

# Death Anxiety among Older Adults during the COVID-19 Pandemic: Implications for Nursing Practice

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**Abstract** Death anxiety is a worldwide phenomenon among diverse populations, including older adults. However, few studies were located in a literature review that examined how the Covid-19 pandemic influenced the perception of death anxiety among the older adult population. Therefore, the purpose of this scoping review article is two-fold: (1) to provide an introductory discussion, based on the literature, regarding how the Covid-19 pandemic and its precautionary measurements provoke death anxiety, including its sub-category of predatory death anxiety, among older adults; and (2) to identify non-pharmacological interventions specific to death anxiety management for gerontological nurses to use during the Covid-19 pandemic or similar pandemics in the future. An intended outcome of this discussion paper is an enhanced understanding of ways to provide effective psychological care to older adults. The focus of discussion includes: the role of sociocultural factors, predatory death anxiety and Terror Management Theory, salient nursing assessment parameters and non-pharmacological interventions to address death anxiety among this population of older adults. In conclusion, gerontological nurses need to demonstrate evidence-based practice taking into consideration their own definition and perceptions of death, the reasons for their beliefs, and the cultural, situational, and spiritual context, in which they practice.

**Keywords** Death Anxiety, Older Adults, Covid-19 Pandemic, Nursing Interventions, Quality of Life

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## 1. Introduction

The Corona Virus Disease (Covid-19) pandemic and its consequences, including high morbidity and mortality rates, forced quarantine, social distancing, and lockdowns, have had negative psychosocial effects on the quality of life of people worldwide [1]. Examples of these effects include acute panic, anxiety, obsessive behaviors, hoarding, paranoia, depression, anxiety, post-traumatic disorders, and financial challenges [2-3]. Researchers have used the expressions 'fear of Covid-19' [4] and 'coronaphobia' [5] to describe the fear of contracting Covid-19. Arora et al. [6], based on a review of the literature, defined 'coronaphobia' as an "excessive triggered response of fear of contracting the virus causing Covid-19, leading to accompanied excessive concern over physiological symptoms, significant stress about personal and occupational loss, increased reassurance and safety-seeking behaviors, and avoidance of public places and situations, causing marked impairment in daily life functioning" (p. 2).

In this context, Covid-19 and its consequences may trigger death anxiety among older adults and negatively influence their quality of life [7]. Globally, Covid-19's high mortality rates, especially among older adults, are well documented. Yanez et al. [8] reported that older individuals (65 years or older) in 16 countries worldwide had higher mortality rates because of Covid-19 than

younger individuals. According to Ioannidis et al. [9], the highest death rates related to Covid-19 were among older people; that is, 80% of Covid-19-related deaths in the United States of America were in those 65 years or older. Italy experienced one of the highest death rates of Covid-19 among people with an average age of 80, while in China, older people of age 70+ were 12% of infected cases and 50% of deaths related to Covid-19 [10]. Although the media speaks about the Post-Covid-19 period but not about the pandemic, substantial numbers of the global population have Covid-19 and the number of cases is increasing in many countries.

The purpose of this scoping review article is two-fold: (1) to provide an introductory discussion, based on the literature, regarding ways that the Covid-19 pandemic and its recommended precautionary measures provoke death anxiety and predatory death anxiety among older adults; and (2) to identify non-pharmacological interventions pertaining to death anxiety management for gerontological nurses to use during the Covid-19 pandemic or similar pandemics in the future to help older adults manage these feelings. The systematic review method was beyond the scope of this article because very few articles could be found in the literature to conduct a systematic review. Therefore, the authors exhausted and used all available literature related to the topic of this scoping review using gray literature and databases (e.g., CINAHL, Cochrane Library, EMBASE, PubMed, and Google Scholar). In the following sections, the discussion will focus on four topics: (1) the role of socio-cultural factors in death anxiety among older adults during the Covid-19 Pandemic, (2) predatory death anxiety and Terror Management Theory, (3) nursing assessment, (4) non-pharmacological interventions to address death anxiety, and conclusion.

## **2. The Role of Socio-cultural Factors in Death Anxiety among Older Adults during the Covid-19 Pandemic**

Many socio-cultural factors such as traditions, habits, beliefs, and a population group are involved in wellness and illness process. Sociocultural factors play a critical role in individuals' health, development and functioning. They frequently also play a significant role in treatment outcomes because sociocultural support, stressors, and other factors commonly have significant facilitative or debilitating effects on the course of treatment. Aging is a normal life process that generates physical, psychosocial, and cognitive changes [11]. Older adults may experience chronic diseases and the loss of their loved ones, friends, relatives, and neighbours [12-13]. Although death is an absolute fact, and we are sure that one day we will die, individuals often avoid talking or thinking about it. This reality anxiety is present in all cultures and touches every individual differently [14]. An unknown time, place,

cause of death, and what happens after death create uncertainty and may cause anxiety, especially among older adults. Rashidi et al. [13] described death anxiety as a natural and multidimensional experience for human beings characterized by thoughts, fears, and emotions related to the end of life and what will happen after death.

Death anxiety is defined as "a vague, uneasy feeling of discomfort or dread generated by perceptions of a real or imagined threat to one's existence" [15] (p. 761). The truth of death is perceived differently among older adults [16]. Some older adults accept their life, being oriented about the aging process, their physical and mental changes, religious older adults, and those who feel satisfied with what they have achieved and show acceptance of their and others' death. These individuals indicate less death anxiety than those who perceive death less positively by showing negative emotions, and they perceive death as a restful life to remove their suffering [12,17-19].

Menzies and Menzies [20] discussed death anxiety experiences during the Covid-19 pandemic. They confirmed that the pandemic and its consequences triggered death anxiety among diverse populations, including older adults, and there is a causal relationship between the death anxiety and the psychological distress generated from the Coronavirus. Infodemic about Covid-19 influence directly or indirectly the death anxiety level among older adults [20]. The Covid-19 infodemic, described as 'an over-abundance of information', some accurate and some not, makes it difficult for people to find trustworthy and reliable sources when needed [21]. Other factors related to Covid-19 precaution measurements may contribute to high death anxiety levels for older adults. Santini et al. [22] found in their study of older adults that social isolation, losing friends, experiencing reduced family and other social relationships, and reduced independence increased the level of anxiety with depressive symptoms and that depression symptoms were more common in those who felt lonely and lacked social support.

In addition, factors such as uncertainties during the pandemic, the risk of virus transmission to oneself and family members, and the lack of drugs to treat the virus further increase the anxiety levels of older adults [23]. Although lockdown is no longer a legal requirement in most areas, it is perhaps a self-imposed rule, which in turn may contribute to death anxiety among older people. The effects of lockdown have renewed interest in the consequences of "seated immobility syndrome" due to weight gain because of unhealthy diet choices and reduced physical activity reported as contributing factors of death anxiety during Covid-19 pandemic [24]. Weaker immunity and chronic diseases such as hypertension, diabetes, coronary artery and cerebrovascular diseases put older adults at higher risk of deadly complications of Covid-19 and higher risk for death anxiety disorder [25].

Some researchers reported that death anxiety is high among older adults for various reasons. Illustrative

examples that were reported were physical problems, including movement limitations, reduced self-confidence, reliance on others, reduction in their normal activities, loss of beloved ones and friends, reduced financial and physical independence, and chronic illnesses [18,25-28]. Factors such as retirement from work and feelings of loneliness also provoked death anxiety among this population [20]. Santini et al. [22] found that social disconnection predicted high isolation perception and consequently higher symptoms of depression and anxiety in older adults.

Other factors such as gender and age generally influence individual perceptions about death anxiety, but these factors can be intensified during the pandemic. For example, women express greater death anxiety than men, and younger people express greater death anxiety than older individuals [8,19,29,31]. In the same sequence, Yildirim et al. [32] found that the anxiety levels of older adults who: were between 65–74 years old, female, and single; had insufficient knowledge about the pandemic and had not encountered a similar outbreak before considered that family relationships were affected negatively. Illustrative indicators of the latter included their mentioning of feelings of loneliness and reports of experiencing boredom, exhaustion and distress during the pandemic, which subsequently increased the risk for other mental illnesses.

Cultural variations in death anxiety have been documented. In non-Indian participant studies, findings were indicative of higher death anxiety than in Eastern Asian samples [14,15,33-35]. In Western cultures, people often perceive aging and dying as abnormal phenomena, which provokes the feeling of death anxiety. Not only because older adults and sick people are often hidden in health institutions but also because people deny death by avoiding societal reminders of death or people who are at high risk of death [36]. Therefore, cultural factors and contexts influence how people perceive and deal with death anxiety.

In summary, researchers have shown that because of our personal belief that we all will die one day, our behaviors towards death differ from one person to another and among cultural groups. Some people adapt and cope with death anxiety in a constructive way through building meaningful relationships and leaving a memorable legacy. By contrast, others show ineffective coping to deal with death anxiety [20]. For example, when self-esteem is threatened, individuals become vulnerable to fear of death [37].

### **3. Predatory Death Anxiety and Terror Management Theory**

According to Langs [38], one sub-category of death anxiety is predatory death anxiety, which arises from the fear of being harmed. Predatory death anxiety is one of

the most experienced phenomena worldwide because it is triggered by external stressors [14]. The Covid-19 pandemic triggers this type of death anxiety, given that it evokes feelings of being in a dangerous situation that places one at risk or threatens 'one's survival'. Therefore, NANDA-I accounts for incorporating death anxiety into their 2018 nursing diagnosis list, in Domain 9: Coping/Stress Tolerance, Class 2: Coping Responses, category "Process of dealing with environmental stress" [39].

Globally, older adults have heard, watched, or read about the dangers of Covid-19. The questions are, how does Covid-19 contribute to death anxiety, including predatory death anxiety among them? And, how should we, as gerontological nurses, respond? The manifestation of predatory death anxiety, and the various coping mechanisms initiated by older adults to address this anxiety can be explained through the lens of terror management theory. According to this theory, thinking and awareness of death create a state of paralyzing terror among older adults [40]. The tendency for self-preservation, a desire for continued existence, and an eagerness for survival are rooted in human beings' nature. Therefore, people's awareness of unavoidable death and the fact that they will die one day may create a severe emotional status among some people known as death anxiety (i.e., terror) to protect their survival on this earth [41]. The terror management theory explains that people use two coping mechanisms to control or buffer this kind of anxiety. The first mechanism is the cultural worldview and standards that explain the death and existence concepts. The second mechanism is personal self-esteem, which helps people feel as valuable creatures in this big universe [41]. There is no doubt that the dangerous nature of the Covid-19 disease creates a status of terrorism among all populations, specifically among older adults.

However, a full understanding of how the Covid-19 pandemic influences predatory death anxiety among older adults is not evident [25]. This understanding requires further qualitative and quantitative studies. Findings from such studies will help gerontological nurses enhance their knowledge of it and contribute to evidence-based clinical nursing guidelines to prevent or manage predatory death anxiety among older adults during the Covid-19 pandemic or other similar situations is necessary.

### **4. Nursing Assessment**

A thorough assessment of death anxiety and its causes is the first step to formulate nursing diagnoses and implementing a care plan [42]. Using open-ended questions and a professional approach of respect are helpful assessment methods in gathering information about the older adult's signs and symptoms of death anxiety related to Covid-19, including duration, when it started, in which situations, what factors triggered it, and what factors reduce its intensity (e.g. cultural beliefs, traditions,

spiritual practices) [43]. Questions about the impact of the pandemic situation, specific concerns, their definition, and fears of the older adults related to the death must also be asked and documented [20,44]. Gathering such information will support the confirmation of a nursing diagnosis and the presence of death anxiety.

Initial questioning of the older adults and impressions of a possible diagnosis of death anxiety can be supplemented by valid and reliable tested clinical tools. Two informative examples of such tools are The Death Anxiety Scale [45] and the Death and Dying Distress Scale [46]. Guner et al. [47], in their study, they used the first tool to determine the effect of loneliness in older adults during the Covid-19 pandemic on death anxiety. The average score of the Loneliness Scale of the Elderly was  $11.39 \pm 5.31$ , and the average score of Death Anxiety Scale was determined as  $8.54 \pm 4.82$ . According to these results, it was determined that older adults experienced acceptable levels of loneliness and moderate death anxiety. Other clinically approved and effective death anxiety assessment scales were reported in the literature: the Collett-Lester Fear of Death Scale-Revised, the Multidimensional Fear of Death Scale, and The Death Attitude Profile-Revised [20]. These scales were described as responsive to treatment effects and excellent for identifying clinical changes, which can be used for different clinical groups, can assess adaptive attitudes, and can be used to assess death anxiety related to Covid-19 [20]. In addition to screening for death anxiety related to Covid-19 among older, Batsis et al. [42] (p. 574) recommended screening different areas to promote healthy aging and quality of life during pandemics. These areas include advance care planning, alcohol use, caregiver fatigue, anxiety, cognition, dental, depression, diet quality, exercise, food security, resilience, sensory impairment, sleep, social determinants of health, social isolation and loneliness, and substance abuse.

The older adult diagnosed with death anxiety shows signs and symptoms of anxiety characterized by dizziness, hot flushes, sweating, and tachycardia [34,46]. Older adults might voice that they feel depressed and anxious with feelings of stomach pain or getting sick when they think of the death and dying process [43,47]. When assessing and diagnosing death anxiety among older people, these signs and symptoms must be considered indicators of death anxiety. Although pharmacological interventions are available to manage death anxiety, discussing these pharmacological interventions is beyond the scope of this paper. The focus of the following section is to discuss non-pharmacological interventions.

## 5. Non Pharmacological Interventions to Address Death Anxiety

Numerous non-pharmacological nursing interventions reduce or eliminate death anxiety in older adults. Gerontological nurses can manage the potential for the

terror of death anxiety by **(1) An Anxiety-Buffering System** consisting of (a) shared cultural worldviews about life, death, and the afterlife, (b) personal self-esteem, and (c) close interpersonal relationships [41,50]. (a) Sharing worldviews with a cultural group act as a buffering agent to deal with predatory death anxiety by promoting the sense of immortality, permanence, and meaning in the face of death [41]. (b) The coping mechanism of positive self-esteem can be achieved through fulfilling cultural expectations. Self-esteem alleviates older death anxiety by enhancing their self-perception as valuable members of their culture who will not be forgotten after their death. (c) Close relationships provide consensual validation of one's worldviews and promote the self-esteem needed to maintain confidence in them [41,50-53]. Within nursing, multicultural counselling can be described as an intervention process that applies treatment goals that are consistent with the life experiences, contexts, and cultural values of older adults from diverse backgrounds, where nurses can discuss with older adults that death is part of life, taking into consideration adults' cultural beliefs [53]. Older adults can perceive death positively and accept it if they change cultural misconceptions and negatives about it. It is important not to devalue the older adults' views. Nurses can help older adults reflect on wellness by focusing on their hobbies and activities that give them pleasure. Ask older adults what makes them feel safe? How can they magnify these feelings? [42].

**(2) Comprehensive Management of Anxiety as a Transdiagnostic Construct.** Knowing that death anxiety is a transdiagnostic construct will help nurses develop a comprehensive, evidence-based management approach to the care of older adults. According to Iverach et al. [54], "a transdiagnostic approach to psychopathology emphasizes symptoms and predispositions that occur across multiple diagnostic categories of mental disorders. These tendencies are thought to increase vulnerability to developing any mental disorder and may contribute to the maintenance of these disorders" (p. 581). Transdiagnostic processes are found in the domains of (a) attention, (b) memory/imagery, (c) thinking, (d) reasoning, and (e) behavior. They can be thought of as the 'building blocks' which underpin disorders. During the Covid-19 pandemic, basic public health measures (e.g. extreme social isolation, excessive hand washing, and frequent testing related to Covid-19), if taken to the extreme by an older adult, illustrate the transdiagnostic nature of predatory death anxiety [55].

**(3) Life Review Therapy.** Life review therapy for buffering death anxiety among older adults is a promising therapy. It is a process of reminiscence to help older people reflect on their life to understand meaningfully their life. Life review is often an effective non-pharmacological intervention when performed on a one-to-one basis [36,48,54,57]. It can be initiated as either a preventive or as a health maintenance measure. Gerontological nurses can educate older adults who suffer from death anxiety how to integrate their positive and negative life events into a

coherent life story and how to call on their memories and address distinct lifetime periods over different developmental stages. The overall aim of life review therapy is to provide older people who are experiencing death anxiety significance to their lives to be more accepting and buffering their anxiety, and harmonize their view of the past, present, and future [58].

**(4) Referral.** Since nurses are perceived as trustworthy by the public and are often a point of entry into the care system, they are in an excellent position to develop an intervention plan to treat death anxiety experienced by older adults. They can refer older adults to other healthcare professionals such as clinical psychologists, social workers, family therapists, or psychiatrists if they decide enhanced death anxiety diagnosis interventions are needed [59]. Often a team approach is needed to manage transdiagnostic processes. Gerontological nurses need to acknowledge that potential experiences of discrimination or marginalization may have been experienced in the past by the older adults. At the start of an intervention, it may be appropriate to demonstrate to older adults that the current setting is a safe space where these experiences can be discussed. For nurses, such an approach facilitates meaningful caregiving [59].

**(5) Enhancing Quality of Life.** Nurses aim to enhance the quality of life of older adults by reducing the intensity of their death anxiety and empowering them to cope and deal with their fears in a positive manner. Worries about the immediate and long-term consequences of the Covid-19 pandemic for some older adults may develop into pervasive worry that is disproportionate in its intensity or duration and significantly interferes with daily life activities and enjoyment [42]. To optimize healthy aging quality of life and minimize the effects of death anxiety during the pandemic, Batsis et al. [42] recommended following a comprehensive approach to (a) promoting health; (b) preventing injury; (c) managing chronic conditions, (d) optimizing cognitive health, (e) optimizing mental health, (f) optimizing physical health, and (g) facilitating social engagement of older people. In addition, (h) encouraging older adults to practice healthy eating, (i) reduce alcohol intake, and (j) get adequate sleep are beneficial coping strategies [42,60] (Batsis, 2021; National Institute on Aging (NIA), 2022, <https://www.nia.nih.gov/health/what-do-we-know-about-healthy-aging>).

**(6) Relaxation Techniques.** One of the most effective interventions used to treat death anxiety is teaching older adults relaxation techniques (e.g., walking, listening to music, writing feelings in a journal, or practicing spiritual activities) to reduce the intensity of their death anxiety [54]. The Covid-19 pandemic has influenced the mental health of older adults and triggered the presence of death anxiety in general and predatory death anxiety. However, the implications of death anxiety related to the Covid-19 pandemic among older adults for nursing educators and students are also significant. Nurses employed in different settings must be prepared to assess and treat the death

anxiety disorder, its etiology, and the factors that trigger it during pandemics. This has implications for nursing educators. While education was suspended or delivery methods recrafted in post-secondary institutions, and hospital settings, the need to orientate and increase the awareness of nurses and nursing students to death anxiety among older adults was magnified because of the pandemic [61]. In teaching about death anxiety, nurse educators should consider the cultural, situational, and religious factors and evidence-based knowledge, definitions of death anxiety, its theoretical underpinning, and nursing guidelines to prevent or treat it.

The pandemic presented unique challenges to all learning types and levels. Re-crafting educational teaching for many nurse educators meant moving to online courses. It stimulated discussion among them to consider to innovative alternative methods for rapid education and to train specifically to the health and social challenges of the Covid-19 crisis. Besides the need to replace the lost education opportunities due to the pandemic, learning has to be delivered to upskill gerontological nurses so that they can safely join the Covid-19 or similar pandemic-focused workforce. The utilization of technologies is essential to achieve such adaptations in education and training delivery during the pandemic [62].

## 6. Conclusions

Death anxiety is multidimensional. The reasons behind death anxiety for each older adult are diverse as each is a unique individual. During the Covid-19 pandemic and similar situations in the future, gerontological nurses must carefully assess and intervene to address this health concern. Death anxiety negatively impacts the quality of life of older adults. However, the health-related quality of life of older adults can be enhanced by actual or potential support from others [63]. They need to demonstrate evidence-based practice taking into consideration their own definition and perceptions of death, the reasons for their beliefs, and the cultural, situational, and spiritual context in which they practice.

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