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

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ABSTRACT

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 a 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 Physical Suffering,” “Fear of Physical Suffering,” “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 unpleas- antness 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) para-personal 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 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
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-an-Nabiin 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 Spielberger et al. Trait subscale of the State–Trait Anxiety Inventory (STAI) [21]. Using a sample of Iranian university students, Afalkeiser [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.
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