

Validation of Collett-Lester's Fear of Death Scale in a sample of nursing students

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This study aims to evaluate the psychometric properties of Collett-Lester's Fear of Death Scale. A sample of 349 nursing students answered Fear of Death and Attitude toward death scales. Content validity was checked by expert review; reliability was proven using Cronbach's alpha; statistical analysis of the items, correlation between items and construct validity were checked by the correlation of the Scale with the Attitude toward death Scale. The multidimensionality of the scale was reviewed through factor analysis with varimax rotation. The Fear of Death Scale possesses good internal consistency and construct validity, confirmed by the significant correlation with the Attitude toward death Scale. Factor analysis partially supports content validity of the subscale items, but presented a modified multidimensional structure that points towards the reconceptualization of the subscales in this sample.

Descriptors: Fear; Death; Scales; Reliability; Validity.

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Validação de Escala de Medo da Morte de Collett-Lester em uma amostra de estudantes de enfermagem

O objetivo do presente trabalho foi avaliar as características psicométricas da Escala de Medo da Morte de Collett-Lester. A amostra foi composta por 349 estudantes de enfermagem que responderam às perguntas das Escalas de Medo da Morte e de Atitude diante da Morte. A validade de conteúdo foi realizada por revisão de experts; a confiabilidade foi verificada pelo coeficiente alfa de Cronbach e averiguada pela análise estatística dos elementos e correlação entre elementos e validade de construto, através da correlação da escala com a Escala de Atitude diante da Morte. Através da análise fatorial com rotação Varimax, revisou-se a multidimensionalidade da escala. A Escala Medo da Morte tem boa consistência interna e validade de construto, confirmada pela correlação significativa com a Escala de Atitude diante da Morte. A análise fatorial apoia parcialmente a validade do conteúdo dos itens das subescalas, apresentando, porém, estrutura multidimensional adicional que orienta para a reconceituação das subescalas na amostra estudada.

Descritores: Medo; Morte; Escalas; Confiabilidade; Validade.

Validación de la Escala de Miedo a la Muerte de Collett-Lester en una muestra de estudiantes de Enfermería

El presente trabajo tiene el objetivo de evaluar las características psicométricas de la Escala del Miedo a la Muerte de Collett-Lester. Material y método: una muestra de 349 estudiantes respondieron las Escala de Miedo a la Muerte y Actitud ante la Muerte. La validez de contenido fue revisada por expertos, la confiabilidad se comprobó mediante el Coeficiente alfa de Cronbach; se verificó el análisis de los resultados estadísticos, correlación entre elementos y la validez del constructo a través de la correlación con la escala: Actitud ante la Muerte. Se revisó la multidimensionalidad de la escala a través del análisis factorial con el método Rotación Varimax. La Escala Miedo a la Muerte tiene buena consistencia interna y una validez de constructo confirmada por la correlación significativa con la otra Escala de Actitud ante la muerte. El análisis factorial apoya parcialmente la validez de contenido de los ítems de las subescalas, presentado una estructura multidimensional adicional, que orienta hacia una reconceptualización de las subescalas en la muestra estudiada.

Descriptorios: Miedo; Muerte; Escalas; Fiabilidad; Validez.

Introduction

Fear of death cannot be directly observed, which is why it should be inferred based on a subject's conduct or self-reported answers. Therefore, there is no simple criterion with which an instrument can be compared to establish its validity. On the opposite, the construct validity of any measure of attitudes towards death is gradually developed over time, as the evolution of Collett-Lester's Fear toward Death Scale (CLFODS) demonstrates. The Scale was created in 1969 to eliminate the content heterogeneity problem

of the items in the scales used to measure fear of death. These authors suggested that fear of death is a multidimensional concept with different possible causes, which can make a person react differently to the idea of death as a state and/or as a process. Likewise, attitudes and emotional reactions can differ for oneself or for others. Thus, four sub-scales were distinguished: fear of one's own death, fear of other persons' death, fear of one's own dying process and fear of other persons' dying process⁽¹⁻²⁾.

The first version of the CLFODS included 36 items, with a different number of items for each subscale. Next, in 1994, a revised version was published that included the same number of items in each subscale (32 items). In 2003, those items in each subscale that did not contribute to the significance of Cronbach's alpha were eliminated, resulting in a final 28-item version⁽³⁾.

Also, measuring this construct in the health construct is relevant because the meaning of death entails a certain denial and evasion in our society, which includes health professionals⁽⁴⁻⁵⁾. The availability of valid instruments addressing fears of death permit research that helps to visualize one construct and factor at a time, which is considered determinant for people's end-of-life quality of care⁽⁶⁾ and quality of life⁽⁷⁻⁸⁾.

Although countless instruments have been used to measure attitudes towards death, most of them are one-dimensional. Their disadvantage is that they do not permit the identification and distinction of specific elements involved in fears of death. For the same reason, a trend exists to use well-validated and multidimensional scales. In recent years, Collett-Lester's^(2,9-11) multidimensional fear of death instrument has been validated in several cultural contexts, evidencing acceptable psychometric characteristics.

Recently, experts have translated the CLFODS from the original to a Spanish version⁽¹²⁾. The psychometric characteristics exhibited based on a sample of nursing students and health professionals were as follows: satisfactory reliability, good internal consistency and, moreover, the extracted component offered considerable support for the factor validity of the CLFODS, as opposed to the first versions of the instrument. Moreover, the Spanish version demonstrated convergent and discriminant validity through a positive correlation with anxiety towards death and general anxiety⁽¹²⁻¹³⁾.

In Chile, some instrument have been used, but these do not display adequate reliability and do not measure the death phenomenon as a state and, in turn, as a process, in a multidimensional way⁽¹⁴⁾.

Therefore, in view of positive psychometric results of the CLFODS in other countries, this research aims to assess the psychometric characteristics of reliability and construct validity of the CLFODS – Spanish version in Chilean nursing students, with a view to the availability of a multidimensional measure that permits valuing fear of death not only for use in nursing, but also in other health professionals.

Method

This study was accomplished at two universities in Concepción, involving 349 nursing students in the first to fifth course year, mainly female (80%), between 17 and 37 years of age ($x=21.3$ $s=2.7$). The Fear of death Scale and the Attitude toward death Scale were self-applied before the start of a class. Ethical aspects of this research were guaranteed through review and approval by the Institutional Review Board of the School of Medicine and the Nursing Department Head. Next, students were asked for their written informed consent, which guaranteed confidentiality, privacy and anonymity of answers and offered the possibility to withdraw at any time and/or access to help if specifically asked to the researcher. Finally, the researchers decided not to reveal the name of the colleges the students belonged to, due to the private nature of the research question.

To perform the psychometric assessment of the CLFODS, first, the Scale was submitted to expert review to guarantee the understanding of the items, followed by a pilot test of the instrument, in which 30 participants showed good understanding of the scale.

Criterion and construct validity of the instrument was analyzed involving the definitive sample⁽¹⁵⁾.

Moreover, the reliability of the original scale was assessed, followed by exploratory factor analysis. Reliability was studied through internal consistency, using Cronbach's alpha coefficient. It was considered that the reagents optimally measured between 0.7 and 0.9⁽¹⁶⁻¹⁷⁾.

The validity of the fear of death construct was analyzed through element statistics, inter-element and element-total scale correlation. Moreover, concurrent criterion validity was reviewed through the correlation between the CLFODS and the Attitude toward death Scale⁽¹⁴⁾. For the latter analysis, a sample of 133 students from the total sample was used.

Finally, exploratory factor analysis was accomplished, which permitted proving whether the factors and variables that constitute the scale are in line with the pre-established theory of multidimensionality⁽¹⁸⁾. In this study, principal component analysis (PCA) with varimax rotation was used.

Instruments

The Spanish version of Collett-Lester's Fear of Death Scale comprises four sub-scales that provide multidimensional information on the "Fear of one's own Death", the "Fear of one's own Dying Process", "Fear of

other people's Death" and the "Fear of other people's Dying Process". In total, it contains 28 items, grouped in four sub-scales with seven items each. The answers are given on a 1 (nothing) to 5 (much) Likert scale. Scores are obtained for the total scale and for each sub-dimension, calculating the average of the respective answers. The highest mean scores indicate greater fear of death or the dying process⁽¹⁸⁻²⁰⁾.

The Attitude Toward Death Scale (ATD) measures the favorable or unfavorable attitude towards death, designed with 43 Likert-type items ranging from 1 to 5.

The highest score corresponds to the most unfavorable attitude towards death⁽¹⁴⁾.

Results

Univariate analysis of the Fear of death variables reflects a trend near the normal curve. The mean fear of death score among the nursing students was moderate-high. What the students fear less is their own death. The highest score per sub-scale corresponded to the fear of other people's death (Table 1).

Table 1 – Descriptive statistics of CLFODS

	Sub-scale 1 death of self	Sub-scale 2 dying of self	Sub-scale 3 death of others	Sub-scale 4 dying of others	Total average fear of death
Mean	2.92	3.46	3.90	3.37	3.41
Standard deviation	.93	.91	.76	.80	.70
Asymmetry	.205	-.231	-.699	-.331	-.223

n=349

Reliability of the CLFODS

The total internal reliability of the CLFODS corresponded to 0.91, which indicates that 91% of the variability in the obtained scores represents actual differences among people, while 9% reflects random

oscillations. Also, for each sub-scale, the obtained Cronbach's alpha coefficients permit guaranteeing that the items or elements are homogeneous and that the scale consistently measures the characteristic for which it was elaborated (Table 2).

Table 2 – Total-element statistics of the 4 CLFODS sub-scales.

	Scale mean if the element is eliminated	Scale variance if the element is eliminated	Corrected element-total correlation	Cronbach's Alpha if the element is eliminated
Sub-scale 1: Propia muerte*				
1. Morir sólo	16.94	35.12	.33	.78
2. La vida breve	17.04	33.16	.53	.75
3. Todas las cosas que perderás.	18.21	33.44	.41	.77
4. Morir joven	16.89	31.01	.61	.73
5. Como será el estar muerto	17.76	30.90	.55	.74
6. No poder pensar ni experimentar nada nunca más	17.69	29.74	.59	.73
7. La desintegración del cuerpo después de morir	18.63	33.54	.47	.75
Sub-scale 2: Proceso de morir Propio†				
8. Degeneración física que supone el proceso de morir	21.53	29.81	.53	.81
9. El dolor que comporta el proceso de morir	20.48	30.62	.68	.78
10. Degeneración mental del envejecimiento	20.51	31.85	.54	.80
11. Pérdidas de facultades durante el proceso de morir	20.50	31.00	.64	.79
12. Incertidumbre sobre la valentía en el proceso de morir	20.89	30.25	.60	.79
13. Falta de control sobre el proceso de morir	21.17	28.97	.66	.78
14. Posibilidad de morir en un hospital lejos de amigos y familiares	20.22	33.57	.39	.83

(continue...)

Table 2 – (continuation)

	Scale mean if the element is eliminated	Scale variance if the element is eliminated	Corrected element-total correlation	Cronbach's Alpha if the element is eliminated
Sub-scale 3: Muerte de otros [‡]				
15. Pérdida de una persona querida	22.76	24.76	.49	.78
16. Tener que ver su cadáver	24.01	20.84	.44	.79
17. No poder comunicarte nunca mas con ella	22.96	22.29	.60	.76
18. Lamentar no haberte llevado mejor con ella	23.44	20.75	.60	.75
19. Envejecer solo sin la persona querida	23.24	21.99	.54	.77
20. Sentirse culpable por el alivio provocado	24.50	21.55	.45	.78
21. Sentirse sólo/a sin ella.	23.26	20.78	.66	.74
Sub-scale 4: Proceso de morir de otros [§]				
22. Tener que estar con alguien que se esta muriendo	20.38	23.76	.52	.75
23. Tener que estar con alguien que quiere hablar de la muerte contigo	21.08	23.86	.43	.77
24. Ver como sufre de dolor	19.60	24.61	.50	.76
25. Observar la degeneración física de su cuerpo	20.30	22.79	.59	.74
26. No saber como gestionar tu dolor ante la pérdida de una persona querida	19.98	23.92	.49	.76
27. Asistir al deterioro de sus facultades mentales	20.25	23.22	.59	.74
28. Ser consciente que algún día vivirás esta experiencia	20.33	23.74	.44	.77

*Cronbach's Alpha = .77; †Cronbach's Alpha = .82; ‡Cronbach's Alpha = .80; §Cronbach's Alpha = .78.

Construct Validity of the CLFODS

Table 3 presents the summary statistics for the elements of the four CLFODS sub-scales. The sub-scale "fear of one's own death", with a lower average score,

shows greater oscillations (1.90 to 3.64). Moreover, the average inter-element correlation demonstrates a positive relation in each of the sub-scales.

Table 3 – Summary statistics of CLFODS sub-scale elements

Sub-scales	Mean	Minimum	Maximum	Range	Maximum/Minimum	Variance	Elements
Sub-scale 1 - Propia muerte							
Element means	2.93	1.90	3.64	1.74	1.92	.46	7
Element variances	2.03	1.63	2.52	.88	1.54	.10	7
Inter-element correlations	.33	.13	.58	.45	4.58	.01	7
Sub-scale 2 - Proceso de morir Propio							
Element means	3.46	2.69	3.99	1.31	1.49	.21	7
Element variances	1.70	1.39	2.28	.89	1.64	.10	7
Inter-element correlations	.41	.19	.67	.48	3.59	.02	7
Sub-scale 3 - Muerte de otros							
Element means	3.91	2.86	4.60	1.74	1.61	.37	7
Element variances	1.30	.50	2.12	1.62	4.23	.27	7
Inter-element correlations	.38	.18	.57	.39	3.13	.01	7
Sub-scale 4 - Proceso de morir de otros							
Element means	3.38	2.57	4.06	1.49	1.58	.20	7
Element variances	1.46	1.17	1.75	.58	1.50	.04	7
Inter-element correlations	.34	.24	.52	.28	2.19	.01	7

The correlation matrix, in turn, evidences that, in sub-scale 1: Death of self, item 1 "morir sólo" presents the lowest correlations with items 3, 6, 7. The other correlations of element pairs range between 0.20 and 0.57. Sub-scale 2: Dying of self, shows correlations higher than 0.3, except for item 7, "posibilidad de morir sólo en un hospital lejos de amigos y familiares", which shows a low correlation level with item 1 "degeneración física..", while the rest of the correlations range between 0.20 and 0.67. Sub-scale 3 Death of others displays a low correlation of 0.183 for item 1 "pérdida de una persona querida" with item 6 "sentirse culpable..", while the rest of the correlations vary between 0.20 and 0.57. Sub-scale 4 dying of others shows correlations that vary between more approximate levels, ranging from 0.24 to 0.52.

Going back to Table 2, for the four sub-scales, each of the seven elements is positively correlated inside the respective sub-scale. Element 1 "morir sólo" (0.33), together with element 14 "posibilidad de morir en un hospital.." (0.39), are the elements with the lowest correlation within their respective sub-scales. In turn, it is observed that the reliability coefficient decreases when extracting most elements, except for elements 1, "morir sólo" and 14, "morir en un hospital..", which increase if the element is eliminated. The reliability coefficients continue without significant variations when eliminating these elements though, which is why none of the elements can be eliminated to strengthen the scale.

These results permit guaranteeing that the items or elements are homogeneous and that the four sub-scales consistently measure the characteristic they were elaborated for. Hence, they are reliable and show construct validity.

Concurrent criterion validity

The concurrent criterion validity between the CLFODS and its sub-scales and the Attitudes toward death Scale, measured through Pearson's correlation

coefficient, shows a positive mean correlation ($p < 0.001$). The correlation between the CLFODS sub-scales and the Attitude toward death Scale ranged between 0.369 and 0.315. A higher correlation coefficient was observed between the total CLFODS and the Attitude toward death Scale (0.431).

Factor analysis

The initial Kaiser-Meyer-Olkin (KMO) test corresponded to 0.903 and the sphericity test showed significance ($p > 0.000$), which guarantees the pertinence of factor analysis. Saturations higher than 0.40 were collected, following the criterion of eigenvalues higher than one. The initial results before the rotation identified five factors, which summarize 54.9% of total data variability. The first factor concentrated 31% of variability. This first factor revealed ponderations ranging from 0.41 to 0.70 and all in a positive sense, mainly based on the "death of others".

However, to confirm the multidimensionality hypothesis of the scale proposed in theory and to seek the best adjustment, the researchers decided to submit the PCA results to a varimax rotation.

The results produced a five-factor structure. The first factor (explained variance = 12.6%) can be understood as "fear of other people's death", without item 20, "sentirse sólo por el alivio provocado". The second factor (explained variance = 10.8%) can be understood as "fear of one's own death". The third factor (explained variance = 10.7%) can be understood as "fear of the physical dying process". The fourth factor (explained variance = 10.4%) can be understood as "fear of death and dying according to the psychological meaning". The fifth factor (explained variance = 10.2%) can be understood as "dying of others".

The items that least explain the variability, in turn, within their respective scales, are items 3 (34%) and 16 (32%). The variability of the remaining items ranged between 44% and 70% (Table 4).

Table 4 – Rotated component matrix

	Component					h ²
	1	2	3	4	5	
1. Morir sólo				.689		.58
2. La vida breve				.702		.59
3. Todas las cosas que perderás		.502				.34
4. Morir joven				.573		.58
5. Como será el estar muerto		.697				.59
6. No poder pensar ni experimentar nada nunca más		.724				.60
7. La desintegración del cuerpo después de morir		.647				.53
8. Degeneración física que supone el proceso de morir			.653			.56

(continue...)

Table 4 – (continuation)

	Component					h ²
	1	2	3	4	5	
9. El dolor que comporta el proceso de morir			.624			.57
10. Degeneración mental del envejecimiento			.743			.60
11. Pérdidas de facultades durante el proceso de morir			.798			.70
12. Incertidumbre sobre la valentía en el proceso de morir				.543		.57
13. Falta de control sobre el proceso de morir				.444		.59
14. Posibilidad de morir en un hospital lejos de amigos y familiares				.584		.49
15. Pérdida de una persona querida	.732					.55
16. Tener que ver su cadáver	.471					.32
17. No poder comunicarte nunca mas con ella	.756					.62
18. Lamentar no haberte llevado mejor con ella	.597					.51
19. Envejecer solo sin la persona querida	.535					.53
20. Sentirse culpable por el alivio provocado		.434				.45
21. Sentirse sólo/a sin ella.	.720					.63
22. Tener que estar con alguien que se esta muriendo					.692	.56
23. Tener que estar con alguien que quiere hablar de la muerte contigo					.666	.60
24. Ver como sufre de dolor					.635	.55
25. Observar la degeneración física de su cuerpo					.651	.64
26. No saber como gestionar tu dolor ante la pérdida de una persona querida	.527					.50
27. Asistir al deterioro de sus facultades mentales					.573	.53
28. Ser consciente que algún día vivirás esta experiencia				3.91		.45
Eigenvalues	3.53	3.02	3.01	2.92	2.87	
54.9 % variance	12.6	10.8	10.7	10.4	10.2	

Extraction method: Principal component analysis.

Rotation method: Varimax normalization with Kaiser.

The reliability and item-element total correlation analysis of these five factors shows that the total-item correlations exceeded 0.41, except for item 3 (0.37), but this correlation is nevertheless important. Cronbach's alpha coefficients for each of the five factors

investigated all exceeded 0.70, which is considered the minimum accepted reliability level (Table 5). Also, in the five factors, the alpha coefficient decreased if the item was eliminated.

Table 5 – Item-total correlation and Cronbach's alpha reliability of the 5 factors

Factor 1		Factor 2		Factor 3		Factor 4		Factor 5	
Item	Corr/Elem/total	Item	Corr/Elem/total	Item	Corr/Elem/total	Item	Corr/Elem/total	Item	Corr/Elem/total
15	0.53	3	0.37	8	0.56	1	0.59	22	0.53
16	0.43	5	0.60	9	0.60	2	0.51	23	0.43
17	0.62	6	0.60	10	0.59	4	0.59	24	0.49
18	0.59	7	0.52	11	0.59	12	0.65	25	0.41
19	0.52	20	0.40			13	0.72	27	0.52
21	0.67					14	0.47		
26	0.53								
Cronbach's Alpha		Cronbach's Alpha		Cronbach's Alpha		Cronbach's Alpha		Cronbach's Alpha	
0.82		0.73		0.80		0.82		0.75	

Discussion

The present study findings demonstrate the adequate psychometric characteristics of the CLFODS in the Chilean population of Nursing students.

Regarding CLFODS reliability, its internal consistency or homogeneity was demonstrated through a high Cronbach's alpha coefficient for the global scale

as well as for each sub-scale of the original Scale, similar to the results obtained in studies that used the same instrument in a student population from Kuwait⁽²¹⁾, Nigeria⁽¹⁰⁾ and Spain^(12,22). Also, the obtained reliability of the CLFODS is very similar to that found in the original language⁽²⁰⁾.

The statistics to validate the fear of death construct, evaluated through the four sub-scale that measure the fear of one's own death, fear of one's own dying process, fear of other people's death and fear of other people's dying process reflect relations that point towards the same direction between element pairs, and show each of the seven elements, its contribution to its respective sub-scale, confirming this characteristic, which had already been observed in other studies^(3,20).

Likewise, the positive correlations between the Fear of Death and the Attitudes toward Death Scales support the construct validity in this study. The convergence of the four sub-scales, in turn, offers a certain degree of support to the validity of the CLFODS dimensions. The magnitude of the relation reflects that it measures similar constructs. Hence, as the Fear of death increases, so does the unfavorable Attitude toward death.

Relations in the same sense are reflected in a study involving nursing students and nurses, in which the scale correlation demonstrated discriminant validity through a strong association with the anxiety toward death scale than with general anxiety⁽¹²⁾. Similar results were found among medical students, correlating the Scale with the anxiety toward death scale⁽¹⁰⁾ and others⁽¹¹⁻¹²⁾, confirming its convergent validity.

The multidimensionality is the most distinctive characteristic of the CLFODS. Its analysis through factor analysis, in this population, partially coincides with the hypothesis based on the items' content. This study identified five factors with a reliable structure, like the original scale. The results point towards a reconceptualization, which considers fear of one's own death and fear of one's own dying process as one physical and another psychological dimension. The rest of the items display significant loads in the structures similar to the initial dimensions.

Various authors have tried to replicate its factor structure using PCA and varimax rotation, finding different results. This started with the Scale creator who, after modifying it, studied its factor structure, a priori defining four factors, so as to prove the replicability of the theoretical structure. He concludes that consistent loads are observed for two factors, corresponding to "death of self" and "dying of self". Regarding "death of

others" and "dying of others", however, the main load is found for factor 1⁽³⁾. Another study that also used the forced four-factor solution of PCA with varimax rotation equally shows significant loads like the factors in the previous study. The other two factors partially load the sub-scales⁽²¹⁾. Another factor analysis, however, involving psychology students, obtained five factors, with a structure very near the theoretical proposal. The author justifies the range of results found regarding factor structure in this final investigation, due to the correlation that exists among the sub-scales, which in turn would give rise to an inter-element correlation that would create a bystander factor of factor loads⁽²⁰⁾.

It can be concluded that the CLFODS is a reliable and valid instrument to measure the fear of death construct. Multidimensionality is confirmed although, in this population, the notion of fear of death entails an additional perspective, which comprises two sub-components that are interesting for research purposes, which are the physical and psychological dimension of fear of one's own death and fear of one's own dying process. These dimensions could comprise new conceptualizations of the construct, which would guide the elaboration of an appropriate instrument for the Chilean culture. Nevertheless, the study limitations should be taken into account. The first limitation is the mainly female and young sample in a similar educational situation, characteristics that are repeated in most studies analysed for this study. Therefore, the factor solution found based on this scale does not exclude the existence of other solutions in distinct samples. A better adjustment of the models should be evaluated in the future through new exploratory factor analyses.

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ATTACHMENT

Escala de Miedo a la Muerte de Collett-Lester

Lee cada frase y contéstala rápidamente. No utilices demasiado tiempo pensando en tu respuesta. Se trata de expresar la primera impresión de cómo piensas ahora mismo. Marca el número que mejor representa tu sentimiento

¿Qué grado de preocupación o ansiedad tienes en relación a TU PROPIA MUERTE en?	Mucho	Moderado			Nada
1. El morir sólo.	5	4	3	2	1
2. La vida breve.	5	4	3	2	1
3. Todas las cosas que perderás al morir	5	4	3	2	1
4. Morir joven	5	4	3	2	1
5. Cómo será el estar muerto/a	5	4	3	2	1
6. No poder pensar ni experimentar nada nunca más	5	4	3	2	1
7. La desintegración del cuerpo después de morir	5	4	3	2	1
¿Qué grado de preocupación o ansiedad tienes en relación a TU PROPIO PROCESO DE MORIR en	Mucho	Moderado			Nada
1. La degeneración física que supone el proceso de morir	5	4	3	2	1
2. El dolor que comporta el proceso de morir	5	4	3	2	1
3. La degeneración mental del envejecimiento	5	4	3	2	1
4. La pérdida de facultades durante el proceso de morir	5	4	3	2	1
5. La incertidumbre sobre la valentía con que afrontarás el proceso de morir	5	4	3	2	1
6. Tu falta de control sobre el proceso de morir	5	4	3	2	1
7. La posibilidad de morir en un hospital lejos de amigos y familiares	5	4	3	2	1

(continue...)

(continuation)

¿Qué grado de preocupación o ansiedad tienes en relación A LA MUERTE DE OTROS en	Mucho	Moderado			Nada
1. La pérdida de una persona querida	5	4	3	2	1
2. Tener que ver su cadáver	5	4	3	2	1
3. No poder comunicarte nunca más con ella	5	4	3	2	1
4. Lamentar no haberte llevado mejor con ella cuando aún estaba viva	5	4	3	2	1
5. Envejecer solo/a, sin la persona querida	5	4	3	2	1
6. Sentirse culpable por el alivio provocado por su muerte	5	4	3	2	1
7. Sentirse solo/a sin ella	5	4	3	2	1
¿Qué grado de preocupación o ansiedad tienes en relación al PROCESO DE MORIR DE OTROS en.....	Mucho	Moderado			Nada
1. Tener que estar con alguien que se está muriendo	5	4	3	2	1
2. Tener que estar con alguien que quiere hablar de la muerte contigo	5	4	3	2	1
3. Ver cómo sufre dolor	5	4	3	2	1
4. Observar la degeneración física de su cuerpo	5	4	3	2	1
5. No saber cómo gestionar tu dolor ante la pérdida de una persona querida	5	4	3	2	1
6. Asistir al deterioro de sus facultades mentales	5	4	3	2	1
7. Ser consciente de que algún día también vivirás esta experiencia	5	4	3	2	1