APPENDIX A

FORM CRHS (2003)

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

APPLICATION[1] TO THE COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS (MEDICAL) FOR CLEARANCE OF RESEARCH INVOLVING HUMAN SUBJECTS, OR PATIENT RECORDS.

☐CLEARANCE NUMBER (for office use only):_____

This application must be typed or handwritten in capitals

NAME: MS MOGAVANI GOVENDER
Principal Investigator/Sub Investigator

PROFESSIONAL STATUS (if student, year of study) **MASTERS OF SCIENCE IN NURSING- SECOND YEAR.**

UNIVERSITY DEPARTMENT:[2] NURSING DEPARTMENT

HOSPITAL/INSTITUTION WHERE EMPLOYED: GARDEN CITY CLINIC

FULL-TIME OR PART-TIME: FULL- TIME

TELEPHONE AND EXTENSION: (011) 337-7022 (H) / (011) 495-5070 (W)
FAX NO: N/A

TITLE OF RESEARCH PROJECT: (Use no abbreviations)
DEATH ANXIETY AND ATTITUDES OF NURSES TOWARDS DYING PATIENTS IN A PRIVATE ACUTE CARE HOSPITAL.

WHERE WILL THE RESEARCH BE CARRIED OUT? (Please furnish name of hospital/institution and particular department)
GARDEN CITY CLINIC- ALL NURSING STAFF INCLUDED IN STUDY FROM ALL DEPARTMENTS.

***All the following sections must be completed[3]*. Please tick all relevant boxes.**

1. PURPOSE OF THE RESEARCH:

postgraduate: degree/diploma (state which) ☒ MASTERS OF SCIENCE IN NURSING (ONCOLOGY AND PALLIATIVE CARE)

undergraduate: degree/diploma (state which) ☐

not for degree purposes ☐

2. OBJECTIVES OF THE RESEARCH (please list):

1. TO IDENTIFY NURSES' ATTITUDES TOWARDS DEATH.
2. TO MEASURE NURSES' LEVELS OF DEATH ANXIETY THROUGH THEIR RESPONSES TO DEATH AND DYING.
3. TO IDENTIFY THE NEED FOR ONGOING INSTITUTIONAL SUPPORT AND EDUCATION REGARDING END OF LIFE CARE.

1. Unless received by **the 7th of the month**, applications will be carried over to the next month for consideration.
2. If not employed by the University or one of the University's teaching hospitals, please indicate clearly where correspondence should be sent.
3. This requirement holds even if, to assist the Committee, a protocol detailing the background to the research, the design of the investigation and all procedures, is submitted with the application.

3. **SUMMARY OF THE RESEARCH (give a brief outline of the research plan):**

A QUANTITATIVE DESCRIPTIVE CORRELATIONAL STUDY WILL BE CONDUCTED WITHIN A PRIVATE ACUTE CARE HOSPITAL. THE PURPOSE OF THE STUDY WILL BE TO IDENTIFY AND DESCRIBE THE RELATIONSHIP BETWEEN DEATH ANXIETY AND NURSES' ATTITUDES TOWARDS DYING PATIENTS. TWO SELF-REPORT QUESTIONAIRES WILL BE ADMINISTERED TO A TOTAL POPULATION OF N= 394, VOLUNTEER NURSES ON THE STAFF OF A PRIVATE ACUTE CARE HOSPITAL. DATA ANALYSIS WILL MAKE USE OF FREQUENCIES, CROSS TABULATIONS AND PERCENTAGES, WHILE GROUP COMPARISONS WILL RELY ON PEARSON CORRELATIONS AND THE CHI-SQUARE TEST. FISHER'S EXACT TEST MAY BE USED IF SAMPLES ARE < 30%.

4. **REQUIREMENTS**

4.1 **If radiation or isotopes are to be used, written approval must be obtained from the Nuclear Medicine Department, Diagnostic Radiology Department, Radiation Therapy Department or NUCOR representative.**

Is this attached? If not, the application cannot be considered. Yes ☐ No ☐ **N/A**

4.2 **Subject Information Sheet[5] is attached. (For written and verbal consent)** Yes ☒ No ☐

Informed Consent Form[6] is attached. (For written consent). Yes ☒ No ☐

Consent will be verbal Yes ☐ No ☒

Informed consent is not necessary. State why not. Yes ☐ No ☒

4.3 **If a questionnaire or interview is to be used in the research, it must be attached. Is it attached? If not, the application cannot be considered.** Yes ☒ No ☐

5. SUBJECTS FOR STUDY

5.1 **If patients are being studied, state where and how the subjects are selected:**

ALL NURSING STAFF IN THE EMPLOY OF GARDEN CITY WILL BE ASKED TO VOLUNTARILY COMPLETE A SELF-REPORT QUESTIONAIRE.

5.2 **Where the subjects are not patients, they will be asked to volunteer** ☒ **they will be selected** ☐

State how the subjects are selected, or who is asked to volunteer:

ALL NURSING STAFF IN THE EMPLOY OF GARDEN CITY CLINIC WILL BE ASKED TO VOLUNTARILY PARTICIPATE IN THE STUDY.

Are the subjects subordinate to the person doing the recruiting? Yes ☐ No ☒

If yes, justify the selection of subordinate subjects:

4. NB. If any doubt exists, please contact Ms Anisa Keshav, Room 10005, 10th Floor, Senate House, Wits University, 717-1234

5. Whether written or verbal consent is to be obtained, the CRHS requires a Subject information sheet written in language understandable to the subject (or guardian) detailing what the subject will be told. This should include the following:(1) investigator introduction; (2) participation is voluntary, and refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled; (3) the subject may discontinue participation at any time without penalty or loss of benefits;(4)a brief description of the research, its duration, procedures and what the subject may expect and/or be expected to do; (5) any foreseeable risks, discomforts, side-effects or benefits, including those for placebo; and (6) disclosure of alternatives available to the subject. If risks are involved: (7) a professional contact and 24 hour telephone number; (8) an explanation whether medical treatment will be provided in the case of a complication developing; (9) a separate Patient Information and Informed Consent sheet for blood / tissue samples taken for future testing. This Subject Information Sheet may be incorporated into the consent form, or the consent form may be submitted separately.

6. The Informed Consent Form should include a clear statement that the subject is consenting to involvement in research and not to treatment which will necessarily provide personal benefit. Any personal benefit should be mentioned where this is possible. An important piece of information is that the subject is free to withdraw from the trial at any time without prejudicing any treatment that is required for existing or future medical conditions, if this is not made clear

5.3 Will control subjects be used? If yes, explain how they will be recruited: Yes ☐ No ☒

5.4 Subject records: state what records will be used and how they will be selected: N/A

5.5 Age range of patients/subjects/controls:
If under 18 years, from whom will consent be obtained?
If under 18 years, is a patient assent form attached?
ALL PARTICIPANTS ARE ABOVE THE AGE OF 18 YEARS

5.6 Sex: Male ☐ Female ☐ BOTH MALE AND FEMALE PARTICIPANTS ARE INCLUDED.

5.7 Number of patients ..... ; non-patient subjects ...394..... ; controls .....

5.8 Benefit to patient or subjects: will the research benefit the patient(s) or subject(s) in any direct way. Yes ☐ No ☒
If yes, explain in what way

5.9 Disadvantages to patients/subjects/controls. Will participation or non-participation disadvantage them in any way? Yes ☐ No ☒
If yes, explain in what way

6. PROCEDURES

6.1 Mark research procedure(s) that will be used:

☐ Record review

☐ Interview form (must be attached)

☒ Questionnaire (must be attached)

☐ Examination (state below nature and frequency of examination)

☐ **Substance** administration (state below name(s) of **substance**(s) and dose(s) and frequency of administration)

☐ X-rays

☐ Isotope administration (state below name(s) of isotope(s) and frequency)

☐ Blood sampling; ☐ venous; ☐ arterial (state below amount to be taken and the frequency of blood sampling)

☐ Biopsy

☐ Other procedures (explain)

Use this space to elaborate procedures marked above:
TWO SCALES ARE USED: THE REVISED COLLET-LESTER SCALE AND THE NEVILLE STRUMPF DEATH ATTITUDE SURVEY.

6.2 Is/are procedure(s) routine for diagnosis/management? ☐ Specific to research? ☒

6.3 Who will carry out the procedure(s)? (State name(s) and position(s) held)?
VOLUNTEERS WILL ANSWER A SELF-REPORT QUESTIONAIRE AND ASKED TO PUT THE COMPLETED FORM IN A SEALED COLLECTION BOX AVAILABLE ON EACH UNIT.

6.4 When will the research commence, and over what approximate time period will the research be conducted?

NOVEMBER 2003, ONCE POST GRADUATE AND HUMAN RESEARCH ETHICS COMMITTEES' PERMISSION IS OBTAINED.
RESEARCH WILL BE CONDUCTED OVER A PERIOD OF APPROXIMATELY 4 MONTHS.

7. RISKS OF THE PROCEDURE(S) subjects/controls will suffer:

☒ No risk ☐ Discomfort

☐ Pain ☐ Possible complications

☐ Side effects from agents used

If you have checked any of the above except "No risk" provide details here:

8. GENERAL

8.1 Has permission of relevant authority/ies been obtained? Yes☒ No☐ N/A☐

State name of authority/ies:

COPYRIGHT PERMISSION:
-FOR THE USE OF THE DEATH ATTITUDE SURVEY WAS OBTAINED FROM THE PROJECT MANAGER, DIANE STILLMAN, FOR THE STUDY SUPERVISED AND DEVELOPED BY NEVILLE STRUMPF.
-FOR THE REVISED COLLETT-LESTER FEAR OF DEATH SCALE FROM DAVID LESTER.
- PERMISSION FROM THE HOSPITAL NURSING MANAGER KARIN NELSON WAS GRANTED PROVISIONALLY BASED ON THE APPROVAL OF THE PROPOSAL.

8.2 Confidentiality: how will confidentiality be maintained so that patients/ subjects/controls are not identifiable to persons not involved in the research?

SELF-REPORT QUESTIONAIRES WILL BE COMPLETED BY VOLUNTEERS. NO PERSONAL DISCLOSURE IS REQUIRED e.g. NAME, ETC. QUESTIONAIRES MAY BE COMPLETED ANONYMOUSLY AND POSTED IN A SEALED COLLECTION BOX THAT WILL BE MADE AVAILABLE ON EACH UNIT. ONLY GROUPED DATA WILL BE ANALYSED.

8.3 Results: to whom will result be made available?

RESULTS WILL BE MADE AVAILABLE TO THE UNIVERSITY, OTHER RESEARCHERS AND STUDENTS.

8.4 Finances. There will be financial costs to:

Patient/subject	Yes☐	No☒
Hospital/institution	Yes☒	No☐
Other	Yes☐	No☐

Explain any box marked "yes": STUDY BURSARY WAS PROVIDED BY HOSPITAL FOR POSTGRADUATE STUDIES.

How will the research be funded?

FINANCIAL SPONSORSHIP FROM THE HOSPITAL IS PENDING APPROVAL OF THE RESEARCH PROPOSAL BY THE UNIVERSITY'S RELEVANT AUTHORITIES.

8.5 Any other information which may be of value to the committee should be provided here:

Date: 3/9/03 Applicant's Signature:

Who will supervise the project?

Name: DR GAYLE LANGLEY Department: NURSING

Date 3/9/03
Signature J Bruce

Head/~~Research Coordinator~~ of Department/Institute in which study was conducted:

Name J. BRUCE

Date 3/9/03 Signature J Bruce

APPENDIX B

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Govender

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER 03-09-14**
PROJECT	Death Anxiety and Attitudes of Nurses Towards Dying Patients ina Private Acute Care Hospital
INVESTIGATORS	Ms M Govender
DEPARTMENT	School of Therapeutic Sci
DATE CONSIDERED	03-09-26
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 04-01-23 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr G Langley
School of Therapeutic Sci

DECLARATION OF INVESTIGATOR(S)
To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX C

- **Appendix C: Research request letter to Chief Nursing Service Manager**

20 Vaalharts Street
Brackendowns
Ext 5
Alberton
1448

Clinic
Johannesburg

Dear Matron

Request: Permission to carry out a research study at Clinic

I Sr M. Govender, request permission to conduct a research study with nurses working at the Clinic. This is in fulfillment with my Masters of Science in nursing degree at the University of Witwatersrand.

The purpose of this study is to identify, explore and describe nurses' personal fear of death (death anxiety) and explore whether an association exists between death anxiety and their attitudes towards dying patients in an acute care hospital. In identifying these death anxieties and attitudes, this study hopes to provide information that may enable nurses to provide improved holistic care of terminally ill patients while ensuring their own well being. The study is a quantitative, descriptive, correlational survey. Volunteers will be asked to complete self-administered questionnaires. Participants will be given an information letter to read and written consent from all participants will be obtained. Confidentiality will be maintained throughout the study. Permission will also be sought verbally from all the unit/ward managers.

If further information is required, please contact me at the above address or tel: 082 290 1865.

Yours sincerely
Sr Mogavani Govender.

APPENDIX D

24 July 2003

Wits University

To whom it may concern

This letter serves to confirm that Mogavani Govender has been given permission by Karin Nelson to do research at Garden City Clinic providing the proposal is accepted.

Should you have any further queries please do not hesitate to contact me on (011) 495-5018.

Yours sincerely

Karin Nelson
Nursing Manager

APPENDIX E

Consent Form
Study Title: Death anxiety and attitudes of nurses towards dying patients in a private acute care hospital.
Investigator: Mogavani Govender (registered nurse)

Dear Colleagues

You are invited to volunteer as a participant in a research study to determine if nurses' death anxieties affect their attitudes towards dying patients. Since you are a nurse working in the hospital, you have been selected as a possible participant. The appropriate people and review boards both at the hospital and the University of Witwatersrand have approved the study and its procedures. If you agree to participate you will be asked to complete a questionnaire about death anxiety that you may or may not experience in your job. Participation in this study will take approximately 15 minutes. The topic of death and dying can evoke strong emotions, should you experience any distress in the process of completing the questionaire, arrangements have been made for you to consult a counsellor if you wish.
Although this study may not benefit you directly, it will provide information that might enable nurses to provide improved private sector care of terminally ill patients while ensuring their own well-being.
Should you agree to participate, you will have the right to withdraw at any time, without an explanation and there will be no repercussions. The study data will be coded, so that it will be totally anonymous and cannot be linked to your name. All study data will be collected by myself, M. Govender, stored in a secure place and not shared with any person and only grouped data will be analyzed. You may contact me, Mogavani Govender on 082290-1865, if you have any questions about the study or about being a participant.
Results of this study will be made available to you if so desired.

I have read this consent form and voluntarily consent to participate in this study.

....
Participant's signature ***date***

Thank you for your time.

Consent Form
Study Title: Death anxiety and attitudes of nurses towards dying patients in a private acute care hospital.
Investigator: Mogavani Govender (registered nurse)

Dear Colleagues

You are invited to volunteer as a participant in a research study to determine if nurses' death anxieties affect their attitudes towards dying patients. Since you are a nurse working in the hospital, you have been selected as a possible participant. The appropriate people and review boards both at the hospital and the University of Witwatersrand have approved the study and its procedures. If you agree to participate you will be asked to complete a questionnaire about death anxiety that you may or may not experience in your job. Participation in this study will take approximately 15 minutes. The topic of death and dying can evoke strong emotions, should you experience any distress in the process of completing the questionaire, arrangements have been made for you to consult a counsellor if you wish.
Although this study may not benefit you directly, it will provide information that might enable nurses to provide improved private sector care of terminally ill patients while ensuring their own well-being.
Should you agree to participate, you will have the right to withdraw at any time, without an explanation and there will be no repercussions. The study data will be coded, so that it will be totally anonymous and cannot be linked to your name. All study data will be collected by myself, M. Govender, stored in a secure place and not shared with any person and only grouped data will be analyzed. You may contact me, Mogavani Govender on 082290-1865, if you have any questions about the study or about being a participant.
Results of this study will be made available to you if so desired.

I have read this consent form and voluntarily consent to participate in this study.

....
Participant's signature ***date***

Thank you for your time.

APPENDIX F

Application and permission for use of research questionnaires

From: Curtis Bond [cbond@dunamai.com]
Sent: Thursday, April 03, 2003 4:26 PM
To: 'navashini'
Subject: RE: Permission Requested

You can use and cite any information from my fear of death research.

Below is citation information.

Main Author: Bond, Curtis W.
Title: Religiosity, age, gender, and death anxiety / by Curtis W. Bond.

Published: 1994.
Description: x, 70 leaves, bound ; 29 cm.
Notes: "Presented to the School of Graduate Studies Department of Sociology. Thesis (M.A.)--Indiana State University, 1994.
Bibliography: leaves 58-60.
Series: Contribution to the School of Graduate Studies, Indiana State University. Series 1 ; no. I760
Indiana State University. School of Graduate Studies. Contributions. Series 1 ; no. 1760.

Curtis W. Bond

-----Original Message-----
From: navashini [mailto:navashini@ontime.co.za]
Sent: Thursday, April 03, 2003 8:28 AM
To: webmaster@dunamai.com
Subject: Permission Requested
Importance: High

Dear Webmaster

I am a student studying oncology . I kindly request permission to use the
Collett -Lester scale in my research.

Thank you
M Govender

The Revised Collett-Lester Scale

THE COLLETT-LESTER FEAR OF DEATH SCALE: THE ORIGINAL VERSION AND A REVISION

DAVID LESTER

Richard Stockton State College, Pomona, New Jersey

This paper reviews research using the Collett-Lester fear of death scale and finds that the scale has acceptable reliability and validity. A revised version of the scale includes a more balanced number of items in each subscale, and a simplified scoring system. This paper presents both the original and the revised versions of the scale.

Introduction

Although the Collett-Lester fear of death scale (1) was first reported in 1969, the scale has never been published, and has been available only by writing to the author. The aims of this paper are to publish the scale and make it generally available, to critically review the published research using the scale, and to present a revised version of the scale.

The Original Collett-Lester Fear of Death Scale

The Collett- Lester fear of death scale was developed to eliminate the problem of the heterogeneity of item content in the fear of death scales used at the time. First, Collett and Lester eliminated items about funerals and cemeteries completely. Lester and Blustein (2)later devised a scale for these items. Second, they distinguished between death and dying and between the self and others, giving four separate subscales: fear of death of self, fear of death of others, fear of dying of self, and fear of dying of others.

A minor problem with this original scale was that each subscale contained different numbers of items (9, 10, 6, and 11 items, respectively). in particular reflecting the difficulty of writing items for fear of dying of self. Another problem with the scale is that reports have appeared with indications that it may have been misscored. For example, Dickstein (3) reported mean scores for the four subscales of 1.9 for death of self, 3.4 for death of others, 0.8 for dying of self, and -5.5 for dying of others-scores similar to those Lester (4) obtained when he derived the scale. Scores on the dying of others subscale are usually the lowest. Hayslip and Stewart-Bussey (5) obtained scores on the foursubscalesof32.9, 33.5, 18.5, and 46.7, scores that clearly deviate from the range of scores obtained by other investigators, and that are not in the commonly reported rank order.1

Research on the Collett-Lester Fear of Death Scale

Reliability Studies

Test-Retest Reliability. Only one test-retest reliability study has appeared. Rigdon and Epting (6) reported test-retest correlations, with a 7-week interval, averaging

voting behavior (61), androgyny (51), education (55), nightmare and, dream frequency (70), attitudes toward euthanasia (71), and attitudes toward funerals (2).

The associations that have been reported between psychological test scores and fears of death and dying appear primarily to involve measures of anxiety and psychological health. More anxious people, and those with more psychological disturbance appear to have stronger fears of death and dying.

A Revised Collett-Lester Scale

As mentioned in the introduction to this paper, a revision of the Collett-Lester scale seems needed for two main reasons: the subscales of the original Collett-Lester have unequal numbers of items, and some users have difficulty scoring the subscales. Accordingly, I have prepared a revised version of the Collett-Lester scale (see Appendix B).

This revised scale separates the items into the subscales. I felt that this would help subjects analyze their attitudes more coherently. It would also make for simpler scoring. Second, I keyed all items the same way, and changed the scoring system from a -3/ + 3 system to a 1/5 system, again for simplicity in scoring. Third, I gave each subscale eight items.

Reliability

Test-Retest. I administered the revised scale to 27 anonymous college students enrolled in psychology courses with a 2-day test-retest interval. The test-retest Pearson correlations were 0.85 for death of self, 0.79 for dying of self, 0.86 for death of others, and 0.83 for dying of others. The Spearman-Brown correlations were 0.91, 0.90, 0.72, and 0.88, respectively. Further test-retest studies are needed, especially for time intervals longer than 2 days.

Split-half Reliability. I administered the revised scale to 73 anonymous adults working at a developmental center for profoundly and severely retarded men. The 22 men and 51 women had a mean age of 35.9 years (SD = 9.7). Cronbach's alpha for the four sub scales were 0.91, 0.89, 0.72, and 0.87, in the order above.

Item-total Correlations. The item-total correlations, based on the 73 adults, for the items in each of the subscales (in which the "total" scores were the totals for the remaining seven items in the subscale) ranged from 0.36 to 0.78 (the median correlation was 0.625). I modified two items with particularly low item-total correlations as a result of this analysis.

A factor analysis using SPSSX, PC extraction, with a varimax rotation, identified seven orthogonal factors with eigenvalues greater than one (see Table 1). Factor I had high loadings (> 0.40) from seven of the eight items of the death of self-scale. Factor II had loadings from 9 of the 16 items on sub scales concerned with others.

Factor IV had loadings from six of the self-subscales, and one from the other subscales. The other factors were mixed. Thus, the results, of the factor analysis are not supportive of the content validity of the items on the subscales. Further studies of the factor structure of the scale items using larger numbers of subjects are needed.

Construct Validity

I also gave the 73 adults the short version of the Maudsley Personality Inventory (72), to measure neuroticism and extraversion. For both men and women, fears of death and dying correlated significantly with neuroticism scores (see Table 2), and for males, extraversion scores also correlated with fears of death and dying.

Conclusions

The Collett-Lester fear of death and dying scale was devised to provide a measure of death anxiety that distinguished between the fear of

TABLE 1 Results of Factor Analysis of the Revised Collett-Lester Scale

Factor Subscale and item 1 2 3 4 5 6 7

Death of self

1 65. 08' 30 44. 11 10 -03

2 76. 1(20 16 16 16 -02

3 83. 06 04 03 09 16 18

4 76. 22 12 08 10 25 -06

5 54. 21 49. 41. -02 -05 -13

6 77. 13 18 23 16 -03 19

7 12 15 60. 11 32 -09 -51.

8 60. 09 43. 41. 01 -01 -11

Dying of self

1 12 24 11 21 81. 10 12

2 27 26 04 24 69. 16 01

3 12 01 02 48. 35 -01 49.

4 15 34 16 39 22 10 66.

5 16 25 03 77. 33 10 03

6 27 16 03 76. 17 15 16

7 36 08 52. -13 39 08 37

8 05 39 54. 12 40. -03 25

Death of others

1 28 75. 19 06 13 12 03

2 36 44. 37 -13 -06 41. -01

3 29 58 11 13 36 -18 -19

4 13 14 61. 37 14 11 -09

5 07 16 35 26 61. 05 16

6 25 27 72. 06 -01 24 09

7 35 69. 22 08 03 -05 14

8 37 03 72. -10 02 25 11

Dying of others

1 15 17 13 14 25 79. 03

2 35 13 28 20 03 73. 11

3 12 56. -14 -05 50. 34 -13

4 -07 68. -04 16 34 33 -02

5 -02 65. 01 13 36 28 02

6 05 74. 39 27 -06 02 -01

7 06 75. 18 21 20 08 30

8 30 30 24 64. 11 23 12

Note. Decimal points are omitted from the loadings.

*Indicates a loading greater than 0.40.

TABLE 2 Fear of Death, Neuroticism, and Extraversion

	Men		Women	
Subscale	Extraversion	Neuroticism	Extraversion	Neuroticism
Death of self	0.41*	0.54**	0.18	0.43***
Dying of self	0.31	0.30	0.18	0.45***

Death of others 0.43* 0.36* 0.09 0.45***

Dying of others 0.44* 0.26 0.20 0.40**

*One-tailed p < .05. **One-tailed p < .01. ***One-tailed p < .001.

of death and the fear of dying, and which also measured fears for oneself and fears for others.

Over the years, though it has remained unpublished, many studies have used the scale. I have reviewed these studies here. I conclude that the scale has reasonable reliability, validity, and usefulness.

I published the scale here for the first time, enabling any researcher who so desires to use it. Problems with the original scale have led the author to revise it. This revised scale is also published here, together with supporting reliability and validity data.

References

1. Collett, L. J., & Lester, D. (1969). The fear of death and the fear of dying. JoumalofPsychology, 72, 179-181.

2. Lester, D. , & Blustein, J. (1980). Attitudes toward funerals. Psychological Reports, 46, 1074.

3. Dickstein, L. D. (1977-1978). Attitudes toward death, anxiety, and social desirability. Omega, 8, 369-378.

4. Lester, D. (1974). The Collett-Lester fear of death scale: a manual. Pomona, NJ: Richard Stockton State College.

5. Hayslip, B. (1986-1987). The measurement of communication apprehension regarding the terminally ill. Omega, 17, 251-261.

6. Rigdon, M. A., & Epting, F. R. (1985). Reduction in death threat as a basis for optimal functioning. Death Studies, 9, 427-448.

7. Livneh, H. (1985). Brief note of the structure of the Collett-Lester fear of death scale. Psychological Reports, 56, 136-138.

8. Schultz, C. M. (1977). Death anxiety and the structuring of a death concerns cognitive domain. Essence, 1, 171-188.

9. Bailis, L. A., & Kennedy, W. R. (1977). Effects of a death education program upon secondary school students. Journal of Educational Research, 71, 63-66.

10. Durlak, J. A. (1972). Measurement of the fear of death. Journal of Clinical Psychology, 28, 545-547.

11. Hayslip, B., & Stewart-Bussey, D. (1986-1987). Locus of control-levels of death anxiety. Omega, 17, 41-50.

12. Howells, K., & Field, D. (1982). Fears of death and dying among medical students. Social Science & Medicine, 16, 1421-1424.

13. Neimeyer, R. A. (1985). Actualization, integration and fear of death. Death Studies, 9, 235-244.

14. Neimeyer, R. A., Bagley, K. J., & Moore, M. K. (1986). Cognitive structure and death anxiety. Death Studies, 10, 273-288.

15. Neimeyer, R. A., & Dingemans, P. M. (1980-1981). Death orientation in the suicide intervention worker. Omega, 11, 15-23.

16. Vargo, M. E. (1980). Relationship between the Templer death anxiety scale and the Collett-Lester fear of death scale. Psychological Reports, 46, 561-562.

17. Lester, D. (1967). The Lester attitude toward death scale. Unpublished manuscript.

18. Durlak, J. A., & Kass, R. A. (1981-1982). Clarifying the measurement of death attitudes. Omega, 12, 129-141.

19. Templer, D. I. (1970). The construction and validation of a death anxiety scale. Journal of General Psychology, 82, 165-177.

20. Rigdon, M. A., & Epting, F. R. (1981-1982). Reclarifying the measurement of death anxiety. Omega, 12, 143-146.

21. Stoller, E. P. (1980-1981). The impact of death-related fears on attitudes ofnurses in a.hospital work setting. Omega, 11, 85-96.

22. McDonald, R. T., & Hilgendorf, W. A. (1986). Death imagery and death anxiety. Journal of Clinical Psychology, 42, 87-89.

23. Lester, G., & Lester, D. (1970). The fear of death, the fear of dying and threshold differences for death words and neutral words. Omega, 1, 175-179.

24. Rigdon, M. A., Epting, F. R., Neimeyer, R. A., & Krieger, S. R. (1979). The threat index. Death Education, 3, 245-270.

25. Robinson, P. J., & Wood, K. (1983). Fear of death and physical illness. Death Education, 7, 213-228.

26. Robinson, P. J ., & Wood, K. (1984-1985). The threat index. Omega, 15, 139-144.

27. Shursterm, L. R., & Sechrest, L. (1973). Attitudes of registered nurses toward death in a general hospital. InternationalJournal of Psychiatry in Medicine, 4,411-426.

28. Hunt, D. M. , Lester, D. , & Ashton, N. (1983). Fear of death, locus of control and occupation. Psychological Reports, 53, 1022.

29. Lattanner, B., & Hayslip, B. (1984-1985). Occupation-related differences in level of death anxiety. Omega, 15, 53-66.

30. Ford, R. E., Alexander, M., & Lester D. (1971). Fear of death of those in a high stress occupation. Psychological Reports, 29, 502.

31. Sundin, R. H., Gaines, W. G., & Knapp, W. B. (1979). Attitudes of dental and medical students toward death and dying. Omega, 10, 77-86.

32. Fang, B., & Howell, K. A. (1976). Death anxiety among graduate students. Journal of the American College Health Association, 25, 310-313.

33. Linn, B. S., Moravec,J., & Zeppa, R. (1982). The impact of clinical experience on attitudes of junior medical students about death and dying. Journal of Medical Education, 57, 684-691.

34. Jordan, T. J., Ellis, R. R., & Grallo, R. (1986). A comparison of levels of anxiety of medical students and graduate counselors about death. Journal of Medical Education, 61, 923-925.

35. Lester, D., Getty, C., & Kneisl, C. R. (1974). Attitudes of nursing students and faculty toward death. Nursing Research, 23, 50-53.

36. Lester, D. (1971). Attitudes toward death held by staff of a suicide prevention center. Psychological Reports, 28, 650.

37. Alexander, M., & Lester, D. (1972). Fear of death in parachute jumpers. Perceptual & Motor Skills, 34, 338.

38. D'Amanda, C., Plumb, M. M., & Tantor, Z. (1977). Heroin addicts with a history of glue sniffing. International Journal of the Addictions, 12, 255-270.

39. Testa, J. R. (1981). Group systematic desensitization and implosive therapy for death anxiety. Psychological Reports, 48, 376-378.

40. Bohart, J. B., & Bergland, B. W. (1979). The impact of death and dying counseling groups on death anxiety in college students. Death Education, 2, 381-391.

41. Carrera, R. N. , & Elenewski, J. J. (1980). Implosive therapy as a treatment for insomnia. Journal of Clinical Psychology, 36, 729-734.

42. Leviton, D., & Fretz, B. (1978-1979). Effects of death education on fear of death and attitudes toward death and life. Omega, 9, 267-277.

43. Linn, M. W., Linn, B. S., & Stein, S. (1983). Impact on nursing home staff of training about death and dying. Journal of the American Medical Association, 250,2332-2335.

44. Vargo, M. E., & Batsel, W. M. (1984). The reduction of death anxiety. British Journal of Medical Psychology, 57, 334-337.

45. Hayslip, B., & Walling, M. L. (1985-1986). Impact of hospice volunteer training on death anxiety and locus of control. Omega, 16, 243-254.

46. Hart, E. J. (1978-1979). The effects of death anxiety and mode of "case study" presentation on shifts of attitudes toward euthanasia. Omega, 9, 239-244.

47. Fretz, B. , & Leviton, D. (1979). Life and death attitudes of parents of mildly dysfunctional children. Omega, 6, 161-170.

48. Lester, D. (1970). Relation of fear of death in subjects to fear of death in their parents. Psychological Record, 20, 541-543.

49. McNeil, J. N. (1983). Young mothers' communication about death with their children. Death Education, 6, 323-339.

50. Lester, D. (1972). Studies in death attitudes. Psychological Reports, 30, 440.

51. Lester, D. (1984-1985). The fear of death, sex and androgyny. Omega, 15,271-274.

52. Loo, R. (1984). Personality correlates of the fear of death. Journal of Clinical Psychology, 40, 120-122.

53. Livneh, H. (1985). Death attitudes and their relationship to perceptions of physically disabled persons. Journal of Rehabilitation, 51(1), 38-41, 80.

54. Kurlychek, R. T. , & Trepper, T. S. (1982). Accuracy of perception of attitude. Perceptual & Motor Skills, 54, 272-274.

55. Smith, D. K., Nehemkis, A. M., & Charter, R. A. (1983-1984). Fear of death, death attitudes and religious conviction in the terminally ill. International Journal of Psychiatry in Medicine, 13, 221-232.

56. Lester, D. (1985). Depression and fear of death in a normal group. Psychological Reports, 56, 882.

57. Templer, D. I., Lester, D., & Ruff, C. F. (1974). Fear of death and femininity. Psychological Reports, 35, 530.

58. Lester, D., & Collett, L. J. (1970). Fear of death and self-ideal discrepancy. Archives of the Foundation of Thanatology, 2, 130.

59. Neimeyer , R. A., & Chapman, K. M. (1980-1981). Self-ideal discrepancy and fear of death. Omega, 11, 233-240.

60. Lester, D., & Colvin, L. M. (1977). Fear of death, alienation and self-actualization. Psychological Reports, 41, 526.

61. Peterson, S. A. (1985-1986). Death anxiety and politics. Omega, 16, 169-174.

62. Kraft, w. A., Litwin, W.J., & Barber, S. E. (1987). Religious orientation and assertiveness. Journal of Social Psychology, 127, 93-95.

Subject: Analysis of the Attitude towards death Profile
Importance: High

Dear Mr. Strumpf

I am currently completing my masters in oncology. I would appreciate it if
you allowed me permission to use the above scale. I would also appreciate it
if you would provide me information on how to analyze the above scale.

Thank you for your help

M Govender

navashini

From: Stillman, Diane [dianels@nursing.upenn.edu]
Sent: Tuesday, April 15, 2003 9:55 PM
To: 'navashini@ontime.co.za'
Cc: Strumpf, Neville
Subject: RE: Analysis of the Attitude towards death Profile

Dear Ms. Govender,
I am the project manager for the Palliative Care in Nursing Homes study and Dr. Strumpf ask that I answer your inquiry. First, you may use the attitudes toward death survey in your research.

A couple details about the instrument. It is limited becase it is an investigator developed tool that was not evaluated for reliability or validity. The instrument is not "scored". Each item was scored from 1 to 5 reading from left to right. Lower numbers indicated more discomfort in caring for the dying in nursing homes. We looked at each item individually rather than making up a score for the overall survey. The last two items were just used to determine areas what staff felt were problems and what initiatives they felt would improve end-of-life care.

If you have any further questions do not hesitate to ask.

Sincerely,

Diane Stillman, MSN, CRNP
Project Manager
Palliative Care in Nursing Homes

-----Original Message-----
From: Strumpf, Neville
To: Stillman, Diane
Sent: 4/11/03 11:41 AM
Subject: FW: Analysis of the Attitude towards death Profile
Importance: High

Diane, would you please respond to this? Thanks. neville

-----Original Message-----
From: navashini [mailto:navashini@ontime.co.za]
Sent: Friday, April 11, 2003 4:22 AM
To: strumpf@nursing.upenn.edu

APPENDIX G

Research Questionnaires.

Please answer the following questions as honestly as possible. Your anonymity is assured. Please tick relevant box.

Gender

Male	Female

Age

18-30 yrs	
31-40 yrs	
41-50 yrs	
> 50 yrs	

Length of nursing experience

0-5 yrs	
6-10 yrs	
11-15 yrs	
16-20 yrs	
> 20 yrs	

Have you nursed a terminally ill patient in the last 6 months?

Yes	No

Do you feel you have the emotional support of the Hospital/unit when nursing a terminally ill patient?

Yes	No

Please explain

Do you feel that you are adequately trained in addressing death and dying concerns?

Yes	No

Attitude Towards Death Survey

Please indicate how much you agree or disagree with each of the following statements, by ticking the box under the statement that best describes your feelings towards dying patients. There are no right or wrong answers.

	Agree Strongly	Agree	Not sure/ Mixed	Disagree	Disagree Strongly
1. The end of life is a time of great suffering					
2. Little can be done to help someone achieve a sense of peace at the end of life					
3. I am not comfortable caring for the dying patient					
4. I am not comfortable talking to families about death					
5. When a patient dies I feel that something went wrong					
6. The hospital is not a good place to die					
7. Patients have the right to refuse treatment, even if that treatment prolongs life					
8. Dying patients should be referred to hospice					
9. I sometimes get angry when certain people die					
10. I sometimes feel angry with the person who has died					

Permission to use this scale was obtained from the Project Manager Diane Stilman

The Revised Collett-Lester Scale

How disturbed or made anxious are you by the following aspects of death and dying?
Read each item and answer it quickly. Don't spend too much time thinking about your response. We want you first impression of how you think right now.
There are no right or wrong answers; just tick the box that best describes *your* feelings.

	Very anxious	Somewhat anxious		not anxious	
	5	4	3	2	1
1. The total isolation of death					
2. The shortness of life					
3. Missing out on so much after you die					
4. Dying young					
5. How it will feel to be dead					
6. Never thinking or experiencing anything again					
7. The possibility of pain and punishment during life -after-death					
8. The disintegration of your body after you die					
9. The physical degeneration involved in a slow death					
10. The pain involved in dying					
11. The intellectual degeneration of old age					
12. That your abilities will be limited as you lay dying					
13. The uncertainty as to how bravely you will face the process of dying					
14. Your lack of control over the process of dying					
15. The possibility of dying in a hospital away from friends and family					
16. The grief of others as you lay dying					
17. The loss of someone close to you					
18. Having to see their dead body					
19. Regret over not being nicer to them when they were alive					
20. Growing old alone without them					
21. Feeling guilty that you are relieved that they are dead					
22. Feeling lonely without them					

	Very anxious 5	4	Somewhat anxious 3	not anxious 2	1
23. Envious that they are dead					
24. Never being able to communicate with them again					
25. Having to be with someone who is dying					
26. Having them want to talk about death with you					
27. Watching them suffer from pain					
28. Having to be the one to tell them that they are dying					
29. Seeing that physical degeneration of their body					
30. Not knowing what to do about your grief at losing them when you are with them					
31. Watching the deterioration of their mental abilities					
32. Being reminded that you are going to go through the experience also one day					