

## Death anxiety among civilian kidney donors

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### ABSTRACT

“Giving is not just about making a donation; it’s about making difference” - Kathy Calvin. A civilian kidney donor is an ordinary person who has undergone a surgical procedure of removal of kidney for the purpose of transplanting it in another person whose kidney is no longer functioning properly; this is not for a financial benefit but only purpose is to save life of their loved ones. Death anxiety is a type of anxiety caused by thoughts of death due to any infection or illness after kidney donation. Death anxiety is relatively stable personality trait referring to negative attitudes, affect and cognition concerning death of self or significant others. The present study aims to find out the significant gender difference in death anxiety among civilian kidney donors. The participants of the study include 30 civilian kidney donors. Purposive sampling method was employed for the collection of data. The participants were administered using death anxiety questionnaire developed by H. R, Weiner, M.B., and Plutchik, R in the year of 1982. Obtained results were analyzed using independent samples t-test. The result indicates that there is no significant gender difference in the level of death anxiety among civilian kidney donors. This research gives a clear idea of death anxiety among kidney donors which helps increase civic awareness of the same.

**Keywords:** *Civilian kidney donors, Death anxiety*

*“Giving is not just about make a donation, it’s about making a difference”*

-Kathy Calvin

**N**ow almost 100,000 individuals are waiting for a kidney transplant. Compared to all other the organs, there is high demand for kidney. Unfortunately, the numbers of people waiting for kidney are much higher than the number of available kidneys from living and deceased donors (WHO). Every day, an average of 12 people dies waiting for a kidney transplant (American transplant association). The first successful living kidney donor transplant was performed 50 years ago. Since then, in a relatively brief period of medical history, living kidney transplantation has become the preferred treatment for those with ESRD. Organ replacement from either a live or a deceased donor is preferable to dialysis therapy because transplantation provides a better quality of life and improved survival.

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The advantages of live versus deceased donor transplantation now are readily apparent as it affords earlier transplantation and the best long-term survival. Live kidney donation has also been fostered by the technical advance of laparoscopic nephrectomy and immunologic maneuvers that can overcome biologic obstacles such as HLA disparity and ABO or cross-match incompatibility (The New York Times). Government of India enacted the “Transplantation of Human Organs Act” (THOA), 1994 and amended from time to time to prevent commercial dealings in human organs. Recent Amendment has been done in the year 2011 with a view that enhanced punishment may act as deterrent effect in preventing commercial dealing in human organ trade. In India, high prevalence of poverty, illiteracy, and lack of enforcement of law leading to trading and commercialization of human organ and exploitation and even deaths of many innocent is the reality. To prevent commercialization in human organs, Government of India enacted the Transplantation of Human Organ Act (THOA).

### *Civilian kidney donors*

A Civilian kidney donor is an ordinary citizen who has undergone a surgical procedure of removal of a kidney for the purpose of placing it in another person whose organ is no longer functioning properly; this is not for a financial benefit but only purpose is to save life of their loved ones. For every transplant, there are two participants: the donor (the person donating) and the recipient (the person receiving). A kidney donor may be either a living related donor (i.e. a relative) or an unrelated donor. A living related donor is commonly a parent, brother, sister, grandparent, daughter or son of the recipient, or may be more distantly related to the donor, such as a cousin, uncle or aunt. In recent years it has been accepted that unrelated donors may donate a kidney. An unrelated donor may be a husband, wife, partner or close friend of the recipient. These donors are often described as ‘emotionally related donors’.

### *Death anxiety*

Death anxiety is a type of anxiety caused by thoughts of death due to any infection or illness after kidney donation. Death anxiety is relatively stable personality trait referring to negative attitudes, affect and cognition concerning death of self or significant others. Although largely unconscious, the awareness of our finite existence, the fact that we all must die, has a profound impact on our thoughts, feelings, and behavior. The fear and emotional anguish associated with anticipating the end of life are so painful that we must protect ourselves. As existential psychologists Victor Florian and Mario Mikulincer (2004) rightly observed, “The paralyzing terror produced by the awareness of one’s mortality leads to the denial of death awareness and the repression of death-related thoughts”.

## **REVIEW OF LITERATURE**

L David (2005) conducted a study of 144 students indicated that their negative attitudes toward organ donation were associated with higher fears of the death and dying of the self and less strongly with higher fears of the death and dying of others.

Wu AM, Tang SC (2009) conducted a study on the Chinese people are consistently reported to be less likely to commit to posthumous organ donation than the Westerners. This study aims at investigating how death anxiety may hinder them from expressing their willingness to donate organs. Among 290 Hong Kong Chinese adults (age plus or minus 25 years), a higher level of death anxiety was associated with a greater expectation of medical neglect and a lower level of self-efficacy. The results of regression analyses suggested a mediating role of self-efficacy on the relationship between death anxiety and these behaviors. That is,

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death anxiety, by lowering one's perceived self-efficacy, reduces his/her likelihood to sign the donor card or to tell his/her donation decision.

Ines Testoni, Valentina Milo, Lucia Ronconi, Alessandra Feltrin (2016) conducted a study on the relationships between fear of death, courage and religiosity among patients who wait for liver transplant. Sixty-two participants awaiting a liver transplant were interviewed with regard to their quality of life, religiosity, ontological representations and fear of death, courage and fear of intervention and donor-related thoughts. The following instruments were utilized: a specific interview; the Short Form Health Survey (SF-36); the Testoni Death Representation Scale (TDRS); and the Courage Measure. Results show that Patients reporting higher levels of fear for intervention showed less courage and were more likely to avoid the surgery. They also tended to be non-believers, to have a lower quality of life and to represent death as an absolute annihilation.

Kossar Hosseini, Abdou Y.Omorou, Jacques Hubert (2017) conducted a study on to assess the clinically relevant change in health state utility (HSU) in living kidney donors and whether this change value is constant across measures and clinical conditions and is useful for health economics studies. Two methods were used to derive the MIDE: the anchor-based method and the distribution-based (standard error of measurement). Logistic regression was used to identify clinical factors associated with the MIDE after donation. A short-term clinically relevant decrease in HSU was significantly associated with clinical complications in kidney donors. Preventing preoperative is of prime importance in kidney donation.

Hamama raz Y, Ring L, Mahat Shamir, Ben Ezra M (2019) conducted a study on the current study sought to assess death anxiety and psychological distress among kidney donors, in comparison to a control population. Seventy-eight non-directed living kidney donors were recruited through the Israeli voluntary kidney donation association. This sample was compared to 396 participants from a control population. The results revealed that non-directed living kidney donors had higher levels of death anxiety in comparison to the control population while their psychological distress was lower in comparison to the control population. The results of this study highlight the importance of relating to non-directed living kidney donors' death anxiety.

### ***Rationale of the study***

In the present century, kidney failure is one of most prominent disease reported. But, there is an eminent lack in kidney donors. People are not aware of the fact that they can live a normal and healthy life. People are reluctant to donate kidney because of the fear of susceptibility to different infections and may lead to death. So, the rational of the study is to draw away the myths of the people to make them aware that kidney donation is not injurious and destructive and one can lead a healthy life with one kidney.

## **METHODOLOGY**

**Research Question:** Is there any significant gender difference in the level of death anxiety among civilian kidney donors?

**Aim:** To study the level of death anxiety among civilian kidney donors.

### ***Objective***

- To find out the significant gender difference in the level of death anxiety among civilian kidney donors.

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### *Variables*

Independent variable: Gender

Dependent variable: Death anxiety

### *Hypotheses*

H<sub>0</sub>- There is no significant gender difference in death anxiety among civilian kidney donors.

### *Research design*

The research is exploratory in nature and sample survey research design will be adopted.

### *Sample*

A sample of age group 36 – 55 years were selected for the study. Purposive sampling method was used for the study. Total of 30 participants were considered from Kerala.

**Table 1: sample description**

Gender	Sample size	Total sample size
Male	11	30
Female	19	

### *Inclusion Criteria*

Organ donors in the age range of 36 to 55 years.

Ordinary citizen of India

### *Exclusion criteria*

Participants who are born outside Kerala and later migrated to Kerala.

Kidney donors who have donated for commercial purpose

### *Tools*

**Table 2: Tool description**

Tools	Developers	Year	Number of items	Reliability	Validity
Death anxiety scale	Conte, H. R , Weiner, M.B and Plutchik, R	1982	15	0.83	Adequate

### *Procedure*

The purpose of the study was explained to the participants. The participant's willingness to participate in the study was ascertained after the establishment of rapport. The socio-demographic details were collected. The original scale was in English but it was translated into Malayalam through forward-backward procedure. The participants were briefed about the inventories and were provided with clear instructions. The Death Anxiety Scale was administered; the inventories were collected and checked for any kind of omissions. Then the scoring was done and interpretations were made. The questionnaires were given to the participants through Google Forms, making them clear with the intention of the study.

### *Statistical Analysis*

Descriptive statistics used for identify the Mean and Standard deviation of the death anxiety level. Inferential statistics also used that is Independent samples t-test for identify the gender difference in the level of death anxiety.

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### *Ethical Considerations*

1. The research will be undertaken only after getting the approval from the hospitals.
2. Informed consent will be taken from the participants before collecting the data.
3. Confidentiality will be maintained throughout the study.
4. The collected data will be used for the research purpose only.

## **RESULT AND DISCUSSION**

The objective of the present research was to study the level of death anxiety among civilian kidney donors. This chapter consists of the data relevant to the test hypotheses and interpretation of the results. The results obtained were analyzed using independent sample t - test. The independent sample t- test was used to find out the significant gender difference in the level death anxiety among civilian kidney donors. There is no any other study support the research.

### **Section 1: Testing of hypothesis using independent sample t-test.**

*Table 3: Mean, Standard Deviation and t value for death Anxiety among male and female civilian organ donor*

Gender	N	Means	SD	df	t	Significance
Male	11	4.36	3.529	28	1.714	.098
Female	19	7.63	5.698			

Considering the mean score of both male and female. Mean score of death anxiety among male is 4.36 and the mean score of death anxiety among female is 7.63 that mean female kidney donors have more death anxiety than male kidney donors. The hypothesis stating that there is no significant gender difference in the level of death Anxiety among civilian kidney donors was tested using independent sample t test. The obtained t value is 1.714 which is not significant. Thus, the null hypothesis is accepted.

## **CONCLUSION**

There is no significant gender difference in the level of death anxiety among civilian kidney donors. The reason behind this may be that they all have donated their kidney for their immediate family members and they think that it is their responsibility to save their lives.

### *Limitations of the study*

1. The data of the study was collected only from the state of Kerala; hence caution has to be exercised while generalizing the findings.
2. Sample size is too small.
3. Only questionnaire method was used.
4. Time duration after kidney donation is not considered.

### *Implications*

The finding of this research indicates the importance of social awareness regarding organ donation. The current research findings foster further examination of psychosocial outcomes with kidney donors in order to identify psychological reactions which may arise after donation and in accordance should be addressed by psycho-social professionals.

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### *Scope for further study*

1. Qualitative research methods can be done for enhancement of the research
2. The study can be extended using Longitudinal Research.

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### ***Conflict of Interest***

The author declared no conflict of interest.

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