in Table 2.

**Table 2 Fear and anxiety from own dying on a scale of 1-5 in individual items (%)**

How much fear and anxiety causes you	Not (1-2)	Little(3)	Very (4-5)	Average
Decline in physical strength and slow dying	12	32	56	3,95
Pain associated with dying	10	19	71	4,55
Intellectual decline in old age	16	27	57	4,21
Limitation of self-sufficiency during dying	10	19	71	3,97
Uncertainty about how I will handle the dying process	13	40	47	3,51
Impossibility to influence the dying process	15	32	53	3,85
Dying in a hospital without a family	14	15	71	4,32
The grief of others when I die	38	28	34	3,25

*Source: own*

The fear of death of others is the second greatest fear of respondents. The respondents were most worried about the loss of a loved one and the feeling of loneliness after the loss. The least feared were the feeling of anger from losing a loved one and seeing the body of the deceased. The results of individual items are shown in Table 3.

**Table 3 Fear and anxiety from death of others on a scale of 1-5 in individual items (%)**

How much fear and anxiety causes you	Not (1-2)	A little(3)	Very (4-5)	Average
Loss of loved one	11	3	86	4,61
Vision of the body of the deceased	52	25	23	2,50
Impossibility to talk to the deceased again	7	18	75	4,26
Remorse for behavior to the deceased when he lived	17	34	49	3,52
Adolescence and aging without the deceased	17	23	60	3,71
Feelings of relief when a loved one dies	47	25	28	2,63

<b>Feelings of loneliness without a dead person</b>	7	22	71	4,16
<b>Feelings of anger from the death of a loved one</b>	51	31	18	2,32

Source: own

The second least feared fear of the respondents is that others are dying. Respondents were most worried that they would see their loved one suffer and that they would witness the loved one's physical decline. The least they feared would be the person who told the other that he was dying and talked about death with the dying. The results of individual items are shown in Table 4.

**Table 4 Fear and anxiety from dying of others on a scale of 1-5 in individual items (%)**

<b>How much fear and anxiety causes you</b>	<b>Not (1-2)</b>	<b>A little(3)</b>	<b>Very (4-5)</b>	<b>Average</b>
<b>Must be with a loved one when he dies</b>	26	37	37	3,10
<b>From conversations about death with the dying</b>	35	37	28	2,79
<b>See a loved one suffering from pain</b>	4	13	83	4,10
<b>To be the one who tells a loved one that he is dying</b>	46	31	23	2,70
<b>To witness physical decay</b>	15	37	48	3,40
<b>Not to control grief in the presence of the dying</b>	17	33	50	3,34
<b>To witness mental decay</b>	21	33	46	3,30
<b>A reminder of one's own death when the other dies</b>	29	33	38	3,05

Source: own

No statistically significant correlation was found between fear and anxiety about death and selected socio - demographic factors (age, gender, length of practice and subjective assessment of health).

## VI. Conclusion

Although thoughts of our mortality are largely in our unconscious, the fact that we must all die affects our behavior, actions, and actions. The fear and anxiety associated with the thought of death is so painful for us that we must all protect ourselves. It is difficult for humans to tolerate their mortality directly. Therefore, people suppress the thought of death and develop various strategies to keep the anxiety and fear of death within the norm. Existential psychologists Victor Florian and Mario Mikulincer have not remarked for nothing that the paralyzing terror caused by the awareness of human mortality leads to the denial of the idea of death (Florian, Mikulincer, 2004). Most people would say that they rarely think about death. However, on an unconscious level of knowledge of our eventual demise, it evokes feelings of anxiety from death that affect important aspects of our lives and motivate many of our actions.

Respondents were most afraid of their own dying (3.95), followed by the death of their loved ones (3.46), dying of their loved ones (3.22) and the least feared of their own death (2.61).

Anxiety and fear of death can affect the approach of health social workers to the dying, so based on the data obtained, we make the following recommendations for practice. In the context of lifelong learning, to include the topic of dying and death regularly in the offer of courses for health social workers; to enable health social workers to supervise the elaboration of the subject of their own mortality; actively offer health social workers, if necessary, the assistance of a psychologist or psychotherapist to manage anxiety and fear of death; to continuously increase the awareness of health social workers about the possibilities of palliative care.

**References**

- Collett L., Lester D. (1969). The fear of death and dying. *Journal of Psychology*, 72, 179-181.
- Florian V., Kravetz S. (1983). Fear of personal death: Attribution, structure and relation to religious belief. *Journal of Personality and Social Psychology*, 44(3), 600-607.
- Florian V., Mikulincer M. (2004). *A multifaceted perspective on the existential meanings, manifestations, and consequences of the fear of personal death*. In Greenberg J., Koole S. L., Pyszczynski M. (Eds.), *Handbook of experimental existential psychology*. New York: Guilford.
- Leming M.R., Dickinson G.E. (1985). *Understanding dying, death and bereavement*. New York: Holt, Rinehart a Winston.
- McMordie W. R. (1982). Concurrent validity of Templer and Templer/McMordie Death Anxiety Scale. *Psychological Reports*, 51(1), 265-266.
- Neimeyer R.A., Moser R., Wittkowski J. (2003). Assessing attitudes toward dying and death: Psychometric considerations. *Omega: Journal of Death and Dying*, 47(1), 45-76.
- Nakonečný M. (2012). *Emoce*. Praha: Triton.
- Plhánková A. (2003). *Učebnice obecné psychologie*. Praha: Academia.
- Smolík P. (2002). *Duševní a behaviorální poruchy*. Praha: Maxdorf.
- Šiklová J. (2013). *Vyhoštěná smrt*. Praha: Kalich.
- Templer D. I. (1970) The construction and validation of a death anxiety scale. *Journal of General Psychology*, 82 (2), 165-177.
- Wittkowski J. (2001). The construction of the Multidimensional Orientation Toward Dying and Death Inventory (MODDI-F). *Death Studies*, 25 (6), 479-495.