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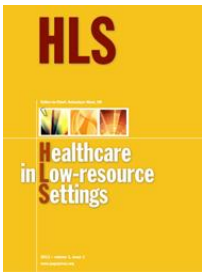

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Original Research

The role of family support in managing death anxiety among the elderly

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Running title: The role of family support in managing death anxiety

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Significance for public health: The results of this study are expected to contribute to the management of death anxiety, with a particular emphasis on the role and support of family in the community. This is specifically pertinent considering the increasing number of the elderly and the growing trend of family placing the elderly in nursing homes.

Abstract

Death anxiety is a sentimental state experienced by individuals, specifically the elderly due to the occurrence of unpleasant events and contemplation of mortality. This condition is primarily caused by a lack of social support from family, which has a significant effect on mental health. Therefore, this study aimed to analyze the correlation between family support and the level of death anxiety in the elderly.

The study procedures were carried out with a cross-sectional method, and the sample population comprised 239 elderly who were selected at a community health center in Malang Indonesia using cluster random sampling. Family support was measured using the Family Support Instrument (FSI), while death anxiety level was assessed with the Death Anxiety Scale (DAS).

The relationship between the 2 variables was then tested using Spearman's Rank correlation test with $p<0.05$. The results showed that there was a strong correlation between the 2 variables, with family support falling into the high category for 98 participants (41%). In addition, 117 participants (49.0%) were reported to have a low category of death anxiety level.

To conclude, these findings could be applied and used as a reference for future studies by exploring variables and conditions influencing family support and the death anxiety level of the elderly.

Introduction

Life expectancy is an essential factor, which has been reported to have a positive correlation with health challenges, particularly among the elderly. According to the World Health Organization (WHO), there is a substantial increase in the prevalence of both physical and mental diseases among this demographic, posing a significant burden on the society.[1] In addition, the phenomenon of an aging populace and the increase in the number of the elderly in Indonesia have a significant impact on the country, families, society, and aged individuals.[2] Several studies have shown that aging exerts adverse effects across various facets of life, including balance in the elderly. This demographic is often affected by biopsychosocial conditions, which interact to cause various health challenges, including psychiatric disorders, with anxiety being the most commonly diagnosed.[3,4,5] A prevalent type of anxiety among the elderly is death anxiety, which is characterized by apprehension toward mortality and contemplation about death.[6,7]

A previous study regarding death anxiety level was conducted at a nursing home in Bandung Indonesia using 79 elderly, with 50.6% of the participants experiencing high level.[8] In addition, this condition was primarily caused by a lack of social support. Among the various elements of social support, the role of family is essential in determining the mental health status of the elderly.[9,10] A previous study showed that the elderly living in nursing homes have a higher tendency to experience death anxiety compared to others with their families.[11] Optimal support has also been reported to have the potential to alleviate this condition, particularly among those undergoing hemodialysis. [12] Based on findings, there has been an increasing trend of the elderly living in nursing homes, specifically in Asian countries.[13] Therefore, this study aimed to analyze the correlation between family support and death anxiety level among the elderly.

Materials and Methods

This study was carried out using a cross-sectional method, exploring 239 elderly taken from 4 working areas of the Ciptomulyo Community Health Center at Malang Indonesia using a cluster random sampling. Data collection was carried out in December 2022 through the use of a questionnaire. In addition, family support was measured using a modification of previous scales and analyzed for a validity test value of ≥ 0.361 as well as a reliable test with a Cronbach's Alpha value of 0.910. Death anxiety level was assessed using the Death Anxiety Scale (DAS).[14] The scale consisted of 15 questions, which had been modified based on the study's needs with a validity test value of ≥ 0.361 and reliability with a Cronbach's Alpha value of 0.845. The correlation between the 2 variables was tested using the Spearman Rank test. Ethical approval letter was issued by the Health Research Ethics Committee of the Faculty of Health Sciences, Brawijaya University no. 5851/UN10.F17.10/TU/2022.

Results and Discussion

The results showed that the level of family support in this study was in the high category, as shown in Table 1. This was in line with Rahmadeni *et al.*, where the elderly did not experience depression due to optimum support from their family.[15] Moreover, the elderly typically experienced poor quality of life in the presence of dysfunctional family.[16] Indonesians believed that these individuals were members of the family who must be respected. Younger members tried to meet all the needs of the elderly, including their health needs. When the physical and mental needs were met, these individuals typically felt. In the context of facing death, the elderly were often calmer in facing this challenge considering that their family was always present.[17,18,19]

Death anxiety level of the elderly in this study was placed in the low category, as shown in Table 2. In addition, it was reported to be influenced by factors other than family support, including spiritual health, number of hospitalizations, and the performance of health workers.[9] The elderly often spend their time praying and participating in religious activities in the community. This was performed as a way to get closer to God in preparation for facing death, apart from filling free time. The better the

spiritual health, the lower death anxiety level experienced by the participants. [20,21,22] In terms of the number of hospitalizations, the participants who suffered from chronic diseases and were frequently hospitalized were likely to experience higher death anxiety compared to others. This was because the elderly people who were treated in hospitals felt more lonely and uncomfortable with therapy procedures as well as a crowded hospital environment.[23,24,25] In addition, the performance of health workers could also affect death anxiety level, particularly less professional nurses. Based on these findings, there was a need for special training for nurses to increase understanding and readiness to face death, specifically for geriatric patients.[26]

Table 3 presents the results of statistical correlation testing between family support and death anxiety in the elderly. The findings showed that there was a strong relationship between these variables with $p < 0.05$ and a correlation coefficient of -0.683. The higher the family support given to the elderly, the lower the death anxiety level experienced. This was in line with previous studies conducted in Arabia and Rural China, where death anxiety level experienced by the older population was in the low category while living with their families.[27,28] Other studies also reported family support as a significant coping, influencing factor, and was found to have a protective effect among the elderly. [29,30,31,32]

Conclusions

In conclusion, death anxiety level experienced by the elderly was influenced by physical and psychological factors, including family role in supporting the readiness to face peaceful death. In addition, active participation was needed from health facilities and health workers in providing professional service performance, particularly for geriatric patients.

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Table 1. Family Support Frequency Distribution

Family Support	n	%
Low	60	25.1
Moderate	81	33.9
High	98	41.0
Total	239	100.0

Table 2. Elderly Death Anxiety Level

Death Anxiety Level	n	%
Low	117	49.0
Moderate	73	30.5
High	49	20.5
Total	239	100.0

Table 3. Spearman Rank analysis

		Death Anxiety Level						**Total**	
		Low		**Moderate**		**High**			
		F	%	F	%	F	%	F	%
Family Support	**Low**	2	0.84	25	10.46	33	13.81	60	25.10
	Moderate	26	10.88	40	16.74	15	6.28	81	33.89
	High	89	37.24	8	3.35	1	0.42	98	41.00
Total		117	48.95	73	30.55	49	20.5	239	100.00
Spearman's rho r= -0.683** p-value 0.000									