Death Anxiety, Quality of Life, and Self-Esteem of the Elderly in Surat Thani Province, Thailand

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Abstract : The more people get older and live longer, the more health problems they may have. This cross-sectional study aims to study a correlation between death anxiety, quality of life, and self-esteem as well as factors affecting these variables in the elderly living in Surat Thani Province, Thailand. Of 382 elderly people, who were proportionally sampled from 19 districts in Surat Thani Province, 256 (67%) already returned the questionnaires. The Thai version of Templer's Death Anxiety, Quality of Life (WHO-BREF), and of Rosenberg's Self-Esteem Questionnaires were employed. The result showed that the samples had a mean age of 72 years old, 53% were female, 62% were married, 61% graduated with primary-school, and 61% had at least one chronic disease Approximately, 19% of them had 3 diseases. The quality of life (QOL), self-esteem (SE), and death anxiety (DA) of samples were in moderate (n= 91, mean = 86.89, SD = 15.47), high (n = 138, mean = 29.33, SD=4.77), and low level (n= 85, mean = 6.23, SD= 3.65), respectively. The QOL was not significantly different between male and female as well as among different marital status. The female elderly had more DA and less SE than male (t= 2.095, df = 83; t =-3.258, df =135, respectively, $p < 0.05$). The female elderly, who were separated or widow, had a higher level of DA than did the married elderly (LSD: $p < 0.05$). The married elderly had a higher level of SE than did the separated, widowed (Tukey HSD, LSD: $p < 0.05$), or single elderly (LSD: $p < 0.05$). The more diseases the elderly got, the lower level of QOL they had (r = -0.335, $p < 0.05$). The QOL was significantly correlated with SE (r =0.434, $p < 0.05$), but not significantly related to DA (r = -0.200, p = 0.069). The lower level of SE the elderly had, the higher level of DA they become (r = -2.71, $p < 0.05$). In order to promote the QOL, the SE of the elderly should be enhanced. Consequently, the DA can be minimized. Healthcare providers should provide care that promotes QOL, SE, and reduces DA of the elderly, especially those, who are female, single, and separated or widowed as well as those, who have more diseases than the others

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