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Isabel F. Cortez  
*Georgia Southern University*

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***The Presence of Spirituality and its Effect on Attitudes Towards Death***

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in the Georgia Southern School of Nursing on the Statesboro Campus.

By  
Isabel Cortez

Under the mentorship of Dr. Marian Tabi

**ABSTRACT**

*Rationale* Implementing spirituality practices in healthcare is not heavily emphasized yet has the potential to increase positive patient outcomes.

*Hypothesis* If an individual identifies with having a strong sense of spirituality, then they will have decreased negative reactions towards dying.

*Methods* Data was collected via distribution and processing of surveys on the Statesboro campus of Georgia Southern University. The survey included a series of questions regarding general demographics, strength of spirituality, feelings associated with death, and coping ability. The information collected was processed through SPSS in order to evaluate correlations present.

*Results* It was found that individuals who indicated they frequently practiced their spirituality through prayer, meditation, or other acts were shown to be more likely to feel at peace when contemplating death, demonstrating a moderate correlation between the two variables. However, there was a weak correlation between a significant level of spirituality and decreased fear and anxiety surrounding death.

Thesis Mentor: Marian Tabi

Dr. Marian Tabi

Honors Director: \_\_\_\_\_

Dr. Steven Engel

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## **The Presence of Spirituality and its Effect on Attitudes Towards Death**

### **Introduction**

The process of dying is something every healthcare worker must face in their career. For some, the experience of working with a dying patient can be emotionally, physically, and spiritually exhausting. From the patient's perspective, the process is even more taxing.

Often emphasized in nursing education is the instillation of a holistic patient-care technique into practice, which includes spirituality as a major component (Cerit, 2017). Some patients and healthcare employees use their personal spirituality, whether that be a religion or metaphysical philosophy, in order to cope with the unpleasant emotions surrounding death. Spiritual practices such as prayer, meditation, worship, repetition of mantras, or attending religious gatherings are common ways spiritual individuals often seek solace and guidance during times of death and mourning. Holistic care approaches that aid patients to choose helpful spiritual practices and help guide patients toward identifying with their values and beliefs are potentially excellent interventions for those contemplating death. The perceptions both healthcare workers and patients have towards death have the ability to negatively or positively effect patient outcomes and healthcare faculty satisfaction.

### **Purpose**

In order to evaluate how spirituality influences feelings towards death, the following research provided information on the correlation between strength of an individual's spirituality and positive or negative perceptions of dying. Specifically, the collected data showed whether identification with any religion, frequency of spiritual

practices, beliefs regarding the afterlife, and importance of an individual's spirituality had a direct impact on fear, worry, and emotions of lack of fulfillment when contemplating death. The central hypothesis was that if an individual identified with having a strong sense of spirituality, then they would have decreased negative reactions towards dying. The purpose of collecting this data was to assess the importance of incorporating spiritual interventions for patients in a healthcare setting. The research question guiding this study can influence the way spirituality is approached in the lives of healthcare workers and their patients.

### **Literature Review**

Death is inevitable for mankind. "Despite humans being aware that their existence happens within a cycle - birth, development, old age and death - many existential questions about the meaning of life are raised when one experiences the process of death and dying" (Salum, 2017). Perceptions of death and the afterlife varies across cultures and subcultures, and those perceptions greatly affect how a person handles mortality in their own life. Death can be described as a "social construction formed of personal experiences [that] has a direct relationship with the cultural aspects in which [an] individual is inserted" (Salum, 2017). Therefore, it is clear that each individual has particular social and cultural expectations for death. However, an equally important factor that effects an individual's perception of dying is spirituality.

A "religious feeling in [an] individual remains the significant factor towards satisfaction, happiness and conviction feeling" when contemplating or nearing the end-of-life (Al-Mohtadi, 2017). The "religious feeling" mentioned can include a sense of connectedness to a higher power, spiritual forces, or to whatever the individual perceives

as greater than themselves. During the transition from life to death, patients often experience an increased yearning for this connectedness and focus more on their own spirituality. Those patients with preexisting stability in their spiritual connectedness might experience more comfort and acceptance during the dying process or when thinking of death.

Nursing practice emphasizes a holistic care of patients, involving physical, mental, and spiritual care when providing quality healthcare. Because of this holistic approach, the study of how the presence of strong spirituality affects a patient's dying process is highly relevant. Several scholarly reviewed studies have been performed in order to gauge the effects of the presence of faith on patient's experience and will be discussed in this review. This information will affect both the need or lack thereof for encouraging spiritual development in patients and spiritual training in healthcare workers that will encounter dying patients.

### **Perceptions in Non-End-of-Life Individuals**

Fear is a major obstacle individuals must face when confronted with dying. Distress concerning unfinished affairs, leaving loved ones, and being forced to enter the unknown is common in near-death patients. It is also present in many individuals who are merely contemplating death. "Death anxiety is defined as emotional unpleasant state that includes negative self-feelings through feeling conscious contemplation in a reality which is imposed on individual and for sure is unavoidable" (Al-Mohtad, 2017). This anxiety was studied by Reham Mohammad Al-Mohtad, who sought to determine the influence of a religious awareness program on the level of death anxiety in a select population of children. Al-Mohtad concluded that children living in the country of Jordan would have

been exposed to many threats of war, as well as seen death and dying on TV; therefore, these children would likely have a significant amount of death-related anxiety.

The study's background stated that spirituality "facilitates disasters and crises that [create] obstacles [for] the human route and thus [the] individual shall feel calm... neither afraid nor pessimistic [of the] future" (Al-Mohtad, 2017). Thus, the study hypothesized that children from the sample would show statistically decreased death anxiety when they had been exposed to a religious program. The religious program used in this study involved "listening to stories and religious, encouraging tales to accept Allah Fate, remembering paradise and the forever pleasure, memorizing Quran short verses. . . visiting patients in the hospitals... [and] consolation in death cases and mercy towards others" (Al-Mohtad, 2017). Based on a death anxiety scale that was used in the study, children showed significant statistical improvement of death anxiety when actively participating in a religious program and focusing on spirituality when contemplating death.

### **Perceptions of Death in End-of-Life Patients**

Along with a decrease in fear in patients who utilize their faith during the dying process, the perception for the need of palliative care can be affected by strength of spirituality. According to a study done on end-of-life care in African American church members, "African Americans underuse palliative care and hospice services...although African Americans represent 13% of the U.S. population, in 2011 only 8.5% of hospice enrollees were African American" (Johnson, 2016). Considering African Americans tend to be a more religiously oriented, this study sought to discover how African Americans



who were active in a church would be influenced by their faith when making death-related decisions.

The study collaborated with several predominantly African American churches and had 51 persons from these churches with life-limiting illnesses that were in or would potentially require palliative end-of-life care. In order to gauge the participants insights on how their faith affected end-of-life, the study formulated the questions “how have you found that persons with strong faith beliefs view death from illnesses... and how does having faith help persons cope with death and dying?” (Johnson, 2016). Participants answered that having a strong sense of faith provided them with peace, endurance, and acceptance of their illness that would result in death. “Trust in the power of God, recognition that death is the beginning of a new life, and belief in a better life after death” were the factors that participants unanimously related to these positive feelings despite nearing death (Johnson, 2016). Feelings of anger, fear, grief, guilt, loneliness, hesitancy related to planning for EOL care were still present in the African American church members and their families, especially when family members had different religious outlooks and had different views on dying. However, the participants faith provided hope despite these obstacles.

Another study tested end-of-life patients with different levels of spiritual inclinations in order to see if the presence of faith increased their quality of life. The “Schedule for Meaning in Life Evaluation (SMILE), the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp), the Idler Index of Religiosity (IIR), the Hospital Anxiety and Depression Scale (HADS), and the Schedule of Attitudes toward Hastened Death (SAHD)” were all tools used during the study to

create a measurable comparison between patient's who claimed to have close ties to their religion and those who were either atheists or did not claim to have a spiritual outlook on life (Bernard, 2017). Their quantitative results were nearly identical to the previous study's qualitative results. The data "[reinforced] the notion of the importance of nonphysical determinants such as spiritual well-being... for [improved] QOL in palliative patients" (Bernard, 2017).

### **Perceptions of Death Concerning Nursing Professionals and Family**

While spirituality is important for those who are directly facing death and its implications, evidence supports that it is also essential in the well-being of healthcare workers and family members who are encountering death through another person. Maria Slum stated:

"Providing care for dying patients in the hospital setting is something usual for the health care team, and in particular for the Nursing team, which has the essence of the profession to provide care, give support, assistance and help patients and families who experience the process of death and dying" (2017).

Realizing this, nurses and other healthcare workers would likely benefit from reflection on how spirituality affects their patients and the family of dying patients.

A study performed by Salum and her team sought to better understand how emphasizing spirituality during end-of-life care would affect the quality of care for both the patients and their families. The study collected data from three sample groups: a group of nine-full time nurses who had significant experience with death and dying, a group of nursing students who had experienced the death of patients in their clinical rotations, and a group of healthcare professors who had encountered end-of-life patients

while being instructors. Interviews with these participants were used to collect qualitative data.

The distinctiveness of the dying process and spirituality for each patient was noted several times throughout the interviews, alluding to the need to personalize spiritual care in order to meet a patient wherever they may be in their spiritual life. “Another strategy highlighted [was] an attachment to beliefs and religion to face the process of death and dying. Many participants [demonstrated] that such attachment enables them to find answers to existential questions involving death” (Salum, 2017). However, the spirituality of the patient’s family must be considered as well, due to the fact that the “psycho-spiritual needs of family members in some circumstances exceeded those of the patient” (Salum, 2017). These findings allude to the fact that “it is essential for clinical practice that nurses understand and keep in mind the birth-to-death life cycle, thus realizing their role in this complex situation that involves several factors, essentially understanding the grieving process” (Salum, 2017). This study emphasizes the fact that nurses and healthcare professionals could benefit their clients by coordinating spiritual needs of both the dying patient and their family members.

Family members encountering an untimely death may also benefit from pre-existing spiritual strength and spiritual guidance from health care professionals. One study sought to:

“test the relationships between spiritual/religious coping strategies and grief... and personal growth for mothers and fathers at 1 and 3 months after [their] infant's/child's death in the NICU/PICU” and found that “bereaved parents'

greater use of spiritual activities was associated with lower symptoms of grief” (Hawthorne, 2016).

Spiritual activities were not defined as directly tied to a religion, yet instead could involve “meditation, inspirational writings, poetry, nature walks, listening to or creating music, painting or sculpting, and therapeutic touch” (Hawthorne, 2016). This demonstrates that if family members or healthcare providers do not fully know how to help a person of a different religion or belief, they can still provide meaningful spiritual therapy independent of religion.

The previous studies all resulted in the advocacy for utilizing spirituality during the dying process. A strong sense of spirituality was shown to be correlated to decreased death anxiety, increased hope and comfort, and an easier transition to acceptance. Dying patients, their family members, individuals contemplating death, and healthcare workers all benefited from feeling connected to their higher power or spiritual force. This information provides evidence to support that a strong sense of spirituality is directly correlated with an increase in comfort and stability when facing death and its harsh realities.

### **Methods**

In order to obtain the information necessary to prove or disprove my hypothesis, I collected data via distribution of printed surveys. A blank cover sheet was provided with the survey to protect participants’ anonymity. A disclaimer, which stated participants could at any time refuse or stop taking the survey and that their information would not include any identifiers to protect their personal privacy, was displayed on the first page of the survey and was verbalized before the participants began.

Individuals eligible to participate in the study were required to be at least 18 years of age or older. Participants included both students and faculty of Georgia Southern University on the Statesboro Campus. In order to distribute surveys to the appropriate population, professors were directly emailed with the request to come during class time in order to pass out surveys to their class. The professors were also given the opportunity to participate in the study if they so desired.

The contents of the surveys included a series of questions requesting specific demographic information including role at the university (e.g. student or faculty), gender, race, and age. One question was provided to assess religious preference; Christianity, Islam, Hinduism, Buddhism, Atheism, Agnostic, non-religious/undecided, and “other” were the available options from which to choose. The next set of eleven questions were related to the level at which the individual participated, found comfort, and trusted in their respective religious preference as well as their fear or lack thereof of death. Using themes from the scale in the *Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research*, the questions were to be ranked from a scale of one to five; one meaning the statement was not true for the participant at all and five meaning the statement was very true for the participant (Fetzer Institute, 1999). The following questions had yes or no options that assessed whether or not the subject thought their own spirituality or lack thereof helped them cope with death. This allowed the individual to express their own belief regarding whether their spiritual identity was beneficial when thinking of their own death, the death of a family member, the of death of someone they know, or general thoughts of dying. Finally, the subject was asked if they had ever considered obtaining an advanced directive. This question was used to

evaluate correlations between spirituality, fear of death, and identified religion with planning for death.

Once a sufficient number of surveys was collected, the information collected was then managed through the Statistical Package for Social Sciences (SPSS). Number values were assigned to each question's answer choices in order to allow collected data to be quantitatively processed. The data was then analyzed in order to determine correlations between subjects' spirituality and their perceptions of death.

### **Results**

Upon analyzation of the dataset, there were several findings that supported and challenged the stated hypothesis of "if an individual identifies with having a strong sense of spirituality, then they will have decreased negative reactions towards dying." 269 surveys were collected in total; four were not able to be used due to being incomplete. 265 individuals' data were entered into SPSS for analysis. Of the 265 individuals, 262 identified as students while only three identified as faculty. 220 of the participants identified as female and 45 identified as male. Concerning race, 188 subjects were Caucasian, 48 were African American, six were Asian, 11 were Hispanic or Latino, four were Native American, seven were biracial, and only one individual identified as "other". 259 participants were between the ages of 18-29 years, five were between the ages of 30-49, and one was between the ages of 50-69. These results display an overwhelming majority of young Caucasian female students. This apparent lack of diversity was taken into consideration when evaluating the results of this study. Additionally, gender, spirituality, and perceptions of death were found to have no significant relationship to one another in this study.

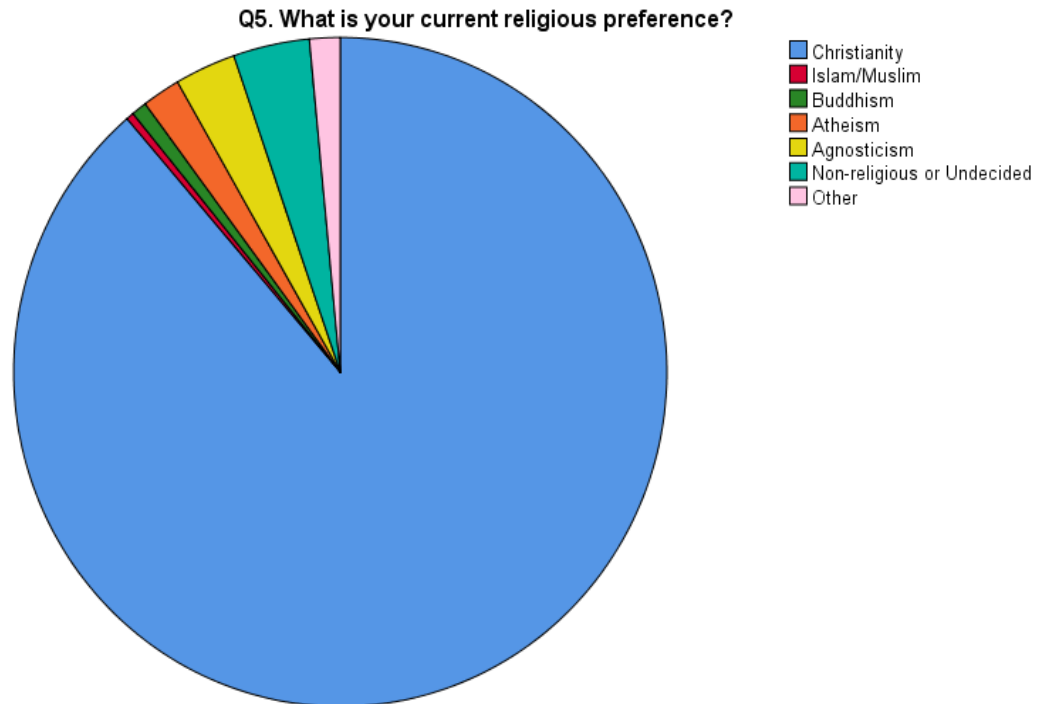
Table 1

*Demographics*

Item Description	Frequency	Percentage
Participant		
Student	262	98.9%
Faculty	3	1.1%
Gender		
Male	45	17.0%
Female	220	83.0%
Race		
Caucasian	188	70.9%
African American	48	18.1%
Asian	6	2.3%
Hispanic/ Latino	11	4.2%
Native American	4	1.5%
Biracial	7	2.6%
Other	1	0.4%
Age		
18-29 years old	259	97.7%
30-49 years old	5	1.9%
50-69 years old	1	0.4%

The results to the question “What is your current religious preference?” were likewise exceptionally wanting in diversity. 235 individuals identified as Christian, one identified as Muslim, two identified as Buddhist, five identified as atheistic, eight identified as agnostic, 10 identified as non-religious or undecided, and four identified as “other”. With 88.7% of participants identifying Christianity as their religious preference, this caused some limitations on applications of these findings towards a myriad of spiritualities. Despite this limitation, the results still showed a weak relationship between religious preference and effects on perceptions towards death, indicating choice of religion did not have a significant effect on decreasing negative feelings toward death.

Chart 1

*Religious Preference*

Scale questions 7-17 were used to evaluate level of spirituality with one to five values; a rating of five represented the participant felt the statement was “very true” for them when relating it to their religious preference, a rating of four represented the statement was “usually true” for them, a rating of three represented the statement was “sometimes true” for them, a rating of two represented the statement was “usually not true” for them, and a rating of one represented that the statement was “not true at all” for them. These statistics indicate that over half of the subject population found strength and comfort in their spiritual preference. The first scale question was “I find strength and comfort in my religion”, and 54.7% chose a rating of five. The questions “My spirituality helps guide my life choices”, “I believe strongly in life after death”, “I think my life has a larger spiritual purpose”, and “I have a spiritual group of people that would/will support



me during hard times” had similar statistics, demonstrating slightly under or over a 50% response of five. Statistics for participation in spirituality, which included the statements “I attend spiritual gatherings often” and “I practice spiritual acts (praying, meditating, reading spiritual materials) often”, were distributed among ratings on the scale.

Scale statements regarding perceptions of death were also more evenly distributed than the previous data. The most popular choice for the statement “I am at peace when I think of death/dying” was a rating of three, indicating the statement was “sometimes true” for 30.6% of participants. Likewise, the statement “I am not afraid of death/dying” had 25.7% of participants score a rating of three. “I worry often about what will happen to me after I die” had 38.1% of subjects rate the statement as a one, and 27.2% rate the statement as a two, indicating that the majority of the participant population did not worry often about life after death. Finally, the statement “It bothers me that I might not accomplish everything I wanted to do before I die” had most rating falling between scores of three to five, signifying most participants were bothered to some degree at the idea of unfinished aspirations.

Table 2

*Spirituality Statement Frequencies*

Item Description	Not True at All	Usually Not True	Sometimes True	Usually True	Very True
<i>“I find strength and comfort in my religion.”</i> Frequency Percent	17 6.4%	13 4.9%	40 15.1%	50 18.9%	145 54.7%
<i>“My spirituality helps guide my life choices.”</i>					

Frequency Percent	14 5.3%	19 7.2%	42 15.8%	62 23.4%	128 48.3%
<i>“I believe strongly in life after death.”</i> Frequency Percent	7 2.6%	10 3.8%	36 13.6%	42 15.8%	170 64.2%
<i>“I think my life has a larger spiritual purpose.”</i> Frequency Percent	10 3.8%	19 7.2%	42 15.8%	65 24.5	128 48.3%
<i>“I have a spiritual group of people that would/will support me during hard times.”</i> Frequency Percent	27 10.2%	23 8.7%	28 10.6%	40 15.1%	147 55.5%
<i>“I attend spiritual gatherings often.”</i> Frequency Percent	56 21.1%	44 16.6%	53 20.0%	44 16.6%	68 25.7%
<i>“I practice spiritual acts (praying, meditating, reading spiritual materials) often.”</i> Frequency Percent	31 11.7%	31 11.7%	48 18.1%	49 18.5%	106 40.0%
<i>“I am at peace when I think of death/dying.”</i> Frequency Percent	25 9.4%	43 16.2%	81 30.6%	57 21.5%	59 22.3%
<i>“I am not afraid of death/ dying.”</i>					

Frequency Percent	29 10.9%	47 17.7%	68 25.7%	60 22.6%	61 23.0%
<i>“I worry often about what will happen to me after I die.”</i> Frequency Percent	101 38.1%	72 27.2%	35 13.2%	38 14.3%	19 7.2%
<i>“It bothers me that I might not accomplish everything I wanted to before I die.”</i> Frequency Percent	41 15.5%	32 12.1%	62 23.4%	72 27.2%	58 21.9%

In order to directly evaluate the relationship between strength of spirituality and feelings towards death, correlation and significance values were computed by SPSS. In SPSS, Spearman’s Rho correlation is a “statistical measure of the strength of a relationship between paired data” (Spearman’s Correlation, n.d.). Spearman’s Rho values are categorized by strength; values between .00-.19 are considered very weak, .20-.39 values are weak, .40-.59 values are moderate, .60-.79 values are strong, and .80-1.0 values are very strong. The p-value also indicates the significance of the findings, with values lower than 0.05 being statistically significant and values lower than 0.001 being highly statistically significant.

Using the previously mentioned statistical calculations, several crosstabulations were generated between each strength of spirituality question and each perception of death question. The first strength of spirituality question, “I find strength and comfort in my religion”, was analyzed with all perceptions of death questions. As seen in Table 3, the Spearman’s Rho value for the statements “I find strength and comfort in my religion”

and “I am at peace when I think of death/dying” was 0.361, indicating a weak correlation. However, the p-value indicated a highly significant relationship between the two statements with a value of 0.000. These values imply that if an individual finds comfort in their religious preference, they have some chance of feeling more at peace when contemplating dying. Similarly, the Spearman’s Rho value for “I find strength and comfort in my religion” and “I am not afraid of death/dying” was 0.301, and the p-value was also 0.000. Weak and very weak correlations were found between the statements “I find strength and comfort in my religion”, “It bothers me that I might not accomplish everything I wanted to do before I die”, and “I worry often about what will happen to me after I die”.

Table 3

*Spearman’s Rho & P-value: Strength and Comfort vs Perceptions of Death*

Item Description	Correlation	P-value
<i>“I find strength and comfort in my religion” vs “I am at peace when I think of death/dying”</i>	0.361	0.000
<i>“I find strength and comfort in my religion” vs “I am not afraid of death/dying”</i>	0.301	0.000
<i>“I find strength and comfort in my religion” vs “It bothers me that I might not accomplish everything I wanted to do before I die”</i>	0.164	0.007
<i>“I find strength and comfort in my religion” vs “I worry often about what will happen to me after I die”</i>	0.207	0.001

Correlations between the strength of spirituality question “I believe strongly in life after death” and all perceptions of death questions were also assessed. As seen in Table 4, a similar correlation to those previously mentioned was found between subjects’ level of belief in life after death and feelings of peace when thinking of death. There were only weak associations between level of belief in life after death, feelings of fear when thinking of death, worry about the afterlife, and anxiety over unfinished accomplishments.

Table 4

*Spearman’s Rho & P-value: Belief in Life After Death vs Perceptions of Death*

Item Description	Correlation	P-value
<i>“I believe strongly in life after death” vs “I am at peace when I think of death/dying”</i>	0.328	0.000
<i>“I believe strongly in life after death” vs “I am not afraid of death/dying”</i>	0.244	0.000
<i>“I believe strongly in life after death” vs “It bothers me that I might not accomplish everything I wanted to do before I die”</i>	0.184	0.003
<i>“I believe strongly in life after death” vs “I worry often about what will happen to me after I die”</i>	0.165	0.007

The statements “I think my life has a larger spiritual purpose” and “My spirituality helps guide my life choices” were cross-tabbed with the same perceptions of death statements that were mentioned previously, and the results were strikingly similar to prior cross-tabs. Individuals that identified strongly with believing their life had a

larger spiritual purpose or identified with spirituality guiding their life decisions had a weak correlation with feelings of peace when thinking of death, but the statistical significance was high (Table 5). Belief in a larger spiritual purpose or guidance of life decisions had a weak correlation with feelings of worry and anxiety over unfinished life goals.

Table 5

*Spearman's Rho & P-value: Spiritual Purpose vs Perceptions of Death*

Item Description	Correlation	P-value
<i>"I think my life has a larger spiritual purpose" vs "I am at peace when I think of death/dying"</i>	0.329	0.000
<i>"I think my life has a larger spiritual purpose" vs "I am not afraid of death/dying"</i>	0.238	0.000
<i>"I think my life has a larger spiritual purpose" vs "It bothers me that I might not accomplish everything I wanted to do before I die"</i>	0.105	0.087
<i>"I think my life has a larger spiritual purpose" vs "I worry often about what will happen to me after I die"</i>	0.155	0.011

Level of involvement with spirituality and its relationship to an individual's sensitivities towards death was also considered. The statement "I practice spiritual acts (praying, meditating, reading spiritual materials, etc.) often" was cross-tabbed with the previously mentioned death-related statements, and feelings of peace when contemplating death showed a moderate correlation and a highly significant p-value to the individual's

involvement with spiritual practices. Spiritual practices had a very weak to nonexistent correlation to the remaining perceptions of death statements (Table 6).

Table 6

*Spearman's Rho & P-value: Practicing Spiritual Acts vs Perceptions of Death*

Item Description	Correlation	P-value
<i>"I practice spiritual acts (praying, meditating, reading spiritual materials, etc.) often" vs "I am at peace when I think of death/dying"</i>	0.414	0.000
<i>"I practice spiritual acts (praying, meditating, reading spiritual materials, etc.) often" vs "I am not afraid of death/dying"</i>	0.293	0.000
<i>"I practice spiritual acts (praying, meditating, reading spiritual materials, etc.) often" vs "It bothers me that I might not accomplish everything I wanted to do before I die"</i>	0.067	0.277
<i>"I practice spiritual acts (praying, meditating, reading spiritual materials, etc.) often" vs "I worry often about what will happen to me after I die"</i>	0.156	0.011

It was also observed that practicing spiritual acts had a moderate to strong correlation to comfort, guidance, belief in a larger purpose, and belief in life after death in an individual's spirituality (Table 7). The level of correlation among these aspects were some of the highest levels observed in this study, with significance values ranging from 0.498 to 0.696. The statement "I have a spiritual group of people that would/will support

me during hard times” also showed a moderate correlation to feelings of peace and finding comfort in spirituality, indicating a spiritual support system is moderately successful in encouraging fewer negative feelings towards death.

Table 7

*Spearman’s Rho & P-value: Practicing Spiritual Acts vs Strength of Spirituality*

Item Description	Correlation	P-value
<i>“I practice spiritual acts (praying, meditating, reading spiritual materials, etc.) often” vs “I find strength and comfort in my religion”</i>	0.696	0.000
<i>“I practice spiritual acts (praying, meditating, reading spiritual materials, etc.) often” vs “My spirituality helps guide my life choices”</i>	0.674	0.000
<i>“I practice spiritual acts (praying, meditating, reading spiritual materials, etc.) often” vs “I believe strongly in life after death”</i>	0.498	0.000
<i>“I practice spiritual acts (praying, meditating, reading spiritual materials, etc.) often” vs “I think my life has a larger spiritual purpose”</i>	0.691	0.000

The questions “Do you think your own spirituality helps you cope with death?” and “Do you think your lack of spirituality helps you cope with death” were asked in order to incorporate subject opinion on whether or not they thought their own spirituality affected their perceptions of death and dying. An overwhelming 90.2% selected that they did feel their spirituality helped them cope with death and 9.8% said they did not feel

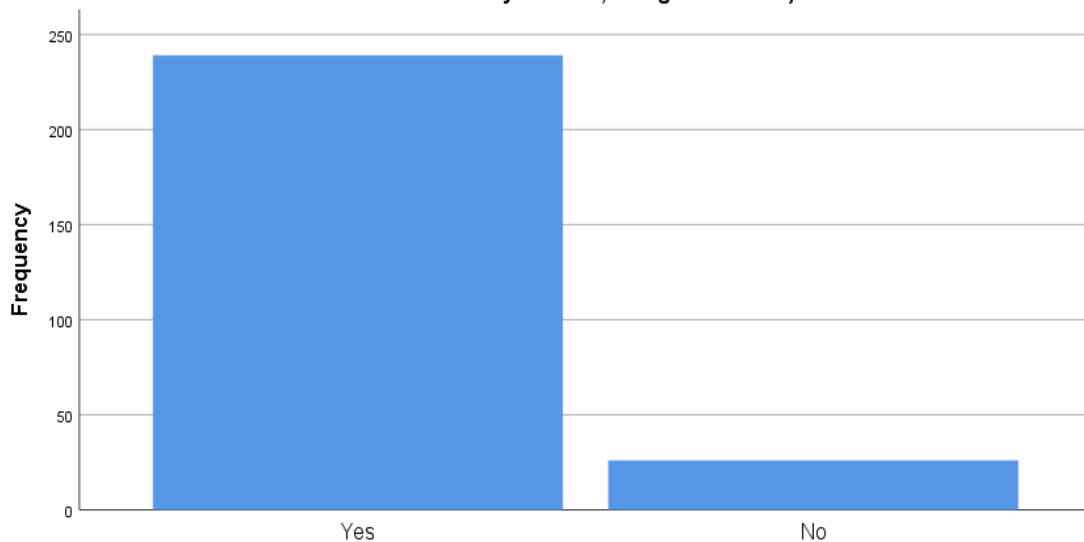


their spirituality helped them cope with death. 12.8% of subjects reported that their lack of spirituality aided them in coping, 23.4% stated their lack of spirituality did not aid them in coping, and 63.8% reported they did not lack spirituality.

Chart 2

*Personal Opinion*

Q17. Do you think your own spirituality helps you cope with death (personally, the death of a family member, the death of someone you know, thoughts of death)?



The final crosstabulations were performed to discover potential correlations between interest in an advanced directive and feelings towards death. The results to the question “Have you considered having an advanced directive?” were as follows: 29.8% of subjects stated they have considered having an advanced directive, 21.1% stated they had not considered having an advanced directive, 1.9% stated they already had an advanced directive, and 47.2% stated they did not know what an advanced directive was. Whether or not a person had an advanced directive already, whether they had or had not considering obtaining one, or whether they did not know what an advanced directive was had no significant correlation with feelings of peace, fear, and anxiety towards death.

Table 8

*Advanced Directive*

Item Description	Frequency	Percentage
Yes	79	29.8%
No	56	21.2%
I already have an advanced directive	5	1.9%
I do not know what an advanced directive is	125	47.2%

### Discussion and Implications of Findings

The analyzed results presented evidence that aided in answering the study's central question. Individuals who identified strongly with their chosen spirituality were only slightly more likely to feel at peace when contemplating death. Likewise, there was only a weak correlation between a high level of spirituality and decreased fear and anxiety surrounding death. However, those who identified with frequently partaking in spiritual acts were both significantly more likely to feel peace when thinking of death and were more likely to have a stronger sense of spirituality. This indicates that practicing one's spirituality had the most significant effect on perceptions of death, both by decreasing negative feelings directly and by increasing the overall strength of spirituality. Thus, this study concluded that persons who found strength in their spirituality were statistically more likely to experience peace when thinking of death if they were also practitioners of their faith, but were only minimally more likely to experience less fear and anxiety. These conclusions point to the importance of encouraging meditation, prayer, religious readings, or other spiritual actions when caring for individuals facing death.

The findings collected from this study support the idea that more spiritual training should be implemented in healthcare professions. Employees, volunteers, and participants in the medical field could help produce better patient outcomes by seeking to understand a myriad of spiritualities with which patients present. Assessment of the patient's spirituality type, strength, level of participation within their spirituality, and preferences regarding spiritual practices should be emphasized as a part of the general assessment. The information collected from these assessments would aid healthcare providers in collaborating with patients to increase positive emotions and decrease death anxiety. Patients' fears, anxiety, and comfortability have extraordinary influence over physical health; by increasing feelings of peace and comfort via spirituality, there is a higher chance of success concerning health outcomes.

### **Strengths and Limitations**

Due to the geographical and population restrictions placed on this research, there were several limitations that arose during this study. First, the region at which this study took place likely had a significant effect on the number of subjects identifying as Christian. Similar studies conducted in different regions of America or around the globe would provide further insight into the validity of the results. Second, the majority of data was collected in health science related classes, which may have impacted the lack of diversity concerning gender and ethnicity. Considering this study was conducted on a college campus is also necessary considering there were an overwhelming number of young adults as compared to any other age group that participated in this study. All of these factors may have had a significant effect on the data collected. Although gender was not found to have a significant effect on perceptions towards death in this study,

other studies have found that gender made an impact on results. Ethnicity also influences perceptions of death, as varying cultures among ethnicities are imbedded with different beliefs and emotions surrounding dying. Individuals of different ages frequently have very different perceptions of death as well, as some consider themselves closer to dying.

Strengths of this study included the large sample size, which supported the validity of the results collected. The legitimacy of the scale used to assess level of spirituality and feelings towards death was also a major asset in this study, as this scale was adapted from the *Multidimensional Measurement of Religiousness/ Spirituality for Use in Health Research*, which is a highly reputable and frequently used tool. Finally, the incorporation of subject opinion questions also greatly contributed to the quality of this study. It allowed participants to have a source of input when discussing whether or not spirituality affected feelings towards death.

### **Conclusion**

The data collected during this study has the ability to influence future healthcare practices and education. Death is an inevitable part of every individual's life; if it can be made less frightening for people by incorporating their spirituality into the process, then it is the responsibility of those in the healthcare field to take the necessary steps to integrate spirituality into healthcare practices. With patients' preferences considered, spiritual care can be tailored to the individual and promote a peaceful environment where it would otherwise be melancholy.

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