Gwendolyn C. Hunter. COMPARISON OF VALUES HELD ABOUT PURPOSE IN LIFE AND DEATH ANXIETY ATTITUDES. (Under the direction of Helen D. Koldjeski) School of Nursing, August 1982.

This study investigated relationships between values held about meaning and purpose in life and levels of death anxiety in nurses. Two hypotheses were tested: nurses holding high values of purpose in life would hold lower levels of death anxiety, and nurses holding low values of purpose in life would hold higher levels of death anxiety. The sample was 232 junior and senior nursing student volunteers from two baccalaureate schools of nursing, one a large, state-supported university and the other a small, private, religious-oriented college. Subjects were administered Crumbaugh and Maholick's Purpose in Life Test and the Collett-Lester Fear of Death Scale. Analysis was by: (1) chi-square to determine the number of subjects in high and low categories of purpose in life and death anxiety, and (2) analysis of variance of the scores of subjects to get a more precise measurement of values.

Findings showed that the number of students who held a high purpose in life was not statistically significantly different from the number holding low death anxiety, nor was the number of students who held a low purpose in life statistically significantly different from the number holding high death anxiety. The hypotheses as stated were rejected. However, when analysis of variance of score values was conducted there were statistically significant differences in

that students who scored high on purpose in life had lower death anxiety scores. Another finding was that levels of death and anxiety were statistically significantly higher among the students attending the small, private, religious-oriented college than the students attending the large, state-supported university.

Further study of the relationships between purpose in life and death anxiety is needed in relation to some of the findings found in this investigation as well as other different factors since it seems obvious that death anxiety is a complex phenomena. Further study needs to use more refined and precise measurements that discriminate between value differences between purpose in life and death anxiety.

COMPARISON OF VALUES HELD ABOUT PURPOSES IN LIFE AND DEATH ANXIETY ATTITUDES

A Thesis

Presented to

the Faculty of the School of Nursing

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In Partial Fulfillment

of the Requirements of the Degree

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by

Gwendolyn C. Hunter

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COMPARISON OF VALUES

HELD ABOUT PURPOSES IN LIFE AND

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CHAPTER 1

INTRODUCTION

Need for the Study

At least two schools of thought have been used to explain death anxiety: an approach that is based on the assumption that increased experiences with death blunts the anxiety about death and develops more positive attitudes about death and dying and an existential approach that is based on an assumption that acceptance of the inevitability of death is what makes life meaningful and this acceptance leads to less anxiety about death.

The first approach, experiential-behavioral in nature, relies heavily on theories of learning and personality. The second approach, existential in nature, relies on existential theories of being, life, and death.

Despite repetitive contact with death, nurses, as health professionals, are reported in the research to hold high levels of death anxiety. This suggests that the problem of death anxiety is not being explained too well by current conceptualizations based primarily on attitudes and experiences with death.

No research has been found that investigates death anxiety in nurses from an existential perspective. Considering the caring and humane component of nursing practice, an investigation that touches existential concepts may help to explain more clearly the continued occurrence of death anxiety. There is a need to broaden conceptualizations of death anxiety in order to understand and find ways to help

nurses who daily face dying and death. Moreover, given the ever increasing number of terminally ill hospitalized patients, the existence of anxieties about death among nursing professionals documented by research takes on an added significance. Nurses, inevitably, must attend persons who are dying. If contact with the dying increases anxieties about dying as studies have demonstrated, then nurses are caught in an inescapable situation.

Each succeeding generation of nurses continues to experience death anxiety. There is a need to determine whether the use of an existential perspective explains more completely death anxiety in nursing students. According to Golub and Reznikoff (1971), attitudes toward death and dying seem to form early in the nursing career, probably during the student years as a result of some kind of identification in which nursing students assume the expected attitudes of their reference group. Perhaps, with a better understanding of the phenomena of death anxiety, future interventions might be implemented which would decrease the level of death anxiety held by nurses and the unfavorable behavioral influences it may have on the quality of nursing care administered to dying patients.

Conceptual Framework

Death anxiety has always been recognized as a universal phenomena. This phenomena stimulated the research of Dr. Kubler-Ross on dying patients in the 1960's. Until then death was a more or less taboo subject among health professionals.

Death anxiety is a vague feeling concerning death and refers to

the fear of one's own death in a physically healthy individual (McCarthy, 1980, p. 1). This definition builds on the idea of anxiety as a diffuse, highly unpleasant, often vague feelings of apprehension.

Over the past twenty years, at least two major approaches toward explanations of death anxiety have evolved. The first is an experiential-behavioral approach based on theories of learning and personality that are oriented toward denial of death. The second is an existential philosophical approach.

The experiential-behavioral approach to death anxiety is grounded in social, personal, and cultural values, attitudes, and practices. In the American society, the dominant views of death are built on the vestiges of the Protestant Ethos, in which individualism, independence, hard work, youth, and individual achievement are highly valued. Individuals are viewed as separate and unique and the death of individuals is viewed as separate and unique. Thus, dying is something someone does alone and handles alone. It is an individual responsibility to carry the burden of feelings, concern, remorse, and sorrow stoically. Death creates anxiety because of the possibility of being dependent and relying on others in the face of death. Also, the fear of humiliation, at not being able to handle suffering or the fact of not existing creates anxiety.

Death is anxiety-arousing because it is viewed as the end of achievement of goals, thus the ultimate failure. This fact is set against the cultural view that youth and hard work are associated with achievement. Correspondingly, old age denotes dependence, physical debility, and lack of achievement; and is therefore devalued

(Collette-Pratt, 1976). Charmaz (1980) believes that American attitudes toward the aging process and the aged are often believed to be part of a stance of denial of death.

In his book, The Denial of Death, Becker states that "the idea of death, the fear of it, haunts the human animal like nothing else, it is a main spring of human activity - activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destiny for man" (1973, p. 11). Charmaz (1980) has suggested that denial of death is both an individual adaptation to one's mortality and a cultural response to the issue of death. She also notes that euphemisms that circle the touchy issue of death are often taken as evidence of denial. Instead of saying "someone is dead," it is phrased "someone has passed on." Other indications of denial of the American public, according to Charmaz, might include seeking high-risk occupations, purchasing unsafe automobiles, driving carelessly, or tacitly accepting escalation of the nuclear arms race.

Violent death and its magical reversibility in children's stories and games is one indication of denial (Dumont & Foss, 1973). Similarly, children's cartoons on television programs are action packed episodes in which the main character is killed only to reappear intact later on. Dumont and Foss emphasize that the relative infrequency of death of intimates must contribute to the American view of death. People are not forced to think about death or their responses to death.

Denial, avoidance, and anxiety about death in the American society are depicted in the ever increasing number of seriously and terminally ill patients hospitalized, elderly isolated in retirement villages, and

geriatric patients removed in nursing homes. The removal of the old and ill enables the community and family to avoid interaction with dying persons and the death process. Health professionals sharing similar values, attitudes and practices as others are forced to face the realities of people dying. Encounters with death and dying are constant and repetitive experiences for them. Generally, it is assumed that repeated exposure to death will reduce the anxiety one feels toward the death of others and one's own death; and there will be more acceptance of death. There is evidence to suggest that this assumption may not be an accurate one. Physicians and nurses who experience deaths of patients and clients have an increase in death anxiety (Feifel, 1967; Lester, Getty, & Kneisl, 1974; Stoller, 1980).

The ideology of both the medical and nursing professions hold values based on care, cure, and maintenance of life. Technological advancements have provided both physicians and nurses with the means of staging death and prolonging life. This ability has in effect given health professionals power and omnipotence over death. Death may be perceived by health professionals as a failure of application of technology as well as a personal sense of failure.

The existential philosophical approach explains death anxiety as the problem of finding meaning in one's life. The emphasis is on an individual's experiences in living. Confrontation with death gives positive meaning to both death and life to most individuals. "In the face of death as absolute finis to the future and boundary to all possibilities, individuals are under the imperative of utilizing their

lifetimes to the utmost, not letting the singular opportunities - whose 'finite' sum constitutes the whole of life - pass by unused" (Frankl, 1965, p. 64). Living fully demands awareness of and readiness for death. This spirit of awareness implies responsibility and that at any age maturity demands living with death and ultimately dying with life (McCarthy, 1980, p. 28). Thus the awareness of death and its inevitability evokes anxiety that can only be dealt with by accepting the responsibility of finding meaning in life.

Two major contradictions about death anxiety have been discussed. The first suggests that experiences with death and dying heightens anxiety about one's death. For health professionals, this creates an enduring conflict. Not only do physicians and nurses have to cope with repetitive experiences with dying and death, they also hold and use as a guide to behavior attitudes and value systems imposed upon them by society in general and their own medical and nursing professions in particular. Second, according to existential philosophy, exposure to death gives meaning to one's own death and life. Therefore when death and its finiteness constitutes something that gives meaning to human existence and not something that robs it of its meaning, death need not be feared and anxiety about death need not be heightened when health professionals have to cope with death and dying persons. The enigmas which each perspective give rise to have been important in the development of this research.

Purpose of the Study

The purpose of this study was to determine whether relationships

exist between the values held about meaning and purpose in life and the levels of death anxiety in nurses. The two major perspectives on death anxiety which have been discussed suggest that both may be touching different aspects of reality in relation to this human experience of dying and death. This research investigated whether there are relationships between attitudes about purpose in life and levels of death anxiety held by student nurses. The hypotheses postulated for these relationships were:

> Nurses holding high values of purpose in life would report lower levels of death anxiety.
>
> Nurses holding low values of purpose in life would report higher levels of death anxiety.

Significance of the Study

Although it is recognized that a certain amount of anxiety is beneficial for learning and existence, high levels of anxiety can hamper learning and communication. Chronic and recurrent anxiety about death influences the ways in which nurses relate to and care for dying patients. One common approach is to avoid the patient and situation whenever possible. Communication with dying patients is a very important aspect of their care in that it can be helpful in determining and meeting the emotional needs of the patient as well as allowing them to express their feelings. This study was significant in that it helped to uncover some new relationships that may assist nurses to cope with their anxieties about death, and positively influence the quality of care administered to dying patients.

Results of this study may serve to guide further inquiry into the relationship between death anxiety and purpose of life among other

professional groups. Information gained may help instigate further intervention for change to reduce death anxiety among nurses and other professionals.

Definition of Terms

Death anxiety is a diffuse, highly unpleasant, often vague feelings of apprehension concerning death; in this study, these feelings are considered to be the score on the Collett-Lester Fear of Death Scale.

Death experience is the amount of exposure or contact persons have had with death and dying; in this study, these experiences are considered to be the score of information collected by the biographical data portion of the research instrument.

Purpose in life is the amount of meaning and purpose which gives life a sense of unique identity; in this study, purpose in life is considered to be the score on the Purpose in Life Test.

Existentialism is a philosophy centered around the analysis of human existence stressing the freedom, responsibility, singularity, uniqueness and temporality of the individual.

Assumptions

An assumption basic to the purpose of this study is that anxieties and fears have a direct influence upon behavior. Nurses' feelings toward dying and death are assumed to influence their relationships with dying persons.

Students in both nursing programs tested are equal in their capacity to understand and respond to questionnaires.

Limitations

This study is limited to junior and senior nursing students

enrolled in two selected baccalaureate schools of nursing. A second assumption is that death experiences of junior students in School A may differ from the death experiences of junior students in School B because students from School A received more clinical exposure than students from School B. Another limitation of the study is that the subjects differ on age, nursing experiences, and death experiences from those of practicing nurses.

CHAPTER 2

REVIEW OF THE LITERATURE

Two main contradictory themes were drawn from the conceptual framework: the experiential-behavioral premise that suggests that experience with death and dying heightens anxiety about death versus the existential premise that confrontation with death increases meaning and purpose in life and acceptance of death. The review of the literature focuses on the examination of these two themes.

The Experiential-Behavioral Premise

The experiential-behavioral premise suggests that experience or increased contact with death heightens anxiety about death. Several research studies have demonstrated the existence of death anxiety in physicians and nurses. An early study conducted by Oken (1961) investigated the attitudes of physicians toward telling patients they had incurable cancer. Almost 90 percent had a strong and general tendency to withhold the information. From among all the explanations given for not telling, it was found that both physicians and patients equated cancer with suffering and certain death. Therefore, physicians in an effort to cope with their pessimism and powerlessness to cure cancer and overcome death refrained from disclosing to patients the seriousness of their diseases.

According to Feifel (1959), dying patients often arouse physicians' own fears about dying, and this creates a denial of their professional skills (1959, p. 122).

In 1967 Feifel, Hanson, Jones, and Edwards re-examined death

anxiety in physicians. They hypothesized that one reason physicians choose their profession is their heightened fear of death. By becoming a doctor, physicians try to undercut their above-average fear about death by gaining the power to cure (p. 201). Analysis of the findings showed that the physicians were statistically significantly more afraid of death than a control group of seriously and terminally ill patients. Medical students held this fear of death almost as much as practicing physicians.

Caldwell and Mishara (1972) encountered defenseness when they attempted to conduct a study on physicians' attitudes toward dying patients. Only 13 out of 73 physicians approached consented to be interviewed. The researchers believed that this reluctance was an indication of their attitudes toward death.

The implications of physicians holding death anxiety in relation to their patients were investigated by Schulz and Aderman (cited in Bugen, 1979). They hypothesized that physicians high in death anxiety would be less willing to admit that their patients were terminal; and therefore, more likely to use heroic measures to keep them alive. Although not enough information was obtained to substantiate the hypothesis, it was found that the length of stay for dying patients, which was longer than non-dying, varied directly as a function of the physicians' death anxiety. This study along with Oken's (1961) suggests that death anxiety does affect the clinical management of terminal patients by physicians.

Because nurses spend more time with patients than any other health professional group, some studies have dealt with death anxiety and

attitudes toward death among nurses. Golub and Reznikoff (1971) hypothesized that the professional education and experiences held by nurses influenced their attitudes toward death. They compared 82 graduate nurses and 70 first year nursing students and found that mental health concepts and the psychodynamics of behavior taught in their nursing education influenced the graduate nurses' attitudes toward death. Intra-group comparisons of the graduates in nursing specialties did not relate nursing experience to attitude toward death. Since the attitudes of the graduate nurses were more accepting of death than those of the students, and this greater acceptance was present in younger, less experienced nurses as well as the older ones; the researchers surmised that formation of attitudes toward death occurs most likely during the student years as a result of the education process.

Lester, Getty, and Kneisl (1974) explored the attitudes of nursing students and nursing faculty toward death and dying and attempted to determine a correlation with career choices in clinical specialization at the graduate level. The first hypothesis that fear of death and dying will decrease with increased academic preparation was supported. The results of this are in contradiction to Feifel findings (1967) in which physicians' expressed greater fear of death than medical students. However, an exception to the tendency for fear of death and dying to decrease with increased academic preparation was evidenced in a group of junior nursing students involved in clinical courses which focused on illness rather than maintenance of health, and who had more direct contact with dying patients. In this research, their fear of death of

others was increased. The second hypothesis, that fear of death and dying will be positively related to choice of clinical specialization in medical-surgical nursing rather than a choice in community health, rehabilitation, or psychiatric nursing was not supported. These findings correlated with those of Golub and Reznikoff (1971).

Using a questionnaire, Yeaworth, Kapp, and Winget (1974) measured the attitudes of 108 freshmen and 69 senior nursing students. Compared to freshmen, the responses of the seniors indicated statistically significantly greater acceptance of feelings, more open communication, and less use of stereotyped attitudes. Sixty-five of the 69 senior students had nursed a dying patient, and 20 percent of the seniors reported some experience with death of an immediate family member compared to 10 percent of the freshmen. The results of this study are contrary to the thesis that death anxiety is increased as experience with working with the dying is increased.

Medical and nursing educational programs seem to be based on the untested assumption that high death anxiety result from nonexperience with death. Further, the notion is held that to decrease the anxiety of persons who care for the dying, it is necessary to bring these persons into contact with death. In a study of death experience and death anxiety among 76 nurses and nursing students, Denton and Wisenbaker (1977) only found partial support for the assumption. These findings partially support the findings of Feifel (1967) and Lester, Getty, and Kneisl (1974) which demonstrated that the more individuals experience death and dying the greater their level of death anxiety.

Stoller (1980) tested the hypothesis that with experience, nurses develop coping techniques to deal with difficult work situations and that the uneasiness that nurses experience in early encounters with dying and death begin to subside as they learn various defensive strategies (p. 35-36). By questionnaire she found that licensed practical nurses began to develop coping mechanisms to alleviate the uneasiness associated with interaction with dying patients; but the 62 registered nurses did not, and the uneasiness associated with interaction with the dying increased with experience. Stoller's study follows the trend that experience with death and dying actually increases death anxiety.

Eakes (1980) investigated the relationship between death anxiety and attitudes toward the elderly among nursing staff in nursing home settings. Nursing staff with high levels of death anxiety had significantly more negative attitudes toward the elderly than nursing staff with low levels of death anxiety. Results of her study also revealed a high mean death anxiety score among the nursing staff thus supporting previous evidence of the existence of death anxiety among health care providers.

The Existential Premise

The existential premise holds that the inevitability of death creates anxiety. To deal with the anxiety, individuals must confront the inevitability of death and accept the responsibility of finding meaning in their lives. The literature is devoid of research regarding the relationship between death anxiety and meaning and purpose in life among nurses. Except for a study by Durlak (1978-79) who examined the

relationship among hospital employees, secondarily to his main purpose, all other empirical research in this area has been conducted with non-health professional subject samples.

The main purpose of Durlak's (1978-79) study was to examine the impact of a death and dying workshop which used two methods: experiential and didactic approaches to death education. Fifty-one hospital personnel were divided into an experiential group, didactic group, and control group. To measure the effectiveness of the interventions, each person was pre and posttested on two death anxiety measures, a purpose in life test, and a social desirability scale. Results indicated that the experiential groups showed a significant reduction in death anxiety, whereas the didactic and control groups showed an increase in death anxiety. Correlations between purpose in life scores and death anxiety scores showed a statistically significant decrease in death anxiety among personnel who scored high on purpose in life. These findings replicated findings of other studies which indicate that the greater the purpose in life, the lower the level of death anxiety (Durlak, 1972, 1973; Blazer, 1973).

The next group of studies to be reviewed address the relationship between existential concepts of meaning and purpose in life as proposed by Frankl (1965) and death anxiety. Frankl theorizes that true meaning and purpose in life is associated with individuals finding and accepting meaning in suffering and, ultimately, death. Death becomes a factor in life's meaningfulness. Accepting Frankl's notion, then, it would be expected that as purpose in life increases death anxiety decreases.

Using a sample of 120 college and high school students, Durlak

(1972) examined a possible relationship between individual attitudes about life and death. Data from a purpose in life test and a death anxiety scale showed that as purpose in life rose, death anxiety was significantly reduced across all subjects. A replication study using 94 college students, found similar findings. On a semantic differential rating scale, the sample of college students showed that subjects reporting less purpose and meaning in life showed greater death anxiety. These results thus supported Frankl's position that subjects who reported a high purpose in life tend to fear death less and have a more positive and accepting attitude toward it (p. 463).

In an attempt to replicate the above findings on elderly subjects, Durlak (1973) employed the same two scales used in his study in 1972, to test 39 female nursing home residents, mean age of 76. Again a significant relationship was found as follows: the greater the purpose in life, the lower the level of death anxiety. Although sample size was small, this study does suggest support for Durlak's (1972) previous study.

Blazer (1973) sought to measure the relationship between how people feel about meaning and purpose in their lives and their feelings or attitudes about death. Over a period of three years, 200 males and 200 females, mean age of 29, completed a purpose in life test and a death anxiety scale. He found a statistically significantly greater acceptance of death among those subjects who reported higher meaning in life. Blazer drew several conclusions from his findings. One was that children need to be guided to look and accept death and this results in adults who are more directed, purposeful in life, and who can become

more mature and responsible citizens. He believed this relationship would make people less neurotic and more mentally healthy.

The results of a study conducted by Wexler (1978) confirmed Blazer's conclusions that adults with greater purpose in life are more mentally healthy. Wexler hypothesized that an inverse relationship existed between cognitive death orientation and mature functioning. He also employed a death anxiety scale to measure affective death concerns. Analysis of the data supported the hypothesis. Overall results were interpreted as supporting the existential position that confrontation and acceptance of one's own mortality is related to emotional well-being and healthy functioning.

Several researchers examined the effects of the variable religiousness upon the relationship between purpose in life and fear of death. O'Rourke (1976) hypothesized that nursing home resident subjects who had a higher degree of religiousness would also have a higher degree of meaning or purpose in life and less fear of death. He believed that these individuals would possess an inner strength and a philosophy of life which would assist them in accepting the losses which precipitated their entrance into a long term care facility. Ninety-nine subjects were tested, mean age of 80 years. Significant differences on purpose in life scores were found between the high and low belief groups supporting the hypothesis that religiousness was related to higher purpose in life. Religious orientation, however, did not significantly effect the purpose in life scores. On fear of death, neither belief nor religious orientation had significant effects. The study suggested that although religious belief was related to higher purpose in life,

there is no relationship between religiousness and fear of death.

A set of similar hypothesis regarding the interrelationship between the fear of death, purpose in life, and extrinsic versus intrinsic religious orientation had been examined earlier by McCarthy (1973). Intrinsically motivated persons find their most central and ultimate motive in life their religious faith. The religion of extrinsically motivated persons is secondary to other aspects of life and is instrumental in that it serves other concerns in life such as security, social status, and power (Allport, 1959). The hypothesis that intrinsically religious subjects would have lower death anxiety than extrinsically religious subjects and would have greater purpose in life than extrinsically religious subjects was not supported. These findings were similar to the findings of O'Rourke (1976). A hypothesis drawn from Frankl's existential concepts that higher purpose in life subjects would have less death anxiety than low purpose in life subjects was supported, and further supported the findings of Durlak (1972, 1973, 1978; Blazer (1973) and Wexler (1978).

Summary

The review of the literature focused around the development of two contradictory themes attempting to explain death anxiety: the experiential-behavioral premise that suggests that experiences with death and dying heighten anxiety about death versus the existential premise that confrontation with death increases meaning and purpose in life and acceptance of death.

In regard to the experiential-behavioral premise, it was found in the research that physicians and nurses view death as a threat to their

professional skills and their power to cure and maintain life. Also, their attitudes toward death affect both positively and negatively the way they treat and care for terminal patients. Amount of academic preparation was found to both increase and decrease death anxiety in nurses, thus this relationship is not at all clear. Among physicians, an increased amount of academic preparation increased death anxiety.

Death anxiety was, apparently, not directly related to the choice of specialization among nurses. Length of actual work experience had no apparent bearing of attitudes toward death. Young, less experienced nurses shared similar attitudes toward death as did older, more experienced nurses. However, with few exceptions, most studies found that as contact with dying and death increased, the level of death anxiety held increased among both physicians and nurses.

Only one study was found which examined the existential premise on health professionals. Results of that study showed that among the health professionals tested, those with greater purposes in life reported lower levels of death anxiety. All other studies involved non-health professional sample groups, however, this same relationship held true for them also. The effect of religiousness was examined upon the relationship between purpose in life and death anxiety. Findings are so variable that no definite conclusions can be drawn.

In view of the different dimensions of death anxiety, several research questions have been posed, one of which this researchers is pursuing. Because of the contradictions between two of the major premises about death anxiety and the absence of research about nurses from the existential perspective, this researcher elected to expand

upon the explanation of death anxiety from the existential approach to determine if relationships exist between existential concepts about life and death anxiety among nurses.

CHAPTER 3

METHODOLOGY

Research Design

A comparison study was used to investigate whether there are relationships between the extent that existential views are held about purpose in life and the level of death anxiety experienced by nursing students. Nursing students from two university campuses were administered a research packet containing two questionnaires, one measuring death anxiety and the other measuring purposes in life. Selected biographical information was also obtained. Analysis of the data determined whether significant relationships between these two views existed. Conclusions and implications are discussed and recommendations for future study made.

Subject

The study was conducted utilizing a convenience sample of junior and senior level nursing students from two baccalaureate schools of nursing in the southeastern United States. One hundred, eighty-five nursing student volunteers from School A, a large, state-supported university and 47 nursing student volunteers from School B, a small, private, religious-oriented college comprised the study population. The total number of subjects were 232.

Instrumentation

Two instruments of measurement and a biographical data sheet comprised the research questionnaire utilized in the study. The variable, purpose in life, was measured by the Purpose in Life Test (PIL)

(Crumbaugh & Maholick, 1964). The Collett-Lester Fear of Death Scale (Collett & Lester, 1969) was used to measure the second variable, death anxiety. Permission to use each instrument was secured from Dr. Crumbaugh and Dr. Lester by telephone. Biographical information including age, sex, race, student status, previous work experience, and previous experience in witnessing death, formal education about death and dying, formal education about philosophy of life, and influence of religious beliefs on coping with death and dying, was obtained through a self-developed data collection sheet. A copy of the research questionnaire is presented in Appendix A.

Purpose in Life Test.--The Purpose in Life Test is a Likert-type attitude scale composed of three parts. The 20 scaled items of Part A were the only portion of the instrument which could be objectively scored and was the only part used in the study.

According to Frankl (1965), an existentialist, persons seek primarily to find meaning and purpose in human existence. When they fail to fine meaning and purpose which gives life a sense of unique identity, they experience "existential vaccum." The PIL is useful in detecting existential vaccum. The tool has been used extensively in individual counseling of students in vocational guidance and rehabilitation work, in treatment of both in-and-out patient neurotics, and in group administration for research purposes.

Both construct and criterion validity of the PIL have been assessed. From the standpoint of construct validity, Crumbaugh (1968) correctly predicted the order of the means of 4 "normal" populations: successful business and professional personnel (M= 118.90), active and

leading parishioners (M= 114.27), college undergraduates (M= 108.45), and indigent nonpsychiatric hospital patients (M= 106.40). Prediction of the order of means for psychiatric patients was less accurate, but did show the expected drop from neurotics to alcoholics to non-schizophrenic psychotics. The predicted differences between patient and "normal" populations yielded a t of difference significant at $P < .001$. The difference in variance between patient and "normal" populations was significant (F= 2.20, P= .01).

The concurrent validity has been evaluated by two measures: (a) correlation between PIL scores and therapists' ratings of the degree of purpose in life demonstrated by the patient, and (b) correlation between PIL scores and ratings by ministers of the degree of purpose exhibited by their participating parishioners. The relationship between the scale and therapists' ratings was .38 (Pearson Product-Moment); and the relationship between the scale and ministers' ratings was .47 (Pearson Product-Moment).

The split-half reliability of the PIL was determined by Crumbaugh and Maholick (1964) as .90 (Spearman-Brown). The same relationship was determined by Crumbaugh (1968) as .92 (Spearman-Brown).

Collett-Lester Fear of Death Scale.--The Collett-Lester Fear of Death Scale is also a Likert-type scale. At present it is one of six most used death anxiety questionnaires. Although it has not been independently validated, intercorrelations among the six scales are high enough to lend each a degree of concurrent validity. Two of these scales, Boyar's (1964) Fear of Death Scale and Templer's (1970) Death

Anxiety Scale, have been validated. Durlak (1972) found positive intercorrelations ranging from .41 to .65 among five of the scales including the Collett-Lester Fear of Death Scale. Vargo (1980) further investigated the relationship between the Templer Death Anxiety Scale and the four subscales of the Collett-Lester Fear of Death Scale. Utilizing product-moment correlations computed between 72 undergraduate nursing students' scores, he found that the two scales significantly correlated (rs = .61, .52, .43, .40; p = .01); thus supporting their concurrent validity.

Most death anxiety scales treat death as a unitary concept based on the assumption that death anxiety is a single type of fear or anxiety. The Collett-Lester Fear of Death Scale is the only exception. It is divided into four subscales measuring anxiety over death of self, death of others, dying of self and dying of others. Collett and Lester (1969) found low intercorrelations among their subscales suggesting that death anxiety is a multidimensional concept. The authors administered the 38 items to two groups of 25 female undergraduates, the second group serving as a replication sample. The scores of the subjects in the first group on each item were correlated with the total score for the subscale to which the item belonged. All items whose correlations were not significant at the .10 level of significance were eliminated. A three-way analysis of variance for repeated measures was carried out on the data with the two samples treated as a replication factor. The terms of the analysis were all insignificant (pp. 179-180).

For purposes of this study, one alteration was made in the Collett-Lester Fear of Death Scale. Instead of subjects indicating their

agreement or disagreement with each item on a six-point scale ranging from strong agreement (+3) to strong disagreement (-3), responses were indicated on a seven-point scale ranging from strong agreement (7) to strong disagreement (1). This change was discussed with the author, Dr. Lester, who verified that in no way would the alteration affect the accuracy of the information or validity of the scale.

Collection of Data

Approval and permission for this research was obtained from the Review Committee on Human Research and the researcher's Thesis Committee at East Carolina University at Greenville, North Carolina. A formal research proposal was submitted to the thesis committee.

Agency consent was obtained by contacting the deans of each of the selected schools of nursing. Each dean was given a copy of the research proposal, and the schools' roles and researcher's role were explained. Written consent for participation was secured.

In February and March 1982, the research questionnaires were distributed to all junior and senior nursing students enrolled at the selected schools by either the researcher or the class instructors during a designated scheduled class period. A cover letter, attached to the research questionnaire, explained the study, insured anoymity, and encouraged voluntary participation. Once the questionnaire had been completed, they were collected by the person or persons who had administered them.

Analysis of Data

For purposes of this study, the level of significance was established at .05. The subjects' median scores on Crumbaugh and Maholick's Purpose

in Life Test and the Collett-Lester Fear of Death Scale were designated as the division points for "high" and "low" purpose in life and "high" and "low" death anxiety in order to test the hypotheses. This test required that the number of nurses falling in each designation be known. According to their designation, the subjects were placed in a 2 x 2 contingency table divided into four groups: high purpose in life, high death anxiety; high purpose in life, low death anxiety; low purpose in life, high death anxiety; and low purpose in life, low death anxiety. McNemar's test for correlated proportions (chi-square) was used for analysis since the scores on the two measurements were related for each group of subjects.

Further analysis was conducted at the interval level of measurement by pooling the scores of the Purpose in Life Test and the scores of the Collett-Lester Fear of Death Scale. A t-test was used to determine whether a significant difference in relationships existed. A t-test was also used to determine whether significant differences existed between pooled scores on purpose in life between the two schools and pooled scores on death anxiety between the two schools. Analysis of variance was used to compare the scores of each group to determine whether significant differences existed between the scores in each group and between the groups.

CHAPTER 4

FINDINGS

In this research, it was hypothesized that nurses holding high values in purpose in life would report lower levels of death anxiety; and the obverse relationship, nurses holding low values in purpose in life would report higher levels of death anxiety. To test these hypotheses, Crumbaugh and Maholick's Purpose in Life Test and the Collett-Lester Fear of Death Scale were administered to 232 junior and senior nursing students enrolled in two baccalaureate schools of nursing in the southeastern United States. One-hundred, eighty-five nursing students, approximately eighty percent (80%) of the sample, volunteered from a large, state-supported university and 42 nursing students, approximately twenty percent (20%) of the sample, volunteered from a small, private, religious-oriented college. A number of biographical variables were included in the study. The frequencies and percentage distribution of the biographical variables were presented in Table 1.

The mean age in years of the subjects was 22.9 years. Males comprised three point nine percent (3.9%) of the sample, females ninety-six point one percent (96.1%). Caucasians comprised ninety point one percent (90.1%) of the subjects, blacks seven point eight percent (7.8%) and other two point one percent (2.1%). Approximately thirty percent (30%) of the subjects were junior level students, forty-two point seven percent (42.7%) were senior level students, eleven point six percent (11.6%) were junior level registered nurse students and

TABLE 1

FREQUENCY DISTRIBUTION AND
PERCENTAGE OF N'S ON SELECTED BIOGRAPHICAL VARIABLES

TOTAL N = 232

		Frequency	Percent
1.	Age		
	17-20	33	14.2
	21-24	165	71.1
	25-28	18	7.8
	29 and older	16	6.9
2.	Sex		
	Male	9	3.9
	Female	223	96.1
3.	Ethnicity		
	White	209	90.1
	Black	18	7.8
	Other	5	2.1
4.	Year of study		
	Junior generic	70	30.2
	Senior generic	99	42.7
	Junior RN student	27	11.6
	Senior RN student	36	15.5
5.	Previous work experience		
	In-nursing experience	197	84.9
	Health-related experience	5	2.1
	No experience	30	12.9
6.	Previous experience with death		
	Experience	232	100
	No experience	0	0
7.	Education		
	About death	153	65.9
	About life (philosophy)	75	32.3
8.	Religion		
	Helps to cope with death	227	97.9
	Not helpful	5	2.1

fifteen point five percent (15.5%) were senior level registered nurse students. Approximately eighty-five percent (85%) of the subjects had in-nursing work experience, two point one percent (2.1%) had health-related work experience and twelve point nine percent (12.9%) had no work experience. All of the subjects had previous experience with death. Approximately sixty-six percent (66%) reported having received formal education concerning death and dying and thirty-two point three percent (32.3%) reported having received education concerning philosophy of life. Religious belief was reported to be beneficial in coping with death by approximately ninety-eight percent (98%) of the subjects, only two point one percent (2.1%) reported religious belief to be of no help in coping with death.

In this study, two relationships between death anxiety and purpose in life were hypothesized as follows: (1) nurses holding high values of purpose in life would report lower levels of death anxiety, and (2) nurses holding low values of purpose in life would report higher levels of death anxiety. These hypotheses were tested by chi-square analysis to determine the number of subjects in "high" and "low" categories on purpose in life and death anxiety as measured by the two questionnaires. The number of nursing students from the small, private, religious-oriented college who scored high on purpose in life scored statistically significantly lower on death anxiety and the number of students who scored low on purpose in life scored statistically significantly higher on death anxiety. From the large, state-supported university, the number of nursing students who scored high on purpose in life did not score statistically significantly lower on death

anxiety and the number of students who scored low on purpose in life did not score statistically significantly higher on death anxiety. The majority of students who scored high on purpose in life did not show statistically significantly lower scores on death anxiety nor did the majority of students who scored low on purpose in life show statistically significantly higher scores on death anxiety. The hypotheses for the relationships, namely, nurses holding high values of purpose in life would report lower levels of death anxiety, and obversely, nurses holding low values of purpose in life would report higher levels of death anxiety were not supported and are rejected.

Since the testing of the hypotheses death with "numbers" of students, further analysis of scores of students on purpose in life and death anxiety using analysis of variance provided more precise measurement of the data.

Analysis of data using the scores from the instruments showed that nursing students from both the large, state-supported university and the small, private, religious-oriented college had statistically significant differences on purpose in life and death anxiety questionnaires. In general, students who scored high on purpose in life showed low scores on death anxiety. Data are presented in Table 2.

Relationships between nursing students scores on purpose in life and death anxiety were expressed in several other ways. Some of these data are presented to show several aspects of relationships. In Table 3, scores are shown which compare purpose in life and death anxiety from each of the schools of nursing.

TABLE 2

COMPARISON OF SCORES ON PURPOSE IN LIFE AND DEATH ANXIETY OF JUNIOR AND SENIOR NURSING STUDENTS IN TWO BACCALAUREATE SCHOOLS OF NURSING

		Purpose in Life		Death Anxiety		
Junior-Senior Nursing Students	N	Mean	SD	Mean	SD	t-Test
State-Supported University	185	112.8	10.9	151.5	12.0	-29.7*
Private, Religious-Oriented College	47	110.6	13.4	156.3	11.4	-16.7*

*p < .05

TABLE 3

COMPARISON OF SCORES BY JUNIOR AND SENIOR STUDENTS FROM TWO SCHOOLS OF NURSING ON PURPOSE IN LIFE AND ON DEATH ANXIETY

	State-Supported University School of Nursing			Private, Religious-College School of Nursing			
	N	Mean	SD	N	Mean	SD	t-Test
Purpose in Life	185	112.83	10.90	47	110.57	13.36	1.07
Death Anxiety	185	151.52	12.01	47	156.32	11.36	-2.47*

*p < .05

Data indicates that junior and senior students from the two schools; the large, state-supported university and the other a small, private, religious-oriented college, have no statistically significant differences on purpose in life scores. Students from the small, private, religious-oriented college showed statistically significantly higher death anxiety scores than nursing students from the large, state-supported university. These findings suggest that the samples of students are more alike than different on attitudes about purpose in life but not on death anxiety.

An analysis of variance of selected biographical variables were included in the study. No statistical significant relationships were found between age, sex, race, education about death, education concerning philosophy of life and influence of religious beliefs in regard to coping with death. Two variables, previous work experience and previous experience with death did show statistically significant relationships as follows: nursing students from the large, state-supported university who had none or little (one year or less) nursing or health-related work experience showed higher death anxiety scores, and those who reported fewer experiences with death and dying showed higher purpose in life scores. These relationships were not shown among students from the small, private, religious-oriented college. These findings are shown in Table 4.

TABLE 4

ANALYSIS OF VARIANCE OF RELATIONSHIPS BETWEEN
WORK EXPERIENCE, DEATH EXPERIENCE, PURPOSE IN LIFE, DEATH ANXIETY

Source	Large State-Supported School (n=185)			Small Religious-Oriented School (n=47)		
	df	ss^2	F	df	ss^2	F
Work Experience X Purpose in Life	1	0.58	0.005	1	0.46	0.003
Work Experience X Death Anxiety	1	636.57	4.50*	1	306.99	2.46
Death Experience X Purpose in Life	2	385.80	3.33*	2	338.99	1.98
Death Experience X Death Anxiety	2	61.21	0.42	2	67.46	0.51

*$p < .05$

Summary

Analysis of data was of two kinds: (1) determinations of the number of subjects in high and low categories of purpose in life and death anxiety to test the two hypotheses, and (2) analysis of the scores of subjects on purpose in life and death anxiety measures to determine any significant differences. In the first kind of analysis, the majority of the students who held high values of purpose in life did not report lower levels of death anxiety, nor did the majority of the students who held low values of purpose in life report higher levels of death anxiety. Both hypotheses were rejected. Analysis of variance of scores on purpose in life and death anxiety of students from the small, private, religious-oriented college and the large, state-supported university showed statistically significant differences in the following ways: students who scored high on purpose in life scored low on death anxiety, and obversely, students who scored low on purpose in life scored high on death anxiety. Generally, nurses who hold greater purposes in life are less anxious about death.

Other findings showed that students from the small, private, religious-oriented college had statistically significantly higher levels of death anxiety than students from the large, state-supported university. Two biographical variables included in the study, previous work experience and previous experience with death, showed statistically significant relationships with purpose in life and death anxiety among students from the large, state-supported university but not students from the small, private, religious-oriented college.

CHAPTER 5

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to determine whether relationships exist between values held about meaning and purpose in life and levels of death anxiety in nurses. The two major theoretical perspectives that guided that study were: an existential-behavioral approach based on the assumption that increased experience with death and dying lowers anxiety and develops more positive attitudes and an existential approach based on the assumption that confrontation and acceptance of the inevitability of death make life meaningful and this acceptance leads to less anxiety about death. These two perspectives offer quite different explanations for death anxiety.

Using the two perspectives as a conceptual framework, this investigation explored how selected concepts from these perspectives applied to selected students in nursing. These care-giver professionals are intimately associated with death and dying throughout their educational experiences and careers in nursing. A sample of 232 junior and senior nursing students from two baccalaureate schools of nursing, one a large, state-supported university and the other a small, private, religious-oriented college was administered Crumbaugh and Maholick's Purpose in Life Test and the Collett-Lester Fear of Death Scale.

Two hypotheses were tested. The first was to determine if a relationship existed between nurses who held high values of purpose

in life and reported low levels of death anxiety. The second examined whether nurses who held low values of purpose in life also held high levels of death anxiety. Statistical tests of significance including chi-square and analysis of variance were determined in the analysis of data.

Conclusions

1. In general, the more positive nurses felt about meaning and purpose in life, the less anxiety held about death and dying.

2. The majority of nurses who held high values of purpose in life did not report low levels of death anxiety.

3. The majority of nurses who held low values of purpose in life did not report high levels of death anxiety.

4. On the basis of these findings, both hypotheses were rejected.

Implications of the Findings

While the hypotheses tested were rejected on the basis of the statistical data, several important findings were made. They offer some significant leads for future research about the relationship between purpose in life and death anxiety among health professionals.

Some of the most significant ones are:

1. In general, death anxiety scores of nursing students from the small, private, religious-oriented college were statistically significantly higher than death anxiety scores of nursing students from the large, state-supported university.

2. A greater number of nursing students from the small, private, religious-oriented college who held a high purpose in life score

showed a statistically significantly lower death anxiety score, and a greater number of those who held a low purpose in life score showed a statistically significantly higher death anxiety score.

3. A greater number of nursing students from the large, state-supported university who held a high purpose in life score did not show a statistically significantly lower death anxiety score, and a greater number of those who held a low purpose in life score did not show a statistically significantly higher death anxiety score.

4. Nursing students from the large, state-supported university who had none or little (one year or less) nursing or health-related work experience showed a statistically significantly higher death anxiety score, however, the nursing students from the small, private, religious-oriented college did not show this relationship.

5. Nursing students from the large, state-supported university who reported fewer experiences with death and dying showed a statistically significantly higher purpose in life score, however, this relationship was not shown among students from the small, private, religious-oriented college. So the effect that the lower the death experiences were the higher the purpose in life held.

These findings suggest that the way individuals feel about purpose in life affects the way they feel about death. More indept considerations need to be given factors that affect the meaning and purpose in life held by individuals when investigating the area of death anxiety.

Recommendations for Further Study

The following recommendations are made for further research to help explain the phenomena of death anxiety.

1. The relationship between purpose in life and anxiety about death needs to be explored in more depth and examined in relation to such factors as nursing experience and death experience.

2. The phenomena of death anxiety among health professionals needs more indept examination in relation to the role of religious beliefs.

3. Factors that affect generalizations about death anxiety needs to be explored among students who select different kinds of schools for different reasons.

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APPENDIX A

RESEARCH QUESTIONNAIRE WITH COVER LETTER

Spring Semester 1982

Dear Nursing Student:

I am a registered nurse in the Master of Science in Nursing program at East Carolina University at Greenville, and am contacting you regarding a research study which I am conducting. The purpose of my study is to investigate how nurses view death and dying and purposes in life.

The questionnaire has three sections.
Section 1. Basic Biographical Information
Section 2. Information About How You Feel About Life
Section 3. Information About How You Feel About Death and Dying

Consent has been received from your school to distribute questionnaires. Completion of the questionnaire will be taken as your consent to participate in the study. Since the participation of all the nursing students selected is so important to the findings of the study, and in view of the strict research deadlines, I am hopeful that you are willing to take twenty minutes of your time to complete the questionnaire.

All information received will be confidential. All responses will be analyzed as group data and no identification will be made of any student or school in any publication of the research.

Please do NOT put your name on the questionnaire.

When you have completed the questionnaire, please hand it in to the person who issued it to you.

Your cooperation will be sincerely appreciated.

Thank you,

Gwendolyn Hunter, R.N., B.S.N.

Section 1. Basic Biographical Information

Instructions: Please check the appropriate answer to the following questions.

1. Please check the age group that you fall in.

   1. _____ 17-20
   2. _____ 21-24
   3. _____ 25-28
   4. _____ 29-32
   5. _____ over 32

2. Please check your sex.

   6. _____ Male
   7. _____ Female

3. Please check the category below that fits you.

   8. _____ White
   9. _____ Black
   10. _____ Hispanic
   11. _____ Asian or Pacific Islands
   12. _____ American Indian
   13. _____ Other

4. Please check your year of study in nursing.

   14. _____ Junior-generic student
   15. _____ Senior-generic student
   16. _____ Junior-registered nurse student
   17. _____ Senior-registered nurse student

5. Please check whether you have worked in a nursing or health related area other than nursing school.

   18. _____ Yes
   19. _____ No

6. If the answer to the above question is "yes," please check how long you have worked.

   20. _____ 0-6 mos.
   21. _____ 7 mos.-1 yr.
   22. _____ 13 mos.-3 yrs.
   23. _____ More than 3 yrs.

7. Please check your job title at work.

24. _____ Nursing assistant
25. _____ Medical secretary
26. _____ Lab technician
27. _____ Registered nurse
28. _____ L.P.N.
29. _____ Other

8. Please check whether you have ever witnessed a death.

30. _____ Yes
31. _____ No

9. Please check whether you have recently (1 year or less) experienced the death of anyone very close or meaningful in your life.

32. _____ Yes
33. _____ No

10. Please check how much contact you have had with death and dying.

34. _____ No contact at all
35. _____ Very little contact
36. _____ Quite a bit of contact
37. _____ A great deal of contact

11. Please check whether you have ever taken a course, attended a workshop, or received any formal education about death and dying.

38. _____ Yes
39. _____ No

12. Please check whether you have taken a course that focuses on the philosophy of life and living.

40. _____ Yes
41. _____ No

13. In terms of your personal beliefs about religion, please rate the degree that it helps you when coping with death and dying.

42. _____ Very helpful
43. _____ Moderately helpful
44. _____ Helps some
45. _____ Not very helpful
46. _____ Not at all helpful

Section 2. Information About How You Feel About Life

Instructions: For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling. "Neutral" implies no judgement either way; try to use this rating as little as possible.

47. I am usually:

1	2	3	4	5	6	7
completely bored			(neutral)			exuberant, enthusiastic

48. Life to me seems:

7	6	5	4	3	2	1
always exciting			(neutral)			completely routine

49. In life I have:

1	2	3	4	5	6	7
no goals or aims at all			(neutral)			very clear goals and aims

50. My personal existence is:

1	2	3	4	5	6	7
utterly meaningless without purpose			(neutral)			very purposeful and meaningful

51. Every day is:

7	6	5	4	3	2	1
constantly new			(neutral)			exactly the same

52. If I could choose, I would:

prefer never to have been born			(neutral)			Like nine more lives just like this one

53. After retiring, I would:

7	6	5	4	3	2	1
do some of the exciting things I have always wanted to do			(neutral)			loaf completely the rest of my life

54. In achieving life goals I have:

1	2	3	4	5	6	7
made no progress whatever			(neutral)			progressed to complete fulfillment

55. My life is:

1	2	3	4	5	6	7
empty, filled only with despair			(neutral)			running over with exciting good things

56. If I should die today, I would feel that my life has been:

7	6	5	4	3	2	1
very worthwhile			(neutral)			completely worthless

57. In thinking of my life, I:

1	2	3	4	5	6	7
often wonder why I exist			(neutral)			always see a reason for my being here

58. As I view the world in relation to my life, the world:

1	2	3	4	5	6	7
completely confuses me			(neutral)			fits meaningfully with my life

59. I am a:

1	2	3	4	5	6	7
very irresponsible person			(neutral)			very responsible person

60. Concerning man's freedom to make his own choices, I believe man is:

7	6	5	4	3	2	1
absolutely free to make all life choices			(neutral)			completely bound by limitations of heredity and environment

61. With regard to death, I am:

7	6	5	4	3	2	1
prepared and unafraid			(neutral)			unprepared and frightened

62. With regard to suicide, I have:

1	2	3	4	5	6	7
thought of it seriously as a way out			(neutral)			never given it a second thought

63. I regard my ability to find a meaning, purpose of mission in life as:

7	6	5	4	3	2	1
very great			(neutral)			practically none

64. My life is:

7	6	5	4	3	2	1
in my hands and I am in control of it			(neutral)			out of my hands and controlled by external factors

65. Facing my daily tasks is:

7	6	5	4	3	2	1

a source of pleasure and satisfaction	(neutral)	a painful and boring experience

66. I have discovered:

1	2	3	4	5	6	7
no mission or purpose in life			(neutral)			clear-cut goals and a satisfying life purpose

Section 3. Information About How You Feel About Death and Dying

Instructions: For each of the following statements, circle the number that indicates how much you agree or disagree with them according to the following scale. Decide quickly how you feel and put down your first impression. Please answer every item.

7 - strong agreement
6 - moderate agreement
6 - slight agreement
4 - neutral
3 - slight disagreement
2 - moderate disagreement
1 - strong disagreement

67. I would avoid death at all cost.

1	2	3	4	5	6	7
strong disagreement			(neutral)			strong agreement

68. I would experience a great loss if someone close to me died.

7	6	5	4	3	2	1
strong agreement			(neutral)			strong disagreement

69. I would not feel anxious in the presence of someone I knew way dying.

1	2	3	4	5	6	7
strong disagreement			(neutral)			strong agreement

70. The total isolation of death frightens me.

1	2	3	4	5	6	7
strong disagreement			(neutral)			strong agreement

71. I am disturbed by the physical degeneration involved in a slow death.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

72. I would not mind dying young.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

73. I accept the death of others as the end of their life on earth.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

74. I would not mind visiting a senile friend.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

75. I would easily adjust after the death of someone close to me.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

76. If I had a choice as to whether or not a friend should be informed he/she is dying, I would tell him/her.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

77. I would avoid a friend who was dying.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

78. Dying might be an interesting experience.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

79. I would like to be able to communicate with the spirit of a friend who has died.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

80. I view death as a release from earthly suffering.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

81. The pain involved in dying frightens me.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

82. I would want to know if a friend were dying.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

83. I am disturbed by the shortness of life.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

84. I would not mind having to identify the corpse of someone I knew.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

85. I would never get over the death of someone close to me.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

86. The feeling that I might be missing out on so much after I die bothers me.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

87. I do not think of dead people as having an existence of some kind.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

88. I would feel uneasy if someone talked to me about the approaching death of a common friend.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

89. Not knowing what it feels like to be dead does not bother me.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

90. If I had a fatal disease, I would like to be told.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

91. I would visit a friend on his/her death bed.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

92. The idea of never thinking or experiencing again after I die does not bother me.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

93. If someone close to me died, I would miss him/her very much.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

94. I am not disturbed by death being the end of life as I know it.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

95. I would feel anxious if someone who was dying talked to me about it.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

96. The intellectual degeneration of old age disturbs me.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

97. If a friend were dying I would not want to be told.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

98. I could not accept the finality of the death of a friend.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

99. It would upset me to have to see someone who was dead.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

100. If I knew a friend were dying, I would not know what to say to him/her.

7 6 5 4 3 2 1

strong agreement (neutral) strong disagreement

101. I would not like to see the physical degeneration of a friend who was dying.

1 2 3 4 5 6 7

strong disagreement (neutral) strong agreement

102. I am disturbed by the thought that my abilities will be limited while I lie dying.

1	2	3	4	5	6	7
strong disagreement			(neutral)			strong agreement

APPENDIX B

LETTER FOR AGENCY CONSENT

February 19, 1982

Dear :

I am a registered nurse enrolled in the Master of Science in Nursing program at East Carolina University at Greenville, North Carolina; and am contacting you regarding a study I am conducting. In my study I am seeking to determine if a relationship exists between levels of death anxiety and meaning and purposes held about life among nursing students. Pending your approval and permission, I would like to test the junior and senior nursing students at your school for purposes of my research. Participation in the study will be strictly voluntary and the anoymity of all subjects and agencies will be guaranteed.

Enclosed is a copy of my research proposal. Approval and permission for this research has been obtained from my thesis committee and the Review Committee on Human Research at East Carolina University.

Your cooperation will be deeply appreciated.

Respectfully yours,

Gwendolyn Hunter, R.N., B.S.N.

COMPARISON OF VALUES HELD ABOUT PURPOSES IN LIFE AND DEATH ANXIETY ATTITUDES

by

Gwendolyn Hunter

Approved by: _____