



Exploring the Influence of Family Dynamics on Death Attitude among Elderly People: A Comparative Study of Chitwan and Jhapa District, Nepal

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ABSTRACT

This research examines the impact of living arrangements on death attitudes among elderly individuals in Nepal's Chitwan and Jhapa districts. A cross-sectional survey of 127 participants (79 in elder homes, 48 in their own homes) was conducted and analyzed using SPSS v.20. Significant differences in death attitudes were found based on living arrangements. Elder home residents showed greater acceptance of quick death, less fear, and viewed death more as relief from pain. They preferred dying in religious places, while those in their own homes preferred passing at home. Belief in reincarnation was higher among those living independently. The study reveals that living environments significantly influence elderly individuals' death attitudes, with elder home residents exhibiting more acceptance towards death. These findings suggest a need for tailored end-of-life care and support services that consider living arrangements and cultural contexts, contributing to the discourse on geriatric care in diverse settings.

INTRODUCTION

Death is an inevitable part of life, yet our attitudes towards it vary greatly. Understanding these variations becomes crucial when considering the elderly population, who are more likely to confront mortality. Mental imagery significantly influences attitudes towards death, with the nature of the mental image (positive or negative) playing a crucial role (Borkovec et al., 2004). López-Pérez et al. discovered that teenagers with better control over their mental images exhibited significantly less Fear of Death (FD), scored lower on the Avoidance of Death (DA) scale, and had higher scores on the Neutral Acceptance (NA) scale compared to those with less image control (López-Pérez et al., 2022). Family dynamics play a significant role in shaping an elder's perception of death.

The previous studies explore how family relationships, communication patterns, and cultural/religious beliefs within families influence the death attitudes of elderly people. Regarding family support and death acceptance, several studies suggest a positive correlation between strong family support and a more accepting view of death among older adults. A study by Hare et al. found that elderly individuals with close, emotionally supportive families reported lower death anxiety and a greater sense of peace regarding their mortality. This could be attributed to feelings of security and belonging fostered by strong family bonds, which can buffer the anxieties associated with death (Hare, Neto, & Levine, 2010). The experience of loss within the family can significantly impact an elder's death attitude. Research by Klass et al. indicates that witnessing the death of a spouse or sibling can lead to increased death anxiety in elderly people. This highlights the importance of grief counseling and support systems for bereaved older adults. Open communication and validation of their emotions within the family can be crucial during this period (Klass, Silverman, & Nickman, 1999). Similarly, another study by Gogoi, P. & Gogoi, S. (2019) explores a range of emotions, beliefs, and responses towards death among individuals who have lost a family member. Key aspects include a reluctance to discuss death due to societal taboos, an underlying acceptance of death's inevitability, varied grief responses that evolve from shock and denial to acceptance, and the significance of sharing experiences to foster mutual support and a collective understanding of death and bereavement (Gogoi & Gogoi, 2019).

Family communication and End-of-Life discussions are important to increase the death acceptance level. Open communication about death and dying within families can positively influence elderly people's attitudes. A study by Steinhauser et al. demonstrates that having frank conversations about end-of-life care preferences with family members reduced fear and anxiety around death among older adults. This suggests the need for encouraging open communication within families to address death-related concerns. Family members can play a vital role in facilitating these discussions and ensuring the elder's wishes are understood (Steinhauser, et al., 2000).

Cultural and religious practices Influence shaping the personality of a person in a decent manner. Family dynamics are often intertwined with cultural

and religious beliefs. Research by Chan et al. explores how cultural attitudes toward death, passed down through families, shape an elder's perspective. For instance, cultures that view death as a natural transition may foster greater acceptance in elderly members (Chan, Cheung, & Leung, 2011). Similarly, religious beliefs held within the family can influence death acceptance, as shown in the study by Lin et al., (2013). Understanding these cultural and religious influences is crucial for a comprehensive analysis of family dynamics and death attitudes.

The current research on family dynamics and death attitudes in elderly people has limitations. Some studies, as noted in Butler et al., lack generalizability due to small sample sizes or specific cultural contexts. Additionally, research often focuses on negative aspects like death anxiety, while a more holistic understanding of death acceptance and positive attitudes is needed. Future research should explore these nuances across diverse populations (Butler, Kushel, & Fitzpatrick, 2018). In this connection, the author is encouraged to explore the influence of family dynamics on death attitudes among elderly people in the Nepalese context. In the Nepalese context, this is a new study that can contribute significantly to the field of study of death attitudes.

METHODOLOGY

The study was a cross-sectional study; the researcher collected data from a single contact with respondents. It was conducted among 127 elder people in total, among them 79 were living in the elder home of Devaghat, Chitwan, and 48 were living in their own homes in Jhapa district. The study covered all the available elderly people in the study areas so elder people who were able to respond to the survey question were selected for the study. It was a descriptive study that comparatively described the living status and death perception of elder people towards the death. The collected data was analyzed from the statistical software (SPSS v.20) and data was presented in tabular form. The Cross tabulation, frequency, and Chi-Square were run to analyze the data.

RESEARCH RESULT

The study collected data by using the survey questionnaire so there were different study variables measured in the field. The collected data were quantitatively analyzed so findings are presented under the different sub-headings as below:

Demographic information

In the survey of death attitudes, participants' demographic information was collected, including their living arrangements and gender. Table 1 illustrates that among the participants, 47.2% reside in elder homes while 52.8% live in their own houses. Breaking it down by gender, slightly more males (46.8%) live in elder homes compared to females (53.2%), while a slightly higher percentage of females (52.1%) reside in their own houses compared to males (47.9%). Overall, out of the total 127 participants, 79 live in elder homes and 48

live in their own houses. This distribution suggests a relatively balanced representation between living situations, with a slight predominance of females across both arrangements.

Table 1. Demographic information

			Living Place		Total
			Elder Home	Own House	
Gender	Male	Count	37	23	60
		%	46.8%	47.9%	47.2%
	Female	Count	42	25	67
		%	53.2%	52.1%	52.8%
Total		Count	79	48	127
		%	100.0%	100.0%	100.0%
Age of Respondents					
	N	Minimum	Maximum	Mean	
Chitwan	79	50.00	98.00	73.7595	
Jhapa	48	61.00	98.00	79.0833	

Source: Field Survey 2024

Regarding the age distribution across different regions, the table indicates that in Chitwan, where 79 respondents participated, the ages ranged from 50 to 98 years, with a mean age of approximately 73.76 years. In contrast, in Jhapa, with 48 respondents, the age range is slightly higher, from 61 to 98 years, with a notably higher mean age of around 79.08 years. This data suggests that participants in Jhapa tend to be older on average compared to those in Chitwan, potentially indicating variations in demographic characteristics or living conditions between the two regions that could influence attitudes toward death.

Current Health Status

Inquiring about the health status of respondents, the table presents a breakdown based on their living arrangements, distinguishing between those living in elder homes and those residing in their own houses. The data of Table 2 indicates that among those living in elder homes, 64.6% report being sick currently, while among those in their own houses, 79.2% acknowledge their current illness. The chi-square test was conducted to examine if there was a significant association between the respondents' living situations and their reported health status across both districts.

Table 2. Current Health Status

		Living Place		Total	Chi-Square Tests
		Elder Home	Own House		
Are you sick now?	Yes	64.6%	79.2%	70.1%	Asymp. Sig. (2-sided) p = .081
	No	35.4%	20.8%	29.9%	
Total		100.0%	100.0%	100.0%	

Source: Field Survey 2024

The results suggest that while there's a noticeable difference in the percentage of respondents reporting sickness between elder home residents and those in their own houses, with a higher prevalence among the latter group, this difference did not reach statistical significance at the conventional alpha level of 0.05. The p-value obtained from the chi-square test is 0.081, which is greater than 0.05, indicating that the association between living situation and reported sickness is not statistically significant. However, it's important to note that despite not being statistically significant, there still appears to be a trend suggesting that those living in their own houses are more likely to report being sick than those in elder homes.

Thoughts on Death

Inquiring about the attitudes of elder people toward their mortality, the table presents responses categorized by their living arrangements: those in elder homes and those residing in their own houses. The data reveals significant disparities in attitudes between the two groups (Table 3).

Table 3. Thoughts on Death

		Living Place		Total	Chi-Square Tests
		Elder Home	Own House		
What do you think about your death?	Could have died quickly	55.0%	14.9%	33.3%	Asymp. Sig. (2-sided) p = .000
	Would have lived a long life	25.0%	36.2%	31.0%	
	I don't think anything about death	20.0%	48.9%	35.6%	
Total		100.0%	100.0%	100.0%	

Source: Field Survey 2024

Firstly, among elder home residents, the majority (55.0%) express a sentiment of being prepared or accepting of the prospect of a quick death. This contrasts sharply with only 14.9% of those living in their own houses who share this perspective. Conversely, a considerable proportion (48.9%) of those in their own houses indicate that they don't think anything about death, whereas only 20.0% of elder home residents express this sentiment.

Moreover, regarding the belief in living a long life, a substantial portion (36.2%) of those in their own houses hold this outlook, compared to just 25.0% of elder home residents. Meanwhile, a notable proportion (31.0%) of elder home residents express the belief in having lived a long life, slightly lower than the percentage among those in their own houses.

The chi-square test results indicate a significant association between living situations and attitudes toward death (p = .000). This suggests that there's a strong relationship between where elderly people reside and their perspectives on mortality. Elderly home residents seem more prepared for or accepting of the idea of a quick death, while those living in their own houses are more likely

to express indifference or contemplation regarding death, along with a higher belief in the possibility of a long life. This insight into the nuanced attitudes of elder people toward death highlights the influence of the living environment on existential perspectives.

Expectations of Death

Inquiring about elder people's perceptions regarding their anticipated manner of death, the table presents responses categorized by their current living arrangements: those in elder homes and those residing in their own houses. The data reveals in Table 4 notable trends in attitudes toward the anticipated style of death among the two groups.

Table 4. Expectations of Death

		Living Place		Total	Chi-Square Tests
		Elder Home	Own House		
How do you think you will die?	Secret death without any pain	81.0%	78.7%	80.2%	Asymp. Sig. (2-sided) p = .726
	All should know	12.7%	17.0%	14.3%	
	Other	6.3%	4.3%	5.6%	
Total		100.0%	100.0%	100.0%	

Source: Field Survey 2024

Primarily, the majority of respondents across both elder home residents (81.0%) and those living in their own houses (78.7%) express a preference for a discreet death without any pain. This suggests a prevalent desire for a peaceful and painless passing among elder individuals, regardless of their living situation. Moreover, the similarity in percentages between the two groups indicates a consistency in this preference across different living environments.

Additionally, a small but noteworthy percentage of respondents in both categories, 12.7% of elder home residents and 17.0% of those in their own houses indicate a preference for an open acknowledgment of their impending death, suggesting a desire for transparency or perhaps closure. This inclination is slightly higher among individuals residing in their own houses.

Furthermore, the data also highlights that a minority of respondents, 6.3% of elder home residents and 4.3% of those in their own houses, express preferences categorized under "Other," indicating a variety of alternative or unspecified preferences regarding their anticipated style of death.

The chi-square test results reveal that there is no significant association between living situation and anticipated style of death (p = .726). This suggests that the preferences for the manner of death among elder individuals are not influenced by their living arrangements. Overall, the data suggests a predominant desire for a peaceful and painless passing among elder individuals, with some variations in preferences for transparency or alternative styles of death, regardless of their living environment.

Preferred Place of Death

Table 5 explores the preferences of elder individuals regarding the location of their eventual death, categorized by their current living arrangements: those in elder homes and those residing in their own houses. The data unveils significant disparities in preferences among the two groups.

Table 5. Preferred Place of Death

		Living Place		Total	Chi-Square Tests
		Elder Home	Own House		
Where do you want your death to be?	Hospital during treatment		6.2%	2.4%	Asymp. Sig. (2-sided) p = .000
	Own house	6.7%	83.3%	36.6%	
	Religious place	92.0%	10.4%	60.2%	
	Others	1.3%		0.8%	
Total		100.0%	100.0%	100.0%	

Source: Field Survey 2024

Primarily, a striking majority of elder home residents (92.0%) express a preference for their death to occur in a religious place. This inclination highlights the spiritual and cultural significance attached to the place of death among this demographic group. In contrast, only a minority of those living in their own houses (10.4%) share this preference, indicating a notable difference in priorities between the two groups regarding the spiritual context of their passing.

Interestingly, a considerable proportion of elder home residents (6.2%) express a preference for dying in a hospital during treatment. This preference contrasts sharply with the overwhelming majority of those in their own houses (83.3%) who desire to pass away in the comfort and familiarity of their own homes. This divergence suggests differing attitudes towards medical care and institutional settings, with elder home residents potentially more inclined towards the support and care available in hospital settings.

Furthermore, a small percentage of respondents across both groups express preferences categorized under "Others" (1.3% of elder home residents and 0.8% of those in their own houses), indicating a variety of unspecified or alternative preferences regarding the location of their eventual death.

The chi-square test results reveal a significant association between living situation and preferred location of death (p = .000). This indicates that the preferences for the place of death among elder individuals are influenced by their living arrangements. Overall, the data suggests a predominant preference among elder home residents for a religious place as the location of their death, while those residing in their own houses overwhelmingly desire to pass away in the comfort and familiarity of their homes, underscoring the importance of environment and cultural values in end-of-life preferences.

Feelings about Imminent Death

Table 6. Feelings about Imminent Death

		Living Place		Total	Chi-Square Tests
		Elder Home	Own House		
If you know that you will die tomorrow, how would you feel?	Happy	79.7%	12.5%	54.3%	Asymp. Sig. (2-sided) P = .000
	Grief	1.3%	41.7%	16.5%	
	Nothing	17.7%	22.9%	19.7%	
	Don't know	1.3%	22.9%	9.4%	
Total		100.0%	100.0%	100.0%	

Source: Field Survey 2024

Table 6 presents a striking contrast in the attitudes towards death among elderly individuals based on their living arrangements. Notably, a vast majority (79.7%) of those residing in elder homes expressed feeling happy if they were to die tomorrow, significantly higher than the mere 12.5% among those living in their own houses. Conversely, a considerable portion (41.7%) of individuals in their own homes anticipated feeling grief, contrasting sharply with only 1.3% in elder homes reporting the same sentiment. Interestingly, responses indicating feeling 'Nothing' about imminent death were relatively consistent across both living arrangements, with 17.7% and 22.9% for elder home residents and those in their own houses, respectively. Additionally, a small proportion of respondents in both groups (1.3% in elder homes and 22.9% in own houses) admitted uncertainty ('Don't know') about their emotional response. The Chi-Square test revealed a significant association between attitudes towards death and living arrangements ($p = .000$), underscoring the influence of environmental factors on end-of-life perspectives among the elderly.

Perspectives on Death as Relief

Table 7. Perspectives on Death as Relief

		Living Place		Total	Chi-Square Tests
		Elder Home	Own House		
They say that death means getting over the pain, how do you feel?	Yes	81.6%	14.6%	55.6%	Asymp. Sig. (2-sided) p = .000
	No	15.8%	47.9%	28.2%	
	Don't Know	2.6%	37.5%	16.1%	
Total		100.0%	100.0%	100.0%	

Source: Field Survey 2024

Table 7 delves into the perceptions of elderly individuals regarding death as a means of escaping pain, with a focus on their current living situations. The data reveals noteworthy disparities in responses between those residing in elder homes and those in their own houses. Primarily, a substantial majority (81.6%) of elderly individuals in elder homes agreed that death

signifies liberation from pain, a sentiment shared by a significantly smaller proportion (14.6%) of those living in their own houses. Conversely, a considerable portion (47.9%) of individuals in their own homes rejected the notion that death equates to an end to suffering, contrasting sharply with the 15.8% among elder home residents who held a similar perspective. Furthermore, responses indicating uncertainty ('Don't Know') about death relieving pain were notable, with 2.6% of elder home residents and 37.5% of individuals in their own houses expressing doubt. The Chi-Square test yielded a highly significant result ($p = .000$), indicating a profound association between attitudes towards death as a means of alleviating pain and the living arrangements of the elderly. This suggests that the environment in which individuals reside may profoundly shape their perceptions of death and its implications for suffering. Such insights could be valuable in tailoring end-of-life care and support services to align with the diverse beliefs and preferences of elderly individuals based on their living contexts.

Fear of Death

Table 8. Fear of Death

		Living Place		Total	Chi-Square Tests
		Elder Home	Own House		
Are you afraid of death?	Yes	6.3%	68.8%	29.9%	Asymp. Sig. (2-sided) P = .000
	No	93.7%	31.2%	70.1%	
Total		100.0%	100.0%	100.0%	

Source: Field Survey 2024

Table 8 scrutinizes the fear of death among elderly individuals, differentiating between those residing in elder homes and those living in their own houses. The data reveals stark differences in responses between the two living arrangements. Notably, a significant majority (68.8%) of individuals in their own houses admitted to being afraid of death, contrasting sharply with the mere 6.3% among elder home residents who expressed similar sentiments. Conversely, a substantial proportion (93.7%) of those in elder homes reported not being afraid of death, a sentiment shared by only 31.2% of individuals living in their own houses. This significant disparity in fear of death between the two groups underscores the potential impact of living environment on end-of-life apprehensions. The Chi-Square test yielded a highly significant result ($p = .000$), indicating a robust association between fear of death and the living arrangements of elderly individuals. Such findings could inform the development of tailored interventions and support systems aimed at addressing and alleviating end-of-life anxieties, particularly among elderly individuals living independently in their own homes.

Belief in Rebirth as a Human

Table 9. Belief in Rebirth as a Human

		Living Place		Total	Chi-Square Tests
		Elder Home	Own House		
Do you think you could be born again as a human being after death?	Yes	21.9%	82.2%	44.9%	Asymp. Sig. (2-sided) P = .000
	No	68.5%	15.6%	48.3%	
	Don't Know	9.6%	2.2%	6.8%	
Total		100.0%	100.0%	100.0%	

Source: Field Survey 2024

Table 9 presents a detailed exploration of elderly individuals' beliefs regarding the possibility of being reborn as a human after death, categorized by their current living arrangements. It reveals significant variations in responses between those residing in elder homes and those living in their own houses. Firstly, a substantial proportion (82.2%) of individuals in their own houses believed in the potential for reincarnation, contrasting starkly with the 21.9% among elderly home residents who shared a similar belief. Conversely, a majority (68.5%) of elder home residents rejected the notion of being reborn as a human after death, a sentiment shared by a smaller proportion (15.6%) of individuals in their own houses. Additionally, while a relatively small percentage of respondents in both groups admitted uncertainty ('Don't Know') about reincarnation, the disparity in responses between elder home residents (9.6%) and individuals in their own houses (2.2%) is notable. The Chi-Square test yielded a highly significant result ($p = .000$), underscoring a robust association between beliefs regarding reincarnation and the living arrangements of elderly individuals. This suggests that the environment in which individuals reside may significantly influence their perspectives on life after death. Such insights could inform discussions and interventions related to spiritual and existential matters in end-of-life care, tailoring support services to accommodate the diverse beliefs and preferences of elderly individuals based on their living contexts.

DISCUSSIONS

The findings from the survey of death attitudes among elderly individuals shed light on various aspects of their perceptions, beliefs, and preferences related to mortality. Firstly, the demographic information revealed a relatively balanced representation between living arrangements, with a slight predominance of females across both elder homes and own houses. Moreover, the age distribution highlighted differences between regions, indicating that Jhapa participants tended to be average older compared to those in Chitwan.

Regarding health status, while there was a noticeable difference in the percentage of respondents reporting sickness between elder home residents and those in their own houses, this difference did not reach statistical significance.

However, there appeared to be a trend suggesting that those living in their own houses were more likely to report being sick than those in elder homes.

Attitudes towards death varied significantly based on living arrangements. Elderly home residents were more prepared for or accepting of the idea of a quick death. At the same time, those living in their own houses were more likely to express indifference or contemplation regarding death, along with a higher belief in the possibility of a long life. Regarding the family role, one previous study shows that there was a positive correlation between dysfunctional family dynamics and depressive symptoms among young adults. These findings highlight the significant impact that family dynamics can have on the mental health of young individuals. Dysfunctional family environments characterized by poor communication, unrealistic expectations, unresolved conflicts, and emotional neglect can contribute to the development and exacerbation of depressive symptoms in young adults (Arora & Dutt, 2024).

The study found that preferences for the anticipated style and location of death were also influenced by the living situation, with elder home residents more inclined towards religious places for their death and those in their own houses preferring to pass away at home. This finding is supported by the study of Critz (1989) whose study on 'attitudes and experiences of families with death determination in the home' explores the crucial role of family communication in the context of making decisions about forgoing life-prolonging treatments for loved ones who die at home. The study underscores the importance of open discussions about death within families, revealing that such transparency can significantly influence the grieving process. Effective communication within the family unit can help in navigating

CONCLUSIONS AND RECOMMENDATIONS

The study highlights the nuanced attitudes of elderly individuals toward death and underscores the influence of the living environment on these perspectives. It suggests that the environment in which individuals reside significantly shapes their perceptions, beliefs, and preferences related to mortality. These findings have implications for end-of-life care and support services, emphasizing the importance of tailoring interventions to accommodate the diverse beliefs and preferences of elderly individuals based on their living contexts.

Family dynamics play a significant role in shaping the death attitudes of elderly people. Strong family support, open communication about death, and cultural and religious beliefs all contribute to an elder's perspective on mortality. Further research is needed to explore the interplay of these factors and develop interventions that can support a more positive and peaceful acceptance of death among the elderly population. This could involve promoting open communication within families, providing culturally sensitive grief support, and encouraging end-of-life planning discussions. By understanding the influence of family dynamics, we can better support elderly individuals as they navigate their later years and contemplate their mortality.

Based on the findings, it is recommended to consider the living environment of elderly individuals when designing end-of-life care programs. Healthcare providers and policymakers should recognize the impact of living arrangements on attitudes toward death and incorporate this understanding into the development of supportive services. Moreover, efforts should be made to provide comprehensive education and support to address the diverse needs and preferences of elderly individuals regarding end-of-life care, ensuring that they receive the appropriate level of spiritual, emotional, and physical support in alignment with their beliefs and preferences.

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