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## An Investigation on the Fear of Dying and its Influence on the Healthcare seeking behaviour of Jamaicans during Coronavirus Disease 2019 (COVID-19)

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### Abstract

**Introduction:** Since the onset of Coronavirus disease 2019 (COVID-19) in March 2020, approximately 188, 332,972 confirmed cumulative cases, including 4, 063,453 cumulative total deaths worldwide as of July 16, 2021. According to the WHO Coronavirus Dashboard, Jamaica has 50,848 cumulative total cases with 1,334 cumulative total deaths with a community transmission classification.

**Objective:** This study seeks to (1) determine if Jamaicans have a fear of dying, (2) examine if Jamaicans' fear of dying influenced how frequently they seek health care, and (3) identify if the fear of dying increased among Jamaicans since the pandemic.

**Methods:** A nonprobability sampling questionnaire survey reached 682 sampled respondents across Jamaica using Google Forms with a response rate of 63.92 per cent. The data was then transferred from Google Forms into Statistical Packages for the Social Sciences (SPSS) for analysis. The researchers ran descriptive and inferential statistics on the data, and an established standardized questionnaire was used to collect the data.

**Results:** Before COVID-19, 54.3% (n=370) of sampled respondents indicated that they feared dying. In addition, 76.5% (n=522) of the sampled respondents stated that they sought health care services such as clinics, dentists, labs, et cetera only when they felt ill. However, since COVID-19, 54.3% (n=370) of the sampled respondents have expressed a fear of dying, whereas 44.6 (n=304) seek health care services such as clinic, dentist, labs,

et cetera only when they feel ill. Furthermore, 61.8% (302) mentioned that COVID-19 had not increased their fear of dying.

**Conclusions:** The current study has shown that multiple factors contribute to healthcare seeking behaviour. While fear of death is one of them, it only accounts for a small percentage of this behaviour. However, the fear of dying has no significant association with the healthcare-seeking behaviour of Jamaicans.

**Keywords:** COVID-19, Jamaica, death, fear, healthcare, health care seeking behaviour.

## Introduction

Since the onset of Coronavirus Disease 2019 (COVID-19) in December 2019, Jamaica has recorded 50,848 cumulative cases of the virus with 1,334 cumulative deaths as of July 15, 2021 (WHO, 2021a). Globally, there has been approximately 188,332,972 confirmed cumulative cases of the virus, including 4,063,453 cumulative total deaths as of July 16, 2021 (World Health Organization, 2021b). According to Dos Santos (2020), the origin(s) of SARS-CoV-2 is uncertain; however, the Wuhan South China Seafood Market is the identified site of origin (WHO, 2020a; Zhu, Wei, & Niu, 2020). Individuals who contracted the virus in the early stages worked or visited the Wuhan market, implying either a human-to-human or a more widespread animal source.

Researchers found a 96% genome sequence identity between the SARS-CoV-2 and another coronavirus termed Bat-CoV-RaTG13 obtained from bat species that colonized a province over 2000 kilometres away from Wuhan (LaFee, 2021; Naqvi, Fatima, Mohammad, et al., 2020; Zheng, 2020). One speculation was that the virus originated from bats (Calisher, Childs, Field, Holmes, & Schountz, 2006) and another was an unknown animal (LaFee, 2021). Numerous countries have implemented measures such as restricting their borders, schools, churches, and enterprises to fight the transmission of the virus (Movsisyan, Burns, Biallas, et al., 2021). Many individuals around the world have become fearful and anxious as a result of this. According to Czeisler et al. (2020), by June 30, 2020, an estimated 41% of U.S. adults had postponed or avoided medical care, including urgent or emergency care (12%) and routine care (10%), due to fears about COVID-19 (32%). Unpaid caregivers for adults, individuals with underlying medical conditions, black adults, Hispanic adults, young adults, and individuals with disabilities were more likely to avoid urgent or emergency care.

The first imported COVID-19 case in Jamaica occurred on March 10 in Kingston (Ministry of Health & Wellness, 2020a; Morris, 2020). The patient was a Jamaican woman who came from the United Kingdom, which had COVID-19 confirmed cases. She arrived on the island on March 4 2021 and went into mandatory isolation on March 9, 2021. Health personnel suspected COVID-19 based on the patient's travel history and symptoms. Laboratory tests validated the diagnosis of

COVID-19, and public officials took precautions to prevent a community outbreak. The dispatch of a health team to the patient's house for assessment, the beginning of public health actions and identifying and contacting all possible exposed persons were among these precautions.

Furthermore, travel restrictions were imposed on several countries, including China, Italy, South Korea, Singapore, and Iran, preventing travel to Jamaica (Ministry of Health Jamaica, 2020b). The COVID-19 pandemic has increased the level of fear and anxiety among the world's populace. The CDC's household pulse survey showed that anxiety increased by 30% from January-June 2019 to January 2021 (Mental Health-Household Pulse Survey-COVID-19, 2021). However, there is no definitive evidence of studies showing how the fear of dying has increased among Jamaicans since the outbreak.

The average person experiences fear daily and in different ways. Some intense experiences of fear result in the development of phobias such as agoraphobia. Agoraphobia is the fear of being in a situation where escape might be a challenge (Department of Health, Australian government, 2005; Thorpe, Sigmon, & Yoon, 2012). Hence, this research investigates the fear of dying during COVID-19 and its influence on Jamaicans' healthcare seeking behaviour. A cohort of volunteers ages 18 to 65 assisted in facilitating the researchers in accomplishing the goal as mentioned above. Six hundred eighty-two respondents from three counties in Jamaica (Cornwall, Middlesex, and Surrey) completed the online survey. Do Jamaicans have a fear of dying? Has Jamaicans' fear of dying influenced how frequently they seek health care? Has a fear of dying increased among Jamaicans since the pandemic? These questions reflect the objectives of this research.

Proximal defense exists when a threat elimination occurs, and it becomes natural for the person to eliminate the threats whenever they arise. Proximal defenses entail three various characteristics; denial, rationalization and distraction are ways in which humans attempt to eliminate the fear of dying. On the other hand, individuals who are unconscious of dying have their distal defenses activated. When a person's distal defenses become activated, they believe their destiny is to die (Pyszczynski, Greenberg, & Solomon, 1999). We accept that the fear of dying during the COVID-19 pandemic is a real challenge for many individuals.

Terror management theory (TMT) explains the behaviour of individuals in light of concerns surrounding death (Carmeli, 2008; Wadian, 2009). How they respond depends on the conscious or unconsciousness of their concerns (Greenberg & Arndt, 2011). TMT underpins this current study exploring the fear of dying among Jamaicans, whether that fear impacted their health care seeking behaviours, and the influence of that fear during the COVID-19 pandemic.

## **Theoretical Framework**

Based on the research of cultural anthropologist Ernest Becker, Terror Management Theory (TMT) is the primary psychological framework that explains the effect of the fear of death on human behaviour. It supposes that terror management concerns influence most human

behaviours. TMT considers the influence of anthropology, evolutionary biology, philosophy, psychoanalysis, and sociology when establishing an understanding of people’s response to fear. TMT explores the role of the “unconscious fear of death” that permeates every aspect of human existence. Fear of ones’ death can cause crippling fear leading to the use of self-esteem and cultural worldview as defense mechanisms in reacting to the fear of death (Greenberg & Arndt, 2011). The reliance on a cultural worldview provides a means of connection to shared notions that serve as symbols, such as the “after-life”. Having symbolic references may provide meaning and clarity concerning death. At the same time, self-esteem comes from the fulfilled expectations anchored in the worldview and influences anxiety surrounding death (Greenberg & Arndt, 2011; Menzies & Menzies, 2020).

According to the TMT, many people believe that they live an insignificant life soon to be eradicated by death. Many individuals combat this fear by changing their life choices to things deemed more meaningful. For example, an individual with this mindset who is a regular smoker would quit smoking and visit the doctor more often. These individuals seek to develop close bonds with relatives to convince themselves that they will live longer.

How people respond to the fear of death is solely dependent upon the consciousness or unconsciousness of dying. Individuals who are conscious about death combat play a significant role in Jamaicans' behaviour and health decision-making. Past researchers used the TMT model to assess human attitudes and behaviours (Pyszczynski, Greenberg, & Solomon, 1997; Simsek, Veiga, Lubatkin, & Dino, 2005). TMT provides a foundation for integrating existing knowledge of human behaviour to support testing research hypotheses that seek to address the fear of dying (Greenberg & Arndt, 2011). This current research aims to refine the TMT theory by exploring the responses of Jamaicans during the pandemic and the role of the “unconscious fear of death”.



**Figure 1. Terror Management Theory (TMT)**

## Literature Review

COVID-19 has been on the headlines since December 2019, and on March 11, 2020, the World Health Organization classified it as a pandemic (WHO, 2020a, 2020b). Since then, the virus has refashioned everyday life worldwide while claiming over 4 million lives as recently as July 2021.

To avoid contracting the virus, many Jamaicans have ceased or lessened their interaction with healthcare facilities. This current research investigates the fear of dying during the COVID-19 pandemic and its influence on Jamaicans' healthcare seeking behaviour. Chettri et al. (2020) contend that the fear of death or death anxiety is a human experience. However, it is more noticeable when mortality is a factor (Greenberg et al., 1990). The current pandemic has thrown people's lives into disarray, confusion, disorder, and an endless era of uncertain mortality. Now it seems that no one can be sure of their well-being or safety. Though the virus is more deadly in the elderly than in other groups, no one is immune (British Broadcasting Corporation (BBC), 2020).

Mills (2020) reported that COVID-19 has a psychological influence. The COVID-19 pandemic's ease of transmission, uncertain effects, and high mortality rate among the elderly caused widespread worry and anxiety globally. The impact on families and communities are far-reaching, resulting in lockdowns of developing countries. The effect of the pandemic and its crippling effects on many businesses and global economies cannot be quantified, which may have long-term ramifications (Mills, 2020).

Primary health care and its delivery have been impacted on by the COVID-19 pandemic (Brunier & Harris, 2020; Ngo Bibaa, 2020). The ever-increasing need to defeat the coronavirus exacerbated many economic and psychosocial constraints in the healthcare industry. Elsevier news (2021) explored why patient demographics changed during the pandemic. Findings confirmed that the change in demographics was a result of people's fear of contracting COVID-19. So they avoided the hospital when possible. As a result, many "patients refused post-discharge physical therapy or inpatient hospice transfer" (Elseviernews, 2021).

According to recent studies in the United States and Europe, emergency rooms see fewer patients with acute myocardial infarction or stroke (Grochowski, 2021; National Research Council, Institute of Medicine, Woolf, & Aron, 2013; Seifi, Stowers, & Behrouz, 2020). Furthermore, hospital mortality was higher than usual, owing to a delay in introducing evidence-based treatment. Patients frequently said that staying at home rather than going to the hospital was safer, while others voiced concern that hospital staff would be too preoccupied with COVID patients to provide proper care (Grochowski, 2021). Dr Alpert mentions the airline industry, which has been addressing irrational phobias of flying for decades with particular programs to assist potential passengers in overcoming their fears of flying. He believes the result will be the same for medical treatment (Grochowski, 2021).

Goodman (2021), indicated that people were not worried about getting sick since March 2020. They lived their lives without these kinds of safety measures and did not think about viruses spreading or killing people, even though it did. The world was traumatized by the news of a pandemic. There was an explosion of media attention about this novel virus spread across the globe and into our country. There were images of overrun hospitals, severely sick patients on ventilators, which were in short supply, and insufficient protective equipment to shield the nurses



and doctors treating those patients. Doctors spoke about the virus spreading quickly through asymptomatic individuals, and there were scientific models estimating millions dying. There were shutdowns as a safety measure and to flatten the curve. Despite this, healthy lifestyle choices improved, such as regular physical exercise and increased consumption of fruits and vegetables. COVID-19 also promoted health care-seeking behaviour by increasing health awareness and encouraging regular check-ups amid the reduced health-care services utilization.

Saah (2021) argued for flattening of the dread. Mitigating fear would be a challenging undertaking, even though our knowledge of the virus has advanced since March 2020. “You can't put it back in the tube-like toothpaste. Fear is tough to control. Anxiety occurs after a traumatic event by scared thinking and anxious behaviours” (Saah, 2021).

## **Methods**

This study occurred between May 27 and June 20, 2021. Six hundred and eighty-two male and female volunteers from the three Jamaican counties of Cornwall, Middlesex, and Surrey completed the survey. Cornwall County comprises Hanover, St. Elizabeth, St. James, Trelawny, and Westmoreland; Middlesex County consists of Clarendon, Manchester, St Ann, St. Catherine, and St. Mary; Surrey County consists of Kingston, Portland, St Andrew, and St. Thomas. The anticipated population of Jamaica for 2018 was 2,727,503, with a 95% confidence interval and a 3% margin of error. The participants received information on the nature and objective of the study while researchers ensured confidentiality among the population. The researchers used Google Forms to generate a standardized survey questionnaire consisting of 18 closed-ended questions. This study used social media platforms to disseminate a message with a link to the survey. The study participants, Jamaican residents 18 years and older, received details about the study. Between June 20 and June 25, 2021, the data was downloaded, stored, and analysed using the Statistical Packages for the Social Sciences for Windows (SPSS), Version 25.0. Descriptive and inferential statistics and a model of healthcare seeking behaviour facilitated data analysis. The level of statistical significance was determined using a p-value of 5%.

## **Results**

Table 1 shows the demographic characteristics of the sampled respondents. The majority of the responders were female and between the ages of 18 and 24, with a valid percentage of 26.8. The parish of St. Catherine had a substantial number of responses with a 26.8. It also shows that 62.5 per cent of those surveyed had never had a near-death experience.

**Table 1. Demographic characteristics of the sampled respondents, N = 682**

Details	% (n)
Gender	
Female	80.4 (548)
Male	19.6 (134)
Age Cohort	
18-25	52.3 (357)
26-35	19.9 (136)
36-45	11.0 (75)
46-55	9.5 (65)
56-65	5.7 (39)
Older than 65	1.5 (10)
Area of Residence ( Parish)	
Kingston/ St. Andrew	15.0 (102)
St. Thomas	2.3 (16)
Portland	2.9 (20)
St. Mary	2.1(14)
St. Ann	4.4 (30)
Trelawny	2.3 (16)
St. James	4.4 (30)
Hanover	4.1 (28)
Westmoreland	4.7 (32)
St. Catherine	26.8 (183)
Manchester	16.9 (115)
Clarendon	15.0 (57)
St. Elizabeth	2.3 (39)
Have you ever had a near-death experience?	
Yes	37.5 (256)
No	62.5 (426)

Table 2 presents the level of fear of death among the respondents. A significant portion of 54.3% of respondents indicated that they do not fear dying, corresponding with that question. 61.8% indicated that COVID-19 did not increase their fear of dying. The majority of the respondents with a 15.4% feared death 5 out of 10 when asked to rate their level of fear on a scale measuring 0-10 (0 being not at all and 10 being very afraid). Most individuals were neutral about being most fearful of COVID-19 at 39.7%, 32.4% were neutral about losing their lives to COVID-19, and 28.7% of respondents disagreed that their heart palpitated when they thought about the possibility of contracting COVID-19.

**Table 2. The level of fear of dying for the sampled respondents, N = 682**

Details	% ( n )
Do you fear dying?	
Yes	54.3 (370)
No	45.7 (312)
If you answered yes, to the question above. Has COVID-19 increased your fear of dying?	
Yes	38.2 (187)
No	61.8 (302)
On a scale of 0-10, 0 being not at all and 10 being very much. How afraid are you of dying?	
0	4.1 (28)
1	15.1 (103)
2	6.0 (41)
3	5.6 (38)
4	6.6 (45)
5	15.4 (105)
6	9.2 (63)
7	12.3 (84)
8	8.4 (57)
9	5.9 (40)
10	11.4 (78)
I am most afraid of COVID-19	
Strongly Agree	14.0 (95)
Agree	17.9 (122)
Neutral	39.7 (270)
Disagree	15.9 (108)
Strongly Disagree	12.5 (85)
I am afraid of losing my life because of COVID -19	
Strongly Agree	16.2 (110)
Agree	21.3 (145)
Neutral	32.4 (220)
Disagree	16.3 (111)
Strongly Disagree	13.8 (94)
My heart races or palpitates when I think about getting corona	
Strongly Agree	7.6 (52)
Agree	15.7 (107)
Neutral	28.1 (191)
Disagree	28.7 (195)
Strongly Disagree	19.9 (135)



Table 3 depicts the dread of obtaining medical help. It demonstrates that 83.0% of people had no ties to anyone who had contracted COVID-19 and died after seeking medical help. It also reveals that 66.3% of respondents did not believe that visiting a healthcare facility would result in contracting the COVID-19 virus and later death. Furthermore, 56.9% of respondents did not think that the protocols in place at health centres would reduce the fear of dying from COVID-19. 30.4 % of those surveyed disagreed that even visiting a healthcare facility would result in contracting the COVID-19 virus and later death.

**Table 3. Fear of seeking healthcare during COVID-19 among Jamaicans**

Details	%(n)
Has anyone close to you (children, spouse, family member or friend) died as a result of COVID-19 after seeking health care?	
Yes	17.0 (116)
No	83.0 (566)
Do you believe that going to health care facilities will result in you contracting COVID -19 and later dying?	
Yes	33.7 (230)
No	66.3 (452)
Have the protocols in place at the health care facilities such as social distancing and the demands of wearing masks lessened your fear of dying due to COVID -19?	
Yes	43.1 (294)
No	56.9 (388)
Even going to health care facilities (dentist, dialysis treatment, clinic etc.) will result in me contracting COVID-19 and later dying.	
Strongly Agree	6.5 (44)
Agree	14.0 (95)
Neutral	29.0 (197)
Disagree	30.4 (207)
Strongly Disagree	20.1 (135)

Table 4 indicates that before COVID-19, 54.3% (n=370) of sampled respondents shared that they fear dying. In addition, 76.5% (n=522) of the sampled respondents indicated that they sought health care services such as clinics, dentists, labs etc., only when they felt ill. However, since COVID-19, 54.3% (n=370) of the sampled respondents expressed a fear of dying, whereas 44.6 (n=304) sought health care services such as clinics, dentists, labs etc., only when they felt ill. Furthermore, 61.8% (302) mentioned that COVID-19 had not increased their fear of dying.

**Table 4. Difference between the fear of dying and its influence on healthcare seeking behaviour before and during COVID -19**

Details	Value		df		Asymptotic significance (2-sided)	
	Health care seeking behaviour Before Covid-19	Health care seeking behaviour During Covid-19	Health care seeking behaviour Before Covid-19	Health care seeking behaviour During Covid-19	Health care seeking behaviour Before Covid-19	Health care seeking behaviour During Covid-19
Pearson Chi-Square ( $\chi^2$ )	3.132 <sup>a</sup>	2.950 <sup>a</sup>	4	4	.536	.566
Likelihood Ratio	3.171	2.949	4	4	.530	.566
Linear-by-Linear Association	2.151	1.834	1	1	.142	.176
N of Valid Cases	682	682				

Table 5 shows that before COVID-19, 270 participants, which accounts for 74.3%, were afraid of dying. However, they only visited the healthcare facilities when they felt ill.

**Table 5. A cross-tabulation of the fear of dying and its influence on healthcare seeking behaviour before COVID-19**

			Do you fear dying?		Total	
			Yes	No		
Before COVID -19, how often did you seek health care services? Such as: clinic, dentist, labs etc.	1 time per month	Count	13	7	20	
		% within Do you fear dying?	3.5%	2.2%	2.9%	
	2-4 times per month	Count	12	7	19	
		% within Do you fear dying?	3.2%	2.2%	2.8%	
	Every 3 months	Count	40	26	66	
		% within Do you fear dying?	10.8%	8.3%	9.7%	
	Only when I feel ill	Count	275	247	522	
		% within Do you fear dying?	74.3%	79.2%	76.5%	
	Not at all	Count	30	25	55	
		% within Do you fear dying?	8.1%	8.0%	8.1%	
	Total		Count	370	312	682
			% within Do you fear dying?	100.0%	100.0%	100.0%

Table 6 shows that during COVID-19, 167 participants, which accounts for 45.1 %, were afraid of dying. However, they only visited the healthcare facilities when they felt ill.

**Table 6.A cross-tabulation of the fear of dying and its influence on healthcare seeking behaviour Since COVID-19.**

			Do you fear dying?		Total	
			Yes	No		
Since the pandemic, how often do you visit health care facilities?	Once a year	Count	13	11	24	
		% within Do you fear dying?	3.5%	3.5%	3.5%	
	Every 6 months	Count	12	8	20	
		% within Do you fear dying?	3.2%	2.6%	2.9%	
	Same as before	Count	93	68	161	
		% within Do you fear dying?	25.1%	21.8%	23.6%	
	Only when I feel ill	Count	167	137	304	
		% within Do you fear dying?	45.1%	43.9%	44.6%	
	Not at all	Count	85	88	173	
		% within Do you fear dying?	23.0%	28.2%	25.4%	
	Total		Count	370	312	682
			% within Do you fear dying?	100.0%	100.0%	100.0%

## Discussion

The fear of death during the COVID-19 pandemic and its implications on the healthcare-seeking behaviour of Jamaicans is an important topic. The following hypothesis was proposed for this study.

**H<sub>1</sub>:** A statistical relationship between the fear of dying and Jamaicans' healthcare-seeking behaviour during COVID-19.

**H<sub>0</sub>:** There was no statistical relationship between fear of dying and healthcare-seeking behaviour among Jamaicans during the COVID-19 pandemic. Based on the research results the researchers failed to reject the H<sub>0</sub>. Many circumstances like fatal illnesses such as cancer or end-stage renal disease can influence healthcare-seeking behaviour.

This study aimed to explore the relationship between the fear of dying COVID-19 and the level of vigilance with which Jamaicans seek health care. The distribution of the questionnaire occurred on May 28, 2021. The data collection took four weeks. Social media sites such as WhatsApp, Facebook, and Instagram made recruiting of study participants possible. Participants voluntarily completed the confidential survey. Six hundred and eighty-two people from all fourteen parishes in Jamaica took part in the study, 548 of whom were females (80.4%), and 134 were males (19.6%).

The first COVID-19 case occurred in Jamaica on March 10th, 2020, and the number of cases has since risen from one to forty-nine thousand and counting. COVID-19 continues to claim Jamaicans' lives, with the most recent cumulative cases totalling 1,422 at the time of this research. When asked if they were afraid of dying, 377 people responded affirmatively, implying that they were, in fact, fearful; moreover, around 58.2% claimed COVID-19 has significantly exacerbated their fear of dying. Notwithstanding these responses, analysis of the data revealed that fear of death associated with COVID19 still has no direct impact on the healthcare seeking behaviour of Jamaicans' ( $P=0.566 > 0.05$ ). It merely accounted for 0.46% of Jamaicans' health-care seeking behaviour. The results indicate that the relationship between the variables is weak.

The TMT was the theoretical framework for this research study because it was a good fit in exploring the fear of dying among Jamaicans during COVID-19 and the influence of that fear on decision making. Considering that 76.5% of respondents indicated that they only visit a healthcare institution when seriously ill, this supports the null hypothesis. A limitation of this research was the focus on a single variable of the fear of death. Therefore, no other factors received consideration that impacted the healthcare seeking behaviour of Jamaicans. Further research using the TMT may establish other factors that contribute to the healthcare seeking behaviour of Jamaicans.

## Conclusions

The current study showed that multiple factors contribute to healthcare seeking behaviour; while fear of death is one of them, it only accounts for a very small percentage of this behaviour. However, the fear of dying has no significant association with the health care-seeking behaviour of Jamaicans. Based on the results of this research, it is evident that further research is needed to determine other factors that contribute to healthcare seeking behaviour among Jamaican during the COVID-19 pandemic.

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## Appendix A

The email below was written to the creator of the Fear of COVID-19 Scale, Mr. Griffiths. We later received permission to use his scale to aid in the completion of our questionnaire that was later used to collect data for our research.

### **Email to Author:**

Dear Dr. Griffiths,

I do hope this email finds you well. My name is Sheleka Jackson and my colleagues who are attached to this email are Ann-Marie Salmon, Renee Rhoden and Sophian Grey, we are third-year nursing students at the Northern Caribbean University which is located in Jamaica, we are conducting a research on ‘the fear of dying during the COVID-19 pandemic and it’s influence on the health seeking behaviours of Jamaicans.’ Upon researching we came across your ‘fear of COVID-19 scale’ which would be very resourceful for our research paper and we would like your permission to use your scale in our research. Of course, credit will be given within our references.

We await your timely response, thanks in advance.

Sincerely,

Northern Caribbean University nursing students.

### **Response from Dr. Griffiths:**

No permission is needed to use the scale. It is in the public domain

## Appendix B

### Questionnaire

#### **To Investigate the Fear of Dying During COVID-19, and It's Influence on the Health Seeking Behavior Of Jamaicans.**

*This questionnaire is geared to assess individual's level of fear of dying during the COVID -19 pandemic from the period of March 10th, 2020 to present.*

*Please be advised that the information gathered from this questionnaire will be kept strictly confidential and will be used for research purposes only. Completing this questionnaire indicates consent to the use of the data collected for our research.*

This questionnaire consists of two (2) sections. Please complete both sections. All questions are required and has to be answered before being able to move on to the next section and submit.

#### **1. Please select your gender \***

- Female
- Male

#### **2. Please select the age category in which you fall \***

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- Older than 65

#### **3. Which geographic area are you located? \***

- Kingston/ St. Andrew
- St. Thomas
- Portland
- St. Mary
- St. Ann
- Trelawny
- St. James
- Hanover
- Westmorland
- St. Catherine
- Manchester

- Clarendon
- St. Elizabeth

**4. Have you ever had any near death experience? (Car crash, chronic illness) \***

- Yes
- No

**5. Do you fear dying? \***

- Yes
- No

**6. If you answered yes, to the question above. Has COVID-19 increased your fear of dying? \***

- Yes
- No
- Not applicable

**7. On a scale of 0-10, "0 being not at all" and "10 being very much". How afraid are you of dying? \***

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**8. Has anyone close to you (children, spouse, family member or friend) died as a result of COVID-19 after seeking health care? \***

- Yes
- No

**9. Do you have any underlying conditions? Select all that apply. \***

- Diabetes
- Hypertension

- HIV
- Heart Disease
- Cancer
- None of the Above

**10. If you selected any of the conditions listed above. Has COVID -19 resulted in you not attending to your health care needs or appointments? \***

- Yes
- No
- Not applicable

**11. Do you believe that going to health care facilities will result in you contracting COVID -19 and later dying? \***

- Yes
- No

**12. Before COVID -19, how often did you seek health care services? such as: clinic, dentist, labs etc. \***

- 1 time per month
- 2-4 times per month
- Every 3 months
- Only when I feel ill
- Not at all

**13. Since the pandemic, how often do you visits health care facilities? \***

- Once a year
- Every 6 months
- Same as before
- Only when I feel ill
- Not at all

**14. Has the protocols put in place at the health care facilities such as: social distancing and the demands of wearing masks lessened your fear of dying due to COVID -19? \***

- No
- Yes

## COVID-19 Fear Scale

The following questions were derived from the Fear of COVID -19 Scale, published by M. Griffiths, et al. These questions are geared to determine/assess an individual's level of fear towards COVID-19.

### 1. I am most afraid of COVID-19 \*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

### 2. I am afraid of losing my life because of COVID -19 \*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

### 3. My heart races or palpitates when I think about getting corona \*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

### 4. Even going to health care facilities (dentist, dialysis treatment, clinic etc.) will result in me contracting COVID-19 and later dying. \*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree