VOLUME 8

RIAGE
REVISTA IBERO-AMERICANA DE GERONTOLOGIA

Death anxiety in older adults: a scoping review

Critical gerontology and social work

Catarina Paixão[1], Anabela Pereira[1], José Fialho[1]

1- Universidade de Évora
Corresponding author: catarina-cangarato@gmail.com

Informação do artigo
Recebido: 03/04/2025
Revisto: 07/07/2025
Aceite: 12/09/2025

ABSTRACT

Aging is a natural and inevitable phenomenon in human life, just like death. However, diverse factors can make it difficult to accept this experience, leading to death anxiety. The present study conducted a scoping review following the PRISMA method, with inclusion criteria focusing on articles about death anxiety published in English within the last three years. The results identified a total of 27 studies for review, with the majority published in 2022 (n=11). The most prominent characteristics of these studies were that most linked death anxiety to religion, used convenience sampling, were cross-sectional (n=14) and quantitative (n=19) and applied Templer's Death Anxiety Scale. Death anxiety in older adults is a complex and multidimensional concept, with its definition still debated among researchers. It is influenced by sociodemographic factors (gender, marital status, age, socioeconomic status) and contextual factors (loneliness, social and family support, health, housing, and autonomy).

Keywords: Death Anxiety; Older adults; Religion; Spirituality; Aging.

INTRODUCTION

Living a long old age is an increasingly prominent phenomenon in modern society, as the global number of people over the age of 65 is expected to continuously rise until 2050, reaching an estimated 2 billion elderly individuals worldwide and doubling the global elderly population rate to 21% (WHO, 2018).

The exponential growth of the elderly population is attributed to multiple factors,

 ISSN: 2795-559 · DOI: 10.61415/riage.387

such as declining birth rates, improved healthcare through new technologies, and, consequently, the increase in life expectancy. However, this extended old age brings various challenges and factors that may generate anxiety, particularly regarding its proximity to death and the difficulty in accepting it.

For this reason, it becomes essential to explore the phenomenon of old age and death anxiety at this stage of life to understand how this variable has been studied and experienced by different elderly individuals across various contexts and conditions.

Death anxiety is considered one of the primary concerns of elderly individuals at this stage of life, potentially affecting different aspects of their well-being (Adelirad, et al., 2021). Although death is an inevitable phenomenon that all humans will experience, some individuals develop intense anxiety toward this reality.

According to the literature review conducted, death anxiety is a multidimensional concept, with no exact definition and difficult to delineate. In the reviewed bibliography, death anxiety is generally described as a phenomenon arising from the awareness of life's finitude, manifesting as fear, threat, and generalized distress regarding one's own death (Lamba, et al., 2022).

It is important to distinguish death anxiety from general death-related anxiety, as in this case, it specifically refers to anxiety about one’s own mortality and the confrontation with personal finitude (Becker, 2022; Khodabakhshi-Koolaee, Falsafinejad & Zoljalali, 2022).

Several authors also define death anxiety as "*thoughts, fears, and emotions related to the end-of-life event*". Others describe it as a negative emotional response triggered by the anticipation of one's death (Naeimi, et al., 2022).

From a psychodynamic perspective, death anxiety is seen as a conscious or unconscious psychological state, originating as a defense mechanism activated when individuals feel threatened by death (Soriano, et al., 2022).

Other studies define death anxiety in relation to various aspects of human life, arguing that it reflects an individual's attitude toward death, shaped by their perception of aging and involving emotions such as loneliness, sadness, loss, and anger projected onto their experience of mortality (Aderyani, et al., 2021; Greenblatt-Kimron, et al., 2021; Soriano & Calong, 2022).

Some investigations conceptualize death anxiety as an emotion, describing it as a feeling derived from the fear of nonexistence, the loss of oneself, and the world one has been a part of—ultimately, the inevitability of death and the inability to accept it (Ozdedmir & Sahin, 2020; Greenblatt-Kimron, et al., 2021; Menekli & Doğan, 2021; Woo & Bae, 2022). Additionally, another perspective found in the reviewed sources defines death anxiety as an emotional state arising from dissatisfaction with one's life, where individuals experiencing it feel as though they lack meaning and significance (Ghasemi, Atarodi & Hosseini, 2020).

Distinct from the previously mentioned definitions, some studies suggest that death anxiety can be conceptualized as the fear of pain, concern for loved ones, and

 ISSN: 2795-559 · DOI: 10.61415/riage.387

uncertainty about what follows death (Coromac-Medrano, et al., 2022).

Meanwhile, mental health professionals describe death anxiety as a feeling of insecurity, distress, and fear associated with death or its proximity (Bazrafshan, et al., 2022).

Conversely, certain research highlights that death anxiety is a normative and natural psychological phenomenon in old age, affecting daily life only when it becomes pathological—i.e., when it turns into a persistent, abnormal, and morbid fear of dying (Solaimanizadeh, Mohammadinia & Solaimanizadeh, 2020; Sharma & Jain, 2020; Woo & Bae, 2022). Some researchers even argue that low levels of death anxiety play a crucial role in maintaining one's desire to live and participate in daily activities (Ergin, et al., 2022).

Therefore, although extensively studied, the definition of death anxiety remains open-ended and not confined to a single perspective. Therefore, it is crucial to further explore this topic through a scoping literature review, allowing for a more comprehensive and structured understanding of the scientific knowledge produced on this subject.

METHODS

The method used in this study was a scoping review based on the PRISMA method and it involved a broad investigation of the topic of death anxiety in the elderly population. The objective was to identify studies conducted in the last three years within this theme. The three-year timeframe was chosen due to the high volume of studies on the topic, aiming to gather the most recent research.

Thus, the search was conducted in multiple sources, including Medline, OpenAire, Academic Search Complete, Complementary Index, BASE, Directory of Open Access Journals, Psychology and Behavioral Sciences Collection, Elsevier: Supplemental Index, and ScienceDirect. The research process was divided into three phases: study identification, screening and inclusion.

The search was conducted using the following *boolean* phrase: "death anxiety IN TITLE AND elderly OR aged OR older OR elder OR geriatric IN TITLE; NOT covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19 IN ALL FIELDS".

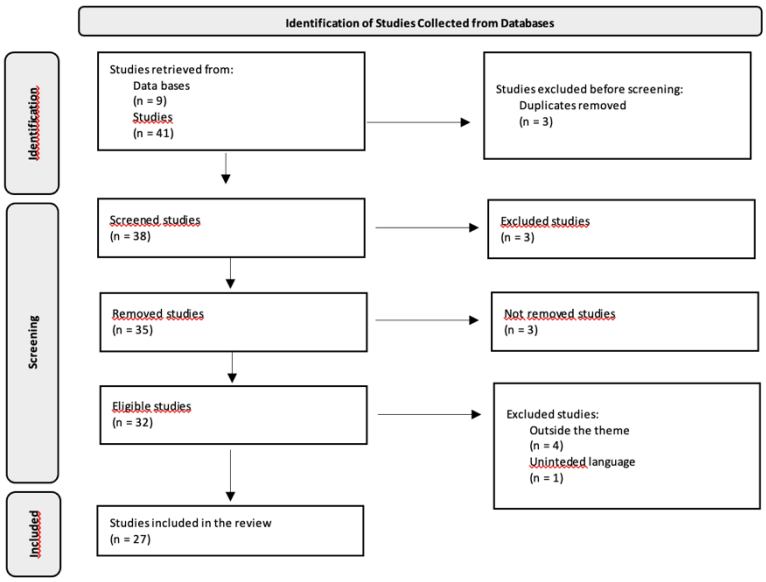
The exclusion of COVID-19-related terms (*NOT covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19 IN ALL FIELDS*) was implemented to control the potential contamination of the variable death anxiety with studies influenced by the COVID-19 pandemic. To ensure a global perspective on studies related to death anxiety in the elderly, only articles in English were selected. The inclusion criteria were studies on death anxiety in the elderly, published within the last three years, and written in English. The exclusion criteria were studies that included COVID-19 as a variable, studies using a systematic review or similar research design, and studies published in languages other than English.

The literature search initially yielded 41 articles from 9 different databases (*Medline, OpenAire, Academic Search Complete, Complementary Index, BASE, Directory of Open Access Journals, Psychology and Behavioral Sciences Collection, Elsevier: Supplemental Index, and ScienceDirect*).

Following the PRISMA method (Page, et al., 2021), as seen in Figure 1, the study

selection process unfolded as follows above. In the identification phase, 3 duplicate studies were excluded from the initial 41 articles, leaving 38 for screening. In the screening phase, 3 studies were excluded: 1 study due to its focus on COVID-19, and 2 studies for using a systematic review research design. Additionally, 3 studies were removed as they were not accessible within the available databases, leaving 32 eligible studies. In the final screening phase, 4 studies were excluded for being outside the scope of death anxiety, and 1 study was removed for not being in English. After this process, 27 studies were included in this review.

Figure 1 - PRISMA Flowchart of the Conducted Research



Note. Adapted from Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021. doi: 10.1136/bmj.n71

A table was then created, analyzing the included articles based on authors, year of publication, study variables, sample size and sampling method, study design, methods and instruments used, limitations, and implications.

RESULTS

The results obtained in the present study were based on the analysis of 27 studies, all in English. Among these studies, nine were published in 2020, six in 2021, eleven in 2022, and only one in 2023. A large portion of the collected articles was published in OMEGA - Journal of Death and Dying, with an impact factor of 2.602 in 2022-2023.

Regarding the variables under study, most studies linked death anxiety variables with those related to religion or spirituality (n=9), as shown in the table 1 below. Another variable found to be associated with death anxiety was depression, psychological distress, or stress (n=5). Conversely, variables such as quality of life, psychological well-being, life expectancy, and a good death were also present in the analyzed studies (n=5). With a similar representation, it was observed that variables such as chronic illness, coping, adaptation to aging/retirement, ego integrity, emotional regulation, and self-efficacy were also present in some studies that included death anxiety.

Table 1 - *Variables of the Collected Studies*

Study Variables	n
Religion/Religious Health/Religious Attitudes/Spirituality/Religiosity	9
Depression/Psychological Pain/Stress	5
Quality of Life/Psychological Well being/Life Expectancy/Good Death	5
Chronic Illness/Perceived Pain	4
Coping/ Adaptation to Aging/Retirment	3

Ego Integrity/ Emotional Regulation/Mindfulness	3
Loneliness	3
Healthcare Utilization/Care Self-efficacy/Parental Self-efficacy	3

Note. The n represents the number of studies addressing each variable.

Concerning the sample characteristics of the analyzed studies, it was found that six studies used convenience sampling, three used random sampling, one used cluster sampling, and for the remaining studies, this information could not be determined. In all studies, the minimum age of participants was 60 years, while the maximum age varied between studies. As for sample characteristics, all studies focused on older adults; however, there were differences among them, including institutionalized older adults, those living at home, pre-retirees, retirees, individuals with chronic illnesses, those without pathologies, isolated/lonely individuals, or those with close family support.

In reference to the study designs, the most commonly used design was the cross-sectional study (n=14), followed by descriptive studies (n=8) and correlational studies (n=6). Other study designs included exploratory, experimental/quasi-experimental, causal/comparative, semiotic, randomized clinical, phenomenological, and longitudinal studies.

About the study types, more than half of the articles presented quantitative studies (n=19), followed by qualitative studies (n=5) and mixed-method studies (n=3).

As for the instruments used to assess death anxiety (table 2), the most commonly used tool was Templer's Death Anxiety Scale (DAS, 1970) or instruments based on it, such as DAS-R, the Revised Templer Death Anxiety Scale; the Carmel and Mutran Death Anxiety Scale, based on Templer's scale; and the TDAS, the Turkish version of Templer's Death Anxiety Scale. Additionally, other instruments were used, including items from the Beck Inventory, structured and semi-structured interviews, the Death Attitude Profile Questionnaire, and the Dhar et al. (1998) Death Anxiety Scale.

Table 2 - *Instruments Used to Assess Death Anxiety*

Instrument	Authors
Death Anxiety Scale (DAS)	Templer, D. I. (1970). The construction and validation of a Death Anxiety Scale. *The Journal of General Psychology*, 82(2), 165–177.
Revised Death Anxiety Scale (DAS-R)	Thorson, J. A., & Powell, F. C. (1992). A revised Death Anxiety Scale. *Death Studies*, 16(6), 507–521.
Carmel and Mutran Death Anxiety Scale	Carmel, S., & Mutran, E. (1997). Wishes regarding the use of life-sustaining treatments among elderly persons in Israel: An explanatory model. *Social Science & Medicine*, 45(11), 1715–1727.
Beck Inventory (Selected Item)	Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4(6), 561–571.
Death Attitude Profile Questionnaire	Gesser, G., Wong, P. T. P., & Reker, G. T. (1987). Death Attitude Profile-Revised: A multidimensional measure of attitudes toward death. *Death Studies*, 11(5), 395–413.
Turkish Death Anxiety Scale (TDAS)	Şenol-Durak, E., & Durak, M. (2007). The development and psychometric properties of the Turkish Death Anxiety Scale (TDAS). *Death Studies*, 31(6), 551–568.

 ISSN: 2795-559 · DOI: 10.61415/riage.387

Death Anxiety Scale (Dhar et al.)	Dhar, N., Chaturvedi, S. K., & Nandan, D. (1998). Scale to measure death anxiety in the context of terminal illness. *Indian Journal of Palliative Care*, 4(2), 71–77.

Note. The table presents the main instruments used to assess death anxiety in the reviewed studies, and each validation study.

Relating to the methodology of the analyzed articles, all quantitative studies used SPSS as the statistical analysis tool, performing operations such as regression tests (e.g., simple regression, multiple linear regression), correlation tests (e.g., Spearman and Pearson), and mediation analysis tests (e.g., PROCESS).

Finally, the limitations and implications identified were similar across the different studies, referring to limitations in terms of the sample, study design, and the death anxiety variable itself. Implications were also noted for professionals working in elderly care.

The reported sample-related limitations concerned sample homogeneity, leading to low representativeness. Regarding study design, several articles highlighted the inability to infer causality between variables and the lack of follow-up in the results due to the cross-sectional nature of the studies. It was also mentioned that it was impossible to control all factors of such a multidimensional variable as death anxiety.

The studies generally reflected the importance of scientific knowledge production for clinical practice in medicine, psychology, and elderly care, particularly regarding death anxiety in the elderly population.

DISCUSSION

In general, the results of this scoping review indicate that the most frequently used variable in formulating research questions related to death anxiety is religion, or similar themes such as religious health, religiosity, or spirituality.

Several studies have demonstrated the significance of the relationship between death anxiety and religion/spirituality, showing that higher levels of spirituality correlate with lower levels of death anxiety among the elderly (Aderyani, et al., 2021; Menekli & Doğan, 2021; Lamba, et al., 2022). Other studies highlighted that death anxiety also influences religious attitudes, indicating that as death anxiety decreases, religious attitudes among the elderly increase (Ghasemi, Atarodi & Hosseini, 2020; Menekli & Doğan, 2021). In both perspectives, it is evident that variables such as religion, spirituality, spiritual health, or religious coping are closely related to death anxiety and have strong implications for elderly well-being (Solaimanizadeh, Mohammadinia & Solaimanizadeh, 2020).

However, when other variables such as depression are introduced, the relationship between death anxiety and religion weakens (Soriano & Calong, 2022; Naeimi, et al., 2022), suggesting that religiosity may not always act as a moderator between death anxiety and depression. This finding indicates that the relationship between death anxiety and religion/spirituality is complex and depends on other factors, such as education level, marital status, or living situation (Ghasemi, Atarodi & Hosseini, 2020; Soriano, et al., 2022).

Another relevant finding is that most of the reviewed studies are cross-sectional and quantitative, while mixed-method,

qualitative, and longitudinal studies are significantly fewer. This pattern is also reflected in the limitations reported by the authors, where many highlight that cross-sectional and quantitative studies sometimes fail to establish causality or fully capture the complexity of death anxiety in daily life. Given the complexity of death anxiety and its multiple influencing factors, future research should prioritize mixed-method approaches, as both qualitative and quantitative tools are essential for a deeper exploration of this subject. Although longitudinal studies are more resource-intensive, there is a notable gap in findings from such research. These studies could provide a deeper understanding of the long-term effects of death anxiety, particularly in testing intervention models (Bati, Polat & Akkus, 2022; Khodabakhshi-Koolaee, Falsafinejad & Zoljalali, 2022) and even in the development of theoretical models (Laguilles-Villafuerte & Guzman, 2020; Laguilles-Villafuerte & Guzman, 2021).

Additionally, while death anxiety can be measured using different tools, the most frequently used instrument across the reviewed studies is the Death Anxiety Scale (DAS) by Templer (1970), along with adaptations such as the Turkish Death Anxiety Scale or the Carmel and Mutran Death Anxiety Scale. This prevalence suggests that, despite its complexity, death anxiety is a well-established construct that can be measured reliably and validly. The Templer Death Anxiety Scale (1970) consists of 15 items, using a 5-point Likert scale. Scores range from 15 to 75, where higher scores indicate higher levels of death anxiety among the elderly. Sample items from this scale include “I am afraid of a painful death,” “I often think about how short life is,” and “I am not afraid of dying at all”. The instrument has a Cronbach’s alpha of .71, making it a suitable tool for assessing death anxiety in the elderly (Woo & Bae, 2022).

Relating to the implications of the reviewed studies, the findings were largely consistent, emphasizing the significance of death anxiety for elderly well-being, quality of life, life expectancy, and even cognitive decline (Rashedi, et al., 2020; Cavusoglu et al., 2020; Sharma & Jain, 2020; Ozdedmir & Sahin, 2020; Ergin, et al., 2022; Coromac-Medrano, et al., 2022; Segel-Karpas & Bergamn, 2022; Sunghee & Ok-Hee, 2022; Woo & Bae, 2022; Khodabakhshi-Koolaee & Frouzan, 2023).

Finally, defining death anxiety as a precise and bounded construct is challenging due to its multidimensional and complex nature, leading to various conceptualizations across studies. However, in all the reviewed research, death anxiety is described as a situational variable—that is, an experience, phenomenon, or emotion influenced by the specific context and conditions of the population being studied. Among the elderly, death anxiety is influenced by both sociodemographic factors, such as gender, marital status, age, and socioeconomic status (Adelirad, et al., 2021; Bati, Polat & Akkus, 2022; Sahin & Buken, 2020) as well as contextual factors, such as loneliness, social and family support, physical and health conditions, living situation, and autonomy (Greenblatt-Kimron, et al., 2021; Becker, 2022; Coromac-Medrano, et al., 2022).

CONCLUSION

 ISSN: 2795-559 · DOI: 10.61415/riage.387

In summary, old age brings with it a series of changes and losses, which can sometimes become sources of anxiety and discomfort. One of these changes is the proximity of this stage to the end of life, or more specifically, to death.

Death anxiety among the elderly is a complex and multidimensional concept that encompasses various aspects of aging. As such, it should be integrated into professional approaches when working with the elderly. Addressing death anxiety is an essential tool for promoting a dignified end of life, ensuring quality of life, well-being, and acceptance of both life and death.

REFERENCES

Adelirad, F. S., Asghari-Jafarabadi, M., Namjoo, s., Chattu, V. K. & Allahverdipour, H. (2021). Gender difference about death anxiety among older adults: Structural Equation Model. Psychogeriatrics, 296-303. DOI: 10.1111/psyg.12663

Aderyani, M. R., Alimadadi, E., Hajrahimian, M. & Taheri-Kharameh, Z. (2021). Does spirituality predict death anxiety in chronically ill older adults in a religious context? Journal of Religion, Spirituality & Aging, 350-360. DOI: 10.1080/15528030.2020.1814936

Bati, S., Polat, H. T. & Akkus, H. (2022). Determination of the Relationship Between Self-Care Agency and Death Anxiety Among Elderly Individuals. Journal of Death and Dying, 1-16. DOI: 10.1177/00302228221095907

Bazrafshan, M., Faramarzian, Z., Soufi, O. & Delam, H. (2022). The effect of group reminiscence therapy on death anxiety and adaptation of the elderly to old age. Archives of Psychiatric Nursing, 312-316. DOI: 10.1016/j.apnu.2022.09.010

Becker, T. D. (2022). Health care utilization as a predictor of death anxiety in older adults. Death Studies, 728-737. DOI: 10.1080/07481187.2020.1774942

Cavusoglu, C., Ileri, I., Dogrul, R. T., Ozsurekci, C., Caliskan, H., Kizilarslanoglu, M. C. & Goker, B. (2020). Relationship between psychological pain and death anxiety with comprehensive geriatric assessment in older adults. Epidemiology, Clinical, Practice and Health, 1056-1060. DOI: 10.1111/ggi.14045

Coromac-Medrano, J., Watts, A., Sinclair, C. & Engel, I. (2022). Understanding the Relationship Between Coping Styles and Death Anxiety in Older Adults. Innovation in Aging. DOI: 10.1093/geroni/igac059.2524

Ergin, E., Yildirim, D., Yildiz, C. Ç. & Usenmez, S. Y. (2022). The Relationship of 15 Death Anxiety with Loneliness and Psychological Well-Being in the Elderly Living in a Nursing Home. Journal of Death and Dying, 1-14. DOI: 10.1177/00302228221106054

Ghasemi, F., Atarodi, A. & Hosseini, S. S. (2020). he Relationship Between Religious Attitudes and Death Anxiety in the Elderly People. Journal of Research & Health, 135-142. DOI: 10.32598/JRH.10.3.773.11

Greenblatt-Kimron, L., Kestle-Peleg, M., Even-Zohar, A. & Lavenda, O. (2021). Death Anxiety and Loneliness among Older Adults: Role of Parental Self-Efficacy. International Journal of Environmental Research and Public Health, 1-11. DOI: 10.3390/ijerph18189857

Khodabakhshi-Koolaee, A. & Frouzan, F. (2023). Loneliness and Death Anxiety: Differences Between Active and Bedridden

Older Men. Journal of Death and Dying, 1-12. DOI: 10.1177/00302228231153460

Khodabakhshi-Koolaee, A., Falsafinejad, M. R. & Zoljalali, T. G. (2022). Dialectical Behavior Therapy: Effect on Emotion Regulation and Death Anxiety in Older Female Adults. Journal of Death and Dying, 1-14. DOI: 10.1177/00302228211065960

Laguilles-Villafuerte, S. & Guzman, A. B. (2020). "Because I could not stop for death": phenomenologizing death anxiety among Filipino Older adults. Educational Gerontology, 806-815. DOI: 10.1080/03601277.2020.1834665

Laguilles-Villafuerte, S. & Guzman, A. B. (2021). Put your hands in mine: a metaphor analysis of family support in death anxiety and interment stress among Filipino older adults. Educational Gerontology, 180-191. DOI: 16 10.1080/03601277.2021.1895311

Lamba, N., Bhatia, A., Shrivastava, A. & Raghavan, A. (2022). Religious factors affecting death anxiety in older adults practicing Hinduism. Death Studies, 1973-1981. DOI: 10.1080/07481187.2021.1876789

Menekli, T. & Doğan, R. (2021). The effect of the religious attitudes on the death attitudes and death anxiety in elderly intensive care patients: a cross-sectional study. Health and Research Journal, 194-205. DOI: 10.12681/healthresj.28190

Naeimi, M., Soleimani, M. A., Allen, K. & Motalebi, S. A. (2022). Examining the moderating role of religiosity in the relationship between death anxiety and depression in Iranian community-dwelling older adults. Mental Health, Religion & Culture, 492-503. DOI: 10.1080/13674676.2022.2041583

Ozdedmir, N. & Sahin, S. K. (2020). The Effect of Death Anxiety on Perceived Pain Levels in Elderly Patients. Turkish Journal of Geriatrics, 251-259. DOI: 10.31086/tjgeri.2020.160

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., et al. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. doi:10.1136/bmj.n71

Rashedi, V., Ebrahimi, B., Mohseni, M. S. & Hosseini, M. (2020). Death Anxiety and Life Expectancy among Older Adults in Iran. Journal of Caring Sciences, 168 172. DOI: 10.34172/jcs.2020.025

Sahin, D. S. & Buken, N. O. (2020). Death Anxiety and Concept of Good Death in the Elderly. Turkish Journal of Geriatrics, 18-26. DOI: 10.31086/tjgeri.2020.133

Segel-Karpas, D. & Bergamn, Y. S. (2022). Retirement anxiety and depressive symptoms among middle-aged adults: An indirect effect through death anxiety. Death Studies, 245-249. DOI: 10.1080/07481187.2020.1725933 17

Sharma, M. & Jain, V. (2020). Death anxiety, religiosity and psychological well-being among elderly. Indian Journal of Positive Psychology, 149-152.

Solaimanizadeh, F., Mohammadinia, N. & Solaimanizadeh, L. (2020). The Relationship Between Spiritual Health and Religious Coping with Death Anxiety in the Elderly. Journal of Religion and Health, 1925-1932. DOI: 10.1007/s10943-019-00906-7

Soriano, G. P. & Calong, K. A. (2022). Religiosity, Spirituality, and Death Anxiety Among Filipino Older Adults: A Correlational Study. Journal of Death and Dying, 445-454. DOI: 10.1177/0030222820947315

Soriano, G. P., Calong, K. A., Martinez, R. C. & Locsin, R. C. (2022). Religiosity, spirituality and death anxiety among older adults living at home and in institutional facilities: a comparative study. Journal of Religion, Spirituality & Aging, 284-296. DOI: 10.1080/15528030.2021.1948948

Sunghee, C. & Ok-Hee, C. (2022). Depression and quality of life in older adults with pneumoconiosis: The mediating role of death anxiety. Geriatric Nursing, 215 220. DOI: 10.1016/j.gerinurse.2022.02.018

Woo, J. & Bae, S. (2022). The Association Between Depression and Death Anxiety Among Older Adults: Moderating Effect of Ego-Integrity. Journal of Death and Dying, 1-18. DOI: 10.1177/00302228221115586