

## Death Anxiety, General Well-Being and Personality among Nurses

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### ABSTRACT

Present study intended to understand the relationship between death anxiety, general well-being, and personality among nurses. The unrestricted self-selected survey method was used to collect the sample and the study consisted of 150 nurses from various places in Kerala. The death anxiety of the participants was assessed using the Revised Death Anxiety Scale. The participants' general well-being was assessed using Post Graduate Institute General Well-Being Measure (PGI-GWBM). The personality of the participants was assessed using the Big-Five Inventory. The statistical method such as Karl Pearson Product Moment Correlation Coefficient and Independent sample t-test was used. The study concluded that death anxiety was negatively correlated with general well-being and as well as it had positive and negative correlations with five dimensions of personality.

**Keywords:** *Death anxiety, General well-being, Personality, Nurses*

Nurses are a unique kind. Nurses are in every community- large and small- providing expert care from birth to end-of-life (Underwood, 2016). Kindness, fairness, caring, trustworthiness, emotional stability, empathy, and compassion are aspects of their personality (Guria et al., 2022). They have this insatiable need to care for others, their greatest strength and fatal flaw. Nurses often experience great changes in their general well-being and personality because of death anxiety, a negative affective state that is incited by morality salience that may be experienced by nurses and other health care workers who are exposed to sickness, trauma, and violence. Performing educational and psychological interventions to help nurses build strong coping strategies for managing death anxiety is recommended to offset negative consequences such as leaving positions, poor communication, and decreases in personal health and quality of life.

Anxiety may be defined as apprehension, tension, or uneasiness that stems from the anticipation of danger, which may be internal or external (Diagnostic and Statistical Manual of Mental Disorders, 1980).

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Death anxiety is an unavoidable common phenomenon in our lives across cultures and religions. It is multidimensional and explained by different theoretical frameworks. Death anxiety can have negative impacts on well-being. (Pandya & Kathuria, 2021) Death is an inevitable experience that generates a reduced sense of safety and stronger fear (Alkozei et al. 2019). Death anxiety, formally known as thanatophobia, is the fear of death or the process of dying. This is different from necrophobia — a more general fear of dead or dying people and things. The term thanatophobia comes from the Greek words “Thanatos,” which translates to death, and “Phobos,” meaning fear. While death anxiety is not a formal condition in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), it can be considered a specific phobia. Since death anxiety is not considered a condition in the DSM-5, the criteria for a specific phobia may be used to determine if our fear of death is a phobia. (Regier et al., 2013)

Those criteria include: Lasts longer than 6 months. Interferes with day-to-day life and relationships . Is present whenever the subject of death comes up and leads to avoiding any situation that involves death or dying. Life experiences: For some, having experienced traumatic events can lead to death anxiety. This could be the loss of a loved one or having a near-death experience. Mental health conditions: This particular phobia can be connected to several other types of conditions. In a 2014 study, researchers referred to death anxiety as a trans-diagnostic construct. This is because they found that death was at the root of many other mental health conditions, particularly panic disorders. Other disorders that death anxiety may be connected to include: Anxiety disorders, Post-traumatic stress disorder, Depression.

Lang’s has classified three forms of death anxiety:- 1) Predatory death anxiety (triggered by external situations that may be physically or psychologically dangerous, and anxiety ensures the survival of the organism in the face of adversities); (2) predator death anxiety (results from an individual harming someone either physically or mentally, which is often accompanied by unconscious guilt that may compel an individual to punish oneself); and (3) existential death anxiety (emanates from the knowledge that life has an end and distinguish self from others.(Langs, 2004)

Thanatophobia is fear of death. Sigmund Freud was the first theorist to coin death anxiety and hypothesized that individuals express a fear of death as a response to coping with unresolved childhood conflicts. Thanatophobia evolved from the Greek mythological figure of death, Thanatos. Ernest Becker proposed terror management theory supported existential views which turned death anxiety theories towards a new dimension. (Greenberg & Arndt, 2012) This method of suppression usually links towards cultural, spiritual, and religious beliefs, and seeks external support. Erik Erikson formulated the psychosocial theory which envelops the concept that once an individual reaches the latest stages of life, they reach “ego integrity”—a state when one comes to terms with their life and accepts it when one finds meaning or purpose in their life. On the contrary, when individual views their life as a series of failed and missed opportunities, then they do not reach the ego integrity stage and exhibit death anxiety. This stage is known as Wisdom: Ego integrity vs. despair. Kastenbaum Edge theory postulates that death anxiety contains a survival function that evolves in perceived life-threatening situations.

Paul Wong developed the meaning management theory. It highlights those human reactions to death are complex, multifaceted, and dynamic. The theory proposes three types of death acceptances, Neutral, Approach, and Escape acceptances. Besides these, it explains different

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aspects of the meaning of death that eventually regulate death anxiety including finality, uncertainty, annihilation, ultimate loss, disruption of life flow, leaving the loved ones, intense pain, sense of loneliness, prematurity of death, failure of life, unfulfilled work, judgment, and retribution. The theory indicates our existence is based on two primary motivations: To survive and to find meaning and reason for survival. (Wong et al., 2006)

In these theories are death as self-defeating, radical transformation, a threat to the purpose of life, and a threat to the realization of life potential. Such diversity in theoretical approaches has led to varied perspectives on death anxiety; however, these theories have substantial overlapping concepts (Barnett et al. 2018).

As researches indicate a belief in religion represents the denial of death. Some individuals rationalize death, taking a more philosophical position to keep themselves away from feeling about their mortality (Kastenbaum 2000). Some defenses against death anxiety have beneficial side effects; for example, symbolic immortality, finding lasting meaning in devotion to family, friends, and people at large, and attempting to leave a positive legacy generally have a good effect. Other defenses, such as living on through one's children, have a generally negative effect (Hart and Goldenberg 2008).

According to the 2014 study, social support is a factor in both the development and treatment of death anxiety. While people from varied backgrounds and experiences can develop death anxiety, rates are lower for those in reasonably good health and have high self-esteem. (Malik & Sinha, 2024). This can include: Psychotherapy, such as cognitive behavioral therapy, Medication, Exposure therapy, particularly for death anxiety that is connected to other phobias. In addition to traditional treatments, such as medications and therapy, there are things can do at home to help relieve death-related anxiety including: Deep breathing exercises.

Previous research has identified a connection between death anxiety, quality of life, and a range of mental health conditions (Galek et al. 2007; Sherman et al. 2010; Bahrami et al. 2013; Iverach et al. 2014; Willis et al. 2019). A recent study indicated death anxiety as a predictor of mental health conditions (Menzies et al. 2019) and numerous studies have demonstrated symptomatology of various disorders, including anxiety disorders, post-traumatic stress disorder, obsessive-compulsive disorder, depression, and eating disorders (Iverach et al. 2014; Le Marne and Harris 2016; Menzies and Dar-Nimrod 2017; Ongider and Eyuboglu 2013).

A few studies have explored the causal role of death anxiety in mental illnesses. These studies have revealed that death anxiety increases avoidance of stimuli that generates fear among phobic, social avoidance, and attentional biases towards threats among the socially anxious, and even restricted consumption of high caloric foods amongst women, suggesting the relevance of death anxiety in eating disorders (Finch et al. 2016; Strachan et al. 2007; Iverach et al. 2014). One study examined the effect of mortality salience on compulsive handwashing in a large sample of individuals diagnosed with obsessive-compulsive disorders (Menzies and Dar-Nimrod 2017). In another recent study, participants with a panic disorder or a somatic symptom-related disorder were shown increased time checking one's body for physical symptoms, increased perceived threat of one's symptoms, and also increased intention to visit a medical specialist soon (Menzies and Menzies 2020). Therefore, these findings establish that death anxiety causes anxious behavior for those vulnerable to health-related worries (Menzies and Menzies 2020).

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**General well-being** is the experience of health, happiness, and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and the ability to manage stress. More generally, well-being is just feeling well. Well-being is something sought by just about everyone because it includes so many positive things — feeling happy, healthy, socially connected, and purposeful.

- **Emotional Well-Being:** The ability to practice stress management and relaxation techniques, be resilient, boost self-love, and generate the emotions that lead to good feelings.
- **Physical Well-Being:** The ability to improve the functioning of your body through healthy living and good exercise habits. To develop our physical well-being, we need to know what a healthy diet and exercise routine look like so that we can implement effective strategies in our daily lives.
- **Social Well-Being:** The ability to communicate, develop meaningful relationships with others, and maintain a support network that helps you overcome loneliness. To develop social well-being, we need to build our social skills, like gratitude, kindness, and communication. Social skills make it easier for us to have positive interactions with others. It is important to know that building social well-being is one of the best ways to build emotional well-being.
- **Workplace Well-Being:** The ability to pursue your interests, values, and life purpose to gain meaning, happiness, and enrichment professionally. To develop our workplace well-being, we need to build skills that help us pursue what matters to us. This can include building professional skills that help us to meet our life goals and help us manifest things, but it also includes things like living our values and maintaining work-life balances.
- **Societal Well-Being:** The ability to actively participate in a thriving community, culture, and environment. To develop societal well-being, we need to build skills that make us feel interconnected with all things.

A study correlates of death anxiety among Taiwanese cancer patients. The objective of this study examined relationships among cancer patient's demographic characteristics, sense of purpose in life, and death anxiety. The methods of this study used a cross-sectional correlational design. Data were collected using a demographic questionnaire, a sense-of-purpose-in-life scale, and a death anxiety scale. The stepwise multiple regression analysis was conducted to identify the factors that influenced the degree of death anxiety. Results demonstrated that only 33.8% of participants had a sense of purpose in life, whereas 38.4% were uncertain about sense of purpose in life and 27.8% indicated that they had no sense of purpose in life. The conclusion of this study was sense of purpose in life, level of fear of disease relapse and sex had detrimental effects on level of death anxiety among cancer patients. (Tang et al., 2011)

Henrie and Patrick studied Religiousness, religious doubt, and death anxiety. They investigated whether age, gender, religiousness, and religious doubt were associated with death anxiety. Using data from 635 younger, middle-aged, and older adults, a structural equation model with age, gender, religiousness, and religious doubt predicting death anxiety was tested. Results revealed that religiousness was inversely associated with death anxiety, while religious doubt was positively associated with death anxiety. (Henrie & Patrick, 2014) Lee conducted a study on Burnout and death anxiety in hospice social workers. The purpose of this study was threefold: to determine the prevalence of burnout and death anxiety among

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hospice social workers, to examine associations between burnout and death anxiety and to explore the factors which may contribute to the development of death anxiety and burnout. Participants completed four items such as Maslach Burnout Inventory-Human Services Survey (MBI-HSS), the Death Anxiety Questionnaire (DAQ), a demographic questionnaire, and a set of open-ended questions. Findings indicate that mean scores on the subscales of the MBI-HSS ranged from the low to moderate range and that a strong positive correlation existed between death anxiety and the depersonalization subscale of the MBI. (Quinn-Lee et al., 2014)

Death anxiety and its relationship with social support and adherence to religion in the elderly. This study aimed to determine death anxiety and its relationship with social support and adherence to religion in unmarried and married men and women. In this study, causal-comparative and correlation methods were used. The study was conducted on 376 people; 190 men and 186 women (married and unmarried). The participants were selected from high school graduates from districts 2, 3, 5, 6, and 22. They were 60 and 75 years old and selected by using convenience sampling. Death anxiety scales 27-item form, 19-item form for social support questionnaire, and 26-item form for religious attitudes were used to measure study variables. Data were analyzed by 1-way ANOVA and the Pearson tests using the SPSS 21. The result implies that there was no significant difference between unmarried and married women about death anxiety. The conclusion was that increased social interaction, adherence to religion and marriage can decrease death anxiety and improve the mental health of the elderly, especially elderly women (Mehri Nejad et al., 2017).

### *Statement of the problem*

The title of the present investigation is to study “Death Anxiety, General Wellbeing, and Personality among Nurses”.

### *Need and significance of the study*

Death anxiety is a negative affective state that may be experienced by nurses and other healthcare workers who are exposed to sickness, trauma, and violence. It causes a great change in their general well-being and personality. Nurses have this insatiable need to care for others, their greatest strength and fatal flaw.

Scientific studies on death anxiety, general well-being, and personality among nurses is very scarce. Even now we are more concerned about patient’s life and unintentionally forgetting the life of nurses. The current study investigates the relationship between death anxiety, general well-being, and personality among nurses in Kerala. Psychologists, educationalists, health care professionals, and even ordinary people would benefit from this research. Performing educational and psychological interventions to help nurses to build strong coping strategies for managing death anxiety are recommended to offset negative consequences such as leaving positions, poor communications, and decrements in personal health and quality of life.

### *Objectives*

- To find out the relationship between death anxiety and general well-being among nurses.
- To find out the relationship between death anxiety and personality among nurses.
- To find out the significant mean difference in death anxiety among nurses based on area of residence.

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- To find out the significant mean difference in death anxiety among nurses based on the working sector.

### ***Hypotheses***

- There will be significant relationship between death anxiety and general well-being among nurses.
- There will be significant relationship between death anxiety and personality among nurses.
- There will be significant mean differences in death anxiety among nurses on the basis of area of residence.
- There will be significant mean differences in death anxiety among nurses on the basis of working sector.

### ***Participants***

In statistics, a population is a distinct group of individuals, whether that group comprises a nation or a group of people with common characteristics. A sample is the representative part of the total population. Kothari (2004) defines sampling as a process of selecting a sample from a population.

The sample consisted of 150 participants. The study is conducted through an online sampling method. A research participant, also called a human subject or a study participant, is a person who voluntarily participates in human subject research after giving informed consent to be the participant of the research. A sample is the representative part of the normal population. The participant was selected using unrestricted self-selected survey method. It is a type of non-probability sampling technique. Non-probability sampling focuses on sampling techniques that are based on the judgement of the researcher.

### **Inclusion criteria**

- Participants with more than 5 years of experience.
- Participants from Kerala.

### **Exclusion criteria**

- Participant had a divorce or separation from spouse.
- Participant from LGBT community.

### **The Variables**

- Death anxiety
- General Well-being
- Personality

### ***The Measures***

- The data were collected mainly using 3 psychological measures and a socio-demographic sheet.
- Revised Death Anxiety Scale (DAS). It is a brief 25-item instrument used to identify death anxiety (James A Thorson and F C Powell,1992).
- Post Graduate Institute General Wellbeing Measure (PGIGWM). It is a 20-item questionnaire designed to measure general well-being (Verma and Verma,2009).
- The personality of the participant can be assessed using the Big Five Inventory (BFI) developed by John and Srivastava (1999).

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- The socio-demographic form was developed by the researcher.

### **Revised Death Anxiety Scale.**

The revised scale consisted of 25 true-false items, scored at that time with one point given for responses indicating no anxiety, two for blank items, and three for responses indicating anxiety; thus, there was a possible range of 25 to 75, with higher scores indicating higher death anxiety. The Cronbach alpha of reliability calculated for these data was .804. The scale has been used both with true-false and five-point Likert response format.

### **Post Graduate Institute General Well-being Measure.**

The General well-being scheduled is a self-administered questionnaire that focuses on one's subjective feelings of psychological well-being and distress. The scale assesses how the individual feels about his/her inner personal state. It consists of 20 items covering six dimensions of anxiety, depression, general health, positive well-being, self-control, and vitality. The scale includes both positive and negative questions and each item has the time frame "during the last month". Scoring is done by giving 1 point for "Yes" and 0 points for "No". then sum the score, the greater score indicates they have high in general well-being and low score indicate they are low in general well-being.

### **Big-Five Inventory.**

Big Five Inventory was developed by John, O. P., and Srivastava, S, (1999) to assess the personality of the individual. The scale consists of a 44-item inventory that measures an individual on the Big Five Factors (dimensions such as extraversion, agreeableness, conscientiousness, neuroticism, and openness) of personality. The BFI shows high convergent validity and reliability. Previously tested reliability of the BFI typically ranged from 0.79 to 0.88. The scale has been used in a five-point Likert scale format. It has direct and reverse scoring. A score of 5 indicates Yes, you strongly agree with the statement, and 1 indicates No, you strongly disagree with it.

### **Socio-Demographic Data Form**

The Google form developed by the researcher will be used to collect the demographic details of the participants such as area of residence, working sector, etc.

### ***Procedure for Data Collection.***

The questionnaire is composed of four parts- a demographic data form, a revised death anxiety scale, a Post Graduate Institute of General well-being scale, and a Big Five Inventory scale. The questionnaire will be self-administering. The study was conducted through online platforms. Instructions will be printed at the beginning of the questionnaire. The first procedure is collecting data like area of residence, working sector, etc using a socio-demographic datasheet. The participants will be briefed about the purpose of the study and confidentiality will be assured. The researcher also gave assurance for their anonymity and was informed of their right to withdraw from the survey before and during its conduct.

### ***Statistical Techniques.***

The data obtained from the participants was analyzed as per the manual. Statistical tools like Karl Pearson Product Moment Correlation Coefficient and Independent sample t-test were used to analyze the data collected from the participants.

### ***Correlational Analysis***

A correlational analysis is a statistical method that is used to discover if there is a relationship between two variables/datasets, and how strong that relationship may be. Pearson's correlation coefficient can take values from +1 to -1. A Pearson's correlation coefficient of +1 indicates a perfect association of ranks, a zero indicates no association between ranks, and -1 indicates a perfect negative association between ranks. A method of correlation can be used to analyse the extent and the nature of relationships between different variables. There are usually three different ways of ranking statistical correlation according to Pearson, Spearman, and Kendall.

### ***Independent Sample t-test***

The t-test assesses whether the means of the two groups are statistically different from each other. This analysis is appropriate whenever you want to compare the means of two groups. The Independent Sample t-test compares the means of two independent groups to determine whether there is statistical evidence that the associated population means are significantly different. The Independent Samples t-test is a parametric test. The Independent t-test also called the two-sample t-test, independent-samples t-test, or student's t-test is an inferential statistical test that determines whether there is a statistically significant difference between the means in two unrelated groups. To do this, we need to set a significance level (also called alpha) that allows us to either accept or not accept the alternative hypothesis. Most commonly, this value is set at 0.05. The t-test is one of the many tests used for the purpose of hypothesis testing.

Analysis of the collected data with statistical techniques and the discussion of results. The data was treated statistically and tested based on the hypothesis of the study. After that, data should be interpreted and added meaning. In the present study the data were collected using various tools like the Revised Death Anxiety Scale, Post Graduate Institute- General Well-being Measure, and Big-Five Inventory. The data was analyzed by using suitable statistical techniques like the Karl Pearson Product Moment Correlation Coefficient and Independent Sample t-test.

The information gathered from the sample was coded and subjected to appropriate statistical analysis.

### ***Analysis Using Correlation.***

***Table 4.1 shows the relationship between Death anxiety and General Well-being.***

<b>Variables</b>	<b>Death anxiety</b>	<b>General Well-being</b>
Death anxiety	( )	-0.44**
General Well-being	..	( )

The first hypothesis states that there will be a significant relationship between death anxiety and general well-being. Here we use the Karl Pearson Product Moment Correlation Coefficient to find out the relationship between death anxiety and general well-being. Table shows the result of correlation analysis. Typically, the correlation value (r) ranges from -1 to +1. If the value is between -1 and 0, it implies that it is a negative correlation. If the value is 0, it implies that there is no correlation. If the value is between 0 to +1, it implies that it is a positive correlation. The significant value ranges from 0.01 to 0.05.

Here, table 4.1 shows that death anxiety is negatively correlated with general well- and the correlation coefficient is – 0.44. The correlation is significant at the 0.01 level. Therefore,

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the hypothesis stating that there will be a significant relationship between death anxiety and general well-being is accepted.

From this finding, it may be inferred that as a participant's fear of dying rises, their general well-being correspondingly declines. A negative correlation occurs when an increase in one variable results in a corresponding decrease in another. Here, there is a potential for death fear to influence the study participants because they are constantly exposed to a pandemic setting. I couldn't find any related studies supporting my hypothesis.

**Table 4.2 shows the relationship between Death Anxiety and Personality Dimensions.**

SL no	Variables	1	2	3	4	5	6
1	Death anxiety	( )	-0.03	0.16*	-0.01	0.21**	-0.01
2	Extraversion	..	( )	-0.14	0.29**	0.44**	0.12
3	Agreeableness	..	..	( )	0.10	0.08	0.09
4	Conscientiousness	..	..	..	( )	-0.53**	0.17*
5	Neuroticism	..	..	..	..	( )	0.05
6	Openness	..	..	..	..	..	( )

The second hypothesis states that there will be a significant relationship between death anxiety and personality. Here we use Karl Pearson's Product Moment Correlation Coefficient to find out the relationship between the study variables. Table 4.2 shows the results of the correlation analysis. Typically, the correlation value ranges in between -1 to +1. If the value is between -1 to 0, it means that there is a negative correlation between study variables. If the value is 0, which implies that there is no correlation. If the value is in between 0 to +1, which means that there is positive correlation between study variables. The significant values range from 0.01 to 0.05.

From the table 4.2, we can understand that death anxiety is negatively correlated with extraversion, conscientiousness and openness and is positively correlated with agreeableness and neuroticism dimensions of personality.

Extraversion is the general tendency to experience positive emotions, as well as by trait such as sociable, lively and active. In this study, we obtain a negative correlation between death anxiety and extraversion with a correlation coefficient of -0.03. The correlation is not significant. The inclination to feel good in general, as well as traits like being friendly, vivacious, and active, is known as extraversion. It is impossible to make an extroverted person have a negative acute fear of death or worry about their own dying process. They frequently exhibit talkativeness, sociability, activity, and warmth. The outside world and social interactions give them energy.

Agreeableness is the state or condition of being pleasing or likeable. Here we obtain a positive correlation between death anxiety and agreeableness with a correlation coefficient of 0.16. The correlation is significant at the 0.05 level. A person has a probability of being impacted by the environment if they tend to exhibit greater agreeableness traits. These people will also exhibit this trait if there is a strong dread of dying in the environment.

Conscientiousness is the quality of wishing to do one's work or duty well and thoroughly. The correlation coefficient of death anxiety and conscientiousness is -0.01, which implies that there is a negative correlation between the study variables. The correlation is not significant. A person's daily activities will be affected if they are more fearful of dying. They

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could find it challenging to conduct themselves appropriately at work, school, or in social settings.

Neuroticism is the general tendency to experience negative affects, including anxiety, anger, self-consciousness, irritability, emotional instability and depression. In this study we obtain a positive correlation between death anxiety and neuroticism with a correlation coefficient of 0.21. The correlation is significant at 0.01 level. A person will become more closed off if they have death dread. They struggle to remain attached to people and communicate honestly with them. Anxiety about dying makes a person more reclusive. They find it tough to stay close to people and be honest with them.

Openness is a quality of lack of secrecy or frankness. In this study indicates that there is a negative correlation between death anxiety and openness with a correlation coefficient of -0.01, which is not significant. If a person experience death anxiety, will be more closeness. They have difficulty in maintaining attachment with others and to be open up with them.

In this study we obtain a negative correlation between extraversion and agreeableness. The correlation coefficient is -0.14, which is not significant. It is may be because of the changing perspectives of one's thought. If one person is more sociable, it does not mean that they will be agreeable to a preferred group. They have their own values and norms concepts. Cultural and societal factors can also influence the relationship between extraversion and agreeableness.

Here we obtain a positive correlation between extraversion and conscientiousness with a correlation coefficient of 0.29, which is significant at 0.01 level. Sense of achievement can enhance positive emotions. Extraversion is directly related to positive emotionality while, conscientiousness is indirectly related to it. The overlap in positive emotionality between extraversion and conscientiousness may contribute to their positive correlation.

Neuroticism is the trait of experience of negative emotions such as anger, anxiety. In this study we obtain a positive correlation between extraversion and neuroticism with a correlation coefficient of 0.44, which is highly significant at 0.01 level. One possible explanation for this positive correlation is the concept of emotional intensity. Emotional intensity can manifest in various ways, such as being highly expressive, passionate or volatile in their emotional responses.

Openness and extraversion are characterized as an experience of positive emotions and more likely to be frank. Here we obtain a positive correlation between extraversion and openness with a correlation coefficient of 0.12, which is not significant. Motivational basis can lead to a positive correlation between extraversion and openness. Both traits involve an orientation towards the external world and a desire to engage with it actively.

An individual preferred to do their work perfectly and thoroughly and always like to please others can be said them as with conscientiousness and agreeableness characteristics. In this study states that there is a positive correlation between these study variables with a correlation coefficient of 0.10 and is not significant. Prosocial orientation contributes to the positive correlation between these two dimensions.

A person has a lack of self-awareness and have emotional instability or depression will more likely to expose agreeableness. They have no self-opinions. In this study states that there is a

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positive correlation between neuroticism and agreeableness with a correlation coefficient of 0.08, which is not significant. Neurotic individuals may engage in agreeable behaviors as a strategy to alleviate their own insecurities and anxieties.

Openness is a quality of lack of secrecy or frankness. If a person is more openness will more expose agreeableness to their preferred group. Here we obtain a positive correlation between openness and agreeableness with a correlation coefficient of 0.09, which is not significant. Prosocial behavior could contribute positive correlation between openness and agreeableness. Emotional intelligence involves the ability to recognize, understand and regulate one's own emotions and the emotions of others. The overlap in emotional intelligence between openness and agreeableness could contribute to their positive correlation.

A person is more focusing to do their works perfectly and thoroughly will be affect with any irritability or emotional instability or may be become depressed because of work load. In this study states that there is a negative correlation between neuroticism and conscientiousness. The correlation coefficient is -0.53, which is significant at the 0.01 level. Individuals high in neuroticism may struggle with emotional regulation and have difficulty maintaining consistent, organized behaviors, leading to lower levels of conscientiousness.

A conscientiousness person is more likely to expose openness. In this study we obtain a positive correlation between openness and conscientiousness with a correlation coefficient of 0.17, which indicates that coefficient is significant at 0.05 level. Individuals high in both traits often exhibit cognitive flexibility, allowing them to consider multiple perspectives, weigh alternatives and adapt their behavior based on demands of different situations.

An individual has more negative affects like anxiety, emotional instability or irritability is more likely to be open with their preferred group. In this study states that there is a positive correlation between neuroticism and openness with a correlation coefficient of 0.05, which is not significant. Individuals high in neuroticism tend to be more emotionally reactive and sensitive to stressors. This shared sensitivity to experience can contribute to a positive correlation between two traits.

In this study we used to find out the relationship between participants death anxiety and dimensions of personality. The conclusion of the result is, if the death anxiety of the participant increases, similarly there is an increase in agreeableness and neuroticism. If their death anxiety is high, they must be agreeable to their preferred group and become having more negative affects. If the death anxiety of the participant increases, there is a decrease in extraversion, conscientiousness and openness. If the participant having death anxiety, they lack their sociability skills, can't focus properly in works or duties as well and become more closedness or secrecy. I couldn't find any related studies supporting my hypothesis.

### ***The t-test***

The t-test has been done in order to find out whether there is any significant difference between variables under study. The area of residence difference of variables under study are presented in table 4.3.

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**Table 4.3 Result of t-test on studied variables.**

SN	Variable	Rural		Urban		t	df	p	Remarks
		M1	SD1	M2	SD2				
1	Death Anxiety	65.18	14.28	64.79	14.72	0.16	148	0.87	NS

The third hypothesis states that there will be significant mean difference in death anxiety on the basis of area of residence. To find out the significant mean difference, we are using independent sample t-test. It is a statistical technique that is used to analyze the mean comparison of two independent groups and is shown in table 4.3. We are checking the p value to determine the significance in order to identify if there is any difference between the variables based on area of residence. The number of independent pieces of information used to calculate the statistic is called the degrees of freedom. The t value is used to find out the significant difference between the two mean groups.

From the table 4.3, it can be observed that the mean score obtained by rural for death anxiety is 65.18 and urban is 64.79 with a standard deviation of 14.28 and 14.72 respectively. The degrees of freedom in this analysis are 148 and the t value obtained for death anxiety is 0.16. the significant value is 0.87. Typically, the significant value ranges from 0.01 to 0.05, here the p value is too high, indicating that there is no significant difference in death anxiety based on area of residence.

In this study we can state that many factors can influence death anxiety such as age, sex, culture, religion, physical health and mental health as highlighted from the previous researches. But here, there is no significance in area of residences in death anxiety. Hence the hypothesis is rejected. I couldn't find any related studies supporting my hypothesis.

**Table 4.4 Result of t-test on studied variable.**

SN	Variable	Government		Private		t	df	p	Remarks
		M1	SD1	M2	SD2				
1	Death Anxiety	62.50	15.81	67.69	12.35	2.22	148	0.02	S

The third hypothesis states that there will be significant mean difference in death anxiety on the basis of working sector. To find out the significant mean difference, we are using independent sample t-test. It is a statistical technique that is used to analyze the mean comparison of two independent groups and is shown in table 4.4. We are checking the p value to determine the significance in order to identify if there is any difference between the variables based on area of residence. The number of independent pieces of information used to calculate the statistic is called the degrees of freedom. The t value is used to find out the significant difference between the two mean groups.

From the table 4.4, it can be observed that the mean score obtained by government for death anxiety is 62.50 and private 67.69 is with a standard deviation of 15.81 and 12.35 respectively. The degrees of freedom in this analysis are 148 and the t value obtained for death anxiety is 2.22. The significant value is 0.02. Typically, the significant value ranges from 0.01 to 0.05, here the p value indicating that there is significant difference in death anxiety based on working sector.

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In the present study we can state that nurses working in different sectors can influence their death anxiety may be because of their work stress, duty time, severity of cases, pressure from higher authority, restlessness, sleep disturbance etc. I couldn't find any related studies supporting my hypothesis.

The present study was conducted to examine the relationship between death anxiety, general well-being and personality among nurses. This study was carried out in Kerala with a direct survey of roughly 150 people and an online sampling technique. Death anxiety was examined through Revised Death Anxiety Scale developed by James A Thorson and F C Powell in 1992. General well-being was assessed using Post Graduate Institute General Wellbeing Measure (PGIGWM) developed by Verma and Verma in 2009. The personality of the participant was assessed using the Big-Five Inventory (BFI) developed by John and Srivastava in 1999. The result indicates that death anxiety has significant relationship with general well-being and has no significant relationship with personality among nurses.

### ***Statement of the Problem***

The title of the present investigation is to study the “Death Anxiety, General Well- being and Personality among nurses”.

### ***Variables***

#### **Death Anxiety**

Death anxiety is an unavoidable common phenomenon in our lives across cultures and religions. It is a multidimensional and explained by different theoretical frameworks. Death anxiety can have negative impacts on wellbeing. Death is an inevitable experience that generates a reduced sense of safety and stronger fear (Alkozei et al. 2019).

#### **General Well-Being**

General well-being is the experience of health, happiness, and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and the ability to manage stress. More generally, well-being is just feeling well. Well-being is something sought by just about everyone because it includes so many positive things — feeling happy, healthy, socially connected, and purposeful.

#### **Personality**

Personality describes the unique patterns of thoughts, feelings, and behaviour's that distinguish a person from others. A product of both biology and environment, it remains fairly consistent throughout life. The word "personality" stems from the Latin word persona, which refers to a theatrical mask worn by performers to play roles or disguise their identities.

### ***The Participants***

The sample consisted of 150 participants. The study is conducted through an online sampling method.

### ***Inclusion criteria***

- Participants with more than 5 years of experience.
- Participants from Kerala.

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### *Exclusion criteria*

- Participant had a divorce or separation from spouse.
- Participant from LGBT community.

### *Instruments Used for the Study*

- The data were collected mainly using 3 psychological measures and a socio-demographic sheet.
- Revised Death Anxiety Scale (DAS). It is a brief 25-item instrument used to identify death anxiety (James A Thorson and F C Powell,1992).
- Post Graduate Institute General Wellbeing Measure (PGIGWM). It is a 20-item questionnaire designed to measure general well-being (Verma and Verma,2009).
- The personality of the participant can be assessed using the Big Five Inventory (BFI) developed by John and Srivastava (1999).
- The socio-demographic form was developed by the researcher.

### *Statistical Techniques Used*

Statistical tools like Karl Pearson Product Moment Correlation Coefficient and Independent sample t-test were used to analyse the data collected from the participants.

### *Correlational Analysis*

Karl Pearson's correlation coefficient can take values from +1 to -1. A Pearson's correlation coefficient of +1 indicates a perfect association of ranks, a zero indicates no association between ranks, and -1 indicates a perfect negative association between ranks. A method of correlation can be used to analyse the extent and the nature of relationships between different variables.

### *Independent Sample t-test*

The Independent Sample t-test compares the means of two independent groups to determine whether there is statistical evidence that the associated population means are significantly different. To do this, we need to set a significance level (also called alpha) that allows us to either accept or not accept the alternative hypothesis. Most commonly, this value is set at 0.05.

### *Restatement and Tenability of the Hypotheses*

There will be significant relationship between death anxiety and general well-being among nurses.

The analysis was done using Karl Pearson Product Moment Correlation Coefficient and the results obtained indicate that there is an inverse relationship between death anxiety and general well-being. The correlation value shows that there is a significant relationship and hypothesis is accepted. The hypothesis was then restated as "There is a significant relationship between death anxiety and general well-being".

In the major hypothesis, there are several subscales in the variables and therefore minor hypotheses are established. To test the tenability of the minor hypotheses, Karl Pearson Product Moment Correlation Coefficient was used since there are significant positive and negative correlations observed. Thus, the minor hypotheses are as follows:

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There will be a significant relationship between death anxiety and extraversion.

There will be a significant relationship between death anxiety and agreeableness. The analysis was done using Karl Pearson's Product Moment Correlation.

There will be a significant relationship between death anxiety and conscientiousness. The analysis was done using Karl Pearson Product Moment Correlation Coefficient and the results obtained indicate that there is an inverse relationship between death anxiety and conscientiousness. The correlation value shows that there is no significant relationship and the hypothesis is not accepted. The hypothesis is then restated as "There is no significant relationship between death anxiety and conscientiousness".

There will be a significant relationship between death anxiety and neuroticism. The analysis was done using Karl Pearson Product Moment Correlation Coefficient and the results obtained indicate that there is a direct relationship between death anxiety and neuroticism. The correlation value shows that there is a highly significant relationship and the hypothesis is accepted. The hypothesis is then restated as "There is a significant relationship between death anxiety and neuroticism".

- There will be a significant relationship between death anxiety and openness.
- There will be a significant relationship between extraversion and agreeableness.
- There will be a significant relationship between extraversion and conscientiousness.
- There will be a significant relationship between extraversion and neuroticism.
- There will be significant relationship between extraversion and openness.

The analysis was done using Karl Pearson Product Moment Correlation Coefficient and the results obtained indicate that there is a positive relationship between extraversion and openness. The correlation value shows that there is no significant relationship and hypothesis is not accepted. The hypothesis is then restated as "There is no significant relationship between extraversion and openness".

There will be a significant relationship between agreeableness and conscientiousness. The analysis was done using Karl Pearson Product Moment Correlation Coefficient and the results obtained indicate that there is a positive correlation between agreeableness and conscientiousness. The correlation value shows that there is no significant relationship and hypothesis is not accepted. The hypothesis is then restated as "There is no significant relationship between agreeableness and conscientiousness".

There will be a significant relationship between agreeableness and neuroticism. The analysis was done using Karl Pearson Product Moment Correlation Coefficient and the results obtained indicate that there is a positive correlation between agreeableness and neuroticism. The correlation value shows that there is no significant relationship and hypothesis is not accepted. The hypothesis is then restated as "There is no significant relationship between agreeableness and neuroticism".

There will be a significant relationship between agreeableness and openness. The analysis was done using Karl Pearson Product Moment Correlation Coefficient and results obtained indicate that there is positive correlation between agreeableness and openness. The correlation value shows that there is no significant relationship and

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hypothesis is not accepted. The hypothesis is then restated as “There is no significant relationship between agreeableness and openness”.

- There will be significant relationship between conscientiousness and neuroticism.
- There will be significant relationship between conscientiousness and openness.
- There will be significant relationship between neuroticism and openness.

The analysis was done using Karl Pearson Product Moment Correlation Coefficient and results obtained indicate that there is positive correlation between neuroticism and openness. The correlation value shows that there is no significant relationship and hypothesis is not accepted. The hypothesis is then restated as “There is no significant relationship between neuroticism and openness”. There will be significant mean differences in death anxiety among nurses on the basis of area of residence.

### *Major Findings of the Study*

- Death anxiety was found to have an inverse relationship with general well-being, which indicates that if death anxiety increases general well-being decreases.
- Death anxiety was found to have an inverse relationship with extraversion, which implies that if death anxiety increases extraversion decreases.
- Death anxiety was found to have a direct relationship with agreeableness, it states that if death anxiety increases agreeableness also increases.
- Death anxiety was found to have an inverse relationship with conscientiousness, here we can say that if death anxiety increases simultaneously conscientiousness decreases.
- Death anxiety was found to have a direct relationship with neuroticism, which means that when death anxiety increases, neuroticism also increases.
- Death anxiety was found to have an inverse relationship with openness, which indicates that if death anxiety increases, openness will decrease.
- Death anxiety was found to have no significant mean differences based on area of residence.
- Death anxiety was found to be significant mean differences based on the working sector.

### *Implications of the Study*

The present study was designed to understand and find out the relationship between death anxiety, general well-being, and personality among nurses. With numerous reports of suicides and suicidal attempts happening among nurses around our society, due to extreme stress and mental disturbances, it is very important to make them understand about themselves of their worth and attributes. Suicide happens when people completely feel helpless, hopeless, and worthless. Hence it is very important to make them develop self-awareness, self-esteem and as well as modify their general well-being and personality. These doctrines of life would help them broaden their perspectives, inculcate humanitarian values as well as modify them as socially important.

This study is particularly relevant in the current context. Nurses are in every community-large and small- providing expert care from birth to end of life. Performing educational and psychological interventions to help nurses to build strong coping strategies for managing death anxiety are recommended to offset negative consequences such as leaving positions, poor communications and decrements in personal health and quality of life. Therefore, this

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study aims to analyses the relationship between death anxiety, general well-being and personality among nurses.

### *Suggestions and Limitations*

- This study took samples from a limited area. It would be better to take samples from different geographical regions to have a comprehensive reality of the situation.
- In this study data was collected using online methods. Hence, there is a possibility that the participants may not provide genuine responses due to his/her lack of commitment to the study.
- The respondent's lack of complete understanding of the variables or of the items may lead to inaccurate data.
- The participants are less likely to devote their complete attention to the survey that lasts for a few minutes because the questions are too long, which leads to a lack of interest.
- The period of the study is limited.
- There is a higher probability of getting biased results.
- There are comparatively few male participants.
- According to religion, there is not an equal distribution of participants.
- This study has no prior research.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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