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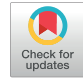
Original Article

Psychometric characteristics of the Reasons for Death Fear Scale among Iranian nurses



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A R T I C L E I N F O

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A B S T R A C T

Objectives: Death fear is the main subject in thanatology. Several researchers have defined different reasons for fear of death. This study aimed to explore the performance of the Farsi version of the Reasons for Death Fear Scale (RDFS) among a convenience sample of Iranian nurses ($n = 106$).
Methods: The nurses were selected by the convenience sampling method and were asked to complete the RDFS, Death Concern Scale, Collett-Lester Fear of Death Scale, Death Anxiety Scale, Death Depression Scale, and Death Obsession Scale.
Results: For the RDFS, the Cronbach's α coefficient was 0.90, and the 2-week test–retest reliability was 0.64. The RDFS was correlated at 0.34, 0.39, 0.50, 0.35, and 0.39 to the above-mentioned five scales, indicating its good construct and criterion-related validity. Based on the exploratory factor analysis, the RDFS-identified four factors accounted for 66.20% of the variance and were labeled as “Fear of Pain and Punishment,” “Fear of Losing Worldly Involvements,” “Religious Transgressions and Failures,” and “Parting from Loved Ones.”
Conclusions: The RDFS presents good validity and reliability and can be used in clinical and research settings in Iran.
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1. Introduction

Fear of death is a multidimensional concept [3–5] and an emotional reaction that involves subjective feelings of unpleasantness and concern based on the contemplation or anticipation of any fact related to death [1,2]. People who suffer from fear of death are highly preoccupied with death and dying, thereby affecting their daily lives. Furthermore, death fear may lead to psychiatric disorders, such as obsessive–compulsive disorder and hypochondria [6]. An important question in this field is the cause of fear death, which has been provided with several answers.

Hoelter [7] proposed the following eight dimensions of death fear: (1) fear of the dying process, (2) fear of the dead, (3) fear of being destroyed, (4) fear for the death of significant others, (5) fear of the unknown, (6) fear of conscious death, (7) fear for body after death, and (8) fear of premature death.

Florian and Mikulincer [8] considered three dimensions for this concept. The first dimension is (1) intrapersonal dimension derived from the effect of death on the mind and body. This aspect is characterized by the fear of lack of access to personal goals, pleasures, and bodily deterioration. The second dimension is (2) interpersonal dimension, which is characterized by the effect of death on interpersonal relationships. The third dimension is (3) parapersonal dimension, which refers to a mixture of fear of the world and punishment after death.

Schulz et al. [9] articulated nine components related to death anxiety. These components are (1) fear of physical suffering, (2) fear of isolation and loneliness, (3) fear of no n-being, (4) fear of cowardice and humiliation, (5) fear of failing to achieve important goals, (6) fear of impact on survivors, (7) fear of punishment or of the unknown, (8) fear of death of others, and (9) fear of the act of dying (e.g., pain, loss of control, and rejection because of illness).

Wong [10] presented different aspects regarding the meaning of death fear; these aspects are rooted on death anxiety. The 10

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meanings he proposed were finality, uncertainty, annihilation, ultimate loss, life flow disruption, leaving loved ones, pain and loneliness, prematurity and violence of death, failure of life work completion, and judgment and retribution. Campbellm [11] stated the following reasons for death fear: the unknown loneliness and anxiety from tolerating the death experience; the loss of family and friends; the loss of self-control of bodily functions; the possibility of suffering, pain, unbearable grief, and a non-existent or terrible afterlife; and the failure to achieve one's life goals.

Given the distinction between fear of own death and that of others, Bath [12] indicated that most individuals fear their own death and the dying of others, regardless of the degree to which individuals fear their own death. In particular, the process of leaving or separation/loss of loved ones is a central theme in the fear of death of people.

Sharif Nia et al. [12] identified four major themes related to death anxiety experiences. These themes are afterlife fears, alienated farewell, ambiguous separation, and physical dissolution. Patients who have been exposed to death trauma in the battlefield may carry additional burden from unique cognitions and fears related to personal death.

Several researches studied death fear and death anxiety among Iranian nurses [14–18]. In the Death Attitude Profile Revised, Asadpour, Bidaki, Rajabi, Mostafavi, Khaje-Karimaddini et al. found that the occurrence of death fear was significantly high in the young female nurses with low work experience, no experience in the intensive care unit (ICU) ward, and no history of death education. Death escape scores were significantly high among the subjects aged 31–35 years. Women with higher education, older than 46 years, and have over 20 years of work experience have superior approach toward death. Thus, these researchers concluded that their findings could be attributed to religious beliefs and looking at death as a bridge to the afterlife [19].

Different reasons support the translation of the Reasons for Death Fear Scale (RDFS) into the Farsi language and the study of its psychometric properties. In particular, cultural, ethnic, and sociodemographic factors related to reasons for fearing death can influence the severity of death fear. In the Iranian society, Islamic religion plays an important role in people's lives; thus, the reasons for death fear in this society must be investigated. Given the influence of the Holy Qur'an, people with worldly involvement consider confrontation with death as highly difficult (3/14, 17/18) [20].

Despite the good characteristics of the RDFS and its applicability in Arabic and Iranian university student samples [21,22], no published study investigated the reliability, validity, and factorial structure of this scale among Iranian nurses. Arabic countries and Iran share the religion of Islam but speak different languages. Therefore, the present research aimed to develop and implement the RDFS in Iran and to determine the psychometric properties of this scale in a sample of Iranian nurses. The RDFS can be useful in the research on personality, clinical practice, and cross-cultural comparisons.

2. Material and methods

2.1. Participants

A total of 106 Iranian volunteer nurses were selected from different wards of two hospitals in Tehran, Iran. These hospitals included Hazrat-e Rasool General Hospital, which is affiliated with the Iran University of Medical Sciences, and the Khatam-AlAnbia General Hospital. The nurses were invited to voluntarily participate in the study. The study purpose was explained to the nurses, and their anonymity was assured. The nurses provided verbal consent. The study protocol was approved by an institutional review board. The inclusion criteria were as follows: nursing career, assignment to the wards, and educational level of bachelor degree and higher. The exclusion criteria were as follows: having medical diseases and mental disorders. These criteria were identified by the researchers based on the responses of the nurses to some questions in the demographic information sheet. Table 1 provides some demographic and professional data of the participants.

2.2. Measures

The RDFS was developed by Abdel-Khalek (2002) in two languages, namely, Arabic and English, and consisted of 18 brief statements. The scale used a five-point response format, particularly, (1) strongly disagree, (2) disagree, (3) neutral, (4) agree and (5) strongly agree. The score can range from 18 to 90. The author identified four factors for the scale (63.3% of the variance). A high-loaded factor of death distress was extracted, where the loading of RDFS was 0.45. By contrast, the loadings of the Death Anxiety Scale (DAS), Death Depression Scale (DDS), and Death Obsession Scale (DOS) ranged between 0.80 and 0.90. The correlation of RDFS to DAS was higher than that to general anxiety. The Cronbach's α reliability was 0.82 in RDFS [21] but was 0.83 in another sample [22]. Item–remainder correlations ranged between 0.22 and 0.56. The RDFS was significantly correlated with DAS and general anxiety, DDS, and DOS. The scale also exhibited a concurrent validity and was significantly correlated at 0.48 to the DAS, 0.53 to the Self-Rating of Death Fear, 0.26 to the Kuwait University Anxiety Scale, and 0.22 to the Speilberger et al. Trait subscale of the State–Trait Anxiety Inventory (STAI) [21]. Using a sample of Iranian university students, Aflakseir [23]identified four factors for the RDFS. These four factors showed good internal consistency, i.e., 0.90, 0.68, 0.78, and 0.72. The RDFS was significantly correlated at 0.40 to the DAS.

In the present study, the 18-item version of the RDFS was translated into Farsi from English. The back-translation technique was applied to verify the adequacy of the translation (Appendices A & B). To establish test–retest reliability, we asked 56 of the nurses to complete the RDFS by 2 weeks after the first investigation.

Table 1
Characteristics of the sample.

Variable	*n*	%
Age		
20–29	27	25.5
30–39	51	48.1
40–49	20	18.9
≥50	6	5.7
Sex		
Women	101	95.3
Men	5	4.7
Appointment		
Contract	64	60.4
Formal	42	39.6
Work experience		
1–5 years	35	33.0
≥5 years	71	67.0
Position		
Staff nurse	93	87.7
Head nurse	13	12.3
Work shift		
Rotational	83	78.3
Fixed		21.7
Number of patients per shift		
0–9	54	50.9
Care of end-stage patients in the past 3 months		
0–6	61	58.0
Participation in reclamation operations in the past 3 months		
≥5	31	29.9

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