

Death Anxiety, Locus of Control, and Purpose in Life of Physicians

Their Relationship to Patient Death Notification

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This study explored gender and specialty differences in death anxiety, locus of control, and purpose in life of physicians, and if these variables might influence the clinical behavior of physicians regarding death notification. The subjects were 155 attending and house staff physicians who responded to mailed questionnaires. The female physicians scored higher in death anxiety than the male physicians. The psychiatrists scored higher in death anxiety than the surgeons. There was a trend for the internists to have scores indicating a more external locus of control. Purpose in life was inversely correlated with death anxiety and external locus of control. Death anxiety was related to the physicians' preferred mode of conveying the news of an unexpected patient death to the next of kin.

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Anxiety about death is part of the core experience for human beings. Because of the nature of their work, physicians as a group are confronted with death and issues related to it much more than many other persons. Surprisingly, little research has been done on physicians' death anxiety and other personality variables. One study found that physicians expressed more conscious death anxiety than others.¹ Another study found no difference in death anxiety between physicians and attorneys, or between medical and law students.² To the author's knowledge, there has been no systematic study that has examined gender and specialty differences in death anxiety among physicians, though there have been studies of medical students.^{3,4} Firth-Cozens and Field found that female British medical students reported more fear of death than male students.³ Livingston and Zimet found that among medical students who stated that they were planning to specialize in internal medicine, pediatrics, psychiatry, or surgery, the surgery group scored

the lowest, whereas the psychiatry group scored the highest in death anxiety.⁴ There has been no study on the relationship between death anxiety and how physicians convey the news of a patient death to the next of kin.

Locus of control and purpose in life have been correlated with death anxiety in some studies in the general population,⁵⁻⁸ but no such data are available for a physician population. Internal vs. external locus of control refers to the degree to which a person expects that the outcome of his or her behavior is contingent on his or her own behavior vs. chance, luck, fate, or control of powerful others.⁹ The purpose in life

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Death Anxiety of Physicians

construct is based on the logotherapy concept of Victor Frankl, which states that striving to find and fulfill meaning and purpose in one's life is a primary motivational force in humans.¹⁰

This study's 3-part purpose was to explore 1) gender and specialty differences in death anxiety of physicians, 2) death anxiety's relationship to locus of control and purpose in life, and 3) death anxiety's relationship to how physicians prefer to relate the news of an unexpected patient death to the next of kin.

METHODS

Subjects

The study's subjects included the attending and house staff physicians in the departments of medicine, surgery, family practice, and psychiatry at the State University of New York Health Science Center at Brooklyn.

Instruments

The instruments used in the study were Templer's Death Anxiety Scale (DAS), Adult Nowicki-Strickland Internal-External Control Scale (ANS-IE), Crumbaugh and Maholick's Purpose in Life Test (PIL), and the author's Communication About Death Questionnaire (CDQ).

The DAS has had the most normative data collected of all death attitude measures.¹¹⁻¹³ DAS has been found to have both internal and external validity.¹⁴ Higher DAS scores indicate higher death anxiety. The ANS-IE is a measure of locus of control, higher scores indicating more external locus of control. ANS-IE has been found to have both internal and external validity.¹⁵⁻¹⁷ The PIL has been found to be a reliable and valid measure of Frankl's conception of meaning and purpose in life.^{18,19} Higher PIL scores indicate more purpose in life.

The CDQ developed by the author and colleagues has been described elsewhere.^{20,21} Of relevance to this report is that two approaches are identified in a situation where a patient dies and the physician has to contact the next of kin by telephone.

Critical Notification (CN). The physician tells the next of kin that the patient is critically ill and asks the next of kin to come to the hospital immediately.

Death Notification (DN). The physician informs the next of kin over the telephone about the death of the patient.

The respondent is asked: "When a patient dies unexpectedly, in general, which method do you think is preferable? Why? If you were the next of kin, which method would you prefer? Why?" Similar questions are asked for expected death.

Procedure

The DAS, ANS-IE, and PIL were mailed to all house staff and attending physicians of the departments of family practice, medicine, psychiatry, and surgery in December 1984. The CDQ had been mailed to the subjects 7 months before for an earlier study.²⁰ A code number was assigned to each subject to help correlate the results of the two studies, but respondents were given the option of erasing this number.

Data Analysis

The data were analyzed by analysis of variance (ANOVA), setting a significance level of 0.05. If ANOVA was significant, Scheffé range test for multiple comparisons was used where indicated, setting a significance level of 0.05. Pearson product-moment correlation coefficients were computed for some variables.

RESULTS

A total of 474 questionnaires were mailed, and 155 responses were received (33% response rate). Eighteen percent of the responses (6% of the total) were returned after a reminder letter had been sent. There was no significant difference between the groups responding before and after the reminder letter on any of the measures. The response rates by departments were as follows: family practice, 41%; medicine, 33%;

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