Research Article
(Araştırma Makalesi)

EGEHFD, 2023, 39 (3):355-364
Doi: 10.53490/egehemsire.1121331

Examination of the Effect of Nurses' Death Anxiety Levels on Their Children's Fear Levels during the COVID-19 Pandemic

COVID-19 Pandemi Sırasında Hemşirelerin Ölüm Kaygı Düzeylerinin Çocuklarının Korku Düzeylerine Etkisinin İncelenmesi

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Gönderilme Tarihi:26 Mayıs 2022 **Kabul Tarihi:** 25 Nisan 2023

ABSTRACT

Objective: This research was conducted to examine the effect of nurses' death anxiety levels on their children's fear levels during the COVID-19 pandemic.
Methods: This descriptive and cross-sectional study was carried out online with 362 nurses. Data were collected using an introductory information form, the Death Anxiety Scale, and the Children's Fear Scale.
Results: In the study, it was determined that the death anxiety (11.13 ± 2.88) of the nurses and the fear of their children (3.11 ± 1.34) mean score were high. There was a positive correlation between the nurses' death anxiety score and their children's fear score (r=0.139; p= 0.001).
Conclusion: In the study, it was concluded that the death anxiety of the nurses and the fear of their children were high, and the fear levels of the children of the nurses with high death anxiety were higher. Our recommendation is to screen nurses' death anxiety and children's fear levels during the pandemic period and to provide psychological support when necessary.

ÖZ

Amaç: Bu araştırma, COVID-19 pandemi sırasında hemşirelerin ölüm kaygı düzeylerinin çocuklarının korku düzeylerine etkisinin incelenmesi amacıyla yapılmıştır.
Yöntem: Tanımlayıcı ve kesitsel tipteki bu çalışma 362 hemşire ile çevrimiçi olarak gerçekleştirilmiştir. Veriler tanıtıcı bilgi formu, Ölüm Kaygısı Ölçeği ve Çocuk Korku Ölçeği kullanılarak toplanmıştır.
Bulgular: Araştırmada hemşirelerin ölüm kaygısı (11.13 ± 2.88) ve çocuklarının (3.11 ± 1.34) korku puan ortalamalarının yüksek olduğu saptanmıştır. Hemşirelerin ölüm kaygısı puanları ile çocuklarının korku puanları arasında pozitif korelasyon bulunmuştur (r=0.139; p= 0.001).
Sonuç: Çalışmada, hemşirelerin ölüm kaygısı ve çocuklarının korku düzeylerinin yüksek olduğu, ölüm kaygısı yüksek olan hemşirelerin çocuklarının korku düzeylerinin daha yüksek olduğu sonucuna varılmıştır. Önerimiz, pandemi döneminde hemşirelerin ölüm kaygısı ve çocukların korku düzeylerinin taranması ve gerektiğinde psikolojik desteğin verilmesidir.

Keywords:
Child; COVID-19; nurse; pandemic.

Anahtar Sözcükler:
Çocuk; COVID-19; hemşire; pandemi.

How to cite: Yigit, D., Acikgoz, A. (2023). Examination of the effect of nurses' death anxiety levels on their children's fear levels during the COVID-19 pandemic. *JEUNF*, *39*(3),355-364 Doi: 10.53490/egehemsire.1121331.
Kaynak Gösterimi: Yiğit, D., Açıkgöz, A. (2023). COVID-19 pandemi sırasında hemşirelerin ölüm kaygı düzeylerinin çocuklarının korku düzeylerine etkisinin incelenmesi. *EGEHFD*, *39*(3), 355-364 Doi: 10.53490/egehemsire.1121331.

INTRODUCTION

Death anxiety is defined as one's anxiety and fear associated with death (Karakus, Ozturk and Tamam, 2012). Every person experiences death anxiety throughout life. However, considering their working conditions, nurses constitute one of the occupational groups that intensely experience this anxiety (Ozkırıs, Gülec, Yenilmez, Musmul and Yanas, 2011). In particular, the recent COVID-19 pandemic will inevitably increase this anxiety in nurses. The COVID-19 pandemic still affects the entire world today. Close contact is the greatest risk of disease transmission and many lives have been lost all over the world (T.R. Ministry of Health, 2020; WHO, 2020). All these have negatively influenced nurses (Lai et al., 2020; Mason and Friese, 2020; Ng et al., 2020) as well as all people (Kang et al., 2020; Telli and Altun, 2020).

Nurses provide long-term care to patients diagnosed or suspected with COVID-19 in close contact. This may lead nurses to experience fear and death anxiety more (Benli and Yıldırım, 2017; Ergun, Ergun and Ergan, 2016; Ozkırıs et al., 2011). It is almost impossible for the children of health workers, who experience intense fear and anxiety, not to be affected by this situation (Cevik Aktura and Ozden 2020; Roccella, 2020). Even if parents try to hide their emotions, their irritable and anxious behaviors can be perceived by their children (Liu et al., 2020; Rapee, 2012; Yalcin, Dai and Erkoc, 2020). Parents' psychological problems can affect their children (Jiao, et al., 2020; Kudu Arıcan and Sayal, 2020; Liu et al., 2020; Roccella, 2020). As a result, the body immunity of both parents and children may decrease and their susceptibility to diseases may increase (Reddy, 2020). Therefore, it is important to support nurses and their children not only physically but also psychologically for them to survive this process (Dagli, Buyukbayram and Arabaci, 2020; Ergun et al., 2016; Faraji, Karimi, Azizi, Janatolmakan and Khatony, 2019; Liu et al., 2020). The study was conducted to determine the effect of death anxiety levels of nurses on the fear level of their children during the COVID-19 pandemic.

METHODS

Research Design

The study has a descriptive and cross-sectional design.

Population and Sample

No sample calculation was made; the study included all nurses in Turkey who could be reached via “Google Docs” for the questionnaires, fulfilled the inclusion criteria, and agreed to participate in the study. The inclusion criteria of the study were working in a hospital in Turkey and having a child aged 6-10 years.

Data Collection

The data were collected on the internet using a questionnaire. The study was conducted online between May 1 and May 31, 2020. Nurses were reached by sending a questionnaire to their WhatsApp groups. Nurses were given information about the study through the information text at the beginning of the questionnaire. It took approximately 15 minutes for the nurses to answer the questionnaire.

Data Collection Tools

The data were collected using an introductory information form, the Death Anxiety Scale, and the Children's Fear Scale.

Introductory information form: The form was prepared by the researchers in line with the literature (Kudu Arıcan, and Sayal, 2020; Liu et al., 2020; Roccella, 2020; Yildiz and Bulut, 2017). It consists of questions about nurses’socio-demographic characteristics, characteristics regarding the COVID-19 pandemic, and characteristics regarding their children.

Death Anxiety Scale: It was developed by Templer to determine the death anxiety level. The internal consistency of the scale is 0.76 and the reliability coefficient is 0.83 (Templer, 1970). The Turkish validity reliability study was conducted by Akca and Kose. The internal consistency of the Turkish version is 0.75 and the reliability coefficient is 0.79. The scale consists of 15 items expressing feelings such as anxiety, fear, and terror about death. Each item has yes and no options. In the first 9 items, each yes answer is scored 1 point and each no answer is scored 0 points. For the other 6 items, yes answers are scored 0 points and no answers are scored 1 point. The total score obtain from the scale ranges from 0 to 15 points. Higher scores indicate high death anxiety (Akca and Kose, 2008).

Children’s Fear Scale (CFS): The CFS was developed to determine children's anxiety and fear levels and its reliability coefficient is 0.76 (Mcmurtry, Noel, Chambers and Mcgrath, 2011). The Turkish validity reliability study of the scale was performed and the reliability coefficient is 0.89. The scale consists of five drawn facial expressions ranging from neutral expression (0=no anxiety) to fearful face (4=severe anxiety) and is scored between 0 and 4 points. The increase in the scale score indicates increased children's fear and anxiety level. The scale is used for

children aged between 6 and 10 and can be evaluated by families or researchers (Ozalp Gerceker, Ayar, Ozdemir and Bektas, 2018).

Data Analysis

Statistical analyses were performed in the SPSS 21 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, version 21.0, Armong, NY: IBM Corp.) package program. Descriptive statistics (frequency, percentage, mean, and standard deviation, median) were used for data evaluation. The fitness of the data to normal distribution was tested using the Kolmogorov-Smirnov and Shapiro-Wilk tests. The Mann-Whitney U test was used for the comparison of two independent variables that were not normally distributed and the Kruskal-Wallis H test was used to compare three or more variables. The correlation between two independent variables that were not normally distributed was evaluated using the Spearman test. In the study, a $p<0.05$ value was considered statistically significant.

Ethical Considerations

Before the study, permission (dated 03.05.2020) was taken from the Ministry of Health and ethics committee approval (Decision number: 2020/02 on 07 May 2020) was received. Only voluntary participants were included in the study.

RESULTS

The study was completed with 362 nurses. Of the nurses, 73.8% (n=267) lived in the city center and 90.9% (n=329) were female. The mean age was 36.05 ± 5.77. Table 1 shows the distribution of other descriptive characteristics of the nurses.

Table 1. Distribution of Descriptive Characteristics of Nurses

Variable (N=362)	**n**	**%**
Residential area		
Province	267	73.8
County / town	95	26.2
Age (X±SD; 36.05 ± 5.77)		
24-32	114	31.5
33-39	115	31.8
40-49	133	36.7
Gender		
Woman	329	90.9
Male	33	9.1
Marital status		
Married	322	89.0
Single	40	11.0
Family structure		
Nuclear family	337	93.1
Extended family	25	6.9
Sibling Presence		
There is	332	91.7
No	30	8.3
Income level		
Income less than expense	28	7.7
Equivalent to the expense income	263	72.7
Income more than expense	71	19.6
Smoking status		
I use	171	47.2
I don’t use	191	52.8
Alcohol use status		
I use	116	32.0
I don’t use	246	68.0

Chronic illness		
There is	95	26.2
No	267	73.8
Psychological illness		
There is	21	5.8
No	341	94.1
Education status		
High school	38	10.5
License	248	68.5
Postgraduate	76	21.0
Total	362	100.0

The mean daily working time of the nurses was 8.74 ± 3.00 hours; the mean weekly working time was 41.74 ± 11.46 hours; the mean number of patients nurses gave care to daily was 19.79 ± 18.29. Table 2 shows the distribution of other working characteristics of the nurses.

Table 2. Distribution of Nurses' Working Characteristics

Variable (N=362)	**n**	**%**
Working year in profession		
Less than 1 year	9	2.5
1-5 years	33	9.1
6-9 years	47	13.0
10 years and over	273	75.4
Hospital where she/he worked		
Public hospital	128	35.3
University hospital	84	23.2
Training and research hospital	67	18.5
City hospital	35	9.7
Private hospital	48	13.3
Duty at the hospital		
Service nurse	154	42.5
Service nurse	48	13.3
Intensive care nurse	49	13.5
Emergency nurse	48	13.3
Executive nurse	63	17.4
Working unit		
Adult service	148	40.9
Adult intensive care	60	16.6
Adult emergency	49	13.5
Child service	36	10.0
Child intensive care	49	13.5
Child emergency	20	5.5
Type of working		
Day	140	38.7
Day + Night	135	37.3
24-hour watch	87	24.0
Status of willingly selecting the profession		
Yes	182	50.3
No	180	49.7
Total	362	100.0

Of the nurses, 68.8% (n=249) were found to receive training on COVID-19 and 57.4% (n=143) of those who received training did not find the training sufficient. Table 3 shows the distribution of other characteristics of nurses regarding COVID-19.

Table 3. Distribution of Nurses' Characteristics Related to COVID-19

Variable (N=362)	n	%
Presence of corona clinic at the working unit		87.8
Yes	318	
No	44	12.2
Admission status of COVID-19 diagnosed / suspected patient to the working unit		
Yes	249	68.8
No	113	31.2
Availability of adequate personal protective equipment at the working unit		
Yes	275	76.0
No	87	24.0
Caregiving status to COVID-19 diagnosed / suspected patient		
Yes	220	60.8
No	142	39.2
Witness status to the death of any patient		
Yes	339	93.6
No	23	6.4
Witness status to the death of COVID-19 diagnosed /suspected patient		
Yes	318	87.8
No	44	12.2
Presence of COVID-19 diagnosed /suspected in any near		
Yes	118	32.6
No	244	67.4
Dying situation due to COVID-19 diagnosed /suspected in any near		
Yes	10	2.8
No	352	97.2
Fear of contracting COVID-19 infection		
Yes	313	86.5
No	49	13.5
Fear of carrying COVID-19 infection to family		
Yes	357	98.6
No	5	1.4
Living away from family to avoid infection contamination		
Yes	160	44.2
No	202	55.8
Need for psychological support		
Yes	198	54.7
No	164	45.3
Total	362	100.0

Of the nurses, 82.3% (n=298) stated that they had problems with the care of their children during the pandemic; 71.5% (n=259) stated that they could not take care of their child sufficiently; 67.7% (n=245) stated that their child experienced fear and anxiety. Table 4 shows the distribution of other characteristics of nurses regarding their children during the pandemic.

Table 4. Characteristics of Nurses About Their Children

Variable (N=362)	n	(%)
Number of children		
1	157	43.4
2	160	44.2
3	45	12.4
Having problems status about the care of the child during the pandemic period		
Yes	298	82.3
No	64	17.7
Informing the child about COVID-19		
Yes	313	86.5
No	49	13.5
Taking adequate attention of the child during the pandemic period		
Yes	103	28.5
No	259	71.5
Negative change in the child's behavior during the pandemic period		
Yes	227	62.7
No	135	37.3
***Changes seen if the answer is "yes"**		
Attacker	76	16.7
Angry	124	27.3
Disconcerting/anxious	50	11.0
Irrelevant/introversion	34	7.5
Fear	110	24.2
Tablet/phone/internet/addiction	60	13.4
Changes in mother-child relationship during the pandemic period		
Yes	188	51.9
No	174	48.1
If the answer is "yes", the change seen		
Our communication has decreased	182	96.8
Our communication has increased	6	3.2
Taking measures to protect the child		
Yes	328	90.6
No	34	9.4
***If the answer is "yes", the measures taken**		
Living in a separate home	100	15.2
Protective equipment/personal cleaning	256	39.0
Social distance	108	16.5
Staying home	142	21.6
Regular nutrition / immune boosting	50	7.7
Total	362	100.0

***** The number n is different because more than one option is marked.

In the study, no statistically significant difference was found between nurses' status of informing their children about COVID-19, taking sufficient care of the child during the pandemic, having changes in the mother-child relationship, and taking measures to protect the child and the children's fear score ($p>0.05$).

In the study, the mean death anxiety score of the nurses was 11.13 ± 2.88 (minimum=1, maximum=15) and the mean fear score of their children was 3.11 ± 1.34 (minimum =0, maximum=4). There was a positive correlation between the nurses' death anxiety score and their children's fear score ($r=0.139$; $p= 0.001$) (Table 5).

Table 5. Comparison of Nurses' Death Anxiety and Children's Fear Scores

	Fear score	
	r*	p
Death anxiety score	0.178	**0.001**

*r= Spearman Test

DISCUSSION

The study was completed with 362 nurses. In the study, it was determined that nurses' status of informing their children about the pandemic did not affect their children's fear levels. Although parents inform their children during the pandemic, children may have difficulty understanding the disease due to their cognitive development level and insufficient medical knowledge. This may lead children to experience a sense of uncertainty and fear (Yalcin et al., 2020). However, at the age of 6-10 years, which was the age period of our study group, children can reach correct information with the support of their parents and peers via technology (Sarman, Tuncay and Sarman, 2020). Previous studies (Demirbas and Kocak, 2020; Wang, Zhang, Zhao, Zhang and Jiang, 2020) reported that the correct information provided to children during the pandemic affected them positively. Alisinanoglu et al. (2020) found that incorrect information given to children during the pandemic affected them negatively. The related finding of our study differs from the literature. It is thought that this difference may be associated with the fact that children receive information from different people in the environment, other than their mothers and through communication tools such as television and the internet.

In the study, of the nurses, 82.3% (n=298) stated that they had problems with the care of their children during the pandemic; 71.5% (n=259) stated that they could not take care of their children sufficiently; 67.7% (n=245) stated that their children experienced fear and anxiety. Different studies (Akkus et al., 2022; Celık et al., 2020; Coskun Şimsek, and Gunay, 2021; Kilincel et al., 2020; Liu et al., 2020) reported that health workers had problems with the care of their children during the COVID-19 pandemic and that their relations with their children were affected negatively during this process. On the other hand, studies conducted without considering the mother's profession (Basaran, and Aksoy, 2020; Szabo, Richling, Embry, Biglan and Wilson, 2020) reported that this process affected the mother-child relationship positively. It was determined that parents who were not health workers, took this home isolation process as an advantage, spent more time with their children and that their communication with their children was positively affected (Basaran, and Aksoy, 2020; Szabo et al., 2020). Such difference between the studies may be because health workers continue to work actively and more intensely during the pandemic, while parents in other professions start working at home part-time or full-time and thus, spend more time with their children.

In the study, it was determined that nurses' status of taking care of their children sufficiently during the pandemic and having changes in their relationships with their children did not affect their children's fear levels. There is no study addressing this subject in the literature. This finding may be associated with the support of family elders and relatives to childcare.

In the study, it was found that mothers' status of taking measures to protect the child during the pandemic did not affect their children's fear level. The biggest concern of the parents during this period is losing their children. Therefore, they may be overly protective of their children (Yalcin et al., 2020). This can cause fear and anxiety in children. However, at the age of 6-10 years, which was the age period of our study group, children can understand the protective measures applied by their parents and their reasons (Sarman et al., 2020). It is thought that the study finding is associated with this.

In the study, it was found that the death anxiety levels of nurses and the fear levels of children were high and that children's fear levels increased as the death anxiety level of nurses increased. In the literature (Cevik Aktura and Ozden, 2020; Coskun Simsek, and Gunay, 2021; Kang et al., 2020; Lima et al., 2020; Liu et al., 2020) it is stated that nurses experience severe fear during the pandemic and that two important factors cause this fear: uncertainty and fear of losing loved ones. It is observed that especially nurses with children are more afraid of losing their loved ones (Mo et al., 2020; Sert, Mutlu, Kokulu and Sarıtaş, 2020) and experience the fear of death more (Ersoy, Koc and Ersoy, 2020; Karasu and Ozturk Copur, 2020;) since the epidemiology and clinical picture of COVID-19 in pediatric patients are not fully known yet (Huang et al., 2020). According to the literature (Panahi, Amiri and Pouy, 2020; She, Liu and Liu, 2020) more than half of the COVID-19 diagnosed children were infected by their parents. This causes parents to be anxious more (Karasu and Ozturk Copur, 2020; Mo et al., 2020). Previous studies (Pembecioglu, 2020; Yalcin et al., 2020) found that situations such as fear, anxiety, and concerns observed in parents also increase the fear level of their children. In a qualitative study conducted to examine the effects of the pandemic on health personnel (Yuncu and Yilan, 2020), health personnel stated that they experienced intense fear and their children's psychology was affected negatively. It is stated in the literature (Karasu and Ozturk Copur,

2020; Roccella, 2020) that the intense fear experienced by parents during the pandemic causes children to react differently and reduces their quality of life. Liu et al. (2020) found that the mental health of children who experienced fear and anxiety for a long time could be affected in the long term. This finding of the study is consistent with the literature. This result is important since it addresses the necessity of screening nurses' death anxiety levels during the pandemic.

CONCLUSION

In the study, it was found that nurses' fear of death and children's fear levels during the pandemic period were high. The death anxiety experienced by nurses during the pandemic was found to increase the fear levels of their children. We recommend evaluating nurses psychologically during the pandemic and determining their death anxiety levels within the scope of this evaluation. By this means, it may be possible to support nurses psychologically in the early period and protect their children's psychology by reducing their fear.

The findings emphasize the importance of screening nurses' death anxiety and their children's fear levels during the pandemic period and providing necessary psychological support to nurses and their children if necessary.

Author Contributions

Concept and design: D.Y., A.A. Data collection: D.Y., A.A. Data analysis and interpretation: D.Y., A.A. Writing manuscript: D.Y., A.A. Critical review: D.Y., A.A.

Conflict of Interest: The authors have no conflicts of interest to declare.

Funding: The authors declared that this study has received no financial support

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